

MADNESS



**RACE and INSANITY
in a JIM CROW ASYLUM**

ANTONIA HYLTON

Crownsville State Hospital

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AUTHOR'S NOTE

This book is, at its heart, a celebration of oral history. It is an elevation of the collective memory, experience, and soul of a community in America—a community whose stories have far too often come second. Oral history is as old as any African and diasporic tradition, and a journalist or historian cannot accurately cover our communities without honoring and practicing it. At times, critics worry that the memory is unreliable, that spoken accounts are vulnerable to prejudice and influence. What source isn't? Having spent countless hours reading the meeting minutes, letters, and musings of the state officials who controlled Crownsville Hospital's operations, I can assure you the official, paper record is just as vulnerable to these forces. This book weaves the testimony of more than forty former patients and employees of Crownsville Hospital with the records that have been preserved at the Maryland State Archives and in the homes of former staff members, and with newspaper reports from both mainstream and historic Black-owned publications. These tools complement and do not compete with one another. Together, they breathe life and texture into an institution and an era that has long been misunderstood, whitewashed, and ignored.

This book is also the culmination of ten years of digging through systems that should, in my view, be more accessible to the public in the future. Researchers and interested members of the public cannot simply walk into Maryland State Archives and ask to see Crownsville's records. They are restricted and carefully guarded, and the state has a responsibility to protect patient privacy. However, as the years pass, I hope more of these documents are made readily available to researchers and to families who might be looking for loved ones and clues.

Back in 2014, I spent months in a college dorm room preparing an Institutional Review Board application and completing training in the ethical conduct of human subjects research and the handling of patient information. To view Crownsville Hospital's records, I would need to be approved by both Harvard researchers and the state of Maryland. I would need letters of recommendation, and have the patience to wait weeks and weeks for someone to respond or process a piece of paperwork. When I would finally get access to materials (and after all that, there were still some boxes I was not allowed to see), I would find that the archives had never received many of the files that would have told me about the patients' lives and experiences. As

it turned out, the state had destroyed or lost most of the files preceding the year 1960, and others they had allowed to become contaminated with asbestos. One employee would allege that a collection of files detailing incidents of patient abuse had been shredded shortly after his retirement. So in the end, I had devoted months to studying best practices for handling sensitive patient information, only to find that most of what survived were the thoughts and priorities of those who ran the hospital. I was frustrated, but I pressed on.

Finding patients who were alive and able to speak on the record for this book was incredibly, and understandably, challenging. Most of the former patients have passed on, some are incarcerated, and others were unable to speak with me for personal reasons. Throughout *Madness*, I tried to lift up patient voices through the testimonies, poetry, and artwork they left behind, and through the memories of people who loved them. In some cases, the names and individual characteristics of the patients have been changed to protect their privacy.

I have to thank Sonia King, a minister and former Crownsville patient, whose journey readers will come to know well. When I first cold-called Sonia, I half expected her to hang up. Nobody owes me their story, and certainly not their treatment history. But Sonia was warm, kind, and unafraid. She wanted the world to see how the right mixture of therapy, community, and medication could transform someone's life. She wanted readers struggling with their mental health to know that they are always worthy. That shame could be lifted from their shoulders.

Finally, I spent three of the last ten years interviewing my own family members, too. I felt that I had a responsibility to be honest with my readers about what shaped and motivated me, and that I should do more than just quietly disclose that I come from a family with a history of mental trauma. For several years now, my family has been on a path to change, healing, and discovery. There is no doubt that this experience shaped the questions I asked and the editorial decisions that I made. I wanted to model the kind of self-exploration and judgment-free discussion that I hope my book inspires in others.

INTRODUCTION

American Madness

I HAVE COME TO THIS PARK WITH MY LOVED ONE MANY TIMES BEFORE. Those were good times, when my six siblings, twenty-something cousins, and I had way too much to laugh about. We spent entire days in the park, during the summer and winter, enjoying the gift of each New England season. We tried to teach our cowardly dog to swim in the park's pond and would scoop slimy tadpoles out of the water. It was in this park that I saw a gravestone for the first time, and my father and older sister Ellie explained to me that one day we would all be buried. I didn't take that news well. Still, I gladly returned each time, even as I grew older, to this place that made me feel hopeful. It was a place of family and belonging, where my sisters, my brother, and I would tumble again and again down its little hills and eat the park's snow until we couldn't feel our noses anymore.

Now this same park is a meeting place. It's become neutral territory for familial negotiation. I wonder during each visit: Does every family with a loved one who has been diagnosed with a mental illness have a place like this? A place where two different planets can safely come close without completely crashing together.

Every few weeks in the winter of 2021, I came to this park to walk with my loved one. (They have spoken with me about these experiences but they want to choose if and when they share their name someday.) They had just returned from being hundreds of miles away. It was the end of the worst year of our lives. My loved one was suffering. They didn't trust a psychiatrist or therapist to get close to them. After calling resource groups and contacts, we were told that there was not a single Black psychiatrist in the state of Massachusetts available to meet with us. The only community mental health service that had offered our family assistance told us that our loved one would be placed on a months-long waiting list for an interview. And when that interview eventually arrived, we were warned that due to the nature of our loved one's challenges, they might miss or misunderstand it. In which case, we might have to start the process all over again.

I was desperate for my loved one to get better, and I was tired of standing in the park shivering. I was starting to despise this place, as it transformed from the soothing foundation of my childhood into a reminder that I had been

told I shouldn't go inside my loved one's home any longer. I was also shaking from immense shame. Shame, because days earlier, I had begged a police officer who had entered my loved one's home to tell his fellow officers to never shoot. I had spoken to the officer at a mile a minute, listing every single one of my loved one's credentials. A pitiful feeling had come over me, making me convinced I should try to prove to this officer that my loved one was a good and worthy person.

And I felt more shame, because a not-so-secret part of me was wishing there was a place, an institution of some kind, where I could take my loved one for healing or rest or safety. A place where the experts would be wearing white coats but never gun holsters. A place where doctors would promise me that my loved one was safe, they were sleeping, and they were going to get the best of whatever treatment was available. But because I've studied the history of mental healthcare systems in the United States, I know such a guarantee never really existed. Not for my loved one, anyway.

My loved one believed that they were being hunted by a group of white supremacists. They had covered all of their windows with black gaffer's tape. They had unplugged all of their electronics, convinced they were being watched through every screen and recorded through every button. My loved one no longer ran the air-conditioning, because they believed this organization had poisoned the air systems with a toxic gas. They were afraid to drive at night. All of their neighbors, from the elderly to the young couples pushing their strollers, had been recruited into this organization, too. Any day now, these neo-Nazis were going to break into their home, my loved one warned. And they would be gone. Please do something, tell someone. Standing in this park, they had not had a full night's sleep in almost a year.

The part that shattered me the most was that my loved one believed I had failed them. They had come to this park to tell me so. That they thought I might have the power to uncover this organization. That I could call someone and tell the story. And in a way, my loved one was right. Every week it seemed there were new reports about extremist and white supremacist groups recruiting members, meeting a former president, joining riots at our nation's capital. My loved one could point to these events as proof. In these conditions, how do you convince the person you love that they are not in the danger that they perceive? The specter of racial violence had become so effective that it was hovering over my loved one without ever having to come knock at the door.

I looked at them, their face now so full of defeat. I had done that, I thought. I felt crushed by the weight of knowing my loved one was about to turn from me and walk out of this park, carrying with them the genuine belief that I had not done all that I could. The belief that I was indifferent to their terror. There was nothing for us to do, no more to say. Everything would keep caving in.

It has been easier to write about mental suffering in my family in a book than to talk about it with friends and colleagues I love and lean on. Yet I feel compelled to write about the history of psychiatry and mental illness due to two forces: fury at the lack of services and support available in this country—particularly for the poor and people of color—and then out of pure, unyielding curiosity, as in both my personal life and in my reporting, I keep confronting this absence of help.

Out on my reporting trips I'm often overwhelmed by how many people I meet who tell me they cannot afford therapy or inpatient treatments that they know they need, that they cannot find providers who look like them or show respect for their personal and cultural experiences. I hear that their sick family members have had more interactions with the criminal justice system than they have with social safety nets or hospitals, and that the more stressors, poverty, and violence they are subjected to, the less empathy they seem to receive from their neighbors.

Social workers, family physicians, and teachers have all reported growing concern about the crisis of mental health in the United States. According to the National Alliance on Mental Illness, an estimated one in five adults and one in six children in our country experience mental illness in a given year. Depression, suicidal ideation, and drug overdose stats have accelerated. At the same time, many mental health services and therapists are not covered by Medicaid and public insurance.

For several years now, physicians and psychiatrists have been warning that the suicide rate among minority youth has been rising. Dr. Tami Benton, the psychiatrist-in-chief at the Children's Hospital of Philadelphia and one of a small circle of Black pediatric psychiatrists, told me that the Black children she serves are under immense stress and uncertainty, and often believe our society is failing to take care of them. On average, they report more than five experiences, big and small, of racial discrimination each day. They face higher barriers when trying to find providers who will take their insurance, and often feel misunderstood by the white doctors who dominate the field.

“There’s an assumption,” she told me, “that when a Black kid comes to the emergency department, the problem is behavioral. It’s not depression.” In her experience, she has found that less than half of the Black children who come to hospitals and emergency rooms in the midst of a mental health crisis are able to connect to ongoing follow-up treatment.

My loved one says they’ve experienced the same patterns of condescension and disrespect from emergency rooms to state-of-the-art facilities. All they wanted was for someone to listen to them tell their story and to show them empathy. “Toward the Black patients especially there’s an attitude of ‘Don’t even talk to me,’” they explained. “It’s a form of remote incarceration. You’re really not trying to deal with the person in a human way.” Doctors gave my loved one a diagnosis that was so ambiguous and confusing, it seemed, to them, like “it would have covered about half the population.” They left these institutions feeling discarded, and like our whole system was upside down.

In my family, the stories range from regular depression and anxiety to alcoholism and schizophrenia. When I was growing up, nobody spoke about it or made me and my six siblings aware of what resources we might need. We were warned about how much diabetes there was in our family medical history. It would’ve helped to know about the number of mental breakdowns, too. Still, family reunions and rumors filled in the blanks for us over time.

Without having the tools or the language to talk about it, I became aware of something early: our traumas and illnesses are frequently intertwined with American history and the peculiar reality of being Black. And at times, our traumas would be compounded and exacerbated by poor, discriminatory, or nonexistent treatment when we needed support the most.

Some of the tools and the language came in college. In 2011, I landed on Harvard University’s campus as a college freshman, and decided to drop into a lecture called “Madness and Medicine” delivered by Professor Anne Harrington, the head of the small and quirky History of Science department. I got hooked learning about the development of modern psychiatry. I saw for the first time the famous painting of French physician Philippe Pinel casting chains off of “lunatics” at the Salpêtrière Hospital in Paris, ushering in a new era of supposedly humane treatment for the afflicted and a modern, moral psychiatric movement. I read books like Michel Foucault’s *Madness and Civilization* and *Birth of the Clinic*, and studied signs of “shell shock” (now known as post-traumatic stress disorder) in soldiers returning home from

World War I. I read every version of the *Diagnostic and Statistical Manual* and examined the gendered politics in advertisements for early psychiatric medications aimed at nervous 1950s housewives. I absorbed it all but, frankly, I wanted to know where the Black people were. What has happened to Black people when they, their families, or their communities went mad?

Eventually I stumbled upon a report that mentioned Crownsville, formerly Maryland's Hospital for the Negro Insane. Crownsville was one of the few American segregated asylums with records that had been preserved and a campus that was still standing. Many of the institutions that once served the mentally ill in this country have crumbled, their files destroyed. Some institutions hardly cared to dignify their Black patients' existences with decent recordkeeping. Crownsville still stands, though, and the surviving records tell us a uniquely American story.

What I found was a hospital sitting at the center of a critical juncture in American institutional history—one that Black people played a defining, yet untold, role in building and reshaping. During its peak years in the mid-twentieth century, Crownsville Hospital held about 2,700 subjects, and for decades served as the only mental hospital in the state of Maryland that would accept Black patients. Hundreds of sources—from archival documents, patient testimony, photographs, newspaper articles, government reports, and oral history—paint an image of the asylum as representative of crucial cultural shifts. Cultural shifts in which we needed care but were often neglected, and which ranged from landmarks like emancipation and desegregation to the movement to deinstitutionalize asylums and the rise of mass incarceration.

Crownsville's story runs deeper than one historical hospital in Maryland. It is about honoring generations of patients who were overlooked and mistreated. It's about Black communities and their access to healthcare in the past and the present, and the fight to make space for Black professionals in hospital systems. It's also about the power and potential of having people who look like you take care of you.

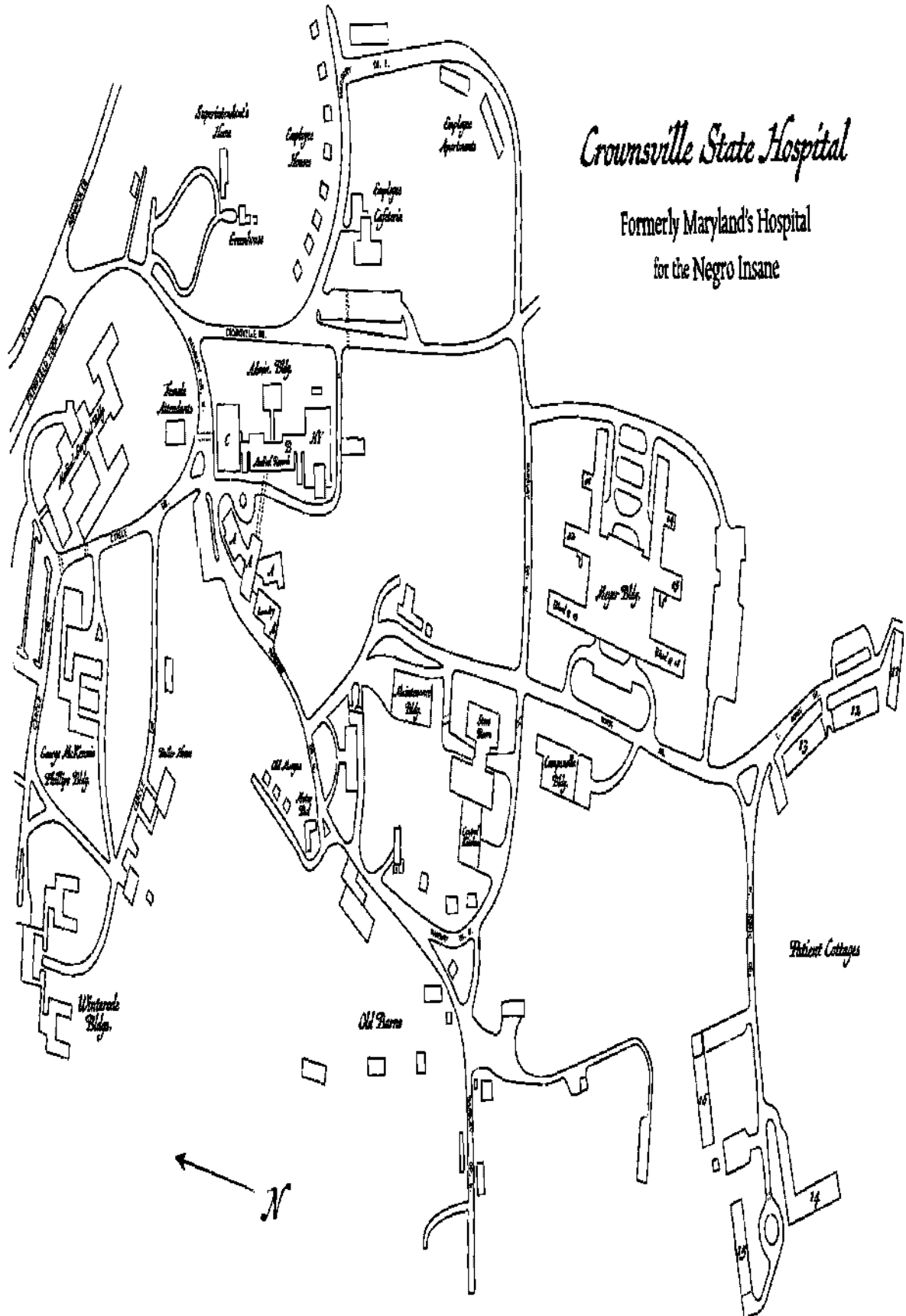
As a journalist I'm revisiting Crownsville's story to correct a misunderstood, outdated record. My colleagues often say that as reporters we get on the scene and have the responsibility to write "the first draft of history." And while that's true, I also think our skills and sources can point squarely back at our existing and incomplete histories, and help to complicate them.

My wish is that *Madness* will help us understand both our current, broken mental healthcare system and our carceral one. At the heart of Crownsville lie a couple of questions: What is the difference between calling a Black patient incurable and deeming a Black population certain of criminal recidivism? To what extent could this legacy be at fault for a current reality in which many communities of color feel alienated by psychiatric services and our prisons and jails are full of people suffering from mental illness? And along the way, I ask doctors, patients, and family what we can do about it.

That day in the park, I did not have the power or the skills to fix things for my loved one. I only hope I have the power to offer something new to you, whether it be greater understanding, an appreciation for our shared history, or just the confidence to share your own family's journey through this country's troubled mental healthcare systems.

Crownsville State Hospital

Formerly Maryland's Hospital
for the Negro Insane



PART ONE
Breaking Ground

1911–1940

1911: 12 Patients

1940: 1,611 Patients

CHAPTER 1

A Negro Asylum

YEARS BEFORE WILLIAM H. MURRAY ARRIVED AT CROWNSVILLE Hospital, his friends and six children were desperate for him to find help. By the time he landed on its campus in 1917, his personal and professional life had unraveled. Murray was a graduate of Howard University, a pianist, teacher, and respected school principal. When he walked through Crownsville's doors, he was just another inmate.

The conditions of his segregated confinement at the hospital had been justified by white politicians and doctors as necessary, fueled by a century-long belief that newfound freedom had increased the rates of insanity among Black people. During slavery, the Cotton Kingdom reinforced white dominion and land monopoly; thus, free and enterprising Black communities were a contradiction. Hospitals like Crownsville were one of several solutions for those who seemed unable to survive under the status quo. William Murray was one of the contradictions.

Murray was born in 1872, less than a decade after the chains of chattel slavery were severed, and he had achieved more than many Black people were permitted at the time. But he was having violent mood swings and experiencing depression, which his family believed had been brought on by a battle with typhoid fever and his own stubborn refusal to rest. Typhoid, known as a brain fever, appeared to have changed his personality entirely. Murray transformed from a quick-moving, bubbly guy to an angry, unpredictable, and destabilizing force. Even after a diagnosis, he worked without rest. Out of fear for their stability, his children scattered around to various family members' homes. Murray's behavior caused a strain on his family, forcing them to commit him to the facility.

When he checked into Crownsville's Reception Building, he joined 550 other Black patient-inmates, including men, women, and a small number of children. There were living quarters across four floors and two large hospital wings. Long stretches of time would pass with no eye contact or conversation from the attendants. It could be freezing cold or overwhelmingly hot inside the ward. Photographs taken only a few years before his arrival show men in tattered workmen's overalls, and women sitting in bare day rooms. Many of the patients had no shoes, and in the winter, they were forced to share them.

Women wore men's boots. Small kids, living among adults, wore handouts that were too big. The patients lucky enough to have layers were often those working in the fields, sewing in a barn, or cooking in the kitchen.

It was a place where a patient could be locked away in isolation for days, where overwhelmed attendants would, at times, strap wandering patients into heavy oak chairs to restrict their movements, and where people slept in rooms or open porches on thin straw pads. At the time, Crownsville housed every type of patient together—from the criminally insane to those diagnosed with tuberculosis—something that the other, white-only asylums were not doing, and that many clinicians had warned against. During his arrival and amid the First World War, 275 acres of hospital land were under cultivation thanks to unpaid patient labor. Officials were arranging to use patients in their wartime preparedness plans. For weeks, Crownsville's patients would be placed in "emergency squads" and would assist in gathering crops for the businesses and farms in the area for no pay.

The hospital was a world away from the life he had shared with his wife, Agnes, and their kids on Argyle Avenue in Baltimore. There, the family had a backyard where he kept a coop for carrier pigeons and a study where he prepared his students' lessons. He was a teacher dedicated to encouraging academic excellence in Black children, while much of the world around them told them that they were irreparably inferior. But unbeknownst to him and his family, he would never return to that home or that work again after going to Crownsville.

William's daughter, Pauli Murray, would go on to become a celebrated legal scholar and civil rights activist. She would remember his absolute obsession with achievement to be a reflection, or refutation, of the times. In Baltimore, Black men like William weren't expected to be successful. Many were forced to focus on their survival. In the years after Reconstruction, on average, 150 people—almost all Black—were lynched every year in America. By 1892, lynchings peaked at 235. From Tulsa, Oklahoma, to Wilmington, North Carolina, and everywhere in between, a constant drum of racial violence bred a state of paranoia in most Black people, a worry that any step deemed wrong by white neighbors or authorities could end with their body dangling from a tree limb.

Maryland had never joined the Confederacy, although large parts of the state were openly sympathetic to its cause. Still, the state did not outlaw slavery until 1864, a year after the Emancipation Proclamation outlawed the

practice across the Confederacy. Throughout the 1850s and 1860s, Maryland lawmakers passed resolutions that barred Black people from assembling for religious events, owning dogs or guns, or being educated, and that limited job opportunities. It was a ban from self-protection, growth, and hope.

By the early twentieth century in Baltimore, it became illegal for a white person to move onto a street that was more than 50 percent Black and illegal for a Black person to move onto a street that was more than 50 percent white. That ordinance was the first of its kind in the nation, cementing apartheid in Baltimore and inspiring other Southern states to follow suit. The ordinance created color lines in Maryland communities that still exist today.

By the time William Murray and his wife Agnes's fourth child, Pauli, was born in 1910, the planning for Crownsville's construction was well underway.

That's also when William started showing signs of severe depression, and his outbursts and mood swings left his wife living in fear. Often Agnes would flee south to her parents' home in Durham, North Carolina, always eventually returning to him. She was just as focused and ambitious as William. When she and William met, she had moved more than three hundred miles from North Carolina to Maryland, far from her family, to pursue her nursing degree. According to her kids, Agnes was a hands-on mother, the sort who would rush around their kitchen, preparing the family's next meal, all while also sewing and embroidering her next dress. But in March 1914, it all came to a stop when Agnes collapsed on the stairs. William had been on his way out the door, heading to work, when she fell. He turned back, rushed to her, picked her up in his arms, and called for a doctor. But Agnes had suffered a cerebral hemorrhage and was dead within the hour.

She was in the fourth month of her seventh pregnancy. At fifty-one years old, the already-exhausted William Murray had lost his wife and a child. He was suddenly a widower and single parent of six.

Soon after, the Murray children recalled witnessing their dad's increasingly volatile state. He had become more antagonistic toward his children's caretakers, and others in the neighborhood began to take note and taunt them about William's "crazy" tendencies, some even spinning up a theory that Agnes had actually died by suicide.

William's family felt the pressure to send him away. And when they eventually did, they worried about what would happen behind Crownsville's doors.