

United States Department of the Interior
National Park Service

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National Register of Historic Places
Registration Form

NATIONAL
REGISTER

This form is for use in nominating or requesting determinations of eligibility for individual properties or districts. See instructions in *Guidelines for Completing National Register Forms* (National Register Bulletin 16). Complete each item by marking "x" in the appropriate box or by entering the requested information. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, styles, materials, and areas of significance, enter only the categories and subcategories listed in the instructions. For additional space use continuation sheets (Form 10-900a). Type all entries.

1. Name of Property

historic name Western State Hospital Historic District
other names/site number Western State Hospital for the Insane at Bolivar, Western State Psychiatric Hospital, Western Mental Health Institute

2. Location

street & number Highway 64 N/A not for publication
city, town Bolivar N/A vicinity
state Tennessee code TN county Hardeman code TN069 zip code 38008

3. Classification

Ownership of Property	Category of Property	Number of Resources within Property	
<input type="checkbox"/> private	<input type="checkbox"/> building(s)	Contributing	Noncontributing
<input type="checkbox"/> public-local	<input checked="" type="checkbox"/> district	<u>7</u>	<u>4</u> buildings
<input checked="" type="checkbox"/> public-State	<input type="checkbox"/> site	_____	_____ sites
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure	_____	_____ structures
	<input type="checkbox"/> object	<u>7</u>	_____ objects
			<u>4</u> Total

Name of related multiple property listing: N/A

Number of contributing resources previously listed in the National Register 0

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. See continuation sheet.

Herbert L. Guyer 5/22/87
Signature of certifying official Date
Deputy State Historic Preservation Officer, Tennessee Historical Commission
State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. See continuation sheet.

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. See continuation sheet.
- determined eligible for the National Register. See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:)

Andrew Byer Entered in the National Register 6/25/87

Signature of the Keeper Date of Action

6. Function or Use

Historic Functions (enter categories from instructions)

HEALTH CARE: mental hospital

Current Functions (enter categories from instructions)

HEALTH CARE: mental hospital

7. Description

Architectural Classification

(enter categories from instructions)

Late Gothic RevivalClassical Revival

Materials (enter categories from instructions)

foundation BRICKwalls BRICKroof ASPHALTother STONE: Limestone

Describe present and historic physical appearance.

The Western State Hospital Historic District is comprised of seven historic and four modern buildings centered around the circa 1889 Administration Building. This large Gothic Revival style building and the circa 1932 classically influenced Polk Building are the two institutional buildings included in the district. Historic support buildings include an apartment building and house, a clothing store, bakery, and carpenter shop. The buildings in the district represent a good example of institutional architecture and help illustrate the self-sufficient nature of the hospital. The district is an intact collection of resources that have undergone few alterations. Historically, the hospital has had four names and was known for the longest time span as Western State Hospital (1919-1965). For this reason, the title "Western State Hospital Historic District" was chosen.

Original plans for the principal building in the Western State Hospital Historic District called for it to be constructed in six sections. The four story center section would contain administrative offices and apartments. On the first floor, plans called for the steward's apartment and office, a reception room, vault, store rooms, two dining rooms, supervisors' rooms in the east and west wings, two matrons' rooms, porter's room, and bath areas. A library, superintendent's reception room, vault, two offices, two visitors' rooms, two assistant superintendents' rooms, a dispensary, board room, druggist's room, and bath area were to be located on the second floor of the first section. The superintendent's rooms would be located on the third floor, while the fourth floor contained the stage and chapel.

The center section was to be flanked by two, three story ells which were recessed to provide ventilation and were joined by fireproof towers containing iron stairs. Adjoining these two ells and set back were two additional ells. All of these were planned as wards and each ward was to contain a dining room, patients' rooms, attendant's room, and bath areas. The sixth section of the building would house boilers, maintenance facilities, a kitchen, and lodging rooms.

Estimated to cost \$230,000 when completed, the firm of Lewman and Hillis was contracted to supply brick and the firm of Ross and Hankins would provide yellow pine lumber. Stone for window and door trim and the water table were provided by T. L. Fossick and Company of Alabama. Lime was provided by the firm of Harris and Buquo of Erin, Tennessee, while the

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Western Cement Association of Louisville, Kentucky provided cement. Interior walls were built up with three coats of lime mortar, except in the kitchen, laundry, and violent wards where the first six feet were cement wall. Tin roofs and galvanized cornices were also planned. In addition to the principal building, several farm structures were to be constructed at this time. Not until 1891 were the grounds formally landscaped when C. T. Collier was hired to begin the job. The sixth wing of the building was not actually erected until 1910.

The brick Administration Building is three and four stories in height and surmounted by an asphalt shingle gable roof. Most fenestration is 1/1 or 15/15 double-hung sash windows with stone lintels and sills. A corbel brick eave trim, set below molded eave trim, and stone water table ornament much of the building. Three and one-half and four story towers with polygonal and hip roofs, along with three story projecting areas, help define the ells of the hospital.

A fifteen bay central section is four stories in height with a four story, three bay tower providing the principal entrance to the building. The polygonal roofed tower is embellished with pointed arch stone and brick trim, round arch windows in the top story, and small gables. Centered on this section is a one story porte cochere. It is highlighted by arched openings trimmed with stone and oculus windows with stone trim on the exterior, while the ceiling of the porte cochere is constructed of diagonal and horizontal pattern wood encased in molded wood trim. Two, two bay towers flank this portion of the building. Each tower has two rows of corbel brick eave trim separated by circular brick trim and four narrow jerkinhead dormers with louvered openings. A multicolored tile floor and an arched entrance comprised of sidelights, transom, and a modern door, provide access to the building.

Five, three story ells, two on the west and three on the east, flank the central portion. The ells are divided into four and seven bay sections that are delineated by towers. Three and one-half stories tall polygonal towers capped by polygonal roofs divide the bays of each ell, while square towers capped by mansard roofs with jerkinhead dormers define the corners. Three bay gable roof sections project from the main wall surface and each displays three pointed arch windows with stone lintels in the gable field. Each ell has been altered by an intrusive addition (1955) that contains bath areas for the wards. These three story brick additions are also visible from both side elevations.

The rear elevation of the Administration building follows the same basic pattern of flat wall surface broken by towers. Windows, except for those

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on the easternmost ell, are 15/15 double-hung sash with segmental arch brick lintels and stone sills. The eastern ell, built in around 1910, reveals 15/15 double-hung sash windows with jack arch stone lintels and stone sills. Part of this ell has been glassed in.

In 1927, an administrative annex was appended to the original building. It included a dining room, auditorium, and nurses dormitory. The two story annex (with basement) is connected to the main building by a courtyard at the second story level. A three bay brick arcade porch area provides access to the annex. This area has a parapet wall and 1/1 double-hung sash windows and tripled windows. Hip roof dormers pierce the asphalt shingle gable roof of the annex and stone coping is found around the gable ends. In 1961, a new brick cafeteria was constructed at the rear of the annex.

Today, the Administration Building is only used for offices. The interior retains many of its pressed tin ceilings, cove moldings, chair rails, baseboards, and paneled doors. Door and window trim is comprised of pedimented lintels and fluted surrounds with bull's-eye trim. The turned wood stair has a large newel post, molded railing, a floral pattern imprint on the balusters, and ornamental scroll brackets below the risers. Decorative risers, comprised of rectangular and circular moldings, are seen on stairs in the basement and third floor.

Two of the more interesting areas in the interior of the building are the original chapel and auditorium on the fourth floor. Both rooms have ceilings embellished with geometric pattern wood radiating from a center design. The raised stage in the auditorium contains walls composed of horizontal boards with pilasters located at the edges; dressing areas flank the stage. Wood floors and the original radiators are found in both the stage and chapel areas. The chapel contains a large altar with a podium. Diagonal and horizontal pattern wood is set below the molded cornice of the altar.

The ells are simply designed, functional areas comprised of long hallways and numerous small rooms, each containing one window. Door openings are segmentally arched with single leaf modern doors. The polygonal bays provide community spaces on the wards. Alterations in the ells include new tile floors and acoustical tile ceilings. Most of this area is unused at the present time.

A modern auditorium in the annex has a segmental arch ceiling, raised stage, and windows. The modern kitchen was designed to serve 2,500 to 3,000 people and contains large deep fryers, grills, and pressure cookers.

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A cold storage room, meat packing room, cafeteria, and vegetable room are found in the rear annexes.

Located below the main building is a system of brick tunnels with small rooms and segmental arch openings.

Alterations to the administration building include new tile floors (1952), new cafeteria equipment (1954), fire towers and doors (1955), second floor remodeled to offices (1959), third floor remodeled for housing (1961), and structural renovation (1970). These alterations have not compromised the historic and architectural integrity of the building.

In 1897, a fire destroyed the original kitchen and laundry and separate facilities were then constructed. The bakery/kitchen is a one story brick building surmounted by hip and gable roofs. It has an irregular plan, segmental arch window openings, a double leaf entry, stone coping on the gable ends, and corbel brick trim.

Situated near the bakery is a two story brick clothing store (circa 1897). Four-over-four double-hung sash windows with segmental arch brick lintels and wood sills are set between brick pilasters on the sides of the store. A double leaf jack arch entry and a single leaf door are found on the facade, as is a paired window on the second story. The rear elevation appears to be three stories because part of the basement is exposed.

A carpenter shop was built in 1917. Two stories in height with a flat roof, it is pierced by 8/8 double-hung sash windows with stone sills and lintels and double leaf wood and glass doors.

In 1924, a patient's family constructed a six room bungalow for the patient and an attendant to live in. This building was donated to the hospital when the patient no longer needed it. The frame residence is sided with weatherboards and capped by an asphalt shingle gable roof with a hip roof dormer. Fenestration is composed of 1/1 double-hung sash windows. Irregular in plan, the house has a front porch and rear additions.

A two story brick Doctors' Apartment Building was erected in 1927. The H-plan building has a parapet roofline embellished with tile on the facade. Tripled 9/1 double-hung sash windows and casement windows are located on both floors. Two stone stringcourses and geometric pattern brickwork between the first and second stories embellish the apartment building. A multipane door with sidelights and a transom is set below a tile canopy on the facade.

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Overcrowding resulted in the need for a new institutional building and in 1932 the Psychopathic Hospital (now known as the Polk Building) was built. Wyatt C. Hedrick, Inc., Architects and Engineers of Memphis were contracted to design the building. Constructed of reinforced concrete and brick, the four story building cost \$500,000. It is surmounted by a tile hip roof with three gable roof projections visible on the facade. Small gable roof dormers are found on the roof. The center entry is situated under a five bay portico that is embellished by two story fluted stone columns with capitals, corbel trim, and stone balustrades. In the gable end, paired segmental arch windows are set below a Palladian window and encased with stone. Windows are multipane and have stone segmental arch lintels with keystones. Two gable roof projections are located near the edges of the building. Five bays wide, they contain paired round arch windows in the gable field. To each side of these projections, the fenestration changes at the fourth story. Here the windows are segmentally arched and have a continuous lintel. A similar pattern of windows and wall projections is displayed on the rear of the building. Eight wards were added to the rear of the Polk Building in 1942. This large addition replicates the plan of the original, but with jack arch window openings.

In addition to the above contributing resources, four non-contributing buildings are located within the district boundaries. A circa 1940s residence is situated south of the Doctors' Apartment building. It has an asphalt shingle gable roof, weatherboard siding, and 1/1 double-hung sash windows. To the rear of the Administration Building, two support buildings are included. These are a 1950s maintenance building and a 1960s cafeteria/canteen. Both are one story brick buildings with flat roofs. West of the Polk Building is a polygonal shaped chapel built in 1980.

Landscaping in the district consists of mature trees and shrubs, although at one time a formal garden was maintained near the Doctors' Apartment Building. Several lampposts are scattered throughout the district. The current brick entrance wall at the roadside was built in 1958.

8. Statement of Significance

Certifying official has considered the significance of this property in relation to other properties:

nationally statewide locally

Applicable National Register Criteria A B C D

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

Areas of Significance (enter categories from instructions)

Health/Medicine

Architecture

Period of Significance

1889-1936

Significant Dates

N/A

Cultural Affiliation

N/A

Significant Person

Edwin W. Cocke

Architect/Builder

MacDonald Brothers

Wyatt C. Hedrick, Inc.

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above.

The Western State Hospital Historic District near Bolivar, Tennessee, is significant under National Register criteria A, B, and C because its resources are associated with and reflect the growth and changes in humanitarian reform as it relates to the case of the mentally ill, the growth of the State's role in accepting responsibility for the welfare of its citizens, the importance of the architectural designs in its resources, and for its association with Dr. Edward W. Cocke, superintendent of the facility from 1918 to 1936, and first Commissioner of the Department of State Institutions, 1933-1936. Its significance is statewide because it is the last of three similar regional institutions built in Tennessee during the nineteenth century and it documents the culmination of the State's efforts at providing its first mental health program, initiated in the 1840s. The architectural designs of its resources are reflective of changes in the treatment of mental illness caused by the growth of the psychiatric profession in the nineteenth and early twentieth centuries. Both the Administration Building and the Polk Building are good examples of institutional Gothic Revival and classically influenced designs.

Opened to receive patients on November 22, 1889, the then denoted "West Tennessee Hospital for the Insane" was designed by architect Harry P. MacDonald of Louisville, Kentucky, and Memphis, Tennessee. The MacDonald firm was responsible for many fine, large public buildings in the South, such as the Sevier County Courthouse in Sevierville, (NR 3/24/71) Tennessee (1896). The institution was intended not only to meet the mental health needs of the Western Section of the State, but also to complete Tennessee's first efforts at implementing a social policy initiated before the Civil War.

Tennessee initiated its public policy regarding the institutionalization of the mentally-ill in the 1840s. The "lunatic asylum" in Nashville soon proved inadequate and architect Adolphus Heiman produced a Gothic Revival design following the advice of Thomas S. Kirkbride, the superintendent of the then famous Pennsylvania Hospital for the Insane for some four decades from the 1840s to the 1880s. His book, On the Construction, Organization,

See continuation sheet

9. Major Bibliographical References

See continuation sheet

- Previous documentation on file (NPS): N/A
- 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: _____

10. Geographical Data

Acreage of property Approximately 37 acres

UTM References

A

1,6	3,1,8,1,0,0	3,9,0,5,5,1,0
Zone	Easting	Northing

C

1,6	3,1,9,2,6,0	3,9,0,5,1,7,0
Zone	Easting	Northing

B

1,6	3,1,8,1,0,0	3,9,0,5,1,3,0
Zone	Easting	Northing

D

1,6	3,1,9,2,8,0	3,9,0,5,5,3,0
Zone	Easting	Northing

See continuation sheet

Bolivar West, TN 431SE
Verbal Boundary Description

See continuation sheet

Boundary Justification

See continuation sheet

11. Form Prepared By

name/title James B. Jones, Claudette Stager/Historic Preservation Specialists

organization Tennessee Historical Commission date April 1987

street & number 701 Broadway telephone 615-742-6723

city or town Nashville state Tennessee zip code 37219-5237

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and General Arrangements of Hospitals for the Insane, with Some Remarks on Insanity and Its Treatment (1854; 1880) became the standard reference work for the construction of mental institutions in the nineteenth century. Yet, Kirkbride's work did not occur in a vacuum.

Meeting in Philadelphia in 1844, thirteen of the nation's most distinguished mental institute superintendents organized the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL). They continued to meet annually thereafter, and began to formulate guidelines to govern the treatment and care of the mentally ill. Their publication, The American Journal of Insanity, helped promulgate such standards and spread knowledge of the then nascent psychiatric profession. Aside from promoting uniform procedures and medical knowledge, these guidelines also addressed architectural standards which were formulated by the AMSAIL in 1851 and adopted in 1853. The driving force behind these standards for the architecture of mental institutions was Thomas Kirkbride.

These architectural standards included the stipulation that no asylum should be built without first being reviewed by an experienced medical superintendent. The AMSAIL and Kirkbride insisted that mental-hospital architectural form had to follow its institutional function. It was necessary to have a medical superintendent of a "lunatic asylum" review plans because only a competent authority could determine function. According to historian Gerald N. Grob, Kirkbride in "his book...laid down general principles and specific details relating to mental hospitals. For most of the remainder of the century, the majority of institutions were constructed according to the 'Kirkbride Plan.'"

According to Kirkbride's influential volume, the ideal mental institution's form would follow its function when it:

had a center building that housed the superintendent, his family, and the administrative offices and quarters. Extending laterally on both sides were patient wings, which could be further divided into wards to house different categories of patients. If additional accommodations were required, a similar structure could be repeated, either joining existing wings at right angles or else lapping on at the end and extending in a parallel line. Such a structure was based on the assumption that all patients were to be directly under the care of the chief medical officer; the floor plan was intended to provide him with easy access to all patients and thereby to maximize observation and con-

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trol. This plan, noted Kirkbride,...would provide ample accommodations for the staff, everything requisite for the custody, comfort and enlightened treatment of the patients, and arrangements throughout that will allow the supervision to be thorough and effective, and the management liberal and at the same time strictly economical.

Kirkbride's standards for the architecture of mental institutions also reflected prevailing nineteenth-century psychiatric ideology in a number of ways. First, it provided for the separation of the patient from the community, and the further sequestering of patients into wards according to diagnosis. (This fact was similarly symbolically represented by the wall that often surrounded the hospital.) Secondly, was the emphasis upon the "moral treatment" of mental illness, which included classification, separation from the patient's previous environment, direction within the hospital, and occupational therapy.

It was accepted nineteenth-century medical belief that mental illness was caused by moral corruption, which was directly the result of a bad moral environment. A mental health institution should facilitate healing of mental illness by creating a positive and beneficial moral environment. The floor plan reflected the idea that the superintendent/psychiatrist was the foremost person in the institution. Moreover, the associational argument was quite common in the nineteenth century, and held that one's surroundings, including architecture, influenced one's behavior and conduct in society.

Superintendents of mental hospitals spent an inordinate amount of time in analyzing the minute details of construction and location of asylums.

Their involvement in such minutiae reflected their view of the hospital as an institution that cured mentally ill people by providing them with a proper and moral environment. 'The location of a hospital for the insane,' wrote Kirkbride, 'its general arrangements and official organization, must ever exert so important an influence on the comfort and happiness of all its patients, on the prospects of recovery...and of the mental and physical well-being of those that are incurable, that no apology is required for anyone, who having some practical knowledge of the subject, desires a

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general dissemination of the views and conclusions which have resulted from actual experience among those for whom these institutions are specially intended.

It became standard practice that each new asylum was built only after a committee visited existing hospitals and held consultations with a small group of superintendents. It is easily seen, then, how nineteenth-century mental hospital architecture was homogeneous and uniform, while its form closely followed the function and role assigned to it by the nascent psychiatric profession, state governments, and society at large. The architecture of nineteenth century mental institutions was one result of the professionalization of American psychiatry.

The origins of the so-called Kirkbride Plan have been credited to American, not European, sources. David J. Rothman, in his The Discovery of the Asylum (1971), contends that "never before had Americans attempted to confine large numbers of people for long periods of time, and the difficulties were all the greater since their goals extended far beyond simple restraint." Rothman also believes that the evolution of the Kirkbride Plan was in its own way "uniquely American." This was because "Americans were free to innovate, [and] new architectural solutions to old problems were possible." In Europe, old monasteries, forts, and castles were utilized as psychiatric asylums. In an America void of the architectural remnants of militarism and feudalism, new design solutions were created. According to Rothman, this shows American architects and medical superintendents, who with:

few precedents to guide them...experimented with their own ideas, with no inherited structures to limit them they built institutions according to their practical designs....reformatory theory and practical needs fit well together. It may be that part of the enthusiasm for environmental solutions reflected...lack of experience. Still, the concentrated attention to institutional organization established the guidelines for translating confinement into cure.

Other evidence, however, seems to indicate that basic European models had already been established. For example, the April, 1846 number of The American Journal of Insanity pointed out that the:

prevailing arrangements of the British asylum is that of a central building appropriated to the domestic offices, the apartments of officers, and...of high

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paying patients. From each end of this extends on the same or parallel line, a wing over 100 [sic] feet in length and from the end of that and running back at right angles with it, another wing of about the same length, so that the whole structure forms three sides of a quadrangle.

In Europe, however, and especially in England, a strict class line was maintained, "high paying patients" living in far better surroundings. The architectural arrangements of a mental institution, in Britain, "...must be determined in reference to the number and social condition of the inmates, the tastes of the people, the form of the disorder, and the climate of the country." These overt concerns for class distinctions would never do for a public institution in the egalitarian and democratic United States, and so the Kirkbride Plan can be said to represent a response to the pressing need to meet the demands of humanitarian reform and domestic democratic ideology. It was true that the native-born indigent and poor patients would "not receive the same care as patients who paid the costs of institutionalization." Yet, the extent to which this was true is a point of contention.

David Rothman believes that asylums were seen as an institutional solution to the problems of poverty, crime, and deviance. "Thus, the poor were sent to poor houses, criminals to prisons, mentally ill persons to hospitals, and orphans to orphan asylums." Because these kinds of institutions emphasized regularity, obedience, and authority, they were especially liable to abuse "which all too predictably turned into a mechanical application of discipline." The fear of disorder, Rothman contends, arising from the breakdown of traditional communal controls in the early nineteenth century spurred the discovery of the asylum.

Gerald N. Grob, in his book Mental Institutions in America: Social Policy to 1875 (1971) does not deny that the richer received better treatment, but ascribes such discriminatory practices to other causes, including a shared religious and cultural value system between superintendents and the rich, inadvertent discrimination arising from hospital and asylum administrative practices, and prevailing medical diagnostic practice with its elaborate classification wards to care for varying kinds of diseases. Moreover, asylums were initiated, Grob contends, out of a genuine humanitarian impulse to help the mentally ill.

In any event, the basic Kirkbride Plan was uniquely American. It became the standard for nineteenth-century American mental institutions. Tennessee's first mental institution was opened in Nashville in 1840. This small

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brick building soon proved inadequate and the Prussian-born Nashville architect, Adolphus Heiman, was hired to design a more modern facility. In his report to the President of the Tennessee Hospital for the Insane in 1857 Heiman acknowledged he had visited mental hospitals in New Jersey, Rhode Island, Boston, Massachusetts, and Pennsylvania. He stated also that: "I am indebted to Dr. Kirkbride of the Pennsylvania Hospital...for much valuable information on this subject." Completed in 1857, the institution became Tennessee's first permanent mental hospital, establishing an architectural precedent that would prove to be the standard for future construction of similar facilities in East and West Tennessee in the late nineteenth century. The West Tennessee hospital, while the last of three to be constructed, is the first among equals insofar as its original architectural integrity is concerned. That is, only parts of the original Central and East State Hospitals survive, while all of the Western State Hospital's nineteenth-century architecture remains extant.

In 1873 the Tennessee Legislature voted to establish two more mental health institutions, one in the Eastern, the other in the Western, regions of the state. The facility in Knoxville, copied from the Nashville facility, opened in 1886, while the West Tennessee institution would wait a few more years to complete. In 1885, "due to a critical need and public pressure, the General Assembly...appointed commissioners to locate land for a western mental health facility." Of the 63 sites inspected, the committee chose the land in Hardeman County, formerly the site of the mansion of Calvin Jones, named "Pontine," near the small town of Bolivar.

Local residents were enthusiastic in their support for locating the facility near Bolivar. So much so that when the state balked at the \$8,000 price demanded by Col. Paul Tudor Jones, local folk raised the \$3,000 difference to consummate the sale. Soon three building commissioners were appointed. On February 11, 1886, the Building Commission chose Dr. J. B. Jones of McKenzie (in Carroll County) to serve as Medical Superintendent of Construction. Jones chose the MacDonald Brothers firm of Memphis and Kentucky to design the building. Following established procedures suggested by Kirkbride nearly fifty years earlier and practiced by Heiman, the commissioners, Dr. Jones, and the architect MacDonald visited existing institutions in Mississippi (1855), Knoxville (1886), North Carolina (1856), and Tuscaloosa, Alabama (1861). In Tuscaloosa the visitors met Dr. John P. Gray, superintendent of the Utica, NY, asylum, and editor of The American Journal of Insanity, a recognized authority on the topic of institutional architecture. Gray, according to a report to the Governor in 1886, "devoted some time with us on the construction of our plans. Having noted such changes...we adopted such suggestions as his long experience in the care and treatment of the insane advised us would be advantageous...."

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According to the Chairman of the Building Commission, Austin Miller (of Hardeman County), the new facility would be constructed in six sections. The center section would house medical and administrative personnel, and would be four stories tall, contain a fire-proof vault, reception room, dispensary, visitors' rooms, and dining rooms. Adjoining the center block, along now classic Kirkbride Plan lines, would be two wings (sections 2 and 3) each three stories tall, while two more wings, in a parallel plane, would adjoin these and all four would be utilized as patient wards. Section six was to contain the facility's kitchen, physical plant, and lodging for male attendants. Dr. Jones along with the Chairman, inspected the work of the architect.

In their report of 1888 to Governor Robert L. Taylor, the building commissioners "explained that the wings on each side of the center section were recessed for ventilation, joined to each other by fire-proof towers in which there were iron stairways leading to each floor and in the center of which were the exhaust stacks." A water tank in the center-block's tower supplied the water-sprinkler system for fire protection while all floors were deadened and of yellow pine. A secure and morally upright environment was thus created.

The original building was, according to the Bolivar Bulletin of November 29, 1889, "an ornament to this section." According to the First Biennial Report of the Tennessee Western Hospital for the Insane (1891), the east and west wings were complete and ready to receive patients before the central administrative block was opened. This may have been due to an unfortunate accident during the final inspection of the building on November 11, 1889. The huge water tank in the tower burst causing damage and delay. Patients were received on November 22, 1889. The institution was formerly opened in July, 1890. Situated on 300 acres of land, it was constructed to house 300 patients. The imposing brick Gothic Revival building is highlighted by the central tower and porte cochere entrance with their pointed arch stone trim. Much of the interior is a simple, functional design, however, both the chapel and auditorium contain elaborate wood trim.

Changes and additions were made to the facility from 1892 to 1894 "reenforced the doctor's theory of the need for fresh air, work, and entertainment coupled with medical care in the treatment of the insane. A bowling alley was added...and a new four acre lake...was stocked...." In June, 1897, a separate building for black patients was opened, although it would later be razed and a new building erected. This building, as well as the workers' cottages, barns and other farm outbuildings, store, bakery, and

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physical plant were all designed to reinforce the ideas of occupational therapy and the separation of the facility and patients from the community at large. Seventy-five percent of the patients worked during their stay at the hospital. Separation was more than racial, it was institutional in the strictest material sense, and was facilitated because the hospital and its support facilities were a self-contained unit existing independently from the town of Bolivar.

By 1892, 319 patients were living in the mental hospital. Entertainment, work, diet, and discipline were still considered the main types of therapy. In 1900 the hospital was overcrowded with 594 patients. It was continually being modernized and around 1910 a new wing was built. When weather allowed, the unfinished wing was used as sleeping quarters for several patients.

Other additions to the facility were constructed in the 1920s. These included a tubercular hospital or ward and a congregate dining room. In 1927 the two story brick Doctors' Apartment Building was constructed, while an adjacent frame cottage was built by the family of a former patient. These structures emphasize the growth of professional medical staff as well as changes in therapies in treating the mentally ill.

As early as 1888 a committee of the AMSAII recommended changes in therapy that marked a fundamental shift in the nature of mental health facilities and treatment. The committee suggested that "[a]ll hospitals for the insane should be constructed to facilitate individual treatment and to be more in keeping with modern hospitals." (emphasis added.) While no recommendation specifically addressed the topic of architecture, up to this point in time the treatment had been thought to be facilitated by the building itself, and treatment was moral and directed toward groups, or wards of patients. Whether or not Kirkbride's ideas concerning the power of architecture were successful or not does not matter; what is of importance here is that the emphasis in treatment shifted away from a moral to a medical or scientific paradigm. "As psychiatrists...minimized their role in providing care for chronic patients, the mental hospital began to lose its central position." Thus, architecture, per se, would eventually lose the curative associations ascribed to it by Kirkbride. The cure for mental illness would be found in other novel therapies whose application did not depend upon architectural arrangement. The hospitals of the Kirkbride Plan, of which the Western Mental Health Institution is the last surviving, fully extant example in Tennessee:

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"were products of a culture in which moral and religious concepts were of primary significance. Moreover, the difference between medicine and religion were vague; both were concerned with the spiritual and physical well-being of the individual. Much of medical thought reflected a particular understanding of the natural laws that [were believed to] govern the universe. Health and illness were simply indicators of the degree to which individuals conformed or deviated from such laws."

In the nineteenth century it was first suggested and subsequently believed that the treatment of mental disorders required removal from the community in an institutional setting. "The hospital and the community, in other words, were two distinct and separate entities. By the early twentieth century...there was a clear effort to blur the traditional distinction between hospital and community."

Therapy in the 1920s and 1930s "tended to be highly eclectic." This was true at Western as well, under the administration of Dr. Edwin W. Cocks. "He was author of the 1919 Tennessee State Law which dealt with the legal aspects of psychiatric patients' treatment, and he was co-producer of the first diathermy to produce artificial fever in the treatment of syphilis of the brain and allied diseases." These new treatments included fever therapy, prefrontal lobotomy, metrazol and insulin shock, while occupational therapy was also still relied upon. Dr. Cocks was likewise a pioneer in the use of the then novel insulin shock therapy devised by Viennese physician Manfred Sakel. Sakel had observed mental changes in diabetic drug addicts who were treated with insulin. "The injection of a sufficiently large dose of insulin drastically lowered the sugar content of the blood and...induced a hypoglycemic state. In this state of 'shock,' the patient went into a deep coma which could be relieved by...sugar. After the process was over the patient's mental condition appeared to improve." Dr. Sakel's visits to the United States in the 1930s helped popularize this therapy, although it was abandoned by most American mental institutions in the 1950s. Along with insulin shock therapy, metrazol therapy swept across the country from 1937 to 1940. "No one was sure of the long term results, but doctors thought the treatment offered the best hope for thousands of dementia praecox patients." Cocks would also become the first Commissioner of State Institutions in the 1930s, a new administrative body created in an effort to centralize purchasing procedures for all state institutions ranging from mental hospitals, orphanages, and prisons, to industrial schools and homes for unwed mothers.

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Cocke began working at the hospital in 1914 as an assistant doctor. He was made clinical director in 1916 and supervisor in 1918. He served a dual role as the Commissioner of the Department of Institutions and supervisor of the mental hospital from 1933 to 1936, when he resigned to enter into private practice. During his tenure, the hospital name was changed to Western State Hospital, the name used until 1965, and the hospital received acceptance from the AMA and American College of Surgeons. (It was one of four to be accepted.) Patient population grew from 798 in 1920 to 1763 in 1934, while the staff increased from 180 to 235. As a result of this growth, Cocke was responsible for the construction of several new buildings (or remodelings), including a building for tuberculosis patients, Winston Hall, the Polk Building, the Doctors' Apartment Building, a cottage, and the purchase of 235 acres of land. A telephone system was installed, a modern operating room opened, x-ray equipment was purchased, and the kitchen was modernized. In addition, a dietitian and a dentist were hired. Cocke had the longest term of any superintendent at the hospital.

The emphasis in treatment during the 1930s was not upon care and custody, but upon medical and empirical research and experimentation. Since most mental health facilities were overcrowded with chronically ill patients, the new therapies seemed the best way in which to affect cures. But, since the emphasis was not upon care and custody as in the nineteenth century, the architectural concerns for mental institutions changed. That is, while the construction of monumental buildings did not cease, nor did the practice of utilizing wards for various diagnoses, notions regarding the therapeutic value of architecture became less pronounced.

This change can be seen in the Polk Building constructed by January 1, 1932, and originally known as the Psychopathic Hospital. The classically influenced brick building was designed to hold 400 beds. A pedimented entry and stone window trim are the principal decorative elements. (In 1942, a large addition was constructed at the rear.) The building does not follow the Kirkbride plan although it is a monumental structure. Moreover, inasmuch as the past is precedent, it is not surprising that Dr. Cocke reported in 1932 that "much thought was given [to] the design and plan of the building." Wyatt C. Hedrick, designer of the Sterick Building in Memphis (NR 10/2/78), was the architect for the Polk Building. (That architectural design and occupational therapy continued to be of importance in the construction of mental health facilities is indicated by comments concerning the completion of the Clement Building at Western in 1957. According to Dr. Levy and Zeno Yates, architect: "In planning this group of buildings, the prime demand was patient treatment with an architecture providing friendliness and warmth. It was made with maximum provision for

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occupational activity to give the patients a feeling of worth and capacity." By this he meant that special rooms for electro- and hydrotherapy and clinical operating rooms were necessary to provide treatment for patients.) Cocke proudly stated in the report: "This institution has kept pace with the times and is one of the four in the South that has been approved by the American College of Surgeons." Indeed, all the structures from 1889 to 1932 kept up with the pace of the times in which they were built and represent an important legacy to the heritage of Tennessee and its people.

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VERBAL BOUNDARY DESCRIPTION

The nominated property is irregular in shape and approximately 37 acres in size. The boundary is as follows: beginning at the intersection of Highway 64 and the driveway behind the Polk Building (K), the boundary moves southwesterly along the west edge of the driveway approximately 1,450 feet to a point behind the maintenance shops (D, E); the boundary then moves west approximately 300 feet to another driveway; the boundary then moves north approximately 125 feet until it intersects with the north side of a driveway; the boundary continues west and north approximately 1,900 feet until it intersects with Highway 64; the boundary then moves east approximately 1,900 feet to the point of the beginning.

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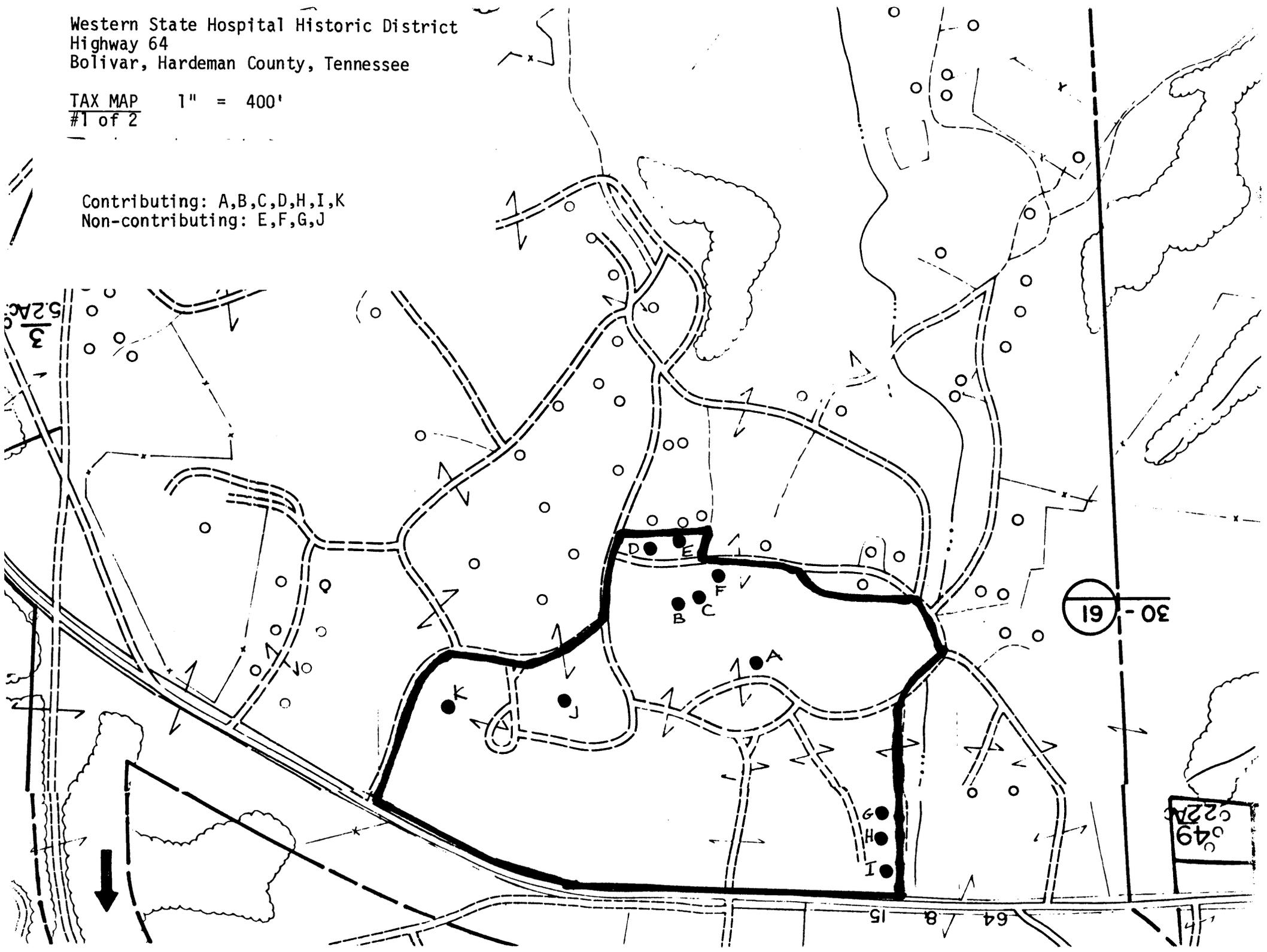
JUSTIFICATION

The Western State Hospital Historic District is a distinct group of historic resources set within a larger area of primarily non-historic resources with similar functions. The district is the most intact collection of historic resources that are representative of the historic role of the mental institution in West Tennessee. It is bounded by a major highway on the north and by intrusive buildings on all other sides. Two historic farm buildings (one deteriorated) and two historic institutional buildings are still extant, but they are separated from the district by modern buildings and do not appear to be individually eligible. The land included in the northern portion of the district provides a historic setting as you approach the main buildings.

Western State Hospital Historic District
Highway 64
Bolivar, Hardeman County, Tennessee

TAX MAP 1" = 400'
#1 of 2

Contributing: A,B,C,D,H,I,K
Non-contributing: E,F,G,J



52A
3

30-61

49
22A

64
15
8



WESTERN MENTAL HEALTH INSTITUTE

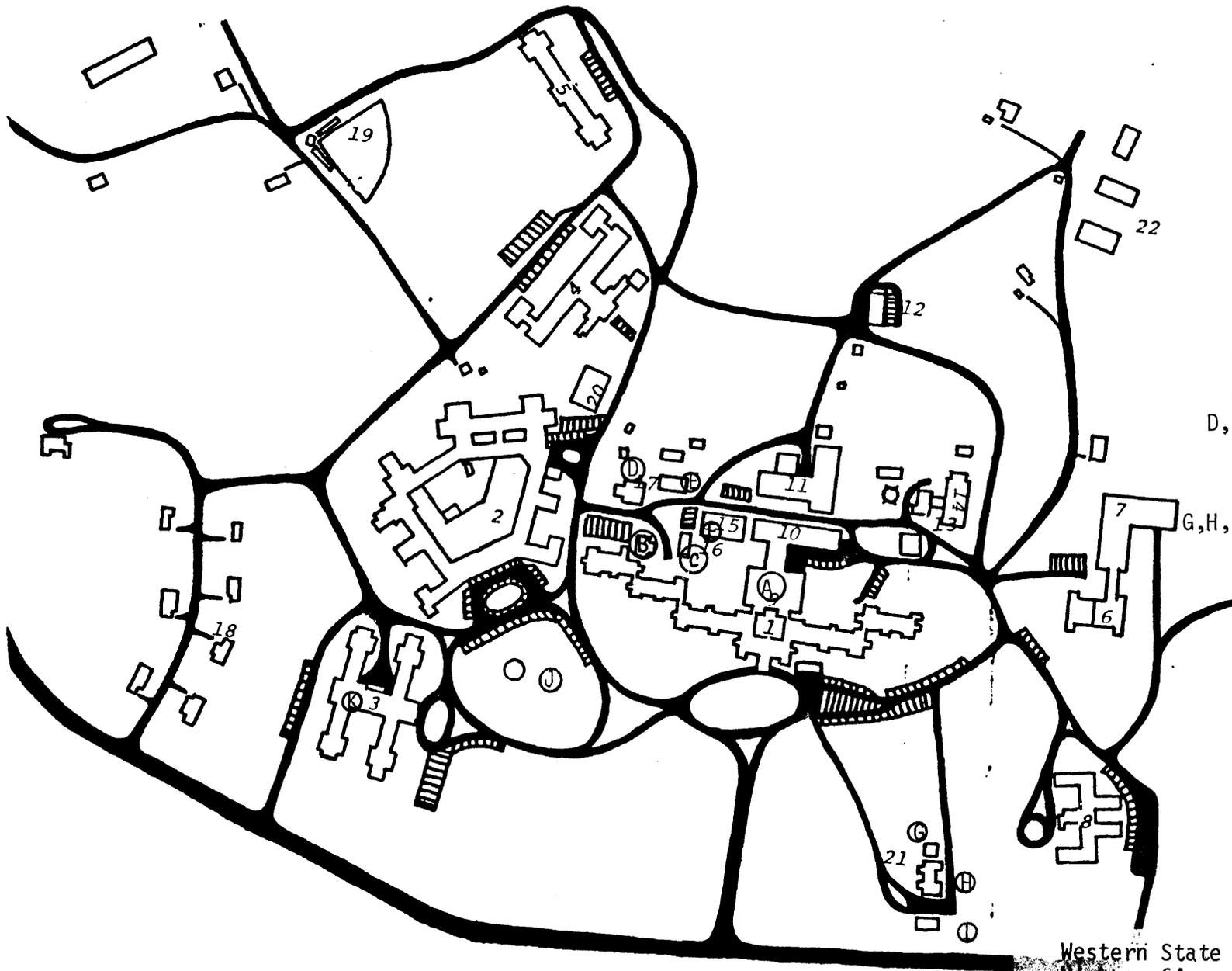
LEGEND

INVENTORY

- A 1. Administration Building
- 2. Clement Building
- K 3. Polk Building
- 4. Winston Hall Building
- 5. Luton Hall Building
- 6. Dunn Building
- 7. Ancillary Services Bldg.
- 8. Hardeman Hall
- A 9. Main Kitchen & Dining
- A 10. State Store
- 11. Laundry, Maintenance, Boiler Plant
- 12. Maintenance Building
- 13. Fire Station
- 14. Greenhouse
- F 15. Employees Cafeteria & Canteen
- C 16. Clothing Store
- D, E 17. Maintenance Shops
- 18. Staff Residences
- 19. Ball Park
- 20. Tennis Court
- G, H, I 21. Staff Residences
- 22. Maintenance Storage Bldg.
- B Bakery
- J Chapel

ROADS 

PARKING AREAS .. 



Contributing: A,B,C,D,H,I,K
Non-contributing: E,F,G,J

Western State Hospital Historic District
Highway 64
Bolivar, Hardeman County, Tennessee
Map showing district in relation to
campus
Not to scale
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