

SEPARATE AND UNEQUAL: SEGREGATION
IN NORTH CAROLINA'S ASYLUM SYSTEM 1856-1905

by

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ABSTRACT

JOCELYN WESTPFAHL. *Separate And Unequal: Segregation
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(Under The Direction Of DRS. AARON SHAPIRO AND KAREN FLINT).

During its 1874-1875 session, the North Carolina General Assembly founded two new public asylums to address overcrowding in its only mental health care facility in Raleigh (Dorothea Dix Hospital). The first, in Morganton (Broughton Hospital), was intended to serve the white citizens of the state in addition to the Raleigh hospital. The second new facility in Goldsboro (Cherry Hospital) was intended to serve all the African American mentally ill of the state. This thesis explores the creation of this asylum system from the opening of the Raleigh facility in 1856 to the deaths of superintendents Patrick Murphy (Morganton), and J. F. Miller (Goldsboro). It examines the contradictions in the founding and running of the Goldsboro asylum. North Carolina differed from southern states such as South Carolina by creating a separate facility for African Americans, as had been pioneered by Virginia and Tennessee. This thesis argues that while the North Carolina General Assembly passed the act that founded the asylum, the lack of support and funding they provided prevented the asylum's ability to offer the same quality of care its white counterparts could provide to theirs. The General Assembly prioritized the all-white Morganton and Raleigh asylums over its only African American mental health care facility from its beginnings because of the race and the triumph of Jim Crow.

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CHAPTER 1: INTRODUCTION AND HISTORIOGRAPHY

In 1856, the North Carolina Insane Asylum (later known as Dorothea Dix Hospital) in Raleigh opened its doors to provide care for the state's white mentally ill.¹ It did not accept African American patients until Northern troops occupied the institution in 1865, and placed two African Americans into the asylum's care.² This forced the asylum to deal with the question of how to incorporate African Americans for the first time. The legislature chose to found two additional asylums during Reconstruction, one for whites in Morganton, and one for African Americans in Goldsboro. Emancipation destroyed the southern racial hierarchy by ending slavery. This meant that southern states had to reincorporate African Americans as citizens who would theoretically be entitled to services such as physical and mental health care. Looking at how North Carolina lawmakers decided to incorporate African Americans into the state's mental health care system can bring a new perspective to the state's reorganization of racial boundaries. By studying the transition from this initial period to the full onset of segregation up to the *Plessy v. Ferguson* Supreme Court decision that officially upheld it in 1896, we can see how North Carolina responded to this challenge in its own fashion.³ The State created a separate mental hospital to treat African American patients, but never fully incorporated it

1. "Report of the Board of Directors and Superintendent of the Insane Asylum," Doc. 7, *Executive and legislative documents laid before the General Assembly of North Carolina. Session 1874-1875*, North Carolina Digital Archives, 19.

2. "Report of the Physician and Superintendent of the Insane Asylum of North Carolina, for the year ending Nov 1, 1866," Doc. 3, *Executive and Legislative Documents laid before the General Assembly of North Carolina. Session 1866-1867*, North Carolina Digital Archives, 10.

3. C. Vann Woodward, *The Strange Career of Jim Crow*, 2nd ed (Oxford, MA: Oxford University Press, 1966), 71.

with the two white asylums in Raleigh and Morganton.

Asylums as the preferred system of caring for the insane was a fairly new development in the mid nineteenth-century. States only began constructing public asylums beginning in the 1840s. Race complicated this question of what insanity was and how it should be treated. By 1874, North Carolina's asylum superintendents, boards of directors, and lawmakers agreed that African Americans had a right to mental health care. Since the Raleigh asylum had already begun treating African American patients in 1865, the question was not whether African Americans would receive this care, but how the care would be provided. The General Assembly passed the act founding the Goldsboro asylum during the 1874-1875 session with language that specified that the care provided should be equal to that of the Raleigh asylum. It is worth asking why the General Assembly would emphasize this type of racial equality, and whether or not they were able to follow through. Why was the General Assembly concerned that the Goldsboro asylum should be equal to the Morganton and Raleigh asylums at all? Was the Goldsboro asylum created to treat patients or to provide custodial care? Though the act creating the institution seems to have been intended to treat African American patients, the General Assembly did not give enough funding for the Goldsboro asylum to provide the same quality of care as its white counterparts. The institution's existence alone seems to have fulfilled it in the eyes of the General Assembly. This chapter will examine the previous scholarship on asylums, segregation, and the history of North Carolina's state-funded mental institutions, as well as my methodology and source base for this project.

During Reconstruction, Provisional Governor W. W. Holden pushed to grant African Americans many new freedoms, such as the right to vote. Appointed by the

president to the position after the Civil War, Holden gave power to a political niche of North Carolinians who pushed for racial equality. Once Northern supervision of southern politics waned, a period known as “Redemption” saw an influx of elected officials who were conservative Democrats that opposed racial equality. North Carolina’s citizens held divided views, a trend carried over into the beliefs of members of the General Assembly, Governors, and asylum personnel. Raleigh superintendents such as Edward Fisher (term from 1856-1868) and Eugene Grissom (term 1868-1889) urged the need to keep white and African American patients separate.⁴ Figures such as Burke Haywood, a member of the Raleigh Hospital's board of directors through the 1870s (who also served a term as president between 1878 -1880), and Governor Curtis Brogden (term 1874-1877) argued that African Americans had a right to mental healthcare when the General Assembly began to stall, and would not move forward with the project.⁵

The law that authorized the construction of the two expansions to North Carolina’s asylum system and the refusal of the General Assembly to devote sufficient funding are the result of such conflicting beliefs. Segregation within asylums was different from that in other institutions in that it dealt with undesirable members of the community. While asylum doctors such as J. F. Miller made connections between Emancipation and insanity, it was not incorporated into anti-African American rhetoric,

4. "Report of the Physician and Superintendent of the Insane Asylum of North Carolina, for the year ending Nov 1, 1866," *Doc. 3, Executive and legislative documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 10; "Report of the President, Board of Directors, and Superintendent of the Insane Asylum," *Doc. 11, Executive and legislative documents laid before the General Assembly of North Carolina Session 1868-1869*, North Carolina Digital Archives, 17.

5. "Governor's Message." *Doc. 1. Executive and Legislative Documents laid before the General Assembly of North Carolina Session 1876-1877*, North Carolina Digital Archives, 1, 10, 11; "Report of the Board of Directors, Superintendent and Physician of the Insane Asylum of North Carolina," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina Session 1874-1875*, North Carolina Digital Archives, 4.

such as the image of the African American man as a threat to white women.⁶ While superintendents such as Fisher and Grissom believed the separation of the races in the North Carolina asylum system was necessary, it was not a critical component of race relations in the state (such as suffrage for African American men or segregation within the school system). Examining the story of North Carolina's segregated insane asylum can illustrate the changes that occurred between emancipation and Jim Crow segregation. It is not a question of whether there was inequality in the system, but rather how this inequality changed over time and its impact on the Goldsboro asylum's functioning as a medical institution.

This thesis will argue that racial prejudice directly impacted the fate of the Goldsboro asylum from its delayed opening in 1881 through its inability to secure funding to face the Tuberculosis crisis that spanned from the 1890s-1900s.⁷ By looking at the marginalization of the Goldsboro facility within North Carolina's mental health care system, historians can examine an understudied component of how race relations changed between emancipation and the onset of Jim Crow Segregation. The dates chosen to limit the time frame of this project begin with the opening of the North Carolina Insane asylum in 1856 and end with the close of the asylum superintendent terms of Patrick Murphy (first superintendent of the Morganton asylum), and John F. Miller (first superintendent to stay for a period greater than 10 years) in 1905. The influence of early views of radical equality held by politicians, such as Governor W. W. Holden during Reconstruction were not carried out by the conservative elected officials. North Carolina faced financial crisis

6. See Glenda Gilmore's discussion of rape hysteria in North Carolina 1898-1899 for a discussion of anti-African American propaganda.

7. For details of the Tuberculosis outbreak, see the hospital reports of the three hospitals between 1891 and 1905.

from the 1890s through the superintendent terms of Patrick Murphy and J. F. Miller. The state prioritized the Morganton and Raleigh asylums over its one African American asylum, especially as funds became more limited. Though the Goldsboro asylum was a part of the North Carolina insane asylum system, it was always viewed as separate and less important than the Morganton and Raleigh asylums. Goldsboro was given significantly less resources, and would not have been able to provide the same quality of care for its patients as the Morganton and Raleigh asylums could.

Before examining the history of North Carolina's three asylums, it is important to examine the literature on asylums, segregation within asylums, and the perception of African Americans in biomedicine and psychiatry. In-depth comparisons have been done on the segregation of white and African American in schools, transportation services, and other public accommodations, but not on mental health care facilities. The history of segregated mental health care is non-existent for North Carolina, and rarely understood in the broader context of segregation. North Carolina's asylums have been looked at only briefly by scholars, and their attention has been exclusively focused on the Raleigh and Morganton asylums.

Historians studying the rise of asylums have focused on the social factors that contributed to the switch from community and home-based mental health care to institutionalized treatment of the insane in private facilities from the late 1700s through the early 1800s, and public asylums beginning in the mid 1800s. Michel Foucault argues that the goal of the asylum, and other institutions such as prisons, was to separate the abnormal from the rest of the population. Historians have elaborated on Foucault's idea

of the asylum as a custodial entity to separate the "other" from the "normal."⁸ Though most historians did not agree with his broad generalizations and ahistorical approach to the past, Foucault's work stimulated a new interest in asylums and the social factors behind their creation. Historians such as Gerald Grob and David Rothman examined the American mental health care system and the particular social and cultural factors that were similar to and different from the rise of mental hospitals in Europe.

David Rothman emphasizes the differences between early American perceptions of insanity and treatment before and after the American Revolution.⁹ He explores the differences between American and European institutionalization of criminal justice and mental health care, expanding on Foucault's comparison of prisons and asylums. Americans did not attempt to explore the causes of insanity until after the Revolution. Though asylums had been established in Europe as the preferred form of care for the insane, they did not become the dominant form of care in the United States until institutions were constructed across the country between the 1840s and 1860s.¹⁰

Workhouses and almshouses were rare in the American colonies, and were meant to serve as a last resort of relief rather than a preferred system of rehabilitation.¹¹ The mentally ill were normally cared for at home by relatives unless they became violent, at which point they were either confined to an almshouse or jailed in shacks constructed to confine the person and preserve peace in the community.¹² Colonists lumped the insane with other categories of social dependents such as widows, orphans, and the disabled

8. Michel Foucault, *Madness and Civilization: a History of Insanity in the Age of Reason*, translated by Richard Howard (New York, NY: Vintage Books, 1988) Kindle edition, 36, 38, 41, 193.

9. David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, 2nd ed. (Boston, MA: Little, Brown, and Company, 1990), 3.

10. *Ibid.*, 130.

11. *Ibid.*, 30, 31.

12. *Ibid.*, 43.

under the broader label of "the poor."¹³ Rothman asserts that colonists did not view poverty or crime as symptomatic of social dysfunction, but an inevitable component of a social hierarchy.¹⁴ While institutions did exist to isolate or punish potential dependents, such as the workhouse, they were not intended to rehabilitate them.¹⁵ Asylums began to offer the promise of cure, particularly with development of moral therapy in the 1830s. Asylum doctors began to believe insanity was a disease that could be cured. Americans in the Jacksonian period believed insanity was on the rise, and a direct result of a nation that lacked the stability of social class.¹⁶ The frantic American experience of striving for success beyond one's social class was attributed to an epidemic of insanity.¹⁷

Gerald Grob has argued that religious and demographic changes contributed to the widespread adoption of public asylums in America, looking at the public asylum as part of the greater social welfare system.¹⁸ While Rothman emphasizes the growth of Republican ideology in the aftermath of the American Revolution, Grob focuses on the impact of immigration and the emergence of the welfare system, particularly in the context of religion. The protestant religious revival, the Second Great Awakening, beginning around 1800 helped to foster institutional reform by attacking the idea of humans as innate sinners. Protestant reformers argued that self-restraint could overcome external influences, rather than external influences inevitably leading to immorality. Grob asserts that they popularized the idea of public charity, insisting that God's followers

13. Rothman, *The Discovery of the Asylum*, 4.

14. *Ibid.*, 5, 7, 10.

15. *Ibid.*, 25, 26.

16. *Ibid.*, 119.

17. *Ibid.*, 122, 127.

18. Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York, NY: Free Press, 1972), 2, 3.

should help to make the world around them better.¹⁹

Grob traces the development of moral therapy and its relation to the idea of public charity. The works of Tuke, Pinel, Rush, and other reformers devalued the traditional Christian association between madness and religion and advocated instead the idea that insanity was a disease that could be cured.²⁰ These new views of moral therapy defined insanity more as the cause of incorrect reasoning rather than in terms of Christian morality. European reformers Tuke, Pinel, and American physician Benjamin Rush popularized the idea of the insane asylum incorporating moral treatment as the most effective way to treat, and cure insanity.²¹ State-funded mental hospitals were faced with large numbers of dependent patients who could not afford to pay for the care they required.²² Thus, in Grob's views, asylums became a welfare institutions than medical ones.

Thomas Kirkbride, superintendent of the Pennsylvania Hospital for the Insane, incorporated moral therapy into his recommendations for asylum architecture. To facilitate moral treatment, it was necessary for asylums to have the infrastructural capabilities to house patients, staff, hold lectures or workshops, and provide space on the grounds for patients to walk. It was the need for a standardized architectural layout that pushed Thomas Kirkbride to publish his manuscript. Kirkbride argues that institutionalization provided the best chance of recovery for the insane, and that citizens should have access to public mental health care, whether they were curable or chronically (dependent) insane.²³ Kirkbride discusses the separation of the sexes in great detail, but

19. Grob, *Mental Institutions in America*, 49.

20. Ibid., 109, 110.

21. Ibid., 39.

22. Ibid., 85.

23. Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals*

not separation by race.

The heavy regulation of layout down to the placement of sitting rooms matches the need for regulation of behavior employed in moral treatment such as scheduling everything from recreation, work, and socializing. Kirkbride urged the need to draw on the experience of previous asylum superintendents and architects in order to provide the best care to the insane, reflecting the growing professionalization of psychiatric care.²⁴ His recommendations laid a groundwork for this newer approach to the treatment of insanity. Kirkbride's book represented the model asylum between the 1840s and the 1870s, even as the single building approach was abandoned in favor of the cottage plan of conglomerated, unconnected buildings.²⁵ It became a heavily consulted guide for the planning of new institutions, including the North Carolina Insane Asylum.

The treatment and views of African-Americans within white medicine has been written on extensively. Steven Stowe discusses the experiences of southern doctors, including their encounters with treating slaves and freed African Americans. He argues that before the Civil War, the relationship between white doctors and slaves was seen through the lens of the system of slavery. Southern doctors were paid by slave owners to restore slaves to health as stock, where the form of treatment could very well depend on the amount the master desired to pay.²⁶ They did not question the right of the master to own or punish the slaves in harsh manners, but rather sought to improve the health of the stock to improve performance on the plantation.²⁷ Stowe wrote that in southern medicine

for the Insane, (Philadelphia, PA: Lindsay & Blakiston, 1854), 1, 2.

24. *Ibid.*, 39.

25. Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis, MN: University of Minnesota Press, 2007), 16.

26. Stephen Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill, University of North Carolina Press, 2004), 208, 209.

27. *Ibid.*, 213.

at the time of the Civil War, African Americans occupied a secondary importance to whites.

Todd Savitt explores the provision of medical care to slaves on southern plantations. He argues that slave masters viewed the health of their slaves as a crucial component of a financial investment.²⁸ In order for slaves to be productive, it was necessary for them to be in good health. Slaveholders would first attempt to treat slave ailments with home remedies, and then resort to calling the family physician or hiring purveyors of alternative medicine such as homeopaths.²⁹ Savitt writes that some slaveholders constructed infirmaries on larger plantations where the master, mistress, or overseer could more efficiently treat large amounts of ill slaves, though it put slaves at the mercy of untrained, unprofessional medical treatment.³⁰ Savitt's work focuses on physical illness and the perspective of slave owners as the providers of medical care.

Similar to Savitt, Margaret Humphreys discusses the fascination that northern physicians had with the African American body during the civil war in her book *Intensely Human*.³¹ Focusing on the perspective of northern doctors, Humphreys found that African American troops who joined the Union army were given inadequate provisions and medical treatment, though their higher mortality from disease was attributed to biological inferiority.³² Humphreys argued that the African American man was portrayed as a being between animal and human that was morally and intellectually inferior to whites.³³

28. Todd Lee Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent, OH: Kent State University Press, 2007), 70.

29. *Ibid.*, 70.

30. *Ibid.*, 71.

31. Margaret Humphreys, *Intensely Human: The Health of the Black Soldier in the American Civil War* (Baltimore, MD: John Hopkins University Press, 2008) Project MUSE <<https://muse.jhu.edu/>>., x.

32. *Ibid.*, 1, 2, 14.

33. *Ibid.*, 18, 23.

Humphreys' work also focuses on physical rather than mental illness, though this topic has been briefly discussed by other historians.

The implementation of racial segregation in America's mental health care systems has not been studied in detail. Grob argues that prejudice within asylums varied between institutions. There was no national law in existence that regulated how the institutions should be segregated. It was the bias and prejudices of the hospital staff and administration that resulted in unequal treatment, not state policy.³⁴ Race became a primary concern in the South due to the large number of African Americans who lived there.³⁵ Since Grob's work, historians have focused specifically on the change to segregated facilities in the aftermath of the Civil War.

Carla Yanni writes that architecture was a key component of nineteenth-century approaches to the treatment of mental illness.³⁶ Examining segregation within mental institutions as a part of her study, Yanni agrees with Gerald Grob that the placement of African American patients within asylum space reflected the prejudice of white doctors, who feared that integration would disrupt the progress of white patients. Yanni writes that St. Elizabeth's in Washington D.C, the only American federal asylum provided separate accommodations for African American patients from its opening in 1855.³⁷ The architect designed two separate buildings, detached from the main building, to house African American men and women. Thus, the idea for segregation into separate quarters was implemented early on. Similarly, Superintendent Peter Bryce of the Alabama Insane Asylum believed it was important to keep patients separated by race. African American

34. Grob, *Mental Institutions in America*, 222.

35. *Ibid.*, 248.

36. Yanni, *The Architecture of Madness*, 1.

37. *Ibid.*, 20.

patients were therefore confined to the lower wards, effectively the institution's basement by 1872. Yanni notes that Bryce himself did not find such accommodations acceptable, and pushed for the creation of a separate institution to house them.³⁸ Race was not the main focus of Yanni's work, and she touches on it briefly as a part of her larger argument that asylum doctors believed architecture to be an integral part of the treatment asylums would provide.

Peter McCandless analyzes the progression to segregated asylums as a part of his book *Insanity in South Carolina From the Colonial Period to the Progressive Era*, published in 1996. McCandless examined the history of South Carolina's state asylum, and how conditions for patients and approaches to treatment changed over time. He writes that African Americans were mostly denied access to the asylum until their admission was legalized in 1848.³⁹ The asylum had accepted two African American patients before this law was passed, including one slave whose master paid for his stay.⁴⁰ The asylum released its male African American patients in 1858 and refused to accept further admissions until funds for a proper building could be allocated, though no concrete date for such construction was established.⁴¹ South Carolina's asylum admitted only a minimal amount of African American patients from 1848 through the Civil War.⁴² It was only with the intervention of the Freedman's Bureau and the federal authorities that forced the mayor of Columbia to order the asylum to admit more African American patients (from 5 in 1865 to 75 by 1871).⁴³ In 1850, the board of Regents of the asylum

38. Yanni, *The Architecture of Madness*, 15.

39. Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill, NC: University of North Carolina Press, 1996), 76.

40. *Ibid.*, 76.

41. *Ibid.*, 77.

42. *Ibid.*, 210.

43. *Ibid.*, 219.

made segregation of African American patients a rule.⁴⁴ Two slaves who were patients in 1851 were described in the asylum's records as being habitually confined to their rooms, both because the asylum staff believed African American patients to be more prone to violence, and to keep them separate from white patients.⁴⁵ McCandless states that the recorded number of African Americans who worked for the asylum as a part of their time spent there was almost double that of whites, while whites were provided with forms of entertainment including dances.⁴⁶

Historians such as John Hughes studied perceptions of racial differences in mental health care. He writes that southern asylum superintendents cited emancipation as a cause of mental illness in African American patients.⁴⁷ His article “Labeling and Treating Black Mental Illness in Alabama, 1861-1910” focuses on the beliefs of Superintendent Peter Bryce of the Alabama Insane Hospital. Hughes asserts that southern asylum superintendents and physicians, including those in North Carolina, believed that there had been less cases of African American insanity under the system of slavery but had skyrocketed after emancipation.⁴⁸ Bryce wrote that African Americans were not biologically prepared to handle civilized society because they had less advanced nervous systems.⁴⁹

Jim Downs examines how African Americans left destitute after emancipation were often cited as mentally ill. Downs writes that most cases of insanity reported to the Freedman’s Bureau after the Civil War were freedmen who traveled from town to town to

44. McCandless, *Moonlight, Magnolias & Madness*, 112.

45. *Ibid.*, 106.

46. *Ibid.*, 274.

47. John Hughes. “Labeling and Treating Black Mental Illness in Alabama”, 1861-1910,” *The Journal of Southern History* 58, no. 3 (1992): 435.

48. *Ibid.*, 436.

49. *Ibid.*, 438.

find employment and shelter. Such cases were frequently listed in the records of the Bureau as “Idiot” or “Dummy.”⁵⁰ In the North, separate asylums were constructed for the Colored Insane with limited accommodations for patients and doctors. A Freedman’s Hospital in Mississippi, for example, contained a single room to house patients, both mentally and physically ill.⁵¹ Most asylums in the South were run by the state to serve its population.⁵² Downs found that many asylum superintendents refused to recognize the implications of the Civil Rights Act, that granted freedmen equal access to health care.⁵³ Even after new state governments were created to facilitate the South, the admission of freedmen to hospitals and insane asylums depended on negotiation with local and state officials.⁵⁴ North Carolina’s first asylum at Raleigh did not admit freedmen or slaves until the Civil War.

The variation between mental institutions of how African American patients were treated has also been elaborated on by Matthew Gambino. He discusses the relationship between psychiatrists and African American patients in his article: ““These Strangers Within our Gates.”” He argues that the prejudice of medical staff and superintendents affected the way African American patients were diagnosed and treated at St. Elizabeth’s, the only American federal asylum, built in Washington D.C. The asylum doctors saw their African American patients as inferior and alien. William White, the superintendent of St. Elizabeth’s from 1903 to 1937, compiled his ideas of mental illness to serve as the federal standard.⁵⁵ He wrote that labor was the natural occupation of African American

50. Jim Downs, *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction*, (New York, NY: Oxford University Press, 2012), 149.

51. *Ibid.*, 149.

52. *Ibid.*, 151.

53. *Ibid.*, 150.

54. *Ibid.*, 152.

55. Matthew Gambino, ““These Strangers Within our Gates’: Race, Psychiatry and Mental Illness

patients.⁵⁶ Gambino argued that the resources allocated for African American patients were significantly less than those for white patients, including inferior housing and limited access to treatment.⁵⁷ This caused tension between African American patients and white medical staff, which frequently resulted in confrontation.⁵⁸

Caitlin Foltz discusses the separation and integration of African Americans into asylums after the Civil War in her thesis *Race and Mental Illness at a Virginia Hospital*. Foltz examined the Central Lunatic Asylum for the Colored Insane in Virginia, and argued that Southern doctors would highlight racial differences to justify keeping white and African American patients separated.⁵⁹ Stereotypes of the African American influenced diagnoses. Many of the patients admitted to the asylum were diagnosed with “religious overexcitement,” or attributed a tendency to violent outbursts, both which reflect the stereotype of the African American as unable to control his or her emotions.⁶⁰

Historians have done little work on the General medical history of North Carolina and its incorporation of African Americans. Phoebe Politt addressed the rise of African American hospitals in North Carolina, including a brief discussion of the founding of the Goldsboro asylum. Politt wrote that little attempt had been made in North Carolina to provide African Americans health care until the involvement of the Freedman's Bureau in 1865, which facilitated the opening of eight hospitals throughout the state until it was denied funding by Congress in 1868.⁶¹ Politt writes that aside from the Freedman's

Among Black Americans at St. Elizabeth's Hospital in Washington, DC, 1900-40." *History of Psychiatry* 19, no. 4 (2008): 389. 389.

56. Ibid., 390.

57. Ibid., 399.

58. Ibid., 401.

59. Caitlin Foltz, *Race and Mental Illness at a Virginia Hospital: A Case Study of Central Lunatic Asylum for the Colored Insane, 1869-1885* (Ph.d Thesis, Virginia Commonwealth University, 2015), 43.

60. Ibid., 52, 53.

61. Phoebe Politt, "African American Hospitals in North Carolina during the Jim Crow era (1880-1967)" (unpublished manuscript, 2017), 14. I received an electronic copy of the manuscript of this book

Bureau hospitals, the majority of African American hospitals were opened between 1890 and 1910, and were predominantly privately owned by African Americans since no provision was made for them in the white health care system.⁶² She attributes this to the opening of the first and only African American medical school in the state by Shaw University in Raleigh, which graduated its first group of students in 1886.⁶³

The history of segregation has been elaborated on by historians such as Leon Litwack. He describes the initial period after the Civil War as a brief time of hope for newly freed African Americans that gave way to the disappointment of segregation.⁶⁴ As African Americans proved that they could be independent and successful, white southerners reacted with fear and aggression.⁶⁵ Segregation was a solution that allowed whites to maintain racial dominance.⁶⁶ Litwack writes that between 1890 and 1915 conditions for African Americans became abysmal.⁶⁷ White southerners prioritized the separation of the races even when state funds could not adequately make provisions for the institutions segregation required. Litwack gives the examples of segregated school systems, in which white schools were given priority when funds ran low.⁶⁸ In Litwack's view, true racial equality was never a desired outcome for white citizens.

Nathon Cardon has discussed the participation of African Americans in the Atlanta and Nashville International Expositions between 1895 and 1897. He asserts that Jim Crow segregation was a response to the question of how African Americans fit into the

from Phoebe Politt.

62. Politt, "African American Hospitals," 16.

63. *Ibid.*, 20.

64. Leon Litwack, *Trouble in Mind: Black Southerners in the Age of Jim Crow* (New York: NY, Alfred A. Knopf, Inc. 1998), xiii.

65. *Ibid.*, 218.

66. *Ibid.*, 223.

67. *Ibid.*, xv.

68. *Ibid.*, 106.

industrial boom that placed workers in factories regardless of race. This allowed the South to make use of African American labor without incorporating them into white society.⁶⁹ Cardon argues that the Expositions gave African Americans a forum to critique black stereotypes popularized by whites.⁷⁰ Cardon also writes that the inclusion of the "Negro Building" in the fair allowed African Americans to portray themselves as educated and modern.⁷¹ Their displays contradicted white-run exhibits such as plantation amusements and Dahomey Village exhibits that portrayed African Americans as backward and primitive.⁷² African Americans who participated in planning "Negro Building" Displays hoped to use the fair to promote the 'progress' they had made as a race since emancipation.⁷³ The fairs were not segregated themselves, but transportation to them and the surrounding areas were.⁷⁴ Cardon writes this created a tension with northern visitors, especially northern African Americans. White southerners kept the fairs open to African American visitors as an attempt to down play racial tensions and encourage northern investment in the South.⁷⁵ Cardon's study of the struggle to redefine African American identity in the wake of Jim Crow segregation illustrates the contradictions and confusions faced by African Americans at the time. African Americans wanted to reinvent themselves as modern and educated, though its separation from white southern society confirmed the idea of racial segregation. The "Negro Building" exhibits were held to showcase African American progress, but also reinforced notions of segregation by being

69. Nathan Cardon, "The South's 'New Negroes' and African American Visions of Progress at the Atlanta and Nashville International Expositions, 1895-1897," *The Journal of Southern History* 80 no. 2 (2014): 290.

70. *Ibid.*, 298.

71. *Ibid.*, 289.

72. *Ibid.*, 308.

73. *Ibid.*, 316.

74. *Ibid.*, 317.

75. *Ibid.*, 320.

a separate component of the fair. It paralleled the notion of a separate but modern African American in urban spaces as a society within but excluded from white America.⁷⁶ Cardon argues that while white Southerners implemented the language of "equality" in their discussions of the fairs, they saw the "Negro Building" displays as a sign of how the African American could progress under the paternalistic guidance of whites.⁷⁷

Glenda Gilmore has studied broader North Carolina history of race relations in her larger work on African American women in politics between 1896 and 1920. As a part of her discussion, she looked at the roles of African Americans in the state and how they changed over time, noting the period between 1888 and 1894 as a time of trouble, as the legislature made attempts to reduce the ability of African Americans to hold public offices such as requiring them to post high bonds.⁷⁸ She uses the example of the rise of segregation in cotton mills to illustrate its broader appeal to whites as the South underwent an industrial boom.

By offering racial separation as an employee benefit to whites, owners of cotton mills drew a dividing line between poor whites and African Americans who had worked in the mills together.⁷⁹ They convinced poor whites that race was a more important divide than class. She describes North Carolina as being slow in its adoption of Jim Crow laws compared to other Southern states.⁸⁰ She argues that beginning in 1897, Southern Democrats began to use the image of black men as a danger to white women to further alienate African Americans from poor whites.⁸¹ This prompted not only public hysteria,

76. Cardon, "The South's 'New Negroes,'" 291.

77. *Ibid.*, 290.

78. Glenda Gilmore. *Gender and Jim Crow: Women and the Politics of White Supremacy in North Carolina, 1896-1920*, (Chapel Hill, NC: The University of North Carolina Press, 1996), 8, 9.

79. *Ibid.*, 23, 24.

80. *Ibid.*, 27, 28.

81. *Ibid.*, 83, 84.

but the lynching of accused African American men through the year 1898.⁸² The legislature passed a disenfranchise amendment to further reduce African American participation in North Carolina politics. Beginning in 1902, men were required to pay a poll tax and a literacy test in order to vote, unless their family members were eligible to vote in before 1867. It effectively eliminate their participation in the state government.⁸³ White Republicans distanced themselves from African Americans, further signaling the death of African American involvement in politics.⁸⁴ The North Carolina asylum system would have been directly impacted by these changes.

Changes in attitudes towards race was also reflected in North Carolina Politics. Karin Zipf discusses racial politics in a separate article on gender, race, and class during Reconstruction in North Carolina. She looks at the fight between Republicans and the conservative Democrats over racial equality and class, particularly the incorporation of universal male suffrage and the creation of the public school system in the new North Carolina constitution.⁸⁵ She argues that white conservatives endeavored to create "white unity" against the new North Carolina constitution which they felt granted African Americans too many freedoms.⁸⁶ However, this could not happen while they rejected the idea of allowing poor whites to vote.⁸⁷ They lost support from voters during 1868 election because the conservatives made not distinction between the dependent status of poor whites and African Americans.⁸⁸

82. Gilmore. *Gender and Jim Crow*, 84, 87.

83. *Ibid.*, 120.

84. *Ibid.*, 128, 130.

85. Karen Zipf. "The Whites Shall Rule the Land or Die": Gender, Race, and Class in North Carolina Reconstruction Politics. *The Journal of Souther History* 65, no. 3 (1999): 506.

86. *Ibid.*, 522.

87. *Ibid.*, 525.

88. *Ibid.*, 532.

Deborah Beckel discusses the power struggle between Republicans and Democrats in the aftermath of the Civil War. She examines the initial incorporation of African Americans in North Carolina's Republican party. African Americans were more politically visible in the eastern half of the state and its local political parties.⁸⁹ While southern Democrats fought to limit the rights of African Americans, Republicans were divided.⁹⁰ Beckel argues that many white Republicans were in favor of including African Americans in politics, but believed leadership positions within the party would be held by whites.⁹¹ Party leader J. C. L. Harris suggested the formation of an alliance between Republicans and "liberal" Democrats after the election of Rutherford B. Hayes in 1877.⁹² Hayes promised to end northern interference of southern politics.⁹³ Harris would later propose an alliance with the Populist party, a party with white supremacist leanings, which alarmed African American Republicans.⁹⁴ In 1868, North Carolina passed a constitution that granted African Americans the right to vote, and authorized public education for both races.⁹⁵ Beckel writes that this provoked a violent response from the Klu Klux Klan, which features many members of the Democratic party as leaders.⁹⁶ In addition to terrorism, Democrats accused the Republicans of being run by its African American members to the detriment of whites.⁹⁷ North Carolina Republicans reacted to these accusations by throwing their own race baiting accusations. North Carolina's

89. Deborah Beckel, "'Take the Negro Out of Politics' J.C.L. Harris and the Dilemma of White Republicans in Post-Emancipation North Carolina," in *Making a New South: Race, Leadership, and Community after the Civil War*, edited by Paul Cimbala and Barton C. Shaw, New Perspectives on the History of the South (Gainesville: University Press of Florida, 2007), 15.

90. *Ibid.*, 16.

91. *Ibid.*, 16.

92. *Ibid.*, 21, 22.

93. *Ibid.*, 21.

94. *Ibid.*, 27.

95. *Ibid.*, 17.

96. *Ibid.*, 18.

97. *Ibid.*, 16.

Republican party focused on the advancement of the party against the Democrats by attracting white voters and denouncing its African American members.⁹⁸

Karin Zipf looks at forced apprenticeship of African American children in North Carolina. She argues that North Carolina undermined the authority of widows, African American men, and single mothers by giving the courts the power to bind their children out to apprenticeships.⁹⁹ Zipf asserts that apprenticeship was a form of social control that the white elite used against North Carolina African Americans.¹⁰⁰ Though this was a system that had been employed before the Civil War and targeted women of both races, apprenticeship became a way for North Carolina whites to maintain control of African Americans and supplement the labor shortage after the war.¹⁰¹ Some parents entered their children into voluntary apprenticeship contracts in exchange for money.¹⁰² In 1865, North Carolina passed legislation that allowed the courts to apprentice illegitimate children and those whose parents were not employed in what the court deemed appropriate jobs. Neither the family nor the child being apprenticed had to be present for this to happen.¹⁰³ Former slave owners used these laws to retain the labor of their freed slave's children, claiming that African Americans were themselves dependents and could not provide for their own families.¹⁰⁴

Studies of segregation history look at the formation of Jim Crow largely from an economic perspective, looking at how emancipation and industrialization paved the way

98. Beckel, "'Take the Negro Out of Politics,' 25.

99. Karin Zipf, *Labor of Innocents: Forced Apprenticeship in North Carolina 1715-1919* (Baton Rouge, LA: Louisiana State University Press, 2005).

100. *Ibid.*, 7.

101. *Ibid.*, 39, 40, 45.

102. *Ibid.*, 30, 31.

103. *Ibid.*, 51.

104. *Ibid.*, 53, 54.

for Jim Crow laws. Glenda Gilmore and Nathan Cardon explore the formation of black identity and the responses of whites. Though Gilmore's study of North Carolina addresses broader segregation in North Carolina, she does not address it from the perspective of mental health care. While McCandless, Gambino, Downs, Foltz, and Hughes certainly address the issue of race in asylums, and also southern asylums, little work has been done on the North Carolina asylum system. Existing work by historians such as Clark Cahow, Lynne Getz, and Carrie Streeter has focused on the Morganton and Raleigh facilities. Burch and Joyner touch on the Goldsboro asylum within the biography of Junius Wilson, but do not attempt to make larger arguments about the institution itself. Marjorie O'Rorke is the only historian who has looked at the three asylums as components of a larger system, though her focus is mainly on the Raleigh facility.

The most recent study of the North Carolina asylum system was done by Marjorie O'Rorke for the Department of Cultural Resources. O'Rorke provides a history of the Dorothea Dix hospital from its planning to its demolition. Her work is a detailed narrative of Dorothea Dix hospital's history rather than an attempt to analyze the asylum or the wider system. Her research included background of the planning and construction of the Western Carolina Insane Asylum at Morganton as well as the facility at Goldsboro.¹⁰⁵ Lynne Getz described the work of Broughton (Morganton) Hospital's first superintendent, Patrick Murphy in her largely biographical article on his administration. She discussed the history of the facility at Morganton, and Dr. Murphy's adherence to moral therapy.¹⁰⁶

105. Marjorie O'Rorke, *Haven on the Hill: A History of North Carolina's Dorothea Dix Hospital*. (Raleigh, NC: Office of Archives and History, North Carolina Department of Cultural Resources, 2010), 23, 24.

106. Lynne Getz, "'A Strong Man of Large Human Sympathy': Dr. Patrick L. Murphy and the Challenges of Nineteenth-Century Asylum Psychiatry in North Carolina," *North Carolina Historical Review*. 86, no. 1 (2009): 23, 24.

Select historians have written specifically about the history of the North Carolina mental health care system such as Clark Cahow in his 1980 book *People, Patients and Politics: The History of the North Carolina Mental Hospitals 1848-1960*. He examines the conflicts between the legislature and asylum reform advocates, as well as the development of the state asylum system including the facilities at Morganton and Goldsboro.¹⁰⁷ Cahow's book was written as a survey, and does not provide in-depth detail about the two institutions. Much of his focus was directed on perceptions of treatment such as the hostility of the public towards the asylums.¹⁰⁸ He did not discuss race in his study.

Carrie Streeter's M.A. thesis "*Let Me See Some Insane People*" focused on the history of Broughton Hospital (Morganton), approaches to treatment, and the role of nurses and the nursing school built by Patrick Murphy. She notes that many patients were admitted for an addiction to alcohol or opium, complications associated with childbirth or female reproduction, and age.¹⁰⁹ Since Streeter's thesis was centered on Broughton, she did not discuss issues of race or the Goldsboro facility. While Getz and O'Rourke discuss the Raleigh and Morganton facilities in detail, the space they devote to the Goldsboro facility is small.

Few historians have done research specifically on the Goldsboro facility. Susan Burch and Hannah Joyner study an individual patient who was transferred to the Goldsboro facility in 1925 in their 2007 book *Unspeakable: the Story of Junius Wilson*.¹¹⁰

107. Clark Cahow, *People, Patients, and Politics: The History of the North Carolina Mental Hospitals, 1848-1960* (New York, NY: Arno Press, 1980), 6, 22, 32, 33.

108. *Ibid.*, 56, 64, 91.

109. Carrie Streeter. *Let Me See Some Insane People: Progressive-Era Development of the State Hospital, 1883-1907*" (M.A. Thesis, Appalachian State University, 2012,) 8, 49.

110. Susan Burch and Hannah Joyner, *Unspeakable: The Story of Junius Wilson*. (Chapel Hill, NC:

The authors provided a brief history of Cherry Hospital (Goldsboro), as well as a description of the grounds and conditions. They write that many of the wards were infested with rats, and incurred flood damage by the 1920s. Junius Wilson was sent to the newly constructed ward for the ‘criminally insane,’ which borrowed its architectural design from prisons.¹¹¹ He was castrated in accordance with a North Carolina act passed in 1929 that authorized the sterilization of mental patients.¹¹² He was then transferred to the “Farm Colony” section of the hospital to work the land.¹¹³ The authors paint a bleak image of the conditions of the Goldsboro facility at the time of Wilson’s arrival. Their research contradicts Grob’s argument that asylums and prisons were designed in fundamentally different ways.

By the time of Junius Wilson’s arrival, the Goldsboro asylum had become a dilapidated institution providing primarily custodial care. Long term neglect had made it more akin to a prison than the asylum originally required by law to be on par with its two white counterparts. Thus, it is no surprise to find a ward that borrowed its design from a prison, since prisons are custodial by nature. At the Goldsboro facility, abysmal funding and an increase in patients led to subpar accommodation and treatment for the asylum inmates, a problem shared by the Morganton facility through the 1940s.¹¹⁴ This poses the question of whether the institution always intended to be a custodial institution, as it had become in the time of Junius Wilson.

Historians who have studied the North Carolina asylum system in particular have focused on its individual components. Cahow and O’Rorke focused mainly on Dorothea

the University of North Carolina Press, 2007), 38.

111. Burch and Joyner, *Unspeakable*:39.

112. *Ibid.*, 47.

113. *Ibid.*, 63.

114. *Ibid.*, *Unspeakable*, 50.

Dix Hospital, while Getz, Burch, and Joyner examined Cherry Hospital and Broughton. While the authors mentioned the other asylums in their individual studies, such sections were brief. Similarly, case studies of specific institutions, such as those conducted by McCandless, Hughes, and Gambino have revealed in-depth studies of race relations within asylums, they have dealt largely with the incorporation of African Americans into asylums originally intended to serve whites. The African American patients were allocated less resources and given less priority than the white patients consistently throughout these studies. The Goldsboro facility was intended to be a separate institution that would only serve the African-American citizens of the state at a time when southern states were redrawing social boundaries in the aftermath of emancipation. The creation and marginalization of the Goldsboro asylum provides insight into how North Carolina dealt with the incorporation of the African American as a citizen from the unique perspective of the mental health care system.

The research for this thesis is based largely on the reports of the Superintendents and Boards of Directors of the three North Carolina asylums, as well as Governors' reports, Board of Health Reports, Treasurers' Reports, and legislation. Asylums were run by superintendents, who at this time came from medical backgrounds. The superintendent answered to the Board of Directors, who appointed the superintendent, made reports of their own, and would approve any proposed changes, such as construction. Funding for such projects had to be approved by the North Carolina General Assembly, consisting of the Senate and House of Representatives. Occasionally, acquiring the necessary funding to keep the Goldsboro asylum running required the direction of Governors such as Curtis Brogden and Elias Carr.

The 1996 medical privacy law HIPAA (Health Insurance Portability and Accountability Act) prevented the access of patient information or casebooks for the Goldsboro asylum. This law restricts access to patient information.¹¹⁵ While such information does exist for the Raleigh and Morganton facilities, a comparison of the two would not have served this project. The interpretation of HIPAA seems to vary between institutions. While access to Dorothea Dix Hospital (Raleigh asylum) patient information was accessible from the 19th century, the Goldsboro asylum forbid access to patient information regardless of the passage of time. Because of that, information regarding the individual treatment of patients is lacking in this study. What is abundant in North Carolina's records is the story of legislation relating to the founding of the Morganton and Goldsboro asylums as well as laws related to appropriations. These records do not include exact transcripts of floor debate, but do show the passing of amendments, as well as providing the names of legislators who supported or voted against them.

This study is limited in that it only provides one narrative of the Goldsboro asylum's story. Future access to patient information would allow for a much deeper understanding of the conditions of the asylum from the perspective of those it was intended to serve. If access becomes available for researchers, future studies could include a discussion from an African American standpoint, which is tragically absent from this research.

Conclusion

Previous scholarship has done little to comprehensively explore the history of

115. U.S. Department of Health and Human Services. "Your Rights Under HIPAA." *Health Information Privacy* <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> (accessed November 27, 2017).

North Carolina's late nineteenth-century asylum system. While some work has been done on segregation in asylums, how this occurred varied highly from one institution to the next. No work has been done on the segregation of North Carolina's mental health care system. Exploring the history of the Goldsboro asylum's creation and marginalization brings a new perspective to how North Carolina reshaped its post-Civil War racial boundaries. North Carolina's General Assembly agreed that African-Americans had a right to mental health care, but were unwilling to adequately fund the institution for it to provide the same quality of care as the white asylums could.

The current literature does not address major questions about the founding of the Goldsboro asylum nor how it was marginalized within North Carolina's mental health care system. South Carolina's abandonment of its African American patients provides a glimpse at how southern asylums prioritized white patients. However, this only gives one example of how southern asylums dealt with African American patients as a whole. Studies of northern asylums show a preference for segregation early on both within and outside of white institutions. North Carolina's asylum superintendents seemed to have shown a preference for complete segregation, citing the actions of other southern states such as Virginia. There are no studies currently that explore why or how this occurred.

This thesis will argue that while the North Carolina General Assembly passed the act that founded the Goldsboro asylum, the lack of support and funding they provided limited its ability to offer the same quality of care its white counterparts could provide to theirs. North Carolina's treatment of African American patients differed from the experiences of those in other southern states. African American mentally ill fared better in North Carolina's system than they did in states such as South Carolina, which wavered in

its provision of mental health care to its African American population. North Carolina created a separate asylum for African American patients and underfunded it rather than closing it. However, the General Assembly made no attempts to significantly improve the institution. Raleigh superintendents Edward Fisher, Eugene Grissom, and Goldsboro superintendent J. F. Miller often compared North Carolina's asylum system with that of Virginia, which they felt provided better for its African American mentally ill by providing more accommodation. Miller in particular argued that Virginia shared a similar population of African Americans, but that North Carolina did not provide as much accommodation for African American patients. While separation of the races within asylums was nothing new, North Carolina was among the first states to establish a separate institution to house its African American patients. Rather than restricting the amount of African Americans who accessed the white mental health care, such as the South Carolina Lunatic Asylum had from its beginnings, North Carolina provided access in a separate facility. This allowed African Americans to access some form of mental health care, but kept them out of the white mental hospitals.

Chapter two will discuss the history of the impact of the Civil War on North Carolina's insane asylum, and examine the impact of the Civil War and emancipation on North Carolina politics and race relations. The third chapter will look at the founding of the Morganton and Goldsboro asylums, and compare data, superintendent viewpoints, and legislation from the three to show that the North Carolina General Assembly underfunded and ignored the Goldsboro asylum.

CHAPTER 2: ASYLUMS AND RACE IN NORTH CAROLINA

Emancipation forced southern states to redraw social boundaries to incorporate the African American as a citizen instead of a slave. This chapter will review the history of North Carolina's adoption of a state-funded asylum and the changing racial boundaries the state created in the aftermath of Emancipation. When North Carolina's Confederate government lost to the Union Army in 1865, President Andrew Johnson appointed W. W. Holden as the provisional governor. Holden's goal to implement racial equality within North Carolina's laws met with opposition from conservative southern politicians and terrorist groups such as the Klu Klux Klan. As Raleigh asylum superintendents Edward Fisher and Eugene Grissom brought the idea of expansion up beginning in 1863, later including separation of patients by race, to the attention of the Governor and the General Assembly. These clashing viewpoints resulted in legislative debate over whether or not African Americans should be housed in a separate asylum in 1874. This chapter will discuss the founding of North Carolina's first asylum, and review the political shifts that occurred within North Carolina after the Civil War.

The North Carolina General Assembly passed legislation to found the state's first public asylum in 1848 after asylum reformer Dorothea Dix petitioned them to provide state mental health care to white citizens. These campaigns did not consider the rights of African Americans to access mental health care, and reformers such as Dix made no effort to secure such rights. It is unclear if private asylums were opened in North Carolina

prior to Dorothea Dix's appeal to the North Carolina legislature, as she only recorded the fate of mentally ill being kept in prisons and poorhouses.¹¹⁶ Separation of the races was a priority that coincided with the formation of state hospitals, but did not seem to be as crucial in the state's jails and prisons. The Raleigh asylum (Dorothea Dix Hospital) began accepting white patients in 1856, leaving African Americans without mental healthcare.

North Carolina provided neither general nor mental public health care prior to the Civil War. Care for physical illnesses was provided by family members and likely private doctors.¹¹⁷ Necessity prompted the creation of 13 military hospitals during the Civil War, though these did not allow African Americans to receive treatment.¹¹⁸ When the Union Army occupied the state, they established five hospitals that provided care to both whites and African Americans.¹¹⁹ Nine Freedman's Hospitals built beginning in 1865, to provide health care to North Carolina's African American population. Once the Freedman's Bureau lost funding in 1868, these hospitals were closed.¹²⁰ It is unclear what became of the original buildings.

When Union soldiers occupied the Raleigh asylum in 1865, they placed two African Americans into treatment, who may have been soldiers.¹²¹ This brought the issue of race to the institution for the first time. As overcrowding prompted Raleigh asylum superintendent Edward Fisher to urge expansion, he put forth the idea of creating a

116. "Memorial Soliciting a State Hospital for the Protection and Cure of the Insane, Submitted to the General Assembly of North Carolina," *House of Commons Doc. 2, Executive and legislative documents printed by the order of the General Assembly of North Carolina Session 1848-1849*, North Carolina Digital Archives, 5, 6.

117. Politt, "African American Hospitals," 11.

118. *Ibid.*, 12.

119. *Ibid.*, 13.

120. *Ibid.*, 14.

121. "Report of the President, Directors, and Superintendent of the Insane Asylum., *Doc. 3 Executive and legislative documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 10.

separate African American mental hospital in 1866.

North Carolina was one of a number of southern states that fell behind in the construction of public asylums. The push for the creation of state-funded mental institutions began in the North when national asylum reformers such as Dorothea Dix urged the responsibility citizens had to care for the insane. Dorothea Dix presented her memorial to the North Carolina General Assembly in November 1848.¹²² Dix reviewed, in her usual fashion, the condition of the insane in the state up to that point, notably their placement in jails and poorhouses.¹²³ She argued that the construction of a public asylum would save the state money since insane persons who received treatment early enough could be cured and made into productive members of society once again, compared to languishing for the rest of their lives in a state-funded poorhouse or prison.¹²⁴ Dix cited many examples of dangerous mentally ill prisoners causing harm or death to other prisoners.¹²⁵ She appealed to the morality of the General Assembly, insisting that it was the duty of society to provide care for the insane, who had no means of providing for themselves without assistance.¹²⁶ In her petition she described the contemporary conditions of the insane in North Carolina in the state's jails and poorhouses.¹²⁷ Her description of the inhabitants of the poorhouse provides one of the only mention of an African American in Dix's appeal to the General Assembly:

A negro girl, a most pitiable case, was in the opposite building and a white woman also, in a separate compartment, vociferous and offensive in the extreme.

122. "Memorial Soliciting a State Hospital for the Protection and Cure of the Insane, Submitted to the General Assembly of North Carolina." *Doc. 2. Executive and legislative documents printed by the order of the General Assembly of North Carolina Session of 1848-1849*, North Carolina Digital Archives, 48.

123. *Ibid.*, 4.

124. *Ibid.*, 5, 6.

125. *Ibid.*, 7, 8.

126. *Ibid.*, 47, 48.

127. *Ibid.*, 13.

In the passage, between their cells or cages was a stove in which a fire was maintained when necessary.¹²⁸

This passage indicates separation of the races between cells, but not separate buildings. Unlike North Carolina's early hospitals, the inclusion of African Americans seems to have been accepted in welfare institutions such as poorhouses, and correctional facilities such as prisons or jails. Dix described the story of an African American prisoner killed at the hands of an insane white man with whom he was forced to share a cell with:

An insane man has for many years been confined in the jail at Germantown, Stokes County, in this State. On one occasion some time past, a negro prisoner was put into the same room as the crazy man; he did not like the companionship, and murdered him in a shocking manner, yet he seemed quite insensible to the turpitude of the deed, and rather exulted in the entire success of the act, as I was informed on a recent visit at the prison.¹²⁹

Dix makes no mention of the need to provide mental health care specifically for African Americans, and does not voice an opinion on if or how African Americans should be incorporated into the proposed state asylum. She also did not question the inclusion of both a white and African American man in the same cell. From Dix we learn that the integration of the races in institutions serving the lower or undesirable classes mattered less to North Carolinians, or even Dix herself, as did the inclusion of African Americans in white hospitals. It may have been that prisoners and paupers in jails and poorhouses were not entitled to such considerations as racial segregation, as compared to hospital patients.

Dix's memorial inspired the legislature to provide state health care for the

128. "Memorial Soliciting a State Hospital for the Protection and Cure of the Insane, Submitted to the General Assembly of North Carolina." *Doc. 2. Executive and legislative documents printed by the order of the General Assembly of North Carolina Session of 1848-1849*, North Carolina Digital Archives, 13.

129. *Ibid.*, 8.

mentally ill. The General Assembly enacted a bill to construct a public asylum, and appointed commissioners to acquire land to serve as the grounds for the hospital within three miles of Raleigh at a minimum of 100 acres.¹³⁰ The law made no specification of race, but African American patients were excluded in practice. It is implied that the General Assembly did not consider the possibility of having to provide mental health care for African American patients. The law required asylum buildings to be made of brick or unhewn stone, should "command cheerful views," and allow sunlight into occupant's rooms.¹³¹ The General Assembly appointed a nine member Board of Trustees to run the institution with the assistance of a physician who would serve as the superintendent.¹³² The Superintendent had to serve a minimal term of eight years unless removed or re-elected. The General Assembly added that the Superintendent must be a married man of high moral character with a professional education, and was required to live on the grounds of the asylum.¹³³

Though the Bill states specifically that the process of admission for patients should apply the same to males and females, no mention is made of race in the document.¹³⁴ Neither Dorothea Dix nor the North Carolina General Assembly seem to have anticipated the need to provide mental health care for the state's African American citizens. African Americans could not receive the same general healthcare as whites until hospitals constructed by the Union army treated patients of both races during the Civil

130. "Memorial Soliciting a State Hospital for the Protection and Cure of the Insane, Submitted to the General Assembly of North Carolina," *Doc. 2, Executive and legislative documents printed by the order of the General Assembly of North Carolina Session 1848-1849*, North Carolina Digital Archives, 1.

131. *Ibid.*, 4.

132. "A Bill to Provide for the Establishment of a State Hospital for the Insane in North Carolina," *Doc. 7, Executive and legislative documents printed by the order of the General Assembly of North Carolina Session of 1848-1849*, North Carolina Digital Archives, 5, 6.

133. *Ibid.*, 6.

134. *Ibid.*, 10.

War.¹³⁵

When the institution first opened in 1856, the Raleigh asylum expected to hold only 40 patients, though 80 patients were present in the asylum by the end of its first two year period.¹³⁶ This capacity, like that of the later expansions, constantly increased as additional accommodations were built to keep up with the rising enrollment numbers. Dr. Patrick Murphy, superintendent of the Morganton facility, estimated in his 1893 report that the Western asylum branch held a patient capacity of 550, while the Goldsboro and Raleigh branches could hold around 200.¹³⁷ As the first mental health facility in the state, the Raleigh asylum was overwhelmed with applicants from its beginnings, listed in the asylum's records as largely farmers, housekeepers, and housewives.

The General Assembly passed commitment laws that outlined the procedure for sending patients to the new asylum. The law required a family member or guardian to report the alleged insanity to the county's Justice of the Peace. An inquest would be held to determine whether the person was in fact insane. If the inquest found that the person needed treatment, the Justice of the Peace consulted a physician, who would then issue a certificate and initiate an application for the person to the asylum. The Clerk of Court then issued a warrant for the apprehension of the future patient.¹³⁸

Dorothea Dix Hospital was opened to patients in February of 1856 as the North Carolina Insane Asylum with Dr. Edward Fisher, a native of Virginia, serving as its

135. Politt, *"African American Hospitals,"* 13.

136. "Report of the Physician and Superintendent of the Insane Asylum of North Carolina, for the year ending Nov 1, 1866," *Doc. 3, Executive and Legislative Documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 19.

137. "Biennial Report of the State Hospital at Morganton," *Doc. 12., Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 9.

138. "A Bill to Provide for the Establishment of a State Hospital for the Insane in North Carolina," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina 1848-1849*, North Carolina Digital Archives 8, 9, 10.

superintendent.¹³⁹ It is unclear why the state would hire a doctor from Virginia. Local qualified doctors may not have been available. Charles Johnson, President of the Board of Directors described Fisher as "every way qualified for the discharge of the duties of that office."¹⁴⁰ Eighty patients had been admitted by the time Dr. Fisher submitted his report for the 1856-1857 General Assembly session.¹⁴¹ By 1857, eighty-nine more patients had been admitted, bringing the total to one hundred and sixty nine.¹⁴² This number would continue to rise annually. The asylum habitually accepted patients over its capacity, a fate common to all public mental hospitals of the time. Alexander Davis was hired as the architect, and consulted with Thomas Kirkbride regarding the design. Both Dr. Fisher and President Charles E. Johnson of the Board of Trustees noted that a significant number of their admitted patients were chronically insane.¹⁴³ Asylum doctors distinguished between the "curable" cases of insanity, whose insanity they believed proper treatment could cure, and "incurables" or the "chronically" insane. These were cases believed to be beyond hope of cure, and could only be made comfortable with custodial care. Some states chose to separate these cases into separate institutions. Superintendent Grissom was against such a policy. He did not believe asylum doctors could determine beyond a doubt that patients were beyond all help.¹⁴⁴

While state governments did not minimize the importance of having public

139. "A Bill to Provide for the Establishment of a State Hospital for the Insane in North Carolina," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina 1848-1849*, North Carolina Digital Archives, 19.

140. "Reports of the Directors and Superintendent of the Asylum for the Insane." *Doc. 11, Executive and legislative documents laid before the General Assembly of North Carolina Session 1856-1857*, North Carolina Digital Archives, 1.

141. "Reports on the Asylum for the Insane," *Doc. 11, Executive and legislative documents laid before the General Assembly of North Carolina Session 1858-1859*, North Carolina Digital Archives, 5.

142. *Ibid.*, 5.

143. O'Rourke. *Haven on the Hill*, 5.

144. *Ibid.*, 28, 29.

asylums, overcrowding and the constant need for repairs and expansion put a strain on the funds such institutions received. Grob has attributed this to an increase in population and the influx of immigrants from Europe beginning in 1840.¹⁴⁵

North Carolina's state asylum faced the same challenge of large amounts of chronic and dependent insane as other public asylums of the time. Waves of immigrant mentally ill who were often poor and dependent on the state to provide the cost of their care flooded asylums. Like other asylums of the period, the Raleigh facility faced overcrowding due to the devastation of the Civil War. The asylum became a refuge for the senile and chronically ill, whose families could not afford to care for at home. This influx of dependent patients wore away the optimism held by asylum doctors between the 1840s and 1850s that insanity could be cured. By the 1860s, asylum superintendents themselves had begun to lose faith in the system of moral treatment and recognized that not all forms of insanity could be cured.¹⁴⁶ Mental health care was expensive, and asylum superintendents argued over how, or if, the chronic and dependent insane should be incorporated.¹⁴⁷

After 1840, large numbers of immigrants dependent on the state were frequently sent to asylums. Public asylums began to accept large amounts of the poor, the aged, and the criminal.¹⁴⁸ Charles E. Johnson, first president of the Raleigh asylum Board of Directors, lamented the high amount of lower class patients, writing that the asylum was intended to serve all the citizens of the state, not just the poor, who were given priority admission by North Carolina law.¹⁴⁹ North Carolina law made denying such admissions

145. Grob, *Mental Institutions in America*, 189.

146. Rothman, *Discovery of the Asylum*, 238, 239.

147. Grob, *Mental Institutions in America*, 198.

148. Rothman, *Discovery of the Asylum*, 239.

149. "Reports on the Asylum for the Insane," *Doc. 11, Executive and legislative documents laid*

impossible. Related to the rise in amounts of patients was the issue of finance. The hospital costs exceeded the annual budget significantly. By 1857, the deficit sat at \$8,000.00. The General Assembly raised the annual funds to the asylum to \$25,000 per year and provided funds for the erection of a fence and work on the water supply.¹⁵⁰

The legislature faithfully funded repairs and expansions to the asylum through the Civil War.¹⁵¹ The hospital did not experience financial crisis until the 1870s, when the legislature would approve less funding for indigent patients.¹⁵² The funds to support such patients were supposed to come from taxes levied on the individual counties the patients came from, but the counties frequently avoided paying it.¹⁵³ This left the state government largely responsible for funding influxes of the chronically insane, an issue that would come to the forefront when funds became more scarce in the aftermath of the Civil War.

North Carolina saw battle on the home front when Union forces led by William T. Sherman invaded South Carolina.¹⁵⁴ They occupied Goldsboro in March of 1865 because the city served as a major railroad juncture. Though the Union Army arrived relatively late in North Carolina, the destruction of public buildings and private property, supply raids, and a number of battles at Monroe's Cross-Roads, Averasboro, and Bentonville left the state with lasting wounds.¹⁵⁵ The North Carolina Insane Asylum was one of many public buildings that faced occupation and physical damage. Financial strain put a halt on all attempts to expand North Carolina's state asylum. Superintendent Fisher and his

before the General Assembly of North Carolina 1858-1859, North Carolina Digital Archives 2, 3, 5.

150. O'Rourke, *Haven on the Hill*, 11.

151. *Ibid.*, 14-20.

152. *Ibid.*, 21.

153. *Ibid.*, 3.

154. John. C. Inscoc, "'To Do Justice to North Carolina':the war's end according to Cornelia Phillips Spencer, Zebulon B. Vance, and David L. Swain in *North Carolinians in the Era of the Civil War and Reconstruction*, edited by Paul Escott (Chapel Hill, NC: University of North Carolina Press, 2008), 129.

155. *Ibid.*, 129, 130.

successor Eugene Grissom pleaded for additional funds for repairs, recognizing that expansion was not financially feasible. The single public asylum could no longer meet the needs of the state's mentally ill on its own.

Two years into the Civil War, North Carolina's state asylum was running out of funds and faced closing its doors without an increase in the annual appropriations it received from the state. Overcrowding became a frequent problem during the Civil War. Superintendent Fisher addressed the issue in his report for the 1862-1863 General Assembly session, stating: "Did the capacity of the Institution admit of it, the number of inmates would considerably exceed its present aggregate, as numerous applications have been most reluctantly, but of necessity, rejected."¹⁵⁶ Superintendent Fisher also emphasized the difficulty of obtaining supplies in his report for the 1863-1864 session, noting that patient labor employed in the growing of crops and manufacturing of clothing had been of particular help to keeping the institution afloat.¹⁵⁷ He lamented the lack of a proper wall enclosing the institution, which frequently allowed patients to escape.¹⁵⁸ Priority was given to soldiers in admissions, who Dr. Fisher insists were never turned away from the institution despite frequent crowding in the asylum.¹⁵⁹

The Dorothea Dix Hospital in Raleigh was occupied in September of 1865 by the Union Army.¹⁶⁰ By 1865, the number of indigent patients outnumbered the amount of paying patients, which Fisher attributed to poverty associated with war, and predicted

156. "Report of board of directors and superintendent of the Insane Asylum of North Carolina," *Doc. No. 11, Executive and legislative documents laid before the North Carolina General Assembly Session 1862-1863*, North Carolina Digital Archives, 6.

157. *Ibid.*, 10.

158. *Ibid.*, 9.

159. *Ibid.*, 5, 6.

160. "Report of the President, Directors, and Superintendent of the Insane Asylum," *Doc. No. 3, Executive and legislative documents laid before the General Assembly of North Carolina Session 1865-1866*, North Carolina Digital Archives, 8.

these numbers would continue if not rise. Fisher mentioned two African American patients placed into the care of the asylum by the Union Army in his report for November of 1866. The asylum also faced pressure from the Freedman's Bureau to admit more African American patients. The Raleigh asylum's Board of Directors agreed to begin accepting African American applicants in theory, on the condition that the Bureau would pay their treatment costs. In practice, they continually rejected such patients for want of room.¹⁶¹ Fisher complained of the small number of African American patients in the asylum in his report for the 1865-1866 session:

Of the admissions in October, 3 were *colored*, making the total admission of this class since the 13th of April last, of eleven. Their presence in the wards continues to be a *source of serious annoyance to the other patients*, and a *fruitful source of embarrassment to those in authority*...¹⁶²

Fisher urged the general assembly to make some provision for indigent African American patients, preferably by levying a tax on North Carolina's African American population. He did not offer a process by which this was to occur, and there is no discussion of such a tax recorded in the legislative documents. A general insane tax had been implemented in 1855 as a part of the larger tax to support public charity institutions.¹⁶³ An addition to the general insane tax was written into law during the session of 1874-1875 to provide funding for the construction for the new asylums.¹⁶⁴ No such legislation arose, and discussion of it seems limited to Fisher's opinions. While Dorothea Dix's petition

161. "Report of the Physician and Superintendent of the Insane Asylum of North Carolina, for the year ending Nov 1, 1866," *Doc. 3, Executive and Legislative Documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 10.

162. "Report of the President, Directors, and Superintendent of the Insane Asylum," *Doc. 3, Executive and legislative documents laid before the General Assembly of North Carolina Session 1865-1866*, North Carolina Digital Archives, 2 (emphasis added).

163. "Public laws of the State of North-Carolina, passed by the General Assembly 1854-1855," Chapter 2, Section 28, North Carolina Digital Archives.

164. "An Act to Raise Revenue," *Laws and resolutions of the State of North Carolina, passed by the General Assembly at its Session 1874-1875*, North Carolina Digital Archives, 238, 239.

discusses the inclusion of African American and white prisoners in the same cells, housing them in the asylum struck a chord with Superintendent Fisher. Fisher believed the separation of the races within the asylum was necessary.¹⁶⁵ Recognizing the state's financial situation, Fisher grudgingly acknowledged that the construction of a separate building for such patients would be unlikely, he resigned to house them within the facility separately from white patients:

In view, however, of the large increase of the free colored people of the State, it would behoove those in authority to make some provision for the unfortunates among them, and in consideration of the present as well as prospective embarrassment of its citizens, which will utterly preclude the least hope for a separate or distinct building being erected for them, it may be reasonably expected that a portion of this building will be called into requisition for their accommodation.¹⁶⁶

This was the beginning of a debate that would take place over several years regarding how African Americans could be incorporated into the state's mental health care system. Fisher prioritized the well being of the white patients, and believed that African Americans should provide the funding for it. Emancipation guaranteed freedom, not wealth. Newly freed slaves were forced to start anew, and were often poor. Many could not afford to pay asylum fees. When the Freedman's Bureau lost funding in 1868, the provision of funding for dependent African American mentally ill fell back on the states, including North Carolina. While Fisher brought up the notion of a tax to be levied on African American citizens of the state, a general insane tax was levied to collect funding for the entire asylum system. It is unclear how a tax on African Americans would have been levied at the time, and it may not have been possible to do so.

165. "Report of the President, Directors, and Superintendent of the Insane Asylum," *Doc. No. 3, Executive and legislative documents laid before the General Assembly of North Carolina Session 1865-1866*, North Carolina Digital Archives, 2.

166. *Ibid.*, 3.

Fisher's objection to African Americans receiving care in a traditionally white asylum provides an example of the struggle to redefine African Americans within North Carolina society after the Civil War ended in 1865. This was a confusion felt throughout the state, and closely tied to shifting politics of the time. Politicians shaped the laws that dictated the new freedom African American citizens could exercise.

In North Carolina, Republicans who supported racial equality vied for elected positions against Conservative Southern Democrats who preferred to sustain the old racial hierarchy. The intervention of the Union in the organization of North Carolina's government presented Republicans with a chance to gain the political upper hand, but Emancipation brought new challenges.¹⁶⁷ Even within North Carolina's Republican party, leaders were divided over how far African American rights should be extended.¹⁶⁸ While some radical Republicans promoted legal and social equality, most white Republicans did not wish to eradicate southern concepts of racial hierarchy. Their goal was to grant limited freedoms to African Americans without promoting significant social upheaval.¹⁶⁹

When Provisional Governor W. W. Holden replaced Confederate Governor Zebulon Vance in 1865 by order of Andrew Johnson, he added an amendment to the North Carolina constitution to officially include the abolition of slavery. Though Johnson appointed Holden to serve temporarily by the President, he was elected for a second term as governor by North Carolina citizens in 1868. North Carolina lawmakers fought over how African Americans should be incorporated into the state as citizens. White viewpoints were divided. Governor Holden appointed a three person committee to assess

167. Beckel, "'Take the Negro Out of Politics', 16.

168. *Ibid.*, 12.

169. *Ibid.*, 12.

North Carolina laws that needed to be repealed to ensure slavery abolition in the state some time between 1865 and 1866 consisting of members B. F. Moore, W. S. Mason, and R. S. Donnell.¹⁷⁰ It is likely that Holden would pick committee members who shared his political views, who supported slavery abolition. Their preliminary analysis optimistically asserted that there were few laws in existence at the time that restricted behavior by race other than a series of laws that were often introduced and repealed.¹⁷¹ The committee did not provide specific information about these laws.

Though the committee mentioned the creation of laws that do attempt to differentiate between African Americans and whites, they insist that these have been repealed for the good of the state. The committee insisted that North Carolina law was based off of a system of “common law” rather than consisting of specific laws that regulate the behavior based on race. They argued that while no law regulates the separation of the race, North Carolina referred to the 'common law' in regards to such matters, which does not discriminate by race.¹⁷² The Committee believed that while African Americans were morally inferior to whites, they could learn how to be respectable citizens from whites.¹⁷³

These views voiced by the committee were not shared by all North Carolina officials. The letter from Governor Jonathan Worth presented to the General Assembly for the 1866-1867 session reveals deep division within the country and the state. Worth had served as the public treasurer for North Carolina under the Confederate regime.¹⁷⁴ He

170. "Report of the Committee," *Doc. 9, Executive and legislative documents laid before the General Assembly of North Carolina Session 1865-1866*, North Carolina Digital Archives, 1.

171. *Ibid.*, 3.

172. *Ibid.*, 6.

173. *Ibid.*, 12.

174. "Bank Statements," *Doc. 16, Executive and legislative documents laid before the General Assembly of North Carolina Session 1864-1865*, North Carolina Digital Archives, 1.

lamented the difficulty of reaching an agreement on the proper treatment of African Americans with Northern officials, writing that despite Union claims of allowing southern states to manage themselves, Northern officials still intervened in matters of legislation related to race:

The one great theory of our government, which was supposed to be settled, was that each State should manage its own internal affairs: but so far from the abolition of slavery having composed our sectional differences, it has only intensified them,--the negro being still the subject of strife. The North claimed that humanity required its interposition to protect the recently emancipated slaves from aggression on the part of the white people of the South...¹⁷⁵

Governor Worth proposed that as a solution to sectional conflict, African Americans should be redistributed throughout the South in order to reduce large concentrations of them in certain states.¹⁷⁶ Of particular concern to Worth was the alarming idea that African Americans be allowed to vote. He did not believe African Americans could be trusted to participate in voting:

Most of the African race among us were lately slaves. Their masters cared for their subsistence. Their habits illy fit them to provide for their indispensable daily wants. Nothing can be more absurd than the supposition that the great body of them can participate in governmental affairs with any discretion. A very few of them are discreet and virtuous, and have considerable intelligence...¹⁷⁷

Worth did not believe the State should be responsible for instructing African Americans in proper morality, as the Committee members did. He argued that the Freedman's Bureau, not the State, should take steps to provide African American

175. "Governor's Message," *Doc. 1, Executive and legislative documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 13.

176. *Ibid.*, 13.

177. *Ibid.*, 12.

citizens in North Carolina with poor relief.¹⁷⁸

While Northern intervention supported North Carolina's radical Republicans, Conservative Democrats would regain control of the state government. Holden's push for racial equality was matched by the rise of mob violence and the rise of the Ku Klux Klan in the state. Holden noted at least twenty five murders that occurred at the hands of Ku Klux Klan members, and recalled how attempts to prosecute the offenders were sabotaged.¹⁷⁹ He described the outbreak of rebellion in his report for the 1870-1871 session and defended his choice to declare many counties in a state of insurgency:

In fine, gentlemen, there was no remedy for these evils through the civil law, and (but for the use of the military arm, to which I was compelled to resort, the whole fabric of society in the State would have been undermined and destroyed, and a reign of lawlessness and anarchy would have established.¹⁸⁰

Holden was impeached for using military force to put down these small scale rebellions and replaced by Governor Todd Caldwell. Caldwell did not mention the conflicts in his 1871-1872 address, but wrote that attempts to prevent African Americans from voting continued and urged that the polls be open longer to prevent these attempts.¹⁸¹

The first plans to expand the North Carolina Insane asylum were created against this background of radical legislation and mob violence. Holden's

178. "Governor's Message," *Doc. 1, Executive and legislative documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 16.

179. "Governor's Message," *Doc. 1, Executive and legislative documents laid before the General Assembly of North Carolina Session 1870-1871*, North Carolina Digital Archives, 15.

180. *Ibid.*, 17.

181. *Ibid.*, 26.

impeachment in 1870 opened the door for White Conservative Democratic Party dominance in North Carolina's state government.¹⁸² With a Democratic majority in the General Assembly, legislatures made repeated attempts to challenge the 1868 constitution between 1870 and 1875, a takeover which the Republican Party would be unable to overcome for decades.¹⁸³

Race relations in North Carolina at the time of the founding of the Goldsboro asylum were in flux. Holden's influence resulted in the passing of laws that promoted racial equality (such as granting African American male suffrage and access to public schools), but garnered resistance from groups such as the Klu Klux Klan. This conflict represented the clash of ideas between conservative southerners who wanted to subjugate African Americans and white radicals who believed that equality was possible and desirable. The belief that African Americans were entitled to mental health care remained after Holden's term as Governor. It was how that care should be accessed that became a source of debate.

Superintendent Fisher's argument that African American patients should be cared for, but separated from white patients was an idea voiced by other superintendents such as superintendent John Galt of Virginia's Eastern State Hospital in Williamsburg. Galt admitted free African Americans at its opening, treating slaves between the 1840s and 1850s.¹⁸⁴ He accepted patients of both races, but housed African Americans in separate campus buildings when possible.¹⁸⁵

182. "Governor's Message," *Doc. 1, Executive and legislative documents laid before the General Assembly of North Carolina Session 1871-1872*, North Carolina Digital Archives, 18.

183. Beckel, "Take the Negro Out of Politics," 20.

184. Hughes, "Labeling and Treating Black Mental Illness in Alabama," 439.

185. *Ibid.*, 439.

Alabama Insane Asylum's Peter Bryce also discussed racial separation. Though Bryce's Hospital had admitted small numbers of African Americans since its opening in 1860.¹⁸⁶ He constructed separate wards for African American patients on the asylum's grounds. North Carolina, Tennessee, and Virginia were among the first states to construct separate asylums for African Americans.¹⁸⁷ This is particularly interesting since North Carolina was slow to construct a public asylum compared to Northern states, and neighboring southern states such as South Carolina, Tennessee, and Virginia.

North Carolina's asylum superintendents and legislators voiced contrasting concerns for racial separation within the mental healthcare system. Individuals who believed that African Americans were entitled to a separate insane asylum made their case to a white conservative, anti-black General Assembly that, while passing the laws to found the Goldsboro asylum, were reluctant to follow through with its creation or provide the funding to keep it running. While racial separation into a third facility may have served the white conservative aim to keep them out of the white mental health care system, making the facility equal was no longer important.

186. Hughes, "Labeling and Treating Black Mental Illness in Alabama," 435.

187. *Ibid.*, 441.

CHAPTER 3: EXPANSION OF ASYLUM SYSTEM AND INEQUALITY

North Carolina lawmakers agreed that there was a need to expand of the asylum system by 1874, but they debated what this would look like. One of the larger questions they faced was what to do with the African American patients that already existed in the system. Ultimately, the decision to continue providing mental health care to African Americans resulted in the founding of a separate institution. The General Assembly, however, delayed the project as long as possible. Governor Curtis Brogden moved it forward after Burke Haywood, President of the Raleigh asylum Board of Directors appealed to him to intervene. The General Assembly continually underfunded the all-black Goldsboro asylum, hampering its ability to effectively treat and care for its patients. The General Assembly initially passed legislation that emphasized making the Goldsboro Asylum an institution governed and run like its peers, though they never dedicated the funding needed to meet these goals of comparable mental healthcare equal to the Morganton and Raleigh asylums. This chapter will compare the Goldsboro, Morganton, and Raleigh asylums. It will review the founding of the Morganton and Goldsboro asylums, and argue that the low funding provided by the General Assembly to the Goldsboro asylum hampered its ability to offer care equal to that of the Morganton and Raleigh facilities.

The superintendents and Board of Directors of the asylums were required by law to make reports to the General Assembly. These reports reveal much information about

how each asylum operated. The Board of Directors would address their report to the Governor, and the Superintendents would report to the Board of Directors. In this way, the Superintendent reports had a dual audience, the Board of Directors and the General Assembly. The reports were their opportunity to make the case why larger or special appropriations were needed, and to suggest amounts.

The Board of Directors for each institution were appointed officials selected by the General Assembly.¹⁸⁸ These men were a mix of politicians and doctors. The original Raleigh asylum Board of Directors served terms in three different cycles. One group served two year terms, the next served four, the last served six.¹⁸⁹ This process was outlined in the original legislation passed in 1848. In 1881, the General Assembly enacted legislation requiring the new Eastern and Western asylums to use the same cycle to standardize their governance across the system.¹⁹⁰

Occasionally some served terms in the General Assembly, but only rarely at the same time as serving on the board of any asylum. Board members of the three asylums never constituted a large enough presence to wield great influence in the General Assembly, but were sometimes able to exert some influence in the passage or amending of bills. An example of this for Goldsboro was B. F. Aycock (not to be confused with Governor Charles Aycock), a member both of Goldsboro's Board of Directors and the state Senate suggested an amendment to the 1893 bill to provide Goldsboro funding for maintenance and improvement, including funding to construct a congregate dining hall.

188. "A Bill To Provide For the Establishment of a State Hospital for the Insane in North Carolina," *Doc 6, Executive and legislative documents printed by the order of the General Assembly of North Carolina Session 1848-1849*, North Carolina Digital Archives, 6, 7.

189. *Ibid.*, 6, 7.

190. "Laws and Resolutions of the State of North Carolina, passed by the General Assembly at its session 1881," Chapter 297 Section 3, 4 ; Chapter 206, Section 2, North Carolina Digital Archives.

His amendment provided that money needed for maintenance and improvement could be taken from the portion saved for the congregate dining hall to address an increase in patients.¹⁹¹

The lack of legislation benefiting the Goldsboro asylum at the beginning of the twentieth century suggests that their board members had limited impact on the General Assembly. Aycock's amendment passed and was included in the 1893 official Act. In one respect, this law was successful in that it gave the Goldsboro asylum more flexibility in what funding could be used for. Despite Aycock's influence, no resources were allocated to accommodate black female patients, which Miller had urgently pleaded for. Members of the hospital's board could, if elected, have a small impact on legislation relating to appropriations. They were never able to exert enough influence to significantly increase appropriations in times of crises, such as the tuberculosis outbreak the asylums faced between 1891 and the early 1900s.

The Superintendents of North Carolina's asylums brought their own unique views of mental illness and treatment with them. Each superintendent had his own particular views of patient treatment, including policies on patient labor and the implementation or prohibition of mechanical restraint. The Goldsboro asylum went through a succession of superintendents in a short period of time upon its opening, including William Moore (1880-1882), and J.D. Roberts (1882-1888). J. F Miller, superintendent of the Goldsboro asylum from 1888 to 1905, differed from his predecessors by arguing against the low funding and neglect the facility received from the General Assembly.

191. "A Bill for the Maintenance and Improvement of the Hospital and Insane Asylums of the State," *Journal of the Senate of the General Assembly of North Carolina at its Session of 1893*, North Carolina Digital Archives, 509.

Patrick Murphy, in contrast, served as the first superintendent of the Morganton asylum and stayed until his death in 1905. He became a local celebrity and was often mentioned in local newspapers. Murphy believed North Carolina spent too much of its resources on the Goldsboro asylum, arguing that insane white patients of the state were neglected. Whether his arguments convinced the General Assembly, or mirrored a growing sentiment, the General Assembly did restrict Goldsboro's funds further in the face of economic depression. The Raleigh asylum went through three superintendents, beginning with Edward Fisher from its opening through the Civil War. His successor Eugene Grissom continued Fisher's fight for expansion in the 1870s. He was let go in 1889 after accusations of excessive use of physical restraints were brought against him, though he was not found guilty during the trial. George L. Kirby took his place through 1900.¹⁹²

The decision to plan and construct the Eastern Carolina Insane Asylum in 1874 was neither easy nor quick. When the Union Army occupied the Raleigh asylum in 1865, they placed some of their soldiers into treatment, including two African American patients. Fisher briefly discussed this in his report for the 1866-1867 session:

By the "fortunes of war, " or more strictly speaking, it may be said, by the misfortunes of the late war, there are a few patients now in the Asylum, whose friends are wholly unable to continue to furnish the means for their support here or elsewhere, and two colored insane (the last of those who were committed by the military,) for whom no provision is made.¹⁹³

Superintendent Fisher argued that a separate facility for black patients would be ideal in his report to the General Assembly at the close of the Civil War. Eugene Grissom took

192. For a detailed discussion of this, see the 1891 Board of Directors and Superintendent reports for the Raleigh asylum.

193. "Report of the Physician and Superintendent of the Insane Asylum of North Carolina, for the year ending Nov 1, 1866," *Doc. 3, Executive and legislative documents laid before the General Assembly of North Carolina Session 1866-1867*, North Carolina Digital Archives, 10.

over as superintendent from Fisher in 1868. He continued to argue the need to expand the North Carolina Asylum system. Like Fisher, Grissom advocated separate accommodations for African American patients. He described Fisher's inability to keep the races separate in the desperately crowded asylum:

Owing to want of room, my predecessor found it impossible to assign separate apartments to our colored insane, an arrangement I think highly desirable, and should be made as soon as facilities will permit.¹⁹⁴

Grissom was not as fervent about separating the state's African American patients in a separate facility, but cited many examples in his reports of other states doing so. Similar to Dorothea Dix's appeal to the legislature, Grissom outlined the urgent need to provide treatment and custodial care to the insane of the state in his report for the 1874-1875 session.¹⁹⁵ Grissom insisted that North Carolina still lagged behind other southern states in the provision of mental health care to its citizens. He highlighted Tennessee and Virginia as models, which included separate asylums for African American patients.¹⁹⁶ Grissom did not explicitly argue that African Americans had the right to access mental health care. He does mention how several asylums have incorporated separate accommodations for them within their asylum systems.

The General Assembly passed two acts regarding the new facilities during the 1874-1875 session. The first, "An Act to Provide Another Asylum for the Insane of North Carolina," responded to the need frequently cited by Superintendent Grissom since the

194. "Report of the President, Directors, and Superintendent of the Insane Asylum," *Doc. 11, Executive and legislative documents laid before the General Assembly of North Carolina Session 1868-1869*, North Carolina Digital Archives, 17.

195. "Report of the President, Directors, and Superintendent of the Insane Asylum," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina Session 1874-1875*, North Carolina Digital Archives, 25.

196. *Ibid.*, 22.

end of the Civil War for more space to house patients.¹⁹⁷ The Assembly appointed commissioners to arrange for the construction for the new asylum. They instructed the committee to find a suitable tract of land, listed as no less than 100 acres within three miles of Morganton, North Carolina. The assembly granted the committee \$50,000 for the year of 1875, and \$25,000 for 1876.

The second Act, "An Act to Provide For the Colored Insane of North Carolina," provided for the creation of a second asylum to house the state's African American mentally ill:

The General Assembly of North Carolina do enact that the sum of ten thousand-dollars per annum be and the same is hereby appropriated to the establishment at the Marine Hospital building at Wilmington, North Carolina, of a branch asylum for the colored insane, and their *support and treatment, subject, nevertheless, to the same control and general superintendence and regulations as the asylum for the insane at Raleigh.*¹⁹⁸

The law included specifications that the Goldsboro asylum (Cherry Hospital) should be run the same way as the white mental institutions. The General Assembly allocated the least amount of funding for this institution. Rather than paying for the construction of a new facility, the Assembly promised the total of \$10,000 for the refurbishment of a former military hospital for the treatment of the state's entire African American population.¹⁹⁹ It is telling that while asylum superintendents stressed the importance of architectural design in the treatment of the insane, North Carolina's General Assembly allocated the African American insane asylum to a refurbished former military hospital.

197. "An Act to Provide Another Asylum for the Insane of North Carolina," Laws and Resolutions of the State of North Carolina, passed by the General Assembly Session 1874-1875, Chapter 249, Section 1, North Carolina Digital Archives.

198. "An Act to Provide For the Colored Insane of North Carolina," Laws and Resolutions of the State of North Carolina, passed by the General Assembly 1874-1875, Chapter CCL, Section 1, North Carolina Digital Archives (emphasis added).

199. *Ibid.*, Chapter CCL Section 1.

The Act specifies that the treatments applied to patients must be the same as those used in the other branch asylums. Though asylum doctors believed that layout and aesthetics of an asylum impacted the success of treatment, architecture was one of many areas where the General Assembly emphasized cost over effectiveness in the creation of the Goldsboro asylum. The facility was legislated with the purpose of treating and physically separating African American patients from whites, though it was expected to accomplish both on a limited budget.

The General Assembly passed the Act to establish the Eastern Carolina Insane Asylum, but they took no action to make the institution a reality. While plans for the construction of the Morganton facility were already underway, the refurbishment of the former Marine Hospital came to a halt. Governor Curtis Brogden appealed to the legislature to move forward with the planning of the facility during the 1876-1877 General Assembly session.²⁰⁰ The Assembly granted the commission an additional \$30,000 for the years 1877 and 1878.²⁰¹ No additional funding was allocated to the Eastern Insane Asylum until an act passed in 1879 granting \$20,000 to support its refurbishment. In comparison, the Morganton facility was provided \$25,000 over two years in the same act.²⁰² Brogden approached the problems of constructing the Goldsboro asylum pragmatically, describing the halt of the project in his 1879 address. While the General Assembly appropriated \$20,000, no tax money was collected to actually raise the funds. The Governor, nevertheless, created a board of commissioners to at least begin the

200. "Governor's Message," *Doc. 1, Executive and Legislative Documents laid before the General Assembly of North Carolina Session 1876-1877*, North Carolina Digital Archives, 1, 10, 11.

201. "An Act to Provide for the Completion of the Western Asylum for the Insane," *Laws and Resolutions of the State of North Carolina passed by the General Assembly 1876-1877*, Chapter CCIV, Section 1.

202. *Ibid.*, 331.

project:

For reasons well known to all who are acquainted with the state of the treasury but little has been done toward providing an asylum for the colored. An appropriation of \$20,000 was made by the last Legislature but no tax was levied to raise the money, and at an early day the treasurer notified me that he could not pay my warrants. Unwilling to do nothing toward an object so much needed, I appointed a board of commissioners as the act required and requested them at least to select a location and make a beginning.

From his perspective, it was a matter of complying with the Act that required the African American component while prioritizing financial frugality. Brogden emphasized that the state should spend only what was necessary on the institution, which differed from their attitude towards constructing the Morganton facility. He urged the General Assembly not to try to avoid fulfilling this duty. Indeed, no action to make the law a reality had taken place until the Governor took matters into his own hands.

It is possible that Curtis Brogden may have acted as a result of pressure from the Raleigh asylum board of directors. Burke Haywood wrote of this problem in his 1875 report to the Governor. Haywood served as the president of the Dorothea Dix Board of Directors during the time of the asylum system's expansion, and is also referred to as a consulting surgeon in the Raleigh Superintendent's reports. The owner of the Marine Hospital in Wilmington, a man referred to as Dr. Winants, refused to sell it to the state government, agreeing instead to a lease arrangement.²⁰³ Haywood objected to the use of the former hospital on a number of grounds, and challenged the limitations of the act that commissioned the new hospital. He denounced the act as discriminatory since the total provided for a lesser cost per patient for African American patients than it did for white

203. "Report of the Board of Directors, Superintendent and Physician of the Insane Asylum of North Carolina," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina Session 1874-1875*, North Carolina Digital Archives, 4.

patients:

The average yearly cost of maintenance for each patient in all insane asylums in the United States is two hundred and ninety-one dollars and seventy cents. The experience of these institutions conclusively proves that this sum is barely sufficient for the proper care and cure of the insane. Besides this act, in its limitation of expenditure for each patient, discriminates between the white and colored insane, which in my opinion, was not intended by the General Assembly.²⁰⁴

Haywood felt that the act did not provide equal incorporation of the state's African American citizens into the public mental healthcare system. Haywood called attention to the delay of the Goldsboro asylum's construction at the hands of the General Assembly, arguing that the refurbishing of the Wilmington Marine hospital and the abysmal funding provided were unjust.

Haywood's views differed from those of Grissom and Fisher, who seemed to prioritize removing African American patients from the Raleigh asylum rather than ensuring proper care for them in the new facility. Haywood's strong stance may have been influenced by his personal beliefs about race relations. His rhetoric may have pressured or inspired Curtis Brogden to become involved in the process. Brogden expressed indignation over the delay in his 1876 address:

If the white race compose two-thirds of our population, and there are two Asylums for the support of the white insane, surely the colored race, composing one-third of the population, ought in justice to have one Asylum for the support of the colored insane. This subject should appeal to the humanity and charity of the General Assembly, and I hope the appeal will not be made in vain.²⁰⁵

Brogden appealed to the morality of the General Assembly, and seemed to hold the belief

204. "Report of the Board of Directors, Superintendent and Physician of the Insane Asylum of North Carolina," *Doc. 7, Executive and legislative documents laid before the General Assembly of North Carolina Session 1874-1875*, North Carolina Digital Archives, 5.

205. "Governor's Address," *Doc 1, Executive and legislative documents laid before the General Assembly of North Carolina session 1866-1867*, North Carolina Digital Archives, 24.

that African American mentally ill were entitled to some form of treatment. It may have appealed to his personal sense of justice depending on his beliefs of proper race relations. Though construction of the Goldsboro facility was quicker than its Morganton counterpart, the General Assembly further delayed its opening due to a question of affordability. Brogden discussed the process in his message for the 1881 General Assembly session. The general insane tax levied in 1879 raised more than enough funding for the Raleigh asylum appropriation. The legislature used the leftover funds to open the Goldsboro asylum.²⁰⁶

Despite concern with overall cost, the construction of the Goldsboro facility was done quickly and at low cost. Superintendent J.D. Roberts describes the cost effectiveness of the facility in his 1883 report: "With these extra expenses added in, the board of directors can then flatter itself on having built and equipped the cheapest institution of the kind in the United States..." He also makes notes of the aesthetic shortcomings of such cheap construction:

while we do not make the grand display and gigantic proportions of other asylums, and do not have all the facilities and comforts of most of them, still for results achieved in the construction of this institution, I think the directors can safely challenge comparison with any in the land.²⁰⁷

J. D Roberts believed the asylum could be effective in treatment, but recognized the sacrifices made in terms of comfort and aesthetics to keep within the limited budget. The lengthy process of opening the Goldsboro facility tells much about its priority in the eyes of the legislature. North Carolina almost repeated a pattern seen in other southern states,

206. "Governor's Message," *Doc. 1, Executive and Legislative Documents Session 1881*, North Carolina Digital Archives, 13, 14.

207. "Annual Report of the Directors and Officers of the Eastern North Carolina Insane Asylum," Extract from 1883 report, *Doc. 13, Executive and Legislative Documents Session 1885*, North Carolina Digital Archives, 15.

such as South Carolina, and prioritized the white patients of the asylum system when appropriate funding was not guaranteed. Since the financial excess brought in from the insane tax provided enough funding to open the Goldsboro facility, the plans for the African American branch were only delayed instead of being canceled.

Both new additions to the asylum system were opened before construction was completed. In the same 1881 session, the board of directors of the Goldsboro facility asked the General Assembly for \$20,000 in order to finish construction of the north wing since the institution filled to capacity by the end of its first year.²⁰⁸ The board of directors for its western counterpart in Morganton estimated that a total of \$100,000 would be needed to complete and open the institution, which consisted of \$80,000 for additional construction and \$20,000 for furniture.²⁰⁹ Though the Goldsboro and Morganton asylums were founded in the same session, the General Assembly took no further action to make the Eastern branch a reality until Governor Brogden forced them to act. They prioritized the Morganton branch and allocated minimal resources and funding to the African American asylum.

Goldsboro superintendent J. F. Miller wrote in 1899 that while the institution once held 170 patients, it could then hold 460.²¹⁰ Superintendent George Kirby of the Raleigh asylum reported that his facility held 393 patients at the end of 1898, and 424 by 1900.²¹¹ Since the Raleigh and Goldsboro asylums shared a closer size, it is more telling to note

208. "Report of the Committee of the Western Insane Asylum," *Doc. 12, Public documents of the General Assembly of North Carolina Session 1879*, North Carolina Digital Archives, 2.

209. "Report of the Committee of the Western Insane Asylum," *Doc. 11, Executive and legislative documents of the General Assembly of North Carolina Session 1881*, North Carolina Digital Archives, 6.

210. "Report of the Eastern Hospital for the year ending November 30, 1898," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 12.

211. "Biennial Report of the State Hospital at Raleigh," *Doc. 15, Public Documents of the State of North Carolina Session 1901 Vol 2*, North Carolina Digital Archives, 19.

the funding differences between those two than it is to compare the Goldsboro and Morganton branches (see Table 1). Even though the Raleigh facility had opened over 20 years prior to the Goldsboro asylum, it was prioritized by the General Assembly due to the race of its patients.

Data on patient numbers took a variety of forms. Some of the most common tabulations were "whole number under treatment," amount left in the asylum at the time of the report, and daily averages. The three superintendents were rarely consistent in their presentation of this data. Years with no comparable data exist were not included.

Table 1: Whole Number Listed Under Treatment for Each Institution.

Year of Report	Morganton	Raleigh	Goldsboro
1893	560 (1889)	294	314 (1889)
1895	663 (1893)	471	459
1901	886 (1899)	582	651
1903	1,019 (1903)	730	640
1905	1,296	725	754

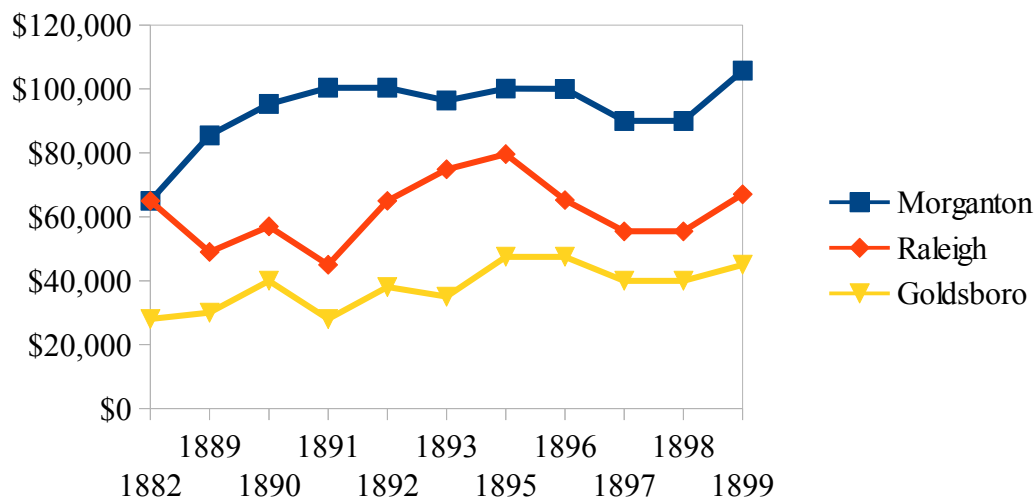
Source: Biennial Report of the Superintendent and Board of Directors of the Raleigh, Morganton and Goldsboro Asylums. Executive and Legislative documents laid before the General Assembly of North Carolina Sessions 1882, 1885, 1889-1893, 1895-1899, 1901, 1903, 1905.

The data illustrates the differences in the amount of patients processed by the three asylums. The Raleigh and Goldsboro facilities are the most comparable in terms of capacity. The differences between the Morganton and Raleigh allocations may be explained by the variance in capacity (see Figure 1).

The Goldsboro asylum attempted to treat patients in numbers that rivaled its sister facility in Raleigh, despite the repeated insistence from figures, such as Patrick Murphy, that the lower population of African Americans in the state meant that there were less

African American mentally ill to treat. While the differences between the Morganton and Raleigh allocations may be explained by the variance in capacity, why then was the funding disparity between the Raleigh and Goldsboro facility so large?

Figure 1: Funding Allocations and Corresponding Year of the Three Asylums.



Source: Biennial Report of the Auditor. Executive and Legislative documents laid before the General Assembly of North Carolina Sessions 1882, 1884, 1889-1893, 1895-1899.

The Raleigh and Morganton facilities received the same amount of funding only for the year 1882, before the construction of the Morganton asylum was complete.²¹² Despite the close capacity between the Raleigh and Goldsboro asylums, there is a substantial difference between the amount of funding set aside for the two facilities. The discrepancies in funding affected many aspects of the Goldsboro asylum's functioning that directly affected the quality of care patients received.

The superintendents also provided information on the cost to maintain each

²¹² "Governor's Message," *Doc. 1, Executive and legislative documents of the General Assembly of North Carolina Session 1881*, North Carolina Digital Archives, 4.

patient per year in the three institutions. Data for this was not always consistent between the three reports. While Miller maintained a consistent record of cost per patient per year, Murphy and Kirby would sometimes not include this information in their reports, choosing instead to focus on more specific costs (such as cost of food, cost of maintenance per patient), or group the costs together (one lump sum for a given number of patients per year). The limited information provided does show a significant difference between the costs per patient for the two white facilities and the Goldsboro Asylum (see Table 2).

Table 2: Cost Per Patient Per Year for the Morganton, Raleigh, and Goldsboro Asylums as Listed in Superintendent Reports.

Year of Report	Morganton	Raleigh	Goldsboro
1885	215	n/a	158.61
1891	n/a	n/a	116.75
1893	n/a	192.80	117.85
1899	120.03	140	102.77
1901	133.33	n/a	93.82

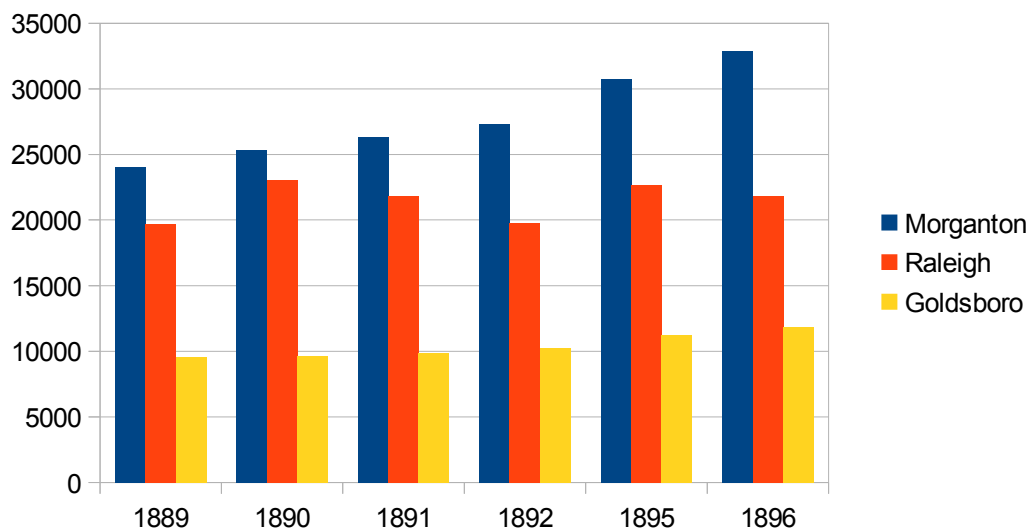
Source: Biennial Report of the Superintendent and Board of Directors of the Raleigh, Morganton and Goldsboro Asylums. Executive and Legislative documents laid before the General Assembly of North Carolina Sessions 1882, 1885, 1889-1893, 1895-1899, 1901, 1903, 1905.

The Goldsboro asylum spent much less per patient than its two white counterparts, which is no surprise given the difference in overall funding provided.

A comparison of the amounts paid to staff and wage laborers can offer a second analysis of finances based on real amounts spent (see figure 2). The general lack of funding meant that less could be allocated to staff and laborers, which may have had an impact on the quality of care African American patients could expect to receive at the

only state asylum that served them.

Figure 2: Total Salaries and Wages of the three Asylums



Source: Biennial Report of the Superintendent and Board of Directors of the Raleigh, Morganton and Goldsboro Asylums. Executive and Legislative documents laid before the General Assembly of North Carolina Sessions 1882, 1885, 1889-1893, 1895-1899, 1901, 1903, 1905.

While the Raleigh salary and wages amounts fluctuate more frequently, the Goldsboro facility paid its workers and staff the lowest amount, which rose only in small amounts over time. This indicates that the Eastern branch had significantly less money available to pay employees than its Western and Central sister asylums.

Miller never discussed hiring African American staff in his reports. While Superintendent Grissom of the Raleigh facility mentions the need for separate accommodations for African American staff in his reports from 1868 to 1879. Superintendent James McKee also made a reference to a "colored employee" having an accident in his 1903 report.²¹³ It is unclear to what extent he hired African American

213. "Report of the Board of Directors and Superintendent of the State Hospital, Raleigh,

employees. Miller expressed his doubt of the effectiveness of African American attendants on his essay discussing the effect of emancipation on African American mental health:

It is a notorious fact that but few colored attendants have the necessary influence over the colored insane that is so desirable in their care and treatment. The negro is usually indignant and rebels against the restraints exercised by another negro, and consequently force is often necessary when moral persuasion and a stronger personal influence would have accomplished better results in management.²¹⁴

Miller may have preferred to hire white employees based on the belief that white attendants would be able to gain better control over African-American patients. It is unclear to what extent Miller hired African American employees, as he does not record the race of employees when names are included in his reports.

The Goldsboro asylum's ability to maintain a full staff was impeded by available funds. The primary positions, often listed as "officers" at the beginning of each asylum's reports in addition to the board of directors typically included the superintendent, assistant physician(s), and treasurers. Other secondary positions listed included matrons and stewards depending on the institution and the date of the report. These subordinate positions vary greatly from one period to the next, and were often combined with different roles depending on the year. Such variation is not seen in the by-laws of the Raleigh and Morganton facilities.

The role of Superintendent at Goldsboro also differed from that at the two white facilities. While J. F. Miller's salary was competitive with that of his fellow superintendents, only Goldsboro's superintendent was required to pay for his own

N.C.," *Doc. 12, Public Documents of the State of North Carolina 1903 Vol. 2*, North Carolina Digital Archives, 5.

214. J. F. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro of the South," *Documenting the American South*. University of Chapel Hill, NC (accessed November 5, 2017) <http://docsouth.unc.edu/nc/miller/miller.html>, 10.

expenses: "The superintendent is to be required to defray his own household expenses, servant hire and incidentals not of benefit to the Asylum, fuel and gas excepted."²¹⁵ Miller made a salary of \$2000, the same as his cohort Patrick Murphy at the Morganton Hospital, but was denied the same amenities.

Appropriations had the biggest impact on the three Asylums. These could include annual appropriations for the maintenance and running of each facility and special appropriations usually granted for construction purposes. From its initial construction, the Goldsboro Asylum faced a limited budget that its board and superintendents had to reconcile with. J. W. Vick, chairman of the Goldsboro Asylum's board, noted having to divert from the architect's design for the heating plan in order to stay within the budget. They chose instead to adopt the hot-air furnace plan since it significantly reduced the cost.²¹⁶ This heating system was discussed in a later report by the Board of Health in 1889, when the health inspector commented: "While we do not approve of this method, it is yet one of the standard methods of heating..."²¹⁷ This is an early example of the cost-cutting measures taken by the Goldsboro superintendents and Board of Directors to keep the asylum running within its small budget.

The Goldsboro Asylum's superintendents often wrote of the low appropriations the institution received and the impact of this on the running of the Asylum. When J. D. Roberts asked the state legislature to award the institution with a \$25,000 appropriation

215. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc 27, Public Documents of the State of North Carolina Session 1891*, North Carolina Digital Archives, 33.

216. "Report of the Chairman of the Board of Directors of the Asylum for the Colored Insane," *Doc. 12, Executive and legislative Documents of the General Assembly of North Carolina Session 1881*, North Carolina Digital Archives, 2.

217. "Biennial Report of the North Carolina Board of Health," *Doc 20, Executive and legislative Documents of the General Assembly of North Carolina Session 1889*, North Carolina Archives, 107.

per annum, he noted that the amount "...will be barely sufficient for our needs."²¹⁸ J. F. Miller, who took over the position of superintendent around 1889, noted the differences between what the Goldsboro asylum received compared to its sister institutions in Morganton and Raleigh. He argued that the amount was the lowest given to asylums in the state, and that the cost per patient would therefore be significantly lower than any similar institution.²¹⁹

Not only did Miller accuse the state of providing lower amounts than those awarded to the white mental healthcare facility, but also argued that the amounts ranked low for similar institutions across the country. In 1893, Miller wrote of his frustration with the strict budget and how it effected what the asylum could offer its patients:

A large expenditure of money would have contributed to increased comforts, and might have produced better results. But we have done the best we could with the means at command, and it will doubtless be gratifying to you for me to be able to state that our recoveries compare favorably with many institutions of much larger financial resources...²²⁰

To Miller, the asylum could not provide patients with all that an institution with a much larger budget could, but initially argued that patient recovery was not impacted by the shortage of funds.²²¹ This early optimism in his reports changed as funding diminished towards the beginning of the 20th century. A writer from the *Charlotte Observer* noted in 1893 that North Carolina's agricultural class had seen increasing prosperity after the Civil

218. "Report of the Board of Directors and Superintendent of the Eastern North Carolina Insane Asylum," *Doc. 13, Executive and legislative Documents of the State of North Carolina Session 1885*, North Carolina Digital Archives 18.

219. "Report of the Eastern North Carolina Insane Asylum. Also the Report of the Treasurer," *Doc. 27, Public Documents of the State of North Carolina Session 1891*, North Carolina Digital Archives, 12.

220. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc 21, Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 8.

221. *Ibid.*, 8.

War until 1876, when a slow decline in the prosperity and activity of the farmers began that continued into the 1890s.²²² This may have been due to the Panic of 1873, when bank failures and the stall of Railroad construction caused economic depression.²²³ The Panic of 1893, a series of bank failures which resulted in an economic depression.²²⁴ A letter to the editor published by the *Charlotte Observer* in 1893 discusses the confusion over this depression, and attributes it to the influence of speculation and overproduction.²²⁵ This undoubtedly reduced the availability of state funds. Miller mentions saving up \$5,000 for repairs and building by saving money from the appropriation: "This amount has been saved by rigid economy from our annual appropriation for ordinary expenses."²²⁶ Paying for repairs by constricting the use of the small appropriations quickly become a theme of the Goldsboro Asylum administration.

Miller himself held conflicting views of his African American patients. He believed them to be mentally inferior to whites.²²⁷ He did not believe the cost to treat African American patients should be significantly lower than that for white patients.²²⁸

222. "Agricultural Depression. What is Wrong? Where the Cure?," *Charlotte Observer*, January 25, 1893:2, Newsbank [http://infoweb/newsbank.com/resources/doc/nb/image/v2:11260DC9BB798E30@WHNPX1128AFB726AA9328@24124891128AFB805B0B5F8@11128AFBA1646DD98@Agricultural Depression. What is Wrong?-Where the Cure?p=WORLDNEWS](http://infoweb/newsbank.com/resources/doc/nb/image/v2:11260DC9BB798E30@WHNPX1128AFB726AA9328@24124891128AFB805B0B5F8@11128AFBA1646DD98@Agricultural%20Depression.%20What%20is%20Wrong?-Where%20the%20Cure?p=WORLDNEWS) (accessed 11/27/2017).

223. Nicolas Barreyre. 2011."The Politics of Economic Crisis: The Panic of 1873, the End of Reconstruction, and the Realignment of American Politics. *The Journal of the Gilded Age and Progressive Era* 10(4): 407, 408.

224. Alexander Noyes, "The Banks and the Panic of 1893," *Political Science Quarterly* 9, no. 1. (1894): 15.

225. "Hard Times and the Remedy: The Depression in the Land and What Will Cure the Evil." *Charlotte Observer*, March 25, 1892: 3, Newsbank [http://infoweb.newsbank.com/resources/doc/nb/image/v2:11260DC9BB798E30@WHNPX-1128ACD9ABBEDE28@2412183-1128ACDAA777E1C0@2-1128ACDBE171EB90@Hard Times and the Remedy. The Depression in the Land and What Will Cure the Evil?p=WORLDNEWS](http://infoweb.newsbank.com/resources/doc/nb/image/v2:11260DC9BB798E30@WHNPX-1128ACD9ABBEDE28@2412183-1128ACDAA777E1C0@2-1128ACDBE171EB90@Hard%20Times%20and%20the%20Remedy.%20The%20Depression%20in%20the%20Land%20and%20What%20Will%20Cure%20the%20Evil?p=WORLDNEWS) (accessed November 27, 2017).

226. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc 21, Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 8.

227."Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 27, Public Documents of the State of North Carolina Session 1891*, 6.

228. *Ibid.*, 6.

While he did believe that emancipation contributed to an increase of insanity in African Americans, he did not believe the strategy for their treatment should differ drastically from whites: "Insanity in the negro and its treatment are practically the same as in the Caucasian. The habits, education and emotions of the negro in his same condition differ as a class from the Caucasian."²²⁹ Miller seemed to believe that the treatment of insane whites and African Americans should not differ greatly, even if the initial causes could be influenced by race.

Miller criticized the General Assembly constantly for neglecting the Goldsboro asylum. It is unclear whether his motivations primarily stemmed from professional interest or a genuine concern for his patients. While Miller's use of cost-cutting measures, such as utilization of patient labor for construction, directly impacted the experience of patients, it also enabled the asylum to continue to offer some form of care to the state's African American insane. Miller's ultimate goal was treatment for the acute cases not only custodial care. He did accept the chronically insane at the asylum to a greater extent than the other two asylums, but did not want that to be the limit of the Goldsboro asylum's provisions. Miller argued that the differences in funds provided for African American patients and whites should not be great.²³⁰ In 1895, he asked the Board and General Assembly: "Because those who are committed to us are negroes shall we deny the needed comforts or withhold the kindly hand that administers to their wants?"²³¹ He

229. J. F. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro of the South," *Documenting the American South*. University of Chapel Hill, NC (accessed November 5, 2017) <http://docsouth.unc.edu/miller/miller.html>, 9.

230. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the General Assembly of North Carolina Session 1901, Vol. 2*, North Carolina Digital Archives, 22.

231. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the General Assembly of North Carolina Session 1895*, 7.

questioned why his administration should be held to such a tight budget when it directly impacted the quality of care and treatment that patients would receive.

When the Goldsboro Asylum did receive special appropriations, they were often awarded significantly smaller amounts than the amounts asked for. In his report for 1893, J. F. Miller asked the legislature for the funding to construct additional housing for 55 males and 55 females.²³² The legislature appropriated \$13,000 for the male building only.²³³ Miller utilized strict economy, patient labor, and building materials produced on-site: "This Hospital furnished all the sand, and also the common labor from its own force among the patients, and the building was completed and furnished for an amount considerably less than the appropriation."²³⁴ Miller utilized patient labor to make up for the lack of funding. In this way, he was still able to make expansions to the asylum to accommodate more patients within the Goldsboro asylum's strict budget.

Again, Miller urged the need to build additional accommodation for female patients.²³⁵ Vacancies for female patients for the two year period leading up to the 1895 report were made only upon the death or discharge of a previous patient.²³⁶ Miller wrote of the rush to create vacancies for male and female patients: "A large number of those received have been taken in exchange for patients only partially restored, but who it was thought could be cared for either by their friends or by their county."²³⁷

232. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 21, Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 9.

233. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 6.

234. *Ibid.*, 6.

235. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 6.

236. *Ibid.*, 13.

237. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro,

Miller protested the asylum's lack of ability to aid the state's mentally ill African Americans: "The State of Virginia has about one-third more colored population than North Carolina and yet she has at Petersburg accommodations for over 800 of her colored insane."²³⁸ By 1895, Miller did not believe the asylum fulfilled its obligation to its African American citizens. He argued that the state was not living up to its responsibility to care for its African American insane: "The State has long since undertaken the humane care of her insane population, regardless of race, politics or religion, and she should discharge this responsibility to an extent that will meet the exigencies of this duty."²³⁹ While he insisted in his earlier reports that the Goldsboro Asylum's minuscule budget did not impact cure rates, he wrote of the problem of custodial care:

I respectfully submit to this honorable Board that it should be our aim to make this not only a home to the colored insane, but in a high sense it should be our endeavor to make it an hospital, so that as many as possible may be restored to normal mentality and cease to be burdens upon the State, and become wage-earners and self-supporting citizens.²⁴⁰

Miller did not believe the State was providing the care its African American citizens deserved.

In 1895, the state legislature finally appropriated funding to construct accommodations for female patients totaling to \$17,500.²⁴¹ The law appropriated specific amounts of money for maintenance and the construction of the new building, which

N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 6.

238. *Ibid.*, 14.

239. *Ibid.*, 6.

240. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, 7.

241. "An Act for the Maintenance of the Eastern Hospital, and for Additional Buildings for Females," *Public laws and resolutions of the State of North Carolina passed by the General Assembly Session 1895, Chapter 350*, North Carolina Digital Archives.

caused problems for Miller. While the new building had indeed been constructed, there was not enough money to furnish and open it. After he appealed to the Governor, the treasurer allowed the asylum to access the excess funding set aside for maintenance in order to open and make use of the building.²⁴²

Even though the General Assembly appropriated a small amount for the construction of new accommodations for females, the low amount they were willing to give was not sufficient. It was only Governor Elias Carr's intervention that allowed the building to be completed. Carr argued that it was necessary to give the asylum the \$20,000 appropriation, as well as funding for maintenance, repairs, and the increase of accommodations so that African American patients could continue to receive treatment. However, he urged that the amount of \$20,000 only be provided if the goal could not be fulfilled for less expense.²⁴³ In this way, Carr too prioritized financial frugality over the well-being of the Goldsboro asylum patients.

As the state's economy dwindled, the legislature began to withhold funds from the Goldsboro Asylum. This had a direct impact on the institution's ability to care for patients. Miller admitted this in his 1899 report:

The last Legislature, having refused your very modest request for \$43,000 per annum for the maintenance of our population, and to meet the expense of necessary repairs, we have been compelled to use a more rigid economy than was for the best interest of the patients...²⁴⁴

Miller denounced the state's lack of commitment to care for its African American

242. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 9.

243. *Ibid.*, 7.

244. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 5.

population once again, threatening that urgent accommodations for both male and female patients would have to be made in order for the state to continue providing care to its African American citizens.²⁴⁵ Overcrowding became such a problem, even with the facility returning many patients to their counties of origin that the Board of Health made a note of it during an inspection of the Goldsboro Asylum.²⁴⁶ While individuals in the counties who made formal complaints to the Board of Health certainly cared about the impact of this to their environments, it does not appear to have been a concern to the General Assembly. This may have been because of a general lack of funds. With even less money available for the asylum system, the Goldsboro asylum was ignored.

Funding for more room was given in the form of an appropriation for \$50,000 budgeted by the state Legislature.²⁴⁷ When it came to the payment of the appropriation, the Legislature denied access to the funds. The Governor allowed the institution to borrow \$15,000.²⁴⁸ Once again, the Governor had come to the aid of the asylum when the General Assembly refused to help.

Within the same 2 year period, an associate dormitory was converted into an infirmary, the laundry was moved to the boiler-house, and then the old laundry was converted into a dining room and additional dormitory for patients.²⁴⁹ This was a common

245. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 12.

246. *Ibid.*, 12.

247. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1903 Vol. 2*, North Carolina Digital Archives, 16.

248. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1903 Vol. 2*, North Carolina Digital Archives, 16.

249. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc 27, Public Documents of the State of North Carolina Session 1891*, North Carolina Digital Archives, 10, 11.

feature of the Goldsboro asylum's cost-cutting measures, and only intensified as state funds diminished. Miller describes the rearranging of spaces in his 1899 report:

The room under the kitchen has been fitted up as a place for preparing vegetables for our patients. The room under the carpenter's shop, which many years ago was used for a boiler-house, has been fitted up for the manufacture of soap, and as a soap room, and the old wooden soap house has been moved from the hill, and has been utilized for another purpose.²⁵⁰

Miller implemented extreme cost-cutting measures to keep the asylum functioning with its abysmal budget.

By 1905, the superintendent reported receiving only \$20,000 of the appropriation promised.²⁵¹ Miller notes in his report: "I regret that the professional work of the past two years in its results has not been altogether so satisfactory as usual..."²⁵² In Miller's eyes, the lack of funding hampered its ability to provide effective service to patients. By this time, 484 patients were on the hospital's roll.²⁵³ Rather than receiving the money to construct separate quarters for incoming female patients, the Hospital began housing them in the male building, and in a room over the boiler-house.²⁵⁴ The rearranging of spaces was a method Miller employed frequently in order to make up for a lack of funds to construct new spaces. The importance of architecture emphasized by asylum superintendents such as Thomas Kirkbride does not appear to have been a concern to Miller. He rearranged the Goldsboro asylum's space in order to make room for more patients, and to make up for an inability to construct new rooms for specific purposes. In

250. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 7.

251. *Ibid.*, 6.

252. *Ibid.*, 15.

253. *Ibid.*, 5.

254. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 12.

this respect, Miller could not offer the same environment for treatment as the Morganton and Raleigh facilities. His patients were housed and cared for in spaces not designed for the purpose. The lack of funding prompted Miller to let go of an architectural approach to treatment and rearrange spaces as needed. Though this would not have made the implementation of moral therapy impossible, as patients were certainly kept busy in the asylum, it was a disregard of an important aspect of traditional approaches to treatment.

With scant appropriations and wavering support from the state legislature, Miller attempted to supplement the funds with income from products produced in the asylum. Selling excess produce and textiles generated by patient labor was a practice common to asylums throughout the country. Miller invested in a brickyard that allowed the asylum to produce material for construction. They also sold bricks pay for improvements and maintenance to the asylum.²⁵⁵ Though the asylum had incurred a small amount of debt, the steward reported without worry: "...but, in point of fact, there is no deficiency, as we have on hand bricks more than sufficient to pay the indebtedness."²⁵⁶ Miller was able to fund the construction of a building to house 212 patients between 1901 and 1902 by providing the labor and much of the materials for it: "I doubt so cheap a building of like character and purpose has been erected for any state institution. There was no fee paid to an architect, and all excavating and sand cost the state practically nothing." The bricks were made on-site in the asylum's brick yard.²⁵⁷

Goldsboro was not the first of the three asylums to involve patients in

255. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1901 Vol. 2*, North Carolina Digital Archives, 15.

256. *Ibid.*, 22.

257. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1903 Vol. 2*, North Carolina Digital Archives 6.

construction work, but utilized patient labor the most to cut costs. Patrick Murphy's first mention of incorporating patient labor for construction of a road in 1891.²⁵⁸ However, Murphy did not mention employing patients to help construct buildings. As early as 1893, Miller discussed using patient labor to reduce the cost of constructing new buildings:

"These buildings have been erected without the expense of a contractor. Two masons and a mortar-maker only have been hired. Our carpenter and patients have done the work, tinning, and part of the painting excepted. By this means I am sure several hundred dollars have been saved to our Hospital funds."²⁵⁹ Miller went to great lengths to enable the construction of new housing for patients, often by providing as much of the labor and materials from the asylum: "This Hospital furnished all the sand, and also the common labor from its own force among the patients, and the building was completed and furnished for an amount considerably less than the appropriation."²⁶⁰ In his 1901 report, Miller even mentions using patients for projects to improve the asylum's plumbing.²⁶¹ Without the supply of patient labor or construction materials supplied on site, the Goldsboro asylum could not have afforded to continue expanding. Miller's priority seems to have been the running of the asylum rather than the patients themselves. Cost-cutting measures such as this would have a direct impact on the experience of patients, but also kept the asylum open to offer some form of treatment to North Carolina's African-

258. "Report of the State Hospital at Morganton, N.C.," *Doc 14, Public Documents of the State of North Carolina Session 1891*, North Carolina Digital Archives, 5.

259. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 21, Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 7.

260. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 6.

261. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 16, Public Documents of the State of North Carolina Session 1901 Vol. 2*, North Carolina Digital Archives, 14.

American insane, whether it be curative or custodial.

This made the experience of the African American patient at Goldsboro different from that of white patients at the Raleigh and Morganton facilities. Patients at Goldsboro were expected to participate in construction, to live in an environment that was not designed for their comfort, and were cared for by a smaller staff that was paid less money. The use of African American labor in North Carolina's asylum system parallels the harnessing of African American labor through other means, such as Zipf's discussion of apprenticeships. However, the labor of Goldsboro's patients also enable the institution to continue to provide services to the state's African American mentally ill. It was money, not the well-being of patients, that was prioritized in the eyes of the General Assembly. Miller worked within the limited budget to keep the asylum up and running. His money saving strategies prioritized patients in that it kept the asylum open to provide care, but also detracted from their overall experience of care. Such measures were less extreme than the drastic release of all male African American patients in 1858 by the South Carolina Lunatic Asylum, and allowed the facility to remain open to provide what care it could within its means.

Despite the clear discrepancy in funding between these two asylums, Morganton's supervisor appealed to the General Assembly by using notions of race privilege as an excuse to increase funding. In 1893, Murphy argued that the white insane of North Carolina needed more aid than the African Americans. He presented population statistics using U.S. Census data, including calculations of the amount of insane in the state: "It is seen by these figures that all the institutions need enlarging, this one most of all, and the one at Goldsboro the least. North Carolina has provided better for the negro insane than

for the white."²⁶² Between 1893 and 1905, he increasingly singles out the Goldsboro asylum as a waste of public funds. Murphy's rhetoric may have contributed to the reduction of allocations to the Goldsboro facility during this period.

The tuberculosis outbreak that plagued the hospital system between 1899 and 1905 exacerbated conflict between the Morganton and Goldsboro facilities. Tuberculosis impacted the Goldsboro asylum the worst of the three asylums and was the least equipped to handle an epidemic (see Table 3). While the Raleigh asylum was the least effected by the tuberculosis problem, the Morganton and Goldsboro facilities faced epidemics of it. It is unclear why the Raleigh asylum was not effected as much as the other two asylums. While both Patrick Murphy and J. F. Miller made appeals to the General Assembly to assist with accommodating and separating tuberculosis patients, legislation to provide more funding was put forth for the Raleigh and Morganton asylums, not Goldsboro. While the bill put forward in 1901 to provide more funding to the Morganton asylum was defeated, it still represented an effort made.²⁶³ No legislation was put forward to assist the Goldsboro asylum. The story of how North Carolina handled the outbreak of tuberculosis at the Goldsboro facility tells much about the apathy of the state legislature towards the institution in a time of crisis.

262."Report of the State Hospital at Morganton, N.C.," *Doc. 12, Public Documents of the State of North Carolina Session 1893*, North Carolina Digital Archives, 9.

263."A Bill for the Relief of the State Hospital at Morganton," *Journal of the House of Representatives of the State of North Carolina at its Session 1901*, North Carolina Digital Archives, 26.

Table 3: The percentages of Tuberculosis/Pulmonary Phthisis and variants as cause of death

Year	Morganton	Raleigh	Goldsboro
1893-1894	25.4%	4.3%	38.5%
1895-1896	24.4%	11.8%	25.6%
1897-1898	20.6%	8.9%	25.3%
1899-1900	30%	5.9%	37.1%

Source: Reports of the Eastern, Western, and Central Insane Asylums for the Sessions 1895-1901.

J. F. Miller began to ask the legislature for the funding to house tubercular patients separately in his report for the session of 1899: "Modern science has demonstrated the contagious character of this disease under certain conditions, and, as previously stated, there should be erected here a separate building for the accommodation of this class of patients."²⁶⁴ Health inspectors sent by the North Carolina Board of Health would echo this sentiment, especially for the Goldsboro asylum. Both the Goldsboro and Morganton asylums were limited in the action they could take without additional funding from the General Assembly. Overcrowding made the separation of infected patients difficult. Murphy's strategy of beating the tuberculosis largely revolved around sanitation: "Every wall and ceiling in the wards has been or is being painted, as well as the utmost care in destroying or properly sterilizing the clothing and rooms of those affected."²⁶⁵ While both the Morganton facility and the Goldsboro asylum faced difficulties with tuberculosis, Morganton was able to provide some, if insufficient, accommodation for such patients, while Goldsboro could not.

264. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 11.

265. "Report of the State Hospital at Morganton," *Doc. 17, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 13.

In the Board of Health report for 1899, inspectors described conditions at the Morganton asylum: "One floor of the ward especially crowded with demented, contains of necessity a number of tuberculous patients, who are also, from their enfeebled state, and exceedingly poor physical condition, incapable of control or direction."²⁶⁶ The Health inspectors believed that more aggressive action needed to be taken to gain control of the tuberculosis outbreak than separation of the tubercular patients onto a single floor, but acknowledged that some effort had been made.

The inspectors commented on the lack of separation of tubercular patients in the Goldsboro asylum: "The mortality of this institution from all causes is not high, but about 35 per cent of recent deaths reported are from tuberculosis... Some means should be devised to separate them from the non-infected." Despite repeated urging by the superintendent and even notice from the State Board of Health, the legislature provided no funding for separate housing for tubercular patients. Unlike the request to accommodate more female patients made by Miller leading up through the 1895 session, no bills were put forward to remedy the situation. It was given no attention from the legislature whatsoever. By 1903, the Board of Health noted receiving complaints that the Goldsboro asylum inadvertently introduced tuberculosis into communities by releasing patients back to their counties of origin: "Another reason for an effort just at this time is that formal complaints by many who are entitled to opinion have been made to me that the discharged insane are serving as foci of tubercular infection in the several sections to which discharged patients have been returned."²⁶⁷ The Goldsboro asylum had become so

266. "Biennial Report of the North Carolina Board of Health," *Doc. 23, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 96.

267. "Biennial Report of the North Carolina Board of Health," *Doc. 19, Public Documents of the State of North Carolina Session 1903 Vol 2*, North Carolina Digital Archives, 67.

overrun by the tuberculosis outbreak that it became a primary source of infection in the state.

Despite this, Murphy once again made the argument that the Goldsboro asylum received special treatment in his report for the 1905 general assembly session: "The negroes have room for 500; the whites room for 1,400. There are 20 negro insane on the outside, to 700 white."²⁶⁸ Murphy's argument hinged on calculations from population statistics, which acknowledge that North Carolina had a smaller population of African Americans than whites. J. F. Miller responded to this in his report for the 1905 session by arguing that the State had provided much less for its only African American asylum:

An impression has been made on the minds of some people of intelligence that the state of North Carolina is doing more in the way of caring for the negro insane than the whites. This is a grave mistake. The negro population approximately, is one-third of the white population, and yet the state has expended for building, and other equipments for the care of her colored insane but little more than one-sixth as much as for the care of the white insane.²⁶⁹

Race was clearly an issue in the discussion of funding for North Carolina's insane asylums. While the Morganton and Raleigh asylums received the bulk of funding and attention from the North Carolina state legislature, Goldsboro was given less money and denied appropriations it had been granted as state funds dwindled. Murphy's argument parallels the increasing hostility of North Carolina legislature towards African Americans described by Glenda Gilmore.²⁷⁰ As Southern Democrats popularized the image of the African American threat to white womanhood, Murphy portrayed mentally ill African Americans as a drain on state resources that could be used for white patients. Similar to

268."Report of the State Hospital at Morganton, N.C." *Doc. 13. Public Documents of the State of North Carolina Session 1905 Vol 2*, North Carolina Digital Archives, 7.

269."Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C." *Doc. 14. Public Documents of the State of North Carolina Session 1905 Vol. 2*, North Carolina Digital Archives, 7.

270. Gilmore, *Gender and Jim Crow*, 8, 9.

Litwack's description of segregated school systems, North Carolina had constructed a system it could not afford to fund.²⁷¹

North Carolina's asylum superintendents and local government believed that African American citizens did have a right to access mental healthcare, but the state legislature was unwilling to provide sufficient funding to make the facility on par with its white counterparts. Within the North Carolina system, superintendent Patrick Murphy argued that the Goldsboro asylum garnered too much of the state's resources. Despite sharing the belief that African Americans should have access to mental health care, Murphy promoted the sentiment that this access should be much more limited. The lack of funding diminished the institution's ability to provide more than custodial care to its patients. Superintendent Miller wanted to treat patients, and intended to, but was forced to admit repeatedly that the Goldsboro asylum could not provide the care and treatment it should. As available funding began to diminish, the General Assembly prioritized the white institutions over its African American Hospital.

271. Litwack, *Trouble in Mind*, 106.

CONCLUSION

J. F. Miller wanted the Goldsboro asylum to be more than just a home for the state's African American insane. As early as 1895, Miller began to critique the asylum's ability to do this. His appeal to the Board of Directors to aspire to make the asylum a true hospital indicates that it was not measuring up to his desires.²⁷² In 1899, he writes that in order to stay within the asylum's minuscule budget, "...we have been compelled to use a more rigid economy than was for the best interest of the patients..."²⁷³ Miller criticized the asylum's own ability to offer proper care and treatment to its patients.

One measure commonly practiced by the Raleigh and Morganton asylums was to release patients considered 'incurable.' The Goldsboro asylum also did this as a tactic to make more room for newer patients. Miller noted his own displeasure of returning patients to their counties: "...some of whom ought to have been retained, and would have been were it possible to keep them under existing conditions."²⁷⁴ Miller never voiced the same concern for focusing on the treatment of the acute insane as his Raleigh and Morganton counterparts, and seems to have been more open to the idea of providing custodial care. He commented in his 1901 report: "...we have never closed our doors upon worthy unfortunates simply because we thought we could not cure them."²⁷⁵ Miller

272. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 23, Public Documents of the State of North Carolina Session 1895*, North Carolina Digital Archives, 7.

273. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 13, Public Documents of the State of North Carolina Session 1899*, North Carolina Digital Archives, 5.

274. *Ibid.*, 12.

275. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro,

openly acknowledged the asylum's role for providing custodial care. He may have been more willing to provide this type of care since the patients the Goldsboro asylum received often came from abject poverty. If released, they had little to return to. Miller seems to have overcome this reluctance in a desperate attempt to make more room for patients. Within his 1901 report, Miller again lamented that fitting the asylum's expenses within the allowed budget: "...has required economy in the administration barely compatible with the best interests of the patients."²⁷⁶ Miller's cost-cutting measures were strategies that arose in desperation, and they allowed the Goldsboro asylum to work around the limitations imposed by the General Assembly. At the beginning of his 1905 report, Miller noted triumphantly: "I especially call your attention to the fact that a first-class cold storage and ice factory has been installed the past year without an appropriation by the State, but from money made by the industrial enterprises of the hospital."²⁷⁷ While Miller had asked repeatedly for the funds to furnish the cold storage unit earlier, a need reaffirmed by inspectors sent by the Board of Health, the funding to do so was never provided.²⁷⁸ The money saved by Miller's cost-cutting measures enabled the asylum to supplement gaps in the funding it received and make improvements. However, these efforts only brought a limited amount of success. Miller made no attempt to measure the success of the Goldsboro asylum with that of its white counterparts, as he considered this to be an impossible comparison:

N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1901, Vol. 2*, North Carolina Digital Archives, 11.

276. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina session 1901, Vol. 2*, North Carolina Digital Archives, 15.

277. *Ibid.*, 3.

278. "Biennial Report of the North Carolina Board of Health," *Doc. 23, Public Documents of the State of North Carolina Session 1899*, 102.

In consequence of the character of our population, we cannot reasonably hope for a favorable comparison with results of hospitals for the white people, yet our mortality is much less than what obtains in most southern hospitals among a population of like character.²⁷⁹

Though Miller had insisted in previous reports that the differences between institutions for whites and African Americans should not be great, he did not believe the work done by his asylum was comparable to that of the Morganton and Raleigh asylums.

It was 18 years after the opening of North Carolina's first asylum that the state considered providing care to African American insane. The desire to provide care to African American mentally ill was the response of the Raleigh asylum doctors to treating black patients during the Civil War. Once the asylum had been confronted with the issue of race, Fisher and Grissom resolved to make some provision for African American patients. The General Assembly likely passed the act to found the Goldsboro asylum in response to this pressure. The legislative decision to house the Goldsboro asylum in a refurbished facility limited its ability to provide quality treatment comparable to its white counterparts. The act specified that the facility provide treatment, and to be administered and run as the original Raleigh asylum had. This seems to have been more rhetoric than anything else, as the General Assembly delayed planning the facility and dedicated the least amount of funding to the Goldsboro asylum.

Rather than being a third component of North Carolina's mental health care system, the Goldsboro asylum was primarily defined by the race of its patients. It was a separate institution on the periphery of the white asylum system. Instead of working with Miller to pressure the General Assembly to make a case for more funding, especially

279. "Report of the Board of Directors and Superintendent of the Eastern Hospital, Goldsboro, N.C.," *Doc. 14, Public Documents of the State of North Carolina Session 1905, Vol. 2*, North Carolina Digital Archives, 6.

during the tuberculosis outbreak, the superintendents of the Raleigh and Morganton facilities competed with the Goldsboro asylum for appropriations. Even Miller had come to recognize the asylum's limitations.

Burch and Joyner's description of the Goldsboro facility when Junius Wilson first arrived in 1925 paints a bleak picture of the institution under Miller's successor W. W. Faison. By then, the Goldsboro asylum housed over 1,000 patients. Its wards had seen substantial flood damage, and many were infested with rats.²⁸⁰ Despite being committed to the new ward for the criminal insane, Junius Wilson was moved to the Farm Colony, a dormitory that had been constructed in the 1920s to house patients who exclusively worked on the asylum's farm.²⁸¹ The idea that the Goldsboro asylum could possibly provide care on par with its white counterparts had long since faded.

North Carolina's approach to the question of race in the aftermath of emancipation differed from other southern states. North Carolina adopted segregation slowly, and granted African American men the right to vote before it became a national requirement. Though the state had not provided mental healthcare prior to the Civil War, legislators debated how, not if, they should be incorporated once the asylum received its first African American patients. Rather than housing African American patients on the institution's campus, North Carolina constructed a separate hospital for them, as Tennessee and Virginia had done. In this way, North Carolina lawmakers asserted that African Americans should get access to treatment that followed the same regulations as its white counterparts, but separate from white citizens. The marginalization of the institution by the General Assembly, and even by its fellow asylums, shows the process of the

280. Burch and Joyner, *Unspeakeable*, 39.

281. *Ibid.*, 51.

institution becoming recognized not as the third part of North Carolina's asylum system, but as the "Colored asylum" for the state. While the original lawmakers were at least concerned that the institution should model itself after the Raleigh asylum, the later General Assembly prioritized the white components. The Goldsboro asylum was not truly incorporated into the North Carolina asylum system until the late 1960s, when race was no longer the primary determinate of the institution's identity. An African American perspective is sorely missing due to a lack of access to patient records. Perhaps if more information is available to researchers in the future, historians can reconstruct a more inclusive narrative of the Goldsboro asylum's history, particularly the experience of patients.

The role of asylums changed through the twentieth-century. The Mental Hygiene Movement, beginning with the publication of Connecticut State Hospital patient Clifford Beers, led asylum superintendents to look at somatic rather than emotional or moral causes and treatments of insanity.²⁸² Forms of therapy, such as insulin shock therapy and the infamous lobotomy, emerged as new approaches to treat insanity by the 1930s.²⁸³ World Wars I and II put a particular drain on asylum staff due to the draft. The abysmal results of evaluations of men selected for the draft made psychiatrists question the effectiveness of asylums as a treatment of insanity.²⁸⁴ This ultimately resulted in the deinstitutionalization that has deteriorated public mental healthcare today. Modern descriptions of the state of the mentally ill eerily reflect Dorothea Dix's appeal in 1848.

282. John Griffin, and William Line, "Trends in Mental Hygiene." *Review of Educational Research* 16, no. 5 (1946): 394, 395.

283. Gerald Grob, *Mental Illness and American Society, 1875-1940* (Princeton, NJ: Princeton University Press, 1983), 144-154, 266-288.

284. Gerald Grob, "Creation of the National Institute of Mental Health," *Public Health Reports*, 111, no. 4 (1996-1997): 379.

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