

SOUTHERN LIGHTS: Surviving on the ‘wrong’ side of the tracks

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Before the days of political correctness, University of Alabama administrators and professors were known to ask errant students if they had “gotten off the wrong side of the train.”

The reference was to the fact that the university adjoins Bryce Hospital, the oldest mental health facility in the state. The story goes that there was a platform at the juncture of the two properties where a train or a streetcar stopped. Passengers bound for the university got off on one side and Bryce passengers exited on the other.

At one time the question, almost invariably accompanied by a brisk rubbing of the student’s head, was considered funny. Today it isn’t.

I resurrect it only to illustrate how closely the two state institutions are linked — and how distant they are at the same time.

UA was founded in 1831, 21 years before the Legislature established what then was called the Alabama Insane Hospital. At the time, both were at arm’s length from the town proper.

I read a fascinating bit of local history the other day that said the two institutions for decades posed a “psychological barrier” to the eastward expansion of Tuscaloosa. Until the early 1920s, residents simply assumed that the city could not spread past the UA and Bryce campuses. But rapid growth of the university and the need for more student housing caused the dam to break. Scores of rental houses sprang up on the east side.

The university is growing again. UA administrators hope to strike a deal with state mental health officials to acquire the Bryce property for expansion. Bryce, meanwhile, has seriously downsized. At one point it had more than 5,000 patients. Today the number has dwindled to about 500.

That’s illustrative as well. Although they are sister institutions geographically, Bryce and UA have followed very different trajectories.

Surviving war

Federal troops burned the university in 1865, justifying the destruction on the grounds that it was a military academy. The fact that cadets from the university fired on Croxton’s Raiders as the federal troops crossed into Tuscaloosa helped fuel the flames.

The Yankees burned virtually every building on campus, except the President’s Mansion, the Gorgas House, the Observatory and the Round House. Even the library went under the torch.

So did businesses in town, including a hat factory, an iron foundry, a nitre works and a cotton mill. The Union commandant deemed they had helped the rebel forces.

But strangely, the Hospital for the Insane escaped — even though the Confederate Army used a wing for its wounded soldiers.

While faculty pleaded unsuccessfully to spare the UA library, a platoon was dispatched to the hospital. Bryce walked out to meet them.

“Well, gentlemen,” he told the troops, “I can’t say that I am glad to see you.”

Then he offered a surprise invitation to inspect the facilities. Possibly fearing a trap, the Union raiders declined. Taking with them some mules and horses from the stable, they left the hospital intact.

Long term, however, the burning of the university may have been a blessing in disguise. In 1880, the federal government gave 40,000 acres of coal-rich lands worth an estimated \$250,000 to UA as partial compensation for the Yankees’ destruction of the campus. Sales and leases of these lands helped keep the university afloat.

But the coal lands posed a social curse as well.

Some of the mine leases involved convict labor. Despite a 1911 explosion that killed more than 128 miners, most of them black convicts, the prison-labor system continued in the Alabama mines until it was finally outlawed in 1928.

Not long ago, the university formally apologized for its role in slavery. At some point, an enterprising researcher may come to believe it should apologize also for the part the university played in convict mine labor.

Staying alive

Immediately after the Civil War, however, the concern for the university community was the Ku Klux Klan. As local Klan leaders battled with Northern-leaning “radicals” over the university’s leadership, it had no fewer than seven presidents between 1865 and 1872.

At the Alabama Insane Hospital, the biggest concern was just staying alive.

Some things never change. For the coming fiscal year, an \$800,000 budget reduction for mental health is being studied.

But even before the Civil War, the Legislature failed to appropriate enough money to operate the hospital. From the first days of his appointment in 1860 until his death in August 1892, Bryce was forced to run it by the skin of his teeth.

He was a remarkable man, a determined progressive in a state with a backward cast. He actually believed in treating people with mental illness, instead of simply warehousing them.

Bryce insisted on courtesy, kindness and respect for the patients at his hospital. He discouraged the use of shackles, straitjackets and other restraints. He believed activity was essential to the restoration of mental health, so he supported patient involvement in crafts, farming, sewing and maintenance. Some of the patients even wrote and edited their own newspaper. Bryce’s work won national recognition.

But Alabama was never a country where prophets are recognized. If the credo of the state toward Bryce and his hospital wasn’t exactly “Out of sight, out of mind,” it came close. And Bryce came close to desperation.

“It was ever a situation of give and take, ebb and flow, crisis and relief,” Bill Weaver wrote in an article about how Bryce managed things, published in *The Journal of the History of Medicine and Allied Sciences*.

Providing care

If Bryce was high-minded, he was practical as well. The paucity of state support forced him to do what Weaver calls “a management balancing act” of “marketing the Hospital sufficiently to acquire adequate numbers of patients, while at the same time not attracting too many patients, particularly those with dim prospects of cure.”

Bryce also had to make sure that the hospital got a fair share of paying patients, particularly since the state sometimes was slow in providing money for public care.

Then there was a problem with the way the hospital was built. Its symmetrical construction allowed for segregation of patients by gender, which was desirable. But it also meant that there would be an admissions backlog if more men needed treatment than women, or vice versa.

Bryce liked to say that mental illness should be treated as early as possible. Weaver says records show that 49 percent of Bryce’s patients were reported to be ill for less than a year before they were admitted.

Yet records also show that chronic mental illness was a problem and many of the hospital’s patients had long-standing disorders.

Bryce fretted about the impact of those patients on the hospital’s future. He proposed a trio of alternatives.

The chronic patients could be returned to the counties that ordered them sent to the hospital; a separate hospital for chronic mental illness could be built elsewhere in Alabama; or a separate facility could be built for them on the campus of the Tuscaloosa hospital. Predictably, the Legislature did not adopt any of these plans. Mental health was not a priority in Reconstruction-era Alabama.

So Bryce sometimes would “trade” patients whom he considered incurable but harmless for patients from the same county with acute or violent mental illnesses. At other times, he had to resort to mandatory “furloughs” of incurable patients. If they failed to return in three months, they were written off the hospital’s books as being discharged.

Bryce also did his best to keep people with mental retardation, criminal insanity, and drug and alcohol abuse problems out of the hospital, saying his policy of non-restraint would be jeopardized if he let them in.

Weaver says there also is speculation that Bryce arbitrarily limited the number of African-Americans at the hospital. They usually accounted for only about 18 percent of the facility’s population.

Bryce’s attitude towards blacks may have mirrored the age. In November 1867, he admitted a black man that he knew well — John Patterson, his former slave, who had come with him to Alabama from South Carolina.

Bryce diagnosed Patterson’s ailment as acute mania — brought to a head by his newfound liberation. Freedom was pathological, slavery salutary, at least in this case.

Declining support

In any event, despite all of Bryce's economies, the hospital remained on slippery financial footing. In the two decades beginning in 1872, when the university started to recover, Bryce was scuffling. His hospital was surviving on an average reimbursement of only \$157 a year for indigent patients — about \$2,700 today — and \$333 for paying patients.

Worse, the state didn't always reimburse the hospital in real money. Instead, the aid often came in the form of interest-bearing obligations and the hospital had to pay a commission when it sold them. The sales process caused further delays.

In some of the Reconstruction years the state failed to provide any timely reimbursement. Hospital trustees were so concerned that they authorized Bryce to dump all the indigent patients in their home counties if reimbursement was 60 days late.

A scare campaign was mounted to focus attention on the hospital's plight. In August 1873, The Tuscaloosa Blade opined that "the bare idea of having between four hundred twenty five and five hundred lunatics turned loose on a community, is overwhelmingly alarming."

The effort worked — to a point. The hospital didn't get the state aid it sought, but the governor helped Bryce arrange for a bank loan to keep it afloat.

Somehow, Bryce managed. Some of his tactics have a dreary familiarity: delayed maintenance, low salaries, service cuts.

Making do

For all of his reputation as a progressive, he also used methods that might be questioned today. One was using patients to do work that otherwise might have drowned the hospital in red ink.

The hospital had a garden where it raised beans, cucumbers, peas, beets, potatoes, turnips and cabbages. It also a dairy operation. It employed farm hands but patients also worked — as part of their therapy.

"By far the best and safest work I have ever found for the insane man is moving soil in a wheel-barrow," Bryce wrote. "He can perform this work in the open air, at an easy, go-as-you-please pace. Working alone as it were and with an implement which can not be turned to harm, he is in little or no danger of being imposed upon, driven too hard, or injured by other patients. One of my patients very wittily, as well as wisely remarked to me, that he thought 'a crazy man and wheel-barrow must have been made for each other.'"

The patients also served as laborers at a small sawmill and brick kiln where the hospital produced its own building materials.

In another part of the hospital, patients made aprons, coats, underwear, dresses, shirts, stockings, socks, bedspreads, curtains, mattresses and quilts.

Bryce wrote that he found it difficult to provide "suitable and congenial occupation for the better class of white male patients who are not accustomed to manual labor or laborious outdoor work."

So he set up an industrial department that produced scroll and fancy work and baskets that were sold in Tuscaloosa to benefit the hospital. He also had patients in this department make floor mats from remnants used in the clothing manufacturing operation. The mats were used in every room of the hospital.

There is no doubt that Bryce believed strongly in the therapeutic value of work. But Weaver remarks that modern scholars view economics, not therapy, as the driving force behind Bryce's patient-work regimen.

He "economized in every conceivable way on hospital management," Weaver writes. The patients, for instance, were fed nothing that the farm did not produce. Though the meals apparently were nutritious, not a penny was wasted on outside produce.

A coal mine on the hospital grounds provided fuel for heating. Were convicts or patients used to operate it? Weaver is silent on that point. But he says gas from the mine was used for illumination at the hospital. The surplus was sold to the university.

The fact that Bryce paid his staff wages that he once proudly noted were "50 to 100 percent less" than those at other hospitals led, inevitably, to turnovers. But Bryce preferred to blame the job churn on stress.

In any event, Weaver says Bryce's use of patient labor was instrumental in keeping the woefully underfunded hospital solvent. But it also paved the way for the overhaul of mental health systems in Alabama and the rest of the nation that came decades later.

"As a believer in the therapeutic value of patient labor and also a strong advocate of patient freedom, Dr. Bryce would have mixed emotions about such an outcome," Weaver speculates.

There should be no such speculation about the outcome of the current situation. The university would do well to acquire the Bryce property, even if the cost exceeds the appraised value. It is a unique chance for the otherwise landlocked campus to grow.

By the same token, there should be no question about having money available from the property sale — supplemented, if need be, by state and/or federal funds — to build a comfortable, modern and adequate facility for the current Bryce patients.

Anyone who believes otherwise must have gotten off on the wrong side of the train.

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