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NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-900

USDI/NPS NRHP Registration Form (Rev. 8-86)

OMB No. 1024-0018

United States Department of the Interior, National Park Service

National Register of Historic Places Registration Form

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1. NAME OF PROPERTY

Historic Name: Alabama Insane Hospital

Other Name/Site Number: Bryce Hospital

2. LOCATION

Street & Number: 200 University Boulevard

Not for publication:

City/Town: Tuscaloosa

Vicinity:

State: AL

County: Tuscaloosa

Code:

Zip Code: 35401

3. CLASSIFICATION

Ownership of Property

Private: ___

Public-Local: ___

Public-State:

Public-Federal: ___

Category of Property

Building(s):

District:

Site:

Structure:

Object:

Number of Resources within Property

Contributing

8

1

1

1

11

Noncontributing

11 buildings

 sites

1 structures

 objects

12 Total

Number of Contributing Resources Previously Listed in the National Register: 1

Name of Related Multiple Property Listing:

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4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ___ meets ___ does not meet the National Register Criteria.

Signature of Certifying Official

Date

State or Federal Agency and Bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of Commenting or Other Official

Date

State or Federal Agency and Bureau

5. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is:

- Entered in the National Register
- Determined eligible for the National Register
- Determined not eligible for the National Register
- Removed from the National Register
- Other (explain):

Signature of Keeper

Date of Action

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6. FUNCTION OR USE

Historic:	Health Care	Sub:	Hospital
Current:	Health Care	Sub:	Hospital

7. DESCRIPTION

Architectural Classification: Italianate

Materials: Brick / Wood

Foundation: Brick

Walls: Brick

Roof: Metal & Asphalt Shingles

Other:

Describe Present and Historic Physical Appearance.

As with other portions of this nomination, the following architectural descriptions draw heavily on Dr. Robert Mellown's *Bryce Hospital: Historic Structures Report*, published in 1990. Direct quotations are cited.

DESCRIPTION SUMMARY

The Alabama Insane Hospital, situated on the south bank of the Black Warrior River on the north side of Tuscaloosa, is the primary component of a 45-acre historic district at the center of a large hospital campus, known as Bryce Hospital since 1900. It was the State of Alabama's first institutional building for the care of the mentally ill, constructed 1853-1861; it has been in continuous operation for more than 140 years. The principal entrance to the facility, an avenue lined with oaks and sycamores, terminates at the main entrance to the original hospital, a long, massive building with a rectangular central section and monumental Roman Revival portico. This building was designed by master American architect, Samuel Sloan, in collaboration with Thomas Story Kirkbride, a leader of the 19th century mental health reform movement who developed a model plan for asylums. The Alabama Insane Hospital Historic District retains a remarkable degree of integrity, especially in light of its massive size, with expansive grounds and a variety of important ancillary resources constructed 1861 to 18 to support various aspects of the hospital's mental health philosophy.

CURRENT AND HISTORIC APPEARANCE

Adjacent to the University of Alabama, AIH's original 326-acre tract has dwindled to 247 acres. This NHL district includes 9 contributing buildings, one contributing object and a contributing site; there are 11 non-contributing elements, mostly on the periphery of the historic structures. The district's primary component is the original Alabama Insane Hospital (AIH) building composed of a central administrative pavilion, east and west wings, and rear (north) additions. The building is 800' long by 150' wide on average with three full stories, a slightly raised basement and a full attic. The wings flank each side of the central pavilion and include three progressively setback links that stretch east to west. Visually the building is treated as a *piano nobile*; that

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is the first floor is articulated by a belt course, while the upper main two floors are treated as a visual unit. Exterior walls were stuccoed to imitate rusticated ashlar. The central pavilion and adjacent wings remain essentially unaltered from the 1853 plan, with notable original elements such as windows, ventilation chambers, underground steam and service tunnels, and three 20,000 gallon cisterns in the attic still in place. There are several large additions to the rear of the building that are essentially separate buildings: an 1880 Rotunda, an 1872 (enlarged 1932) Amusement Hall, and 1888 Women's Dining Hall. These additions, and the original hospital building, are constructed of masonry-load bearing walls, plastered on the interior, stuccoed and scored on the exterior. They are covered by a timber-framed roof and supported by a timbered floor system that rests on a masonry foundation characterized by relieving arches. The district also includes a number of ancillary buildings and objects: the Engineer's House (1879), Piggery / Power Plant (1871, 1927), Coal Storage / Lodge (1878), Stable / Laundry (1880, 1927), an 1880s fountain, and Dr. Bryce's gravesite.

CONTRIBUTING BUILDINGS

1.	Main Entrance / Approach	Site	1861
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Within months of his appointment as superintendent Dr. Bryce began to landscape the hospital grounds. In the fall of 1861, Dr. Bryce had his workmen lay out the principle avenue and entrance to the Central pavilion. This avenue, on a north-south axis, is lined with oaks and sycamore and still forms one of the most impressive approaches to any public building in Alabama.¹ The front entrance is marked by two columns, of masonry and stuccoed. The columns are both topped with a gas lantern and have plaques with "Bryce Hospital."

Following the tradition of earlier moral therapists, Dr. Bryce strove to create a haven of natural beauty surrounding the institution to soothe the troubled minds of his patients. In 1871, Dr. Bryce recorded that the "pleasure grounds in front, embracing about twenty-five acres, have been enclosed, planted in oaks, evergreens, shrubbery, etc., and to some extent graded and otherwise improved".² The majority of these plantings have long since been replaced, though it is likely that the mature oaks, cedars and magnolias were planted in the 1870s or early 1880s. One such tree, a pistachio tree, is marked; it was planted by Ellen Bryce in 1872. The front grounds are otherwise characterized by camellia bushes, St. Augustine grass, and weeping willows.

2.	Fountain	Object	circa 1884
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This ornamental fountain is of Neoclassical design. It is located directly in front of the central pavilion in the center of the circular drive. Of hollow, cast metal, the fountain is a statue of a woman dressed in classical drapery standing in the center of a circular basin and is meant to represent, Hygeia, the Greek goddess of health.

3a.	Main Hospital Building	Building	1853
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The four-story, central pavilion, largely influenced by the Italianate style, measures 121 feet long and 62 feet wide. It has a north-south orientation, with the front entrance facing due south. The central pavilion is stuccoed and scored to imitate ashlar with a belt course just above the first floor windows. It has a five bay facade, wide

¹ Peter Bryce, Alabama Insane Hospital, Tuscaloosa, October 12, 1861, to Ellen Bryce, Columbia, South Carolina, photocopy, Alabama Bryce Insane Hospital Col., Special Col., Gorgas Library, University of Alabama, Tuscaloosa.

² 1872 Annual Report, 48-49.

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eaves supported by paired brackets and a large domed lantern. The roof is front-facing, gabled and covered by metal. Window fenestration is as follows: framed, square, six-over-six windows on the first and fourth floors; framed, arched, six-over-six windows on the second floor, and framed, segmental arched, six-over-one windows on the third.

In 1884, a classical portico replaced the original double, cast iron portico. This three-story, Roman Revival portico features four columns in the Tuscan order that sit on pedestals that are one full floor, therefore the actual columns are two full stories. The pedestal has a raised cross on a panel inset within the die. The frieze above the columns has simple sunken rectangular panels and all three floors have balustrades.

The portico provides cover to the five bay facade of the main entrance, characterized by original, paneled double doors with a transom and eight-pane sidelights. On the first floor, there are two windows to each side of the double doors: rectangular, six-over-six and framed. On the second floor, the central bay features a triple window unit. These windows are arched, framed, nine-over-six with jib doors. Two similar windows are on either side of the triple unit. On the third floor, the triple window unit has segmental arches and are framed. The upper sash is characterized by colored glass while the lower sash has a single pane of glass over jib doors. The two windows opposite the triple window set are six over ones, also with jib doors, have segmental arches and are framed. The ceiling over the porch features light coffering and the portico has a raked roof accessible from the fourth floor. The central pavilion also features a dome characterized by framed, arched-windows with a crowning dentil band and solitary brackets. It provided ventilation control and is accessible through the attic.

The central pavilion was the administrative center of the hospital, which consisted of offices, public visiting rooms, the superintendent's quarters, a chapel, staff kitchens and dining rooms, and four patient dining rooms for the least afflicted. Original room configurations remain evident and the interior of the central pavilion is spacious in proportion. It is bisected by two sixteen-foot wide hallways that run north-south and east-west and that intersect in the center of the building. The most significant architectural feature on the first floor of the central pavilion is a cast-iron staircase that ascends to the second floor. In the southern portion of the hallway, it was originally located closer to the front door, but was moved deeper into the hall in the mid 1970s to accommodate changes made on the floor above. This massive iron staircase weighed 13,000 pounds and cost 1,300 in 1855.³

The north-south hallway runs the entire length of the building, however, the addition of the Rotunda in 1888, altered the rear exit. In 1899-1900, parts of the wings were cut away from the central pavilion for added fire protection leaving only the cross halls on the second floors to connect the east and west wings. Four rooms, two on each side of the hallway, are located in the southern portion of the building. This plan is repeated on all four floors. On average, the four rooms are 20' wide and 21' feet deep. Two interior chimneys create a fireplace for each room, also repeated on each floor. Original doors and windows remain, as well as the plastered walls. The windows and doors are deeply recessed; wall depth is eighteen inches. Window and door trim has six-inch trim. The floors have been carpeted on the first and second floors, though the hardwood is still beneath the carpet. The original, wide heart pine flooring remains uncovered on the third and fourth floors. Throughout, the chambers for the original dumbwaiters, water closets, and storerooms are still discernible and, as with the room configurations, repeat themselves in the same place on all four floors. The patient receiving rooms on the first floor and patient dining rooms on the second and third floor were designed with doors that communicated directly with the male and female wings so that there was no need for them to enter the main halls of the central pavilion. However, these passages to the wings were destroyed when the wings were separated from the central

³ Mellow HSR 60

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pavilion in 1899-1900. Though these passageways are no longer extant, the doors to these passageways are still in place.

There are nine original rooms on the first floor. The ceiling height on the first floor is twelve feet. The southeastern corner room was a public space, or the patient's reception room. The room directly behind it was the private quarters for the hospital steward. The matron's private quarters were directly across the hall, with a dining room for the matron and steward located in the southwest corner of the central pavilion. The use of the five rooms that opened onto the northern portion of the hall are more difficult to establish, though in general it is believed that they were to be used as storage and kitchen and dining facilities for hospital staff. The two rooms on the eastern side of the north hallway were used as the worker's dining room and "storage, reading rooms, or a museum."⁴ The western side of the hallway was to contain a large storeroom with stairs leading to the basement. Beyond the storeroom, was one large room designed to serve as the hospital's main kitchen in the early years of its existence.

The second floor of the central pavilion has ten original rooms; the height of all the rooms on this floor is 16 feet. As intended, the east-west hallway connects the central pavilion to the east and west wings. The only alteration on this floor is the southern portion of the north-south hallway which has been partitioned off to create an additional office. This partition is flanked on either side by two original rooms, which used as parlors and/or a manager's rooms. The room on the east is now the Superintendent's office, though it was not used as Dr. Bryce's office. Behind these rooms were public spaces where visitors could meet with patients, with doors that communicated directly with the male and female wings.

The northern portion of this floor contains six rooms, including patient dining rooms, the business office, and, in the northeast corner, Dr. Bryce's office. Across the hall, there was an apothecary shop, library and assistant physician's office. Both Dr. Bryce's office and the assistant physician's office contain small, cast iron, corner fireplaces, which did not show up on the original plan but were probably added in 1882 after extensive remodeling of the heating system.

Historically, the second floor contained an east and west staircase. The west staircase was for the exclusive use of the Superintendent and his family whose chambers were located above. The east staircase, no longer extant, was used by the patients, staff, and visitors to reach the chapel and observation room in the dome. The staircase on the west is an original staircase with massive newel posts and handrails of walnut and turned balusters of oak and maple.

The third story of the central pavilion has six original rooms. The four large rooms to the south were the private quarters of Dr. and Mrs. Bryce. Today, this space is used as office for the legal staff and as a bedroom for medical staff that stay overnight. The entire southern portion of this floor, or Dr. Bryce's living quarters, is separated at the intersection of the cross hall by a set of six-paneled, double doors flanked by eight-paneled, glass sidelights. The southern hallway behind this partition is lit by three arched windows (with the colorful glass in the upper sash) and was probably used as a reception hall by Mrs. Bryce. The gib doors below these windows were added in 1884 after the construction of the present portico on the front of the building. This area has been altered slightly with the addition of a partition at the southern end of the hall to create additional office space. Massive cast iron mantles can still be found in the four rooms that comprise the living quarters.

To the north of the cross hall were two dining rooms for male and female patients corresponding to those on the floor below. Beyond the dining rooms, the cross hall opened into one large room that was the chapel. This room

⁴ Mellown HSR 61

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originally took up the entire northern quarter of this floor and *rose up to a height of twenty-four feet* thus taking up the space of the fourth floor as well. On the north wall, on the axis of the center hall, is a grouping of three segmentally arched windows, which corresponds to those in the front hall of Bryce's private apartment. Just as one enters the space that was supposed to be the chapel, there is a staircase to the west, which originally provided access to a balcony on the fourth floor of the central pavilion. This staircase is similar in design and construction to the one in the cross hall.

In 1894, the chapel was remodeled as a dormitory for female nurses.⁵ Today, this space has been altered even more so with the addition of partitions and tile wall coverings. Until the early 1990s, it was being used as dental facilities for the patients but remains vacant today.

The fourth floor has six original rooms. It was originally designed as additional living space for the superintendent and his family, but was never used as such. There are stairs to the attic, original and unaltered, in the northeast corner of the cross hall. The most significant alteration to this floor involves the filling-in of the chapel space. As indicated previously, the actual fourth floor space terminated approximately 17 feet from the northern wall of the central pavilion, with that space being open to the chapel below. This space was filled in 1894, creating a full fourth floor to be used as a nurse's dormitory. There are now nine rooms in this space, plastered and with simple beaded trim and two-paneled wooden doors.

3b. Wings**Building****1853-1861**

AIH has an east and west wing. The wings, like the main pavilion, are stuccoed and scored. Each wing consists of a series of three links and three pavilions; the three floors of each link are referred to as wards, therefore, each wing has eighteen wards. The wings are set "en echelon": the first link of the wings is set 36 feet north of the front façade of the central pavilion. The second link is set 36 feet north of the front facade of the first link. Likewise, the third link is set 36 feet north of the front façade of the second link.

A belt course above the first floor level and paired brackets supporting the cornice are the only exterior ornamentation. Windows are double-hung, rectangular and without ornament: they have narrow rectangular panes set in two rows of six per each sash. In certain places, the original decorative cast iron window grills are still in place; these grills were designed specifically for the AIH. On the roof, ten-foot square cupolas can be seen at regular intervals and they aid the ventilating system. There are also basement windows, which have segmental arches, are slightly below grade and surrounded by areaways.

Female patients were located in the east wing and male patients were located in the west wing. The floor plans for the three links are near identical and their measurements are as stated: 114' long and 38' wide, with 12' wide corridors. The average room size is eight feet wide and ten feet long. Each ward contains fourteen patient rooms, a dining room, activity or "day" room, a nurse's station, bath, drying room and water closet. There are eight individual rooms on the north side of each hallway and six individual rooms and one double occupancy room on the south side of each hallway. Day rooms and dining rooms are located in the pavilions of the first and second wings, where they terminate. This location afforded the patient with views of the expansive and well-landscaped grounds. The dining rooms are consistently located on the north end of the pavilion while the dayrooms are consistently located to the south. A variation to this plan occurs on the first and second wards of the links adjacent to the central pavilion. These wards have only larger rooms, or double occupancy rooms, on the south side of the hallway. On the first floor, these double rooms originally housed staff and also provided space for patient work rooms; on the second floor, the double occupancy rooms were designed specifically for

⁵ Mellown HSR 68

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lesser-afflicted patients who may have had attendants⁶. Dining rooms for patients in these wards were in the central pavilion. Another variation to the plan occurs in the third link. There, the pavilion was designed for seclusion rooms, six in all, separated by the central corridor.

Each corridor ends with a triple window unit that allows light and ventilation to the hallway. These triple window units are triple-hung and stretch the length of the walls. The sashes of the center windows each have eight panes; those flanking it have four panes each.

Plaster walls remain throughout the wards; historic doors can be found in fifteen of the eighteen wards and hardwood floors continue to exist in many of the patient rooms. The wings are vacant, with the exception of the second floor ward of the first link on both the east and west side of the central pavilion. These wards are now used as offices. Two operating rooms were added to the middle links of the main wings in the 1940s. These additions have front facing gable roofs, are three stories, and have six-over-six wooden windows. In the 1890s, due to patient population growth, the wings were added onto with additional wards to the north, east and west; however, due to the sheer expanse of the building and the maintenance required for its upkeep, these wings were demolished in the 1992. The original Kirkbride/Sloan configuration remains.

4. Rotunda/ Kitchen Building 1880

In 1880, Dr. Bryce decided to connect the central pavilion to the Boiler House /Kitchen / Amusement Hall, which was 100' further to the north. H.A. Master, a local Tuscaloosa architect was hired to design the new building. This building would expand the existing kitchen and provide space for a library and meeting place for patients active in social, musical and literary clubs.

H. A. Master designed a two-story, masonry building with a Rotunda. Construction of the Rotunda began in 1880. The building was T-shaped, with the narrower part to the north. The first floor was built on top of the underground passageway from the Boiler House/ Kitchen to the central pavilion basement. This 40' long and 55' wide space became part of the kitchen, with rooms for staff on the second floor. To the north, a smaller, 31' by 31' room formed the first floor of the Rotunda and was used for supplies. The second story contains a dramatic 31' diameter, 42' high Rotunda. The room is illuminated by six oculi located in the sides of the dome and by elaborate windows located on the east and west sides. These windows, trimmed with Italianate details, opened by means of gib doors onto the verandahs. The interior features elaborate cornices with egg and dart molding and double doors with fanlights. A wooden lantern with five small windows featuring delicate trim surmounts the domed roof. Wooden porches, which lined the stem of the T, were enclosed in the 1930's with lap siding and with ten, large six-over-six windows on the second floor.

The fanlit door on the north axis of the Rotunda opens directly onto the original low stage of the Amusement Hall. On the south axis, an identical door gives access to a hallway with doors opening to two identical rooms on each side of the hall; they continue to be used as offices. The Rotunda/Kitchen is separated from the central pavilion by a glassed in two-story breezeway. This breezeway, originally the north porch to the central pavilion, contains what would have been an exterior staircase, similar in construction to the stair in the central pavilion, to the central pavilion.

5. Boiler House / Amusement Hall Building 1861, 1872, 1932

⁶ Mellown HSR 71

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The second story of the Barn, which formed the ground story on the north side of the building, featured a twelve foot wide passage "through which loaded wagons can easily be driven, and deposit their loads into the grain bins on either side, or into the capacious bays or lofts above." This passageway is still evident today. In 1872, a wing extending from the southeast side of the barn was constructed to house a "poultry-house and piggery combined." The wing was built into the side of a hill so that a brick arcade (fifteen arches in all) opens onto the western side of the barnyard. Therefore, the west elevation of the Piggery is two stories, while the east elevation is only one story.

In 1921, the Boiler Plant was moved to this 1871 Barn. In 1954, it was greatly enlarged and its roof raised, when the heating system was converted from coal to natural gas. The 1872 southeast, wing with its hillside arcades continue to have the most integrity. This portion of the building is currently used for storage.

8. Coal Storage / Lodge **Building** **1878**

The Coal Storage facility was built in 1888. It measures 200' long and 37' wide with an additional 13' of porch space on the north. It is of masonry construction on the first floor with exposed brick. The principal façade has an arcade. Several of the arches have been enclosed with siding and double window units of six-over-six windows. The ground floor, entered through a series of arches on the south, provided "ample room for all the coal raised during the summer from our coal mine."⁸ Similar to the Piggery, the coal storage building was built into a hillside so that the arches on the south provide access to the ground floor, whereas on the north side of the building, only the second floor is accessible. The second floor consisted of a large open space under a tin mansard roof. Gable windows with six-over-six sashes penetrate the mansard roof at regular intervals and correspond with center of the arch below. One enters the north side of the building through four doors located in truncated gables. The second floor was used for the storage of fertilizers, seed and other appliances belonging to the farm and garden.

The second floor of the Coal Storage facility was used as a lodge in the 1920s for the exclusive use of African-American male patient who were exceptionally good laborers. The second floor remained one large open space. The extreme eastern and western portions of it were divided into individual rooms, some of which were used as toilets or seclusion rooms. The doors leading into the patient's rooms were the typical five-slotted variety found throughout the institution. The floors of the entire second-story ward were laid with narrow oak boards and stained a dark brown. The walls and ceilings were covered with lathing and plastered. A long screened porch was added to the north side. The staircase features delicate beaded trim on the newel post and bracket beneath the tread.

9. Stable /Laundry **Building** **1880, 1927**

Constructed in 1880, the stable is a five-bay, two-story masonry structure with a gable roof. In its current configuration, it measures approx 100' wide and 200' long, with an east-west orientation. The brick is painted on the front and sides of the building, but remains bare on the north façade. It has six-over-six, segmentally arched windows. In 1927, the stable was significantly remodeled in order to house the laundry. Until the 1920s, the laundry had been housed in a nearby masonry structure, constructed in 1871 (now demolished). A two-story, shed roof extension was added to the south façade; this extension is constructed of shiplap siding with exposed brick columns at regular intervals. It runs the length of the building. Between the columns, there are double window units with six-over-six windows. Another shed roof extension can be found on the northeast corner of the building, same construction methods, but it does not run the full length of the building. In 1962,

⁸ 1908 Annual Report, 25.

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Red brick, three story, three-bay, tin-covered hip roof with twelve-over-twelve steel windows.

- | | | | |
|-----|---|------------------|-------------------|
| 7. | Round House | Structure | circa 1910 |
| | Circular tin structure used for storage. | | |
| 8. | Automotive Shop | Building | 1960 |
| | One room, unfinished cinderblock construction, single bay, with asphalt-shingled roof. | | |
| 9. | Plumbing Shop | Building | 1932 |
| | One-story, red brick, fifteen bay, rectangular double pile building with dilapidated shingle roof. | | |
| 10. | New Laundry | Building | 1940 |
| | Red brick, rectangular building with steel, six-over-six windows and tin-covered gable roof. | | |
| 11. | #226 / Storage | Building | 1961 |
| | Square, unpainted cinderblock outbuilding. | | |
| 12. | Warehouse | Building | 1939 |
| | Three-story, rectangular, red brick building with flat roof and narrow twelve-over-twelve paned sashes. | | |

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8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:
Nationally: X Statewide: Locally:

Applicable National Register Criteria: A B ✓ C ✓ D

Criteria Considerations (Exceptions): A B C D E F G

NHL Criteria: 2 & 4

NHL Theme(s): Expressing Cultural Values
 Architecture, Landscape Architecture

Areas of Significance: Architecture, Health / Medicine, Landscape Architecture

Period(s) of Significance: 1853 - 1892

Significant Dates: 1853 - 1892

Significant Person(s): Dr. Peter Bryce

Cultural Affiliation: N/A

Architect/Builder: Samuel Sloan, John Stewart

Historic Contexts: Special Study, Architecture

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State Significance of Property, and Justify Criteria, Criteria Considerations, and Areas and Periods of Significance Noted Above.

The Alabama Insane Hospital, now known as Bryce Hospital, is a significant public institution in the state, both for its architectural merit and historical contribution. The main building was designed and constructed at the height of mental health care reform in the United States – a reform which called for the “moral treatment” of the mentally ill. Within the tenets of moral treatment, three distinct components comprised an ideal mental health hospital. These were the location of the hospital, the architecture of the main building, and a committed superintendent. Beginning with its establishment and under the supervision of its first superintendent, Dr. Peter Bryce, the Alabama Insane Hospital [AIH] conformed to these three criteria and exemplified moral treatment care at an ideal mental health facility.

The formation of the Alabama Insane Hospital, the generous financial appropriation for its construction, and choice of location on the Black Warrior River just west of Tuscaloosa can be attributed to the Alabama Legislature. These attributes were to the hospital’s survival, success, and treatment of patients. The main building of the AIH campus is a linear plan building designed explicitly for the purposes of caring for the mentally ill according to the specifications of Dr. Thomas Kirkbride, the expert and leader of the moral treatment reform in the United States. Philadelphia-based architect Samuel Sloan and his partner John Stewart were responsible for the design and construction of the main hospital building. The AIH was the first of 32 Kirkbride/Sloan collaborations for mental health hospitals. It was the fifth linear-planned Kirkbride hospital commissioned and is the most intact and oldest surviving example today; therefore, the main building of the AIH campus is nationally significant for its architecture. Dr. Peter Bryce, AIH’s first superintendent, further embodied the tenets of moral treatment during his tenure (1861-1892) at the hospital and should be considered a nationally significant figure. The period of significance (1853-1892) for this NHL nomination reflects the construction of the hospital and Dr. Bryce’s tenure as superintendent until his death in 1892. The boundary for this nomination extends beyond the main building to include outbuildings and the open space of the AIH campus. The location and site plan of the hospital allowed the functions of the hospital to be carried out as dictated by moral treatment care.

Introduction to Moral Treatment

The extremely influential philosophy of “moral treatment” of the mentally ill was developed in the second half of the eighteenth century by Phillipe Pinel in France, Vincenzo Chiarugi in Italy, and William Tuke in England. Treatment was based on the principles of humane care, education, and a minimum of restraint. These European reformers contested the prevalent “wild beast” theory of insanity which held that lunacy resulted from an individual’s submission to his lower animal instincts. At that time it was generally thought that such lunatics could only be returned to their senses by severe treatment and the infliction of pain. Consequently, dungeons, damp cellars, or worse, were considered suitable “madhouses” since the mentally ill were regarded as beasts that were presumably insensitive to their surroundings.⁹ A product of the Enlightenment, moral treatment rejected these ideas and insisted that reason could be restored to many insane patients through humane treatment and careful attention to the milieu which not only included the social context, but the architecture and environment as well.

In the early nineteenth century American alienists were particularly influenced by the Quaker, William Tuke, and his famous Retreat located near York, England.¹⁰ There were three main components to the success of this

⁹ James T. Barter and Patricia A. Marshall, “The Public Mental Hospital,” *Modern Hospital Psychiatry*, ed. By John R. Lion, Wolfe N. Adler, and William L. Webb (New York: Norton: 1988), 22.

¹⁰ Norman Dain, *Disordered Minds. The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-*

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hospital and its moral treatment. These components were the landscape or site upon which the hospital was situated, the architecture of the main hospital building, and the hospital's main physician, William Tuke. In the mid-nineteenth century, these main components would become the basis of Dr. Kirkbride's treatise, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, and therefore inherent to the design of US hospitals.

The Retreat was situated on an eleven-acre farm that grew its own fruit and vegetables. The hospital building was essentially a late eighteenth-century linear plan hospital with a center block and flanking wings.¹¹ An innovative subtlety to the design, the recessed wings were necessary to provide adequate light and ventilation to the long central corridors.¹² Tuke believed that the insane still possessed sufficient reason to respond to kind and humane treatment and that they were still capable of regaining self-control, dignity and self-restraint.¹³ As the superintendent, it was Tuke's responsibility to be the leader and model for the humane treatment of the mentally ill.

Moral Treatment and the US

In the United States, Tuke's York Retreat directly influenced the Philadelphia Quaker hospital, Friends Hospital, also an NHL-designated property. Though Friends Hospital first admitted patients in 1817, the widespread impact of Tuke's Retreat and his philosophy of moral treatment were not felt in the United States until Dr. Thomas Kirkbride and the Association of Medical Superintendents of American Institutions for the Insane (AMSAII) began to explore what exactly constituted a model asylum. In 1842, Dr. Thomas Kirkbride was named chairman of the AMSAII committee charged with recommending a model plan for an asylum. Dr. Kirkbride's extensive research on the best features of existing hospitals resulted in logical, coherent recommendations for a hospital design that expressed in concrete form the current philosophy of moral treatment.¹⁴ Dr. Kirkbride's conclusions, as derived from the beliefs of moral treatment, were clear: a rationally planned building surrounded by a serene and beautiful landscape enhanced the possibility that a mentally deranged patient might return to a calm and rational state.¹⁵ Dr. Kirkbride enlisted the assistance of the leading mid-nineteenth century architect Samuel Sloan to finalize the hospital design. Reflective of Tuke's Retreat, a central domed pavilion, with flanking wings *en echelon*, were to become the hallmarks of the linear Kirkbride plan.

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.¹⁶ Unfortunately, the cost of building such a large structure was so great, that its design was modified. Kirkbride, himself, was disappointed and later remarked, "Convenient, as most of the arrangements of that institution have been found to be, it is to be regretted that various modifications were made in the details of the original plan, which although diminishing its cost, impaired its completeness, and the want of the last ranges of wings, --which are now in the progress of

1866 (Williamsburg, Colonial Williamsburg Foundation, 1971), 38

¹¹ Samuel Tuke, *Description of the Retreat: An Institution Near York for Insane Persons of the Society of Friends containing An Account of Its Origins and Progress, the Modes of Treatment, and a Statement of Cases* (New York, 1813), 94-96.

¹² *Ibid.*, 96.

¹³ *Ibid.*, 99.

⁴ Winfred Overholser, "The Founding and Founders of the Association," *One Hundred Years of American Psychiatry* (New York: Columbia Univ. Press, 1944), 52.

¹⁵ Robert O. Mellown, "Mental Health and Moral Architecture," *Alabama Heritage* (Tuscaloosa: Spring 1994), 12.

¹⁶ The plans for and an illustration of the Trenton building may be found in: H.A. Buttolph, "Historical and Descriptive Account of the New Jersey State Lunatic Asylum at Trenton," *American Journal of Insanity* (July, 1849), VI, 3.

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rection—has always proved a serious interference with the comfort of its patients.”¹⁷ Today, the New Jersey State Lunatic Asylum has been greatly modified with the demolition of the central pavilion.

The Alabama Insane Hospital

Kirkbride’s ideal facility did not achieve its full expression until 1852, when Alabama became the first state in the Union to appropriate sufficient funds to construct such an expensive hospital in one building phase.¹⁸ The Alabama Insane Hospital was the fifth such hospital commissioned to use Kirkbride’s prototype. Strong support for the hospital came from the doctors of the state. In 1847, the Medical Association of the State of Alabama was formed and one of their first missions was to pass a resolution favoring the establishment of a mental health hospital.¹⁹ This association spent the next few years lobbying the Alabama legislature for that resolution. Their lobbying efforts were greatly enhanced by the influence of Dorothea Dix, who at the time was initiating reforms throughout the United States for the care of the mentally ill. In 1849, Ms. Dix delivered a dramatic and convincing testimonial describing the plight of the mentally ill 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 of friends, cared for with less consideration than even the oxen in the stall, or the swine in the sty; melancholy monuments of the imperfections with which society discharges its social and moral obligations.*²⁰

While Alabama was not the only state to react to the urgings of Dorothea Dix, it was one of the first states, particularly in the Southeast, to commission the construction of an “ideal” mental health hospital: “Bryce Hospital [AIH] . . . was the first mental institution in the United States fully to employ in its construction the most advanced ideas of hospitalization and treatment of the insane developed by Dr. Thomas Story Kirkbride, America’s foremost nineteenth-century authority on ‘moral treatment’.”²¹ The New Orleans Medical and Surgical Journal applauded the generosity of Alabama legislators: “thus endowed, Alabama will set an example of liberality to the Southern states, which few of her sisters have equaled.”²²

The 1852 legislative act establishing the Alabama Insane Hospital was carefully written to reflect AMSAII recommendations. As with Tuke’s Retreat, AMSAII recommendations consisted of three main components: a proper site, a linear plan designed hospital and the employment of a proper superintendent. Dr. Kirkbride writes that selecting the site is the first step in this process: “When it has been determined to erect a hospital for the insane, the first object to be attended by those to whom this important duty has been delegated, is to select a suitable site for the buildings. The utmost caution should be observed in taking this step. . . for the best style of building and the most liberal organization, can never fully compensate for the loss sustained by a location.”²³

¹⁷ Thomas S. Kirkbride, M.D., On the Construction, Organization and General Arrangements of Hospitals for the Insane (Philadelphia: Lindsay & Blakiston, 1854), 35.

¹⁸ *Ibid.* Kirkbride acknowledged the significance of the Alabama building by stating, “The State hospital now being built at Tuscaloosa, Alabama, is the only one yet commenced in which all the details and the whole extent of building recommended have been adopted at the very beginning of the work.”

¹⁹ M.W. Clinton, “Dr. Peter Bryce and the Alabama Insane Hospital,” 19.

²⁰ *Ibid.*, 18; Dorothea Dix, Memorial Soliciting a State Hospital For the Insane Submitted to the Legislature of Alabama, Nov. 15, 1849 (Montgomery, 1849).

²¹ Robert O. Mellow, Bryce Hospital Historic Structures Report, (Tuscaloosa: Heritage Commission of Tuscaloosa County: 1990), vii.

²² Mellow, Historic Structures Report, 1990, 36.

²³ Kirkbride, 36.

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Dr. Kirkbride suggested that the "hospital should always be located in the country, not within less than two miles of a town of considerable size" (37). The site had to include at least one half-section of land of which at least one hundred acres were "susceptible of cultivation." The location had to be convenient to existing roads and have on the premises "a supply of never failing water of good quality."²⁴ Reflecting moral treatment therapy, the specifications stated that the site must "command cheerful views" and that the proposed building must admit the sun's rays into every apartment in the structure.

Robert Jemison, an Alabama Senator from Tuscaloosa County, saw to it that the location of the AIH confirmed to Dr. Kirkbride's recommendations. Robert Jemison influenced the location of the hospital near Tuscaloosa, a moderate-sized town in 1852. The avenue to its main entrance is exactly two miles east of the Tuscaloosa courthouse. The plateau upon which the hospital sits is just south of the Black Warrior River and a railroad ran east - west through the southern quarter of its 326 acres. E.A. Powell in his "Fifty-five Years in West Alabama," says, "Mr. Jemison left one monument that 'will be enduring as the civilization of Alabama, the Insane Hospital. To Jemison largely, more so than any other man in Alabama, is due the success of that enterprise which is certainly a source of pride to every true Alabamian.'"²⁵

The legislature also provided for a qualified physician to visit the "most approved" insane hospitals in the United States and to determine the best construction and governance plans for the proposed facility. The physician chosen for this important task naturally sought advice from AMSAII and Dr. Kirkbride, who provided him with a set of architectural plans drawn by Samuel Sloan. Sloan had worked with Kirkbride on the illustration of his ideal asylum in his pamphlet published in 1847, "Remarks on the Construction and Arrangement of Hospitals for the Insane," the precursor to the 1854 book, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*.

Samuel Sloan and his partner John Stewart were hired as the architects. The Alabama Legislature appropriated \$300,000 for the construction of the hospital. The Alabama Insane Hospital established Sloan's national reputation as the country's premier asylum architect. Sloan, in consultation with Kirkbride, a collaboration that lasted for thirty years (1852-1882), was ultimately directly involved with the construction of 32 insane hospitals.²⁶ According to his biographer, Harold N. Cooledge, these were "so similar in design that, except for the various sprinklings of stylistic detail frosting their exteriors, they differed only in size" from the Alabama building. He noted that these hospitals "were also remarkable for their innovations in mechanical equipment and fixtures most of which were invented by Kirkbride and Sloan."²⁷ These included new types of doors and windows, advanced indoor plumbing, central heating, and even an early form of air conditioning. Many of these innovative details concerned with heating, plumbing, and cooling the enormous structure are still intact.

In the 1850s, interest among the psychiatric community in the proposed Alabama hospital was so great that commissioners from other states' mental institutions asked to view the plans while Sloan was still working on the drawings. Ohio's Cleveland State Hospital and Dayton State Hospital (both now closed) thus became the first asylums to be influenced by the Alabama plan.²⁸ Scores of other hospitals were influenced when Dr. Kirkbride used the architect's plans and an elevation of the structure to illustrate his 1854 book, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*. That same year the plans also appeared in a condensed version of the book in articles in the *American Journal of Insanity*. The highly

²⁴ Mellown, "Mental Health and Moral Architecture..." 12.

²⁵ Clinton, 19.

²⁶ Harold N. Cooledge, *Samuel Sloan, Architect of Philadelphia, 1815-1884* (Philadelphia: Univ. of Pa. Press, 1986), 41.

²⁷ Harold N. Cooledge, *Samuel Sloan, Architect of Philadelphia, 1815-1884* (Philadelphia: Univ. of Pa. Press, 1986), 41-42.

²⁸ A. Lopez, "A Brief Review of That Part of the Governor's Message Relating to the Alabama Hospital for Insane Persons," (Mobile, Dec. 12, 1855), 2. Curry Pamphlets, State Archives, Montgomery.

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influential book (in both its original and revised 1880 editions) and the articles continued to be the major sources for asylum design for nearly 40 years. The 1880 edition contained the original linear plan as well as a newer "modified" linear plan that contained a number of refinements and improvements. Nevertheless, Kirkbride continued to regard the Alabama Insane Hospital plan with considerable satisfaction almost thirty years after it was implemented in Tuscaloosa. He reminded his readers that his model set of plans was first "carried out in all their details in the Alabama Hospital for the Insane, and less thoroughly, although retaining most of their essential features in many other hospitals in various parts of the United States." Kirkbride further stated that the Alabama plan had withstood the test of time and that correspondence with its superintendent had confirmed its utility.²⁹ As a consequence of Kirkbride's publications, by the end of the nineteenth century over one hundred public and private mental hospitals in North America exhibited architectural features directly traceable to the Alabama Insane Hospital.³⁰

Dr. Peter Bryce's Legacy

As the hospital building neared completion in 1860, the AIH Board of Trustees, which included several physicians also members of the Medical Association of the State of Alabama, began their search for a suitable superintendent. At this time, Dr. Peter Bryce was the assistant physician at the Babcock Asylum in Columbia, South Carolina, his birthplace. Born March 5, 1834, Peter Bryce was the son of Peter and Martha (Smith) Bryce and the grandson of William and Mary (Campbell) Bryce of Glasgow, Scotland, and of William and Mary Smith of Charleston. At the age of 17, on January 1, 1852, he entered the South Carolina Military Academy (the Citadel) at Charleston. Following his time at the Citadel, he pursued medical training at the Medical Department of the University of New York, receiving his Doctor of Medicine, March 3, 1859. Dr. Bryce further distinguished himself by receiving the Metcalfe prize for the best record in the clinic. Upon graduation, Dr. Bryce accepted a position as assistant physician at the Insane Hospital of New Jersey. A short time later he transferred to the mental hospital at Columbia, South Carolina, as first assistant physician. In a letter dated December 30, 1859, he sent his formal application for the AIH Superintendent position. On July 6, 1860, the trustees unanimously elected Dr. Bryce superintendent. They had one prerequisite: Dr. Bryce, then age 26, be married. After a brief trip to Alabama in 1860, following his election as superintendent, Dr. Bryce married Miss Ellen Clarkson, also a native of a prominent South Carolina family.

In 1861, Dr. Bryce began to ready the hospital for patients. From Mobile, he hired two Irishmen, John and Pat Kehoe, and an Irish nurse, Miss Ellen Barry. The first patient admitted in the summer of 1861 was a soldier from Fort Morgan. In his first report to the Board of Trustees, July, 1862, Dr. Bryce relays that there are 31 patients present, 19 men and 12 women, and six staff members.

When opened, the hospital was lacking even the rudimentary agrarian supplies, laborers and outbuildings. With the onset of the Civil War and subsequent collapse of the southern economy, the needs of AIH were great. Dr. Bryce believed that mental well-being was directly linked to physical activity: "the mental and physical forces are intimately intertwined and interdependent," and so encouraged patient involvement in the day to day operations of the hospital.³¹ Dr. Bryce's annual reports go into minute detail regarding crops, livestock, and goods the hospital produced. Male patients were expected to participate in all aspects of the hospital's farming activities: planting grains, fruits and vegetables, animal husbandry and landscaping chores. Females were kept busy with such domestic chores as weaving, sewing, cooking and food preservation. The patient's contributions to the daily operations of the hospital relieved the burden of cost to the Alabama taxpayers and kept the hospital

²⁹ Kirkbride, *On the Construction, Organization and General Arrangements of Hospitals*..., 2nd ed., 112.

³⁰ Mellown, *Bryce Hospital, Historic Structures Report*, Appendix B., "A Chronological list of Linear Kirkbride and Modified Linear Kirkbride plan hospitals in the United States and Canada."

³¹ Clinton, 40.

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float during the years of economic hardship during and following the Civil War.³² Though, there are repeated appeals to the Alabama Legislature for funding, Dr. Bryce consistently asserts that it is through the hard work of the patients that they are able to keep the doors to the hospital open. This emphasis on patient labor, and the pastoral setting of the hospital that allowed for such labor, directly reflects Kirkbride's first recommendation: choosing the proper site for the hospital is of the utmost importance. Had the AIH been located elsewhere, without the ample grounds to farm and the Black Warrior River nearby, the hospital may not have survived its early years of existence.

As the Superintendent, Dr. Bryce's role in its success did not go unnoticed. Dr. Bryce was described as a gentleman of charming manners, true politeness, a kind heart, one with charity toward the faults of others, a "regular fellow" and one of a sociable and pleasant disposition. He has also been described as a man with a fine intellect, one with ability to analyze problems, a man of commanding appearance, boundless energy, self-reliance, determination, and thrift.³³ In 1880 the board said, "It would be perhaps but natural that a superintendent whose terms of office have successively extended until they have exceeded twenty years of continuous service, should become a rountinist...year after year the members of the Board have paid their annual visits and have been surprised, on every occasion, by the sight, as it were, of another hospital -- a new and far better one than they saw in the same place the year before. . . the public's money had been used honestly and wisely."³⁴

Dr. Bryce was responsible for the addition of many outbuildings, as they were needed, to the hospital campus as well as changes to the main building. His annual reports to the Board of Trustees detail these additions and changes. In 1871, he discusses the addition of the barn: "Next in importance, and almost equal in magnitude, is the commodious and substantial barn. . . The building is of brick, seventy-five feet long by forty-five in width, and occupies an excavation upon the hillside directly in the rear of the Hospital. . ."³⁵ In 1880, Dr. Bryce reports on his much sought after Rotunda, "fitted up as a library and meeting place for select assemblies of patients, being much more suited for these purposes than the parlors of the wards heretofore used."³⁶ Furthermore, it was during Dr. Bryce's tenure, in 1884, that Sloan's original cast iron portico was replaced by the monumental, albeit vernacularized, Roman Revival one found today. Dr. Bryce designed this portico himself, attempting to enhance the monumental appearance of the hospital, while providing additional shade and porch space for his living quarters.

As patient admissions greatly increased in the 1880s, the AIH, like many other mental health hospitals of its day, had to depart from Dr. Kirkbride's ideal. It was necessary to accommodate more than 250 patients and additional wings were added to the original hospital building. These wings, designed by Dr. Bryce in the late 1880s, were compatible to the 1853-1861 building. Three-story and of masonry construction, they extended from the furthest east and west ends of the original building. In 1992, these additional wings were demolished, leaving the original footprint of the Sloan building.

The first statewide recognition of Dr. Bryce's worth and ability came in 1871 when he was elected second vice president of the Medical Association of Alabama. In 1875, he was elected first vice president and, in 1877, president. The following year he delivered the president's message. In 1882, he was orator at the Mobile meeting of the Medical Association. In the same year an Australian physician, Dr. G.A. Tucker, traveling under the auspices of the British government, visited 101 mental hospitals in the United States. He found only five

Robert O. Mellow, "Mental Health and Moral Architecture," 13-14.

³³ Clinton, 41-42.

³⁴ Clinton, 44.

³⁵ Bryce, 1871 Biennial Report to the Board of Trustees, 10. University of Alabama Archives.

³⁶ Bryce, 1879 Biennial Report to the Board of Trustees, 18. University of Alabama Archives.

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hospitals practicing the non-restraint method of treating mental patients and the Alabama Insane Hospital was one of them.³⁷ At the time of his death in 1892, Dr. Bryce was president of the American Medico-Psychological Association, vice president of the New York Medico-Legal Society, president of the Alabama Commission of Lunacy, a member of the Board of Trustees of the Medical College of Alabama, a member of the state Board of Health, and a member of the state Board of Censors.³⁸

Dr. Bryce's letters reveal a good deal of information about his habits, friends, and beliefs. His love for his wife was deep and lasting. In a letter written to her while she was visiting her family in South Carolina he addressed her as "My darling precious Nellie." In another letter he said, "You are never out of my thoughts, dear Nellie, and always earnestly remembered in my prayers." He also said, "A married man never appreciates what a slave he is until he is separated from his wife; and until he is awakened to the fact, he never dreams what a delightful thing it is to be in such state of bondage." Although Dr. Bryce, according to one of his friends, "didn't put up with much foolishness," he had in him a streak of humor. In another letter he said that two interesting incidents had occurred – Mary and Frances (patients) had had a fight and an old grimalkin had had kittens in the paper box beneath his desk. "In the former," he wrote, "they were both to blame . . . in the latter case I don't know who is culpable."³⁹ The Bryce's celebrated their Silver Wedding Anniversary on November 28, 1885, at the hospital auditorium, entertaining friends and patients in honor of the occasion.

On the morning of August 14, 1892, after months of illness, Dr. Bryce died of Bright's disease. His remains were interred on the hospital grounds. In 1929, Mrs. Bryce was buried by his side. Their graves are located in the southwest corner of the hospital lawn. The marble obelisk is engraved with the following: "Peter Bryce, M.D., March 5, 1834-August 14, 1892. For 32 years superintendent of this hospital." Under that is the inscription, "Ellen Peter – Bryce, May 22, 1841-April 1929. Married November 28, 1860." On the motion of Gov. Thomas G. Jones, the Board of Trustees requested that the Alabama Legislature incorporate Dr Bryce's name into that of the hospital. The act was passed February 8, 1893 and the name of the hospital was changed to Alabama Bryce Insane Hospital and ever since has been referred to as "Bryce Hospital." But possibly the best estimate of Dr. Bryce's work, and the simplest, was his own. About a month before his death, in a letter to his wife, Dr. Bryce wrote, "If, as I apprehend, I am approaching the close of life rapidly, I have every reason to be thankful that its course is so smooth and pleasant. Death has never had any terrors for me, especially of late years. I feel that I have done my work, and hope, without self-praise, to be permitted to say I have done it well."

Alabama Insane Hospital Compared to Current NHLs

There are ten other mental health hospitals that have NHL status. They are as follows (dates of construction in parentheses): Friends' Hospital, Pennsylvania (1817); South Carolina State Hospital, Mills Building, South Carolina (1822-1827); Utica State Hospital, New York (1837-1843); Institute of Pennsylvania Hospital / Kirkbride's Hospital, Pennsylvania (1854-1859); St. Elizabeth's, Washington, D.C. (1855-1858); New York State Inebriate Asylum, New York (1858-1866); Weston Hospital, West Virginia (1858-1878); Sheppard and Enoch Pratt Hospital and Gate House, Maryland (1860); Hudson River State Hospital, New York (1867-1872); and the Buffalo State Hospital, New York (1872-1880). The Friends' Hospital is listed as the first, private mental health hospital in the United States and though it was modeled after Tuke's Retreat in York, the predecessor to Kirkbride's plan, it lacked the formal application of moral treatment theories to its design and operation. Both the South Carolina and Utica State Hospitals were early state-supported hospitals for the mentally ill constructed in the Greek Revival style. While they are significant for their architecture, the

³⁷ Clinton, 44.

³⁸ Clinton, 45.

³⁹ Clinton, 46.

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hospitals differ from the AIH in that the architecture intended to convey the fact that the building was an institution, rather than advocate a style of treatment. The Institute of Pennsylvania Hospital Male's Department, or Kirkbride's Hospital, was built according to Kirkbride's linear plan, but was not exactly his deal. A linear plan hospital constructed the same years as the AIH, St. Elizabeth's differs in that it is a modified linear plan building and the first mental health hospital supported by the federal government.

The other hospitals are later than AIH and significant for reasons other than their association with Kirkbride, the linear plan or moral treatment. The New York State Inebriate hospital was solely for the care and treatment of alcoholics. Weston, though a modified linear plan building and a state mental health hospital, is more significant for its architecture – being the largest building of hand cut stone in the US – than its contribution to mental health care. The Sheppard and Enoch Pratt Hospitals in Maryland, though constructed during the years in which the linear plan was popular, represented a departure from that plan. The Hudson River State Hospital is significant as the first High Victorian Gothic public institution in the US; its altered, modified linear plan represented a significant departure from the Kirkbride ideal. Likewise, the Buffalo State Hospital also represented a significant departure from Kirkbride's ideal; its linear plan attempts to combine the cottage style of mental health construction with the Kirkbride plan. Ultimately, the hospital is significant because of its association with H.H. Richardson and the Romanesque style that became his trademark.

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Previous documentation on file (NPS):

- Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
- Previously Listed in the National Register.
- Previously Determined Eligible by the National Register.
- Designated a National Historic Landmark.
- Recorded by Historic American Buildings Survey: #
- Recorded by Historic American Engineering Record: #

Primary Location of Additional Data:

- State Historic Preservation Office
- Other State Agency
- Federal Agency
- Local Government
- University
- Other (Specify Repository):

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10. GEOGRAPHICAL DATA

Acreage of Property: 45

UTM References:	Zone	Eastings	Northing
	A16	449620	3675170
	B16	449620	3675360
	C16	450040	3675340
	D16	450040	3675160

Verbal Boundary Description:

From the main entrance to the hospital, travel west along Campus Drive for 800', turn due north onto the Bryce Hospital lawn and travel north-northeast for approximately 2000'. Turn east and travel east for 600'. Turn towards the south and travel south-southwest for 2200'. Turn west onto Campus drive again and travel 500' to return to the main entrance to AIH.

See USGS map for boundary of shaded area.

Boundary Justification:

This boundary is justified by its inclusion of the grounds and buildings that maintain historical integrity and fall within the period of significance of this nomination.

11. FORM PREPARED BY

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9. "He continued to remonstrate against a movement favoring restraint in the care of patients with mental illness. He reported his philosophy in the *Medico-Legal Journal* of March, 1891". Holley, *ibid*, p. 325).

Criterion (1): Significant Contributions to Broad National Patterns

According to the National Landmarks Program, "...properties that have achieved significance within the past 50 years are not eligible for designation. Such properties, however will qualify if they fall within the following categories: ... (8) A property achieving national significance within the past 50 years if it is of extraordinary national importance." This paper contends that the *Wyatt v. Stickney* federal court decision in the early 1970s was a landmark event that launched a sweeping right-to-treatment movement throughout the United States. This court-ordered agreement addressed Bryce Hospital patients' right to treatment and was subsequently adopted by federal courts throughout the United States as the basis for federal minimum standards of care in institutional settings. This movement, in turn, catalyzed the development of two major corollary social movements that spread quickly throughout the United States: (1) the massive depopulation of large state-operated psychiatric institutions (a movement that became known as "deinstitutionalization"); and (2) a conceptual shift for state governments to a philosophy of community care in the least restrictive setting. The following evidence is submitted in support of this contention.

1. "No single case so stimulated the national conscience or so changed the outlook for the involuntarily committed who, sadly, had had few advocates before". "The case of *Wyatt v. Stickney* entailed some of the most compelling issues of our time: the balance of power between the state and federal governments, the degree to which the judiciary has a right or an obligation to intervene in matters requiring high technological proficiency and careful judgment, and the legality of federal standards that require vast expenditures of local funds, shifts in local priorities, or new taxation". Greenblatt, M. "Foreword", p. x. In Jones, L.R., & Parlour, R.R. *Wyatt v. Stickney: Retrospect and Prospect*. Grune & Stratton: New York, 1981.
2. "Until *Wyatt*, federal courts had consistently declined jurisdiction in state hospital affairs". "The *Wyatt* order, with its pattern of standards for quality care--though directed at only one state hospital system and as yet untested in the U.S. Supreme Court--has become the model for court orders in other jurisdictions or has been voluntarily adopted by state mental health programs. This extraordinary widespread compliance with a local order suggests that the field was ripe for some authority to establish standards... ." Jones & Parlour, "Preface", *ibid*, p. xi.
3. "*Wyatt* was the first case bearing directly on the rights of involuntary mental hospital patients". The *Wyatt* orders defined the minimum standards acceptable for fulfilling these rights. "*Wyatt* has provided a precedential model upon which the deluge of subsequent litigation has been based". Schnibbe, H.C. "Changes in State Mental Health Service Systems since *Wyatt*". In Badger, L.W., Jones, L.R., & Parlour, R.R. *Wyatt v. Stickney: Context and Consequence*.
4. "...the right to treatment suits filed in many states subsequent to *Wyatt* have improved patient care in state hospitals and forced the discharge of many patients who did not belong there". (Badger, L.W., *et. al.*, *ibid*, p. 218). "The thrust toward deinstitutionalization of patients is by now irreversible... ." Badger, L.W., *et. al.*, *ibid*, p. 222).
5. "In large measure as a result of these cases, the public, the professionals, and the state legislatures are far more sensitive to the plight of the mentally ill and aware of their rights. In many places, these cases have led to vast increases in the public dollars now being spent on mental health care especially in those institutions directly affected by court orders". Schnibbe, H.C. "Changes in State Mental Health Service Systems since *Wyatt*". In Jones & Parlour, *ibid*, p. 173.
6. "The 1971 *Wyatt* versus *Stickney* case heard in Federal courts concerning Bryce Hospital has caused a revolution in American psychiatry". Mellown, R.O., *ibid*, p. viii.