

The Sheppard and Enoch Pratt Hospital: A Moral Architecture
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Those from the Baltimore area are likely to be familiar with The Sheppard and Enoch Pratt Hospital, more colloquially known as Sheppard Pratt, located in the suburb of Towson, Maryland. For more than a century, Sheppard Pratt has been recognized not only for its acclaimed treatment of the mentally ill, but also for its pioneering and therapeutically-centered architecture. Built in a century when mental institutions were alarmingly bleak and severe, Sheppard Pratt constructed its famed A and B Buildings with the wellness of their patients in mind. Although time has brought many changes to facets of Sheppard Pratt's architecture and landscaping, the institution's original vision remains intact. Patients' mental health is still the hospital's primary goal; healing continues to be accomplished through the unique environment provided by Sheppard Pratt's complex and beautiful architecture.

Before one can understand the importance and grandeur associated with the physical structures of Sheppard Pratt, it is necessary to investigate the history of mental institutions in the United States prior to its construction (see image 1). People who were considered to be touched by insanity were mocked, isolated, mistreated, and even exterminated. In 1853, doctors defined the condition as a disease of the thinking, reflecting, and voluntary powers of man: "In some instances, insanity's manifestation is partial, and in others there is total pervasion of functions. [Insanity] is hereditary and accidental, and once established, may be transmitted with as much certainty as Phthisis Pulmonalis or the Scrofulous Taint."¹ The general population often associated manifestations of insanity with religious wrongdoings or supernatural influences, and because of such misconceptions about mental illnesses, those who suffered from them

faced a spectrum of inhumane treatment. Even if the use of chains and raw brutality was mostly abandoned by the early nineteenth century, superintendents of early asylums were still encouraged to use fear, threats, and if necessary, physical force to keep their dangerous lunatics under control.² What were considered “harmless punishments” and intimidations were allowed if, for example, an obstinate patient refused to eat. “It is never impossible, even by force, to oblige patients to swallow,”³ hospital officers explained.

During the time of questionable patient treatment in America, asylums were considered to be prisons with a milder name.⁴ Even many of the large state hospitals designed to treat the mentally ill, because of their numerous patients and subsequent lack of resources, had become dehumanizing and insufficient. The conditions of such facilities did not benefit patients, and in some cases, undoubtedly worsened their existing conditions. Eventually, by the nineteenth century, the origins of deviant behavior were beginning to be blamed on the faulty organization of communities instead of the ill individual. As a result of this belief, the building of asylums increased: “In 1820, only one state hospital for the mentally ill existed in the United States. By the Civil War, virtually every state had established one or more institutions for that purpose.”⁵ These new asylums reflected the obsolescence of the past and continued as part of the changing society. On one level they were ‘white elephants’ in history, but on another level, they reminded us of the human thought and transformative aspect of our culture.⁶

The campaigning of mentally ill advocates, such as Dorothea Dix, was slowly beginning to change the barbaric methods and conditions of many institutions, but this change was laden with challenges. By the 1880s, approximately one-hundred and forty mental hospitals, both private and public, were caring for patients throughout America.⁷

However, the seemingly impressive numbers were disguising the fact that the majority of these institutions experienced an array of unresolved problems. Since the time of their admittance, most patients failed to indicate signs of significant improvement.

These supposedly “therapeutic” structures, originally designed for a small number of patients in order to promote restorative relationships, increasingly grew in size because states were slow to build new facilities to match the escalating mentally ill population. According to an 1880 census, “there were 91,997 insane persons out of a total American population of 50,000,000. Thirty years earlier the comparable statistics were 15,610 out of 21,000,000.”⁸ Hope for patient improvement emerged once physicians began to realize that applications of purging, bleeding, blistering, emetics, and lobotomies were rarely effective on the insane,⁹ but due to the high demand of health care, superintendents struggled to successfully apply psychiatric theory to the institutional reality. Asylums’ poorly designed architecture and planning did not allow for successful treatment and healing. Because of the discrepancy between the need for space and amount available, as well as the disappointing treatment results, the public’s image and support of mental institutions quickly fell. However, society’s perception would thankfully shift, thanks to influences like Dorothea Dix.

Dorothea Dix traveled throughout the US and abroad to promote humane care for the mentally ill. She had been an important authority on the subject in 1852, when the Legislature passed the first act that provided the first institution for care of the insane.¹⁰ The appeal of Miss Dix was ordered and printed by the Legislature and undoubtedly did very much to secure the passage of an act which eventually resulted in the erection of the Spring Grove Hospital at Catonsville.¹¹ Dix was in association with Moses Sheppard, a

wealthy Quaker from Baltimore who shared her strong interest in social causes (see image 2). Sheppard, the founder of Sheppard Pratt, started developing his ideas for a revolutionary mental institution at the Maryland Legislative session of 1853.¹² Shortly after Dix had visited Maryland during her campaigning, he drew up a charter for the board of trustees, which was obtained at a session of the General Assembly. On his death in 1857, Sheppard left an amount of \$567,632.40, the largest bequest ever given for mental health in the country at that time, for the erection of what would become The Sheppard and Enoch Pratt Hospital.¹³

The transition of the idea of Sheppard Pratt to the reality of a tangible asylum was a belabored and collaborative process. The asylum's buildings were planned and implemented only after the careful study of the pros and cons of similar structures in various parts of the world. Before his death, Sheppard visited and took into consideration the designs and construction methods of small, private hospitals, such as the York Retreat in England, The Bloomingdale Hospital in White Plains, New York, and the Hartford Retreat in Connecticut.¹⁴ Sheppard Pratt's design was a collaboration between prominent landscape architects Calvert Vaux and Fredrick Olmstead, landscape designer Howard Daniels, and psychiatrist Dr. B. Tilden Brown. Vaux, at the time, was a well-known landscape architect; much of the public knew his and Olmstead's collaborative work on New York City's Central Park. Daniels designed Druid Hill Park in Baltimore and had lost out to Vaux and Olmstead's design for Central Park.¹⁵ All men were advised by Dr. Tilden Brown, the former superintendent of Bloomingdale Asylum in New York.¹⁶

To aptly gauge Sheppard Pratt's intended design, it is helpful to compare it to The Buffalo State Hospital (see image 3), currently named The Buffalo Psychiatric Center.

This hospital was built alongside Olmstead and Vaux's northern tranquil landscaping in New York; although a public institution, it greatly paralleled Sheppard Pratt. Both are large mental hospitals, built in America after the Civil War, that were based on the humanitarian spirit of social reform. Vaux and Olmstead believed, in relation to The Buffalo State Hospital and Sheppard Pratt, that "beauty [was] an important element in the successful treatment of insanity" and wished to create natural conditions in both settings that "promoted tranquility and rest to the mind."¹⁷

Back in Maryland, Vaux, Olmstead, and Brown agreed to adopt the Kirkbride Model of hospital design, which was quickly becoming a more popular hospital style in America. It was considered an architectural response to the challenge of treating insanity. Dr. Robert Kirkbride, also a Quaker, was moved by the humane ideas towards the insane that had been introduced throughout England. He was greatly invested in the investigation and alleviation of mental illness; he was one of the founding members of the Association of Medical Superintendents of American Institutions for the Insane, which eventually became the American Psychiatric Association.¹⁸ By 1890, approximately seventy hospitals built using the Kirkbride Model existed in the United States.¹⁹ Hospitals based on this model represented an optimistic and progressive vision of medical care for the mentally ill.

Sheppard Pratt's design is an adaptation of the Kirkbride Model. Essentially, the model's design consisted of a central administration building, although this aspect is not seen in Sheppard Pratt, and additional structures separately designated for men and women. Buildings were intended to be large and symmetrical, lined with wards set back like steps. The location of wards allowed severely ill patients to be placed furthest from

the center of the building. Kirkbride himself recommended that Buildings A and B contain reception rooms, kitchens, parlors, a library, lecture rooms, a chapel, dining rooms, bedrooms with large windows, and quarters for the medical staff and other employees (see image 4). Each ward, designed to house fifteen patients, would contain reading rooms, work rooms, and sun porches. Rooms for excitable patients were recommended to have heavily glazed glass windows to allow for close observation, walls at least eighteen inches thick (as to enclose flues), floors resting on brick arches, stairways composed of iron, and roofs constructed out of slate.²⁰ The Kirkbride Model also advocated patient rooms to have ample views of the outdoors. Olmstead believed that “human behavior could be explained by environmental factors, that nature was curative, exercise was therapeutic, and cities were a drain to the psyche.”²¹

The landscape was a crucial aspect to the desired environment of Sheppard Pratt. For the full utilization of nature to be possible, the grounds were planned before the excavation for the building because designers wanted the shrubbery to mature before either building was inhabited (see image 5). The four hundred acre landscape was to be seen from every window, instead of any other side of a structure, “so patients would not feel they were part of a great big, larger complex” (see image 6).²² The idea was to take people out of the environment that produced their illnesses and place them in an environment that would help cure them. That environment was to be a mixture of the innate structure and gentleness of nature.

Once the landscaping was underway, ground for the hospital was broken on May 25, 1862.²³ The building process was forced to advance according to what the amount of income allowed. In Baltimore, because of the extended delays, people used to joke when

they wanted to put something off, “I’ll do it when Sheppard is completed.”²⁴ There were so many postponements that sometimes the big pile of brick buildings was forgotten for a year or so until the announcement was made that it was nearing completion.²⁵ The duration of the work stretched on until December 6, 1891, when the first patient was admitted (see image 7).²⁶

The architecture of Sheppard Pratt’s A and B Buildings was a novel fusion of styles. Sheppard Pratt’s original Norman Revival-style buildings were considered revolutionary when their construction was completed because they separated patients according to illness.²⁷ The fenestration of the windows is symmetrical, as is every other aspect of the appearance of both buildings A and B. The complex roof line contains many steep, sloping edges that intersect with one another. Multiple gables are created by the triangular rooflines. Windows jut out from the roofline, expressing themselves as gabled dormers. The façade of the central complex is thick and heavy, conveying a sense of monumental, withstanding solidity. The exterior of Sheppard Pratt has been described as containing elements of the High Victorian Gothic tradition (see image 8). The English-imported High Victorian Gothic was the avant-garde mode that was a highly favored style beginning around the 1850s. Architects were beginning to turn away from traditional classicism and instead embraced aspects of the creative, monumental Gothic form. This style, popular in churches, colleges and universities, and institutional buildings, employed asymmetrical massing, vivid polychromy carried out in red or black brick, picturesque roof lines, pointed arches, pinnacles, and spires.²⁸ During the late nineteenth century, around the time of Sheppard Pratt’s completion, American architecture was undergoing an architectural transformation. There was never a time,

perhaps, in which an architect was freer to create a personal style. Anything, essentially, was permitted.²⁹

Once completed, the two red-brick A and B Buildings were built in the shape of the letter E, 264 feet long. The middle stem of the E was for occupational therapy. The long arm accommodated eleven patient rooms with the necessary nurses' rooms.³⁰ The close proximity of nurses promoted safety and allowed for quick staff responsiveness. The dining area and hydrotherapeutic quarters were also included on the first floor of the plan, as the second floor welcomed visitors and contained physicians' offices. Both floors two and three housed additional wards specified for particular types of patients. The plan of the buildings allowed all patients to have control over the level of their social contact. Although a large amount of shared space was available for interaction, private areas that were necessary for retreat were also provided.

It has become increasingly evident that environments influence and shape our actions, thoughts, behaviors, and emotions. Prior to Sheppard Pratt, mental hospitals deemphasized the complex needs of patients because the medical environment was one of sterility, isolation, and fear.³¹ The intention of Sheppard Pratt's designers was to create as much of a home-like and comfortable atmosphere as possible. Moses Sheppard made it clear that in order "to carry forward and improve on the ameliorated system of treatment... to minister to the greatest possible advantage of the patients...no room [should be] placed underground, every room should have a window in it, [and] there should be a room adjacent to it for the attendant..."³² The design was considered to be life enhancing. This type of design is guided by the notion that the highest level of culture is one that values the dignity of all human beings. All aspects of the conceiving, planning,

designing, building, operating, maintaining, and modifying environments should therefore be executed in a manner that supports each human being in expressing his or her greatest potential.³³

The buildings' architectural features kept the hospital's therapeutic purpose in mind. Not only were the buildings sturdily and safely built, but great attention to detail created a stunning atmosphere. The expansive rooms and high ceilings give the patients a feeling of spaciousness. Designers were familiar with the literature that explained that large, low windows may improve sensory abilities and reduce delirium and paranoia and that exposure to nature reduces stress and fatigue and may facilitate recovery.³⁴ The interiors of Sheppard Pratt, reflected a high level of class; the furniture, detailing, and aesthetic qualities of spaces created a comfortable, yet refined environment for the patients to enjoy and recover in. Such elegant spaces can be seen in early photographs of the library (see image 9), dining room (see image 10), and reception area for visitors (see image 11). "It is one of the most significant buildings in America," according to Carol Allen, the president of Historic Towson Inc. "In some ways," she explains, "it was like a huge cruise ship or hotel. It had its own china and silver, and was constantly redecorated with furniture inside. It is one of the best preserved psychiatric hospitals from the 19th century."³⁵

The outdoors were also key to the curative environment Sheppard Pratt aimed to provide. The copious amount of nature was utilized for therapy; patients participated in recreational therapy on the grounds (see image 12) and even had individual therapy sessions on the front lawn. Natural boundaries replaced traditional fences and the grounds were open, rolling, and informal, as to encourage people to venture outside. The

campus was truly a community; the director was required to live on the grounds, and many of the staff members chose to as well.³⁶

The communal yet private feel of Sheppard Pratt's grounds was accomplished through its extensive countryside (see images 13 and 14) and added to by a railroad that ran through the campus. "In the early days... [the train] made stops on the grounds at what was called Sheppard Station," says Louise King, a former employee who started working at the hospital in 1926. "On the first day I walked from the entrance almost a mile to the hospital buildings...many of the hospital's 400 acres were given over to farming. There were great fields filled with shocks of corn, with piles of golden pumpkins in between. The scattered farmhouses...were surrounded by late blooming autumn flowers."³⁷

Unfortunately, the standards of mental health-care facilities have changed. Today, a property of hundreds of acres is unheard of in the landscaping of a hospital, and lattice-work balconies (see image 15), distinctive six-story towers, bay windows (see image 16), tremendously high ceilings, spacious sun rooms, ornate fireplaces, and Tiffany stained glass windows (see image 17) no longer fit into the design of a modern health-care center. For practical reasons, the layout of the central complex no longer works. The 130 fireplaces are now useless because of central heating. Crossing from A to B Building was impossible without going through the attic or basement, or navigating a maze of locked doors. With fifty to seventy-five rooms on each floor, there were hundreds of places for patients to wander and hide.³⁸ Sadly, with each passing year, the central complex becomes more outdated.

Because it took more than thirty-eight years, eleven million bricks, and three

million dollars to execute the founders' dream,³⁹ modernity aside, those who gaze upon the Victorian Gothic buildings are bound to be awed by them. Since 1971, when the structure was designated a historic landmark (see image 18), preservationists, former staff and patients, and architecture and historic preservation gurus are constantly keeping up with what direction the hospital might go in next. Presently, the majority of the original, expansive grounds of Sheppard Pratt are now suffocated by urban developments. Preservationists laud proposals to save Sheppard's historic buildings and criticize the institution for its erosion of the bucolic campus.

In a matter of years, Sheppard Pratt Health System plans to construct a housing complex, estimated to cost nineteen million dollars, for Towson University, as well as to sell acreage to the Greater Baltimore Medical Center (GBMC) for new buildings and parking structures.⁴⁰ Visiting the present-day campus, it's obvious that the urban sprawl is overtaking the previously abundant green space. Even if patients are lucky enough not to be given a room facing one of GBMC's modern medical buildings, they are sure to be forced to look past one of the many surrounding parking lots to enjoy what is left of the unpolluted environment. Future changes in Sheppard Pratt's future also include leasing out historic central complex to Towson University to use as dormitories in order to use the proceeds for building an entirely brand new mental hospital.

The Casino building is just one example of the transitions Sheppard Pratt has been recently experiencing. Once considered revolutionary, this structure was built in 1901, adjacent to the central complex.⁴¹ It was a one and a half story, 36 by 36 foot building with a 12'-6" veranda on three sides (see image 19). There was a bowling alley and a billiard room in the basement, and a gymnasium and recreation space on the ground

floor.⁴² Purposefully set away from the main buildings, it encouraged patients to venture out of their rooms. E. Francis Baldwin, a well-known architect of the Baltimore area, was speculated to be influenced by the Casino Building at Sheppard-Pratt in his own design of United States hospitals.⁴³ This building, however, is no longer involved in the therapeutic regimen of Sheppard Pratt's treatment of mental illnesses. Instead, local Towson University students, many of whom reside in the surrounding apartment complex, use the structure as a student center. Many of the original structures, once imperative to the essence of Sheppard Pratt, have suffered a similar fate. For example, the dairy barn, where many patients worked as part of their occupational therapy routines, has been resigned to house maintenance equipment. Because of changes such as these, preservationists are wary of the direction Sheppard Pratt is moving in.

"The problem," Lindsay Thompson, one of the hospital's liaisons explains, "is that Sheppard Pratt needs to survive. The endowment and the campus are our two assets. [The changes are] a financial decision, completely."⁴⁴ The usage of the word "survival," however, is up to interpretation. If survival means disregarding its architectural roots, then yes, Sheppard Pratt is surviving. But if survival is consciously exercising the decision to maintain as much of the structural integrity of the A and B Buildings in the central complex as possible, then Sheppard Pratt has disappointed its supporters.

Nonetheless, mental hospitals are a refuge for the mind to heal itself within a proper atmosphere.⁴⁵ Sheppard Pratt's environment still plays an active role in its patients' healing processes. Today, it is considered by medical professionals to be in the top ten mental institutions in the United States, and even though the landscape is visibly reduced, the remaining eighty acres still comprise the largest green space in Towson.⁴⁶

Carol Allen observes, “For the Towson area, Sheppard Pratt is like a cathedral in an old European town. It dominates the landscapes. It casts a shadow, and hopefully will continue to do that in a positive way.”⁴⁷ The quality of Sheppard Pratt’s treatments continues to attract patients from around the country. Even if many of the sun parlors, porches, and conservatories remain only in the institution’s history, both buildings A and B stand tall in their historic grandeur and are symbolic of the hope of healing. Sheppard Pratt’s curative power and moral architecture, despite any controversial changes, will carry it into the future.

Image 1. The first, very humble, insane asylum.

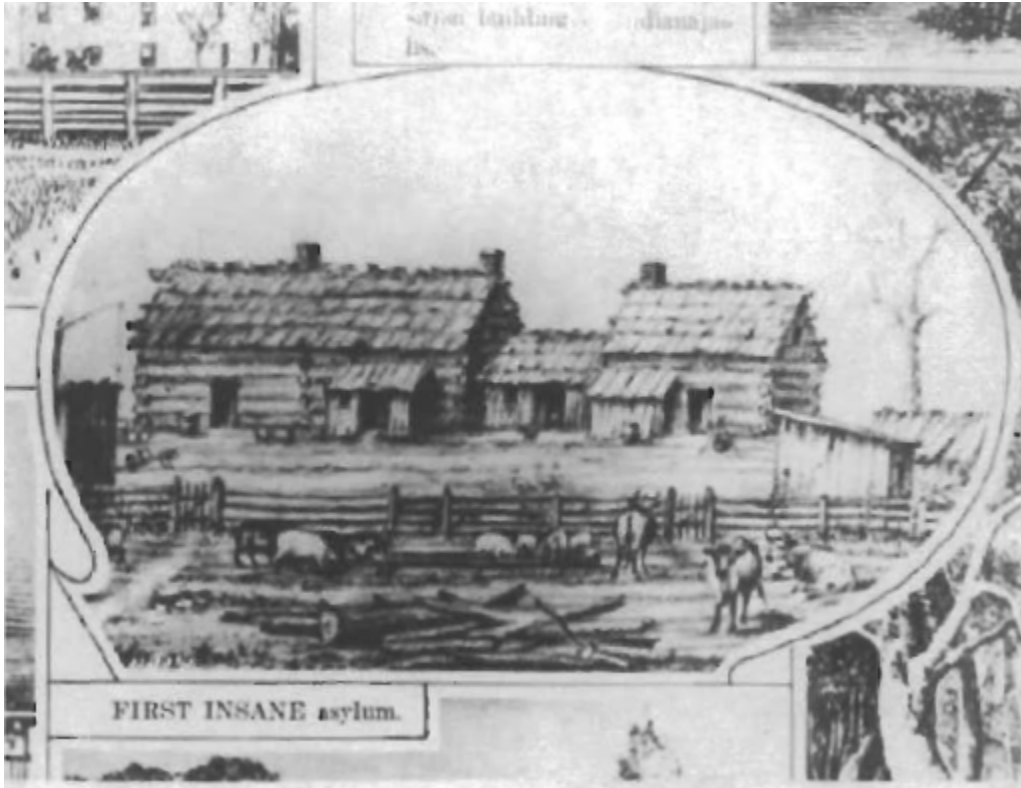


Image 2. Portrait of Moses Sheppard.

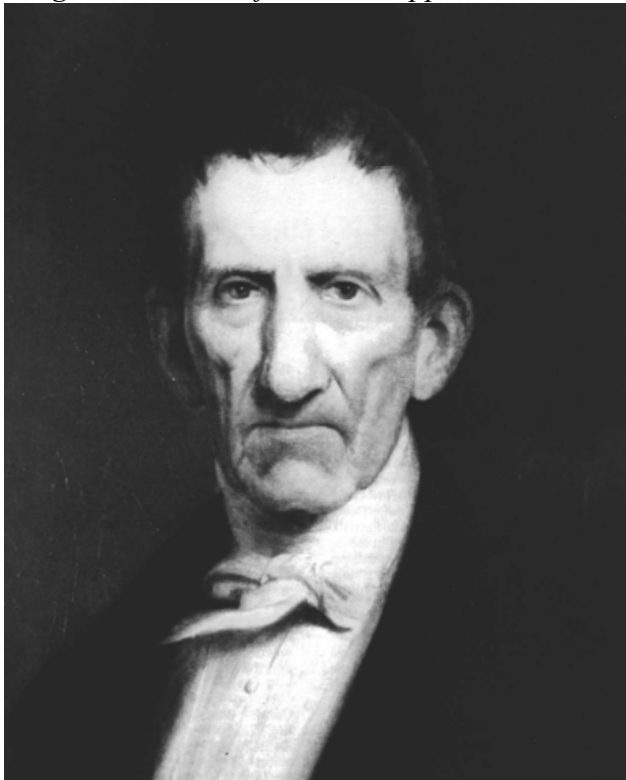


Image 3. The Buffalo State Hospital



Image 4. Working drawings for A building, circa 1854.

BELOW: Examples of the working drawings for A Building, made circa 1854. In the days before blueprints, such drawings were copied and colored entirely by hand.

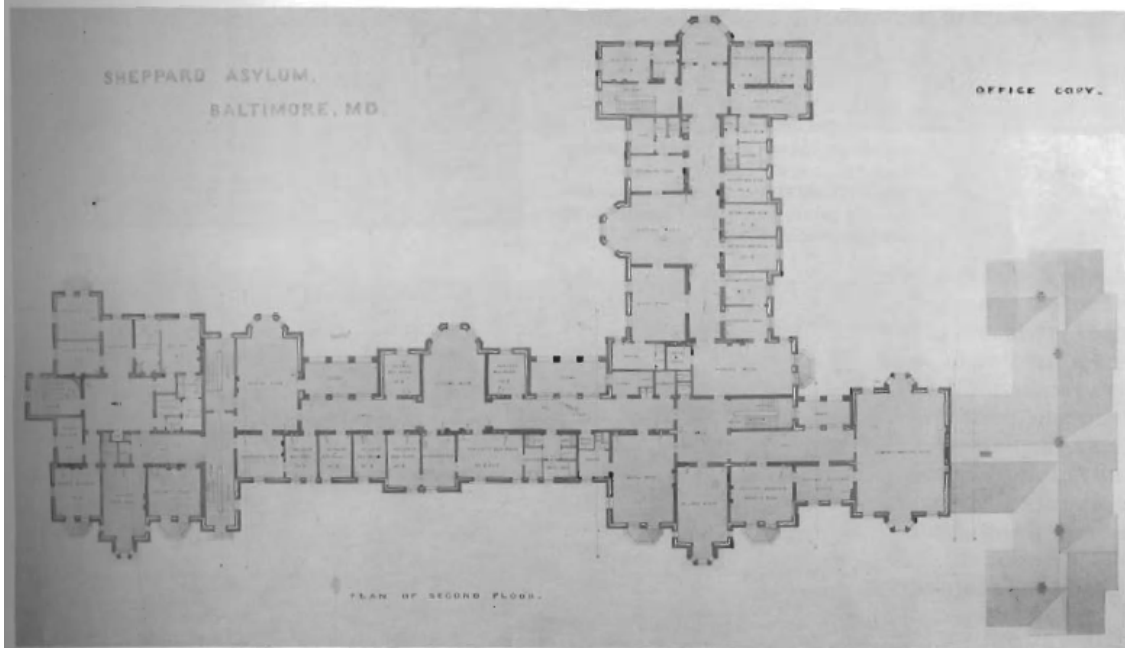


Image 5. Sheppard Pratt without fully matured landscaping.



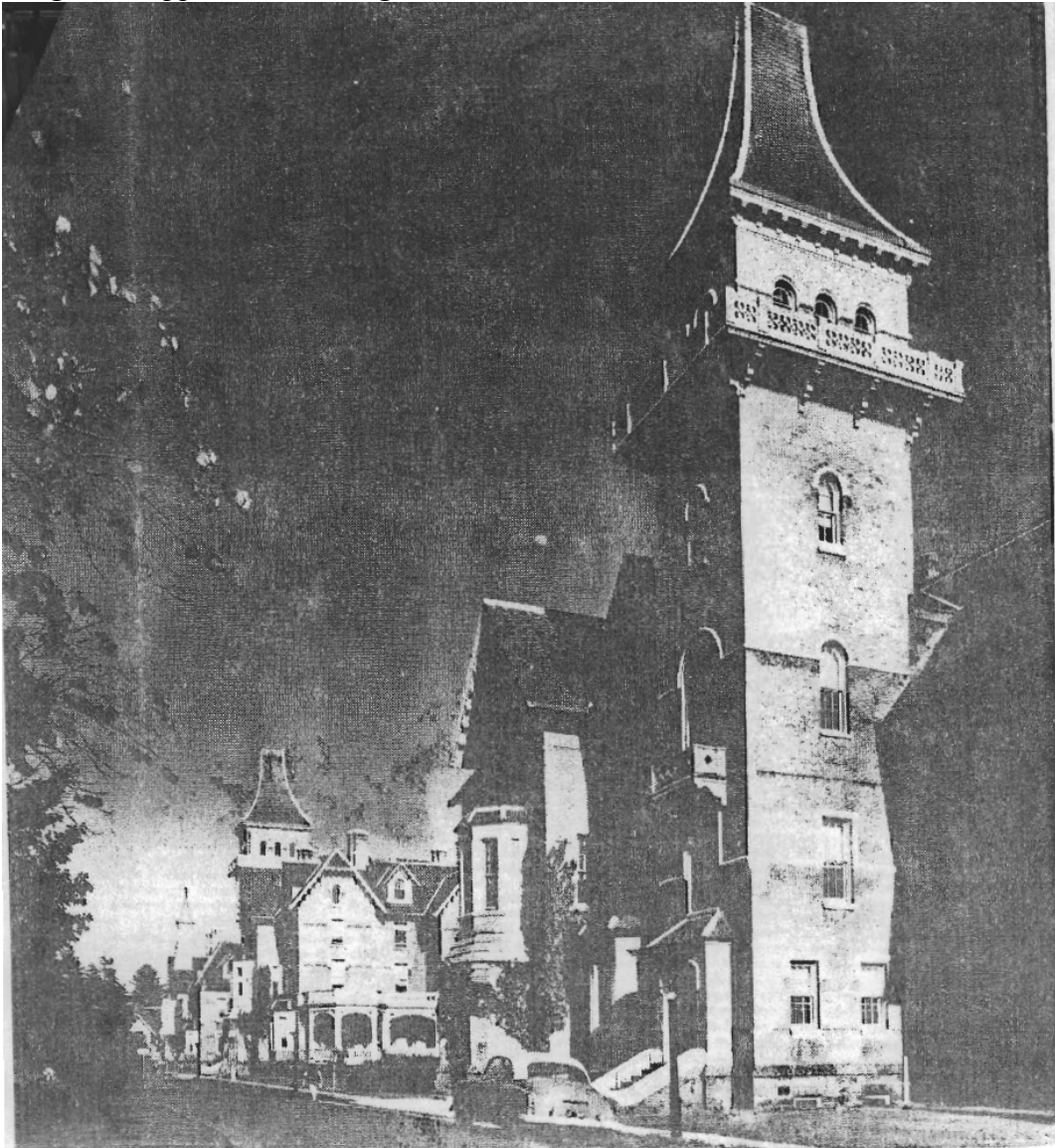
Image 6. The bucolic countryside.



Image 7. The first patient being admitted in December 1891.



Image 8. Sheppard Pratt's High Victorian Gothic exterior.



Displaying a sturdy but charming Victorian exterior to the afternoon sun, the two original buildings at Sheppard Pratt

Hospital still house most of the patients, provide spacious quarters that a doctor says no modern plant could equal.

Image 9. A patient reading in the library.



Image 10. Sheppard Pratt's dining room.



Image 11. The visitors' reception area.



Image 12. Patients participating in therapeutic events outdoors.



Image 13. Ariel view of Sheppard Pratt's grounds circa 1940.



Image 14. Additional ariel view of grounds.

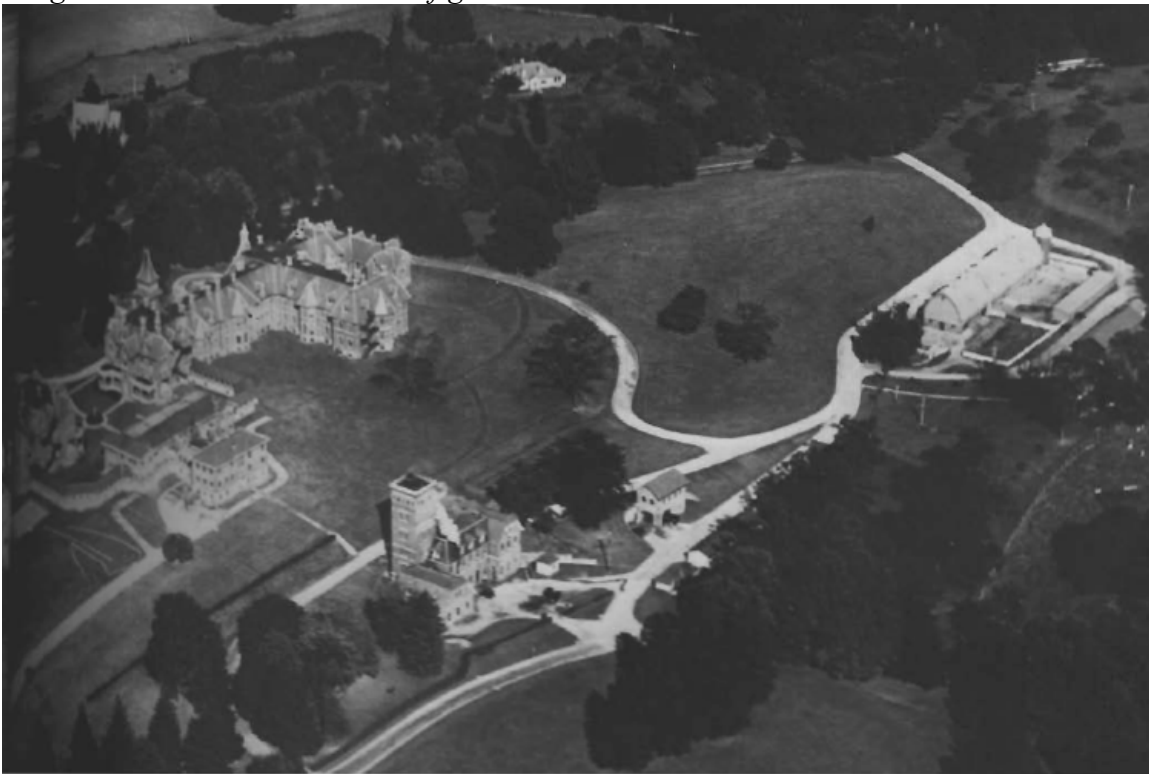


Image 15. Lattice work on one of the central complex's six story towers.



Image 16. Building A's façade with bay window.

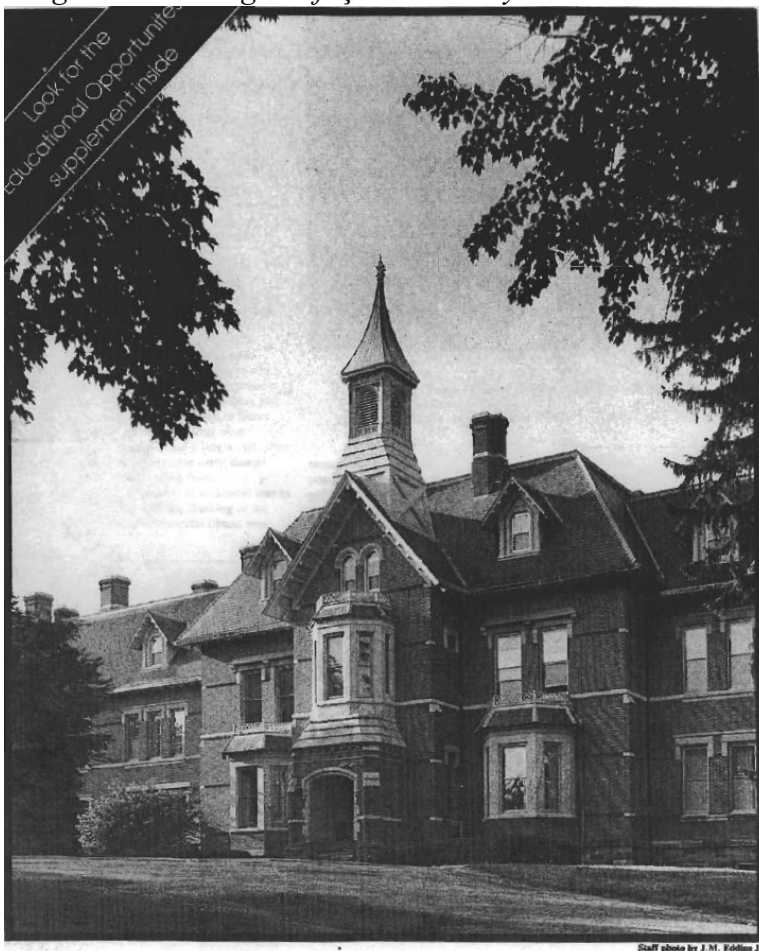


Image 17. An example of one of Sheppard Pratt's sunrooms with stained-glass windows.



Image 18. Sheppard Pratt, named a historic landmark in 1971.



'A' and 'B': The two buildings at Sheppard Pratt's Towson campus were designated national historic landmarks in 1971.

Image 19. Sheppard Pratt's Casino Building as it originally appeared.



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