

THE UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE

**TREATMENT WITH A HABIT:
ASHEVILLE, TUBERCULOSIS AND
THE SISTERS OF MERCY**

**A SENIOR THESIS SUBMITTED TO
THE DEPARTMENT OF HISTORY
IN CANDIDACY FOR THE DEGREE OF
BACHELOR OF ARTS**

by

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**Asheville, North Carolina
November 2004**

During the late nineteenth and early twentieth centuries, tuberculosis was a dreaded disease that claimed thousands of lives yearly. Sufferers, if they were able, were encouraged to travel to warmer climates to seek relief from their symptoms and to regain their health. One such location to which people came was Asheville, North Carolina. Asheville, which had gained recognition as a health tourism locale prior to the Civil War, attracted many northern doctors who came to establish sanitariums in the late nineteenth and early twentieth centuries. The sanatoria movement to treat tuberculosis was one aspect of the public health reforms born out of the Progressive Era. Although many in the community were fearful of the spread of the disease and desired a shift toward recreational tourism, sanitariums continued to open and attract patients well into the 1930s. One such group who came to this area to operate a sanitarium was the Sisters of Mercy. The Sisters, who followed in the mission of their founder Catherine McAuley, to serve the poor, sick, and uneducated in the service of God, saw the sanitarium as a means of fulfilling that mission. St. Joseph's Sanitarium stands out because it was a religiously affiliated facility, operated by a small group of Catholic sisters, in an area where Catholicism was not the predominant religion. St. Joseph's Sanitarium continued to operate and grow, despite community opposition, until the late 1930s.

There was much speculation as to the cause of tuberculosis and great fear surrounded the disease. Science and medicine had not yet become sophisticated enough to isolate the cause prior to the discovery in 1882 or to find a cure until the 1940s. Fear of contagion and the number of confirmed cases were particularly high in urban areas. Doctors prescribed what they knew worked best in arresting the disease: relocating to a higher altitude that had a moderate climate. The fear of contagion spread to mountainous regions as doctors advised their urban-dwelling patients to seek out those places in which to recover. At first, health tourists were tolerated in

places such as Asheville, but as the number of tubercular visitors grew, residents, and some in the business community, wanted to change the tide and convert to recreational tourism.

Locals looked upon outsiders with suspicion, fearing that they were tuberculosis patients looking for a place to convalesce. This suspicion was especially true of Catholic nuns, who wore distinctive habits which made it immediately obvious to local residents, that the Sisters were “different” (see Appendix figure 1). Even though Catholic institutions were noted for their work in education and health care, Catholics were sometimes misunderstood because of their beliefs and practices that differed from the majority of the population which was Protestant. It was in the face of those prejudices that four Catholic Sisters of Mercy began their work in Asheville. As the number of tuberculosis patients coming to the area grew, the Sisters found it necessary to relocate twice to larger facilities to meet the demand for treatment. The Sisters made this venture successful with their compassion and unwavering dedication to serving God through His people. The success of St. Joseph’s was perhaps due in part to the fact that Catholic sisters worked in situations where most people would not. This was especially true in tuberculosis sanitariums where there was a fear of contagion. Although much has been written about tuberculosis and Asheville as a tuberculosis treatment center, no work has focused on the contributions of the Sisters of Mercy to health care in Western North Carolina.

Much has been written about the origins, symptoms, and treatment of tuberculosis. Tuberculosis can be traced as far back as the Neolithic period. It is one organism of a larger family of bacteria, of which only one other genus is responsible for disease in humans, that being leprosy. This bacterium is distinct in that it requires oxygen or it will die quickly, and grows best in dark, moist places. The organism replicates slowly, doubling once in 15 to 24 hours, and can

duplicate itself hundreds of millions of times in a matter of a few weeks. It is estimated that in the 1930s, ninety percent of the adult population of the United States had been exposed to the disease, with a small percentage actually contracting it.¹ The disease enters the body through the inhalation of infected droplets or dust. Tuberculosis usually manifests itself in the lungs; however, it can spread to other places in the body via the bloodstream. Particularly in the lungs, the disease infiltrates the bronchi where it can be spread through sputum or exhaled air. A cough develops, which intensifies over time where infected droplets are expelled into the air. The coughing spells can become so severe that blood vessels can rupture and cause hemorrhages. Teller states that, if left untreated, the patient usually dies from drowning in his own bodily fluids or from organ failure if the disease attacks them.²

The ancient Greeks believed that the disease was the result of “disordered humors”, and recommended “a change in climate” among other methods of treatment.³ Seventeenth century physician Richard Norton was the greatest authority on tuberculosis at the time, authored *Phthisiology*, which contained clinical descriptions of the disease’s many forms. This work pays particular attention to the etiology of the disease, “which reflect much of the speculation on that subject before the discovery of the bacillus.” By the early nineteenth century, scientists further speculated that the disease was hereditary in nature because it appeared in generations of families who manifested similar physical characteristics such as a narrow chest. “The most widely held belief among doctors as well as laymen, was that the disease might be provoked by the

¹ Mark Caldwell, *The Last Crusade: The War on Consumption, 1862-1954* (New York: Antheneum, 1988), 5-8.

² Michael Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era*. (Westport, CN: Greenwood Press, 1988), 5.

³ Ibid., 9

environment, but that most fundamentally it was a manifestation of the victim's own constitution.”⁴

Robert F. Speir, M.D., in his 1873 book *Going South for the Winter*, provides many examples of the theories about tuberculosis and its treatment that continued well into the twentieth century. He believed that tuberculosis was most common in urban dwellers that lived in “crowded, ill-ventilated lodgings” that were also poorly fed and clothed for the weather conditions. Speir stated that the disease affected all ages and social classes, but mostly young men and women based on his observations of consumptive visitors to winter resorts. He goes on to say that air quality varied in different parts of the country, but he recommended a place of moderate temperature and humidity as the ideal climate for consumptives. Consumptives were to convalesce in open and airy rooms that were free from drafts and not overcrowded with furniture. A fireplace in the room would serve the dual purpose of providing warmth when needed, and killing germs that may have condensed in the cooler air.⁵ Caldwell asserts that the belief in the merits of fresh air was incorporated into the architecture of sanitariums composed of airy rooms, washable draperies, and furniture made of wood, rattan or leather.⁶ High calorie diets and graduated levels of exercise were also important to the restoration of health in the late nineteenth and early twentieth century sanitariums. Much of the literature regarding tuberculosis treatment strongly encouraged a diet rich in protein and carbohydrates to combat the severe

⁴ Caldwell, 22.

⁵ Robert F. Speir, M.D., *Going South for the Winter* (New York: Edward O. Jenkins, 1873), 10, 11, 77, 82-83, 87.

⁶ Caldwell, 77.

weight loss experienced by consumptives and gradual increases in the amount of exercise as the patient could tolerate.⁷

Sheila M. Rothman states that the first inpatient facility for the “treatment of lung diseases” was opened in 1859 by Dr. Hermann Brehmer in the Prussian province of Gorbersdorf. Brehmer chose this location because it “had very few reported cases of consumption,” an advantage that he attributed to “the diminished atmospheric pressure” at higher elevations that “demand an increase of heart action and a subsequent increase of metabolism.”⁸ He reasoned that since the native population was less prone to the disease, those suffering from consumption would benefit from the higher altitude. Brehmer’s facility served elite patients, providing well groomed grounds, a rich diet and amounts of exercise as the patients could tolerate. This model of inpatient treatment was used well into the twentieth century. By 1865, the disease was proven to be contagious, therefore physicians thought it best to remove sufferers to isolated, comfortable places in which to recover and prevent further exposure. Patients were to engage in as little activity as possible to allow the tubercles to thicken and strengthen. In gradual increments, patients engaged in physical activities to the extent of resuming their normal routines. This theory gave rise to the rest cure and the development of sanitariums, which was the predominant treatment philosophy until the development of antibiotics in the 1940s.⁹

Asheville’s notoriety as a health locale can be traced back to the early nineteenth century. Charles A. Webb notes in his memoirs, *Forty-Six Years in Asheville, 1889-1935* that fresh air, cool nights, and pure water were the main attractions that brought health tourists to Asheville

⁷ Speir, 100, 112, 117.

⁸ Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore and London: The Johns Hopkins University Press, 1994), 194-195.

⁹ Caldwell, 10.

beginning in the early 1800s. He notes that eminent British botanist John Lyon came to Asheville in 1802 because he had tuberculosis.¹⁰ This point demonstrates that Asheville had a long standing history for attracting tuberculosis sufferers. Richard Starnes, a historian at Western Carolina University, states that by the early nineteenth century, South Carolina low country planters began to migrate to Western North Carolina during the summer months as they sought to escape the heat and humidity that brought malaria and yellow fever epidemics. After the opening of the Buncombe Turnpike in 1828, low country planters created seasonal communities in the mountains that differed from the lifestyle of native residents. Some elites and local people began to capitalize on those who came to the mountains for health reasons, although the number of health visitors was still small in the mid nineteenth century.¹¹

Asheville began to gain a reputation for health and recreational tourism in the years after the Civil War. Some citizens encouraged health tourism while others tried to thwart it. Recreational tourists came to the Western North Carolina mountains to escape ordinary life and to experience the healthy benefits of the mountain climate. They also came to hunt, fish or hike, and relaxed in the mineral springs the area had to offer. Sufferers of respiratory ailments also found the weather beneficial. Starnes states that “By the 1870’s, Asheville and the surrounding area was again a popular destination for Americans who suffered from acute respiratory diseases, especially tuberculosis, while local mineral springs continued to attract other sufferers.” Starnes further asserts that the health tourism industry grew significantly after the establishment of the Forest Hills Sanitarium in 1870 and the development of the railroad in 1880.¹²

¹⁰ Charles A. Webb, *Forty-Six Years in Asheville, 1899-1935* (Asheville, NC, 1935), 16.

¹¹ Richard. D. Starnes, *Creating the Land of the Sky: Tourism and Society in Western North Carolina* (Ann Arbor, MI: UMI, 1999), 14-15, 18.

¹² *Ibid.*, 35, 37.

Dr. Irby Stephens states that the first sanitarium in the United States was located in Asheville, operated by Dr. H. P. Gatchell in 1871. Named “The Villa,” it was located in what is now known as the Kenilworth section of the city. After Dr. Gatchell’s brother joined him in the venture, the facility was moved downtown where it remained for a few years before closing for unknown reasons.¹³ Most tuberculosis histories do not acknowledge Dr. Gatchell’s sanitarium, focusing more on Dr. Edward L. Trudeau’s Adirondack Cottage Sanitarium in Saranac Lake, New York in 1884. Trudeau was considered the pioneer of the sanitarium movement in the United States who sought to make sanitarium care available to the poor and those of modest means.¹⁴

Starnes also states that in the later 1880s, Asheville was promoted more for recreational tourism, attracting a wealthy population who could bring economic development to the city. He asserts that businesses who catered to tourists wanted to shift away from health tourism, fearing that the city would only be associated with sick people, impacting the potential profits to be made from attracting a wealthier and healthier clientele. Starnes demonstrates this point in his discussion of E.W. Grove. Grove, who came to Asheville because of chronic bronchitis, feared that tuberculosis sanitariums would damage the recreational tourist trade. Starnes notes that Grove bought several sanitariums only to burn them down around the time that he began construction of the Grove Park Inn in 1913.¹⁵

Local leaders actively sought to attract health tourists to the area. According to Lou Harshaw, a local historian, Edward Aston, mayor of the city in 1880, is credited with first

¹³ Irby Stephens, M.D., “Asheville: The Tuberculosis Era,” *North Carolina Medical Journal* 46, (September 1985): 455.

¹⁴ Rothman, 201-202.

¹⁵ Starnes, 43-44.

promoting Asheville as a health tourism destination. She claims that Aston wrote letters and mailed out thousands of promotional brochures extolling Asheville's climate to those suffering from respiratory diseases.¹⁶ The advertisements drew prominent physicians who stayed to open treatment facilities. Starnes notes that an anonymous article appeared in an 1882 edition of the *North Carolina Medical Journal* that promoted Asheville as a health tourism locale. Although there is no definite proof that Aston submitted the article, the possibility does exist. He goes on to say that with the combined successes of Dr. Karl von Ruck and Dr. John Hay Williams, physicians were sending patients with respiratory ailments to Asheville, where they received superb medical care in an environment that appealed to the elite.¹⁷

After Dr. Gatchell's sanitarium closed, Dr. Joseph Gleitsmann was the first physician in the second wave of doctors who came to Asheville to establish tuberculosis treatment centers.¹⁸ Katherine Ott states that Gleitsmann, a Baltimore throat specialist, opened the Mountain Sanitarium in 1875 and treated eighty-two patients in the first two years of operation.¹⁹ Gleitsmann's patients were referred mostly by prominent physicians from the east and southeast of the United States. Gleitsmann also published many papers and spoke at medical conferences praising Asheville's climate as ideal for treating tuberculosis. Gleitsmann's enthusiasm to see Asheville develop into a health tourism destination was not shared by local residents. When he attempted to expand his facility in 1880, he was thwarted by local residents who were fearful of tuberculosis coming into the city. Residents were also concerned about the negative impact that tuberculosis would have on property values. Unable to acquire a suitable building in which to

¹⁶ Lou Harshaw, *Asheville: Places of Discovery* (Lakemont, GA: Copple House Books, 1980), 83.

¹⁷ Starnes, 37-39.

¹⁸ Stephens, 455.

¹⁹ Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge, MA: Harvard University Press, 1996), 147.

expand, he continued operating for another year before closing and moving to New York.

Stephens cites the words of Dr. Gaillard S. Tennant who claims that Gleitsmann did the most to bring notoriety and the steady stream of travelers to Asheville. Stephens attributes the arrival of Dr. Westray Battle and Dr. Karl Von Ruck in 1885 and 1886 respectively, to the building of Asheville as a tuberculosis treatment area. Dr. Battle was known to have many influential friends, among which was Mrs. W.H. Vanderbilt, mother of George H. Vanderbilt who later built Biltmore Estate, and E.W. Grove who played a substantial role in the city's development. Von Ruck devoted his life to studying tuberculosis and opened the Winyah sanitarium in 1888.²⁰

The late 1800s and early 1900s saw the beginning of public health initiatives that came about as a result of the Progressive Era. These measures were intended to control the spread of tuberculosis and other diseases, and to provide health education and treatment to local residents. City governments now assumed the responsibility of ensuring the public's safety by instituting health and sanitation ordinances, and creating local sanitation boards to enforce them. The front cover of the Bulletin of the Health Department, Asheville, N.C., dated July 1912 stated that both healthy and sick visitors were welcome to the city, but the sick were not to become a public menace (see Appendix figure 2). "Asheville opens wide her doors to the sick and the well from every clime, but she *demands* that the sick shall not become a menace to the health of her citizens or the stranger within her gates."²¹ This sentence makes it very clear that sick individuals who were careless in preventing the spread of their illness would not be tolerated. The opening remarks further make it clear that cities grow with a healthy populace and it is in illness that cities wither and were ruined. The Health Department was created and charged with

²⁰ Stephens, 455-459.

²¹ Bulletin of the Health Department, Asheville, N.C. No. 18, July 1912, 1.

the mission of protecting the health and welfare of the community. Further into the bulletin, an article points to the laws on the reporting of cases and the fumigation of rooms of tubercular patients as “very extensive and thorough.” The article further reassured residents and visitors that the low death rate among local citizens, the quality of the laws, and their efficient enforcement demonstrated that Asheville was a safe place in which to live.²² A community nursing report of services provided by the Health Department of Asheville, N.C. dated July, 1923 points to the number of people seen in community based clinics. In that month, eight new cases of tuberculosis were seen and eleven sanitariums were inspected.²³ The report does not provide any information on the numbers of patients being treated at the sanitariums, or whether the new cases were local citizens or out of town visitors.

Citizens had a genuine concern regarding the spread of the disease and were afraid that Asheville’s reputation would be damaged by attracting sick visitors. In an oral history interview conducted in 1992, Florence Iddings Ryan recalls that people in Asheville were concerned about tuberculosis, although Asheville was one of the first places in which officials established proper health practices and searched for a cure. She states that city residents were aware that the disease was contagious, and there was some suspicion of out of town visitors who were looking for a place to stay. When questioning potential tenants, landlords routinely asked if there were any diseases in the family of which they should be aware.²⁴ The Health Department bulletin also addressed phthisophobia: the fear of contracting phthisis, otherwise known as tuberculosis, among local residents. This article answered concerns regarding the publication of tuberculosis

²² Ibid., 7-8.

²³ Iole C. Hanna, R.N., “Summary of Nursing Report for Month of July 1923”, Bulletin of the Health Department, Asheville, N.C., No. 17., July 1923.

²⁴ Florence Iddings Ryan, interviewed by Dorothy Joynes, D.H. Ramsey Library Special Collections, University of North Carolina at Asheville, Asheville, NC, 23 June 1992.

statistics. Citizens feared that publication of statistics would turn a certain class of people away from Asheville. The report claims that the statistics were not intended to instill fear, but rather to reassure citizens that although there was a danger, the Health Department was doing everything possible to prevent the spread of infection. It makes note that Asheville was “the safest place in the world so far as tuberculosis is concerned” because it had a death rate lower than the national average.²⁵

In response to fears of contagion by local residents, the City Council passed laws that regulated where sanitariums and related facilities could be located and their distance from any adjoining properties. For example, an ordinance drafted by the Joint Board of Health of the City of Asheville dated September 9, 1904 stipulated that “no hospital, sanitarium or other institution or place at which patients suffering from tubercular or other infectious or contagious diseases may be received for treatment” should be established or relocated without the approval of the Joint Board of Health. This ordinance stipulated that the race of patients, the “number of persons residing within three hundred feet of the main front door, whether there is any public or private school within four hundred feet,” and the nature of the diseases to be treated at the facility must be stated on the application for operation.²⁶ A week later this law was amended to prohibit other facilities, such as tubercular boarding houses, from operating without proper approval. Residents of Atkins Street, fearful of the spread of disease and resistant to having a Negro sanitarium in their neighborhood, appealed to the Board of Aldermen on September 16, 1904 to have the language of the ordinance changed so that boarding houses would be subject to the same

²⁵ Bulletin of the Health Department, Asheville, N.C. No. 18, July, 1912, 7-8.

²⁶ Minutes of the Board of Aldermen, City of Asheville, NC, 29 October 1903-6 January 1905, Pages 296-297. 9 September 1904.

regulations as sanitariums.²⁷ In this particular instance, it is fair to assume that the residents of Atkins Street not only were fearful of the spread of the disease, but that they were also revealing their racial prejudice.

Laws governing public health gave the locality great control. Because of the changes to the Tubercular Ordinance, applications for a license to operate a sanitarium were very thorough and detailed. For example, an application submitted by Dr. W.L. Dunn listed the property owners surrounding the proposed facility, and agreed to open the facility for inspection by the Board of Health or any of its officers at any time (see Appendix figure 3).²⁸ A later ordinance, the Tubercular Ordinance of the City of Asheville, drafted on September 20, 1922, reiterated the earlier ordinance by stipulating the location of a facility in relation to an adjoining property, the necessary steps to gain approval for operation, and the penalties for operating a facility without the proper approval.²⁹ Teller notes that other laws forbade public spitting, the use of a common cup on trains, in schools, and at water fountains.³⁰

In addition to the new public health laws that swept throughout America, immigrants were coming from distant shores. The late nineteenth and early twentieth centuries saw an influx of European immigrants to the American continent, many of them Catholic. Reverend James Hennesey states that “Over a million Catholics poured into the country in each decade between 1880 and 1920, and over two million in the years 1901-10.”³¹ Prior to the formation of government social welfare programs, Catholic religious orders filled many of those needs by

²⁷ Ibid., 303-304.

²⁸ Ibid., Book 12, page 275, 18 September 1916.

²⁹ Minutes of the Proceeding of the Board of Commissioners, City of Asheville, NC, Book 17 ½, Pages 481-482, 20 September 1922.

³⁰ Teller, 69.

³¹ James Hennesey, S.J., *American Catholics: A History of the Roman Catholic Community in the United States*, (New York and Oxford: Oxford University Press, 1981), 173.

operating schools, orphanages, and hospitals. Don Brophy and Edythe Westerhaven assert that “By 1900 the Church was operating more than 800 institutions of private charity, not counting schools.”³² Kathleen M. Joyce states that there were “nearly 150 new hospitals founded by congregations of women religious between 1900 and 1930” whose own religious belief and values clearly played a role in their operation.³³

Although there were large numbers of Catholics emigrating to the United States, prejudice and mistrust followed them, especially in the South. C.E. McGuire states that in the South, “the Catholic Church has met with almost unsurmountable obstacles brought about by a misconception of its tenets, a fear of the clergy, and the distrust of the Catholic laity.”³⁴ He asserts that this occurred particularly in rural areas where there were no Catholic Churches or institutions, and where people were fed false information about the faith and the good works that Catholics performed. Joyce states that Catholic hospitals were a way in which to answer Christ’s call to serve the less fortunate in His name. She explains this by stating that the practicing of the corporal works of mercy was a demonstration of God’s love to one’s neighbors: “By feeding the hungry, supplying drink to the thirsty, clothing the naked, harboring the homeless, visiting the sick and imprisoned, and burying the dead, Catholics could expect to receive both temporal blessings and essential spiritual graces.”³⁵ Catholic institutions, especially hospitals and schools, made no effort to convert people of different faiths, and their doors were open to everyone.

³² Dan Brophy and Edythe Westenhaven, *The Story of Catholics in America*, (New York: Paulist Press, 1978), 66-67.

³³ Kathleen M. Joyce, *Science and the Saints: American Catholics and Health Care, 1880-1930* (Ann Arbor, MI: UMI Dissertation Services, 1995), 9.

³⁴ C.E. McGuire, K.S.G., Ph.D., ed., *Catholic Builders of the Nation, vol. 1* (Boston: Continental Press, 1923), 341.

³⁵ Joseph Deharbe, *A Full Catechism of the Catholic Religion* (New York: Schwartz, Kerwin & Fauss, 1876), 164, quoted in Kathleen M. Joyce, *Science and the Saints: American Catholics and Health Care, 1880-1930* (Ann Arbor, MI: UMI Dissertation Services, 1995), 13-14.

Catholic orders of religious women were able to inspire others to lives of faithfulness by their own example of self sacrifice for the love of God.

Catholic hospitals were not only distinct because of their religious mission, but also because of the role of the sister-nurse. Joyce quotes Joseph Deharbe as stating that “Catholic sister-nurses went where no one else would go, caring for the most marginal, the most vulnerable, the most unappealing of ‘the least of these’ all while denying themselves of small comforts and committing themselves wholly to their spiritual bridegroom.”³⁶ Catholic sisters filled many roles in hospital operations. They acted as administrators, trustees, nurses and cooks. They wielded power in that the religious order or community owned the facility and the property on which it sat, held the majority of the seats on the board of trustees, and “had the authority to appoint and dismiss all staff members, including physicians.”³⁷ This trend existed well into the mid twentieth century when religious orders began inviting physicians and prominent member of the community to be on hospital boards. This was particularly true of the Sisters of Mercy and St. Joseph’s. In an oral history interview conducted in 1993, Mary Parker states that “if it weren’t for the Sisters, St. Joe’s would have a different budget.”³⁸ Her statement is reflective of the fact that religious orders provided Catholic sisters with their necessities and paid salaries lower than what a layperson would need to support themselves and a family.

Catholicism has a long history in North Carolina. William F. Powers traces the history of Catholicism in North Carolina in his book *Tar Heel Catholics* as far back as 1539, with the Spanish expeditions led by Hernando de Soto that traveled northward and arriving in the

³⁶ Ibid., 14.

³⁷ Ibid., 118-119.

³⁸ Mary Parker, interviewed by Dorothy Joynes, D.H. Ramsey Library Special Collections, University of North Carolina at Asheville, Asheville, NC, 18 February 1993.

lowlands of North Carolina.³⁹ A significant Catholic presence did not emerge in North Carolina until the 1820s. Sister Mary Helen McCarthy provides in her thesis a very detailed description of the history of the Sisters of Mercy and the role Bishop John England played in bringing the order to North Carolina.⁴⁰ The order began in Charleston, South Carolina, expanded their work into Wilmington, North Carolina, and eventually moved westward across the state.

The Sisters of Mercy was founded in Dublin, Ireland by Catherine McAuley in 1831. Contrary to other orders of religious women, McAuley did not wish for her community to be cloistered, but rather she wanted her order to work amongst the poor. Members of McAuley's order came to America in 1841 to continue in the mission of their founder.⁴¹ Bishop England was aware of the work of the Sisters of Mercy in his homeland, and small groups of sisters had already come to the United States by 1854, settling in major cities and spreading the order from them.⁴² The Second Plenary Council of Baltimore in 1866 established "a number of new dioceses, subject to the confirmation of the Holy See, among which was the Vicariate Apostolic of North Carolina. This Vicariate which at the time comprised the entire State of North Carolina was established by a bull of Pius IX, dated March 3, 1869."⁴³ In the midst of the Civil War in 1862, Yellow Fever attacked the city of Wilmington, North Carolina. The local parish priest appealed to the Sisters of Mercy Motherhouse in Charleston, South Carolina to send sisters to attend to the victims. This event marks the beginning of the Sisters of Mercy's work in North Carolina. As the years passed, the Sisters opened schools, convents, and two hospitals in the

³⁹ William F. Powers, *Tar Heel Catholics: A History of Catholicism in North Carolina* (Lanham, MD: University Press of America, 2003), 94.

⁴⁰ Sister Mary Helen McCarthy, "History of the Sisters of Mercy of Belmont, North Carolina, 1869-1933" (M.A. diss., Catholic University of America, 1934), 7.

⁴¹ James J. Kenneally, *History of American Catholic Women* (New York: Crossroads, 1990), 58.

⁴² Sisters of Mercy of the Americas, "Catherine McAuley", n.d., www.sistersofmercy.org/histroy.html (28 June 2001)

⁴³ McCarthy, 17.

state. Powers states that the Sisters of Mercy “preceded all other women religious by some thirty-five years, working against great odds to establish Catholic education and health care services in the state.” He states that 130 years after arriving in North Carolina, “although reduced in numbers, the Sisters of Mercy remain by far the largest community in the state.” They were responsible for the operation of Catholic schools, hospitals and orphanages.⁴⁴ Milton Ready notes that Catholics had been present in the Asheville area prior to the Civil War. Small in number, they met in the home of the prominent citizen, W.D. Rankin, for informal services, until a church was built in 1874 on land he conveyed to Bishop James Gibbons.⁴⁵

The mid 1880s saw the arrival of the Sisters of Mercy in Asheville. In 1886, Bishop Henry Northrup desired to establish a boarding school in Asheville, and invited two Sisters of Mercy to come to look at a potential site and to gain insight about the city. The Bishop finalized the purchase of the property, located at the corner of French Broad and Patton Avenues, on February 8, 1888, and the school was opened in September of that year. The school closed in April 1889 due to low enrollment. The Bishop rented the house to cover expenses, and in 1899, the house was rented to the Sisters of Charity from Youngstown, Ohio with the intent of operating a general hospital.

When it appeared that the venture was failing, Rev. Peter Marion, pastor of St. Lawrence Church asked the Belmont, North Carolina community of the Sisters of Mercy to continue in that work. The Sisters were willing to cooperate with Father Marion, but they decided rather than operate a general hospital, there was a greater need for a tuberculosis sanitarium. That decision was perhaps made in part by the fact that many people were coming to Asheville for treatment of

⁴⁴ Powers, 343, 351.

⁴⁵ Milton Ready, Ph.D., *Asheville: Land of the Sky* (Northridge, CA: Windsor Publications, 1986), 68.

tuberculosis. On November 23, 1900, the Sisters of Mercy opened St. Joseph's Sanitarium, in the house that had originally housed the school.⁴⁶

Throughout the years, the Sisters of Mercy found it necessary to relocate St. Joseph's Sanitarium to meet the needs of patients seeking treatment. According to the Asheville City Directory, the Sisters of Mercy operated St. Joseph's Sanitarium at 40 French Broad Avenue from 1900 through 1905. The facility originally boasted 18 beds (see Appendix figure 4). From 1906 through 1909, the facility was relocated to a larger home on Starnes Avenue.⁴⁷ A photograph of this location shows a large home with many open porches, a common characteristic among tuberculosis facilities of the era (see Appendix figure 5).⁴⁸ In 1909, the sanitarium moved for a third time to a twenty-two acre parcel on Biltmore Avenue, which was once owned by Major W.W. McDowell (see Appendix figure 6).⁴⁹ Major McDowell had been a prominent businessman in the community in the late nineteenth century.

Sister Mary Charles Curtin acknowledges in her memoirs that there was community resistance to the Sisters operating a sanitarium at the Biltmore Avenue location. The neighbors obtained a court injunction in an attempt to prevent the Sisters from converting the home into a sanitarium.⁵⁰ According to McCarthy, it was non-Catholics in the immediate vicinity of the property who claimed that the sanitarium would lower property values and would create a danger to their health. The court, however, ruled in favor of the Sisters, stating that the benefit to the community outweighed the fear of contagion. She states that the Sisters won because of "their calm reserve and their dedication to a worthy cause, plus the aid of concerned friends and skillful

⁴⁶ McCarthy, 67-69, 93.

⁴⁷ Asheville City Directory, 1900-1938.

⁴⁸ Photograph, Pack Memorial Library, Asheville, N.C., 1933.

⁴⁹ Photograph Caption, Asheville Citizen-Times, 6 March 1932.

⁵⁰ Sister Mary Charles Curtin, "The Annals of the Sisters of Mercy, 1892-1910". Belmont, N.C., n.d., 121.

attorneys.”⁵¹ Unfortunately, court records documenting this case no longer exist.

It is possible that the opposition to the plans for the sanitarium’s expansion were based on anti-Catholic sentiment. Mother Margaret Potts, of the Sisters of Religious Christian Education, which operated St. Genevieve’s School in Asheville, recounts that anti-Catholic prejudice was high in the early twentieth century South, particularly in North Carolina. She states that Protestant ministers warned parents not to send their children to Catholic schools and businessmen were threatened with boycotts if their children were enrolled in a Catholic school. Mother Potts further states that the Sisters chose not to allow this sentiment to prevent them from their work, putting their faith in God “that He would look after them.”⁵² In an oral history interview, Sister Kathleen Winters, a Sister of Religious Christian Education who taught at St. Genevieve’s, states that the Sisters confronted prejudice by admitting students from different religious backgrounds to the school.⁵³ It is safe to assume that a key to the success of Catholic institutions was their willingness to serve people of all races and religious affiliation, and not all Protestants heeded the clergy, apparently.

The Biltmore Avenue location had undergone many changes as the demands for treatment increased. From 1910 to the present, the facility listed its location as 428 Biltmore Avenue. The site provided twenty beds in the main house and two smaller cottages for patients who were moving toward discharge.⁵⁴ City records show that the Sisters asked for and were granted permission to expand the facility on two separate occasions prior to 1938. On the first

⁵¹ McCarthy, 95.

⁵² Mother Margaret Potts, *St. Genevieve’s Remembered* (Asheville, NC, Carolina Day School, 1991), 9-10.

⁵³ Sister Kathleen Winters, interviewed by Dorothy Joynes, D.H. Ramsey Library Special Collections, University of North Carolina at Asheville, Asheville, NC, 7 August 1992.

⁵⁴ “St. Joseph’s Continues Founder’s Philosophy of Dedication and Service,” St. Joseph’s Hospital Celebrating 90 Years of Service Supplement, *Asheville Citizen-Times* 18 November 1990, 6.

occasion, the City granted a building permit for the Sisters to add 35 rooms at the projected cost of \$35,000 on August 7, 1916.⁵⁵ In 1923, City officials gave approval for the construction of a 70 room building at the projected cost of \$135,000.⁵⁶ This addition increased the number of patient beds to 95 and added an administration wing.

The first superior of St. Joseph's Sanitarium was Sister Mary Scholastica Keenan, a native of the Chunn's Cove area, who was in charge of the facility for 34 years (see Appendix figure 1). An article written on the occasion of Sister Scholastica's death in 1937 states that she attended Stephens Lee School in Asheville, and that her family had a 125-year history in Buncombe County.⁵⁷ A 1950 newspaper article credits St. Joseph's as being the leading tuberculosis sanitarium in the South and attributed to Sister Scholastica a "devotion to the care of tuberculosis patients that made a deep impression on the community of that period."⁵⁸ Perhaps it is because of Sister Scholastica's local connection combined with her devotion to serving tuberculosis sufferers, that acceptance of the Sisters of Mercy and St. Joseph's was possible. A 1959 newspaper article commemorating the twentieth anniversary of the St. Joseph's Hospital Guild states that "many unfortunate families can testify that the solicitude and charitable works of the Sisters of Mercy during their almost 60 years in Asheville do not end with a patients' discharge from the hospital."⁵⁹ The Sisters had a genuine concern for the people they served and sought to improve the circumstances of those in need. Their daily practice of the corporal works of mercy provided comfort and hope to patients and their families that extended beyond the

⁵⁵ Minutes of the Proceeding of the Board of Aldermen, City of Asheville, NC, Book 12, Page 213, 7 August 1916.

⁵⁶ Minutes of the Board of Commissioners, City of Asheville, NC, Book 18, Page 82, 3 January 1923.

⁵⁷ "Sister Founder of St. Joseph's Taken by Death," *Asheville Citizen*, 20 August 1937.

⁵⁸ "St. Joseph's Marks 50 Years of Mercy, Service," *Asheville Citizen*, 22 October 1950.

⁵⁹ "Guild Has Worked 20 Years At St. Joseph's Hospital," *Asheville Citizen-Times*, 23 January 1959.

hospital stay. A 1966 Asheville Citizen-Times article states that members of religious orders felt “that their vows of poverty, chastity and obedience enable them to render Christian service to a greater degree than their contemporaries who have responsibilities of family ties or social obligations.”⁶⁰ This freedom from commitments of home and family give the Sisters the ability to share Christian charity and their love of God with the people they serve.

St. Joseph’s Sanitarium provided tuberculosis care at reasonable rates compared to other sanitariums of the time. Sanitariums historically catered to the well-to-do who had the financial resources to afford care. Ott notes that many tuberculosis patients spent their life savings traveling to a treatment location and pays particular attention to “a government study suggested that an invalid residing for ten months in Asheville, North Carolina, would need a minimum of \$700.00.”⁶¹ A 1926-1927 listing of Hospitals and Sanatoria of Asheville and Western North Carolina provided by the Chamber of Commerce lists St. Joseph’s as having 95 beds with the weekly rate between \$25.00 to \$40.00 in the main building and \$15.00 for the cottages. This is comparable to the Winyah Sanitarium that had 100 beds and charged \$25.00 to \$45.00 per week.⁶² A later publication, *Mountains of Health*, circa 1931, lists the weekly rates as \$35 and \$40 for private rooms with a bath and porch; \$18 to \$30 for a private room with a porch and a connecting bath, not including drugs or medical care; and cottages at \$15 (see Appendix figure 7). The wording of the ad says a great deal of how St. Joseph’s promoted itself. The ad states that the facility was a quality treatment center that had “leading specialists” and “graduate

⁶⁰ Gertrude Ramsey, “Habits are Changed by Sisters of Mercy,” *Asheville Citizen-Times*, 21 August 1966.

⁶¹ “Interstate Migration of Tuberculosis Persons,” 30 Public Health Reports (1915): 761 quoted in Ott, 43-44.

⁶² Asheville, N.C. Chamber of Commerce Information Bureau, *Hospitals and Sanatoria of Asheville and Western North Carolina*, 1926-1927. .

nurses” on staff, was fireproof, “and equipped for the carrying out of modern treatment.”⁶³ The ad made it clear that St. Joseph’s was a reputable facility.

No evidence can be found that indicates of where patients came from to seek treatment in Asheville. Based on information in Stephens’ article, it is safe to assume that the majority of patients came from the northeast and mid-west.⁶⁴ One record does provide some information on the number of patients treated at St. Joseph’s in a given year. A ledger sheet for the year ending December 31, 1936 shows that 25 patients were treated for free, 56 were partial pay patients, and 79 were full paying patients (see Appendix figure 10).⁶⁵ The patients who were treated free of charge or partial pay demonstrates the charity that the Sisters of Mercy showed to those of modest means. Most sanitariums provided care to both male and female patients, segregated by different floors of the facility. Photographs indicate that St. Joseph’s served male and female patients although numbers of each gender are unknown (see Appendix figures 8 & 9).

As tuberculosis treatment changed with better sanitation methods and the rest cure was found to be less effective than once thought, sanitarium care became less necessary. By the late 1930’s, patients could be successfully treated at home. Some facilities were unable to make the transition to other types of medical care and closed their doors. Facilities such as St. Joseph’s faced this challenge by converting to a general medicine hospital in 1938, and the Sisters continued to provide medical services to the community. Throughout the years, the hospital continued to grow to meet the needs of the Asheville and Western North Carolina community.

⁶³ *Mountains of Health*, Carolina Mountain Health Association, circa 1931, 21.

⁶⁴ Stephens, 455, 456, 458, 459.

⁶⁵ Receipts for the Year Ending December 31, 1936, St. Joseph’s Sanitarium, Sisters of Mercy Motherhouse, Belmont, NC January 1937.

In the year 2000, the Sisters of Mercy sold St. Joseph's to Memorial Mission Hospital, forming Mission Hospital Systems.

In the past, both St Joseph's and Memorial Mission Hospital had similarities in that both institutions were run by women in an era where men were politically and socially in control. In both of these institutions, men served as physicians and medical directors under the control of powerful women. In 1958, a twelve man council comprised of prominent business leaders of various religious traditions succeeded the formerly all women religious based hospital board at St. Joseph's. Now known as the St. Joseph's campus, the hospital has lost many of the distinguishing characteristics that made it a Catholic hospital, such as the stained glass windows in the chapel, and religious statues that were placed throughout the hospital. The work of the Sisters continues however, through the Mercy Affiliates, which sponsors the Sisters of Mercy Urgent Care medical facilities in the area among other programs that deal with substance abuse treatment.

Tuberculosis had posed a great threat to the lives of thousands in the late nineteenth and early twentieth centuries. Sanitaria care was thought to be the best option of treatment well into the 1930's, and Asheville attracted many prominent physicians and tubercular patients. Catholic religious orders had a history of serving the needs of the poor and sick as a means of serving God. The Sisters of Mercy came into Asheville with that mission, despite the prejudice against Catholics, and were successful in delivering quality health care to the population. No one can say with certainty what led to their success, but it is well documented that the Sisters had the fortitude to continue the mission they were meant to do.

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Pages 303-304, 16 September 1904.

The addition of words and phrases to expand the scope of the ordinance to include other facilities of a similar nature.

Book 12, Page 213, 7 August 1916.

The granting of a building permit to add 35 rooms to the Biltmore Avenue property.

Book 12, Page 275, 18 September 1916.

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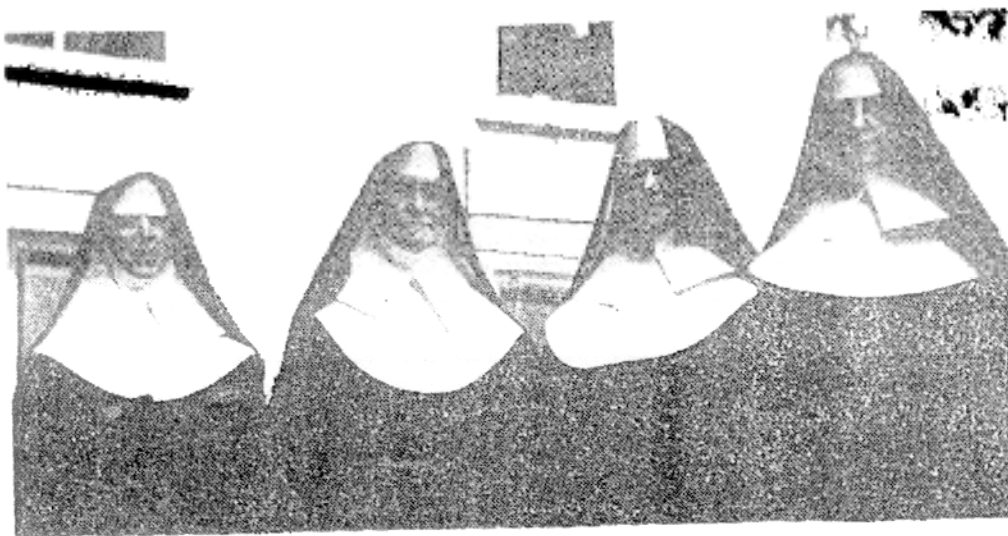
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Appendix



i The first four Sisters of Mercy who came to Asheville to establish St. Joseph's in 1900 are, pictured (left to right,) Sister Mary Gabriel Lee, Sister Mary Scholastica Keenan, Superior, Sister

ter Mary Anthony Sheehan, and Sister Mary Loretto McAndrew. Only Sister Mary Gabriel Lee remains the others are deceased. A @, 11 t, @ l&

3 1-28

Figure 1. This picture is of the four Sisters of Mercy who established St. Joseph's Sanitarium in 1900. Sister Mary Scholastica Keenan is pictured second from the left. Photo courtesy of Pack Memorial Library, Asheville, N.C.

BULLETIN

OF THE

HEALTH DEPARTMENT ASHEVILLE, N. C.

No. 18

Entered as second-class matter, September 28, 1910, at the Post Office,
Asheville, N. C., under Act of July 16, 1894.

July, 1912

ASHEVILLE opens wide her doors to the sick and the well from every clime, but she *demand*s that the sick shall so comport themselves that they shall not become a menace to the health of her citizens or the stranger within her gates.



"IT IS IN HEALTH THAT CITIES GROW; in sunshine that their monuments are builded. It is in disease that they are wrecked; in pestilence that effort ceases and hope dies.

Therefore, in the not very long ago, you created a Department. You bade it guard the public health. You gave it a trust that may not be broken. You charged it with a vigil that is sacred.

And you assumed a duty. You tendered fealty to this your greatest department; for had you not bade it watch over the lives of men and women and little children?

Nor creed, nor faith, nor party may forget."



"IS THERE any "right more important than the *right to live.*"



Figure 2. Front cover of the July, 1912 Health Department Bulletin that states sick people are welcome in Asheville as long as they do not create a public health menace. Courtesy of the Buncombe County Health Department, Asheville, N.C.

Figure 3. Dr. Dunn's Application to open a sanitarium.

September 18th., 1916. 3:30 P.M.

The Board of Commissioners met in regular session, Mayor Rankin presiding - The minutes of the previous meeting read and approved.

W. L. DUNN - TUBERCULOSIS SANITARIUM

On motion, it was ordered that a permanent license be granted Dr. W. L. Dunn to erect and conduct a tuberculosis sanitarium and hospital within the City limits on the Southern slope of Beacatcher Mountain, upon the conditions as stated in his application.

Copy of Application

APPLICATION FOR LICENSE TO ERECT AND CONDUCT TUBERCULOSIS
SANITARIUM AND HOSPITAL

To the Honorable Mayor and Commissioners of the City of Asheville,
Gentlemen:

In accordance with the law I hereby make application for a permanent license to erect and conduct a sanitarium and hospital at which it is intended to take persons suffering with tuberculosis.

The house for which I make application will be located near the City limits on the southern slope of Beacatcher Mountain, on the property known as Mrs. S. E. Buchanan property, platted by A. A. Hamlet, November 1912, and on the adjoining property North of Battle Road, owned by Hamlet & Co., (Hamlet & Lee)

The proprietor of the institution will be myself (Incorporated later) The owner of the property is to be myself (Incorporated later) There will be no residences or property owners except myself (Incorporated later) within 200 feet of the buildings I propose to erect, but eventually I propose to develop the entire tract, consisting of about sixty acres, for said purpose.

The names of the property owners within the city limits touching this property are:

Dr. E. W. Battle, Asheville.
Dr. John Baereke, DeLand, Fla.
Sisters of Mercy, Asheville.
Forest Hill Sanatorium, Asheville.
Geo. Southern (Colored) Asheville.
Joe Long, "
Emiline Hill, "
Scotfield Miller, "
Tom Dalton & Sister (Colored)"

The names of property owners within the City limits, not touching but within 200 feet of the outside boundary of this property are:

Mrs. Duffield Hilliard, Lot 44 Forest Hill, Asheville or Washington
Willis Cunningham, lots 54 and 55 Forest Hill, Elizabeth and
(Cumberland, Asheville).
Bremster Phillips, Lot 56, Forest Hill, Asheville.
Dr. G. E. Sutton, Lot 57 Forest Hill, Asheville.
L. P. McDorris, Lots 1, 2 and 3, Buchanan Plat, Asheville.
Buchanan Estate (Probably slightly over 200 feet)

I hereby expressly agree that in case I am granted a license as per above request, that the property above mentioned and everything connected therewith may be inspected at any time by the board of Health, Health Officer or any other officer of the Health Department, and that I will comply with and obey all of the rules and regulations of the said Board of Health to the best of my ability.

(Signed) W. L. Dunn.

September 11. 1916.



1900-St. Joseph's Tuberculosis Sanatorium opens on French Broad Avenue with 18 beds.

Although Asheville's St. Joseph's

Figure 4. Photo of the first location of St. Joseph's Sanitarium located on French Broad Avenue. Photo taken from "St. Joseph's Celebrates 90 Years of Service." Courtesy of the Sisters of Mercy Archives, Belmont, N.C.

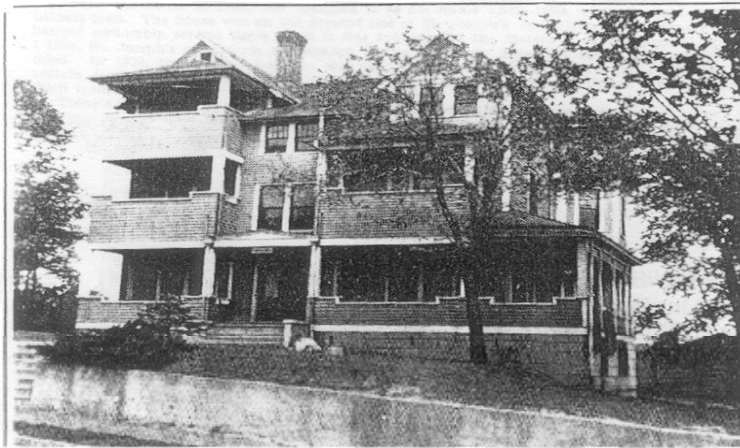


Figure 5. This home originally at 11 Starnes Avenue, later changed to 33 Starnes Avenue, was occupied by St. Joseph's Sanitarium from 1906 through 1909. This photograph shows the many open porches where patients would spend most of the day partaking in fresh air. Photograph courtesy of Pack Memorial Library, Asheville, N.C.



Figure 6. This is the former home of Major W.W. McDowell on Biltmore Avenue that the Sisters of Mercy purchased in 1909. Photograph courtesy of Pack Memorial Library, Asheville, N.C., Newspaper Clipping File, Vol. 75, Files 68.07-68.08

SAINT JOSEPH SANATORIUM



LOCATED on Biltmore Avenue, in the section known as Forest Hill. The wide sloping lawn with its graceful sweeping highway approach, its magnificent trees and shrubbery, forms one of the attractive beauty spots of the city.

The institution is conducted by the Sisters of Mercy for the care of incipient and moderately advanced cases of tuberculosis. The medical staff is composed of leading specialists in this disease and patients receive the benefit of strictly scientific and individual treatment. Graduate nurses are in attendance.

The building accommodates ninety-five patients, is fireproof, steam heated, and is arranged and equipped for the carrying out of modern treatment. It is far enough away from the center of the city and busy traffic to provide rest and quiet. Dietetic facilities are modern, and special attention is given this department. Every convenience possible is provided for the comfort of the patients. All rooms have private sleeping porches, with private or connecting baths.

St. Joseph's can be reached by trolley in five minutes from the city's central section.

Rates: Private rooms with bath and porch, \$35.00 and \$40.00 per week; private rooms with porch and connecting bath, \$18.00, \$20.00, \$25.00, \$28.00 and \$30.00 per week, not including medical fees or drugs. Cottage rates, \$15.00.

Address: Superintendent

ST. JOSEPH SANATORIUM, Asheville, N. C.

Figure 7. This ad appeared in *Mountains of Health*, circa 1931. This publication advertised the various sanitariums in the Asheville area.

Figure 8. This photograph appeared in Mitzi Schaden Tessier's book, *Asheville: A Pictorial History*, shows male patients out on the open porches at St. Joseph's Sanitarium



The attitude of the people of Buncombe County toward tubercular patients who came by the hundreds was not always favorable. Dr. Irby Stephens in an article written for the *North Carolina Medical Journal* said this bad feeling may have caused one of the first tuberculosis specialists, Dr. Joseph W. Gleitsmann, to leave in 1882. At that time tuberculosis was a dreaded disease, the leading cause of death in the United States. Dr. Gleitsmann felt the combination of altitude and climate found in Asheville promoted a cure. These men are pictured on the porch of St. Joseph's Sanitarium after it moved to its location on Biltmore Avenue. The success of their treatment depended on their sleeping in the fresh air, regardless of the temperature. Photograph from the album of Ella Case. Photograph courtesy of Marion Case Havener



Figure 9. This photo of "Mrs. Hemingway" at St. Joseph's Sanitarium dated 1924. Author was unable to determine if this woman was related to Ernest Hemingway. Photo courtesy of Mission Hospital Systems.

Receipts for the Year Ending Dec. 31.

6

Jan 1, 1936	Balance on Hand	0	98590
	Income from Patients		5550628
	" " X-rays		597
	" " Guests		159110
	" " Fluoroscopes		135
	" " Stationery		295
	" " Donations		3821
	" Commission of Phone		185
	" from Rebate on Milk bill		4528
	Proceeds from Bazaar		14

60481

~~Jan 1, 1937 On Hand~~

~~14827~~

252	Free patients stayed	31575
56	Part pay " "	10200
79	Full " " "	12788
	Total	24563

Figure 10. This year end ledger page notes the number of patients treated at St. Joseph's Sanitarium during 1936. Courtesy of the Sisters of Mercy Archives, Belmont, N. C.