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University of North Carolina at Asheville

“Health Resort” or Hell?:

A Study of Asheville's Historic Mental Institution, Highland Hospital

A Senior Thesis

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One of the most popular activities for tourists visiting Asheville, NC, is a ghost tour through its historic locations, with one of several local trolley companies. These tours are bound to mention supposed hauntings of notable sites include the Grove Park Inn, the Basilica of St. Lawrence, and even UNC Asheville. One of the lesser known stops is Highland Hospital. Most guests, will not learn much about the old mental hospital beyond that it is where Zelda Fitzgerald and nine other women died in a mysterious fire in 1948, and they haunt the location today. If one were to look further into the buildings still standing there, they would learn that Homewood House, the large stone building where the hospital's founder used to live, is now run as a popular wedding and event venue. Yet, Highland Hospital's legacy extends far beyond ghost stories and beautiful buildings.

The history extends all the way back to August 22, 1904 when Dr. Robert S. Carroll founded Dr. Carroll's Sanitarium in downtown Asheville. In 1906, he and his patients moved to an 80 acre section of land on Zilicoa Street that would become the Highland Hospital complex. The aim of the hospital was to treat mentally ill patients suffering from a number of ailments including addiction, depression, and schizophrenia. Dr. Carroll owned it until 1939 when he gave ownership of the facilities as a gift to Duke Hospital, but he would continued as Medical Director until 1946. The hospital was run by Duke until it finally sold in 1980 to Psychiatric Institutes of America who ran it until its closing in 1993. Its history, spanning nearly 90 years, marks a time of great social and scientific change towards the treatment of mental illness. Highland opened as the number of psychiatric institutions in the country began to rise, and finally closed during the deinstitutionalization period. The most radical changes in its management occurred in the years following World War II, as ownership of the hospital transferred hands, it gained nonprofit status, and implemented a number of new treatment

methods that other hospitals across the country were also beginning to use. Thus, Highland Hospital's timeline often reflects larger, national trends typical of private psychiatric hospitals in America, while maintaining its own unique ideas and philosophies as Asheville's local mental hospital.

The books, anthologies, films, and articles that discuss mental health treatment, asylums, and the history of psychiatry are expansive. As such, developments in psychiatry are not the focus of this essay, though they are intricately tied to the development of, and practices in, mental institutions built across the United States. One of the most notable works in this field is Edward Shorter's *History of Psychiatry*, published in 1997. Shorter is recognized as one of the leading historians of psychiatry. In this text, Shorter outlines the emergence of psychology as a field and the earliest hospitals that came about in Europe during the eighteenth century. He describes "The Asylum Era" which lasted from the late 1800s until the mid 1900s. Shorter's discussion of the asylum era centers primarily around the argument that, "The many well-meant initiatives of asylum psychiatry... were almost all doomed to failure under the pressure of numbers."¹ Shorter would be far from the only historian to discuss why hospitals created during this era became inundated with patients, in many cases not having adequate resources or knowledge to properly take care of them.

The forms of care that hospitals and psychiatrists turned to are heavily criticized. Historians and contemporary psychiatrists most fervently condemn forms of supposed treatment such as lobotomies, electroshock therapy, insulin comas, and convulsive therapy. Scholars and medical professionals today argue these therapies and psychosurgeries did far more harm than good to the patients. Robert Whitaker argues against the mistreatment of the mentally ill in *Mad*

¹ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, Inc., 1997): 34.

in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill, published in 2002.² Whitaker began this work as an award-winning journalist for the *Boston Globe*. Where Shorter focuses much more expansively on the history of psychiatric thought and how it led to treatment of the mentally ill in practice, Whitaker's work focuses specifically on the medicinal and physical treatments used on mentally ill individuals, with special focus given to the patients perspectives. Whitaker also, very briefly, is one of the few researchers to mention Highland Hospital and Robert S. Carroll by name, noting Dr. Carroll's attempted use of horse serum to treat patients with schizophrenia.³ While comprehensive in its historical analysis, the primary argument is a social one, arguing against the use of medications and purely biological treatments as the initial form of treatment.⁴

Less focused in defining contemporary social implications are several shorter, more general works. Included in this category is Ruud Abma's chapter "Madness and Mental Health" in *A Social History of Psychology*. This chapter relates historical expansion of the mental health field to "broader cultural elements" that contributed to "individualization by developing therapies specifically aimed at treating individual disorders."⁵ Abma adds to the existing scholarship by examining the effect that World War I and World War II had on the emphasis and importance of care of the mentally ill, after thousands of U.S. veterans came back with "shell shock" and about 60 percent of VA patients were diagnosed with neuropsychiatric disorders. Abma argues that this sharp rise in mental illness led to more mainstream discussion of mental

² Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and Enduring Mistreatment of the Mentally Ill* (Cambridge: Perseus Publishing, 2002).

³ Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and Enduring Mistreatment of the Mentally Ill* (Cambridge: Perseus Publishing, 2002), 80.

⁴ Robert Whitaker, *Mad in America*, 288-289.

⁵ Ruud Abma, "Madness and Mental Health," in *A Social History of Psychology*, ed. Jeroen Jansz and Peter van Drunen (Malden, MA: Blackwell Publishing Ltd., 2004), 93.

health and legislation such as the Servicemen's Readjustment Act (the "GI Bill") and the National Mental Health Act of 1946.⁶

Beginning in the 1950s, patients began to shift out of state-funded mental hospitals and back into the surrounding communities, a phenomenon known as deinstitutionalization. This topic is still highly contested and discussed in texts dating back to 1985, such as in Phil Brown's book titled, *The Transfer of Care: Psychiatric Deinstitutionalization and its Aftermath*, and an article by Yohanna Daniel titled "Deinstitutionalization of People with Mental Illness," published in 2013. Brown, a professor of sociology at Brown University, focuses his text primarily on how care of mentally ill people became less centralized under federal and state governments after 1945. Though he relies heavily on historical data, the book is not structured chronologically and examines the interaction between private and public institutions.⁷

Meanwhile, Daniel's piece takes a much more critical approach to the process of deinstitutionalization, though it is far less specific and data based. Deinstitutionalization left America's mentally ill population with few resources for adequate care, instead placing them in "nursing homes, intermediate care facilities, jails, and prisons- or worse, become homeless," and urges the American populace toward finding a way to care for this marginalized population.⁸

Other scholars have begun to examine how different aspects of these historic hospitals played a role in larger society and historic memory. For instance, Hiroshi Maeda published an article titled, "The Discovery of Mental Hospital Patients: A Historical Epidemiology of Institutionalization in the American North, 1880-1920," aimed at determining who psychiatric

⁶ Abma, "Madness and Mental Health," 113.

⁷ Phil Brown, *The Transfer of Care: Psychiatric Deinstitutionalization and Its Aftermath*. London, Boston, Melbourne and Henley: Routledge & Kegan Paul, 1985.

⁸ Daniel Yohanna, MD., "Deinstitutionalization of People With Mental Illness: Causes and Consequences," *AMA Journal of Ethics* 15, no. 10 (October 2013): 886.

patients truly were and whether these institutions were more “repressive” or “humanitarian.”⁹ This question fits into a much larger debate of whether asylums and psychiatric hospitals did more harm than good for their patients and societies. To determine this, scholars have begun to look more towards the actual experiences of individuals. A study titled “Mental Illness, Institutionalization, and Oral History in Appalachia,” examined the experiences of psychiatric attendants and interviewed a number of psychiatric attendants who worked at Southwestern Virginia Mental Health Institute (SVMHI). These interviews revealed both the helpful and harmful practices within a small mountain hospital, that was likely similar in nature to Highland.¹⁰

Finally, to grasp the history of Highland Hospital, one must understand the difference between private and public institutions in North Carolina and America as a whole. Highland Hospital existed as a private institution that only gained nonprofit status in the 1950s after it was acquired by Duke University. Jeffrey L. Geller, MD at the University of Massachusetts outlined the importance of the private psychiatric hospitals in the larger history of American psychiatric institutionalization in “A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished.” Geller argues that though most research into mental institutions have been focused on the public hospitals, the private hospitals were some of the first to be created in the US and lasted longer than the public ones did, often taking on and frequently interacting with overflow patients of these public institutions.¹¹ A similar trend can be seen by examining the

⁹ Hiroshi Maeda, “The Discovery of Mental Hospital Patients: A Historical Epidemiology of Institutionalization in the American North, 1880-1920,” *Social Science History* 40, (Fall 2016): 463.

¹⁰ Melissa Schrift, Anthony Cavender, and Sarah Hoover, “Mental Illness, Institutionalization and Oral History in Appalachia: Voices of Psychiatric Attendants,” *Journal of Appalachian Studies* vol. 19, no. ½ (Fall/Spring 2013), 99.

¹¹ Jeffrey L. Geller, MD, “A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished,” *Psychiatric Quarterly* 77, no. 1. (Spring 2006), 3, 6-7.

timespan of Highland Hospital. During the nearly 90 years it was open, the Hospital was able to adjust to changes in funding and continue to attract patients.

Beyond the few, short articles and amateur histories penned in local newspapers and blogs, there has been little written about Asheville's Highland Hospital. What has been written focuses almost entirely on the fire of May 11, 1948 that claimed the lives of nine female patients, including author Zelda Fitzgerald. The fire, while tragic, is only one dark chapter of the hospital's nearly 90 year history. Open between 1904 and 1993, this private hospital saw hundreds of patients travel in and out of its doors. Despite its longevity, historians have failed to view Highland as much more than a footnote and a stop on tourist ghost tours through the city. Yet, Highland's story is emblematic of a far more intricate history of mental health treatment and institutionalization in America.

Highland's founder, Dr. Robert S. Carroll, received his medical education at a time when psychiatry as a field had not been fully specialized yet. After becoming a pharmacist, then getting his medical degree from Marian Simms Medical College in 1893, he practiced general medicine for a while, and began to notice the lack of affective psychiatric help available to patients. It was the practice of most hospitals during the late 1800s and early 1900s to "smother the patient's abnormal conduct," which according to one of Dr. Carroll's contemporaries, Dr. Evelyn Parker Ivey, Carroll could not accept.¹² After years of work in general hospitals, Dr. Carroll received additional schooling at Rush Medical College, now the University of Chicago, and Polyclinic in New York, where he learned about psychiatric practices, and most specifically

¹² Evelyn Parker Ivey-Davis, Transcript of "Highland Hospital Revisited" speech, August 22, 1979, Asheville, D.H. Ramsey Library, Special Collections, Highland Hospital Collection, Folder 1, 3.

hydrotherapy.¹³ Finally, he decided to open his own psychiatric hospital with an emphasis on physical activity and diet as a means to improve mental health.

From the early days of Highland Hospital Dr. Carroll believed in the importance of maintaining a healthy physicality in order to improve one's mental health. Thus, Highland tried to avoid giving their patients potent drugs unless necessary and placed emphasis on healthy diet, including "fresh vegetables," and regular outdoors exercise.¹⁴ In a document titled, the "Aims & Ideals of Highland Hospital," which was kept in Dr. Carroll's files, it is noted that Asheville was selected as the location for the hospital because of, "the need of the sick brain for oxygen."¹⁵ Essentially, Dr. Carroll believed that Asheville's clean air and climate would help alleviate some of the mental disorders in patients and allow patients to venture outside each day throughout the year.¹⁶ While this idea was unique to mental hospitals of the time, the belief that Asheville's climate could be restorative for patients was a popular one in the area.

Since the 1870s, medical professionals and their patients had been coming to Western North Carolina, which had become known as a "health resort" after a census of the area revealed low instances of tuberculosis and other lung disease.¹⁷ It was during this time that Dr. H.P. Gatchell opened America's first sanatorium for the treatment of tuberculosis in the Kenilworth area of Asheville, leading to a number of other health experts, specifically those related to respiratory illnesses, to open clinics and hospitals throughout the area.¹⁸ Asheville became

¹³ Ivey-Davis, *Highland Hospital Revisited*, 3.

¹⁴ "Aims and Ideals of Highland Hospital," Asheville, NC, Pack Memorial Library, North Carolina Room, Folder G, Box MS115.0043.

¹⁵ "Aims and Ideals of Highland Hospital." Asheville: Pack Memorial Library, North Carolina Room, Box MS115.0043, Folder G.

¹⁶ "Aims and Ideals of Highland Hospital." Asheville: Pack Memorial Library, North Carolina Room, Box MS115.0043, Folder G.

¹⁷ Mary P. Laxton, "Western North Carolina as a Health Resort," *The American Journal of Nursing* 2, no. 12 (1902): 994.

¹⁸ "Asheville as a Health Retreat," National Register of Historic Places Travel Itinerary, Asheville, NC, National Park Service, Accessed October 25, 2016, <https://www.nps.gov/nr/travel/asheville/health.htm>.

known for a number tuberculosis sanatoriums that contained, “charming sun-parlors” where “fresh air treatment may be thoroughly enjoyed.”¹⁹ A number of notable figures in Asheville’s history, such as George Vanderbilt and E.W. Grove also came to the area seeking medical treatment for family members and themselves.²⁰ In Morganton, NC, another sanatorium was built in 1901 for the treatment of mental illness, furthering the idea that Western North Carolina’s climate could be good for the body and the mind.²¹ In Highland’s own promotional materials, Asheville is described as having a climate similar to Italy, being area of “unsurpassed” beauty with bountiful nature and “crystal clear” waters that make it an ideal area for “a health resort of all season.”²²

Throughout his time at Highland Hospital, Dr. Carroll wrote a number of articles on various topics in psychiatry. One early article titled, “The Therapy of Work” argues that psychotherapy must be employed through therapies that also engaged the body in physical “work” that was “well within the strength of the patient... and employing sufficient mental activity.”²³ Carroll believed that physical work ultimately helps the patient, along with advising from nurses and attendants, to employ “wholesome and rational thought.”²⁴ In this same article, Dr. Carroll includes examples of several patients who he claims benefited from this form of therapy. Based upon the locations that several of these patients worked, such as Black Mountain, it can be surmised that these were patients from Highland Hospital, who ultimately appear to have benefited from this form of therapy. Meanwhile, extensive oral histories done on the

¹⁹ Mary P. Laxton, “Western North Carolina as a Health Resort,” *The American Journal of Nursing* 2, no. 12 (1902): 995.

²⁰ “Asheville as a Health Retreat,” National Register of Historic Places Travel Itinerary, Asheville, NC, National Park Service, Accessed October 25, 2016, <https://www.nps.gov/nr/travel/asheville/health.htm>.

²¹ Mary P. Laxton, “Western North Carolina as a Health Resort,” 3.

²² “Diets,” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 42, 4.

²³ Robert S. Carroll, M.D., “The Therapy of Work,” *Journal of American Medical Association*, no. LIV (June 18, 1910): 2032-2035. Pack Memorial Library, North Carolina Room, Highland Hospital Papers, 6.

²⁴ Carroll, “The Therapy of Work,” 2037.

Southwestern Virginia Mental Health Institute notes that for their local psychiatric hospital, patient labor was also integral to their “institutional philosophy,” meaning that the psychiatric attendants also believed that doing work, “provided patients with a sense of purpose and accomplishment.”²⁵ However, they were also dependent on patient labor to run the institution, and the attendants believed laws barring patients from working during their stays negatively impacted them..²⁶

For the early part of the 20th century, Highland hospital was dominated by therapies that aimed to improve diet, physical work, gardening, hiking, and sports, and psychotherapy conducted with the doctors and nurses at Highland. However, several more intense techniques were used in attempts to regulate the patient’s biology. The use of hydrotherapy was commonly employed along with these practices, as Dr. Carroll had received training in this specialty as he furthered his education at Rush Medical College, which is now the University of Chicago.²⁷ Yet, in the 1930s, scientific discoveries gave rise to various other medical procedures, many of which were introduced to Highland. Principal to these therapies were the “insulin coma, metrazol convulsive therapy, electroshock, and prefrontal lobotomy.”²⁸

One of the most notable treatments Highland used was of Dr. Carroll’s own creation. On January 13, 1923, he began the first in a series treatments that came to be known as “Carroll’s Treatment.”²⁹ This treatment aimed to restore lucidity and reduce symptoms in schizophrenic patients by giving them “injections of sterilized horse serum into the spinal fluid, which caused

²⁵ Melissa Schrift, “Mental Illness, Institutionalization, and Oral History in Appalachia: Voices of Psychiatric Attendants,” 103.

²⁶ Melissa Schrift, “Mental Illness, Institutionalization, and Oral History in Appalachia: Voices of Psychiatric Attendants,” 103.

²⁷ Ivey-Davis, “Highland Hospital Revisited,” 3.

²⁸ Robert Whitaker, *Mad in America*, 73.

²⁹ Ivey-Davis, “Highland Hospital Revisited,” 7

aseptic meningitis.”³⁰ This serum was prepared from the blood of a horse made immune to toxins. Dr. Carroll argued for the rest of his career that, “of the small number of cases treated at Highland Hospital, temporary or permanent improvement is reported to have occurred in every case.”³¹ However Robert Whitaker notes in *Mad in America*, that these injections cause intense physical suffering to the patients, often making them ill with “backaches, headaches, and vomiting.”³² In a speech given by Evelyn Parker Ivey-Davis at Highland’s 75th Anniversary, she notes that this form of treatment spread to hospitals in Philadelphia, Italy, and Canada.³³ Of forty-nine cases tested at the Philadelphia Hospital for Mental Diseases, twenty-eight patients were said to have improved after receiving injections, fourteen showed no improvement, and seven reportedly went into remission.³⁴

Beginning in the 1920s and carrying on through the 1930s, the number of patients in mental hospitals across the United States started to dramatically increase. In 1922, a survey of by the US Census Bureau concluded that in 1922 there were roughly 256,683 people in public hospitals to 420,553 in 1938. Private hospitals increased from 9,321 to 10,831.³⁵ Though any one reason for the increase in psychiatric patient populations is difficult to discern, some argue that a focus on biological treatment lead to greater number of individuals being “diagnosed as suffering from neurosyphilis, alcohol misuse, and schizophrenia,” and the public found it easier to redistribute patients to facilities rather than care for them at home.³⁶ During this time, private

³⁰ Robert Whitaker, *Mad in America*, 80.

³¹ Robert S. Carroll, MD, Everett S. Barr, MD, R. Grant Barry, MD, and Mr. David Matzke, “Asceptic Meningitis in the Treatment of Dementia Precox,” *The American Journal of Psychiatry* 81, no. 4 (April 1925): 674.

³² Robert Whitaker, *Mad in America*, 80.

³³ Ivey-Davis, “Highland Hospital Revisited,” 8

³⁴ Carroll, et al, “Asceptic Meningitis in the Treatment of Dementia Precox,” 678.

³⁵ Jeffrey L. Geller, MD, “A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished,” *Psychiatric Quarterly* 77, no. 1. (Spring 2006), 10.

³⁶ Abma, “Madness and Mental Health,” 99.

institutions made up between 3.4-2.4% of psychiatric facilities, they often offered less crowded quarters for patients with more attention from attendants and physicians with emphasis on patient recreation and rehabilitation.³⁷ Similarly, Highland Hospital boasted in an early 1940s brochure that the number of patients in Highland were, “limited, and a homelike atmosphere retained, while each patient receives the personal care of specialists who limit their practice to this class of patients.”³⁸ Treatment at Highland cost between roughly \$40 to \$150 weekly, depending on the room accommodations for the patient and the services required.³⁹ The 1920s also brought greater influence on biological forms of treating mental illness. Following the World War I, psychiatrists began observing the phenomenon they then knew as “shell shock,” or a number of mental disorders that developed in soldiers as a response to the trauma of battle. The widespread effect of these disorders was a piqued interest in “the relationship between psychic disorders and everyday living conditions.”⁴⁰ The first world war also brought about the use of “clinical psychology” which was a much more direct approach to studying, diagnosing, then treating mental illness as one would with any other form of illness.⁴¹

Highland hospital engaged in several forms of biological treatment. Treatments noted in Highland Hospital’s brochure, in addition to the required schedule of rest and physical work, patients would be subject to “hydrotherapy, or scientific bathing,” which, “offers and aids in ridding the system of its poisons and producing tonic reactions that could not otherwise be

³⁷ Jeffrey L. Geller, MD, “A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished,” 11.

³⁸ “Highland Hospital circa 1940s Brochure,” Asheville, NC: Pack Memorial Library, North Carolina Room, Highland Hospital Papers, MS115, 20.

³⁹ “Highland Hospital circa 1940s Brochure,” Asheville, NC: Pack Memorial Library, North Carolina Room, Highland Hospital Papers, MS115, 32.

⁴⁰ Ruud Abma, “Madness and Mental Health,” 107.

⁴¹ Ruud Abma, “Madness and Mental Health,” 107.

obtained.”⁴² Interviews from attendants at Southwestern Virginia Mental Health Institute, another hospital in Appalachia, described hydrotherapy, or “ice-packs” as they refer to it, as a way of “restraining” and “sedating” the patient by essentially rolling them in a blanket doused in ice water.⁴³ It is also noted that, “electricity has a limited but definite use,” referring undoubtedly to electroshock therapy, which involved “shocking the brain to the point of eliciting convulsions,” which seemed to allow more lucidity in patients characterized as psychotic.⁴⁴ The use of electroshock therapy is tied closely to insulin coma therapy, which was clearly employed at Highland due to records of insulin being purchased as early as 1947.⁴⁵ Insulin comas were first used by Manfred Sakel after accidentally giving too much insulin to several of his patients. The added insulin caused the patient to go into hypoglycemic shock, then into a coma. Though not his initial intent when giving these patients insulin, Sakel noted that when addicted patients awoke from these comas they showed a disinterest in morphine.⁴⁶ After continued intentional inductions, Sakel hypothesized insulin comas could be a potential cure for schizophrenia.⁴⁷ In the 1945-1946 Medical Directors report, it is noted that 25 patients were given deep shock insulin treatment during the period of April 1, 1945 through July 31, 1946. Of those patients, 15 were discharged from the hospital and 10 were still undergoing treatment at the time the report was written. Of the patients released from the hospital at least three relapsed and one died. While the

⁴² “Highland Hospital circa 1940s Brochure,” Asheville, NC: Pack Memorial Library, North Carolina Room, Highland Hospital Papers, MS115, 24.

⁴³ Schrift, “Mental Illness, Institutionalization, and Oral History in Appalachia: Voices of Psychiatric Attendants,” 97.

⁴⁴ Shorter, *History of Psychiatry*, 207.

⁴⁵ A.S. Brower, Letter to Mr. J.E. Doxey, July 18, 1947. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1.

⁴⁶ Shorter, *History of Psychiatry*, 227.

⁴⁷ Shorter, *History of Psychiatry*, 209.

report made no indication that insulin shock treatment would stop, they did note that the picture from the past year was “much worse” than it had normally been.⁴⁸

Among the many biological treatments and psychosurgeries that developed during the 1930s was the lobotomy. Lobotomies were a form of psychosurgery in which the patient’s frontal or orbital lobes in their brain would essentially be separated by a physician by going into the brain under the eyelid, often using an ice-pick or similar instrument.⁴⁹ Though there are no records of lobotomies performed during this era at Highland Hospital, they were incredibly popular in the United States and Europe until the 1950s when new antipsychotic drugs were introduced.⁵⁰

Despite its facade as an idyllic haven for patients, the early history of Highland Hospital was far from perfect. Rather, cases of improper conduct surfaced during the treatment of, and years following the treatment of several patients. Though few accessible records exist of patient’s specific experiences at Highland Hospital, several noticeable documents stand out. In 1927, a case was brought before the State Supreme Court and the Division of Mental Health and Hygiene of the State Board of Charities and Public Welfare alleging that Dr. Robert S. Carroll had engaged in years of “grossly immoral conduct... with the women patients of the institution.”⁵¹ After investigation, the state Board of Medical Examiners unanimously decided to revoke Dr. Carroll’s license to practice medicine. However, Carroll appealed this decision to the Buncombe Superior Court. Judge Shaw oversaw his appeal and stated that ““due process of the

⁴⁸ B.T. Bennett, M.D., “Medical Directors Report, 1945-1946,” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34, 2.

⁴⁹ Shorter, *History of Psychiatry*, 227.

⁵⁰ Shorter, *History of Psychiatry*, 228.

⁵¹ “Carroll Case Before State Supreme Court,” *Public Welfare Progress: Published Monthly for Free Distribution by the North Carolina State Board of Charities and Public Welfare* 8, no.1 (January 1927): 17.

law'... meant that he was entitled to a trial by jury of his peers."⁵² Yet, the Attorney General at the time stated that they were not prepared for such a case and it was thrown out of court. The State Board of Charities and Public Welfare began a suit to instead revoke Highland Hospital's license instead of just revoking Dr. Carroll's.⁵³

Ultimately, the second suit against the Hospital itself never came to fruition. Dr. Carroll argued that the case against him was insufficient. A mistrial on the second case was declared due to the jury's inability to answer one of the questions before them. They were asked, "Was Dr. Robert S. Carroll guilty of gross immorality while medical director and manager of Highland Hospital, as alleged in the complaint?"⁵⁴ Due to the jury's inability to decide upon this aspect of the case, the Hospital's license was maintained. However, the confusing trial and system of appeals again called into question the standing of Highland Hospital's medical license many years later in 1946 when the new president, Dr. A.S. Brower, decided to confirm that Highland was, in fact, licensed by the Medical Board. Ultimately, they found no further attempts to revoke Highland's license, and a letter to Dr. Brower stated that if there had been further cases against Carroll that, "he would have appealed through every court in the land."⁵⁵

Dr. Carroll affirmed in a letter to Dr. Brower that they were cleared of these charges and "there was no holding up of Highland Hospital's license for any reason."⁵⁶ Yet, while the State Board of Public Welfare and Charities were not successful in revoking the hospital's license, there was a closely related case of illegal detention and assault of a patient brought before the

⁵² "Carroll Case Before State Supreme Court," *Public Welfare Progress*, 17.

⁵³ "Carroll Case Before State Supreme Court," *Public Welfare Progress*, 17.

⁵⁴ "The State Board of Charities and Public Welfare et al. v. Highland Hospital, Inc., and Dr. Robert S. Carroll Filed 20 March, 1929," in *North Carolina Reports: Cases Argued and Determined in the Supreme Court of North Carolina*, ed. Robert C. Strong (Raleigh: Bynum Printing Co. State Printers, 1929): 725-755.

⁵⁵ "Highland Hospital, Inc. License Letter to Dr. A.S. Brower," Circa 1944-1945. Duke Medical Center Archive, Highland Hospital Collection, Box 1, Folder 29, 2.

⁵⁶ Dr. R.S. Carroll, Letter to Mr. A.S. Brower, October 20, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 24.

North Carolina Supreme Court on February 24, 1915. This case, *Cook v. Highland Hospital et al.*, was brought against the hospital and Dr. Carroll by a woman named Beatrice Cook. She had admitted herself into the hospital after being led to believe that it was a most “elegant and luxurious” sanitarium that she would enter to cure her mild malaria and get rest and relaxation before her upcoming wedding.⁵⁷ She based her assumptions upon marketing materials she received from Highland Hospital, specifically the “Diets” pamphlet which simply describes the types of healthy meals served at the hospital and on its cover states that, “Highland Hospital is an institution for the treatment of Nervous, Habit, and Mild Mental cases; especially emphasizing the natural curative agents Rest, Climate, Water, Diet, Work and Play.”⁵⁸ Other promotional materials entitled, “How Highland Hospital Helps” describe the ground’s fifteen acres as “artistically planted” and “picturesque.”⁵⁹ However, upon her admittance, Cook was not permitted to see her sister who was residing in the area, and claimed that she was forcefully restrained against her will, had her hair forcefully shampooed, locked in a room infested with roaches, received compulsory hypodermic injections twice a day, forced to have her breasts massaged, given very little food, and handled in such a manner that her arm was injured.⁶⁰ Dr. Carroll and Highland Hospital denied any mistreatment, stating that while she was detained against her will it was because she was hysterical and a danger to herself. The court ultimately ruled in favor of the defendant, since she was not committed to the hospital under any legal means and thus had the right to leave at any time.⁶¹

⁵⁷ “Cook v. Highland Hospital et al. 168 N.C. 250,” In *The Southeastern Reporter: With Key-Number Annotations*, Volume 84 (St. Paul: West Publishing Co, 1915), 352-353.

⁵⁸ “Diets,” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 42, 1.

⁵⁹ “How Highland Hospital Helps,” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 42, 5.

⁶⁰ “Cook v. Highland Hospital et al. 168 N.C. 250,” In *The Southeastern Reporter: With Key-Number Annotations*, 353-354.

⁶¹ “Cook v. Highland Hospital et al. 168 N.C. 250.” In *The Southeastern Reporter: With Key-Number Annotations*, 355.

Despite all of Dr. Carroll's claims, after his retirement, the hospital did receive a letter from a fifteen-year-old girl who claimed that her father was horribly mistreated during his brief stay at Highland Hospital. She stated in her letter, which was sent to Dr. Davidson, president of Duke University Hospital at the time, and the President of the North Carolina Medical Society, that a physician at the hospital, named Dr. Craig, had "thrust him into a small room, took his clothes from him, and left him there for two days," with no food or water.⁶² She further claimed that Dr. Craig attempted to give her father shock treatments against his wishes, and those of his family, the day he was intended to be released. While he was a patient there in June of 1950, he died soon afterwards in September of a brain tumor, which his family believed was the cause for all of his strange behavior that led to his hospitalization.⁶³

There was a subsequent investigation into the treatment of the patient, in which Highland Hospital officials looked at Dr. Craig's notes and determined that there was no inappropriate treatment of the girl's father during his stay at Highland Hospital.⁶⁴ This letter came after the Hospital had been discussing a revision to their policy regarding patient's consent to restraint and detention at their facilities. This discussion followed the guidelines put forth in the *Cook v. Highland Hospital*, 168 N.C., 250 case. The new management of Highland determined that a mental hospital had the legal right to restrain patients with the force deemed necessary to stop them from injuring themselves, others, or the property around them. However, the hospital officials were not permitted to engage in excessive restraint of patients, and they could not hold patients in the hospital against their will, unless they were legally committed to the hospital.⁶⁵

⁶² Mary Ellen Loftie, 1951, Copy of letter to Dr. Davidsen of Duke University Medical School, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 43.

⁶³ Loftie, Mary Ellen. Copy of letter to Dr. Davidsen of Duke University Medical School.

⁶⁴ Loftie, Mary Ellen. Copy of letter to Dr. Davidsen of Duke University Medical School.

⁶⁵ E.C. Bryson, Letter to Mr. A.S. Brower, April 11, 1947, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 16.

Carroll would continue as the primary owner of Highland Hospital until April 2, 1939, when he gifted the hospital to Duke University for a lease of 5 years, after which, Duke became the sole owner of all the property.⁶⁶ Dr. Carroll agreed to gift the hospital at no cost to Duke under the terms that the university would, “make an earnest effort in good faith to maintain and operate the institution for the treatment of mental, nervous and habit disorders.” They also had to comply with the following “standards and ideals” that Carroll set forward, namely utilising, “out-of-door occupational therapy, the elimination of sedative drugs,” and “the wise balancing of food and exercise looking to evolve the individual’s highest possible biochemical integrity.”⁶⁷ Duke accepted this responsibility, agreeing to keep Dr. Carroll on as medical director for a salary of \$1000 per month.⁶⁸ He continued as medical director until retiring in 1946 at 77 years old and his position was taken over by Dr. Otto von Billing.⁶⁹ As such, the agreement patients and their families signed upon entering the hospital was rewritten to reflect these changes, and make it clear to attendants there that they were not to use excessive force.⁷⁰

The exact reason for Carroll’s gifting of the Hospital to Duke University is unclear. Major shifts in the psychiatric fields during the late 1930s and early 1940s were likely contributing factors. These changes included new, more expensive, forms of biological treatment and a desire to treat more patients, regardless of their financial situation.⁷¹ To attend to patients of differing financial status, the hospital amended it’s charter on December 27, 1939 to become a

⁶⁶ “History of Highland Hospital Inc,” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

⁶⁷ Carroll, Robert S. Letter to Duke University, December 3, 1938, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

⁶⁸ “History of Highland Hospital Inc.” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

⁶⁹ Ivey-Davis, “Highland Hospital Revisited,” 11.

⁷⁰ E.C. Bryson, Letter to Mr. A.S. Brower, April 11, 1947, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 16.

⁷¹ “Memorandum to Dr. Davison,” July 24, 1945. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 28.

nonprofit hospital rather than a for-profit institution.⁷² By the 1950s this allowed the hospital various tax breaks under Section 101(6) of the Internal Revenue Code.⁷³ Despite these benefits of Duke's involvement with the hospital, the dual management of the facilities did not always lead to smooth transitions. Even after Carroll's retirement, he remained intimately involved with the daily life at Highland Hospital, especially since he and his wife, Grace Potter, continued to live in the home, known as Homewood House, they had built on the property.⁷⁴ As Dr. Brower and the board of Highland considered selling it in 1948, Carroll alleged that they had broken the terms of the agreement he made with Duke upon gifting the institution to them in their use of "tobacco, red meat, and cult like practices."⁷⁵ In a letter discussing this situation, Brower noted that he believed most of these statements were made by "an old man" that could no longer offer any real help to the hospital.⁷⁶ It should be noted that the end of the 1940s were a particularly turbulent time for Highland Hospital as they struggled to keep their patient rates high and maintain their facilities.

The reason for a decrease in numbers during 1948 and over the next few years, was a deadly fire that occurred in Highland Hospital's Central Building on March 10, 1948. According to the fire department investigators, the fire began around midnight in the diet kitchen on the bottom floor. The blaze then spread to the elevators of the building and reached all the way to the

⁷² "History of Highland Hospital Inc." Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

⁷³ U.S. Treasury Department, "United States Return of Organization Exempt from Tax Under Section 101(6) of Internal Revenue Code," July 1, 1950-June 30, 1951. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 43.

⁷⁴ "Hospital Celebrating its 40th Anniversary," August 20, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 27.

⁷⁵ A.S. Brower, Letter to Mr. A.H. Sands, May 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23, 2

⁷⁶ Brower, Letter to Mr. A.H. Sands, May 7, 1948.

roof of the four story building before the fire department reached the hospital.⁷⁷ Altogether, nine women perished in the blaze, among them were several Asheville natives and Zelda Fitzgerald, a popular socialite and writer from the 1920s who was married to fellow writer, F. Scott Fitzgerald.⁷⁸ This event gained national attention, largely due to Fitzgerald's notoriety, and remains a predominant part of Asheville lore. Even after a number of investigations from the Asheville Fire Department the exact cause of the fire remains undetermined.

Coroner's Jury in the case determined that "there was negligence" on the part of Highland Hospital but not "culpable negligence," which would mean that the Hospital acted recklessly in a way that would have put patients at risk.⁷⁹ Rather, they were largely found negligent for failing to implement certain fire codes that they had been aware of for the past several years. As early as 1944, there are records that the hospital was well aware of fire hazards in several of its buildings. That year, they were instructed by the State Board of Charities and Public Welfare to procure a letter from the fire marshall that stated they had fixed several hazards in the hospital, in order to get a license from the State Board of Charities and Public Welfare.⁸⁰ Though the exact fire hazards are not mentioned here, correspondence regarding the cost and installation of a sprinkler system for the Central building during 1946 indicates that the lack of a sprinkler was likely one of the top safety concerns.⁸¹ Additionally, it was reported by the *World Telegram* that the fire department struggled to get the women out of the building

⁷⁷ United Press, "9 Women, Patients at Mental Hospital, Perish in N.C. Fire," March 11, 1948. *New York World Telegram*.

⁷⁸ E.C. Bryson, Memorandum to Mr. A.S. Brower, April 8, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 17.

⁷⁹ E.C. Bryson, Memorandum to Mr. A.S. Brower, April 8, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 17.

⁸⁰ Maurice H. Greenhill, M.D. Letter to Dr. A.S. Brower, December 12, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 27.

⁸¹ W.H. Brown, Letter to Dr. A.S. Brower, September 19, 1946. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 29.

because the “heavy windows of the hospital were shackled with strong chains... It was a precaution to prevent patients from escaping.”⁸²

Following the incident, the hospital took steps, at the behest of the fire department, to meet extensive codes in all other buildings on the property, including Oak Lodge which the Building Inspector and Fire Department described as “one of the worst fire hazards in the city of Asheville today.”⁸³ Oak Lodge housed about 30 patients on the property and required the installation of a sprinkler system, “complete overhauling of electrical wiring, metal fire escapes,” and a number of other installations.⁸⁴ Similar changes were made to the other buildings that housed patients on the campus. These changes were completed by May of 1949, about a year later.⁸⁵

Ensuring that future incidents like this never occurred again was only one of the challenges Highland and Duke. Immediately after the fire, they had to rehouse patients staying on the property. Dr. Brower told Dr. Bennett in a letter that their priority should be calming and ensuring the safety of the patients, but that they should also exercise caution in firing any employees over the incident or talking to the press, as they anticipated a number of lawsuits in conjunction with the deaths.⁸⁶ Ultimately, seven of the nine families families of the women who died did file suit against the hospital and eventually settled for about \$3,000.⁸⁷ Though the suits

⁸² *United Press*, “9 Women, Patients at Mental Hospital, Perish in N.C. Fire.” March 11, 1948. *New York World Telegram*.

⁸³ A.S. Brower, Letter to Mr. A.H. Sands, May 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23, 2.

⁸⁴ Brower, Letter to Mr. A.H. Sands, May 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23, 2.

⁸⁵ “North Carolina State Board of Public Welfare Fire Inspection Report.” April 6, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 12.

⁸⁶ Brower, Letter to Dr. Bennet, April 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 17.

⁸⁷ “Medical Director’s Report to the Board of Directors of Highland Hospital, Inc,” July 1, 1949-June 30, 1950, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34, 6.

did not cause an undue financial burden to Highland Hospital, there were several months following the fire where admission to the hospital dropped drastically due to the bad publicity.⁸⁸ The loss of patients and repairs made to the hospital totaled a net loss of \$27,017.29 for 1948, though the hospital began to gain money again in 1949. It would take them the next two years to fully recover from their losses.⁸⁹ Despite their eventual recovery, this event cast doubt on the value of Highland Hospital to Duke University.

Ultimately, the hospital continued to operate throughout the 1940s and 1950s. In many ways, these decades were shaped by much broader world events that caused changes in the government regulations and funding, such as World War II. After watching the toll trench warfare took on soldiers during the World War I, the United States military attempted to give a crash course in the treatment of mental disorders to roughly 2400 medical officers, but this was far from sufficient to treat the astounding number of soldiers who developed disorders during the war.⁹⁰ In 1946, it is estimated that 60 percent of all the patients in Veterans' Administration hospitals were diagnosed with some kind of neuropsychiatric disorder.⁹¹ In order to treat the plethora of soldiers, the U.S. government passed the Servicemen's Readjustment Act, which is also referred to as the G.I. Bill. This bill, along with the passing of the National Mental Health Act of 1946, allowed for state funded care of individuals diagnosed with mental illnesses, meaning that more hospitals with the intention of caring for these patients were created across the United States.⁹²

⁸⁸ Brower, Letter to Mr. A.H. Sands, May 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

⁸⁹ "Medical Director's Report to the Board of Directors of Highland Hospital, Inc," July 1, 1949-June 30, 1950, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34, 3.

⁹⁰ Ruud Abma, "Madness and Mental Health," 111.

⁹¹ Ruud Abma, "Madness and Mental Health," 113.

⁹² Ruud Abma, "Madness and Mental Health," 113.

These bills affected Highland Hospital in several very direct ways. First, there were more hospitals being built across the state of North Carolina after the passing of the Hill Burton Act which budgeted \$51 million to be spent by the state and federal government to build hospitals.⁹³ This act also suggested that a general hospital be built in the Asheville, which would alleviate some of the burden of care off of Highland Hospital.⁹⁴ This bill also showed a greater willingness of the state government to fund and aid non-profit institutions, including Highland Hospital. This aid would prompt the hospital to begin to engage more directly with the public institutions across the state, though they did remain privately owned. A letter from an architectural company sent to Highland Hospital inquiring as to whether they were looking to rebuild after the fire, noted that they had been hired to work on nearly \$15 million worth of hospital construction projects during World War II.⁹⁵ A willingness to take advantage of government funds can be seen in a request by a lawyer named Bernie P. Jones, with Security National Bank, made on behalf of one of Highland Hospital's patients. In his letter to Highland officials, he notes that he had filed a petition with Congress for about \$50,000 in aid to cover the costs of the patient's long term care there.⁹⁶ Whether these funds were realized or not, remains to be seen, but the letter shows a particular willingness on the part of Highland and other institutions to allow for the continued care of patients that otherwise might not have the means to pay for their health care.

⁹³ John A. Ferrell, M.D, "North Carolina's Hospital Construction Program," *State Government* (Chicago, IL: The Council of State Government, December 1947): 1. In Folder 42, Box 1, Highland Hospital Collection, Duke Medical Center Archive.

⁹⁴ Ferrell, Letter to Miss Sheffler, July 12, 1949. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 42.

⁹⁵ Stewart Rogers, Letter to Dr. Davison, March 15, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 31.

⁹⁶ Bernie P. Jones, Letter to Highland Hospital In re: James Edward Napier, Jr. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 29.

Highland Hospital also became involved with the Veterans Administration (VA) after World War II. The VA hospital came to Asheville in 1930 offering another medical hub for the people of the area.⁹⁷ After World War II, the soldiers that worked and lived there were better equipped to work with other administrations within the city. It was through cooperation with the VA that Highland Hospital began its psychiatric nursing and nursing attendant program on their grounds. In 1945, as the hospital prepared for the anticipated retirement of Dr. Carroll, Duke officials searched for new attendants to work on the property, specifically those that might have prior experience for a smooth transition. Correspondence between doctors at Highland Hospital and Duke discussed the possibility of rotating employees from a number of clinics in Durham, including the Veteran's Rehabilitation Hospital there. Dr. Lyman at Duke also noted that they had received applications from a number of men soon to be released from the armed services, after World War II, looking for work, and that about six of these men could be hired so long as their salaries were able to be subsidized by the new G.I. Bill.⁹⁸ This program only grew and progressed over the next few years. By 1948, Highland Hospital was certified by the Veterans Administration to teach eighteen psychiatric attendants for a period of eighteen months beginning that year.⁹⁹ This collaboration turned the hospital into a center of psychiatric education, not just a rehabilitation facility. This system of training would continue until Highland Hospital eventually closed in 1980.

Highland Hospital continued to operate under the management of Duke University through the 1950s, 60s, and 70s. The key therapies employed were electroshock, insulin,

⁹⁷ National Parks Service, "Oteen Veterans' Administration Hospital Historic District," www.nps.gov.

⁹⁸ Richard S. Lyman, M.D, Letter to Dr. Woody Burgess, November 24, 1945. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 28.

⁹⁹ Warren Smith, J. Letter to Mr. A.S. Brower, January 8, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 31.

distribution of various medications when other treatment did not seem to improve their condition, and the use of psychotherapy. It is unclear whether any lobotomies were actually performed on the grounds of Highland Hospital. In the Medical Examiner's Report by the daughter of Robert S. Carroll, Dr. Charman Carroll, she stated that there were seven patients at the hospital who had received lobotomies. Four of these operations were reportedly done at Duke and three were performed elsewhere. Dr. Charman Carroll writes that the goal of Highland is to, "place special emphasis on the rehabilitation of these operative cases." However, by 1982, the manual for Highland Hospital stated that no lobotomies or psychosurgeries were to be done at their facilities.¹⁰⁰ They continued their psychiatric in-service nursing program, teaching around 100 students at a time.¹⁰¹ With a bed capacity in 1946 of 92 patients, the hospital saw hundreds of patients come in and out of its doors through these years, though there is not an exact total known.¹⁰² Notable staff members served for many years at a time. The hospital ultimately consisted of 40 acres of land with various buildings still standing, specifically Rumbough House, a large house on Zilicoa Street acquired in 1952 from a local man, and Homewood House, which Dr. Robert S. Carroll used as his own residence.¹⁰³ Homewood House eventually served as a small school during the 1970s and Carroll's wife, Grace Potter Carroll, ran a music school from the building, which at one point taught famed singer, pianist and activist, Nina Simone.¹⁰⁴

¹⁰⁰ "Lobotomy and Psychosurgery," *Highland Hospital Policy and Procedure Manual*, last reviewed and updated, September 16, 1983. University of North Carolina at Asheville, D.H. Ramsey Library, Special Collections, Highland Hospital Collection, Folder 3.

¹⁰¹ Charman R. Carroll, "Medical Director's Report to the Board of Directors Highland Hospital," July 1, 1952-June 30, 1953. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34.

¹⁰² B.T. Bennet, MD. "Medical Director's Report to the Board of Directors Highland Hospital," July 1, 1945-June 30, 1946. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34.

¹⁰³ "Guide to the Highland Hospital Records, 1906-1981 (AR.0011)," Duke University Medical Center Archives, Accessed October 1, 2018, <https://archives.mc.duke.edu/xml?faids=collection-196.xml>.

¹⁰⁴ "Highland Hospital," National Register of Historic Places Travel Itinerary, National Park Service, Accessed Oct. 25, 2018, <https://www.nps.gov/nr/travel/asheville/hig.htm>.

Despite the long history, Highland Hospital was eventually sold to the Psychiatric Institutes of America (PIA), with a fair amount of protest from the Asheville community. Duke received a letter threatening legal action from other potential buyers that had been in negotiations with the university and hoped to keep the hospital operating as a non-profit facility. In a letter their lawyer wrote to the lawyer of Duke University, the litigants stated that Duke had expressed that their reason for selling the hospital was the “financial risk associated with the property” and “Duke wished to rid itself of a potential liability.”¹⁰⁵ However, Duke ultimately kept raising the price until they decided the value of the property was estimated at \$7 million as opposed to the original \$3.1 million proposed at the beginning of their discussions. On behalf of their client, the lawyer for the potential buyer argued that it was clear that Duke wanted to make as much money as possible while selling the property, prompting them to ultimately sell to PIA.¹⁰⁶ This announcement seemed to distress members of the Asheville community as well. An article from *The Chronicle*, in Durham, NC, from October 18, 1980 wrote that North Carolina’s State Insurance Commission opposed the sale after investigating PIA since 1979. Oscar Smith, investigator for the State Insurance Commission, stated that wherever PIA went, “healthcare costs skyrocketed” and negatively impacted the communities they were in.¹⁰⁷

Despite the protest, the sale went through in 1980. Though Duke never expressly stated their reason for selling the hospital, it was likely backed by a financial incentive, as funding towards hospitals, even private, non-profit ones like Highland experienced the effects of deinstitutionalization beginning in the late 1960s and throughout the 1970s. The number state

¹⁰⁵ William E. Sumner, Letter to Ms. Pat Wagner, January 24, 1979. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, 2.

¹⁰⁶ Sumner, Letter to Ms. Pat Wagner, January 24, 1979, 2.

¹⁰⁷ Shep Moyle, “Duke/PIA Deal Opposed by Agency After Inquiry,” October 14, 1980. *The Chronicle*, Durham, NC. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 50.

facilities began to decrease throughout the seventies by roughly 10 percent, leaving private hospitals to take on the burden of more patients.¹⁰⁸ The decline in state hospitals occurred as a result of the federal government granting more money to community mental health centers with the 1963 Community Mental Health Construction Act. This act was intended to create facilities to that would assist the mentally ill and disabled after they were released from hospitals. However, in 1965, with the establishment of Medicaid, certain scholars, such as Yohanna Daniels, argue that Medicaid shifted federal funding that would typically go towards state facilities over to these smaller community facilities such as nursing homes, creating an incentive for state to send patients there instead.¹⁰⁹ Next, the Omnibus Reconciliation Act of 1981 ended funding for community nursing homes that were compromised by a majority of individuals with mental illness.¹¹⁰ Instead, these patients were predominantly cared for in for-profit, privately owned hospitals like PIA. Many low-income individuals were not able to pay for long term care at these facilities, and instead ended up contributing dramatically to the homeless population across the United States.¹¹¹

PIA owned the hospital until it fully closed in 1993, leaving behind several of its most notable buildings. While it is best known for the fire that claimed nine lives, the history of the hospital is truly expansive. In some ways, it was a unique institution that marketed itself as almost a resort for the mentally ill and employed techniques based on more holistic practices, such as diet and exercise, that were ahead of its time. Yet, the brochures and pamphlets that Highland marketed itself as was, perhaps, not the reality for many patients that lived and stayed

¹⁰⁸ Jeffrey L. Geller, "A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished," *Psychiatric Quarterly* 77, Issue 1 (March 2006): 18.

¹⁰⁹ Yohanna, "Deinstitutionalization of People With Mental Illness: Causes and Consequences," 888.

¹¹⁰ Yohanna, "Deinstitutionalization of People With Mental Illness: Causes and Consequences," 888.

¹¹¹ Yohanna, "Deinstitutionalization of People With Mental Illness: Causes and Consequences," 888.

there. Rather, a more extensive look at Highland Hospital shows both the pitfalls and achievements of mental health care throughout the 20th century. From horrific accidents, to allegations made against the hospital's most central figure, the flaws of Highland cannot be ignored. However, many of the troubles Highland encountered were not uncommon for psychiatric institutes of this nearly ninety-year time period. In many ways, the story of this small, private hospital are emblematic of many larger issues that faced the mental health field as a whole. In other ways, such as their emphasis on physical health, including diet and exercise, show the unique culture of a hospital that was slightly ahead of its time and searching for a way to provide more comprehensive mental health care.

Bibliography

Primary Sources

“Aims and Ideals of Highland Hospital.” Pack Memorial Library, Asheville, NC, Pack Memorial Library, North Carolina Room, Box MS115.0043, Folder G.

This document, though undated and unsigned appears to be a revised version of an early mission statement of Highland Hospital. It lists several practices that are allowed for treatment, and several that are not.

Bennet, B.T. MD. “Medical Director’s Report to the Board of Directors Highland Hospital,” July 1, 1945-June 30, 1946. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34.

This report is used to determine numbers of patients staying in Highland Hospital during 1945-1946, while also determining what types of treatments were given to treat particular ailments.

Brower, A.S. Letter to Dr. Bennet, April 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 17.

This letter contains information regarding the proceedings of Highland Hospital directly after the fire in their central building that killed 9 women. The document notes potential legal issues that could arise and care of the patients still living on the property. The document will be used to provide a clear timeline regarding the fire and Highland’s oversight into proper patient and building care.

Brower, A.S. Letter to Mr. A.H. Sands, May 7, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

This letter from Dr. Brower, the president of Highland Hospital at the time, discusses the continued work between Highland Hospital and Duke University. It suggests, however, that there was quite a bit of tension between Dr. Carroll and the new owners of the hospital, since Dr. Carroll maintained some oversight of the daily affairs at the institution. This document, written after the deadly fires, also notes that need for the Oak Lodge and Highland Hall to be renovated so they were no longer fire hazards themselves.

Brower, A.S. Letter to Mr. J.E. Doxey, July 18, 1947. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 40.

This document is the earliest written purchase of insulin in bulk, which indicates the use of insulin coma therapy and insulin shock treatment at Highland Hospital.

Brown, W.H. Letter to Dr. A.S. Brower, September 19, 1946. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 29.

This discusses the installation of a sprinkler system for several buildings, including the Central Building which later burned down in 1948. The discussion of pricing and installation here indicates that installing a sprinkler system was of primary importance in order for the Hospital to meet fire codes.

Bryson, E.C. Memorandum to Mr. A.S. Brower, April 8, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 17.

This letter between E.C. Bryson and A.S. Brower contains important discussion of the aftermath of the deadly 1948 fire. It is in these letters that the victim's names are mentioned and results of the coroner's report are discussed. Bryson notes here that Highland Hospital was found negligent in the fires.

Bryson, E.C. Letter to Mr. A.S. Brower, April 11, 1947, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 16.

This letter discusses important changes to the hospital's code in regards to restraining patients by using excessive force. The document notes that past court cases have ruled explicitly restraining patients against their will or using force greater than is necessary to ensure their safety. The letter notes that attendants at Highland will be warned against using excessive force.

“Carroll Case Before State Supreme Court.” *Public Welfare Progress: Published Monthly for Free Distribution by the North Carolina State Board of Charities and Public Welfare* 8, no.1 (January 1927): 17. Accessed October 2, 2018.

<http://digital.ncdcr.gov/cdm/compoundobject/collection/p16062coll9/id/218249/rec/11>

This article in the *Public Welfare Progress* journal writes about the ongoing court case and allegations brought against Dr. Robert S. Carroll. The article notes that female patients and nurses had alleged immoral and inappropriate conduct on the part of Dr. Carroll. As a result, the case was brought before the Supreme Court of NC and the State

Board of Charities and Public Welfare, in which they attempted to revoke his license, and later the license of the hospital itself. Ultimately, the article notes that the cases were thrown out due to a mistrial.

Carroll, Charman R. "Medical Director's Report to the Board of Directors Highland Hospital," July 1, 1952-June 30, 1953. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34.

This Medical Director's Report describes briefly the in-service nursing program run through Highland Hospital which aimed to teach psychiatric nurses and staff the hospital.

Carroll, Dr. R.S. Letter to Mr. A.S. Brower, October 20, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 24

This letter from Dr. Carroll to Highland Hospital's new President attempts to assure him that he and the hospital were clear of all charges against them, and that their medical licenses had not been revoked in any of the earlier court cases against them.

Carroll, Robert S. Letter to Duke University, December 3, 1938. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

This is one of the original letters that Carroll sent to Duke University's Medical Center in which he proposed that Duke should take ownership and continue to run Highland Hospital. The document outlines several of Carroll's terms that Duke must uphold in order to receive the hospital as a gift. This includes the continue use of outdoor therapy and diet as staple forms of treatment.

Carroll, Robert S. MD, Everett S. Barr, MD, R. Grant Barry, MD, and Mr. David Matzke. "Aseptic Meningitis in the Treatment of Dementia Praecox." *The American Journal of Psychiatry* 81, no. 4 (April 1925): 673-703. Duke Medical Center Archive, Highland Hospital Records.

This article, written by Dr. Carroll and several of his associates, details the experimental procedure Dr. Carroll used in attempts to treat schizophrenia, which was then called dementia praecox. The document notes that results of his experiments, detailing several case studies and patient's reactions.

Carroll, Robert S., M.D. "The Therapy of Work." Reprinted from the *Journal of American Medical Association*, vol. LIV (June 18, 1910): 2032-2035. Pack Memorial Library, Asheville, NC, North Carolina Room, Highland Hospital Papers.

This article was written about Dr. Carroll's practice and intense belief in the curative effects of using physical work as a way to treat mental illness. He believed that allowing patients to work towards a physical task could be both physically and mentally healing. In this article he also discusses the relationship between the mind and body that must be considered when treating mental patients.

"Cook v. Highland Hospital et al. 168 N.C. 250." In *The Southeastern Reporter: With Key-Number Annotations*, Volume 84, 352-355. St. Paul: West Publishing Co, 1915. Books.google.com

This court case details the experiences of Beatrice Cook, a former patient of Highland Hospital who claimed she had been detained against her will and abused while there. She states that she had initially been misled by the advertising materials she was given by the hospital, to believe that it was a relaxing resort that could treat her respiratory condition, rather than a mental hospital. She rules that she and her sister were both under the impression she would be allowed visitors and to leave at any time, but once she was admitted to the hospital, his sister was not allowed to see her and Cook was physically restrained in rooms and on beds.

Ferrell, John A. M.D. Letter to Miss Sheffler, July 12, 1949. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 42.

This letter discusses how plans to build a general hospital in the Asheville area would alleviate some of the burden of care that Highland Hospital felt. In this document one can also see more involvement from the state government in developing public hospitals.

Ferrell, John A., M.D. "North Carolina's Hospital Construction Program." *State Government*. Chicago, IL: The Council of State Government, December 1947. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 42.

This comprehensive article was written by one of the doctors heavily involved with the running and operation of Highland Hospital. In this article, he discusses new initiatives on behalf of the state government to build more hospitals across North Carolina. He specifically references the Hill Burton Act, which budgeted \$51 million to be spent on the construction of medical facilities.

Greenhill, Maurice H., M.D. Letter to Dr. A.S. Brower, December 12, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 27.

This letter to the president of Highland Hospital states that they were instructed by the State Board of Charities and Public Welfare to procure a letter from the fire marshall that stated they had fixed several hazards in the hospital. They would need this document in order to get a license from the State Board of Charities and Public Welfare. This document is important in establishing that Highland Hospital was aware of the fire hazards that existed in their buildings prior to the fire in 1948.

"Highland Hospital circa 1940s Brochure." Pack Memorial Library, Asheville, NC, Pack Memorial Library, North Carolina Room, MS115. ncroom.buncombecounty.org

This brochure produced around the early 1940s, was used to advertise the hospital to potential patients and their families. The brochure outlines the different forms of treatment offered there, including hydrotherapy, psychotherapy, and shock therapy. They also note the costs of different rooms and treatments within their facilities and a number of amenities that the guests could enjoy such as fresh mountain air and time outdoors.

"Highland Hospital, Inc. License Letter to Dr. A.S. Brower." Circa 1944-1945. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 29, 2.

This letter confirms that Dr. Carroll's license was ultimately never revoked in earlier court cases, despite their attempted appeals.

“History of Highland Hospital Inc.” Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 23.

This internal document briefly details the history of Highland Hospital. The document can be used to note specific dates where Dr. Carroll gifted the institution to Duke University and when Highland gained nonprofit status.

“Hospital Celebrating its 40th Anniversary,” August 20, 1944. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 27.

This document was likely used as a speech or announcement for the hospital’s 40th anniversary. This document notes that Dr. Carroll continued to remain involved in the hospital and live in Homewood House on the property.

Ivey-Davis, Evelyn Parker. Transcript of “Highland Hospital Revisited” speech, August 22, 1979. University of North Carolina at Asheville, D.H. Ramsey Library, Special Collections, Highland Hospital Collection, Folder 1.

This speech given by one of Dr. Carroll’s contemporaries, and an employee of Highland Hospitals, outlines the personal history of Carroll and Highland Hospital’s history up to this point in great detail. She recalls Carroll’s early years with the hospital, successful use of his horse serum treatment, the gifting of the hospital to Duke University, and even spending time with Zelda Fitzgerald while she lived there. This document can be used in reference to a number of important topics discussed in this paper.

Jones, Bernie. P. Letter to Highland Hospital In re: James Edward Napier, Jr. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 29.

This letter is from the lawyer of one of Highland Hospital’s long-term patient’s, James Edward Napier, who was struggling to meet the financial burden of his care. His lawyer writes to the doctors and staff at Highland in order to keep them informed on his attempts to procure government aid in paying for Napier’s medical care.

“Lobotomy and Psychosurgery,” *Highland Hospital Policy and Procedure Manual*, last reviewed and updated, September 16, 1983. University of North Carolina at Asheville, D.H. Ramsey Library, Special Collections, Highland Hospital Collection, Folder 3.

This document notes that lobotomies were banned at Highland Hospital.

Loftie, Mary Ellen. Copy of letter to Dr. Davidsen of Duke University Medical School, November 7, 1951. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 23.

This letter was written by the young daughter of a former patient. She writes to inform the current president of the Duke University Medical School of her father’s negative experience in his few days at the hospital. She writes that he had been abused and left without clothes, food, or water in a room alone for days. She also notes that she has included a copy of this note to the Board of Medical Examiners.

Lyman, Richard S., M.D. Letter to Dr. Woody Burgess, November 24, 1945. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 28.

This correspondence between doctors at Highland Hospital and Duke discusses the possibility of rotating employees from a number of clinics in Durham, including the Veteran's Rehabilitation Hospital there. Dr. Lyman at Duke also noted that they had received applications from a number of men soon to be released from the armed services, after World War II, looking for work, and that about six of these men could be hired so long as their salaries were able to be subsidized by the new G.I. Bill. This document is important in that it notes a forming link between Highland and public institutions in the area. It also reveals how new bills passed by the federal government gave greater resources to mental hospitals.

Medical Director's Report to the Board of Directors of Highland Hospital, Inc," July 1, 1949-June 30, 1950, Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 34, 6.

This document details the financial troubles Highland Hospital encountered after the fire in 1948. Here the compensation that victims' families received is noted as well as the drop in the percentage of patients staying at the hospital. Furthermore, the director describes how long it took for the hospital to regain a sustainable level of income after this.

"Memorandum to Dr. Davison," July 24, 1945. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 28.

This letter briefly discusses a desire and effort on behalf of Highland to treat patients regardless of their financial status.

Moyle, Shep. "Duke/PIA Deal Opposed by Agency After Inquiry," October 14, 1980. The Chronicle, Durham, NC. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, Folder 50.

This newspaper article discusses opposition from the North Carolina's State Insurance Commission in regards to the sale of Highland Hospital to PIA. The article writes that the State Insurance Commission was opposed the sale, after investigating PIA since 1979, because they had observed economic troubles in most areas PIA began operating.

"North Carolina State Board of Public Welfare Fire Inspection Report." May 2, 1949. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 12.

This report by the North Carolina State Board of Public Welfare states that Highland Hospital has finished implementing the necessary changes to comply with the state fire code, following the instructions they were given after the 1948 fire.

Rogers, Stewart. Letter to Dr. Davison, March 15, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 31.

This letter is from an architect inquiring as to whether or not Highland Hospital will need to contract any architects or construction firms to rebuild after the fire, clearly

offering his services. He also notes that he completed several million dollars worth of construction on government hospitals during World War II, which we can infer means the government took greater interests in health institutions during and after the world wars.

Sumner, William E. Letter to Ms. Pat Wagner, January 24, 1979. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 2, 2.

This letter indicates a few vague reasons as to why Duke ended up selling the hospital to PIA. The letter implies that they saw the hospital as a liability and financial burden.

“The State Board of Charities and Public Welfare et al. v. Highland Hospital, Inc., and Dr. Robert S. Carroll. Filed 20 March, 1929,” in *North Carolina Reports: Cases Argued and Determined in the Supreme Court of North Carolina*, ed. Robert C. Strong (Raleigh: Bynum Printing Co. State Printers, 1929): 725-755.

This court case provides the details and opinions on the case that was brought against Dr. Robert S. Carroll in 1929. The case provides little details as to the exact allegations against Dr. Carroll but does explain the reasoning behind the ultimate mistrial, despite evidence against him.

U.S. Treasury Department, “United States Return of Organization Exempt from Tax Under Section 101(6) of Internal Revenue Code.” July 1, 1950-June 30, 1951. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 43.

This tax form contained in Highland’s Archives indicates the rough time period when Highland became a non-profit hospital which allowed them certain tax breaks.

United Press. “9 Women, Patients at Mental Hospital, Perish in N.C. Fire.” March 11, 1948. *New York World Telegram*, Circ. D. 307.078 S. 376.907. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 4.

This newspaper article details the deadly fire of 1948, mentioning specifically that there were bars on the windows of the Central Building which made it difficult for firefighters to free the nine female patients that ultimately perished.

Warren Smith, J. Letter to Mr. A.S. Brower, January 8, 1948. Duke Medical Center Archive, Durham, NC, Highland Hospital Records, Box 1, Folder 31.

This letter notes the certification of Highland Hospital by the Veterans Administration to begin teaching 18 psychiatric attendants for a period of eighteen months beginning that year. This document is further evidence of a growing relationship between Highland and the larger Asheville public, as well as government entities.

Secondary Sources

Abma, Ruud, “Madness and Mental Health.” In *A Social History of Psychology*, edited by Jeroen Jansz and Peter van Drunen, 93-127. Malden, MA: Blackwell Publishing Ltd., 2004. While this book gives a broad and expansive look at the social history of psychology and the practices and that have arise in applied psychology, Abma’s chapter examines societal views of “madness” and a general view history of mental institutions.

This will be helpful in allowing me to examine the stigmas attached to mental hospitals and people with mental illness in a broader spectrum. It also includes a brief explanatory section on popular medical practices used on psychiatric patients, and a section focus on the impact that the two World Wars had on mental health care.

Brown, Phil. *The Transfer of Care: Psychiatric Deinstitutionalization and Its Aftermath*. London, Boston, Melbourne and Henley: Routledge & Kegan Paul, 1985.

This book looks specifically at the process of deinstitutionalisation in the United States, or the process of dismantling state mental health institutions. This process has been widely controversial, and this book looks at its effects on rising rates of mental illness amongst homeless and prison populations. It also looks at the reasons as to why providing mental health care through the government has been so difficult.

Geller, Jeffrey L. "A History of Private Psychiatric Hospitals in the USA: From Start to Almost Finished." *Psychiatric Quarterly* 77, no. 1. (Spring 2006): 1-41.

<http://dx.doi.org/10.1007/s11126-006-7959-5>

This article argues for the prevalence of private hospitals throughout the time period of widespread institutionalization for those deemed mentally ill. Though Highland was a private hospital, much like the hospitals mentioned in this article, it interacted regularly with governmental and public entities such as the VA Hospital. This article also examines why private hospitals struggled to stay open by the 1970s and 1980s.

Duke University Medical Center Archives. "Guide to the Highland Hospital Records, 1906-1981 (AR.0011)." Accessed October 1, 2018.

<https://archives.mc.duke.edu/xml?faids=collection-196.xml>

Notes on the Duke University Medical Center Archive's Highland Hospital page note the full extent of the physical property that the hospital encompass and the dates when property were purchased, such as Rumbough House and Dr. Carroll's residence.

Laxton, Mary P. "Western North Carolina as a Health Resort." *The American Journal of Nursing* 2, no. 12 (1902): 993-95. doi:10.2307/3401954

This article discusses the influx of people to Western North Carolina in order to open and seek treatment from medical facilities. The article notes that the mountain air and climate were thought to be particularly restorative and healing for people with respiratory illnesses such as tuberculosis. The author attributes a good deal of growth in Asheville and across Western North Carolina to the influx of medical professionals and treatment facilities opening.

Maeda, Hiroshi. "The Discovery of Mental Hospital Patients: A Historical Epidemiology of Institutionalization in the American North, 1880-1920," *Social Science History* 40, (Fall 2016): 463-490.

This article is essentially a demographic study on the people that ended up as patients in psychiatric institutions in the early 20th century. The article also seeks to examine whether the hospitals were more "repressive" or "humanitarian" to certain demographics of patients. The article works as part of a continued debate as to,

essentially, whether mental institutions were more helpful or harmful to the people that were there.

National Park Service. "Asheville as a Health Retreat." National Register of Historic Places Travel Itinerary, Asheville, NC. Accessed October 25, 2016. <https://www.nps.gov/nr/travel/asheville/health.htm>.

This page on the National Park Service's website discusses several predominant Asheville buildings and institutions that were developed and brought to the area as a result in the belief that Western North Carolina was the ideal "health retreat."

National Park Service. "Highland Hospital." National Register of Historic Places Travel Itinerary, Asheville, NC. Accessed October 25, 2018. <https://www.nps.gov/nr/travel/asheville/hig.htm>.

The National Park Service's web page on Highland Hospital notes several important factors regarding the land that was originally a part of the hospital and which buildings still stand there today. In particular, it provides details on Homewood House, where Dr. Carroll and his wife, Grace Potter Carroll lived.

National Park Service. "Oteen Veterans' Administration Hospital Historic District." Accessed October 1, 2018. <https://www.nps.gov/nr/travel/asheville/ote.htm>

The National Park Service's web page on the Oteen VA Hospital was used to determine the timeline of VA's presence in the Asheville area.

Schrift, Melissa. "Mental Illness, Institutionalization, and Oral History in Appalachia: Voices of Psychiatric Attendants," *Journal of Appalachian Studies* 19, vol. ½ (Fall/Spring 2013): 82-107. <http://www.jstor.org/stable/42635928>

This article offers a unique perspective from the caretakers of residents in psychiatric institutions. It is part of a larger oral history project that interviewed a number of attendants who worked in Southwestern Virginia Mental Health Institute. It seeks to address stereotypes surrounding attendants in these hospitals as always being cruel or abusing their power. It also gives insight into the attitudes community members had towards psychiatry hospitals and its patients, specifically in a small Appalachian town, not unlike Highland.

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

This book offers a comprehensive take on the history of psychiatry, specifically as it relates to the United States. The take on psychiatric history is largely clinical, tracing the uses of medicine and treatment for specific mental illnesses. This will be helpful to my understanding of which treatments done at Highland Hospital, or other institutions at large, harmed or helped patients accordingly. It is also a look into the societal attitudes towards mentally ill people and the best ways to treat them.

Whitaker, Robert. *Mad in America: Bad Science, Bad Medicine, and Enduring Mistreatment of the Mentally Ill*. Cambridge: Perseus Publishing, 2002.

This book offers a very critical view of mental institutions as a whole. The book put special emphasis on treatment of schizophrenic patients, and their lack of real health care. The book discusses a number of treatments that were not truly effective and the ways in which mental health patients are dismissed by society.

Yohanna, Daniel, M.D. "Deinstitutionalization of People With Mental Illness: Causes and Consequences," *AMA Journal of Ethics* 15, no. 10 (October 2013): 886-891.
<http://journalofethics.ama-assn.org/2013/10/mhst1-1310.html>

This article also focuses on deinstitutionalization and its effects on modern America. This could be used to examine why hospitals such as Highland closed in the late 1980s. Additionally, it gives context to the importance on mental health institutions in society today.