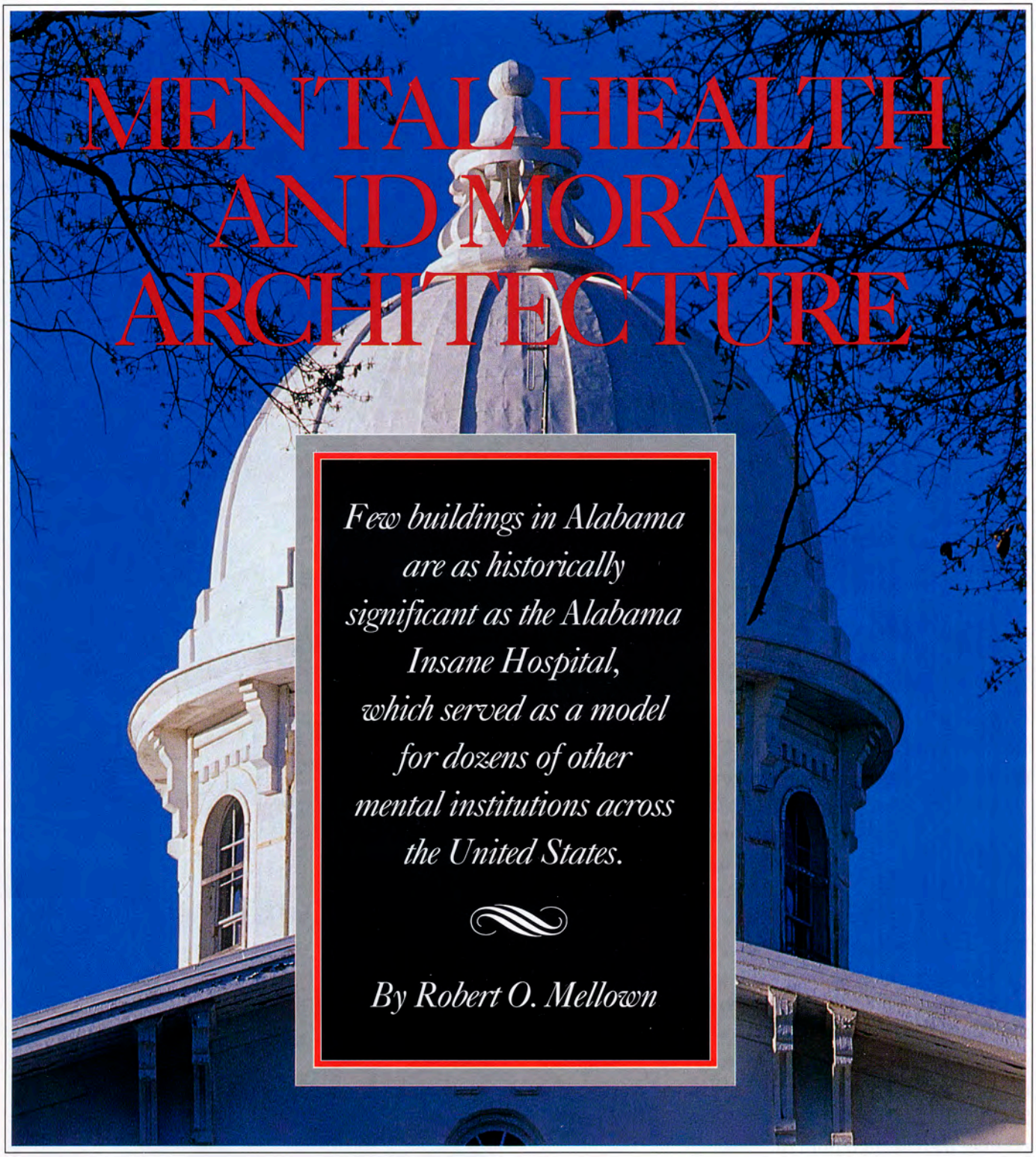
MENTAL HEALTH AND MORAL ARCHITECTURE



Few buildings in Alabama are as historically significant as the Alabama Insane Hospital, which served as a model for dozens of other mental institutions across the United States.

By Robert O. Mellown

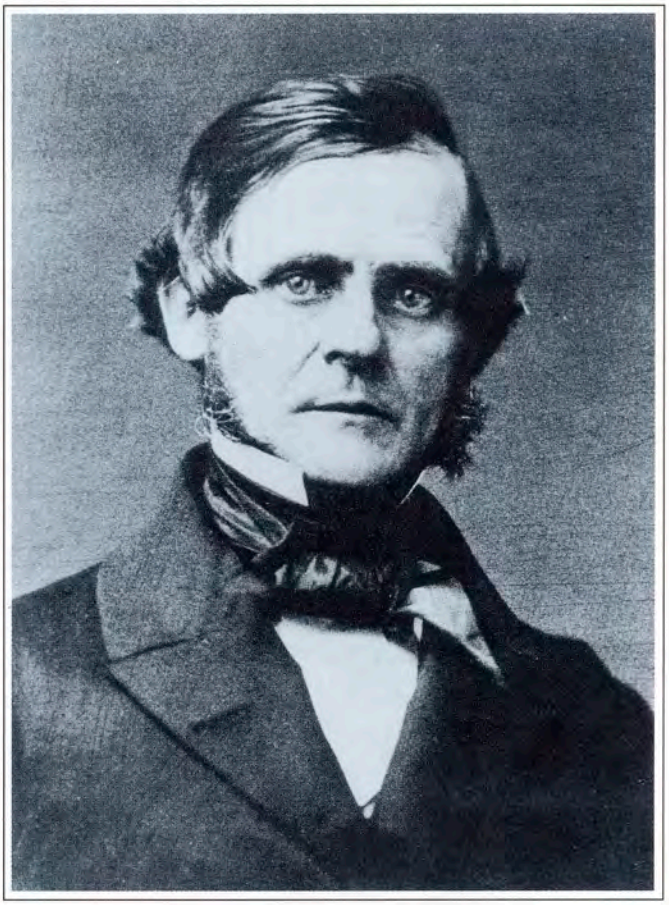
BRYCE HOSPITAL in Tuscaloosa, formerly known as the Alabama Insane Hospital, is one of the most historic and architecturally significant public institutions in the state. Established in 1852, at the height of the psychiatric reform movement known as "moral treatment," the hospital was among the first mental facilities in the country to employ architectural design and a pastoral setting as essential components in the treatment of mental illness. So impressed was the American psychiatric community with the facilities of the Alabama Insane Hospital that the building became a model for dozens of mental institutions erected across the United States over the next forty years.

THE FIRST FACILITY in America designed to treat mentally disturbed patients (as opposed to simply incarcerating them) was the Pennsylvania Hospital, founded in 1750 by Pennsylvania Quakers. Built primarily for the physically sick but containing provisions for lunatics, the hospital offered "treatment" that seems bizarre and cruel by today's standards. Insane patients of both sexes were confined to the cellar, where they were chained by the waist or ankles to the walls of cells about ten feet square. These dungeon-like rooms opened into a long corridor where slots in the doors permitted keepers to pass food to the unfortunate inmates inside. The same openings also provided a safe view of the inmates to curious townspeople who flocked to the hospital for amusement.

The linear Kirkbride plan was first tested in the construction of the New Jersey State Lunatic Asylum in Trenton.

In an effort to cure mentally ill patients—something few other physicians were attempting—Dr. Benjamin Rush, the hospital's chief physician, devised a therapeutic regimen known as the "heroic treatment," which called for copious bloodletting, drastic purges, and powerful emetics. Applied to both sick and insane patients, Rush's treatment, not surprisingly, rendered patients much quieter and more docile. Although his therapy may have been misguided, Rush did make progress in other areas. He rejected the idea, popular for centuries, that insane patients were insensitive to heat or cold, and, due largely to his efforts, the hospital's mentally ill patients were removed in 1796 from the unheated and unventilated hospital basement to a new wing. (Unfortunately, the belief that lunatics were insensitive to temperature fluctuations remained popular with laymen until the 1840s.)

Other mental hospitals, most of them state funded, opened in America in the late eighteenth and early nineteenth centuries; however, these institutions, like their predecessors, were designed for incarceration rather than cure. For innovation in mental health treatment during this period, one had to look abroad, particularly to York, England, where William Tuke operated an establishment for the mentally ill known as the Retreat. Interestingly, Tuke was a businessman, not a doctor, and the Retreat, founded in 1792, was not a public medical establishment but a private Quaker hospital where the setting itself—the milieu—was the principal treatment. Tuke was not averse to physical treatments *per se*, but he realized that popular therapies such as bloodletting, purging, blistering, and so on, seemed to provide little, if any, lasting beneficial effects on mental patients. Treatment at the Retreat consisted of a setting modeled after the family structure, where patients were treated much like children. In Tuke's view, the structure of one's life and physical surroundings played a vital role in one's mental well-being. He also believed that the insane still possessed sufficient reason to respond to humane treatment and that they were capable of regaining self-control and dignity. If treatment



Opposite: *Thomas Story Kirkbride (1809-1883), a leading proponent of moral treatment for the insane, influenced the architectural plans for the Alabama Insane Hospital. (Courtesy Historic Archives, Institute of the Pennsylvania Hospital)* ***Above:*** *Kirkbride's interpretation of moral architecture was first tested in the construction of the New Jersey State Lunatic Asylum, Trenton, in 1845.*

began early enough, preferably at the onset of the illness, recovery was even possible.

The Retreat itself consisted of eleven acres, containing fruit and vegetable gardens, as well as flower gardens interspersed with gravel walks "sheltered from the intrusive eye of the passer-by." Behind the main building and enclosed by eight-foot walls were separate airing courts for patients. Each court contained tame animals such as rabbits, seagulls, hawks, and poultry for the amusement of the inmates. Tuke remarked that contact with these creatures "sometimes tends to awaken the social and benevolent feelings" of the patients.

From the exterior, the Retreat appeared to be a conventional-looking late-eighteenth-century building, but inside Tuke had gone to great lengths to make the patients' rooms and the halls light and airy and to afford patients pleasant views of the grounds. Rooms for the more violent patients contained roughly three-foot-square windows located six or seven feet from the floor, but Tuke later decided that high windows were unnecessary, and he recommended that other institutions install windows closer to the floor so that even the sickest patients could view the surrounding countryside.

News of the Retreat's innovative approach to mental illness slowly made its way to America, but not until after 1831, when Tuke's grandson Samuel published a *Description of the Retreat, an Institute Near York for Insane Persons,* did American institutions begin to adopt some of William Tuke's progressive ideas regarding asylum design and management.

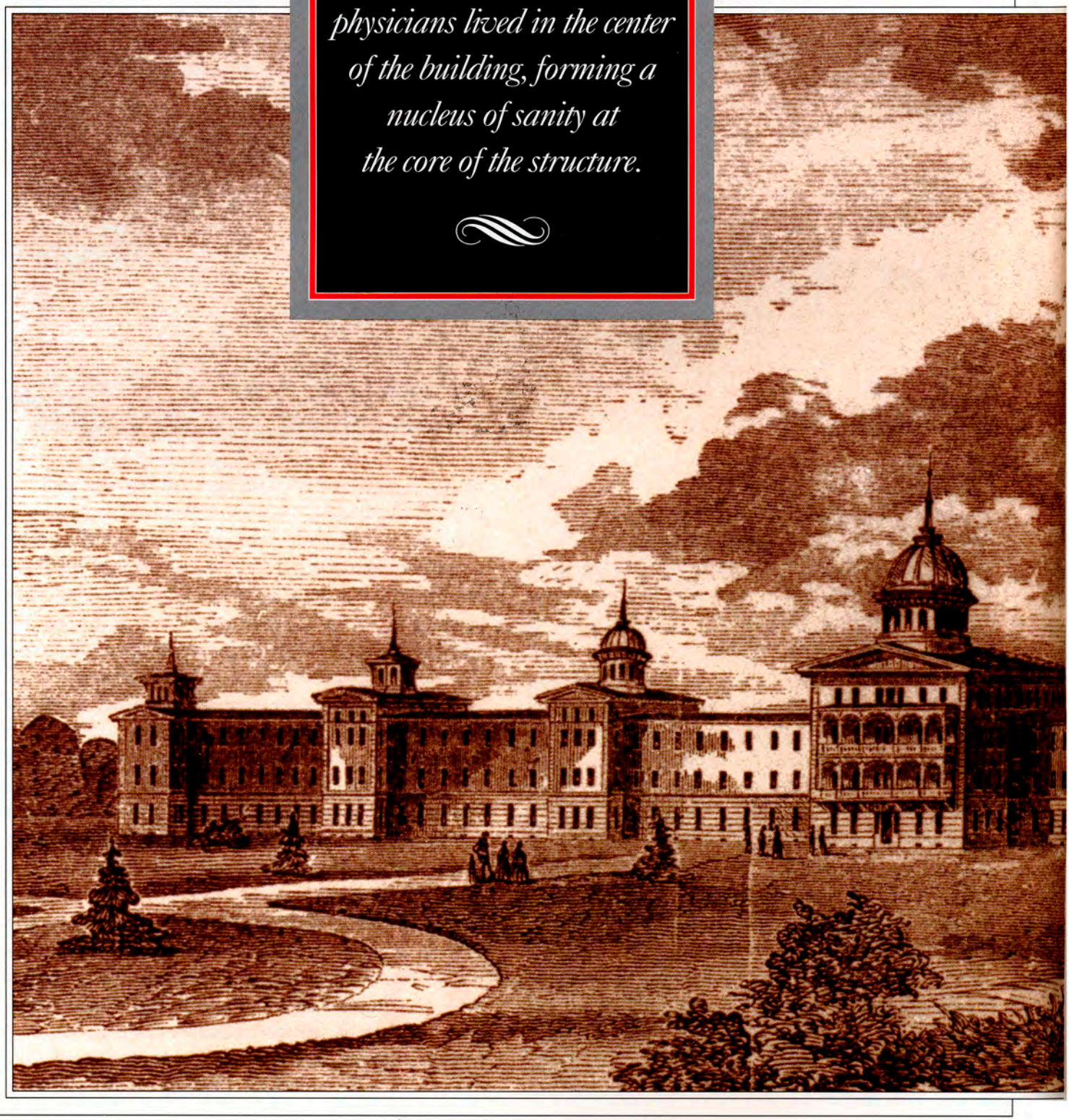
BEGINNING IN THE 1830s, as the movement to construct state mental hospitals in the United States got underway, medical superintendents of the older, more established institutions felt the need to form a national organization to address issues of common concern. Thus, in 1844, the Association of Medical

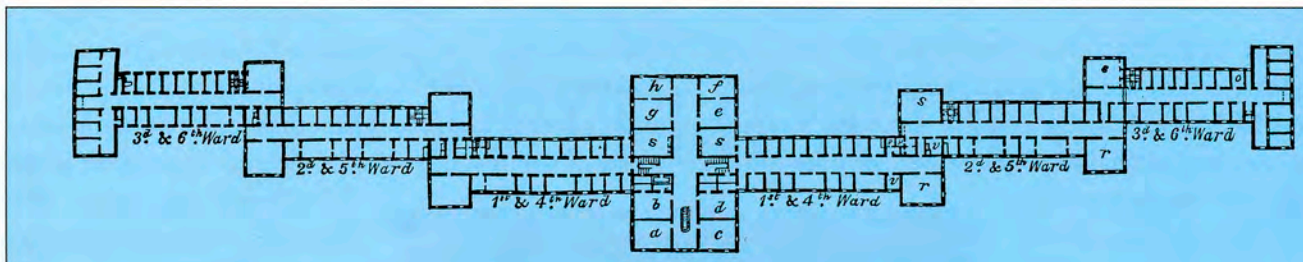
Superintendents of American Institutions for the Insane (AMSAII) was formed. This organization (now the American Psychiatric Association) was the first national medical society created in the United States.

One of the organization's leading members was Dr. Thomas Story Kirkbride, su-

The linear Kirkbride plan, illustrated in this 1852 engraving (below) and floor plan (opposite) of the Alabama Insane Hospital, emphasized architectural design, an ordered environment, and pastoral setting in the treatment of mental illness. (All photographs courtesy Heritage Commission of Tuscaloosa County unless otherwise noted)

The superintendent, matron, steward, and attending physicians lived in the center of the building, forming a nucleus of sanity at the core of the structure.




3d & 6th Ward
2d & 5th Ward
1st & 4th Ward
1st & 4th Ward
2d & 5th Ward
3d & 6th Ward

perintendent of the private Pennsylvania Hospital for the Insane in Philadelphia. Kirkbride, who had long been interested in the physical environment of hospitals and had travelled the country studying hospital design, was named chairman of an AMSAII committee charged with recommending a model plan for an asylum. Utilizing Kirkbride's extensive research on the best features of existing hospitals, the committee created a logical, coherent design that expressed in concrete form the current philosophy of moral treatment.

In 1845 the linear Kirkbride plan, as it eventually became known, was first put to the test in the construction of the New Jersey State Lunatic Asylum in Trenton. Construction of this hospital marked a milestone in the history of nineteenth-century psychiatry, for it brought together Kirkbride, the leading proponent for moral treatment, and Dorothea Dix, the great crusader for humane treatment of the insane. Despite heated opposition in the New Jersey legislature, Miss Dix had persuaded parsimonious legislators to provide funds for the construction of the hospital. This remarkable woman, who had spent over ten years championing the cause of the mentally ill, had at last achieved success. Later she said she considered the Trenton hospital her "first-born child."

Physicians paid careful attention to the elimination of stenches or "miasmas" which were thought to carry contagious diseases.

Kirkbride and Dix proved to be kindred spirits, and the erection of the Trenton hospital marked the beginning of the most productive periods of both their careers. In the late 1840s, armed with facts and figures and a first-rate modern hospital design which she could recommend to state legislatures, Dix made trips to Maryland, Virginia, the District of Columbia, Kentucky, Tennessee, South Carolina, Georgia, Alabama, Mississippi, Texas, and even the California territory. All of these regions eventually responded to her visits by erecting insane hospitals—usually designed according to the linear Kirkbride plan.

Less than adequate state appropriations, however, had enabled the New Jersey building committee to construct only an abbreviated linear Kirkbride plan hospital. Kirkbride's ideal facility would not achieve its full expression until 1852, when Alabama became the first state to appropriate sufficient funds to construct such an expensive hospital in one building phase. Dorothea Dix, of course, played a leading role in obtaining the appropriation. In 1849 her dramatic and convincing testimonial describing the plight of the mentally ill was read to the general assembly in Montgomery:

I have seen hundreds of patients restored to their health and returned to the enjoyment and blessing of domestic life; and I have seen thousands living in misery, wearing life slowly out in dungeons, in cells, in pens, in barns and outhouses, exposed to every variation of weather, filthy and neglected, abandoned

Patients at Bryce Hospital, 1916, brush their teeth under the watchful eye of a nurse. Hygiene was an important consideration at the hospital.