1945-1949

A WHITFIELD PATIENT’S REVIEW OF FOUR YEARS IN

THE HISTORY OF THAT HOSPITAL AS SET FORTH

IN A LETTER TO HIS MOTHER

Fred Chaney’s personal memoir of his hospitalization at Whitfield from 1945 to 1949 was published and titled as a letter to his mother, Ms. Charlotte “Lottie” Chaney. He was known to have written numerous letters to his mother, some as long as 90 pages. She kept all his letters and manuscripts in a basement and after the house was sold it is believed that they were thrown away.

Chaney’s first admission to Whitfield was in 1932 and until 1945 he had either been placed on leave and returned home or escaped from the hospital, but always had to return to the hospital to control his behavior. He said that he did all right at home until he began worrying and would go to pieces, start drinking, would take drugs, and would behave to a point his family could not control him. They would take him back to Whitfield, or he was transported by the Washington County Sheriff’s Department. There were times when his father or his brother would give him alcohol for the trip.

His discharge from Whitfield on October 25, 1944, was more his choice than with his doctor. He had been distributing luminal tablets he had stolen from different wards while he was helping a hospital electrician, and he was caught in a cottage basement with a female patient. He was given the choice of going home or be moved back to the disturbed ward. Chaney decided to return home again. However, he was readmitted March 18, 1945, after having threatened his brother.

Fred Chaney eloped several more times during this hospitalization period making it home or as far as to the jails in Jackson and Greenville, MS. Those escapes were as a patient “with privileges” on the Whitfield bus that made frequent trips into Jackson. Each time he was returned to High 5, the disturbed ward.

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Chaney wrote a letter to Hodding Carter, Jr., editor of the *Delta Democrat-Times* with his recommendations and proposals for hospital improvements. It is unknown if the letter was smuggled out of the hospital but considering the outcome suggests the letter did not pass-through hospital censorship. The policy was all outgoing letters were to be left open for review by hospital staff. The letter could be censored if there was information the administration did not want publicized. If the letter was sealed it most likely would be trashed.

Chaney’s recommendations were on the January 21, 1949, editorial page of the paper. “We think these recommendations coming as they do from a Whitfield patient should be closely studied by the Board of Mental Institutions and the legislative investigating committees.”[[1]](#endnote-1) The January 26 editorial page supported Fred Chaney’s recommendations, “[b]ut it is unthinkable that any official or employee of Whitfield should take it out on Fred for making a worthwhile contribution to an understanding of the needs and the shortcomings of that institution…God helps the soul of a man who would be small enough to retaliate.”[[2]](#endnote-2)

Chaney said “I was detected and punished without mercy…But I felt that God at last was on my side and I kept smuggling mail and violating the rules of this place in regard to censorship and kept being punished every time I was caught at it…Groups helped to encourage me a lot and to make me feel that God indeed had a purpose in the pattern that my story had taken among the insane.”[[3]](#endnote-3) Even though he felt he had the right to express his opinions about the hospital, his writing hundreds of letters most likely sealed the opinion by many that he was in fact crazy and needed to be at Whitfield. On some levels he seemed to have self-awareness of his illness and some levels there is potential evidence in these writings that his reality was potentially distorted, and he is documenting these distortions. He most likely was spiraling in and out of psychosis on a routine basis.[[4]](#endnote-4)

He was given the opportunity to be transferred from the disturbed building to an open ward and ground privileges only if he signed an agreement to refrain from writing letters to be mailed and sent out of the hospital uncensored. This would be the retaliation noted in the *Delta Democrat-Times* editorial. He signed the agreement February 25, 1949.

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There is no date on the 1945-1949 document or a date when received at the Department of Archives and History. It is believed he wrote the manuscript sometime in the mid to late 1950’s after his discharge in 1949. He describes his hospitalization in vivid detail and provides a description of his treatment, the doctors that treated him and issues with the hospital’s administration. He wrote letters to the *Delta Democrat Times* about the conditions at Whitfield and provided recommendations for improvement. The document is included in its entirety and has not been edited.

The language and references to individuals in the document was acceptable during that time-period, however, the outdated attitudes and language is now unacceptable.

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*1945-1949*

*A WHITFIELD PATIENT’S REVIEW OF FOUR YEARS IN*

*THE HISTORY OF THAT HOSPITAL AS SET FORTH*

*IN A LETTER TO HIS MOTHER*

 *It is always a shock to wake up in an Asylum and realize that you are different and undersirable--that you are not fit to live with so called normal or “free” people. Yes! That is the thing hardest to take about “coming to an Asylum” regardless of all the polite other reasons offered that you “need treatment” or “are sick but may soon be all right, etc.” If there is something sick inside you then it is made sicker by that inevitable feeling of being “put away” --that these big red buildings of cement and bricks and bars strike through in their meaning for the weakest most crippled mind making so nakedly and inescapably plain--so ugly true for there is something in the spirit of man all over this tragic world, something there in all men, even the most unfortunate, misshapen or little and ungifted or foolish and worthless of them--(there is something deep in them all that stays alive somehow and never will die, until they die) and that bitterly rebels making any real peace or happiness impossible for them wherever and however they have to live as captives, or as creatures whose own will does not count through the days of their years as individual wills always count for little or nothing in the lives of the imprisoned. This over present rebellion of the spirit against any and all unnatural conditions of life, is deep here in the hearts and souls of the dumb inarticulate creatures said to be insane. It is in the diseased too, the disabled and dependent (as it is there also in those wrongly confined in this insane asylum) so happiness is not here--nor peace and they all want to get out--whether there is any good reason for it or not. The unchangeable nature of the God given free will of men makes it that way and therefore that way it will always be even in the heart of the most crazed most pitiful human scrap left to his fate in this stronghold of steel and stone and masonary, left to live out the remaining days of his unwanted meaningless different frustrated, empty segregated, insane life to return at last perhaps to the God who may understand and pity and love him enough to call him Home and after neither family members nor friends could help to make or to find any place for him except this place while he still lived as a human being upon this Earth where pity and love and understanding are often modified or undergo changes through conditions, trials and tests which many of us have witnessed the results of such half loaves may wish at least are not the truths of real life or of life everlasting there into the Gates of Heaven.*

 *So far a long time after coming here and being kept captive, locked up and not visited by you or by any of my very closest family members except Rife (who came once several months after PaDaddy died) I was sick with the deepest sickness of the spirit in the souls of the lost and locked apart (of all those who should come here or who should not but for any reason at all are here and that I tell you about now) for it is something that no imprisoned human creature ever escapes and something besides that the changes of time itself does little if anything to change, to assuage or to make less bitter for them. Personally I still suffer from this continuous stultification and pinching down and blunting of the spirit and will always be miserable deep inside because of it as long as I am any part (privileged or unprivileged) of the “in custody” population of this or any other asylum.*

 *But I do not mean, as you might say, to “Work up a feeling” here because of this. It is true many of us are better off here saddled even with this sickness within ourselves (by the mangling violation of the free spirit of the soul which captivity always means) and many of us must bear it years and years right on into death for various but sufficiently good reasons. I do not think the reasons in my case are sufficient--at least they are not who must live and die in this without any more chances of freedom, yet I too may become one of these here. In this letter today I will put forth everything that is in my heart about this knowing that you and you alone have the decision to make as to whether I will have or will not have one final chance.*

 *The first year that I was here, 1945, there was nothing for me to become interested in, I helped some with the cleaning and wrote many letters mostly in an effort to get out and the insane asylum’s lifeless spirit made me more miserable than I had ever been. You were going through the ordeal of watching PaDaddy pass into the last year of terrible suffering which toward it’s close was to see the end of his strong life. You were wise, I can see now, to leave me here then. I was in no condition for much mental or physical effort. My written work was scattered and unfinished--indeed I had about lost interest in any and all of that myself. I was sent sufficient spending money here each week. By the end of that year (which would be sometime in early 1946 and after the death of PaDaddy) and when I had not been allowed to come home for even a visit then and after you still had not come here I begun to realize for the first time that you M U S T mean for me to live in this place and never to come home again. This attitude toward me by you then after PaDaddy died (and knowing that you knew that I loved and admired him more than anyone in the world but you, you never came to say a word or to be here a minute, this was the deepest hurt that life ever gave me, of course you wrote and sent others but I kept thinking “My Mother would certainly come and see me and let others here know that I was loved.” I had always thought of you as being the finest person in the world. But I felt that something that I could not understand must be wrong with you now to desert me--for that is really what it was in spite of your cheerful, newsy, quite gossipy letters (being brave and carrying on as best you could). But they were not enough and your love which I never doubted and do not doubt now meant a different thing to me after that from what it had meant and I began to know for the first time in my life why we had to turn at last (all of us) to God for true and lasting understanding, among ourselves and between ourselves as limited human beings is never enough to satisfy the immortal cravings of the immortal soul. A desolation and wretched abyss of loneliness struck through the numbness and the retarded mental condition of life into the marrow of every slow empty endless day that was all the more horrible to endure because I knew no way to change it. I was something different from an and all of you, labeled and set aside as a stranger with nothing to contribute--nothing to share with any single member of my own family.*

 *But during these months of deepest dejection when I knew and felt that complete mental disintegration and ruin were not far away and might happen with a last sickening snap there within any time. I tried desperately to find God and some reason for my existence--to cling to some basic good that must still be in my nature and that must belong to God alone, for the conditions of life then were gnawing at the gums of my last shreds of reason and as in death God had become a last and utter necessity not to be left out of life any longer. I NEEDED GOD.*

 *Slowly I began to realize how wretched and denied was even the physical needs of most of the others here at that time. I saw plainly every day how the criminal practices of the Dyer [business manager] management were starving many to death for these were the days of the Whitfield patients rations of yellow mush and wheat shorts and this was all there was to eat week in and week out for hundreds of them back on these uninspected, neglected wards. So there were the stretcher cases (there was no ambulance) increased from about one every twenty four hours to three and four daily and most of those cases were one way cases, as the starvation levels of that horrible time in Whitfield’s history was the cause of four or five hundred deaths among the helpless and insane men and women.*

 *I saw it and but for the grace of what money was sent might easily have become a victim of it too--dying (as so many of them were said to have done from their death certificates) from “natural causes.”*

 *At first I tried to run away and leave the sight and environment of all this human tragedy behind--to escape it. But you sent me back three days after I reached home and I was then sent to live at the Disturbed building for punishment and to be taught a lesson in discipline perhaps and to be starved, too, there if I had not had that pension money that you quite generously allowed me to have.*

 *By this time I was aroused and rebellious not only against what I thought was your own intolerance, smugness, and unreachable understanding but against all the tragic and unnecessary hardships forced upon the pitiful lives of the patients in this place by a stupid, callous indifferent public and I wanted more than I had wanted anything to find some way to make this experience that I did not want and had come to loathe and hate in all of its meaning--to make it count and count as heavy and lastingly as I could.*

 *I wrote hundreds of letters to kin people and to people whose standards of decent citizenship and fair play I thought could be successfully challenged by the story I had to tell about what was happening out here. I tried to smuggle these letters from that building in a dozen ways. I even helped Dr. Robert … (a whiskey patient, sent there in flagrant violation of the statue and law providing that alcoholics and narcotic patients be segregated from the insane) I helped him hack saw his way to freedom carrying 32 letters written to people in influential positions whom I was kin to, knew, had gone to school with or been told might help. All describing what life had become for the patients here under the Dyer management.*

 *I was detected and punished without mercy for my ruptured condition with long tight packs and close smothering tight room confinement and the withdrawal for days sometimes of my privilege of sending to the store for tobacco or extra food. But I felt that God at last was on my side and I kept smuggling mail and violating the rules of this place in regard to censorship and kept being punished every time I was caught at it. But some of that mail found its mark and some of it I later learned was quite effective in arousing sufficient interest in what was going on out here, to get protests from various organizations and civic groups including the Mississippi Medical Association (I had written to every doctor in Greenville, Rosedale, Cleveland, Jackson and elsewhere that I know) --and due to the story that got out from here, and to other factors also, of course we at last got the honest thorough going legislative investigation we had hoped for and the criminal career of Mr. Dyer’s management of Whitfield was cut short and he was discredited and sent home if not to the penitentiary where he certainly belonged, if any crook who has shown himself willing to better and enrich himself at the expense of his fellow man has ever belonged there.*

 *So I had found a reason for living at last although there came a let down of purpose and effort on my part after he left. My physical condition constantly got worse, too. But I hung on still interested in what Whitfield might become for help, care and service to the people sent out here under the new Shackelford administration, and by now certain definite ways of reform and improvement had begun to take shape in my thinking. They came from my own bitter experiences and from discussion and letters exchanged with the more intelligent types of patients who I had come to know in this place.*

*With the advent of the new Shackelford Administration, an ambulance was made available to the needs of the acutely sick and the diet was brought up from a starvation to a human level. More doctors came too, and the store became more honestly managed. There were some improvements. But beatings of patients with rubber hoses and sticks went on just as it had before and other forms of brutality and mistreatment were just as common. The Chronic Wards were still run and controlled through fear and intimidation. Patients were overworked in the fields and treated always with scant or little regard for any rights that they might think they still has as human beings, the bath regulations at the disturbed building remained once a week winter and summer for all patients, most of the beds there had sagging and broken springs, there was one sheet per week, per bed, many days there was no toilet paper in the lavatories, no towels, no soap, no smoking tobacco, snuff or chewing tobacco for those unable to buy them. When a patient became sick he was left on the ward until he reached the dying stage generally and at last perhaps he was transferred to the Hospital Unit, sometimes he died in the ward. No exercise provisions were made, we lived each day all day, indoors there.*

 *The Hospital organization in effect as successor to the Dyer regime left a lot to be desired as something worthy and effective in the lives of the men and women here.*

*To anyone with the “advantage” of experience as a patient in the chronic areas of this tremendous hospital far and among the greatest of all Mississippi’s public health institutions it is so easy to see and learn the organization as presently constituted concentrates most of its resources and efforts in behalf of the patients located in the front section and there alone. This front area comprises the Administration Building, the Receiving Ward (upstairs for male patients, downstairs for females) the white hospital unit, the two “Convalescent Homes” (for patients whose hospitalization is longer than is usually the case for those as the Receiving Ward and got to be transferred back to the Chronic divisions yet who are expected to qualify for parole or discharge from the institution within a year) and the building up there in the front areas go on to include the employee’s dining room, and three dormitories for use of employees which for the purpose of these remarks need not enter consideration. It is here and upon the needs of the patients in this area that most of the service of the present hospital organization is focused all the Staff doctors’ offices are either at the Receiving Ward or the Administration Building. The time of practically all doctors is spent there or at the hospital unit. Back here in the chronic division in which I am located (the White Male Service which together with the corresponding female chronic division and the like negro “Services” composes the overwhelming majority of Whitfield’s 4600 patients, we only have the services of one doctor. This doctor, C.L. Denser, has sole supervision and responsibility over the patients at the disturbed building (over 100), of those at second cottage (about 80), of the patients at the Infirmary (120 or more) and of the patients at the Epileptic Ward (approximately 60). This leaves only one building left out of this one doctor’s supervision back in this division first cottage whose 100 or so patients are under the control of a very grand newcomer to the Staff of Whitfield, Dr. Spann. Dr. Denser at various times also has in his service building units within the Chronic White Female division.*

 *Naturally, no single doctor can be familiar with or even more than superficially acquainted with the personalities and the needs of such a great number of patients, as Dr. Denser is responsible for. In his case I know that I am safe in saying that he is not even superficially acquainted with most of the patients located in the buildings under his direction and charge. Dr. Denser, I know to be a conscientious and skilled surgeon and he has rendered very fine services to many patients in that way and must be counted as a distinct asset to this institution where his activities up there at the hospital unit concerned. But he is rather whole heartedly feared and hated by the majority of the patients back in the chronic areas where his inspection and supervision of them is generally confined to visits with the attendants in the small downstairs offices. Much of his attention is directed at the conditions of the building and the appearance of the rooms and dormitories. He wants everything kept neat (which should of course most of us here think be the worry of the Supervisor and not the doctor whose attentions we would like to have for our own problems rather than so much given to the condition of the building regarding it’s cleanliness, or lack of to this, etc. Yet even so I have known this doctor to go for weeks without noticing that the patients were hard put to it here at third cottage to get drinking water because the old fountain was broken and though the fountain was a hand down at the store room they were long and unnecessarily delayed in being installed. The same with a fan which was donated by a patient’s mother but which was not installed for weeks because none of the attendants had called the doctor’s attention to the need for doing so during any of his rare visits to their office. For months we have needed benches to sit on when we are allowed to while away some hours a day on the outside. But all of these needs seemed to have escaped his notice and help in securing such things for us until I wrote a petition getting many of the patients here to sign the letter listing on lacks of these ordinary necessities and comforts toward making the summer months spent in these locked and barred buildings livable and tolerable. I sent this letter to the Director giving a copy of it to Dr. Denser who did then telephone the shops (and so did the Director) and in a few days one drinking fountain and the fan were installed making a big difference for us--but the outside benches are apart.*

 *Dr. Denser is generally disliked too, for his constant and repeated failures to make only pretense of an investigation involving difficulties on the ward among patients or between patients and attendants accepting the first story he hears of such matters from an attendant and generally ordering the patient concerned to the Disturbed building often for “packing” electric shocking and perhaps prolonged “tight room confinement”, (all three). He is disliked and regarded as temperamentally unfitted for the duties of a ward doctor by many of the patients back in this chronic division because in the language of a present high official of this place in a recent conversation with me and it is true, as he says, as many of us think after having seen the results of these temperamental defects work injustices and hardships in the lines of many patients back here) “that Dr. Denser will get it in for a certain patient, get turned against him as no professional man should and confine him and never let up harping or whatever defect he may have and never cease punishing him either because of it although in most cases it may not be the patient’s fault at all, just some inborn deficiency perhaps or weakness of character that Denser seems unable to tolerantly understand or to treat tolerantly in that particular mental patient.”*

 *These are the recent words concerning this lone chronic area’s doctors that has been made available for one needs as mental patients of Whitfield. Personally I do not wish to see Dr. Denser discharged but I strongly wish that his activities were curtailed and confined to surgery at the hospital units out here and I now that hundreds of other patients here wish this, too, having heard them time and time again express their fear, distrust and lack of confidence in this man because of the habits and shortcomings I have now tried to point out. Yet this doctor has for many years remained in sole and exclusive charge of all of these buildings here in the white male division of this Mississippi institution.*

***As final support here of*** *the argument that the many hundred of patients back here have long urgently and seriously needed a change of doctors for this division (or at least they certainly need several more doctors assigned to this Service besides this ill qualified one.) I wish to tell you of the following experience, which occurred while I was a patient at the disturbed ward. This came on the day that Mr. Hayden Campbell came to question attendants at the disturbed building (which was some day late in December of 1948, near Christmas if my memory serves so correctly.) The only way the rumor had reached even the patient there that the man who had publicly made every spectacular charges against the Shackelford administration at Whitfield was now coming out with a court order giving him the right to question attendants or patients without interference or limitations from the officials here.*

 *Just before Mr. Campbell’s arrival at one building Dr. Denser rushed into the building immediately upstairs and there with the attendants he searched through all the clothes rooms and closets and locating in these places all the rubber hoses that were then being used to intimidate and abuse many defenseless mental patients there on the top floor of that ward as I had endured myself innumerable times during my three years there. I saw this doctor help to hide this brutal lashing equipment and also order all the beds with broken or sagging springs to be replace with well conditioned bedding brought up hurriedly from below seeing that the doctor knew of the inhuman practices of handling and controlling the pitiful helpless mental patients at that ward and knew, too that there were new bed equipment available but had seen fit to do nothing about either of these tragic and deplorable conditions in the lines of the patients there until he had become alarmed concerning these things because of the fearlessness and honesty of a resourceful and determined investigation from the state legislature who almost lone handed had unearthed the shameful secrets that when late made public were to shake an indifferent and ignorant public into such an insistent mood of demanding further changes at Whitfield that in spite of the stupid defense and attempted whitewash of the Shackelford Administration by Roy Stoval, Chairman of the Administration.*

 *Denser was never mentioned if he did not know what was going on here in those days (as I have tried to show here that he is bound to have known). He is certainly not the kind of responsible doctor who should continue to be left in charge in this area.*

 *To cite one final instance in character revelation and the attitude that this doctor holds toward the patients back here I remember that once after the first few weeks I had lived at the Disturbed Building (following my being sent there after eloping and being returned and when the starvation days of the Dyer regime were in full sway here). Doctor Denser came on one of his rare short visits to the upstairs wards there. He usually inspected those wards about once every 60 or 90 days--but comes to my present location (3rd cottage) about once every 10 days though he seldom goes among the patients upstairs here either and this, of course, is certainly not conducive toward inspiring a feeling of confidence or good faith in them concerning his bonafide interest in their welfare and problems, though, of course he always claims to be too busy to have hardly any time at all for the individual patients in any of these six main buildings whose people are under his control and at his mercy. He certainly must be too busy since so many of us so seldom see him. Only feeling his hand in our lives by remote control, so to speak, as he telephone directions from his office up there in the Receiving Building to give so and so a series of packs at the Hydro department of the Disturbed Ward, or to put such a patient on the three times a week shock list--or to send this one or that one to the Disturbed building for a month or 60 day stretch of confinement in one of the tight rooms there. This is the usual way we hear from but seldom “see” our doctor.*

 *But anyway on this particular occasion which I wish to cite as a clearer revelation of his qualities for the position he has so long held here among the Chronic Ward patients of Whitfield. There he was that day after my first week of life there in the midst of the horrible starvation regime of the Dyer management of our affairs out here. I have already witnessed the tragic effects of the spreading starvation and its decimation of the tragic population of this place by the increase of stretcher calls made each day as it mounted from one or an average every day to 3 or 4 (mostly one way cases as I’ve said.) I know of this because I served in many of the stretcher crews then organized among the patients of Third Cottage and we would go out to get and remove the weakened and starving men and women just before they died to the hospital--and the closing out of their insane records there as victims of “natural causes.”*

 *Over here at the Disturbed Building I found that the results of the daily diet of wheat shorts and yellow mush were as harsh as elsewhere and on that day I somewhat accusingly protested about it to Dr. Denser as he came for one of his very infrequent trips there among the patients of that upstairs part of the Disturbed Building of this insane asylum. “Doctor” I said, “Were you ever present when a meal was being served your patients here? Do you know what they are being forced to eat?” “No”, he replied, “I am not the dietitian.” “Nevertheless”, I argued, “Is the doctor responsible for the welfare of these scores of people you should certainly be concerned about what food they eat.” “That is not my business,” he insisted. “Well, anyway I’m going to tell you here and now that they are being fed nothing but yellow mush and wheat shorts which is common stock food, day in and day out, and nothing but this and damn little of it and if you had the courage of a real doctor you would make a roar about it that could be heard all over Mississippi, and we might stand a chance of getting rid of that beastly little thief who is making away with all the money and everything else that is coming to these people down there at the Administration Building.”*

 *“I am not the dietitian”, Denser repeated to me and moved away. Shortly afterward he went back downstairs and soon afterward several attendants came up to lock me in a tight room. “What’s the trouble?” I wanted to know.*

 *“The doctor thinks you are disturbed and that you need quiet and a rest for a while”, they said. “How long? Did he say?” “Yes, thirty days confinement.”*

 *“Tell him I think I’ll stay disturbed as long as I live here”, I shouted with outrage and at least a mock bravery that I certainly never really felt over the predicament of being caught in such a trap.*

 *Well that is Dr. Denser as I have seen him, know him and the way that most of us have found him to be.*

 *When Mr. Campbell called me down for an interview that day in the office he asked me if I thought it would do any good to inspect the upstairs of the building. So I told him what had been done about the rubber hoses--that the doctor had helped to hide them and that his search would probably be useless.*

 *Now all of this represent conditions that though extreme as far as the poor food and medical services are concerned, Nevertheless I am certain this can still be taken as typical of the conduct of many of the public supported mental hospitals of America. For generally speaking the change of administration in such places is subject, as here, to political caprice and either unscrupulous officials rob and steal from the patients as far as they dare and by as many means and ways as they can devise or else a reasonably honest but inept bringing mediocre and unqualified set of officials and doctors go through the pretense of service of which they are capable Pontius Pilate like evading and washing their hands of any and all real or genuine responsibility for the forsaken and often forgotten sick, needy and helpless people locked in one of these places. This is what seems to have happened all through the just past Shackleford Administration at Whitfield. With no real understanding or leadership to offer it, (as has been probably done hundreds of other times by the same caliber of officials elsewhere) has sought to perpetuate generally the same type of mental hospital organization that it has inherited.*

 *This explains, I think, why so few new effective ideas of administration and control (to meet the enduring needs of the patients to be found in one of these places) has ever been tried and proven to be workable in the interest of progress and improvement where state mental hospital organizations are concerned.*

 *Of course, beyond this lies the responsibility of the various state legislatures for the conditions of their mental institutions. In most states as in this one the attitude toward the politically negligible non-voting residents and inmates of the insane asylums is generally a niggardly penny pinching attitude and inadequate, often shameful appropriation for the support of such hospitals is the common story.*

 *It is true that here in Mississippi the legislature in 1926 made available $7,500,000 for the construction of the giant sprawling institution located at Whitfield. Today due to the risen cost of materials and skilled workmanship the same sort of plant would probably cost close to $20,000,000. It is true that after the appropriation was originally made available it was not until 1935 that the patients were moved from their old pre-civil war days hospital to the new location. But the buildings are still in good condition--the appearance of the whole property is still attractive--indeed quite wonderful but the type of hospital organization copied off that of the others provided in other states has remained practically the same. We have too few doctors (mostly as I have said, concentrated at the Receiving Ward) and a few nurses (six registered nurses I think, for all the 4600 patients here and all the services black and white). We have the shock treatments and the hydrotherapy equipment somewhat effectively used here as elsewhere. We have a store for the convenience of the patients and employees, a weekly picture show, and twice a week dances as our recreational features and we have one occupational therapy center each for men and women with the sex segregation rules applying at these shops of work as they do also, of course, in the separate negro division of the hospital’s population.*

 *All of these are tried and true and beneficial features of life here enhancing the chances for recovery of those able to avail themselves represent an advance in organizational effectiveness and ability to administer and serve the needs of many others locked here that these treatments or therapies do not reach. In this direction of more effective general mental hospital organization (especially as it applies to patients back in the neglected chronic divisions I believe that I have some ideas to offer out of the experience that has now been mine which might be found useful if they could be given trial.*

 *Some of these are old and some, I think, quite new and so far untried. I am going to repeat them to you here in this letter article concerning my last four years among the patients at Whitfield.*

 *This reform program (for such I like to think of it) has already been sponsored by Hodding Carter perhaps the South’s most effective and widely recognized spokesman in all matters affecting the welfare and progress of the southern people in the columns of his newspaper there in Greenville as you know he has set forth these eight mentioned ways of bringing increased chances of recovery and better care and protection to those patients unable to recover who are confined in this institution.*

 *I have discussed this program point by point with our present director and successor to Dr. Shackleford,--Dr. Jaquith. He has expressed himself as in favor of all of this and had declared that if and when the state legislature makes available the extra $2,000,000 biennial appropriations that he will submit for it’s consideration as representing the minimum amount necessary to really make this a hospital of true worth and credit to the citizens of this state--when this needed money is available Dr. Jaquith says we will try out this eight point reform program here at Whitfield and perhaps some other ideas, too, hoping to implement basic hospital organization of the greatest possible value and service to the greatest possible number. Of course these things represent mental hospital organizational concepts and they cannot pretend to be a new way of solution to the tragedy of mental illness and suffering. Beyond anything that these ideas can do for mental patients lies the necessity of prevention of break down where possible which would, my experience has convinced me call for thorough giving and honest sex education in all of our high schools as the soundest most effective means of preventing crime, divorce, suicide, and insanity. Beyond also lies the possibilities inherent in some kind of workable organization seeing the needs of mental patients after breakdowns have occurred in their lives necessitating brief or prolonged hospitalization and meant to aid and help them through that uncertain period of adjustment when the hospital has released them and they are on their own again. But these things are different though integral parts of the same story and in other letter articles to you I intend to discuss them or perhaps attempt to write a book of my own about all of the things now discussed and suggested here.*

 *But to return to the ideas which Hodding Carter has already sponsored (and other sections of the Mississippi press too) for a new and different kind of hospital organization in Mississippi.*

 *So I was moved out of that most tragic building of Whitfield “Disturbed” where I had spent nearly three unnecessary years being frequently packed and punished with confinement in its tight rooms for violation of the mail regulation. Wide recognition of the sense and possibilities of many of my ideas for reform by this public, the Board and Investigating groups helped to encourage me a lot and to make me feel that God indeed had a purpose in the pattern that my story had taken among the insane.[[5]](#endnote-5)*

1. “A Whitfield Patient’s Recommendations,” Editorial Page, *Delta Democrat-Times*, January 21, 1949. [↑](#endnote-ref-1)
2. “Fred Chaney’s Proposals,” Editorial Page, *Delta Democrat-Times*, January 26, 1949. [↑](#endnote-ref-2)
3. Fred Chaney, “The Underworld of the Soul,” Unpublished Manuscript, Fred Chaney Papers, MS Department of Archives and History, Jackson, MS. [↑](#endnote-ref-3)
4. Patrick Smith, PhD Review, June 5, 2016. Fred Chaney invoked the name of God in numerous letters and manuscripts. God or other deities are often part of psychotic delusional constellations. The sad thing is this could all be just distorted realities written down by a person suffering from a psychotic illness or he truly had the faith that he professed. [↑](#endnote-ref-4)
5. Fred Chaney, “1945-1949 A Whitfield Patient’s Review of Four Years in the History of That Hospital as Set Forth in a Letter to his Mother,” Fred Chaney Papers, Unpublished manuscript, {cir.1950s}, MDAH. [↑](#endnote-ref-5)