

The role of gardens in the 19th century asylums for the mentally and neurotically ill. The theory and practice by the example of the Prussian asylums in the former Province of Posen

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Abstract. Although mental illnesses have existed ever since the dawn of time, the development of psychiatry is dated to have begun from the end 18th century. At the turn of the 18th and 19th centuries, mentally ill people began to be placed at mental facilities not only to be exercised care of, but also to have their health states improved. The movement of reformation expanded across entire Europe. The Kingdom of Prussia was no exception when it came to establishing asylums. Wanting to create the best environmental conditions for the mentally ill possible, all of the complexes of the asylums were designed so that they served therapeutic purposes. One of the vital elements in this regard was the hospital gardens. The said gardens comprised of partially open, decorative green squares, outlined by the fences of the gardens assigned to the individual wards meant for the mentally ill and the utility gardens, where therapy through labor could be exercised. In conformity with the prototypes described above, in the former Province of Posen four asylums were built. The article analyzes the development of gardens within the urban configurations of select hospitals, comparing them to the leading gardens and theoretical configurations described in the specialist literature.

1 Introduction

The friendly and safe space of gardens is a perfect space for conduct of therapeutic activities that also encompass the area of mental health. The types of therapies involving the employment of nature have been known for a long time. The positive impact of such therapies on the human body has been observed as late as in the ancient times. The importance of nature in the process of healing was emphasized, among others, by Hippocrates who used to say: „While the physician treats, nature heals”. [1]

The development of gardens for therapeutic purposes specifically was interrelated to the beginning of the new era in the history of psychotherapy, which is dated to have begun at the end of the 18th century. It was the time when gardens and parks began to be the integral part of the medical facilities built in line with the new concepts. The purpose of

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those medical facilities built following the new concepts was not just to provide care for the mentally ill person, but also to improve the state of their health.² Labor and leisure out in the open, in a harmoniously arranged garden and park, began to be the therapeutic elements. The whole architectural and urban construction planning of hospitals was to facilitate the process of recovering of patients, and in the case of the patients who were incurably ill, it was to improve their standard of living. The gardens and parks were arranged in a way to create an atmosphere of harmony and peace that would „settle one’s nerves”. Thus, gardens and parks became one of the characteristics of the medical facilities for the mentally ill.

The so-called moral therapy (mental treatment) based on the purposeful exploitation of the doctor-patient relationship and developed at the turn of the 18th and the 19th centuries had a significant impact on the formulation of the construction planning with gardens and parks serving the treatment process of the mentally ill and improving the living standards of those of the mentally ill who could not be cured in mind [2]. The goal of employment of this therapy was to stabilize the patient’s nervous system and put their thoughts in order through humanitarian treatment of the patient, changing of the living conditions, favoring and harmonious surroundings, physical activity and labor. [3, 4]

At the turning point of the 18th and 19th centuries, the movement of reformation concerning psychiatric treatment expanded across entire Europe. A new generation of doctors certain of the therapeutic potential of such asylums began their work at them. Following the spirit of the reformation, innovative psychiatric facilities began to come into existence. One of the pioneers in German psychiatry, Johann Christian Reil, wrote in 1783: „The doctors from England, France and Germany take a common step forward to make the fate of the insane better... The nightmare that jails and dungeons once were is now part of the past”. [5] Alongside the movement of reformation appeared new theories regarding the moral therapy itself. One of the reformers, whose papers drew the attention of a broad audience from across Europe, was a French doctor Philippe Pinel. In 1081 he issued a study book in which, amongst other things, he emphasized the therapeutic employment of isolation. Pinel also described how the everyday life at the mental hospital should be organized in order to achieve the intended therapeutic effect. He emphasized, for example, the need to fill the time of the mentally ill patients with labor. [2]. The deliberations made by J. Ch. Reil concerning facilities for the mentally ill included also his observations regarding the situation of such facilities in beautiful landscapes, amidst water streams, lakes, hills and farmlands. [2]

2 The new model of asylum in Prussia

Thanks to the propagation of the new ideas concerning treatment of the mentally ill, the 19th century was the period in history when many modern psychiatric facilities were built. In many places around the world psychiatric hospitals were built, both public and private, which operated following the new principles. Depending on the local traditions and the policies of particular countries, the process of building of such psychiatric hospitals differed by country. The concept of the „health-related policy” present in the German-speaking countries of the time were the reason for opening of the new asylums to also be controlled and subsidized by the state. The state authorities supervised the establishment of new facilities where the modern therapeutic methods were practiced. Initially, adapted for the

² Prior to the emergence of the new medical facilities, in their place present were asylums where the care of the mentally ill was limited to pure surveillance. Many times, the mentally ill were housed in the same space with criminals and vagrants. One of the oldest examples of this type of asylums in Europe was the London Bethlem that came into existence in the 12th. [2]

purpose of establishment of such facilities were mostly secularized monasteries. One of such facilities was the asylum located in Siegburg, transformed from the former Benedictine Abbey in 1825. Maximilian Jacobi, an expert in the field of healthcare, undertook the task to organize this model hospital for the mentally ill. He founded his task of organizing the hospital for the mentally ill on his very own observations he had while travelling across Germany and visiting other facilities for the mentally ill, as well as on Pinel's and Reil's stipulations. In 1834, Maximilian Jacobi issued a book in which he devoted much attention to the matter of organization of the hospital. Moreover, he also drew attention to the importance of the healthy air and making sure that patients are physically active and preoccupied. [6] Speaking of the hospital for the mentally ill that Maximilian Jacobi was in charge of organizing, utilized in its case was the harmony of the arrangements made in the green square set in a specific theme that thanks to the neighboring natural terrains such as forests, mountains and beaches seemed to be more extensive visually.

Still before the first half of the 19th century, the medical facilities for the mentally and neurotically ill were deliberately situated within architectural and urban complexes designed and built for that purpose. Wanting to create the best environmental conditions for patients possible, those medical facilities for the mentally and neurotically ill were designed in a way that also their architectural designs and surroundings served therapeutic purposes. Every patient was to have their own place, and vice-versa, every place was to have its own patient. Psychiatry needed an adequate space that properly designed architecture and its surroundings could provide. The architectural skills of the architects were combined with the medical knowledge in psychiatry, thus creating orderly complexes that aided the patients in remaining self-controlled and disciplined. [7] As time went by, model facilities that were described in the specialist literature were built. Based on the experience of the time, doctors and architects were having a discourse concerning the model facility, always emphasizing the importance of labor and recreation out in the garden, as well as the importance of the adequately designed surrounding environment.



Fig. 1. General view of asylum in Illenau (Achern), 1865. Litography of J. Vollweider and C. Kiefer, (retrieved from commons.wikimedia.org/wiki/File:Illenau_Gesamtansicht_Repro.jpg).

One of the first of the model facilities was the Illenau hospital, situated at the outskirts of Achern. [8] The building of the hospital began in 1842. The hospital was reared accordingly to the concept of doctor Roller³, a concept which was formulated by him based on his previous experiences, the study of the subject literature and other facilities of the

³ The construction plans were compiled by construction advisor, Hans Voss and architect, Friedrich Weinbrenner.

type in Europe.⁴ Roller introduced an entire array of innovations, the most important of which was the division of the hospital into separate spaces, on the first level into spaces meant for men and spaces meant for women, and at the following level into wards across which patients were placed accordingly to the particular stages of the diseases they suffered from, and the types of the diseases themselves. Moreover, doctor Roller appreciated not only the influence of the surrounding environment, nature and fresh air, but also the therapeutic role of labor. As part of the occupational therapy, patients were employed to work out in the gardens and at the farmlands belonging to the facility. The hospital was de facto reared within a closed complex. At the central part of the complex configuration placed was a presentable green square, outlined by columned galleries, which separated the part of the hospital meant for men from the part of the hospital meant for women. The green square was led to by a path with rows of trees to both of its sides that ran through its entire length, surmounted with buildings that hosted chapels and meeting rooms. Next to each one of the wards outlined was a rectangular garden surrounded by walls for patients, where carefully planned seedlings were planted. Going out to those gardens, the patients of the hospital could enjoy physical activities, rest in the open air, do sports or take care of the flower beds. The concept behind Illenau made big waves on the world of psychiatry, and the gardens began to be considered as therapeutic means. [10]

In the new facilities for the mentally ill that came afterwards, gardens began to be the important elements of their configurations. The said asylums that followed comprised of open-air and decorative green squares and parks, outlined by fences of gardens that were accessible only from the wards meant for the mentally ill and utility gardens, which on the one hand served the exercise of therapy through labor, and supported the maintenance of the hospital on the other.⁵ Usually representative squares and gardens belonging to “closed” wards were composed geometrically. The harmonious composition was supposed to have a calming effect on the mentally ill. Large parks for patients from “open” wards were planned freely, which encouraged patients to walk and do outdoors activities. The combination of the architecture with the surrounding environment, the nature, was also important. The hospital architects designed rooms that were well exposed to the sunlight shining through large windows from which you could see a panorama of the surrounding nature. The buildings of the hospital were linked with the gardens using verandas and terraces. The corridors were built in the side tracts and exposed to the sunlight shining through the windows. [7]. It was recommended that living rooms for patients be at the lobby, so that the patients could have an easy access to the gardens.

In his article on the model Neustadt-Eberswalde⁶ facility of his design, built in 1865, Martin Gropius drew the reader’s attention to the construction planning of its courtyards and gardens. [12] Martin Gropius applied a compact, axis-based building layout with the administration buildings and outhouses located on the axis and linked using a green square. The gardens assigned to the particular hospital wards were separated from the central part using human-tall panels with canopies providing protection against rain and the heat of the sun in the south to both of their sides. Martin Gropius wanted every garden to have a fountain that would make a drinkable water supply easier to provide. Between the lawns and shrubs led arc- and circle-based designed alleys. The whole facility occupied a sweep of land of ca. 80 hectares.

⁴ Doctor Roller contained his vision of the hospital in the book he wrote back in 1830. [9]

⁵ A great emphasis was put on the self-sufficiency of the facilities for the mentally ill that was facilitated by the granges, food production and employment of those patients who were capable of working to do so. [7, 11]

⁶ The idea of the project and the construction plans were elaborated by the commission of doctors, especially by doctor Sponholz as one of them. [12]

The buildings distributed in the form of pavilions gave a greater feeling of seclusion and better access to the gardens. The use of separate houses was inconsiderable in terms of size as the hospital wards provided more free space to make larger gardens that were better exposed to the sunlight. Unfortunately, this type of building layout occupied more land, thus being more expensive. One of the larger and more widely-known facilities of this type was located in Langenhorn, near Hamburg, built in the years 1892–1904. The facility occupied the land area of 16 hectares within which built were 32 buildings of diverse construction forms, surrounded by greenery. The entire facility complex was built with an axis and a central square in its center. Along the axis ran an alley with rows of trees to both its sides that led to a building hosting a church and a celebration event room. Behind the said building located was an outhouse development. The central part was enclosed by an alley running along the central part perimeters where pavilions for the patients were arranged. The central square of the facility complex consisted of both open-air and closed gardens sectioned by a network of alleys that ran freely, albeit symmetrically to the axis. Across the perimetric alley was a loosely distributed development. All that was surrounded by parks where various genera of trees, farmlands and forests grew. [13]

In 1855 an architect from Vienna, Ludvig Förster, published in the *Deutsche Bauzeitung* magazine his far-reaching deliberations concerning the model facilities for the mentally ill. [14] Förster emphasized that with the therapeutic purposes in mind, patients should be provided with peace, comfort to the degree possible, cozy rooms, discreet care and safety, as well as have the opportunity to engage in physical activeness outdoors, benefiting from the fresh air, and spending time being active. Förster considered the courtyard and gardens essential for the well-being of the patients. He wrote that it would be advisable to build a courtyard next to each ward, so that the patients could easily be placed separately. Förster depended on the sizes and proportions of the courtyards on the construction plans of the individual buildings. He emphasized that the ward gardens could not be surrounded by buildings all around, as that would block the free air flow and obstruct the view of the surrounding area. Förster recommended planting of seedlings of light-colored trees, shrubs and flower beds, as well as placement of fountains, places to sit and entertainment devices in correlation with the sex and social status of the patients. For security reasons, the gardens should be enclosed by walls that could be embedded in ditches, so that they would not obstruct the view. The importance of gardens in asylums was emphasized by many authors. One of them, architect Adolf Funk included his hints concerning building of asylums in the study book for architects and builders of 1891. [15]

3 The facilities for mentally ill in Greater Poland

In conformity with the policy of Prussia, facilities for the mentally ill were also built at the province, including the territories of Greater Poland, the then Province of Posen, that were annexed into the body of the Kingdom of Prussia after the Partition of Poland. At the times of the partitions, there were four facilities for the mentally ill that operated at the then Province of Posen. There are, however, some questions regarding those facilities. First: Did those facilities meet the requirements imposed, and were they built following the prototypes recommended? And second: Was the therapeutic role of the nature, landscapes and gardens taken under consideration when building those facilities?

The oldest one of all of those facilities was the Owińska Village Province Facility for the Mentally Ill that operated from 1838. The facility was an old Cistercian Order adapted to be the asylum, about which it was written „located in one of the most beautiful areas of the province, near the beautiful dominion garden that looks as if it were a park”. [16] The facility was divided into wards, the division also reflected through the garden located to the Eastern side of the complex terrain. The situation plan of the facility, dated 1836 [17],

has „recreational courtyards” for the „peaceful” and for the „insane” surrounded by walls and partially separated by the building wing marked on it. The biggest one of the gardens, dedicated to the peaceful male patients, was directly connected to the ward. The other gardens were connected with the facility buildings using an alley running along the green squares. The gardens on the construction plan had twistingly running paths and freely planted shrubs.

The asylum could house no more than 100 patients, which did not meet the demand present at the province after all, and for that reason endeavors were made to further develop the facility. In 1868 the facility was granted 25 hectares of the land located nearby the asylum. The rearing of the new buildings was finalized in 1874. [8] The entire construction plan of the facility was based on the symmetrical axis located on which were the administration buildings and outhouses, preceded by an open-air green square. The asylum is an example of the most modern pavilion layout. To each side of the facility built were 3 houses for the mentally ill: To the north houses for the female patients were built, while to the south houses for the male patients were constructed. According to the construction plan of 1913, the entire facility was separated from the road by a large open-air garden with trees growing at its perimeters and lawn and flower beds in the shape of arcs, circles and ovals. The green square was arranged symmetrically to the axis of the whole facility complex. The green square was connected with the garden preceding the administration building and walled by pavilions for the mentally ill and the gardens assigned to them from south. Each one of the buildings meant for patients, located to both sides of the axis, had its own rectangle-shaped garden outlined by a wall or a different type of fence. The gardens were located to the inside of the complex terrain, while the pavilions closed the configuration of the facility. Some distance away from the pavilions lazarettos were located. The layout of all those elements in the terrain of the facility gave an entirely harmonious feeling. The overall complex terrain was big enough for the ward gardens to be sufficiently exposed to the Sun and sufficiently spacious, while incorporation of them within the confines of the complex configuration made them feel cozy and certainly served the security purposes at the same time. The pavilions located to the northern side of the complex had gardens to both of their sides. Thanks to the balconies and verandas, the openness to nature was also expressed through the architecture alone. Unfortunately, nowadays there is not much left of the old facility for the mentally ill at the Owińska village. What is left of the old facility are 2 heavily damaged pavilions and part of the administration buildings and outhouses. There is not much left of the old greenery planning, except for a few trees.

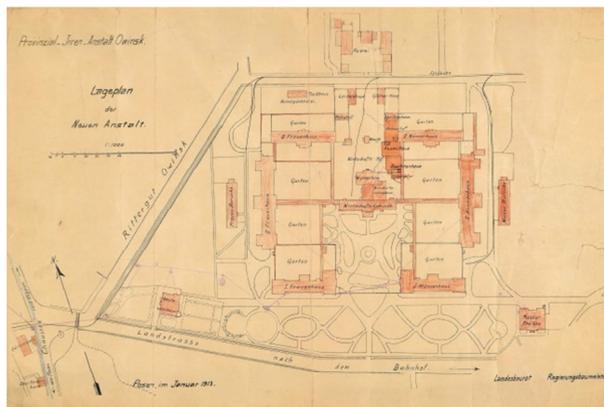


Fig. 2. Location plan of the new part of asylum in Owińska, 1913 (repro from the collection of the foundation Srebrne Lata).

The next asylum, i.e. the Province Facility for the Mentally Ill in Kościan was opened as late as in 1893. Initially, the facility was established in the buildings that originally served as the old Benedictine Order, and later, that is from 1838, as the so-called House of Correction. [8] The whole complex was surrounded by walls made from the bricks taken from the torn down parts of the Order. [18] The oldest part of the facility was the main building that served the administrative and social purposes, as well as two of its wings – one for the male patients, and the other one for the female patients. The facility complex also included other, stand-alone buildings, such as the chief's physician house, a lazaretto, a pharmacy, a bowling alley and the outhouse development. Since the hospital part of the complex was arranged in buildings that were reared with other purposes in mind, the architectural arrangement did not suit the requirements raised by psychiatry of the time. The truth is that the facility had separate parts for male and female patients, but organized as it were, it did not exhibit any signs of harmony of composition or of an arrangement based on an axis or a center. There were no verandas or balconies attached to the buildings. The space between the main building and the facility wings was occupied by an open-air green terrain that was densely covered with trees (which must have been planted still before the establishment of the facility), and located beyond the buildings meant for the mentally ill were separated gardens. The proof of the latter could be preserved bits of open-work, metal fences. The actual park was located to the southern side of the complex configuration, and, with the safety of the patients in mind, surrounded by a wall of bricks. Located next to the park was a vast vegetable garden, and the northern border of the facility was marked by an alley planted with lime trees.

In order to provide care of mentally challenged children, it was decided to develop the complex by a new part that was to be built to the northern side of the lime tree alley (the developed part of the complex was called Facility for the Mentally Challenged). In 1899 4 identical pavilions with large wooden verandas that were open to the garden were constructed. The next parts of the facility were later built in 1901. The new development as a whole consisted of 5 pavilions, a lazaretto and a school located precisely between the pavilions and the lazaretto. The facility was surrounded by a wall to its outside, and the line between the old and the new part of the complex was marked by the lime tree alley. The old and the new part of the complex were separated from one another along the lime tree alley by open-work metal fences of medium height. The architects of the complex also made sure that the complex had greenery. The buildings were surrounded by meticulously planned alleys, flowerbeds and lawns. There were also adequately selected trees planted that are present to this day. The overall complex made a harmonious composition immersed in greenery.

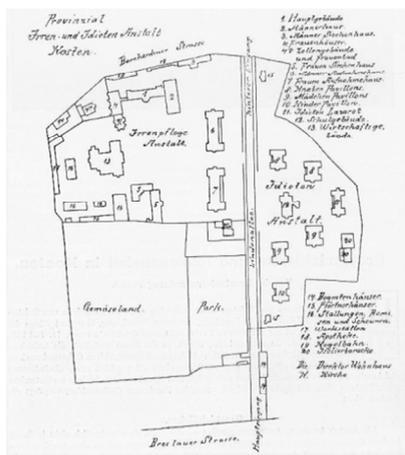


Fig. 3. Location plan of asylum in Kościan, 1910, repro from [8].

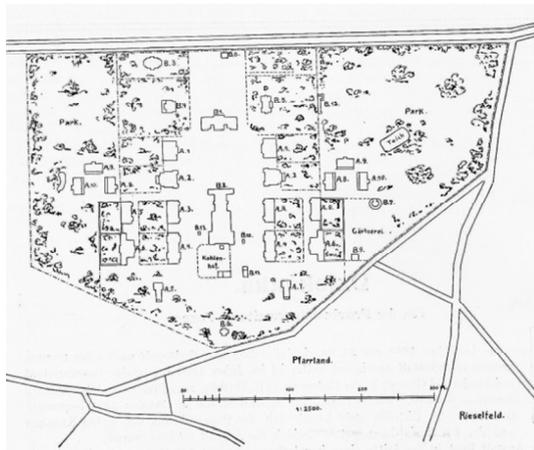


Fig. 4. Location plan of asylum in Dziekanka, 1910, repro from [8].

In 1901 the part of the complex meant for the adult patients was further developed by 2 more buildings that were built alongside the lime tree alley. Verandas got attached to the northern elevations of the buildings that looked out at the recreational gardens outlined by open-air metal fences. The alley was surmounted with gates with gatehouses at both of its ends and was the main communication channel of the facility.

At the same point in time yet another asylum was built in Dziekanka near Gniezno. In order to build the facility, 117 hectares of land were bought. One year later, the process of building the hospital began. The first patients were admitted to the asylum in 1894. The development of the facility – „the beautiful squares, gardens, parks and courts occupied 100 morgens (ca. 56 hectares), while the remaining morgens were allotted for outhouses” [8].

The urban configuration of the facility was planned symmetrically, along the axis that led from the North to the South, separating the parts of the hospital meant for the female patients to the West from the parts of the hospital meant for the male patients to the East. The complex was built in the form of pavilions. On the axis, opposite to the driveway to the facility, the administration building was constructed housing a theater and banquet room. Beyond the administration building, on a vast courtyard, outhouses and the technical infrastructure were built. To both sides of the axis other symmetrically distributed buildings were built. linear to the administration building were located the chief's mansion and the doctors' house, with 4 pavilions for the patients further down the same line, two pavilions for female patients to the one side, and two pavilions for the male patients to the other. The other pavilions were located in the vast park that spanned from the eastern to the western side of the facility. The total number of the houses built for patients was 20, of which 12 houses (6 for the female patients and the other 6 for the male patients) had outlined gardens. The other wards, known as the „open wards”, were located in the park itself. The fences of the green squares were made of open-work, metal rails, while only the pavilions meant for the neurotic patients and epileptics located deep into the park were surrounded by walls. All the lobby-level buildings had wide verandas and terraces that provided easy access to the gardens.

The works related to the greenery began in 1894, and the majority of those works was finished in 1895. [19] The layout of the seedlings, alleys, flowerbeds and other elements of both the garden and the park was very meticulous. On the axis of the complex terrain, between the gate and the administration building, a glamorous and presentable green square was located. The green square was designed based on a circle, sectioned into 4 parts by alleys. Each quarter part of the green square was covered with lawns, flower parterres and sets of shrubs. The whole composition of the green square was unified by a solitary coniferous tree growing in its middle. The green square and courtyard strip marking the axis of the complex configuration was outlined by rows of trees to both its sides. Beyond the strip there were green squares present in front of the pavilions for the patients, planted with trees to both their sides, with lawns and flowerbeds located centrally, next to the alleys leading to the buildings. At the backside of the buildings, next to the houses meant for the patients, gardens were outlined. Here the outline was looser, and the perimeters were certainly outlined by hedges. The remaining portion of the facility terrain was occupied by a vast park, designed as a freely growing, naturalistic green square, interspersed with fountains and ponds, with many genera of trees and shrubs. The park also had a bowling alley.

The final facility for the mental ill that was built as the last one of those described was the facility for the mentally ill located in Obrzyce near Międzyrzecze, under construction from 1901 to 1904. Since the facility was located near the woods and close to the Odra river, it was named Obrwalde. The plan of the facility was elaborated based on the axis running from the driveway to the south toward the north. The part of the hospital meant for the female patients and the part of the hospital meant for the male patients were planned

symmetrically to one another, to both sides of the axis. [8, 20] Located on the central axis, the administration building with a theater and an entertainment room at the floor, and a residential wing to the west. Next to the administration building a church was constructed, along with the Chief's mansion and the doctors' houses, all surrounded by gardens. Beyond the administration building and on the same axis outhouses, workshops, the boiler house, the graduation tower, etc. were built. Beyond all those buildings located was a cellar for ice storage, and next was a morgue. The pavilions for the mentally ill were separated from the main axis by two, wide esplanades. The lanes of the route were separated using geometrically laid out lands of greenery, planted with rows of trees, short shrubs and flowerbeds. Along the said rows of tree, short shrubs and flowerbeds distributed in two rows were the pavilions for the patients. To each pavilion an individual, separated recreational garden was assigned that the exit doors of the living rooms led to, usually through a veranda or a canopied terrace. The gardens were relatively vast and outlined by grid fences or hedges. One exception in terms of the type of the fence used were the green squares assigned to the wards meant for the neurotically ill and dangerous (that is, criminals) patients located to the north of the facility that were surrounded by a 13.12 ft tall wall. Nearby those wards located were „open” wards meant for those of the patients who were peaceful. The pavilions were surmounted by a park with a pond and a bowling alley to the North. Located beyond the park were houses for the facility staff. Between the driveway and the administration building there was an open and presentable green square. The whole facility terrain was planted with various genera of stand-alone trees.

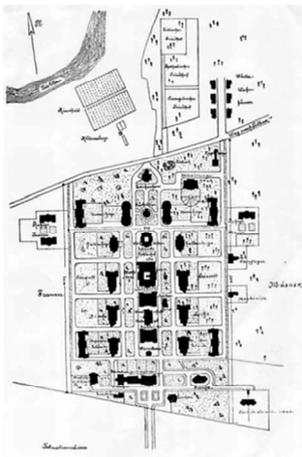


Fig. 5. Location plan of Asylum in Obrzyce, 1910, repro from [8].



Fig. 6. Esplanade in mental hospital in Obrzyce, 1915, postcard from the collection of Hospital for the Mentally Ill in Obrzyce.

4 Conclusion

After the reform of psychiatry gardens became the vital element facilitating the improvement of both the physical and mental well-being of patients. The healing properties of nature were made use of at both the model hospitals, as well at the hospitals built at the province, a good example of which are the Greater Poland region hospitals. When it comes to facilities such as the facility in the Owńska village or the facility in the Kościan town that were established in buildings that in the past served purposes different to those of asylums, efforts were made to assure the patients access to the gardens, although sometimes the architecture and the constructional configurations of those buildings hindered those efforts. In the case of the facilities built from the ground, the gardens were the vital part of

the urban configurations at the very stage of construction. The Greater Poland complexes of facilities for the mentally ill were located in visually appealing areas, nearby rivers, forests, meadows or agricultural fields. They were built in the form of pavilions that enabled easier access to gardens and better interaction with nature. In conformity with the recommendations and except for the „open” wards, in the case of which the patients could freely move around the facility parks, separate and vast gardens were planned and assigned to every pavilion meant for the mentally ill patients. The large parks were planned freely and the gardens had geometrical compositions. Aiming to minimize the visible restrictions, the gardens were outlined using light, metal fences and hedges. Tall and conventional walls made of brick were built there where it was necessary only. The patients had an easy access from the pavilions to the gardens through the verandas and terraces.

The facility buildings were distributed symmetrically to the main axis on which the outhouses were placed. Along both sides of the axis built were pavilions meant for the mentally ill patients, pavilions for each sex to each side of the axis. The administration buildings were preceded by presentable green squares separating the entire facility complexes from the driveways.

The gardens were a relevant factor improving the hospital environmental conditions and influencing the recovery of the patients. In addition, gardens also heavily influenced the urban configurations of the entire hospital terrains. The sceneries surrounding the pavilions sunken in the green of more than 100-year-old parks, despite the fact that those parks may not be as groomed as they once used to be, to this day make the impression of being serene and harmonious, giving the sense of relief. It is noteworthy that except for the hospital in the Owińska village, all the other hospitals are fully operational to this day.

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