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Building Sanity: The Rise and Fall of Architectural Treatment at the South Carolina Lunatic Asylum

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BUILDING SANITY: THE RISE AND FALL OF ARCHITECTURAL TREATMENT AT
THE SOUTH CAROLINA LUNATIC ASYLUM

by

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DEDICATION

To my parents, who modeled for me a love of the written word and to Sissy and Webee, just because.

ACKNOWLEDGEMENTS

I realize it is clichéd to make this statement, but a project of this sort cannot be completed without a great deal of help. The staff at the South Carolina Department of Archives and History was always helpful and welcoming. They often knew what sources I was looking for before I even did. Their assistance was invaluable in completing this work in a timely manner. I want to thank my classmates in the three separate courses I have taken on this site. Your thoughts and insights over the past two years helped me develop a much more nuanced understanding of this singular place than I ever could have managed alone.

Investigating the physical fabric of structures is best performed with assistance, and in Erin Holmes I had the best investigative partner I could ask for. Erin, without your help, I would never have understood the inner workings of the site as I do. I owe thanks to Lauren Mojkowski, who read this work in its infancy, and also to Katie Crosby, Ellen Robertson, and John Sherrer for their thoughtful comments on later drafts. Without Dr. Lydia Brandt, I never would have even found this project. Thank you for helping me uncover the history of this site. I would like to thank Dr. Robert Weyeneth for directing this thesis and encouraging me to conclude it with a public history component. To Joanna Malcom, I owe a great deal more than thanks. You have read my work on everything from pirates to lunatic asylums, and yet, you still chose to be my third sister. To Sissy and Webee, my first “critics,” life lessons with you gave me the capability I have today. Last,

but not least, thank you to my parents. You let me find my own way, even when none of us could see where it was going.

ABSTRACT

Although many historians have acknowledged the importance of architecture in the treatment of the mentally ill during the nineteenth century, no historian has ever examined the rise and fall of the importance of architecture to the treatment of patients at the South Carolina Lunatic Asylum. By the late eighteenth century, physicians and laymen alike accepted the ideology of environmental determinism – that one’s environment exercised a direct influence over his or her behavior. In other words, mental illness was both caused and cured by the environment; thus, architecture played a key role in the treatment of mental illness. The South Carolina Lunatic Asylum offers a unique chance to examine the role of architecture in the treatment of the mentally ill because of two buildings. The Mills Building, constructed from 1821 to 1827, represented a systematic approach toward curing mental illness through architecture before any other public asylum in the United States did so. The Babcock Building, constructed in four campaigns from 1857 to 1858, 1870 to 1876, 1880 to 1882, and 1883 to 1885, was originally designed along the lines of the Kirkbride plan seen throughout the country. Because the structure was built over more than thirty years, it offers a chance to see how drastically the role of architecture evolved in promoting mental health. Originally designed to cure mental illness, purpose-built asylums became warehouses; the physicians in charge knew most patients who entered would only leave in death. Between the 1820s and the 1880s, the leaders of the South Carolina Lunatic Asylum

constructed buildings that demonstrated the national ascendancy and decline of the architectural treatment of insanity.

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CHAPTER 1

INTRODUCTION

This case study examines the rise and fall of architecture as a treatment for mental illness at the South Carolina Lunatic Asylum. The detailed history of the architecture at this site complicates the traditional narrative of architecture and the treatment of the mentally ill in the nineteenth century. By the late eighteenth century, physicians and laymen alike accepted the ideology of environmental determinism – that one’s environment exercised a direct influence over his or her behavior. In other words, mental illness was both caused and cured by the environment; thus, architecture played a key role in the treatment of mental illness. The South Carolina Lunatic Asylum offers a unique chance to examine the role of architecture in the treatment of the mentally ill because of two buildings.¹ The Mills Building (1821-27) represented a systematic approach toward curing mental illness through architecture before any other public asylum in the United States did so. The Babcock Building (1857-58, 1870-76, 1880-82, 1883-85), while originally designed along the lines of the Kirkbride plan seen throughout the country, was built over more than thirty years and thus offers a chance to see how drastically the role of architecture evolved in promoting mental health. Originally designed to cure mental illness, purpose-built asylums became warehouses; the physicians in charge knew most patients who entered would only leave in death. Between the 1820s and the 1880s, the leaders of the

¹ Although “mental illness” is considered the correct term today, I also use the terms “insanity” and “lunacy” interchangeably, as these words are the period-appropriate terminology for the eighteenth and nineteenth centuries.

South Carolina Lunatic Asylum constructed buildings that demonstrated the national ascendancy and decline of the architectural treatment of insanity.

Prior to the establishment of asylums, the mentally ill lived locked up at home or in poorhouses. Late eighteenth-century reformers in England felt this mistreatment of the mentally ill was barbaric, and by the 1820s, this reformist mindset had made its way to the United States.² Moral treatment, the reformed system of care, emphasized an orderly life and environment to cure the mentally ill, since mental illness was believed to be the manifestation of a disordered mind.³ The broader literature on American asylums covers the invention, height, and decline of moral treatment. David Rothman wrote extensively on how moral treatment represented an ideal way to control deviant populations in *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. The work ably examines how societal norms became encoded into definitions of insanity and influenced how insanity was treated. Rothman only discussed the role of walls and separation in asylum medicine. He did not address any other architectural elements.⁴ Utilizing many of

² Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States*, Architecture, Landscape, and American Culture (Minneapolis: University of Minnesota Press, 2007), 1-13.

³ Peter McCandless, *Moonlight, Magnolias, & Madness: Insanity in South Carolina from the Colonial to the Progressive Eras* (Chapel Hill: University of North Carolina Press, 1996).

⁴ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Rev. ed, New Lines in Criminology (New York: Aldine de Gruyter, 2002); Many scholars besides Rothman have written about American asylum medicine from the social control perspective. For a wide survey on both European and American asylum medicine, see Greg Eghigian, ed., *From Madness to Mental Health: Psychiatric Disorder and Its Treatment in Western Civilization* (New Brunswick, N.J: Rutgers University Press, 2010); Jean H. Haddock and Constance B. Schulz collection, "From Moral to Custodial: Patient Treatment at the South Carolina Lunatic Asylum, 1828-1891," is an excellent essay collection that also primarily addresses the social control perspective and deals with the South Carolina Lunatic Asylum in particular.; Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1973) does not claim to be a social control work, but this medical history of asylums admits up front, much as I do, that asylums could contain patients we would not necessarily define as insane today. ; Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (The Johns Hopkins University Press, 1995) covers more than just asylums as hospitals, but it also looks at who was using early American hospitals. He emphasized how the growth of all kinds of hospitals benefited the profession of medicine. Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008) is a recent work that is excellent for looking at patients' life under moral treatment.

Rothman's ideas, Nancy Tomes's *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* is the best treatment of the trajectory of moral treatment; however, Tomes looked primarily at Thomas Story Kirkbride himself and thus did not examine asylums that adjusted his therapeutic recommendations or his architectural plans to fit their own needs. She also did not address how Kirkbride's later recommendations represented a shift in the importance of architecture as a therapeutic technique nationally.⁵

Although many historians have addressed various aspects of hospital architecture, few have looked specifically at the Kirkbride style asylum in great detail. In the Kirkbride style asylum, all patients lived in a single building, a congregate system. The wards extended in a step fashion from either side of center of the building in a shallow "v." The most violent patients lived the farthest away from the center of the asylum, where the administrative offices were. The medically trained superintendent also lived in the center main with his wife and family. Articles edited by Leslie Topp, James Moran, and Jonathan Andrews in *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* focus on a variety of topics, but they do not address the form of American asylums at length.⁶ In *The Architecture of Madness: Insane Asylums in the United States*, Carla Yanni examined the Kirkbride style asylum as the paradigm of the moral treatment movement in architecture, tracing the same rise and plateau other

⁵ Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, Cambridge History of Medicine (Cambridge [Cambridgeshire] ; New York: Cambridge University Press, 1984).

⁶ Leslie Elizabeth Topp, James E. Moran, and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, Routledge Studies in the Social History of Medicine 27 (New York ; London: Routledge, 2007). One article in this work addresses madness in various spaces in New Jersey, but the analysis looks at everything from courtrooms to almshouses. Other articles focus on the urban nature of asylums in England prior to 1820, the mid-nineteenth century belief in the curative power of architecture in England, German and Dutch asylums, and race in Cape Town, South Africa asylums.

historians have noted in the movement more generally. However, Yanni did not examine the national turn away from architecture as a treatment for the mentally ill. Her work essentially ends when institutions stopped building Kirkbride style asylums.⁷

Numerous historians have examined the South Carolina Lunatic Asylum, but none have dealt with the debate surrounding the construction of the Babcock Building at length or the dialogue about its design.⁸ Peter McCandless's *Moonlight, Magnolias, & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* is the most recent and complete survey of the Asylum's history. While the work does an excellent job looking at the political battle to create the Lunatic Asylum initially, it gives only brief coverage to the entire construction of Babcock. McCandless primarily dealt with the conditions inside the Asylum and how moral treatment and subsequent therapies actually worked within the institution. He did not examine the medical rationale on the role of architecture in the growth of South Carolina's asylum.⁹

Many graduate students have written on the Asylum as well. The earliest work, *A History of the South Carolina State Hospital* by Leila Glover Johnson of the University of Chicago, dates to 1930 and does not once mention the architecture of the institution.¹⁰ Wilton Hellams also ignored the role of architecture in *A History of the South Carolina State Hospital (1821 to 1900)*.¹¹ Both of these works focus on the politics surrounding the Lunatic Asylum and paint Reconstruction as the darkest period in the institution's history. In *An Asylum Is a Sad Prison House: Insanity, Commitment, and Community in*

⁷ Yanni, *The Architecture of Madness*; Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," *Journal of the Society of Architectural Historians* 62, no. 1 (March 2003): 24–49.

⁸ Charles S. Bryan, *Asylum Doctor: James Woods Babcock and the Red Plague of Pellagra*, (University of South Carolina Press, 2014) is a brand new book, but this work is primarily concerned with Dr. Babcock's life and research on pellagra, rather than the spaces he worked in.

⁹ McCandless, *Moonlight, Magnolias, & Madness*.

¹⁰ Leila Glover Johnson, "A History of the South Carolina State Hospital," 1930.

¹¹ Wilton Hellams, "A History of South Carolina State Hospital (1821 to 1900)," 1985.

Late Nineteenth-Century South Carolina, Aimee Berry examined the patient population within the Asylum and the changing definitions of insanity within South Carolina at large. The work applies the social control theory to the South Carolina case, but Berry only looked at the years 1870 to 1890.¹² Ashley Bowden's "*The Road to Hell Is Paved with Good Intentions*": *The Early History of the South Carolina State Hospital* details the role a persistent lack of funding played in the deteriorating conditions at the Asylum.¹³

Many states and private institutions erected asylums along the lines of the Kirkbride plan in the years before and immediately after the Civil War. However, as the 1860s wore on and more and more superintendents realized that moral treatment could not live up to its promise of curing a great number of patients, few new institutions elected to build Kirkbride style buildings. Those institutions that had Kirkbride asylums began adapting them to their current needs. When institutions found it necessary to build more structures, they often choose to continue growing by adopting the cottage plan. The cottage plan used smaller buildings to house patients throughout an asylum's campus. This plan still presupposed the basic premise of moral treatment that insanity was curable under the right circumstances in the correct environment, and its continued separation of patients by type of illness reflects that theory. However, the cottage plan placed more faith in ordered nature of life, rather than the design of the building in which care occurred. The cottage plan also claimed a much lower cure rate. Because of the disillusionment with moral treatment in general and the rejection of architecture as a treatment, many asylums that began with Kirkbride style buildings adapted those

¹² Aimee R. Berry, "An Asylum Is a Sad Prison House: Insanity, Commitment, and Community in Late Nineteenth-Century South Carolina," 1999. The social control theory states that asylums are institutions designed to hold deviants from the social construct of "normalcy."

¹³ Ashley Laine Bowden, "The Road to Hell Is Paved with Good Intentions: The Early History of the South Carolina State Hospital," 2007.

buildings and expanded into basic cottage system plans by the late nineteenth century, much as the South Carolina Lunatic Asylum did.¹⁴ South Carolina is the ideal example to study the gradual ascendancy and decline of the architectural treatment of insanity. Its purpose-built asylum structures spanned the 1820s to the 1880s, reflecting the national narrative of first attempting to cure and later simply treating insanity through architecture.

¹⁴ Yanni, *The Architecture of Madness*.

CHAPTER 2

THE IMPORTANCE OF ARCHITECTURE, 1821-1851

In 1821, legislators Samuel Farrow and Williams Crafts convinced the South Carolina General Assembly to pass an act that officially created institutions to care for the state's neediest members – “deaf and dumb children” and “lunatics.”¹⁵ Although construction on what is now known as the Mills Building did not end until 1827, South Carolina was one of only two states to formally provide for the mentally ill in 1821.¹⁶ The design and construction of the Mills Building represented a great innovation in the treatment of the mentally ill through purpose-built architecture. Architect Robert Mills carefully chose design elements in accordance with the theory of environmental determinism. The Mills Building's design was the progressive medical theory of moral treatment to cure insanity in bricks and mortar.¹⁷

Historians in the mid-twentieth century “rediscovered” Robert Mills, but they did not examine the Mills Building in great detail. These historians focused largely on his work as a Federal architect, though some wrote about his work on the Customs House and various churches in Charleston. They argued for the significance of Mills's work in

¹⁵ Barbara Bellows, “Insanity Is the Disease of Civilization”: The Founding of the South Carolina Lunatic Asylum,” *South Carolina Historical Magazine* 82, no. 3 (July 1981): 263.

¹⁶ McCandless, *Moonlight, Magnolias, & Madness*, 40, 63. Virginia also formally provided for the mentally ill with a purpose-built structure in Williamsburg. The Friends also built an asylum in Philadelphia, though that was a privately funded venture. Although the first building at the South Carolina Lunatic Asylum is currently known as the Mills Building, I will be referring to it by the terms used by the contemporaries of each section. In Chapter 2, I use “the Asylum,” and in the following chapters I will use the name “the Old Asylum.”

¹⁷ John Morrill Bryan, *Robert Mills: America's First Architect*, (New York: Princeton Architectural Press, 2001), 179-180.

the field of American architecture as a whole.¹⁸ His engineering achievements and work as the first Federal architect continue to receive a great deal of attention. However, his innovative work on the South Carolina Lunatic Asylum remains underrepresented in the historiography. Most recently, John Bryan examined Mills's entire career. Bryan briefly mentioned the Lunatic Asylum in a chapter on all of Mill's work in South Carolina during the 1820s. He noted that the structure was the most advanced asylum design of its day, paying particular attention to its steam heating system. As Bryan's book is a survey of Robert Mills's entire career, it does not connect the Mills Building to the larger narrative of architectural design at the South Carolina Lunatic Asylum.¹⁹

When commissioned, architect Robert Mills had no established parameters for asylums on which to base his design of the South Carolina Lunatic Asylum. There quite simply were not enough asylums for any formal practices to be nationally accepted. However, the theory of environmental determinism, the idea that one's environment

¹⁸ H. M. Pierce Gallagher, *Robert Mills, Architect of the Washington Monument, 1781-1855* (New York: AMS Press, 1966); Kathleen Lewis Sloan, *Robert Mills: Architect Under Seven Presidents* ([n.p., 1967]); II J. Jefferson Miller, "The Designs for the Washington Monument in Baltimore," *Journal of the Society of Architectural Historians* 23, no. 1 (March 1, 1964): 19–28; Edmund Woolley, "Early Architects of Independence Hall," *Journal of the Society of Architectural Historians* 11, no. 3 (October 1, 1952); All of these works are examples of studies of Robert Mills as Federal architect. Gene Waddell, "Robert Mills's Fireproof Building," *The South Carolina Historical Magazine* 80, no. 2 (April 1, 1979): 105–35; Harley J. Mc Kee, "St. Michael's Church, Charleston, 1752-1762 Some Notes on Materials and Construction," *Journal of the Society of Architectural Historians* 23, no. 1 (March 1, 1964): 39–43; Helen G. McCormack, "The Fireproof Building: New Home of the South Carolina Historical Society," *The South Carolina Historical and Genealogical Magazine* 44, no. 4 (October 1, 1943): 205–11; Blanche Marsh, *Robert Mills: Architect in South Carolina* (Columbia, S.C.: R. L. Bryan Co, 1970); Hennig Cohen, *Robert Mills: Architect of South Carolina* ([Philadelphia, Pa: s.n, 1949); All of these works focus, at least primarily, on Mills's work in Charleston. James C. Massey, "Robert Mills Documents, 1823: A House for Ainsley Hall in Columbia, South Carolina," *Journal of the Society of Architectural Historians* 22, no. 4 (December 1, 1963): 228–32, differs from many other mid-twentieth century studies of Mills as it addresses the Ainsley Hall Mansion in Columbia; Kenneth Ames, "Robert Mills and the Philadelphia Row House," *Journal of the Society of Architectural Historians* 27, no. 2 (May 1, 1968): 140–46, again differs in its focus, though it obviously does not address the South Carolina Lunatic Asylum; Gene Waddell, *Robert Mills's Courthouses & Jails* (Easley, S.C: Southern Historical Press, 1981) is a slightly later work, but does not contain any information on the asylum.

¹⁹ Bryan, *Robert Mills*, 179-185.

directly shapes his or her behavior, already was well established.²⁰ Mills used this premise in many of his civic buildings. For example, he hoped to impart order through the Neo-Classical designs of his county courthouses. Additionally, he researched the design of York Retreat in England. This asylum established by Samuel Tuke was already considered the leader in moral treatment.²¹ Mills utilized the premises behind York Retreat's design, while creating an entirely different structure.²² Mills took the principles of order and symmetry from York Retreat and used them in a much larger and more monumental building.

In 1821, the Asylum was the most significant civic building commissioned in South Carolina up until that point. Not only was it expensive and time consuming to build, but it also represented a great ideological investment. The state officially accepted responsibility for mentally ill citizens before it provided for any other group.²³ The Asylum was a brick Greek Revival structure, which was not only a style popular with Mills for civic buildings, but also long-associated with reason. Everything on its imposing façade, from its six white columns to its mirrored steps, created a sense of stately order. Where better to heal a disordered mind than in a structure with the Asylum's clean lines and symmetry? York Retreat was symmetrical and simple, but did not impart the stateliness of the Asylum. The simple Georgian design of York Retreat was inappropriate for a civic structure. Appropriate as simplicity may have been for Tuke's privately funded asylum, Mills felt South Carolina's asylum needed the same

²⁰ Yanni, *The Architecture of Madness*, 8-9.

²¹ Yanni, *The Architecture of Madness*, 27-31.

²² Bryan, *Robert Mills*, 179-181.

²³ Although the South Carolina General Assembly did not consider African Americans and women citizens, the Asylum did provide care to them as well.

grandeur any other civic institution possessed.²⁴ The bricks themselves added to the building's stature, but they also served a practical purpose. Even in the 1820s, Mills saw the danger of fire to a large group of mentally ill individuals. The Asylum was actually not fireproof, but rather fire resistant. However, Mill's foresight became standard practice by the middle of the century.²⁵

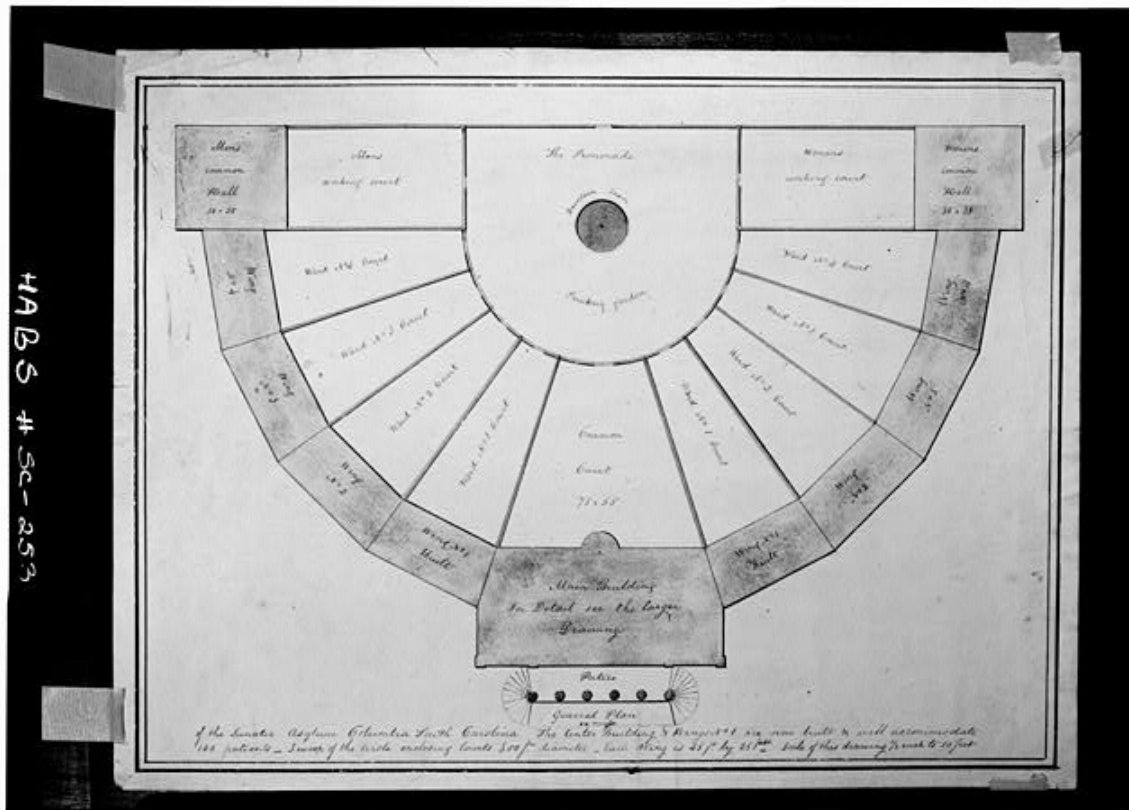
The Asylum's cupola was another feature that added to its grandeur, but it along with the relatively large sash windows also served the therapeutic purpose of good ventilation. The bodily health of the patients was a key tenet to the moral treatment regimen at York Retreat. In the late eighteenth and early nineteenth century, physicians believed good air and proper ventilation were key for overall good health. The Asylum's cupola was round, which allows it to catch breezes from every direction. Mills chose sash windows because they allow for more airflow. Finally, Mills placed patient rooms along single-loaded corridors, instead of the double-loaded corridors of York Retreat. Located along the south side of the building, these rooms received better light and ventilation than rooms on the north side of the corridor would have.²⁶ Free of doors, the north side of the corridor also served as a spacious and pleasant area for patients to spend their time outside of their rooms during the day.

In keeping with the curative principles of York Retreat, Mills designed bilaterally symmetrical wings for the Asylum. Rather than replicating the flat façade of Tuke's asylum, Mills set his wings at a slight angle from the main façade and portico (Figure 2.1). These wings allowed the Asylum to build additions in a semicircular pattern as the

²⁴ John J. G. Blumenson, *Identifying American Architecture: A Pictorial Guide to Styles and Terms, 1600-1945*, (United States: W. W. Norton & Company, 1979), 26-27.

²⁵ Yanni, *The Architecture of Madness*, 35-38.

²⁶ Yanni, *The Architecture of Madness*, 35-38; Bryan, *Robert Mills*, 181.



patient population increased. Although this plan was never carried out at the Asylum, building bilaterally symmetrical wings that could be added to with identical additions became standard asylum practice by the middle of the century. Unlike later asylums, Mills did not intend to segregate patients by sex in each wing. Borrowing again from York Retreat, Mills believed separation of the sexes was important in the treatment of insanity. He simply intended the sexes be separated by floors in his two-and-a-half story building, rather than by wing.²⁷

In addition to a specialized structure, moral treatment called for daily recreation to cure patients of insanity. Mills provided for this need by designing a series of courtyards directly behind the Asylum (Figure 2.1). These wedge-shaped spaces extended from the Asylum in a semicircle like spokes on a wheel. Walls and hedges would prevent patients of the opposite sex from seeing one another, and additional courtyards could be built as the building was expanded. The semicircular pattern maintained the Asylum's restorative symmetry and made surveillance easy for attendants watching patients.²⁸

Ultimately, the Asylum did not carry out Mills's courtyard design, nor did it build the entire structure as Mills envisioned it. The Asylum was the first civic building in America designed to cure insanity, but because a physician did not originally lead the institution, other doctors knew little about its innovative design. When other states and private groups began designing asylums in the 1840s, they referenced Samuel Tuke's York Retreat, rather than the newer South Carolina Lunatic Asylum. Dr. Thomas Story Kirkbride came to many of the same conclusions as Mills in designing his namesake

²⁷ Yanni, *The Architecture of Madness*, 35-38; Bryan, *Robert Mills*, 180-181. Although Mills did not intend that patients be separated by sexes into the wings of the Asylum, separation into the wings by sex did occur relatively early in the Asylum's history as evidenced by the superintendent's 1835 request to expand the male wing.

²⁸ Yanni, *The Architecture of Madness*, 35-38; Bryan, *Robert Mills*, 182.

plan, including the importance of symmetry, ventilation, and separation of the sexes. Without a physician at the head of the South Carolina Lunatic Asylum, no one at the Asylum bothered to write or discuss Mills's design with the medical community. Thus, Kirkbride's plan gained the endorsement of the Association of Medical Superintendents of American Institutions for the Insane (AMSAI), while the architect Mills's building fell into despair. By 1840, the leaders within the South Carolina Lunatic Asylum fell in line with the national movement toward the Kirkbride plan and decided that no amount of improvements and extensions to the current structure could make it an acceptable environment to cure insanity.²⁹ With the goal of curing as many patients as possible, the administration, like asylum officials across the nation, began to look toward the creation of a new space, which would ultimately become the Babcock Building, to achieve its end.³⁰

²⁹ Yanni, *The Architecture of Madness*, 35-38; McCandless, *Moonlight, Magnolias, & Madness*, 63-141; Bryan, *Robert Mills*, 179.

³⁰ Today known as the Babcock Administration Building, this structure across Pickens Street from the Mills Building has been called many names throughout its lifetime. Similar to my discussion of Mills, I will be using the common name of the structure for the period under discussion. Since it did not have a proper name before construction began, it was simply the "new asylum." During the Civil War and Reconstruction, it was the "New Asylum," proper. Finally after Reconstruction formally ended, the Building was usually not referred to as the "New Asylum," since it had stood partially completed for years; instead, Griffin typically referred to it as the "Male Asylum," since no female patients lived in the completed southern wing.

CHAPTER 3

A NEW HOPE, 1852-1858

Although the press and experts alike touted the Mills Building as the most progressive response to mental illness in the United States after its completion in 1827, the structure did not maintain this status for long.³¹ Throughout the country in the 1850s, many more physicians and politicians believed in the architectural cure for insanity than they had in the 1820s, meaning more states and many private groups built curative asylums.

Commentators of the day claimed increasing mechanization and “civilization” in general was causing an increase in the rate of insanity in the general population. Regardless of whether or not there were actually more cases of insanity, antebellum officials assumed it was the state’s responsibility to care for its insane citizens. South Carolina was like any other state in this respect. Despite the Old Asylum’s failure to cure insanity, the leaders of the South Carolina Lunatic Asylum and the public did not lose any of their faith that architecture could cure mental illness. If anything, the leaders’ debate on what kind of building to construct showed even greater faith in the curative potential of architecture.

Almost a quarter century after the Asylum’s completion, Dr. John W. Parker (1836-1869), Superintendent of the Lunatic Asylum, Dr. Daniel H. Trezevant, First Physician, and the Board of Regents agreed that the institution required an entirely different building. This decision was based first and foremost on the existence of several

³¹ D. H. Trezevant, *Letters to His Excellency Governor Manning on the Lunatic Asylum* (Columbia, S.C: Steam-power press of R.W. Gibbes & Co, 1854).

structural defects, rather than the architectural form of the Mills Building. However, no one could deny that the structure had failed to cure as high a percentage of patients as its officers had hoped.³² Thus, these men turned with a new hope to a different architectural treatment assuming it would cure insanity in South Carolina.

When South Carolina completed construction on the Mills Building in 1827, there were very few asylums in the entire country and even fewer physicians specializing in the treatment of mental illness. By 1844, there were enough asylums and doctors treating insanity that AMSAI formed.³³ This group adopted standards for asylum care that all institutions were to follow in 1851. These standards were verbatim those written by Dr. Thomas Story Kirkbride, one of the foremost leaders of the organization.

Initially published in 1854, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* details everything from the width of interior walls to the type of furniture asylums needed to staff a happily run institution. With the Mills Building no longer considered adequate, this work greatly influenced the debate on what next to build to cure South Carolina's insane. The contentious debate surrounding the initial design and construction of the Babcock Building further demonstrated how powerful this faith in the architectural cure remained. Although asylum officials considered other designs, the Babcock Building itself initially was constructed to Kirkbride specifications, placing the South Carolina Lunatic Asylum in the mainstream of asylums nationally. The question for these men was not whether or not architecture would cure mental illness. Rather, the only question was what architectural form would cure the most people in South Carolina.

³² Yanni, *The Architecture of Madness*, 20.

³³ Thomas Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia, PA, 1854), 6.

Other states constructing asylums in the late 1840s and early 1850s looked to the Kirkbride plan for a cure to insanity.³⁴ Dr. Kirkbride designed the style of asylum named for him while working at the Pennsylvania Hospital for the Insane. Based in part on the ideal of moral treatment from York Retreat in England and Philippe Pinel's ideas of nonrestraint, the building Kirkbride invented was heralded as the perfectly ordered environment to cure insanity. The plan called for all patients to live in a single building, a congregate system; the wards extended in a step fashion from either side of center of the building in a shallow "v." The most violent patients lived the farthest away from the center of the asylum, where the administrative offices were and the medically trained superintendent lived with his wife and family. As the patient moved toward a cure, he or she would literally move through the wards of the asylum toward the center of the building and thus normalcy. Each wing was devoted to one of the sexes, and the various wards and floors further separated the patients based on diagnosis and class.³⁵

Although AMSAII accepted Kirkbride's plan as the ideal treatment for the mentally ill in 1851, Trezevant had very specific ideas regarding the new facility at the South Carolina Lunatic Asylum, and his plans were not carbon copies of Kirkbride's instructions. Consistent with his belief in moral treatment, Trezevant argued that proper categorization and separation of patients by socioeconomic class and illness were essential for cures.³⁶ One of the key weaknesses in the Mills Building's plan was that it lacked enough wards to separate all the different types of insanity and classes of patients into separate spaces. In this theoretical principle, Trezevant followed the AMSAII

³⁴ Yanni, *The Architecture of Madness*, 52-78.

³⁵ Yanni, *The Architecture of Madness*, 52-78; Yanni, "The Linear Plan for Insane Asylums in the United States before 1866."

³⁶ Trezevant, *Letters to His Excellency Governor Manning on the Lunatic Asylum*, 40.

guidelines exactly. However, Kirkbride insisted that no one facility should house more than two hundred patients, or, if absolutely necessary, two hundred and fifty patients. Trezevant scoffed at constructing a new building designed to hold anything fewer than four hundred patients, considering the current growth rate of the institution.³⁷ AMSAII believed the cure rate would be high enough that no asylum would need to house more than two hundred and fifty patients, and while Trezevant agreed that cure rates would increase when the patients could be properly separated, he recognized that the South Carolina Lunatic Asylum, as the only institution of its sort in the state, would have to serve a much larger group than many northern asylums.³⁸ Trezevant was not alone in his opinions on patient capacity. Even some members of AMSAII recognized that their hospitals would have to care for more than 250 patients at a time.³⁹ However in contrast to the AMSAII guidelines, Trezevant believed that housing four hundred patients was both necessary for practical concerns and that it would not harm any one individual's chance for a cure, as long as the facility were constructed with that large patient population in mind.

On the specifics of what any new building should look like, Trezevant again differed from Kirkbride's plan. Trezevant agreed with a patient's progression toward sanity matching his or her progression through the asylum's physical space, and he felt that separating the patients by class into the different floors of any new asylum was

³⁷ Board of Regents, *Annual Report of the Regents of the Lunatic Asylum to the General Assembly of South Carolina for 1852* (Columbia, SC, 1853), 15. Hereafter, Annual Reports of the South Carolina Lunatic Asylum will be referenced as *Annual Report for Year*.

³⁸ *Annual Report for 1852*, 15.

³⁹ Trezevant was not a member of AMSAII because he was the South Carolina Lunatic Asylum's First Physician, not an asylum superintendent. Kirkbride's guidelines specifically called for the superintendent to serve as the asylum's first physician; however, since South Carolina's asylum was established before the Kirkbride plan was written, the positions remained separate here until after Trezevant left the institution.

wise.⁴⁰ Where Trezevant disagreed with Kirkbride was use of patient rooms on both sides of the wards' corridor. Trezevant argued that this system may work well enough in New England or Pennsylvania but was ill suited for the stifling hot and humid summers of the South. He lambasted the brand new Kirkbride style asylum in Tuscaloosa, Alabama, in the *Annual Report to the South Carolina General Assembly* in 1853, claiming that insufficient airflow had already harmed more patients than the Tuscaloosa asylum could ever hope to help.⁴¹ Instead, Trezevant wanted the Board of Regents to approve a plan along the lines of the Derby Asylum that only had patient rooms on one side of the corridor. Although the Derby Asylum was in England with an entirely different climate, Trezevant noted that plenty of light and, most importantly, air were able to flow through single-loaded wards.⁴² Building the new facility along the lines of the Derby Asylum, but with an almost doubled patient capacity, would meet the particular needs of the South Carolina Lunatic Asylum, and Trezevant argued, would allow the state to be the creator of the only uniquely southern asylum in the country.⁴³

Trezevant and Kirkbride agreed on the importance of good ventilation in asylums, despite their disagreement on how best to achieve proper airflow; however, Trezevant's concern that Kirkbride's guidelines did not adequately address the particular needs of southern asylums was justified. In thirty-seven pages addressing the architecture and materials asylums should use in construction, Kirkbride only addressed the extreme heat and humidity of the South once. He disagreed with the suggestion to place "verandahs

⁴⁰ Trezevant, *Letters to His Excellency Governor Manning on the Lunatic Asylum*, 49.

⁴¹ *Annual Report for 1852*, 17, 13. It is unclear where Trezevant gathered his figures from to determine how many patients were harmed at Tuscaloosa, but whether or not his numbers are accurate does not detract from the conclusion that he strongly believed the Kirkbride style asylum was a bad choice in the southern climate.

⁴² *Annual Report for 1852*, 17.

⁴³ Trezevant, *Letters to His Excellency Governor Manning on the Lunatic Asylum*, 54.

along the whole front [of an asylum], which have been suggested for the South” because they would be too costly and “resemble extensive cages.”⁴⁴ Regardless, Trezevant’s argument for a southern asylum along the Derby lines was not strong enough to overcome the Board of Regents and Parker’s preference for the then dominant Kirkbride style.

George E. Walker, an architect from Charleston, parroted Kirkbride’s plans and construction began on the Babcock Building, then commonly known as the New Asylum, in 1855 (Figure 3.1).⁴⁵ Following Kirkbride’s specifications, the structure was built with brick, heated by steam, and constructed from the end toward the center.⁴⁶ Although the Tuscaloosa asylum, the most famous Kirkbride asylum of the day, is of the Italian Renaissance style, Walker used the heavier Neo-Gothic style to convey the benevolence of South Carolina in the New Asylum. So strong was Trezevant’s belief in the curative power of a particular building that he left before construction began on the New Asylum. Trezevant believed that a Kirkbride building would not cure patients in the South’s climate, though he maintained that a structure designed specifically for South Carolina’s environment would cure insanity.⁴⁷ As in other asylums across the country, the symmetry, carefully selected materials, and interior specifications called for by the Kirkbride system and planned for in the New Asylum rekindled hope that insanity could be cured in eighty to ninety percent of cases.⁴⁸

⁴⁴ Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 18.

⁴⁵ John E. Wells, *National Register of Historic Places Nomination for Babcock Building, South Carolina State Hospital, Richland County, South Carolina*, July 1981.

⁴⁶ Wells, *National Register Nomination for Babcock Building*, 14, 26, and 35.

⁴⁷ Trezevant, *Letters to His Excellency Governor Manning on the Lunatic Asylum*, 54.

⁴⁸ Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 2.

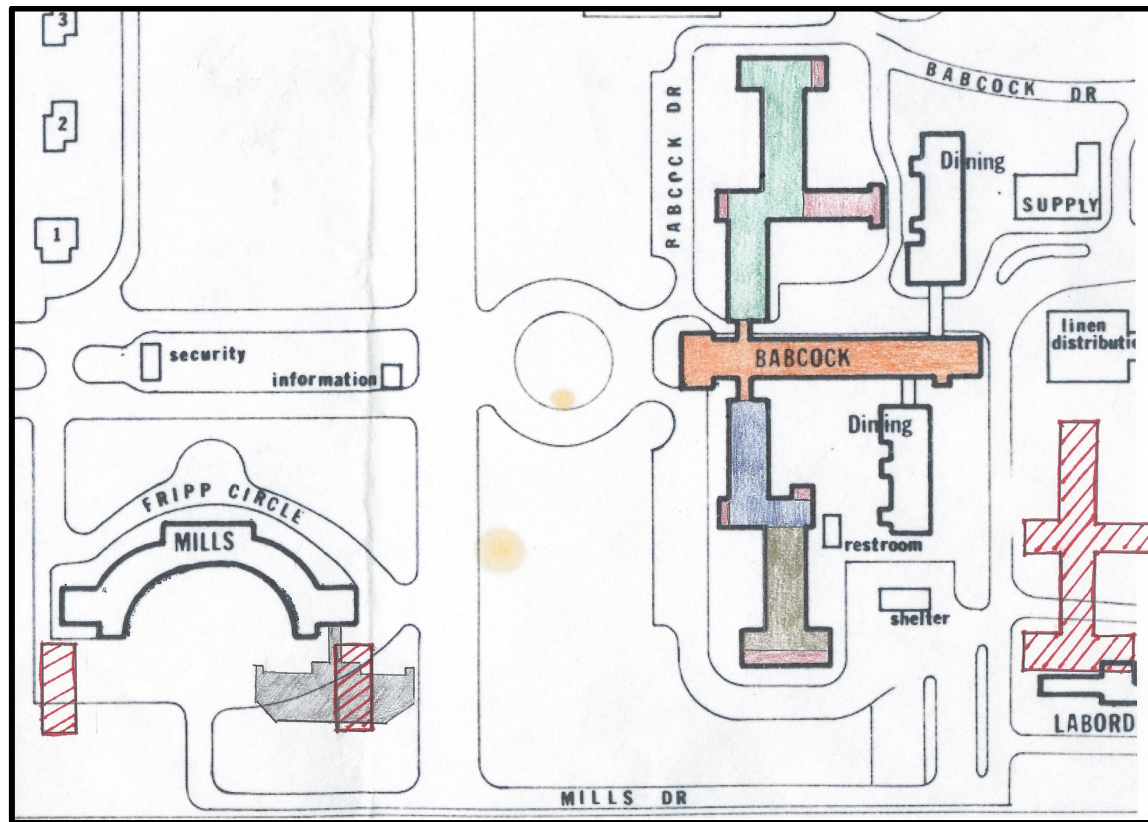


Figure 3.1: This May 1975 Department of Mental Health facilities map shows the locations of the Mills and Babcock buildings (labeled), as well as the modern Jarrett Building addition (gray) behind the Mills Building. The red striped structures are the wooden lodges Griffin discussed *Annual Report for Fiscal Year 1880-1881*. The color-coded sections of the Babcock Building correspond to their construction dates. The blue section was built from 1857 to 1858; the gold section was built from 1870 to 1876; the green section was built from 1880 to 1882; the orange section was built from 1883 to 1885, and the red sections are alterations and additions constructed after 1885. All color-coding and sketched structures were added by the author. Original 1975 Department of Mental Health facilities map courtesy of Historic Columbia Foundation.

CHAPTER 4

THE RECONSTRUCTION OF THE LUNATIC ASYLUM, 1859-1877

After the first portion of the South Wing was completed and occupied in 1858, construction at the Lunatic Asylum stalled during the Civil War.⁴⁹ As patient populations across the country burgeoned immediately after 1866, meeting patients' basic needs took priority over constructing buildings following the latest medical theories. However, medical theory still played a role in decisions about architecture. Superintendent Joshua F. Ensor (1869-1877) added to the Babcock Building using the original, and still dominant Kirkbride design. This decision demonstrated the Lunatic Asylum maintained its position in the mainstream of American asylums that continued to use Kirkbride buildings while beginning to question the architecture's curative potential.

Unsurprisingly, the years of the American Civil War were not kind to the South Carolina Lunatic Asylum. Early on, daily life at the Asylum changed little. Parker did not request more funding to continue the construction on the New Asylum in 1861, noting that the state needed all possible funds that year for the war effort.⁵⁰ However, overcrowding had again become such an issue that Parker felt compelled to ask for

⁴⁹ The Lunatic Asylum did host a Confederate military prison for Union officers from December 1864 until February 1865. Confederate forces moved prisoners to this location, known as Camp Asylum, because it already had a high brick wall to contain the men. Evidently, the Union prisoners did not oblige their captors at their previous camp by staying put when there was not a barricade to contain them. Camp Asylum is remembered today for its incredibly low death rate: only one Union officer died while incarcerated here, despite the fact Confederate forces provided only limited barracks and a few tents for these men during the coldest months of the year.

⁵⁰ *Annual Report for 1861*, 135.

whatever the South Carolina General Assembly could give him by 1862.⁵¹ In the *Annual Report of 1863*, Parker did not even comment on the lack of construction on the New Asylum. He was far too busy trying to feed and clothe the patients going so far as to write, “the existence of the Institution has been but one severe, protracted struggle.”⁵² Conditions remained desperate from 1863 until the close of the war. Parker used his own money to keep the Asylum running. When his income ran out he operated the Asylum on his personal credit, since the majority of the vendors in Columbia refused to open credit to the state with its poor record of payment.⁵³

Initially, the end of the Civil War failed to change the day-to-day happenings at the Asylum, much as the initial start of the conflict failed to change a great deal. Parker remained superintendent and continued struggling to simply keep the patients adequately clothed and fed.⁵⁴ As the 1860s wore on, the overcrowding and generally poor conditions especially prevalent since the Civil War became much worse with the emancipation of South Carolina’s large slave population. Although African Americans legally were allowed admission as early as 1848, “the number in the Asylum never exceed[ed] five” until after the Civil War.⁵⁵ Emancipation led not only to a drastic increase in the number of patients seeking the services of the Asylum, but also to the number of patients who needed to be supported by public money. Although the Asylum’s charter always assumed that the fees from paying patients would also provide the funding necessary to look after patients who could not afford treatment, state funding had always been necessary to keep the doors open. The issues of overcrowding and inadequate funding grew worse

⁵¹ *Annual Report for 1862*, 121.

⁵² *Annual Report for 1863*, 119.

⁵³ *Annual Report for 1865*, 35-6.

⁵⁴ *Annual Report for 1866*, 89.

⁵⁵ *Annual Report for 1869*, 260.

throughout the decade, and these were the first major problems the new superintendent Ensor had to confront.

From Ensor's earliest *Annual Report*, it is clear that overcrowding was the first endemic concern he wished to address. The question then was not if more space should be built but what kind of space should be constructed. Ensor condemned both the Old Asylum and a number of other haphazard structures in which patients lived, including wooden lodges built in the shadow of the larger structures (Figure 3.1). He called for a more planned approach to housing the patients, as opposed to the triage-style system the Asylum had employed since 1860.⁵⁶ Essentially, Parker allowed patients to stay wherever there was a space, regardless of whether or not the space had been designed for patient habitation. This system, or lack thereof, led to a wide range in the quality of accommodation individual patients experienced. Ensor desired a plan that would encourage the same standards of care for patients with the same diagnosis.

Although Ensor's first concern was adequately housing and generally looking after all his patients, curing as many people of insanity as possible was a close second. Ensor was certainly concerned about fire and other safety hazards engendered by the haphazard structures patients lived in, but the more pressing issue in his opinion was that no one could hope to be cured of his or her insanity in the Old Asylum or wooden lodges. Ensor returned to Trezevant's arguments for the unsuitability of the design of the Old Asylum for moral treatment: the building was not fireproof, it did not allow for the proper categorization of patients, and it simply did not have enough room. Ensor also wrote that the poor repair of the Old Asylum made it "gloomy," compounding its unsuitability as a

⁵⁶ *Annual Report for 1870*, 418.

facility for moral treatment.⁵⁷ These arguments against the Old Asylum served to make two points: first, it was necessary for the current patients' health that they be moved out of the old building. Second, curing acute insanity required a specially designed space, for which the Lunatic Asylum already had plans.

In 1871, Ensor suggested completing both the north wing and the center of the New Asylum for acutely insane patients, as well as performing basic repairs on the Old Asylum. He suggested this plan primarily for the practical need to relieve overcrowding. Having both facilities would be the cheapest way to house both the patients who would never return home and those the Asylum could cure. Ensor argued that the old building could be used to house the large and continually growing population of "idiots and imbeciles" at the institution who could not be cured with a moral treatment regimen.⁵⁸ Thus, the building would not be wasted, and the mentally disabled would not force the Asylum to turn away those acutely insane patients searching for a cure. The overcrowding problem would be solved in a single stroke.⁵⁹ This solution did not advocate turning the mentally disabled out on the streets, while simultaneously ensuring the highest possible cure rate for the acutely insane possible.

Although Ensor stressed that the completion of the Babcock Building was necessary for enough room to care for South Carolina's acutely insane, he did not go as far as Trezevant or Parker in claiming that the building itself cured insanity, particularly the longer he worked at the Asylum. For Ensor, as well as asylum physicians across the country, the building that housed the moral treatment regimen was growing less important with every passing year. Ensor and his contemporaries believed that patients

⁵⁷ *Annual Report for 1870*, 420.

⁵⁸ *Annual Report for 1871*, 138.

⁵⁹ *Annual Report for 1871*, 138, 1, 158.

were not being cured of their insanity because of the poor conditions they lived in, rather than because they did not live in a specific architectural form. Despite viewing other aspects of moral treatment as more important to the cure than the building, Ensor did fight hard to continue constructing the Babcock Building. Reconstruction-era South Carolina politics led to stop/start funding, but Ensor continued to build according to the original Kirkbride design, although it was initially more expensive than other options.⁶⁰ Ensor's contradictory stances grew from the continued hope that some aspect of moral treatment could cure insanity and the undeniable fact that the Kirkbride plan had failed to live up to its claims of an eighty-to-ninety percent cure rate.

Between 1870 and 1876, Ensor was only able to oversee the completion of the South Wing of the Babcock Building (Figure 3.1). The continued reliance on congregate care remained the standard for asylums after the Civil War, in part because state institutions accepted many more patients after 1866.⁶¹ Ensor, like his fellow asylum physicians, recognized that Kirkbride asylums were not curing large numbers of patients. Although these men justified low cure rates in a number of ways, they did not deny that

⁶⁰ Ensor continued using the original Kirkbride design, but construction did not progress according to Kirkbride's ideal. Kirkbride's plan called for construction to commence at the most extreme ends of the building and finish with the center. This plan allowed the most violently insane patients to be housed as quickly as possible. Ensor began construction to the south side of the New Asylum, building away from what would become the center.

⁶¹ Although the Dunning School of Reconstruction has been overturned in current scholarship, theses and dissertations on the South Carolina Lunatic Asylum continue to argue that Reconstruction was one of the worst periods at the Asylum. Primary sources do not support this claim, nor do they support the idea that Reconstruction in South Carolina at large was negative. The Lunatic Asylum was one of the most progressive in the country during Reconstruction, just as the state of South Carolina and Columbia in particular were. Because of the great number of black and white males the Asylum admitted during Reconstruction, Ensor integrated the South Wing while construction continued on the addition. Other progressive measures enacted during Reconstruction include, but are not limited to, the first integration of the University of South Carolina and creation of the Central Correctional Institution (CCI). For more information on how progressive CCI was nationally, see Steven A. Davis's thesis "Historic Preservation and the Social History of the New South" (1995), p. 4-14.

specific buildings failed to cure insanity.⁶² In less than a decade, asylum experts across the country would give up almost all reliance on the curative power of architecture.

⁶² Frequently cited reasons for low cure rates include patients not coming to the asylum soon enough and that mentally handicapped patients were not truly insane and thus could not be cured, though they were included in asylum admission statistics. These rationales appear in asylum reports all over the country as early as the 1840s.

CHAPTER 5

BEYOND REDEMPTION, 1878-1885

Traditionally written off as a time of complete neglect at the South Carolina Lunatic Asylum, the years immediately following the end of Reconstruction did see the completion of the Babcock Building, something no previous administration had managed (Figure 3.1). Unlike his predecessors, Superintendent Peter E. Griffin (1878-1890) saw no innate benefit in the Babcock Building itself. Rather, the building had the ability to offer superior accommodations and care to white patients, while haphazard wooden lodges and the inferior Mills Building would suffice for African Americans. He needed space to house patients, in whatever form it came. Griffin argued that the original Kirkbride plan of the Babcock Building had to be adapted to patients' needs in the 1880s. The footprint of the North Wing and the extension of the center demonstrated his successful argument, but his discussion of other asylum plans confirmed the decline of architecture as a medical treatment for the mentally ill.

Despite Ensor's personal popularity with much of Columbia, his progressive racial policies at the Asylum and his Republican loyalties led to his removal not long after US soldiers left South Carolina and Reconstruction ended.⁶³ Like Ensor, Dr. Griffin

⁶³ Peter McCandless, "The Right Man in the Right Place": J. F. Ensor and the South Carolina Lunatic Asylum, 1870-1877," *South Carolina Historical Magazine* 90, no. 3 (July 1989): 216–36. At the very end of his tenure, Ensor did reverse his racial policies in an attempt to ensure Wade Hampton's Redeemer government continued to provide for the institution. In the *Annual Report* for 1875-1876, Ensor asked for funds to complete the New Asylum, so the races could be housed separately. His gesture was too little too late for Democrats given his previous record in regard to race.

was a political appointee, and he agreed that adequately housing all patients was the superintendent's first priority. However, "adequately housing" all patients held very different meanings for these two men. While Ensor placed a premium upon getting the patients who could be cured in the building that might help, Griffin sought to segregate the patients not simply by disease but also by race. In 1880, Griffin stated plainly that the Asylum needed a new plan in order to segregate all patients accordingly.⁶⁴

Griffin suggested a two-part solution. First, the New Asylum needed to be completed. Then, the institution needed to erect simple frame cottages. As long as these structures were neat, Griffin was unconcerned with exactly what style or form they assumed. With all of this new space, the Asylum could properly segregate patients by disease, class, and race, allowing for proper "treatment."⁶⁵ Specific building styles and forms were unimportant because the structures themselves were not going to cure insanity. Griffin did not discuss the possibility of a cure, because he did not consider curing insanity achievable.

While Griffin turned his back on almost all possibility of a cure, Kirkbride himself began to back away from the optimism of the 1850s. In 1880, Kirkbride printed *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment*. In the Preface, Kirkbride claimed the pamphlet was largely a reprint of the 1854 work, but at almost three times the length of the original, the 1880 edition attempts to explain why cure rates remained so low.⁶⁶ For almost three decades, most asylums in America treated patients according to

⁶⁴ *Annual Report for Fiscal Year 1879-80*, 242.

⁶⁵ *Annual Report for Fiscal Year 1879-80*, 243-244.

⁶⁶ Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (J.B. Lippincott, 1880), 19.

the moral treatment regimen AMSAII had adopted in 1851 and many states had spent enormous sums on the construction of Kirkbride style asylums. Patient populations simply continued to grow. Kirkbride's new work attempted to explain away the lack of cures.

In addition to justifying the validity of his original argument, Kirkbride argued that strict adherence to the shallow "v" of the linear asylum footprint was not absolutely necessary (Figure 5.1). Kirkbride again mentioned the Tuscaloosa asylum, since it was the first building built to his exact specifications. However, Kirkbride printed plates of other building plans as worthy of reproduction as well. These additional plans gave more states the option to build Kirkbride-approved asylums. At first glance, the improved linear form of hospital was similar to the original linear hospital form, or Kirkbride plan, popularized by the 1851 AMSAII guidelines. Closer examination revealed some key differences. First, the improved linear plan's "v" was deeper than the original, because the corridors connecting wards were longer and wider to allow for fireproof stairwells (Figure 5.2). Water closets were located at the corner of each wing, where the corridor turned to make a right angle. Finally, the improved linear form showed a new kitchen and dining building behind and detached from the center main.⁶⁷ All of these changes improved the functionality of the original Kirkbride style asylum.

Reproduced at the very front of the work, the plan for the Pennsylvania Hospital for the Insane was an even more drastic departure from the original Kirkbride plan than the improved linear form (Figure 5.3). The structure invoked the bilateral symmetry around the center main of the original Kirkbride plan; however, the second wings of the

⁶⁷ Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment*, 163.

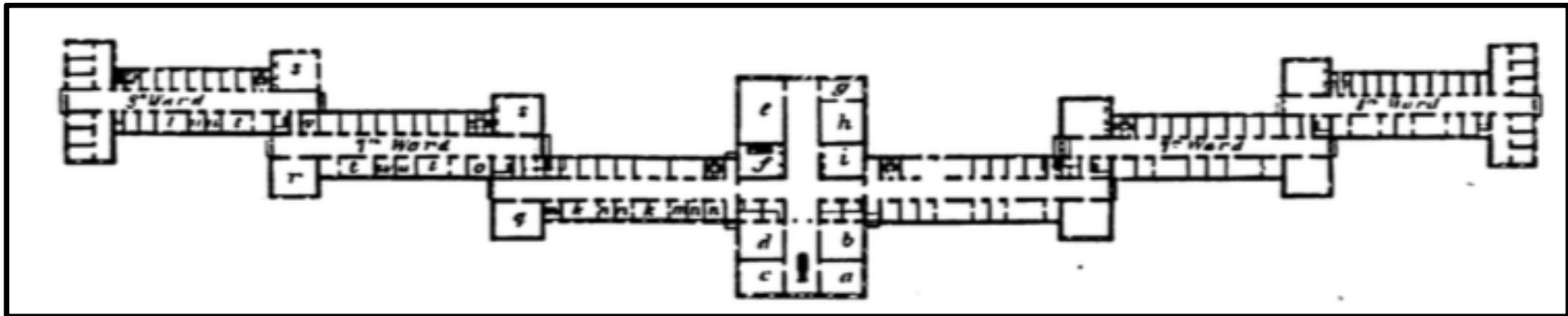


Figure 5.1: The linear form asylum, or Kirkbride plan, extends in a shallow stepped “v” from the center main. The most violently ill patients stayed farthest away from the “normalcy” of the superintendent and his family living in the center main. From *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (1880) by Thomas Story Kirkbride, p. 155.

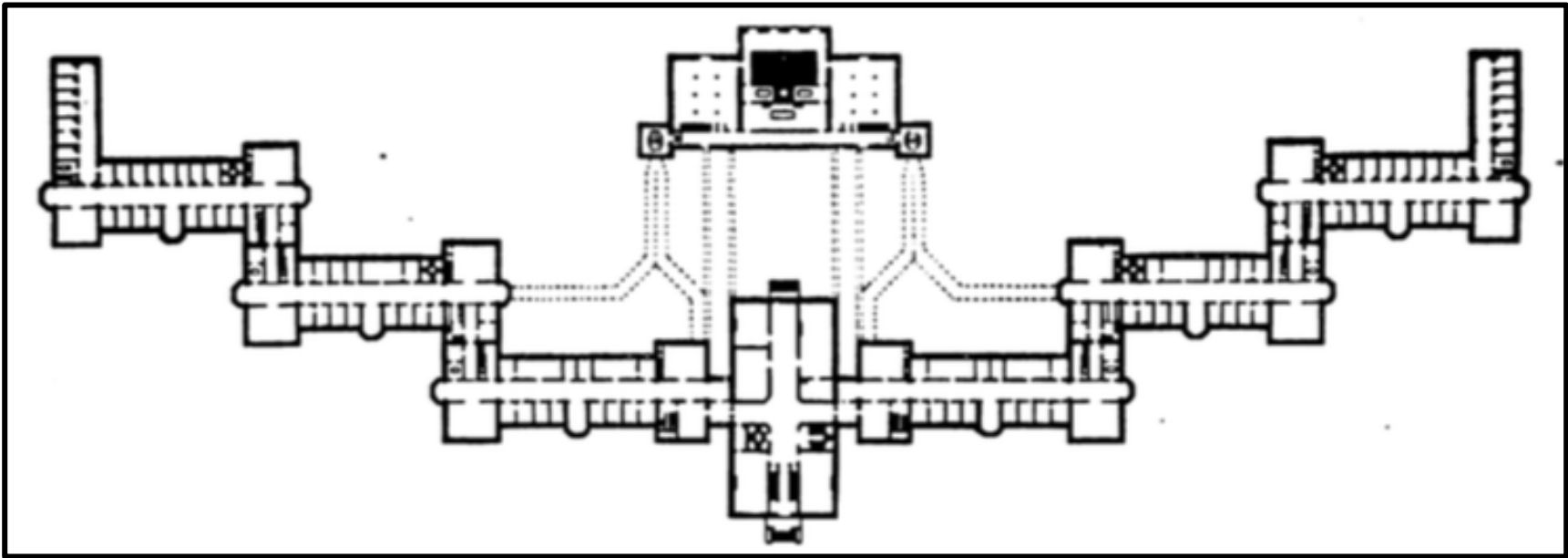


Figure 5.2: The improved linear form differed from the original linear form, or Kirkbride plan, with its extended wings and rear kitchen area connected to the center main. From *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (1880) by Thomas Story Kirkbride, p. 163.

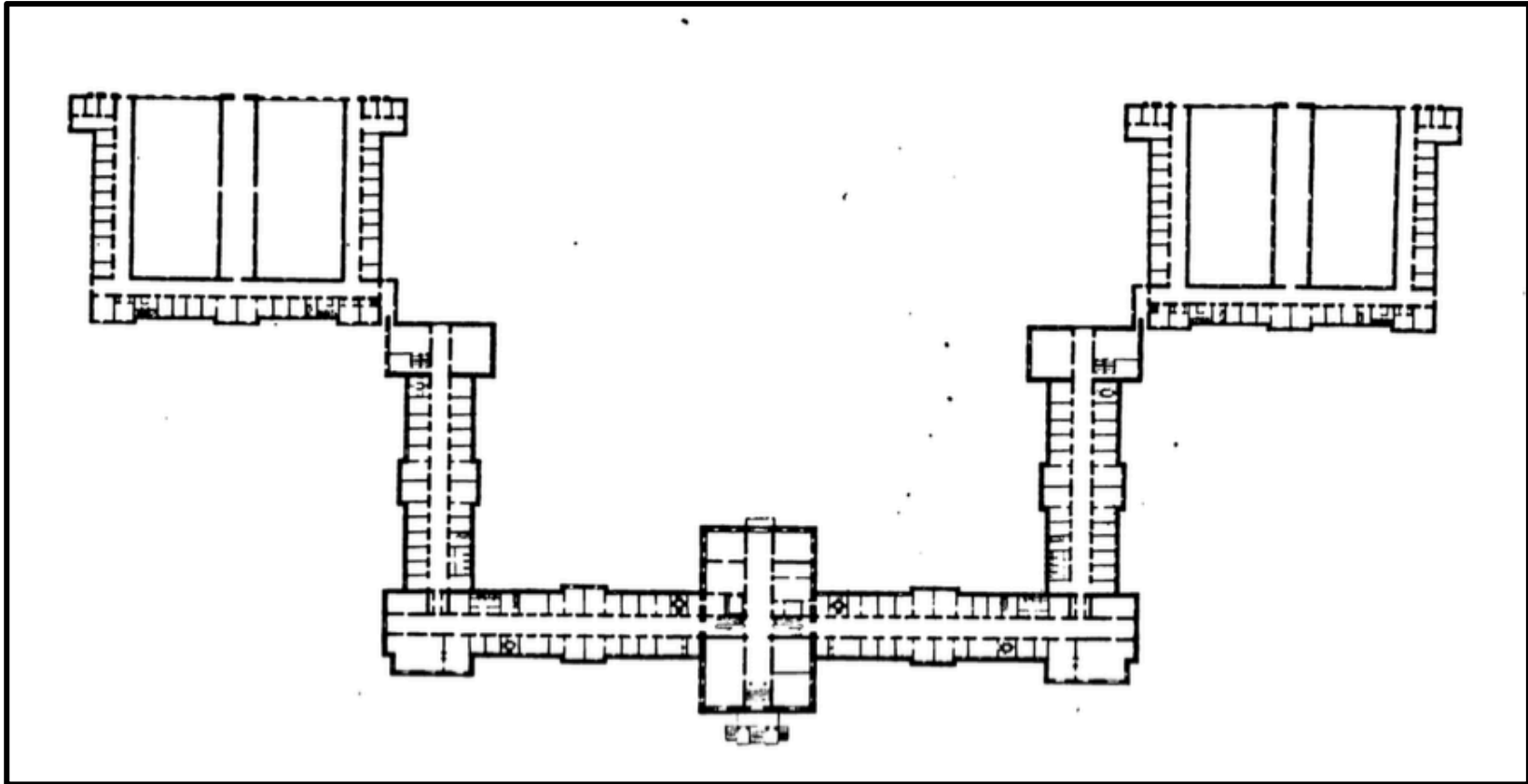


Figure 5.3: Because of the surrounding landscape, the Pennsylvania Hospital for the Insane could not build an original linear plan asylum. This adapted plan contains the same number of patient rooms without the original shallow “v” form. From *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (1880) by Thomas Story Kirkbride, p. ii.

building extended behind the façade at ninety degrees on either end.⁶⁸ Finally, two more right-angled “u” shaped wings with single-loaded corridors connected to the back outside corner of each side. Kirkbride justified this form for Pennsylvania, because the ideal construction site did not allow for the great extension required by the original linear plan.⁶⁹

Kirkbride also highlighted the plan of the Central Hospital for the Insane in Pennsylvania, further distancing his argument for moral treatment from strict adherence to the building bearing his name (Figure 5.4). A special commission in Pennsylvania recommended this plan for insane criminals, and Kirkbride presented it as an example that met the requirements of moral treatment while allowing for greater surveillance. Most patients were to live in the bilaterally symmetrical wards off the center main. These building sections mimicked the Kirkbride plan’s center main and immediately adjacent wings. The more violent criminals were placed in wings coming off diagonally from the back of the center main. In the event of riot, each individual ward and wing could be closed effectively from the others, just as cellblocks can be closed down in a prison. Although this plan was not recommended for noncriminal patients, Kirkbride’s reproduction of it showed how the role of architecture had shifted from a part of the treatment to a tool for practical uses.⁷⁰

⁶⁸ Kirkbride used the term “wing” to describe the rectangular units, what we today might call ward blocks, that made up the shallow “v” of his original plan. Officials at the South Carolina Lunatic Asylum used the terms “North and South Wings” to describe the female and male halves of the institution respectively. I use “wing” in discussing asylum plans and the proper names “North and South Wings” of the Babcock Building’s halves to indicate those places.

⁶⁹ Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment*, xii, 19.

⁷⁰ Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment*, 265-7.

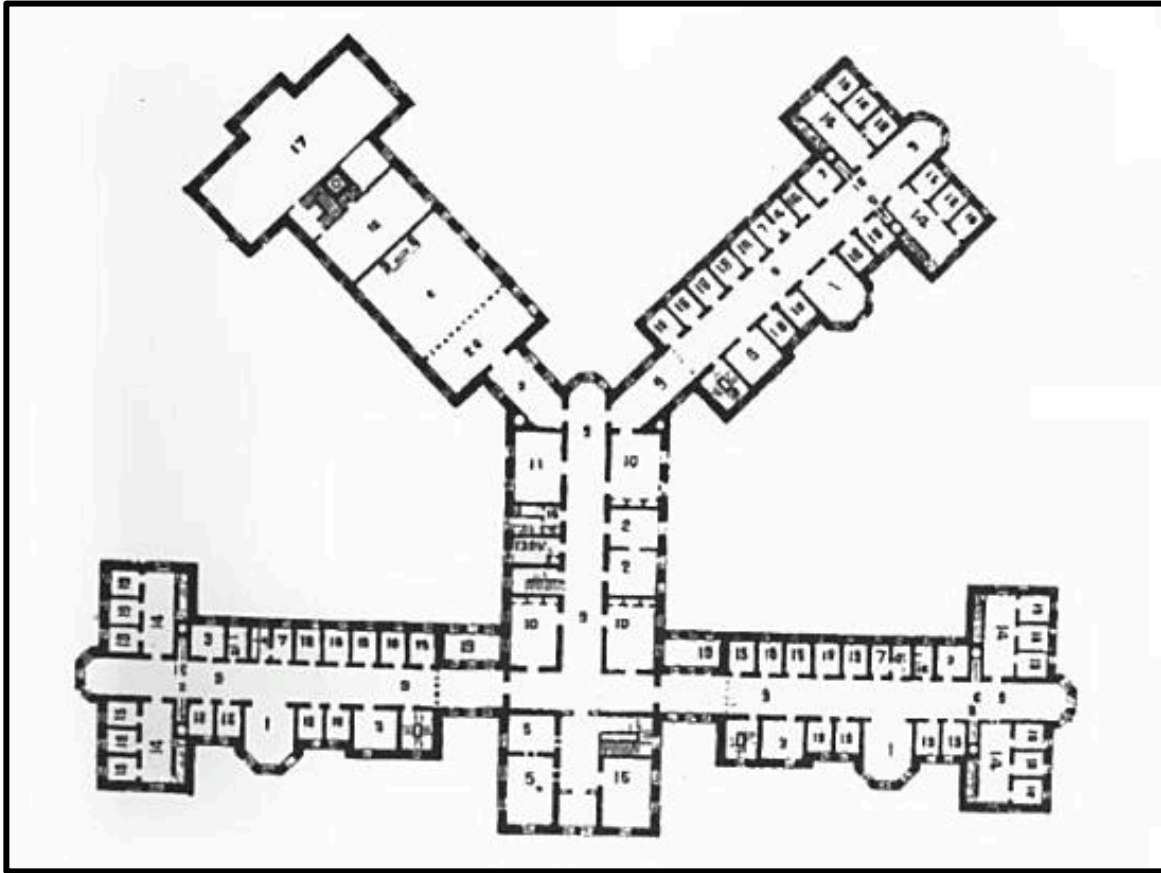


Figure 5.4: In the 1880 reprint, Kirkbride highlighted the Central Hospital for the Insane in Pennsylvania as a plan worthy of reproduction. Although not ideal for all patients, Kirkbride believed this plan fulfilled the basic tenets of moral treatment while allowing for the greater surveillance and security necessary for the criminally insane. From *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (1880) by Thomas Story Kirkbride, p. 264.

Because the Lunatic Asylum began construction of the Babcock Building during the height of the Kirkbride system's popularity but did not finish the structure until Griffin had completely abandoned the principle of therapeutic architecture, the national shift in theory evidenced by Kirkbride's reprint is clearly visible in the building's footprint. The South Wing represented the specifications of the original Kirkbride linear plan, while the North Wing showed the practical changes called for in the 1880s (Figure 3.1). Samuel Sloan, the architect who consulted with Kirkbride on the first edition of his book, actually redesigned the water closet drainage system for the North Wing.⁷¹ Sloan also adjusted the floor plan of the North Wing so that it was exclusively made up of congregate wards, as opposed to the double-loaded corridors of single-patient rooms the original plan called for. At first glance, the façade maintained its bilateral symmetry. However, the North Wing had an additional wing of wards extending directly behind the end of the wing connected to the center main. The northernmost wing of the "v" was much wider than the other wings, and the final perpendicular wing of the North Wing was much larger than its southern counterpart.

Griffin distanced himself from the ideal of curative architecture in 1883, when he looked to other asylums for new patient accommodation plans. He discussed a combination of two plans, the Wisconsin system, which had each county care for its chronically insane patients in a small county asylum on farmland, and the Kankakee system, which called for keeping these patients at the state asylum but housing them in small cottages away from the acutely insane patients in the central building.⁷² For South Carolina, the combination of these plans meant that violent patients would live in the

⁷¹ *Annual Report for the Fiscal Year 1882-83*, 826.

⁷² *Annual Report for Fiscal Year 1882-83*, 829-31.

New Asylum, while more sedate patients could work on the Asylum's farm and live in the frame cottages Griffin asked for three years earlier. Griffin explicitly stated that violent patients should live in the New Asylum because the ward structure of this building made supervision and surveillance much easier than the more diffuse cottages. He made no mention of the architecture of the building curing these patients.

By the 1880s, asylum officials across the country found themselves attempting to justify decades of low cure rates. Griffin, like most of these officials, blamed the ideal of curative architecture as the culprit. No asylum had ever achieved the eighty-to-ninety percent cure rate Kirkbride advertised, and the realization that these specialized, and often very expensive, buildings did not work did not suddenly occur in the 1880s. When asylum populations exploded after the Civil War, Ensor, like his peers, realized Kirkbride buildings were not everything they claimed to be. However, Ensor was not ready to say these buildings were useless. Instead, he began to place more emphasis on the ordered nature of life moral treatment dictated. By the 1880s, architecture was a tool that could improve safety, physical health, and surveillance for asylum patients. However at the same time, most asylum officials across the country, including Griffin, believed the ideal of curative architecture was beyond redemption.

CHAPTER 6

CONCLUSION, 1886-2014

Although faith in architecture that can cure eighty-to-ninety percent of mentally ill patients is gone, the Mills and Babcock buildings still stand today, though they are not precisely the same structures Griffin knew in 1885. The modern Jarrett Building, connected by a hyphen to the southeastern corner of the Mills Building, is the most significant alteration to the Lunatic Asylum's oldest structure. Completed in the 1970s using federal tax credits, the Jarrett Building does not detract from the Mills Building's façade.⁷³ Today, the Department of Health and Environmental Control continues to operate from the structure, maintaining it for future generations.

The Babcock Building has undergone more extensive exterior alterations. Between 1893 and 1910, the North Wing received a four-story addition to the rear elevation of the northernmost wing.⁷⁴ In 1916, Columbia architect George E. Lafaye constructed two one-story dining halls behind the North and South Wings and attached them by covered walkways to the center of the building. Lafaye also added stairwells at the end of wings all over the building; these additions are immediately apparent due to the difference in color, texture, and design from the original brickwork.⁷⁵

In 1981, the South Carolina Department of Archives and History successfully nominated the Babcock Building to the National Register of Historic Places. The

⁷³ "Renovation at State Hospital Reveals Hidden Treasure," *The State*, March 1, 1987.

⁷⁴ Wells, *NRHP Nomination for Babcock Building*, 2.

⁷⁵ *Annual Report for 1916*.

nomination form points out that the State Hospital moved all patients out of the Babcock Building by 1980.⁷⁶ This brief comment was much more important to the State Hospital than the nomination form indicates. According to employees who worked at the institution, the Babcock Building was in poor condition, but official reports indicate that removing patients from the structure served a symbolic purpose as well.⁷⁷ The State Hospital literally was moving away from the broken promise of the Babcock Building.

The initial removal of patients from Babcock in 1980 was not the first time the State Hospital used a literal move in operations to symbolically separate the institution from the broken promises of its past. When approaching the Lunatic Asylum from 1827 to 1857, one looked at the façade of the Mills Building. After this structure failed to cure insanity, the Babcock Building literally reoriented the institution. When one approached the Lunatic Asylum between the 1860s and 1930s, he or she traveled down Elmwood Avenue, running directly into the imposing façade of Babcock. After years of poor public perception, Superintendent Fred C. Williams once again changed the institution's axis. The Neo-Classical Williams Building sits at the terminus of Pickens Street turning people away from the Victorian Babcock Building both stylistically and physically.

Official reports from the 1980s demonstrate a stigma associated with the Babcock Building, which is still evident today.⁷⁸ It is unclear whether this stigma is due to the failure of the structure to provide the cures to insanity it claimed or from the memories of horrific treatment and deprivation associated with the building. Regardless of the cause, this stigma has led to the Babcock Building being demolished piecemeal through neglect.

⁷⁶ Wells, *NRHP Nomination for Babcock Building*, 2

⁷⁷ Mike Mefford, Telephone Interview 1 Conducted by Kim Campbell, March 25, 2014; *Annual Report for Fiscal Year 1980-1981*, 51.

⁷⁸ *Annual Report for Fiscal Year 1979-1980*.

After its complete vacancy in 1996 when the administration abandoned the facility for modern accommodations, the Babcock Building stood idle for a decade.⁷⁹ A survey of the entire property occurred in 2006, but nothing came of this development plan.⁸⁰ More recently, a Greenville developer purchased the property in July 2013 after about a year of courtship from the City of Columbia. The City placed very few preservation regulations on the contract, and the only the center of the Babcock Building with its iconic red dome and a few other structures were protected.⁸¹ No current regulation calls for the preservation of the rest of the Babcock Building.⁸²

Collectively spanning more than sixty years, the Mills and Babcock buildings of the South Carolina Lunatic Asylum are the premiere examples to study the rise and fall of the architectural treatment of insanity. As the first purpose-built curative asylum in the country, the Mills Building shows the evolution of curative architecture before the theory was accepted on a national scale. The Kirkbride style Babcock Building shows the apex of the national acceptance of the architectural cure with its initial design and construction. Superintendent Ensor's ambivalent stance on continued construction of the building showed the gradual turn away from architecture's curative potential. Finally, the alterations to the Babcock Building's design that only speak to the practical needs of the institution demonstrate the rejection of architecture as a cure for insanity. Although the Greenville investor has given no idea of what he plans to do with the Babcock Building at this time, it is clear that the best example of the rise and fall of the architectural treatment

⁷⁹ Mefford, Telephone Interview 1 Conducted by Kim Campbell.

⁸⁰ "Bull Street Blues," *Free Times*, accessed September 3, 2014, <http://www.free-times.com/cover/bull-street-blues>.

⁸¹ The Mills Building and the block it occupies were not included in the July 2013 purchase, since the Department of Health and Environmental Control still works from the structure.

⁸² City of Columbia, *Bull Street Guidelines*, May 2009.

of insanity will be demolished by neglect or insensitive development if something is not done with the structure soon.

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