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TIMELESSNESS.
THE PHENOMENON OF PRUSSIAN HOSPITALS
FOR THE MENTALLY AND NERVOUSLY ILL
FROM THE TURN OF THE 19TH AND 20TH CENTURIES

PONADCZASOWOŚĆ.
FENOMEN PRUSKICH SZPITALI
DLA PSYCHICZNIE I NERWOWO CHORYCH
Z PRZEŁOMU XIX I XX W.

Abstract

Along with the development of civilization, the form of architectural space also changes. Some of buildings were lost their functions irrevocably, the others gain new ones or were transformed into museums. But is it always like this? Sometimes that well-designed architecture, based on years of experience can perfectly fulfil its original function after more than 100 years, even better than modern objects built for the same purpose.

An example of this type of architectural complexes are Prussian lunatic asylums from the turn of the 19th and 20th centuries. The phenomenon of this architecture, bathed in greenery, designed as a part of therapy, has never ended. Both small pavilions for patients, social facilities, gardens and parks are still great for treatment. Complex of hospitals for the mentally ill are a testimony of cooperation between architects and doctors in order to build the best therapeutic spaces that are still valid.

Keywords: the 19th and the early 20th centuries architecture, lunatic asylum in Prussia

Streszczenie

Wraz z rozwojem cywilizacji zmienia się również forma przestrzeni architektonicznej. Budowle tracą bezpowrotnie swoje funkcje, zyskują nowe bądź są przekształcane w skanseny lub muzea. Ale czy zawsze? Zdarza się, że dobrze zaprojektowana, oparta o lata doświadczeń architektura jeszcze po ponad 100 latach może doskonale pełnić swoją pierwotną funkcję. Czasem nawet lepiej niż nowoczesne obiekty budowane w tym samym celu.

Przykładem tego typu założeń architektonicznych są pruskie szpitale psychiatryczne z przełomu XIX i XX stulecia. Fenomen tej skapanej w zieleni, zaprojektowanej jako element terapii architektury trwa do dziś. Zarówno kameralne pawilony dla chorych, zaplecze socjalne, jak i ogrody oraz parki nadal świetnie służą terapii. Zespoły szpitali dla psychicznie chorych są świadectwem współpracy architektów i lekarzy w celu wznoszenia jak najlepszych przestrzeni terapeutycznych, które są nadal aktualne.

Słowa kluczowe: architektura XIX i początku XX w., zakłady psychiatryczne w Prusach

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1. INTRODUCTION

The 19th century – the age of inventions, economic growth, social and political transformations – was also a period of changes within architecture and urban planning. Concurrently, major shifts occurred in the fields of medicine and hygiene. The attitude towards the mentally ill was rapidly altering. Already towards the end of the 18th century, some voices of doctors were raised claiming that mental disorders could be subjected to efficient and institutionalised treatment.² Owing to the “moral therapy”, the approach underwent a complete rearrangement. The rather harsh methods of forced moderation and physical punishment were replaced with gentle methods of handling patients and attempts to gain their trust. The key therapeutic procedures would now include conversations, persuasion, cold and warm baths, as well as physical work and entertainment. Nervous system was to regain the state of balance and order through humanitarian approach, shift in living conditions, harmonious, stimulating environment, physical and intellectual activity, as well as fitting physical work.³ The implementation of such novel methods required facilities intended solely for the mentally and nervously ill, which would feature appropriately defined space.⁴ In numerous locations worldwide, new mental institutions were being established to operate according to the new paradigm. Since the close of the 18th century, the time when modern psychiatry was “born”, the architectural space played an important role. It was then that new establishments dedicated exclusively to the mentally ill were set up. Such new architectural space improved the social conditions of the ill and allowed for both their therapy and dignified treatment.

Depending on the local tradition and state policy, the process varied among different countries. One of the leading actors in the field of 19th century psychiatry became the Germanic countries, performing scientific research in order to raise standards of psychiatric treatment. In the Kingdom of Prussia (since 1871 – the German Empire), the idea of central supervision over medical care and the concept of “health policy” did also entail the mentally ill. In line with the Prussian social policy, mental hospitals governed by the local authorities were erected in every province and made available to all patients. Many of the abbeys and monasteries secularised in 1810 were allocated to that purpose. They were to house the first institutions for the mentally unsound. Towards the close of the 1880s, the National Office for Poor Relief (*Deutscher Verein für Armenpflege*) was created, which evaluated the number of the mentally ill through its local administration and directed them to medical establishments. According to the Social Security Act of 1871 with its subsequent amendment of 11 July 1891, each of the established centres was named *Provinzial Heil – und Pflegeanstalt* – Provincial Health and Care Institution.⁵

According to the dominant notions of the era, fittingly situated and designed “asylums” were to become a crucial therapeutic factor. Hence, modern complexes of specialist mental hospitals were erected, surrounded by gardens and located in tranquil places offering beautiful

² E. L. Shorter, *Historia psychiatrii. Od zakładu dla obłąkanych po erę Prozacu*, Warszawa 2005, p. 18.

³ More about that: idem, pp. 31–33; L. C. Charland, *Science and Morals in the Affective Psychopathology of Philippe Pinel*, *History of Psychiatry*, 2010, pp. 38–53 doi.org/10.1177/0957154X09338334; De Young M., *Encyclopedia of Asylum Therapeutics, 1750–1950s*. Jefferson, NC, 2015, pp. 242–253.

⁴ Beforehand, mentally ill patients were staying in crowded hospital wards or downright prisons.

⁵ More on the management and support of these establishments on the example of the Silesian Province – T. Kruszewski, *Prowincjonalna opieka nad chorymi psychicznie na Śląsku w XIX i pierwszej połowie XX wieku*, Wrocław 2016.

sights. These new hospital establishments were comprehensively described in journals and numerous publications dealing with psychiatry and architecture. Theoretical considerations were also published; these included general guidelines for the design of such complexes as well as the therapeutical requirements they had to meet.⁶

Various forms of treatment were adopted. The basic approach comprised sedation through hydrotherapy and therapy through work. As described by doctor Knecht, “Work has positive influence upon the blood circulation of patients, as it requires physical activity; moreover, it is a means of distracting them from their pathological ideas; lastly, it grants each patient a sense of performing useful activity, which fosters their self-confidence and raises their awareness that they too can feel valuable members of the human society.”⁷ The ill were to work in workshops, kitchens, gardens or farms surrounding the establishments.

2. FIRST HOSPITALS – ADAPTATION OF THE EXISTING BUILDINGS

The first hospitals, created early in the 19th century, were usually placed in buildings adapted for the purpose, more often than not secularised monasteries. Far from being the perfect space defined for therapeutic purposes, they were definitely better than general hospitals and prisons. In the monastic buildings and castles, one could establish wards for the ill, separate the restless and dangerous patients from the calmer ones who suffered from lesser mental or nervous disorders. Additionally, the division into a female and a male section of the institutions was introduced. What is more, patients were able to use the cloister gardens, where they could rest or participate in work therapy.

Among such asylums, the hospitals in Silesian town of Lubiąż (Ger. *Leubus*) and Sigburg in Rheinland were particularly famous, as they were considered exemplary of the kind. In 1823, in Berlin, the decision had been made to establish these centres converting two former abbeys. The hospital in Lubiąż, situated in a massive (one of the largest in Europe) Postcistercian abbey, could serve as an example of modern organisation of both space and care for the needs of the mentally ill.⁸ In order to create appropriate rooms for the patients, additional partition walls as well as lower-set wooden ceilings were introduced into halls and corridors. Other elements of the interior were also remodelled; for instance, a large dining room in the Abbot’s palace was converted into an apartment for the assistant doctor and his family. Men were placed in the southern wing of the abbey, whereas women in the eastern one.⁹ While

⁶ E.g.: L. Förster, *Über den Bau und Organisation der Irrenanstalten*, „Allgemeine Bauzeitung“, 1855, z. 8, p. 309–336; Funk A., *Irren – Anstalten*, [w:] J. Durm, H. Ende, E. Schmidt, *Handbuch der Architektur*; Darmstadt, 1891, no. 4, Half – Band 5 / 2.

⁷ Knecht dr, *Ueckermünde*, [in:] J. Bresler, *Deutsche Heil – und Pflegeanstalten für Psychischkranke in Wort und Bild*, Halle a. S., vol. I 1910., p. 231.

⁸ [the institution in Lubiąż] “became a model mental hospital in Prussia, visited not only by Government representatives, but also by foreign guests, with the Head of the New York Asylum for insanity, Pliny Earle, referring to Lubiąż asylum as “the best in the world.” As cited in: T. Kruszewski, *Medyczne i administracyjne zadania służby zdrowia w prowincjonalnych zakładach leczenia psychiatrycznego na Śląsku w XIX i pierwszej połowie XX wieku*, [in:] *Dzieje biurokracji*. vol. 6, ed. T. Bykowska, A. Górak, G. Smyk, Radzyń Podlaski, 2016, p. 334. More about the history of hospital in Lubiąż: A. Kiejnia, M. Wójtowicz, *Prowincjonalny Psychiatryczny Zakład Lecznico – Opiekuńczy w Lubiążu, 1830–1912 (Provinzial Heil – und Pflegeanstalt zu Leubus/ Schlesien 1830–1912)*, Wrocław 2002, pp. 17–37.

⁹ A. Kiejnia, M. Wójtowicz, op. cit., s. 30–31. A. Korte-Böger, *Die erste preußische Irrenheilanstalt in*

performing these works, however, the frescos and the stucco decoration of the rooms, their antique content, were destroyed.

The hospital in Siegburg, located in a Benedictine Friars' monastery secularised in 1803, accommodated 200 patients. The adaptation works were performed under the supervision of Maximilian Jacobi, a reformer of psychiatry. The establishment remained operational until 1878, when it was moved to Düren. Jacobi introduced the practice of gathering extensive documentation of the illness history and of observing patients. Those physically able were employed in workshops, in the garden, at home and on the farm.¹⁰

3. MODERN SPECIALIST HOSPITALS FOR THE MENTALLY ILL

Along with the social progress, the number of those in need of psychiatric care was constantly growing. Hospitals established in converted buildings could not meet the expanding needs. Erection of new, larger institutions became a necessity. Midway through the century, dedicated asylums started to be built. In order to achieve the aims of the new therapeutic model, psychiatry required the proper space, which was to be provided by appropriately designed architecture and its surroundings. Architects' talents were combined with medical expertise, creating well-ordered complexes enabling patients to maintain self-control and discipline. Such design, according to both architects and psychiatrists, was in itself to be a cure, not a mere location for the doctors to work at. Every patient was supposed to have their own place and, conversely, each place was supposed to have its patient.¹¹ When planning new solutions for mental hospitals, many therapeutical aspects were taken into consideration.

3.1. CLOSED LAYOUT HOSPITALS

The first hospital complexes were designed with closed form. They comprised the patients' buildings in corridor layout, the administration building and outbuildings for technical and farming needs. The entire premises were usually connected by roofed passageways. They were usually designed around a single or a double rectangular courtyard, with the sides accommodating administration offices and wards, with a division into two sections – for male patients on one and for females on the opposite flank. Wards for restless or dangerous patients tended to be located towards the end of the courtyards. Inside, there were utility buildings, machine-rooms, baths, kitchens, laundry rooms, etc. Each ward had an adjacent separate garden for patients. As psychiatry developed, more wards were delineated. Attempts were made to furnish the patients' buildings with separate sleeping areas, dining rooms and living rooms.¹² Bathrooms and lavatories were also being installed. According to a prevailing in the mid-19th century notion that buildings and their interior design were not supposed to distract patients, simple forms were used, incl. brick veneer and austere decoration. Administration buildings

Siegburg, [in:] *Dies. (Hrsg.), Oben auf dem Berg. Die Geschichte des Michaelsberges und der Abtei in Siegburg*, Niederhofen 2008, pp. 44–49.

¹⁰ A. Korte-Böger, *Die erste preußische Irrenheilanstalt in Siegburg*, [in:] *Dies. (Hrsg.), Oben auf dem Berg. Die Geschichte des Michaelsberges und der Abtei in Siegburg*, Niederhofen 2008, pp. 44–49.

¹¹ B. Edington, *The Well-Ordered Body: The Quest for Sanity through Nineteenth – Century Asylum Architecture*, CBMH / BCHM, 1994, 11, pp. 375 – 386.

¹² I. Rohowski, *Vom Verwahren zum Pflegen und Heilen. Die Eberswalder Anstalt als Zeugnis der Medizin – und Architekturgeschichte* [in:] *Gropius in Eberswalde*, pp. 17–18.

received a slightly more representative layout. Usually, these institutions underwent further expansion in later years. A model example of a closed layout hospital, combining medical and caring functions, was the Health and Care Establishment (*Grossherzoglich Badische Heil und Pflgeanstalt Illenau*) in Illenau, Baden, erected according to a design by Christian Roller in the period of 1836–1842.¹³

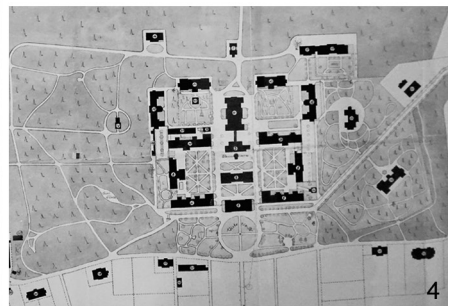
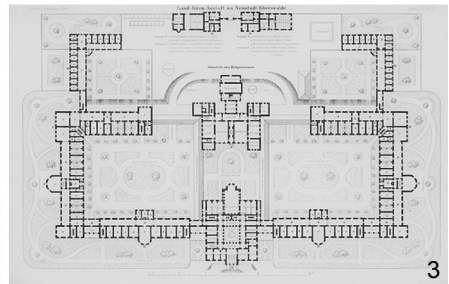
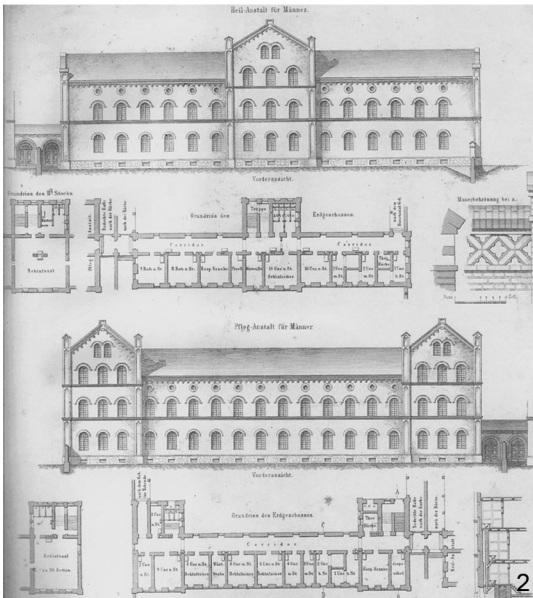
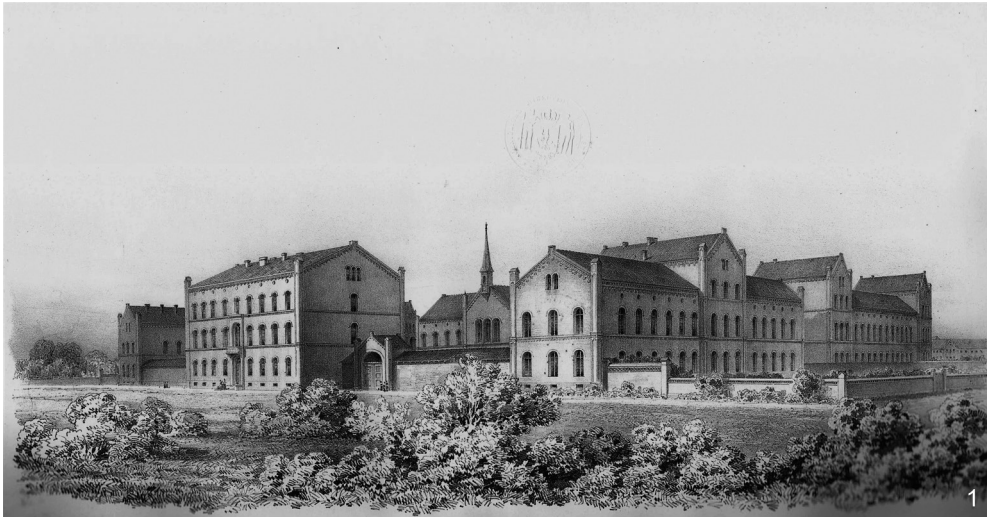
The above model had its influence on the hospital erected in Świecie (Ger. *Schwetz*) (1852–1855).¹⁴ The establishment was designed in a closed layout on a clear and simple plan of an elongated rectangle. Its shorter, southern side housed administration building, whereas the longer flanks accommodated the wards – on one side for male, on the other for female patients. At the northern end, the ward for restless and/or dangerous patients was located; that one, too, with the division by gender. In the centre, within thus delineated courtyard, a utility outbuilding was erected as well as other venues of common use, incl. a chapel. Fenced gardens were located adjacent to both sides of the patients' buildings enabling them to enjoy the fresh air. The entire complex was situated within a large park. According to modern trends, a clear division between the parts intended for men and women was introduced, as well as that between the calm, the relatively aroused and the restless inmates. Buildings, with their internal corridor layout, were joined using roofed passageways. Their architectural style was rather austere, displaying simple, slightly historicised forms. These were relatively large, three storey edifices, covered with gable or hip roofs, with a red brick veneer and brick architectural finishing in the form of simple window bands, friezes and cornices. A lower, single-storey building intended for the "madmen" closed the complex from the north.¹⁵

It is the institution in Eberswalde (1862–1865, *Land-Irren-Anstalt Neustadt-Eberswalde*) that is considered a breakthrough, as it was the forerunner of the shift from complex block layouts to more open pavilion layouts. The hospital designed by Martin Gropius still in a closed layout was made up of patients' buildings symmetrically arranged around an elongated rectangle. The axially situated administration building accommodated a chapel and common rooms as well as flats for the staff flats in the upper storeys. Behind it, there was a complex of utility (wash rooms, kitchens, etc.) and technical outbuildings. Further still, behind the main unit, near the entrance gate, there was a smaller complex accommodating farm buildings, gardener's and janitor's flats as well as a mortuary and a dissection room. That area featured also buildings designed on an L-shaped plan, which housed seclusion-rooms for dangerous inmates. All the buildings were interconnected with roofed passageways. On both sides of the main axis, rectangular courtyards emerged, where garden complexes were created. Greenery was also introduced in the section between the administration building and the utility and technical outbuildings. In the patients' pavilions, wherever possible, corridors were removed in favour of day rooms and lounges, which filled entire corners of buildings as well as their central areas. Buildings received light coloured veneer with symmetrically arranged bands of red brick. Windows were furnished with simple plaster bands. Though it still featured the

¹³ J. Bresler, op. cit. vol. I, pp. 1–9.

¹⁴ *Westpreussischen Provinzial Irren Anstalt in Schwetz*, currently *Szpital dla Nerwowo i Psychicznie Chorych im. dra Bednarza w Świeciu*.

¹⁵ D. Bręczewska-Kulesza, *Humanitarne trendy w psychiatrii w I połowie XIX wieku i ich wpływ na architekturę zakładów zdrowotnych. Teoria i praktyka – na przykładzie zakładu w Świeciu nad Wisłą*, [in:] *Przestrzeń jako laboratorium. Perspektywy. Studia. Interwencje*, ed. R. Barełkowski, Poznań 2014, p. 102 – 117; dr Grunau, *Die erste 40 Jahre /von 1 April 1855 bis 31 Marz 1895/ Westpreussischen Provinzial Irren Anstalt in Schwetz*, Danzig 1895.



- III. 1. Westpreussischen Provinzial Irren Anstalt in Schwetz (Świecie), the hospital view, illustration with *Atlas zur Zeitschrift für Bauwesen*, 1854, p. 32
- III. 2. Westpreussischen Provinzial Irren Anstalt in Schwetz (Świecie), wards for men, elevation views and ground floor plans, illustration with *Atlas zur Zeitschrift für Bauwesen*, 1854, p. 21
- III. 3. Landesirrenanstalt, Neustadt-Eberswalde, hospital plan with gardens and ground floor plan, illustration with *Atlas zur Zeitschrift für Bauwesen*, 19, 1869
- III. 4. Provinzial-Irrenanstalt Ueckermünde, situation plan, the beginning of the 20 th century, from the collection of AMEOS Klinikum Ueckermünde

older block layout with a strict axis of symmetry, the layout of the lateral wings is already reminiscent of autonomous pavilions. Additionally, during subsequent extension works, the hospital was flanked by free-standing pavilions situated on both sides of the complex.¹⁶

The space of the hospital in Ueckermünde was similarly defined. The unit was erected in the period of 1871–1875, although its construction design had been completed in the 1860s. The older part of the complex formed a closed rectangle, the sides of which housed the front buildings, whereas the others were surrounded with a ring wall, removed during the hospital's extension performed in the 1890s.¹⁷ The hospital, much like the one in Eberswalde, was designed on a rectangular plan, split axially with common utility buildings. Both sides closing the rectangle featured ward pavilions; however, these were already detached. In the axis, there were, respectively: the administration building, the common building with a large parlour (also used as a gym, most likely introduced during the extension of the 1890s), water tower, machine room, utility outbuilding with a kitchen, washroom, etc., lastly a mortuary with a chapel. The buildings for the patients were designed in such a way that two courtyard-gardens were delineated between them on either side. Additionally, the men's ward featured a bowling alley. The façades of the buildings were austere, veneered with red brick. The entire complex was surrounded by a large park and a green belt. In a small distance to the west of the hospital, there were the buildings of a homestead.

3.2. MODERN PAVILIONS SURROUNDED BY LUSH GREENERY OF GARDENS

Towards the close of the 19th century, the pavilion-based model of hospital complexes was gaining popularity. Small, detached ward buildings were erected and surrounded by gardens. In wards for calm patients, bedrooms were located upstairs, thus rendering the introduction of measures such as window bars unnecessary. The area in the ground floor was usually intended as day room. A spacious living room (parlour), illuminated with large windows, was joined with a verandah or a terrace, which, in turn, led to a garden planned for the ward's patients. Hence, patients had easy access to spending time in the open air. Corridor space was limited to minimum. The buildings, in the 1870s and 1880s still rather large, were undergoing a slow transformation into minor pavilions, assuming forms of picturesque structures hidden in the surrounding lush greenery. The most cosy of these, usually accommodating open wards, were referred to as *Landhaus*. However, as not all wards could accommodate such functional scheme, corridor layout was still at times resorted to. In psychiatric care wards, where the majority of patients occupied their beds, more space was allocated for their rooms. Wards for physically fit inmates were designed with larger day rooms. Pavilions intended for dangerous patients or criminal offenders were created in a still different form. The architectural design took on more picturesque forms; the solutions applied included avant-corps, oriel windows, turrets; the ornamentation of the building was also more elaborate. The complexes erected at the turn of the 20th century were becoming ever more spacious, as it was a prerequisite for arranging numerous pavilions which were oftentimes to house over 1,000 patients.

¹⁶ A. Körte, *Martin Gropius. Leben und Werk eines Berliner Architekten 1824–1880*, Berlin 2013, p. 140–149, O. Peters, *Heino Schmieden. Leben und Werk des Architekten und Baumeisters 1835–1913*, Berlin 2016, pp. 351–353; currently *Martin Gropius Krankenhaus*.

¹⁷ J. Bresler, op. cit. vol. 1, pp. 230–236, currently *AMEOS Klinikum Ueckermünde*.

Their urban layout usually envisioned them as arranged symmetrically along the axis dividing the institutions in two parts (separated by gender). All common utility buildings were situated axially, while pavilions for patients were built on both sides, usually in keeping with the symmetry. Thus, the whole units would comprise a diligently planned and furnished lush-green complexes. The main axis would often be separated with avenues planted in the lanes alongside. In front of the administration buildings, towards which the entrance drive would usually lead, the design usually featured a large square. Each of the patients' pavilions was furnished with its own separate garden. Those for dangerous inmates were surrounded by high walls, others with lower, inconspicuous fences combined with hedges. Calmer patients could enjoy the open wards. They were allowed to walk freely around the entire complexes, which were complemented by spacious parks and vegetable gardens.

In the workshop axis, there usually were utility and technical outbuildings as well as cobblers', upholsterers' or bookbinders' shops. It was also there that kitchens and washrooms would be placed. Such location – easily accessible from both sections of the institutions fostered therapy through work. Women worked in the kitchen and laundry, men in the various workshops. Patients deemed calm and fit enough could also be accommodated in nearby homesteads owned by the institutions.

Entertainment constituted important element of the therapy. With that in mind, common houses were erected boasting of large parlours furnished on one side with a stage while on the other with an apse containing an altar. At times, entertainment rooms were placed in administration buildings, with then a separate chapel also situated there. The rooms were multifunctional, they could serve for holding celebrations, concerts, theatrical plays and other cultural purposes. At times they also assumed the role of gyms. Common houses were placed along the workshop axis, often behind the administration building. In some complexes, these constituted the central element of the layout; in such cases they would receive more representative architectural forms. The rooms situated within the administration buildings stood out in the façades with their large, tall windows with decorative elements, which frequently included stained glass. That was in line with the still prevailing in the 19th century ideas of the theatre as a temple of art and with the notion of "*architecture parlante*". Hence, a building which served as a venue for meetings, concerts, theatrical performances was in a way considered a temple of art and its form had to distinguish it from its surroundings. The architectural solutions applied informed of its "out of the ordinary function".

Another massively popular form of entertainment was bowling. Many institutions were provided with small, long and narrow buildings of bowling alleys. However, these were not placed in prominent places; as it was mainly men's pastime, they were usually to be found on the male side of the establishment.

Some of the tranquillising elements being warm baths and other hydrotherapeutic treatments, bathing facilities were seen as important element of the establishments. Usually located near the utility and technical outbuildings they were easily accessible from patients' pavilions and adjacent to boiler plants. In the most modern institutions, some wards were furnished with therapeutic bathtubs.

The highest point of these complexes were the water towers, in that period provided with picturesque, decorative forms, not infrequently alluding to castle architecture. The units were complemented with villas for doctors and houses for the remaining staff.

At the turn of the 20th century, the demand for accommodation for the mentally ill was on a constant upturn, hence many large hospital units were being erected. Among those estab-

lished at the time, a large proportion was built according to simple schemes; however, one could also come across some very intriguing and original specimens of architectural and urban layouts.

A fitting illustration of the former group could be seen in the three Berlin hospitals: *Irren – Anstalt der Stadt Berlin zu Daldorf* (1877–1880)¹⁸, *Irren – Anstalt Herzberge der Stad Berlin in Lichtenberg* (1893/1894)¹⁹ and the *Irrenanstalt in Buch* (1906)²⁰. They were all designed according to a similar layout, on a rectangular plan with an axis of symmetry bisecting the establishments by gender. Their main axis was delineated with two alleys, embracing between them the administration, utility and technical infrastructure as well as workshops. The wide avant-corps of the administration buildings accommodated chapels in their ground floors (with the exception of Buch, where a detached chapel was erected), while common rooms filled their first floors. Pavilions for patients were symmetrically situated on both sides of the axis with aisles perpendicular to it leading towards them. In the earliest of the three complexes, Daldorf, three pavilions were built perpendicularly to the axis with two additional parallel ones between them on the side. Behind the main complex from the north, pavilions for children were situated (during subsequent extension works). Even further northward, there was a farm. Each pavilion was surrounded by a separate garden, whereas elsewhere there were open areas of greenery. The institution could accommodate 1,000 inmates. The hospital could boast a beautiful park on its south side, while the westernmost rim housed sewage plants.

Another of the Berlin asylums, “*Herzberge*”, could receive ca. 1250 people. The main section of the complex was designed much like in Daldorf. On each side of the main axis there were three pavilions set perpendicularly and a pavilion set parallel. The latter, housing wards for patients who required constant supervision were situated at the end of the establishment. Behind them, there was one more pavilion, for the communicably ill. The complex was preceded on its southern side by freely laid out smaller pavilions of the *Landhaus* type. There, too, was the infrastructure of the homestead. Besides the ward gardens, patients also had at their disposal a large park situated to the south.

The largest of these hospitals and the last to have been build, the one in Buch, could provide lodging for ca. 1650 patients. The same layout was retained here, with the scale being even larger. From a wide central axis delineated by two alleys set with trees, parallel aisles led to symmetrical pavilions located perpendicularly to that axis. Additionally, several smaller wards were erected outside of the main complex, situated parallel to the central line, yet asymmetrically. All were furnished with gardens and tree-lined little roads.

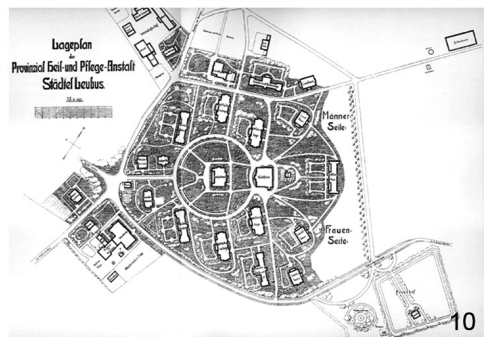
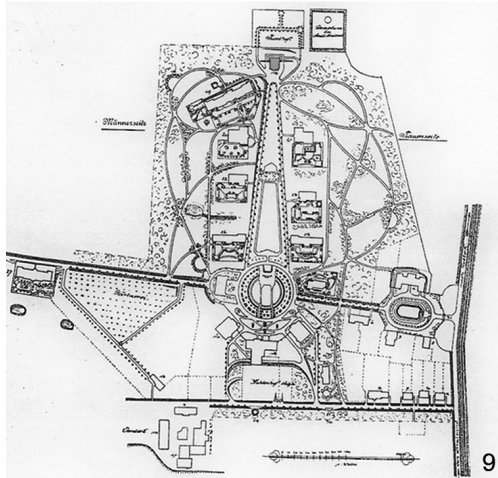
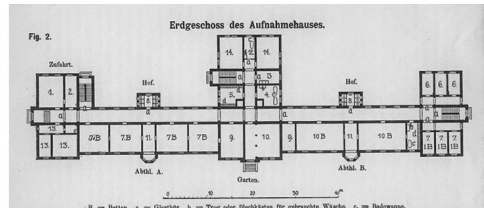
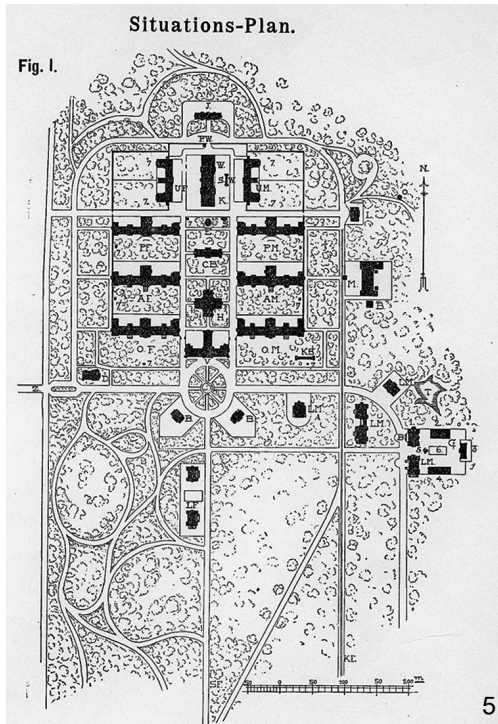
A rather original solution was applied in the design of Stralsund hospital (1909–1912).²¹ The asylum was laid out along two perpendicular axes of symmetry. The longer of them ran between the technical building with a water tower standing high above it from the south and a church situated upon a minor hill from the north. Both buildings were connected by an esplanade in the shape of an elongated triangle which ended near the technical building with a round plaza. That plaza was crossed by the other axis, running from the main gate, through an oval plaza, then through the round plaza and a common building, behind which there was

¹⁸ J. Bresler, op. cit., vol. 2, pp. 309–313, now *Karl-Bonhoeffer-Nervenklinik*.

¹⁹ C. Moeli, *Irren – Anstalt Herzberge der Stad Berlin in Lichtenberg*, Berlin 1896, currently *Evangelischen Krankenhaus Königin Elisabeth Herzberge*.

²⁰ J. Bresler, op. cit., vol. 2, pp. 316–319, currently the facilities have other functions.

²¹ dr Blindt, *Kranken Heil – und Pflgeanstalten der Provinz Pommern*, Düsseldorf 1929, pp. 16–19, currently *Helios Hansekllinikum Stralsund*.



- III. 5. Irren – Anstalt Herzberge der Stadt Berlin in Lichtenberg, situation plan, illustration with C. Moeli, *Irren – Anstalt Herzberge der Stadt Berlin in Lichtenberg*, Berlin 1896, fig. 1, from the collection of Evangelischen Krankenhaus Königin Elisabeth Herzberge
- III. 6. *Irren – Anstalt Herzberge der Stadt Berlin in Lichtenberg*, observation ward – plan of the ground floor, illustration with C. Moeli, *Irren – Anstalt Herzberge der Stadt Berlin in Lichtenberg*, Berlin 1896, fig. 2, from the collection of Evangelischen Krankenhaus Königin Elisabeth Herzberge
- III. 7. Irren – Anstalt Herzberge der Stadt Berlin in Lichtenberg, main building, postcard 1914, from the collection of Evangelischen Krankenhaus Königin Elisabeth Herzberge

a road leading to the ward for dangerous patients. It was the main road in the entire hospital complex. On both sides of the esplanade, which separated the male and the female sections of the establishment, irregular curved alleys were delineated in the greenery along which pavilions for patients were placed. On the southern side of the main road, another couple wards were situated as well as farm buildings and houses for the staff.

Particularly interesting urban layout was provided for the new unit in Lubiąż. It was erected upon a central plan, with the common building situated at its heart, surrounded by a green belt, delineated with a circular alley. The layout remains symmetrical, although the axis of symmetry was not particularly underscored. It leads along the road from the entrance gate, then, with the road forking around a round plaza, the axis continues through the middle of the subsequent buildings – the already mentioned common house and the kitchen and ends with a pavilion for the communicably ill. The axis separates two symmetrically planned parts for male and female inmates. The layout and spacing of the alleys was subordinated to the central, circular alley; therefore, they are not parallel to one another. The entire complex was surrounded with a ring way composed of several streets. Besides the already mentioned buildings, inside there were pavilions for patients and a house for the doctors and the administration. Whereas on the outside, there were the utility outbuilding, machine and boiler rooms, workshops, etc. The male section was further extended with three additional patients' pavilions located on the northern side. Such urban layout could bring to mind Ebenezer Howard's idea of a garden city.²²

4. CONCLUSION

For over a hundred years, German psychiatrists and architects had been working on perfecting the form of mental asylums, striving to create the finest possible conditions for providing therapy and care to patients. Designing places to rest, work, get entertained, receive hydrotherapy as well as the medical and social infrastructure to back it all up, they attempted to define the space of the hospitals in such a way so as to ensure it served its purpose and kept in line with the progress made in psychiatry. Having started from adaptation of existing buildings, through closed architectural layouts, achieving the crowning in the form of minor pavilions scattered among parks and gardens, they succeeded in elaborating solutions finely fulfilling their functions to date. All of the above, with the exception of the adapted abbeys

²² Wójtowicz M., *Zakłady psychiatryczne w Langenhorn, Wiesloch i Lubiążu – komplementarne zespoły urbanistyczne (Mental institutions in Langenhorn, Wiesloch and Lubiąż – complementary urban architecture complexes)*, Architectus, 2015, no. 2/42, DOI: 10.5277/arc150205 pp. 41–54.

- III. 8. Irrenanstalt Berlin-Buch, building for ill, illustration with z *Neubauten der Stadt Berlin*, vol. VII, 1908, https://www.europeana.eu/portal/pl/record/08535/local__default__B_2377_051.html
- III. 9. Vierte pommersche Provinzialheilanstalt zu Stralsund, situation plan, illustration with *Blindt, Kranken Heil – und Pflegeanstalten der Provinz Pommern*, Düsseldorf 1929, p. 17
- III. 10. Provinzial Heil – und Pflegeanstalt zu Leubus (Lubiąż), situation plan, 1904, illustration with Bresler J., *Deutsche Heil – und Pflegeanstalten für Psychischkranke in Wort und Bild*, vol. I

and hospital in Buch, still operate as hospitals for the nervously and mentally ill. With interference into the historic tissue being relatively limited (the interior layout having undergone the biggest changes), these complexes are an original group of actively used monuments. From among the 54 old Prussian care and treatment centres for the mentally ill²³, 76% still serves their original medical function, most remaining mental hospitals, seldom with additional specialities. 15% of these venues were given other non-medical functions, with 9% having been demolished or ruined. The still active hospitals have seen an introduction of facilities for patients, of additional rooms required by the present day psychiatry, of improvements in hygienic conditions; however, their unique atmosphere and climate, their peace and quiet, their architecture created to harmonise with the beautiful greenery have not disappeared and remain equally relevant today.

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²³ The author carries out wider research on the architecture and urban layout of Prussian hospitals for the mentally ill of the 19th and the early 20th century.

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