Introduction

On October 4, 1900, the State Hospital column of the Morganton Herald described a colorful event the previous evening. The story had nothing to do with a troublesome patient or a visit from a political figure, rather the newspaper report described a lavish celebration for Miss S.E. Pitts, the chief of the nurse training school. Her fellow nurses had created a scene of “exquisite grandeur . . . There were ferns and golden rod and waving palms. Numerable varieties of cake, tropical fruits, cooling waters and ice cream were dispensed.” [1] Instead of wearing their nursing uniforms, the ladies wore “superb evening costumes of brilliant fabric.” [2] In attendance were sixteen hospital nurses, the Superintendent of the Hospital, Patrick L. Murphy, and the Hospital’s three doctors. All of these people had gathered as a “mark of the popular and affection esteem” they held for Miss S.E. Pitts, who was leaving her position and moving to Columbia, South Carolina to pursue “her chosen mission of mercy.”[3]

Though the report is no more than a few paragraphs long, it helps construct a more complete understanding of nurse’s dynamic roles as they helped shape the region’s first institution for the mentally ill. The presence of this story in the local newspaper speaks to the degree of visibility the Hospital had in Morganton’s social fabric. The story demonstrates camaraderie among the Hospital’s nurses and indicates the Superintendent’s and Physicians’ respect for the nurses’ contributions. Lastly, the purpose for the party implies the value other professionals placed on the skills of this particular western North Carolinian nurse.

Without diaries or personal letters from the Hospital’s nurses, historians can not analyze specific personal stories. But nurses’ roles and contributions can be understood through other available sources, such as census records, local newspapers, publications from national conferences of asylum directors, and the superintendent’s reports. Using these sources, this paper argues that nurses at the State Hospital in Morganton played critical roles in successfully implementing the best-known therapeutic methods of the time as well as developing the hospital’s visibility and acceptance in western North Carolina. When the Hospital established its first nurse training school, this corps of first-generation western North Carolinians practicing institutional nursing were highly esteemed. Their skills not only served the community outside of the Hospital’s walls, but were also sought out by other state institutions.

The Hope of the Asylum

In 1848, after three months of traveling across the North Carolina, personally visiting forty of the then seventy-seven counties, and documenting the conditions of insane people, Dorothea Dix wrote a forty-eight-page letter to the North Carolina legislature. She asked them to turn their attention toward the condition of the mentally ill in their state. What she showed them was a
system of care that relegated the mentally ill to jails, county poor houses, and sometimes private cages in homes: “I am the voice of them maniac whose piercing cries from the dreary dungeons of your jails penetrate not your Halls of Legislation. I am the Hope of the poor crazed beings who pine in the cells, and stalls, and cages, and waste rooms of your poor-houses.”[4] Her core challenge to the legislators was to view mental illness as an illness and not a crime or a moral judgment of a person’s soul. Believing that mental illnesses were curable given the proper environment and care, Dix encouraged the North Carolina legislature to invest the state’s fiscal resources in building an asylum, “in which humane and healing influences should take the place of abuse and neglect and of galling chains and loathsome dungeons.”[5]

When North Carolina opened Dix Hospital in 1856, their investment demonstrated their hope for the curative powers of asylum care. Though North Carolina was among the last states to establish an asylum for the insane, it was not too far beyond similar undertakings across the nation. States took on such financially costly efforts not because they wanted to create a new home for people suffering from mental afflictions, but because they sincerely believed that such illnesses could be cured given the proper environment and therapy. At the core of Dorothea Dix’s plea was a belief that mental illness was illness and could therefore be treated. These institutions were needed because people suffering as lunatics faced dim odds of recovering while in jail cells and poorhouses.

Almost thirty years later, the state invested in its second asylum for the insane. In 1893, the Western North Carolina Insane Asylum welcomed its first patients, men and women who were transferred from Dix Hospital in Raleigh. The state built the new institution in Morganton, North Carolina because Dix Hospital was not large enough to accommodate an expanding patient population. At about the same time, the state also invested in building an asylum in Goldsboro, North Carolina for black patients. In 1880, the first patient was admitted to the state’s new Asylum for the Colored Insane.

A Hospital Instead of an Asylum

In 1895 the Charlotte Observer noted in that “one-third of all the revenues collected directly by the State go to the support and treatment of the insane.”[6] The state’s significant fiscal investment in asylums, especially during the Reconstruction years, contributed to a heightened degree of public interest in the institution’s practices and successes or failures. In 1900, a visitor touring the State Hospital at Morganton turned to Superintendent Dr. Patrick Livingston Murphy and said, “I’ve seen a number of people at work and play, now let me see some insane people.”[7] That the visitor saw patients working and playing was no accident. Such activities were part of moral therapy, a therapeutic approach promoted by all contemporary asylum doctors. Moral therapy called for a structured, ordered, beautiful environment and meaningful work or purposeful activities for patients.

Though American asylums established in the 1840s had faced several challenges with implementing moral therapy, in 1883 its methods were still viewed as the most hopeful avenues for successful cures. Such patient activities and environments required the skill and attention of staff. The scene the visitor saw, one of order and normalcy, was largely possible because of the asylum’s female nurses and male attendants. In his first official report to North Carolina’s governor and legislature, Murphy described the success of the asylum in terms of successful implementation of moral therapy’s greatest ideals:
It is well known to everyone that employment and amusement are among the best means of treatment. I have, therefore, kept all who were able to work steadily employed. The women do all the sewing and knitting, under the direction of the Matron and seamstress; the men are employed in the shops, farm, and grounds.[8]

The visitor’s comments in 1900 also reflect Patrick Murphy’s concerted efforts to shape the public image of the asylum. A significant part of that image change involved shifting the public’s understanding that the asylum would better serve the public if viewed as a hospital for the curable insane and not as an asylum for chronic patients or the criminally insane. In his very first report to the state, Murphy argued that hospitals must be available to treat the curable insane at the earliest incident. Citing the high costs of treating chronic patients for life, he says, “These facts go to prove the wisdom of the Legislature in providing for the curable insane in preference to all others.”[9] In that first report, Murphy bolstered the success of the asylum by noting that, “Recoveries for the year 1885 were 50 percent of the number admitted for 1883, 22.4 percent, which makes the average something over 36 percent.”[10]

Dr. Murphy felt strongly about shaping public image of mental illness. His constant message was that, “Insanity is a disease to be treated in a hospital and is in no sense a crime for which the sick man is to be sent to a prison, as seemed to have been the conception of our ancestors. . . . Let us get rid of this idea and remember that the insane are persons with a tangible disease.”[11] The Board of Directors echoed Dr. Murphy’s motivation for the change, “It was advised to change the name of this Institution from the ‘Western North Carolina Insane Asylum’ to the ‘State Hospital at Morganton.’ Some of the horrors of being committed to an insane asylum will be done away with by telling the unfortunate that he or she will be taken to a hospital to be treated.”[12] To help support a public perception that mental illness could be approached as other diseases, seven years after opening the Western North Carolina Insane Asylum, Murphy successfully petitioned for an institutional name change.

The name change, while viewed as a great success, was part of Murphy’s continued work to inform the public and political leaders about the Hospital’s purpose and functions.[13] In Murphy’s 1900 speech at Raleigh’s Agricultural and Mechanical College, he summarized the Hospital’s role:

It might be of interest to know how the insane are cared for in the hospitals; There is little to say. The patients are kindly treated to begin with, as it has been found that this is the most effective; at the same time they are made to recognize discipline and are treated with firmness and decision. They are no more allowed to do as they please than sane people. They lead regular, wholesome lives, too regular, I am afraid sometimes, for it is monotonous and wearying. Good officers and nurses have this to contend with. The noisy and disturbed people are soothed by kind words, by allowing them, when possible, to use their surplus energy in work, by long walks, or amusements that take physical exercise. The timid and melancholy are brought forward and made to mix with others, to engage themselves in some way with reading, walking, etc. The helpless and infirm, those who have no minds, and merely vegetate, can only be kept clean—a difficult matter—their simple wants of being clothed and fed, their rooms made warm and light is all that can be done. Unfortunately this is a large per cent of the population and is always a trial and a black spot, because of their utter helplessness and hopelessness. Hospitals are not what the general public think in the way of sights; they are well-ordered quiet homes.[14]
This passage not only indicates what Murphy wanted the public to know about mental hospitals, it also illustrates the nurse’s critical role in providing this kind of care. In caring for patient’s mental and physical conditions, nursing required knowledge of mental illness and how it manifested, ability to treat patients with kindness and discipline, and carrying out the tasks of clothing, cleaning, and feeding patients. The more custodial aspects of care likely occupied most of the nurse’s daily work. They also led patients in a variety of jobs, like sewing, canning, doing laundry, caring for livestock and crops on the Hospital’s farm. In the Hospital’s first two years, the matron reported, among many other items that patients had sewed 143 pants, 322 shirts, 345 skirts, 125 apron, 120 pillow cases, and made 66 half gallons of peach preserves, 48 pounds of butter, and 80 half gallon cans of tomatoes.[15]

The Hospital’s therapeutic environment also included entertainment. Providing and supporting this entertainment was another one of the nurses’ key responsibilities. In his 1886 state report, Murphy noted: “The weekly dances are enjoyed better than any amusement we are able to furnish, and consequently they are kept up. The attendants and others gave several theatrical entertainments and occasionally a musical concert.”[16]

“The Nurse is by far the Most Important Part of My Organization:”
National Conversation about Nurse Training Reform

In 1895, Dr. Patrick Murphy traveled to Philadelphia, Pennsylvania to attend the Fiftieth Annual Meeting of the American Medico-Psychological Association. This organization was comprised mainly of every U.S. asylum superintendent. They published their conference proceedings, discussions, and presentations. While Patrick Murphy did not deliver any remarks at these conferences, he attended nearly every annual conference from his 1882 until his death in 1907. He also kept signed copies of the conference proceedings in his library. His attendance at the conferences, his library of their proceedings, and his frequent correspondence with asylum leaders, demonstrate his connection to the national conversations about asylum management and mental health care.

Asylum superintendents set a reflective tone for their gathering 1895 semi-centennial gathering in Philadelphia, and many of their comments addressed how they viewed their successes and challenges in caring for the insane. They also invited S. Weir Mitchell to share his honest opinions about the history and prospects of curing mental illness. Weir was a leading neurologist who operated a private clinic in Philadelphia, and had famously developed what became known as the “rest cure.” What Murphy and the other Superintendents heard from Mitchell were blunt opinions about the failures of asylum care. “Frankly speaking, [I] do not believe that you are so working these hospitals as to keep treatment or scientific product on the fort line of medical advance.”[17] After tactfully delivering his criticisms, Mitchell suggested areas for reform. At the top of his list was the development of nurse training schools. Posing this question to Murphy and every other superintendent in attendance Murphy asked: Why have not more of your started training schools? This would at once enliven the air of the place and assist you to get good nurses. . . . And let me helpfully insist that there is a real outside demand for nurses trained to intelligent care of the insane. I wanted a dozen this winter. The fact is your nurses are, as a rule, of an unfit and quite uneducated class. When one of them comes to me to take a case, or comes with a case and I give her careful schedule of the day, I find I have to teach what a pack means, and a drip sheet, and Swedish movements, and massage, and soon we part.[18]
Mitchell then proceeded to describe the ideal institution. It would not be isolated from its surrounding community, but rather be located in the mix of the surrounding community. Patients would not be restrained. Other than an expanded interest in offering hydrotherapy and Swedish Massage, Mitchell’s description of the ideal hospital were not much different from the ideal conditions asylum directors had been seeking for some 50 years. But his comments emphasized the importance of creating perfect conditions and providing consistent care. These conditions and quality care were critical, and what was most needed to succeed in these areas: well-trained nurses. Indeed, Mitchell’s closing comments brought everything back to the issue of nursing. He said:

Again I wish to emphasize the fact that the nurse if by far the most important part of my organization. How can you hope for the best help form the class we usually see in your wards? . . . A few minutes a day make your visits, and the rest of the time, where there is an attendant, is too often spent by your patients in society little above that of the cook or the maid.[19]

While Mitchell’s comments illustrate the significant need for well-trained nurses, his call for nurse training reform was not the first time this organization had considered these issues. Asylums employed nurses and attendants when they first opened their doors, but it wasn’t until the 1880s that asylum directors began discussing efforts to establish training programs for these employees. [20]

At this same 1895 gathering, Dr. Murphy also heard Dr. Edward Cowles summarize fifty years of institutional progress for the treatment of the insane. As Superintendent for McLean Hospital in Massachusetts, a private asylum, in 1882 Cowles had established the first mental hospital training school in the United States. After more than ten years of running the school, Cowles had seen enough positive benefits to institutional needs and patient care that he urged his colleagues to undertake similar efforts. He said:

The feeling is strong upon me that the importance of this nursing reform for the insane is not yet half realized. The keen psychological interest an intelligent nurse will take (when taught to do it), in the mental operations of an insane patient, is something beyond even my very sanguine expectations. This puts a power into our hands for the moral treatment of our patients that opens wide possibilities in promoting their comfort and cure. One must believe this when he finds his nurses methodically and intelligently fitting their manner and speech to different patients, and with womanly gentleness, as well as with an effectiveness that comes from an almost unconscious knowledge (so to speak) of power to manage the varying mental states of the insane. The acute intuition of women, when trained to this work, becomes a most valuable instrument in our hands.[21]

After fifty years of institutional operation, the asylum directors of the 1890s were interested in improving problematic issues. While they supported a clear definition of the curable and incurable insane, and worked to separate the different kinds of patients, they still maintained that asylums were the best hope for the masses of curable patients to recover. Asylum leaders increasing linked successful treatment with the presence of well-trained nurses.

Asylum directors, like Cowles, suggested curriculum models for training schools. A well-trained nurse had to be prepared to treat both physical and mental needs. Cowles outlined the nursing school’s training sequence as follows:
In my judgment the important thing is to make large count of the general nursing. In the two years of training, the eight months’ term of the first year are given almost wholly to this in about thirty recitations, on each week, in several text-books; and in thirty lectures. . . . At the asylum, therefore, they are trained as “bodily” nurses the first year and acquire the professional spirit that animates good work in that field, besides gaining some satisfactory practical knowledge of this business. As the same time, they have been trained by practical example and exercise in “mental” nursing, which is farther developed in the school work of the second year, in another series of as many recitations and lecture as in the first year. [22]

In his closing remarks, Coweles emphasized the great importance of training nurses: Progress in our special work has been retarded, and in some vital particulars made impossible, through the lack of intelligent and faithful attendance. Now it is the nurses of a new order in our hospitals that make possible the new and better modes of treatment. We are stimulated to apply these better methods by having the means for applying them. This movement is filled with the largest promise of good to come by the multiplied power and inspiration it brings to physician and nurse; and it is big with blessings to the sick in mind who, even in their weakness, may know and be uplifted by the intelligent and sympathetic interest of those in whose care they are. [23]

While many other asylum superintendents developed nursing schools to reform and improve the skills of their nursing staff, nowhere in existing records is there any indication that Dr. Murphy began the nursing school in response to serious problems with his staff. His 1892 report reveals a level of satisfaction with his staff, along with the belief that further training will benefit patient care: “The result of the medical work is above the average of the Hospital’s previous record, showing, as the employees are becoming better organized and acquainted with the special work, the usefulness of the Hospital is greater. It is firmly believed that other improvements can be made in this respect, and that yet better results obtained.” [24]

Amidst this national conversation for nursing school establishment and reform, Dr. Patrick L. Murphy began a nurse training school at the State Hospital in 1895. Records do not exist that indicate whether he began this school before or after his travel to the 1895 Medic-Psychological Association conference. But the timing does indicate that he began the school in the same year when the national dialogue among his peers focused on nursing school development. Murphy’s school was the first asylum nurse training school in North Carolina. It was the second nursing school of any kind in the state, established just one year after the state’s first general nursing school. [25]

From the Farm to the Hospital: “The Most Capable Trained Nurses of the State”

While Dr. Murphy participated in important national dialogue with his peers, kept correspondence with other asylum leaders, and sought out the best practices of his time, he did not need to reach far beyond Burke County or neighboring counties to find capable students for the Hospital’s nurse training school. Whether or not employing local people was a logistical matter of convenience, Dr. Murphy found that the people of western North Carolina were successful in learning and implementing the most advanced therapeutic practices.

Typical of other asylums in the late nineteenth century, most staff lived on the hospital campus. At the State Hospital at Morganton, this not only included Superintendent Murphy, his wife, and their four children, it also included the families of the Hospital’s florist, groundskeeper,
housekeeper, and engineer. Because the Hospital operated as a self-sufficient institution, it included a farm, garden, laundry facilities, dining halls, a chapel for Sunday services, and living quarters for the nurses. The familial quality of the Hospital was demonstrated by the 1900 U.S. Census, which lists the Hospital as the place of residence for forty female nurses and seventeen male nurses.[26]

All of the Hospital’s nurses, male and female, were white. While this is not surprising, given the state’s establishment of a separate hospital in Goldsboro for colored insane and the Reconstruction-era employment opportunities for African Americans, it does signify a change in the community’s practice of nursing. In 1880 Morganton, the U.S. Census listed a total of eight nurses. Seven of the eight were black. Of those seven, three of the nurses were servants. Their ages ranged from twelve years old to twenty-five.[27] The eighth nurse was a young white girl, age 11, listed as in “bond” to the head of the household. This demographic of nursing matches what historians have noted as the nursing culture of this period. Historian Patricia D’Antonio wrote, “The more routine and tedious work of day-to-day nursing of strangers—most of nursing’s work—was still done by working-class white servants and by African Americans, who still bore the burden roles associated with slavery.”[28] The nursing scene in Morganton had shifted dramatically just twenty years later. The 1900 U.S. Census lists not one black nurse in all of Morganton.

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

This relatively young corps of nurses were all North Carolina natives. The 1900 census noted the state from where each person’s family was born, and every nurse at the with the exception of a parent from Virginia and parent from Georgia, all the rest of the parents of these nurses were born in North Carolina. The local roots of the nurses are further supported through the 1880 census. Among the nurses who could be indentified in that census, nearly all of the nurse’s maternal and paternal grandparents were born in North Carolina.[29] Further, among this group, 62% of the nurses grew up in families from the Appalachian counties of Alexander, Burke, Caldwell, McDowell, Mitchell, or Montgomery.[30] The rest of the group hailed from neighboring North Carolina counties. This nurse’s familial locations speak to the Hospital’s reliance on training local people instead of bringing in trained staff from other hospitals. The broader implication of this reality speaks to the culture’s ability to adapt and shape the development of a new institution.

The 1880 Census also provides insight into the economic situation of the nurse’s parents. Of the group that was identified, every nurse’s mother “kept house.” Among the father’s professions, there was one grocer, one miller, one deputy, one laborer, and one digger. The rest of the fathers, comprising the majority, were farmers.[31] That their sons and daughters entered a Hospital Nurse training school indicates a generational change in occupation and education. These nurses were the first in their family to leave the farm for a profession in health care. For all of them, this employment represented a unique opportunity. For women who wanted or needed to work, the only other jobs in 1900 Morganton were that of seamstress, laundress, cook, music
teacher, or boarder.[32] For men, while most were still farmers, new jobs were becoming available through growing industries in town. Among these were a new tannery and cotton mill.[33]

As a group of individuals who had likely never before practiced nursing, the nurses at the State Hospital achieved recognized success. In 1896, just one year after the nurse training school began, Patrick Murphy noted, “All the patients are better cared for, and the sick receive much more assiduous attention,” and, “less complaint is heard from the patients of harsh treatment by nurses and attendants.”[34] His satisfaction with the school’s graduates also appeared in his 1897 report, where he noted that, “Quite a number of persons have recovered and returned home, who, it is almost certain, would have died, had it not been for the attention given by these nurses.”[35]

The Superintendent continued to applaud the work of Hospital’s nurses. He did so not only in his reports, but through his actions of supporting their continued training. For example, on May 16, 1901, the Morganton Herald reported that, “Miss Pattie McAdams for four years past one of the Hospital’s popular nurses, left Thursday for New York to take a course of training in the Presbyterian Hospital of that city.”[36]

In 1904, almost one decade after beginning the school, Dr. Murphy orchestrated a special ceremony for the most recent graduates. The Charlotte Observer’s report of the event indicates a high level of esteem that institutional, political, and community leaders held for the nurses: An attachment of the State Hospital here is a training school for nurses, from which a number of the most capable trained nurses of the State have been graduated. . . . The graduating class, thirteen in number . . . all dressed in the uniform of the trained nurse, and after music, the exercises were opened with prayer by Rev. M.L. Keesler, pastor of the Baptist church of Morganton. Mr. Keesler than introduced Governor Glenn in appropriate terms. His Excellency spoke to excellent effect. From a tribute to the hospital and its able and devoted superintendent, he passed to the mission of women in the world and touched tenderly upon her ministration in sickness. He exalted the profession of the nurse and bade the young women before him realize the dignity and usefulness of their vocation. Wishing them all happiness personally and congratulating them upon having finished their course successfully, the Governor concluded a brief speech which for appropriateness and felicitousness could not have been improved upon.

Dr. Murphy in brief remarks traced the history of the training school. Told of the excellent results which it had accomplished and of its great importance as an arm of the management of the hospital. He had the best of good wishes for their future lives. . . . Quite a number of persons were present, these being guests invited by the graduates, hospital people, townspeople and others. The exercises were interspersed with music and the hour was a pleasant and entertaining one. . . The class is a bright, attractive one and its members are sure to give a good account of themselves hereafter.

This news report of the nurse’s graduation indicates the visibility of their work in western North Carolina.

In 1900 Burke County, with a population hovering around 15,000 people, social news held a regular column in the local newspaper. Events such as these were not uncommonly reported: “Mr. M.W. Clay of Montezuma, Mitchell County, was here on Monday and bought a new buggy from the Morganton Hardware Company.”[37] Or, “Mrs. Thos McBee and children leave on Saturday for Lincolnton, where they will make their home for the present.”[38] The
Morganton Herald’s personal mention column reported illness, marriages, traveling plans, and the arrival of visitors.

Right next to the personal column of the community was the Hospital Notes column, where similar lines printed the activities of the Hospital’s directors, nurses, and visitors. On October 13, 1899, it notes, “Miss Minnie Boone is spending a few weeks at her home near Table Rock,” and, “Kate Pearsall returned from a visit of a month in New York City.” The 1900 Census lists both Minnie Boone and Kate Pearsall as Hospital nurses. Such notes about the Hospital’s nurses appeared every week in the local newspapers. When they are sick, the newspaper reported that. When they traveled, the paper reported that. When they left the Hospital to nurse community members outside of the Hospital, the news reported that. The continued mention of nurse’s activities indicates their transparent involvement with their local community.

Nursing Outside the State Hospital

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

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

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

Though it can not be proven with a direct letter or other source material, it is reasonable to suggest that Dr. Murphy knew the importance of creating and supporting private nursing activities. He frequently corresponded and visited with Dr. J. W. Babcock, who had studied under Dr. Cowles at the McLean Asylum, and nurse training was a topic of great concern to Dr. Babcock. As both leaders were likely to consult with each other, the discussion of nurse training was likely among their conversations.

Dr. Murphy’s personal correspondence with community members demonstrated his awareness of a growing demand for private care nursing, not only for patients with physical ailments but also for patients suffering from mental illness as well. Iredell Meares, a lawyer in the eastern Carolina city of Wilmington, wrote to Dr. Murphy concerning his wife. “She is very much depressed, of course, about herself all the time, and has gotten into the habit of constant introspection. Dr. Thomas thinks that she ought to be placed in a nerve sanatorium. I know of none except in the Northern States, and it is simply beyond my means to undergo the severe
expense incident to a long stay at these fashionable never resorts.”[42] While his letter demonstrated serious concern for his wife’s condition, Mr. Meares also stated, “my wife’s condition is not such as to entitle her perhaps to admittance [at the Asylum].”[43] In a second letter, Meares suggested a possible course for care:

I write to ask if I were to bring my wife to Morganton, letting her stay there during the summer at some private boarding house or hotel, could you give her attention? I think that she should have an experienced nerve nurse who should be with her at night and helping her through when she sleeps badly. Could the services of a lady for that purpose be had at Morganton, and if so, at about what cost? I will thank you to advise me what you can do in this matter.[44]

Without the existence of further records, the fate of Mrs. Meare’s treatment can not be known. But his letters illustrate a growing public interest in the South for private care “nerve” facilities. By the turn of the century, western North Carolina was increasingly promoted as a health resort. While people with means stayed at health resorts in Asheville, Morganton and Burke County also joined the movement. In 1896, four boarding homes provided rest in the tiny mountain town of Glen Alpine. Just two years earlier, the town offered one boarding home. The presence of several trained “nerve nurses” most certainly supported the community’s private boarding homes for private rest cures. For example, the Morganton Herald reported on September 12, 1901, that, “Mrs. Mattie Smith, one of the Hospital’s trained nurses, is professionally engaged at Glen Alpine.” The type of care Mrs. Mattie Smith provided was probably not much different than the type of care Mr. Meares had suggested for his wife in his 1897 letter to Dr. Murphy.

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

In Morganton, NC, a delightful, restful Southern town, beautifully located in the foot-hills of the Blue Ridge Mountains, an up-to-date private Sanatorium, as it is called, was erected to supply a long-felt want for such an institution amid such surroundings, and under the guidance of specialists of long experience it promises to be a haven of rest for overworked and nervous people.[45]

The specialists mentioned in the article most likely included nurses trained at the State Hospital. Indeed, the article also stated, “Many inquiries are made in regard to employment and opportunities for work. As is usual in such places, most of the professions are overcrowded.”[46]

Connections Beyond Western North Carolina

On October 21, 1897, Alex Murphy wrote a letter home to his mother, Mrs. Bettie Murphy, wife of Superintendent Dr. Patrick Murphy. Alex, who had was two years old when his parents moved their family to live at the State Hospital, was attending college at UNC Chapel Hill. Among different inquiries about people at home, like asking how his younger brother is doing in Latin, and inquiring about the status of his cousin’s engagement, Alex also asked his mother this question: “What trouble is Dr. Babcock having that Miss Pitts and the other nurses went to Columbia?”[47] Dr. James Babcock was the superintendent of the South Carolina Lunatic Asylum, located in Columbia. Alex Murphy’s question about this particular nurse’s involvement in South Carolina not only demonstrates the Hospital’s familial qualities, but it also
proves that the Hospital’s trained nurses had marketable skills that were not only valued within western North Carolina but were also sought out by other state institutions.

While many state hospitals for the insane began establishing nurse training schools in the late 1890s, not all of them implemented their programs with the relative ease and success that occurred at the State Hospital at Morganton. Dr. Babcock’s experience at South Carolina Lunatic Asylum is one example. Before taking a position at this Southern Asylum, Babcock had served as assistant physician under Dr. Edward Cowles at the McLean Hospital in Massachusetts. He had witnessed the success of the nursing school there, the first in the nation, and believed such a program would help provide essential reforms in South Carolina. In 1892, he began a nurse training school. To help him run the school Babcock hired Katherine Guion, a nurse from North Carolina. She had completed training not only at the McLean Hospital, but also at the Government Hospital for the Insane in Washington D.C. and the Massachusetts General Hospital. He anticipated a large amount of resistance from his staff, and in a letter to Katherine Guion he warned her that she would find the personnel, “neither well informed about nor receptive to the new methods of psychiatry: ‘To be frank, the idea of a training school for nurses . . . . probably does not meet with the entire approval of those now in service.’”

While records do not confirm nor disprove Katherine Guion’s connection to the State Hospital at Morganton, records do prove that Babcock sought help from other North Carolina nurses. Alex Murphy’s 1897 letter home to his mother places Miss Susan E. Pitts and other nurses in Columbia, South Carolina. The “trouble” they helped Dr. Babcock with reasonably involved his need for nurses who were well-trained and supportive of current methods of practice. Susan Pitts worked as the chief for the State Hospital at Morganton’s nurse training school. Babcock was likely not receiving his hoped-for results with improving his staff’s skills through a nurse training program. Within the school’s first year, most of the enrollees dropped out before completing the course. Even after offering an increase in merit pay, the school saw minimal success. “Between 1893 and 1900, the school graduated about six nurses a year.”

Without successfully training his staff according to his level of professionalism, Babcock likely recruited nurses from other hospitals.

After a length of time helping Dr. Babcock, Miss Susan E. Pitts returned to the State Hospital at Morganton. She was there long enough to be listed on the 1900 Census, but by October of that year, she was on her way back to Columbia. Her departure was the reason for the lavish celebration reported by the Charlotte Observer on October 4, 1900. Those ferns and golden rods, waving palms, numerable varieties of cake, tropical fruits, cooling waters and ice cream help construct a scene that was both celebratory and appreciate of this one nurse’s achievement.

While such celebrations were not reported for other nurses and attendants, the Morganton Herald reported several other career activities of nurses trained at the State Hospital. For example:

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

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

September 12, 1901: Mr. J.E. Williams, for two years past an attendant here, has given up his position and will leave in a few days for Pueblo, Colorado where he has secured a position in a hospital.
These employment changes reflect that State Hospital trained nurses not only had marketable skills, but their skills were valued by other institutions as they sought to improve their presence of skilled staff.

Conclusion

Almost twenty-five years after welcoming the Hospital’s first patient, Dr. Patrick Murphy’s 1900 report to the State demonstrated his belief in an improved public perception of treatment for the mentally ill:
The public at large, while still ignorant to some extent of the work done and of the care bestowed on the insane, is much better informed that it was, and the horror and dread of being confined in an asylum is giving way to a feeling of relief that the sick person is sent to a hospital to be restored to health, and failing in that, to be properly and tenderly cared for.[54]

The nurses who administered that tender care played a significant role in shaping the public’s opinion. As the first generation in their families to enter such work, the Hospital trained nurses likely shared their experiences with their families and communities in their small western North Carolina hometowns. The nurses certainly administered to the physically ill outside the State Hospital, and they also nursed people suffering from mental illness who sought treatment at local health resorts or at Broad Oaks, the first private mental hospital in the South.

When reporters and politicians visited the new Hospital, the order and care the nurses provided was always present in reports they shared or published. In 1892, a reporter for the Asheville Daily Citizen noted that, “Each ward has a wonderfully restful, home-like appearance, while skilled nurses are on hand to look after the wants of the people under their care. Should any bodily ailment sized the patient practiced hands are ready to administer medicines and bring back the health that sometimes brings with it reason.”[55]

The Hospital nurse’s reputation extended outside of the state. A 1906 report in The Florida Times Union highlighted the significant conduct of the nurses in Morganton:
No dorm rooms, no straight jackets, no solitary confinement, and no brutality is allowed in this institution, no matter how dangerous the patient may be. Instead of the horrors and inhumanities of other lunatic asylums, we find here mothering by kindness and tender care, bestowed by a competent corps of female nurses, who, like sisters of mercy, noiselessly roam from ward to ward, ministering aid and comfort, scattering light and hope, among the patients day and night.[56]

Without the presence and skills of these trained nurses, such positive reports would likely have not existed. Other institutions, like the South Carolina Lunatic Asylum, struggled with implementing nurse training reform and were not applauded in the same way. The State Hospital’s success was significant. At the 1897 American Medico-Psychological Association gathering, T.O. Powell, declared, “This institution has the reputation of being the model institution in the South both in construction and administration.”[57] Such a reputation would not have been possible without the skills and dedication of the trained nurses from western North Carolina.
[2] Ibid.
[3] Ibid.
[13] To read more about how Murphy’s efforts were viewed by his colleagues, see Isaac M. Taylor’s Memorial Notices, “Dr. Patrick Livingston Murphy”. Proceedings of the American Medico-Psychological Association at the Sixty-Sixth Annual Meeting. (Utica, NY: American Medico-Psychological Association, 1910), 490.
[16] Patrick L. Murphy, Report of the Western NC Insane Asylum at Morganton, NC From December 1, 1884 to November 30, 1886. (Raleigh: P.M. Hales State Printer and Binder, 1887), 11.
[18] Ibid, 110-111.
[20] To more fully see the consistency of discussion about nursing schools and reform, see Henry M. Hurd, et. all, The Institutional Care of the Insane in the United States and Canada, Volume 1. (Baltimore: The Johns Hopkins Press, 1916), 5-74. These pages include a summary of
the annual meetings of this organization beginning in 1844-1892 as the Association of Medical Superintendents of American Institutions for the Insane, and then from 1893-1913 as the American Medico-Psychological Association. The first time a paper was read about nurses in hospitals is the 1886 gathering in Lexington, Kentucky. Dr. W.D. Granger, of the Buffalo State Hospital.

[22] Ibid, 185-186
[24] Patrick L. Murphy, Report of the State Hospital at Morganton, NC. From December 1 1890 to November, 30, 1892. (Raleigh: Josephus Daniel, State Printer and Binder, 1893), 7.
[29] Only two nurses had maternal grandparents who were born in Virginia.
[30] Burke County, North Carolina 1880 Federal Census
[31] Burke County, North Carolina 1880 Federal Census
[33] Burke County, North Carolina 1900 Federal Census.
[34] Patrick L. Murphy. Report of the State Hospital at Morganton, North Carolina, from December 1, 1894 to December 1, 1896 (Winston: M.I. and J.C. Stewart., 1897), 9.
[38] Morganton Herald, “Hospital Notes,” 12 April 1900.
[40] Burke County, North Carolina 1900 Federal Census.
[42] Iredell Meares to Dr. Patrick L. Murphy. March 12, 1897. Folder 5, Box 1. Patrick Livingston Murphy Papers #535, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.
[43] Ibid.
[44] Iredell Meares to Dr. Patrick L. Murphy. March 12, 1897. Folder 6, Box 1. Patrick Livingston Murphy Papers #535, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.
[47] Alex Murphy to Bettie Murphy. October 21, 1897, Folder 6, Box 1. Patrick Livingston Murphy Papers #535, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill.
[49] Ibid, 292-293,
[50] McCandless, 293
[54] Patrick L. Murphy, Report of the State Hospital at Morganton, NC from December 1, 1898, to November 30, 1900. (Raleigh: Edwards & Broughton and E.M. Uzzell, State Printers, 1901), 12.