

**A Brief History of the  
Longleaf Neuro-Medical Treatment Center  
Wilson, North Carolina**

When the Eastern North Carolina Hospital admitted its first patients on January 15, 1943, it was primarily concerned with the diagnosis and treatment of tuberculosis. Known then as Eastern North Carolina Sanatorium, it was the third of four units opened as part of the North Carolina Sanatorium System for the treatment of tuberculosis.

"Consumption" or "the White Plague", as tuberculosis was called in early writings, was epidemic after the Civil War. Many private and some county owned sanatoria sprang up after 1875 to treat this disease, that as late as 1905 was killing 200 people per 100,000 population. With the encouragement of the newly formed North Carolina Tuberculosis and Respiratory Disease Association, the North Carolina Medical Society and the North Carolina Board of Health, in 1907 the North Carolina General Assembly was persuaded to vote \$15,000 for building and \$5,000 for maintenance of a sanatorium on an isolated sandhills site between Aberdeen and Raeford in Hoke County. Through heroic efforts of many physicians and other concerned citizens, this thirty bed sanatorium, later known as McCain (in honor of Dr. P. P. McCain), admitted its first patients in 1909 and developed into the nucleus of a state owned and operated sanatorium system with almost 2,000 beds for patient care. Western North Carolina Sanatorium near Black Mountain, North Carolina, was authorized by the 1935 North Carolina General Assembly and admitted its first patients in 1937.

In 1939, when the North Carolina General Assembly authorized \$600,000 to build Eastern North Carolina Sanatorium, Governor Hoey's site search committee of 1939 found many eastern North Carolina communities wanted this regional facility. Isolation from a population center was not demanded as had been the case at McCain. Concerned citizens of Wilson collected and offered \$20,000 to the Sanatorium Board of Directors to purchase 100 acres of land. The State of North Carolina purchased 25 more acres and construction was begun in Wilson during the summer of 1941. Plans were to open the sanatorium in October, 1942, but the United States' entry into World War II in December, 1941, created many delays. Not only were building materials and hospital equipment in critically short supply, but it was thought for several weeks that the facility would be needed for armed forces' use. Professional staff and support personnel were extremely hard to obtain. Under the leadership of Dr. Herman F. Easom, Associate Superintendent and Medical Director, the difficulties were overcome and patients were admitted on January 15, 1943.

Two patient units of 100 beds each, an administrative and service unit and a heating plant and laundry unit were opened first. The need was great. Dr. McCain reported that approximately one percent of all men examined for Army and Navy services "are being rejected on account of tuberculosis and approximately one-half of those rejected have active disease and need treatment". It is not surprising, then, that between 1945 and 1955 a building program was begun to enlarge all three existing state owned sanatoriums and to create a fourth, Gravely Sanatorium. (Gravely was transferred to North Carolina Memorial Hospital in 1975.) Eastern North Carolina Sanatorium opened the C. Wayland Spruill Wing in 1953 and the W. Kerr Scott Wing in 1954 to bring its bed capacity to more than 500.

Like its sister sanatoria, Eastern participated in a vigorous case finding program which included assistance to the majority of Eastern North Carolina county health departments. Sanatorium physicians held regular outpatient clinics in the several county health department offices as well as in the sanatorium. Follow-up of treated cases was emphasized.

This discovery and beginning wide use of several anti-tuberculosis medications were of prime importance, along with surgical and medical procedures, in reducing the length of hospitalization needed

as well as reducing the rate of deaths to a remarkable low of 2.8 per 100,000 population in 1968. Today the rate is 1.5 per 100,000 population with a greatly reduced length of hospital stay. Whereas patients faced months and possibly years of hospitalization before and after World War II, the average stay is now reduced to a few weeks.

Public health legislation requiring close supervision or hospitalization of persons with infectious diseases like tuberculosis has helped prevent recalcitrant, irresponsible or incompetent persons from spreading tuberculosis.

In 1973, the health care needs being met by Eastern North Carolina Hospital became diversified. Medical specialists recognized the increasing need for treatment of pulmonary diseases other than tuberculosis and bed space was available along with trained staff in the specialty hospitals. Their recommendation that the North Carolina Sanatorium System be further developed and expanded - even the name changed from "Sanatoria" to "Specialty Hospitals" - to treat all chronic chest diseases was approved by the 1973 North Carolina General Assembly. Funds to improve, air condition and provide modern services and equipment for diagnosis and treatment of chest diseases were approved and put into use between 1970 and 1975.

Eastern North Carolina Hospital then became one of the three state owned and operated regional specialty hospitals for the diagnosis and treatment of chronic diseases, especially chest or pulmonary conditions. Eastern North Carolina Hospital served the thirty-three eastern counties of North Carolina or 1.3 million citizens. It operated a full time outpatient chest clinic within the hospital. Reduced stay reduced the bed complement permitting additional space for expanded modern services and equipment such as a Respiratory Care Unit and Cardio-Pulmonary Laboratory. The medical staff traveled to eighteen county or area health department chest clinics on a regular basis. The hospital operated under the direction of the Division of Health Services of the North Carolina Department of Human Resources.

In October 1978 Dr. Sarah T. Morrow, Secretary of the NC Department of Human Resources, announced that the Division of Mental Health, Mental Retardation Services would use Eastern Hospital as a nursing facility for geriatric patients who were currently being cared for at the State's psychiatric hospitals. There were many older patients who needed nursing care but who did not need the specialized services and treatment of a psychiatric hospital. Private facility operators contacted in the state indicated that they could not provide the necessary care for these particular individuals.

At that time, the hospital was renamed the North Carolina Special Care Center. In 1997 the Center added a specialized forty-bed unit for the care and treatment of Alzheimer's Disease and related dementias.

In 2007, the NC General Assembly changed the name of the North Carolina Special Care Center to Longleaf Neuro-Medical Treatment Center.