

AN IDEAL HOSPITAL

Rockwood Lunatic Asylum, Kingston, Ontario

The challenge facing architects of institutional buildings is how to manifest in physical form the concepts of certain social theories: the challenge, in the case of Rockwood Lunatic Asylum at Kingston, Ontario, was to balance security with healing for those criminals who had been driven insane during their incarceration in the nearby penitentiary, as well as non-criminals who were assessed as mentally unfit. William Coverdale (1801-1865), who began his career in Kingston about 1834 as one of the architects associated with this reform penitentiary, designed in 1857 the Rockwood Lunatic Asylum, which was completed five years after his death. His design was selected despite the existence of advanced drawings for a "Criminal Lunatic Jail" prepared by a Montreal firm. This design was rejected, I believe, as too regressive and inflexible. Coverdale's scheme conformed to the latest ideas on ideal hospitals as codified in 1851 by the Association of Medical Superintendents of American Institutions for the Insane, and described three years later in Thomas Kirkbride's influential book on hospital design. Coverdale's "Italian-style" stone building was judged a credit to the province when completed. But this was a reflection of the patrons' opinions; was this institution — still in use today — a success from the point of view of the persons who called it home? The answer to this question may be one of the reasons why this important Canadian example of Kirkbride's "linear plan" has been neglected in publications on architectural history.



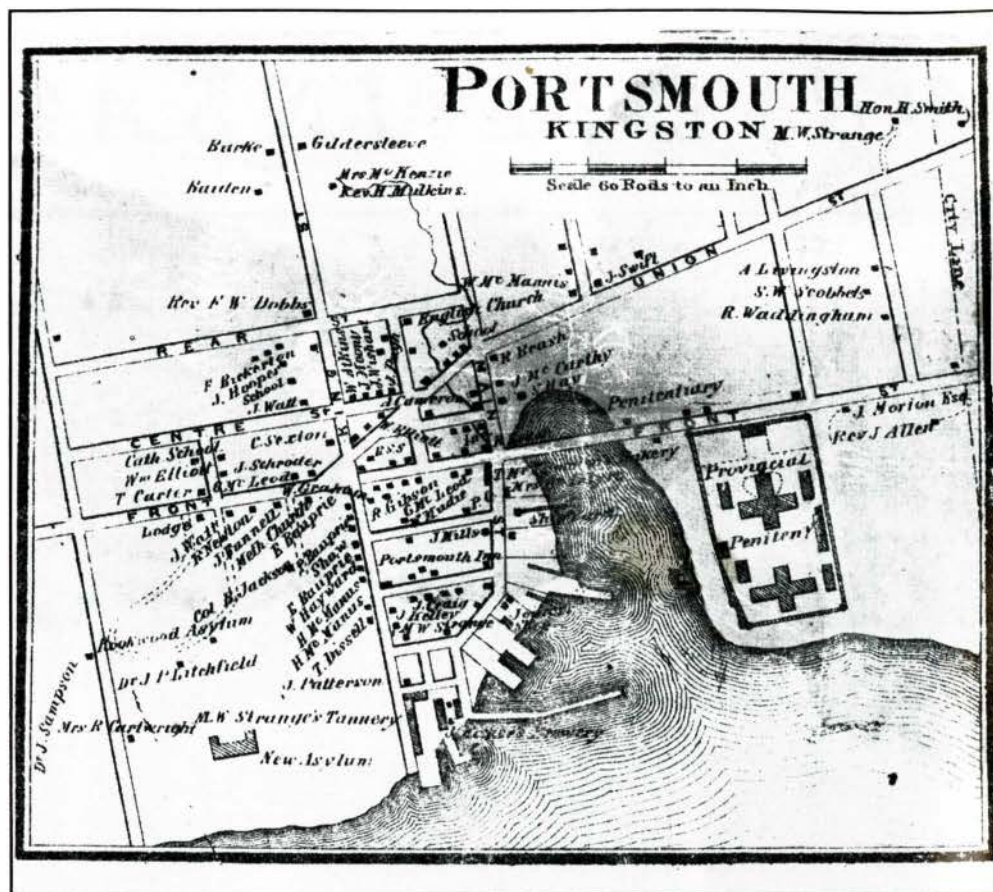
B Y J E N N I F E R M C K E N D R Y

FOR THE INSANE?



Figure 1. Rockwood Lunatic Asylum. Kingston, Ontario, 1859-70; William Coverdale, architect. North elevation in the late 19th century. (Henderson Album, Queen's University Archives, Kingston)

Figure 2. Map of Portsmouth Village in 1860, from the Walling map of Frontenac, Lennox & Addington counties. The asylum is near the bottom left-hand corner. (Private Collection)



- 1 Local directories and newspapers described the asylum enthusiastically, particularly in the 1860s, and it was standard fare in illustrated tourist guides and post-cards at the turn of the century. Yet Canadian architectural histories have ignored this building: penitentiaries and asylums in general have not aroused much attention. The 1990s promise more interest in a wider range of building types, and a greater sensitivity to social issues and the built environment.
- 2 The second edition of 1880, modestly enlarged and revised but with many more illustrations, has been reprinted (New York: Arno Press, 1973). Kirkbride's influence on the management of Rockwood Asylum is discussed in C. Sims, "An Institutional History of the Asylum for the Insane at Kingston," M.A. thesis, Queen's University, 1981.
- 3 Kirkbride is mentioned in Canada. Parliament, *Sessional Papers of the Dominion of Canada for 1871*, no. 60, p. 45. Coverdale's career is described in my Ph.D. diss., "William Coverdale and the Architecture of Kingston 1835 to 1865," University of Toronto, 1991. He emigrated from York, England, in 1810 to an anglophone area of Quebec between Montreal and the American border. About 1832 he moved to Kingston, where he became architect of the Provincial Penitentiary from 1834 to 1846 and City Architect from 1846 to 1865. In addition to his institutional work, he designed many noteworthy residences, churches, and schools in southeastern Ontario.
- 4 Coverdale placed markers in articles on hospitals and asylums in *The Builder* from 1856 to 1861 and pasted clippings in his scrapbook (Private Collection). His tour is mentioned in J.K. Johnson and Carole B. Stelmack, eds., *The Letters of Sir John A. Macdonald*, 2 vols. (Ottawa: Public Archives of Canada, 1968-69), 2:165-66.
- 5 T. Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia, 1854), 11; and Johnson and Stelmack, *Letters*, 2:177.
- 6 *Sutherland's General Directory for the City of Kingston for 1867* (Kingston: J. Sutherland, 1866), 15; at that time, William Miles Coverdale (1828-84) and John Power (1816-82) were the architects. The directory of 1862-63 notes that William Coverdale the elder was expected to consult with the superintendent.
- 7 Coverdale notebook D24 (Private Collection).

Situated on the extensive and isolated grounds of the Kingston Psychiatric Hospital, Rockwood Lunatic Asylum, now known as Penrose (a division of Ongwanada Hospital), is an imposing stone building which is home to approximately 100 people with mental disabilities (figure 1). Today it has been largely forgotten by the public, yet in the nineteenth century the asylum was considered a significant public building. It was owned by the United Province of Canada East and Canada West from 1856 to 1867; by its successor, the Dominion of Canada, from 1867 to 1877; and by the Province of Ontario from 1877 to the present.¹

The institution was planned to conform to the latest ideas on the design and administration of asylums in North America in the second half of the 19th century. These progressive ideas, codified by the Association of Medical Superintendents of American Institutions for the Insane in 1851, were described in Thomas Kirkbride's influential book *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, first published in Philadelphia in 1854.² Although the earliest known reference to Kirkbride in the context of the Kingston asylum is 1870, his work must have been available to the asylum officials and the architect, William Coverdale (1801-1865), because the design of the building — construction of which began in 1859 — adheres so closely to Kirkbride's vision of an ideal asylum.³ Medical journals and illustrated publications on current architectural practice were also available. Coverdale, in any case, was no doubt familiar with John G. Howard's asylum of 1846 in Toronto, and had toured American asylums in the late-1850s.⁴

Coverdale's architectural plans were scrutinized by authorities on mental illness, as recommended by Kirkbride.⁵ His drawings were approved during the planning stages by Dr. Joseph Workman, Medical Superintendent of the Toronto Lunatic Asylum, in the summer of 1859. During construction, the architect was expected to consult with Dr. John Litchfield, Medical Superintendent of the Rockwood Asylum from 1854 to 1868, "on all matters relating to the construction of the Asylum, so that the responsibility of having a suitable structure for the treatment of the insane will rest where it should properly be placed."⁶ Coverdale even sought Litchfield's opinions on window weights and sash bars.⁷ Control and intervention by the patron were particularly strong in this commission. Kirkbride clearly discouraged architectural creativity:

No reasonable person at the present day, when planning a hospital for the insane, would think it necessary or desirable to propose a building entirely original in its design; for such a structure could hardly fail to lose in usefulness what it gained in novelty. Instead of attempting something entirely new, the object should rather be to profit by the experience of the past, by the knowledge of those who have had a practical familiarity with the wants and requirements of the insane, and after a careful study of existing institutions, to combine, as far as possible, all their good features, and especially to avoid their defects and inconveniences.⁸

Consequently, we should not look for a unique design, or even a novel one, at Rockwood. But neither is it a slavish imitation of other North American asylums.

THE BUILDING HISTORY

The name Rockwood derives from John and Sarah Cartwright's villa and its 40-acre estate which stood on the shore of Lake Ontario west of the village of Portsmouth (figure 2).⁹ John Litchfield, who administered the insane in the Provincial Penitentiary, rented the premises for a private asylum in 1854.¹⁰ The Montreal firm of Hopkins, Lawford & Nelson drew plans for a new "Criminal Lunatic Jail" in January 1856 (presumably for this site, although no location is given).¹¹ Although John A. Macdonald, joint-premier of the Province of Canada, urged that this scheme go to tender, it was apparently rejected before this occurred.¹² In July 1856, 35 acres of the Rockwood estate were purchased for the site of a new asylum.¹³ By autumn the government was considering conversion of the villa and outbuildings into temporary housing for criminal lunatics. The stables were remodelled for twenty mentally-disturbed women, who remained there until the east wing of the new asylum opened in 1868.¹⁴ By late 1858 several important decisions had been made: the new asylum would hold 300 patients, including persons who were insane but not criminals; convict labour would be used for construction; and William Coverdale would be the designer.¹⁵

John A. Macdonald received the plans with enthusiasm in June 1859 and urged an immediate start on the project under Coverdale's supervision.¹⁶ Macdonald inspected the site and noted that the proposed building would be 320 feet long and that the main building could be extended.¹⁷ (Such extensions appear on a map of 1864 but were never built.)¹⁸ Joseph Workman, a respected name in progressive treatment of the insane, expressed approval of the proposed central corridor design.¹⁹ Gangs of convicts, sent daily from the nearby penitentiary (where the stone was prepared), began work in autumn 1859.

The masonry walls rose slowly over the next seven years. Beginning in 1862, patients were admitted as parts of the structure became ready. Coverdale toured Ontario in the summer 1865 to investigate sources for the service systems, but on his return he fell ill and died. Work continued under the direction of his son William Miles Coverdale (who had been Clerk of the Works), but he was soon asked to share responsibilities with co-architect John Power. It was not until 1870 that the building was considered finished.

Association with the penitentiary system ended in 1877 when ownership was transferred from the Dominion of Canada to the Province of Ontario. Various alterations and additions were carried out in the late 19th century, and in the 20th century the landmark features of Coverdale's building — the dome, cupolas, and roof towers — were removed.²⁰

IDEAL HOSPITALS FOR THE INSANE? COVERDALE'S ASYLUM AND HOPKINS, LAWFORD & NELSON'S PROPOSAL

In the earliest stages of planning the asylum, the intended clients were described by some officials as "unfortunates." Although incarcerated in a penitentiary, they had not sinned against the law because they were mentally incapable of judging their actions. They required safe-keeping and scientific treatment; when cured, they would be returned to society.²¹ Other officials described the patients as "turbulent madmen" who dared to disturb the rule of silence in the provincial penitentiary.²² They were living in the dining hall's basement (converted into a temporary asylum); their plaintive and angry calls were particularly irritating in the summer when windows were left open. Idealists who thought in terms of humane treatment of the insane vied with cynics who were sceptical of rehabilitation and thought only of isolation and security. These divergent beliefs were reflected in two proposals for the new asylum submitted in the second half of the 1850s.

The first plans were prepared in 1855 by the well-known firm of Hopkins, Lawford & Nelson of Montreal (figures 3, 4). The firm's previous success with two designs for important contemporary public buildings in Kingston, the Post Office and Custom House, augured well for the new project. Indeed, their scheme appeared so complete that John A. Macdonald urged that tenders be advertised by 1 February 1856. Why, then, was their proposal for the Asylum rejected in favour of William Coverdale's, and when?

8 Kirkbride, 3-4.

9 Rockwood is a handsome villa designed by George Browne (1811-85) in 1841: see Alan Gowans, *Building Canada* (Toronto: Oxford University Press, 1966), fig. 103.

10 Rockwood Asylum and the Provincial Penitentiary have many historical and architectural links. For the Penitentiary, see J. McKendry, "The Early History of the Provincial Penitentiary, Kingston, Ontario," *Society for the Study of Architecture in Canada Bulletin* 14, no. 4 (Dec. 1989): 93-105.

11 The signed presentation drawings are in Queen's University Archives, Kingston.

12 Johnson and Stelmack, *Letters*, 1:335. The building in the drawings differs significantly from the existing asylum. Reasons for this change in designs and architects are not recorded.

13 *Ibid.*, 388; and Frontenac County Registry Office, Kingston, Deed C209, Cruikshank to Queen Victoria.

14 Johnson and Stelmack, *Letters*, 1:371, mention converting the villa, but male insane convicts remained in the penitentiary until the new asylum was ready to receive them. In 1857, drawings labelled "Rockwood Private Asylum for Lunatics" were made of the villa, probably in connection with the proposed conversion. See National Archives of Canada, National Map Collection, H2/450. For descriptions of the stables as an asylum, see the Litchfield Report in Province of Canada. Board of Inspectors of Asylums, Prisons, etc., *Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1867* (Quebec: Ottawa: Hunter, Rose & Co., 1868), as well as the *Daily British Whig*, Kingston, 12 December 1857, 11 March 1868, and 21 January 1898.

15 *Daily British Whig*, 12 December 1857: "the plans are in the course of preparation by Mr. Coverdale." His drawings have disappeared. As early as 1877, asylum officials were complaining that no architectural drawings were available at the time the province took over the asylum; see Ontario. *Legislative Assembly, Sessional Papers for the Province of Ontario*, 1885, no. 11, p. 40.

16 Coverdale's plans were ready in 1858 but construction was delayed over finances and property boundaries. Province of Canada. Dept. of Public Works, *General Report of the Commissioners of Public Works for the Year 1858* (Toronto, 1859), no. 24. In February 1859 Coverdale's annual salary of \$1,400 began; it included compensation for preparing drawings, an assistant's salary, and expenses for touring asylums in the United States. Johnson and Stelmack, *Letters*, 2:270, 316-17. He may have travelled in 1858, at which time the information he gleaned would have been useful in fine-tuning his plans. Macdonald mentions Coverdale's plans: see Johnson and Stelmack, *Letters*, 2:148-49, 239.

17 Johnson and Stelmack, *Letters*, 2:167.

18 National Archives of Canada, National Map Collection, H3/440, Kingston 1864. The extensions are indicated on a drawing of the front elevation that appears as a vignette on the 1865 Innes map. The side wall of the west end pavilion has brick infill where the extension would have joined.

19 Johnson and Stelmack, *Letters*, 2:177-78.

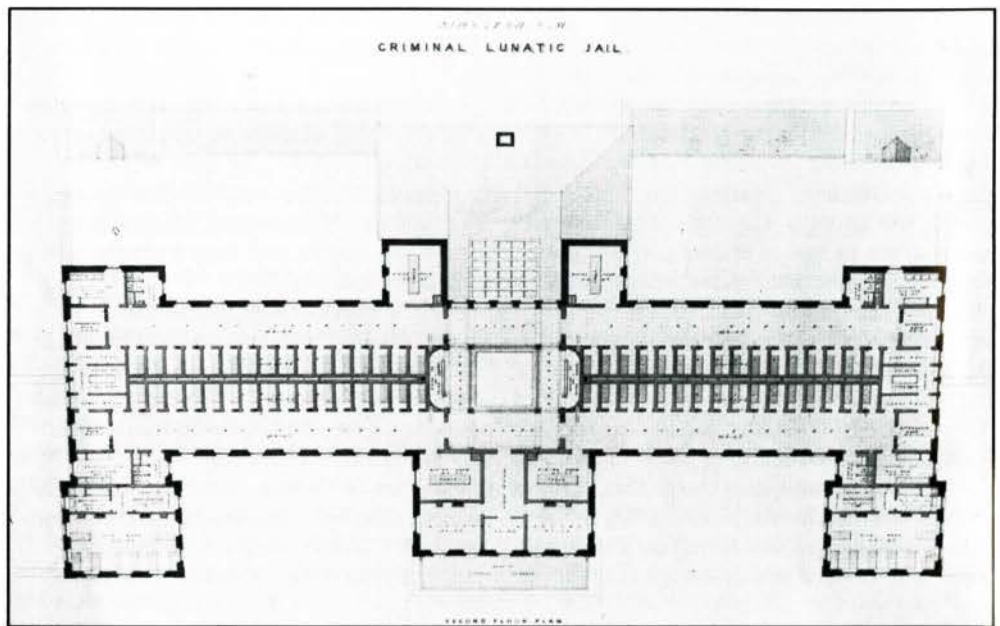
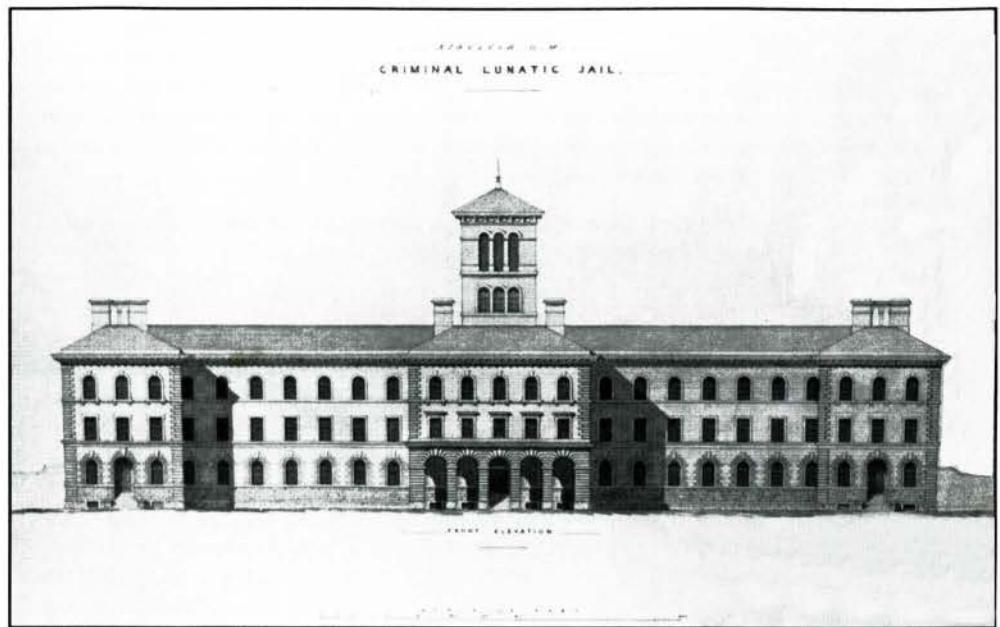
20 Coverdale's one-storey kitchen wing was raised a storey by Kivas Tully in 1884-85, an ornamental stone pool was constructed in front of the centre building by patient Peter McLeod in 1894-95, and an addition was attached to the east end pavilion in 1896.

21 Province of Canada. *Legislative Assembly, Journals of the Legislative Assembly for the Province of Canada* (Toronto, 1857), app. 7.

22 *Ibid.* (Toronto, 1856), app. 10.

Figure 3 (top). *Criminal Lunatic Jail, Kingston, 1856; Hopkins, Lawford & Nelson, architects. Design for front elevation (not built).* (Queen's University Archives)

Figure 4 (bottom). *Criminal Lunatic Jail; Hopkins, Lawford & Nelson, architects. Second floor plan (not built).* (Queen's University Archives)



By the end of 1857 Coverdale was working on plans (not extant), and the building was under construction two years later. A view of the main facade, published as a vignette on a city map by Innes in 1865, is probably from the hand of Coverdale and our earliest idea of Rockwood Asylum's appearance (figure 5).

Hopkins, Lawford & Nelson's drawings were labelled "Criminal Lunatic Jail," whereas Coverdale's elevation was labelled "Criminal Lunatic Asylum." The terms *jail* and *asylum* summarize the differences in approach, and perhaps offer insight into the reasons why Hopkins, Lawford & Nelson's scheme was rejected and Coverdale's accepted. At some point in 1856 or 1857, idealists in the treatment of the insane must have gained the upper hand and, considering the "Lunatic Jail" too regressive, asked Coverdale, who was linked with progressive thinkers while architect of the Provincial Penitentiary and as a designer of new schools, to prepare plans based on more advanced ideas.²³

The Montreal firm had called for a compact three-storey building of stone, roughly 250 by 100 ft., with no provision for extensions. Coverdale's stone building, on the other hand, had four-storey centre and end pavilions with connecting wings of three storeys, not counting the full-height basement in each case (figures 6, 7). It measured about 325 by 101 ft., and had a separate kitchen wing at the rear, 150 by 46 ft., connected by a covered walkway.²⁴ The main building could accommodate extensions that would eventually increase

23 The selection of Coverdale for this important commission was undoubtedly influenced by two other factors: his experience working with convict labour while architect of the Provincial Penitentiary; and the efforts of his friends to lobby for this post. "When it was known that the Government of Canada contemplated the erection of a Criminal Lunatic Asylum at Rockwood, many of Mr. Coverdale's friends, who were aware of his great practical talents as an Architect Builder, and also of his modest retiring disposition, applied and obtained for him the situation of Architect for the new Asylum ... the last effort of his genius." *The Daily News*, Kingston, 29 September 1865.

24 *British Whig*, Kingston, 5 May 1862, and Coverdale papers.

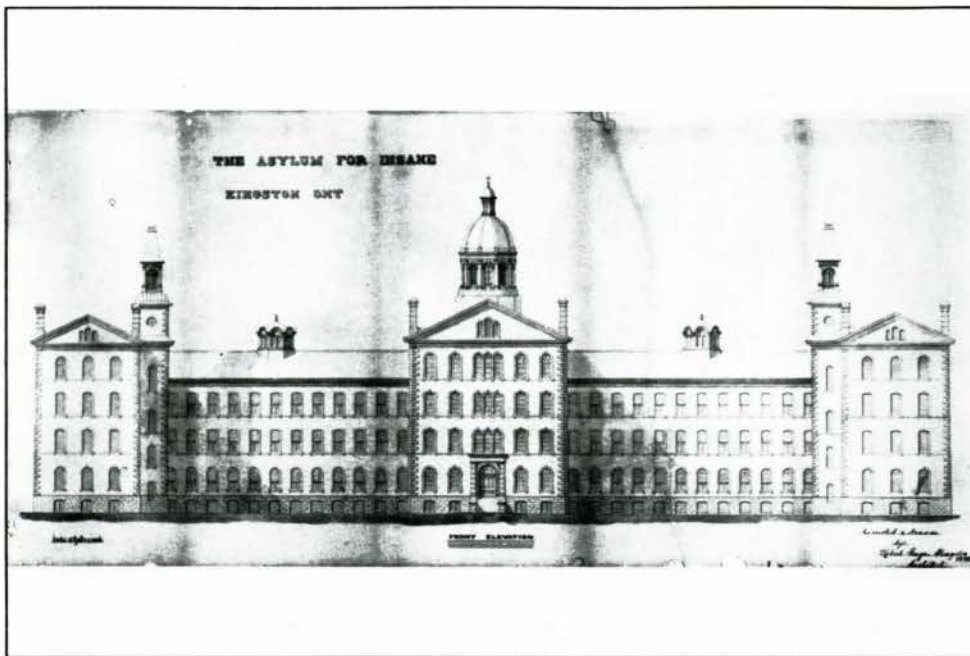
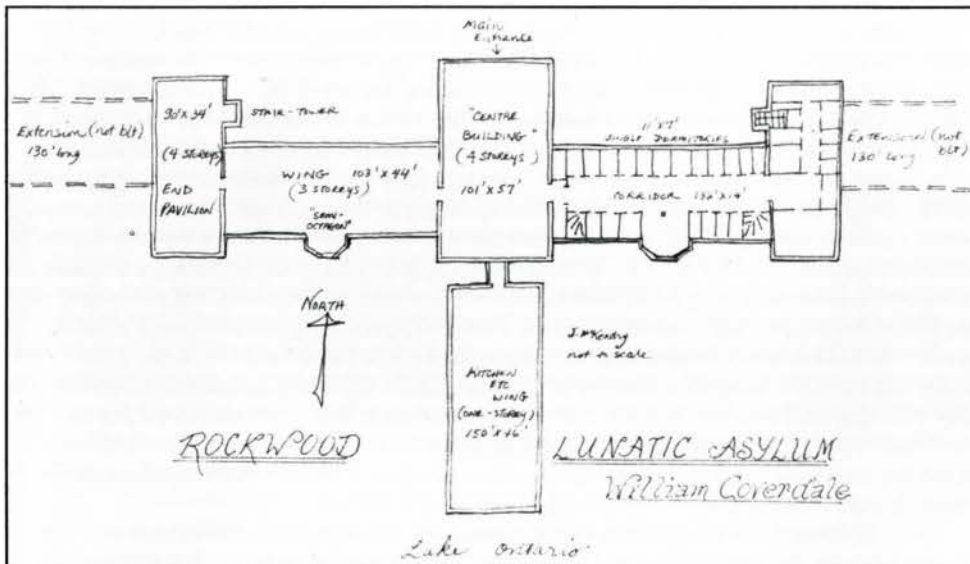


Figure 5 (above). Criminal Lunatic Asylum, Kingston; William Coverdale, architect. Preliminary elevation of north facade, published in 1865 as a vignette on the Innes map of Kingston. (Queen's University Archives)

Figure 6 (top left). Rockwood Asylum; William Coverdale, architect. North elevation, drawn by Robert Gage in 1880. (Kingston Psychiatric Hospital)

Figure 7 (bottom left). Rockwood Asylum; William Coverdale, architect. Schematic floor plan. (J. McKendry)



the overall length to 570 ft. The height from the flagging in the basement to the top of the pinnacle of the dome (now missing) was almost 131 ft.

The design by Hopkins, Lawford & Nelson reflected the original intention to house criminals, while Coverdale's larger scheme followed the decision in 1857 to include non-criminals in an attempt to relieve the overcrowded Toronto Lunatic Asylum. Hopkins, Lawford & Nelson's plan may have become obsolete as conditions changed. Inclusion of non-criminals was not in itself a guarantee of avoiding a prison-like atmosphere. Reactionary thinking could emphasize confinement and security to the detriment of treatment and cures. Coverdale's scheme tried to balance these opposing demands.

Hopkins, Lawford & Nelson's floor plan featured a double file of "cells," with each cell only 8 ft. by 4 ft. 6 in., whereas Coverdale's individual "dormitories" were each 11 by 7 ft. and 12 ft. high, much closer to the ideal dimensions of 11 by 9 ft. and 12 ft. high recommended by Dr. Kirkbride.²⁵ He pointed out that if patients' rooms were too generous in size the bureaucracy might be tempted to place two persons in each. This could be dangerous to the mental and physical well-being of mentally disturbed patients. Architectural decisions at Rockwood were guided by this sort of functional reasoning.

In a manner reminiscent of the cell blocks in the Provincial Penitentiary, Hopkins and his partners proposed tiny cells back to back (separated by an "air corridor") independent of the exterior stone walls. Each cell would open onto an austere corridor and receive

²⁵ Rockwood's dormitories are described in *Sessional Papers of the Province of Canada for 1861*, no. 4. Kirkbride discusses rooms, pp. 15-17. Individual rooms were part of advanced reform theory that despised the old system of communal sleeping wards.

Figure 8. Rockwood Asylum; William Coverdale, architect. Central corridor of a connecting wing in the late 19th century. (Archives of Ontario, RG 15, E-7, vol. 20, #28)

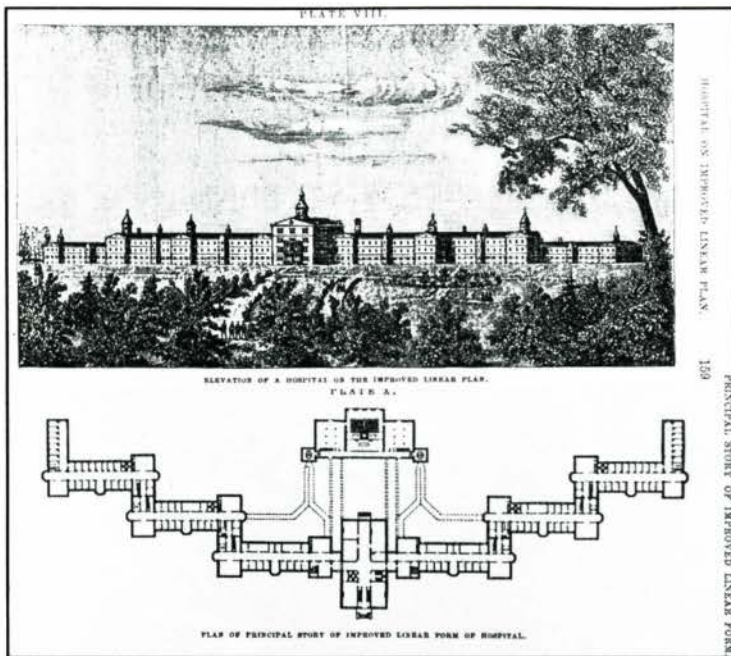


light and air only indirectly. Each of Coverdale's dormitories, on the other hand, was to be positioned against an exterior wall and to receive light and air from a generous window about 3 by 9 ft. (Kirkbride had recommended the same width, but only 5 ft. 6 ins. in height). Rockwood's cast-iron doors and transoms were closely modelled on Kirkbride's specifications; he thought that doors of generous size should be placed opposite each other and left open during the day to permit natural light and air to filter into the central corridor (**figure 8**). The temperature of this hallway, sheltered by the outer dormitories from the extremes of winter's cold or summer's heat, would remain fairly constant. Kirkbride was uneasy about the tedious nature of hospital corridors. In the second edition of his book, he strongly advocated breaking these up with 10 by 14 ft. alcoves with bay windows glazed nearly to the floor, as the sun's rays would give "light and cheer" to the patients (**figure 9**). Coverdale positioned his alcoves — which he called "semi-octagons" and made a more generous 15 by 20 ft. — on the south side for direct sunlight and views of the lake (**figure 10**). It is possible that Coverdale may have spoken directly to Kirkbride about this innovation in hospital design during his American tour.²⁶ Coverdale obviously intended Rockwood's corridors and alcoves to be gathering places for socializing, whereas Hopkins, Lawford & Nelson likely expected the inmate-patients to remain in cells most of the day.

In Coverdale's design there was a diversity of room uses (also advocated by Kirkbride), and these rooms were linked logically and organically by hallways and staircases that also provided easy egress in case of fire (**figure 7**). The connecting wings housed 19 patient rooms per storey, and each was serviced by two enclosed staircases. The end pavilions contained a variety of rooms: parlours, staff rooms, visiting rooms, bathrooms, laundries, and another staircase enclosed in a partially projecting tower. The central building contained administration offices, dining rooms, and a formal staircase leading to the chapel, which is located on the top floor. In Hopkins, Lawford & Nelson's project (**figure 4**), there were fewer specialized rooms, and these were awkwardly appended to the main rectangular block, the centre of which was pierced by a square open shaft bordered by passageways and staircases.

Pavilions distinguish the various units in Coverdale's Rockwood, including a "centre building" (as he termed the central pavilion), connecting wings, and end pavilions (**figure 6**). The tall centre building is oriented north-south, while the connecting wings run east-west. The Association of Medical Superintendents identified 26 characteristics (listed in Kirkbride's book) of an ideal hospital for the insane. The key recommendation, that "a large hospital should consist of a main central building with wings," is amply demonstrated in the form of Coverdale's Rockwood. Hopkins, Lawford & Nelson's design, in contrast, demonstrated considerable ambivalence. Their main elevation (**figure 3**) consisted of a central pavilion flanked by wings and end pavilions, but this differentiation was undermined by consistent roof heights, which made the building appear as a unified whole. Coverdale, on the other hand, defined and separated the units in height, capping the pavilions at the same time with pediments.

²⁶ Kirkbride may have been pondering how to improve the dreary nature of hospital corridors in the late 1850s because of a change in plans for the contemporary Alabama State Hospital by Samuel Sloan. Its proposed design is the basis of Kirkbride's linear plan (without alcoves) in his first edition of 1854 (**fig. 14**), which became his "improved linear plan" (with alcoves) in the second edition (**fig. 9**).



Hopkins, Lawford & Nelson proposed attractive fenestration and detailing on the main facade of their project, but not on the back. It was particularly dreary, with repetitive and limited fenestration. In contrast, both faces of Coverdale's Rockwood were attractive and well finished. The rear wall (figures 10, 11) even demonstrates touches of caprice: semi-oc-tagons break out of the centre of the connecting wings; the fenestration is irregular, yet controlled (the staircase windows break the overall pattern); and the staircase doorways are charming variations of a Serlian motif.

Coverdale took into account the importance of the asylum when viewed from Lake Ontario. One boater described it as "an imposing and substantial structure."²⁷ As a Kingstonian, Coverdale understood the importance of the view of Kingston's buildings from the water. Inexplicably, Hopkins, Lawford & Nelson's scheme placed stables and courtyards to the rear of the main building, where winds off the lake would have driven animal smells into the asylum. This suggests that the Montreal firm was insensitive to the challenges and problems of this site, or perhaps that the site had not been identified yet by the government. By the time Coverdale was working on his design the government had purchased Rockwood estate. Coverdale had already shown a sensitivity for the spirit of the site when working for the Cartwrights in the 1840s.

The selection of a hospital's site was of paramount importance. Philanthropist John Howard wrote in 1789: "The situation of an Infirmary or Hospital should be on elevated ground, near a stream of water, and out of town."²⁸ Echoes of this viewpoint resonated throughout the nineteenth century. Elevated ground offered a hospital the greatest benefit from prevailing breezes, which were thought to promote good health. A good water source was an obvious necessity. And a site outside town lessened contagion to the larger community while affording peace and quiet for the patients.

Kirkbride devoted a large number of pages to an analysis of appropriate site characteristics. Quantifying Howard, he stated that an asylum should always be in the country no closer to town than two miles — a distance that still allowed easy access for supplies and staff. The ideal neighbourhood was

a healthful, pleasant, and fertile district ...; the surrounding scenery should be varied and attractive kind, and the neighbourhood should possess numerous objects of an agreeable and interesting character. While the hospital itself should be retired, and its privacy fully secured, it is desirable that the views from it should exhibit life in its active forms, and on this account stirring objects at a little distance are desirable.²⁹

Rockwood nearly matched the prescription:

The site of the Asylum is forty feet above the level of the lake, and from its windows a fine view is obtained of Lake Ontario, and the Bay of Quinte to the west, Simcoe and Long Islands to the south, the city of Kingston, and the entrance to the Thousand Islands, in the east, and the finely wooded and undulating land rising from the valley of the St. Lawrence, to the north.³⁰



Figure 9 (left). Kirkbride's "Improved Linear Plan," as exemplified by Samuel Sloan's *State Hospital for the Insane, Tuscaloosa, Alabama, commissioned in 1852. View and plan (compare with figure 14).* (Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane, 2nd ed., 1880*)

Figure 10 (right). *Rockwood Asylum; William Coverdale, architect. South elevation.* (J. McKendry)

²⁷ Hutchinson's *Kingston Directory for 1862-3* (Kingston: T. Hutchinson, 1862), 144-45.

²⁸ John Howard, *An Account of the Principal Lazarettos in Europe* (Warrington: William Eyres, 1789), 140.

²⁹ Kirkbride, 7.

³⁰ *Kingston Directory for 1862-3*, 144-45.

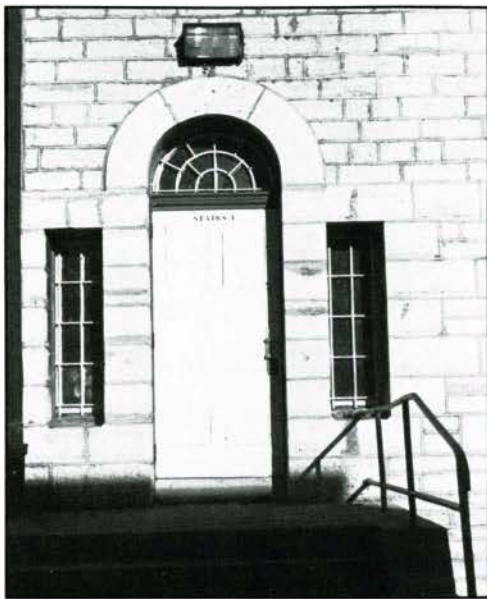


Figure 11 (above). Rockwood Asylum; William Coverdale, architect. Detail of south elevation. (J. McKendry)

Figure 12 (right). Rockwood Asylum; William Coverdale, architect. Aerial view of the site in the early 20th century. (National Archives of Canada, PA 30637)



Another source praised the natural resources, “an unbounded supply of great water, and an excellent opportunity for good drainage; and as westerly and southerly winds prevail fully five days out of seven, we are not surrounded with any sources of contamination.”³¹

At the time of its construction, the asylum grounds were located immediately to the west of Portsmouth and about one-and-a-half miles west of the city of Kingston. The city has since expanded, surrounding Portsmouth, including Rockwood Asylum (Penrose), within its western boundaries. The asylum building was deliberately erected as far from the road as possible to shield patients from public curiosity and to shelter patients from potentially upsetting events outside (figure 12).³²

The distribution system for water was as important as its source. Kirkbride stressed the importance of a generous reservoir of water stored in tanks in the highest part of the hospital — a dome was suitable, as John Howard had already demonstrated in the provincial asylum at Toronto — to provide for washing, toilets, and laundry as well as reserves in case of fire. Hopkins, Lawford & Nelson’s scheme did not seem to take water storage into account: the lantern in the centre of the roof was a light well, ventilator, and alarm. Coverdale’s central dome held a 12,000-gallon tank, while smaller tanks were housed in the attics of the wings.

The Association of Medical Superintendents urged the necessity of good ventilation: “A complete system of forced ventilation, in connection with heating, is indispensable to give purity to the air of a hospital for the insane; and no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.” Foul air, an agent in the transmission of airborne disease, was also a source of unhappiness for the inhabitants forced to endure unpleasant odours. Coverdale placed five major ventilators on the roof: two on the towers, two in the form of hexagonal cupolas on the connecting wings, and one crowning the central dome. An advanced feature of this system was a steam-powered fan, described by the *Whig* as “a principle quite novel to Canada, though common in other countries.”³³ In the deep double walls that separated the bedrooms and central corridors, near the floor, Coverdale inserted flues to carry the foul air from areas used by the patients to the attic and roof ventilators — a system promoted by Kirkbride (figures 8, 13).

Rockwood’s central forced-air system of heating was the sort that the Association of Medical Superintendents advocated in hospitals for the insane because they lessened the risk of fire and avoided the dangers of burns from wood stoves or fireplaces. Air, drawn by a fan into basement vaults heated by tiers of steam pipes, rose to the wards via brick flues that terminated near the ceiling. In addition, the central building relied on an early form of radiator, with coils of pipe warmed by steam. Coverdale also included fireplaces for some administration offices, presumably to supplement the hot-air system and steam radiators, and as a source of dignity as well as comfort.³⁴ Hopkins, Lawford & Nelson’s plan also called for

31 *Sessional Papers of the Dominion of Canada for 1871*, no. 60, p. 44.

32 *British Whig*, 5 May 1862.

33 *Ibid.*

34 Coverdale notebook F97, “Two Mantelpieces & Grates Front Offices.”

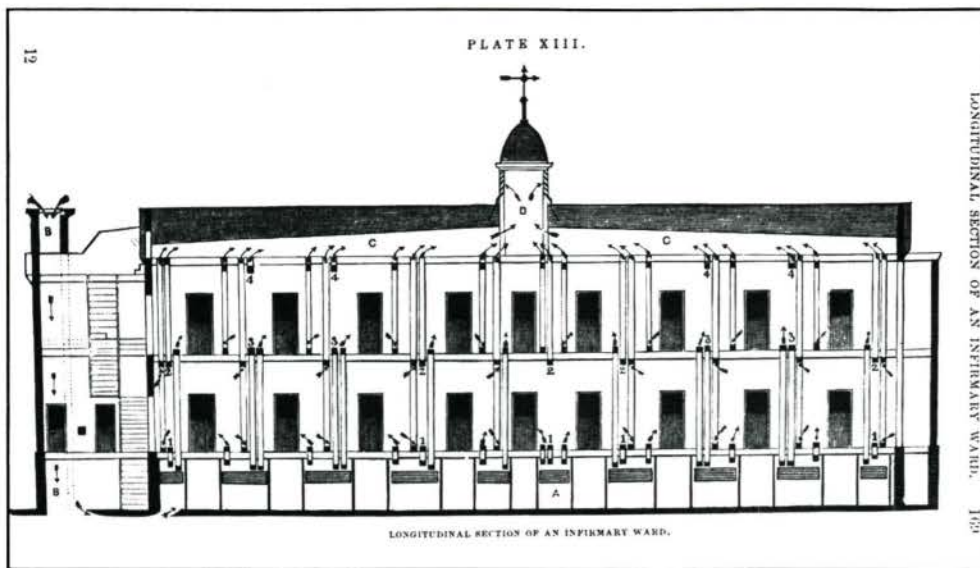


Figure 13. Ventilation system of a hospital for the insane. Longitudinal section. (Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 2nd ed., 1880)

central heating, but the location of a boiler room in the lower storey of the rear extension was a mistake, according to the Association of Medical Superintendents: “boilers for generating steam for warming the building should be in a detached structure.” Coverdale heeded this advice, erecting a substantial metal-roofed stone building southeast of the kitchen wing.³⁵

In summary, Hopkins, Lawford & Nelson’s scheme was rejected and Coverdale’s proposal accepted because of a wide range of factors reflecting recommendations of the Association of Medical Superintendents of American Institutions for the Insane. The design from Montreal was regressive, oppressive, and prison-like while Coverdale’s hospital was progressive and medically sensitive in nature. As a result, Rockwood came to be considered an ideal, state-of-the-art reform asylum.³⁶

THE RELATIONSHIP OF STYLE AND FUNCTION AT ROCKWOOD

Kirkbride thought a hospital should give an impression of cheer and comfort because physical surroundings affected health, but his concern was with the hospital’s interior arrangement as it related to patients’ well-being, not with the exterior. He warned that “No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements.” His advice on planning the interior first and then the exterior — “so managed as not to spoil [the interior] of any of its details” — is strikingly modern in tone. The dilemma was how to elevate the exterior to reflect the social standing of a government-sponsored asylum which was worthy of architectural distinction. James Fergusson, the theorist, saw the answer in the Italian Renaissance style, with its common-sense approach and rational relationship between ornament and true construction.³⁷ The first edition of Kirkbride’s book contained only one view of a proposed hospital, Samuel Sloan’s State Hospital for the Insane at Tuscaloosa, Alabama, commissioned in 1852 (figure 14). In a vaguely Renaissance style, it presumably conformed to Kirkbride’s objective of “good taste” in a plain but agreeable style. There were a number of design problems specific to this type of building, including window security bars, which were thought necessary to disguise. Coverdale’s solution at Rockwood was to carefully align the outer iron bars with the windows’ inner wooden glazing bars (figure 11).

Rockwood Asylum was originally described as imposing, substantial, and grand — all value-laden but ambivalent terms. Considered a credit to the province, it was of excellent craftsmanship yet very economical to build: costs had been cut by using convict labour, stone from the penitentiary quarries, and details prepared in the penitentiary workshops out of wood, iron, and cut stone. A prison-like appearance was avoided by the generous quantity, scale, and grouping of the windows. The formality appropriate to a public building was achieved through Renaissance motifs such as banded pilasters on door surrounds, Serliana window openings, eared window surrounds, round arches, pediments, and the dome. These classical aspects were summarized at the time as in the “Italian style.”³⁸ It is a study in “good taste,” with ponderous rhythms of projecting pavilions and recessed wings articulated by carefully organized solids and voids. Nevertheless, the “cheer and comfort” advocated by Kirkbride are missing, and the structure strikes the visitor today as cold and intimidating.

Tradition played a role in the selection of a classical style for Rockwood Asylum. The basic functional disposition of a hospital — a large structure with a wide central pavilion

35 *Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1867*, 165.

36 The Association of Medical Superintendents of American Institutions for the Insane selected 26 characteristics in an ideal hospital for the insane: Rockwood conforms or strove to conform with no fewer than 22. Examples of the Association’s concerns include grounds of 100 acres (half devoted to gardens and pleasure-grounds for patients); a maximum 250 patients (a figure acknowledged in 1859 as appropriate to Rockwood); stone or brick building materials with slate or metal roofs; stairways of iron, stone or other incombustible material, convenient for egress in case of fire; clean, safe, and economical (gas) lighting; indestructible water-closets; and substantially walled pleasure grounds. On the last point, the *British Whig*, 5 May 1862, reported that “The walls of Rockwood Asylum will be sunk walls, constructed on the plan of the Haw-Haw in the old country; so that the splendid landscape of the surrounding country may be seen from the Asylum windows and airing grounds, without the intervention of walls to obstruct the view.”

37 James Fergusson, *A History of the Modern Styles of Architecture*, ed. Robert Kerr, 3rd ed., 2 vols. (London: J. Murray, 1891). See especially 1:291.

38 *British Whig*, 5 May 1862, and Sutherland, 15.

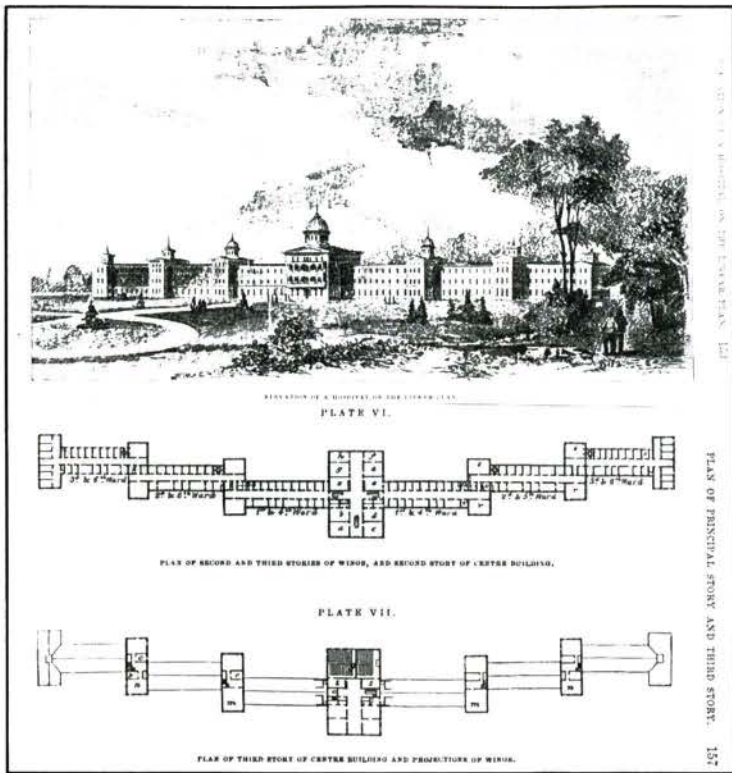
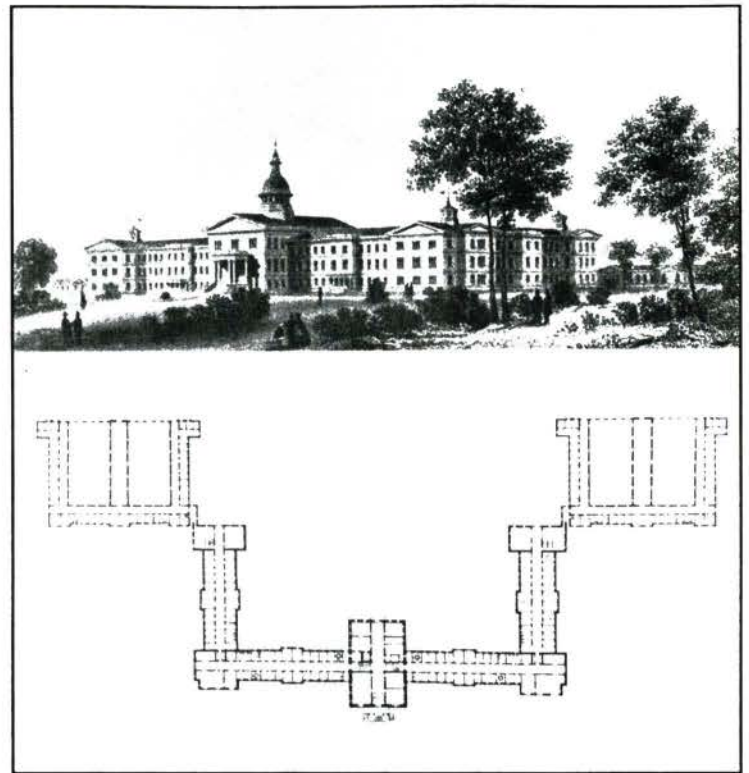


Figure 14 (left). Kirkbride's "Linear Plan," as exemplified by Samuel Sloan's State Hospital for the Insane, Tuscaloosa, Alabama, commissioned in 1852. View and plan (compare with figure 9). (Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 1st ed., 1854)

Figure 15 (right). Department for Males at the Pennsylvania Hospital for the Insane, Philadelphia, 1856-59; Samuel Sloan, architect. (Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 2nd ed., 1880)



39 Examples include the New York Hospital and Asylum of 1773-75 and the London Hospital of 1751-57. See John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven: Yale University Press, 1975), and Nikolaus Pevsner, *A History of Building Types* (Princeton, N.J.: Princeton University Press, 1976), 149-50.

40 The proposed extensions to Rockwood would have enhanced its linear plan.

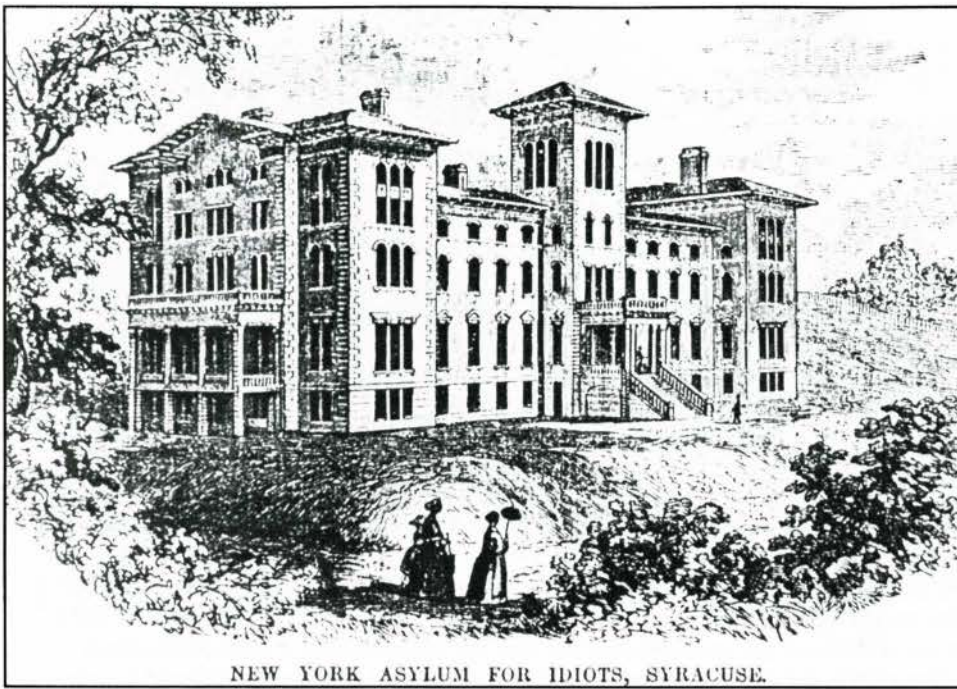
41 Rockwood's preliminary elevation (fig. 5) does not show towers, and for this reason seems more like the American example.

42 One of the advanced stylistic features of Coverdale's asylum was the mansard roof (now missing) with iron finials capping each tower ventilator, reflecting the success of the Second Empire style in Visconti & Lefuel's New Louvre of 1852-57 in Paris. The rooflines of the Canadian examples illustrated among Coverdale's papers were University College in Toronto by Cumberland & Storm and the Parliament Buildings in Ottawa by Fuller & Jones. Douglas Richardson discusses mansard roofs as signifiers of official architecture in *A Not Unsignificantly Building: University College and Its History* (Oakville, Ont.: Mosaic Press, 1990), 76-77.

surmounted by a dome and flanked by wings terminating in end pavilions — was well established by mid-century.³⁹ Kirkbride enlarged this model, adding extensions to the wings to form a "linear plan" that featured central corridors and individual rooms (figures 9, 14). This differed from both the old tradition of common wards and the newer rival scheme of numerous pavilions at right angles to a common spine. Common wards were thought to allow patients with different illnesses to "contaminate" and endanger each other, and pavilions to permit patients to disturb each other by calling out across the relatively narrow spaces between units. The linear plan enhanced the isolation and classification of patients, a method of control familiar from the theories of reform penitentiaries. Clearly, Rockwood is a Canadian example of Kirkbride's linear plan.⁴⁰

At the same time, Rockwood conformed to a local preference for the classical in public buildings. Kingston City Hall, which had been built two decades earlier, and the almost contemporaneous Frontenac County Court House shared the same basic form as the asylum: a domed central pavilion, wings, and end pavilions. No mere ornament, Rockwood's dome functioned as a water reservoir; perhaps this feature — the dome and its associations with Renaissance and Baroque architecture — also influenced the choice of style. The order and rationality of classical architecture were appropriate for an institution under strong central control in the service of those who were perceived to lack such qualities.

Numerous classicized asylums were built on a linear plan in the United States about the same time or shortly after Rockwood. Coverdale familiarized himself with some of these through the medical and architectural journals of the 1850s. He pasted clippings of hospitals and asylums in his scrapbook and annotated articles in *The Builder*. He also examined certain buildings on a tour taken late in the 1850s. It is possible, even plausible, that Coverdale visited Philadelphia to interview Thomas Kirkbride, who was Medical Superintendent of the Pennsylvania Hospital for the Insane in Philadelphia from 1840 to 1883, and to view firsthand a Kirkbride-inspired building for 250 male patients designed on a linear plan by Samuel Sloan and built in 1856-59 (figure 15). There is a general resemblance between the Pennsylvania Hospital for the Insane and Rockwood Lunatic Asylum (particularly with the proposed extensions to the latter). The sprawling Philadelphia building appears conservative in its composition, its sense of repose owing to its centre and end pavilions being lower absolutely, and much lower relatively, than those at Kingston. The Pennsylvania hospital also lacks Rockwood's tall, innovative towers.⁴¹ In all respects, Sloan's work shows a horizontal character of classical inspiration, while every detail of Coverdale's — such as the tall segmentally-arched windows so unlike Sloan's stable rectangular openings — suggests the advanced Italianate character of Kingston's asylum.⁴²



NEW YORK ASYLUM FOR IDIOTS, SYRACUSE.

Another American institution is known to have interested Coverdale, probably because of its grouped and arched windows: the State Idiot Asylum in Syracuse (now the Syracuse State Hospital), designed by W.L. Wollett, Jr., in 1855. A view of this asylum can be found in Coverdale's scrapbook (figure 16). It was described at the time as in the "Italian Style," although it seems bald by comparison with Rockwood.

Coverdale used window surrounds, the belt courses that link the window sills, and quoins at the angles of each pavilion to clearly define the building's major elements (figure 17). The base course is rusticated and the main doorway surround is boldly banded in complementary fashion. More surprising is the rustication of the chimney stacks. These mannerist devices became widespread in eastern Ontario in the 1860s. One example is the Perth Town Hall by John Power, who probably got the idea from Coverdale.

ROCKWOOD: A SUCCESSFUL INSTITUTION?

Coverdale, advised by asylum officials, faithfully followed the Association of Medical Superintendents' ideas on hospitals for the insane, which had been endorsed in Kirkbride's book of 1854. As Coverdale began the design process in 1857, his work was very up-to-date. He confirmed his ideas and may have consulted Kirkbride (and possibly Sloan) in Philadelphia during a tour of American facilities in the late 1850s. In comparison with the rejected proposal by the Montreal firm of Hopkins, Lawford & Nelson, Coverdale's scheme seems particularly progressive, reflecting current medical theory on treatment of the insane.

But can it be judged a success? The answer lies in large part with the effect it had on Rockwood's patrons and users. In 1862, when only partially completed, it was already being assessed as "an imposing and substantial structure ... that reflects credit upon the province."⁴³ This seems a reasonable assessment. Order and rationality in the design triumphed over chaos in the disturbed minds of patients. Rockwood's enduring and prestigious external appearance derived from a building material — stone — traditionally and locally sanctioned for public buildings. The craftsmanship was excellent, as described in contemporary testimony and confirmed by the present fine condition of the fabric. The dome, which proclaims civilization in great religious and civic buildings, was reassuring to the public at large. And reassurance was particularly important for a building which housed persons noted for their antisocial behaviour. Surely the politicians approving the funding — as well as the public footing the bill — were satisfied.

But neither the politicians nor the public at large had to live in it, to call this asylum "home" on a temporary or permanent basis. The Provincial Penitentiary and Rockwood Asylum (both institutions were linked historically) had been built with noble humanitarian aims: we expect the penitentiary to be an ideal locus for the reformation of the province's criminals, and the asylum for the treatment of the province's insane. Both have fallen far short of these aims.

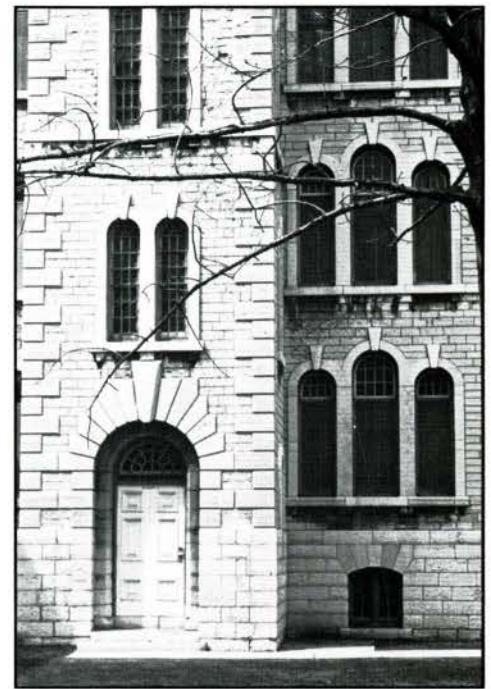


Figure 16 (left). State Idiot Asylum, Syracuse, 1855; W.L. Wollett, Jr., architect. Clipping in the Coverdale scrapbook. (Private Collection)

Figure 17 (above). Rockwood Asylum; William Coverdale, architect. Detail of stair tower. (J. McKendry)

43 Kingston Directory for 1862-3, 144-45.

Figure 18. Convict work-gangs, with the Provincial Penitentiary in the background. (Canadian Illustrated News, 31 December 1870)



The philosophy behind the penitentiary was to remove from novices in crime the evil influence of the most experienced and corrupt criminals. The method used was to physically separate the various types of criminals in different parts of the prison complex. The ultimate outcome of this seemingly rational idea was unintentionally cruel: individualized segregation under a rule of silence. Though the stated goal of prison officials was to improve prisoners and return them to normal society with acceptable moral values, the very act of removing them from society increased their hostility to society, sometimes to the point of madness, creating the need for a criminal lunatic asylum.⁴⁴ Compounding the irony of a reform prison inducing madness, the convicts themselves were forced to build the asylum (figure 18) in order to save the province money:

All is bustle round the new Asylum. Here the convicts in their parti-coloured prison dress ... are working most assiduously, while guards go among them with rifle and bayonet, so that none may escape. At five o'clock in the evening the prisoners form in rank and march back to the Penitentiary, the guards attending them, and at seven o'clock in the morning they are upon the ground again, ready for another day's work.⁴⁵

In addition to working on the building site, convicts hacked stone from prison quarries and transported it to prison workshops, where it was prepared for transportation to the asylum. In the prison blacksmith shop, convicts cast and wrought the discreetly designed iron window barriers installed to prevent escapes and suicides. They also made ironwork for the "strong cells" in the basements of the east and west wings of the asylum.⁴⁶

Years later, this ideal asylum was described in its early years as little different from an ordinary prison: "The inmates were kept each in his cell, with his prison bucket for his needs, chains for his limbs if he became too troublesome, while his food was passed to him through a great hole in the door, and his nurses were called keepers."⁴⁷ Kirkbride, anxious to avoid the stigma of the penal system and its attitudes in his hospitals for the insane, deplored the use of prison terminology such as "keeper" or "cell." Coverdale consistently called a patient's room "a single dormitory," but, with barricaded windows, did this make it any less a cell? These rooms, each 11 by 7 ft., were barely large enough to contain a single bed and wardrobe, yet they provided the only private space in the hospital for personal belongings and being by oneself.

Even Kirkbride allowed repressive devices: the doors of patients' rooms were provided with wickets for the transfer of food or for observation, and the doors themselves swung into the central corridor to prevent patients from barricading them from within. This concept of staff control over all features of daily life continues today: hooks are on the outside of the doors, and the light switch for each room is located in the central corridors. The most devastating advice Kirkbride offered was that insane persons should be removed from their communities, friends, and families, and that contact with them should then be limited, controlled or cut off.⁴⁸ Without relatives to safeguard the patients' rights, the institutional staff were at liberty to abuse programs of treatment, restricting a patient to his small room over long periods of time, and in turn depriving him of the social contact and exercise available in the central corridors, semi-octagons, parlours, dining-rooms, and airing courtyards. In effect, Kirkbride enhanced the potential for the insane to be treated like prisoners held in involuntary isolation from society. And yet he hoped for cures and a return to that society.

44 The penitentiary doctor reported that there were 24 cases of insanity in 1853, and that a majority of these first appeared during the inmates' incarceration. He concluded that their disorders were induced by a combination of causes related to conditions of imprisonment. *Journals of the Legislative Assembly for 1854*, app. D. The Board of Inspectors of Asylums, Prisons, etc., state in the *Journals of the Legislative Assembly for 1860*, app. 32: "Rockwood Asylum is intended for the reception of convicts who may have become insane during their confinement in the Penitentiary"

45 *British Whig*, 5 May 1862.

46 Coverdale notebook F67. These strong cells restrained violent patients.

47 *Sessional Papers for the Province of Ontario, 1886*, no. 2, p. 38. This description may have been coloured for political reasons (it plays up the advanced medical treatment under the jurisdiction of the province since 1877, versus the earlier regressive regime of the Dominion of Canada), but it may also contain a kernel of truth. A grim picture of the early years was also painted by Mr. Evans, an employee who arrived at the asylum in 1864 (transcript provided by the Kingston Psychiatric Hospital).

48 Physicians were to decide whether friends were allowed to visit. Removal of a patient from community and family is more specifically discussed in Kirkbride's second edition, but is implied in his first edition by concentrating on institutional care; support and treatment in the community are not discussed.

Under the designation of “lunatic,” Rockwood gathered all sorts of people, including epileptics with seizure disorders and the “feeble-minded” with mental disabilities. They were forced to congregate in the same building, separated by sex and subdivided by type and severity of medical problem.

It is a terrible irony that Dr. Dickson, Medical Superintendent of Rockwood Lunatic Asylum in the 1870s, had to evoke the name of Dr. Kirkbride to shame authorities into spending money to correct heating and ventilating systems.⁴⁹ Despite Coverdale’s research into and inspection of modern institutional service systems, Dickson painted a terrible picture of patients huddling together for warmth or having to break window glass in the rooms of typhoid victims who had fallen ill because of the foul air.

Just as the classical face of the Provincial Penitentiary presented a rational image to the public in the 1830s and 1840s, the outward face of Rockwood Lunatic Asylum two decades later satisfied the powers among an uncaring public — though, like the penitentiary, at the expense of those whom society devalued. As asylum architect, Coverdale became the technician of this restrictive attitude toward the insane and disabled. He designed a building geographically isolated from neighbours, exposed to cruel winter winds off the lake, subdivided to control rigid daily routines and living arrangements, security-conscious, and coldly intimidating inside and out. His asylum was a success in the eyes of those who controlled how society operated, but a failure from the point of view of those forced to accept this control. It is devastating to think of the hundreds of unhappy lives associated with this building — and to think that this situation continues today.

49 Sessional Papers of the Dominion of Canada for 1870, no. 2, pp. 39-42, and 1871, no. 60, p. 45.

Jennifer McKendry, who lives in Kingston, is preparing a manuscript on 19th-century architecture in south-eastern Ontario. She is also organizing the SSAC’s 1993 conference in Kingston (27-29 May) and curating an exhibition of local architectural drawings at the Agnes Etherington Art Centre, Queen’s University (9 May - 20 June 1993).