

Dix Park Master Plan, Discovery Phase: Historical Data Report

CONTENTS

I.	INTRODUCTION	1
II.	MEMOS	2
	A Cultural Landscape Report for Dix Park: A Rationale	2
	Drawings Associating Architect A. J. Davis with the Hospital Landscape: The Significance for Dix Park	8
	Archaeological Hotspots and Sensitive Areas at Dix Park	17
III.	SIGNIFICANT LANDSCAPE LAYERS: THEMATIC SUMMARIES	19
	1. Landscape as Hunting Grounds and Tribal Dwelling	19
	2. Landscape as a Source of Wealth	22
	3. Landscape as a Product of Laborers	25
	4. Landscape as Encampment	28
	5. Landscape as a Burial Ground	31
	6. Landscape as a Dumping Ground	36
	7. Landscape as a Therapeutic Setting; Landscape as Medicinal	40
	8. Landscape as a Place of Transcendence and Recreation	55
	9. Landscape as Infrastructure	59

INTRODUCTION

Suzanne Turner Associates (STA) compiled this Historical Data Report as a component of the Dix Park master planning process. STA's process for this Report included two site visits, conducting research using primary and secondary sources about the site's landscape evolution—including a visit to the North Carolina State Archives, conferring in-person and by telephone with the North Carolina State Archaeologist, and conducting background research utilizing the STA library, which contains contemporary and rare books relevant to landscape movements; historic landscapes such as plantations, cemeteries, parks, and gardens; horticulture; the Deep South; and other subject matter.

Within the perimeters of the design team's Discovery Phase, STA's exploration has focused on creating an understanding of the site's historic landscape layers; synthesizing our findings for a non-historian audience of stakeholders, decision makers, and designers; and determining which layers—in the context of the master planning process—will be of the greatest significance to the City of Raleigh and to the design team.

In the following pages, STA offers recommendations regarding a Cultural Landscape Report for Dix Park, a statement regarding the significance (both historical significance and significance to park planning) of the A. J. Davis drawings of Dix Hospital, recommendations regarding archaeological hotspots and sensitive areas on the site, and lastly, summaries of nine landscape layers that comprise the site. Certainly, there are more than nine landscape layers that have formed the Dix Park site over its lifetime; however, STA's task has been to determine which layers hold the greatest significance—either in and of themselves, or as they relate to the way the site has evolved. It is important to note that these nine layers are not necessarily presented chronologically; rather, each layer represents a theme that has played out on the site either during a single period, or repeatedly during the site's history.

The thematic landscape summaries are intended to help readers gain a general understanding of the significance of each layer, to help readers gain insight into the level of complexity that the Dix Park site—and all landscapes—contain, and lastly, to help park decision makers consider what aspects of each layer may demand more targeted and in-depth exploration, whether in the form of a Cultural Landscape Report or in the physical and programmatic expressions of the park design.

MEMO

A Cultural Landscape Report for Dix Park: Rationale

The Cultural Landscape Report (CLR) serves two important functions: it is the principle treatment document for cultural landscapes and the primary tool for long-term management of those landscapes. A CLR guides management and treatment decisions about a landscape's physical attributes, biotic systems, and use when that use contributes to historical significance.

—Robert Page, “A Guide to Cultural Landscape Reports”

Understanding a Cultural Landscape Report

The Cultural Landscape Report (CLR) was developed by the National Park Service (NPS) as a tool to use in planning and design, and management decisions for the properties in the NPS system. It has become a model for use with other cultural landscapes that are not owned by the NPS.

When should the CLR be commissioned?

Under ideal conditions, the CLR will be commissioned and completed prior to the start of master plan development. Because of the vagaries of political processes, funding sources, sympathetic municipal administrations, external threats to the site, etc., the best sequencing of events is often not possible, and both the CLR and master planning processes occur simultaneously. When this is the case, communication between both teams is critical so that sensitive site elements are identified from the outset and are avoided for major development in the planning process, and so that accommodations for their preservation and interpretation are included as a part of the plan.

Standards for CLRs

A CLR must establish preservation goals for a cultural landscape. The goals must be grounded in research, inventory, documentation, and analysis and evaluation of a landscape's characteristics and associated features. The content of a CLR provides the basis for making sound decisions about treatment, use, and management. Information about the historical development, significance, and existing character of a cultural landscape is also valuable for enhancing interpretation and maintenance.
(Page)

Standards developed by the NPS are clearly listed in the document, “Cultural Landscape Report Standards,” which is accessible online: www.nps.gov/parkhistory/online_books/nps/cl_reports.pdf. Of note in this list is the fact that once the CLR has been completed, the National Register documentation

must be revisited and amended to address cultural landscape resources that have been identified in the CLR.

Flexibility as a quality of CLRs

According to the National Park Service's guide to CLRs,

The scope and level of investigation for a CLR varies depending on management objectives. A CLR is a flexible document, the scope of which is determined by the needs of park management, type of landscape, budget, and staffing requirements. Management decisions should be based on a comprehensive understanding of an entire landscape so that actions affecting an individual feature can be understood in relation to other features within a property. Management objectives may, however, require a CLR to focus on a portion of a landscape or an individual feature within it, or to be prepared in phases.... Before any treatment decisions are made, Part I of a CLR, titled, "Site History, Existing Conditions, and Analysis and Evaluation," must be prepared. (Page)

A CLR goes beyond the legal boundaries of a site in evaluating changes to geographical context, features, materials, and use (Page).

Multi-disciplinary nature of the effort

The compilation of a CLR is a collaborative effort, requiring input from experts in many disciplines, as well as clear communication and coordination with the clients. This communication component is critical so that the CLR is focused to meet the priorities of the client in terms of phasing, funding, and other variables.

A CLR may include information spanning numerous disciplines in order to evaluate a landscape's historical, architectural, archaeological, ethnographic, horticultural, landscape architectural, and engineering features, along with ecological processes and natural systems. ("A Guide to Cultural Landscape Reports")

A Cultural Landscape Report for Dix Park

Reasons to embark on CLR project for Dix Park

1. To establish continuity in management from one generation to the next, or from one administration to the next;
2. When documentation of the landscape is incomplete;

3. When management of landscape is destined to be bureaucratic, with frequent personnel turnovers, thus creating the absence of a landscape historian/advocate for stewardship of significant landscape features;
4. When new historical resources or documents become available making it possible (and imperative) that current narratives be updated and often revised;
5. When cultural perspectives concerning the landscape type (i.e., mental institution) have shifted dramatically over time, causing public judgment of the “highest and best use” to shift as well;
6. When there has been no archaeological investigation of the landscape and it holds the promise of significant subsurface resources that may need protection, and ultimately professional investigation when funding becomes available;
7. To provide credible documentation for the landscape’s history to facilitate the establishment of its significance based upon the Secretary of the Interior Standards for the Treatment of Historic Properties with Guidelines for the Treatment of Cultural Landscapes;
8. To promote the role that a landscape has played in the community’s history so that both good and bad examples of land use and management demonstrated by the site’s changes over time can inform future decision-making;
9. To ensure that as portions of the landscape that have lost their historical integrity are redeveloped, the narratives embedded in these portions of the landscape are not lost, but rather inform and influence the planning of the redevelopment project;
10. To provide a permanent and public record that documents the role played by landscapes, particularly publicly-owned ones, in the development of a locale’s culture and “sense of place;”
11. To develop the historical narratives embedded in the landscape so that these stories become an integral part of local history as it is developed in scholarly literature and public history both on-line, in tourism promotions, in schools of all levels, and for public consumption, so that the relevance and import of cultural landscapes in community experience is explained and fostered;
12. To serve as a guide for all kinds of future planning projects so that appropriate protections are in place, ensuring decision-making that is harmonious with the

landscape's constraints and opportunities as evidenced by the past conflicts of culture and natural/ecological systems.

Issues to be dealt with in developing a Cultural Landscape Report for Dix Park

1. Large size and complex ownership of various parcels over time;
2. Need to have institutional archives (Dix Hospital) processed and catalogued;
3. Enormity of information available because of public ownership for over a century;
4. Urgency to develop oral histories to increase the number of first-hand accounts because of the advanced age of some of the key personalities;
5. Development pressures for Dix park site and its context so that decision-making precedes careful analysis and consideration of cultural history;
6. Sensitivity of most narratives associated with the landscape's history, creating the tendency for its interpretation to become didactic and moralistic rather than experiential and viewed in the broader context of its cultural development.

Sensitive themes

1. Removal of Indigenous Americans, lack of attention to their potential existence on the site;
2. Conflict in local population over the American Revolution and loyalties;
3. Human chattel slavery as means to large-scale agriculture;
4. Treatment of marginalized members of the community through history;
5. Use of enslaved labor to construct public institutions;
6. Violence, physical destruction, hatred and familial division caused by Civil War;
7. Use of mental patients as unpaid agricultural labor;

8. Prevalence of graft in administration of public institutions;
9. Irresponsible disposal /burial of human remains and deceased patients;
10. Desecration of natural resources—stream channelization, changes to natural topography causing erosion, accommodation of desired transportation routes rather than maintaining stability of natural systems, lack of vegetative management resulting in loss of diversity in plant and wildlife species, no program for removal of exotic invasive vegetation;
11. Use of landscape for municipal duping with no determination of appropriateness of site conditions for this use.

Recommendations

Dix Park is a highly significant cultural landscape, and because its redevelopment is imminent, it warrants the immediate commission of a CLR in order to “minimize loss of significant characteristics, features, and materials... and to record actual treatment as it is planned and implemented” (“Cultural Landscape Report Standards”).

The research and writing for the CLR should be phased to correlate with the processing of the documentation from Dix Hospital that is presently in the process of being archived in the State Archives. It should also include an oral history segment that gleans any actual site information from those still living who have direct experience and memory of some of the key uses of the Dix landscape including agricultural, recreational, and therapeutic uses.

Because of the wealth of scholarly resources at the area universities, the investigators of current research projects could be engaged as authors of specific sections of the CLR, drawing upon the experts in various aspects of the site’s landscape development.

The process of creating the CLR must be integrated with the work of the master planning team. Municipal agencies affected by the document must be informed about what a CLR is and why it is being done. A call for documentation that relates to the landscape, particularly historic photos, should be disseminated so that as much imagery and narrative as exists can be used in compiling the CLR.

The Dix Park Advisory Committee, and especially the Legacy sub-committee should be relied upon as resources and as conduits to historical information, as well as sounding boards for initial drafts of the portions of the report that include the narrative history of the Dix landscape.

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MEMO

Drawings Associating Architect A. J. Davis with the Hospital Landscape: The Significance for Dix Park

Introduction and Davis's formative experiences

The architectural work of architect A. J. Davis (1803-1892) was demolished, for the most part in 1950s, and the physical link to a man who was “one of the nineteenth century’s most widely acclaimed architects,” is no longer evident at Dix (Peck 6). Because of his national prominence and his progressive design ideas vis a vis the landscape, his legacy at Dix needs to be analyzed and acknowledged in some way—either in the master planning, or certainly in the interpretive narrative that accompanies the transformation of the former hospital site into a world-class urban park.

Davis’s style fell out of fashion after the Civil War, and by the twentieth century, he was forgotten. In 1992, the Metropolitan Museum of Art staged an exhibition of Davis’s work¹ which was accompanied by the publication of the first comprehensive volume devoted to the architect’s work. Since 1924, the Museum has held in their collection more than five thousand drawings and watercolors by Davis². These events put new emphasis on the significance of Davis’s work, and were perhaps responsible for North Carolina’s exhibition and publication on the architect in 2000. *A Romantic Architect in Antebellum North Carolina* is described in the Foreword to the book as,

a tribute to North Carolina’s leaders during the several decades prior to the Civil War who labored to take a sluggish and backward state and make it among the most progressive in the United States. Those leaders... strove to create the finest system of public education in the nation, constructed the then-longest railroad in the world, and created institutions for the care of the blind, insane, and deaf. They also commissioned one of the nation’s preeminent architects, Alexander Jackson Davis, for the design of their public and private edifices. (Peck, 7)

Davis trained as an artist, and his drawing skills were described as “versatile, expressive, and hauntingly beautiful” (Davies 18). He never traveled to Europe and relied on books for his knowledge of the important buildings, paintings, and cultural movements. He used the library of Ithiel Town, a highly successful New York architect and enthusiastic proponent of Greek Revival architecture, with whom Davis would in 1820 form the partnership of Town and Davis. Town was also an accomplished civil

¹ Consultant curator for the Metropolitan show and publication was Jane B. Davies. A reference librarian at Columbia, the life and work of Davis and the romantic movement in American nineteenth-century architecture was the focus of her career from the late 1950s (a time when no one was studying Davis), until her death in 2000. She worked on a critical biography of Davis for over thirty years but did not complete the study. She was considered the pre-eminent scholar of the architect’s work and her introduction to the 1980 reprint of Davis’s *Rural Residences* was praised by *the Journal of Architectural Historians*.

² Other archives of Davis’s work include the New York Historical Society, the Avery Library at Columbia University, and the New York Public Library.

engineer; in 1820 he received a patent for a new system of constructing wooden bridges, the Town Lattice Truss (Bivens). Town's architectural library of 11,000 volumes was "by far the finest architectural library in America," (Davies 18), and "extraordinary," (Bivens), as was his generosity in sharing it with young architects, including Davis (Davies 14-15).



Figure 1: A. J. Davis, *Rear elevation for Herrick Villas in Tarrytown*. Metropolitan Museum of Art, New York. 1855-59. (Peck)

Davis's association with Andrew Jackson Downing

Of particular note for the Dix Park project is Davis's association with A. J. Downing (1815-1852). Davis left his partnership with Town in 1835, and for the most part practiced alone, except for another year with Town in 1842-43, when they worked together on the North Carolina State Capitol in Raleigh. In 1838, Davis wrote and illustrated a book, *Rural Residences*, that included many of his drawings for residential cottages. The following year, in 1839, Davis began a collaboration with A. J. Downing that lasted until 1850. Davis drew most of the architectural illustrations for Downing's books and his monthly magazine, *The Horticulturist*.

Downing's first book, *A Treatise on the Theory and Practice of Landscape Gardening* (1841), is credited with exposing the American public to the ideas and images of the picturesque movement in landscape design. The book went through numerous printings, and continued its influence far beyond the tragic accidental death of Downing in a drowning on the Hudson River. The treatise included many views of Davis' recent picturesque houses. Davis historian Jane Davies asserts that "Davis's work had a strong

influence on Downing and his books” (Davies 20). Of course, far more analysis and criticism has been devoted to Downing’s work because he was so prolific and successful as an author and designer. Landscape historians credit Downing with promoting a national style of landscape gardening that broke away from European precedents and standards, and that more clearly expressed the nation’s values of moderation, simplicity, and civic responsibility. In many ways, these were qualities of Davis’s architectural work as well, and by way of Downing’s subsequent pattern books, Davis developed a strong reputation and became “the leading American designer of romantic country houses” (Davies 20).

Davis’s specific contributions to the theory of the relationship between architecture and landscape architecture include the following:

Breaking buildings out of the box, opening the box in all directions, both upward and outward. Davis added elements that connected interior and exterior, reaching out to the natural landscape beyond, like verandas and porches, balconies, bay windows, projecting architectural bays, towers, skylights, large windows, and other innovations for the time. In the preface to his *Rural Residences*, he “decried the ‘bald and uninteresting aspect of our [rural] houses...not only in the style of the house but in the want of connection with its site—in the absence of...well disposed trees, shrubbery, and vines...” (Davies 14).

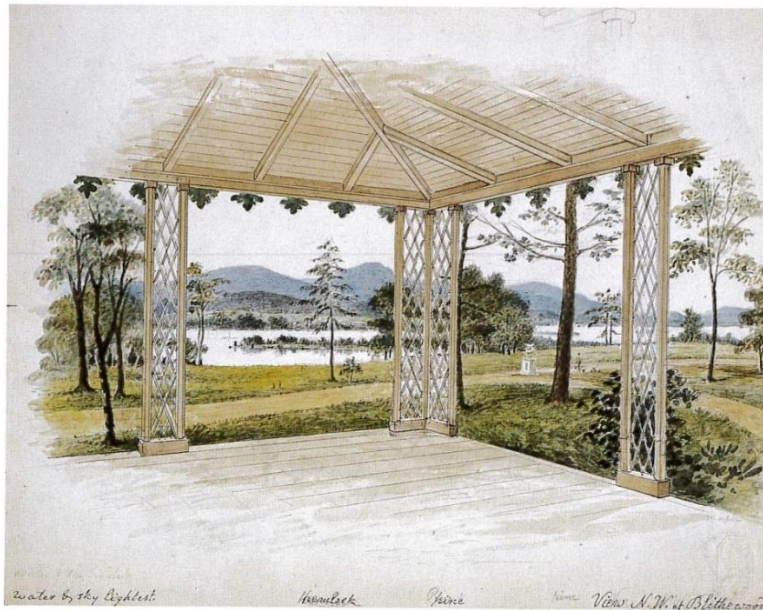


Figure 2: A. J. Davis, “View N.W. at Blithewood,” Annandale-on-the-Hudson. Avery Architectural and Fine Arts Library, Columbia University. New York, ca. 1841.(Peck)

Developing early versions of some of the central themes of modernism like a “masterly control of proportion and scale,” a scenic sense of harmony of buildings with their settings, an exceptional concern for spatial flow, an exceptional skill in composing volumes in asymmetrical schemes creating a complexity of compositions that reached its climax in Lyndhurst (1865).

Translating the prevailing British romantic and picturesque aesthetic into language appropriate to the American scene, taking the scale, detailing, and materials of the English country house and adapting these to the more modest and somewhat wild condition of the American countryside.

In his design for the North Carolina Hospital for the Insane, it is unclear without further research where Davis's hand stopped and where someone else's may have taken over. Based upon what is known of some of his amazing renderings of other projects, his conception of the landscape seems to be very much in concert with the principles espoused in Downing's *Treatise*, including the following:

- *Application of sound site planning principles in selection of building location, scale of façade to viewing distance from the road below, and modulation of scale to that of the human individual in the housing wings.*
- *Layout of main approach road so that it complements and accentuates the sensuous quality of the existing topography.*



Figure 3: Plan of a country house and its landscape from Downing's *Treatise on...Landscape Gardening*, left; aerial of Dix site, right. Note similar quality of roadway design and tree canopy to Downing's prototype from 1841 publication.



Figure 4: Cottage residence from Downing's Treatise, showing landscape composition framing the view of the cottage and the curving road leading the eye of the visitor through the site and around to the structure. Use of rock in foreground emphasizing the ruggedness of the American scene.

- *In developing garden and planting spaces, delineation of architectonic elements leading from the building to harmonize with the building's geometry. The use of irregular tree and shrub clumps farther away from the architecture, creating the sense of a more natural arrangement of native tree species and understory and extending the length of the view using perspective.*



Figure 5: Front of Dix Hospital demonstrating use of more formal, architectonic garden elements as extension of building. Not Davis's design, but demonstrates the principle. North Carolina Division of Archives and History (Davis 23)

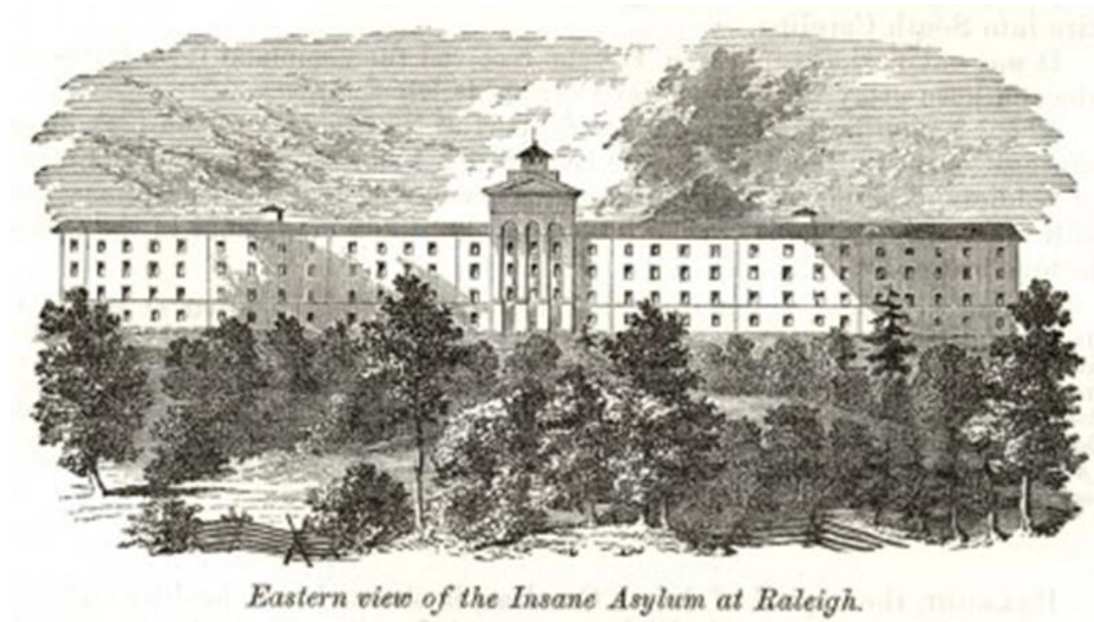


Figure 6: Early engraving of main façade of Dix Hospital, illustrating picturesque arrangement of tree plantings, use of rustic fence against road, romantic composition as result of Davis's building design and subsequent landscape treatment.

- Provision of windows for landscape views and air circulation for all patient rooms.



Figure 6: From Downing's Treatise, the view from a drawing room window.

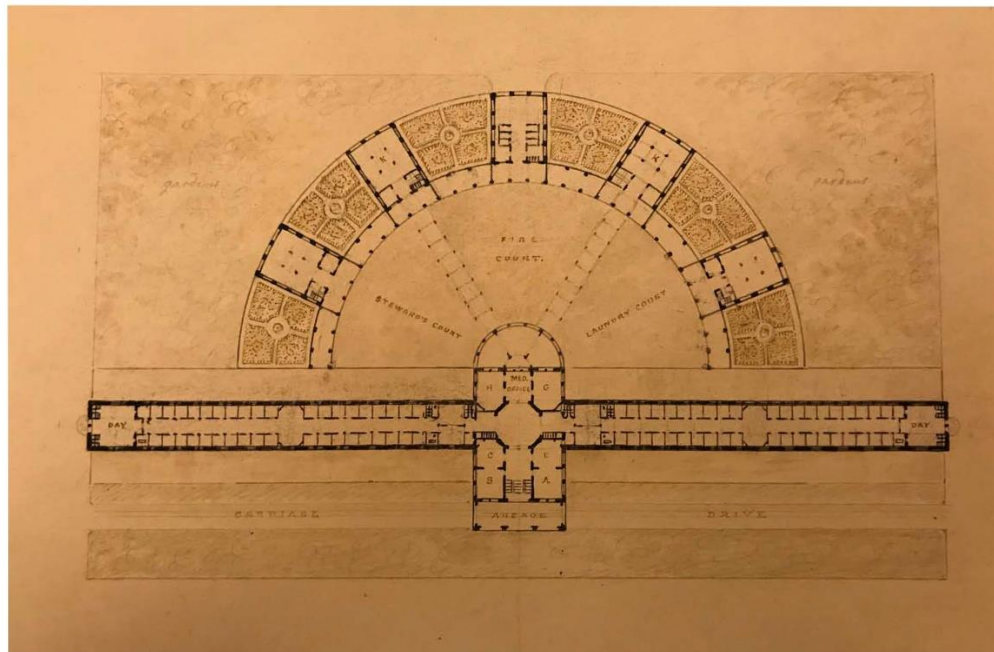


Figure 7: Davis's drawing of plan and landscape treatment of North Carolina Hospital for the Insane, illustrating use of geometry radiating out from the building to compose garden spaces. Gardens provide views from various patient windows and outbuildings between gardens. More naturalistic landscape treatment is suggested beyond these formal semi-circle of parterre gardens. Alexander Jackson Davis Architectural Drawing Collection (1827-1884) New York Historical Society Museum & Library

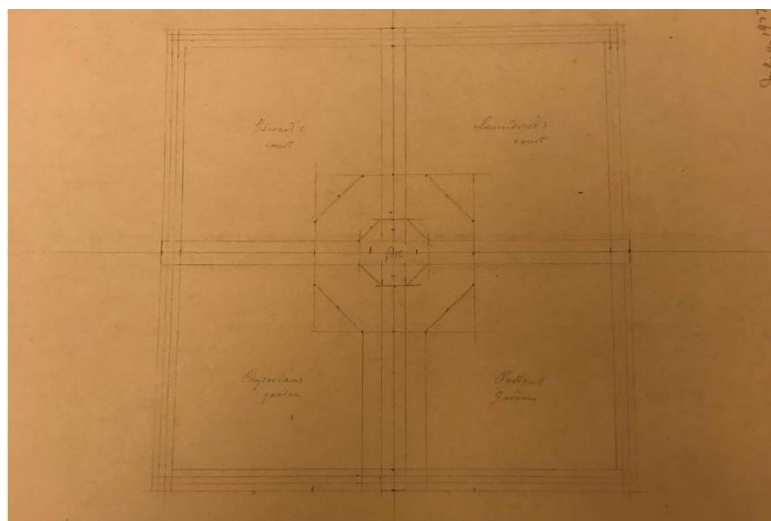


Figure 8: This drawing, also by Davis, was found on the back of Figure 7, and perhaps suggests an alternative allocation of garden spaces for various populations of the Hospital, including the physicians, patients, and staff. Alexander Jackson Davis Architectural Drawing Collection (1827-1884) New York Historical Society Museum & Library

Statement of significance

The association of A. J. Davis with the design of the Dix Hospital and its landscape, demonstrated through historic drawings, is the most significant aspect of the Dix Park site in regard to design history, and it would have had national significance if Davis's hospital building had survived.

Recommendation

Davis's abilities and application of integration of landscape and architecture could be utilized and celebrated in the design approach to new buildings for the park. What form the nod to Davis's legacy takes is largely dependent upon the design team and the writer of an interpretive program.

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MEMO

Archaeological Hotspots and Sensitive Areas at Dix Park

Findings and Assessment

The following assessment regarding archaeological hotspots and potential archaeologically sensitive areas at Dix Park are based on telephone conversations with the North Carolina State Archaeologist, John Mintz, and on an informal archaeological walk-through of the park site that took place on November 13, 2017.

1. The hospital cemetery is the one known hotspot. It is possible that graves have drifted over time due to erosion and substandard burial practices.
2. The Spring Hill Plantation family graves and associated enslaved graves, if they exist, are not likely on Dix Park property; they are more likely on the Spring Hill Campus (North Carolina State University) property.
3. After walking the site and reviewing a recently discovered hospital cemetery map, though it is not impossible, there is less concern that random graves will be discovered, both from the hospital- and plantation-era.
4. Other hotspots are likely random and widely dispersed over the entire site. These hotspots could contain archaeological findings from:
 - a. Indigenous American hunting or inhabitation, waste disposal, and burial sites
 - b. Antebellum-era inhabitation, such as laundering sites, wells, waste pits, agriculture, and enslaved housing sites
 - c. Civil War-era Union encampments
 - d. Hospital-era inhabitation, such as laundering sites, waste disposal, gardening and agricultural remnants, etc.
 - e. Landfill debris
5. It is highly probable that dispersed hotspots will only be located once construction begins.

Recommendations

Searching for suspected hotspots is not feasible using traditional archaeological excavation, but newer technologies, such as ground penetrating radar to identify anomalies in the ground in areas that were not layered with landfill, such as the hospital cemetery, should be further explored.

Further evaluation by archaeologists of map overlays will assist in identifying where additional the historic sites may have been located in relation to modern structures. For example, in Louisiana,

archaeologists often see cemeteries in the middle of agricultural fields, because historic plantation inhabitants buried people far from the main house and agricultural buildings. As more documents are analyzed, targeted searches for building foundations, like the hospital-era greenhouse, could be also accomplished using mapping and probing.

The North Carolina State Office of Archaeology website contains information regarding State standards and guidelines for archaeological findings discovered during construction. While this project is not federally funded, it's history is rich and complex; so even in absence of requirements applicable to federally funded sites, it is imperative that park designers, park officials, project managers, and construction crews are familiarized with best practices in the likely event that artifacts are uncovered throughout the planning and implementation process:

- <https://archaeology.ncdcr.gov/programs/forms>
- <https://archaeology.ncdcr.gov/about/frequently-asked-questions>

Finally, during the construction phase, it is recommended that the City consider include having an archaeologist on site for any high probability areas.

SIGNIFICANT LANDSCAPE LAYERS: THEMATIC SUMMARIES

1. Landscape as Hunting Grounds and Tribal Dwelling [pre-historic period – 1700s]

Research pinpointing Indigenous American presence on the Dix Park site, specifically, is not readily accessible and requires in-depth investigation. Additionally, given the site's development and evolution over time, especially certain portions of the land—including land adjacent to Rocky Branch Creek—used as a solid waste landfill beginning in 1957 and ending in 1972 ("Feasibility Study" ES2), archaeological evidence may be challenging to recover, though not impossible.

Based on the data and evidence that is accessible, it is likely that from the pre-historic period to the timeframe between the mid-1500s to the 1700s, nomadic Indigenous Americans utilized this land as hunting grounds, and tribal Indigenous Americans possibly inhabited the land more permanently.

10,000 B.C. – 8000 B.C.

"The earliest inhabitants of what is now North Carolina were the Paleo Indians of the Clovis Culture, who made beautifully flaked stone Clovis points. ... Clovis points date back 10,000 to 12,000 years ago and are infrequently found at various locations throughout North Carolina" (Harris). It is known that Paleo Indians were nomadic and hunted large animals, small game, and wild plants; due to their nomadic culture, this group left "no evidence of permanent dwellings in North Carolina" ("NC American Indian Timeline").

1000 B.C. – A.D. 1550

Woodland culture American Indians began to "settle in permanent locations, usually beside streams" ("NC American Indian Timeline"). They practiced a mixed subsistence lifestyle that included hunting, fishing, and gathering food "when deer, turkeys, shad, and acorns were plentiful" (Claggett). They also "began farming to make sure they had enough food for the winter and early spring months... They cleared fields and planted and harvested crops like sunflowers, squash, gourds, beans, and maize" (Claggett). They engaged in planting and harvesting "in the rich fertile river bottoms along major Piedmont waterways and their tributaries" (Harris). Woodland Indians also create[d] pottery and also develop[ed] elaborate funeral procedures, such as building mounds to honor their dead" ("NC American Indian Timeline"). "Archaeological evidence suggests that Woodland Indians were much more committed to settled village life than their ancestors had been. ...these Indians tended to live in semi-permanent villages in stream valleys" (Claggett).

A.D. 700 – 1500

The next major group of Indigenous Americans to migrate into present-day North Carolina were the Mississippians, who created "large political units called chiefdoms, uniting people under stronger leadership than the Woodland cultures" ("NC American Indian Timeline").

A.D. 1500 – 1700s

“Most of the Indian groups met by early European explorers were practicing economic settlement patterns of the Woodland culture. They grew crops of maize, tobacco, beans, and squash, spent considerable time hunting and fishing, and lived in small villages” (Claggett).



Figure 9: Arrowheads found in the Piedmont region of North Carolina by Ron Harris

In 1550, before the arrival of the first permanent European settlers, more than one hundred thousand Native Americans were living in present-day North Carolina. By 1800, that number had fallen to about 1800;” this was a result of both aggressive European settlement and exposure to diseases the Europeans brought with them, to which the Indigenous population had no immunity (Claggett).

Considering the general history of the Indigenous Americans in North Carolina and in particular, in the Piedmont, it is possible that Woodland Indians would have occupied land near the Rocky Branch Creek and Walnut Creek. It is also possible that these Indigenous Americans would have been growing tobacco, though more research must be conducted to verify these possibilities.

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2. *Landscape as a Source of Wealth [1750 – 1850]*

“In contrast to other southern states, large plantations were rare [in North Carolina], and agriculture was less dependent on slave labor than in the Deep South—a condition that made North Carolinians reluctant to join the other states of the Confederacy” (*Bright Leaves*). Given this information, it is significant that Colonel Theophilus Hunter, a prominent figure who had been an officer in the North Carolina militia during the American Revolution and who helped determine the Wake County boundaries established in 1770, obtained 2,500 acres in grants in the Granville district of what was then Johnston County (Kerr). The land was south of Crabtree Creek and included portions of Rocky Branch Creek and Walnut Creek. Hunter utilized this land for a plantation, and by 1790, he was the second largest slaveholder in Wake County (Kerr).

Early investigations have yet to reveal what was farmed at the Spring Hill Plantation. It is plausible that tobacco was the major cash crop, both because Indigenous Americans may have farmed tobacco there prior to Hunter obtaining ownership of the land, and also because during the 17th and 18th centuries, tobacco was prevalent in North Carolina’s agricultural economy, whereas cotton and rice did not grow as successfully as they did in Virginia and South Carolina: “Farms in North Carolina were disadvantaged by the quality of soil in the coastal plains, which was unsuitable for growing grain on a large scale, and most farmers scraped by at subsistence levels until the mid-19th century” (*Bright Leaves*). However, it cannot be stated definitively what was grown on the plantation; while the soil in coastal North Carolina did not suit growing cotton or rice, the Piedmont region would have better accommodated these crops.

At Hunter’s death in 1798, he was buried “in a clump of cedars near the present house” (“Spring Hill”). He willed his land, his slaves, and fortune to his seven living children (Will of Col. Theophilus Hunter, Sr.). The home and original 2,500-acre plantation property went through a small series of owners or occupants: Hunter’s eldest son Henry Hunter inherited this property (Will of Col. Theophilus Hunter). When he died in 1810, his half-brother, Theophilus Hunter, Jr. was appointed guardian of the site while Henry Hunter’s widow continued to occupy the home (Theophilus, Jr. Guardianship papers). After she remarried in 1814, Hunter, Jr. moved into the house with his family.

Theophilus, Jr. built the presently standing two-story Spring Hill House in May 1816 (“Spring Hill” NR). “An early painting of Spring Hill shows the original home attached by a room or rooms to the residence later built by Theophilus Hunter Jr.” (“Spring Hill”).

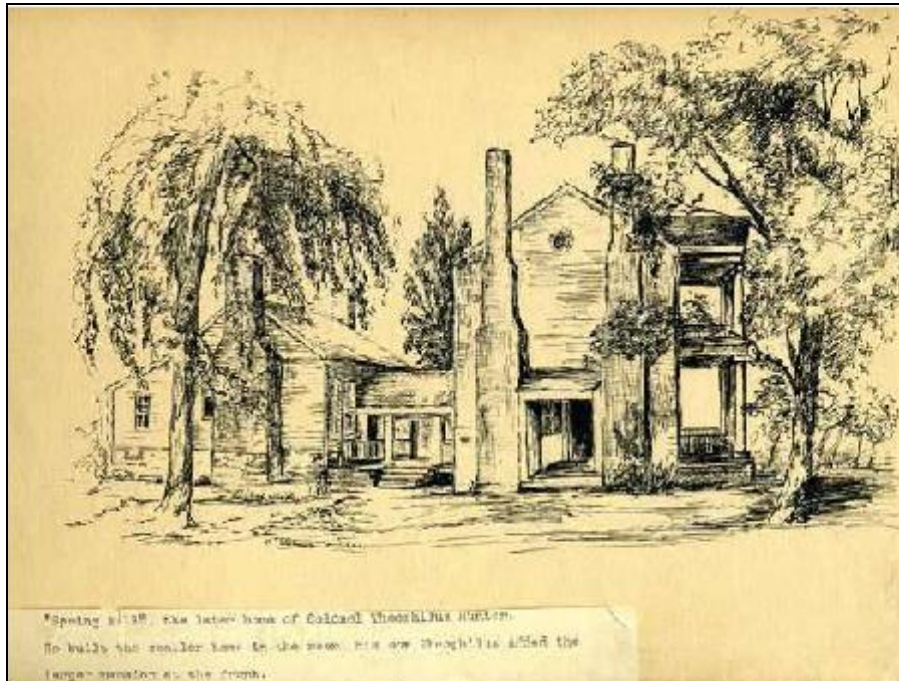


Figure 10: Painting of Spring Hill showing addition. Photo held by North Carolina Department of Cultural Resources, reprinted in Dictionary of North Carolina Biography (Kerr)

"The house was surrounded by the 2,500-acre plantation, with slave houses located west of the house. A small garden storage house in the rear yard is all that remains of the outbuildings. ("Spring Hill" NR). In 1840, when Theophilus Hunter, Jr. died, he willed his property to his three unmarried daughters, Jane, Maria Louisa, and Emma. His will stipulated that the house could not be sold, as long as any one of the daughters remained unmarried (Will of Theophilus Hunter, Jr.) When her two sisters married and divided the property, Emma, who never married, retained ownership and occupancy of the Spring Hill home (Wake County Book of Deeds, Books 24, 33, and 219).

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“Will of Col. Theophilus Hunter, Sr.” 15 July 1798. North Carolina State Archives.

3. *Landscape as a Product of Laborers [1750 – 1973]*

The Dix Park site is layered with stories to honor and celebrate, and, like most American landscapes, it also contains complicated stories. Indeed, some of its most honorific historic qualities and remnants arose at the hands of less honorific practices, or in some cases, practices that contained two sides to one coin.

It is known that slavery occurred in association with the plantation. “The majority of slaves in North Carolina worked as farm laborers. The work week was five and a half days, sunup to sundown. Children and the elderly often worked in the vegetable gardens and took care of livestock.” (Winer). Former slave Sarah Louise Augustus, quoted by Samantha Winer in “A brief history of slavery on North Carolina,” reflected in a WPA oral history project that, “My first days of slavery (was) hard. I slept on a pallet on the floor of the cabin and just as soon I was able to work any at all I was put to milking cows” (Winer).

While the crops grown at Spring Hill Plantation are not known, it can be ascertained that the Spring Hill Plantation was prosperous, given that the property expanded from 2,500 acres to 5,000 acres during its lifetime, and considering Hunter, Sr.’s slaveholdings, and later, Hunter, Jr.’s expanded slaveholdings. Col. Theophilus Hunter Sr.’s will lists the names of fifty-six enslaved people who were willed to his seven children and grandchildren at the time of his death (Will of Col. Theophilus Hunter, Sr.). Hunter, Jr.’s will lists the names of sixty-five enslaved people who he willed to his three daughters (Will of Theophilus Hunter, Jr.). Some of this prosperity surely can be attributed to those slaves who worked the land. Initial research has not revealed documentation of how the Hunter family treated its enslaved persons.

In addition to the enslaved laborers on the plantation, an enslaved workforce participated in constructing the 1856 hospital building that occupied the site and was operable well into the 2000s. Multiple contractors on the site, including Williams, Cosby, and McKnight, used documented slave labor on their projects; this documentation provides evidence that enslaved laborers helped build the hospital (“Hospital for the Insane.” *NC Architects and Builders*). Furthermore, it is documented that Stewart Ellison, an African American who was born into slavery and who, between the ages of thirteen to twenty, worked as an enslaved carpenter for a free mulatto carpenter, spent eighteen months working on the hospital’s construction. After his emancipation, Ellison was elected to the North Carolina legislature in 1874 (“Ellison, Stewart”).

Yet another example of the landscape as a complicated product of unpaid laborers is controversy surrounding hospital patients as unpaid laborers on the hospital’s working farm and its grounds.

For years, patients at state hospitals had performed low-level jobs without pay. The hospitals’ rationale was that work was therapeutic and that the free labor saved money that could be used for patient care. Others disagreed. Calling it ‘systemic exploitation’ and ‘institutional peonage,’ patient advocates argued that the practice violated the Thirteenth Amendment’s prohibition against involuntary servitude. They also maintained that receiving payment for work was

therapeutic and that creating a work record would help patients get jobs in the future. (O'Rourke 139).

While the practices likely and intentionally provided patients with a form of therapy, opponents to these practices advocated that patients needed to be paid for what was, as much as it was therapy, also labor that benefitted the state and the hospital grounds. "The 1973 federal court hearing in *Sauder v. Brennan* required that patient workers in institutions for the mentally ill and mentally retarded be paid in accordance with the minimum wage and other provisions of the Fair Labor Standards Act" (Carson 58). "Consequently, in 1973 Dix began paying patients eighty cents an hour" (O'Rourke 139). According to Carson, this marked the end of "extensive use of patients at the Dorothea Dix farm" (Carson 58). In weighing the benefits and consequences of these practices, Carson noted that a 1976 issue of *Hospital and Community Psychiatry* "supports the benefits of general work therapy for patients and thus the worth of horticultural therapy. Although contributors mention a number of problems with paid work programs...they unanimously agreed that work is indeed therapeutic" (57).

The contribution of enslaved laborers and patients to the creation of the buildings and upkeep of the site is a layer of the landscape that is rarely considered; in the case of the Dix Park site, it is one that may be worth exploring further, as a way to bring to light the contributions of people who are often marginalized but who none-the-less contributed to historically significant buildings and landscape.

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4. *Landscape as Encampment [1865]*

In May 1861, one month after the Civil War had already begun, North Carolina was the second-to-last state to leave the Union, and “Though the state had officially joined the Confederacy, North Carolinians remained divided over whether to support the Union or Confederate war efforts throughout the Civil War” (Williard). Four years later, when the Civil War brought Union troops to the Confederate state of North Carolina, the Dix Hill hospital in Raleigh experienced a part of that impact. On April 13, 1865, the Union Fourteenth Corps, under the command of General William T. Sherman, camped on the hospital grounds (O’Rorke 14). They stayed for only one night; however, “Gen. Joseph A. Mower’s Twentieth Corps, numbering 17,000 men, replaced them, camping around the asylum from Rocky Branch southwest to Rhamkatte Road,” where they remained until the end of the month; troops also occupied the Spring Hill home, not yet purchased by the hospital, but by then owned and occupied by Wake County sheriff William N. High (O’Rorke 14). There is documentation that the Union troops pillaged the hospital and its grounds:

The troops used wood from fences for firewood and confiscated produce and livestock. The gasworks were damaged, and because of the difficulty in getting replacement parts from the North, patients and staff were reduced to using the hospital’s meager supply of candles. In addition, the hospital could not replace the missing wooden roof of a water reservoir because of the scarcity and high price of lumber, a circumstance that also curtailed the building of new fences. (O’Rorke 14)

The timing of the Union occupation of the hospital and Spring Hill home is significant in the larger context of the Civil War and for the hospital’s history. First, the presence of Union troops brought a radical change to the hospital: “Hospital officials accepted the first African American patient, a soldier, on April 13, 1865, by order of federal provost marshal” (O’Rorke 16). Second, John Wilkes Booth assassinated President Abraham Lincoln on April 14, 1865.

Union troops in Raleigh did not learn about Lincoln’s death immediately. Instead, “on April 17, Sherman, after ordering soldiers to stay in camp and bolstering the guard around Raleigh, announced the news to his men. That night about two thousand troops, including some from the Dix camps, marched Raleigh” (O’Rorke 15). Tensions between Union troops and hospital officials would have been high, and likely continued to rise directly following Lincoln’s assassination. It was under these heightened tensions that “On May 15, the provost marshal directed the hospital to admit another black patient, a Raleigh woman. By October, the hospital had admitted nine more African Americans” (O’Rorke 16).

According to O’Rorke, hospital Superintendent Fisher wrote of the new patients that “their presence in the wards continues to be a source of serious annoyance to the other patients, and a fruitful source of embarrassment to those in authority” (O’Rorke 16). Fisher also “complained that if he had to set aside two wards for black patients, one for males and one for females, it would reduce the space available ‘for

those for whom the building was originally intended” (O’Rourke 16). In addition to Fisher’s frustrations over the Union soldiers plundering fences and the direction to admit African American patients, “He deplored the theft of the asylum’s garden produce. The garden’s yield, once used to feed patients, had been taken by Union soldiers and civilians” (O’Rourke 16).

The current Dix Park site contains a boulder with that are believed to have been made by Union soldiers during the period of encampment.



Figure 11: Civil War engravings on Dix Park boulder. Suzanne Turner Associates 2017



Figure 12: Civil War engraving of a "J" on Dix Park boulder. Suzanne Turner Associates 2017

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5. Landscape as a Burial Ground [1750 – 1972]

Portions of the Dix Park site have historically served as burial grounds, both informally and formally. The Spring Hill home land adjacent to the Dix Park, and currently part of the Centennial Campus of North Carolina State University, contains the grave of Theophilus Hunter, Sr., who was buried there in 1798 “in a clump of cedars near the present house” (“Spring Hill”). His grave, the oldest known marked grave in Raleigh, was not marked until 1940 or 1952, when the U.S. War Department provided a marker in recognition of his military service. According to the Spring Hill National Register of Historic Places Inventory Nomination form, “The marker was unveiled at a memorial conducted...May 5, 1940” (“Spring Hill” Historical Significance 1). However, according to cemeterycensus.com, the grave marker is inscribed with the words, “Erected by Caswell-Nash Chapter D.A.R. Raleigh, N.C. 1952,” indicating that the exact date that the grave was marked must be verified (“Theophilus Hunter Grave”).



Figure 13: Theophilus Hunter Grave MVVA 2017

When Hunter, Jr. died in 1840, he was buried near his father’s grave; Hunter, Jr.’s wife, who preceded him in death, was also buried nearby (“Spring Hill” Historical Significance 2). Neither Hunter, Jr. nor his

wife's grave is presently marked. The National Register of Historic Places Inventory for the home states that "Slave houses were located at some distance to the west of the house;" with knowledge of the family members buried there and knowledge of the slave dwellings, it is reasonable to hypothesize that slaves may also have been buried on the Spring Hill site adjacent to the Dix Park site, and it is reasonable to hypothesize that some graves may have drifted at various points in the site's history.

Within the bounds of the park site, there is an existing burial ground for hospital patients. "The cemetery was established soon after the founding of the hospital and was in constant use until the early 1970s," when it became "the final resting place for the many impoverished patients who were laid to rest on the grounds of the facility which treated them" (asylumprojects.org). Located on almost three acres, the cemetery contains over 900 graves that were, for many years, unmarked. When it was first established, "Laborers fenced the asylum cemetery and placed marble posts, connected by chains, along the line of graves. They attached a tag, with name and date of death, on each grave" (O'Rourke 40). "The hospital carpenter made the coffins until late 1945. Afterwards they were purchased locally... for \$50.00 each, averaging 50 per year" (cemeterycensus.com). During the Depression, when families often could not afford a burial, the hospital sent unclaimed bodies to three area funeral homes to be embalmed. "Since the hospital had the only refrigerated morgue in Raleigh, all the bodies were kept there until claimed. If unclaimed they were buried in the cemetery" (cemeterycensus.com).

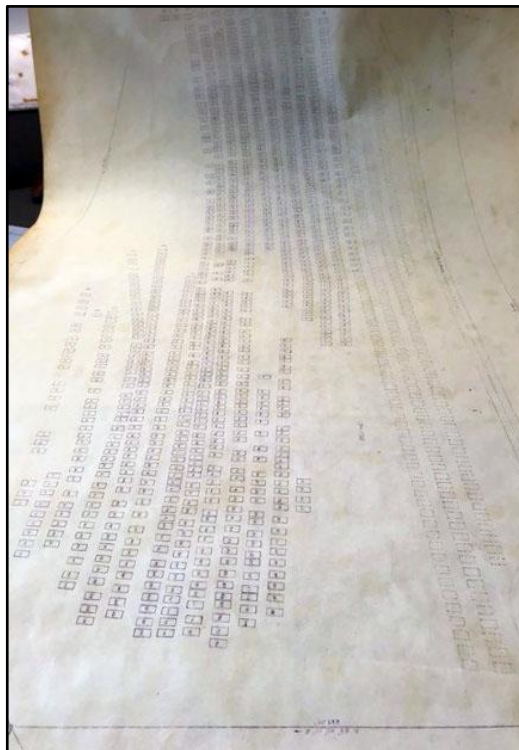
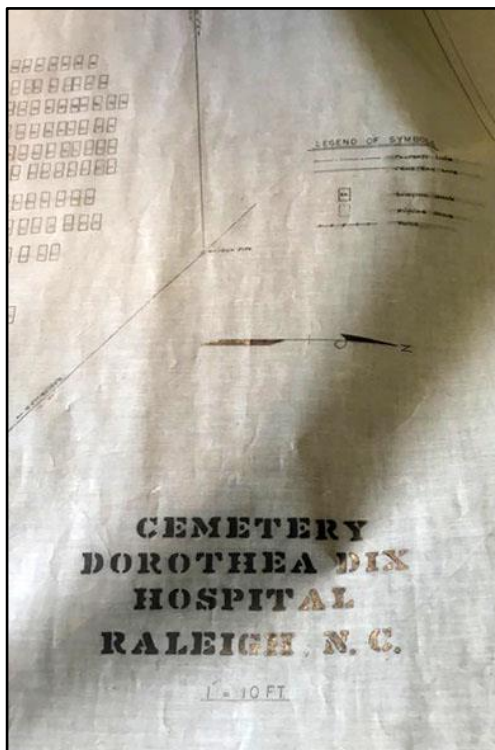


Figure 14: Dix Hospital Cemetery MVVA 2017

Cemeterycensus.com states that “The cemetery had declined due to erosion, vandalism and the elements of time. Garbage trucks drove over the cemetery edges to reach the next door landfill.” When the cemetery closed in 1972, the hospital physical plant manager

...noticed that erosion had exposed part[s] of wood he felt sure was caskets. Markers had slid away from depressions in the ground that suggested graves. There were no trees except pines. Employees used kitchen forks to poke the ground locating caskets that had drifted. Staff covered the exposed coffins with soil and seeded the area. A chain link fence was installed along the boundaries... Many of the graves were unmarked. With the passage of time, many graves had deteriorated significantly so that the graves collapsed leaving depressions in the soil. Boundaries were difficult to identify. (cemeterycensus.com)

In 1991, “Over 750 of the 958 graves were identified. New markers were installed with the name of the patient and the date of death” (cemeterycensus.com). In 2017, park officials located a map (pictured below; photos by Suzanne Turner Associates) in the hospital—presumably created during the 1991 effort to identify and mark the graves. Officials also located a survey, produced by Faye McArthur of the Dorothea Dix Community Relations Department, listing the names of individuals buried in the cemetery.



Figures 15a and 16b: Details of map discovered by park officials in 2017. Suzanne Turner Associates 2017

In a *News & Observer* editorial published in 2015, a columnist made the following plea:

Whatever happens to the Dix campus, whether Raleigh turns it into a racetrack, a casino or a Southern version of Central Park, the souls demand to be remembered...

I'm not asking for the Dix land to be frozen in time, preserved as a 19th-century relic. But in all the excitement over what comes next, let's create some permanent reminder of the sufferers who passed through the property we now own. History is too eager to forget them." (Shaffer)

Shaffer's argument highlights the passion surrounding some of the more difficult narratives inherent to the Dix Park landscape. The issue he raises about the memory of mentally ill patients also applies to considerations about the memory of the enslaved who may have been buried nearby or even on the site, as well as those who helped build the hospital. This issue fits into a larger national conversation. For instance, in her book *Shadows of the Slave Past*, Ana Lucia Araujo explores the complexities and controversies surrounding the memorialization and, more often, the lack of memorialization of landscapes (in the US and beyond) that contain "narratives of enslavement," such as unmarked burial grounds discovered in the process of development. She also addresses "invisible sites of slave labor" and how "slavery is acknowledged or neglected in public spaces in the United States" (Ater).

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6. Landscape as a Dumping Ground [1950 – 1972]

Old Raleigh Landfill #11, used for dumping solid waste and operated by the city from 1957 to 1972, was located on the Dorothea Dix Hospital campus where the current soccer fields are located, as well as other portions of the site ("Feasibility Study ES-2"). "Based on an aerial photograph dated October 1959..., it appears that the [soccer field] site was wooded and used for agricultural prior to the landfill activities" ("Environmental Site Assessment" 6).

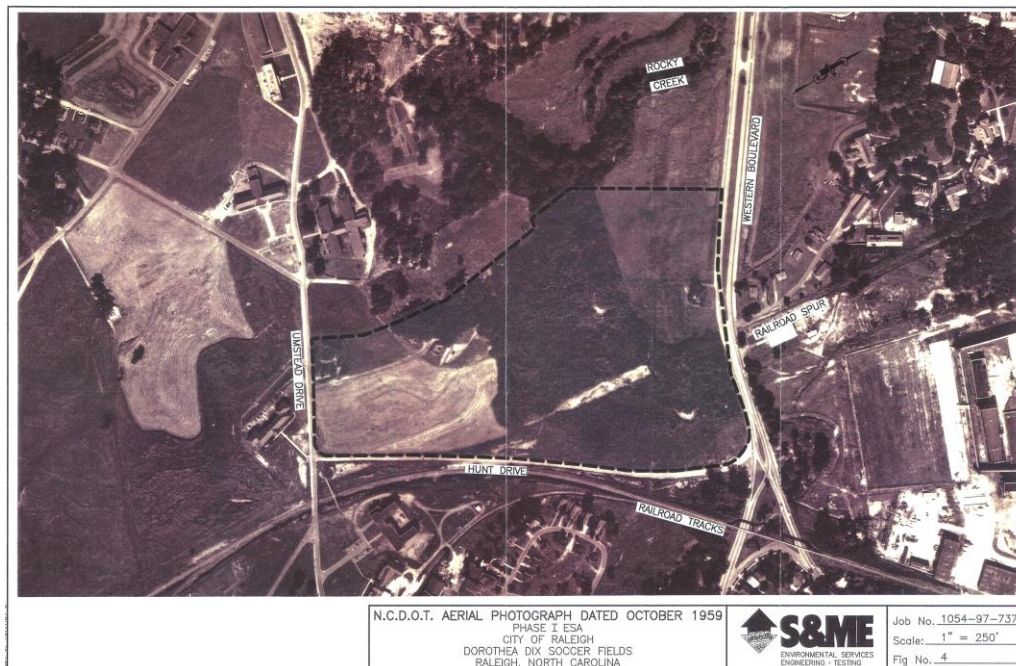


Figure 16 1959 aerial photo with soccer field site outlined in dashed line, from "Feasibility Study"

According to a report compiled by the City of Raleigh, in May 1956, the City made an agreement with the hospital

to use its land (approximately 50 acres) for a dump. The agreement between the City and Dorothea Dix Hospital was that: Garbage and waste "... will be covered with dirt by the City."

At this time the City began a semi-open dump operation, which involves simply the dumping of garbage and some moderate compaction. Garbage was periodically covered. ("Old City Landfill" 1)

As the map below indicates, the landfill surrounded the hospital cemetery on three sides, raising the possibility that with land erosion and shifting, some of the patient graves may have drifted over time into the lower lying lands.

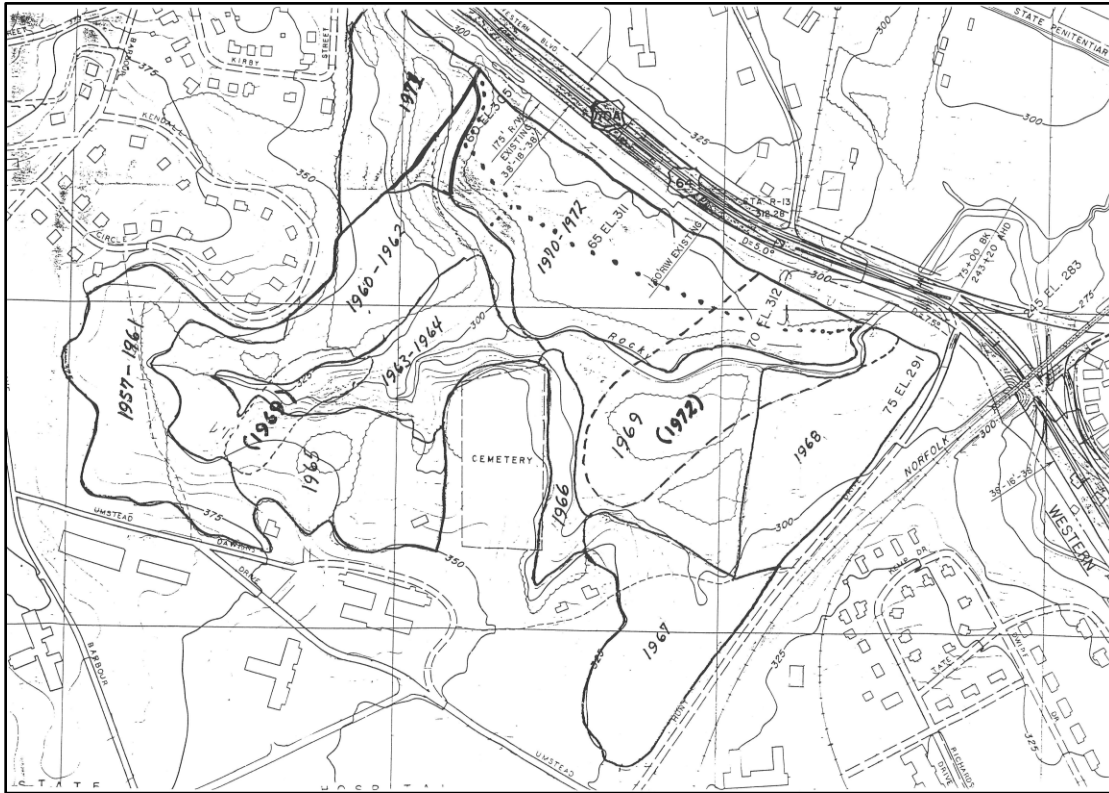


Figure 17: Map outlining the perimeters of the landfill, with divisions drawn to indicate the years during which various portions were used. ("Old City Landfill Information")

In 1966, ten years after the landfill opened, Raleigh began attempts to upgrade the site, "approaching a sanitary landfill type of operation" ("Old City Landfill" 1). However, issues arose that precluded the site from being fully upgraded. According to the 1973 report, "the original site, by today's standards, should never have been used for a landfill... Technology and awareness of the conditions relative to solid waste disposal were, at that time back in the middle fifties, not generally recognized or considered" ("Old City Landfill" 3). Specifically, the property's soil cover was not sufficient, and the landfill was in a "marshy, low area, jungle-like with dense vegetation" where there was "not suitable separation of waste from ground water; finally, the site received run-off from adjacent higher ground." ("Old City Landfill"). Because of these findings, the City "expended \$70,000 to bring in soil cover and for fertilizer and seed" with plans to intercept "surface run-off by terracing, dikes, ditches; thus, controlling the movement of water into the stream to prevent further erosion of stream banks" ("Old City Landfill" 3).

City Council Minutes dated April 6, 1982, note that a "Mr. Jordan questioned if this area could be seeded and let kids [soccer leagues] practice soccer on the site. In 1997, the city provided "18 soccer fields for Capital Area Soccer League with [a] long-term lease of 60 acres of Dorothea Dix Hospital property at Western Boulevard and Hunt Drive" ("Dorothea Dix Timeline"). At this time, "Fill dirt was added above the capped-off landfill to construct the existing soccer fields" ("Feasibility Study 26). As part of the

process, an Environmental Site Assessment was completed; the assessment report states, “Evidence of subsidence was observed on the site as indicated by several low lying areas of standing water. Documents obtained from the state and city records indicated that the trash and soil cover was not compacted very well, and that erosional problems have occurred since shortly after the landfill was closed” (“Environmental Site Assessment” 1).

In the early 2000s, during the construction of the Raleigh Convention Center, which opened in 2008, earth and construction debris moved from the Convention Center site was also dumped above the site of the former landfill (“Feasibility Study” 26).

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7. Landscape as a Therapeutic Setting; Landscape as Medicinal [1850 – 1975]

At its founding in 1850, the hospital was officially called “The Insane Hospital of North Carolina,” unofficially called “Dix Hill,” after Dorothea Dix’s grandfather, referred to on early maps as the “Lunatic Asylum,” and “then subsequently renamed twice: changed in 1899 to the State Hospital at Raleigh, and in 1959, to Dorothea Dix Hospital,” (“Dorothea Dix Timeline,” *passim*). While the hospital’s name changed many times, the intentionality behind some of its therapeutic methods were firmly proclaimed from its inception; these included using the landscape—by way of agriculture, horticulture, gardening, and passive experiences in nature—as therapy.

In the 1840s, mental health activist Dorothea Lynde Dix “became a determined campaigner for reform and was instrumental in improving care for the mentally ill in state after state” after she first observed the standard but inhumane treatment of mentally ill women in Boston in 1841 (McKowan). In Dix’s 1848 plea to the General Assembly of North Carolina, Dix quoted the physician Thomas Kirkbride, who was also an advocate for the mentally ill:

‘The proper mental and physical employment of the insane...is of so much importance... Whatever it may be, it must embrace utility, and it is well to combine both physical and mental occupation. Active exercise in the open air, moderate labor in the gardens, pleasure grounds, or upon the farm, afford good results... Sedentary employments are not in general favorable to health.’ (Dix)

In her plea, Dix criticized the act of imprisoning the mentally ill, noting that, “In nearly every jail in North Carolina, have the insane at different times and in periods varying in duration, been grievous sufferers (“Memorial Soliciting a State Hospital”). She went on to relay stories of what she had witnessed or what had learned from others through their first-hand accounts:

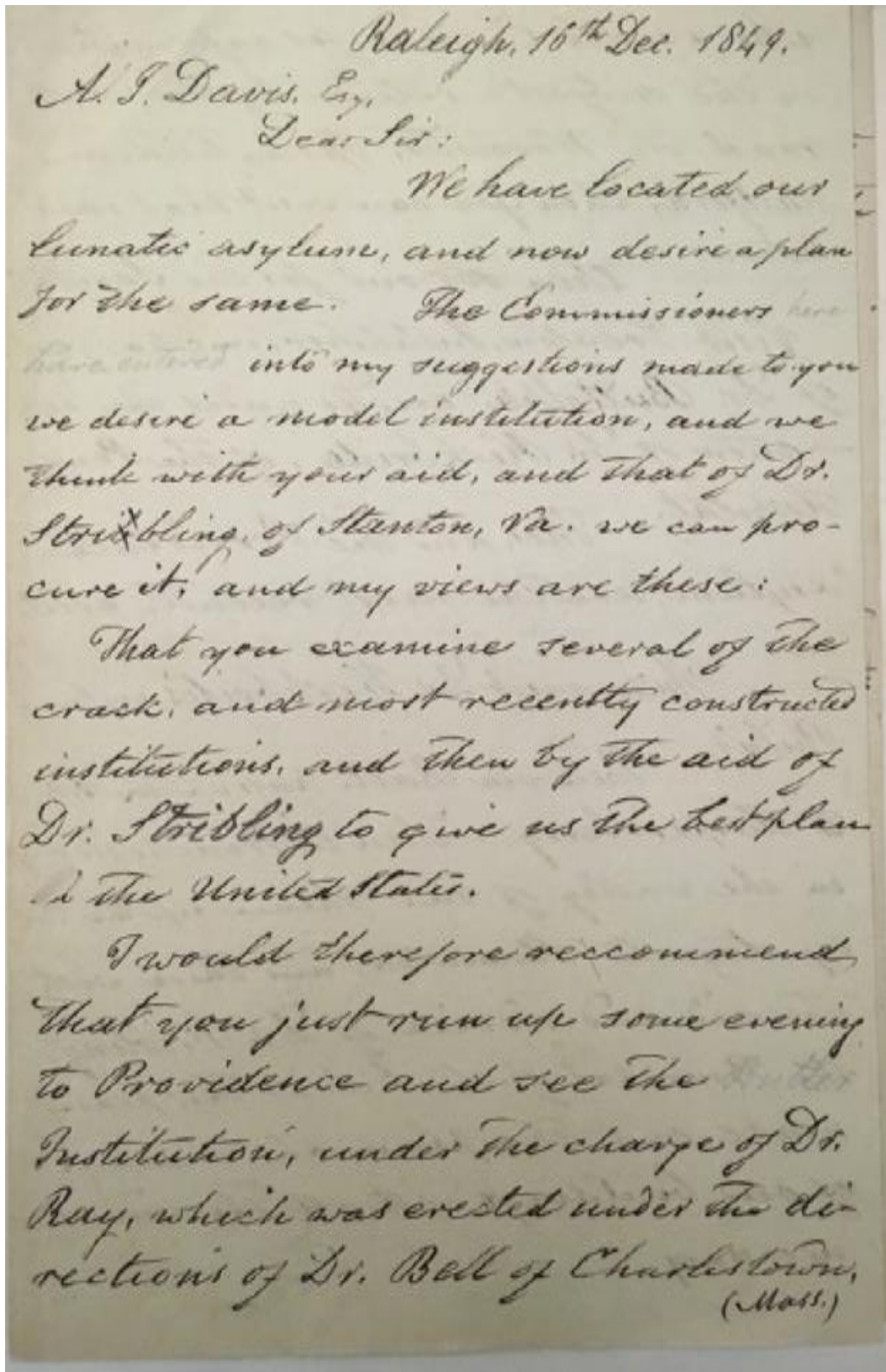
In Halifax County...a maniac was confined in the jail; shut in the dungeon, and chained there. The jail was set on fire by other prisoners: the keeper, as he told me, heard frantic shrieks and cries of the madman, and ‘might have saved him as well as not, but his noise was a common thing he was used to it and thought nothing out of the way was the case.’ The alarm of fire was finally spread; the jailer hastened to the prison: it was now too late; every effort...to save the agonized creature, was unavailing. He perished in agony, and amidst tortures no pen can describe... (Memorial Soliciting a State Hospital”)

“If County Jails must be resorted to for security against the dangerous propensities of madmen,” Dix proclaimed, “let such use of prison-rooms and dungeons be but temporary” (“Memorial Soliciting a State Hospital”). In her speech, Dix also spoke about the moral treatment of patients, stating that,

Uniform firmness and kindness towards the patient are of absolute obligation...

Whatever it maybe, it must embrace utility, and it is well to combine both physical and mental occupation. Active exercise in the open air, moderate labor in the gardens, pleasure grounds, or upon the farm, afford good results... Sedentary employments are not in general favorable to health. The operations of agriculture seem liable to the least objection. ("Memorial Soliciting a State Hospital")

The following year, A.J. Davis was asked to design the North Carolina Hospital for the Insane "in the forefront of national trends" (Bisher 294). This included not only the design of the building, but also the design of the grounds that would be conducive to the kind of therapy Dix had advocated for. In December of 1849, the former North Carolina governor, John Motley Morehead, wrote to Davis, directing him to "'examine several of the crack, and most recently constructed institutions' and 'give us the best plan in the United States'" (Bisher 294). In 1850, after Davis toured asylums in Providence, Rhode Island, Worcester and Springfield, Massachusetts, and Hartford, Connecticut, "Davis was to confer in Philadelphia with Dr. Thomas S. Kirkbride, a leading influence in American asylum planning, and tour the Trenton, New Jersey asylum built under Kirkbride's direction" (Bisher 294-5). Davis went on to design an asylum that "exemplified Kirkbride's theories of treatment...with spacious grounds for therapeutic gardening and farming" (Bisher 295). With the hospital and other buildings, he designed in the region, "Davis had given the Carolina Piedmont a body of architecture vital to the state's changing self-image and to the American picturesque movement as a whole" (Bisher 295).

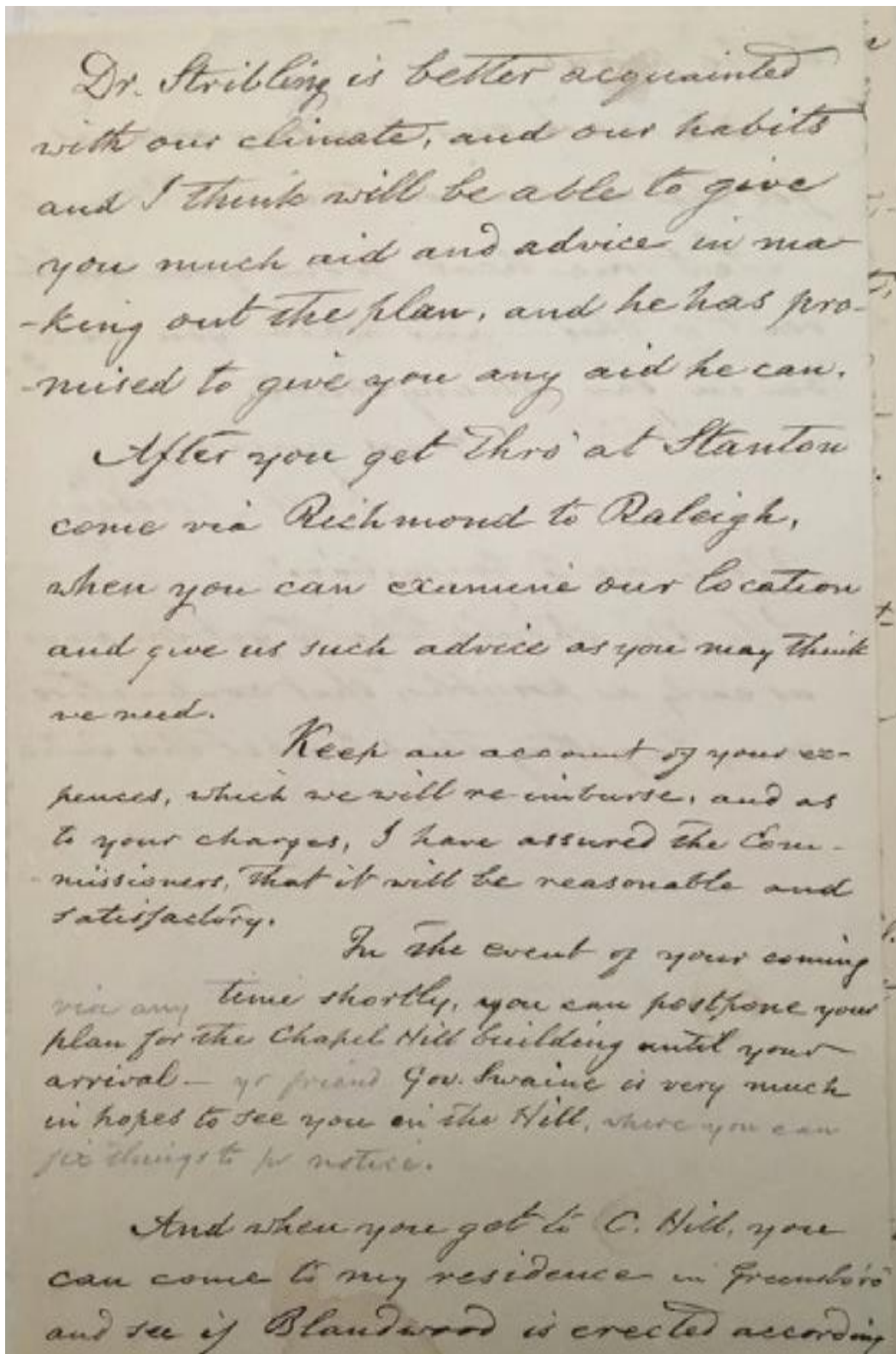


Raleigh, 16th Dec. 1849.
A. J. Davis, Esq.,
Dear Sir:
We have located our
Lunatic asylum, and now desire a plan
for the same. The Commissioners here
have entered into my suggestions made to you
we desire a model institution, and we
think with your aid, and that of Dr.
Stridling, of Stanton, Va. we can pro-
cure it, and my views are these:
That you examine several of the
crack, and most recently constructed
institutions, and then by the aid of
Dr. Stridling to give us the best plan
in the United States.
I would therefore recommend
that you just run up some evening
to Providence and see the
Institution, under the charge of Dr.
Ray, which was erected under the di-
rections of Dr. Bell of Charlestown,
(Mass.)

Figure 18 1849 letter Governor Morehead wrote to A. J. Davis, New York Public Library

who visited Europe for information
on the subject)- return by the rail
road, via Worcester, Springfield, and
Hartford, when you can visit that insti-
tution. Then set out for the South,
Visit Trenton, Institution, in charge
of Dr. Buttolph erected under the di-
rection of Dr. Kirkbride, of the Penn.
Hospital. This, and the Providence
asylum, are the most recently erect-
ed. Then visit Dr. Kirkbride's asylum
Philad. Then via Balt. pass up the r.r.
to Harper's Ferry, - then to Winchester
in the valley of Va. Thence up the Val.
by stage to Staunton, and there with
the aid and advice of Dr. Stribling
the Principal of the Inst. at that place
make out the plan and drawings
of our building with all the minutiae

Figure 19 1849 letter Governor Morehead wrote to A. J. Davis, New York Public Library



Dr. Stribling is better acquainted
with our climate, and our habits
and I think will be able to give
you much aid and advice in ma-
king out the plan, and he has pro-
mised to give you any aid he can.

After you get thro' at Stanton
come via Richmond to Raleigh,
when you can examine our location
and give us such advice as you may think
we need.

Keep an account of your ex-
pences, which we will re-imburse, and as
to your charges, I have assured the Com-
missioners, that it will be reasonable and
satisfactory.

In the event of your coming
via any time shortly, you can postpone your
plan for the Chapel Hill building until your
arrival - yr friend Gov. Swaine is very much
in hopes to see you on the Hill, where you can
fix things to yr notice.

And when you get to C. Hill, you
can come to my residence in Greensboro
and see if Blandwood is erected according

Figure 20 1849 letter Governor Morehead wrote to A. J. Davis, New York Public Library

to the plan.

We wish our building arranged
for the accommodation of 250 inmates.

Let me hear from you on the
rec^d of this — and when you will
be in the Sunny South.

Yours sincerely,
J. M. Morehead

Write me to Greensboro?

P.S. We should like to get the plans
as early as possible, that contractors
may be getting their timber this winter.

Richmond to Stanton
Richmond to Bolmwood by canal packet.
Bolmwood to Scottsville up the far river
Scottsville to Stanton 40 miles by stage.

of

Figure 21 1849 letter Governor Morehead wrote to A. J. Davis, New York Public Library

Therapeutic use of the landscape was not only part of the national conversation about mental healthcare and its facilities; it fell within a larger landscape movement that had begun in England and spread to other parts of Europe and to the United States:

During the 1850s, the picturesque styles spread quickly... Architectural books proliferated. Downing's *Cottage Residences* alone ran through nine printings and sold over sixteen thousand copies by 1861... North Carolina newspaper articles and popular speeches urged residents to reject old-fashioned building forms and improve their rural architecture by adopting Downing's ideals—and thereby to elevate public morality, stability, and prosperity. While most North Carolinians paid little attention to such messages, the picturesque style gained increasing popularity among the planter and merchant class that resided along the arteries of trade. (Bisher 296)

When Dix Hospital was being developed, Central Park, today among the most widely recognized picturesque landscapes in the United States, was brewing in Frederick Law Olmsted's psyche—a park for New York where those stuck in dark and crowded tenements might come and experience the rural landscape that they had no access to, and thereby restore their health both physical and mental. Olmsted said that there should be a feeling of relief upon entering, a “sense of enlarged freedom.”

But prior to 1858, when Olmsted's ideas for Central Park moved from the mind's eye to paper, in Raleigh, decisions pertaining to the Dix Hospital were also influenced by the picturesque movement. This is indicative of both how powerful the picturesque movement would be in the States and how uniquely at the forefront Raleigh's decision makers were being, regarding mental health treatment and landscape design. An 1851 report to the legislature of commissioners for the hospital states that,

‘They selected a site for the said building and after carefully examining the whole country in the vicinity of Raleigh, they chose a location west of the city and about one mile distant, on a hill near Rocky Branch to provide a water supply. This location has a commanding view of the city and is believed to be perfectly healthy.’ (“Dorothea Dix Timeline)

The first purchase for the hospital site was 129 acres, obtained in June of 1850 (“Decisions about Dix property”). Three months later, the state hospital commission purchased 53 additional acres (“Decisions about Dix property”). Davis's design for Dix Hospital, depicted in his original drawings now housed in the New York Historical Society's archives, and built on these original 182 acres and including courts at the front and back of the main building, with numerous smaller courts and garden spaces, also reflected the picturesque movement and its influence on treatment for mental health.

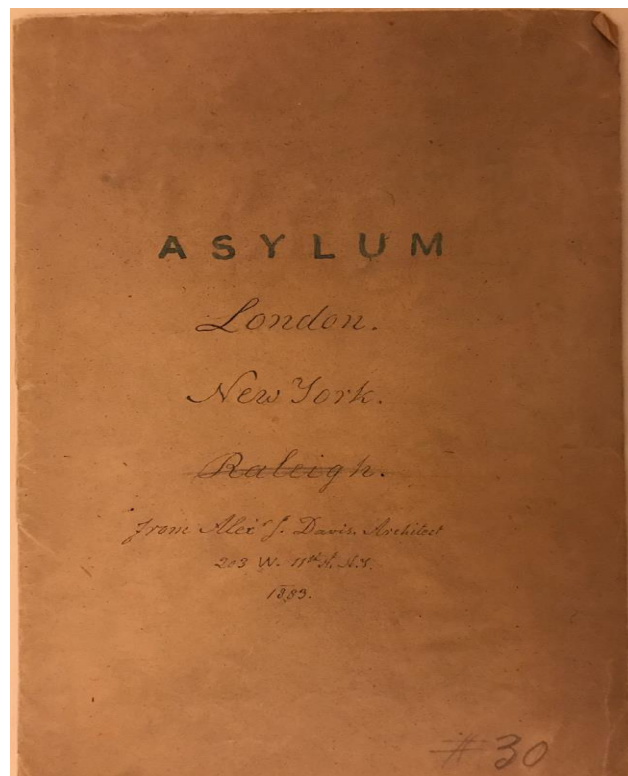


Figure 22 Asylum Booklet. Alexander Jackson Davis Architectural Drawing Collection (1827-1884)
New York Historical Society Museum & Library

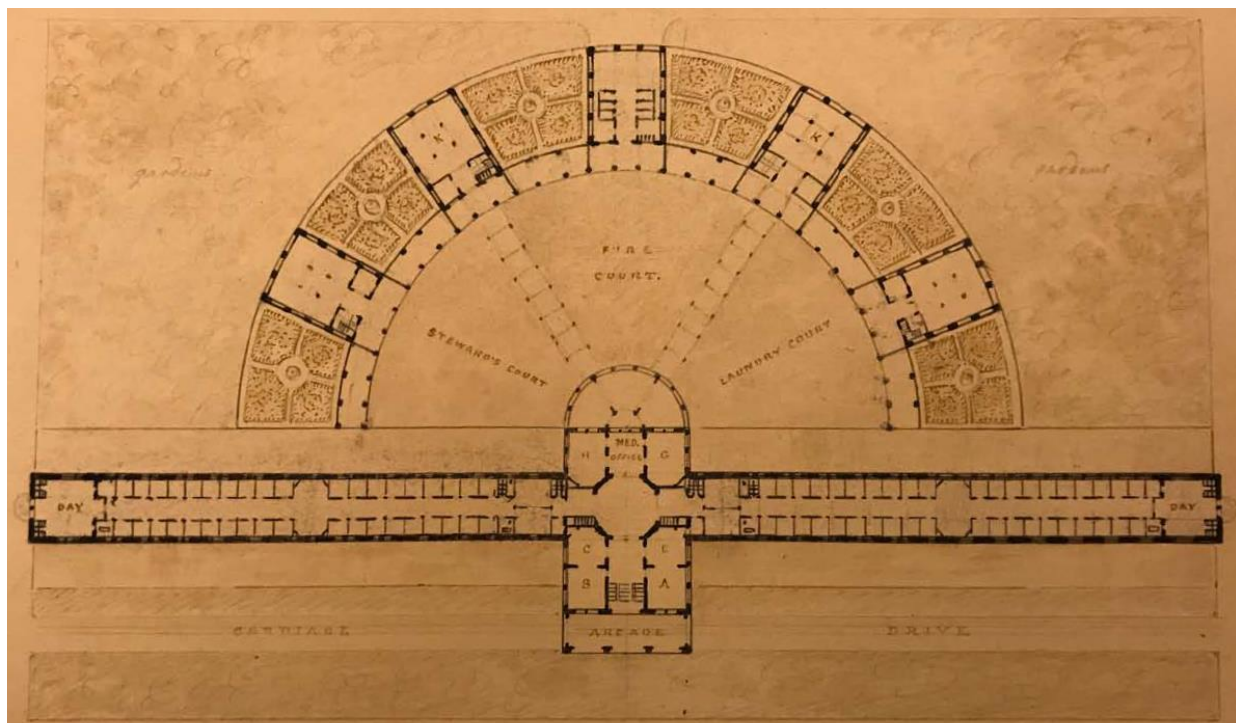


Figure 23 North Carolina Hospital for the Insane, A. J. Davis drawing referencing gardens and adjacent outdoor amenity space.
Alexander Jackson Davis Architectural Drawing Collection (1827-1884) New York Historical Society Museum & Library

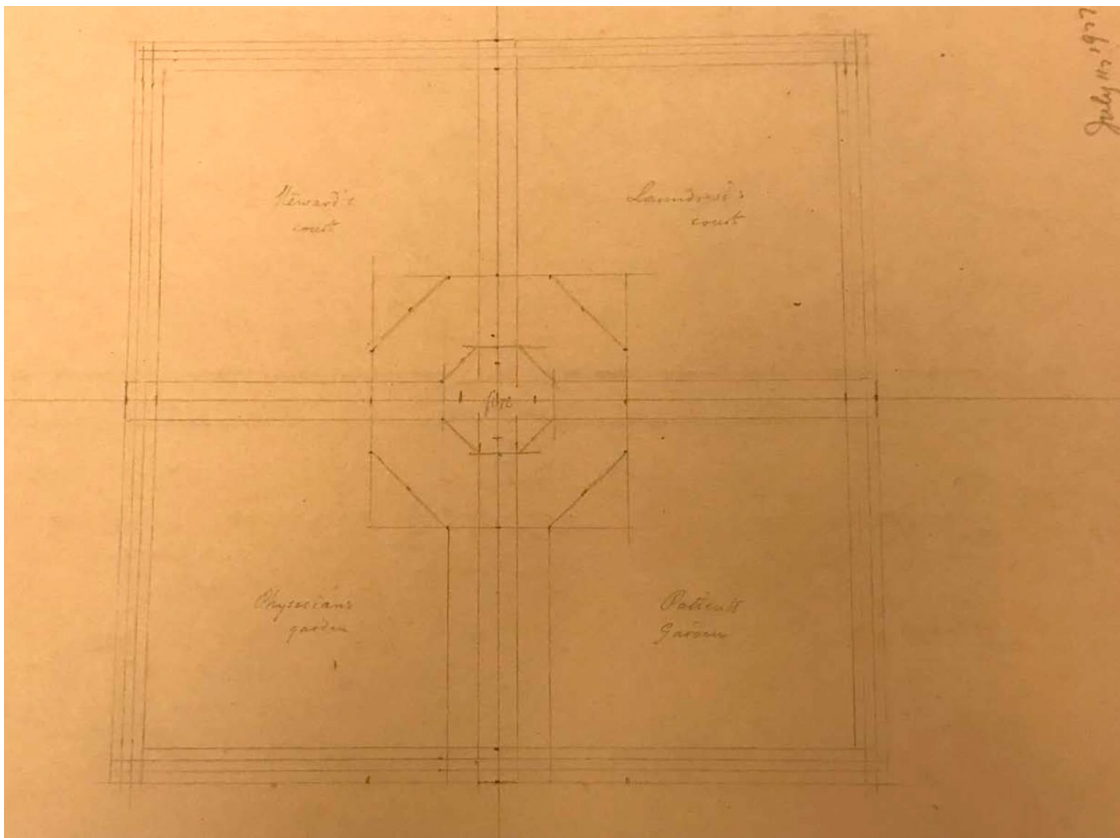


Figure 24: North Carolina Hospital for the Insane, Sketch found on the back of garden drawing (previous image). Alexander Jackson Davis Architectural Drawing Collection (1827-1884) New York Historical Society Museum & Library

Another picturesque landscape feature original to the site is

The notable grove of large oak trees forming a solid tree cover on the...expansive landscape fronting Dix Hill. The oaks and under-story foliage of dogwoods distinguish the central and western portions of the landscape, which cascades gently down to the flat, grassy swale of the large eastern 'finger' ending at the Umstead Drive entrance... A sparse network of curvilinear drives winds through the Grove: chiefly Boylan Avenue, which curves up from the Dorothea Drive entrance... The Grove has been a feature of Dix Hill since the beginning, but reached its present appearance in the early 20th century" ("Dix Hill").

It is unclear whether A. J. Davis designed the grounds alone, or whether he worked with a landscape architect:

No documentation can be found to show that a landscape design was commissioned at a particular date to create the overall campus plan that existed since the 1920s. No evidence has been found to indicate that A. J. Davis would have been requested to design the grounds although he would have been capable of doing so" ("Dix Hill" 8:9).

Currently, the campus design, along with the hospital's original building are both attributed to Davis. According to the National Register of historic Places Registration Form,

Nationally-important architects Davis and A. G. Bauer worked on the campus in the 1800s, and noted North Carolina architect C. C. Hook shaped it in the 1920s. The cultivation of the "Grove" in front of the hospital throughout the period of significance indicates not only aesthetic sensitivity but also the belief that tranquility of nature was an important component in the healing process. The overriding importance of Dix Hill is its campus design, of which the landscape is a vital and unifying element. ("Dix Hill").

In addition to The Grove, in approximately 1915, an octagonal gazebo was added to "the flat grassy swale where the canopy of oaks on Dix Hill begin" ("Dix Hill"). In 1923, an entrance gate at Boylan Avenue made of "Low stone curving walls on each side...just before the bridge over Rocky Branch" was added; the same year, at the Umstead Drive, "Stone piers with cast-iron gates at the outer corners of Umstead Drive bridge over Rocky Branch" were added ("Dix Hill" 8:1).



Figure 25: Image of The Grove with the circa 1915 gazebo City of Raleigh 1993

The hospital admitted its first patient February 22, 1856 ("Dorothea Dix Timeline"), and "As of October 31, 1857, the hospital housed 138 patients (80 males and 58 females)," and "By 1860, the census had reached 179, and the hospital was nearing its capacity for male patients with 114" (O'Rourke 12).

In keeping with the hospital's founding philosophy, Superintendent Fisher used what is now known as occupational therapy to keep patients active. Male inmates cultivated the garden and farm, cut wood, and helped prepare food, while women sewed and knitted. Fisher was

particularly concerned about idle time spent indoors during inclement weather and suggested in his legislative report of November 1, 1858, that a workshop be built for crafts and repairs...

Fisher, in addition to recognizing the benefits of activity, understood the effect of the hospital's environment on patients, or as he put it, 'pleasant influences of small embellishments.' Attractive walks, beautiful landscaping, and a carriage drive would, according to Fisher, soothe the disordered mind. In addition, handsome grounds would impress the public and reduce misconceptions about the institution... He asked the legislature for funds to hire a manager to implement a comprehensive beautification plan...

Superintendent Fisher supervised the completion of other projects, including construction of a wooden barn...and erection of a permanent fence along the property's northern and eastern boundaries. In addition, workers built a smokehouse; a stable for six horses and four cows, with grain storage above; a barn for storing corn; and an ice house. The garden and farm flourished, providing food for patients and staff, and grain for livestock. These improvements helped the hospital to become largely self-sufficient. (Dix 12-13)

The determination to provide therapy to patients through interaction with the landscape, which also benefitted the hospital, remained central to the hospital's treatment approach. In 1892, Dr. George L. Kirby, who had served on the board since 1889, became the next hospital superintendent. "Managing the insane, Kirby said, required employment, amusement, and diversion. Nervous tension needed to be expressed" (O'Rourke 36).

Like his predecessors, Kirby improved the hospital grounds for economic, therapeutic, and aesthetic reasons. The food produced at the asylum, much of it by unpaid labor, reduced hospital expenses. Workers, by clearing brush, filling gullies, and cutting trees, converted idle ground into productive farmland...

Patients trimmed and felled trees to beautify a portion of the grounds known as 'the grove.' The hospital built two summerhouses and placed six swings and seventy-five benches, made of iron and oak, around the grove to create a park for patients...

To combine utility and beauty, the superintendent proposed planting an Osage orange hedge along part of the hospital boundary. It was to be 'thick and impenetrable' to keep patients in and sightseers out. (O'Rourke 39-40, *passim*).

Fifty years after the acquisition of the original 182 acres, in March of 1907, the state added 1,140 acres to the hospital property, increasing its total acreage to 1,332 acres. ("Decisions about Dix Property"). With the increased acreage, using the landscape prescriptively as a form of therapy, and as an economic boon to the hospital, was realized in more ways. In 1912, a vineyard with 1,850 grape vines was planted on the property ("Dorothea Dix Timeline").

O'Rorke's book on Dix Hospital notes the entries of a female patient who was hospitalized in 1911. The patient "reveals the profusion of asylum activities," including, "making shirts, overalls, underwear, and burial robes in the sewing room, and shelling beans in the kitchen," embroidering, drawing pictures, making centerpieces, listening to music, and attending dances (44 passim). "While walking the grounds, she enjoyed the summerhouse and liked gathering vegetables and 'toothbrushes' in the garden" (44).

By the 1960s, the Dix Hospital property had significantly increased in size. "The 1,853-acre hospital farm consisted of 832 acres of cropland, 287 of improved pasture land, 695 wooded acres, 26 acres of roads and lots, and 13 acres of ponds" (O'Rorke 97). The expansive farm included

1,280 swine, including 180 brood sows; 225 cows, 104 of which were milkers; and 8,000 layer hens. Two hundred patients worked the farm, along with twenty-one hospital employees. The farm produced all the hay and silage and 30 percent of the grain needed to feed the animals and had its own mill to mix the food. The farm also provided 35 percent of the food for patients and staff.

Farm labor was just one of numerous jobs that patients performed as part of work therapy and occupational therapy, though one staff member said that the farm workers were the happiest. (O'Rorke 97).



Figure 26: Dix Hospital cows and pasture. City of Raleigh 1941

In addition to the working farm, gardening and "walks in good weather, usually with thirty patients assigned to one staff" were also part of the occupational therapy program in the 1950s and 1960s (O'Rorke 98). However, it is not clear whether gardening and horticulture were distinctly prescribed

therapies, and further investigation with permission to review medical transcripts and records may be necessary to confirm the practice as a formal means of therapy.

In a thesis written in 1977, Douglas Robert Carson wrote that “Dorothea Dix Hospital has pioneered informally in horticultural therapy” (38); the specification of the work being “informal” is likely derived from the lack of evidence showing that the hospital employed a specialized horticultural therapist as part of its core staff, and from interviews Carson conducted with former staff members. Carson, acknowledges the hospital’s success in using farming as part of its therapy (41-42). However, of the greenhouse, he wrote that it “was run for a long while by a man named Brawdy Johnson” and he reports, by way of interviews with patients and hospital staff, that “It seems as if little was done through the greenhouse to help patients” (44). Instead, “Brawdy supplied the governor with a fresh carnation each day. Cut and potted flowers for the governor’s mansion and for state affairs” and for “the offices of higher administrators at the hospital” were grown in the greenhouse (45).

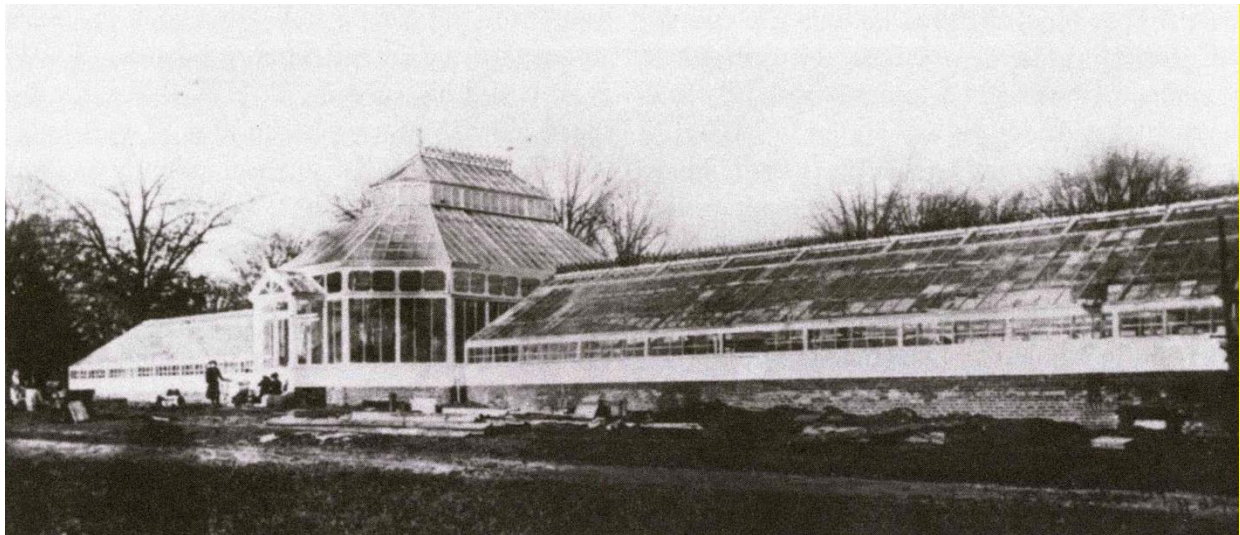


Figure 27: Greenhouse at Dix Park. 1914 Report of the Board of Directors and Superintendent of State Hospital, reprinted in O'Rorke

The wood-framed glass greenhouse, located behind the Kirby Building, and purchased sometime in the early 1900s, likely between 1913-1914 (O'Rorke 98; Carson 42), was in use until 1957 when the “building was torn down and a new but smaller, rooting house with fiber glass sides was built behind Kirby building” (Carson, 45). This event is significant, in that, “Along with the destruction of the greenhouse came the end of the rose garden that Brawdy had planted” along the front of the McBryde building “(45-46). While the formality of the approach to using horticultural therapy is in question, Carson wrote that “As long as there have been patients at Dorothea Dix Hospital, there have been various gardening attempts from individual patient efforts to actual organizing of garden therapy” (46).

While the horticultural pursuits Brawdy had overseen ended in 1957, just a year earlier, “In July 1956, the first assignment was given. Patients chopped grass from the edge of sidewalks. Eventually, the

desire to build a garden grew. The grounds' maintenance staff brought in a tractor in the Spring of 1957 and plowed up an area of land behind Broughton building" (46). When a social anthropologist who was lecturing at the hospital took notice of the informal garden, a hospital nurse, Ophelia Whitney, "thought that if Otto Van Murry thought that this was so great for patients, it had to be therapy," (47), and in 1958, she laid out four different gardens on the property. However, "Occupational therapy soon discovered that these garden plots and their own were duplicating efforts;" in addition, they could only work with the patients during the hottest parts of the day, and "Since many patients were on Thorazine..., they could not tolerate sun due to the drug" (47). As a result of these issues, occupational therapy ended its gardening program. Two years later, in 1960, the nursing staff also abandoned its informal efforts at gardening therapy (47). Throughout the 1960s, the farm remained in operation; in fact, "By 1967, the farm enterprise was expansive" (55). Patients also participated in grounds maintenance, such as planting shrubs, mowing lawns, and planting trees throughout the grounds (Carson, 48-49). But again, this effort, which included doctors who "specifically assigned [patients] for this therapy," ended in 1965.

Summarizing his findings and analysis, Carson focused again on the successful farm, noting two contrary facts that illustrate the changing nature of and attitude toward horticultural therapy. First, he reflected,

The Dorothea Dix Hospital farm, over the years, had provided a self-sustaining food supply for the hospital. Patients and staff worked side by side in the farm and derived many benefits in food and therapy from such labor. In this sense, a natural, inborn, horticultural therapy program was in operation at Dorothea Dix farm from the earliest days of its existence." (50)

Then, Carson offered that, "By 1971, the thinking had changed on the therapeutic worth of the farm. 'The traditional role of the farm in the Department of Mental Health has changed from a therapeutic endeavor to primary emphasis on supplying adequate and higher quality food' (56). Furthermore, Carson noted that the consensus among hospital officials was that, as it was being executed at Dix Hospital after 1970, there was "no therapeutic worth in farming" and, perhaps related to the advocacy and policy changes that required patients to be paid, "by 1974, there was little use of patients at Dorothea Dix farm" (56). Two years later, North Carolina State University obtained ownership of the farm (56).

In considering the landscape, and, horticulture and farming, as forms of therapeutic medicine, another related landscape theme is worth stating more explicitly, though it has already been implied: the landscape as a source of food, or better, nourishment. Carson wrote that

Patients officially had access to the crops which were grown on the farm. Charlie Creech [former staff member in charge of patients in the Adams building (55)] tells the story of one hundred patients eating watermelons and cantalopes [sic] outside of Adams building with 'never a mess left behind.' Patients also used to pick and eat peaches from a huge Alberta peach orchard that stretched from Adams building to Cherry building. The patient of ten years stay at Adams

building said that 'you could go down into the fields and eat watermelons and cantalopes [sic] and tomatoes if you didn't get caught.' (52)

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8. *Landscape as a Place of Transcendence and Recreation [1950 – 2011]*

While horticultural therapy in a more formal capacity faded over time, outdoor recreation, both passive and active, were other components of occupational therapy that took advantage of the grounds and seems to have come into favor by the 1950s or 1960s. In his thesis, Carson wrote that in 1976, “existing all over Dorothea Dix property are solitary groupings of trees and white iron chairs and benches” (93). Echoing the pastoral beginnings of the hospital, he advocated for creating “‘pockets of beauty’ to which patients could walk and relax in comfort and privacy. Bird feeders could be hung from trees to attract wildlife” (93).

Focusing on the more active uses of the landscape, according to O’Rorke, in the 1950s and 1960s, patients had access to “sports and games, including tennis, miniature golf, croquet, badminton, horseshoes, and shuffleboard. The tennis courts and miniature golf course were next to the female wing of the main building, while the pitch-and-put three-hole golf course was across the road from Haywood Gym” (O’Rorke 98).

These uses for the Dix Hospital property are not original; in fact, as early as 1913, there were proponents for transforming the site into a park that reflected the popular picturesque landscapes of the day; by this time, Central Park had been in existence for fifty-five years. In addition, the City Beautiful Movement, which sought to beautify cities through monuments and parks, was well underway. A report by Charles Mumford Robinson entitled “A City Plan for Raleigh” called attention to

how Raleigh, as a thriving and modern municipality, is situated in regard to large parks and real playgrounds, is to feel a thrill of expectation. For Raleigh is situated in a beautiful rolling country, with pleasantly diversified scenery of wood and clearing, and in the park enthusiasm of recent years to United States has taken the world’s lead in the extent efficiency and beauty of municipal parks. But ‘Wide-Awake Raleigh’ needs some stirring here...

...but within sight are the handsome grounds of the State Insane Asylum, to show sane people how their park ought to increase with its growth in area and population. (“Dorothea Dix Timeline”)

Five years after the report’s suggestion that the Dix Hospital site would serve as a “handsome” park, “In 1918-1919, workers created a third entrance [to the hospital grounds] by building a concrete-and-steel bridge across Rocky Branch that connected with a city street leading to Boylan Heights. Local citizens had requested the new entrance to link the lovely asylum grounds with the recently developed Boylan Heights suburb” (O’Rorke 55).

The pursuit of the Dix Hospital site as a landscape to support recreation that is both passive and active is a topic that requires further research. Today, the existing soccer fields stand as one primary example of recreational usage. There are other recreational uses, both informal and formal that occur on the site today and could be documented to contribute to the historic evolution of the site as a park setting that has emerged organically over time.

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9. *Landscape as Infrastructure*

Introduction

When thinking of the landscape, the average person frequently overlooks how humans utilize natural resources to meet infrastructure needs. More often, we think of individual features of the landscape, such as trees, topography, and water, as elements of the natural or scenic beauty of a place, forgetting that these are also the very features that must be continually manipulated and managed to meet infrastructure needs and wants—at once, to the immediate service of humans and to the detriment of the landscape. The desecration of natural resources for the purpose of meeting human infrastructure needs is no less true of the Dix Park site, where, in response to evolving infrastructure requirements, the landscape has been manipulated and managed and manipulated all over again.

For the purposes of this Report, STA will focus on two dynamic infrastructure components and, ultimately, their interrelationship as it relates to the physical shaping of the land: transportation and water. In short, stream channelization and changes to natural topography have both caused erosion, for the sake of accommodating water needs (such as clean drinking water and abundant water supply for laundering, cooking, and basic health and sanitation), and transportation routes (such as railroads, bridges, and roads), have resulted in the instability of natural systems, loss of diversity in plant and wildlife species, and no program of removal for exotic, invasive vegetation.

When the Dix Hospital site was first being selected, State “Legislators directed the [hospital] commissioners to buy at least one hundred acres of land near a railroad with a good water supply” (O’Rorke 4); state officials were wisely considering a location that could accommodate a large institution that would shelter many people. When the hospital commissioners identified and purchased the property, they boasted that it had “‘beautifully undulating ‘grounds, ‘an abundant supply of water,’ and offered a ‘commanding view of the city’” (O’Rorke 4). This “abundant” water supply would prove to be problematic over time. Likewise, the North Carolina Railroad ran through the site. Thus, from the beginning, the hospital has negotiated to accommodate transportation in exchange for access to goods and services, and they have negotiated the issues that have arisen as a result. In fact, issues related to water, land erosion, and transportation access would continue to occur on the chosen site through time.

Water, water, everywhere: Rocky Branch and springs

According to O’Rorke, as early as 1850, problems relating to water existed, which forced manipulation of the land and water sources:

Nearby springs provided drinking water, and it was thought that Rocky Branch, about 350 feet away at the foot of a hill, could supply water for washing, water closets, and steam. The distance

and difference in elevation between the hospital and the branch created engineering difficulties. As an alternative, the hospital hired a Mr. W. Bird to dig a well next to the boiler. At the time of the superintendent's report, Byrd had been stymied by a layer of rock. (7)

By 1857, under Superintendent Fisher's leadership, the hospital had addressed a major need—the delivery of clean water to the hospital. Fisher “was especially proud” of the system implemented:

Water for lavatories, water closets, and steam heating came from Rocky Branch, where two cement-lined brick reservoirs held approximately 1,800 gallons each. Three-inch iron pipe, running through as trough, carried water from these containers to a steam-powered Worthington fire pump that propelled the water up to sheet-iron tanks holding 15,000 gallons in the attic. This system not only met the hospital's daily needs, but also provided extra water in case of fire. Beginning in 1858, the hospital obtained drinking water from ‘a never failing spring’ near the hospital's male wing. Workers hollowed out and walled the area around the spring and it became a popular spot with patients.” (O'Rourke 13-14)

However, even as Fisher's effort to supply water could be deemed successful, it created new problems. Twenty years later, in 1875, the water supply remained a major issue: “Located in the bottomlands below the asylum, the spring that provided the hospital's drinking water often had to be cleared and drained. Water for other purposes came from Rocky Branch (O'Rourke 27). Problems were caused by the manipulation of Rocky Branch in parts of the stream that were not located on hospital property:

...the owner of the land adjacent to the hospital, through which the Rocky Branch flowed, deepened his section of the stream. An inadvertent consequence was the replacement of the once firm stream bed with sand. For years afterward, sand clogged the hospital's water race and troughs whenever it rained. The state took various steps to improve the asylum's water system, including using convicts to widen and deepen a canal from Rocky Branch in 1979. Finally, in 1881 the legislature authorized the purchase of the land and right-of-way needed to construct dams and install pipes to ensure a consistent water supply from Rocky Branch. (O'rourke 27)

From early in the hospital's history, the human shaping of a water system that worked to artificially manage the water for very real needs, coexisted with the hospital's philosophy that nature was a healing element for patients, and the two did not always complement one another. Rather, the overall impact was that the Rocky Branch stream would continue to be diminished into near disappearance.



Figure 28: Manmade interventions at Rocky Creek. MVVA September 2017

In 1889, North Carolina Agricultural and Mechanical College (now North Carolina State University) opened, and Raleigh saw the construction of Pullen Park, including bathhouses (O'Rourke 32). With this development, there was concern at Dix Hospital that "sewage from the college and drainage from the bathhouses would pollute Rocky Branch, the water source for the hospital's lavatories, water closets, and steam heating" (O'Rourke 32-33). However, it was later discovered that the bathhouse water "was not a contaminant, but pollution was coming from the school" (O'Rourke 33).

Almost ten years later, in 1896, "investigators found further cause for concern. Seepage from a nearby sewer was polluting the asylum's well water" (O'Rourke 33). The seepage was responsible for a major health event; "During the previous two years, typhoid fever, a disease caused by contaminate drinking water, had been the leading cause of patient deaths. Because of this and the increasing contamination of Rocky Branch, the hospital dug three new wells" (O'Rourke 33).

"Wake Water Company dammed Walnut Creek on hospital property in 1913, creating Lake Raleigh. In exchange, the water company gave the hospital up to fifty million gallons of water a year. By 1918, the directors had allowed the City of Raleigh to heighten the dam, build a filtration plant, and lay pipes across hospital property to Camp Polk. The City, in turn, gave the asylum free filtered water and \$2,000 a year" (O'Rourke 52).

Transportation for goods and services

As hospital officials continually worked to create an efficient, abundant, and sanitary water system, they also worked to accommodate utilities to provide for patients and staff in other ways, and which ultimately depended upon transportation through the site:

...the board decided in December 1890 that the hospital should burn coal, rather than wood, for heat. Three months later, they granted a fifty-foot-wide-right-of-way to the North Carolina Railroad. The track crossed the asylum property and adjoining land... The railroad, in turn, gave the hospital a token payment of one dollar and build a switch and sidetrack for coal and freight deliveries (O'Rorke 33).

The hospital's dependency on the railroads to provide coal and other supplies continued, and twelve years later, in 1912, "the hospital gave the Raleigh, Charleston, and Southern Railroad a right-of-way across asylum property, and the railroad in return agreed to lay a spur for delivery of coal to the hospital" (O'Rorke 52).

Negotiating railroad right of ways eventually transitioned into leasing land in such a way that accommodated automobile traffic. "In June 1941, the board approved leasing a right-of-way across asylum grounds to the government that connected a Norfolk and Southern Railroad spur to the old Caraleigh Mills. To minimize disruption of hospital traffic, workers completed a steel-and-wood bridge over the railway in September" (O'Rorke 69).

While bridges to provide for automobiles impacted the natural resources later in the site's history, bridges were built throughout the hospital's lifetime: "Patients graded a hill near the Rocky Branch bridge. The main road leading into the asylum from Raleigh crossed the bridge, and in the mid-1890s, inspectors discovered that it was unsafe" (O'Rorke 40). Patient "graded and macadamized the entrance road, and patients cut down and graded the unsightly hill near the bridge" ("Dix Hill" 8:9).

The manipulation and management of natural resources, and in particular, resources that impacted the natural water elements on the Dix Park site are not unique to the 1800s and early or mid-1900s. Rather, engineering the land and water has been continuous. In 2004, a property study of the Dorothea Dix campus evaluated transportation projects underway or planned during that period and their impact on the site. One project, which was eventually implemented, was the "realignment and expansion of Western Boulevard," turning the road into a "four lane divided road along the northern edge of the campus, further separating the Boylan Heights district from the campus" ("Dix Property Study Location" 02-16). Not only did the expansion disrupt connectivity between the neighborhood and the grounds, it also required "the relocation of Rocky Branch Creek" ("Dix Property Study Location" 02-16), once and for all, engineering the water feature nearly out of existence.

Infrastructure as a landscape layer is emphasized within this report to draw attention to the complexities that come with providing for intensive human use of a site. With the master planning effort, an opportunity exists to consider the role of water on the site with a long view—one that takes into account the history of the hospital and its original context within the period of picturesque landscapes and, at the time, the progressive therapy that viewed nature having the capacity to heal.

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