Bryce Hospital is architecturally significant from a national perspective because it exemplifies the purest form of the Kirkbride Linear Plan. The Kirkbride plan was the primary model used for construction of asylums throughout the United States in the last half of the nineteenth century. The following evidentiary points are submitted in support of this contention.

1. "Dr. Kirkbride used the Alabama plan and an elevation of the building to illustrate his 1854 book, On the Construction, Organization, and General Arrangements of Hospitals for the Insane (Philadelphia, 1854). That same year the plans also appeared in a condensed version of the book in a series of articles in the American Journal of Insanity. The journal and the book, which proved to be quite popular, reached a wide audience both in America and abroad. Therefore, unless specifically mentioned by name, it is difficult, if not impossible, to determine exactly how much direct influence the Alabama plan had on the later construction of linear plan hospitals. However, it is safe to say that the trustees and architects of every reputable insane hospital constructed from 1854 to the end of the century were familiar with the above-mentioned publications, and thus with the Alabama plan" (Mellown, R.O. Bryce Hospital Historic Structures Report. Heritage Commission of Tuscaloosa County, 1990, p. 39). "The plans for the Alabama Insane Hospital, as it was then known, became the model for dozens of mental institutions erected over the next forty years" (Mellown, ibid, 1990, p. iv).

2. While other hospitals of the era adopted some of the Kirkbride ideals, "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" (Kirkbride, T.S. "Remarks on the Construction, Organization and General Arrangements of Hospitals for the Insane", American Journal of Insanity, Vol. XI (No.1), 1854.

3. "One of the first hospitals built on the Kirkbride plan, and one that followed the plan 'in all its details' was the Alabama Hospital for the Insane (now Bryce Hospital) ...." ("The Kirkbride Plan: Architecture for a Treatment System That Changed". Hospital & Community Psychiatry, 1976, 27, p. 477).

4. "Today, it is the oldest and most intact Kirkbride hospital in existence" ("Alabama's Preservation Scoreboard").

5. "More so than other hospitals using Kirkbride's ideas, Bryce Hospital retained many features of the plan and, therefore, was the leader among the Kirkbride linear plan hospitals" ("Alabama's Preservation Scoreboard").

6. "... the 'Linear Kirkbride Plan'. First used in the construction of the Alabama hospital ...
" (Mellown, R.O. "The Construction of the Alabama Insane Hospital, 1852-1861", The Alabama Review, April, 1985, p. 89).


9. "The Bryce Hospital, a State hospital of Alabama, was finished in 1860 exactly in accord with Dr. Kirkbride's views ...." Bond, B.D. Dr. Kirkbride and His Mental Hospital, p. 102. J.B. Lippincott: Philadelphia, 1947).
10. "At Bryce Hospital, the institution whose design so pleased Dr. Kirkbride ... " ("The Kirkbride Plan: Architecture for a Treatment System That Changed". *Hospital & Community Psychiatry*, 1976, 27, p. 473).

11. “The Bryce Hospital dome is the most beautiful and the earliest surviving example of its type". (Mellown, *ibid*, 1990, p. 53).

12. "...the creation of this institution, modeled on the most advanced hospital design of its day, was a noble effort on the part of a young state" (Mellown, *ibid*, 1985, p. 83).


14. "Today, the building possesses considerable architectural importance because it represents a pioneer effort to construct, from the ground up, a completely modern asylum incorporating all of the most advanced mechanical and architectural devices of the period" (Mellown, *ibid*, 1985, pp. 89–91).

*Nationally Significant Historical Figure; Ideal of the American People*

Dr. Peter Bryce, the first superintendent of Bryce Hospital, achieved national prominence as a leader in the humane treatment of the mentally ill and, depending on the historical source, either launched or contributed significantly to the implementation of the moral treatment philosophy in asylums throughout the United States. Bryce Hospital was the site of one of the first implementations of a philosophy of moral treatment and Dr. Bryce became nationally known for his "system of absolute non-restraint of mental patients" wherein he "abolished all mechanical restraints of patients such as strait jackets, camisoles, bed straps, crib beds, and other like appliances known as restraining apparatus" (Vickery, K. *A History of Mental Health in Alabama*, undated, p. 63). This philosophy represented the heart of the American ideal that the sick and the poor must be treated with respect; dignity, and compassion. The following documentation is submitted in support of the contention that Dr. Peter Bryce represents a historically prominent figure who stood at the forefront of a movement to not only embrace but to translate into action a prominent and core central value of American idealism.

*The Historical Figure*

1. "It is a matter of pride to the Trustees of the Hospital, as it was a fact always gratifying to Dr. Bryce, that the fame of his excellent management, scientific and administrative alike, has spread abroad, not only through the various states of the Union, but in England and the countries of the European continent, where are found some of the finest and best respected hospitals in a vast universe of charitable edifices for the care of the insane. It was but a few years ago that this institution of our own was visited by an Australian physician, who, under the authority of the English government, crossed the seas to examine the insane asylums of North America of the highest repute for good management. When he finished his examination of the Alabama Insane Hospital, he declared with enthusiasm that he found no similar institution in the world, in which his judgment, was under more economical and excellent management. (Alabama Insane Hospital Biennial Report at Tuscaloosa, p. 102. Smith Allred & Co, State Printers and Binders, 1892)

2. "Dr. Bryce was considered one of the outstanding authorities on mental health in the United States" (Tarwater, J.S. *The Alabama State Hospitals and the Partlow State School and Hospital: A Brief History*, The Newcomen Society, 1964, p. 18).

3. Dr. Bryce's "... ideas on criminology had become known allover the country", and “... he had been summoned as an expert witness at the trial of Guiteau, the assassin of President Garfield" (but could not attend) (Vickery, *ibid*, p. 63).
4. "Peter Bryce was a psychiatrist who deserved the world renown he achieved" (M.W. Clinton. "Dr. Peter Bryce and the Alabama Insane Hospital", Annual Labor Day Program, p. 49, September 4, 1961).

5. "Dr. Bryce was recognized as one of the outstanding authorities on mental health in the United States as well as a leader in the medical circles in Alabama". Holley, H.L. A History of Medicine in Alabama, p. 325. University of Alabama Press, University, Alabama. 1982.

6. "At the time of his death he was president of the American Medico-Psychological Association, vice-president of the New York Medico-Legal Society, president of the Alabama Lunacy Commission, 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". (Clinton, M.W. "I have done it well". In Matt Clinton's Scrapbook: One Hundred and Fifty Years in the Life of Tuscaloosa and Northport, p. 135. Portals, 1979).

The American Ideal

1. "The Superintendent of the Alabama Insane Hospital was the first in the United States to adopt the non-restraint system in managing the insane ...." (C.C. Kilgore's 1907 Letter to the Legislative Committee Charged with the Investigation of Alleged Abuses at the Alabama Insane Hospital).

2. "The major contribution of Dr. Bryce in the field of institutional management seems to have been the initiation, at about 1880, of the 'non-restraint' system of care of the insane". (Crider, H. "Public Administration at Bryce Hospital, Tuscaloosa, Alabama", p. 17. Masters Thesis, University of Alabama, University, Alabama, 1949).

3. "He was first superintendent to use the non-restraint system of the care of the insane". (Partlow, W.D. "History of Bryce Hospital, 1858-1919". The Bryce News, 1951, 1, p.1).

4. "Early in his career Dr. Bryce developed a system of non-restraint in the treatment of patients. He did not originate the idea, but he practiced it, developed it, defended it, and brought about a more general use of the system". (Clinton, ibid, 1979, p. 132).

5. "Since 1880, earlier than most American institutions, Bryce Hospital had practiced a policy of 'non-restraint' (Hughes, I.S. The Letters of a Victorian Madwoman, University of South Carolina Press, 1993).

6. "For a contemporary discussion of non-restraint that places Peter Bryce among the first American superintendents to employ it, see Clark Bell, 'Mechanical Restraint in the Care of the Insane', Medico-Legal Journal, 10 (1891): 203-48, 384-99" (In Hughes, ibid, p. 31).

7. "In an age when medication and other methods of treatment for the mentally ill were virtually unknown, Peter Bryce was far advanced in his thinking concerning this. He firmly believed in the following four methods of treatment: (1) Early treatment (2) Tender loving care (3) Occupational therapy, and (4) Non-restraint. These methods were to be the foundation on which he was to build, were to make him known and loved throughout the world, and were to bring high praise to the Alabama Hospital for its humane treatment of the mentally ill. His conscientious practice of these methods was to set the pace for those who came after him" (Tarwater, ibid, p. 10).

8. "As early as 1882, Dr. G.A. Tucker, an Australian physician, made an extensive survey of mental institutions. He visited 101 institutions in the United States and stated that the one in Alabama was one of only five where he found the system of absolute non-restraint in practice" (Tarwater, ibid, p. 16).

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).
Significant Contributions to Broad National Patterns

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, RR. *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 precedental 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, RR. *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.