Form No. 10-300 (Rev. 10-74)

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DATA SHEEL

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE

# NATIONAL REGISTER OF HISTORIC PLACES

FOR NPS USE ONLY

RECEIVED SEP 16 1976

INVENTORY	NOMINATION I	FORM	PATE ENTERED APR	8 1977
SEE II	NSTRUCTIONS IN <i>HOW T</i> TYPE ALL ENTRIES (			S
NAME				
: HISTORIC				
-	e Hospital, Bryce Hos	pital =		
AND/OR COMMON				
Bryce Hospita	1			
LOCATION				
STREET & NUMBER				
University Bo	ulevard	<u> </u>	NOT FOR PUBLICATION	
CITY, TOWN		\#0\#\#\\	CONGRESSIONAL DIST	RICT
Tuscaloosa state		CODE	COUNTY	CODE
Alabama		01	Tuscaloosa	125
CLASSIFIC	ATION			
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DISTRICT	X_PUBLIC	XOCCUPIED	AGRICULTURE	MUSEUM
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	BEING CONSIDERED	YES: UNRESTRICTED		_TRANSPORTATION
		NO	MILITARY	$X_{\text{OTHER}}$ Hospita
OWNER OF	PROPERTY			
NAME				
	ama, Department of Me	ntal Health		
STREET & NUMBER Bryce Hospita	1			
CITY, TOWN	<u>. L</u>		STATE	
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#### CONDITION

CHECK ONE

**CHECK ONE** 

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\_\_RUINS
\_\_UNEXPOSED

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XORIGINAL SITE
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#### DESCRIBE THE PRESENT AND ORIGINAL (IF KNOWN) PHYSICAL APPEARANCE

Bryce Hospital, which has served as Alabama's central facility for the mentally ill since 1861, is a massive structure composed of a central administrative pavillion, wings, annexes and structures linked together by a continuous program of expansion during the past 100 years. The central pavillion and the first three links on either side were designed by Samuel Sloan in collaboration with Thomas Story Kirkbride, and served as the proto-type for mental hospital design in the latter part of the 19th Century. This portion of the hospital remains essentially unaltered from its 1853 plan and, with the 1870's Amusement Hall and the 1880 Rotunda Building, comprises the significant portion of the complex.

Both an administrative and an architectural design, the plan of the Kirkbride-Sloan Hospital drew heavily from the 1788 plan of the French Academy of Science's "Pavillion-plus-link" system which Sloan adapted and called the linear plan. Bryce is an excellent example of this plan with its central, monumental pavillion flanked by wings on either side with smaller pavillions at regular intervals.

The four-story, central pavillion (1), largely influenced by the Italianate style, was utilized as the administrative center of the hospital, containing offices, public rooms, superintendants quarters, kitchens and store rooms. The stuccoed and scored, gable-end structure has five bay facade, wide eaves supported by paired brackets and a large domed lantern. Window treatment varies from floor to floor with square headed windows on the first and fourth floors, round arched windows on the second, and segmental arched windows on the third. The central bays feature a triple window unit, which on the third floor is of stained glass. The monumental effect of the pavillion was greatly enhanced by the replacement, in 1883, of the original double, cast iron portico with the present classical one; an alteration in keeping with Sloan's intention of making the central pavillion a truely monumental and recognizably administrative portion of the building.

Inside, the central pavillion is very grand in style and proportion. A wide central hall runs through the building and features a handsome staircase of decorative cast iron ascending from the center of the ground floor hall. Third and fourth floors are reached by two side staircases on the west, one in the center of the building, the other at the rear. Windows are deeply recessed and like doors have heavy molded trim. The central halls on the second and first floors give direct access to a two-story building constructed in 1880. Other than the partitioning of the third and fourth floors, the paneling of some offices and corridors, and the installation of new flooring on the ground floor, the interior has been little altered.

The wings (2a and 2b) which flank the central pavillion are three stories in height and are joined by open archways on the first floor and covered hallways on the second. Each wing consists of a series of three links and pavillions, which like the main pavillion, are stuccoed and stored. A belt course above the first floor level and paired brackets supporting the cornice are the only exterior ornamentation. Small cupolas at regular intervals serve as the ventilating system.

Each link, which measured 112 feet, contained a single ward for each floor. Wards contained space for 15 patients, housed primarily in single rooms, although provisions were made for patients with attendents, and each ward was equiped with its own dining room,

PERIOD	AF	REAS OF SIGNIFICANCE CH	IECK AND JUSTIFY BELOW	
PREHISTORIC	ARCHEOLOGY-PREHISTORIC	COMMUNITY PLANNING	LANDSCAPE ARCHITECTURE	RELIGION
1400-1499	ARCHEOLOGY-HISTORIC	CONSERVATION	_LAW	SCIENCE
1500-1599	AGRICULTURE	ECONOMICS	LITERATURE	SCULPTURE
1600-1699	XARCHITECTURE	EDUCATION	M/LITARY	XSOCIAL/HUMANITARIAN
1700-1799	ART	ENGINEERING	MUSIC	THEATER
_X1800-1899	COMMERCE	EXPLORATION/SETTLEMENT	PHILOSOPHY	TRANSPORTATION
_ <b>X</b> 1900-	COMMUNICATIONS	INDUSTRY INVENTION	POLITICS/GOVERNMENT	OTHER (SPECIFY)
SPECIFIC DAT	TES 1853-1861	BUILDER/ARCI	HITECT Samuel Sloan	·

### STATEMENT OF SIGNIFICANCE

The Alabama Insane Hospital, later renamed Bryce Hospital, was Alabama's first mental hospital, and was nationally recognized both for the advanced treatments recommended by its first superintendent, Dr. Peter Bryce, and for its innovative design. As completed in 1866, the hospital was the most fully realized example of the linear plan devised by the noted Philadelphia architect Samuel Sloan and Thomas Story Kirkbride, then America's most noted authority on the treatment and hospitalization of the insane, and represents the first expression of the 30 year collaboration between Sloan and Kirkbride which produced 32 hospitals for the insane. Although numerous wings have been added to the original structure, distorting and imparing Kirkbride's concept of the hospital as a unit, the original portions, which form the central section of the hospital complex, are virtually intact.

bing to Dr. Humphry Osmond, Psychiatric Consultant at Bryce and an internoted figure in the field of mental health, the original portion competes with the best of modern mental hospitals, but that the complex taken as a whole illustrates a gradual decline in the quality of mental hospital design. Consequently, only the 1852-1866 sections, the 1880 Rotunda Building and the Amusement Hall, are considered to be the significant portions of the building.

In 1847 Dorothea Dix appeared before the Alabama Legislature to plead for the establishment of a state hospital for the insane. Two years later the Alabama Medical Association passed a resolution urging the state to adopt care for the insane and build a hospital for the mentally ill, but it was not until February of 1852, after a second visit by Dix, that a bill establishing the Alabama Insane Hospital was passed with an appropriation of \$100,000. Its location in Tuscaloosa was largely due to the influence of Robert Jemison, a state senator from Tuscaloosa County.

The "Kirkbride System", which in 1851 had been adopted as the official and accepted standard of the Association of Medical Superintendents of the Institution for the Insane, was selected by the trustees of the new hospital and upon the recommendation of Dr. Kirkbride, Samuel Sloan was selected as the architect. Kirkbride's system, which was developed during his decades as superintendent and physician-in-chief of the Philadelphia Hospital for the Insane, set forth standards for the locating and designing of hospitals which attempted to increase the individual attentions to each patient and the total operational effectiveness of the hospital staff. Sloan's translation of Kirkbride's system into the linear plan was first fully executed at the Alabama Insane Hospital and was, in Kirkbride's opinion, the best architectural expression of his system and the first he suggested.

Annual Reports Alaba	ma Insane Hospital.	1866-1900			
Bond, Earl D. <u>Dr. K</u> 1947.	irkbride and His Menta	al Hospitals.	Phi1adelphia	: J.B. Lippinc	ott Co
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9 MAJOR BIBLIOGRAPHICAL REFERENCES

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parlor, bath, drying room and water closet. Day rooms and dining rooms were located in the ends of the pavillions, affording fine views of the well landscaped grounds, and each corridor was terminated with large triple windows providing ample light to the interior. Corners formed by the deeply recessed windows and doors of the individual rooms were rounded and the lower sash of each window was guarded with an ornate metal grill. The third pavillion was divided into six single rooms for occupation by the most excitable patients.

These wards have now been largely given over to administrative offices; some retain their original appearance, while others have been carpeted and paneled. Only one major alteration has been made-the 1940's addition of a small projecting bay on the southern facade of the second links.

The Amusement Hall (3), a two-story, gabled roof structure built in the 1870's, is located to the rear of the central pavillion and features a classical interior with a well proportioned, Tuscan-detailed stage, and a heavy cornice with three rows of dentils encircling the room. In 1880, a two-story building (4) with a stuccoed exterior was added to the rear of the central pavillion, connecting the larger structure with the Amusement Hall. This later structure was named the Rotunda for a small circular room located on the second floor of the T-shaped building. The domed roof, which contains six round windows, is surmounted by a small lantern. The interior features elaborate cornices with egg and dart moulding and double doors with fanlights. Wooden porches which lined the stem of the T were enclosed in the 1930's.

In 1881 the first major addition was made to the boasted that the new wings (5a, 5b) were "much larger"... and erected without the advise of a regular architect." The expansion of the hospital by additional wings was contrary to Kirkbride's theory of hospital planning and these new additions were poorly designed. Individual rooms were retained, but the halls were much longer, day rooms were poorly located, interior lighting was decreased, and less attention was paid to details. Corners formed by doors and windows were left squared, rather than rounded as in the earlier construction. These new wings were joined directly to the outer walls of the last pavillion by means of a short link which adds an additional 48 feet to the once intimate corridors of the earlier wards. This link is terminated by a four bay pavillion which is extended northward 200 feet and contains 30 rooms, a 50% increase over the original wards. Exterior treatment is similar to the older portion but the brick is unstuccoed and painted white, the belt course is omitted and the windows arched.

The latter part of the 19th Century and the early years of the twentieth century saw further departure from Kirkbride's principles and Sloan's design. Individual ward dining rooms had been abandoned in 1886-87 when one-story extensions (7a, 7b) were attached to the rear of the earlier wards, and the need for additional patient and staff space was satisfied by the construction of three separate annexes located toward the rear of the women's exercising grounds. These buildings include: the 1883 annex (6), a one-story, stuccoed structure; the 1897 nurse's dormitory (8), a three-story, L-shaped, brick building; and a two-story annex (9) constructed of pre-cast concrete block in 1907.

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During the mid-1920's a new kitchen and ice house (10) were constructed in the Spanish Colonial Revival style, and the second major addition to the structure was begun. This consisted of the construction of new wings (11a, 11b) on either end of the building and shows a further deterioration of the original concepts. A few single rooms were retained but large open wards accommodating up to 100 patients predominated.

In 1935 the dining extensions (7a, 7b) were increased to three stories. At the same time additional ward space was provided by the construction of an extension (12) to the western dining wing, and four years later a two-story, flat roofed gymnasium (13) was attached to this structure. During the 1940's and 1950's the three annexes were connected to the main building by the construction of a brick addition to the 1907 annex (9) and the construction of Wards 29-30 East (14), a three-story, brick structure with a gabled roof. Further construction in this area consisted of a one-story, flat-roofed dining room (16), connected to the kitchen, and a one-story, flat roofed extension (15).

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Construction of the 250 patient hospital was begun in 1853, but was not entirely completed until 1866, although the first patients were admitted in 1861. Initially \$250,000 was expended for the construction of the buildings with additional appropriations of \$29,000 for furnishings, enclosing the grounds and finishing the buildings.

On the advise of Dorothea Dix, Dr. Peter Bryce, was named first superintendent in 1860. Bryce's early recognition of the principal of insanity placed him among the leading authorities on mental illness and brought the institution over which he presided into the first rank of humanity and success in effecting cures. The distinctive features of the treatment offered at the hospital were the absence of all mechanical restraints and the employment of a large percent of the patients in useful and congenial occupations. Bryce served as the president of the Medical Association of Alabama and of the American Medico-Psychological Association (later the American Psychiatric Association) and was first vice-president of the Medico-Legal Society of New York.

During Bryce's administration, increasing demand for hospital admissions led to the addition of new sections to the hospital. Contrary to the advice of Kirkbride, who felt that 250 was the maximum number of patients to be housed in one hospital, the trustees elected to make additions to the structure, rather than create a new hospital. In 1880, \$100,000 was appropriated for the erection of two wings to be attached to both ends of the hospital and to accommodate 350 additional patients. In this construction and in subsequent later additions, Sloan's plan was distorted and many of Kirkbride's principals were disregarded.

After Bryce's death in 1892, Dr. J. T. Searcy, since 1887 president of the Board of Trustees for the institution, was selected as the Superintendent. Under Searcy's administration, additional facilities were acquired in Mobile County and were designated for the use of Black patients, then being treated at the Alabama Insane Hospital. In 1900, the legislature created a board for the Alabama Insane Hospital, and the earlier facility was renamed Bryce Hospital. Searcy strongly stressed the physical basis of mental illness and under his direction, pellagra was first diagnosed in the United States. Upon his retirement in 1919, he was succeeded by Dr. W.D. Partlow, who served until 1949 when he was replaced by Dr. J.S. Tarwater. Dr. William Heller has served as the superintendent since his appointment in 1974.

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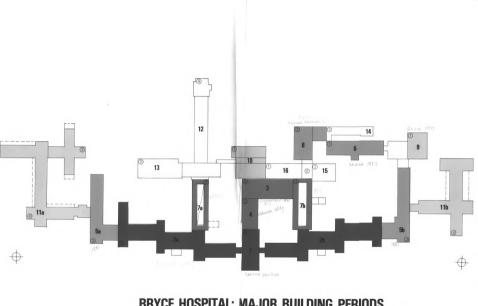
APR 1 8 1977

**CONTINUATION SHEET** 

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PAGE 2

- Coolidge, Harold Norman. <u>Samuel Sloan (1815-1884) Architect</u>. Unpublished PhD thesis, University of Pennsylvania, 1963.
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#### **BRYCE HOSPITAL: MAJOR BUILDING PERIODS**

1853-1870 1870-1880 1880-1900 1900-1930 AFTER 1930

Scale Approximately 1 Inch = 200 Feet

(1)- No. of Stories

HISTORIC NAME: Alabama Insane Hospital COMMON NAME: Bryce Hospital LOCATION: Tuscaloosa, Tuscaloosa County,

Alabama

DATE: 1975

SOURCE: Sanborn Insurance Map and Gregory
Free

