

**“LET ME SEE SOME INSANE PEOPLE”: PROGRESSIVE-ERA
DEVELOPMENT OF THE STATE HOSPITAL AT MORGANTON, 1883–1907**

A Thesis
by
CARRIE ANNE STREETER

Submitted to the Graduate School
Appalachian State University
in partial fulfillment of the requirements for the degree of
MASTERS OF ARTS

May 2012
Department of History

**“LET ME SEE SOME INSANE PEOPLE”: PROGRESSIVE-ERA
DEVELOPMENT OF THE STATE HOSPITAL AT MORGANTON, 1883–1907**

A Thesis
by
CARRIE ANNE STREETER
May 2012

Approved By:

Lucinda McCray
Chairperson, Thesis Committee

Phoebe Pollitt
Member, Thesis Committee

Bruce Stewart
Member, Thesis Committee

Lucinda McCray
Chairperson, Department of History

Edelma D. Huntley
Dean, Research and Graduate Studies

Copyright by Carrie Anne Streeter 2012

All Rights Reserved

Portions of chapter four were previously published in the following article:

Streeter, Carrie. "Theatrical Entertainments and Kind Words: Nursing the Insane in Western North Carolina, 1882-1907." *The Journal of Psychiatric and Mental Health Nursing* 18. (2011): 904-913.

ABSTRACT

“LET ME SEE SOME INSANE PEOPLE”: PROGRESSIVE-ERA DEVELOPMENT OF THE STATE HOSPITAL AT MORGANTON, 1883–1907

Carrie Anne Streeter, B.S. Weber State University

M.A., Appalachian State University

Chairperson: Dr. Lucinda McCray

When the State Hospital at Morganton opened its doors in 1883, state leaders called it the “Pearl of the Mountains.” As one of the first institutions in the region dedicated to any type of health care—mental or physical, the Hospital was built during a time when many other states were also expanding their asylum developments. Asylums did not operate in isolation from cultural, political, or economic influences. In the context of Progressive-Era public health developments and regional industrialization, asylum operations were influenced by the decisions of both those in charge and those who sought admission. Within the first years of operation, the demand for the Hospital’s services exceeded its capacity and local leaders navigated the challenging realities of determining whom to admit. Within three decades the region would support other forms of “nerve” care, through private hospitals utilized by people who could pay for care and were ineligible for admission to state hospitals.

Through close examination of individuals involved with the development and use of the State Hospital at Morganton, this thesis positions rural families, hospital staff, local politicians, county boards of health, and local North Carolina physicians as effective

participants in shaping psychiatric care from the 1880s through the 1910s. The thesis focuses on the stories of people who sought asylum care from three rural western North Carolina counties: Buncombe County, Burke County, and Watauga County.

DEDICATION

To my Grandpa Dan Porter,
for his kind quiet confidence and courage to share with me memories of his mother, Marie,

and to Marie Emrick and Francis Emrick,
whose stories I will never fully tell
but can now better understand.

ACKNOWLEDGEMENTS

For their invaluable help in supporting my small contribution to the conversation about asylum history, I thank:

Dr. Lucinda McCray, for taking me through the big ideas in medical history, asking important questions along the way, and diagnosing me with the, “You-Can’t-Hurry-Love-Syndrome” at just the right moment. That phrase will forever be attached to any research project that does not come with ready answers.

Dr. Phoebe Pollitt, who taught me the value of thinking enough and getting things done at the same time, and encouraged me to share my thoughts in writing and in public, and knew just when I needed to go for a swim and talk about pellagra.

Department of History at Appalachian State University, for providing travel funds so I could present my research at the Southern Association of History of Medicine and Science, and for supporting me with the Thomas K. Keefe Scholarship and North Carolina Scholarship.

Dr. Neva Specht, for giving me opportunities to try on the hat of “historian” in other projects and learn better ways to approach this one.

Mary Charlotte Safford, for inviting me to teach a class on the Hospital’s history and supporting the efforts to share the community’s story about Broughton.

Students at Western Piedmont Community College, who brought their inquisitive minds and senses of humor to class each week, recorded wonderful oral histories, and were willing to explore these difficult issues with me.

Dottie Ervin, for her indomitable interest in preserving Broughton Hospital's history and supporting the exhibit for Historic Burke, Inc.

Karen Gilliam, the Librarian at Broughton Hospital who gave generously of her time and assisted my exploration of the Hospital's archives.

Christine and Stephen Streeter, known to me as Mom and Dad, for listening to all my theories, entering patient data in charts, and helping me eat well all along the way. You have proved once again that when I have a school project to complete, the whole family gets involved.

Andrew Payne, for coming along at the tail end of this and being my hand-stand assistant when I needed to shift my perspective and keep writing.

TABLE OF CONTENTS

Abstract.....	iv
Dedication	vi
Acknowledgements	vii
Table of Contents	ix
List of Figures	x
Chapter 1: Introduction.....	1
<i>Methodology</i>	8
<i>Historical Perspectives about Asylums</i>	12
Chapter 2: A “Consummate Blossom of the Highest Civilization”	21
<i>Asylums and Public Health</i>	25
<i>Industry, Asylums, and Care for the Poor</i>	28
<i>The Burden of Care: County, State, and Private Options</i>	32
<i>Cottages and Colonies: Economically Viable Forms of Treatment</i>	38
Chapter 3: From Menopause to Overwork, Ill Health, and Nervous Exhaustion: Patient Profiles from Buncombe, Burke, and Watauga Counties	44
<i>Coming to the Asylum: Causes and Cures for Insanity</i>	47
<i>Asylum Treatment for “Female Complaints”</i>	54
<i>“Hard Winters” or Coming to the Asylum for Rest</i>	64
<i>“Custodians of So Much Flesh”: Outcomes of Asylum Treatment</i>	71
Chapter 4: “The Most Capable Trained Nurses in the State”: Nursing Schools and Asylum Reform	75
<i>Trained Nurses for a “Well-Ordered Home”</i>	78
<i>National Conversation about Asylum Nursing Schools</i>	83
<i>From the Farm to the Hospital</i>	87
<i>Nursing Outside the Asylum</i>	92
Chapter 5: Conclusion	102
Bibliography	113
Appendix	123
Vita.....	128

LIST OF FIGURES

Figure 1: Harper Bond Painting of the Hospital, 1914	3
Figure 2: Postcard of the Hospital in the early 1900s	22
Figure 3: Patients at Farm Colony, 1906	40
Figure 4: Patient taking care of turkeys at Farm Colony, 1906	42
Figure 5: Patients playing billiards, early 1900s	66
Figure 6: Graduating Nurse class, early 1900s	78
Figure 7: Patient ward, early 1900s	81

CHAPTER 1

INTRODUCTION

I have been in this Hospital 13 months and 16 days and I have not troubled my self about my home affairs 3 hours in all that time. I never expected to be treated kinder in no place ____ than I have been treated here. And I think of nothing better to say to you and Dr. Murphy and Dr. Taylor and all employees in this grand home then this: May God bless you all.

I have taken 1070 grams of modium

I have been to 48 Balls and danced 182 times

I have been to the Chapel every Sunday since I came here

I have been to church in town about 50 times.

I have worked in the store 12 months and 17 days

I have eaten 1288 meals

And now enjoy the best health of all my life and really don't feel like I was over 20 years old. I have everything to be thankful for and nothing to complain about.¹

—*Patient letter to Dr. Ross*
30 September 1898
State Hospital at Morganton

Written a little over a decade after the State Hospital at Morganton began its operations, this letter provides direct insight into one patient's perspective. The man's gratitude for his experience at the Hospital reflects the ideal outcome of asylum treatment at the end of the nineteenth century and his accounting also details the typical treatment approach during this time. In summary, he ate meals, attended dances, went to church services, and worked in the Hospital's store. The only medication the patient took was a pill

¹ Male Book #6, page 291, Broughton Hospital Archives, Morganton, North Carolina. Note: a photocopy of this letter has been preserved, but Male Book #6 is no longer in the Hospital's archives.

to treat diarrhea, indeed the majority of medications used at the Hospital had some affect on digestion or aided sleeping.² The reason why this patient came to the Hospital in the first place is unknown, as the casebook that included his record has not been preserved. But, from his own words it appears as if he faced some difficulty at his home, and this was a worry that he relieved himself of during his time at the “grand home” of the State Hospital.

Good food, good entertainment, and good work were among the three main methods of moral therapy, the prevailing nineteenth-century approach for treating insanity. The term, “moral” in the 1800s, had a different meaning than today. It was the 1800s version of the modern term “psychological.” Thus moral treatment involved treating conditions understood that were caused by a change in the mind or emotions. As historian Nancy Tomes put it, “The moral treatment aimed to alleviate the psychological causes of mental disease by radically changing the individual’s environment and daily regimen.”³

The late nineteenth century’s belief in curative environments shaped every aspect of care at the State Hospital at Morganton. The architecture of the building, known as the Kirkbride approach, indicated the era’s application of creating intentional order for disordered minds.⁴ In this setting, signs of health equaled willingness to participate in social functions, like dances or church services, or work at one of the Hospital’s operations—including its farm, dairy, orchard, laundry, garden, sewing rooms, or floral nursery.

² Patrick L. Murphy, “The Care of the Insane and the Treatment and Prognosis of Insanity,” speech before the North Carolina Medical Society, May 15, 1895, Folder 13, Box 2, Patrick L. Murphy Papers, Wilson Library, University of North Carolina at Chapel Hill.

³ Nancy Tomes. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1994), xv.

⁴ For detailed discussion on Kirkbride architecture see: Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis, MN: The University of Minnesota Press, 2007).



Figure 1: Harper Bond, a patient at the State Hospital at Morganton, painted the Hospital's campus in 1914. Though he was unable to physically see an aerial view of the building, his painting accurately portrayed the Hospital's layout. As of 2012, the original painting hung in the lobby of the Avery Building.

The Hospital's first leaders demonstrated a significant interest to promote the peaceful settings of the Hospital's operations. Indeed, at its beginning the Hospital served as a cultural center for the rural region of western North Carolina. Asylum leaders held community dances, and the wife of Superintendent Dr. Patrick Murphy also hosted a regular chapter of the United Daughters of the Confederacy.⁵ The Hospital welcomed journalists and politicians to the campus, providing banquets for the honored guests. Dr. Murphy gave public speeches about the Hospital's purpose. At one speech, he relayed the surprised response of a recent visitor. After touring the Hospital, the visitor turned to Dr. Murphy and said, "I have seen a number of people at work and play, now let me see some insane people." Murphy continued:

⁵ J.K. Hall, *Memorial to Bettie W. Murphy*, Pamphlet part of the Broughton Hospital files at Burke County Library's Carolina Room.

The visitor was surprised when told he had seen all there was and could hardly be made to believe he had been everywhere in the Hospital. Life is not all cakes and ale, neither is hospital life all quietude and rest, for we have disturbances and accidents, but they are infrequent.⁶

Murphy's statement speaks to an inherent tension in discussing this type of history: addressing individual and cultural understandings of insanity without exploiting the stereotypical stigma that accompanies perceptions of insane asylums. Though asylums were not immune from human oversight and mistreatment, they were not always snake pits or prison-like places of confinement.⁷ Looking at asylums as places of total authority means that commitments carry the weight of punishment, and any positive experience at a hospital, such as that of the patient whose letter opened this chapter, can be dismissively categorized as an exception.

This thesis provides a way to understand development of the State Hospital at Morganton under the direction of its first superintendent, Dr. Patrick Murphy. He oversaw the final stages of the Hospital's construction and welcomed its first patients in 1883. Over the next twenty-four years, he attended national conferences with his colleagues, helped educate North Carolina physicians about insanity, worked with the local board of directors to shape public perceptions of the Hospital's purpose and define what conditions warranted admission, and coordinated with state and county politicians to determine how the state's investment should best serve the public. Up until his death in 1907, Dr. Murphy was instrumental in navigating the institution's development. But his

⁶ Patrick Murphy, "The Treatment and Care of the Insane in North Carolina: What it is, What it was, What it Ought to Be," An address delivered before the Agriculture & Mechanical College, Raleigh, North Carolina, March 16, 1900, Broughton Hospital Archives.

⁷ For more on historical perspectives of asylums, see Oliver Sack's essay, "Asylum" in Christopher Payne's book, *Asylum: Inside the Closed World of State Mental Hospitals* (Cambridge, Massachusetts: The MIT Press, 2009).

influence was not the only factor in determining the Hospital's use. This thesis explores ways in which the broader public utilized and relied upon the new facility. To this purpose, the three main chapters lay out central aspects of the Hospital's Progressive-era expansion.

Chapter Two discusses how North Carolinian leaders viewed the asylum as a sign of significant humanitarian progress during a time of expanding industrialization. In the backdrop of their laudatory rhetoric, the chapter also discusses the challenges of responding to increased demands for admission. Similar to other late-nineteenth century asylums, the State Hospital at Morganton increasingly admitted patients, especially the elderly, whose dependency on institutional care deemed them incurable.⁸ Every annual report from 1883 through 1907 shows an increased patient population, and every report included requests to the state legislature to fund construction of new facilities for treatment. In 1883, the Hospital served 182 patients.⁹ By 1907, that number had swelled to 1,256.¹⁰ By examining asylum reports, public speeches, and newspaper articles, the chapter suggests that increased patient populations occurred in the context of industrializing communities that supported public health efforts and felt an increased strain on county-level social services, especially for their indigent populations. These dynamics, coupled with the growing interest of families and county leaders to seek asylum care, influenced public debate about the

⁸ Gerald N. Grob, *Mental Illness and American Society* (Princeton, NJ: Princeton University Press, 1983), 7-30; Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick: Rutgers University Press, 1987), 85-116.

⁹ Patrick Murphy, *Report of the Western North Carolina Insane Asylum at Morganton: From December 1882 to November 1884*. (Raleigh, North Carolina: Ashe & Gatling, State Printers and Binders, 1884), 7.

¹⁰ John McCampbell, *Report of the State Hospital at Morganton, NC: From December 1, 1906 to November 30, 1908* (Raleigh, North Carolina: E.M. Uzell & Co., State Printers and Binders, 1908), 6.

appropriate use of public funds for public services, and effectively spurred investment in private psychiatric facilities that were accessible to those who could afford their fees.

Because admissions to the State Hospital were funneled through county systems, Chapter Three evaluates reasons why 166 patients from three western North Carolina counties—Buncombe, Burke, and Watauga—were admitted from 1883 to 1896. The chapter contextualizes the era's understandings about causes for insanity, and demonstrates that asylum superintendents understood the limitations of their abilities to diagnose every manifestation and reason for insanity. Because the Hospital board and Superintendent did not grant every request for admission, this chapter illustrates how the asylum's leaders defined insanity and made decisions about what types of situations warranted the expenditure of state dollars and which ones did not. The chapter argues that those leaders were especially interested in admitting patients who had higher chances of being cured by their time at the State Hospital. Among these kinds of patients were those who came to the Hospital with insanity caused by menopause, pregnancy, menstrual irregularities, or nervous exhaustion. Utilizing physicians' notes in the Hospital records, the chapter offers perspectives about patient experiences.

An underlying theme of this thesis explores how the State Hospital at Morganton was connected with larger U.S. asylum developments. Chapter Four explores one of those central activities: the establishment of the Hospital's School for Nurses. At the end of the nineteenth century, nearly every annual national meeting of asylum superintendents included specific discussions about improving training for these key employees. Because asylum treatment rested heavily on the kindness and effectiveness of individual interactions, nurses held critical positions in state hospitals. Further, training schools for asylum nursing

began in an era when women were entering the work force in unprecedented ways. By examining asylum leaders' perspectives about nursing, and coupling this with census data and newspaper reports about the nurses themselves, Chapter Four demonstrates how another key group affected the development of the Hospital.

Though this thesis explains relevant aspects of the Hospital's Progressive-era development, it is not an exhaustive analysis. Among the many other possible aspects worthy of research, three involve race, age, and changing attitudes about intemperance. First, the thesis does not account for the experiences of African Americans from the western region of the state. North Carolina's state hospitals were segregated from the late 1800s through the mid-1960s, and all black patients from the three western counties in this study would have been sent to the State Hospital at Goldsboro. Though causes for insanity for these patients are not significantly different from those listed for white patients at the Morganton hospital, it is possible that the social circumstances surrounding commitment of blacks were nuanced with the tensions of racial prejudices.

Secondly, while the thesis mentions the expanded demands of asylum care for the elderly, this development warrants deeper analysis. Part of that study involves documenting what social systems were absent or in place for dealing with the demographics of a population that was living longer and families whose availability to care for the aged decreased.

Finally, another area worthy of research involves the function of asylum treatment for inebriates and drug addicts.¹¹ When the Hospital first opened, people admitted for alcoholism or opium addictions represented a sizable number of the patient demographic. North Carolina's laws influenced this reality, as they required state funding for the treatment of alcoholism. Murphy readily admitted that inebriates were not insane, but he acknowledged that the state did not have better institutional options to treat this particular class of patients.¹² Progressive-era attitudes about alcohol and intemperance likely influenced the asylum's practices of treating alcoholics, and there is some evidence that the public became less sympathetic about dedicating state dollars to treat people who were too fond of whiskey and other drink.¹³ The experiences of the Hospital's inebriate patients, and the changing willingness of the institution to admit people with alcohol and drug related issues, demonstrate one way that cultural realities influenced asylum use.

Methodology

Studying this hospital in western North Carolina provides a unique opportunity to contrast late-nineteenth-century hospitals in large urban areas, particularly in the northern

¹¹ According to historian Arnold Jaffe, addiction reform received increased civic attention during the Progressive Era. See, Arnold Jaffe, *Addiction Reform in the Progressive Age: Scientific and Social Responses to Drug Dependence in the United States, 1870-1930* (New York: Arno Press, 1981).

¹² Patrick Murphy, *Report of the Western North Carolina Insane Asylum at Morganton, North Carolina: From December 1, 1888 to November 30, 1890* (Raleigh: Josephus Daniels, State Printer and Binder, 1890), 9.

¹³ The public's complaint that alcoholics were taking up too much room in state hospitals is mentioned in, "Condition of Hospitals" a special publication by D.A. Tompkins, Charlotte, North Carolina, February, 1906. The publication is a re-print of Governor Glenn's report and an editorial printed in the *Charlotte Observer*, February 17, 1906, and written by J.P. Caldwell, Chairman of the board of Directors of Morganton Hospital, Duke University Pamphlet Collection.

states. Because those hospitals became inundated with immigrant populations or operated in places with higher poverty, historians of mental hospitals tend to emphasize the cultural dynamics of Northern hospitals.¹⁴ That said, while the patient demographics in western North Carolina are different, asylum developments are reflective of the cultures that surrounded the hospitals in their respective regions.

Through close examination of individuals involved with the development and use of the new asylum, this thesis positions rural families, hospital staff, local politicians, and county governments as core participants in asylum development. A group of primary documents shape this perspective. They include: records of patients from Burke, Buncombe, and Watauga counties, Court Lunacy Hearings; Superintendent Patrick Murphy's Hospital reports, correspondence, and speeches; Board of Director's reports and papers; publications of the American-Medico Psychological Association; U.S. Census Data; and local newspapers.

While the available source material supports a thorough analysis of the Hospital, it is not without limitations. Because only a small handful of patient letters from this time period have survived, most of the understanding of patient experiences comes from the Hospital's casebooks. This source material, while illuminating, filters the patient experience through the medical eyes of the Hospital staff. Thus, it is nearly impossible to paint a full picture of how people felt about their experiences at the State Hospital in the late nineteenth century.

¹⁴ Gerald N. Grob, *Mental Illness and American Society*, Dwyer, *Homes for the Mad*; Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina From the Colonial Period to the Progressive Era* (Chapel Hill: The University of North Carolina Press, 1996), 3.

Because the patient casebooks are the recordings of the doctors and superintendent, they reveal much about the way that the caretakers viewed their work. Over the period of Patrick Murphy's leadership at the State Hospital, it served nearly 4,000 patients. At present, the only surviving casebooks include the first book, used from 1883 to 1884, and five casebooks each for males and females, covering the years 1886 through 1898. These records provide glimpses into the patients' experiences, and sometimes offer depictions of individual personalities and struggles. Though they are an imperfect record, the casebooks are among the primary records remaining that document the activities of the State Hospital at Morganton in the late-nineteenth century.

The scope of this research explores the patient experiences recorded in these casebooks for three western North Carolina counties: Buncombe, Burke, and Watauga. During 1883 through 1898, 85 men and 79 women were admitted from these three counties. This approach of looking closely at patient profiles from three counties does not support broad generalizations about mental health care at this time, but it does offer glimpses into aspects of how people were viewing illness and conditions for which they sought institutional care.

Buncombe County, with a population of nearly 22,000 people in 1880, was the second largest county served by the Hospital.¹⁵ In 1880, the county seat, Asheville, had just been reached by its first railroad and industrialization soon followed. Its first textile mill began operation in 1887 and the town also became a popular tourist town, especially with the building in 1886 of the Battery Park Hotel. The altitude and climate were considered

¹⁵ Mecklenburg County, with the growing city of Charlotte and a population of 34,175, was the largest county that the Hospital served.

ideal conditions for the treatment of tuberculosis, and sanitariums in the region also brought people to the area.¹⁶ By 1900, Asheville had grown from a small town of 2,610 people in 1880 to a bustling city of 14,694 people. Of the three counties analyzed in this study, Buncombe County saw the most drastic changes from industrialization and urbanization.

Burke County was home to nearly 13,000 people in 1880. Its county seat, Morganton, had been reached by railroad since the mid 1860s. Indeed, when state officials were considering where to build a new asylum in the western part of the state, the existence of a railroad in Morganton was one of the primary reasons it was selected. Selecting Burke County for closer analysis provides the advantage of viewing how the community closest in proximity to the Hospital utilized the institution. This county also became home to a private psychiatric hospital, Broadoaks Sanitarium—which was begun in 1905 by Dr. Isaac Taylor, a physician who had worked for several years at the State Hospital at Morganton.

The last county selected in this study, Watauga County, was among the smallest populated counties at the time. In 1880, with a population of 8,160 people, Watauga County was the most remote of the three counties in this study. In comparison to Burke and Buncombe counties, Watauga's population lived in more rural and mountainous environments.

¹⁶ Richard D. Starnes, “A Conspicuous Example of What is Termed the New South’: Tourism and Urban Development in Asheville, North Carolina, 1880-1925,” *North Carolina Historical Review*, Vol. 80, No. 1 (January 2003), 52-81.

Historical Perspectives about Asylums

The historiography of asylum development and medicalization of psychiatric conditions has been significantly shaped by changing social views regarding mental health care. The foundational scholars of mental health history help answer central questions about why the asylums experienced a dramatic increase in patient populations near the end of the nineteenth century. The seminal literature emerged during the 1930s through 1960s, a time when state hospitals were significantly overcrowded and viewed as shameful and problematic institutions. Because of this, nearly all histories of asylums have been shadowed by the eventual problems the institutions would face.

Albert Deutsch's 1937 work *The Mentally Ill in America* suggested institutionalization was an inevitable and progressive outcome of social response to mental illness. Deutsch wrote, "A general trend toward institutionalization, a natural outgrowth of the increase and centralization of population, manifested itself during the nineteenth century."¹⁷ During the time Deutsch wrote his work, many asylums were viewed as custodial institutions that were no longer offering any type of healing care. According to Deutsch, the institutional model itself did not cause this problematic situation. He argued that increased scientific understanding about mental illness would remedy the problems in state hospitals.

In the 1960s and 1970s, decades after Deutsch's work, scholars proposed two revised perspectives about asylum history. The first approach was shaped by scholars like Michel Foucault and David Rothman. Foucault understood mental illness to be less of a

¹⁷ Alfred Deutsch. *The Mentally Ill in America; A History of Their Care and Treatment from Colonial Times* (New York: Columbia University Press, 1937), 114.

medical reality and more of a social construction to justify confinement of people who were disruptive or exhibited puzzling behavior. According to the parameters of this perception, mental hospitals only existed as institutions primarily established to achieve social control over abnormal populations. In his 1965 work, *Madness and Civilization: A History of Insanity in the Age of Reason*, Foucault wrote, “The therapeutics of madness did not function in the hospital, whose chief concern was to sever or to ‘correct.’”¹⁸ Foucault also emphasized what resulted from the asylum being the birthplace of scientific studies of the mind. “Medicine of the mind,” he notes, “for the first time in the history of Western Science was to assume almost complete autonomy.”¹⁹ This type of psychiatric authority, according to Foucault, gave asylums a unique position in a society increasingly interested with abdicating lunacy.

David Rothman applied Foucault’s theories of social control to explain U.S. asylum creation in the nineteenth century. His 1971 book, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Rothman traces the motivations and practices of nineteenth-century asylum innovation. He argued that, “By describing the innovation as a reform, historians assume that the asylum was an inevitable and sure step in the progress of humanity. But such a perspective is bad logic and bad history.”²⁰ Instead, Rothman argues that asylums were established because nineteenth-century Americans were “fearful that the ties that once bound citizens together—the ties of community, church, and family—were

¹⁸ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1965), 159.

¹⁹ *Ibid.*, 275.

²⁰ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Bay Back Books, 1971), xvii.

loosening and that, as a consequence, social disorganization appeared imminent.”²¹

Rothman’s work is largely evaluative in tone, and seeks to explain why asylums existed long before the realities inside them became nightmarish. His answer was that the institutions fulfilled, “the needs of those outside, not inside, [their] walls.”²²

Gerald Grob, a contemporary of David Rothman and Michel Foucault, entered the conversation in the 1960s and for the next three decades continued writing studies of U.S. asylum development. His 1973 work, *Mental Institutions in America*, strongly disagreed with the social-control views shaped by Foucault and Rothman. He considered their work largely ahistorical. Grob aimed to “interpret the mental hospital as a social as well as a medical institution and to illuminate the evolution of social policy toward dependent groups such as the mentally ill.”²³ He examines the ways that psychiatrists, politicians, social groups, and the patients themselves shaped the development and practices of mental health care.²⁴

Following Grob’s historical approach, in the 1990s a wave of historians undertook research works about specific institutions or specific aspects of mental health care. Until that time, mental health scholarship had mostly focused on justifying or condemning asylum care. New scholars suggested that this debate was limited. Instead of feeling attached to existing questions, scholars like Ellen Dwyer, Nancy Tomes, and Elizabeth Lunbeck wrote from a new perspective.

²¹ Rothman, *Discovery of the Asylum*, xxx.

²² Ibid, xviii.

²³ Gerald N. Grob. *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1973), xviii.

²⁴ Gerald N. Grob, *Mental Illness and American Society, 1875-1945* (Princeton, New Jersey: Princeton University Press, 1983), xi.

Ellen Dwyer's 1987 work, *Homes for the Mad: Life Inside Two Nineteenth Century Asylums*, evaluates the creation of two New York Asylums with distinctly different purposes: the Willard State Hospital and the Utica Asylum. By 1890, New York decided to use Willard as an institution for the incurable insane and Utica as a hospital only for those who showed promise of responding to treatment. Instead of abandoning social control as a motivator of asylum establishment, Dwyer suggests that such controls were shaped by diverse and broad social needs. "To reject what has become a favorite academic straw—a simplistic social-control interpretation of nineteenth-century insane asylum—is not to deny that social control is an important theme," she wrote.²⁵ Dwyer asserts, "Large public asylums . . . were molded, however, by the diverse demands of their client families as well as by their superintendents' medical ideologies and the increasing need of the society at large for public social order."²⁶

Nancy Tomes 1994 work *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* approached asylum history similarly, and the study examines the records of a Pennsylvania asylum. Her work fully contextualizes the motivations of one superintendent, Thomas Kirkbride, and the families and patients who sought out, or were placed in, hospital care for mental illness. Tomes' approach is not tethered to interpreting the complex development of institutional social policies nor was it snared by the social control theories woven by Foucault, Rothman, and other 1960s historians. She argues that the questions produced from these past histories failed to adequately position insane asylums within their social environments. Tomes writes, "Both

²⁵ Dwyer, *Homes for the Mad*, 116.

²⁶ *Ibid*, 116.

the historical and contemporary discourses have been dominated by polar images of the mental hospital: one image of a medical institution infused with humanitarian values, the other of a prisonlike structure dedicated solely to confinement.”²⁷ Tomes positions her work as one that did not distinctly belong to either theoretical camp, and, instead, found ways for those theories to service a more synthesized examination of all the players in the story of a nineteenth-century asylum. Tomes argues, “The asylum was not the sole creation of doctors or lay reformers, as previous histories have implicitly assumed, but an institution sanctioned by the whole society to meet certain commonly perceived needs.”²⁸

Elizabeth Lunbeck’s 1994 work *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* suggests an equally important theory. Suggesting that increased patient populations could be attributed to an expanded understanding of mental conditions, Lunbeck states, “In the early years of the twentieth century, American psychiatry was fundamentally transformed from a discipline concerned primarily with insanity to one equally concerned with normality, as focused on normal persons and their problems as on the recognized insane.”²⁹ Lunbeck suggests that this shift occurred largely because asylum leaders sought to better situate themselves as participators in the progressive scientific endeavors of the late nineteenth century. She summarizes their motivations in the following passage:

Aligning themselves with science and the forces of progress, a number of early-twentieth-century psychiatrists envisioned greater possibilities for their specialty and set out to remake it. They established new kinds of institutions, modeled on hospitals, not asylums. They successfully lobbied

²⁷ Tomes. *The Art of Asylum-Keeping*, xxx.

²⁸ *Ibid*, 12.

²⁹ Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, New Jersey: Princeton University Press, 1994), 3.

for new laws that would yield patients who were not insane but nearly normal. And, most significant, they laid new conceptual foundations for their specialty, delineating a realm of everyday concerns—sex, marriage, womanhood and manhood; work, ambition, worldly failure; habits, desires, inclinations—as properly psychiatric and bringing them within their purview. In practice and in print, they created a new psychiatry, a discipline that deals as much with everyday problems as with established mental diseases. They brought psychiatry and psychiatric thinking from the asylum into the cultural mainstream.³⁰

Lunbeck's work provides an important observation in the historical scholarship about asylum care. It suggests that asylum leaders of the late-nineteenth century were increasingly interested in expanding their care to people who were “less crazy” and “more curable.” To accomplish this, they pursued a medicalization of “normal” conditions like menopause. Because of this, Lunbeck suggests that the late-nineteenth century saw an expanding definition of insanity—one that was increasingly interpreted as helping people through normal reactions to difficult physical or mental situations.

The 1990s also saw some of the first scholarship focused on Southern mental institutions. In 1996, historian Peter McCandless published *Moonlight, Magnolias, and Madness: Insanity in South Carolina From the Colonial Period to the Progressive Era*. McCandless notes that while scholars had developed a substantive body of literature about mental health history in the United States, much of their work focused on mental health institutions in the Northeast, especially in largely urban areas. Rothman, Grob, and Deutsch had primarily examined hospitals in the Northeast and Midwest. McCandless argues, “Although these historians [did] not overlook the South entirely, their comments on the psychiatric history of the region are brief and general.”³¹ Indeed an examination of

³⁰ Lunbeck, *The Psychiatric Persuasion*, 31.

³¹ McCandless, *Moonlight, Magnolias, and Madness*, 3.

their works reveals commentary about racial issues in the South, segregation of hospital care, and economic inadequacies.

All of [these historians] portray the South as a psychiatric backwater compared to the North, and in so doing, perhaps justify paying less attention to southern developments. At best, they argue, southerners generally followed belatedly in the American psychiatric mainstream; at worst, southerners were ignorant about innovations in the treatment of the insane or too lacking in spirit or resources to implement them.³²

McCandless' work portrays a different reality of southern psychiatric history, noting that the first public mental institutions in the United States were in Virginia, Kentucky, and South Carolina. McCandless also expanded his study of mental health care in South Carolina to include ways that care existed outside of institutions. To date, McCandless book is still only published comprehensive history of a Southern mental health institution.

The scholarship about North Carolina's mental health history is limited. In 1980, Clark R. Cahow published *People, Patients, and Politics: The History of the North Carolina Mental Hospitals 1848–1960*. Though a contemporary of Gerald Grob, Cahow fell short of delivering a true social history of the state's institutions. His work follows theoretical approaches more similar to David Rothman, and largely explains the founding of mental health institutes through lenses of their later failures. Citing Dorothea Dix's initial plea to North Carolina legislatures, Cahow presents heavy criticism about the effectiveness of institutional creation or change as a response to her highly-charged exposé, noting that, "Dorothea Dix's use of muckraking techniques to correct the plight of the nation's insane set in motion a new system that was soon to suffer the same 'evils' that she sought to

³² Ibid, 4.

eliminate.”³³ Cahow also positions the person in charge as the key shaper of nineteenth-century institutional development. He wrote, “The total operation of the hospital centered in the superintendent, and the success or failure of the hospital’s program rested in his ability to carry out his policies.”³⁴ Cahow’s book skims over the nineteenth-century asylum developments in North Carolina, and largely focuses on the failures of the institutions in the 1930s and 1940s.

Almost thirty years after Cahow’s work, historian Lynn M. Getz published a closer examination of Dr. Murphy’s legacy and the nineteenth-century roles of the State Hospital at Morganton. Her 2009 article, “‘A Strong Man of Large Human Sympathy’: Dr. Patrick L. Murphy and the Challenges of Nineteenth-Century Asylum Psychiatry in North Carolina,” demonstrates the multiple ways that Dr. Murphy shaped nearly every aspect of the Hospital. Yet, Getz did not argue that Murphy’s oversight demonstrated an ill-balanced relationship of power. She also does not attribute his supervision as a contributor for later institutional shortcomings. Getz notes that, “even though [Dr. Murphy] was no more successful in finding new cures than other psychiatrists, he was highly adept at publicizing available treatments and explaining them in terms that made sense to North Carolinians.”³⁵ Getz’s article summarizes the choices made under Dr. Murphy’s term as superintendent and focuses on his leadership and development of the Hospital—both in its physical infrastructure and adoption of treatment methods. While

³³ Clark R. Cahow, *People, Patients, and Politics: The History of the North Carolina Mental Hospitals 1848–1960* (New York: Arno Press, Inc., 1980), 5.

³⁴ *Ibid.*, 36.

³⁵ Lynne M. Getz, “‘A Strong Man of Large Human Sympathy’: Dr. Patrick L. Murphy and the Challenges of Nineteenth-Century Asylum Psychiatry in North Carolina,” *The North Carolina Historical Review* LXXXVI, no. 1 (2009): 36.

Getz's article presents a brief social history of the State Hospital at Morganton's first twenty-five years, there are aspects of that history left unexplored. This thesis contributes a broader understanding of ways in which the community responded to the institution's existence.

The current historiographical trend continues down the theoretical paths laid by Gerald Grob, Nancy Tomes, Ellen Dwyer, and Elizabeth Lunbeck: examining the complexity of factors that shape the way individuals, governments, and cultures create systems of care for the mentally ill. For example, in her 2008 article about the role of families in asylum commitments, scholar Geertje Boschman suggested asylums are a "place of negotiation. Families are depicted as active players in the construction of institutional care."³⁶

Given the scope of perspectives about nineteenth-century asylums, this thesis positions institutional development as a way to view cultural reactions in response to economic, political, and scientific changes during the Progressive Era. From this understanding, health care institutions are seen not in isolation from society, but as a unique manifestation of social structure. The research views health practices as cultural responses which are informed by complicated dynamics: involving the actions of those who lead the organizations, the employees who work there, the politicians or investors who fund the work, and the way the community chooses to use the facilities.

³⁶ Geertje Boschman, "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930," *Canadian Bulletin of Medical History* 25, no. 2 (2008): 368.

CHAPTER 2

A “CONSUMMATE BLOSSOM OF THE HIGHEST CIVILIZATION”

The great perplexing question continually presents itself to us, “What are we to do with the Insane?” Hundreds of needy and worthy applicants are knocking at our doors, to whom no satisfactory answer has been given. The care of these unfortunate ones in North Carolina has for a quarter of a century been one of its proudest developments, not to be eclipsed even by its industrial awakening. It has been a revolution in our humanitarian life, and can not go backwards.³⁷

—*Report of the Board of Directors, State Hospital at Morganton
December 12, 1900*

Historians describe the end of the nineteenth century as an era of plentiful progressive reforms, including the establishment of public education, expanded involvement of women in political and public spheres, development of restrictions on child labor, and investment in public health infrastructure.³⁸ State asylums for the insane had been operating since the early 1840s, and by the 1890s they were also the focus of progressive reforms.³⁹ Such reforms were not absent in North Carolina, and it was in this climate of progressive hope that the state opened its doors to its two new hospitals for the insane: the North Carolina Asylum for the Colored Insane opened in Goldsboro in 1880,

³⁷ J.G. Hall, *Biennial Report of the Board of the Directors, Report of the State Hospital at Morganton, N.C.: From December 1, 1898, to November 30, 1900* (Raleigh, NC: Edwards & Broughton, and E.M. Uzzell, State Printer), 6-7.

³⁸ See William A. Link, *The Paradox of Southern Progressivism: 1880-1930* (Chapel Hill: The University of North Carolina Press, 1992), 268-296.

³⁹ Grob, *Mental Illness and American Society*, 3-6.

and the Western North Carolina Insane Asylum opened in Morganton in 1883. Both asylums were funded by legislative actions of the 1870s and represented a Reconstruction-era interest to expand state-supported charitable institutions. Politicians and industrialists viewed asylum development as pinnacle humanitarian and social achievements. One industrialist, Julian S. Carr, suggested that the State Hospital at Morganton was the “Pearl of the Mountains.”⁴⁰ While state leader’s celebrated the hospitals, the populations whom the hospitals were designed to serve, namely the poorer social classes, became increasingly willing to depend on the institutions’ services. Because asylum developments occur in the context of their contemporary cultures, these dynamics of progressive political reform and industrializing communities represent some of the inherent tensions and interests of the State Hospital at Morganton’s first decades of operation.



Figure 2: In the first years of the Hospital’s operation, leaders produced professional panoramic post cards that displayed the asylum’s grand architecture and ideal setting. Image P-535/18, in the Patrick Livingston Murphy Papers, #535, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

⁴⁰ Julian S. Carr to Patrick L. Murphy, March 10, 1897, Folder 5, Box 1, Patrick Livingston Murphy Papers #525, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

Historians have examined the complexities of southern progressive actions, especially by looking at ways that communities reacted to an abundant presence of Northern reformers in the decades following the Civil War. Much of the historical conversation about Southern progressive reform pivots on questions of Southern resistance versus Southern involvement in public changes. William Link's 1992 foundational study, *The Paradox of Southern Progressivism: 1880-1930*, argues that poor white Southerners did not voluntarily agree or comply with procedural changes or measures that would improve their lives.⁴¹ He sources southern resistance to reform in communities' strong traditions of local authority and hostility toward rules or procedures brought in from outside agencies. These dynamics created the paradox of southern Progressivism, namely that Progressive reformers sought to drastically improve local problems through methods that were largely organized by outsiders who sought to limit the democratic decisions of community leaders, as evidenced through laws dictating compulsory school attendance, mandating curriculum subjects, limiting work ages and hours, or even requiring businesses to close on the Sabbath.⁴² Link suggests that Southerners' sense of community and their strong adherence to local control affected their views of social problems. Namely, they did not connect their community's problems with national problems and preferred passive actions of reform over those mandated by state or national organizations.

In more recent years, historians have explored situations that diverge from Link's central thesis. In her 2003 article, "Beyond Parochialism: Southern Progressivism, Prohibition, and State-Building," Ann-Marie Szymanski challenges William Link's

⁴¹ Link, *Paradox of Southern Progressivism*, 3-30.

⁴² *Ibid*, xi.

assumption that progressive reforms were largely imposed on the South by northern organizations and philanthropists. Using prohibition activities as her case study, Szymanski argues that, “Southern reformers were fully capable of devising governmental solutions to perceived problems and of providing policy templates for the more ‘enlightened’ regions of the country.”⁴³ The larger implications of this concept is that Southern reforms during the Progressive Era were shaped by the nuances of local needs but were not necessarily incongruent with the national view.

Historian Gregory P. Down’s 2011 book, *Declarations of Dependence: The Long Reconstruction of Popular Politics in the South, 1861–1908*, shifts the perspective from those who did the reforming to those who received the effects of reformers. Instead of exhibiting resistance to reform efforts, Down argues that Southern citizens began to act as if they had a right to “depend on government for food, [and] shelter.”⁴⁴ He suggests that “these presumptions reduced the state–citizen relationship to that of an embodied patron and his particular, personal subject.”⁴⁵ In this light, the nature of state institutions received support from those who sought their services.

Examining the development of the State Hospital at Morganton provides another avenue to understand the motivations of southern Progressive Era leaders. North Carolina’s leaders viewed construction of new asylums as evidence of their humanitarian success. The rhetoric about asylums at the end of the nineteenth century is frequently pitched with idealistic praise. As one superintendent described, “The present hospitals for

⁴³ Ann-Marie Szymanski, “Beyond Parochialism: Southern Progressivism, Prohibition, and State-Building,” *The Journal of Southern History* 69, no. 1 (Feb. 2003), 109.

⁴⁴ Gregory P. Down, *Declarations of Dependence: The Long Reconstruction of Popular Politics in the South, 1861–1908* (Chapel Hill: The University of North Carolina Press, 2011), 2.

⁴⁵ Down, 3.

the insane in America [are the] representative exponent of the nineteenth century's progress." He continued, "This is a more wonderful evolution than any flower's expansion, for it is the consummate blossom of the highest civilization that our humanity has attained."⁴⁶ Further, because the management and use of the State Hospital at Morganton parallels similar activities at other U.S. asylums, this chapter argues that southerners involved with asylum development were less concerned about maintaining rigid regional boundaries around reform and were more inclined to utilize resources they felt useful.

Asylums and Public Health

At the end of the nineteenth century, as public health efforts grew, state care for the insane became a major component of North Carolina's focus. In 1895 *The Charlotte Observer* noted in that "one-third of all the revenues collected directly by the State go to the support and treatment of the insane."⁴⁷ The size of such an investment indicates the era's belief in the importance of asylum work, and it also suggests the era's hopes for the curative power of controlled social environments. From this perspective, insanity required medical treatment. Because patient admissions often originated at the recommendation of local physicians and county courts, the patient demographics of The State Hospital at Morganton were closely connected to the activities of local physicians and county boards of health. In the late 1800s, both of these key groups were undergoing significant changes and expansion.

⁴⁶ W.W. Godding, "Development of the Present Hospital for the Insane," *American Journal of Insanity* LI, no. 1 (July 1894), 114.

⁴⁷ "Causes of Insanity: Care and Treatment of the Insane," *The Charlotte Observer*, November 1, 1895.

In an 1895 speech to the North Carolina Medical Association, which would have been comprised of physicians who themselves were beginning to expand the parameters of their profession, Dr. Patrick Murphy said:

All civilized States or communities make some kind of provision for the care of their insane, usually in hospitals and asylums. These terms mean in America very much the same thing, the tendency being to use 'hospital' in preference, for the reason that 'insanity' is now universally believed to be a disease, and is to be treated by physicians, whether by drugs or other means. The old, and at one time common, idea that an insane asylum was merely a place for the detention of persons who are dangerous or otherwise objectionable, to be at large, is fast giving way to the more modern belief that insanity requires, as other diseases, medical treatment.⁴⁸

It is clear that the North Carolina physicians of the late nineteenth century understood their medical work with insanity as a public health effort. Public health work at the end of the nineteenth century is more heavily associated with work to prevent and treat tuberculosis, smallpox, typhoid fever, and hookworm; or establish improved sanitation and water systems. As such, historians have often treated the histories of state asylums and public health as separate accounts. And while many of their aims are divergent, the infrastructure of their developments in the late 1800s are closely linked. First, both areas of state-funded health care underwent expanded institutionalization and bureaucratic organization at nearly the same times. The professionalization of physicians also occurred during this time.⁴⁹ As evidence of this, in 1899 the State Board of Medical Examiners

⁴⁸ Murphy, "The Care of the Insane and the Treatment and Prognosis of Insanity."

⁴⁹ For more on the professionalization of physicians see: Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 79-179.

prohibited licensing a physicians unless he had graduated from a three-year medical school.⁵⁰

By the late 1800s, county systems were also increasing their involvement with their community's health. North Carolina established its State Board of Health in 1877.⁵¹ Two years later, in 1879, the State Board of Health required that North Carolina counties establish local boards of health. Each board was comprised of a practicing physician, the mayor of the county seat, the chairman of the county commissioners, and the city or county surveyor.⁵² With an increased effort to survey the health of their communities, county boards were significantly involved with making decisions about the government's role in health and the prevention of major illnesses.

The State Board of Health also had a direct connection to the management of state hospitals for the insane. It was the government body charged with conducting annual investigations of the public facilities. The inspections were primarily concerned with ensuring that the hospitals maintained clean environments and followed procedures to prevent the spread of illnesses like tuberculosis and typhoid fever. Nationally, tuberculosis was among the largest causes of death in state hospitals and the Boards of Health were interested in preventing outbreaks into the general population.⁵³

⁵⁰ Edward William Phifer Jr., *Burke: The History of a North Carolina County, 1777-1920* (Morganton, NC: Edward William Phifer, Jr. Publisher), 125.

⁵¹ Benjamin E. Washburn, *A History of the North Carolina State Board of Health: 1877-1925* (Raleigh: North Carolina State Board of Health, 1966), 1.

⁵² Dorothy Long, ed., *Medicine in North Carolina: Essays in the History of Medical Science and Medical Service, 1524-1960, Volume II* (Raleigh: The North Carolina Medical Society, 1972), 585.

⁵³ Long, *Medicine In North Carolina*, 587.

Industry, Asylums, and Care for the Poor

In an era when industrial expansion was the heart of the New South's economic engine, Southern leaders promoted the benefits of industrial labor at nearly any social cost. These dynamics were apparent especially in the development of North Carolina's textile mills which flourished because of a labor force that was willing to work long hours for little pay.⁵⁴ Textile towns grew rapidly in the Piedmont of the Carolinas. Between 1885 and 1900 in the counties surrounding Morganton, seventy new mills began business.⁵⁵

Industrial efforts were promoted with zeal, and champions of their development, like D.A. Tompkins, a textile developer and owner of *The Charlotte Observer*, linked the progress of the New South with the sound of spinning looms. "New ideas of life have taken a firm hold of the South," he declared, "and, to succeed and prosper, we must spin cotton."⁵⁶ Industrialists like Tompkins saw in their labor force a mass of people who were uplifted by new factory jobs. Tompkins went as far to suggest that only those who "adapted themselves to the new conditions" constituted the New South.⁵⁷ Such adaptations required significant changes in the average southern diet. Families that had once subsisted on the relatively fresh foods of their farms, were distanced from fresh food sources and survived on the limited wages of their industrial jobs. Large populations of southern workers subsisted on diets of corn, molasses, and pork fat.⁵⁸ The long hours of work, not to mention the

⁵⁴ Jacquelyn Dowd Hall, et.al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: The University of North Carolina Press, 1987), xvii-xxvi.

⁵⁵ Paul D. Escott, *Many Excellent People: Power and Privilege in North Carolina, 1850-1900* (Chapel Hill: The University of North Carolina Press, 1985), 217.

⁵⁶ *Ibid*, 202.

⁵⁷ *Ibid*, 202.

⁵⁸ Thomas D. Clark, *Pills, Petticoats and Plows: The Southern Country Store*, (New York: The Bobbs-Merrill Company Publishers, 1944), 263; Hall, et. al. *Like a Family*, 150-151.

noisy conditions, affected the health of each family member, including the children who often began work at early ages. It would be decades before labor struggles would erupt in the South, but the effects of mill life were not unnoticed by asylum leaders, who connected the ill health of industry and the effects of poverty to an increased demand for asylum care.

The region's economic transitions caught the attention of Dr. Patrick Murphy. His 1900 report expressed concern about an increasing patient population of cotton mill operatives. Though he acknowledged that such an increase was connected to the increased establishment of mills in the State, he believed that such an increase "is out of proportion to the rest of the population." Murphy continued, "They do not recover as promptly as others. This, too, it seems one would expect. The healthy farmer's daughter, used to free outdoor exercises and good food, has more chance to live than a factory girl who works long hours in a closed mill."⁵⁹ Murphy's connection between good diet and insanity came at an interesting time. It is possible that he was observing an increased population of people suffering from pellagra, an illness that would not become largely diagnosed in asylum populations until 1908, one year after Patrick Murphy died.⁶⁰ Though it took decades for the South to accept poor nutrition as the cause of the illness, pellagra became a publicly debated illness. Many believed that an unseen bacteria in corn was the culprit for the illness.

⁵⁹ Patrick L. Murphy, *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900* (Raleigh: Edwards & Broughton and E.M. Uzzell, State Printers, 1901), 14.

⁶⁰ Alfred Jay Bollet, "The Epidemic of Pellagra in the U.S. in the Early Twentieth Century," *The Yale Journal of Biology and Medicine* 65 (1992), 211-221; Susan Lee Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: The University of Pennsylvania Press, 1995), 9; Elizabeth W. Etheridge, *The Butterfly Caste: A Social History of Pellagra in the South* (Wesport, CT: Greenwood Publishing Company, 1972), 3-39.

It became a key research focus for national and state public health officials, who hoped to prevent the deadly three symptoms of the illness: diarrhea, dermatitis, and dementia.⁶¹

Pellagra eventually became known as an epidemic of the South, largely affecting the poorer social classes. It was especially prevalent among textile mill workers.⁶² Isaac Taylor, a physician who worked at the State Hospital with Murphy, took interest in the emerging diagnosis. On October 7, 1908, *The Charlotte Observer* reported Taylor's thoughts about the illness. "There can be no doubt that there is such a disease as pellagra," Taylor wrote. He also claimed, "It is very fatal, and that it occurs almost exclusively among those who use corn products very largely as food, and that a large number of pellagrous persons are insane from this cause." Admitting that his knowledge about the illness was limited, Taylor was quick to share observations from his trip to visit Dr. Babcock at the South Carolina Asylum for the Insane. Babcock was among the leading asylum superintendents who studied pellagra. His research of the disease took him to hospitals in Italy—where populations dependent largely on polenta were also exhibiting similar symptoms. Dr. Taylor visited him following one of his trips to Italy. "I saw in Columbia fifteen patients who had what Dr. Babcock had seen in the hospitals for pellagra in Italy, and I am aware that for the past twenty-three years I have been seeing just these conditions and ascribing them to other causes."⁶³ Taylor's observation clearly suggests that for many

⁶¹ Alan M. Kraut, *Goldberger's War: The Life and Work of a Public Health Crusader* (New York: Hill and Wang, 2003), 5.

⁶² See also, Elizabeth S.D. Englehardt, "Will Work for Food: Mill Work, Pellagra, and Gendered Consumption," in *A Mess of Greens: Southern Gender & Southern Food* (Athens, GA: The University of Georgia Press, 2011).

⁶³ "Pellagra Insanity Cause" *Charlotte Observer*, 17 October 1908.

years patients at the State Hospital had suffered from pellagra long before their dementia was attributed to their diet.

Because Hospital records before 1908 do not attribute illness to pellagra, the extent of the illness is uncertain. That said, pellagra may have been a contributor to the expanding requests from people who claimed “poverty” or “ill health” as a reason for admission of their family members. Dr. Murphy noted:

One of the causes most frequently used in urging that certain patients be received is poverty. Many times the breadwinner of the family, unable to employ help to look after the insane member, to do this must himself give up his daily labor, by which he supports his dependents, thus pauperizing the whole family.⁶⁴

Certainly not all of the people admitted to the State Hospital who came with “poverty” as a cause also had the dual cause of pellagra. But this illness demonstrates ways the complex relationship between poverty and asylum use.

In an economy that increasingly required long hours of work, families sought admission of their troublesome, ill, or dependent family members. They did so, in part, because their logistical ability to care for such family members had significantly changed.⁶⁵

Murphy observed this trend as well. He wrote:

There is a growing demand to have dotards declared insane and sent to the Hospital. These old people are at times troublesome, and the friends believing, in some instances, they may be restored by proper treatment, seek admission; others perhaps are too poor to assume the charge of these old people, while others, I fear, simply wish to rid themselves of a burden by putting it on the public.⁶⁶

⁶⁴ Patrick L. Murphy, *Report of the State Hospital from December 1, 1898, to November 30, 1900*, 15.

⁶⁵ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, Inc., 1997), 50.

⁶⁶ Patrick L. Murphy, *Report of the State Hospital from December 1, 1898, to November 30, 1900*, 14.

The Hospital's annual reports validate these conditions. For example, in the four years following Murphy's comment, the number of female patients between forty and fifty years old increased over thirty percent, from thirty patients in 1902 to ninety-two patients in 1904. This expanded population of elderly patients challenged Dr. Murphy and the Hospital Board, who were tasked with approving all asylum admissions and felt compelled to balance their Hospital's curative goals with the burden of admitting patients whose conditions of insanity were increasingly connected to poverty, old age, and dependency on the state.

The Burden of Care: County, State, and Private Options

One debate of the mid-1890s focused on how best to support North Carolina's insane populations. Even though the state then operated three hospitals which had capacity to treat a total of 1,000 patients, Dr. Isaac Taylor, a physician at the State Hospital at Morganton, estimated this left "the total number of insane unprovided for at 1,373."⁶⁷ Many of these people were being cared for in county poor homes. Dr. Taylor, Dr. Murphy, and other North Carolina physicians argued that government resources would be better spent in expanding the State Hospital's facilities. In Taylor's view, this mostly required transferring funds from the counties to the state.⁶⁸ In 1900, he wrote:

The average *per capita* cost of maintenance in the county poor houses is \$85.78, so for the increased amount of \$44.22 would be given such comfort as would be sumptuous in comparison, food plentiful and wholesome, medical attention and supervision in sickness and in health, cleanliness and

⁶⁷ Isaac M. Taylor, *An Appeal for State Care for All the Insane from an Economic Standpoint*, May 28th, 1891 (Wilmington, NC: Jackson & Bell, 1891), 4.

⁶⁸ *Ibid*, 6.

such occupation and amusement as would be best suited to each individual capacity.⁶⁹

Within one decade of managing the State Hospital at Morganton, Dr. Murphy recognized some of the institution's significant challenges. Chief among them was the inability to provide room for all patients seeking admission. Due to lack of space, by 1900 as many as 500 people annually were denied admission to the State Hospital at Morganton, and conditions were similar for the state's other two hospitals.⁷⁰ The increased use of the State Hospitals led some to believe that the general population was becoming more insane. In his 1900 report, Murphy addressed those observations by writing:

The population of the State has grown 275,000 in the last decade; 125,000 of this, it can safely be estimated, are white people living in this Hospital District. This would account for most of it, and then, as already mentioned, persons who ten years ago did not seek Hospital care do so now, not only dotards, but peculiar people, or those who are mildly insane, worn out drunkards and drug takers have come to recognize the State Hospital as places where they can go to be restored. I believe that in North Carolina insanity has increased very little faster than the population.⁷¹

According to Murphy, the public was making an increased demand for the state's charitable institution, and the largest class of patients in need were the indigent and elderly. Because of this situation, in the mid 1890s, a new state law required that indigent insane be provided for in preference to those able to pay their way in private hospitals.⁷² An indigent person was defined as "one whose estate is not sufficient to support him or her in a private

⁶⁹ Ibid, 6.

⁷⁰ Patrick L. Murphy, *Report of the State Hospital from December 1, 1898, to November 30, 1900*, 15.

⁷¹ Ibid, 17.

⁷² Tompkins, "Condition of Hospitals," *Charlotte Observer*, February 17, 1906, 2.

hospital.”⁷³ Those not admitted to the state hospitals for lack of space, were kept in county poor homes or jails. Because conditions in county homes were usually less than ideal, Murphy and other leaders spoke out against these conditions. They argued that reliance on county homes was inhumane, inefficient, and financially irresponsible. Murphy wrote, “It is expensive and wasteful to the counties where all care is taken of a few scattered insane; it is degrading and brutalizing where care is not taken, but open neglect allowed.” For the next two decades, Dr. Murphy and political leaders continued to sort through the logistical challenges of how best to provide for a growing demand for social services.

The public demonstrated its attitude of dependence on asylum care in a well-publicized investigation. D.A. Tompkins, the same industrialist who championed North Carolina’s textile developments, published a special pamphlet about the conditions of the State’s Hospitals. The pamphlet’s main goal to was dismiss allegations made about the Hospital’s admission practices. In the early 1900s, North Carolina courts heard cases that claimed if the law about preference for indigent people “was rigidly carried out, enough patients who could be cared for elsewhere would be removed to make room for all the indigent in the county jails and homes.”⁷⁴

Tompkins printed the pamphlet as a special addition to *The Charlotte Observer*, hoping that this format would make “this important matter more widely distributed among the people.”⁷⁵ The pamphlet included comments from Governor R. B. Glenn and J. P. Caldwell, Chairman of the Board of Directors for the State Hospital at Morganton. Tompkins’ introduced their comments by demonstrating his support for the public

⁷³ Ibid, 9.

⁷⁴ Ibid, 2.

⁷⁵ Ibid, 1.

institutions. He wrote, “No charge upon the State is so dear to its people as its insane. The suspicion of favoritism or failure of duty in the management may be kindled by the sensation of ill-founded charges.”⁷⁶ Tompkins’ view suggests the ways that the state’s industrial leaders equated insane asylums with proper social responsibility.

Governor Glenn described his response to the allegations. He had supported an investigation, and required Hospital Superintendents to provide him with a report to show what patients could pay and how much. After coupling this information with the available tax information of the patients and their families, the investigation revealed that the State Hospital at Morganton provided care for only two patients who “could be cared for elsewhere.”⁷⁷ They were removed from the Hospital. The report also acknowledged that the Hospital treated thirty-two patients who paid from \$25 to \$151 per year and nineteen patients who paid \$151 per year. At the State Hospital, the per capita expense for patients were \$141 a year. The same law that mandated the preference of indigent admissions also required that patients who had no dependents and who had estates yielding income pay what they could to the State Hospital. Though these patients had financial means to pay for their care, they were still considered indigent because paying for care at a private facility was outside their financial means. About these class of patients, the report noted, “For if removed from the hospital they were compelled to go to jail, as no private asylum would take them for the little they could pay, and so we felt it inhumane, when they were helping the State all they could, to remove them to jail and to replace them with others from

⁷⁶ Ibid, 1.

⁷⁷ Ibid, 4.

jail.”⁷⁸ The report offered a final statistic to demonstrate the Hospital’s compliance with the law:

If we will remember that, during 1905, 1,643 patients were treated, and of this number only four could pay for admission elsewhere, and 45 others partially pay for treatment, leaving 1,594 absolutely indigent, it shows how unjust and unkind has been the charge and clamor that those who were rich or influential, or had a pull, were taken in preference to those who were poor and friendless.⁷⁹

J. P. Harper, president of the Hospital’s Board, suggested that the claims were made in order to weaken the public’s image of the Hospital and supply the Legislature with reasons not to provide “appropriations for the extension of their accommodations.”⁸⁰ Harper was responsible for approving all patient admissions.

Motivated by bolstering the Hospital’s position, and also illustrating the complexities of rigid application of the law, Harper provided details about the two patients who were deemed capable of paying for private care and were removed from the Hospital. One of the two patients was a unmarried bachelor who had ample means and was violent and suicidal. His condition required that he be watched over by two attendants, and he paid \$900 per year for his care, a significant amount more than the standard annual charge of \$151. Harper noted that he had been “turned out of private sanitariums in New Orleans and Philadelphia, because he was too troublesome and dangerous, and returned from one of them black and bruised.”⁸¹ Though he paid taxes in North Carolina and came from a prominent unnamed family, the law required that he be removed from the Hospital. The second patient was a lady whose was said to be “troublesome and with a fatal malady.” Her

⁷⁸ Ibid, 4.

⁷⁹ Ibid, 4.

⁸⁰ Ibid, 7.

⁸¹ Ibid, 8.

husband paid the usual charge for her, \$150 a year, and Harper noted “it was a debatable question whether [her husband could], without serious embarrassment, support her in a private hospital.”⁸²

Harper also suggested that private care for insane patients was not easy to obtain in North Carolina. In 1905, there were just two private psychiatric facilities. Dr. Isaac Taylor, a former physician at the State Hospital, opened Broadoaks Sanitarium in 1903. The hospital had a capacity for 35 patients and it charged “\$15 per week for quiet patients and \$25 for drug cases, alcoholics, and the more troublesome.” The yearly cost for this care then ranged from \$390 to \$650, a significant amount more than the modest cost of \$151 that the State Hospital charged for those who could afford it. Further, Broadoaks placed specific restrictions on the types of patients it admitted. Dr. Taylor’s 1905 report to the Board of Charities described:

We receive patients with nervous diseases of all kinds, mental diseases, including the insane and mild type, selected congenital defectives, epileptics whose minds have become impaired, the aged with senile degeneration of the brain, needing special care not possible at home, inebriates and drug habitués. Violent and noisy patients, the very untidy and those otherwise disturbed, are not properly placed in a small institution, and will not be received.⁸³

Given these parameters for admission, and the cost involved for care, Taylor noted that during the year 1905, the Sanitarium had treated twenty-three patients from North Carolina and twenty-four patients from other states.⁸⁴

⁸² Ibid, 8.

⁸³ Isaac Taylor, *Biannual Report of Broadoaks Sanitarium, 1905*, North Carolina Board of Public Charities, 34.

⁸⁴ Ibid, 34.

The second private psychiatric facility in North Carolina, Highland Home Sanitarium, had just been licensed by the Board of Public Charities in 1905. Dr. Robert S. Carroll operated the ten-bed facility in the beautiful setting of Asheville and boasted a modern bath department, equipped to provide “60 forms of baths and treatments.”⁸⁵ The Sanitarium marketed itself as a refuge for the more urban elite, and restricted its admissions to patients suffering “mild cases of insanity, alcoholic and morphine habitués, and cases of nervous breakdown and general debility.”⁸⁶ The charge for the hospital’s services, ranged from \$130 per month to \$250, or \$1,800 to \$3,000 annually. Perhaps indicative of the significant cost for care at Highland Home Sanitarium, in 1905, all of its patients had come from states other than North Carolina.

Cottages and Colonies: Economically Viable Forms of Treatment

Because the cost of treatment at private psychiatric hospitals was out of reach for most North Carolinians and the county homes were increasingly unable to meet the demands for their services, Dr. Murphy and other leaders from the State Hospital suggested a solution. As early as 1894, Murphy and the Hospital’s Board of Directors began advocating for the development of small cottages for female patients and farm colonies for male patients. These buildings would be located near the main asylum building. Nationally, asylum leaders had begun equating the building of small facilities as a sign of progress.⁸⁷ Murphy’s 1894 report to the Board of Public Charities explained:

⁸⁵ Robert S. Carroll, *Biannual Report Highland Home Sanitarium, Asheville. N.C., 1905*, North Carolina Board of Public Charities, 35.

⁸⁶ *Ibid.*, 35.

⁸⁷ A speech by G.A. Smith, at the 1906 annual AMPA meeting outlines the new thought for a cottage system approach to asylum care. See G.A. Smith, “Application of The Cottage

The opinion of the medical world is not favorable to the aggregation of this class in large asylums, but it does favor their removal from county homes, and the erection of cheap and simple cottages within the influence and control of a hospital for the insane.⁸⁸

Murphy soon implemented aspects of this treatment approach, and arranged for the building of two female cottages since 1895.⁸⁹ These facilities provided room for the class of patients who otherwise would have been kept at county homes, namely those considered harmless yet unable to function without the social support of dedicated caretakers.

According to Murphy, and anyone who championed the cottage or colony approach, this system solved the dual issues of inadequate space and efficiency of cost. Cottages and colonies allowed “healthful manual pursuits [to occur] under proper superintendence, and the cost of support [was] largely reduced by the products of the field,” wrote Murphy. “It is the ‘colony’ system of the old countries except improved by the presence of better and more medical supervision. There would be economy in expenditure as well as in productive power. It would relieve the counties and prevent untold human suffering.”⁹⁰

After a decade of encouraging legislative investment in patient farm colonies, Murphy saw the development of the State Hospital’s first male farm colony in 1903.⁹¹ When the 1905 governor’s investigations about admission practices turned the public’s eye toward how the state was managing funds at these institutions, the Governor applauded the

System to the New Hospital,” *Proceedings of the American Medico-Psychological Association at the Sixty-Second Annual Meeting* (American-Medico Psychological Association: 1906), 433-439.

⁸⁸ Patrick Murphy, *Report of the State Hospital at Morganton: From Dec. 1, 1892 to Nov. 30, 1894*, Broughton Hospital Archives, 42.

⁸⁹ “Buildings of Broughton from 1883-1972,” Broughton Hospital Files, Carolina Room, Burke County Public Library.

⁹⁰ *Ibid*, 44.

⁹¹ Patrick L. Murphy, “‘Colony Treatment of the Insane and Other Defectives,’ A Paper Read Before the Meeting of the N.C. Medical Association, June 1906, Charlotte, NC,” Broughton Hospital Archives.

colony approach. “The colony plan,” he wrote, “out on a farm in the fresh air, with plenty of light work, where these poor people may be properly treated and brought back, if possible to their right mind, ought to be [expanded] in the future, as saving costly buildings and producing more cures.”⁹²



Figure 3: Patrick Murphy’s 1906 pamphlet about Colony Treatment aimed to help the public understand the benefits of this treatment approach. The pamphlet included several photos of patients at colony buildings. Photo from Broughton Hospital Archives.

The success of the colony program became the topic of many local newspaper stories. One journalist for *The Charlotte Observer* wrote an amusing story following his visit to the Hospital’s colony:

There was one man whose business at home had been the raising of turkeys, along with his other farm work. The doctor put him in charge of the fowls of the institution and he was looking after these not only with zeal and interest, but really an affectionate interest. At the time of my visit he was

⁹² Tompkins, “Conditions of Hospitals,” 11.

giving particular attention to a sick turkey and he was cheerfully confident that he was going to pull his patient through all right. This same man confided to me that he was not only an expert in the care of domestic animals, but he was also an expert trapper and fisherman. He related to me his exploits in the adjacent woods in catching possums and mink. He told about how he had been fishing also in a near-by stream on the premises, and of having caught quite a number of fish. 'But' I said to him 'is the doctor treating you exactly fair in taking you out of the big fine house up where he lives and putting you down here in a little old house in the woods?' He seemed a little dazed for a second and then said cheerfully, 'That's because I'm a trapper you see. I like to go up and look at the big fine house sometimes, but you know a trapper must live in the woods where the game is. Then I couldn't have my turkeys up there. The fact is you see it's not a place for turkeys up there. They must be down here where there is some range for them.' There seems no doubt that this poultry man and trapper will get well quicker, be less trouble, and less expense on the colony farm than anywhere else.⁹³

Similar stories continued to applaud North Carolina's wise investment in the colony approach at the State Hospital. Each story always highlighted a triad of advantages: a quiet environment, therapeutic work, and reduced cost to the public purse.

⁹³ "Model State Institution, Dr. Murphy's Experiment in Colonization Congenial Work for Patients," undated newspaper article in Scrapbook Volume 3: 1882-1913, Folder 14, Patrick Livingston Murphy Papers, #535, Southern Historical Collection, The Wilson Library, University of North Carolina at Chapel Hill.

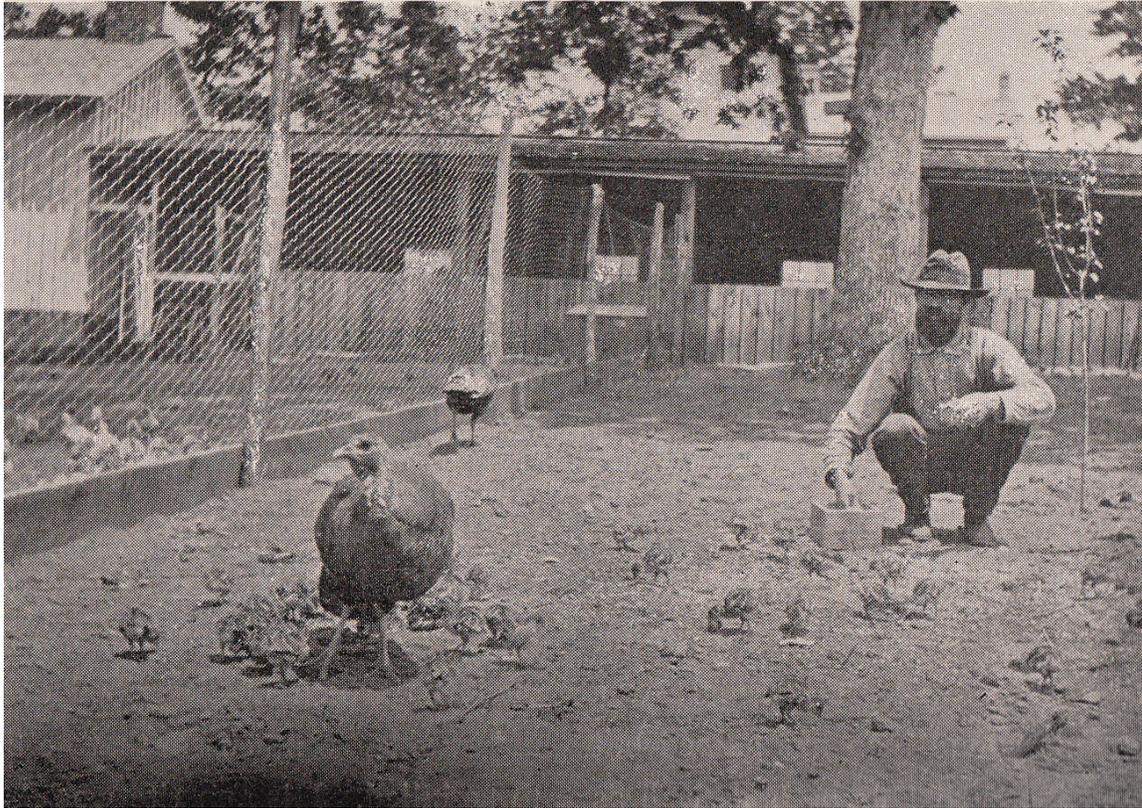


Figure 4: This photograph of a patient attending to turkeys was included in Dr. Murphy's 1906 pamphlet about Colony Treatment. Photograph from Broughton Hospital Archives.

Adopting the colony approach solved the pressing problems of expanding the Hospital's capacity to admit more patients. As such, it also temporarily relieved the counties from the cost of handling increased demand for their poor farms. But the colony program did not put an end to the debate about how government's resources were best spent on care for the insane and indigent. North Carolina's state and county boards of health were only a few decades old. They were still establishing policies while simultaneously responding to changes in their industrializing communities. Expanded investment in State Hospitals eased the burden on county systems, but it also stifled some growth of county infrastructure. In 1904, Dr. Murphy wrote:

We believe a certain and well-defined policy should be adopted by the State either to provide adequately for its insane citizens or decline to do so in unqualified terms. . . . Under the present plan the counties wait for the State to build, and the State does not, and thus the insane are left uncared for.⁹⁴

Negotiating the boundaries of local and state responsibility for the indigent would continue in the proceeding decades, and it would return in the central debates in the 1960s about the role of community mental health.⁹⁵ That such conversations existed in the 1880s through early 1900s demonstrates some of the inherent complexities of state-funded mental health care. During this Progressive Era in the South, those charged with navigating the development of asylum care did so with a sense of humanitarian idealism and practical economy. Dr. Murphy, participated in national conversations with professionals of his specialty. Along with others like Dr. Isaac Taylor and J.P. Harper, these southern leaders implemented reforms they felt best aligned with the most advanced medical practices and the needs of those served by the State Hospital at Morganton.

⁹⁴ Patrick Murphy, *Report of the State Hospital at Morganton: From Dec. 1, 1892 to Nov. 30, 1894*, Broughton Hospital Archives, 7.

⁹⁵ Gerald Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: The Free Press, 1994), 249-278; Shorter, *A History of Psychiatry*, 277-280.

CHAPTER 3

FROM MENOPAUSE TO OVERWORK, ILL HEALTH, AND NERVOUS EXHAUSTION: PATIENT PROFILES FROM BUNCOMBE, BURKE, AND WATAUGA COUNTIES

The people are generally farmers and farm laborers, living quiet, healthful lives; they are moral and sober, not depressed by insanity and improper food, the bad air and vicious courses of the urban population; there is no sharp competition for subsistence; they are free from syphilis, with all the evil consequences of that disease; the defective foreign element is unknown; indeed, the foreign population is the smallest in any State in the Union. The people are a vigorous, native race, leading physiological lives in a good climate. . . . The patients, then, who come to us have this heritage and most readily respond to the effort made for their restoration.⁹⁶

—*Dr. Patrick Murphy, 1902*
Superintendent, State Hospital at Morganton

Dr. Patrick Murphy wrote these words as a way to explain the Hospital's success in restoring patients to sanity. Indeed, after its first two decades in operation, the State Hospital at Morganton was known for having among the highest curability rates in the country, averaging just over fifty percent.⁹⁷ This occurred at a time when many other U.S. asylums managed growing numbers of chronic insane. As evidence of these challenges,

⁹⁶ Patrick L. Murphy, *Report of the State Hospital at Morganton, N.C. From December 1, 1900, to November 30, 1902* (Raleigh, N.C.: Edwards & Broughton State Printers, 1903), 8.

⁹⁷ Murphy's 1892 report also includes the following statement: "No Institution of the country, so far as we are informed can show a greater percent of cures, or a less death-rate than the Hospital at Morganton during the past ten years." While Dr. Patrick Murphy lauded the Hospital's accomplishments, he also maintained a skeptical sense of his work, understanding that results of treatment were linked with perception. He wrote, "Recovery from insanity is a relative term, and after all is a question of judgment. For purposes of comparison the statistics of recoveries found in asylum reports are of little value; it may be said of no value whatever." See, Patrick L. Murphy, *Report of the State Hospital at Morganton, NC. From December 1 1890 to November, 30, 1892* (Raleigh: Josephus Daniel, State Printer and Binder, 1893).

states with large urban centers and high immigrant populations created asylums that abandoned efforts to cure patients. The Willard Asylum for the Chronic Pauper Insane in New York, for example, was built for the sole purpose of providing lifelong institutionalization.⁹⁸ In contrast, patients in New York deemed capable of recovery were sent to Utica Asylum, the state's hospital designed for treatment. In this climate of asylum development, with a growing focus on distinguishing between custodial or curative institutions, Dr. Patrick Murphy and the Hospital's Board of Directors navigated the challenges of operating North Carolina's second state hospital for the insane.

The Hospital's development was not entirely within their control, and its services were quickly in high demand from county homes, families, and individuals. Within decades of opening the State Hospital at Morganton, application for treatment well exceeded the Hospital's capacity, and in some years over 250 applicants were denied admission. Thus the Board and Superintendent found it necessary to exercise discretion in the patient demographics of their facility while simultaneously creating a favorable public opinion of the institution. In 1890, Murphy noted, "Notwithstanding the great demand for room, every recent or supposed curable patient, and all violent incurable ones, were promptly admitted, without sending home any harmless incurable."⁹⁹

In order to more closely trace the social involvement with the Hospital's development and examine specific patient experiences, this chapter explores selected stories about the 166 patients who were admitted to the Hospital from three rural western North

⁹⁸ Dwyer, *Homes for the Mad*, 1-6.

⁹⁹ Patrick L. Murphy, *Report of the Western North Carolina Insane Asylum at Morganton, NC From December 1, 1888 to November 30, 1890* (Raleigh: Josephus Daniels, State Printer and Binder, 1890), 8.

Carolina counties: Buncombe, Burke, and Watauga. While not fully representative of all of the Hospital's demographics, this selection does closely match the overall Hospital's curability outcomes. Of the 166 patients admitted from these counties during the years 1883-1896, fifty percent were discharged as cured or not insane.¹⁰⁰ Nineteen percent died, and twenty-three percent of the patients lack any notation about the outcome of their treatment, though it is likely that they stayed at the Hospital for several years.

Given the attention placed on admission decisions, the 166 cases admitted from Burke, Buncombe, and Watauga county demonstrate how the people in western North Carolina chose to utilize the new institution in their region. Their stories suggest that multiple players, including local physicians, county boards of health, family members, hospital board members, and the patients themselves, were involved in the choice to seek admission to the Hospital. While the Hospital's use reveals some discernable patterns, the patient experiences also present a variety of situations and causes for care. After providing a general overview of these causes, this chapter focuses on two categories of patients: women utilizing the Hospital to treat "female complaints," and individuals who largely came to the Hospital to rest.

¹⁰⁰ Nineteen percent died, many from tuberculosis, and 23 percent likely stayed at the hospital for several years. See Table 3 in the Appendix. It shows the treatment outcomes for this group of patients.

Coming to the Asylum: Causes and Cures for Insanity

Exploring the process by which patients came to the Hospital has limitations. Commitment papers or lunacy trial records do not exist for the 166 patients examined in this study.¹⁰¹ Though, the doctor's notes in patient casebooks provide some details about commitment. Doctors notes sometimes indicate that individuals themselves came alone, and voluntarily, to the Hospital.¹⁰² Patient recommendations were frequently initiated at the county level, and county boards of health and county poor homes served as one of the key avenues for patient admission. Some patients were brought by the sheriff of their local town—an action that was not necessarily punitive. As officials of the county governments, sheriffs had long been involved with county poor homes and were often responsible for patient transport. Other care facilities in the region also utilized the services of the State Hospital. Though local hospitals in the region were still few in number, one patient, thirty-seven-year old day laborer, and Seventh Day Adventist, Amanda Elizabeth Gibbs, was transferred from the Flower Mission Hospital in Asheville, with noted dangerous behavior but a cause of insanity listed as “unknown.”¹⁰³

Despite the unknown origins of many patient's referrals, the arrival of the first patients to the Hospital is well documented. The 1870 law that established the western asylum also required it to first accept 100 patients from the crowded Dix Hospital in Raleigh. These first patients were originally from the state's western counties. On March 29, 1883, they arrived in Morganton by a special train. In a town that was home to about

¹⁰¹ Lunacy trial records are kept at the State Archives in Raleigh, North Carolina, and the existing records begin in 1899.

¹⁰² Patient Casebooks, Broughton Hospital Archives.

¹⁰³ *Female Casebook #3*, Broughton Hospital Archives.

400 people, many of whom were there to work on building the asylum, the patients' arrival made the local newspaper.¹⁰⁴

Among the first 100 patients were seven women from Burke County, three women and one man from Buncombe County, and one woman from Watauga County.¹⁰⁵ The one male in the group had been an express messenger in Buncombe County, but for the previous fourteen years had been in Dix Hospital and was noted to be suffering from dementia. He was forty-seven-years old. Among the eleven women who arrived in Morganton, most of them had been at the asylum in Raleigh for over twelve years and were there for the stated cause of "ill health." Of this group, three of the women would be discharged within the year and two would die, one from tuberculosis and one of exhaustion.¹⁰⁶ Other than these details, there is little information existing about these patients.¹⁰⁷

After these first 100 patients were received from Raleigh, Dr. Patrick Murphy and the Board of Directors began considering admissions for new patients. The sixth patient they admitted following the transferred patients from Raleigh was a twenty-eight year old woman from Burke County who had been suffering from superlactation (likely pain from engorged breasts) for three days following the birth of a child. Among the eight men from Burke, Buncombe, and Watauga counties who were admitted within the first year, two were there for intemperance. Though the outcome of all three of these patient's experiences

¹⁰⁴ *The Mountaineer*, 7 April 1883.

¹⁰⁵ *First Patient Casebook*, Western North Carolina Insane Asylum, Broughton Hospital Archives.

¹⁰⁶ *Ibid.*

¹⁰⁷ Part of the reason for this is that the patient information gathered in the first casebook required much fewer details than the casebooks used after 1885. Each patient's information was recorded on a single line, leaving little room for doctor's notes.

is not noted, their cause for admission represent patterns of asylum use that would play out frequently in the next two decades. Female patients were often admitted following difficulties connected to childbirth or physical issues with reproductive organs, such as menstruation or menopause. Among male patients, intemperance was one of the leading causes of asylum treatment, though their admission was not the result of insanity but instead a function of North Carolina law that required the state to provide care for inebriates.¹⁰⁸

Table One, provided in the Appendix, depicts all causes for insanity listed on the 166 patient records from Buncombe, Burke, and Watauga counties. The Hospital's By-Laws required that Dr. Murphy keep "record of the name, sex, age, place of nativity and residence, civil state and profession or occupation of each patient, and as far as can be ascertained, the date and history of each patient's disease."¹⁰⁹ As demonstration of the region's connection to other asylum practices, the causes of insanity among this group are similar to those reported by U.S. asylums at the end of the nineteenth century. Indeed this time period saw increased efforts on the part of asylums to unify their data-collection practices. Collecting the same types of data supported efforts to compare and quantify conditions of insanity at the national level. For example, following the 1894 American Medico-Psychological Association meeting, a committee of superintendents sent Dr.

¹⁰⁸ Tompkins, "Conditions," 4.

¹⁰⁹ *By-Laws and Regulations of the State Hospital at Morganton, N.C.* (Charlotte, N.C: Osmond L. Barringer, Co., 1903), Lynne M. Getz Papers, Special Collections, Carol Grotnes Belk Library, Appalachian State University: Boone, NC, 7.

Murphy a revised and detailed statistical table for recording information about patients who were readmitted to state hospitals after they had initially been discharged as cured.¹¹⁰

Asylum superintendents understood that determining causes of insanity was an imperfect science. Dr. Murphy's 1893 report reflects this attitude, stating, "There is no well-settled classifications of mental afflictions—we have both acute and chronic cases of melancholia, mania, and dementia."¹¹¹ In determining causes, Dr. Murphy greatly relied on the input of the North Carolina physicians who recommended patients for commitment and were asked to complete forms about the patient's condition. That information was not always complete, and as such proved a source of frustration for Murphy, who wrote to the Hospital Board that he was "largely dependent upon volunteer correspondence with physicians much absorbed in private practice."¹¹² This problem persisted, and in 1904 a joint committee of Hospital Board members issues a scornful complaint about the unreliable nature of physician's contributions:

The careless manner of preparing commitment papers and histories by the physicians and Clerks of the Superior Courts adds greatly to the perplexity of the Executive Committee and the anxiety of the Hospital physicians. In many instances the recorded histories as required by law to accompany the commitment papers are not only meager, but misleading and incorrect, showing gross carelessness and often times ignorance. An examination of the table showing the alleged causes of insanity of those admitted will convince anyone of the correctness of these statements. The persons who accompany patients frequently know nothing of them. This, with the

¹¹⁰ The letter and the revised statistical tables were found in Dr. Murphy's personal copy of the proceedings from the 1894 American Medico-Psychological Association Meeting in Philadelphia, Pennsylvania. The book is part of the Broughton Hospital Staff library collection.

¹¹¹ *Biennial Report of the North Carolina Board of Public Charities, 1893*, Lynne M. Getz Papers, Appalachian State University Special Collections, 28.

¹¹² Murphy, *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900*, 9.

incomplete and insufficient data in the papers, deprives the physician of valuable information, to the detriment of the patient.¹¹³

A few years previously, at the 1899 meeting of The Association of Medical Superintendents of American Institutions for the Insane in New York City, Dr. Murphy heard a colleague express strong sentiments about the problematic nature of hospital statistics. Dr. Edward C. Runge titled his speech, "Our Work and Its Limitations." He began by saying, "Psychiatry as at present constituted falls far below the standard of an exact science. Psychiatry is still an art and not a science."¹¹⁴ Runge directed much of his criticism to the statistical tables that all asylum superintendents laboriously completed. He suggested that:

These tables have been actually referred to as "scientific" tables. Here we have the nativity, civil condition, religion, and occupation of our patients faithfully recorded and officially tabulated. The constancy with which these states are incorporated in the hospital reports can be explained only by a desire to show some causative relation borne by the former to insanity. The fact that false deductions are frequently made from such statistical material cannot be gainsaid.¹¹⁵

While Runge saw no reason for asylum superintendents to abandon the practice of recording patient data, he encouraged his colleagues not to depend on the information to explain causes of insanity, saying, "It should be made clear that [the tables] throw about as much light upon the scientific problems of psychiatry as the table showing the annual yield of our farm and garden."¹¹⁶

¹¹³ Board of Directors, *Report of the State Hospital, Morganton, N.C., From December 1, 1902, to November 30, 1904* (Raleigh: E.M. Uzzell & Co. State Printers), 13.

¹¹⁴ Edward C. Runge, "Our Work and Its Limitations," *American-Medico Psychological Association Annual Meeting, New York* (American-Medico Psychological Association, 1899), 219.

¹¹⁵ *Ibid*, 222.

¹¹⁶ *Ibid*, 223.

Runge continued his criticisms of asylum statistics by questioning the validity of “causes of insanity” as they were recorded on Hospital charts, pointing out that such causes were frequently determined by untrained populations:

Domestic infidelity, financial reverses, worry, ill-health, disappointment in love—that “broken heart” of the poet and other incidents of human life, represent worthily the beautiful hodgepodge of lay notions. The very nature of this statistical material and the manner of its tabulation, point unmistakably to bold guesses by the sufferer’s kindred, which are elicited in the amnesia and preserved in their thin pseudoscientific garb to wondering posterity.¹¹⁷

According to Runge, the widely used “causes of insanity” demonstrated the ultimate limitations of psychiatry. In his final comment on the topic, he stated, “The deplorable inability of fathoming the true nature of psychic disease, makes itself keenly felt in our classifications of insanity.”¹¹⁸

The criticisms leveled about the Hospital’s statistics do not invalidate the information, but these acknowledgments do provide an important understanding about the information: it is riddled with interpretation and reflects perceptions of the time. It is no surprise then, that “unknown” is the largest category of causes of insanity for the 166 patients examined in this chapter. While physicians and family members alike sought to understand what might lead to a loss of reason, they relied mostly on subjective observations of behavior.

Besides the recorded causes of insanity, another category of patient records suggests an important contributing factor in asylum admission. After 1884, patient forms included a space designated: “Insanity—How Manifested.” In this space, doctors noted if patients

¹¹⁷ Ibid, 224.

¹¹⁸ Ibid, 224.

had threatened suicide or homicide. They also noted if the patient had hallucinations or delusions. Hallucinations included those of sight and hearing. The descriptions for delusions are more varied and included delusions of grandeur and wealth, delusions of fear, delusions of committing unpardonable sins, delusions of persecution, and delusions of poison.¹¹⁹ While such statements are somewhat vague, they do demonstrate a possible motivation for family or community members to seek asylum treatment for their relations or neighbors.

Table Two, in the Appendix, shows the ways that insanity manifested in each of the causes listed in patient records. Of the 166 patients admitted from Buncombe, Burke, and Watauga counties, 31% had hallucinations, 53% had delusions, 23% had threatened homicide, and 24% had threatened suicide. Such numbers indicate that a significant number of the patients at the asylum were likely exhibiting troubling behavior or were perceived as a threat to themselves or others. Dr. Murphy perceived these kinds of behaviors as precursors for asylum treatment. In his 1895 address to the North Carolina Medical Society, Dr. Patrick Murphy instructed the state's physicians about which types of insanities required hospitalization. He said:

It is plain that dangerous homicidal or suicidal persons need sequestration, that noisy and destructive ---those disposed to burn, to steal or commit deprivations of any kind, must be restrained. Acute mania, delirious melancholia, and even melancholia of less acute form, does better when sent to an asylum, indeed, a cure is hardly to be expected, outside of one. General paralytics, because of their tendency to steal and to squander their means, require sequestrations.

Persons who have hallucinations of hearing are always dangerous. The mystics, besides their practices of fasting, asceticism and self-inflicted violence, even to the extent of more or less serious mutilations, often

¹¹⁹ *Male and Female Patient Casebooks #1-#5*, Broughton Hospital Archives.

attempt the lives of others in obedience to the sense of duty that inspires them. Those persons who believe they received from heaven missions to destroy great or prominent persons, others with the view of pleasing God by sacrificing children in imitation of Abraham, still others who have delusions that they are persecuted, those suffering with sub-acute mania, with acute and sub-acute alcoholic insanity, those with delusions of grandeur, paranoiacs, all these should be confined.¹²⁰

While Murphy and other North Carolina physicians clearly supported asylum treatment for the above insanities, they also acknowledged the difficulty of curing these classes of patients. In the coming years, the tension increased between confining the dangerous, though not criminal, insane at the State Hospital in Morganton and ensuring there was sufficient space for the curable cases.

Asylum Treatment for “Female Complaints”

In May of 1890, twenty-eight year old Sallie E. Davis, a carpenter’s wife from Buncombe County, arrived at the State Hospital suffering from a uterine hemorrhage. Her chart notes that she had had a similar attack previously, but it had not lasted longer than one month. The doctor suspected she had recently suffered a miscarriage. Not much more is recorded about Mrs. Davis, but after six months of rest at the Hospital she went home and was discharged as recovered.¹²¹

Martha Whistnant, a twenty-year-old laborer’s wife from Burke County, came to the Hospital in September of 1886. The cause for her insanity was listed as “superlaction,” which she had suffered for three weeks. She exhibited “delusions of suspicion, and hallucinations of sight and hearing.” Her record notes that she was not dangerous,

¹²⁰ Murphy, “The Care of the Insane and the Treatment and Prognosis of Insanity”

¹²¹ *Female Casebook #4*, Broughton Hospital Archives.

homicidal, or suicidal, but that she had insufficient nourishment, was “much troubled about her husband’s drinking habits,” and was, “much run down by nursing a child,” who was three months old.¹²² After a few days in the Hospital, Mrs. Whistnant developed a mild case of typhoid fever, though she gradually grew “better mentally and physically.” After four months at the Hospital she had improved enough to go home on furlough, and in December of 1886 she was discharged as recovered.¹²³

Annie Ruffin Underhill, a twenty-four year old laborer’s wife from Burke County, came to the Hospital after suffering from nervous excitement and hysteria for seven months. The cause of insanity listed on her chart reads: puerpery, another term for insanities related to pregnancy. Mrs. Underhill’s insanity manifest as delusions of sinning, hallucinations of hearing, and threatening homicide. When received at the Hospital, she was put on the disturbed ward and given a tonic of Nox Vomica and Iron. Five days later, the doctor noted that she was “quite noisy,” and two weeks later, he wrote that she “had a headache. There is not much improvement.” Though Mrs. Underhill continued to have headaches for a couple of months, by August she was showing signs of improvement. She went home on probation. In November, seven months after arriving at the Hospital, she was discharged as recovered “on testimony of friends.”¹²⁴

Myra Elizabeth Hines, a forty-seven year old farmer’s wife from Burke County, came to the Hospital in July of 1889 after suffering from menopause for eight days. Her record suggest that for the previous fifteen years she had been “depressed at monthly periods.” Her current symptoms of insanity included: “delusions of suspicion” and

¹²² *Female Casebook #1*, Broughton Hospital Archives.

¹²³ *Female Casebook #3*, Broughton Hospital Archives.

¹²⁴ *Ibid.*

“hallucinations of sight.” She was destructive to her clothes and had threatened suicide. Her health was also poor, and the doctor noted she was “much emaciated.” In May of that year, the doctor noted Mrs. Hines had “improved physically [but was] violent and profane.” She showed no noticeable improvement until the following year. In April of 1891, the doctor recorded, “Soon after the beginning of the year [the patient] began to improve and has kept on steadily, has now been well for some time and is in good flesh and spirits.” Mrs. Hines was discharged as recovered.¹²⁵

These patient stories illustrate a growing use of asylum treatment for insanities caused by “female complaints.” In the first year of the Hospital’s operations, seven women were admitted with menopause listed as the cause.¹²⁶ In the decade from 1886 through 1896, of the sixty-six women admitted from Burke, Buncombe, and Watauga counties, over ten percent were there for issues related to menopause, menstrual irregularity, superlactation, miscarriage, puerperity (pregnancy) or uterine disease. Why did this occur?

There are no records of a campaign to recruit women going through menopause or suffering from menstrual problems—no advertisements in the local newspapers, no lectures given at social gatherings. If the Hospital’s usefulness for such ailments was discussed socially, it was not something that made its way into the public sphere. Because the women were likely referred to the Hospital by their local doctors, the reason for their treatment at a hospital illustrates the dynamics of medicalization that was occurring at the end of the nineteenth century. The women were also received into a Hospital that was increasingly interested in treating curable patients and attributing mental illness to somatic causes. It is

¹²⁵ Ibid.

¹²⁶ Patrick Murphy, *Report of the Western North Carolina Insane Asylum from December 1882 to November 1884*, 17.

possible that menopausal woman, manifesting a range of psychiatric symptoms, represented such a type of curable patient. Indeed among this group of women nearly all of them were discharged as recovered after an average stay of about six months. This was not simply a local reality, women across the United States who were going through menopause or suffering menstrual problems were commonly admitted for asylum treatment at the end of the nineteenth century. Historian Louise Foxcroft, noted that one woman would visit the hospital a few days out of the month when things got intense, and then she would leave.¹²⁷

In the late 1890s, physicians and asylum doctors alike had a growing interest in exploring the connections between the female reproductive organs and insanity. Such connections were the topics of several conference presentations at professional gatherings. At the 1895 American Association for Superintendents of Asylums meeting in Denver, Dr. Patrick Murphy heard a talk titled, “Pelvic Disease in Women and Insanity,” by Dr. George H. Rohe. He said:

I believe the opinion which has been prevalent, that bodily diseases in the insane are the consequences of mental disturbances, is passing away and we are beginning to believe that the physical substratum is the origin of most disturbances whether in the nervous or any other system.¹²⁸

His comment reflects an equally growing interest to connect somatic conditions with insanity. One year later, at the same conference, Dr. R.M. Bucke presented convincing evidence about the correlation between diseases in female reproductive organs and insanity.

¹²⁷ Louise Foxcroft, *Hot Flushes, Cold Science: A History of Modern Menopause* (London: Granta Publications, 2009), 51.

¹²⁸ George H. Rohe, “Pelvic Disease in Women and Insanity,” *American Medico-Psychological Association Annual Meeting, 1895* (American Medico-Psychological Association: 1895), 135.

His speech included reference to multiple charts and case studies that demonstrated his exploration of these issues. Dr. Bucke summarized his conclusions as such:

The propositions that I desire to present to you to-day are mainly the three following: 1. Many insane women have disease of the uterus, ovaries, or both; 2. Such disease can nearly always, in the present state of surgical science, be removed by operative interference, and; 3. The removal of such disease is nearly always followed by marked improvement in the physical health of the patient, and very commonly be equally marked improvement in her mental condition.¹²⁹

To these physicians, the menstrual cycle—both its beginning and end, and the event of pregnancy, or puerpery, represented heightened times of risk for insanity. At an 1899 conference, Dr. H.A. Tomlinson suggested that, “Mental aberration is frequently associated with the different developmental epochs in the life of the individual, and in women especially with puberty and maternity.”¹³⁰ In pregnancy, Tomlinson argued, women may be prone to serious “annoyance resulting from interference with their pleasures and social opportunities.”¹³¹ Tomlinson was quick to point out that female problems associated with pregnancy was not a new phenomenon. He said:

The effect of pregnancy upon the nervous system of the mother and the peculiar susceptibility of women to causes of mental disturbance during the puerperium are so well known, even among the laity, as to have resulted in a definite tradition, with certain conventional rules for the conduct of the pregnant woman and her environment during the puerperium.¹³²

Without commitment records, it is not possible to state with certainty that all of the female patients admitted for causes connected to menstruation, pregnancy, or

¹²⁹ R.M. Bucke, “Gynecological Notes,” *American Medico-Psychological Association Annual Meeting, 1896* (American Medico-Psychological Association: 1896), 153.

¹³⁰ H.A. Tomlinson, “The Puerperal Insanities,” *American Medico-Psychological Association Annual Meeting, 1899* (American Medico-Psychological Association: 1899), 135.

¹³¹ *Ibid*, 136.

¹³² *Ibid*, 137.

menopause voluntarily brought themselves to the Hospital. But given commitment procedures at this time and the continual comments from Patrick Murphy that he received more applications for admission than he could fill, it is likely that many of the women sought out treatment by their own accord. This is important, not only because it diminishes the theories that the Hospital or its male doctors or the male doctors in local communities were asserting their power over female conditions, but also because it helps substantiate that more movable frontier where medical advancement interplays with people's interest in treatment. If women were choosing to come to the Hospital, it is possible they felt there was something the institution offered them.

Another factor influenced the increased interest in treating woman for reproductive-cycle related causes. Asylums did not operate in isolation, and in the late nineteenth century there was a growing consumer interest in medical services and products that treated "nerves" or "female problems." The local newspapers of the same era provide a window into how menopausal symptoms were viewed. It would be difficult to find an issue of *The Morganton Herald* in the 1880s and 1890s that did not include numerous advertisements for tonics and patent medicines purported to ease the symptoms of "female complaints," especially those associated with "the change." Woman going through menopause were the subjects of asylum care and the targeted customers of a booming patent medicine industry. Why? Such a growth in patent medicines specifically designed to treat female complaints had not existed a few decades before, and by the 1940s menopause, for example, as a cause for insanity would largely disappear from hospital records. As such, the late nineteenth-century treatments of menopause and asylum care provide a unique intersection of cultural and scientific interests.

Using medical texts and journal articles, historians can trace the professional views about the mental symptoms of menopause. Judith Houck notes that Edward J. Tilt, a British doctor, was the first to publish a medical opinion about the change of life. His 1851 work, “On the Preservation of the Health of Women at Critical Period of Life,” went through several printings in England. It was first published in the United States in 1871.¹³³

Houck notes:

Tilt characterized menopause as a ‘crucial period’ for a woman, an epoch of ‘real trouble, anxiety and danger; for in the manner in which she crosses this broad Rubicon will depend whether the twenty or thirty years of after-life will be passed in tranquil happiness, or will be embittered by an endless succession of infirmities.’¹³⁴

Historian Wendy Mitchinson also noted a similar attitude about menopause in the late nineteenth century. She writes, “Almost anything in a woman’s life could influence her menopause . . . Menopause was not ‘simply’ a biological event; the lived experiences of women and their environment impinged on its timing.”¹³⁵ Neurologists and alienists suggested that a woman’s activities, especially her sexual activities or urges, in her youth could aggravate the mental anguish she would experience at menopause.

Historian Louise Foxcroft connects the medicalization of menopause with the expanding establishment of professional medicine and an increasing population of elderly people. She suggests that the medical community was faced with, “a healthier population

¹³³ Judith A. Houck, *Hot and Bothered: Women, Medicine, and Menopause in Modern America* (Cambridge, Massachusetts: Harvard University Press, 2006), 16.

¹³⁴ *Ibid*, 16.

¹³⁵ Wendy Mitchinson, “No Longer the Same Woman: Medical Perceptions of Menopause, 1900-1950,” *Canadian Bulletin of Medical History* 23, no. 1 (2006): 17.

of its own creation, [and] found itself medicating normal life events, turning risks into diseases and treating trivial complaints with fancy procedures.”¹³⁶

Historian Cheryl Lynn Krasnick Warsh shares a similar observation of age as a causal factor for the medicalization of menopause. In her 2010 work, *Prescribed Norms: Women and Health in Canada and the United States Since 1800*, Warsh notes, “Before 1900, female life expectancy tended not to exceed menopause by more than a decade, if that, so that it has been associated with death and old age and all of the cultural demarcations of that life course event.”¹³⁷ Warsh also suggests that the medicalization of menopause was an extension of prevailing cultural perspectives about women’s health. She writes:

The medicalization of the menopause . . . did not replace the social experience with scientific rationalities; rather, the medical model often merely added another layer of patriarchal attitudes to further obfuscate biological and female subservience cultivated an environment conducive to viewing menopause as a condition that required preparation, awareness, and treatments ranging from rest cures, hydrotherapeutic retreats, or stays at insane asylums.¹³⁸

Tackling the issue of social control, or patriarchal authority and its connection to viewing menopause as a illness, Historian Judith A. Houck makes an important point. “Scholars of menopause,” she writes, “have enthusiastically entered this discussion, claiming that when physicians defined menopause as a disease or syndrome, women automatically assumed a passive role and deferred to their physicians’ authority. On the contrary, many women

¹³⁶ Foxcroft, 33.

¹³⁷ Cheryl Lynn Warsh Krasnick, *Prescribed Norms: Women and Health in Canada and the United States Since 1800* (Toronto: University of Toronto Press, 2010), 47.

¹³⁸ These arguments are also echoed in Joy Webster Barbre’s article: “Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause.” In Rose Weitz, ed., *The Politics of Women’s Bodies* (Oxford: Oxford University Press, 1998), 242-252.

embraced medical treatment for menopause as a means of wielding control over their changing bodies.”¹³⁹

Instead of categorizing women as passive bystanders in the process of medicalizing menopause, Houck asks, “How did menopausal women decide whether they needed medical attention?”¹⁴⁰ This question positions women as active participants in their own health. Such a point of view is supported by Nancy Tomes’ work. She argues that the end of the nineteenth century saw a dramatic increase in viewing patients as consumers of medicine. In her 2001 article, “Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940,” Tomes wrote, “Thinking of patients as consumers suggest ways to connect the multiplicity of individual decisions that American have made about their health and health care.” She also noted:

During the decades from 1880 to 1920 when American medicine assumed its modern form, a distinctive twentieth-century consumer culture also began to take shape. That consumer culture influenced not only conceptions of doctors as merchants of service but also patterns of health-related consumption and popular definitions of good health. The growing efficiency and productivity of American industry spurred the rise of national advertising and marketing schemes, which enticed consumers with a dazzling array of new goods and services.¹⁴¹

Tomes’ analysis also helps contextualize the late nineteenth-century development and popularity of patent medicines marketed for female complaints. When viewed as consumers of medical services, women are understood to be “neither irrational, easily manipulated tools nor all powerful sovereign shoppers.”¹⁴² Following this perspective,

¹³⁹ Houck, 11.

¹⁴⁰ Ibid, 11.

¹⁴¹ Nancy Tomes, “Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940,” *The Journal of American History* 88, no. 2 (Sept. 2001): 531.

¹⁴² Ibid, 531.

Houck suggests that “medicalization might be too blunt an instrument for characterizing medical involvement in menopause. Medicine as an institution encompasses a variety of actors. [Including] patent drug peddlers [who] touted a cure for every ill and an ill for every cure.”¹⁴³ Medicalization, according to Houck, must also account for the presence of medical services that did not come from physicians, those who are too easily viewed as the only cultural authority over physical and mental diagnoses and treatments.

The motivations of the medical profession to create a diagnosis of menopause also occurred at a time of increasing specialization. Gynecology was one such growing specialty, and Houck notes this as the second reason why medicalization of menopause occurred. She writes, “The rise of gynecology in the 1870s and 1880s increased the medical attention on female bodies.”¹⁴⁴ During this time surgical gynecology developed a procedure called an ovariectomy, which removed the ovaries and induced menopause. This operation, used to treat patients admitted for uterine disease or uterine troubles, “caused gynecologist and general practitioners alike to consider the effects of menopause on their patients.”¹⁴⁵

While there is no evidence that the State Hospital at Morganton conducted any gynecological surgeries during Patrick Murphy’s era, it is clear that doctors and families in the region sought medical help for female complaints. Their conditions were largely considered curable, and often understood to be acute. The patients from Buncombe, Burke, and Watauga counties admitted for puerperity, uterine disease, menstrual irregularity, or menopause nearly all stayed at the Hospital an average of six months and were discharged as recovered.

¹⁴³ Houck, 13.

¹⁴⁴ Ibid, 15.

¹⁴⁵ Houck, 15.

“Hard Winters” or Coming to the Asylum for Rest

The Hospital admitted several patients who seemingly sought rest from the worries of their everyday lives. Among the patients from Burke, Buncombe, and Watauga counties these types of patients were businessmen suffering financial setbacks, women whose nerves were exhausted, or men recovering from overwork or overstudy. Patrick Murphy described these patients as those who were not dangerous, but those who were “unable to exercise self-control enough to recover outside of an asylum.”¹⁴⁶ He suggested that sufferers of these kinds were drawn to the Hospital for its curative environment. In his 1897 annual report, he wrote: “There is a widespread belief that the climate of this section of North Carolina is more healthy, and for this reason many persons have come for treatment. Persons suffering with so called nervous prostration or neurasthenia are constantly applying for treatment, and properly so, it is believed.”¹⁴⁷

Even in rural western North Carolina, the nationally visible “nerve” talk was apparent. The patent medicine advertisements in the local newspapers encouraged people to buy tonics for their exhausted nerves. “Ever have the blues?” asked an advertisement for Ayer’s Sarsaparilla in the Morganton Herald on April 19, 1900. It continued, “Then you know how dark everything looks. . . . A little work looks like a big mountain: a little noise sounds like the roar of a cannon: and a little sleep is all you can secure, night after night. That’s Nerve Exhaustion. . . You want a blood-purifying medicine—a perfect

¹⁴⁶ Murphy, “The Care of the Insane and the Treatment and Prognosis of Insanity.”

¹⁴⁷ Murphy, *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900*, 16.

Sarsaparilla—that’s what you want.”¹⁴⁸ While some people likely bought the sarsaparilla tonic to ease their nerves, others also sought out care at the State Hospital. Patients who came to the Hospital for these purposes demonstrate a growing cultural dynamic that viewed the Hospital not as an institution for punishment but as a place to receive the most modern treatments of the time. From the Hospital’s point of view, treating this class of patient was a preferred option—as they often represented the most curable class and the those who responded best to the asylum’s carefully manicured therapeutic settings.

Only one patient among the 166 examined had nervous exhaustion listed as the cause of insanity. Philetus M. Warren, a twenty-four year old farmer from Buncombe County, came to the Hospital in January 1886. His illness had been manifest for one year, and when in good health it was noted that he was “lively, industrious and particularly pious.”¹⁴⁹ His pious nature may have contributed to delusions that he had “committed an unpardonable sin.” The doctor’s notes about Mr. Warren are sparse. The first note, made one year later simply stated, “Mental condition much improved. Is very quiet and has but little to say.” In the fall of 1887, Mr. Warren was allowed privilege of the grounds, likely meaning he was allowed to independently function at the Hospital. Though many details of his stay are unwritten, the likelihood is that he participated in the typical treatments, which included farm work, attendance at Hospital dances and chapel services, and enjoyed other entertainments such as billiards or stereopticon shows. In March or 1888, a little over two years after entering the Hospital, Mr. Warren was discharged as recovered. His story

¹⁴⁸ *Morganton Herald*, 19 April 1900.

¹⁴⁹ *Male Casebook #1*, Broughton Hospital Archives.

represents the more innocuous experiences that were idealized by asylum leaders, the kind that demonstrated the curative value of environment and rest.

Though Mr. Warren's case of nervous exhaustion was the only official record of this illness, several other patients demonstrated similar motivations of coming to the Hospital for needed rest. Forty-one year old Henry Burton, a merchandise broker from Burke County, came to the Hospital in the spring of 1895. The cause for this insanity is listed as ill health and over work, and his delusions of melancholia included talk of suicide. Though he answered the doctor's questions coherently, his depression had led to a "loss of character" and the absence of his typical "jovial and industrious" disposition.¹⁵⁰ He was put on Dr. Murphy's tonic treatment and began working in the Hospital's garden.



Figure 5: This photograph shows one of the entertainments available to patients at the State Hospital at Morganton during the late nineteenth century. Photo from the Broughton Hospital Archives.

¹⁵⁰ *Male Casebook #3*, Broughton Hospital Archives.

As a demonstration of the patient's ability to function well, in December of that year, Mr. Burton was allowed to leave the Hospital and visit the Southern Exposition in Atlanta, a well-publicized industrial fair. The doctor notes that upon his return he was "pleased and improved by the trip." As evidence of his improvement, Mr. Burton danced at the Hospital ball. Despite these signs of progress, one year later Mr. Burton was still at the Hospital. Though he had taken some trips to visit relatives, each time he got sick and came back to the Hospital. The doctor noted that he was a "pleasant gentleman but abnormally sensitive."¹⁵¹ Mr. Burton's disposition improved markedly when he had success raising chickens and hatched plans to establish a poultry business. In the fall of 1897, two years after his first admission to the Hospital, Mr. Burton decided to leave and begin his business. After two months of probation, he saw no need to return and was discharged as improved.

One of the youngest patients admitted was twenty-three-year-old Jason Francberger from Buncombe County. His record states that for three months the young student had been suffering from overstudy and ill health. When not ill, the record notes that he was good tempered, but his behavior had taken a turn for the worse. His records state he had delusions of religion, but do not provide additional details. Five days after he was admitted in the fall of 1896, Jason went out with the working party. A month later, he was less inclined to work but instead wanted to stay on the ward and was unwilling to follow directions. Soon after this, the doctor noted a troubling incident. The patient poured a hot cup of coffee on his hand and severely burned the flesh of his thumb, saying

¹⁵¹ *Male Casebook #3*, Broughton Hospital Archives.

all the while that he felt no pain. By the following summer, he was out with the working party again and enjoyed working in the garden. A few months shy of two years after his admission, Jason was taken home by his mother who was given the instruction to give him frequent cold baths and tonics. He never returned to the Hospital, and according to the records, his mother wrote to the Hospital and said that her son had recovered.

Fifty-six-year-old Sarah Catherine Forray, a widow living in Burke County, came to the Hospital in May of 1895 suffering from ill health and trouble. She did not sleep well and had delusions of melancholy that included having lost several of her children. Her treatment is not noted, but likely included tonic and time working in the Hospital's garden, laundry, or sewing shop. Four months later, her sleeping and appetites had improved and the doctor noted she was "not so depressed."¹⁵² By September of the same year, she had "improved a good deal" and was allowed to go home on probation. Nine months later she returned to the Hospital, not "materially changed." After another six months at the Hospital, she went home again. The following year, she came back to the Hospital, noting "she got restless at home." Over the next three years, she would follow a similar pattern—leaving the Hospital for a few months at a time and returning a total of seven times. One of her returns home included a visit with her family at Christmas. After her eleventh readmission to the Hospital, Mrs. Forray went home and was officially discharged as improved. The doctor's notes include no mention of unusual behavior or specific treatments, so it is impossible to ascertain this patient's entire story. Despite this, her use of the Hospital as a frequent place for treatment demonstrates how one individual patient utilized the institution to suit her needs.

¹⁵² *Female Casebook #3*, Broughton Hospital Archives.

Jessie Albina Hoffman, a twenty-four year old merchant's wife from Burke County, came to the Hospital in April of 1895, after twelve days of suffering ill health and nervous excitement.¹⁵³ In her healthy state, Mrs. Hoffman was "good humored, studious, and neat," but she now suffered "delusions that her husband hypnotized her." The doctor noted that upon admission, her tongue was dry and foul and he began feeding her a diet of milk, eggs, and whiskey through a tube. These twice-daily feedings continued for a couple of weeks, until Mrs. Hoffman began to eat herself. By May, she had "gained flesh and strength" and was "looking well."¹⁵⁴ By August, she had improved significantly and was allowed to go home on probation. Upon word from her family, in November Mrs. Hoffman's nervous excitement had disappeared and she was discharged as recovered.

One of the more colorful patient experiences played out in the story of forty-two year old John A. Conant. A native New Yorker, the merchant came to the hospital from Buncombe County in the spring of 1895 suffering from overwork and nervous prostration. The doctor's notes record the predisposing cause of his distress "over exertion in business circles," and the exciting cause was "business trouble."¹⁵⁵ Mr. Conant noted that he had had a similar attack twenty years previous, and that his nervous prostration always followed periods of overwork, resulting in high irritability and incapacitation of self-control. He was an experienced asylum patient, having sought treatment previously at "two or three asylums in the North."¹⁵⁶ He arrived in Morganton alone, and waited anxiously for two weeks before he was admitted into the Hospital. Mr. Conant was given a private room, indicating

¹⁵³ Ibid.

¹⁵⁴ *Male Casebook #3*, Broughton Hospital Archives.

¹⁵⁵ *Male Casebook #3*, Broughton Hospital Archives.

¹⁵⁶ Ibid.

that he likely paid a small amount for his care. He was soon put on a tonic treatment, and after two months joined the work party in the garden and was favorable to working with the Hospital's florist. Indicative of his interest in making his private room match his personal tastes, the doctor noted that Mr. Conant has "begun to paste cut pictures on the wall of his room."¹⁵⁷ Over the next six months, Mr. Conant displayed an attitude of independence that flustered the hospital staff. On trips into town, he cursed his attendant and threatened to "crush his head with a stone if he came near." The doctor determined he was high tempered, and "presumed entirely too much over his parole." When told to be more careful on future outings, Mr. Conant, "talked big and cursed." In the summer months, he went was allowed to go out to "various summer resorts in the mountains." These visits, combined with his months at the State Hospital seemed to work, and the doctor noted in August 1895 that Mr. Conant was much improved. By November of that year, after a three-month probation at home, Mr. Conant was discharged as recovered.

Seventy-year-old Laskin Ray from Watauga County first came to the Hospital in the winter of 1891, after experiencing twelve days of illness. The married farmer's cause for insanity is listed as "unknown" but his symptoms included delusions about religion and hallucinations of sight. The doctor's notes state he was a "cause of fear in the community and has threatened homicide." Though such manifestation of insanity was not uncommon, Mr. Ray's insanity appeared connected to seasons. He was lucid during the summers, and his "attacks usually last through the winter months." After two years of treatment at the hospital, Mr. Ray was discharged as recovered in September of 1893. On Christmas Day in 1895, he was readmitted, and he stayed at the hospital until the fall of 1897, when he was

¹⁵⁷ Ibid.

discharged as improved. It is uncertain to what extent Mr. Ray disturbed his small mountain community, but his time at the State Hospital, especially during the winter months, seemed a useful solution for the situation.

Patient experiences like Laskin Ray's and the others who came to the Hospital for rest, demonstrate the public's increased use of seeking treatment for difficult emotions or situation. As demand for medical treatment of insanity grew, the State Hospital also faced an increased criticism about its admission decisions. In the late 1890s, new state laws required that the Hospital no longer admit patients who could afford to pay for their care elsewhere and keep the institution's beds available for the indigent insane.¹⁵⁸ This effectively diminished the admission of patients like Mr. John Connant, who spent over six months in his private room decorated with his self-selected magazine pictures. Soon after the turn of the century, these types of patients would no longer come to the State Hospital, and likely could not have been admitted even if they wished. Instead, they were limited to paying for treatment at private facilities.

¹⁵⁸ Tompkins, "Conditions of Hospitals," 2-6.

“Custodians of So Much Flesh”: Outcomes of Asylum Treatment

In 1893, one decade after welcoming its first patients, the State Hospital at Morganton treated 663 people. In 1903, that number reached over 900. Though Dr. Patrick Murphy continued to advocate for expanding the Hospital’s facilities to accommodate the curable insane, he also increasingly managed an institution that housed the chronic insane. In his 1900 annual report, Dr. Murphy wrote:

Already, however, the Hospital is crowded to that extent that it is not doing the very best work of which it is capable. . There is a growing demand for the admission of very old people, say from 70 to 90 years of age. These are dotards, who are doubtless troublesome at home, but it occurs to us that the families should take care of such cases, or , where the families are very poor, the county might assist them. Clearly, it would be a perversion of the uses of this Institution to burden it with this class of applicants, even if there were room for them, and we have shown there is not.¹⁵⁹

This need to balance resources for the incurables and curables alike continued as a critical challenge for the Hospital over the next several decades. As Dr. Murphy’s observation reveals, it was not his actions alone that contributed to the growing patient population. Families and county homes expanded their demands for asylum treatment.

Families also played important roles in the decisions to discharge patients. Frequently, when a patient was considered improved or cured, the patient was given “probation.” This signified a period of time when they returned home to see if they were able to function outside the Hospital. After a period of one month or two, Dr. Murphy often noted that he received letters from the patient’s family that all was well. Only then

¹⁵⁹ Murphy, *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900*, 4.

did he officially discharge the patient as cured. If a patient's probation proved too much for them, he or she was allowed to return without needing to go through the re-admission process. Among the seventy-nine patients who were discharged cured or improved, only nine patients returned following their initial probations.

Even with a growing chronic population, the Hospital's curability rates remained quite high. Table Three, in the appendix, shows the outcomes of asylum treatment for the 166 patients admitted from Burke, Buncombe, and Watauga Counties. Seen this way, the curable causes of insanity become more apparent. Most of causes connected to "female complaints" or reproductive issues show high rates of recovery. For example, women who came for puerperity, or pregnancy-related insanities, showed a 100 percent recovery.

Overall, eighty-two of the 166 patients were discharged as recovered or improved. Such a rate of recovery was applauded by the state and supported a positive image of the Hospital's work. But the optimism about the Hospital's operations was also tempered with a growing understanding that a curative environment did not always cure. Of the 166 patients, forty-one of them show no recorded outcome in the Hospital's records. The likely reality is that they died at the Hospital, many after several decades of institutionalization. Such a situation is illustrated in the case of forty-nine year old Araline Rhodes, a single woman from Burke County. Before coming to the Hospital in 1888, she had worked as a laborer. The cause of her insanity was listed as "unknown," though her behaviors included violent action and "attempting to burn and destroy whatever comes her way."¹⁶⁰ After a couple months of treatment, the doctor noted that Ms. Rhodes had "made some improvement." Any hope of recovery diminished in the coming years. Four years later, in

¹⁶⁰ *Female Casebook #2*, Broughton Hospital Archives.

1892, the doctor noted that Ms. Rhodes “Talks some and is much attached to the attendants.” Though her physical health improved, she continued her violent behavior in the Hospital. She sometimes fought the weaker patients, at one point attacking them with buckets. The notes about Ms. Rhodes become less frequent. In 1904, the doctor noted that the sixty-five-year-old patient was showing her age. In 1905, the last note recorded about Ms. Rhodes provides no conclusion about the outcome of her stay, but summarily state she showed “no change.”

Patients with situations similar to Ms. Rhodes became increasingly common at the State Hospital. Her story, along with all of those who entered the Hospital and left cured, demonstrate the variety of ways in which people viewed and used asylum care. From the perspective of Isaac M. Taylor, the State Hospital physician who eventually opened Broadoaks (a private psychiatric hospital), the demand for asylum admission was sourced in an increased cultural understanding of the Hospital’s usefulness. He wrote:

[There is a] growing acknowledgment by the profession and the laity of the value of hospital care and protection, and the more ready recognition by the profession of cases of incipient mental disease, and we have the reasons for the seeming great increase in the number of the insane and the demand for their reception in the Asylum.¹⁶¹

Dr. Murphy’s hopes for a curative hospital instead of a custodial institution were met with serious challenges, and they were essentially connected to the larger demands of families, county homes, and others who sought asylum care. Murphy was not alone in dealing with such problems, as all U.S. asylums faced parallel issues of managing large chronic patient populations. Edward Runge, Dr. Murphy’s colleague from St. Louis, Missouri, eloquently summarized the challenges of their work: “The task may prove at times wearying, but, to

¹⁶¹ Taylor, “*An Appeal*,” 3.

do our work conscientiously, we cannot shrink from it unless from healers of human kind we are willing to sink to the level of mere custodians of so much flesh.”¹⁶²

¹⁶² Runge, “Our Work and Its Limitations,” 219.

CHAPTER 4

“THE MOST CAPABLE TRAINED NURSES IN THE STATE”: NURSING SCHOOLS AND ASYLUM REFORM¹⁶³

The occupation of attending and nursing the insane has never, previous to the present epoch, been sufficiently attractive, nor has it offered inducements of a nature to attract to it persons capable of the training that now seems desirable and even necessary for the modern insane hospitals. . . . The future of an asylum attendant was not alluring, much less than that of the country school teacher. . . Life in an asylum ward, with its humdrum routine, was not more attractive than that of a kitchen maid and about as remunerative. . . With the blessing of progressive enlightenment, an improvement in the character of employees entitled to the name of nurse may be anticipated.¹⁶⁴

—P.M. Wise, M.D., 1897
President New York State Commission in Lunacy

On October 4, 1900, the State Hospital column of the *Morganton Herald* described a noteworthy event the previous evening: the lavish celebration for Miss S.E. Pitts, the chief of the nurse training school. Her fellow nurses had created a scene of “exquisite grandeur. . . . There were ferns and golden rod and waving palms. Numerable varieties of cake, tropical fruits, cooling waters and ice cream were dispensed.”¹⁶⁵ Instead of wearing

¹⁶³ Portions of this chapter were published as: Carrie Streeter, “Theatrical Entertainments and Kind Words: Nursing the Insane in Western North Carolina, 1882-1907,” *The Journal of Psychiatric and Mental Health Nursing*, 18. (2011): 904-913.

¹⁶⁴ P.M. Wise, “Training Schools for Nurses in Hospitals for the Insane,” *American Medico-Psychological Association Annual Meeting, 1897* (American Medico-Psychological Association: 1897), 307-308.

¹⁶⁵ *Morganton Herald*, “Hospital Notes” 4 October 1900.

their nursing uniforms, the ladies wore “superb evening costumes of brilliant fabric.”¹⁶⁶ In attendance were sixteen hospital nurses, the Superintendent of the Hospital, Patrick L. Murphy, and the Hospital’s three doctors. All of these people had gathered as a “mark of the popular and affection esteem” they held for Miss S.E. Pitts, who was leaving her position and moving to Columbia, South Carolina to pursue “her chosen mission of mercy.”¹⁶⁷ Miss S.E. Pitt’s achievement was indicative of similar celebrations for the uniformed women at the State Hospital at Morganton. This particular event occurred five years after the hospital had established its nurse training school in 1895 and less than two decades after the hospital first opened its doors in 1883. Generating positive publicity about the hospital was an active part of the superintendent’s efforts, and the nurses’ achievements or social engagements were among the Hospital’s most publicly reported activities.

At the Hospital’s 1904 graduation ceremony, Dr. Murphy suggested the nurses at the hospital were the “most capable trained nurses of the State.”¹⁶⁸ While the record does not contradict the accolades or performance of Morganton’s hospital nurses, there is another layer of significance in the public display of their activities. The positive press about the nurses came at a time of heightened national dialogue about asylum nursing schools. In an age of emerging but uncertain scientific understanding of mental illness, asylum superintendents valued identifying manageable reforms, and chief among these was the establishment of nurse training schools. Thus, for Dr. Murphy, promoting a fine cadre of nurses served the purposes of cultivating regional understanding of the new Hospital’s

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

¹⁶⁸ “Thirteen Nurses Graduate,” *Charlotte Observer*, 15 June 1904.

operations, establishing nursing work as socially acceptable employment for young women in the rural South, and contributing to a favorable national image of the state's western asylum.



Figure 6: Publicizing nurse graduations became a common practice. This photo shows a graduating nurse class in the early 1900s. Photograph from Broughton Hospital Archives.

Trained Nurses for a “Well-Ordered Home”

Dr. Murphy’s 1895 development of a nursing school occurred during an era when these actions were viewed as signs of progress. Following the work of Florence Nightingale, general hospitals had begun nursing schools in the late 1870s. The student nurses supplied most of the labor necessary to run the hospital at a much lower cost than paid workers, and so the economy of the nursing school was an appealing factor for Progressive-Era general

hospitals. Their success did not go unnoticed by asylum superintendents. Dr. Edward Cowles wrote, “The hospitals have led the way; the asylums have only to recognize the fundamental principles which sustain the former, and to follow their methods now well-established and approved by experience.”¹⁶⁹ Building on the models of training programs at general hospitals, asylum leaders established schools, largely geared toward improving skills of their female workers.

Historians of nursing history frequently examine the motivations behind hospital training programs. Susan M. Reverby’s book, *Ordered to Care: The Dilemma of American Nursing, 1850–1945*, connects nursing school development with urban growth and expanded medical practices and education at the end of the nineteenth century. These factors, “led slowly, but inexorably, [to] the growth of hospitals as multiclass centers for the provision, and seeking, of medical and nursing care.”¹⁷⁰ Barbara Melosh’s work, *The Physician’s Hand*, supports this argument. She writes, “As medical care became more complex and more tied to hospitals, nursing gradually became established as paid work that required special training.”¹⁷¹ Additionally, both Reverby and Melosh suggest that nursing schools began as ways to attract a middle-class work force, which would be drawn to employment that was socially approved.¹⁷² Nursing schools helped make nursing an attractive option for an increasing population of women entering the work force.

¹⁶⁹ Edward Cowles, “Nursing Reform for the Insane,” *American Journal of Insanity* No. 44 (1887): 183.

¹⁷⁰ Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987), 3.

¹⁷¹ Barbara Melosh, *The Physician’s Hand: Work, Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982), 3.

¹⁷² Reverby, 3.

Reverby and Melosh also document ways that accepted ideas of women's roles meshed well with the achievements of nurse training, perpetuating the idea that women were natural caretakers, subordinate to the male hospital leaders, and willing to work for minimal monetary gain.¹⁷³ Because nursing's emphasis on feminine submission did not challenge perceived gender roles, the profession became an acceptable option for a growing population of women interested in leaving the farm and entering the workforce. Historian Anne Firor Scott notes that the Reconstruction and Progressive eras marked a dramatic shift in southern social mores about women's place in the workforce. In her work, *The Southern Lady*, Scott writes that, "By the turn of the century a significant percentage of southern females, especially single ones drawn from all social classes . . . were gainfully employed. An increasing number were entering the professions."¹⁷⁴ Scott also suggests that women's movement into the workforce fueled the South's industrial developments, especially the region's burgeoning textile mill operations. Among the populations of southern workers who took jobs in the mills, women represented the largest demographic. They also joined the workforce as secretaries, teachers, and stenographers.

Historians of asylum development contribute understanding of another motivation behind late nineteenth-century nursing schools. Nancy Tomes suggests that asylum superintendents perked their interested in nursing improvements because the success of treatment, which involved creating order, routine, and individual attention, was tightly connected with the quality of the nurses. In *The Art of Asylum-Keeping*, Tomes writes, "It

¹⁷³ Ibid, 3, 49.

¹⁷⁴ Anne Firor Scott, *The Southern Lady: From Pedestal to Politics, 1830-1930* (Charlottesville: University Press of Virginia, 1995), 129.

was to the attendant that the superintendent committed the most crucial details of asylum practice.”¹⁷⁵



Figure 7: This photograph of a ward at the State Hospital at Morganton demonstrates the orderly home-like qualities that were praised by journalists and other asylum leaders. Photograph from Broughton Hospital Archives.

The important role of the asylum nurse became a central point in a 1900 speech that Dr. Patrick Murphy delivered at Raleigh’s Agricultural and Mechanical College:

The patients are kindly treated to begin with, as it has been found that this is the most effective; at the same time they are made to recognize discipline and are treated with firmness and decision. They are no more allowed to do as they please than sane people. They lead regular, wholesome lives, too regular, I am afraid sometimes, for it is monotonous and wearying. Good officers and nurses have this to contend with constantly. The noisy and disturbed people are soothed by kind words, by allowing them, when

¹⁷⁵ Tomes, *The Art of Asylum-Keeping*, 177.

possible, to use their surplus energy in work, by long walks, or amusements that take physical exercise. The timid and melancholy are brought forward and made to mix with others, to engage themselves in some way with reading, walking, etc. The helpless and infirm, those who have no minds, and merely vegetate, can only be kept clean—a difficult matter—their simple wants of being clothed and fed, their rooms made warm and light is all that can be done. . . .Hospitals are not what the general public think in the way of sights; they are well-ordered quiet homes.¹⁷⁶

This passage not only indicates what Murphy wanted the public to know about mental hospitals, it also illustrates the nurse's critical role in providing this kind of care. In caring for patient's mental and physical conditions, nursing required knowledge of mental illness and how it manifested, ability to treat patients with kindness and discipline, and carrying out the tasks of clothing, cleaning, and feeding patients. The more custodial aspects of care likely occupied most of the nurse's daily work. Nurses led patients in a variety of jobs, like sewing, canning, doing laundry, and caring for livestock and crops on the Hospital's farm. In the Hospital's first two years, the matron reported that patients had sewn 143 pants, 322 shirts, 345 skirts, 125 apron, and 120 pillow cases and made 66 half gallons of peach preserves, 48 pounds of butter, and 80 half gallon cans of tomatoes, among many other items.¹⁷⁷ Nursing also involved entertaining. In his 1886 state report, Murphy noted: "The weekly dances are enjoyed better than any amusement we are able to furnish, and consequently they are kept up. The attendants and others gave several theatrical entertainments and occasionally a musical concert."¹⁷⁸

¹⁷⁶ Murphy, "The Treatment and Care of the Insane," 14.

¹⁷⁷ Murphy, *Report of the Western NC Insane Asylum at Morganton From December, 1882, to November 30, 1884*, 24-25.

¹⁷⁸ Murphy, *Report of the Western NC Insane Asylum at Morganton From December 1, 1884 to November 30, 1886*, 11.

The ideal asylum of the 1880s and 1890s was a place where there was order, routine, beautiful gardens, good meals, and meaningful activities and entertainments for patients.¹⁷⁹ This ideal had not changed much since the U.S. states began building asylums in the 1840s, but by the 1880s the reality at most asylums was far from the ideal, and many had become overcrowded.¹⁸⁰ The optimism that accompanied their initial development had given way, in many cases, to criticism and claims of wrongful commitments or poor treatment. Asylum leaders were actively exploring ways to improve their facilities, and nurse training became a common area of interest.

National Conversation about Asylum Nursing Schools

Dr. Patrick Murphy's 1892 report reveals satisfaction with his staff, along with the belief that further training will benefit patient care: "The result of the medical work is above the average of the Hospital's previous record, showing, as the employees are becoming better organized and acquainted with the special work, the usefulness of the Hospital is greater. It is firmly believed that other improvements can be made in this respect, and that yet better results obtained."¹⁸¹ His comments suggest that Murphy was interested in improving nurse training. Ideas of how to go about this were a central topic of

¹⁷⁹ The following works discuss the therapeutic approaches of moral therapy as they were utilized in the late nineteenth century: Gerald Grob, *Mental Illness and American Society: 1875–1940*; Nancy Tomes, *The Art of Asylum-Keeping*; Ellen Dwyer, *Homes for the Mad*.

¹⁸⁰ This argument is central to Gerald Grob's *Mental Illness and American Society: 1875–1940*.

¹⁸¹ Murphy, *Report of the State Hospital at Morganton, NC. From December 1 1890 to November, 30, 1892*, 7.

the 1895 annual meeting of the American Medico-Psychological Association in Philadelphia, Pennsylvania.¹⁸²

Asylum superintendents set a reflective tone for their semi-centennial gathering in Philadelphia, and many of their comments addressed how they viewed their successes and challenges in caring for the insane. They also invited S. Weir Mitchell to share his honest opinions about the history and prospects of curing mental illness. Mitchell was a leading neurologist who operated a private clinic in Philadelphia, and had famously developed what became known as the “rest cure.” What Murphy and the other Superintendents heard from Mitchell were blunt opinions about the failures of asylum care. “Frankly speaking, [I] do not believe that you are so working these hospitals as to keep treatment or scientific product on the fort line of medical advance.”¹⁸³

After delivering his criticisms, Mitchell suggested areas for reform. At the top of his list was the development of nurse training schools. Posing this question to Murphy and every other superintendent in attendance Mitchell asked, “Why have not more of you started training schools? This would at once enliven the air of the place and assist you to get

¹⁸² The organization published its conference proceedings, discussions, and presentations. While Patrick Murphy did not deliver any remarks at these conferences, he attended nearly every annual conference from his 1882 until his death in 1907. He also kept signed copies of the conference proceedings in his library.¹⁸² His attendance at the conferences, his library of their proceedings, and his frequent correspondence with asylum leaders demonstrate his connection to the national conversations about asylum management and psychiatry.

¹⁸³ S. Weir Mitchell, M.D., LL.D, “Address Before the Fiftieth Annual Meeting of the American Medico-Psychological Association,” *Proceedings of the American Medico-Psychological Association. Semi-Centennial, 50th Annual Meeting* (Utica, NY: American Medico-Psychological Association, 1895), 108.

good nurses. . .The fact is your nurses are, as a rule, of an unfit and quite uneducated class.¹⁸⁴

Mitchell then proceeded to describe the ideal institution. It would not be isolated from its surrounding community, but rather be located in the mix of the surrounding community. Patients would not be restrained. Other than an expanded interest in offering hydrotherapy and Swedish Massage, Mitchell's description of the ideal hospital were not much different from the ideal conditions asylum directors had been seeking for some fifty years. So, while he did not suggest an overhaul of the model of the asylum, he emphasized the importance of creating perfect conditions and providing consistent care. According to him, well-trained nurses were the critical component of asylum success. Mitchell's closing comments brought everything back to the issue of nursing. He said:

Again I wish to emphasize the fact that the nurse is by far the most important part of my organization. How can you hope for the best help from the class we usually see in your wards? . . . A few minutes a day make your visits, and the rest of the time, where there is an attendant, is too often spent by your patients in society little above that of the cook or the maid.¹⁸⁵

While Mitchell's comments illustrate the significant need for well-trained nurses, his call for nurse training reform was not the first time these organizations had considered these issues. Asylums employed nurses and attendants when they first opened their doors, but it was not until the 1880s that asylum directors began discussing efforts to establish training programs for these employees, largely following the models for hospital schools established by Florence Nightingale in the late 1870s.¹⁸⁶ After fifty years of institutional operation,

¹⁸⁴ Ibid, 110-111.

¹⁸⁵ Ibid,119.

¹⁸⁶ To more fully see the consistency of discussion about nursing schools and reform, see Henry M. Hurd, et al., *The Institutional Care of the Insane in the United States and Canada*,

the asylum directors of the 1890s were interested in making manageable reforms to increase their institution's curability rates. While they supported a clearer definition of the curable and incurable insane, and worked to separate the different kinds of patients, they still maintained that asylums were the best hope for the masses of curable patients to recover. Asylum leaders increasingly linked successful treatment with the presence of well-trained nurses.

Amidst this national conversation for nursing school establishment and reform, Dr. Patrick L. Murphy began a nurse training school at the State Hospital in 1895, the same year that he heard S. Weir Mitchell's admonitions in Philadelphia. While many other asylum superintendents developed nursing schools to reform the skills of their nursing staff, this was not a primary motivation at the State Hospital at Morgan. As a fairly new organization, it did not have to content with decades of existing practices or employees who begrudged change.

Beginning instruction in October 1895, the State Hospital at Morganton's program was the first asylum nurse training school in North Carolina. It was the second nursing school of any kind in the state, established just one year after the state's first general nursing school.¹⁸⁷ The assistant physicians organized the school to include clinical practice

Volume 1 (Baltimore: The Johns Hopkins Press, 1916), 5-74. These pages include a summary of the annual meetings of this organization beginning in 1844-1892 as the Association of Medical Superintendents of American Institutions for the Insane, and then from 1893-1913 as the American Medico-Psychological Association. The first time a paper was read about nurses in hospitals was at the 1886 gathering in Lexington, Kentucky. Dr. W.D. Granger, of the Buffalo State Hospital read the paper.

¹⁸⁷ Mary Louis Wyche opened a small school, comprised of five female students, in Raleigh in 1894. For more information about this school and other general nursing schools in North Carolina see Mary Lewis Wyche, *The History of Nursing in North Carolina* (Chapel Hill: The University of North Carolina Press, 1938).

combined with lecture. From its inception, Dr. Murphy and the Hospital Board hoped that the school would supply trained nurses to other state institutions and support the demands of patients needing private care at their homes, who suffered not just from insanity but from “all classes of illness.”¹⁸⁸

From the Farm to the Hospital

In 1904, almost one decade after beginning the school, Dr. Murphy orchestrated a special ceremony for the most recent graduates. *The Charlotte Observer's* report of the event indicates a high level of esteem that institutional, political, and community leaders held for the nurses:

An attachment of the State Hospital here is a training school for nurses, from which a number of the most capable trained nurses of the State have been graduated. . . .The graduating class, thirteen in number . . . all dressed in the uniform of the trained nurse, and after music, the exercises were opened with prayer by Rev. M.L. Keesler, pastor of the Baptist church of Morganton. Mr. Keesler than introduced Governor Glenn in appropriate terms. His Excellency spoke to excellent effect. From a tribute to the hospital and its able and devoted superintendent, he passed to the mission of women in the world and touched tenderly upon her ministrations in sickness. He exalted the profession of the nurse and bade the young women before him realize the dignity and usefulness of their vocation. Wishing them all happiness personally and congratulating them upon having finished their course successfully, the Governor concluded a brief speech that for appropriateness and felicitousness could not have been improved upon.

Dr. Murphy in brief remarks traced the history of the training school. Told of the excellent results that it had accomplished and of its great importance as an arm of the management of the hospital. He had the best of good wishes for their future lives. . . .Quite a number of persons were present, these being guests invited by the graduates, hospital people, townspeople

¹⁸⁸ Patrick Murphy, *1895 Report to the North Carolina Board of Public Charities*, Lynne M. Getz Papers, Carol Grotner Belk Library, Appalachia State University, Boone, NC.

and others. The exercises were interspersed with music and the hour was a pleasant and entertaining one. . . The class is a bright, attractive one and its members are sure to give a good account of themselves hereafter.¹⁸⁹

While Dr. Murphy participated in important national dialogue with his peers, kept correspondence with other asylum leaders, and sought out the best practices of his time, he did not reach far beyond Burke County or neighboring counties to find capable students for the Hospital's nurse training school. As with other asylums and general hospitals in both the United States and the rural South, superintendents found most of their employees from their local communities.¹⁹⁰ Dr. Murphy found that the people of western North Carolina were successful in learning and implementing the most advanced therapeutic practices.

Typical of other asylums in the late nineteenth century, most staff lived on the hospital campus. At the State Hospital at Morganton, this not only included Superintendent Murphy, his wife, and their four children, it also included the families of the Hospital's florist, groundskeeper, housekeeper, and engineer. Because the Hospital operated as a self-sufficient institution, it included a farm, a garden, laundry facilities, dining halls, a chapel for Sunday services, and living quarters for the nurses. The familial quality of the Hospital was demonstrated by the 1900 U.S. Census, which lists the Hospital as the place of residence for forty female nurses and seventeen male nurses.¹⁹¹

¹⁸⁹ "Thirteen Nurses Graduate," *The Charlotte Observer*, 15 June 1904.

¹⁹⁰ John S. Hughes, " 'Country Boys Make the Best Nurses': Nursing the Insane in Alabama. 1861-1910," *Journal of the History of Medicine and Allied Sciences, Inc.* 49 (1994): 79-106.

¹⁹¹ *Burke County, North Carolina 1900 Federal Census* (Morganton: Burke County Genealogical Society, 2006). In this census, there is no distinction made between trained and untrained nurses. The 1910 census makes this distinction for the first time.

All of the Hospital's nurses, male and female, were white. While this is not surprising, given the state's establishment of a separate hospital in Goldsboro for colored insane and the Reconstruction-era employment opportunities for African Americans, it does signify a change in the community's practice of nursing. In 1880 Morganton, the U.S. Census listed a total of eight nurses. Seven of the eight were black. Of those seven, three of the nurses were servants. Their ages ranged from twelve years old to twenty-five.¹⁹² The eighth nurse was a young white girl, age 11, listed as in "bond" to the head of the household. This demographic of nursing matches what historians have noted as the nursing culture of this period. Historian Patricia D'Antonio wrote, "The more routine and tedious work of the day-to-day nursing of strangers—most of nursing's work—was still done by working-class white servants and by African Americans, who still bore the burden roles associated with slavery."¹⁹³ The nursing scene in Morganton had shifted dramatically just twenty years later. The 1900 U.S. Census lists not one black nurse in all of Morganton.

The 1900 Census paints an interesting demographic picture of nursing in western North Carolina at the turn of the century. Two of the Hospital's female nurses and four of the Hospital's male nurses lived with their families in Morganton. All of the nurses, male and female, who lived at the Hospital were single. Among the nurses who lived off campus three of the males were married. The youngest female nurse was eighteen, and the oldest was sixty-eight. More than half of the female nurses were under the age of thirty. While the youngest male nurse was nineteen, and the oldest was fifty-one, all but three of the

¹⁹² *Burke County, North Carolina 1880 Federal Census* (Morganton: Burke County Genealogical Society, 2000).

¹⁹³ Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: The John Hopkins University Press, 2010), 107.

male nurses were under the age of thirty. As a whole, the male attendants and trained female nurses were young and unmarried.

The 1880 Census also provides insight into the economic situation of the nurses' parents. Of the group that was identified, every nurse's mother "kept house." Among the father's professions, there was one grocer, one miller, one deputy, one laborer, and one digger. The rest of the fathers, comprising the majority, were farmers.¹⁹⁴ That their sons and daughters entered a Hospital Nurse training school indicates a generational change in occupation and education. These nurses were the first in their family to leave the farm for a profession in health care. For all of them, this employment represented a unique opportunity. For women who wanted or needed to work, the only other jobs in 1900 Morganton were those of seamstress, laundress, cook, music teacher, or boarder.¹⁹⁵ For men, while most were still farmers, new jobs were becoming available through growing industries in town. Among these were jobs at a new tannery and cotton mill.¹⁹⁶

As a group of individuals who had likely never before practiced nursing, the nurses at the State Hospital achieved recognized success. In 1896, just one year after the nurse training school began, Patrick Murphy noted, "All the patients are better cared for, and the sick receive much more assiduous attention," and, "less complaint is heard from the patients of harsh treatment by nurses and attendants."¹⁹⁷ His satisfaction with the school's graduates also appeared in his 1897 report, where he noted that, "Quite a number of

¹⁹⁴ *Burke County, North Carolina 1880 Federal Census*

¹⁹⁵ *Burke County, North Carolina 1900 Federal Census.*

¹⁹⁶ *Ibid.*

¹⁹⁷ Murphy. *Report of the State Hospital at Morganton, North Carolina, from December 1, 1894 to December 1, 1896*, 9.

persons have recovered and returned home, who, it is almost certain, would have died, had it not been for the attention given by these nurses.”¹⁹⁸

The Superintendent continued to applaud the work of Hospital’s nurses. He did so not only in his reports, but also through his actions of supporting their continued training and participation with national developments. For example, on 16 May 1901, the *Morganton Herald* reported that, “Miss Pattie McAdams for four years past one of the Hospital’s popular nurses, left Thursday for New York to take a course of training in the Presbyterian Hospital of that city.”¹⁹⁹

In 1900 Burke County’s social news held a regular column in the local newspaper. Events such as these were not uncommonly reported: “Mr. M.W. Clay of Montezuma, Mitchell County, was here on Monday and bought a new buggy from the Morganton Hardware Company.”²⁰⁰ Or, “Mrs. Thos McBee and children leave on Saturday for Lincolnton, where they will make their home for the present.”²⁰¹ The *Morganton Herald’s* personal mention column reported illness, marriages, traveling plans, and the arrival of visitors.

Directly next to the personal column of the community was the Hospital Notes column, where similar lines printed the activities of the Hospital’s directors, nurses, and visitors. On October 13, 1899, it notes, “Miss Minnie Boone is spending a few weeks at her home near Table Rock,” and, “Kate Pearsall returned from a visit of a month in New

¹⁹⁸ Murphy, *Report of the State Hospital at Morganton, North Carolina, from December 1, 1864 to December 1, 1898*, 14.

¹⁹⁹ *Morganton Herald*, “Hospital Notes,” 16 May 1901.

²⁰⁰ *Morganton Herald*, “Personal Mention,” 9 June 1904.

²⁰¹ *Morganton Herald*, “Hospital Notes,” 12 April 1900.

York City.”²⁰² The 1900 Census lists both Minnie Boone and Kate Pearsall as Hospital nurses.²⁰³ Such notes about the Hospital’s nurses appeared every week in the local newspapers. When they are sick, the newspaper reported that. When they traveled, the paper reported that. When they left the Hospital to nurse community members outside of the Hospital, the news reported that. The continued mention of nurse’s activities indicates their transparent involvement with their local community.

Nursing Outside the Asylum

The *Morganton Herald’s* Hospital notes column indicates that not only were the nurses viewed as part of Morganton’s social scene, they also frequently extended their services outside the Hospital’s wards. For example, on 22 August 1901, the column reported that “Miss Patton, who has for several weeks been nursing a sick lady near the tannery, has returned here.” It may seem obvious to modern eyes that the Hospital nurses would have also served their surrounding community, but such actions were likely no accident. Until 1910, when Morganton’s Grace Hospital began a nurse-training school, the State Hospital’s nurses would have been the only trained nurses in the area.

Patrick Murphy likely promoted, and probably arranged, private nursing work. Such opportunities for nurses were a much discussed among asylum leaders. Among Dr. Murphy’s personal library collection were volumes of *The American Journal of Insanity*. In 1887, eight years before Murphy established the Hospital’s nurse training school, Edward Cowles published an article on nursing reform. He wrote:

²⁰² *Morganton Herald*, “Hospital Notes,” 14 October 1899.

²⁰³ *Burke County, North Carolina 1900 Federal Census*.

One of the most important requirements is, that there shall be an ample and continued demand, outside of the asylums, for the services of such a profession. . . In the old order of things, . . . the attendant has been a makeshift for the asylums; her asylum work is a makeshift for herself also, and will also be so until such work fits her for, and leads her to, a respectable and more remunerative, or otherwise desirable, life-supporting occupation.²⁰⁴

Cowles note suggests that asylum leaders clearly understood that their graduated nurses may benefit the hospital for some time, but would likely move on to other opportunities—including work in private facilities and state institutions, or leave employment upon the advent of marriage.²⁰⁵ While this may have been a source of frustration for some asylum leaders, they also viewed expanded opportunity as a key component of attracting a valuable—if revolving—workforce.

These needs also shaped the way that training schools organized their curriculum. At a 1905 professional gathering, superintendent C.P. Bancroft said, “In order that young women of intelligence and in sufficient number may be secured it is necessary for the asylum to provide something more than special instruction in mental nursing. The institution must enlarge its training so that the graduate nurse will feel competent to undertake the profession of general nursing.”²⁰⁶ As such, most nursing schools offered instruction and clinical work in the basics of general nursing as well as the specialized skills required for mental nursing. In addition to studying physiology, hygiene, ventilation,

²⁰⁴ Cowles, 181.

²⁰⁵ The 1910 Burke County census supports this reality. None of the nurses at the State Hospital in 1900 are listed as nurses, trained or untrained, just a decade later.

²⁰⁶ C.P. Bancroft, “Disparity Between Nurses” *American Medico-Psychological Association Annual Meeting, 1905* (American Medico-Psychological Association: 1905), 297.

bathing, use and effects of medicines, control of hemorrhages, applications of surgical dressings, use of the catheter and clinical thermometer, asylum nurses were instructed to identify and treat forms of mental disease.²⁰⁷ At its basic level, this meant being able to distinguish between delusions, illusions, and hallucinations. Such knowledge was demonstrated through one nurse's response on her graduation exam: "A patient suffering from illusions may see a row of trees and say they are a company of soldiers, or he may hear the wind and say it is an absent friend speaking to him. Illusions may be the cause of violent acts, and terminate in murder or suicide."²⁰⁸ Developing a keen sense of judgment and perception was a chief component of the training. One superintendent felt this was the distinguishing difference between general nursing and mental nursing. He wrote, "The nurse in an asylum is constantly being taught that the patient's judgment and responsibility are impaired and that her own judgment must never be tactfully substituted for that of the patient. Tact and self-control become cardinal virtues in the asylum nurse."²⁰⁹

These specialized nursing skills were soon sought out in the broader community. Dr. Murphy's personal correspondence with community members demonstrated his awareness of a growing demand for private care nursing, not only for patients with physical ailments but also for patients suffering from mental illness as well. Iredell Meares, a lawyer in the eastern Carolina city of Wilmington, wrote to Dr. Murphy concerning his wife. "She is very much depressed, of course, about herself all the time, and has gotten into the habit of constant introspection. Dr. Thomas thinks that she ought to be placed in a nerve sanatorium. I know of none except in the Northern States, and it is simply beyond my

²⁰⁷ "Notes and Comments," *American Journal of Insanity* V, no. 1 (July 1886).

²⁰⁸ Ibid.

²⁰⁹ Bancroft, 298.

means to undergo the severe expense incident to a long stay at these fashionable nerve resorts.”²¹⁰ While his letter demonstrated serious concern for his wife’s condition, Mr. Meares also stated, “my wife’s condition is not such as to entitle her to admittance [at the Asylum].”²¹¹ In a second letter, Meares suggested a possible course for care:

I write to ask if I were to bring my wife to Morganton, letting her stay there during the summer at some private boarding house or hotel, could you give her attention? I think that she should have an experienced nerve nurse who should be with her at night and helping her through when she sleeps badly. Could the services of a lady for that purpose be had at Morganton, and if so, at about what cost? I will thank you to advise me what you can do in this matter.²¹²

Without the existence of further records, the fate of Mrs. Meare’s treatment can not be known. But his letters illustrate a growing public interest in the South for private care “nerve” facilities.

By the turn of the century, western North Carolina was increasingly promoted as a health resort. While people with means stayed at health resorts in Asheville, Morganton and Burke County also joined the movement. In 1896, four boarding homes provided rest in the tiny mountain town of Glen Alpine, a short distance from Morganton. Just two years earlier, the town offered one boarding home. The presence of several trained “nerve nurses” most certainly supported the community’s private boarding homes for private rest cures. For example, the *Morganton Herald* reported on September 12, 1901, that, “Mrs. Mattie Smith, one of the Hospital’s trained nurses, is professionally engaged at Glen

²¹⁰ Iredell Meares to Dr. Patrick L. Murphy, March 12, 1897, Folder 5, Box 1, Patrick Livingston Murphy Papers #535, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

²¹¹ Ibid. Note: Mrs. Meares likely fell into the category of patients whose family could afford to pay for care at a private institution, thus she was did not qualify for admittance to the State Hospital.

²¹² Iredell Meares to Dr. Patrick L. Murphy, March 12, 1897.

Alpine.” The type of care Mrs. Mattie Smith provided was probably not much different than the type of care Mr. Meares had suggested for his wife in his 1897 letter to Dr. Murphy.

The presence of trained nurses also supported a new development in 1901. Dr. Isaac Taylor, a physician from the State Hospital at Morganton, opened a private sanatorium a few miles from the State Hospital. Broadoaks, as it was called, was among the first such institutions of this kind in the South. In a 1902 article in *The American Journal of Nursing*, the sanatorium drew attention from national audiences.

In Morganton, NC, a delightful, restful Southern town, beautifully located in the foot-hills of the Blue Ridge Mountains, an up-to-date private Sanatorium, as it is called, was erected to supply a long-felt want for such an institution amid such surroundings, and under the guidance of specialists of long experience it promises to be a haven of rest for overworked and nervous people.²¹³

The specialists mentioned in the article most likely included nurses trained at the State Hospital. Indeed, the article also stated, “Many inquiries are made in regard to employment and opportunities for work. As is usual in such places, most of the professions are overcrowded.”²¹⁴

Connections Beyond Western North Carolina

On 21 October 1897, Alex Murphy wrote a letter home to his mother, Mrs. Bettie Murphy, wife of Superintendent Dr. Patrick Murphy. Alex, who had was two years old when his parents moved their family to live at the State Hospital, was attending college at

²¹³ Mary P. Laxton, “Western North Carolina as a Health Resort,” *The American Journal of Nursing* 2 No. 12 (Sept 1902): 995.

²¹⁴ *Ibid*, 995.

UNC Chapel Hill. Among different inquiries about people at home, like asking how his younger brother is doing in Latin, and inquiring about the status of his cousin's engagement, Alex also asked his mother this question: "What trouble is Dr. Babcock having that Miss Pitts and the other nurses went to Columbia?"²¹⁵ Dr. James Babcock was the superintendent of the South Carolina Lunatic Asylum, located in Columbia. Alex Murphy's question about this particular nurse's involvement in South Carolina not only demonstrates the Hospital's familial qualities, but it also proves that the Hospital's trained nurses had marketable skills that were not only valued within western North Carolina but were also sought out by other state institutions.

While many state hospitals for the insane began establishing nurse training schools in the late 1890s, not all of them implemented their programs with the apparent ease and success that occurred at the State Hospital at Morganton. Dr. Babcock's experience at South Carolina Lunatic Asylum is one example. Before taking a position at this Southern Asylum, Babcock had served as assistant physician under Dr. Edward Cowles at the McLean Hospital in Massachusetts.²¹⁶ He had witnessed the success of the nursing school there, and believed such a program would help provide essential reforms in South Carolina. In 1892, he began a nurse training school. To help him run the school Babcock hired Katherine Guion, a nurse from North Carolina. She had completed training not only at the McLean Hospital, but also at the Government Hospital for the Insane in Washington D.C. and the Massachusetts General Hospital. He anticipated a large amount of resistance

²¹⁵ Alex Murphy to Bettie Murphy, October 21, 1897, Folder 6, Box 1, Patrick Livingston Murphy Papers #535, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.

²¹⁶ McCandless, 292.

from his staff, and in a letter to Katherine Guion he warned her that she would find the personnel, “neither well informed about nor receptive to the new methods of psychiatry: ‘To be frank, the idea of a training school for nurses . . . probably does not meet with the entire approval of those now in service.’”²¹⁷

While records do not confirm nor disprove Katherine Guion’s connection to the State Hospital at Morganton, records do prove that Babcock sought help from other North Carolina nurses. Alex Murphy’s 1897 letter home to his mother places Miss Susan E. Pitts and other nurses in Columbia, South Carolina. The “trouble” they helped Dr. Babcock with presumably involved his need for nurses who were well-trained and supportive of current methods of practice. Susan Pitts worked as the chief for the State Hospital at Morganton’s nurse training school. Babcock was likely not receiving his hoped-for results with improving his staff’s skills through a nurse-training program. Within the school’s first year, most of the enrollees dropped out before completing the course. Even after offering an increase in merit pay, the school saw minimal success. “Between 1893 and 1900, the school graduated about six nurses a year.”²¹⁸ Without successfully training his staff according to his level of professionalism, Babcock likely recruited nurses from other hospitals.

After a length of time helping Dr. Babcock, Miss Susan E. Pitts returned to the State Hospital at Morganton. She was there long enough to be listed on the 1900 Census, but by October of that year, she was on her way back to Columbia. Her departure was the reason for the lavish celebration reported by *The Charlotte Observer* on 4 October 1900.

²¹⁷ Ibid, 292-293.

²¹⁸ Ibid, 293.

Those ferns and golden rods, waving palms, numerable varieties of cake, tropical fruits, cooling waters and ice cream help construct a scene that was both celebratory and appreciative of this one nurse's achievement.

The *Morganton Herald* reported several other career activities of nurses trained at the State Hospital. For example:

January 14, 1900: Misses Margaret Kirkpatrick and Lillian Hyatt, formerly nurses here, left last week, for Washington City, having secured like positions at the government insane hospital there.²¹⁹

July 1, 1901: Miss Lou London, for several years a past nurse here, has gone to Morris Plains, New Jersey, to accept a position in a hospital.²²⁰

September 12, 1901: Mr. J.E. Williams, for two years past an attendant here, has given up his position and will leave in a few days for Pueblo, Colorado where he has secured a position in a hospital.²²¹

These employment changes reflect that State Hospital trained nurses not only had marketable skills, but their skills were valued by other institutions as they sought to improve their presence of skilled staff.

Almost twenty-five years after welcoming the Hospital's first patient, Dr. Patrick Murphy's 1900 report to the State demonstrated his belief in an improved public perception of treatment for the mentally ill:

The public at large, while still ignorant to some extent of the work done and of the care bestowed on the insane, is much better informed that it was, and the horror and dread of being confined in an asylum is giving way to a feeling of relief that the sick person is sent to a hospital to be restored to health, and failing in that, to be properly and tenderly cared for.²²²

²¹⁹ *Morganton Herald*, "Hospital Notes," 14 January 14 1900.

²²⁰ *Morganton Herald*, "Hospital Notes," 1 July 1901.

²²¹ *Morganton Herald*, "Hospital Notes," 12 September 1901.

²²² Murphy, *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900*, 12.

When reporters and politicians visited the new Hospital, the order and care the nurses provided was always present in reports they shared or published. In 1892, a reporter for the *Asheville Daily Citizen* noted that, “Each ward has a wonderfully restful, home-like appearance, while skilled nurses are on hand to look after the wants of the people under their care. Should any bodily ailment seize the patient, practiced hands are ready to administer medicines and bring back the health that sometimes brings with it reason.”²²³

The Hospital nurse’s reputation extended outside of the state. A 1906 report in *The Florida Times Union* highlighted the significant conduct of the nurses in Morganton:

No dorm rooms, no straight jackets, no solitary confinement, and no brutality is allowed in this institution, no matter how dangerous the patient may be. Instead of the horrors and inhumanities of other lunatic asylums, we find here mothering by kindness and tender care, bestowed by a competent corps of female nurses, who, like sisters of mercy, noiselessly roam from ward to ward, ministering aid and comfort, scattering light and hope, among the patients day and night.²²⁴

The western North Carolina nurses who administered the well-publicized care played a significant role in shaping the public’s opinion about the State Hospital. As the first generation in their families to enter such work, the hospital-trained nurses were instrumental in creating a favorable therapeutic environment. The nurses also helped support private care option, as they found employment as “nerve nurses” at local health resorts or at private psychiatric hospitals, like Broadoaks in Morganton or Dr. Carroll’s Sanatorium (later Highland Hospital) in Asheville. In all of these capacities, the State Hospital nurses supported expanded development of mental health facilities. Positive

²²³ “A Great Institution at Morganton,” *Asheville Daily Citizen*, 27 December 1892.

²²⁴ “Model Morganton Institution for Care of Mental Maladies,” *The Florida Times*, 20 August 1906.

reports about the Hospital's capable and well-trained nurses positioned the institution as a modern facility, where nurse training was increasingly linked to signs of successful operations.

CHAPTER 5

CONCLUSION

The State Hospital at Morganton in the mountain region, commands one of the finest landscapes to be found in the South, and shows a death rate so low as to be of general remark in the reports. . . Attached to the institution is a large and finely conducted farm, which has been a source of profit to the State and of incalculable usefulness to the patients in supplying them with an elective employment suited to the former life of the greater number and receptive to all. All modern appliances in construction and design are found here. . . . congregate dining-rooms have been erected in the rear of each wing of the main building. The non-restraint system prevails. The record of cures for the past year is over fifty percent . . . This institution has the reputation of being the model institution in the South both in construction and administration.²²⁵

—*T.O. Powell, 1897*
Superintendent of the Georgia Lunatic Asylum
President of the American Medico-Psychological Association

T.O. Powell, Superintendent of the Georgia Lunatic Asylum, was among the many superintendents with whom Dr. Patrick Murphy corresponded. In 1897, at the annual American Medico-Psychological Association meeting, Powell delivered an address about the conditions of psychiatry in southern states. Months before his speech, Powell had sent drafts to Murphy for feedback. Among the comments Murphy made were notes about how southern institutions had participated in all advancements of asylum developments, though some hospitals were just beginning to recover from, “the vicissitudes

²²⁵ T.O. Powell, “A Sketch of Psychiatry in the Southern States,” *Proceedings of the American Medico-Psychological Association at the Fifty-Third Annual Meeting* (Utica, NY: American Medico-Psychological Association, 1897), 103-104.

following the periods of war and reconstruction.²²⁶ The final speech included the comment, “It appears to me that about 1890 our institutions entered upon an era which may be termed the beginning of the scientific period.”²²⁷ Powell defined this epoch as one that included asylum infirmary wards, training schools for nurses, and pathological laboratories for the study of neurosciences.²²⁸ Absent a pathological laboratory, Dr. Murphy had successfully established the first two marks of excellence. Reflected in Powell’s concluding comments about the Hospital’s reputation, Dr. Murphy’s achievements did not go unrecognized.

Powell’s speech acknowledged accomplishments that asylum leaders categorized as the most advanced efforts of their time. Yet, for many reasons, the stellar reputation of the Hospital would not survive the proceeding decades. By the 1930s, the State Hospital at Morganton along with most U.S. asylums faced serious problems of overcrowded facilities, limited resources, and insufficiently trained staff. Public interest also shifted from viewing asylums as institutions worthy of humanitarian support to financial burdens of the state.²²⁹ The limitations of nineteenth century moral therapy, which had placed significant emphasis on the curability of a calm environment, became nearly impossible to sustain.

By the 1940s, institutions that had once been hailed as pearls of state government were sources of shame. Journalists exposed the overcrowded hospitals as places of filth and torture, where there was no hope for curative outcomes. Under the weightiness of institutional failure, leaders looked for solutions to both prevent and treat mental illness. In

²²⁶ Ibid, 127.

²²⁷ Ibid, 127

²²⁸ Ibid, 127.

²²⁹ Gerald Grob, *The Mad Among Us*, 103-128.

the early twentieth century, those solutions included eugenic sterilizations, electric shock therapy, insulin-induced comas, and lobotomies. Society would later condemn these practices as horrific and inhumane, but when they were proposed they were often received as hopeful fixes for chronic problems. Though a full examination of the Hospital's later developments is outside the scope of this thesis, this chapter offers perspectives about the Hospital's operations under Dr. John C. McCampbell and explores early national developments of eugenic programs.

Dr. John C. McCampbell became the Hospital's second superintendent, taking over when Dr. Murphy died in 1907. McCampbell, at the age of twenty-five, began working as the Hospital's druggist in 1894, just over one decade after the Hospital had first opened. He was present through many of the Hospital's key developments, including the beginning of its nurse training school in 1895 and its first colony treatment homes for male patients in 1903. As someone who worked closely with Dr. Murphy, McCampbell was likely familiar with the growing challenges of providing adequate space for increased demands on the Hospital's services. He would navigate the institution's operations for a total of thirty-one years, stepping down in 1938 at the age of sixty-three. In the nearly forty years he was employed at the Hospital, McCampbell witnessed significant changes in the public's perception of asylums and psychiatric practices.

McCampbell, like Murphy, dealt with an expanding demand for the Hospital's services. When he took charge of the Hospital, the patient population was just over 1,200,

but by 1932 the Hospital population had grown to 2,459.²³⁰ The Hospital employed six doctors, twelve graduate nurses, and one-hundred-and-twenty nurse attendants. The statistics suggest that trained medical staff faced impossible odds of providing attentive care to each patient. The quality of care rest largely in the hands of the nurse attendants. Further, the Hospital's Nurse Training Program had recently been closed, due to lack of funds.²³¹

A dissatisfied staff became a significant problem during the 1930s, and Hospital employees began demanding improvements. In 1935, Edith Daves, a young nurse attendant who worked at the State Hospital during the summer months, traveled to Raleigh and appealed to the State Legislature. The newspapers reported that she created a "sensation in the General Assembly . . . and told of conditions which exist in the hospital."²³² Miss Daves described a lack of sufficient food at the Hospital and nights when the heat was kept off in order to save costs. She claimed the state's charges were "herded like cattle," and made to live in horrible conditions.

While she expressed concern with patient conditions, Daves was adamant about needed reform for the nursing staff. Nurses, she said, were paid \$21 per month, "worked fifteen hours per day and [were] required to eat with the inmates." She also noted that each nurse was given charge of an impossible workload, each attending to thirty-five to forty cases. In these work conditions, Miss Daves stated that nurses were not capable of having a

²³⁰ John McCampbell, *Biennial Report of the State Hospital at Morganton for the Two years Ended June 30, 1932* (Raleigh, North Carolina: E.M. Uzell & Co., State Printers and Binders, 1932), 5.

²³¹ *Ibid.*

²³² "Conditions in State Hospital Described by Young Nurse," undated newspaper article in the Broughton Hospital Papers, North Carolina Room, Burke County Public Library.

social life, and were actually prohibited from “having any callers, even when off duty.”²³³ In summary, Miss Daves argued for increased nursing pay, fewer required working hours, and the flexibility for nurses to create a life outside of their Hospital environment.

The newspaper articles covering Daves story make no mention that she complained specifically about the Hospital’s administration, but legislative members felt a need to defend Dr. McCampbell. One said, “I am willing to admit that Dr. McCampbell has been greatly hampered by not having sufficient funds for the proper operation of the hospital.” McCampbell traveled to Raleigh shortly after Miss Daves’ testimony, and he met with legislatures in a private. The full results of Miss Daves’ testimony is not exactly certain, and significant changes in Hospital practices and demands on staff would take decades to occur. For the time being the appropriation’s committee appeased the situation by increasing funding \$26,000 to hire additional nurse staff and allow everyone to have “shorter hours and an increase in pay.”²³⁴

Though Edith Daves’ testimony had a limited outcome, it represented a growing discontent among the Hospital staff and, perhaps more importantly, a willingness to speak out about their frustrations. The timing of her protest also coincides with broader movements in labor rights. Especially as seen through the unionization and strikes of the 1930s textile mills, North Carolinians who had long worked for largely paternalistic institutions were beginning to demand not only more realistic work hours and better pay, but also freedom from the social limitations that all-encompassing environments

²³³ Ibid.

²³⁴ Letter to Miss Edith Daves from W. Wiley Andrews. May 11, 1935 North Carolina General Assembly. Broughton Hospital Papers, North Carolina Room, Burke County Public Library.

required.²³⁵ These shifts in labor perspectives unsettled many of the paternalistic qualities on which the 1890s asylum was founded, and some people were less enamored by viewing the asylum as a grand home for patients and staff alike.

Prompted partly by the testimony of Edith Daves and growing concern for the conditions at state hospitals, the North Carolina legislature ordered a study to examine problems facing their three mental health hospitals. Funded largely with Rockefeller Foundation money, the report was published in 1937. Historian Clark Cahow summarized the report's documentation of conditions made difficult by limited financial resources. He wrote, "Per capita costs, the investigators learned, were invariably used as a gauge of the economic efficiency of the hospitals. As a consequence, superintendents were under continual pressure to keep costs down."²³⁶ Savings were reached by, "decreasing staff, lowering salaries, and postponing repairs. . .The per capita cost at Morganton Hospital was less than \$1.10 per month; only seventeen cents of this amount was allotted for food."²³⁷ The report offered two courses of action for the state's mental hospitals. One course suggested that the hospitals abandon curative purposes and invest monies in "activities of institutions [that are] necessary for purely custodial care until time or death relieves the State of the burden."²³⁸ The other course of action involved a significant increase of investment in State Hospitals, thereby improving their facilities and supporting activities

²³⁵ Hall et al., *Like a Family*, 183-236; Bryant Simons, "Choosing Between the Ham and the Union: Paternalism in the Cone Mills of Greensboro, 1925-1930," in *Hanging by a Thread: Social Changes in Southern Textiles*, Jeffrey Leiter, Michael D. Shulman, and Rhoda Zingraff. (Ithaca, NY: Cornell University Press, 1991).

²³⁶ Clark R. Cahow, "Jest Another Patient: The Morganton State Hospital Investigation of 1942," (MA thesis, Duke University, 1965), 8.

²³⁷ *Ibid*, 8.

²³⁸ *Ibid*, 42.

and facilities for adequate treatment of the insane. Cahow notes that the public's lack of interest in mental hospital's resulted in failure to adequately fund the institutions. He writes, "Against continual deficits of staff and material, and against occasional instances of indifference, neglect, or outright abuse, the progressive programs and attempts at reform in the North Carolina hospital system were frustrated."²³⁹

This question of the Hospital's function as a curative or custodial institution was not new, as it had been a central struggle for the Hospital's first administration in the 1890s. The Hospital's growing population of elderly and indigent indicates that society largely utilized the facilities as custodial institutions while simultaneously limiting the institution's financial resources. In the 1930s, these tensions found new solutions. Instead of looking to nurse training and colony programs as ways to improve asylums, leaders of the early twentieth-century became increasingly interested in examining the science of the brain and connections between heredity and mental illness. In the first decades of the 1900s, progress at State Hospitals would take the form of eugenic sterilization programs, and procedures directly affecting the brain, like insulin induced comas, electric shock therapy, and lobotomies. Asylum leaders and politicians largely understood these procedures as viable and legitimate social solutions to the growing problems and costs of mental illness.

In the early 1900s, new calls for reform emerged in the leadership of the National Committee for Mental Hygiene (NCMH). Asylum superintendents, psychiatrists, and former asylum patients led the committee's efforts to educate the public about the causes and costs of mental defectiveness. In a public exhibit they prepared in 1913, the organization suggested that mental illness occurred as a "failure of adjustment" to difficult

²³⁹ Ibid, 43.

life situations. According to the committee, failures to adjust were the result of “bad heredity, or to an unfavorable environment created by unnatural social conditions, or to a faulty education.”²⁴⁰

By comparing the population of insane in state hospitals to other familiar figures, the NCMH hoped to alert the public to the seriousness of mental disease. In 1910, they stated, U.S. institutions treated 187,454 people with mental disease. That was the same number, according to their report, as the entire population of Columbus, Ohio (the twenty-ninth largest U.S. city) or the number of students in U.S. colleges or universities.²⁴¹ After displaying these numbers, the exhibit showed the cost of caring for the insane: an annual cost of \$32 million. This number, the exhibit showed, was equal to the annual cost of constructing the Panama Canal.²⁴² The figures were intended to incite public interest in the problems of mental illness and also build support for the solutions the committee advocated.

While the committee suggested a range of improvements, including increased psychiatric instruction in medical schools, better pay for nurses at state hospitals, colonies in the country for chronic cases, and improved public education programs that would help children have a “healthful interest in life,” they also strongly advocated for eugenic approaches to public health. Their exhibit asked, “Can we prevent the unfit from propagating their kind?”²⁴³ The exhibit answered this question in the affirmative and suggested that, “Education of the people in the facts of heredity, and cultivation of ideals

²⁴⁰ *Hand Book of the Mental Hygiene Movement and Exhibit*, (New York: The National Committee for Mental Hygiene, 1913), 11.

²⁴¹ *Ibid*, chart 11.

²⁴² *Ibid*, chart 12.

²⁴³ *Ibid*, 14.

regarding marriage and parenthood will extend to the welfare of the next generation.” The NCMH also urged “legislation denying the privilege of parenthood to the manifestly unfit.”²⁴⁴

These early efforts of the NCMH illustrated the foundational thoughts behind North Carolina’s eugenic practices. In 1933, the state organized a Eugenics Board to oversee sterilizations of selected populations. The Board’s first report showed that 133 people were sterilized at state institutions from 1934 through 1936, and patients at the State Hospital at Morganton were among this group.²⁴⁵ The Board also outlined nine purposes and advantages of sterilization, which they quoted from the Human Betterment Foundation of Pasadena, California. Point two defends, “It is not a punishment; it is a protection and therefore carries no stigma or humiliation.”²⁴⁶ Noting that sterilizations must be approved by the sterilized family, friends, medical doctors, social workers, or probation officers, the report states that sterilization also “permits patients to return to their homes and friends who would otherwise be confined to institutions during the fertile period of their life.”²⁴⁷ Thus, according to these leaders sterilization served an attractive dual purpose: limiting the population growth of offspring with mental defects and also creating situations where those with mental illness would not need lifetime support of institutions.

In the 1930s, leaders also implemented other changes in response to economic concerns about the cost of state-funded hospitals. Employment and entertainment had

²⁴⁴ Ibid, 14

²⁴⁵ Mrs. W.T. Bost, *First Bi-Annual Report of the Eugenics Board of North Carolina: July 1, 1934 to June 30, 1936* (Raleigh: Eugenics Board of North Carolina), 2.

²⁴⁶ Ibid, 8.

²⁴⁷ Ibid, 8.

long been among the main treatment methods at the Hospital. An important shift regarding patient work occurred in the 1930s. Instead of viewing patient work as optional, the Hospital came to rely on patients in order to support the institution's basic functions.

Dr. McCampbell's 1932 report stated:

Occupation, a long recognized and much extolled therapeutic agent, has been used to a greater extent than ever heretofore, and this application has been diverted into useful and profitable channels rather than confined to merely diverting pursuits. Patient help is being used in many of the departments, replacing hired help; and under proper guidance and judicious management results in a very great saving, and no doubt is conducive to contentment and better mental and physical condition on the part of the patients so engaged.²⁴⁸

Though McCampbell's choice to utilize patient labor in this way was largely in response to the strained economic conditions of the Great Depression and decreased state funding, this shift from making work optional to relying on patient labor would later be viewed as an abuse of a vulnerable population. Indeed, in a series of news articles in the late 1940s, Tom Jimison, a journalist who committed himself to the Hospital for one year, observed that patients were forced to work on days when the weather was so bitterly cold that even prisoners at the near by state prison were not forced to work.²⁴⁹

Within four decades after welcoming its first patient, public perception about the State Hospital at Morganton no longer viewed the institution as a sign of humanitarian progress. For some, like Dr. McCampbell, who had worked at the Hospital with Dr. Murphy, the ideals they had labored under were within their memories. James K. Hall, another physician who worked with Dr. Murphy from 1905 through 1908, continued to

²⁴⁸ McCampbell, *1932 Biennial Report*, 5.

²⁴⁹ Cahow, "Jest Another Patient," 54.

stay active in asylum practices and psychiatry for the rest of his career.²⁵⁰ His 1945 article, “A Civic Catastrophe,” stated, “The death of Dr. P.L. Murphy, first Superintendent of the State Hospital at Morganton, in 1907, probably constituted the end of an era for that hospital.”²⁵¹ He continued:

I am inclined to believe that psychiatry as a feature of the public health work of the State of North Carolina has reached a level as low as that prevailing when the carpet baggers went back where they had come from a decade after Appomattox. . . . I can think of no other state in the Union psychiatrically worse off than North Carolina. In that great state the delusion would seem to prevail amongst legislators and high government officials that those who are sick in their minds are not worthy of nursing and of medical skill. . . . The trend is definite and determined to laymanize the practice of medicine and to make bell-hops of doctors of medicine.²⁵²

Hall’s statement is packed with scorn for the way the state’s leaders viewed the importance of asylum work. His final observation notes a trend in Hospital administrative practices, namely a choice to appoint leaders who were institutional managers and not medical practitioners. Though Hall’s statement delivers a verdict of failure for the asylums of the 1940s, it also importantly links that failure with the decisions of that era’s leadership. In this way, Hall’s perspective serves as an important reminder that asylums were not predestined to fail but continued to be shaped by the compelling economic and social needs of the times.

²⁵⁰ James K. Hall, “Psychiatry—In Retrospect and in Prospect,” *Southern Medicine & Surgery*, 100, No. 11 (November 1938): 5.

²⁵¹ James K. Hall, “A Civic Catastrophe” unpublished paper, 1945, Lynne M. Getz Papers, Appalachian State University Special Collections, Belk Library, Appalachian State University, Boone, NC.

²⁵² *Ibid.*

BIBLIOGRAPHY

PRIMARY SOURCES

Books and Articles

Cowles, Edward M.D. "Nursing-Reform for the Insane." *American Journal of Insanity*, (October 1887): 176-191.

Godding, W.W. "Development of the Present Hospital for the Insane," *American Journal of Insanity*, LI. No. 1 (July 1894): 110-126.

Hall, James K., M.D. "Psychiatry—In Retrospect and In Prospect," *Southern Medicine & Surgery*, Vol. 100, No. 11 (November 1938): 2-8.

Hand Book of the Mental Hygiene Movement and Exhibit. New York: The National Committee for Mental Hygiene, 1913.

Hurd, Henry M., William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, and T.J. W. Burgess. *The Institutional Care of the Insane in the United States and Canada*. Baltimore, MD: The Johns Hopkins Press, 1916.

Laxton, Mary P. "Western North Carolina as Health Resort." *The American Journal of Nursing* No 12 (September 1902): 993-995.

"Notes and Comments." *American Journal of Insanity*, V, no. 1 (July 1886).

Court Records

Buncombe County Records of Lunacy (1899-1907). Box 213.94.1. North Carolina State Archives. Raleigh, North Carolina.

Burke County Record of Inquisitions of Lunacy (1899-1907). Box 214.94.1. North Carolina State Archives. Raleigh, North Carolina.

Business Directories

Branson, A.M. Rev. *North Carolina Business Directory, 1894-1900*. Raleigh: Levi Branson, Office Publisher, 1894-1900. North Carolina Room, Burke County Public Library.

Letters and Papers

By-Laws and Regulations of the State Hospital at Morganton, N.C. Charlotte, NC: Osmond L. Barringer, Co., 1903. Lynne M. Getz Papers, Special Collections, Carol Grotnes Belk Library, Appalachian State University.

“Conditions in State Hospital Described by Young Nurse.” undated newspaper article in the Broughton Hospital Papers, North Carolina Room, Burke County Public Library.

Dix, Dorothea Lynde. *Memorial Soliciting a State Hospital for the Protection and Cure of the Insane, Submitted to the General Assembly of North Carolina. November, 1848. House of Commons Document No. 2.* Raleigh: Seaton Gales, Printer for the State, 1848.

Hall, James K. *Memorial to Bettie W. Murphy.* Broughton Hospital files in the Carolina Room at Burke County Library.

Hall, James K. “A Civic Catastrophe” unpublished paper, 1945. Lynne M. Getz Papers, Special Collections, Carol Grotnes Belk Library, Appalachian State University.

Lynne M. Getz Papers. Special Collections, Carol Grotnes Belk Library, Appalachian State University.

Patrick Livingston Murphy Papers. Southern Historical Collection. Wilson Library. University of North Carolina at Chapel Hill.

Taylor, Isaac M. *An Appeal for State Care for All the Insane from an Economic Standpoint, May 28th, 1891.* Wilmington, NC: Jackson & Bell, 1891.

Tomkins, D.A. “Condition of Hospitals” Special pamphlet for *The Charlotte Observer*, 17 February, 1906. Duke University Pamphlet Collection.

Government Reports

Bost, Mrs. W.T. *First Bi-Annual Report of the Eugenics Board of North Carolina: July 1, 1934 to June 30, 1936.* Raleigh: Eugenics Board of North Carolina.

Biennial Report of the North Carolina Board of Public Charities, 1895. Lynne M. Getz Papers, Special Collections, Carol Grotnes Belk Library, Appalachian State University.

- Board of Directors. *Report of the State Hospital, Morganton, N.C., From December 1, 1902, to November 30, 1904.* Raleigh: E.M. Uzzell & Co. State Printers.
- Board of Public Charities of North Carolina. *An Appeal to the People of North Carolina in Behalf of the Insane That Are Now Without Hospital Care in This State.* Raleigh, NC: Edwards and Broughton, 1900.
- Carroll, Robert S. *Annual Report Highland Home Sanitarium, Asheville. N.C., 1905.* North Carolina Board of Public Charities.
- Hall, J.G. *Biennial Report of the Board of the Directors, Report of the State Hospital at Morganton, N.C.: From December 1, 1898, to November 30, 1900.* Raleigh, NC: Edwards & Broughton, and E.M. Uzzell, State Printer.
- McC Campbell, John. *Report of the State Hospital at Morganton, NC: From December 1, 1906 to November 30, 1908.* Raleigh, NC: E.M. Uzell & Co., State Printers and Binders, 1908.
- McC Campbell, John. *Biennial Report of the State Hospital at Morganton for the Two years Ended June 30, 1932.* Raleigh, NC: E.M. Uzell & Co., State Printers and Binders, 1932.
- Murphy, Patrick. *Report of the Western North Carolina Insane Asylum at Morganton: From December 1882 to November 1884.* Raleigh, NC: Ashe & Gatling, State Printers and Binders, 1884.
- Murphy, Patrick L. *Report of the Western NC Insane Asylum at Morganton, NC From December 1, 1884 to November 30, 1886.* Raleigh, NC: P.M. Hales State Printer and Binder, 1887.
- Murphy, Patrick. *Report of the Western North Carolina Insane Asylum at Morganton, North Carolina: From December 1, 1888 to November 30, 1890.* Raleigh, NC: Josephus Daniels, State Printer and Binder, 1890.
- Murphy, Patrick *Report of the State Hospital at Morganton: From Dec. 1, 1892 to Nov. 30, 1894.* Raleigh, NC: Josephus Daniels, State Printer and Binder, 1895.
- Murphy, Patrick L. *Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900.* Raleigh, NC: Edwards & Broughton and E.M. Uzzell, State Printers, 1901.
- Murphy, Patrick L. *Report of the State Hospital at Morganton, N.C. From December 1, 1900, to November 30, 1902.* Raleigh, NC: Edwards & Broughton State Printers, 1903.

Murphy, Patrick. *Report of the State Hospital at Morganton, NC: From December 1, 1906 to November 30, 1908*. Raleigh, NC: E.M. Uzell & Co., State Printers and Binders, 1908.

Taylor, Isaac. *Annual Report of Broadoaks Sanitarium, 1905*. North Carolina Board of Public Charities.

United States of America, Bureau of the Census. *Tenth Census of the United States, 1880*. Washington, D.C.: National Archives and Records Administration, 1880.

United States of America, Bureau of the Census. *Twelfth Census of the United States, 1900*. Washington, D.C.: National Archives and Records Administration, 1900.

Western North Carolina Insane Asylum Board of Directors. *Biennial Reports of the State Hospital at Morganton, 1882–1907*. Raleigh, NC: Ashe & Gatling, State Printers and Binders, 1942.

Hospital Patient Archives

Patient Note, page 291. *Case Book for Males #6*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Males, #1*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Males #2, May 10, 1887 through October 20, 1895*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Males #3, July 6, 1888 to March 3, 1897*, Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Males #4, August 13, 1889 to December 14, 1892*, Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Males #5, March 26, 1898 to November 24, 1898*, Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Females, #1*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Females, #2, July 15, 1893 through August 4, 1896*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Females, #3*. Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Females, #4, August 9, 1880 to June 1, 1892.* Broughton Hospital Archives, uncatalogued.

State Hospital at Morganton. *Case Book for Females, #5, October 9, 1895–1897.* Broughton Hospital Archives, uncatalogued.

Western North Carolina Insane Asylum. *Case Book.* (Doctors notes about patient medications 1883-1887). Broughton Hospital Archives, uncatalogued.

Newspapers

Morganton News Herald, 1882-1907

Charlotte Daily Observer, 1882-1907

The Mountaineer, 1883.

Asheville Daily Citizen, 1892.

The Florida Times, 1906.

Speeches

Bancroft, C.P. "Disparity Between Nurses" *American Medico-Psychological Association Annual Meeting, 1905.* American Medico-Psychological Association: 1905.

Bucke, R.M. "Gynecological Notes," *American Medico-Psychological Association Annual Meeting, 1896.* American Medico-Psychological Association: 1896.

Hall, James K. M.D. "Psychiatry—In Retrospect and In Prospect." Speech made at the Autumn Quarterly Meeting of The North Carolina Neuropsychiatric Society, at Appalachia Hall, Asheville, North Carolina on Friday, October 29, 1937. Broughton State Hospital Library Archives.

Mitchell, S. Weir, MD., LL.D. "Address Before the Fiftieth Annual Meeting of the American Medico-Psychological Association." *Proceedings of the American Medico-Psychological Association. Semi-Centennial, 50th Annual Meeting.* Utica, NY: American Medico-Psychological Association, 1895.

Murphy, Dr. P.L. "Colony Treatment of the Insane and Other Defectives." Read Before the Meeting of the N.C. Medical Association, Charlotte, NC, June, 1906. Broughton Hospital Archives.

- Murphy, P.L. "The Treatment and Care of the Insane in North Carolina: What it is, What it was, and What it ought to be." An address delivered before the Agricultural and Mechanical College, Raleigh, NC, March 16, 1900.
- Murphy, Patrick. L. "The Care of the Insane and the Treatment and Prognosis of Insanity." speech before the North Carolina Medical Society, May 15, 1895. Folder 13, Box 2, Patrick L. Murphy Papers, Wilson Library, University of North Carolina at Chapel Hill.
- Powell, T.O. "A Sketch of Psychiatry in the Southern States." *Proceedings of the American Medico-Psychological Association at the Fifty-Third Annual Meeting*. Utica, NY: American Medico Psychological Association, 1897.
- Smith, G.A. "Application of The Cottage System to the New Hospital." *Proceedings of the American Medico-Psychological Association at the Sixty-Second Annual Meeting*. American-Medico Psychological Association: 1906.
- Rohe, George H. "Pelvic Disease in Women and Insanity." *American Medico-Psychological Association Annual Meeting, 1895*. American Medico-Psychological Association: 1895.
- Runge, Edward C. "Our Work and Its Limitations." *American-Medico Psychological Association Annual Meeting, New York*. American-Medico Psychological Association: 1899.
- Tomlinson, H.A. "The Puerperal Insanities." *American Medico-Psychological Association Annual Meeting, 1899*. American Medico-Psychological Association: 1899.
- Wise, P.M. "Training Schools for Nurses in Hospitals for the Insane." *American Medico-Psychological Association Annual Meeting, 1897*. American Medico-Psychological Association: 1897.

SECONDARY SOURCES

- Barbre, Joy Webster. "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause." In *The Politics of Women's Bodies*, Rose Weitz, ed., Oxford: Oxford University Press, 1998.
- Bollet, Alfred Jay. "The Epidemic of Pellagra in the U.S. in the Early Twentieth Century." *The Yale Journal of Biology and Medicine*, 65 (1992): 211-221.

- Boschman, Geertje. "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930." *Canadian Bulletin of Medical History* 25, Number 2 (2008): 367-389.
- Burke County, North Carolina 1880 Federal Census*. Morganton: Burke County Genealogical Society, 2000.
- Burke County, North Carolina 1900 Federal Census*. Morganton: Burke County Genealogical Society, 2006.
- Clark R. Cahow. "Jest Another Patient: The Morganton State Hospital Investigation of 1942." MA thesis, Duke University, 1965.
- Cahow, Clark R. *People, Patients, and Politics: The History of the North Carolina Mental Hospitals 1848-1960*. New York: Arno Press, Inc., 1980.
- Church, Olga Maranjian. *That noble reform: the emergence of psychiatric nursing in the United States, 1882-1963*. Chicago: University of Illinois at the Medical Center, 1982.
- Clark, Thomas D. *Pills, Petticoats and Plows: The Southern Country Store*. New York: The Bobbs-Merril Company Publishers, 1944.
- D'Antonio, Patricia. *American Nursing: A History of Knowledge, Authority, and the Meaning of Work*. Baltimore: The Johns Hopkins University Press, 2010.
- Deutsch, Alfred. *The Mentally Ill in America; A History of Their Care and Treatment from Colonial Times*. New York: Columbia University Press, 1937.
- Down, Gregory P. *Declarations of Dependence: The Long Reconstruction of Popular Politics in the South, 1861-1908*. Chapel Hill: The University of North Carolina Press, 2011.
- Draper, Sara Jane. *Concepts of Mental Illness, Health, and Treatment: Selected Ideas that Shaped American Psychiatric Nursing, 1900-1960*. Austin: The University of Texas at Austin Press, 1988.
- Dwyer, Ellen. *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*. New Brunswick, NJ: Rutgers University Press, 1987.
- Escott, Paul D. *Many Excellent People: Power and Privilege in North Carolina, 1850-1900*, Chapel Hill: The University of North Carolina Press, 1985.
- Englehardt, Elizabeth S.D. "Will Work for Food: Mill Work, Pellagra, and Gendered Consumption." In *A Mess of Greens: Southern Gender & Southern Food*. Athens: The University of Georgia Press, 2011.

- Etheridge, Elizabeth W. *The Butterfly Caste: A Social History of Pellagra in the South*, Westport, CT: Greenwood Publishing Company, 1972.
- Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Pantheon Books, 1965.
- Foxcroft, Louise. *Hot Flashes, Cold Science: A History of Modern Menopause*. London: Granta Publications, 2009.
- Gamwell, Lynn and Nancy Tomes. *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914*. Ithaca: Cornell University Press, 1995.
- Getz, Lynne M. " 'A Strong Man of Large Human Sympathy': Dr. Patrick L. Murphy and the Challenges of Nineteenth-Century Asylum Psychiatry in North Carolina." *The North Carolina Historical Review*. LXXXVI, no. 1 (2009): 32-58.
- Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Chicago: Aldine Pub. Co, 1962.
- Grob, Gerald N. *Mental Illness and American Society, 1875-1940*. Princeton, New Jersey: Princeton University Press, 1983.
- Grob, Gerald N. *Mental Institutions in America: Social Policy to 1875* New York: The Free Press, 1973.
- Grob, Gerald N. *The Mad Among Us: A History of the Care of America's Mentally Ill*. New York: The Free Press, A Division of Macmillan, Inc., 1994.
- Grob, Gerald N. "Rediscovering Asylums: The Unhistorical History of the Mental Hospital," *The Hastings Center Report*, 7, no. 4 (August 1977): 33-41.
- Hall, Jacquelyn Dowd, James Leloudis, Robert Korstad, Mary Murphy, Lu Ann Jones, and Christopher B. Daly. *Like a Family: The Making of a Southern Cotton Mill World*, Chapel Hill: The University of North Carolina Press, 1987.
- Houck, Judith A. *Hot and Bothered: Women, Medicine, and Menopause in Modern America*. Cambridge, MA: Harvard University Press, 2006.
- Hughes, John S. " 'Country Boys Make the Best Nurses': Nursing the Insane in Alabama. 1861-1910." *Journal of the History of Medicine and Allied Sciences, Inc.* 49 (1994): 79-106.
- Jaffe, Arnold. *Addiction Reform in the Progressive Age: Scientific and Social Responses to Drug Dependence in the United States, 1870-1930*. New York: Arno Press, 1981.

- Krasnick, Cheryl Lynn Warsh *Prescribed Norms: Women and Health in Canada and the United States Since 1800*. Toronto: University of Toronto Press, 2010.
- Kraut, Alan M. *Goldberger's War: The Life and Work of a Public Health Crusader*. New York: Hill and Wang, 2003.
- Link, William A. *The Paradox of Southern Progressivism: 1880-1930*. Chapel Hill: The University of North Carolina Press, 1992.
- Long, Dorothy, editor. *Medicine in North Carolina: Essays in the History of Medical Science and Medical Service, 1524-1960, Volume II*. Raleigh: The North Carolina Medical Society, 1972.
- Lunbeck, Elizabeth. *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, NJ: Princeton University Press, 1994.
- McCandless, Peter. *Moonlight, Magnolias, and Madness: Insanity in South Carolina From the Colonial Period to the Progressive Era*. Chapel Hill: The University of North Carolina Press, 1996.
- Melosh, Barbara. *The Physician's Hand: Work, Culture and Conflict in American Nursing*. Philadelphia: Temple University Press, 1982.
- Mitchinson, Wendy. "No Longer the Same Woman: Medical Perceptions of Menopause, 1900-1950." *Canadian Bulletin of Medical History*. 23, No. 1 (2006): 15-29.
- Phifer, Edward William Jr. *Burke: A History of a North Carolina County, 1777-1920*. Morganton, NC: Edward William Phifer, Jr., 1979.
- Reverby, Susan M. *Ordered to Care: The Dilemma of American Nursing, 1850-1945*. Cambridge: Cambridge University Press, 1987.
- Rothman, David J. *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*. Boston: Little, Brown and Company, 1980.
- Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Bay Back Books, 1971.
- Sacks, Oliver. "Asylum" in *Asylum: Inside the Closed World of State Mental Hospitals*, Christopher Payne, author, Cambridge, Massachusetts: The MIT Press, 2009.
- Scott, Anne Firor. *The Southern Lady: From Pedestal to Politics, 1830-1930*, Charlottesville: University Press of Virginia, 1995.
- Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, Inc., 1997.

- Simons, Bryant. "Choosing Between the Ham and the Union: Paternalism in the Cone Mills of Greensboro, 1925-1930." In *Hanging by a Thread: Social Changes in Southern Textiles*, eds. Jeffrey Leiter, Michael D. Shulman, and Rhoda Zingraff. Ithaca, NY: Cornell University Press, 1991.
- Smith, Susan Lee. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*. Philadelphia: The University of Pennsylvania Press, 1995.
- Starnes, Richard D. "'A Conspicuous Example of What is Termed the New South': Tourism and Urban Development in Asheville, North Carolina, 1880-1925." *North Carolina Historical Review* 80, No. 1 (January 2003): 52-81.
- Starr, Paul. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books, 1982.
- Streeter, Carrie. "Theatrical Entertainments and Kind Words: Nursing the Insane in Western North Carolina, 1882-1907," *The Journal of Psychiatric and Mental Health Nursing* 18 (2011): 904-913.
- Szymanski, Ann-Marie. "Beyond Parochialism: Southern Progressivism, Prohibition, and State-Building," *The Journal of Southern History*, Vol. 69 No. 1 (Feb 2003): 107-136.
- Tomes, Nancy. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. Philadelphia: University of Pennsylvania Press, 1994.
- Tomes, Nancy. "Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940." *The Journal of American History* 88, No. 2 (Sept. 2001): 519-547.
- Washburn, Benjamin E. *A History of the North Carolina State Board of Health: 1877-1925*. Raleigh: North Carolina State Board of Health, 1966.
- Wyche, Mary Lewis. *The History of Nursing in North Carolina*. Chapel Hill: The University of North Carolina Press, 1938.
- Yanni, Carla. *The Architecture of Madness: Insane Asylums in the United States*. Minneapolis: The University of Minnesota Press, 2007.

APPENDIX

Table 1: Causes of Insanity: Burke, Buncombe, and Watauga County Patients at the State Hospital At Morganton, 1883-1898

Cause	1883-1887		1888-1892		1893-1898		Total
	M	F	M	F	M	F	
Unknown	3	2	5	7	4	4	25
Ill Health	2	7	2	1	6	5	23
Intemperance/Whiskey	1		11		4		16
Domestic Trouble		3		8		3	14
Epilepsy	4		1		4		9
Religious Excitement	2		2		2	2	8
Heredity	1	2				3	6
Business Trouble/Financial Worry			1		3	1	5
Uterine Disease				3		2	5
Menopause				1		3	4
Excessive Use of Opium			1	1	1	1	4
Superlactation (following childbirth)		2				1	3
Blow on Head	3						3
Excessive Venery (sexual activity)				1	2		3
Hard Study		1			2		3
Over Work			1		2		3
Puerpery (pregnancy related)				2		1	3
Dementia	2						2
Excessive Use of Cigarettes			1		1		2
Menstrual Irregular				2			2
LaGrippe (flu)						2	2
Nervous Prostration			1		1		2
Softening of Brain					1	1	2
Congenital Defect	1						1
Mengenesis (start of menstruation)		1					1
Loss of Sight	1						1
Arrested Cerebral Development					1		1
Bereavement				1			1
Desertion by Parents			1				1
Eye Disease						1	1
Fright		1					1
General Debility			1				1
Nervous Excitement						1	1
Masturbation					1		1
Nervous Exhaustion	1						1
Neuralgia				1			1
Overheat						1	1
Parotid Abscess (Dental problem)					1		1
Superstition in Childhood	1						1
Worry						1	1

Table 2: Insanity—How Manifested: Burke, Buncombe, and Watauga County Patients at the State Hospital At Morganton, 1883-1898

Cause	Total Patients	Hallucinations or Delusions	Percent Per Cause	Threatened Homicide	Percent Per Cause	Threatened Suicide	Percent Per Cause
Unknown	25	14	56%	6	24%	3	12%
Ill Health	23	14	61%	6	26%	5	22%
Intemperance/Whiskey	16	7	44%	1	6%	2	13%
Domestic Trouble	14	9	64%	4	29%	3	21%
Epilepsy	9	3	33%	2	22%	2	22%
Religious Excitement	8	7	88%	1	13%	2	25%
Heredity	6	1	17%	1	17%	3	50%
Business Trouble/ Financial Worry	5	3	60%	1	20%	2	40%
Uterine Disease	5	3	60%	1	20%	2	40%
Menopause	4	3	75%				
Excessive Use of Opium	4	2	50%				
Superlactation (following childbirth)	3	2	67%	1	33%	1	33%
Blow on Head	3	3	100%	1	33%		
Excessive Venery (sexual activity)	3	3	100%	1	33%	1	33%
Hard Study	3	3	100%	2	67%	2	67%
Over Work	3	3	100%			1	33%
Puerpery (pregnancy- related)	3	3	100%	2	67%	1	33%
Dementia	2						
Excessive Use of Cigarettes	2	2	100%	2	100%	1	50%
Menstrual Irregular	2	1	50%	1	50%		
LaGrippe (flu)	2						
Nervous Prostration	2	1	50%				
Softening of Brain	2	2	100%				
Congenital Defect	1						
Mengensesis (start of menstruation)	1						
Loss of Sight	1						
Arrested Cerebral Development	1						
Bereavement	1						
Desertion by Parents	1	1	100%				
Eye Disease	1	1	100%	1	100%	1	100%
Fright	1	1	100%			1	100%
General Debility	1	1	100%				
Nervous Excitement	1	1	100%				
Masturbation	1	1	100%	1	100%	1	100%
Nervous Exhaustion	1	1	100%				
Neuralgia	1	1	100%			1	100%

Table 2, continued							
Cause	Total Patients	Hallucinations or Delusions	Percent Per Cause	Threatened Homicide	Percent Per Cause	Threatened Suicide	Percent Per Cause
Overheat	1						
Superstition in Childhood	1	1	100%	1	100%		
Worry	1	1	100%				

Table 3: Treatment Outcomes: Burke, Buncombe, and Watauga County Patients at the State Hospital At Morganton, 1883-1898

Cause	Total Patients	Died	Percent Per Cause	Recovered/Improved	Percent Per Cause	Not Insane	Percent Per Cause	Unknown Result	Percent Per Cause
Unknown	25	7	28%	10	40%	2	8%	4	16%
Ill Health	23	6	26%	12	52%			5	22%
Intemperance/Whiskey	16	2	13%	7	44%			1	6%
Domestic Trouble	14	5	36%	2	14%			5	36%
Epilepsy	9	5	56%	2	22%			1	11%
Religious Excitement	8	3	38%	5	63%				
Heredity	6	1	17%	3	50%			2	33%
Business Trouble/Financial Worry	5	2	40%	2	40%				
Uterine Disease	5			3	60%			1	20%
Menopause	4	1	25%	3	75%				
Excessive Use of Opium	4	1	25%	3	75%				
Superlactation (following childbirth)	3			2	67%			1	33%
Blow on Head	3			1	33%			2	67%
Excessive Venery (sexual activity)	3	2	67%	1	33%				
Hard Study	3	1	33%	2	67%				
Over Work	3	1	33%	1	33%	1	33%		
Puerpery (pregnancy-related)	3			3	100%				
Dementia	2							2	100%
Excessive Use of Cigarettes	2			2	100%				
Menstrual Irregular	2			1	50%			1	50%
LaGrippe	2	1	50%					1	50%
Nervous Prostration	2			1	50%			1	50%
Softening of Brain	2	2	100%						
Congenital Defect	1							1	100%

Cause	Total Patients	Died	Percent Per Cause	Recover/Improved	Percent Per Cause	Not Insane	Percent Per Cause	Unknown Result	Percent Per Cause
Mengogenesis (start of menstruation)	1								
Loss of Sight	1							1	100%
Arrested Cerebral Development	1			1	100%				
Bereavement	1	1	100%						
Desertion by Parents	1			1	100%				
Eye Disease	1	1	100%						
Fright	1	1	100%						
General Debility	1	1	100%						
Nervous Excitement	1			1	100%				
Masturbation	1	1	100%						
Nervous Exhaustion	1			1	100%				
Neuralgia	1	1	100%						
Overheat	1			1	100%				
Parotid Abscess (dental problem)	1			1	100%				
Superstition in Childhood	1	1	100%						
Worry	1			1	100%				

VITA

Carrie Anne Streeter was born in 1978 in southern California, but she grew up near Salt Lake City, Utah. In 2001, she graduated with a B.S. degree in English from Weber State University in Ogden, Utah. In 2002, she began working for Gibbs Smith, Publisher's textbook division. For the next six years, she worked as an editor and photo researcher for many state history textbooks, including *The Nebraska Adventure*, *The South Carolina Adventure*, *The Kansas Journey*, and *A Journey through North Carolina*. In these years, Ms. Streeter developed a compelling interest for the challenge and craft of telling history. In 2008, she took that interest out of the textbooks and into the classroom, where she taught fifth grade for two years at Legacy Preparatory Academy in North Salt Lake City, Utah. In 2010, Ms. Streeter accepted a North Carolina Tuition Scholarship and Graduate Assistantship in Public History at Appalachian State University, and she moved to Boone, North Carolina to pursue the degree.

As an ASU Graduate Research Assistant for Dr. Neva Specht, Ms. Streeter co-authored a Historic Furnishing Report of the Moses H. Cone Manor, a project commissioned by the National Park Service. Under the mentorship of Dr. Lucinda McCray and Dr. Pheobe Pollitt, Ms. Streeter also published in the field of mental health history. Her paper, "Theatrical Entertainments and Kind Words: Nursing the Insane in Western North Carolina, 1882-1907," was published in 2011 by the *Journal of Psychiatric and Mental Health Nursing*. In Fall 2011, Ms. Streeter was invited by Mary Charlotte

Safford at Western Piedmont Community College in Morganton, North Carolina, to teach a course on the history of Broughton Hospital (formerly the State Hospital at Morganton). Through that course, she worked with students and community members to establish the Broughton Hospital Oral History Archive and develop a history exhibit about the Hospital at Historic Burke, Inc. The exhibit, titled *What is Crazy? Understanding Broughton Hospital*, opened in May 2012.

Ms. Streeter graduated in May 2012 from Appalachian State University with her M.A. in Public History. That spring she accepted a fellowship to continue her studies in the Ph.D. History program at University of California, San Diego, where she will focus on the development of U.S. mental health care and therapeutic cultures.