

CARR-1197

1894-1940

Springfield Hospital Center

Public

Sykesville

Springfield Hospital Center is a state-operated residential facility for the mentally ill located on 583 acres in Sykesville, Carroll County. Established in 1894 as Maryland's Second State Hospital for the Insane, Springfield sought to alleviate the crowded living conditions at the Maryland Hospital for the Insane at Catonsville (Spring Grove Hospital Center), county almshouses and private institutions. The Board of Managers of the hospital selected the well-known Carroll County farm of Springfield as the hospital site and applied the name to the institution. Springfield State Hospital housed its first patients in existing tenant farmhouses while construction crews broke ground for the new hospital buildings in 1896.

Springfield was developed according to the colony or cottage plan of hospital design. Introduced in the 1880s, the colony plan advocated groups of individual patient buildings positioned relatively close together instead of one, large linear building for patient care. Each patient complex would operate independently by having its own kitchen and dining facilities, administration unit and infirmary. The historic buildings at Springfield reflect a full implementation of this concept. Springfield consists of three distinct patient complexes: the Martin Gross Group 1898-1932 (men), the Warfield Group 1900-1929 (women), and the Clark Circle Colony 1924-1935 (epileptic). Though the patient complexes are no longer segregated by gender, each building group varies from the other in composition, architecture, and location. All the buildings are constructed of brick and have a height of one to two stories. The architectural influences range from Beaux Arts to Neo-Colonial to Georgian Revival.

While the three patient complexes consist of half of the historic buildings at the hospital, the remaining structures vary in appearance and condition. The buildings relating to the industrial functions are predominantly one story and constructed of

concrete. Cast concrete was also utilized for the barns in the 1920s and 1930s. The six employee dwellings display shiplap siding as their exterior material. The final category of historic buildings is a compilation of miscellaneous structures which most often relate to patient care but are not grouped within the patient complexes. The most common material of this group is brick.

Springfield Hospital Center derives its historical significance from its extensive implementation of the colony plan of hospital design and its operation under the open door policy. This mental health philosophy of the nineteenth century advocated the absence of physical restraint for both the patient and his residential unit. Neither patient nor building received physical restraint at Springfield. The colony plan and the open door policy combined to make Springfield an unique institution for the mentally ill at the turn of the century. The complex derives additional significance from its architecture. The architecture ranges from local vernacular to academic styles with specific examples of Beaux Arts, Neo-Colonial, and Georgian Revival. Classical features prevalent in these styles influenced much of the institutional design in the first three-and-a-half decades of the twentieth century. The designs of the buildings at Springfield represent the work of prominent regional architectural firms at the turn of the century such as Wyatt and Nolting, Joseph Evans Sperry, Owens and Sisco, and Parker, Thomas and Rice.

Survey No. CARR-1197

Magi No. 0711974739

DOE yes no

Maryland Historical Trust State Historic Sites Inventory Form

1. Name (indicate preferred name)

historic Springfield Hospital Center

and/or common

2. Location

street & number _____ not for publication

city, town Sykesville _____ vicinity of _____ congressional district 6

state Maryland _____ county Carroll County

3. Classification

Category	Ownership	Status	Present Use	
<input type="checkbox"/> district	<input checked="" type="checkbox"/> public	<input checked="" type="checkbox"/> occupied	<input type="checkbox"/> agriculture	<input type="checkbox"/> museum
<input checked="" type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> commercial	<input type="checkbox"/> park
<input type="checkbox"/> structure	<input type="checkbox"/> both	<input type="checkbox"/> work in progress	<input type="checkbox"/> educational	<input type="checkbox"/> private residence
<input type="checkbox"/> site	Public Acquisition	Accessible	<input type="checkbox"/> entertainment	<input type="checkbox"/> religious
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input checked="" type="checkbox"/> yes: restricted	<input type="checkbox"/> government	<input type="checkbox"/> scientific
	<input type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial	<input type="checkbox"/> transportation
	<input type="checkbox"/> not applicable	<input type="checkbox"/> no	<input type="checkbox"/> military	<input checked="" type="checkbox"/> other: Hospital

4. Owner of Property (give names and mailing addresses of all owners)

name Department of Health and Mental Hygiene

street & number 201 West Preston Street telephone no.: 301-225-6816

city, town Baltimore state and zip code Maryland 21201

5. Location of Legal Description

courthouse, registry of deeds, etc. Carroll County Courthouse Annex, Rm G-8 liber

street & number 55 North Court Street folio

city, town Westminster state Maryland 21157

6. Representation in Existing Historical Surveys

file

date _____ federal _____ state _____ county _____ local

depository for survey records

city, town _____ state

7. Description

Survey No. CARR-1197

Condition		Check one	Check one	
<input checked="" type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	<input type="checkbox"/> unaltered	<input checked="" type="checkbox"/> original site	
<input checked="" type="checkbox"/> good	<input type="checkbox"/> ruins	<input checked="" type="checkbox"/> altered	<input type="checkbox"/> moved	date of move _____
<input checked="" type="checkbox"/> fair	<input type="checkbox"/> unexposed			

Prepare both a summary paragraph and a general description of the resource and its various elements as it exists today.

Springfield Hospital Center is a state-operated residential facility for the mentally ill located on 583 acres in Sykesville, Carroll County. As the largest state mental hospital, Springfield Hospital Center occupies a tract of land characterized by rolling hills, a gentle stream, fertile soil, and wooded areas. Bounded on the west and north by State Highway 32, the hospital maintains entrances from the south off of Buttercup Road, from the west on Second Street, and from the north on Main Street.

When the authorizing legislation to establish Springfield State Hospital was passed, Chapter 231 of the Acts of 1894 stipulated that the hospital be designed according to the cottage or colony plan of hospital design. The design type advocated the construction of individual patients buildings in close proximity of one another. The complex of buildings identified as a colony was designated for each gender and sometimes by a certain classification of disease such as epilepsy. Each colony would function independently of the other by having its own kitchen and dining facilities, infirmary, and administration unit. Springfield implemented this concept to its fullest interpretation and the historic buildings still embody the fundamentals of this design type.

The bulk of the historic buildings are located within a patient colony. Springfield developed individual complexes for men (the Martin Gross Group), women (the Warfield Group), and epileptics (the Clark Circle Colony). These three groups are composed of thirty-one buildings which is half of the total number of historic buildings on the property.

The Martin Gross Group originated as the men's colony. The initial colony consisted of four buildings which formed a quadrangle. Within the courtyard, a cross shaped corridor links the buildings together. Constructed of garden wall bond brick, the two-story structures display elements of the Beaux Arts style of architecture in their rounded arcades, decorative trimmings, and corbelled chimneys. The architectural firm of Wyatt and Nolting designed the quad. The group gradually expanded through the years to a total of 13 buildings by 1932. The other structures within the Martin Gross Group complimented the existing architecture. "D" and "I" Cottages share similar features with the original four buildings such as the terra cotta ornamentation, building design and layout, and hipped slate roofs. While the newer buildings are more closely linked to the Georgian Revival style of architecture, the entire group shares certain common traits: hipped roofs, brick construction, classical features, and a height of one to two stories. The complex also demonstrates the work of additional architects active in Maryland such as Owens and Sisco, Henry Powell Hopkins, and Parker, Thomas and Rice.

As the men's quadrangle was nearing completion, Joseph Evans Sperry received the commission to design the original quad for the women's colony about three-quarters of a mile southwest of the men's group. Based on the same principle, the women's quad consists of three residential cottages and an administration building joined by a covered corridor. The layout differs slightly from the men's quad but the changes were made to facilitate the administration of the unit. The Service Building rises three stories high while the three cottages are only two stories. The quad exhibits features which are indicative of the Neo-Colonial style of architecture. Constructed of flemish bond brick, the buildings display Palladian windows, octagonal cupolas, pedimented pavilions, and elliptical fanlights.

Similar to the Martin Gross Group, when patient population demanded it, additional buildings were constructed in the women's group. The women's group expanded

to twelve buildings by 1929 when the last building was erected. The majority of the buildings were completed by 1915 and also exhibit elements of the Neo-Colonial style. The buildings favor flemish bond brick, two stories, modillioned cornices, and hipped, slate roofs. The Warfield Cottage, built in 1905, is the most ostentatious building with its asymmetrical design, stone crests, gambrel and hipped roof, and semi-circular portico. Again, the building designs reflect the work of the same prominent architects.

The bulk of the patient buildings in the men's and women's group were completed by 1915. The hospital construction program also included some buildings which were not built in either patient complex but stood on the grounds by 1915. As the energy requirements for the hospital increased, Springfield built a more substantial powerhouse and laundry facility. One of four buildings designed by Parker, Thomas and Rice in 1911, the Powerhouse and Central Linen Building is a one-story, flemish bond brick structure. The laundry portion of the building displays the most ornamentation with rounded arch transoms, marble sills and impost blocks, and decorative brickwork.

Another major construction project occurred in 1912-1913. The superintendent occupied the 1790's frame residence until it was destroyed by fire in 1912. A replacement was soon underway following the designs of Owens and Sisco. Again, classical features were employed on a two-story, flemish bond brick structure that measures nine bays long and three bays deep.

Finally, the most elaborate construction project occurred between 1913 and 1915 as the Hubner Psychopathic Hospital Building was erected. As the largest structure on the hospital grounds, the Hubner Building displays a Geneva cross design which consists of an octagonal core of three stories and four wings of two stories. Construction materials and decorative features common to the existing hospital architecture were utilized including flemish bond brick, marble ornamentation, octagonal cupola, and gable roof. The Hubner Building occupies a commanding position in the center of the complex at the crest of a hill. The building was expanded in the early 1930s by the addition of a

second octagonal core and two wings. Parker, Thomas and Rice designed the original structure while Henry Powell Hopkins executed the addition.

The final patient colony was not constructed until 1924. A separate colony designed to house epileptic patients was a component of the original Springfield concept but its construction did not occur until 1924 despite favorable support. The entire colony consists of seven buildings dating from 1924 to 1935 and is located south of the Martin Gross Group. Clark Circle is composed of two-story brick building, displaying elements of the Georgian Revival. Classical porticos, cement quoins, hipped roofs, and decorative window bases characterize these buildings. Henry Powell Hopkins designed the complex as his first commission of many at Springfield State Hospital.

The Springfield Hospital Complex is distinguished by numerous buildings which do not relate directly to patient care but are essential for the smooth operation of the facility. The industrial buildings, with the Powerhouse and Central Linen being the oldest of the group, are located east of the Warfield Group. These buildings have housed different functions through the years such as a cannery, paint shop, and automotive repair. The dominant construction material is concrete and the usual height is one story with a flat roof. The construction dates range from 1920s to 1940. A related group of structures falls into this category as well. The farm operation underwent some development in the 1920s and 1930s. Three cast concrete barns of two-and-a-half stories were raised with gambrel roofs, Palladian windows, and stucco walls.

The staffhouses provide another component of the historic buildings at Springfield. Six staffhouses have been determined to be architecturally and historically significant. All the buildings were built of shiplap siding and have gable roofs. Three of the staffhouses, numbers 11, 13, and 15 were constructed as gatehouses and mark the west, north and south entrances to the hospital. Except for Staffhouse #12, the dwellings date to the turn of the century or earlier. In contrast, Staffhouse #12 displays features of the Bungalow style of architecture. All the staffhouses are vernacular structures

which provide housing for employees.

In addition to the previously mentioned patient buildings, Henry Powell Hopkins designed several buildings throughout the hospital campus during the 1930s. This collection of structures includes the Nurses' Home, the "T" Building, and the Employees' Home. These buildings demonstrate the true nature of Hopkins' architectural career. The architect's preferred style was Georgian Revival and these buildings display the required elements such as flush wall chimneys, pedimented porticos, dentilled cornices, and gabled roofs.

The exterior condition of the buildings ranges from fair to excellent. Alterations of some form have been made to a majority of the buildings. Many of the incompatible alterations occur in the form of fire escapes. The Martin Gross Group provides several examples. Several of the cottages have fire escapes which have been attached to the building by destroying the brownstone lintels. "G" Cottage displays a two-story corrugated metal enclosure which serves as a fire escape. Removal of certain features is a second type of alteration. The Warfield Service Building lost a semi-circular portico on its west face. However, considering the age and function of the buildings, the majority of the historic buildings have not suffered from substantial alterations to the exterior fabric.

In contrast, interior alterations to the buildings at Springfield have been extensive and are a result of several factors. The age of the buildings has necessitated frequent repairs and remodeling. Alterations have also occurred due to the application of modern health and safety codes as well as changes resulting from the modification of the building's function. Where the buildings have been vacated, they have thereafter usually received little or no interior maintenance and have deteriorated.

When left intact, the original interior fabric of most buildings is rarely distinctive or significant. Walls were usually plastered or tiled and with many of the operational buildings, the walls were unfinished or exposed brick. Simple interior treatments such as

door and window trim were the standard choice because function and security usually took precedence over stylish interiors. One exception to this rule appears in the Patterson House. Because it served as the superintendent's home, the interior displays detailed mantles, french doors, and cornice molding. These elements contribute to the interior architectural significance of the dwelling.

BUILDING SITES AT SPRINGFIELD

This architectural survey includes one building site. Buttercup Cottage was located just south of Warfield "G" Cottage. The two-story frame structure housed the first patients transferred to Springfield in 1896. The building has not stood on the grounds for at least 35 years. The general area surrounding the farm buildings has lost some structures to demolition as well. There are also three examples on the Springfield grounds where an existing building was destroyed or demolished and a replacement structure now stands on the same site. The examples consist of the Patterson House, Martin Gross "F" Cottage and Martin Gross "K" Cottage.

8. Significance

Survey No. CARR-1197

Period	Areas of Significance—Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400-1499	<input checked="" type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input checked="" type="checkbox"/> social/
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> humanitarian
<input checked="" type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> theater
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> politics/government	<input type="checkbox"/> transportation
		<input type="checkbox"/> invention		<input type="checkbox"/> other (specify)

Specific dates

Builder/Architect

check: Applicable Criteria: A B C D
and/or

Applicable Exception: A B C D E F G

Level of Significance: national state local

Prepare both a summary paragraph of significance and a general statement of history and support.

The Maryland State Lunacy Commission expressed the need for a second state mental hospital as early as 1892. The insane population of the state was growing at a rate that the sole state institution of Spring Grove could not handle. The mentally ill citizens of the state were also housed in county almshouses and private institutions. Many of these living arrangements placed patients in poorly ventilated, dark rooms lying in their own excretions. The State Lunacy Commission, established as an advocacy group for the mentally ill of Maryland, began to petition the General Assembly for appropriations for a second state hospital for the insane. The General Assembly ignored the issue until 1894 when the body authorized the establishment of the Second State Hospital for the Insane and appointed a Board of Managers to scout locations for the institution.

Chapter 231, Acts of 1894 created the institution but the act also contributed to the design of the new hospital.¹ The authorizing legislation stipulated that the hospital be built according to the cottage plan. This type of hospital design advocated the construction of small, individual buildings within close proximity of one another to ease the management of the group. The Board of Managers were sent to Poughkeepsie, New York to see a specific example of the cottage plan.

This design type was in direct contrast to the Kirkbride Linear Plan which influenced the construction of Spring Grove State Hospital. The Kirkbride design proposed the construction of one single building of a linear shape. The administrative center occupied the center block of the building while the extending wings housed the various classifications of patients. Developed by the medical superintendent of the Pennsylvania Hospital, Dr. Thomas Kirkbride introduced his plans in the 1850s. His guidelines influenced construction of mental asylums into the twentieth century. The cottage plan of hospital design emerged in the 1880s to challenge the Kirkbride Plan. "Kirkbride's propositions emphasized too strongly the custodial features of the institution and were not sufficiently flexible to meet the requirements of all classes of patients."² The construction of cottages was introduced to accommodate chronic patients where the large wards were inappropriate. Individual buildings afforded a more specific classification of patients and promoted the comfort of all patients. The administration building headed the group. Then located at various distances were patient buildings. It is this building arrangement that the General Assembly specified in its authorizing legislation.

Before any hospital construction could occur, the Board of Managers had to secure a site. This search was also influenced by some requirements. The Board of Managers were instructed to seek a suitable farm. Suitable meant at least 500 acres within a twenty mile radius of Baltimore located within a half mile of a railroad line.³ The Board of Managers formed a committee of medical professionals to review six properties "with regard to its fitness and location for a hospital for the treatment of the insane."⁴ The committee picked Springfield Farm in southern Carroll County owned by Governor Frank Brown. The Board of Managers resolved to buy the 728 acres for \$50,000 on January 15, 1896.⁵

The Springfield Farm belonged to Governor Brown through a maternal link to the William Patterson family. While not the focus of this discourse, the Springfield Farm and Patterson family provide an illustrious history of their own. Well-established in Carroll County, the history of the Patterson family dates back to the eighteenth century when the family settled in the region. The farm grew to substantial proportions and a profitable enterprise in the mid-nineteenth century. When Frank Brown offered the farm to the state, the sale included the existing farm buildings, the family mansion and its furniture.

The Board of Managers hired Dr. George Rohe to be the superintendent of the new hospital. Dr. Rohe had been actively involved in the care and treatment of the insane throughout his career. As the president of the Medical and Chirurgical Faculty of Maryland, Dr. Rohe pushed for the establishment of a second state mental hospital in 1893. Concurrently, Rohe served as the superintendent of the Maryland Hospital for the Insane at Catonsville. Through these involvements, Rohe understood the urgent necessity for a second hospital. By accepting the position of superintendent at Springfield, Dr. George Rohe saw the unique opportunity to create a model institution for the insane. Because of Dr. Rohe's vision, Springfield did become a highly praised institution for the care and treatment of the insane.

Once in charge, Dr. Rohe quickly assessed the new hospital property and issued several recommendations which would facilitate the initial establishment of the hospital. The tenant houses and Buttercup Cottage could be easily converted into temporary patient accommodations for twenty-five men. The new superintendent also recommended that the 1790s Patterson home be used exclusively as a residence for the superintendent. These recommendations were implemented quickly as the State took possession of the property on April 11, 1896.⁶ The transfer of twenty-two male patients to Springfield occurred shortly thereafter.

Construction of the new hospital buildings began with the quadrangle of buildings for male patients. Dr. Rohe worked with the architects, Wyatt and Nolting to produce an effective but stylish implementation of the cottage plan of hospital design. Two additional professionals, Dr. Hurd and Dr. Brush reviewed the construction plans and gave their approval. Located east of the superintendent's house, the Men's Group consisted of a service building and three patient dormitories situated in a square linked together by a covered corridor. The service building housed offices, reception room and parlor, a pharmacy, and a room for the resident physician. The patients' dining room was located in the basement. The cottages contained a large sitting room on the first floor and sleeping accommodations on the second floor. The quadrangle of buildings was designed and built according to the mill construction method which impedes the spread of fire. All the dividing walls were constructed of brick, the basement and the second story utilized metal lathing, and plastering occurred only on the first floor.⁷ Once the construction of the buildings had been completed, the superintendent moved the male patients from Buttercup Cottage to the new dormitories. New epileptic patients were housed in Buttercup Cottage. By November 30, 1898, Springfield had received 180 male patients.⁸

As the Men's Group filled with patients, construction crews broke ground for a cottage group for women in September 1898. Located three-quarters of a mile southwest of the Men's Group, the Women's quadrangle shared many similar design traits with the men's layout. However, a few changes were made to the design to facilitate the administration of the group. Springfield commissioned Joseph Evans Sperry to execute the design.

With the completion of the Women's quadrangle, the major components of the cottage plan were in place. The two complexes embodied the essentials of the cottage plan of hospital design. Each of the four buildings housed a specific function which related to the care and treatment of the insane. The original concept of Springfield

called for cottage groups for men, women, epileptics and a hospital reception group. While Springfield designated an area for each of these functions, the implementation and remaining designs did not specifically follow the original plan. Regardless of these changes, Springfield Hospital Center provides the best example of the cottage plan of hospital design in Maryland.

In addition to the cottage plan, Springfield in the early years of its existence operated under certain policies which enhanced the uniqueness of the hospital. The medical profession had debated the use of physical restraints on insane patients throughout the nineteenth century. Dr. Rohe believed that patient behavior could improve with the absence of physical restraints. Restraints ranged from manacles to window bars. When Rohe received the first male patients, he housed them in Buttercup Cottage without physical restraints. Because patient behavior responded positively, Dr. Rohe decided to operate the hospital under the open door policy. None of the patient buildings were constructed with barred windows which proved the hospital's commitment to the open door policy. Though the patients were not subject to restraints, their activity was strictly regimented. Dr. Albert Gihon, a retired Navy medical director, visited Springfield in 1898 where he described the following scene:

Then, with clean hands and faces and combed hair and decent garments, they fall into line at the bugle's call to dinner and, led by uniformed attendants, march in squads, two by two, arm in arm . . .

The regimented activities of the patients centered on work therapy. On the day which Dr. Gihon visited the hospital, 113 patients out of 154 were actively engaged in some type of task.¹⁰ Whether it was cleaning the cottages or working in the fields, the patients performed a daily duty which diverted their thoughts. The concept of work therapy was another idea which Dr. Rohe practiced at Springfield. The superintendent believed, as others in the profession did, that farm or work therapy was a very effective method of treatment. The requirement of 500 acres for the new hospital property related both to the necessity of the farm operation and the work therapy program. The

acreage not only fed the patients but it contributed to their treatment as well. Even the Board of Managers recognized the therapeutic value of the work program: "The employment of the patients is not to be regarded solely as an economic measure but largely and indeed principally as a means of treatment."¹¹

Dr. Rohe implemented a third policy which affected the overall orientation of Springfield State Hospital. In its early years, Springfield only received chronic patients, those whose chances of recovery were minimal. The number of chronic insane had been steadily on the increase in Maryland and throughout the country in the late nineteenth century. The chronic insane placed different stresses on the standard mental hospital environment. Because of the negative prognosis, chronic insanity required long-term care that many hospitals could not handle. The State of Maryland tried to confront this issue with the establishment of Springfield State Hospital. The early patient population consisted only of chronic patients while the acute patients were sent to Spring Grove State Hospital. The reception of chronic patients influenced Springfield from the layout to the choice of therapy methods because the patient population directly affected the hospital environment.

Springfield witnessed steady growth in its physical plant principally between the first construction phase in 1898 through the opening of the Hubner Psychopathic Hospital Building in 1915. After the construction of the original quadrangles in each group, the hospital continued to expand by adding individual buildings to each group at a steady pace. Each group expanded with dormitory space, dining hall and kitchen, and tuberculosis cottages. The growth of the hospital continued to reflect the cottage plan. The design, also referred to as the colony plan, developed each patient group into a self-contained unit. While this enforced the segregation of the sexes by location, the colony plan, more importantly, established each unit as functionally independent. The construction of individual dining halls, infirmaries, and tuberculosis cottages ensured the self-sufficiency of the group.

Another factor which contributed to the self-sufficiency of the hospital centered on the farm operation. Though the patients provided some of the labor, Springfield maintained a staff which supervised the farm operation. The costs of running the hospital were reduced because the farm produced most of the food consumed by the patients. The farm was indicative of other functions at the hospital. The hospital also maintained a carpenter shop and a blacksmith shop. In addition, while the industrial shops provided therapy for the patients, the final products such as clothing or mattresses contributed to the operation of the hospital.

Though the establishment of Springfield State Hospital alleviated some of the poor conditions in which the insane lived, the plight of the mentally ill had not been fully resolved by the turn of the century. Many still lived in inadequate arrangements in county almshouses. With the support of the State Lunacy Commission, the State of Maryland pushed for total state care of the insane by 1909.¹² The General Assembly of Maryland passed a bill that charged the State of Maryland "with the maintenance, care, control, and treatment of all dependent insane persons who are at that time residents of the State of Maryland."¹³ This objective was not met by 1909 but state care was achieved by 1914. Once the concept of total state care was introduced and agreed upon, the two existing state hospitals, Spring Grove and Springfield began preparations to accommodate an increased patient population. Springfield witnessed a small building program of four buildings by the firm of Parker, Thomas and Rice. One residential cottage was added to the Men's Group and two cottages were constructed in the Women's Group. The fourth building erected in 1911 was a new powerhouse and laundry facility. The growth of the hospital had already surpassed the capacity of the original powerhouse. The new plant was designed to handle the increasing energy demands of the expanding hospital.

The construction of the Hubner Psychopathic Hospital Building from 1913 to 1915 ushered in a new phase in Springfield's history. Up until the construction of the building,

Springfield concentrated on the care of the chronic insane. The Hubner Psychopathic Hospital Building embodied the newest ideology in the treatment of the mentally ill. The reception hospital building focused on the diagnosis and treatment of acute patients. Current psychiatric thought believed if a patient with an acute illness could be diagnosed and treated in a short period of time then his or her chances of permanent recovery were greater. The construction of the Hubner Building was designed to meet these needs.

In addition to the function of the structure, the Hubner Building displays a distinctive design. Based on the Geneva cross plan, the Hubner Building consists of an octagonal core with four wings extending from the core. Borrowed from the Europeans, the Geneva cross provided an area of central control while still maintaining a close proximity to all the wards. The Hubner Building was the first state psychopathic reception center where an indigent patient could receive the same quality of care as his rich counterpart at a private institution.

To commemorate the significance of the building, Springfield held an opening celebration in June of 1915.¹⁴ The celebration honored John Hubner who was the leading Senator who introduced the bill which established Springfield State Hospital. With the opening of the Hubner Building, Springfield reached a plateau in their construction program for patient buildings. The patient population of the hospital ranged around the 1300 mark. The Annual Report of the State Lunacy Commission took a reflective look at the institution in 1915:

After about twenty years, completed in practically all of the essentials required of a modern hospital. There is a central kitchen and congregate dining room building at each group; sufficient cottages with dormitories and dayrooms to allow a satisfactory classification of the patients; the psychiatric clinic, where the administrative and medical activities of the hospital center; industrial shops that are well equipped to take care of the needs of the patients; a large amusement hall for the patients' entertainment; and finally, a commodious home for the superintendent, in keeping with the general architecture of the hospital buildings. Summing it all up, the Springfield State Hospital is, from an architectural standpoint and from a business and medical viewpoint, a model institution and one that we might feel very proud of.¹⁵

The nine years following the opening of the Hubner Building witnessed a lull in the construction of patient related buildings. In contrast, the hospital devoted some construction funds to other phases of hospital operation such as a new water filtration plant. The farm operation also experienced some construction. The existing frame barn dated from the 1860s and the farm operation needed a larger barn to accommodate the growing production. Two concrete barns were constructed in 1920 and 1922. The area in which the barns were constructed has traditionally been the location of the farm buildings. Several tenant houses once occupied the area along with the 1860s barn. A rubblestone root cellar dating to the early Patterson farm of the 1800s still stands just north of the 1920 concrete barn.

The original concept of the hospital included an epileptic colony. While individual buildings housed the epileptic patients, a separate cottage group was not constructed until 1924. The topic of an individual epileptic colony consistently surfaced in the Minute Book of the Board of Managers but the administrators finally committed to the construction in the early 1920s. Springfield commissioned Henry Powell Hopkins to execute the design. The construction of the seven buildings fulfilled the original intention of the Springfield plan. The first phase of construction erected the service building, kitchen and dinning room building, and a dormitory for each gender. The colony was named after Dr. J. Clement Clark, the superintendent of twenty-five years. Two additional housing units were added in 1927 and the final building, an infirmary for epileptics, completed the circular design of the colony in 1935.

The commission for the Clark Circle Epileptic Colony ignited a long and prosperous career for Hopkins. The Maryland architect went on to design nine additional buildings at Springfield plus the addition to the Hubner Building. The number of commissions which Hopkins received reflected a change. During the first twenty years of the hospital, the designs of the buildings represented a collection of prominent Maryland architects. After the Clark Circle commission, Henry Powell Hopkins dominated the

architectural commissions at Springfield. Hopkins' career also included designs at Spring Grove State Hospital, Rosewood State Hospital and the University of Maryland.

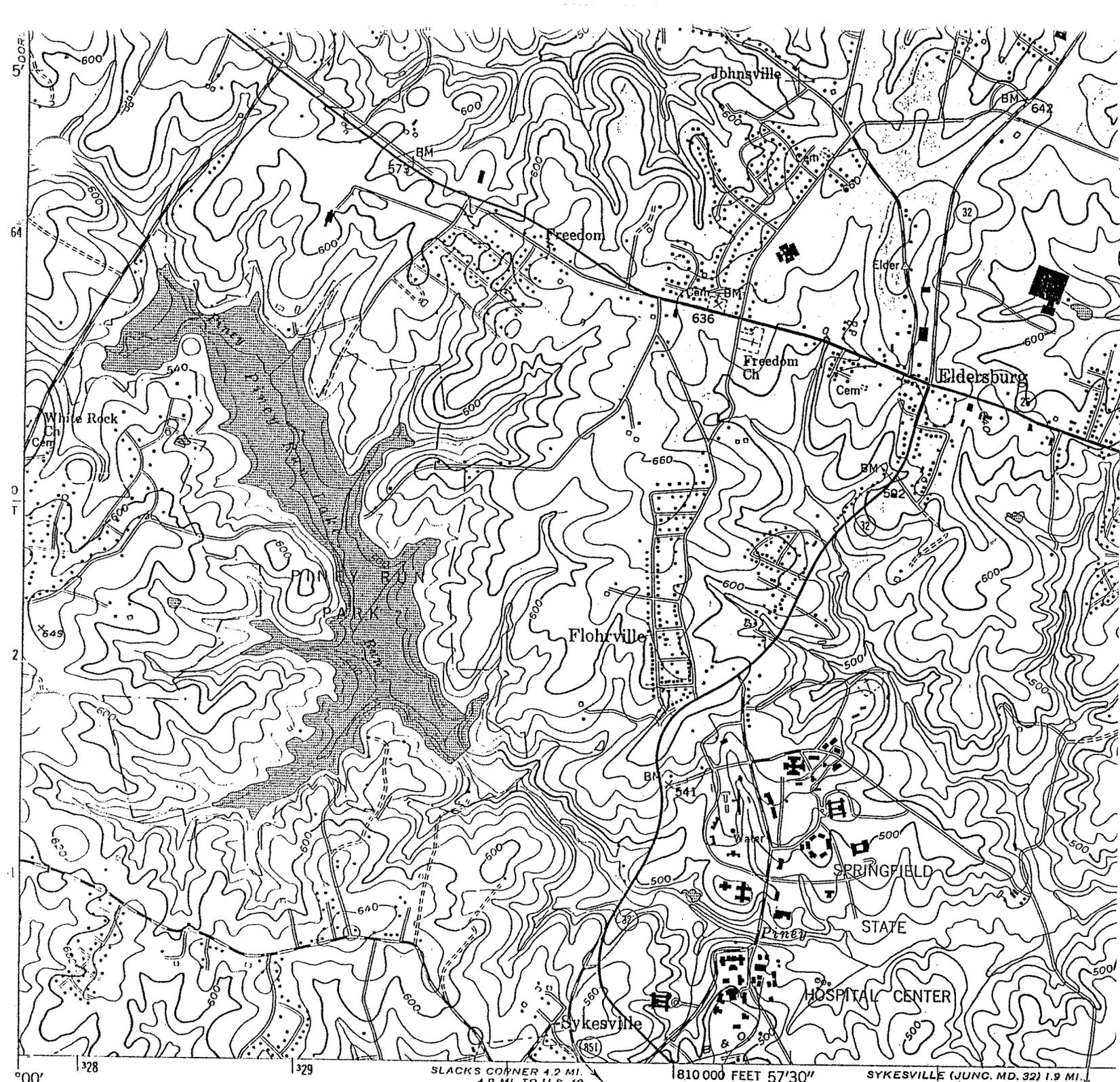
With the completion of the Epileptic Infirmary Building at the Clark Circle Colony in 1935, the essence of the original concept for Springfield had been achieved. The cottage or colony plan of hospital design had been fully implemented and had achieved successful results. An assessment of the hospital in 1909 still applied by 1935:

We now have cottages of architectural beauty, homelike in appearance, with open doors without any appearance whatever of restraints, and the idea of a cell or dark room, with its terrors real or imaginary, is entirely banished. (Springfield State Hospital is the) most perfect and consistent example of an open door hospital for the insane in the world.¹⁶

The nature of the hospital has changed dramatically since 1935. Current mental health policies advocate placing as many patients as eligible into a community setting. This policy of deinstitutionalization has greatly reduced the patient population of the hospital. As a result, several buildings in the Martin Gross Group and all of the buildings in the Clark Circle Colony have become vacant. Despite physical conditions which could be remedied by routine maintenance, the historic buildings at Springfield State Hospital symbolize an important philosophy in mental health history which is no longer implemented today.

NOTES

- ¹Chapter 231 of the Acts of the General Assembly of Maryland 1894 (Annapolis, Maryland, 1894).
- ²Henry M. Hurd, The Institutional Care of the Insane in the United States and Canada 4 vols. (Baltimore: Johns Hopkins Press, 1916) 2: 207.
- ³Minute Book of the Board of Managers of Second Maryland Hospital for the Insane 1894, Medical Library, Springfield Hospital Center, Sykesville, Maryland.
- ⁴Ibid.
- ⁵Ibid.
- ⁶Ibid.
- ⁷Springfield State Hospital, Second Annual Report of the Board of Managers of Springfield State Hospital (Baltimore: Sun Book and Job Printing Office, 1897).
- ⁸Maryland State Lunacy Commission Thirteenth Report of the State Lunacy Commission (Baltimore: Sun Book and Job printing Office, 1899) p.20.
- ⁹Albert L. Gihon, "A Modern Madhouse: An Inspection Report," Medical Library, Springfield Hospital Center "typewritten" reprint from The Philadelphia Medical Journal, November 5, 1898., p.1.
- ¹⁰Ibid.
- ¹¹Minute Book of the Board of Managers of Second Maryland Hospital for the Insane 1894, Medical Library, Springfield Hospital Center, Sykesville, Maryland, 21 August 1895.
- ¹²Maryland State Lunacy Commission, Nineteenth Report of the State Lunacy Commission (Baltimore: Press of James Young, 1905).
- ¹³Ibid.
- ¹⁴Maryland State Lunacy Commission, Annual and Biennial Reports of the State Lunacy Commission and the Board of Managers of the State Hospitals for the Insane and Feeble-Minded (Baltimore: Lord Baltimore Press, 1915) p.160.
- ¹⁵Ibid p.161.
- ¹⁶"The Springfield State Hospital," Maryland Medical Journal vol. LII, no.1 (January 1909): 17.

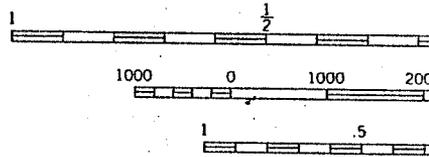


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Topography from aerial photographs by stereophotogrammetric methods. Aerial photographs taken 1943. Field check 1944
 Culture revised by the Geological Survey 1953
 Polyconic projection. 1927 North American datum
 1000 foot grid based on Maryland coordinate system
 1000 meter Universal Transverse Mercator grid ticks, Zone 18, shown in blue

There may be private inholdings within the boundaries of the National or State reservations shown on this map
 Revisions shown in purple compiled by the Geological Survey from aerial photographs taken 1977 and other source data
 This information not field checked. Map edited 1979

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 Springfield Hospital Center
 Sykesville, Maryland
 Finksburg Quad
 USGS 7.5 Minute Series
 Scale 1: 24,000



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