

“There are Extraordinary Circumstances in a Mental Hospital:” Medical Racism and the
Exclusion of Black Patients and Staff at Friends Hospital from 1870 to 1948

In 1968, Dr. O’Connell D. Miles, a Black man, was pictured on the cover of *Among Friends*, a newsletter distributed internally among the staff of Friends Hospital.¹ Dr. Miles spent a year-long residency at the Hospital before beginning his career as a psychiatrist in Philadelphia. Following Dr. Miles’ appearance in *Among Friends*, Black staff appeared frequently in promotional material for Friends Hospital, and multiple published brochures make explicit mention that the Hospital’s services were offered “without discrimination on the basis of race, color, religious creed, handicap, ancestry, national origin, race, or sex.”^{2,3} The rosy, inclusive picture these brochures paint is far from the complete story of race at Friends Hospital throughout its history. In the 1930s and ‘40s, the Hospital refused repeated requests to integrate, and instead maintained a policy of refusing Black patients and declining to hire Black staff.⁴ These exclusionary policies had a long history at the Hospital. Pre Civil War, only one Black patient was admitted. Friends Hospital was not the only mental institution to exclude or mistreat Black patients in the period: antebellum medical racism was rampant across America. Post Civil War, the rise of the eugenics movement, overcrowding and underfunding, and increasing segregation all made conditions even more dire for Black patients at asylums. It is unlikely that Friends Hospital had Black patients during this period, but they partook in and were influenced by many of the trends that made life increasingly difficult for Black patients elsewhere. These conditions continued well into the 20th century, and while the 1940s and ‘50s saw greater

¹ Friends Hospital was renamed from Friends Asylum in 1914; both names will be used throughout this paper.

² “Friends Hospital: An Oasis for the Healing Mind.” N.d. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania, 5.

³ The repetition of race is their error.

⁴ “Minutes of the Board of Managers,” 1931-1946, Box 6, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

integration and more equitable treatment for Black patients at mental institutions, racism remained, and remains, pervasive at mental hospitals across the country.

I. Background on Friends Asylum and Antebellum Psychiatric Racism

Friends Asylum for the Relief of Persons Deprived of the Use of Their Reason opened its door to Quaker patients in 1817.⁵ Modeled after another Quaker mental hospital, the York Retreat in England, Friends Asylum was an institution focused on curing patients rather than merely holding them.⁶ To do so, administrators and attendants at Friends Asylum utilized a comprehensive system of care known as moral treatment. According to Abby Corcoran in “A Mild and Appropriate System of Treatment: Moral Treatment and the Curability of Mental Illness at Friends Asylum,” there were three main elements to moral treatment at Friends Asylum: community, religious life, and occupational therapy.⁷ These three elements made for asylum care that focused on treating patients as people. The underlying assumption of moral treatment was that when provided with kindness and community support, those with mental illness would be more likely to recover than if they were harshly disciplined or regularly restrained. Even when patients did not recover under moral treatment, asylums that practiced it generally believed in providing continuing care.⁸ Friends Asylum was not alone in implementing moral treatment; its practice became increasingly common at mental institutions throughout the U.S.⁹

⁵ Patricia D’Antonio, *Founding Friends: Families, Staff, and Patients at the Friends Asylum in Early Nineteenth-Century Philadelphia* (Bethlehem: Lehigh University Press, 2006), 53.

⁶ D’Antonio, *Founding Friends*.

⁷ Abby Corcoran, “A Mild and Appropriate System of Treatment: Moral Treatment and the Curability of Mental Illness at Friends Asylum,” Quakers and Mental Health Project, 2015, <http://qmh.haverford.edu/essays/>.

⁸ For more information on moral treatment at Friends Asylum and other institutions, see the papers of Abby Corcoran and Anita Zhu.

⁹ Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*, Reprint 2016, Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 2016), <https://doi.org/10.9783/9781512808384>. The Art of Asylum-Keeping Thomas Story Kirkbride and the Origins of American Psychiatry, 129-187.

While psychiatrists and the American public increasingly viewed those with mental illness as fellow people in need of compassion and care, dehumanization of Black Americans suffering from mental illness, and Black Americans generally, continued on a horrifying scale. During the antebellum period, psychiatrists believed that Black Americans were less susceptible to mental illness than their white counterparts.¹⁰ This belief stemmed from racist conceptions that insanity was an affliction of “civilized” white people, and helped assuage the guilt of enslavers by framing enslaved Black people as immune to the negative mental health effects of slavery.^{11,12} On the other hand, the trauma experienced by enslaved Black people was sometimes medicalized as insanity: for example, Dr. Samuel Cartwright characterized the wish to escape slavery as the mental illness “drapetomania.”¹³ This medicalization was clearly meant to frame the desire to escape as pathological, rather than an assertion of the humanity, dignity, and right to freedom of enslaved people. Overall, however, the prevailing belief among American psychiatrists was that mental illness in Black people was uncommon, and that they were naturally resistant to many of the problems that afflicted white Americans. As a result, many psychiatrists maintained the notion that only white Americans required the support and care of mental institutions.

This belief was paired with the deeply racist notion that being enslaved improved the mental health of Black people. A census taken in 1840 showed low rates of insanity for Black southerners and extraordinarily high rates for Black northerners; this both stemmed from and

¹⁰ Uchenna Umeh, “Mental Illness in Black Community, 1700-2019: A Short History,” March 12, 2019, <https://www.blackpast.org/african-american-history/mental-illness-in-black-community-1700-2019-a-short-history/>.

¹¹ Digby, *Madness, Morality, and Medicine*, 8.

¹² Note on language: I have chosen to use the terms “enslavers” and “enslaved” rather than “slave owners” and “slaves.” As written by Anita Zhu, “to call someone a ‘slave’ suggests an inherent quality or status and does not accurately reflect the involuntary nature of being enslaved. ‘Enslaved’ and ‘enslavers’ more accurately convey the loss of humanity that results from being captured and held in bondage.”

¹³ Gonaver, *The Peculiar Institution*, 6.

contributed to the belief that free Black Americans were more prone to mental illness.¹⁴

According to John S. Hughes in his article *Labeling and Treating Black Mental Illness in Alabama, 1861-1910*, the 1840 census was “later discredited as seriously flawed,” and reflected racial biases more than legitimate statistics.¹⁵ The 1840 census and the belief that slavery was a protective institution reveal the profoundly racist paternalism of white American enslavers and psychiatrists.

Despite fears of high numbers of mentally ill Black people in the North, few Black patients were actually admitted to asylums anywhere in the country. While many state asylums initially accepted Black patients, most quickly became white-only institutions, either referring Black patients to separate buildings/asylums or rejecting them completely.¹⁶ When Black patients were admitted, they were often segregated from white patients and given harder labor in worse conditions. For example, the Eastern Lunatic Asylum of Virginia, one of the only pre-Civil War mental hospitals that accepted enslaved and free Black people, assigned more manual tasks to the Black women it admitted, assigning them to laundry while white female patients worked at sewing.¹⁷ Additionally, the Eastern Lunatic Asylum relied on enslaved attendants to care for its patients. While these attendants did have some power over the patients they oversaw, they received very little compensation and were subject to violence from their white supervisors.¹⁸ Enslaved Black women, both patients and attendants, were particularly vulnerable to abuse.

¹⁴ John S. Hughes, “Labeling and Treating Black Mental Illness in Alabama, 1861-1910,” *The Journal of Southern History* 58, no. 3 (1992): 439.

¹⁵ Hughes, “Labeling and Treating Black Mental Illness in Alabama,” 439.

¹⁶ Gonaver, *The Peculiar Institution*, 6.

¹⁷ *Ibid*, 7.

¹⁸ *Ibid*, 54.

Friends Asylum in the antebellum period had only a few Black staff, and only one Black patient was admitted during this time. Anne (also listed as Annie) Verree was a woman of color admitted at 70 years old in 1821.¹⁹ She was one of the only female patients to work in the kitchen, potentially indicating the existence of a racial labor hierarchy for patients at Friends Asylum similar to those in existence at similar institutions in the early and mid-1800s. While Anne was listed as a person of color in the superintendent's daybook, she was identified as white in the admissions book, calling into question the accuracy of the admissions records as a whole and raising the possibility that more patients of color were admitted but mislabeled.^{20,21,22}

II. Psychiatric Racism During and After the Civil War

Across the country, racist conceptions of insanity in Black Americans only deepened during and directly after the Civil War. Alleged lunacy rates for both Black and white Americans rose in the 1860s and '70s, raising fears of overcrowding in many institutions and placing pressure upon psychiatrists to explain the sudden influx.²³ Pre-existing psychiatric racism, combined with worsening conditions in mental institutions following the war, contributed to even more dire conditions for Black patients who were committed to mental institutions. Black patients in asylums, and Black Americans generally, were negatively affected by three main trends postwar: the rise of the eugenics movement and its connections with medical racism, overcrowding and underfunding of asylums across the country, and increasing segregation within those asylums.

¹⁹ "Admission Book," 1811-1885, Item 31, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

²⁰ Admission Book, Item 31, Friends Hospital Records.

²¹ Superintendents Daybook 1820, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

²² For more information on Anne Verree and antebellum medical racism at Friends Asylum and across the country, see the papers of Claire Michel and Anita Zhu.

²³ Segrest, *Administrations of Lunacy*, 165.

III. Heredity as a Cause for Insanity and the Eugenics Movement

Rather than consider that the extreme wartime violence and loss to which many Americans had been subject may have had negative impacts on mental health, in the years following the war, many psychiatrists doubled down on the theory that insanity was hereditary and degenerative.²⁴ Psychiatrists not only believed that insanity was almost entirely genetic, with little influence from a patient's environment and circumstances. They also held that mental illness worsened with each generation, setting the stage for the eugenics movement of the late 1800s and early 1900s.²⁵ Additionally, the idea that freedom from enslavement negatively impacted the mental health of free Black people was put forward as an explanation for the increase in Black lunacy rates following Emancipation.²⁶ The hereditary theory, in conjunction with the racist idea that Black Americans were more prone to insanity when free, led many psychiatrists to lay blame on patients and their families instead of acknowledging the severe effects of war and the ongoing impact of the afterlife of slavery on mental health. Such racist notions were not fringe ideas, but were acknowledged and held to be true by many of the nation's most prominent psychiatrists, including some of the staff at Friends Asylum.

Robert Chase, superintendent of the Asylum for several decades beginning in 1893, expressed support for the theory that insanity was at least partially due to hereditary causes. Heredity emerged as a cause of insanity in the statistics given by the superintendent in 1894, Chase's second year at the Asylum.²⁷ While only four patients had heredity listed as the cause of their mental illness in 1894, a paltry number compared to the hundreds of cases attributed to intemperance, domestic trouble, and overexertion, an earlier report notes that less than half of the

²⁴ Ibid, 169.

²⁵ Segrest, *Administrations of Lunacy*, 170-171.

²⁶ Ibid, 166-167.

²⁷ Annual Report, 1894, 34.

total cases have a specific cause associated with them. In the rest of the cases the “constitutional tendency to the disease is so strong that the patients become insane without any intervention of any exciting cause that can be discovered.”²⁸ This explanation, though it does not use the term heredity, clearly points to an increasing understanding of insanity as inherent rather than environmental. Superintendent Chase expands upon these theories in the 1894 and 1895 reports, quoting an unnamed author who stated that “the torch of civilization is handed from father to son,” and that “the idiosyncrasies of mind” often portray “well-defined marks of parentage.”²⁹ Chase does qualify this belief by positing different degrees of hereditary tendency towards mental illness, claiming that hereditary disposition “may be of such a character as to render insanity in a patient highly probable; or, on the other hand, it may be so weak as to add a scarcely appreciable amount of probability.”³⁰ While Chase does not explicitly mention race in his theories on heredity and insanity, these beliefs share a close kinship with the profoundly racist ideologies of eugenics.

The ideology of eugenics was damaging for a wide variety of people, and especially harmful to people of color, low-income people, and those with disabilities. As many patients in mental institutions were considered intellectually disabled, they were particularly vulnerable to harm. Beginning in 1927 following the Supreme Court case *Buck v. Bell*, which allowed for the involuntary sterilization of the intellectually disabled, those institutionalized in mental hospitals faced the possibility of forced sterilization.³¹ By 1940, over 30,000 Americans had been sterilized.³² All who were classified as insane or intellectually disabled were at risk of

²⁸ Annual Report, 1873, 7.

²⁹ Annual Report 1895, 16.

³⁰ Annual Report 1895, 17.

³¹ Segrest, *Administrations of Lunacy*, 272.

³² *Ibid.*

sterilization, but people of color were the most likely to be sterilized in the name of eugenics. By the 1970s, 20 percent of Black married women, 24 percent of Indigenous women, and 35 percent of Puerto Rican women had undergone compulsory sterilization.³³ Some physicians saw sterilization as having therapeutic value, but the laws which allowed for it and the wide advocacy which it enjoyed unquestionably stemmed from eugenicist and racist beliefs.³⁴ While there is no record of forced sterilizations occurring at Friends Hospital, the shift towards understanding insanity as hereditary exemplified by Superintendent Chase demonstrates the Hospital's participation in the international trend towards eugenic ideology in the late 1800s and early 1900s.

IV. Overcrowding and Underfunding

Eugenic ideology was not the only negative influence on the treatment of Black patients: severe overcrowding following the Civil War also led to poorer treatment. The traumatic effects of a nationwide war contributed in part to an increase in patients seeking admission to asylums. Additionally, many asylums had been designed with the understanding that they would produce high cure and discharge rates. When some patients required long term inpatient care, they became stretched to capacity and beyond.³⁵ Furthermore, many postwar patients were impoverished, and families of long term patients were not always able to continue supplying funds for their relatives' treatment, meaning that asylums were increasingly pressed for money.³⁶ The combination of postwar overcrowding and an increasing lack of funding led more and more asylums to turn away from moral treatment and towards a more penal, work-focused method of

³³ Ibid, 274.

³⁴ Joel T. Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*, *Medicine and Society* 8 (Berkeley: University of California Press, 1997), 63.

³⁵ Segrest, *Administrations of Lunacy*, 145.

³⁶ Gonaver, *The Peculiar Institution*, 173.

operation.³⁷ Patient labor was free, and crops and livestock produced with the work of patients aided in making asylums profitable. While earlier institutions had used light work as a form of occupational therapy, the labor required of patients in the late 1800s was both more difficult and at a far larger scale than it had ever been previously.³⁸ All asylum patients were negatively impacted by this turn towards hard labor, but Black patients bore the brunt of this shift. Some southern institutions with large populations of Black patients came to resemble plantations in their use of forced labor to maintain a profit.³⁹

Like its contemporaries, Friends Asylum struggled with overcrowding and faced difficulties in maintaining adequate funding in the decades following the Civil War. The annual reports of the Board of Managers (which were printed and distributed to contributing friends of the Asylum) from 1870 through the early 1900s are filled with requests for donations and descriptions of the problems faced by the Asylum due to lack of funding. At multiple points during this period the wards became so crowded that the Board of Managers made the decision to pause admissions entirely until either some patients were discharged or money for additional buildings could be raised.⁴⁰ An especially long pause on admissions occurred in 1871 when a committee composed of several Board members was sent to the Asylum, and after consulting with the superintendent, “ascertained that there are now in the Asylum more patients than can be accommodated with justice either to themselves or to officers of the Institution.”⁴¹ As a result, the superintendent was directed not to admit any more patients until a new building was completed. Luckily, funds for a new ward were raised fairly quickly and the Asylum was able to

³⁷ Ibid, 173.

³⁸ Segrest, *Administrations of Lunacy*, 146.

³⁹ Segrest, *Administrations of Lunacy*, 146.

⁴⁰ Minutes of the Board of Managers, Sixth Month 1871, Item 5, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁴¹ Ibid.

expand its capacity to upwards of 80 patients: by 1900 the Asylum averaged close to 100 patients at any given time per year.⁴²

The financial circumstances of Friends Asylum were frequently inadequate to serve patients as completely as the staff and managers would like: while additions to accommodate more patients were generally funded within a few years of the need for them becoming apparent, less urgent requests, such as a frequent plea for new greenhouses, sometimes took decades to become funded.⁴³ These requests took longer to complete likely because of their nonessential nature, but also because of general financial strain in post Civil War America. In multiple instances in annual reports from 1870 to 1900, the managers allude to the “financial pressure of the times.”⁴⁴ The monetary circumstances of Friends Asylum were also temporarily complicated by the embezzlement of over thirty thousand dollars by treasurer William Kinsey.⁴⁵ Despite this considerable setback, the following treasurer, Caleb Wood, was highly competent and managed to make up for the deficit. In fact, Wood and the other Asylum members were successful enough at soliciting funds that four free beds were added by the late 1890s, in addition to several further expansions of the Asylum’s wards.⁴⁶ It appears that this success in raising funds was enough to prevent the Asylum from resorting to patient labor as many of its contemporaries did: while many notes are made on the products of the Asylum’s farm, agricultural labor remained voluntary for patients, and the Asylum instead hired temporary workers to aid in farm work.⁴⁷

V. Increasing Segregation

⁴² Minutes of the Board of Managers, 1870-1900.

⁴³ Minutes of the Board of Managers, 1906.

⁴⁴ Annual Report, 1877.

⁴⁵ Minutes of the Board of Managers, 1888.

⁴⁶ Minutes of the Board of Managers, 1890-1900.

⁴⁷ Superintendent Daybook Volume 9, (1867-1875), Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

While mental institutions had never served Black patients equitably, discrimination worsened considerably following the end of the Civil War. The freedom of emancipation and support of Reconstruction Era policies was quickly offset by increased segregation and a resurgence of oppressive legislation and violence across the entire country, and particularly in the South. In her book *The Peculiar Institution and the Making of Modern Psychiatry, 1840–1880*, Wendy Gonaver discusses the negative impacts of postwar segregation on Black patients and the gradual abandonment of the more humane moral treatment philosophy that had characterized the first half of the 19th century in favor of an increasingly penal and labor-centered asylum structure that disproportionately affected Black patients. Prior to the Civil War, the Eastern Lunatic Asylum in Virginia had admitted both white and Black patients; postwar, the institution became segregated and sent Black patients to the significantly less funded Central State Asylum.⁴⁸ Fewer resources were provided to Black patients, and, as was true for prewar Black patients at the Eastern Lunatic Asylum, harder labor was expected from them.⁴⁹ Both Black and white patients were expected to work more than they had been in previous eras of asylum medicine; however, Black patients were consistently given the most menial and demanding labor. This pattern held true at the Milledgeville Asylum in Georgia as well. Labor at Milledgeville was both gendered and racialized: white men worked in the garden, Black men on the farm, white women as seamstresses, and Black women at the laundry.⁵⁰ For both Black men and women, labor was substantially more time-consuming and difficult.

Not only were Black patients expected to labor more than their white counterparts, they also lived and worked in worse conditions. For example, rates of infection and death from

⁴⁸ Gonaver, *The Peculiar Institution*, 173.

⁴⁹ *Ibid*, 177.

⁵⁰ Segrest, *Administrations of Lunacy*, 155.

tuberculosis were highest among Black women at the Alabama Insane Asylum, as were rates of pellagra (a disease caused by a lack of vitamin B3), indicating unsanitary conditions enabling the spread of respiratory disease and nutritional deficiency caused by inadequate diet.⁵¹ The Alabama Insane Asylum was far from the only institution with an unhealthy environment. Many patients at the Milledgeville Asylum also died from preventable illnesses related to diet and living conditions: one of the Asylum's superintendents, T.O. Powell, ignored available preventative measures for mitigating tuberculosis and continued damaging "heroic" treatments, which involved frequently giving patients purgatives and emetics, contributing to their likelihood of contracting and dying from dysentery.⁵² Superintendent Powell's criminal failure to implement basic public health measures increased the suffering of all patients treated at Milledgeville, but disproportionately affected Black patients. This held true for many post Civil War mental institutions. While all patients were negatively impacted by overcrowding and underfunding, Black patients were consistently assigned the most difficult labor and the most unsanitary conditions, drastically increasing their chances of becoming ill or injured and dying in the asylums. It is difficult to say with any certainty whether this occurred at Friends Asylum, as information regarding patient race generally and Black patients in particular is extremely scarce in the Asylum's records.

VI. Black Patients at Friends Asylum Post Civil War

It is unclear if Friends Asylum admitted Black patients directly following the Civil War, though based on later records it appears unlikely. All patients in the admissions book until 1886 are listed as white; after this, new admissions were not recorded in the admissions book but

⁵¹ Hughes, "Labeling and Treating Black Mental Illness in Alabama," 451.

⁵² Segrest, *Administrations of Lunacy*, 161.

instead as loose admission forms through the 1890s.⁵³ These admission forms did not record patient race, only name, date of admission, and marital status. After the 1890s, admissions were not collected in one place but were instead marked in the superintendent's daybook and the minutes of the Board of Managers. The Minutes give only their patient number. Case histories from this same period recorded complexion as fair or dark, but as these descriptors were often used to describe the hair and eye color of white people as opposed to actual skin tone, complexion cannot be used as a reliable indicator of race.⁵⁴ While it is impossible to make any absolute claims given the lack of data, the number of white patients listed in the admissions book and the absence of any notes that a patient was Black indicate that Friends Asylum, like many other mental institutions at the time, could have been a segregated institution in the late 1800s following the Civil War. However, in several iterations of rules for admission found in the minutes of the Board of Managers, there is no mention of whiteness as a requirement for entry; thus, it is within the realm of possibility that Friends Asylum did admit Black patients during this time, but did not mark their race on either admissions forms or their case histories.⁵⁵ It is also possible that the Asylum held an official policy of integration but excluded Black patients on an unofficial basis. Based upon later documents from the 1930s and '40s which record the Asylum's unwillingness to admit Black patients, this last hypothesis seems most likely.

1897 marks the first explicit mention of race for considering patient admission, in the context of requirements attached to the donation of free beds. The cost of weekly board at the Asylum (\$10.00 per week by 1897) was prohibitive for many would-be patients; to address this,

⁵³ Admission Book.

⁵⁴ "Case Histories," 1893-1899, Box 20, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁵⁵ Minutes of the Board of Managers, 1883.

free beds were created from donations and legacies.⁵⁶ In 1897, two such legacies were left to the Asylum: that of Mary M. Johnson and Sarah Marshall, two wealthy and prominent Quaker women who had held status as contributing members to the Asylum, although not as actual members of the corporation (women were not elected to the corporation until 1955).^{57,58} Several requirements were attached to their legacies. First, the money had to go to the creation of free beds. Second, the beds should be for chronic or incurable patients. This was in contrast to the two existing free beds (the Jesse George and Joseph E. Temple beds), which were specifically designated for patients with a chance of being cured and were only available for a period of six months at the most.⁵⁹ Last, the beds were to go to patients “without distinction of sect, sex, or color.”⁶⁰ This requirement was accepted by the Board of Managers, with no record of arguments or disagreement as to its inclusion. Friends Asylum had admitted both male and female patients from the very beginning of its existence, and non-Quaker patients from 1834 on. While Anne Verree and potentially other Black patients were admitted prior to the late 1890s, this is the first instance where the Asylum made explicit their willingness to accept non-white patients. In theory Friends Asylum was a non-segregated institution from 1897 at the latest on. However, it appears that the Asylum did not actually abide by this requirement, and instead maintained an unofficial policy of exclusion.

Following the 1897 description of the free bed requirements, no mention of race was made in the minutes or annual reports for decades. Additionally, in later mentions of the Johnson and Marshall free beds, the requirement that they be available regardless of color is not

⁵⁶ Minutes of the Board of Managers, 1881.

⁵⁷ Minutes of the Board of Managers, 1897.

⁵⁸ “Women Elected to Corporation of Friends Hospital for First Time,” *Among Friends*, May 1955, Volume 7, No.12.

⁵⁹ Minutes of the Board of Managers, 1897, 229.

⁶⁰ Minutes of the Board of Managers, 1897, 229.

mentioned, though the stipulations that gender and religion not be considered in admission do appear. This silence on the subject of race was broken in 1931, when Ethel R. Potts and Helen Bryan, members of the Philadelphia Yearly Meeting Committee on Race Relations, asked the Board of Managers to “carefully consider the question of admitting negro patients to Friends Hospital.”^{61,62} The managers told them they would consider the request at a later meeting; there are no records indicating that they did so.⁶³ However, several months later, they received a request from a Dr. Virginia M. Alexander, who was herself Black, requesting that the Hospital admit a Black woman who had previously worked as a teacher in Philadelphia.⁶⁴ After “full discussion of the matter,” the Managers decided not to admit the patient, on the grounds that there was a “serious risk of injury to patients in the house should they realize, as would be likely, that a colored person was a patient in the same ward with them.”⁶⁵ Their concern was not for the safety of the Black patient, but instead for the white patients who they alleged would be negatively affected. The refusal to admit the patient, and particularly the reason given, demonstrate pervasive racism within the Board of Managers and policies at Friends Hospital.

No further mention of admitting Black patients was made until over a decade later in 1944, when a former employee suggested they admit Black patients and hire Black staff. They responded that there are “extraordinary circumstances to be taken into account in a mental hospital” and did not consider the matter further.⁶⁶ It is unclear what these “extraordinary circumstances” were or why they would cause the Board to outright refuse to admit Black

⁶¹ “Minutes of the Board of Managers,” April 13th, 1931, 99.

⁶² Note on Language: The website of Facing History and Ourselves states that “while not offensive in the past, today the term ‘Negro’ is outdated and inappropriate, unless one is reading aloud directly from a historical document.” As these instances of the word are directly from historical documents, I have chosen to leave them uncensored.

⁶³ Minutes of the Board of Managers, April 13th, 1931, 99.

⁶⁴ Minutes of the Board of Managers, November 9th, 1931, 124.

⁶⁵ Minutes of the Board of Managers, November 9th, 1931, 124.

⁶⁶ Minutes of the Board of Managers, August 14th, 1944, 55.

patients or hire Black staff; what is clear is that the Board attempted to use the Hospital's status as a mental institution to justify their racist policies of exclusion. A letter received in December of the same year from the National Committee for Mental Hygiene "dealt with the problem facing colored psychiatric patients because of their inability anywhere in the U.S. to secure hospitalization on a private basis."⁶⁷ The letter was discussed "at some length" but was eventually referred to the Board's executive committee with "the expectation that the Board would give further care to this subject at a later date."⁶⁸ The only record that they did so is a minute from a meeting a month after the letter was received, stating that "the subject of admission of negroes to the Hospital, either as patients or on the staff, was postponed for discussion at a future meeting."⁶⁹ There is no record indicating more discussion occurred. This move, from an outright refusal to at least temporary consideration, indicates some change in attitude, but does not reveal any meaningful shifts in the Managers' exclusionary and racist policies.

Two years later, in 1946, the Hospital received two letters concerning Black patients and staff and the lack thereof. One was from the local Association of Colored Graduate Nurses of Philadelphia and Vicinity, which aimed to "elicit information as to the negro nurses on the staff of the Hospital or if there were none, and none were desired, our objections to having them."⁷⁰ After considerable discussion of the letter, the Board decided to ignore it and make no response. The second letter, from the Veteran's Administration, concerned the care of patients eligible for benefits from the VA, and included a condition that "the contractor agrees that in performing this contract he will not discriminate against any employee or applicant for employment because of

⁶⁷ Minutes of the Board of Managers, December 11th, 1944, 67.

⁶⁸ Ibid.

⁶⁹ Minutes of the Board of Managers, January 8th, 1945, 70.

⁷⁰ Minutes of the Board of Managers, April 8th, 1946, 132.

race, creed, color, or national origin.”⁷¹ The next month, one of the Board’s committees made the recommendation that the letter be returned unsigned, as they thought it would be “a mistake to tie the hands of the authorities at the Hospital as to deciding from time to time who they should employ.”⁷² While there is some ambiguity in this statement, the implication is that the Hospital did not want to be forced to integrate its staff at the behest of the Veterans’ Administration. Lastly, a letter to the Hospital was sent by the Urban League about the hiring of Black workers onto staff.⁷³ Again, the Board commented that the matter would be addressed at a later date; no record of further discussion was found.⁷⁴ More serious consideration of the admittance of Black patients and staff is demonstrated by these minutes, but the Board remained hesitant to actually take action to integrate.

The refusal of the Board of Managers to admit a Black patient due to concern for white patients demonstrates both their exclusionary stance towards patients of color and the racism that undergirded it. Furthermore, the fact that they repeatedly ignored requests to consider admitting Black patients and hiring Black staff reveals severe discomfort with even discussion of race, let alone with actual contact with Black people. This culture of silence and exclusion continued until 1948, when Dr. Dehne, the superintendent at the time, “reported that he had been visited by four highly cultured negroes, who wished to have Esther R. [a Black woman] cared for at the Hospital.”⁷⁵ Dehne was in support of her admission, and “gave expression to his own convictions on the wisdom of admitting the patient.”⁷⁶ The description given by Dr. Dehne of the Black people who visited him as “highly cultured” demonstrates the exceedingly high standards Black

⁷¹ Ibid.

⁷² Minutes of the Board of Managers, May 13th, 1946, 135.

⁷³ Minutes of the Board of Managers, September 9th, 1946, 54.

⁷⁴ Ibid.

⁷⁵ Minutes of the Board of Managers, January 12th, 1948, 228.

⁷⁶ Ibid.

professionals had to meet to be taken seriously in mid-20th century America. Families and friends of white patients at Friends Hospital certainly did not need to be “highly cultured” in order to have their loved one’s admission considered. While the Board did agree to admit Esther, they did not do so unconditionally. Esther would be accepted “only on trial and if the result was unsatisfactory for [her] or for the patients already in the Hospital, she should be withdrawn.”⁷⁷ While the Hospital did finally make the decision to integrate, they did so reluctantly and with several conditions, revealing their continued hesitancy on the subject of integration and their ongoing concern with the well-being of white patients at the expense of Black patients.

Even once the Board acquiesced to the admission of Black patients, there is a marked difference between their discussion of integration and of other issues: talks concerning pension plans a few years later spanned many months, and all sides of the issue were considered and closely examined. The short minutes on the various letters received from 1944-1946 and acceptance of Esther R. are the only records of any discussion on the actual admittance of Black patients. When juxtaposed with the lengthy conversations concerning other issues, the brevity of these minutes clearly illustrates the discomfort of the Board with regards to matters of race. To add insult to injury, when the U.S. Department of Health, Education, and Welfare sent a letter to the Hospital in 1966 “inquiring as to the availability of the Hospital to all, regardless of race,” Superintendent Dehne responded that “the Hospital has, and has always had, a policy of non-discrimination in this regard.”⁷⁸ Superintendent Dehne oversaw what was likely the first admission of a Black patient in over a century; he was certainly aware that the Hospital had not always held a policy of non-discrimination. His statement to the contrary represents an attempt to rewrite the history of Friends Hospital.

⁷⁷ Ibid.

⁷⁸ Minutes of the Board of Managers, April 9th, 1966, 665.

VII. Black Staff at Friends Asylum

Information on Black staff at Friends Asylum is also scarce. The Minutes of the Board of Managers in 1895 show requests for funding to be used in the construction of houses “for a certain class of staff.”⁷⁹ It is possible that the “certain class” of staff in discussion was staff of color; however, as there is no mention of these houses beyond a note that their construction was approved and completed, it is impossible to say with any certainty whether they indicated segregated living arrangements for the Asylum’s Black staff. One Black staff member is mentioned in the 1902 annual report of the Asylum’s steward, Henry Hall. In 1901, the Asylum purchased the nearby Stanley Farm to provide a safe location for patients excursions as well as increase the self-sufficiency of the Asylum by producing large quantities of dairy and meat products.⁸⁰ In 1902, “a competent colored woman” was employed at Stanley Farm, “keeping house for [the workers there] and preparing meals...until 12 month 2nd when Harry Montaney and his wife moved into the house nearest the barn...to take charge.”⁸¹ Additionally, a photograph taken of the kitchen in 1908 appears to depict two Black workers among the staff.⁸² While there is no further information on these workers, their presence suggests that Black staff members were hired at Friends Asylum, although not in public-facing positions such as nursing. The presence of Black staff in the kitchen dovetails with earlier racialized systems of labor at other mental institutions and Friends Asylum: many asylums assigned Black patients more difficult manual labor, in farms or in the kitchen, and, as mentioned earlier in the section on antebellum racism, Anne Verree, a Black woman, was one of the only female patients at Friends Asylum to work in the kitchen.

⁷⁹ Minutes of the Board of Managers, 1895.

⁸⁰ Minutes of the Board of Managers, 1901.

⁸¹ Minutes of the Board of Managers, 1902.

⁸² Annual Report of 1908, 31.

Few other nonwhite staff are mentioned, however, Friends Asylum hired Dr. Damaso de Rivas, a Latino pathologist from Nicaragua, as a consulting physician in 1916. Dr. de Rivas achieved some fame as author of the book *Human Parasitology* while working at the University of Pennsylvania.⁸³ His duties for Friends Hospital as consulting pathologist involved running a variety of blood tests on patients, including the Wasserman test for syphilis, urine and stool analysis, and treatment for patients if they developed bacterial diseases.⁸⁴ A second Latino doctor, Carlos T. de Rivas, was hired as Assistant Physician for the year of 1933 to 1934, before he accepted a position at a hospital in Panama.⁸⁵ It is unclear if the two de Rivas doctors were related, but both were some of the first medical staff members of color explicitly named in the records of the Hospital.

The scarcity of staff members of color at Friends Hospital reveals its exclusionary practices. While no mention of racial requirements for hiring are found in the minutes of the board of managers or the annual reports, if the Hospital actually hired on an equal opportunity basis, there would almost certainly be more staff members of color. The Hospital managers and superintendent do not refer negatively to their few staff members of color: much praise is given to the lab work of Dr. Damaso de Rivas, the work of Dr. Carlos T. Rivas is described as “acceptable,” and the unnamed Black woman who worked on Stanley Farm is referred to as “competent” by Henry Hall, the steward.⁸⁶ However, the positive comments made about these three staff members are not indicative of an antiracist environment or one in which people of color were regularly applauded for their labor and accomplishments. Instead, records at Friends

⁸³ Rafael Heliodoro Valle, “Notes on Mexico and Central America,” *The Hispanic American Historical Review* 4, no. 3 (1921): 569.

⁸⁴ Annual Report of 1930, 33.

⁸⁵ Annual Report of 1934, 10.

⁸⁶ Annual Report of 1934, 10 and Minutes, 1901.

Hospital demonstrate both subtle and overt racism in multiple aspects of life and work at the institution.

It is clear that casual racism was present at Friends Hospital well into the 20th century. In 1948, several staff members created a newsletter, *Among Friends*, that was meant to be circulated internally. *Among Friends* holds many instances of racism: a Persian cat raised by an employee in 1948 had a variation of the N-word as part of her name; a joke mocking Chinese people was printed in the June 1950 edition; and most egregiously, the staff of the Hospital held a “Dixieland Jamboree” in September of 1954 for each others’ entertainment which some staff members attended in blackface.⁸⁷ The Jamboree also included a watermelon eating contest, and a minstrel show put on by some of the nurses, presumably also in blackface. These events, openly published in the Hospital newsletter, demonstrate an environment in which racism was an accepted part of the culture. Unfortunately, Friends Hospital was not unique at that time. Racism pervaded, and continues to pervade, every aspect of American society, including medical and mental institutions.

VIII. Psychiatric Racism in the 1900s

Many of the trends present in mental institutions directly post-Civil War continued well into the 20th century. While some private mental hospitals were able to increase capacity to alleviate overcrowding, many public institutions became stretched even further.⁸⁸ However, accompanying overcrowding in mental hospitals was a surge in mental health care options: whereas in previous years patients had little recourse besides commitment to an asylum,

⁸⁷ *Among Friends*, 1948-1954, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁸⁸ Braslow, *Mental Ills and Bodily Cures*, 21.

outpatient clinics and individual psychotherapy expanded in the mid 1900s.⁸⁹ Segregation also continued: the exclusion of Black patients practiced by Friends Hospital until 1948 was common in other early 20th century mental hospitals.⁹⁰ Desegregation in the late 1940s was fueled in part by a rapid decline in eugenicist beliefs following World War II. The horrific use of eugenics to justify the Holocaust made open espousal of the ideology unacceptable; however, advocating that there were biologically based racial differences remained, and still remains, difficult to eradicate fully. This mindset has led to continued racial bias in psychiatrists' treatment of Black patients.⁹¹

Biologically based psychiatric racism was increasingly challenged later in the 20th century, however. The field of psychiatry experienced a shift in understanding the determinants of mental health, moving from seeing mental illness as due primarily to hereditary causes to viewing it as socially and environmentally determined.⁹² This shift meant that more psychiatrists and mental health professionals treated Black patients with the care and attention previously afforded only to white patients. As asserted by Dennis Doyle in his article on the Lafargue community-based mental health center in late 1940s Harlem, "during the World War II era, a growing number of psychiatrists and mental health professionals nationwide had begun to eschew the older racist assumption that the African American psyche was innately different and inferior."⁹³ Understanding Black people as biologically identical to non-Black people meant that Black patients were less likely to be blamed for their mental health struggles, more likely to

⁸⁹ Patricia D'Antonio, "History of Psychiatric Hospitals," accessed August 4, 2021, <https://www.nursing.upenn.edu/nhhc/nurses-institutions-caring/history-of-psychiatric-hospitals/>.

⁹⁰ Dennis Doyle, "'Where the Need Is Greatest': Social Psychiatry and Race-Blind Universalism in Harlem's Lafargue Clinic, 1946-1958," *Bulletin of the History of Medicine* 83, no. 4 (Winter 2009): 751.

⁹¹ Uchenna Umeh, "Mental Illness in Black Community, 1700-2019: A Short History," March 12, 2019, <https://www.blackpast.org/african-american-history/mental-illness-in-black-community-1700-2019-a-short-history/>.

⁹² Braslow, *Mental Ills and Bodily Cures*, 92.

⁹³ Doyle, "'Where the Need Is Greatest,'" 746-74.

be diagnosed correctly, and more likely to receive appropriate treatment. For example, at the Lafargue Clinic, many patients who had biomedical issues, such as syphilis or malnutrition, that had previously been missed were diagnosed and referred to appropriate medical services in addition to the mental health care they received.⁹⁴

This universalist approach was most effective when paired with an understanding that Black patients face higher levels of discrimination than white patients and are more likely to lack resources, both of which can lead to severe impacts on mental health. The shift towards a more socially determined model of mental health was important, but not complete: while psychiatrists “increasingly attributed psychiatric disorders to social and economic factors, a number remained unwilling to abandon altogether the notion of biologically based racial difference.”⁹⁵ This continued prejudice is apparent in medical professionals of the 21st century as well as the 20th: A 2016 study found that approximately half of the white medical students and residents sampled believed that Black patients had higher pain tolerances due to “thicker skin,” or “less sensitive nerve ending,” despite those beliefs having no scientific basis.⁹⁶ Clearly, antiracist work in medicine is not over.

IX. Conclusion

Despite the happy, inclusive picture painted by brochures for Friends Hospital in the 1970s, the Hospital’s history in regards to race is mainly one of exclusion. Besides Anne Verree, there were likely no Black patients prior to 1948. That was not happenstance or a choice on

⁹⁴ Doyle, “Where the Need Is Greatest”, 757.

⁹⁵ Ellen Dwyer, “Psychiatry and Race During World War II.” *Journal of the history of medicine and allied sciences*. 61.2 (2006), 122.

⁹⁶ Kelly M. Hoffman et al., “Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites,” *Proceedings of the National Academy of Sciences of the United States of America* 113, no. 16 (April 19, 2016): 4296–4301, <https://doi.org/10.1073/pnas.1516047113>.

behalf of Black patients or their families, but an unspoken rule enforced by the Hospital's Board of Managers. When they were repeatedly petitioned to allow the admittance of Black patients in the 1930s and early '40s, they either ignored the petitions or outright refused them. Even when Black patients were finally admitted, racism continued to permeate the institution. Such behavior was perhaps not remarkable for an institution which had also refused to hire Black staff for decades and had been previously run by a superintendent who endorsed at least some eugenic ideas.

When we examine histories of medicine and of psychiatry specifically, we must ensure that we understand that medical institutions are not and have never been neutral, but have actively participated in generating and perpetuating systemic racism. This is true even of institutions which professed a commitment to antiracism. The vast majority of American Quakers were anti-enslavement by the time Friends Hospital was founded; in the 1780s, the Society of Friends had become the first religious denomination in the new United States to openly and actively pursue abolition.⁹⁷ And yet, over a century and half later, the Hospital continued to exclude Black patients. Clearly, Quaker institutions were not, and are not, exempt from pursuing racist practices, and should not be excused from critical histories of systemic racism. The ongoing impacts of medical racism, at Friends Hospital and across the nation more broadly, are not easily undone, but acknowledging its existence in the past and present represents an important first step towards dismantling it for the future.

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