

One Hundred And Twenty-Ninth  
ANNUAL REPORT

OF THE

**South Carolina State  
Hospital**

FOR THE YEAR ENDING JUNE 30, 1952



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## REPORT OF THE REGENTS

Columbia, S. C., July 1, 1952

*To His Excellency, James F. Byrnes*

*Governor of South Carolina:*

The South Carolina Mental Health Commission, the Board of Regents of the South Carolina State Hospital, submits herewith to you and to the General Assembly its one hundred and twenty-ninth report, for the fiscal year 1951-1952.

The year 1951-1952 will stand out as a memorable one in the history of the S. C. State Hospital. As a result of the work of the Joint Committee appointed to study public and private mental health facilities of South Carolina and of Your Excellency's eloquent appeal on the hospital's behalf in your annual message, there was appropriated for the fiscal year 1952-1953 \$5,000,000 for permanent improvements at the State Hospital, and the State Training School. This constitutes the most substantial appropriation of funds at any one time for the State Hospital for the purpose of its permanent improvement.

The Joint Committee on Mental Health, headed by Representative Werber Bryan of Sumter, made a thorough inspection of the hospital, with the members satisfying themselves, as anyone must be satisfied who visits the institution and sees its condition, of its very real and very great needs.

In addition, in response to Your Excellency's invitation, a large number of members of the General Assembly visited the hospital to make a personal inspection of at least a portion of it. Not one of them, we are persuaded, went away with a feeling that South Carolina could in good conscience delay any longer the initiation of a substantial building program for that too long neglected institution.

The \$1,000,000, appropriated to the hospital for permanent improvements by the General Assembly in 1946, was supplemented by Federal funds to the extent of \$613,609.11, providing in round figures \$1,500,000 of new construction as well as some additional equipment and repairs. This has now been exhausted—the money spent or allocated. No more Federal aid will be available until the teaching hospital at Charleston has been completed, if then.

During the current fiscal year Building No. 3 at the Columbia Division, used for the housing of tuberculous patients, was en-

larged so as to handle both males and females suffering from tuberculosis. This enlargement made available an additional 100 beds for other patients in an identical building, heretofore used for tuberculous patients.

The reconstruction of Building No. 13 at State Park, which had been partially burned, restored 100 beds to the capacity of that institution.

The Commission, recognizing the greater needs of the State Hospital and carrying out its understanding of the legislative intent, will devote most of the \$5,000,000 appropriated for the next fiscal year to construction at the State Hospital.

The worst situations at the hospital are the utterly inadequate buildings for the housing of disturbed patients and the almost equally inadequate central kitchen at the Columbia Division. In making its report the Joint Committee declared: "These improvements shall include among other things, a building to replace the Taylor Building and a central kitchen at the Columbia Division." Of the Taylor Building, condemned by health authorities years ago but still used to house disturbed male patients, the committee declared: "The entire building is unfit for use. In spite of this, the management at the hospital finds it has to waste money propping up the floors and otherwise trying to keep the building safe for the reason there is no other place to put the patients."

The Commission has, therefore, been devoting its attention to the design at the Columbia Division of a modern central kitchen, large enough to supply nutritious and palatable food to the 3,000 patients, and to the design of ward buildings large enough to take care of the disturbed patients of both sexes. In this study representatives of the Commission and of the hospital with the hospital's architects have visited State hospitals in Maryland, Virginia, North Carolina and Georgia, inspecting new construction. The Commission also has consulted the construction planning resources of the American Psychiatric Association and of the Division of Hospital Facilities Unit, Public Health Service.

Out of this study has come two designs for disturbed patients' buildings, as good as any such construction the members of the Commission have seen for this purpose and better, we believe, although less expensive than most of them. Each of these struc-

tures will be duplicated for the two sexes and together will be capable of housing 608 patients.

Since the Taylor Building will be destroyed as soon as patients may be moved out of it, the actual capacity of the hospital will be increased, therefore, only by about 300 beds.

In studying the central kitchen needs, the Commission has abandoned any attempt to enlarge the existing kitchen and is now working on plans to construct a new combined kitchen and bakery attached to and adjoining the existing warehouse, which would also be enlarged by the addition of deep freeze storage facilities to enable the hospital to purchase advantageously frozen foods in carload lot quantities. These facilities, the Commission believes, should be large enough to provide for the normal growth of the institution and space will, therefore, be provided for the addition of other equipment, when such additions become necessary.

By moving the kitchen from its present location it will become possible to enlarge the existing congregate dining rooms, also an imperative need of the hospital.

These additions to the hospital plant will of necessity require the enlargement of the existing central heating system at the Columbia Division, since it has not been designed with any reserve capacity.

At the State Park Division the Commission plans to renovate Building No. 1, replacing existing electrical wiring and plumbing to meet at least the minimal standards of safety and sanitation. Structurally, this building is sound and when the work of renovation has been completed, the hospital should have in it not a modern but certainly a good building.

Some smaller projects—an X-ray building for State Park, which eventually would become a part of the infirmary, among them—are also contemplated. The X-ray equipment for this building will become available in the next fiscal year. Heretofore patients from the State Park Division, requiring X-rays, have had to be transported to the Columbia Division for this service. Such a practice promotes neither the efficiency of the hospital's operations nor the safety and comfort of the patients.

The construction program will, of course, contribute greatly to the hospital's improvement, but no one should delude himself that \$5,000,000 will make a modern mental hospital out of an