

THE SECOND HOSPITAL FOR THE INSANE OF THE STATE OF MARYLAND.

By GEORGE H. ROHÉ,
Medical Superintendent.

This hospital was authorized by an Act of the General Assembly of Maryland in 1894, when an appropriation of \$75,000 was made for the purchase of land and the erection of buildings. A Board of Managers was appointed to select the property, to erect the buildings and to organize and manage the hospital. This Board, after examining numerous sites offered in various parts of the State, decided that no property would be considered available beyond a radius of twenty miles from the City of Baltimore. This was a judicious decision, inasmuch as about two-thirds of the population of the State is found within this area.

At the request of the Board, a medical commission, consisting of Dr. Henry M. Hurd, superintendent of the Johns Hopkins Hospital, Dr. James F. McShane, president of the Board of Health of Baltimore, and the writer, examined a number of the best sites offered with a view of advising as to their sanitary features and general availability for the purposes of a hospital for the insane. After a careful investigation the commission reported that it was unable to recommend any of the places that had been offered. Insufficient or impure water supply, poverty of soil, want of facilities for the disposal of house-wastes, insanitary or otherwise undesirable surroundings and inaccessibility were the objections generally noted. The commission finally prevailed upon Hon. Frank Brown, then Governor of the State, and *ex-officio* a member of the Board of Managers, to accept an offer of \$50,000 for his family estate, Springfield, which had been for many years one of the most productive farms in the State. After the expiration of his term of office, Governor Brown sold this estate, consisting of 728 acres, together with all the farm buildings, including the historic Patterson mansion, to the Board

of Managers for the sum above mentioned. The map shows proposed grouping of buildings, and improvements.

The writer, having been tendered the superintendency of the proposed hospital in September, 1895, accepted the position in February, 1896, and took charge of the property for the Board in April of the same year. A number of the old farm buildings were at once prepared for the accommodation of patients, and in July the first patients were received. Before the end of the year, fifty patients were taken care of in ordinary farm cottages. The Legislature of 1896 appropriated \$100,000 for the erection of a group of cottages or pavilions which have just been completed and occupied.

The comparatively small appropriations made by the Legislature indicate pretty clearly that the Board could not indulge in any extravagant ideas in constructing and outfitting the new hospital. After the architects, Messrs. Wyatt and Nölting of Baltimore, had prepared the drawings and specifications, the Board visited several hospitals in other States, Toledo and Ogdensburg among the number, in order to see in what manner Ohio and New York were providing for the insane in their most modern hospitals. Neither the Board, the architects, nor the writer saw any reason to change in the slightest particular the plans as they had been prepared and adopted by the Board.

The following is a brief description of the group of buildings begun in September, 1896, and completed and occupied in March, 1898:

This consists of a service-building and three cottages (see block plan and views), arranged on the crest of a knoll, surrounding an open space about 150 feet square. The service-building faces to the west, with a subordinate front in the rear. The three cottages all face the quadrangle. The service-building and cottages are connected by open corridors, with a pavilion in the center at the crossing. The service-building (Plans I, II,) is about 60 x 80 feet in dimensions, with ample porches.

In the basement (Plan I) is a large dining-room for the patients, this room being about 43 x 56 feet, amply lighted on two opposite sides. Adjoining the dining-room are the coat-rooms for the patients. In the basement are also located the kitchen and its dependencies. These, with the dining-room, occupy the entire basement.

On the first floor (Plan II), immediately inside of the front door, is the vestibule, with a reception-room for visitors on one side, and the office of the assistant medical officers on the other. Adjoining this latter room is the pharmacy. Beyond the vestibule is the main hall, communicating with the main and service stairs, the attendants' dining and sitting rooms and general toilets for this building. At the rear of the building which overlooks the entire group of cottages, are the office for the head attendant and store room. The rear porch is a continuation of the corridors, which connect the service-building with the cottages.

The second floor of the service-building is given to a suite of rooms for the assistant medical officers, purveyor, clerk, electrician and charge attendants. The suite of rooms for the physicians and other officers is on the front, and consists of an entrance hall, parlor, dining-room, bed-rooms, bath-room, trunk-room and pantry. The pantry communicates by the service staircase and dumb-waiter with the kitchen in the basement. On this floor there are five attendants' rooms and bath.

The third story is arranged as a dormitory for attendants, and consists of six large rooms, well lighted and ventilated, and an attendants' bath.

The cottages (Plans V, VI), except for slight differences which are chiefly noted on the exterior and shown on the block plan, consist of a large day room for the patients on the first story, dormitory and single rooms on the second story, and basement toilet and wash-rooms for the use of the patients. The principal entrance for the patients is through the basement, which will contain, as before noted, wash-basins and toilets, as well as rooms for boots, shoes, etc.

The main portion of the cellar under the day room is given to the necessary pipes, etc., used in the heating and plumbing in the building.

The first floor of each cottage (Plan V) contains, besides the large day room and single rooms, or alcoves at either end, a large entrance hall, which by the main staircase communicates with the basement and second story. Convenient to the day rooms are also placed lavatories, toilets and bath-rooms. Each cottage has an ample loggia, or porch, facing the quadrangle,

and other porches differently located in each cottage, so as to take advantage of the varying exposures.

On the second story (Plan VI) the entrance to the dormitory for the patients will be through a large dressing-room, containing a lavatory and alcoves at either end, one for fresh and one for soiled clothes. The soiled-clothes alcove communicates by a chute with the basement. From the dressing-room communication with the dormitory is through two doors, one on either side. The dormitory consists of a room the same size as the day room on the first floor, and small single rooms on either end. There is a small alcove between the dressing-room and the dormitory for the use of the attendant on duty, from which point he can control the whole of the second floor and see every door.

The second-story dormitory, in addition to the main staircase, has at either end a fire-proof staircase, communicating directly with the exterior at the ground level. These escape staircases give ample and sure means of exit for the patients in case of any emergency. They practically consist of an inclined vault or tunnel, in which it is impossible for fire or smoke to penetrate, as in case of fire, the current of air would naturally be from the exterior up the staircase and into the dormitory, keeping the staircase free from all smoke.

The heating of the entire group of buildings is by hot water, direct radiation, supplied from a central plant in the basement of Cottage C, the cottages and service-building being connected for this purpose by small tunnels. These tunnels serve also for the purpose of carrying sewer-pipes, and electric light, telephone and watchman's signal wires.

The large number of radiators renders it possible, by proper attention, to keep the temperature uniform under every condition of temperature and wind. Each cottage has the necessary vent shafts to secure ample ventilation. It will be noted that all the plumbing in the building is so grouped as to be entirely isolated, with the exception of entrance doors, from the day rooms and dormitories, and has been most carefully thought out, comprising in fixtures and workmanship the best that can be done at the present time. All woodwork has been eliminated from the plumbing fixtures, and nothing has been used in the

bath and toilet rooms except porcelain, marble, slate, metal and tile.

The cottages have been designed on the slow-burning construction, using what is known as "mill floors" for the ceiling of the first story, the plastering of the basement and second story being on metal lathing. All division walls in the building are of brick, and every precaution has been taken to prevent the beginning and spreading of a fire. No plastering of any kind has been done in the cottages except as above noted, all the walls being painted. The color of the entrance halls and staircases is a rich olive, while the wards and dormitories are a warm, chrome yellow.

The exteriors of the buildings are inexpensive and simple in treatment, being constructed of a good quality of red brick, with brownstone and brown terra cotta trimmings, and with heavy overhanging eaves, producing good shadows. This roof treatment, with the large porches, gives the buildings their distinctive character.

ELECTRIC LIGHT AND PUMPING STATION AND LAUNDRY.

The electric light and pumping station and the steam laundry are located about 2,000 feet from the group on the bank of a small stream from which the water supply is taken. A storage reservoir, holding about 600,000 gallons, forms part of the water-supply system, the water passing through a sand filter before entering the reservoir. From this the water is pumped into a steel pressure-tank, capable of holding 165,000 gallons. During heavy storms, when the water stream is likely to be muddy, the water can be shut off from the reservoir. The distribution of water from the pressure-tank is through a six-inch main to the centre of the group, whence individual supply-pipes run to the different buildings.

FIRE PROTECTION.

There are four double-outlet fire plugs in the quadrilateral surrounded by the buildings, one in the centre of each court, permitting each building to be controlled by the streams from two of the plugs. Another plug is placed opposite the centre

of the service-building to control the front of that building. The supply to each plug is by a four-inch main. The hose is hung on brackets in the corridors so as to be always in easy reach in emergencies. By this means from two to four streams can be brought to play inside or outside of any of the buildings. In addition to the pressure from the tank, the main supply-pipe can be directly thrown on the pump to give increased pressure in emergencies.

TELEPHONE SYSTEM.

The main switchboard of the telephone system is in the head attendant's office in the service-building, whence wires run to the superintendent's house, to the office of the physician in charge of the group, to the first and second floors of each cottage, to the boiler room in the basement of cottage "C," to the electric light and pumping station, the laundry, the stables and the detached cottage known as the "Buttercup Cottage." By this system the superintendent can promptly communicate with every portion of the institution.

The watchman's clock and time dial is also in the head attendant's office in the service-building.

There are in this group of buildings certain departures from the customary construction and administration of institutions for the insane that, I think, deserve notice. In the first place, the institution develops more thoroughly than has been usual heretofore, the hospital idea in construction. It will be seen by reference to plans V and VI, that there are only eight per cent. of single rooms, and that each of these single rooms has two windows, giving abundance of light. The idea of a cell, or dark room, or isolating room with its terrors, real or imagined, is therefore at once banished. There are no outside or inside window guards or gratings, thus eliminating the idea of confinement in a prison. All wards have direct window light on both sides, with no dark passages or corridors, and no unlighted north walls. The outside shutters give an agreeable finish to the buildings, and permit of tempering the sunlight when the latter is too direct or brilliant.

It will be further observed that there is no place for attendants to loiter or sleep in the cottages. The attendants' sleeping,

dining and recreation rooms are all in the service-building. Attendants will only be permitted to be in the wards when on duty. This strict separation of patients and attendants is only justice to the latter, who are entitled to quiet and pleasant surroundings when off duty.

The attendants' alcove, shown on plan VI, is in no sense a room, but simply a space for a table and chair, the telephone and the electric light and watchman's signal switches.

There are no ward dining-rooms in the cottages, all of the patients able to walk being required to go to the general dining-room in the basement of the service-building. Bed-fast or infirm patients, or such as are too disturbed to dine in commons, are furnished with meals at the bedside. I may mention that, at the time of writing, only three patients out of one hundred and forty-eight take their meals in the wards. One of these is in bed with Bright's disease, another has hemiplegia and hence cannot walk to the refectory, while the third requires careful personal feeding.

Feeble patients can be wheeled directly from the day rooms or lower wards in beds or rolling chairs to the porches, and thus get the advantages of an out-door life.

Attention is also directed to the simple, but very efficient means of egress from the second floors of the cottages in case of fire or other emergencies. There are three exits from each dormitory, through either of which the dormitory can be emptied in two minutes.

Cottages A and B, which are nearly identical in outline, give an initial air-space in the dormitories of 1000 cubic feet. The ventilation is so effective that after the patients have occupied the rooms all night, not a particle of odor is noticeable in the wards in the morning. It must be borne in mind, however, that all the outer clothing and foot-wear are left in the dressing rooms and do not aid in polluting the air of the dormitories.

In one of the buildings, the day room on the first floor has been subdivided, making two additional wards for 16 patients each. This will probably be eventually done with the two remaining cottages, as additional accommodations become necessary.

Night vessels are unknown in the hospital. Patients are sys-

tematically taken to the toilet rooms before retiring and it is the duty of the night attendant on the ward to keep careful watch to prevent soiling of the bed clothes.

An additional preventive of soiling has been found in regular washing out of the rectum of soiling patients. By the systematic use of the rectal douche once or twice daily, the most inveterate soilers can be made cleanly. Wetting of the bed, unless due to parietic incontinence, is prevented by catheterisation every two or three hours during the night.

Both visiting officials from other institutions and all of the attendants who came to the service of the hospital after experience elsewhere regarded the small proportion of single rooms, the absence of all window guards and protective shutters, the unlocked doors and windows, as defects and doubted the possibility of caring for violent or runaway patients in such open wards and dormitories. The experience had with a pretty troublesome lot of "skippers" and "scrappers" has convinced everyone here that the present small number of single rooms could be still further diminished, not only without detriment but probably with benefit. As a matter of fact, only two of these are now occupied, one by a bed-fast case of Brights disease, and the other by a case of tuberculosis, who is isolated, not because he is noisy, but to limit the possibility of infection. The night attendants have found that noisy and disturbed patients are quieter in the open dormitory under observation than when they are shut up in a room by themselves.

This institution is believed to be the most consistent example of the "open-door" system in existence. In the cottages no doors are locked except linen closets and bath-rooms. The entrance doors are never locked and the doors opening upon the porches and terraces cannot be locked. All windows on the first floor open freely to the top, while in the dormitories and single rooms a sash-lock prevents the opening of the windows more than six inches. This is a precaution against suicide, which is probably useful, as a suicidal patient might throw himself from a window at the end of a dormitory before the attendant could reach him. As a prevention of escape, nothing is relied upon except the watchfulness of attendants.

The question will of course be asked, "How about escapes?"

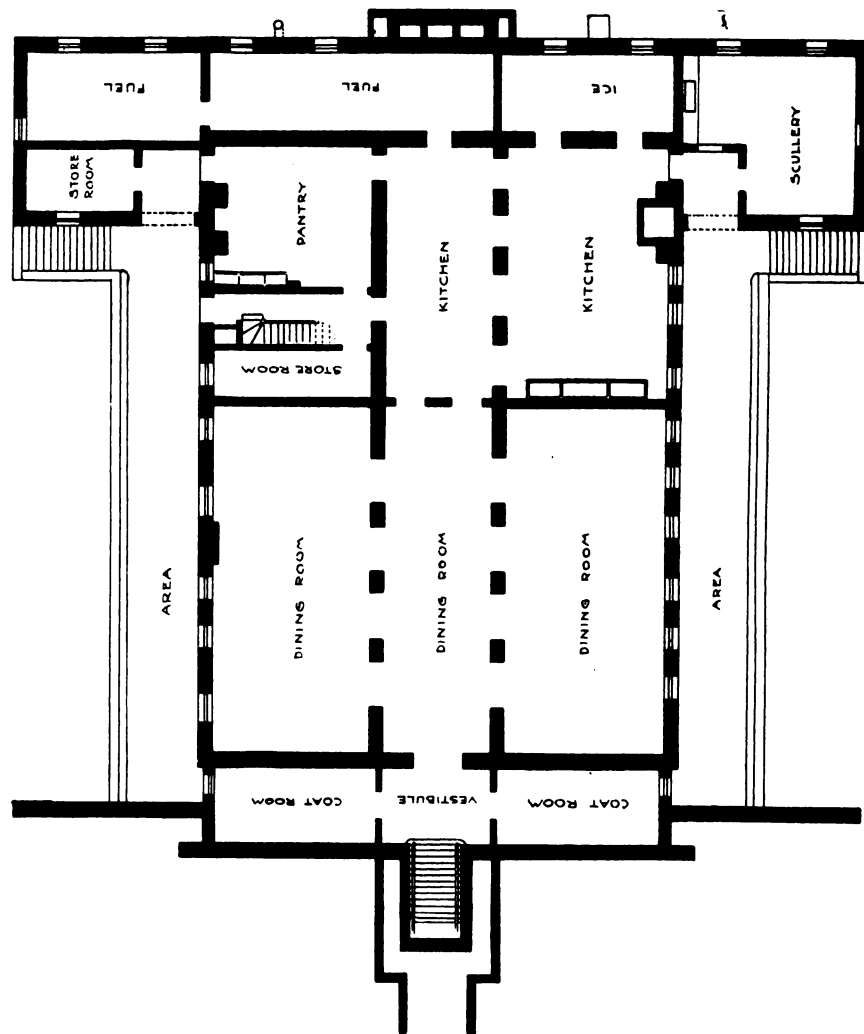
Well, escapes occur. About five per cent of the patients have succeeded in getting away from the grounds before their absence was discovered. A larger number were brought back before they could get two hundred yards from the buildings. With increased care on the part of officers and attendants the number of attempts at escape diminishes. It is thought probable that the absence of any suggestion of restraint in the character of the buildings may have a beneficial effect upon the habitual runaway. Further observation is needed, however, to determine the accuracy of this supposition.

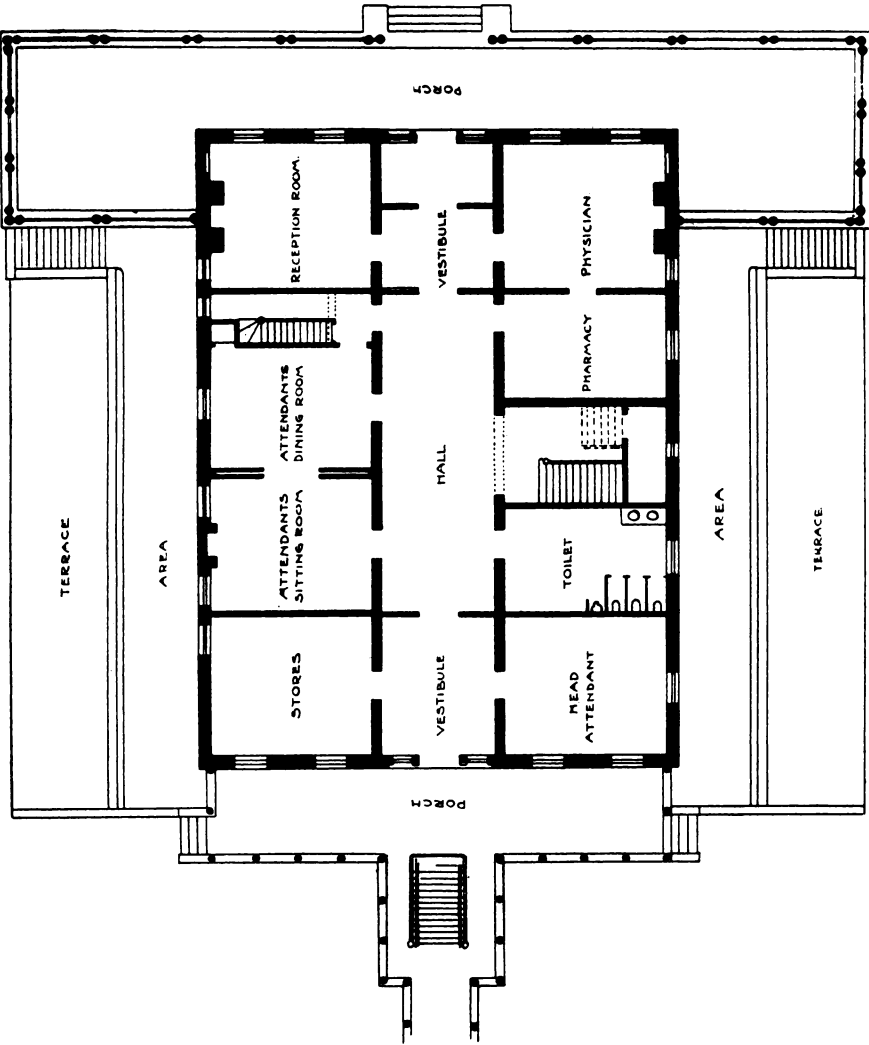
That the successful working of an institution upon these lines pre-supposes greater demands upon the tact and endurance of officers and attendants than a locked and barred establishment goes without saying. I believe, however, that none of those now in the service of this hospital, who have previously had experience in other institutions for the insane, would be willing to exchange their present for their former service.

The present group is capable of accommodating two hundred patients without crowding. The cost of construction, including heating plant and plumbing, amounts to \$744.00 per bed. This includes the kitchen, dining-rooms, store-rooms, offices, and quarters for officers and attendants, but does not include furniture or outfitting.

At the present time, plans are in preparation for a second group, the construction of which will begin during the present year.

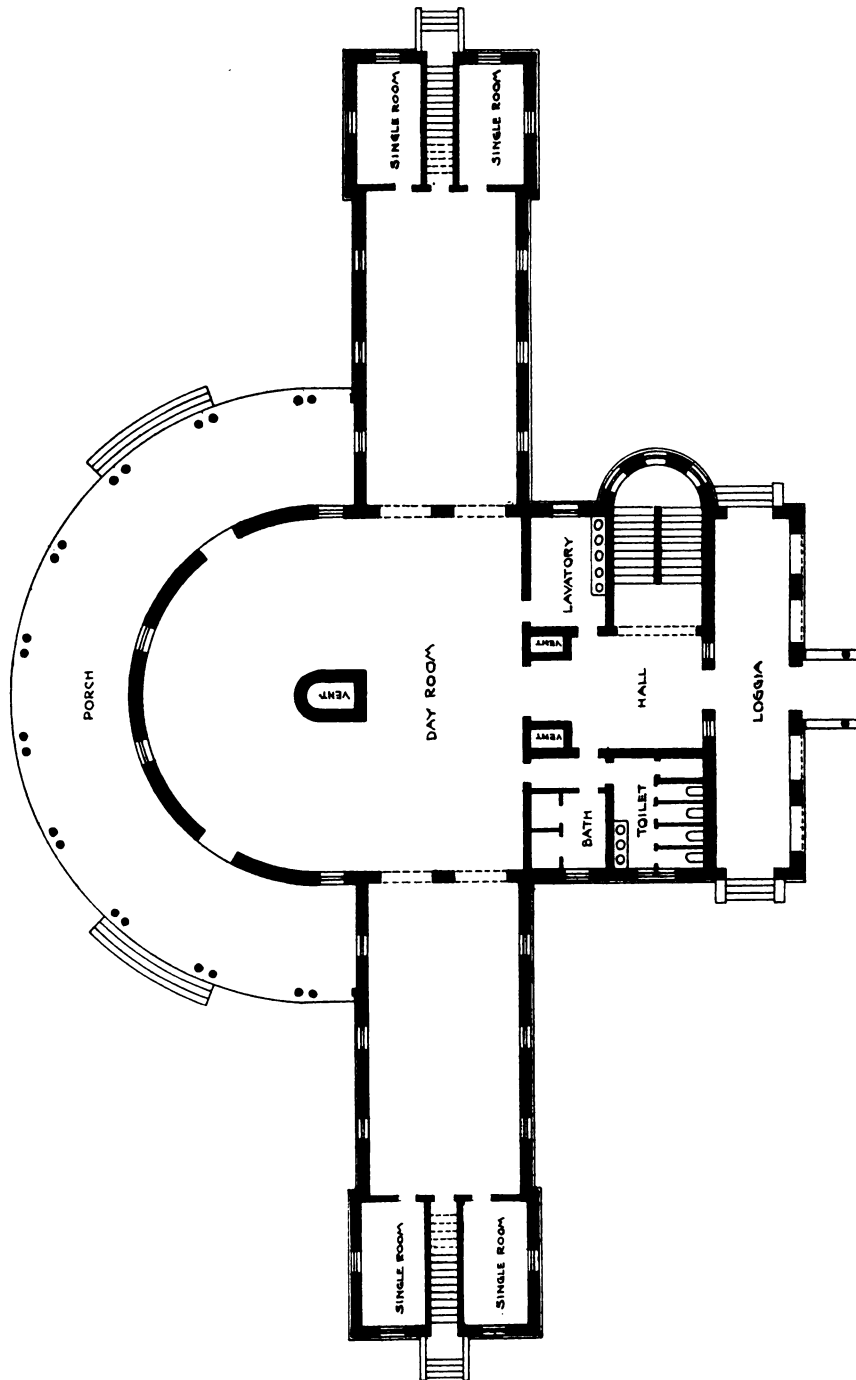
Springfield, Sykesville, Maryland, June 1, 1898.





Wyatt & Nölting, Architects.

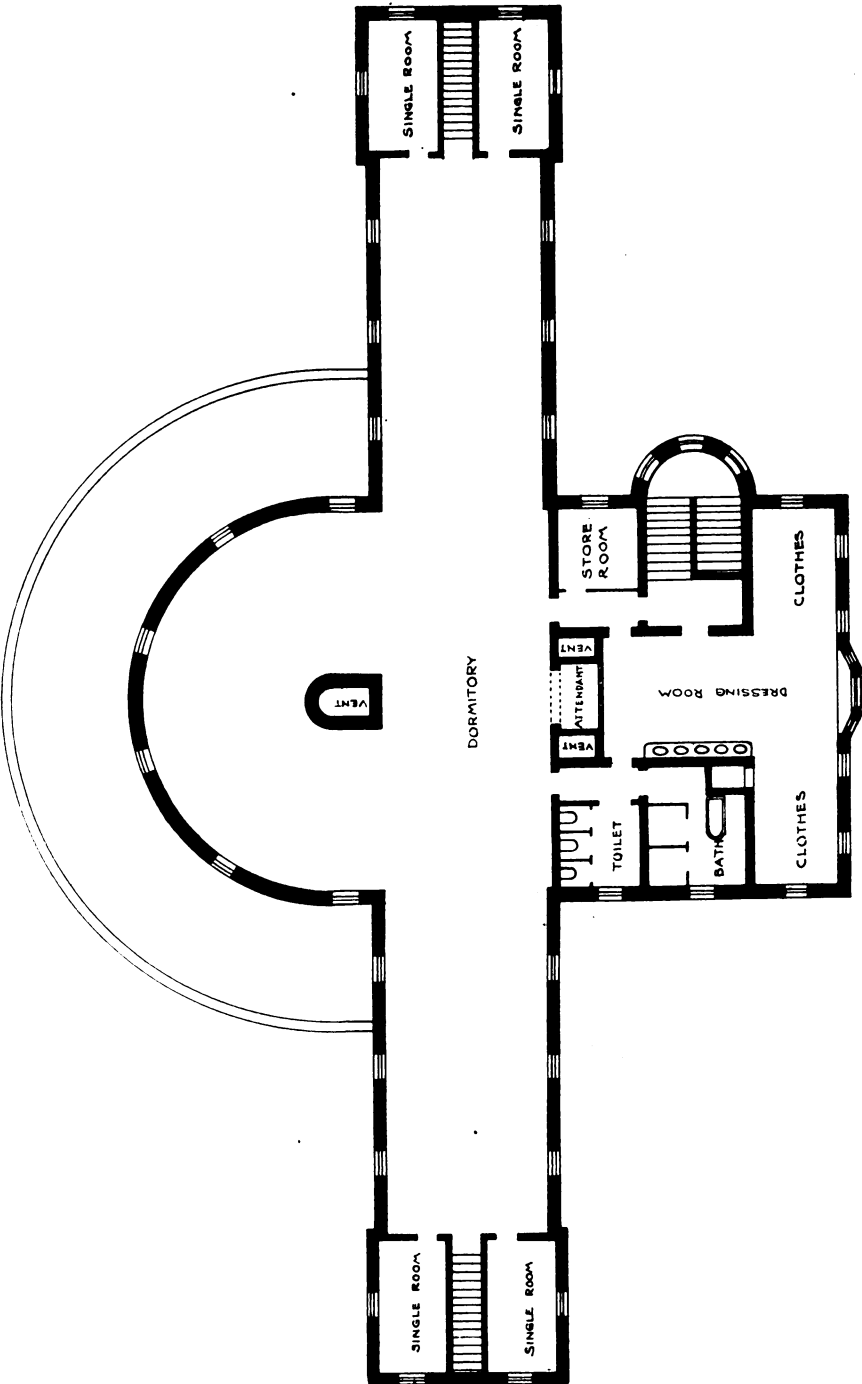
PLAN II. SERVICE BUILDING—FIRST FLOOR.



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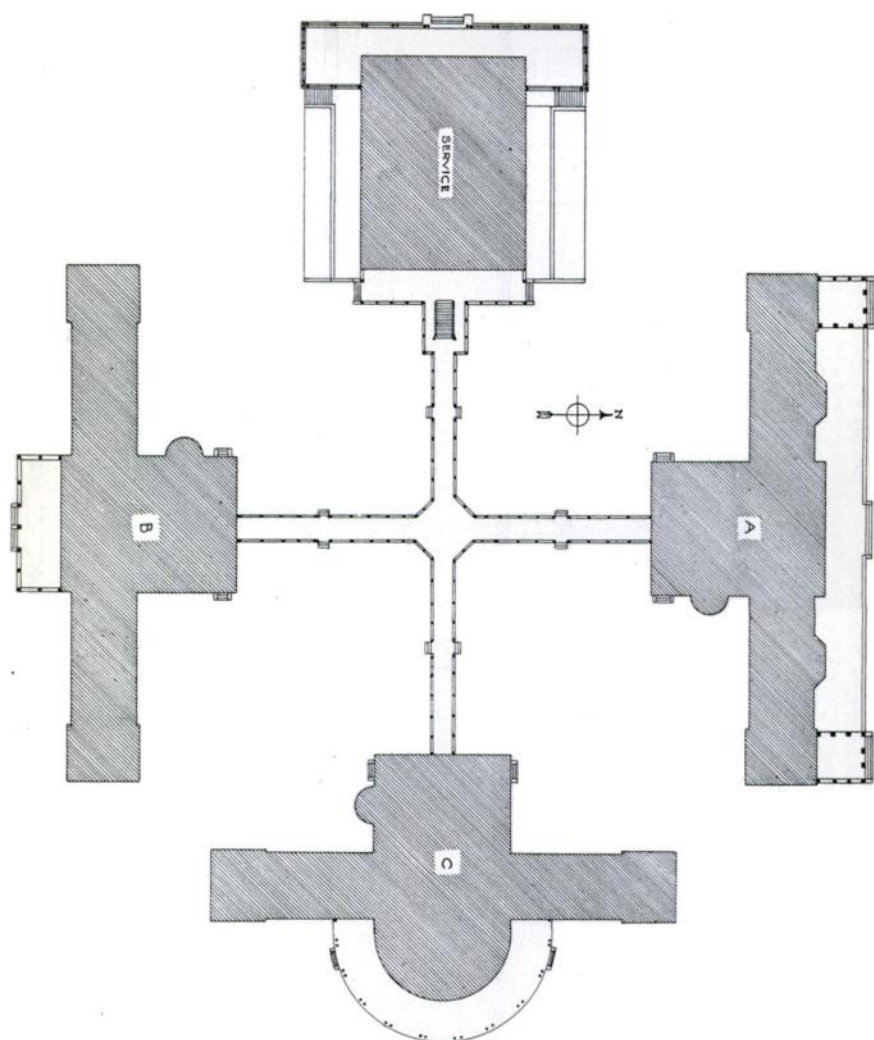
Wyatt & Nöling, Architects.

PLAN V. COTTAGE "C"—FIRST FLOOR.



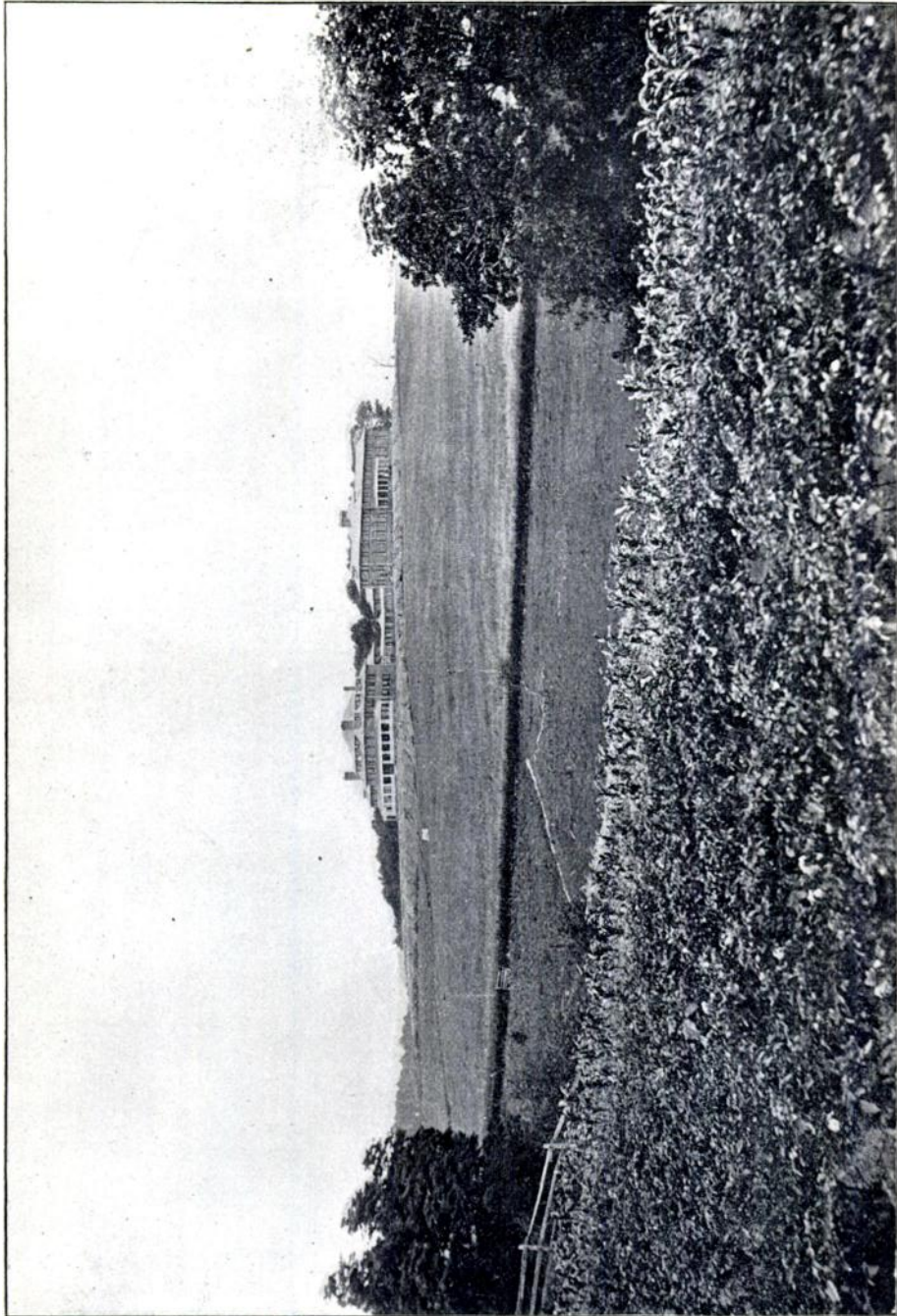
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PLAN VI. COTTAGE "C"—SECOND FLOOR.

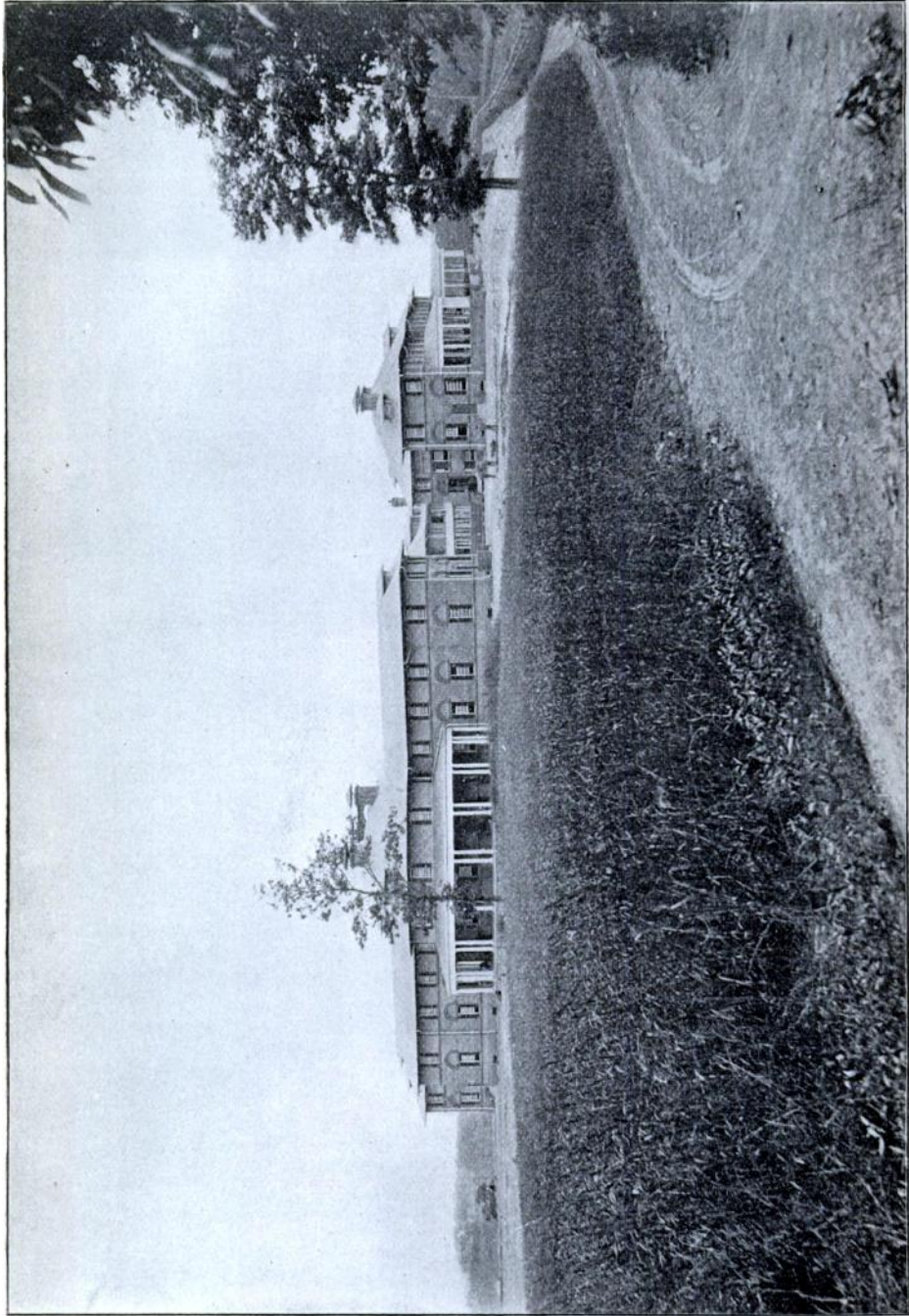


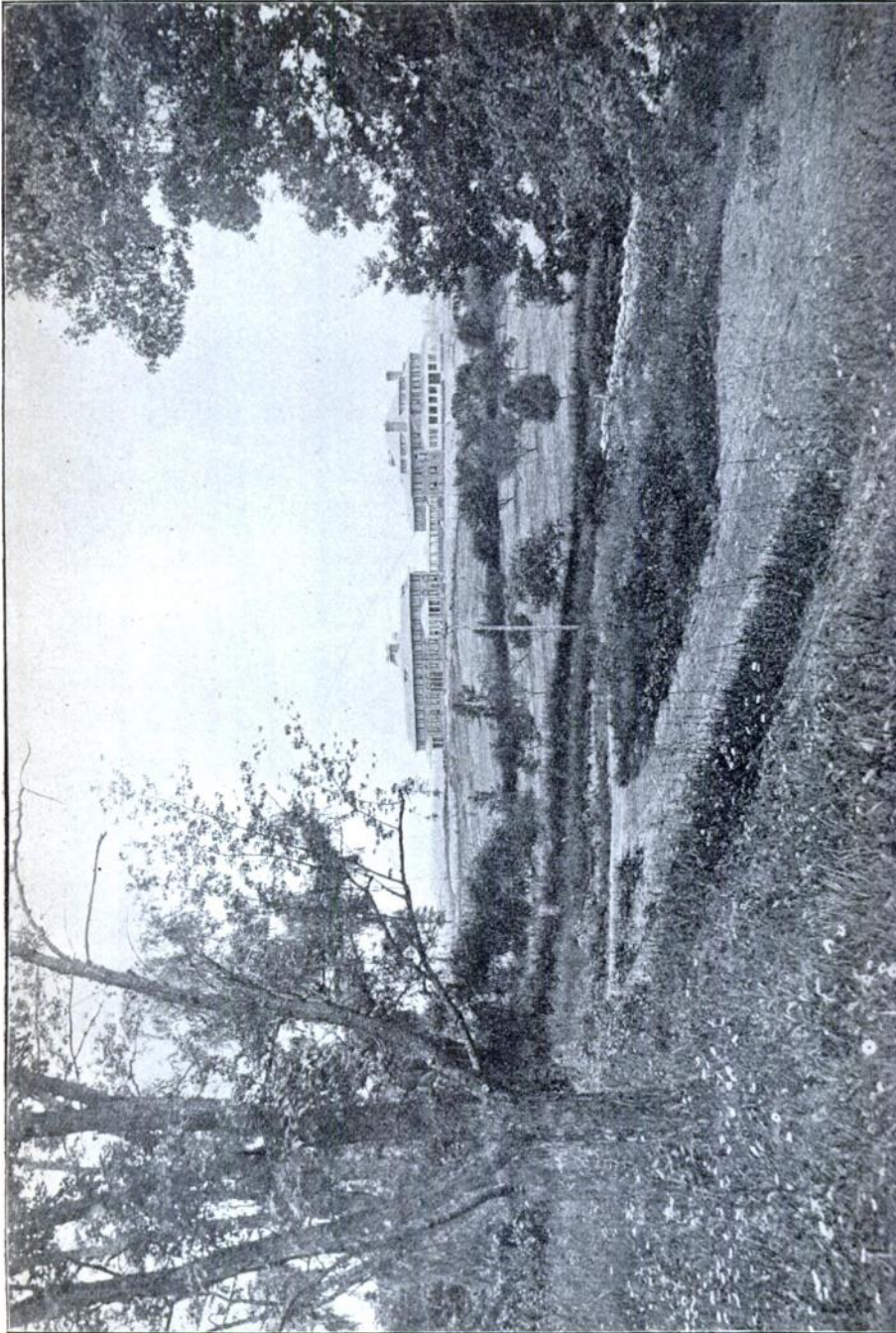
Wyatt & Nöbling, Architects.

BLOCK PLAN. FRONT OF SERVICE BUILDING FACES WEST.



SERVICE BUILDING, CORRIDOR AND COTTAGE B, FROM SOUTHWEST.





SERVICE BUILDING CORRIDOR AND COTTAGE A, FROM NORTHWEST.

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