

one could foresee any possible increase in the demands on ✓
the institution.

(3) As demands increased, about 1900, additional ward buildings
were provided as follows:

(a) On the male side as far to the South as possible
(Taylor Building) then to the East (rear) encroaching
upon the service area.

(b) On the female side, to the North and also to the
rear (Talley Building).

(4) Meanwhile, the laundry was established in the old power house
to the rear of the kitchen, and a bakery was provided.

(5) Shortly after World War I, small wards for TB patients were
provided (B 21 and 16-A).

(6) In the 1930's the first fireproof buildings were erected,
two female wards (Thompson Building and 18-A), a reception
building (Williams Building) and a laboratory. These naturally ✓
went to the North for there was no room elsewhere.

(7) In 1942-3 four ward buildings were erected, two for male, two
for female. These had to be placed to the Northeast, thus
placing these male wards completely away from any other male
units.

(8) Any future ward buildings must be located to the North and
Northeast, or replace existing structures.

From this, it is clear that the administration facilities are no
longer at the geographical center of activities. and with any future

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Ward B-21: This is a small single-story, concrete slab on ground building, originally built for a TB ward. It is now occupied by 48 elderly semi-invalid patients. For patient occupancy there are approximately 2400 square feet of ward rooms plus six private rooms. On its rated capacity (46) this provides 60 square feet per capita, or only slightly crowded at its occupancy of 48. However, this leaves no provision for day rooms, or any other than bed space. Therefore, these patients are severely crowded in order to provide a clear space in one ward for use as a day room. Since these are mostly soil patients, a very unsatisfactory and unsanitary condition results. Also there are no floor drains in this building, so that scrubbing is made very difficult. Facilities should be provided to relieve the crowded condition as soon as possible. If this is not possible within one year, the addition of floor drains and enclosing of porches for use as day rooms would constitute temporary relief but should not be considered as a permanent solution.

Since it is desirable to have such patients on the ground floor of a building, and since so much of the necessary facilities (kitchen, dining, storage, office, toilets) are already provided, it is suggested that wing additions to each end of this building and renovation of existing structure would provide adequate facilities for caring for 48 patients. This is the present load and does not allow for future growth. Estimated cost of these additions and renovations is \$25,000.

Parker Annex: This is a two-story brick structure at the southeast corner of the area used to house 93 "Closed ward" patients. The open