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**Conceptions of and Treatments for Cognitive Disability in Antebellum Virginia:
John Minson Galt's "Lecture on Idiocy" (1859)**

A thesis submitted in partial fulfillment of the
Requirements for the degree of Bachelor of Arts with Honors in
History from the College of William and Mary in Virginia,

by

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Conceptions of and Treatments for Cognitive Disability in Antebellum Virginia:

John Minson Galt's "Lecture on Idiocy" (1859)

"Idiots comprise another class of the mentally affected, for whom we have every now & then an application. From the urgency of those petitions for and from the character of the facts coming to our knowledge, we are convinced that the people of Virginia are prepared to countenance measures in the way of making some provision for these unfortunates ... We observe that in other states and countries this charitable endeavor is gaining force and strength. It would rebound to the honour and glory of Virginia to be a pioneer in this compassionate enterprise, instead of waiting for years, until other members of this great Confederacy had set her the bright example."¹

Introduction

Speaking from his experience with the mentally ill as well as his considerable study, John Minson Galt II elaborated his thoughts about cognitive disabilities in *A Lecture on Idiocy*, published in Richmond, Virginia in 1859. Personifying "experience, patience and unfaltering devotion to the cause" as the head of a prominent southern institution for the treatment of mental illness, Galt wrestled with the contemporary problem of how to identify and then how to treat people and their families struggling with these other mental challenges.² His life and his work offer an important perspective on disability in the antebellum United States.

Upon closer look, individuals with cognitive disability appear throughout history. Historians have speculated that prominent Virginian Thomas Jefferson's sister was cognitively delayed and kept at home. Beyond leaving clues to his sister's condition in family letters, Jefferson pasted a poem entitled "Elegy on the Death of an Idiot Girl" in

¹ Galt Papers (II), Special Collections Research Center, Swem Library, College of William and Mary, Box 4, Folder 47.

² John Minson Galt, *A Lecture on Idiocy*, (Richmond: Enquirer Book and Job Office, 1859), 37.

his scrapbook at her death. “Poor guileless one! thee eighteen years Parental care had reared alone; Then, lest thou e’er should want their care, Heaven took thee spotless to its own.”³ Cognitive disability can span a broad range of conditions, even within a single family. Jefferson’s younger brother Randolph may have also been intellectually challenged, given the clear discrepancy in his correspondences with Thomas, though he was still able to marry and maintain a family with his brother’s significant support.⁴ The Jeffersons’ experience with cognitive disability points both to the significant presence of a disabled population in the American past, but also to the difficulty for historians of reconstructing their experience. Very little documentation exists to describe their lives, or efforts to remediate their disability.

The work of the Galt family at Eastern Lunatic Asylum in Williamsburg, Virginia, (now called Eastern State Hospital) from the late colonial period through the nineteenth century offers a valuable opportunity for glimpses both at the attitudes and treatments of those with mental difference in Virginia. In particular, John Minson Galt II, superintendent of the institution for more than 21 years from 1841 to 1862, illustrated an ongoing interest in the condition of cognitive disability that was based on his study of patients in and around Virginia and an accumulating body of thought around the world about how to diagnose and treat these afflicted people. Thus a close look at Galt’s writings, in particular his 1859 *Lecture on Idiocy*, offers important insights into cognitive disability in antebellum Virginia and the larger world.

³ "Elegy on the Death of an Idiot Girl." *Blackwood's Edinburgh Magazine* (February 1818), 533.

⁴ Parnel Wickham, "Idiocy in Virginia, 1616-1860," *Bulletin of the History of Medicine* 80, no. 4 (2006): 687.

Galt's interest and subsequent *Lecture* were driven by his personal family history with the asylum and his own awareness of the global medical community exploring mental illness and disability. This thesis looks closely at Galt's piece and the context that helped to produce it. The first section examines the scholarship on disability. The second section considers the Galt family history with the institution in Williamsburg, while the third looks at how John Minson Galt II's youth, personality, and evolving interest in international theories about mental differences characterized his tenure. The last section is a close reading of the lecture itself.

Historical Scholarship on Disability

Throughout history, interest in cognitive disability has paralleled new or progressive medical or social understandings of similar conditions. During these times, contemporary events have ignited specific inquiries into the past using the available knowledge. Until recently, cognitive disability has most often appeared in histories of other related conditions. For example, "idiocy" may be mentioned in works tracing the development of medical understandings of physical ailments or mental illness. It may also appear in institutional studies. This pattern parallels the ways that antebellum developments in the understanding and treatment of disability sprang from professionals already working with the deaf, blind or mentally ill. With overlapping interests, medical and public services professionals worked together to develop a fuller understanding of the condition of cognitive disability. That collaboration has been echoed by the mentions of mental disability within works about other conditions or establishments designed for similar populations.

Relatively few historians have considered cognitive disability on its own or in a specifically American context. Those who have attempted to explore the issue have encountered significant source constraints. Often these disabled individuals were not clearly identified in the records, making it difficult to glean accurate information about the experience of disability. In fact, cognitive disorder was not referenced with the same terms in each instance. Historical medical terms ranged from amentia, imbecillitas, ingenic, fatuitas, and morosis. Colloquially, these individuals were referred to as “idiots” (the term I have chosen to use for clarity as it was used in many medical and social texts at the time), “fools”, and “blockheads.”⁵ Of course, individuals used each term slightly differently and, further complicating things, the vernacular terms were also used as insults. Thus, it is demanding to try and ensure reliable indicators of any mental disability in traditional research. Idiocy, as with any mental or physical difference, encompassed a public and private experience. Public records provide glimpses into private lives. Very rarely, historians may stumble upon the personal letters of a family, such as the Jeffersons, that include mentions of an individual with a possible cognitive disability. To retroactively determine a mental condition is nearly impossible, thus most of this work is evidence-based speculation of the probable scenario. A tendency to speak in referential or euphemistic terms about disability further complicates surviving sources given that even direct terms were used inconsistently.

With a very limited amount of surviving or specific personal documents, historians often must rely on the public records. Sometimes we can use the records of antebellum institutions. Beyond the occasional incident in which a person is specifically

⁵ Wickham, “Idiocy in Virginia, 1616-1860,” 679-681.

identified as cognitively disabled, these records are more likely to contain helpful insights on broader concepts of mental and physical conditions with occasional direct reflections on mental disability. More often, we can establish at least the legal understanding of cognitive disability through legislation and court records. Currently, the most accessible sources for exploring cognitive disability reflect the moments in which private individuals encountered the public sphere.

Historical scholarship specifically focused on cognitive disability appeared only sporadically. In 1856, Edward Seguin published his comparison of the New York State Asylum for Idiots and the School of Feeble-minded Children in Barre, Massachusetts. Historians Steven Noll and James Trent have called this the first attempt to describe the history of cognitive disability in America.⁶ The era in which Seguin was writing was an early peak of interest and development as he and others attempted to institutionally educate those with mental disability. These early institutions, usually called schools, were designed to facilitate improvement reflecting the capacity-focused perspective of professionals like Seguin himself. Pursuing a progressive idea and reliant on public funds, these men looked into the historical context of disability to ground their mission.

A century later, in 1964, Leo Kanner published the first entire book dedicated to cognitive disability. His *A History of the Care and Study of the Mentally Retarded* is a short volume that broadly traces the major events and persons involved with mental disability from ancient times through the 1960s. He explicitly calls his own era

⁶ Steven Noll and James W. Trent, Jr., *Mental Retardation in America: A Historical Reader* (New York: New York University Press, 2004), 5.

“reminiscent of the enthusiasm of Itard, Seguin, Guggenbuhl, and Howe.”⁷ His work paints a heroic picture of the nineteenth century that would be questioned by later historians. Following Kanner’s book, interest in mental disability continued but remained a very small, specialized field. By 1976, a collection of historical documents related to mental retardation was published by the editors Marvin Rosen, Gerald Clark, and Marvin Kivitz. In 1983, Richard Scheerenberger published a more complete history of mental retardation and, like Kanner, he focused his work as a progress narrative of achievements. While the interest endured, only a handful of works specifically devoted to cognitive disability were produced until a surge of attention in the 1990s.

Meanwhile, inspired by the socially dynamic 1960s, historians explored the rise of public institutions from insane asylums to penitentiaries during the antebellum era. Often framed by social control theories, these works elucidated the specific historical atmosphere that spawned both these facilities and the earliest institutions specifically designed for mental disability. David Rothman’s *The Discovery of the Asylum* and Michael Meranze’s *Laboratories of Virtue* are two examples of works that interpret the period and respond to popular interpretations of the reform movement. Both reference earlier works by Michel Foucault and others when crafting their argument. They also build on earlier scholarship exploring the reform impulse that seemed to develop along with increasing religious sentiment and contributed to a rise in altruistic missions, especially for women. Straying from the initial focus on philanthropic motives, Rothman interprets the development of public institutions as an effort to preserve social order. They facilitated the separation of perceived threats from the community as society

⁷ Leo Kanner, *A History of the Care and Study of the Mentally Retarded* (Springfield, Illinois: Charles C. Thomas Publisher, 1964) 144.

struggled to make sense of changing family and social structures. Institutions could also be effective places to stage a reforming effort that would create more productive citizens but that was not their only purpose. Using Philadelphia as a case study, Meranze instead sees their development as an attempt to perfect republican values by improving society and individuals for a better future. Again, the separation of deviant elements brought the general society closer to its ideal. Meranze analyzes how the construction of public spaces and styles of punishment during this period reflect the dueling motivations of promoting civic virtue and executing often-harsh discipline. Both works turn to the complicated way that events, individuals, and attitudes interacted in a particular historical period to shed light on issues reoccurring in their own time.

Institutional history intersected with the history of mental disability in the 1990s as historians responded to a refocusing of public policy towards community care that accompanied a reduction of large residential facilities. In 1990, the landmark Americans with Disabilities Act was passed. National current events inspired a look into the history of the institutions that were by then on the decline. Understanding the development and demise of public treatment and institutions involved exploring the initial experience and understanding of mental disability. Often these pieces centered on the motivations of the institutions and those who founded or oversaw them. The interacting yet seemingly contradictory notions of care and control became primary themes when considering the larger conceptions and treatment of disability before the Civil War. Historians used specific cases or subtopics, such as eugenics, to explore the nature of professional services and whether they were primarily humanitarian efforts or social control. More recent scholarship, including the work of Philip Ferguson and others, complicates that

notion by arguing that, not only are there more compelling patterns of development, but that care and control were not competing motivations but cooperative reasoning.

Ferguson argues that the central context to understand disability is the professionalization of failure through the social construction and application of the concept of chronicity to those with cognitive disability. Chronic cases were unfixable and crossed all disability categories. Regardless of the specific condition, the point at which a person was considered incapable of cure was understood as the lowest level. This shows through the increased government involvement with founding of institutions like the almshouse or asylum. There remains a frustratingly finite amount of research concerning the specific history of cognitive disability but it continues to grow each time current events motivate a new round of inquiry. In the introduction to *The New Disability History*, editors Paul Longmore and Lauri Umansky cite three primary reasons for the lack of historical scholarship about disability. First is the perceived lack of primary resources compounded by a psychological tendency for “the presence of individuals with disabilities [to stir] dis-ease in many individuals who view themselves as normal” and an overpowering focus on the medical perspective.⁸

In July of 2009, the Organization of American Historian’s *Magazine of History* devoted an entire issue to the growing field of disability history. Prominent scholars contributed articles and teaching resources on a variety of related topics, including disabled veterans and the disability rights movements. Introducing the collection, Daniel J. Wilson explains the ways that disability history is present in all history upon closer look. When looked at specifically, it connects, illuminates, and powerfully informs

⁸ Paul Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives*, (New York and London: New York University Press, 2001), 6.

discussions of other themes in American history, politics and culture. Although the field is relatively new, the conditions that it explores are not. Histories of medicine or education, where much disability scholarship originated, have not fully or fairly represented individuals with disabilities and their experiences.⁹ Paul Longmore's overview of disability history also hinges on the need to reorient historical considerations to reflect the dynamic nature of the social construction of disability and its implications as well as the enormous variety of individual experiences. Addressing the definitional difficulties of "disability" that have limited its scholarship, he explains that it is now understood "as, not simply an individual impairment and definitely not an objectively measurable clinical entity, but instead a historically contingent panoply of social identities and roles, sociopolitical classifications, and cultural metaphors."¹⁰ It spans the course of American history and impacts individuals from every region, in every class, and during every era. This diverse applicability is illustrated in the next two articles by Richard K. Scotch and David Gerber which address two of the myriad types of disability scholarship, respectively the access of individuals with disability to civil rights and the experience and treatment of American veterans.¹¹ To round out the issue and provide additional resources, Susan Burch offers a review of the academic works published about the topic. Her summary illustrates the way that disability history must be approached as

⁹ Daniel J. Wilson, "Teaching Disability History," *The OAH Magazine of History* (July 2009): 7-8, accessed April 20, 2012 doi: 10.1093/maghis/23.3.7.

¹⁰ Paul K. Longmore, "Making Disability an Essential Part of American History," *The OAH Magazine of History* (July 2009): 11-15, accessed April 20, 2012 doi: 10.1093/maghis/23.3.11.

¹¹ Richard K. Scotch, "'Nothing About Us Without Us': Disability Rights in America," *The OAH Magazine of History* (July 2009): 17-22, accessed April 20, 2012 doi: 10.1093/maghis/23.3.17. David Gerber, "Creating Group Identity: Disabled Veterans and American Government," *The OAH Magazine of History* (July 2009): 23-28, accessed April 20, 2012 doi: 10.1093/maghis/23.3.23.

both an “analytical framework as well as a lived experience.”¹² Individuals with disability have never been passive actors as previously portrayed by historical works about shifting definitions or their nondisabled educators. Therefore, there is a great opportunity for historians to enrich our understanding of American history by looking at both disability the social construction and the lives of people who have encountered history from that perspective. The four articles provide a solid foundation for further exploration of the field of disability studies but, as in the field itself, this issue devotes little attention to cognitive disability specifically.

Still, the patterns of treatment and understandings of all types of disabilities reach toward the same larger themes. In antebellum Virginia, understandings of cognitive disability developed out of and alongside professionals exploring other disabilities. Therefore, as contemporary events inspire scholarship from the medical, educational and historical communities about related conditions, we can apply this knowledge to our own work examining past notions of mental disability much like the prominent individuals featured in this research project looked to these related fields to inform their work.

Historical Background on Cognitive Disability

The experience of individuals with cognitive disabilities throughout history has varied according to the context of the particular time and place. Since the early philosophers such as Plato and Aristotle emphasized reason, any person perceived as mentally inferior was likely to likewise be determined as socially inferior. The term

¹² Susan Burch, “(Extraordinary) Bodies of Knowledge: Recent Scholarship in American Disability History,” *The OAH Magazine of History* (July 2009): 29-34, accessed April 20, 2012 doi: 10.1093/maghis/23.3.29.

“idiot” itself is derived from the Greek word *idioties* meaning “private person or non-citizen.”¹³ To be an idiot was to be unable to participate in the civil society due to some recognized incapacity. The term “idiocy” would come to describe general mental incapacity, excluding mental illness.¹⁴

Dating back through ancient cultures but only rarely mentioned in public records, we can assume that most “idiots” were simply accommodated by the communities in which they lived. In agricultural areas, it may have been easier for those with cognitive delays to participate in necessary labor.¹⁵ Therefore, descriptions of daily life did not often find it necessary to identify those with mental disabilities. Most records hint that “idiocy” existed in early societies but with little exceptional attention. Early Americans seem to have been generally tolerant of those people with mental disabilities in their midst. The communal nature of early settlements meant that these individuals were supported in the same fashion as any impoverished members of society with slight regional differences.¹⁶

Still, there are a few notable moments from social, religious, scientific, and legal sources in which those with cognitive disability seem to stand out from the record. “Idiots,” or “natural fools” served as entertainment in royal courts from Rome to medieval France and Germany.¹⁷ “Idiots” have long been used in religious metaphors to

¹³ Galt, *A Lecture on Idiocy*, 18.

¹⁴ M. A. Winzer, “A Tale Often Told: The Early Progression of Special Education,” *Remedial and Special Education* 19: 216.

¹⁵ Pauline Morris, *Put away: A Sociological Study of Institutions for the Mentally Retarded* (New York: Atherton Press, 1969), 8.

¹⁶ Parnel Wickham, “Conceptions of Idiocy in Colonial Massachusetts,” *Journal of Social History* 35 (4) (2002): 945.

¹⁷ Donald A. MacMillan, *Mental Retardation in School and Society* (Boston: Little, Brown and Company, 1977), 10.

point to extreme situations, ranging from true innocence or the converse, spiritual incompetence. During the Reformation, leaders such as Martin Luther emphasized personal responsibility and demonized “idiots” as instruments of Satan. In the northeastern American colonies, Puritanical beliefs fostered a perception that these individuals were part of the social hierarchy on earth that reflected the heavenly system. Emulating Biblical virtues, religious people were expected to be generous with charity.¹⁸

Beyond the social and religious spheres, scientists have wondered about mental differences for centuries. Hippocrates’s work on the proper balance of the elements and the intellect would inspire Galen as early as the second century BCE. For most of history, “idiots” would be legally treated much like infants.¹⁹ In Roman courts, a criminal’s intention and ability to understand the crime was taken into consideration and those who were believed incapable of understanding their crimes, such as “idiots,” were not held to the same legal standard. Following that tradition, in medieval England, the property of “idiots” was taken into the king’s care, as they were considered unable to care for it themselves. For these purposes, “idiocy” was determined by various simple assessments on the local level. This subjectivity of definition persisted until the early twentieth century. Virginia would adopt similar policies concerning property and legal guardianship for those determined as mentally disabled. Generally less religious than its northern neighbors, Virginia featured a hierarchical social system increasingly dominated by propertied men publically most concerned about the dependent nature of this population.

¹⁸ Wickham, “Conceptions of Idiocy in Colonial Massachusetts,” 938.

¹⁹ MacMillan, *Mental retardation in school and society*, 11.

In addition to legal precedence, Virginia built its earliest medical notions of disability from English notions. In the 17th and 18th centuries, British physicians asserted that idiocy was probably both inherited and incurable. They allowed that other causes such as drunkenness or head injury could contribute to a similar mental incapacity. The clearest understandings seemed to stem from contrasting “idiocy” with lunacy. The conditions were distinct. Lunacy, or insanity, typically came on later in life and was presumed temporary and treatable within a certain time window of onset. Because insanity was considered a momentary incapacity, lunatics maintained more rights than “idiots”. They would also be more welcomed in asylums where public funding relied on successful “cure” rates. “Idiocy,” on the other hand, was considered a permanent condition usually present from birth. In some eras, it was considered a treatable disease and, in others, a permanent disability. This vacillating understanding directly led to shifting treatment methods, focused either on improving the condition or managing the population.

In the seventeenth century, British physician Thomas Willis declared that “idiocy” was the result of brain size, either at birth or after a serious injury. Treating the condition as a disease, he differentiated between capacity levels and offered potential treatments according to the level of disparity. Despite offering possible methods to find improvement, Willis still asserted “idiocy” was a permanent state. Building on Willis’s work, Franz Gall would inspire the discipline of phrenology. Phrenology studied the relationship between head shape and intellect. Although it ceased to be seriously practiced in the 1870s, it would strongly interest and influence many of the early

innovators in special education including the professionals in charge of Eastern Lunatic Asylum in Williamsburg, Virginia.

As a state, Virginia can claim the earliest American cases of cognitive disability. Both of these cases enter and then stand out from the record because of court contests over their mental capacity. Benomi Buck's father left care of his son, born at Jamestown in 1616, and care of his son's inheritance to two separate guardians, echoing the British law that divided those with mental disability from their property. In this case, the court became involved after the man entrusted with Benomi, whose name means "son of my sorrows," sought funds from the guardian of his estate to apply to his care. The local authorities would also assess Benomi's sister Mara after concerns were raised about her possible marriage. Like her brother, she was determined to be in need of guardianship.²⁰ Court records of other cases mentioning "idiocy" followed the same pattern, heavily featuring guardianship. Like previous societies, mental competence was determined at the local level through the testimony of those acquainted with the individual as well as informal testing and physical examination of the person himself.

Still, most individuals with cognitive disability were kept at home and managed by family members. The state usually became involved only when family stability was threatened. Colonial society was founded on the family and, therefore, it was a communal responsibility to ensure that families were secure. There was also a sense of duty to care for those who couldn't care for themselves. This informal support did not necessarily enter the historical record so it is more common to find evidence of those with mental disabilities when looking at conflicts brought to court about financial responsibility for

²⁰ Wickham, "Idiocy in Virginia, 1616-1860," 682.

their care or estates. When support systems failed, those with mental disability may have ended up at poorhouses or jails. As the system of public institutions developed, a small number would end up in asylums or deaf/blind schools. Therefore, we can also find more evidence of the understanding of disability looking at these records. Still, most people with cognitive disability would never cross the legal or institutional systems.

The Galt Family and Institutional Care in 18th and 19th Century Virginia

Governor Francis Fauquier first called for a mental health hospital in 1766. He imagined an institution, modeled after those in London and Pennsylvania, which would address specific populations being improperly housed in Public Gaol and poorhouses. The governor was responding to public pressures to manage these particular populations both for their own wellbeing and the comfort of the general society. Plans were developed to support these people in a specific facility situated apart from the rest of the city.²¹ The Virginia Legislature passed the act establishing for an institution “for the Reception of *Idiots*, lunatics, and other Persons of unsound Minds” in 1770.²² The board of trustees, featuring such prominent individuals as “the Honorable John Blair, William Nelson, Thomas Nelson, Robert Carter, Peyton Randolph, Robert Carter Nicholas, John Randolph, John Blair Junior, George Wythe, Dudley Digges Junior, Lewis Burwell, Thomas Nelson Junior, Thomas Edwards, and John Tazewell”, first met on July 10, of that year to begin planning.²³

²¹ Wickham, “Idiocy in Virginia, 1616-1860,” 692.

²² Shomer S. Zwelling, *Quest for a Cure: The Public Hospital in Williamsburg, 1773-1885* (Williamsburg: The Colonial Williamsburg Foundation, 1985) 9.

²³ Galt Papers (II), Box 3, Folder 38.

The hospital, designed by architect Robert Smith, took three years to build and opened in 1773 on “land bounded on the north by Francis Street; on the South by Ireland Street; on the west by Henry Street; & on the east by Nassau street.”²⁴ For the next century, members of the Galt family would operate the institution. Although we don’t have information about particular models or whether Smith had ever actually visited Virginia, the plain brick building was clearly designed specifically for the purpose of serving those with mental illness. For example, fireplaces were placed between rooms to avoid potential patient injury. While some visitors wrote of its beauty, other observers, like Thomas Jefferson, thought it was unimpressive.²⁵ Choosing to build the brick building as a permanent part of the Williamsburg landscape, Virginia could now proudly boast the first mental hospital in America.

When the hospital accepted its first patients in October of 1773, it operated through a keeper, a matron, and visiting physician. James Galt and his wife served the hospital’s administrative needs as the first keeper and matron, making 100 and 25 pounds respectively each year. Before working at the hospital, Mr. Galt had followed his father, Scotch-Irish goldsmith Samuel Galt, as keeper of the public Gaol.²⁶ Also a goldsmith, James Galt was an educated and well-traveled member of the community. While he handled general affairs, his wife, Mary Galt, supervised the female patients as matron. To

²⁴ Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-1866* (Williamsburg: The Colonial Williamsburg Foundation, 1971), 12.

²⁵ Dain, *Disordered Minds*, 15.

²⁶ Dain, *Disordered Minds*, 16.

cover medical needs, visiting physician John de Sequerya saw patients at the time of admission and weekly thereafter.²⁷

Beyond this staff, the hospital functioned under the guidance of a 15-person court of directors. The board consisted of prominent individuals who, although they were not medically trained, had probably read some medical texts as upper-class gentlemen of the time were somewhat familiar with such works. Still, it is unlikely that they read much about psychiatry, still largely a mystery even within the medical field.²⁸ This board of laymen made all admission and dismissal decisions at weekly meetings, a fairly common policy for public hospitals.²⁹ Echoing diagnostic criteria of the past, local authorities would gather a committee of three justices to determine the sanity of a person who was suspected to be without reason. After the person was brought in front of the committee, the board would pay the sheriff for the expenses of the process and transportation to the hospital. The patient's family and friends would be expected to disclose how much of treatment costs they would be able to pay for but the state covered free persons without the ability to pay. Thus, the state took over responsibility for its mentally ill from the traditional purview of family, community and church.³⁰ The admission process was designed to screen potential patients for appropriate cases. The hospital was intended for curable cases in which no family or friend would or could take responsibility. They advertised that they would not accept long-term cases, alcoholics or non-dangerous patients. Part of the very design of the public institutions involved separating a deviant population from the general population, reflecting society's fear and discomfort. As their

²⁷ Zwelling, *Quest for a Cure*, 9.

²⁸ Dain, *Disordered Minds*, 9.

²⁹ Galt Papers (II), Box 3, Folder 38.

³⁰ Dain, *Disordered Minds*, 16.

mission included improving those admitted, institutions like the Eastern State Hospital would develop to serve the specialized needs of only particular groups.

The early years of the hospital were characterized by crude treatment plans and low quality of life. Extreme doses of bleeding, drugs, and baths were paired with restraints and sparse rooms. There was little planned activity and officials intended to exert control by inspiring fear. Insanity was understood as a choice, a theory connected with later beliefs that mental disability was a failure of the will.³¹

The American Revolution interrupted any early progress. With Virginia declaring itself an independent commonwealth before the Declaration of Independence and significant fighting in the area, the hospital found itself in a precarious position where high inflation, shortage of funds, and cut off supplies meant threats of closure.³² Far from the now Capital in Richmond, the hospital eventually would have to shut down. Although the facility was abandoned, James Galt appears to have stayed in Williamsburg and taken former inmates into his home.³³ When the hospital reopened in 1786 after necessary repairs, the court of directors rehired James Galt, his second wife, and Dr. Sequerya as keeper, matron and visiting physician. For the next decades, the legislature attempted to rehabilitate the struggling institution, passing several more laws regulating the appointment and responsibilities of the officers and court of directors.³⁴ Still, Eastern State Hospital was plagued by financial concerns, perhaps a result the class-focused society's difficulty with the idea of a "public" hospital that would serve *all* free persons.

³¹ Edward Seguin, *Idiocy: and Its Treatment by the Physiological Method* (New York: William Wood & Co., 1866).

³² Dain, *Disordered Minds*, 22.

³³ Dain, *Disordered Minds*, 24.

³⁴ Galt Papers (II), Box 1, Folder 7.

Through these challenging early years, the hospital likely only remained functional because of the devotion of the staff, specifically the Galt family.

In 1795, James Galt's brother John Minson Galt replaced de Sequerya as visiting physician. John Minson Galt had served Virginia's troops as a surgeon during the Revolutionary War. In 1800, his son, Alexander Dickie Galt, would join him working at the hospital. Known as A. D. Galt, Alexander Dickie Galt would serve for the next four decades, the longest tenure heading the hospital. The same year that A. D. Galt joined his father as visiting physician, William Galt replaced his father as keeper. William's wife would also serve as matron.

A conservative, talented doctor, A.D. Galt maintained a large private practice that demanded most of his attention. Around the Williamsburg area, he was respected not only for his skills but also his generosity.³⁵ He was wealthy by Williamsburg standards and operated in a social network of educated and accomplished men.³⁶ During his tenure, mental illness was understood as a physical disease of the brain and nervous system and was therefore best treated by a physician through medical means. Although these early physicians at Eastern State Hospital did not leave records of their methods, popular treatments for the time favored extreme bloodletting and cathartics that shocked the patient's body. These unpleasant techniques were coupled with medicines to calm and purify the patient's body. A. D. Galt preferred conservative methods and relied heavily on medicinal treatments.

³⁵ Dain, *Disordered Minds*, 57.

³⁶ Bettina Manzo, "Calming Minds and Instilling Character: John Minson Galt II and the Patients' Library at Eastern Asylum, Williamsburg, Virginia 1843-1860" (Ph.D. diss., The College of William and Mary, 2004), 99.

During this time, the Virginia House of Delegates launched periodic investigations that resulted in tangible suggestions for improving the hospital. The committee felt that the hospital needed a better classification system, higher staff morale, and more organized activities for patients. It also expressed concerns that the hospital was too expensive, echoing the constant tension over the economic viability of the institution. Many of these would be addressed under his son John Minson Galt II but A. D. Galt did explore the emerging treatment style of moral management. Inspired by Enlightenment's focus on social welfare and individual rights, moral management focused on the entire environment and emphasized the psychological and emotional state of patients. This would lead to the physician being present daily and living on the hospital grounds. Alexander Dickie Galt, influenced by the mentality that mental illness and disability is emotionally driven and not an intellectual or physical disease, slowly began to incorporate kindness into treatment. Moral management was developed by Philippe Pinel's work at the Bicentre hospital in Paris. In addition to advocating and implementing more humane treatment, Pinel pioneered early classification systems. His work would be translated into English in 1806 but his legacy would be most strongly felt in Williamsburg through the work of Jean Marc Gaspard Itard and Edward Sequin. Before 1824, the cure rate hovered around a third of patients admitted but properly implemented moral management promised to reach another third.³⁷

Despite Galt's interest in moral management, the hospital remained more traditional than innovative with a somewhat custodial mentality. Still controlled by a board of laymen and treated on the side by physicians with private practices, it remained

³⁷ Dain, *Disordered Minds*, 45.

a small institution with merely adequate patient care. A few functional issues remained, including frequent difficulty gathering the necessary quorum of seven board members to discharge patients.³⁸ Roles were blurred through family connections and political appointments. A. D. Galt even served as both physician and president of the board for a period of time.³⁹ Despite few treatment advances and administrative tensions, the hospital was finally stable enough that the War of 1812 barely impacted its routine. Beyond hopefully offering improvement, the hospital also served a secondary purpose of separating the mentally deviant from the general population, protecting each from each other. Neither innovative nor failing, “like the town, the hospital was somnolent, small, antiquated, and dull.”⁴⁰

While the hospital no longer faced threatening instability, the cure rate began to go down and patient stays continued getting longer as it moved through the 1820s and 1830s. Since the hospital relied on state support, constant pressure to stay effective further forced improvement measures. The institution was designated for curing patients and admissions procedures aimed to exclude the untreatable. In 1826, the board refused a man on basis of “idiocy,” a condition best understood in the modern context as permanent mental disability. In 1830, the Virginia assembly passed a law to remove “idiots” from hospital and prevent others from applying for vacancies. Eastern State Hospital expelled four patients after this legislation. Most individuals with mental disability already lived within local communities rather than state institutions. Mental disability and mental illness may have been little understood but it was evident that they

³⁸ Galt Papers (II).

³⁹ Dain, *Disordered Minds*, 48.

⁴⁰ Dain, *Disordered Minds*, 61.

produced different populations with different needs. Even within the hospital, classification intensified with the belief that increasing specialization meant greater chances of healing. As this was occurring in Virginia, the era of improvement was sweeping the entire nation. In wealthier northern urban centers, the era of reform spawned public hearings that led to the establishment of several asylums reflecting a sense that care of the mentally ill was a community responsibility.

By 1840, A. D. Galt was aging and sick. His son John Minson Galt II returned to Williamsburg to care for his ailing father and join him as assistant physician to the hospital. The second son (his brother died young) was in position to take over the medical needs of the hospital after he finished his own training. He would eventually take over the roles of both visiting physician and keeper in the new position of full-time superintendent. The appointment of the bookish 22-year-old in June of 1841 would mark the first time that Eastern State was run by a medical professional.

John Minson Galt and a New Regime of Care

John Minson Galt II's hiring may have raised some eyebrows because of his age and inexperience but it also reveals the low status given to the position of running an insane asylum. Still, he was a mild and well-educated man who worked diligently in the position. John Minson Galt II was raised in Williamsburg in an intellectual and sheltered household, doted on by his mother and maiden sisters. Skilled in languages and fairly athletic throughout school, he graduated from William and Mary at age 19 and went on to the University of Pennsylvania in Philadelphia where he learned the practical skills of medicine. John Minson was not sure that he wanted to be a medical doctor but pursued

training out of respect to his family legacy. Similarly, he seems to have eventually accepted the position of superintendent for a combination of reasons including a sense of duty and a genuine desire to return in Williamsburg.⁴¹ Still, he put off his return for several months by traveling. He moved into the asylum on August 31, 1841. His training and penchant for study put him more in touch with the larger medical and psychiatric communities although he had probably received little instruction on psychiatry as little had been done in the field since Benjamin Rush's death in 1813. In fact, his distinguishing characteristic was writing and publishing while many of his peers focused on the medical and administrative needs internal to their respective institutions.

His writings reveal "a gentle, scholarly person with little administrative ability, and not much self-confidence."⁴² Despite praise from his father and other professionals, he spent much of his time feeling anxious or guilty. He spent his first year building up his father's library and addressing holes with contemporary works on insanity. He imposed on himself a strict schedule of daily study. Long interested in languages and comfortable in German, French, Italian, Greek and Latin, he published the English notes he took from European works in a 500-page collection called *The Treatment of Insanity*.⁴³ He produced many articles for the Association of Medical Superintendents of American Institutions for the Insane, which he helped found in 1844.⁴⁴ Beyond these publications, he also produced annual reports that were circulated to subscribers and contributed to the first psychiatric journal in United States, the *American Journal of Insanity*.⁴⁵ A curious scholar, he also

⁴¹ Manzo, "Calming Minds and Instilling Character," 155.

⁴² Dain, *Disordered Minds*, 71.

⁴³ Manzo, "Calming Minds and Instilling Character," 10.

⁴⁴ Dain, *Disordered Minds*, 72.

⁴⁵ Galt Papers (II), Box 1, Folder 8.

wrote articles about politics, literature and biology. Although he styled himself a Jeffersonian democrat, he was “actually a conservative, pro-slavery, states rights, southern expansionist who usually preferred Whig candidates.”⁴⁶

Beyond his commitment to scholarship, Galt did his best to modernize the hospital and implement moral management. In her thesis about his patient library, Bettina Manzo attributes John Minson Galt II with bringing Virginia into the age of the asylum.⁴⁷ He was more able than his predecessors since he was required “to attend solely to the Institution to the exclusion of private practice as a physician, and any other business or employment.”⁴⁸ The superintendent’s duties involved “the general government and control of the Institution and all the inmates, as well as subordinate officers and attendants, as patients.”⁴⁹ He must also keep "record of the name, age and resident of each patient, the time when received and when removed, whether cured or relieved, eloped or dead; and if dead from what cause, the state of the patient when received, and all important changes whither mental or bodily" as well as inform the board about patients and the general condition of the Institution "with such suggestions as to beneficial alterations as may have occurred to him."⁵⁰ He was in charge of all other employees and therefore also responsible for their actions. "He may at his discretion admit or reject visitors."⁵¹ The superintendent also managed the medicine. Each year, he was required to give a report with "tabular view" to board so that they can update the General Assembly. Beyond these considerable responsibilities, he was also expected to

⁴⁶ Dain, *Disordered Minds*, 72.

⁴⁷ Manzo, “Calming Minds and Instilling Character,” 156.

⁴⁸ Galt Papers (II), Box 1, Folder 5.

⁴⁹ Galt Papers (II), Box 1, Folder 5.

⁵⁰ Galt Papers (II), Box 1, Folder 5.

⁵¹ Galt Papers (II), Box 1, Folder 5.

attend board meetings and allowed to draw up to \$50/month from the treasurer for expenses.

As evidenced in the superintendent's job description, the lay court of directors, who still controlled admission and discharges, limited his authority. The board also controlled the hiring and wages of officials, which was especially dangerous because of the highly political nature of appointments to the board.⁵² Despite difficulties exercising strong authority, Galt was both talented and committed to bridging the medical and nonmedical treatments into an overall positive environment. He professionalized the staff and corrected many institutional failings.

Following the example of moral management, described in his notes of a JM Cox book from 1806 as "sympathetic tenderness never to be forgotten by physician, though it should not diminish his steadiness & presence of mind", he expanded the physician's role and treatment plans to include occupation, exercise and care.⁵³ The keeper, now Philip Barbiza after a series of short serving officers, transitioned to a steward role that mostly executed the new policies including the nonmedical elements.⁵⁴ The staff was now more aimed at rehabilitation beyond simply safekeeping. He intended for some officials to be craftsmen that would enable the patients to work at specific occupations and designated that some workers would stay nights at the asylum so patients no longer needed to be confined to their rooms after particular hours. After visits to northern asylums, he noted admirably that "neither the term keeper nor servant has ever been known in the intercourse of attendant and patient. The latter has always been led to look upon the

⁵² Galt Papers (II), Box 1, Folder 6.

⁵³ Galt Papers (II), Box 1, Folder 5.

⁵⁴ Dain, *Disordered Minds*, 75.

former as a friend & equal."⁵⁵ Different from their northern counterparts, the Williamsburg hospital hired local slaves to act as servants for the most menial tasks. Slaves were only used as attendants to the most severely affected class, where "their minds are much weakened, & their insanity incurable, [so] moral influence is not so essential."⁵⁶ Racial prejudices still prevailed in the South and black workers were not trusted with keys. He noted character descriptions, such as "excellent character and good barber", "first rate", or "not so trusty", on lists of hired slaves and frequently used the same slaves year after year.⁵⁷ Still, slave or free, Galt desired high quality workers so he offered competitive compensation; he paid 15% over market price for hired out slaves and advertised in Norfolk, Williamsburg and Richmond.⁵⁸

Racial make-up was not the only aspect of Eastern State Hospital that differed from its northern peer institutions although his northern peers certainly questioned the presence of African-Americans at the hospital.⁵⁹ Galt was one of the youngest superintendents and his tradition-based appointment may have also caused other superintendents to question the legitimacy of his unique treatments, such as collecting pledges from patients not to engage in drinking or destructive behavior.⁶⁰ He was also deeply devoted to the South and closely tied to Virginia. While his peers moved from institution to institutions to advance their careers, Galt preferred to remain in

⁵⁵ Galt Papers (II), Box 1, Folder 6.

⁵⁶ Galt Papers (II), Box 1, Folder 6.

⁵⁷ Galt Papers (II), Box 1, Folder 6.

⁵⁸ Galt Papers (II), Box 1, Folder 6.

⁵⁹ In addition to acting as servants, African-Americans were allowed admittance into the asylum, as there was no separate facility. For more of Galt's opinion on the matter, see Galt Papers (II), Box 1, Folder 7.

⁶⁰ Galt Papers (II), Box 2, Folder 14. Pledge from "Eastern Asylum Temperance Society" stating "I hereby pledge myself not to taste hereafter of any intoxicating liquor, unless expressly prescribed by a Physician."

Williamsburg. Although he incorporated many elements of northern asylums such as religious services, the differences would grow increasingly difficult to ignore.

John Minson Galt II's focus on "mildness and firmness" positively changed patient's daily life.⁶¹ He used a modified form of non-restraint that did away with mechanical controls but retained the ability to subdue patients by whatever means deemed necessary. Believing that insane people differed from sane persons only by their deviant behavior and thoughts, he felt the insane deserved to be treated as much like the sane as possible. He also believed that patients were individuals and should receive care crafted to each person's unique needs according to their history and personality. Galt styled the asylum in a more family orientation and apparently received patients as guests in his own quarters.⁶² Patients generally adored the superintendent and his sisters.⁶³ With increased quality of living came better quarters, more attractive surroundings, and more structured activities. In fact, Galt encouraged socialization as treatment and provided amusements such as games, books, and instruments for patient entertainment. He helped develop some of the earliest musical therapy and bibliotherapy.⁶⁴ He wrote at length about his patient library and, in 1854, began a series of classes. In 1859, he added a series of lectures as a means of treatment. It was for this latter series that he would write *A Lecture on Idiocy*. He also ensured that religious services were held on Sundays should patients wish to attend. Confirming this shift from a prison-like environment to a more benevolent institution, the hospital changed its name to Eastern Lunatic Asylum in 1860. It was beginning to be seen as a retreat from the fast-paced world that had caused the

⁶¹ Dain, *Disordered Minds*, 75.

⁶² Galt Papers (II), Box 4, Folder 46.

⁶³ Dain, *Disordered Minds*, 85.

⁶⁴ Galt Papers (II), Box 1, Folder 2.

mental illness. That it would become a fairly progressive institution is especially remarkable given the conservative environment of the antebellum South. It was undoubtedly influenced by the reform movements largely rejected by the surrounding community because of northern abolitionist connections.

Beyond amusements, Galt employed patients in labor “primarily as therapy, secondarily for economic benefit for hospital.”⁶⁵ Inmates were never forced to participate but the workshops and farm proved profitable. Galt’s records include many tabulations showing the clothing and bedding produced by the women as well as the produce and other goods raised by the men.⁶⁶ The hospital could now better market itself to a more diverse patient population. It did allow slaves and free blacks, although, except for a brief period, they were kept separate from white patients. Galt also tried to appeal to upper class white people as paying patients helped both the reputation and finances of the hospital. Positive changes, noted as early as four years into his tenure, helped motivate Galt to plan enlargements to better utilize asylum’s resources

Throughout his term, Galt remained fascinated by scholarly accounts of mental illness and related subjects. Very well read with both extensive patient and private libraries, Galt chose to begin his *Lecture on Idiocy* with a quote from Shelley. Beyond his reading, Galt traveled to other institutions to observe successful practices. As early as 1843, on a trip to Philadelphia to inquire about publishing his father’s work, he visited nine institutions. He incorporated what he learned from books and these trips with his own ideas. Most of his knowledge came from his own experience and observations. For example, in his position as superintendent, Galt fielded applications from potential

⁶⁵ Dain, *Disordered Minds*, 90.

⁶⁶ Galt Papers (II), Box 1, Folders 5-6.

applicants to ensure that they were appropriate candidates for treatment. He developed a questionnaire for the family or friends to complete upon application that detailed the history of the illness as well as specific incidences or past treatments. He combined this intake survey with his own notes to comprise the patient record.⁶⁷ It is because of this procedure that we have a rare glance into the specifics of one particular case of mental disability.

Noble Richard was an 18 year old from Loudon County, Virginia when he was brought to the asylum on February 19th, 1844. A little more than a month later, on March 31st, he would be discharged as “idiotic” and therefore not an eligible candidate for treatment at Eastern Lunatic Asylum. The notes from his month in the asylum reveal both similarities and dissimilarities from the modern experience with cognitive disability. Like many people with disabilities throughout history, Noble’s differences were first noticed when he was around eight years old and “singular in his habits, differing from any other children manifesting little or no disposition to play or associate with them.”⁶⁸ Mostly

⁶⁷ Galt Papers (II), Box 1, Folder 9. A version of the intake questionnaire from 1852 shows the information that was perceived as potentially useful for treatment: “QUERIES 1. What is the patient's age and, where born? 2. Is he married? If so, how many children has he? 3. What are his habits, occupations and reputed property? 4. How long since indications of insanity appeared? 5. What were these indications? 6. Does the disease appear to increase? 7. Are there periodical exacerbations? Any lucid intervals, and of what duration? 8. Is his derangement evinced on one or several subjects? What are they? 9. What is the supposed cause of his disease? 10. What changes in his bodily condition since the attack? 11. Has there been a former attack? When and of what duration? 12. Has he shewn any disposition to commit violence to himself or others? 13. Whether any, and what restraint has been imposed on him? 14. If any, what connexions of his have been insane? Were his parents or grand-parents blood relations? If so in what degree? 15. Has he had any bodily disease, from suppression of evacuations, eruptions, sores, injuries, or the like, and what is its history? 16. What curative means have been pursued, and their effect, and especially if depleting remedies, and to what extent have been used?”

⁶⁸ Galt Papers (I), Special Collections Research Center, Swem Library, College of William and Mary, Box 20, Folder 120.

calm with sporadic outbursts, he had “generally eaten at table... and been treated and attended to as the other children.” He had generally been in good health and took no medicines regularly. He had been bled once but it had no clear impact on his disease so was not attempted again. The application to the asylum came after two years when his “ungovernable” intervals had been more frequent and occasionally violent. He actually was first placed in the County Jail but the confinement seemed to worsen his condition or at least, produced more violent outbursts. The report states that he had stopped using the privy and instead “now uses the floor and sometimes...his clothes.” With his behavior at the jail, a committee determined him a fit subject for the lunatic asylum. This concern was amplified because Noble was entitled to “1/4 of 7 or 800\$, which was left his mother by Philip Fry deceased, but which is likely to be strongly contested,” especially if he was determined to be without reason. During his month at the asylum, Galt records “no change” and, although Noble “is cleanly and will work,” he discharges him as “evidently idiotic” and therefore, not belonging in the insane asylum after all.⁶⁹

“Galt, isolated in Williamsburg, had to depend mainly upon his library, travel, correspondence, and clinical experience.”⁷⁰ From these sources, he developed a realistic and flexible approach to treatment. He also attempted to contribute to the field, gathering and releasing superficial statistics on supposed causes. For example, comparing the admission data from multiple institutions, he determined “the general fact, that hot weather is that in which the inmates of our asyla are found to be most excitable.”⁷¹ Galt believed insanity was a single disorder with multiple degrees. The cause could be

⁶⁹ Galt Papers (I), Box 20, Folder 120.

⁷⁰ Dain, *Disordered Minds*, 73.

⁷¹ Galt Papers (II), Box 1, Folder 6.

predisposing or exciting. Predisposing causes were the physical or social conditions that could be ignited by a temporary but potent exciting cause. Still, the cause of insanity was often difficult to determine because it frequently grew from “secret sorrows.”⁷²

Recognizing the emotional and psychosocial component, Galt came to value therapy over his father’s emphasis on medicine. He still relied on medicines such as opium and other narcotics to calm patients but placed more emphasis on moral management’s environmental factors, especially for chronic cases.⁷³

Always curious, Galt would ask recovered patients to explain their experiences. He worked, unsuccessfully, to understand the condition for his entire professional life, calling insanity “an awful mystery.” He was not afraid to veer from traditional treatments to better understand or treat insanity. In his efforts to determine the cause, he suggested asking patients’ kin at time of admission for permission to perform an autopsy in the event of death to facilitate post mortem studies of brain. Because Eastern State was still small and had obviously needed major reforms, he was usually allowed to try his ideas of various treatment models provided they were not too costly. For example, following his belief that the insane were similar as the sane, Galt allowed more contact with sane people on the premise that more contact would facilitate faster recovery. Along these lines, quality employees were important to help overcome delusions.⁷⁴ Galt also welcomed visitors to the asylum. Students from William and Mary would often come observe the patients, sometimes for entertainment. But visitors even came from far away. The reformer Dorothea Dix, whom Galt calls “the distinguished friend of the insane,”

⁷² Dain, *Disordered Minds*, 76.

⁷³ Galt Papers (II), Box 1, Folder 9.

⁷⁴ Galt Papers (II), Box 2, Folder 12.

developed a personal relationship with the Galt family on periodic visits and sent gifts to the patients.⁷⁵ Patients were allowed to wander mostly freely until an 1851 law restricted movement and a wall was erected for better patient control. This is just one example of how the oft-shifting attitude of care vs. control mentioned in the historical background impacted the Williamsburg asylum.

In addition to his modernizations, Galt's tenure was characterized by his struggle with the Western State Hospital. Built in Staunton in 1825 to serve patients west of the Blue Ridge Mountains and therefore cut down on travel costs, the second hospital was able to have more selective admissions standards from the beginning. Only choosing to admit the most likely to recover, their cure rates exceeded Williamsburg. In the same law that created John Minson Galt II's superintendent position, the legislature attempted to address the issues between the two and, instead of following the former dividing line of the Blue Ridge Mountains, authorities were now required to apply to the nearest asylum and if denied, then apply to the other. Galt's papers are littered with patients requesting vacancies in Eastern State after denied applications to Western. The Staunton superintendent Stribling was able to appeal to upper class individuals by offering preferential treatment.⁷⁶ Galt's attempts to do the same never met with the same success. He admitted that Eastern State was falling behind other institutions and kept working to remedy the situation. One idea, following the theory that the hospital itself might be hindering care, suggested community-based care modeled off the St. Anne farm system in France. This was never implemented, perhaps because it implicitly criticized the

⁷⁵ Galt Papers (II), Box 4, Folder 47.

⁷⁶ Dain, *Disordered Minds*, 107.

current system. Still, it resembles later priorities in special needs policy that each person be kept in the least restrictive condition available based on his or her unique condition.

As the decades progressed, the optimistic attitude of potential improvement began to wane. The two asylums began to cooperate better but still faced admission discrepancies. Galt continued to struggle as an administrator, frequently at odds with the board and battling staff problems such as alcoholism. Miss Dix noted these administrative problems on one of her visits. The board itself faced turmoil as the now-majority Democrats desired representation and shook up the traditionally politically appointed system. This was just one way that national politics leaked into local affairs and contributed to the lowering of the hospital's reputation and to the erosion of the atmosphere of hope and confidence so necessary to a hospital that sought to be more than merely custodial.⁷⁷ By the 1850s, life at the hospital had become increasingly monotonous. "Galt- reserved, introspective, anxious, gentle, bookish, somewhat hypochondriacal - lacked the leadership qualities usually associated with a good administrator notwithstanding his considerable intellectual powers, excellent character, and talents as a psychiatrist."⁷⁸ He never married and spent his entire adult life at the Asylum. Presumably, he was caught into political crosshairs as he was selected for both Williamsburg mayor and magistrate, although he never served. Of course, the local political conflicts of Williamsburg and administrative problems within the asylum would pale in comparison to the national crises on the horizon.

John Minson Galt II's *Lecture*

⁷⁷ Dain, *Disordered Minds*, 161.

⁷⁸ Dain, *Disordered Minds*, 142.

In his position as superintendent of Eastern Lunatic Asylum, John Minson Galt II published *A Lecture on Idiocy* in Richmond, Virginia in 1859 under the Enquirer Book and Job Office. Thomas Ritchie had founded *The Enquirer* in 1804, making it the oldest newspaper in Virginia. In Galt's time, Richmond hosted several semiweekly newspapers representing various political leanings. *The Enquirer* evolved from Jeffersonian to Jacksonian Democratic ideals. John Minson II received it along with two other Richmond papers while studying in Philadelphia. His lecture would be published in 1859 during the transition between Ritchie's death in 1854 and the purchase of the franchise by elite Democrats who added their names, Tyler, Wise, Allegre and Smith, to publication information afterwards. The press published a variety of texts, including a sermon on Christian education in the same year as Galt's lecture. The Enquirer Book and Job Office would go on to publish several early Confederate States of America (CSA) documents until, in 1862, the Southern government chose another printer. The paper would also come to be known as another arm of the CSA, supporting the administration throughout the war.⁷⁹

Galt's address was initially offered as part of a course of lectures for treatment in the asylum. Recently introduced at Eastern State, the concept of a lecture series was based on successful attempts at institutions in Scotland and America. Patients would hear the lecture delivered although after its publication, Galt surely intended a larger audience. He was relatively well known as a mental health professional and his reports circulated to dozens of subscribers each year. Presumably, his short treatise on cognitive disability

⁷⁹ Ted Tunnell, "Confederate Newspapers in Virginia During the Civil War," *Encyclopedia Virginia* (May 2011), http://www.EncyclopediaVirginia.org/Newspapers_in_Virginia_During_the_Civil_War_Confederate>.

would also appeal to these readers. Within his lecture, Galt traces the development of understandings of cognitive disability as well as specific examples to show the necessity, utility and success of institutions for the mentally disabled. He presents international evidence alongside domestic details.

Opening with a quote from Shelley about the grandeur of Rome, Galt situates his comments in the larger scheme of human accomplishment while passing judgments about the morality of such actions. Beyond showing his own intelligence through his knowledge of literature and foreign events, Galt also reveals his particular bias talking about moral bearing of Rome's ruins. Although they are grand evidence of human capacity, they call to mind gladiators and pagan rituals which are not admirable. "The hope of future noble efforts in a better direction is thus educed from works, which in themselves are only dreary tokens of man's errors."⁸⁰ Rome itself is a picture of human ability although it is an immoral legacy. In this, Galt uses Rome as the grandest example of all the great empires. Each monument in the city reveals the extent of the domain. "Yet in the very pride of the unsurpassable grandeur, which Rome here exhibits, lies the depths of her weakness in character, when compared to the nations of the present day."⁸¹

Turning his attention to his own nation, Galt compares his present America to the Rome he has just described. There are still "godlike men" and "illustrious deeds on the historic page" but it is likewise characterized by prominent faults with "compensating virtues."⁸² America's influence has also expanded beyond its borders. The United States may not have the public monuments of Rome but it did boast a system of public

⁸⁰ Galt, *A Lecture on Idiocy*, 5.

⁸¹ Galt, *A Lecture on Idiocy*, 17.

⁸² Galt, *A Lecture on Idiocy*, 8.

institutions “which Rome... never reached, or even had the soul to aspire to.”⁸³ Galt cites that almost every state in the Union had provided aid to the three classes with most demand for public aid; first, the insane and then the blind and deaf-mute. He clarifies that the latter group received services because their mental capacity seemed clouded, as there was understood to be a close connection between the senses and mind. Galt proclaims that when placed in an asylum, these individuals came to life like new.

Taking his audience on a trip across Europe, Galt moves his focus from Rome to Switzerland. In Rome, a traveler finds historical artifacts and architecture reminding him of the grand human history. In Switzerland, he finds peaks coated by pure snow with “an ethereal radiance that seems rather like a land of magic than plain reality.”⁸⁴ Galt says that those who compare Southwestern Virginia or Eastern Tennessee to Switzerland in America forget the essential Swiss characteristics of running water, snow and high altitudes. It is nestled in these incomparable Swiss Alps that Mount Abendberg is situated, 3000 feet above sea level and far above the town Interlochen.

Mount Abendberg, “a plain but convenient hospice,” offered provision for a fourth class of the mentally afflicted.⁸⁵ Galt points out that this also separates modern day from ancient precedents. Once Galt has described the environment, he introduces the man behind the institutions, Dr. Guggenbuhl, and his interest in cretins. Dr. Guggenbuhl pioneered many of the treatments and policies that influenced later work with the mentally disabled. His particular interest was cretinism but it was understood that his findings could apply to anyone with a mental disability. He did not believe the

⁸³ Galt, *A Lecture on Idiocy*, 8.

⁸⁴ Galt, *A Lecture on Idiocy*, 10.

⁸⁵ Galt, *A Lecture on Idiocy*, 11.

assumption that children with mental disability could not be reached. This opinion was so widespread that there was really no literature on potential remedial techniques.

Guggenbuhl perceived that, in order to make any progress in the field, there needed to be both scientific research and personal investment from talented, dedicated individuals. He committed his life to attempting successful cures and prevention.⁸⁶ Contemporaries called his major experiment with residential care at Abendberg a “labor of love.”⁸⁷ Giving up a general private practice, Guggenbuhl followed what he felt to be his God-given mission. His work was controversial but, despite outspoken critics, he managed to find influential friends who donated their resources and support to the enterprise dedicated to reach and improve cretins.

Cretins were “idiotic from birth” and the condition had certain physical cues. Professionals at the time estimated that five percent of the population was afflicted. Cretinism would eventually be understood as a thyroid condition and Galt writes that it often occurred in the children of people with goitres, or swelled thyroids. It was believed to come from a child’s parents and Galt even says that it could be a consequence of Valois women marrying Savoyard men. Others thought that the condition was a result of an iodine deficiency caused by drinking snow-water. Guggenbuhl adds close, confined, humid and dirty living situations to the list of potential causes. Perhaps combining these theories, professionals thought that cretinism was localized to marshy areas near mountains. It was thought that it could not exist over 3000 feet above sea level, which is probably why Guggenbuhl chose the location of Mount Abendberg to rise beyond that mark. Theories at the time also held that people absorbed oxygen better at that height.

⁸⁶ Kanner, *A History of the Care and Study of the Mentally Retarded*, 22.

⁸⁷ Kanner, *A History of the Care and Study of the Mentally Retarded*, 22.

Beyond the altitude, Guggenbuhl treated the serene environment as a treatment method as well. Good patient care required direct exposure to air and sunshine.

Guggenbuhl included many treatments in his patient's regimens. The program was designed to address physical development and then teach more abstract things. First, he acted upon the patient's system with iodine, cod liver oil, electric chocks, baths and particular diet or exercise. Daily physical exercise was paired with mental gymnastics "according to the powers of each little scholar."⁸⁸ Guggenbuhl's successors in the field would also extol the success of individualized plans. He excited the senses with colors, painting and music. Moving beyond the body, Guggenbuhl also focused on clear and articulate speech. Galt recounts that, since coming into the asylum, all of the patients except for one blind student, had essentially learned to read and write. Like Galt, he believed that those with mental disability were more similar than dissimilar to other people and therefore reacted to the same stimulations and contact with normally developing peers. Designed with a particular cretin population, Guggenbuhl's techniques would be generalized for use with "idiots."

Galt seems to draw most of his information about Mount Abendberg from an article by Mr. J. Hutchinson in the *Medical Times and Gazette*. Despite initial ridicule, the asylum's success gained lots of attention and some high-powered admirers. The Countess of Hahn Hahn even sponsored a child in the asylum after bringing her own daughter there too late to successfully receive treatment. Galt points out here that, like insanity, there is a particular age or duration in which treatment is most effective.

⁸⁸ Galt, *A Lecture on Idiocy*, 14.

Following a successful example given significant attention, other asylums appeared in other places.

Guggenbuhl's work was first published in England in 1843 and America in 1847.⁸⁹ Following the philosophy of the Enlightenment, it expanded the imagined possibility. Internationally famous, his publications served "the combined purpose of gaining hearts and heads for the cause, bringing it to the attention of the public, and inviting support."⁹⁰ He did attract criticism as well. His self-association as an instrument of God and overly grand promises began to wear public opinion thin. Rumors of mismanagement and frustration that his "cures" were not absolute ultimately led to a fall from grace and, eventually, the shameful closure of the formerly shining example. Despite his personal failing and unrealistic promises, the endeavor and his genuine conviction that lives could be improved began the greater movement to develop residential care and educational facilities for the mentally disabled. The psychiatrist Christian Friedrich Nasse described it as "the decisive first step for so large a group of unfortunates who have lived on hopelessly so long as not even the thought of the possibility of helping them has occurred to anyone."⁹¹ Around this time, similar institutions would begin to develop in Germany, Great Britain and France.

After describing one of the treatment possibilities available to the mentally disabled in his day, Galt calls his audience to consider the poor treatment that they were subject to in the past. His brief history, designed to amplify the positive impact of his

⁸⁹ Philip M. Ferguson, *Abandoned to Their Fate: Social Policy and Practice toward Severely Retarded People in America, 1920-1920* (Philadelphia: Temple University Press, 1994), 52.

⁹⁰ Kanner, *A History of the Care and Study of the Mentally Retarded*, 24.

⁹¹ Kanner, *A History of the Care and Study of the Mentally Retarded*, 25.

accounts, does not adequately show the spectrum of experience for the cognitively disabled and was expanded earlier in this paper. He recalls neglect and even the violent accounts of French soldiers in the previous century attacking “idiots” with bayonets because they were so offended by their appearance. Further back into history, he cites the fixture of court fool or jester. Although manipulative persons sometimes merely pretended to be foolish in order to find success at court, “the mere institution of such an office is traceable to the inhuman proclivity to ridicule persons so afflicted.”⁹² Galt shows that negative ideas carried well into the Reformation; Martin Luther declared that he would throw an idiotic child into the river would he not have been called a murderer afterwards.

Galt then transitions to the definitional complications that plague any research into the history of mental disability. There is not a clear or singular definition that applies across times, areas, or individuals. Galt starts with the original Greek term “idiotes” meaning private man. It originally referred to anyone who did not hold public office but it would come to mean someone *incapable* of holding public office. Eventually, it would describe anyone with perceived incapacity. It is hard to trace the etymology much further because, like insanity, “idiocy” is difficult to define. Christophe Eduard Morel, a French teacher of deaf-mutes, characterized the condition by primitive communication but that only applied to some people described with the condition. The diversity within the diagnosis developed a sort of scale between the most severe and mildest. Complicating the picture, some “idiots” were gifted at music, writing, numbers, or rhyming. Galt quotes a story told by Dr. Samuel Gridley Howe, founder and director of an early American

⁹² Galt, *A Lecture on Idiocy*, 17.

school for the mentally disabled, about a boy so gifted at mathematics that even a renowned mathematician could not stump him. Individuals like this make it hard to pass general characteristics. Guggenbuhl attempted to define “idiocy” in contrast to cretinism saying that “idiocy” could appear in normal bodies whereas cretinism left a marked appearance. While not false, this overlooks that “idiocy” often occurred alongside other maladies. M. Sageart, director of an institution for deaf mutes in Berlin, offered his attempt at definition as “that diseased condition of the cerebral organ, in consequence of which an individual, under ordinary circumstances, is prevented from attaining to that degree of mental development and maturity usually possessed by children in early infancy.”⁹³ This oversimplifies the capacity of these children.

Regardless of professional’s ability to craft a good definition of their condition, individuals with mental disability continue to have needs that can stress their families. In fact, Galt cites it as a large class of 35,000 persons in the American Union, which he points out is more than the deaf mutes who have already gained public sympathy. Other professionals at the time estimated the prevalence to be much lower.⁹⁴ Since there are so many “idiots” and state governments have already responded to other mental needs, Galt argues that it only makes sense to also address this population.

He points out that, as any theory or procedure, there are roots in the past. In the first place, “idiots” have long been misplaced in other institution for the poor, deaf, or blind. This usually happens because they fit one of the criteria but the environment is not designed to serve their particular needs. For example, some end up in deaf mute schools because they cannot speak but it is not a physical cause. The second traceable root is an

⁹³ Galt, *A Lecture on Idiocy*, 19.

⁹⁴ Ferguson, *Abandoned to Their Fate*, 15.

1827 education articles by Dr. Richard Poole in which he explains that there may be “practicality of improving the condition of the imbecile.”⁹⁵ Thirdly, early educational institutions for these children can trace back to the Citizen Bonaterre finding wild boy in the woods of Aveyron in 1801. He brought the child to Jean Marc Itard, who had made his career studying hearing and speech. He believed that the boy had lost his mental and social acuity because he developed outside civilization influences. His condition was similar to “idiocy” but Itard believed it did not have the same permanent prognosis and could be corrected with the proper training.⁹⁶ Even the child’s new name, Victor, represented the hope for a cure. Itard built his treatment off the work of Jacob Rodrigues Pereire, a Spanish physician who specialized in congenital deaf-mutes. Pereire effectively demonstrated that this population could be taught to communicate by using the connections between the senses.⁹⁷ Itard, and those after him, would rely heavily on sensory work to stimulate and educate pupils formerly seen as unreachable. After five years of intensive instruction and only minimal progress, Itard surrendered the case and Victor died in custodial care in 1828. Still, the fact that a person with perceived mental disability would be brought to a specialist in physical disability reflects the pattern that professionals working with physical disability or mental illness that would be the first to consider mental disability.

Despite his own perception that his experiment was unsuccessful, Itard’s work was influential in his time. He published two volumes in 1807 and 1837. His ideas set the stage for later techniques. The French Academy of Science recognized the improvements

⁹⁵ Galt, *A Lecture on Idiocy*, 23.

⁹⁶ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 21.

⁹⁷ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 24.

that Victor did make regarding basic verbal and social skills. With his example, they reiterated that each pupil should be considered in comparison only to his or herself rather than his or her peers. This idea of personalized definitions of progress continued with later educators. Itard's techniques were also praised for general educational practice.

Perhaps Itard's most important contribution to the development of education for those with cognitive disability lies in his influence on Edward Seguin whom Galt calls "an eminent founder of the present amelioration."⁹⁸ Seguin studied under Itard in Paris and followed his mentor's work with Victor, the Wild Boy of Aveyron, into a career exploring "idiocy." He believed that social application of the gospel demanded raising the lowest classes of society through accessible education. Seguin attempted to educate his first student in 1837. This boy's successful improvement led to Seguin taking on a more pupils from children at the Hospice des Incurables and at the Bicentre.⁹⁹ Attached to these hospitals, he began one of the first schools for the cognitively disabled where he was named director in 1842.

Influenced by Itard's techniques, Seguin pioneered the physiological method of education, which focused on exciting the senses and then addressed speech. After these goals were attained, a student could be effectively taught occupational skills and morals. His textbook, published in 1846 and widely circulated, would explain his techniques for an education addressing the moral, intellectual and physical aspect of a person. He structured his work on a pattern of excitement and activity balanced with rest.¹⁰⁰ Students built up smaller ideas and skills into larger ones in a structure of physical stimulation and

⁹⁸ Galt, *A Lecture on Idiocy*, 23.

⁹⁹ Kanner, *A History of the Care and Study of the Mentally Retarded*, 35.

¹⁰⁰ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 32.

imitation followed by drawing, writing and, finally, reading.¹⁰¹ Treatment also needed to be personalized to address the unique needs of each student, therefore necessitating that each student receive individual attention so that teachers knew his needs. He said, “At first sight all children look much alike; at the second their countless differences appear like insurmountable obstacles; but better views, these differences resolve themselves into groups easily understood, and not unmanageable.”¹⁰² Seguin believed that cognitive disability was fundamentally a failure of the will. Therefore, his treatments were designed to develop self-control and, ultimately, draw students back to normal functioning.

Seguin grounded his work in observation and experience. He developed his theories from visits to various hospitals saying, “In all this, truly the idiots were the doctors and the teachers.” He fondly remembered those we had worked with saying that “no one who has the happiness of ministering to [the idiot] will deny [his morality].”¹⁰³ He was however concerned about the misplacement of those with cognitive disability into almshouse and asylums, the same problem identified by Galt in his lecture. Despite obviously different conditions and needs, “this confusion takes place. Practically and legally, the idiot has been assimilated to unfortunate beings whose rights upon society are different from him; and he has suffered deeply by the mistake.”¹⁰⁴

His work was first published in English in 1845. Following the political strife of 1848 in France, Seguin immigrated to the United States where his presence spurred the development of American institutions. As an individual, Seguin was easily offended and never learned English particularly well. Still, he was central to the organization and

¹⁰¹ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 35.

¹⁰² Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 33.

¹⁰³ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 64.

¹⁰⁴ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 66.

success of the earliest American institutions for those with mental disability as well as the professionals who ran them. Seguin found many admirers including Linus P. Brockett, who wrote about education saying “the possibility of improving the condition of the idiot is one of those discoveries which will make the nineteenth century remarkable in the annals of the future for its philanthropic spirit.”¹⁰⁵

Moving from the influences that led to the development of institutions in the United States, Galt lists the institutions currently in operation in Scotland, England, Denmark, France and the German Kingdoms. He also mentions the state institutions in Boston, Syracuse, and Columbus. Curiously, Galt mentions that an English journal counts Virginia as one of the states with such an asylum “but it seems our policy ever to allow ourselves to be outstripped in some matters by our sister states in the Union.”¹⁰⁶ International and domestic institutions alike were visited and sponsored by prominent individuals.

To better illustrate his points, Galt offers the example of the New York Asylum. Then Governor Hunt entrusted it to the gentlemen William H. Marcy and John C. Spencer. They were at first skeptical about the mission but seeing the success of similar schools inspired them to take the position. To show the change, Galt quotes Mr. Spencer’s early opinion. “The idea of teaching and training idiots is preposterous, because teaching involves the existence of a mind, and it is the want of it that constitutes the idiot. Do not take it personal, but I must say I think none but fools would think of teaching fools.”¹⁰⁷ Galt does not take offense because a similar comparison is drawn

¹⁰⁵ Linus P. Brockett, “Cretins and Idiots,” *The Atlantic Monthly*, February 1858, 97.

¹⁰⁶ Galt, *A Lecture on Idiocy*, 24.

¹⁰⁷ Galt, *A Lecture on Idiocy*, 25.

when the directors of the insane asylum do something that upsets someone and it is whispered that it is the officers who should be confined in the institution. Still, Mr. Spencer changed his mind after visits to Massachusetts's institutions showed both feasibility and success. In fact, Galt says that the gentlemen's skepticism reversed so completely that both men remained closely involved throughout their lives. Galt asserts that within ten years, there will be institutions to serve this class as well as the insane, blind, deaf, and dumb. After giving the example of New York, Galt "cannot but conclude that Virginia should be led to adopt a similar policy, with such an analogous testimony."¹⁰⁸

With a class of specialized institutions based on "wise and scientific, intellectual, moral and physical treatment", some will reach brilliance while others will, at least, learn positive habits of self-control and personal care that could result in employment and other opportunities.¹⁰⁹ Galt asserts that no one who witnesses the progress capable through these institutions will mind the expense. Galt says that he does not have the space to talk about specific treatments but he does offer some examples and particular cases to illustrate the impact of education on the idiotic mind. He reminds the audience at several points that treatment is effective only in public institutions where there is consistency in an intentional environment with "a method founded on truths evolved from experience."¹¹⁰ Individual efforts simply cannot offer as complete care.

Galt sets up his discussion of treatment by orienting his audience to the common thinking of professionals at his time. Rather than thinking of the idiot's mind as deprived,

¹⁰⁸ Galt, *A Lecture on Idiocy*, 26.

¹⁰⁹ Galt, *A Lecture on Idiocy*, 28.

¹¹⁰ Galt, *A Lecture on Idiocy*, 30.

it was conceived as endowed on a diminished scale much like a sleeping state. This explained why idiotic children took a certain amount of effort to acquire what ordinary children obtained naturally. Treatment techniques sought to essentially wake the mind. Dr. Seguin's strategy focused on exercises and involved strengthening the student physically first to calm nerves and enforce order and obedience. Galt adds emphasis on the individual personhood of each student inspired by Felix Voisin's work with moral treatment at the Bicentre.

Now that he has set-up the general ideas behind treatment, Galt goes on to discuss a few examples of specific styles. Since it is not a complete picture, he presents seemingly disconnected examples in succession with little transition. The first that he describes is the method by which size, color and form are taught with wooden blocks and repetitive games. Then, he shares that ladders are used for physical strength. Above a soft mattress, an instructor places a child onto a ladder rung to hang. Then, after the child is aware of that sensation, the instructor helps the child move one hand and then the other up to another rung and eventually climb the ladder, all while encouraging him. Like the concepts with the blocks, this is also repeated until it is learned. Galt does acknowledge that the medical diseases that sometimes accompany mental disability may complicate physical exercise but he restates the necessity of it for effective treatment.

If the treatments and education are effective, than students may be able to find employment or increased social harmony. Sometimes occupational or social skills themselves were used as treatment. Older boys would be taught how to care for cattle while younger ones managed smaller animals. Some made mats. The students may perform mock military drills. Particularly promising activities were wheel-barrowing,

fencing, and dancing that engaged the body's muscles and focused the mind. Sometimes, instructors would use a child's favorite activity and create a lesson around that interest. Galt gives the example of a child who liked bowling but could not read or write. His instructor carved letters onto the pins and required that the boy read the letter when he knocked one down.

Having touched on the development of institutions, history of poor treatment for the mentally disabled and many treatment options, Galt decides to offer five specific cases to further prove his point of the efficacy of institutions for "idiots." He begins with an impoverished orphan boy who was shut out from common schools because of his wretched behavior. Yet, after a year at an asylum, he traveled the 150 miles home, having paid his own fare, and "was an industrious, useful and trusty boy."¹¹¹ Galt then shares the tale of Wattie and Willie who came to their institution partially paralyzed and unspeaking at 11 and 12 respectively. By the end of their time, the two had reached the level of their peers. Galt moves on to a mischievous teenage girl who after learning to read, write and sew well in the asylum, was able to serve as a household assistant. He concludes with the most dramatic case. He talks of a twelve-year old "complete wild girl" who could not speak, read, write, or stand to be around other people. After 14 months, she was described as a pleasant and useful assistant in the kitchen, sewing room, and laundry as well as a much-improved student.

Should these cases not be enough, Galt turns his audience's attention to the growing west. The land of opportunity on which America's future would be written; it is a powerful setting for his next scene. Galt describes Hervey B. Wilbur's speech to the

¹¹¹ Galt, *A Lecture on Idiocy*, 33.

citizens of Columbus, Ohio that would eventually result in building an asylum for “idiots” in the town. Wilbur explained his work at New York State Asylum for Idiots but it was the progress tangibly demonstrated by the two students that he brought with him that earned the most comment. Drawn from the most severely afflicted, these two students had spent four years under Dr. Wilbur’s care and now excelled beyond their ordinary peers. Quoting an account in the *Medical Counsellor*, Galt says that the boys still looked idiotic but everything else made it seem absurd to call them such.

While Galt has his focus to the West, he moves down to one final example from Kentucky. Here, Dr. William S. Chipley is attempting to implement the kind of improvement that can only happen with state aid and not as an individual effort. He knows that an institution needs “experience, patience and unfaltering devotion to the cause” in order to be successful.¹¹² He claims that this combination of virtues is rarely found in the rich and, even when possessed by the poor, requires a certain amount of time to accomplish anything. The professionals of these institutions were firmly part of the increasing middle-class. Chipley points out that a school is not only morally but also economically wise. At the time, Kentucky spent \$25,000 per year on inadequate care for their mentally disabled but that sum exceeds the amount necessary to educate each one so that he or she could support his or herself. He presents the rhetorical question of what is the best course of action. Is it not to emulate the noble example of other states?

In a final sentence, Galt concludes his lecture adapting the same question. “We cannot terminate our own remarks more suitably than by most earnestly expressing the

¹¹² Galt, *A Lecture on Idiocy*, 37.

same wish, as it is applicable to our own glorious and beloved commonwealth.”¹¹³ In his lecture, he has shown the international scope of his own knowledge as well as treatment of mental disability. He traces for his audience a specific development over time that confirms his parting point that Virginia is well suited for and, in fact, needs an institution designated for this particular population. This lecture is a summary of his knowledge and reveals much of the limitations of knowledge about mental disability during his day. It shows the modern reader how professionals in the fields of mental illness and physical disability analyzed and understood cognitive disability. Since we know so little about the daily experiences of most people with such conditions during this time, it is through professional writings like this that we can glimpse at the experience and treatment of cognitive disability in antebellum Virginia.

Just as the study and treatment of “idiocy” began in Europe and made its way to the United States, Galt focuses on the European innovators. He does however mention the founders of the American movement throughout the piece, showing his familiarity with Northern efforts. Perhaps the most prominent Americans were Hervey Backus Wilbur and Samuel Gridley Howe. Wilbur first took a small group of children with mental disabilities into his home in Barre, Massachusetts in 1848. This private school may have been the first school of the kind in the United States. A few months later, Howe would open his “experimental school” in a wing of Perkins Institution for the Blind, where he served as director. A few years previously, in 1846, Howe had convinced the state legislature to appoint a committee to examine the number and condition of “idiots” in the commonwealth. The report confirmed that each citizen deserved “a share

¹¹³ Galt, *A Lecture on Idiocy*, 37.

in the blessings of education” including the previously neglected “idiots.”¹¹⁴ In 1848, Howe’s school was opened with \$2,500 per year to teach and train ten children with mental disability. After three years and success stories such as that of Sylvanus Walker, a boy considered a symbol of the potential improvement, the school was moved and incorporated under the name of the Massachusetts School for Idiotic and Feeble-Minded Youth.¹¹⁵

Wilbur would also go on to run a state school when New York opened its state Asylum for Idiots in 1851. He believed that, by learning specific skills, students could gain social respect. Surely influenced by the Second Great Awakening and progressive work ethic of his time, Wilbur felt that productivity revealed positive morality and focused on replacing incapacities with capacities. He thought that 70% could learn self-sufficiency and the other 30% could be made happier and more manageable by education.¹¹⁶ Ultimately, he aimed to return students to the workforce or home after completing education at the school. In fact, there are several documented success stories of former student serving as domestic servants or even soldiers in the Union Army. During the recession of 1850, finding appropriate job placements for students became more difficult so students began to stay longer. Factors such as this contributed the general shift towards a custodial institutional purpose.

Both Howe and Wilbur embarked on fundamentally experimental attempts at education of a population perceived as unreachable. They may have felt they were

¹¹⁴ Kanner, *A History of the Care and Study of the Mentally Retarded*, 41.

¹¹⁵ Walker’s miraculous story in Ferguson, *Abandoned to Their Fate*, 47. Dates from Kanner, *A History of the Care and Study of the Mentally Retarded*, 42.

¹¹⁶ Sarah Frances Rose, “No Right to Be Idle: The Invention of Disability 1850-1930,” (PhD. diss., University of Illinois at Chicago, 2008), 28.

responding to “a call to help a brother” but they also needed to convince political leaders of the feasibility and purpose of their institutions.¹¹⁷ Their very existence relied on state funding which meant they framed their mission economically in addition to morally. Galt reflects this attitude in his lecture when he shows that, put simply, it cost more to keep adults with disability in poorhouses or prisons than to educate them out of needing those services.

The two leaders did vary in their approaches. Howe took a more medical focus while Wilbur looked at developmental factors, combining moral philosophy with phrenology.¹¹⁸ He looked at the influence of temperament and moral causes ultimately painting “idiocy” as more of a character flaw than social injustice. Still, residential schools like Howe and Wilbur’s tend to be seen as an enlightened but brief golden age of noble experiment.¹¹⁹ It is more likely however, that, like Galt, practical motivations and possibly segregation ideals figured into their development. Limited by our sources, we are forced to base our knowledge on the writing of such men and their reception by the growing numbers of upper middle class professionals. There’s a certain balance between hope and fear, cure and control, which figure into the creation of these schools. We cannot know if Howe, Wilbur, or Galt really believed that “idiots” could be cured. Admissions policies seem to suggest that the priority was to accept students who could be trained to be productive and obediently taught good habits.¹²⁰ Despite any misgivings about their realistic legacy, the early residential schools did seem to arise from sincere

¹¹⁷ Matilda F. Dana, "Idiocy In Massachusetts," *Southern Literary Messenger* 15, no. 6 (1849) 367-370.

¹¹⁸ Ferguson, *Abandoned to Their Fate*, 58.

¹¹⁹ Ferguson, *Abandoned to Their Fate*, 49.

¹²⁰ Ferguson, *Abandoned to Their Fate*, 54.

intentions and implement innovative techniques.¹²¹ They also advanced scientific and medical understandings of cognitive disability and perhaps most importantly, served as examples to other states to address their own special needs population as Galt is attempting in his Lecture. “A wider sympathy may be created in behalf on these sorely-stricken ones, and if the example of our own state may impel sister-states to exertion in their cause.”¹²²

Conclusion

Galt’s lecture came after decades of reform in the United States, called in one report from the time “the age of miracles.”¹²³ The antebellum context of his work is crucial to understanding the ways that his knowledge developed and the public reception to progressive ideas about education for those with cognitive disability. Specifically, Galt was directly influenced by the rise of institutions and religious or moral sentiment.

In his book, Seguin uses a quote by Samuel Gridley Howe to illustrate how the rise of facilities designed to address other specific populations directly contributed to institutions for the cognitively disabled:

¹²¹ Ferguson, *Abandoned to Their Fate*, 49.

¹²² Dana, "Idiocy In Massachusetts." Edward Seguin said this of their success: “True, idiots have been improved, educated, and cured; not one in a thousand has been entirely refractory to treatment; not one in a hundred who has not been made more happy and healthy; more than thirty per cent have been taught to conform to social and moral law, and rendered capable of order, of good feeling, and of working like the third of a man; more than forty per cent have become capable of the ordinary transactions of life under friendly control, f understanding moral and social abstractions, of working like two-thirds of a man; and twenty-five to thirty per cent come nearer and nearer to the standard of manhood, till some of them will defy the scrutiny of good judges when compared with ordinary young women and men.” Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 74.

¹²³ "Institution For Imbeciles And Idiots, Barre, Massachusetts," *Friend’s Review* 4, 238-239.

“The institution whose foundation-stone is to be laid, will be like a last link in a chain- it will complete the circle of the State’s charities, which will then embrace every class whose infirmities call for public aid. It had long included the deaf mutes, the blind and the insane, and it is not to include the “idiots”- a class far, far more deplorably afflicted than either of the others.”¹²⁴

The almshouse serves as a clear example of the institutional development of the antebellum period. Developed out of the Elizabethan Poor Laws, they were designed to be self-sufficient so that the inmates supported themselves through some sort of work activity. Yet, by the mid-nineteenth century, many found themselves overrun by people unwilling or unable to work. This category would have most likely included the dependent population with cognitive disability. Like the insane asylums and idiot schools that would follow them, the almshouse balanced between nearly opposite goals- both to care for the helpless and discourage laziness. Just as penitentiaries or reformatories arose in place of traditional jails, other institutions also claimed a redemptive mission aimed at the “creation of responsible personal autonomy” for the individuals who used them.¹²⁵ Not only were almshouses the policy and practice antecedents to asylums, those with cognitive disabilities were more likely to be in almshouses than other institutions such as prisons. Records show that treatment in these facilities was often abominable, particularly for those improperly housed. Held in “crazy cellars,” the people with cognitive disability could perhaps hope for passive neglect at best.¹²⁶ Dorothea Dix is known for her works

¹²⁴ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 12

¹²⁵ Daniel Walker Howe, *What Hath God Wrought: The Transformation of America, 1815-1848*, (Cary, NC: Oxford University Press, 2007), 193.

¹²⁶ Ferguson, *Abandoned to Their Fate*, 21

exposing these bad conditions and, as a result of her observations, she supported specialized institutions.¹²⁷

The fact that people with disabilities appear in records of public almshouses or benefitted from other public relief does not mean that colonial society was particularly benevolent or optimistic about people with mental disabilities. If a person was wealthy enough, the community may never interfere in the private conditions. The public almshouse was the last resort of the most disruptive to society either because they were troublesome or severally disabled. It would also only serve the incredibly poor.

The socially marginalized in antebellum society, such as those with cognitive disability, were defined by morality, aesthetics and productivity on a spectrum of severity largely dictated by the length of an ailment. A chronic condition, it was asserted, would neither kill you nor go away, leaving you in a state of dependency that could not be improved. This was problematic in a culture in which independence and perfection were paramount. Morally, cognitive disability was often associated with a sin of the parents. Because of this and the perception that they lacked proper judgment, these people were kept at the lowest levels of society. Additionally, the physical stigma of noticeable characteristics rose as ethnocentric ideas and concepts of social evolution increased and circulated. Pseudo-scientific observations attempted to describe the recognizable traits such as “a vacant wandering gaze.”¹²⁸ Like those of different races, those with different

¹²⁷ Dorothea L. Dix, “Memorial to the Legislature of Massachusetts, 1843,” in *The History of Mental Retardation: Collected Papers Volume 1.*, ed. Marvin Rosen et al. (Baltimore: University Park Press, 1976), 5-30. John G. Whittier, “Peculiar Institutions in Massachusetts,” *Literary Recreations and Miscellanies* (Boston: Ticknor and Fields, 1854) 20-33.

¹²⁸ “Tuition for Idiots,” *Littell's Living Age* 16, no. 191, 79-82.

mental capacities were sometimes described in animalistic comparisons that seemed to imply a lesser humanity.¹²⁹

Once they had been identified through their behavioral and physical characteristics, a variety of ideological concerns also factored into the way that those with cognitive disability were understood and treated in the antebellum era. Changing social priorities shifted treatment priorities from care to control. Political and personal motivations consistently impacted the development of both public perception and institutions. Economic and religious arguments were some of the most compelling contexts within which individuals functioned.

Antebellum mentality hinted that individual worth was demonstrated clearly by outward appearance of health or prosperity. The rich were both morally superior and blessed by God. Progress along the journey towards unlimited improvement was reflected by how one looked and behaved. Ugliness invited judgment and therefore those with obvious physical differences were often hidden away from public view. This invisibility was sometimes permanent, evidenced by the absence from the historical record. Social status also had moral implications. To be unproductive, burdensome, and dependent did not meet the social expectation of independence. This contributed to the eventually custodial nature of institutions for the mentally disabled. Both the productive and unproductive were protected from the other when the two were separated.¹³⁰ In eras in which improvement seemed least likely, those in control seemed to simply dismiss the hopeless or helpless into facilities apart from society.

¹²⁹ Ferguson, *Abandoned to Their Fate*, 16.

¹³⁰ Sarah Frances Rose, "No Right to Be Idle," 16.

The antebellum era also saw a rise of industrial capitalism. Especially in northern nations, there was a prevailing sense that a functional nation was as strong as its productive workers. Livings were earned and to be unproductive was a “personal and social condemnation as well as an economic evaluation.”¹³¹ The problem with the chronically useless was that the unproductive needed to be separated from society to keep the economy healthy.¹³² In many ways, the dependency that accompanied disability would help define productivity by representing the opposite. Medical and social judgments merged with economic concerns to create a unique environment to examine cognitive disability. With a national outlook heavily focused on improvement, public treatment was only useful if it offered improvement. It was this environment valuing productivity in which Galt advances the establishment of an idiot asylum, which would advance the constructive skills of the mentally disabled.

Economic changes were only one shifting element of antebellum society. Religious revivals had taken hold throughout the North and the South.¹³³ Galt himself was born to a family that did not regularly attend church and, although Protestant, he seems to have followed that tradition. He did hold at least one position at Bruton Parish Church, taking over as lector from Mr. William Hodges, but this was a minor position more reflective of his social stature than his “piety and talents.”¹³⁴ He did develop a strong curiosity about religions while at medical school in Philadelphia. Having written a thesis on the Reformation already, Galt tasked himself with exploring many faiths. He

¹³¹ Ferguson, *Abandoned to Their Fate*, 8.

¹³² Rothman, *Discovery of the Asylum*.

¹³³ Howe, *What Hath God Wrought*, 201.

¹³⁴ Galt Papers (II), Box 1, Folder 3.

would visit various denominations to inform himself of the specific aspects of each.¹³⁵ His scholarly nature surely played a large part in these explorations but, perhaps, there was also a personal spiritual element. From his writings, he seemed to believe that the mission to care for the mentally disabled was godly and included religious texts in his personal and patient library. He implemented Sunday worship services at the asylum for patients.¹³⁶

Even if he were not overcome by revivalist religion, Galt would be indirectly impacted by its ideas as they influenced the other scholars of insanity and “idiocy”. Educational institutions sought to empower individuals so that the earthly society would reflect the heavenly reality where all people created equal.¹³⁷ As throughout history, there remained discrepancies in how the cognitively disabled were received. Some preachers denied “idiots” communion while others held the mentally delayed as an example of childlike purity and innocence.¹³⁸ The theological nuances concerning individuals with mental disability did not have nearly the impact of a perceived Christian duty to care for the less fortunate. Dr. Howe shares this mission when he asks the Massachusetts’ population “shall our Commonwealth continue to bury the humble talent of lowly children committed to her motherly care, and let it rot in the earth, or shall she do all that can be done to render it back with usury to Him who lent it?”¹³⁹

¹³⁵ Manzo, “Calming Minds and Instilling Character,” 113.

¹³⁶ Galt Papers (II), Box 2, Folder 12.

¹³⁷ P. L. Richards and G. H. S. Singer, “‘To Draw Out the Effort of His Mind’: Educating a Child with Mental Retardation in Early Nineteenth Century America,” *The Journal of Special Education* 31 (4) (1998): 455.

¹³⁸ Wickham, “Conceptions of Idiocy in Colonial Massachusetts,” 942.

¹³⁹ Dana, “Idiocy In Massachusetts.”

This attitude of caring for the poor and needy was personified by the humanitarian reform movements, largely associated with the Northern states who were also most impacted by the religious revivals. Their efforts and effects spread over a far greater geographic area however. Dorothea Dix, prominent reformer, visited the Eastern Lunatic Asylum on several occasions and often sent gifts to the patients. Her work investigating and exposing the conditions of poorhouses and prisons increased advocacy for those with mental disabilities, psychiatric and cognitive.¹⁴⁰ It paralleled the Christian School of Philosophy, also followed by Seguin, which believed in the social application of the gospel. Unlike other philosophies of the day who could overlook the cognitively disabled in their midst, this mentality would inspire its followers to address the needs of the mentally disabled.¹⁴¹

Ferguson appropriately points out that “mental retardation history is reflective, rather than formative, of the larger course of events in American society.”¹⁴² An interest in “idiocy” neither drove the economic or religious impulses nor the broader humanitarian efforts but it was impacted by all of the movements. On a more specific level, it was also impacted by the practical changes in data gathering. State censuses start taking records of insanity and “idiocy” in 1840.¹⁴³ People became more interested in statistics, making annual reports more valuable for publication. States would use this information to found and continue state institutions. Eventually, enough institutions would be created to form a network of professionals specializing in mental conditions. These men created organizations such as the Associations of Mental Health Officers and published

¹⁴⁰ Howe, *What Hath God Wrought*, 604.

¹⁴¹ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 29.

¹⁴² Ferguson, *Abandoned to Their Fate*, 83.

¹⁴³ Rose, “No Right to Be Idle,” 30.

specialized journals that advanced the understanding of mental disability. Galt promoted a Virginia asylum for the mentally disabled within this audience and network of resources. He also spoke within a particular antebellum context. His contemporary and respected scholar Edward Seguin comprehended that “it is not enough for an idea to be ripe in the mind of a thinker, and that it be hailed by the advocated of progress; the social medium in which it falls must be prepared for it as well; otherwise no production ensues from their contact.”¹⁴⁴

Like Galt’s plan for community-based care and deinstitutionalization, his suggestions for an idiot school were overshadowed by the consuming concerns over slavery’s future. Galt, himself a staunch Confederate supporter, died in 1862 after Union soldiers occupied Williamsburg and the Eastern Lunatic Asylum. He overdosed on Laudanum at only 42 years old after serving for 21 years, and his entire adult life, as superintendent. The Civil War and resulting economic depression would leave the asylum in disrepair. In 1885, a serious fire destroyed several of the asylum’s buildings. Nationally, any optimism of improvement refocused on mildly disabled.¹⁴⁵ Rather than attempting to serve the entire population with mental disabilities, reformers shifted to small private schools that catered to wealthy children leaving the poor in almshouses or hospitals not suited for their particular needs. The pendulum was also shifting from educational attempts towards custodial care. Potential took a back seat to proven economic productivity and merely improvement was not enough.¹⁴⁶ Individuals, now increasingly referred to as “feebleminded,” mostly needed protection from the fast paced

¹⁴⁴ Seguin, *Idiocy: and Its Treatment by the Physiological Method*, 30.

¹⁴⁵ Ferguson, *Abandoned to Their Fate*, 47.

¹⁴⁶ Ferguson, *Abandoned to Their Fate*, 55.

American life. Darwinian theory of “survival of the fittest” overtook Enlightenment notions of intellectual development and individual worth. Already present in antebellum ideology, individual responsibility for his or her situation was increasingly emphasized. Therefore, institutions for the mentally disabled began to resemble prisons again. By 1910, there were still no institutions dedicated for the care of mentally disabled in the South and northern institutions were reacting to the rising ideology of eugenics.¹⁴⁷

John Minson Galt II's 1859 *Lecture on Idiocy* reflected a combination of his family legacy, his personal experiences, and his knowledge of scholarship related to cognitive disability. During his time as a student and continuing as a superintendent, he developed his ideas in a specific context in American history. Institutions for the poor, insane, blind, deaf, and dumb were appearing across the American landscape. These facilities began to face the arrival of individuals with cognitive disability and, therefore, needs that could not be accommodated alongside the populations currently being served. This meant that professionals in the field experienced an increased visibility of a previously unnoticed group. Following the example of their European counterparts, some began to address this situation with early educational attempts in the model of public institutions. From his position in Virginia, John Minson Galt II looked on these attempts while gathering all of his information from personal history, experience and research in his *Lecture of Idiocy*. This piece allows a rare glimpse into the understanding and, consequently, the treatment of cognitive disability in Virginia before the Civil War.

¹⁴⁷ Steven Noll, “The Public Face of Southern Institutions for the ‘Feeble-Minded,’” *The Public Historian* 27 (2) (2005): 30.

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