

Architectural History Report

The Architectural History Report for the 'Waterbury Office Complex', formerly known as the 'Vermont State Hospital', and the 'Vermont State Asylum for the Insane', provides a historical framework to assess various reuse scenarios for the site following damage by Storm Irene in 2011. The main observations of this report are:

- The chronological evolution of the campus can be understood as divided into four main phases: Early Construction Phase (1889-1896), Expansion Phase (1897-1926), Modernization Phase (1927-1962), and Deinstitutionalization and Adaptive Reuse (1963-2011). Of these, the 'Early Construction Phase' is determined as most significant in establishing historic character. This is when the central historic campus as based on the 'linear /pavilion plan' typology of 19th century asylum design was built. It was designed by the architectural firm of 'Rand & Taylor' of Boston. They were a prolific firm, well-known for hospital design and their other important projects include the Worcester State Hospital, MA and the Mary Hitchcock Memorial Hospital in Hanover, NH.
- The site is listed as a contributing historic property to the 'Waterbury Village Historic District' on the National Register of Historic Places and is subject to review by State and Federal agencies for proposed changes to historic fabric.
- According to the Secretary of the Interiors Standards for Historic Properties, the treatment option 'Rehabilitation' is recommended for this site. Rehabilitation, emphasizes the retention and repair of character-defining extant historic materials, but more latitude is provided for replacement of material, reconfiguration of the building or site, and adaptations or additions to accommodate or continue modern uses.
- The report provides overall guidelines and a basic historical context to the site. Decisions about individual building treatments will be determined upon review by State and Federal government agencies.

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I | INTRODUCTION

The purpose of this 'Architectural History Report' is to assist the State of Vermont in evaluating various options for the 'Waterbury Office Complex', also known as the 'Vermont State Hospital' complex, after it was damaged by Tropical Storm Irene in August 2011. The Architectural History Report provides a developmental history to better understand the chronological evolution of the campus, convey relevant historical contexts, identify character defining features, and provide general recommendations for future treatment. The research presented in this report was conducted using both primary and secondary resources. All the research presented here was based on a quick survey of available information during the months of January and February 2012. Owing to this short span of time available for historical and archival research, the report recognizes and recommends that additional investigation should be conducted as construction work is planned for the site, to make the best case-specific decisions about individual historic buildings and features.

Note on Terminology: The use of historically grounded language is the convention amongst historians of medicine. While original language may provide a more historically correct perspective on the subject, it can offend the modern reader. Words such as 'insane' and 'lunatic' were terms used at the time of the construction of the Complex but are inappropriate for contemporary use. For the purpose of this Report, we have used such terms in instances where the historic words are necessary to convey an idea or concept. Where possible, we have substituted more appropriate, contemporary language. We apologize for any inconvenience this causes to the readers.

Note on References: Wherever the acronym BR with a date is used in footnotes, e.g. 'BR 1898, p.32' this means that the quote appears in the Biennial Report of the Vermont State Asylum/ Hospital for the year ending 1898 on page 32.



Figure 1. **View of Vermont State Asylum for the Insane, c. 1896.** Historic Postcard
Source: Vermont State Hospital (VSH) Archives

II | DEVELOPMENTAL HISTORY

This section focuses on the chronological physical development of the Vermont State Hospital from 1889 until 2011. It charts an account of construction, subsequent additions, alterations and demolitions that have taken place at the site. Acknowledging that most physical developments were born out of larger socio-economic changes, an attempt has been made to relate the physical development with transformations that were taking place elsewhere – from trends in the field of mental health to changing social norms and increased awareness about historic preservation, to name a few.

The following text divides the 1889 to 2011 timeline into separate thematic periods:

1889-1896- Early Construction Phase

1897-1926- Expansion Phase

1927-1962 - Modernization

1963-2011- Deinstitutionalization & Adaptive Use

Each time period is described with the help of a narrative, historic photographs and period plans.

1889 - 1896 : Early Construction Phase

Construction of the Vermont State Hospital at Waterbury was prompted by overcrowding at the Vermont Asylum for the Insane at Brattleboro. Opened in 1834, the Brattleboro Asylum was a private mental health institution and the State of Vermont sent patients there for treatment. By 1888 it housed 461 patients, well above its designed capacity of 400. Since overcrowding was considered detrimental to the effective treatment of patients, a bill was initiated in the Vermont General Assembly by Dr. Donald Grout, a representative from Stowe, to construct a new asylum *“to provide for the care, custody and treatment of the insane poor, and insane criminals of the State.”*¹ The town of Waterbury was chosen as the site of this new asylum and an appropriation of \$100,000 was made for the purchase of land and construction. On July 10, 1889, 500 acres of land was purchased from C.C. Warren for the price of \$15,000. This land was in three parcels, the first being most of the land upon which the main buildings of the complex are now situated.

Once the site was acquired, the architectural firm of Rand and Taylor of Boston was retained to design the buildings. It is reported that the selection was based upon their considerable experience in designing asylums for the insane.

¹ Provision 94 of the Laws of 1888, Vermont General Assembly. Quoted from BR 1894, p.3

Rand and Taylor, Boston

George Dutton Rand (1833-1910) and Bertrand E. Taylor (1855-1909) were both born in Vermont and opened their Boston office in 1881.² Their firm was well-known in the 19th century and specialized in hospital design, while being quite prolific, both in geographic reach and building types. Rand & Taylor designed a number of campus buildings as well, including the first buildings of the Northfield Seminary in Massachusetts and Rollins College in Florida, as well as dormitories for Mount Holyoke (AABN July 27, 1901) and Smith College, and an innovative building for the study of electrical engineering for MIT when it was still located in Boston.

With his partner Frank Weston, Rand designed one of the country's early apartment buildings, a "French flat" of 1872, for Henry Lee Higginson in Boston's Back Bay. In partnership with J. Foster Ober, Rand designed the enormous 1880 expansion of the Hotel Vendome on Commonwealth Avenue, among the earliest buildings in the city to be lit by electricity.³ Rand and Taylor's practice was national, and they designed large residences in Kansas, Indiana, and Colorado, including a house in Denver that once served as the governor's mansion. They also completed a major hotel commission in Winter Park, Florida.

² Biographical Dictionary of Architects in Canada 1800-1950. <http://dictionaryofarchitectsincanada.org/architects/view/538>. They designed only one building in Canada Algonquin Hotel in St. Andrews

³ Meister, Maureen. *Letters to the Editor, Preservation Magazine*. July/August 2011



Figure 2. Worcester State Hospital, Worcester, MA

Source: <http://www.kirkbridebuildings.com/>



Figure 3. Mary Hitchcock Memorial Hospital, Hanover, NH

Source: Dartmouth College <http://www.dartmo.com/mhmf/index.html>

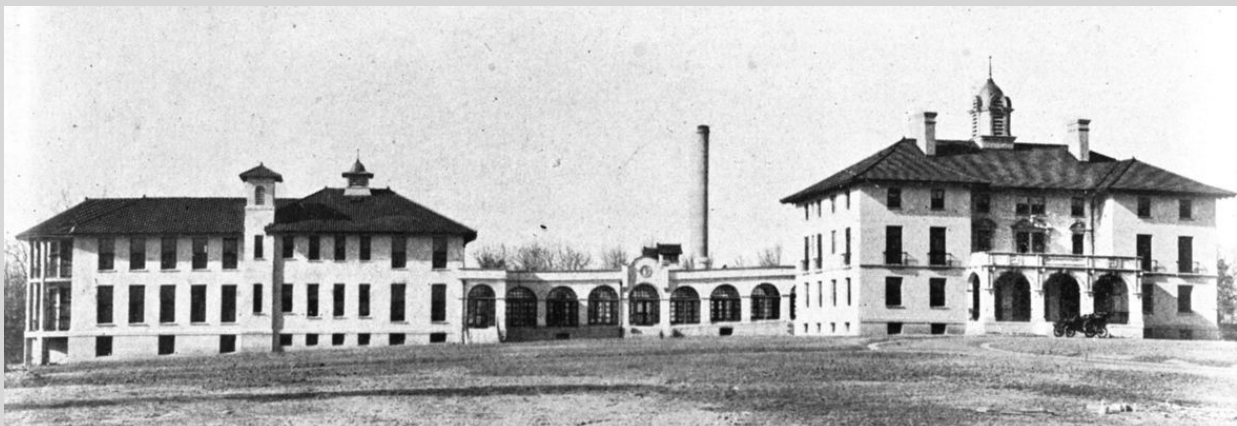


Figure 4. Watts Hospital, Durham, NC

Source: <http://www.opendurham.org/buildings/watts-hospital-1909-1980-north-carolina-school-science-and-math?full>



Figure 5. **Heaton Hospital, Montpelier, VT**

Source: Dartmouth College <http://www.dartmo.com/mhmf/index.html>

Prior to the Waterbury commission, they had designed the Worcester State Hospital in Massachusetts in 1876 and the 'Bancroft Building for Lady Patients' at the Concord State Insane Asylum in New Hampshire in 1885. After the Waterbury commission, they went on to design a number of other hospital projects, namely, the Mary Hitchcock Memorial Hospital in Dartmouth, NH (1893); the Watts Hospital in Durham, NC (Old Campus -1895, New Campus- 1909); Heaton Hospital, Montpelier, VT (1895); and the Corey Hill Hospital in Boston, MA (1909). All their hospital projects, including those that preceded Waterbury and followed it, echo similar design principles. They can all be characterized as 'pavilion plan' hospitals with early traces of the emerging 'cottage-plan' typology.

The Worcester State Hospital was their biggest assignment before Waterbury. It was a sprawling insane asylum based on the Kirkbride Plan (a type of pavilion plan), and was a very important and well-known project at the time of its construction. The interconnected rectangular ward buildings also included some three-story circular wards, very similar to those that were later used at Waterbury. Unfortunately, most of the campus was demolished in 1991 and 2008. There are recent plans to demolish the remaining administration building and clock tower.



Figure 6. **Corey Hill Hospital, Brookline, MA**

Source: Brookline Historical Society

The builder of the original campus was Clinton Smith (1846-1905). Smith was born in Middlebury, VT and is responsible for the design and construction of numerous landmark buildings throughout central Vermont.

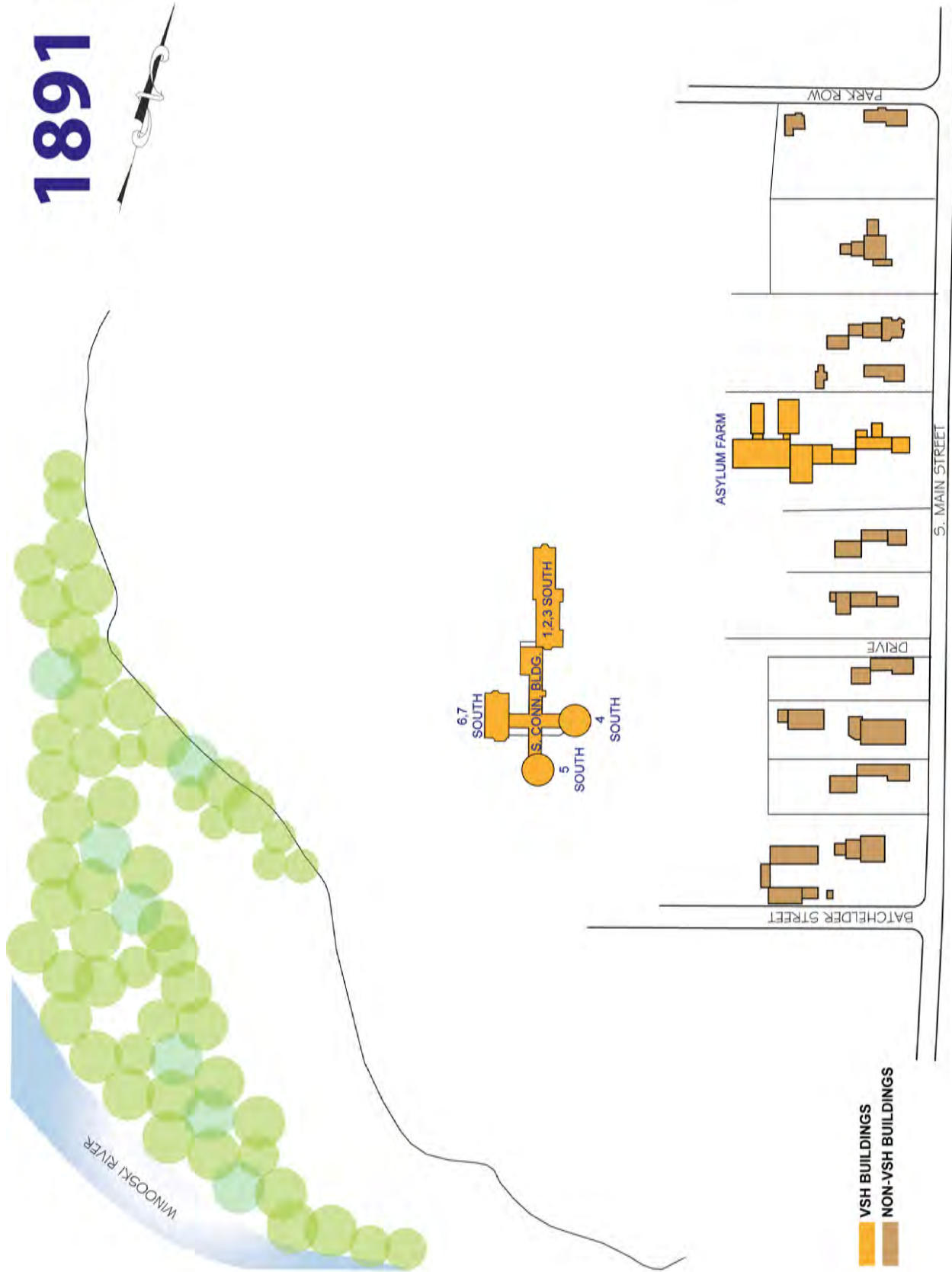
The initial plans for construction called for a central administration building with two wings on either side, one for male and another for female patients, connected by corridors and having a total capacity of 400 patients. This layout was fairly typical of asylum design in the nineteenth century. Rand & Taylor chose multi-wythe brick walls for most of the above grade elevations, with a granite foundation that extended 3-4 feet above grade up to the watertable. Slate shingles on hipped and gabled roofs completed the architectural look with projecting dormers, cupolas and chimneys lending an interesting skyline to the complex. The outermost flanking wards on either side were designed as 3-story circular buildings.

Since the immediate need was to house patients, construction commenced on the male wing located on the south portion of the site in 1890. Based on cost projections, four of the five ward buildings designed for this side were initially built to house 175 patients. The temporary kitchen, laundry, and accommodations for employees were located in the basement rooms of the wards. A makeshift farm with wood frame sheds was located along South Main Street. On August 8, 1891, the first group of 25 patients arrived at Waterbury. Immediately after opening, confusion started arising over the names of the two



Figure 7. Vermont State Asylum for the Insane, c. 1898

Source: Biennial Report of the Trustees of the Vermont State Asylum for the Insane, 1898



1891



Figure 8. Period Plan 1891
Source: GCA



1894

VSH BUILDINGS
NON-VSH BUILDINGS

Figure 9. Period Plan 1894
Source: GCA



Figure 10. **Center Administration Building**
Source: VSH Archives



Figure 11. **Center Administration Building- East-West Elevations**
Source: Vermont State BGS Drawings Scan Archive



Figure 12. **Asylum Annex**
Source: Biennial Report of the Trustees of the Vermont State Asylum for the Insane, 1898



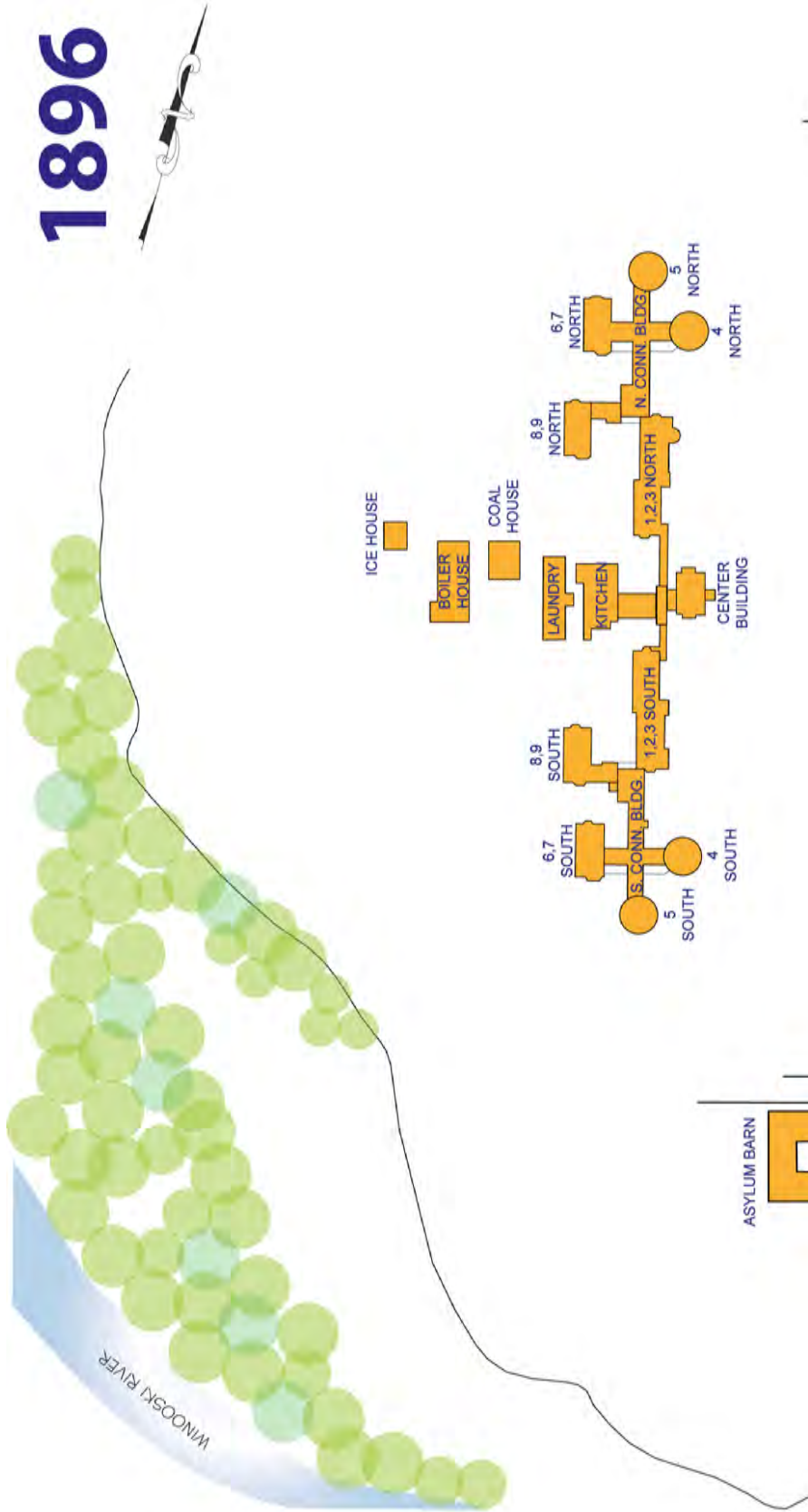
Figure 13. **Photo showing completed Center Building and North wing**
Source: VSH Archives

mental health institutions in Vermont- 'Vermont State Asylum for the Insane' at Waterbury and 'Vermont Asylum for the Insane' at Brattleboro. As a result the Brattleboro facility was renamed to 'Brattleboro Retreat', the name which it has been known as ever since.

In 1892, construction started on the Centre and Administration building. It was formally dedicated on May 31, 1894. The 'handsome structure' included " ..beside the various offices and living rooms of the resident staff, a commodious chapel with a seating capacity of 250, which contains a well-appointed stage and is adapted to religious services, or literary, musical and dramatic entertainments. "4 It was discovered that by having the kitchen and laundry in the basement of ward buildings, " ..the patients were not only seriously disturbed by the noises , but the odors, common to such places., were a grave menace to their general health."5 The first boiler house which had been built to the rear of the ward buildings was also deemed to be of insufficient size and lacking in proper infrastructure. Therefore between 1891 and 1894, a new boiler-house was constructed further to the rear and the old building was converted to a laundry. A new kitchen was also constructed to the rear of wards along with other support structures such as a coal shed, ice house etc.

By 1896, the fifth male ward building was completed on the south side and the entire north wing for women patients was built, mirroring the south side. This completed the original symmetrical layout as designed by Rand and Taylor. At this point the hospital population was 498 patients, already above its designed capacity of 400. Anticipating the need for increased space and specialized buildings, the asylum trustees purchased an additional 45 acres of land in 1895 adjoining the asylum property to the south. Upon this property stood a large 18-room brick house which became known as the 'Asylum Annex'. This house was adapted for the care of 25-30 convalescent patients. It was believed that these patients could benefit from some distance from the more excited patients in the main wards and could tend to the surrounding farmlands thus aiding in their recovery. The old farm structures on South Main Street were demolished at this time and a new cluster was established to the southwest of the Annex. Along with the demolition of the old farm buildings, some dwelling houses

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- 4 BR 1894, p.3
 - 5 BR 1894, p.4



1896

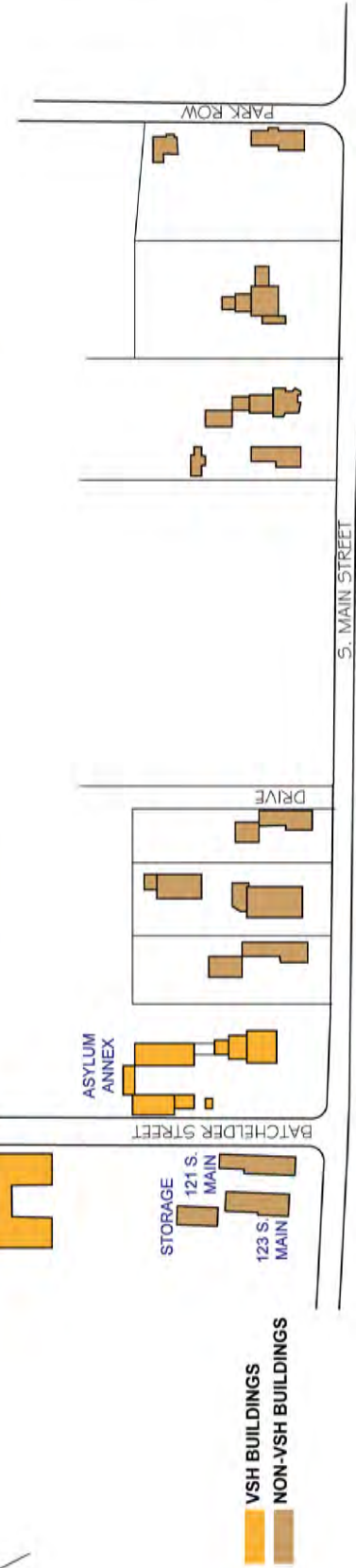


Figure 14. Period Plan 1896
Source: GCA



Figure 15. View of pathological Building (center) with Asylum Barn building in the background (left)

Source: VSH Archives



Figure 16. View of front lawn

Source: VSH Archives

standing between the Asylum and the street were also removed – two of these were deemed worthy of preservation and were moved further south on S. Main Street. These are still standing on 121 and 123 S. Main Street. They were both used for staff residences.

1897-1926- Expansion Phase

By 1896, the original vision of the Vermont State Asylum was complete with a symmetrical interconnected cluster of buildings. However, as indicated before, the need for additional space was continually being recognized. This led to the next phase of building and gradual expansion of the original 1896 configuration. The first building to break away from the symmetry was a small two-story structure built in 1898 called the Pathological Building. It was connected to one of the circular male ward buildings via a basement passageway. Later known as the ‘Hanks Building’ this structure was intended for use as an *“operating room for the use of the medical staff and the training of nurses”*⁶ and a mortuary. It also included a small library space for the physicians. By the 1960s, this building was being used as the Administration Building, containing the offices of the Superintendent and other senior staff.

The building projects were accompanied by much-needed site improvements including grading, planting of shrubbery and trees, and the construction of walks and roads. These improvements were seen as integral to the asylum’s mission as noted in the Biennial Report of 1896- *“the sooner the surroundings are beautified and made attractive the sooner nature can assist the physician in his effort to heal the*

6

BR 1896, p.6



Figure 17. View of front lawn. Note fountain bed in the foreground

Source: VSH Archives





Figure 19. Interior View of Tuberculosis Building after it was converted to Sewing Room

Source: VSH Archives

*disordered mind.*⁷ It was around this time that the iconic horseshoe green was introduced in the landscape with an entrance driveway “making a circuit around a large oval flower bed.”⁸ Accounts also indicate installation of grass and construction of two fountains, one each in front of the male and female wards. Fenced in yards were also created in the rear for those “class of patients who cannot be seen in front.”⁹ In the rear of the asylum, where the grounds fell rapidly away from the buildings, much filling in was done, though the extent of it is unclear. Additional farm land was purchased in Duxbury at this time.

In 1898, the ‘Vermont State Insane Asylum’ was renamed to the ‘Vermont State Hospital’. This change was reflective of the prevalent change in the treatment approach to mental illness. Many similar institutions wanted to rid themselves of the negative connotations associated with the word ‘asylum’ and be increasingly recognized as centers of scientific and technical advancement- thus the word ‘hospital’ was more aptly suited to this new mandate. The name change was accompanied by improvements in the condition of patients – mechanical restraints were increasingly abolished, steel gratings on windows were largely replaced by iron mesh and all patients were removed from basement rooms which were cold, damp and ill-ventilated.¹⁰ Fire doors were also installed in the basement and first floor to reduce fire hazards.

The next building to come up on site was a Nurses Home (later called Wasson Hall) in 1901. This was a 3-story building with a basement and housed 40 nurses. Then in 1904, a building for tuberculosis patients was constructed on the male side connected to the main building via a first floor connector. Now known as the ‘Sewing Building’ this 2-story structure was constructed cheaply “using hospital labor to construct the foundation and by using lumber salvaged from a burned down section of the hospital farm”.¹¹ The building featured single-wythe brick veneer over wood framing. The brick veneer was added to allow the building to blend more seamlessly with the brick campus in the background. Owing to the contagious nature of tuberculosis, it was quite customary for hospitals at the time to construct detached cottage-style buildings for such patients. They were built cheaply using less durable materials allowing easy demolition after a few years in case of contamination. This building was later used as an occupational therapy ward and is today known as the ‘Sewing Building’.



Figure 20. View of 1,2,3 South after the fire of 1909

Source: VSH Archives

7 BR 1896, p.7

8 BR 1898, p.12

9 BR 1898, p.12

10 Kincheloe, Marsha, *Empty Beds: A History of Vermont State Hospital*, Kincheloe: Barre, VT, p.5

11 Ibid, p.8

1919

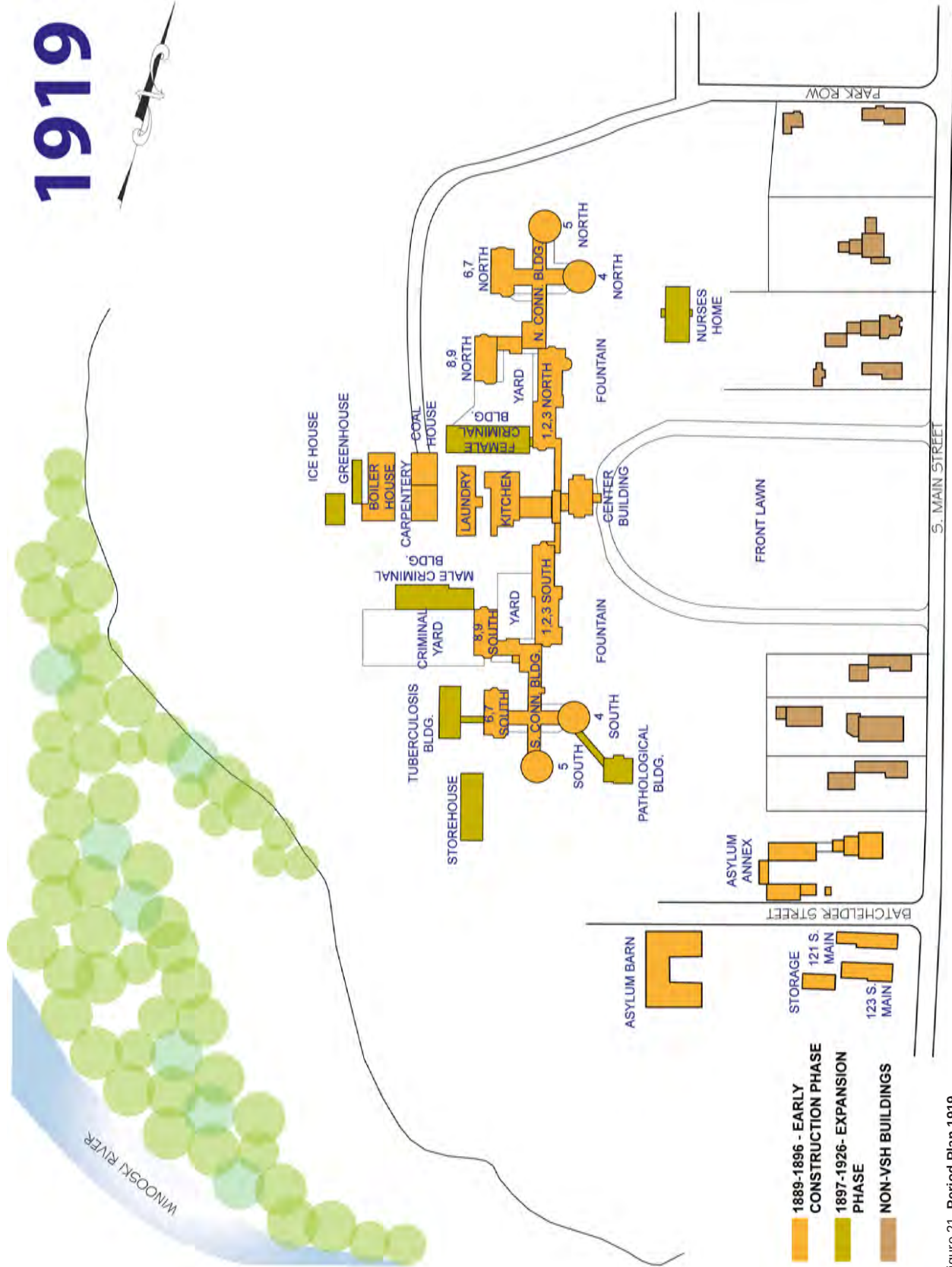


Figure 21. Period Plan 1919

Source: GCA

There were two fire outbreaks in the hospital, one in 1909 and the other in 1910. The first one damaged the third floor of the '1, 2, 3 South Building' with water damage on the lower floors. The later fire damaged a paint shop in the rear of the campus. The importance of fireproof construction was increasingly being recognized and the first "genuinely fireproof building in Vermont¹²", was built on the campus in 1912. Known as the 'Male Criminal Insane Building' (currently known as 10 South), this 3-story brick building was detached from the main group though located in close proximity and probably accessed via a first floor connector. This time period saw an increased classification of mentally ill patients into different categories- criminally insane, inebriates and drug addicts, convalescents, chronics etc. necessitating specialized wards and buildings for effective treatment. A 'Female Criminal Insane Building' (currently known as 10 North) similar to male side was built on the north side in 1914. By this time the hospital patient population exceeded 700.



Figure 22. View of Admissions Building (Weeks)

Source: GCA

In 1918, an influenza epidemic broke out in the hospital claiming the life of 23 patients and 3 staff members including the Superintendent himself, Dr. Watson L. Wasson. As the hospital campus matured and population gradually soared, improvements to existing buildings were continually made while new ones were also added. In 1919, a new storehouse was constructed behind the male ward building '5 South'.

13

Occupational Therapy or industrial work amongst patients was introduced in the hospital in 1920. This was done to *"lessen the economic burden by making articles that are much needed in the hospital, but far and above this is the benefit that the patients receive strictly as a therapeutic measure."*¹⁴ One of the dining halls on the female wing was fitted up as the occupational center. In 1921, many improvements were made to the service buildings on campus with the construction of a new Laundry and Carpenter Shop further to the rear of the main group of buildings. The Carpenter Shop also served as the Male Occupational Therapy Ward. Then in 1924, a new Kitchen, Bakery and Dining Hall were constructed behind the Center Building, replacing the structures that existed before. More construction followed on site with the building of a new 'Admissions Building' later known as 'Weeks Building'. This 3-story brick building with a basement was located to the southeast of the Pathological (Hanks) Building and was connected via a basement corridor to it. It was made intentionally distant from

12 BR 1912, p. 5

13 BR 1918, p.38 notes—"An adequate storehouse is needed to properly assemble hospital supplies now scattered quite generally in rooms throughout the basement."

14 BR 1920, p. 16

1926



Figure 23. Period Plan 1926

Source: GCA



Figure 24. 1927 Flood damage behind Power House
Source: VSH Archives



Figure 25. 1927 Flood damage at Laundry
Source: VSH Archives



Figure 26. 1927 Flood damage at Asylum Barn
Source: VSH Archives



Figure 27. View of A Building
Source: GCA

the main building cluster to segregate the “early developing mental cases” and give them intensive care thus preventing them “from becoming hopelessly chronic in character.”¹⁵ Again patients were used to a great extent as common labor in the construction.

A new power house with a 160 foot-high radial smoke stack was also constructed in 1925 behind the new laundry building, thus locating it significantly further from the ward buildings than its previous location, to minimize effects of noise and pollution.¹⁶ The smoke stack was built of buff colored brick with the initials VSH in black letters built into the stack. By 1926, the patient population at Vermont State Hospital had reached 841 with 193 employees. The period from 1897 to 1926 saw a marked expansion in the hospital infrastructure and buildings to accommodate this growth.

1927-1962 – Modernization

On November 3, 1927, after two days of torrential downpour, the level of the Winooski River behind the hospital property rose considerably and started to overflow into the meadow behind the power house. It was soon realized that tunnels leading from the power house to the main buildings were getting flooded. These tunnels carried the heating pipes and electric wires for the institution, thus necessitating that they be disconnected immediately. Flood water soon filled all the basement floors and commenced to the Center Building port cochere and the front lawn. Basements and first floors of all the buildings were flooded up to 6’ in height or more. Certain buildings were more badly damaged than others. Significant amongst these was the dairy barn which was completely destroyed killing 121 cattle and 3 horses. The newly constructed Power House and Laundry Building were also severely affected owing to their proximity to the river. One wall of the Power House was forced in while a corner of the laundry building was crushed. In Building 10 South, where water had almost risen to the second floor, patients had to be moved to the attic. The damage to the buildings and grounds was extensive and it took almost 2 years for all restoration work to be complete. The entire farm operation was removed from Waterbury and relocated in Duxbury. Sprinklers were installed in all buildings and wood staircases were replaced with fire-proof iron ones.

During the Great Depression, Vermont State Hospital continued to grow and patient population reached 924 in 1930. To ease overcrowding, especially on the female side, a new 3-story ward building ‘A Building’ was constructed in 1932 for acutely disturbed patients. Reflecting the growing trend towards modernization, this building

¹⁵ BR 1918, p.38

¹⁶ BR 1920, p.15 notes—“ present power house is inadequate and in such a condition that it would be impossible to repair it”

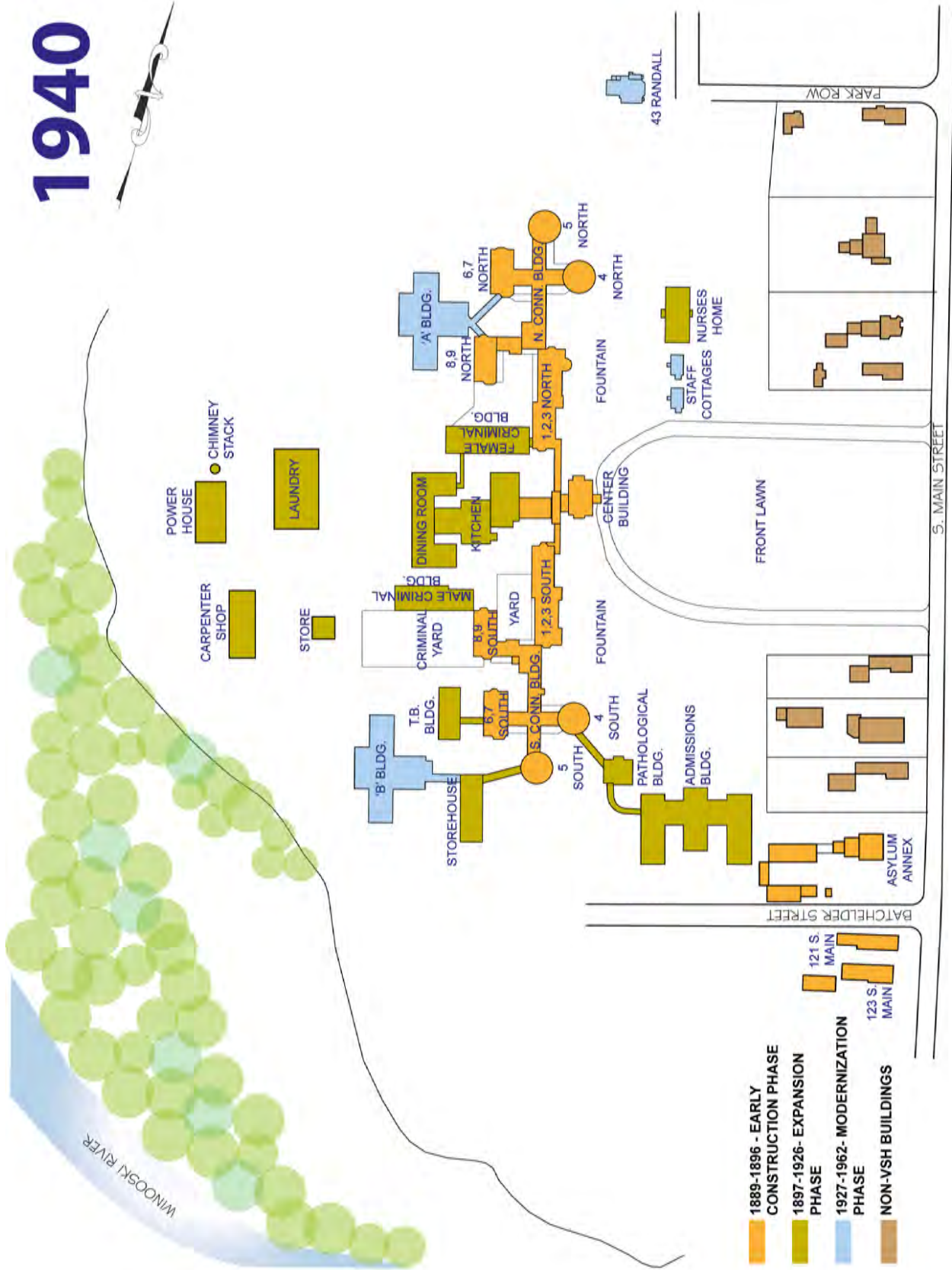


Figure 28. Period Plan 1940
Source: GCA



Figure 29. **View of Public Safety Building**
Source: VSH Archives



Figure 30. **View of Stanley Hall - Nurses Home**
Source: VSH Archives

featured state-of-the-art treatment equipment including hydro and electric shock therapy, and fire-proof and sound-proof construction. A corresponding ward on the male side 'B Building' was also built in 1939. The Storehouse was expanded and first floor connectors were built between it, the new 'B Building' and circular ward Building '5 South'.¹⁷ Many of the original historic buildings had also started showing signs of age by this time and funds were sanctioned, primarily to repair the wooden verandahs.

World War II halted construction work at the Vermont State Hospital, but in 1945 a vast two-fold modernization program was started – this involved not only modern patient care but also an improvement of the physical infrastructure. To this end, a new 'Medical Surgical Building' was built in the south portion of the site and a new Nurses Home 'Stanley Hall' was built adjacent to 'Wasson Hall' in 1948. But overcrowding was still a problem at the campus. In 1950, the then Superintendent Dr. Chittick proposed tearing down the two circular wards '5 South' and '5 North' to make way for modern 3-story buildings. A specially appointed Governor's Commission reviewed the situation and recommended retention of the circular wards and construction of a new dormitory building 'Ladd Hall' that was designed as an addition to the existing Annex Building. The recommendation for only a

17 BR 1938, p.33



Figure 31. **View of Ladd Hall built as an addition to the Asylum Annex in 1951**
Source: GCA





Figure 33. Aerial view showing earthen dike along the rear of buildings

Source: VSH Archives



Figure 34. Front Porch on Center Building, c.1911

Source: VSH Archives



Figure 35. Front Porch on Center Building, 2012

Source: GCA



Figure 36. View of Core Building

Source: GCA

modest increase in capacity was based on a slight drop in the hospital population over the previous year. This was seen as the beginning of a trend that would come into full effect in the 'Deinstitutionalization era' covered in the next time period.

Finally in 1953, a major site project was realized in the form of a large dike that extended from the Medical Surgical Building northwesterly along the rear of the campus all the way to Randall Street. Ever since the 1927 flood it was recognized that such an improvement was critical to protecting the site from flooding. However, the top elevation of the earthen dike "*rip-rapped with heavy stone*"¹⁸ was only sufficient to protect the hospital grounds in the event of normal high water periods and not necessarily a flood as strong as the 1927 event. At the same time, a legislative battle had been raging in the State over approval of funds for additional ward buildings. This was won in favor of the hospital and two new 4-story buildings, 'Osgood Building' and 'Dale Building' were built in 1953. Earth excavated during the course of their construction was utilized in building the dike.

For a number of years now¹⁹, the need for a modern Dining Hall, Kitchen and Auditorium had been felt by the hospital staff. In the Biennial Report of 1948 the Superintendent notes that "*there is practically no land left on which to build at the hospital site. The only choice is to raze old out-moded structures or to use lower land nearer the river. I do not see how the latter course can be considered.*"²⁰ Their recommendation therefore was to build a new Dining Hall floor above and around the existing dining hall structure with a modern Kitchen underneath. A new Auditorium was proposed directly behind the Center Building in place of the old kitchen. However, this proposal was many years in the works and it was not until 1962 that the new Dining Hall, Kitchen and Auditorium were finally built. Today, this cluster is known as the 'Core Building'. Sometime in 1957, the front porch on the Center Building was drastically remodeled to a much, smaller (present) configuration. The reasons for this are unclear in the historical documentation.

Beginning in 1956, a defining step in the future of Vermont State Hospital was the establishment of a rehabilitation program that created out-patient houses in Montpelier and Burlington. By 1958 the daily patient population had declined to what it was ten years prior. While admissions were still high, the major change was a higher discharge rate, attributed to more effective prescription drugs. This set the stage for the next phase of deinstitutionalization in the hospital's history.

18 BR 1953, p.11

19 BR 1948, p. 46

20 BR 1948, p.46

1962

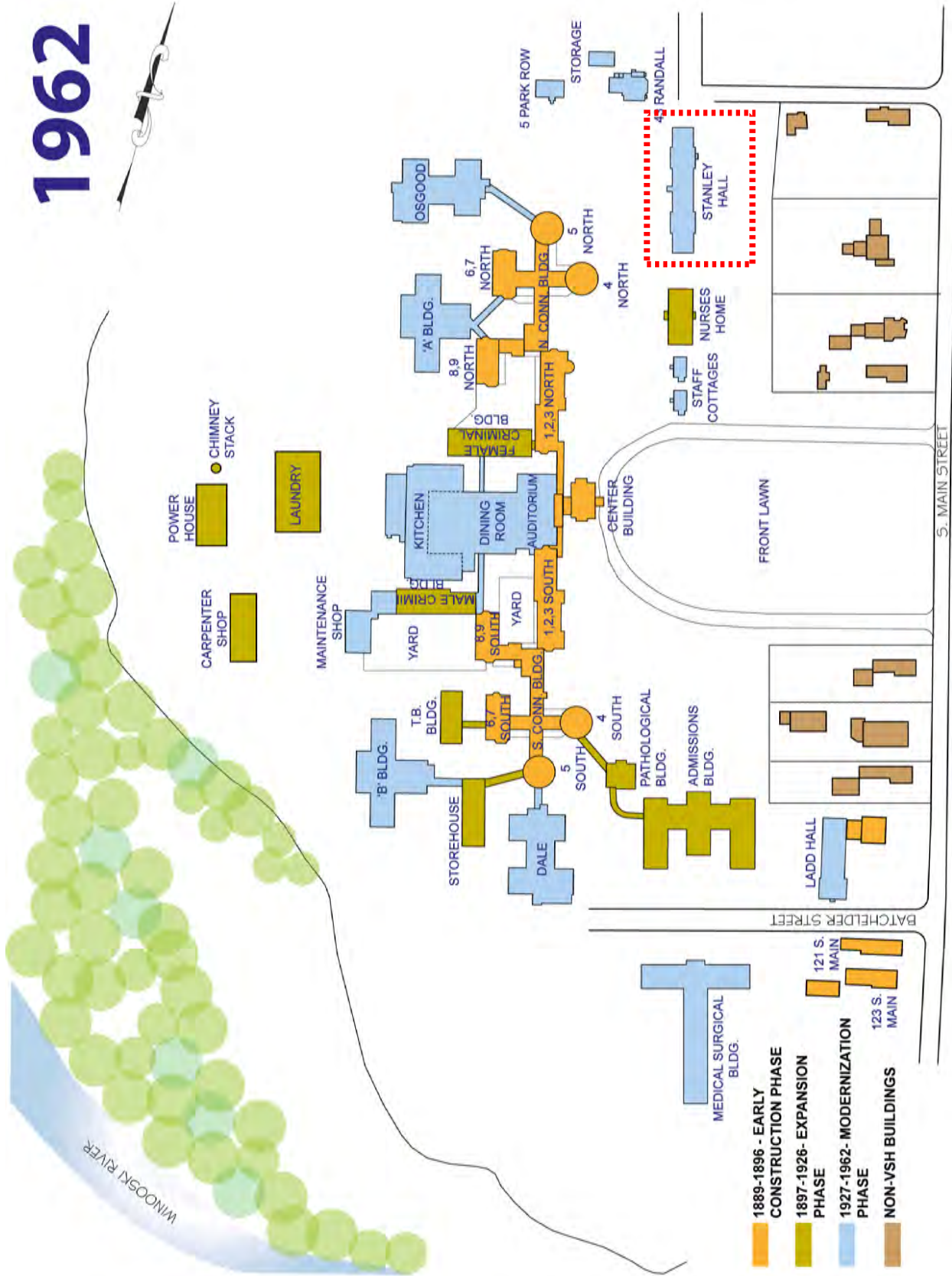


Figure 37. Period Plan 1962

Source: GCA

1963-2011- Deinstitutionalization & Adaptive Use

From 1963 to 1970, the chronic patient population continued to decline at Vermont State Hospital and many patients were successfully rehabilitated through community programs. A decrease in patient population also meant a fall in unpaid patient labor in the hospital. Up until 1954 two-thirds of all the work in the hospital was performed by patients. The loss of nearly 90% of this labor force meant that as the hospital grew smaller, it also became more expensive to run.²¹ By 1971, it was no longer economically feasible to run the farm. The laundry was also closed and its services contracted out. Groundskeeping was completely taken over by State Buildings Division.²² By 1975 many of the ward buildings were vacant. The State was interested in occupying this space whenever economically feasible. A viable tenant was found in the Vermont Agency of Human Services (AHS) who moved in over a number of stages from March through October 1978.²³

In order for the hospital to be functional as state offices, building renovations were necessary. Due to budgetary constraints the renovations were fairly minimal. Typical renovations included painting, laying carpet, removing some interior walls, adding partitions, removing bars from windows, updating bathrooms and modernizing lighting and heating systems. The most drastic renovations occurred in the circular ward buildings where the central octagonal heating shafts were removed and the buildings were adapted to be used as libraries by the hospital and AHS. The south wing (including B Building, Hanks, Weeks, Dale and Medical-Surgical Building) was largely retained by the hospital for its use while the remaining buildings were occupied by AHS. Over the years, the hospital ceded ownership of many of these buildings and additional State agencies moved into the erstwhile hospital campus. In 1983, the Department of Public Safety moved into the Medical-Surgical Building. And in 1987, the Agency of Natural Resources moved into the Center Building, Core Building, 10 North, 1-2-3 South, 8-9 South, and 10 South buildings. By 2011, the Vermont State Hospital occupied only the Dale Building, B Building, Old Storehouse and parts of 1,2,3 South and 5 South. While some smaller buildings of a utilitarian nature were added to the campus from 1978 to 2011, the major additions were the Water Resources and Agricultural Lab built in 1989 and the 'Forensics Lab' in 2010.



Figure 38. View of Agricultural & Environmental Resource Building

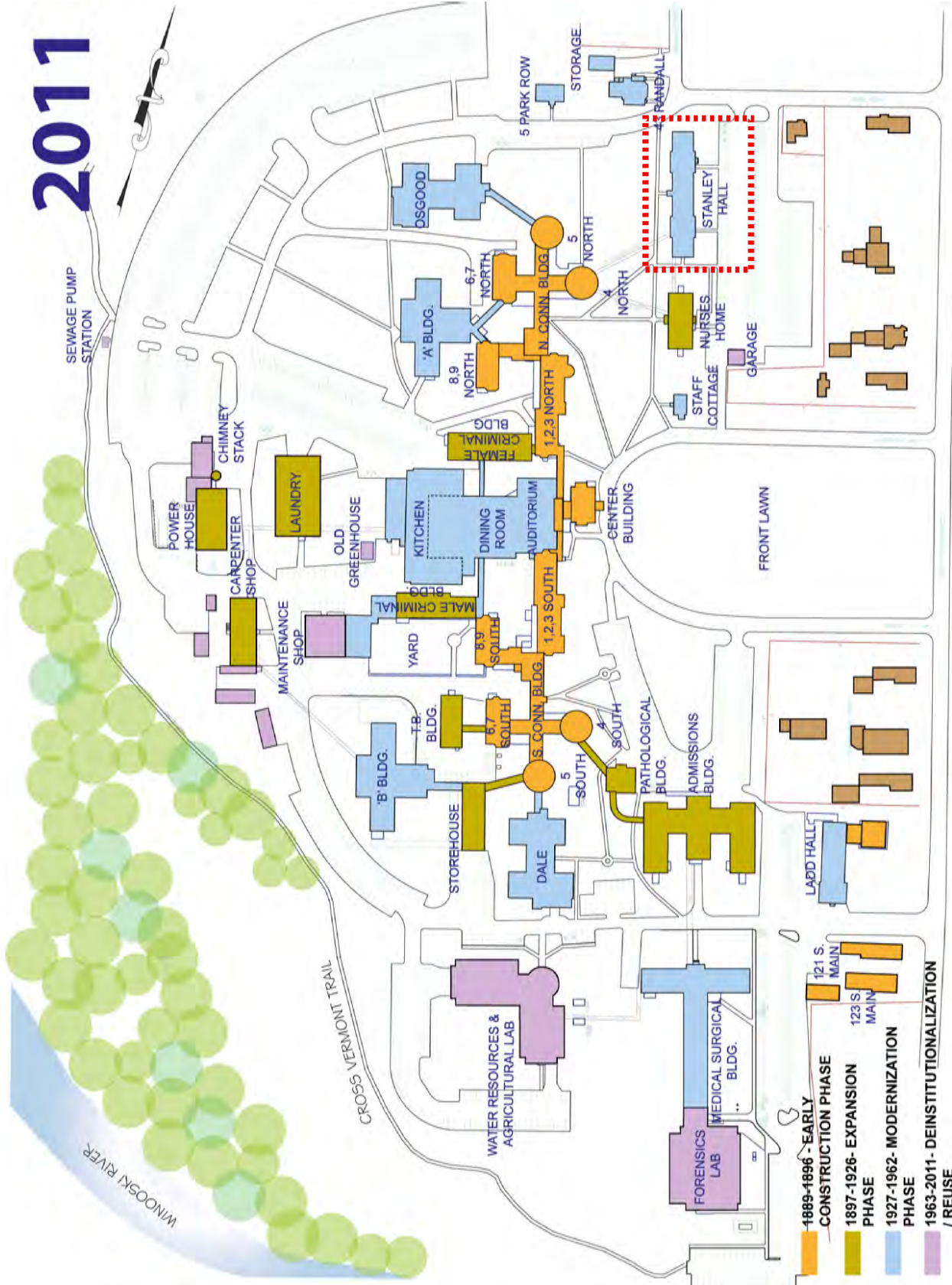
Source: GCA

21 Kincheloe, Marsha, *Empty Beds: A History of Vermont State Hospital*, Kincheloe: Barre, VT, p.123

22 Ibid.

23 Molde, Marcia, University of Vermont, unpublished report, p.16

2011



Building Name	Alternate Names	Building No.	Year Constructed
1,2,3 North	None	51	1896
1,2,3 South	None	58	1891
121 S. Main St.	Thorington House	84	1891
123 S. Main St.	None	83	1891
4 North	None	53	1896
4 South	None	60	1891
43 Randall St.	None	77	1936
5 North	None	54	1896
5 Park Row	None	80	c. 1960
5 South	None	61	1891
6,7 North	None	55	1896
6,7 South	None	62	1891
8,9 North	None	56	1896
8,9 South	None	63	1896
A Bldg	None	66	1932
Admissions Building	Weeks Building	67	1924
Auditorium	Core Building	74	1962
B Bldg	Brooks Building	85	1938
Carpenter Shop	State Building Warehouse/ Recycle Building & Fleet	88	1921
Center Building	Administration Building	73	1894
Dale Building	None	65	1953
Dining Room	Core Building	74	1962
Female Criminal Building	10 North	57	1914
Forensics Lab	None	unknown	2011
Kitchen	Pantry Food Service/ Cannery/Old Dining Room/ Core Building	74	1924
Ladd Hall (newer bldg)	None	68	1951
Ladd Hall (older bldg)	Asylum Annex	69	1895
Laundry	Public Records	87	1921
Maintenance Shop	None	93	1950
Male Criminal Building	10 South	64	1912
Medical Surgical Building	Public Safety	86	1948
North Connector Bldg	None	52	1896
Nurses Home	Wasson Hall	71	1901
Old Greenhouse	Storage	91	unknown
Osgood Building	None	50	1953
Pathological Building	Hanks Building	72	1898
Power House	None	78	1925
South Connector Bldg	None	59	1891
Staff Cottage	Waterbury Cottage/ Logue Cottage	95	1937
Stanley Hall	None	70	1949
StoreHouse	State Hospital/ B Bldg Annex/Old Buildings & Grounds	62	1919
Tuberculosis Building	Juvenile Jail/ Sewing Bldg	75	1904
Water Resources & Agricultural Lab	None	unknown	1989

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III | PRESERVATION CONSIDERATIONS

A. Historical Designation & Status

The Vermont State Hospital is listed on the **National Register of Historic Places** (NRHP) as a contributing resource to the 'Waterbury Village Historic District'. It should be noted however, that not all the campus buildings are listed as a contributing resource and some are identified as non-contributing. An individual NRHP nomination for the Vermont State Hospital does not exist. This section will review the existing nomination and comment on the historic preservation reviews by State/ National agencies that may be required for proposed work on site.

Listed on the National Register in 1978, the 'Waterbury Village Historic District' is a primarily linear district that includes properties along two major axes- Main Street and Stowe Street, and on several secondary streets that join them (See Figure on opposite page). The more than 200 structures that comprise the district represent a wide range of building types and 19th and 20th century architectural styles. The district includes residential, commercial, institutional and industrial buildings. The district is listed as significant under the areas of architecture, community planning, industry and transportation.

The excerpt from the NRHP nomination concerning Vermont State Hospital is as follows:

"Vermont State Hospital: A sprawling array of more than 17 structures, the hospital, which treats mental disorders, was first funded by the Legislature in 1888. Construction began on the plans by the Boston architectural firm of Rand and Taylor in 1890, and the southern part of the main building (170A) was completed in 1891. The central section, housing administrative and auditorium functions, was completed in 1894. The original plan was fulfilled in 1896, with completion of the north wing.

The focus of this building, which is the landmark of the complex, is the 3 1/2-story brick central pavilion, 6 bays wide, with a steep hipped slate roof. Set on a rusticated stone foundation, this section reads as three wide bays on the first two floors, with paired 1/1 windows in the outer bays. On the ground floor, the central bay contains the door, which is within a one-story, flat-roof portico. This portico rests on two square brick piers, which have small terracotta capitals, and has a box cornice which returns along the façade toward the corners of the building. At their terminations, the returns are supported by brick pilasters, also with terra cotta capitals.

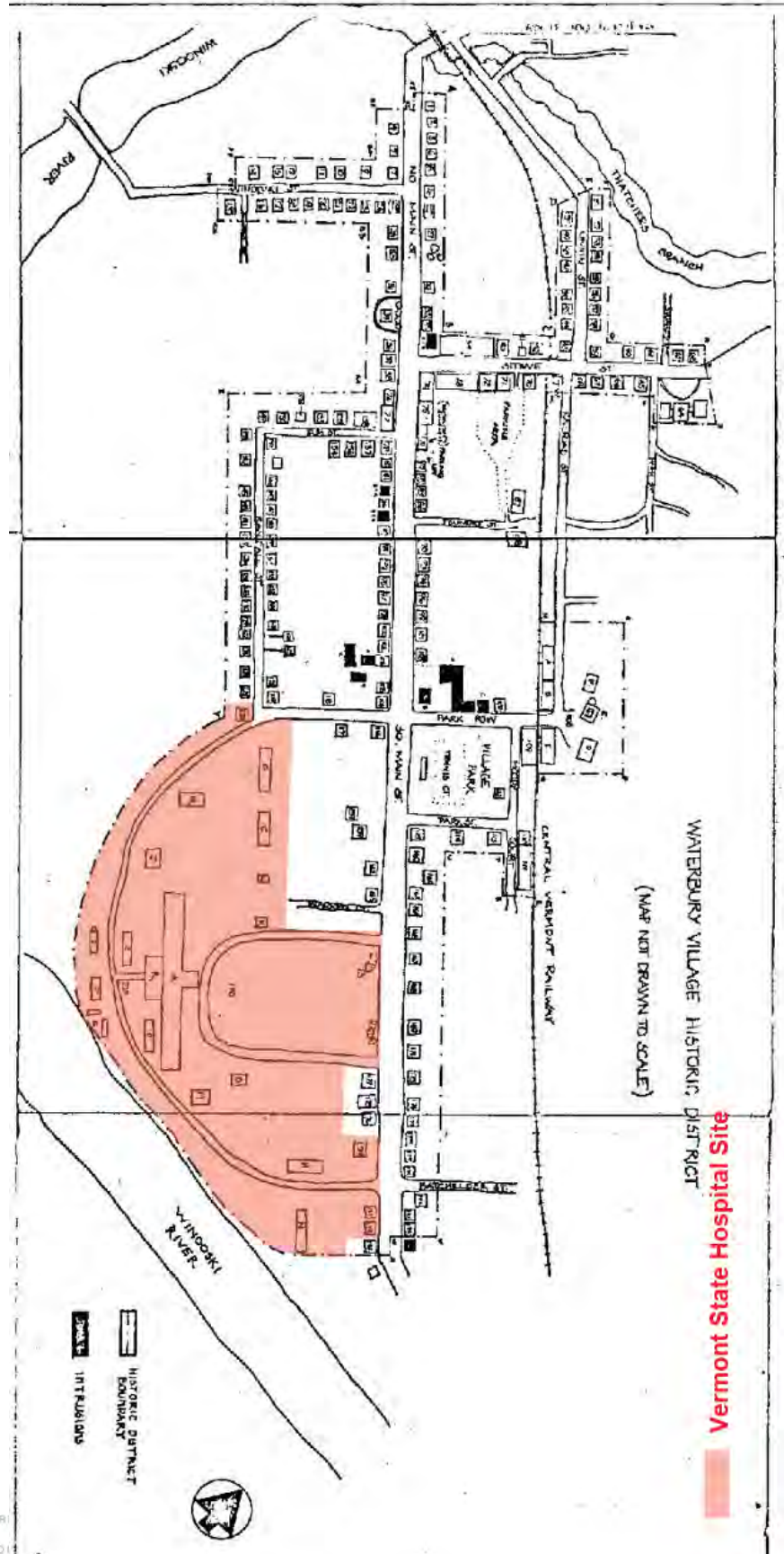


Figure 40. Map of the Waterbury Village Historic District
Source: National Register of Historic Places Online Database

The second floor maintains the rhythm of the first floor, with paired windows in the outer bays, and a triple window over the portico. The latter is topped by three blind corbelled arches. The third floor has six windows, nearly regularly spaced. In the roof are two small hipped dormers flanking a large central gabled dormer. This central dormer has a band of four windows, the center two of which are topped by a semi-circular window, creating a Palladian effect.

Flanking this central pavilion are two extended wings, each 2 ½ stories high, with slate gabled roofs and intermittent shed-roof dormers. Cross-gabled elements interrupt these wings at intervals. Each wing terminates in two 2 1/2-story cylindrical elements, each with a conical slate roof. Each wing has one such element projecting generally east, at right angles to the main axis; the other projects in the same axis as the wings.

This building was supplemented over the years by other structures, so that the complex is now nearly self-sufficient. These later buildings include: (B) an administration building, 1898; (C) Wasson Hall, 1901; (D) an additional ward, 1904; (E) a laundry, 1921; (F) the Carpenter Shop, 1921; (G) lumber storage and garage buildings, 1921; (H) the Weeks Building, 1924; (I) the power house, with its tall, yellow brick smoke stack with the letters VSH set in darker brick, 1925; (J) another residential building, 1932; (K) and (L) two cottages, one of which is now a District Court, 1937; (M) a residential building, 1938; (N) a surgical building, 1948; (O) Stanley Hall, 1949; (P) a machine shop, 1950; (Q) the Osgood Building, 1954; a new auditorium, dining room, and kitchen at the rear of (A), 1962. These later buildings while similar in feeling and material to the main building, do not contribute to the district as a whole.”

This excerpt indicates that the original construction of the center building with the two symmetrical flanking wings as described in ‘Early Construction Phase 1889-1896’ (See Period Plan 1896) is the most historically significant part of the campus. This set of buildings is determined to be contributing to the ‘Waterbury Village Historic District’. The later building additions as listed in the excerpt are deemed non-contributing. In 1978, when the nomination was prepared, many of these buildings were still less than fifty years old and not considered historic. In 2012, however, these structures are more than fifty years old and need to be evaluated as historic resources. It is widely understood that these building classifications should not be interpreted too rigidly and should be re-evaluated whenever major alterations are planned. This is for a variety of reasons- the buildings listed as non-contributing when the listing was prepared may have become contributing in the intervening years due to new research or developments. They may have been overlooked in the original designation. Their demolition or inappropriate remodeling may affect the significant build-

ings adversely. Due to these and many other reasons, it is important to revisit the nomination and reaffirm or revise its classification. This Architectural History Report provides its recommendations to this effect in the 'Treatment and Recommendations' section.

Historic Preservation Regulatory Considerations:

Reviewing the historic status of each building on the property and making formal determinations of eligibility for the National Register of Historic Places will be required under Section 106 of the National Historic Preservation Act. In addition, review of all proposed changes to the Vermont State Hospital will be required under the following Acts:

Vermont Act 250 (Title 10 of Vermont Statutes Annotated, Chapter 151) :

Act 250 is a Vermont law designed to control development proposed on a relatively large scale, and/or in sensitive areas. The Act 250 process both protects Vermont's environment and gives neighbors, municipalities, local and regional planning commissions, and other interested parties a chance to participate and express concerns. Development and land subdivision proposals that fall under the Act's jurisdiction must apply for a land use permit. This permit can be granted, denied, or granted with conditions by one of Vermont's nine District Environmental Commissions, whose members are laypersons appointed by the governor. District Commission decisions can be appealed to the Natural Resources Board.

The Vermont Division for Historic Preservation reviews and comments on Act 250 permit applications under Criterion 8: Historic Sites. If a project requires an Act 250 permit, the Division will review project information submitted directly by a permit applicant or will review the information contained in the original application submitted to the Agency of Natural Resources. After reviewing a project under Criterion 8 of Act 250, the Division for Historic Preservation offers comments on the proposed project to the Act 250 District Commission, which has the final authority to issue the Act 250 permit. It is best to contact the Division early in the project planning process so that comments from the Division can be incorporated into the project. Full information regarding the Act 250 process as it relates to historic resources is available at <http://www.dhca.state.vt.us/DHP/general/rules.htm> or on the Vermont Division for Historic Preservation website.

The Vermont Historic Preservation Act (Title 22 of Vermont Statutes Annotated, Chapter 14)

The Vermont Division for Historic Preservation reviews projects when a state agency is involved with the project. It is the state agency's responsibility to seek comments about the project from the Division. Under federal law and the Vermont Historic Preservation Act (VHPA), 22 V.S.A. §§ 742(a)(1) and (5), the Division and the Vermont Advisory Council on Historic Preservation (Council) administer for Vermont the National Register of Historic Places, a federal program of the National Park Service (NPS).

National Historic Preservation Act of 1966 (16 U.S.C. 470)

If the project will involve any federal funding, licenses or permits, either from FEMA or any other federal agency, a Section 106 review will also be required under the National Historic Preservation Act (NHPA), 1966. If the State plans on acquiring federal funds, the relevant agencies should be involved early on to identify any additional applicable laws.

The demolition of historic buildings on the campus may result in an adverse effect on historic resources and there may be a need to mitigate the loss of these buildings with positive preservation work on the remaining historic buildings.

Impact to Archaeological Resources

State and federal laws and regulations require that projects involving ground-disturbing activities take into account potential effects of the project on archeological resources. "Ground disturbance" includes, but is not limited to, demolition, infrastructure upgrades, new construction, cutting of slopes, grading, and filling. All three options (re-occupy the Waterbury campus with new construction; build a new building on the Department of Labor site in Montpelier; or build a new building on a new site, out of the floodplain) have the potential for impacting as yet un-identified archeological resources. Both the Waterbury Complex and the Department of Labor site are located within archeologically sensitive landforms near the Winooski River. Portions of the Waterbury campus have been assessed in the past and confirmed to be archeologically sensitive. Proposed Greenfield sites will also need to be evaluated for their archeological potential. If preliminary assessments of archeological potential confirm that an area is archeologically sensitive, and if that area will be affected by the project, state and federal regulations require that such effects must be mitigated in consultation with the VT Division for Historic Preservation. Typical examples of mitigation include avoidance of the sensitive area, or archeological investigations of the area.

B. Significance within Historical Contexts

The concept of historic contexts has been fundamental to the study of history for a long time. Historic contexts are those patterns or trends in history by which a specific occurrence, property, or site is understood and its meaning (and ultimately its significance) within history or prehistory is made clear.

This section will analyze the Vermont State Hospital within appropriate historical contexts that provide an overall framework for discussion and will help in subsequent determination how well individual buildings reflect these patterns.

a) 19th Century Mental Health Institutions

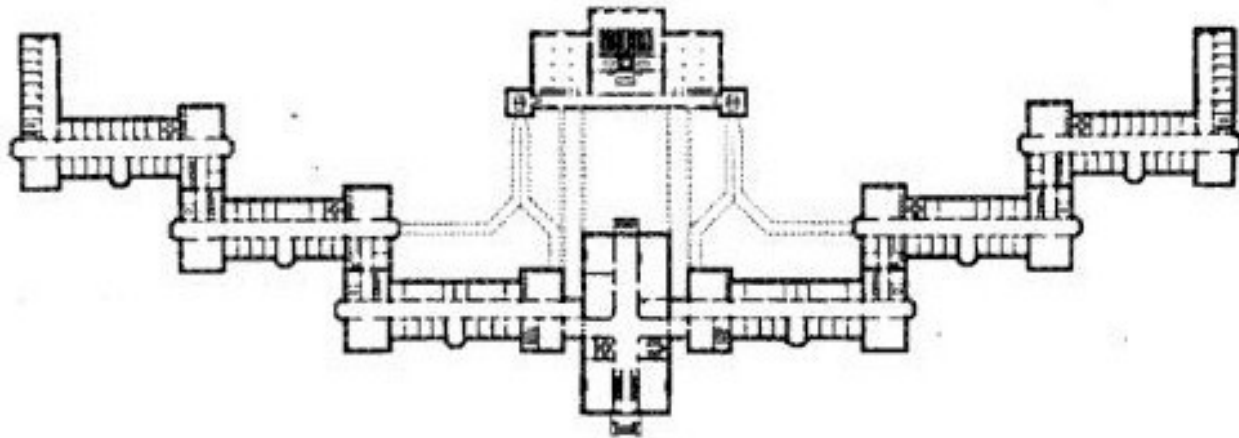
Dedicated facilities for the mentally ill were built on the outskirts of many American cities after the Civil War, and by the turn of the twentieth century almost 300 ‘insane asylums’ had been built in the country (Yanni 2007, 1). Although they are today perceived as rather dismal reminders of an out-moded system, the construction of these facilities was actually viewed as a huge step towards humane care of the mentally ill, and the buildings that housed them once exemplified innovation and progress. Most important though, was the emphasis that medical practitioners, scientists and philanthropists placed upon the architecture of the buildings and its surroundings as part of the treatment of mental illness.

‘Linear Plan’ Asylums:

In 1844, psychiatrists in the United States created a professional organization (the precursor to the American Psychiatric Association called the Association of Medical Superintendents of American Institutions for the Insane (AMSAII). This Association published a number of guidelines and articles on the construction of asylums and paved the way for the ‘linear’ or ‘congregate’ type of asylum design to be the dominant typology for all such institutions by the 1870s. A linear or congregate plan asylum consisted of an interconnected cluster of individual ward buildings or ‘pavilions’²⁴. It was distinct in that all or most functions were located ‘under one roof’. This arrangement was supposed to provide most efficient administration as opposed to individual, smaller free-standing buildings. A popular linear plan asylum design was the ‘Kirkbride Plan’ named after Dr. Thomas Sto-

24 ‘Pavilion’ when used in reference to hospital design refers to “*an open ward, but of limited extent; ventilated on both long sides by windows, on both short sides by doors; connected to a corridor that serves similar pavilions, but self contained within its own service rooms. This type of ward came into use in the middle of the nineteenth century and was very popular in Europe*”—from Thompson, John D. and Grace Goldin.

The Hospital: A Social and Architectural History. New Haven: Yale University Press, 1975.



PLAN OF PRINCIPAL STORY OF IMPROVED LINEAR FORM OF HOSPITAL.

Figure 41. The 'Kirkbride Plan' as illustrated in the 2nd Edition of his Manual, c. 1880

Source: *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, Google Books

ry Kirkbride, an influential psychiatrist and President of AMSAI who documented his plan comprehensively in two widely circulated publications in 1854 and 1880. In the Kirkbride plan ward buildings were arranged 'en echeleon' or in a staggered format for better natural ventilation and sunlight.

Towards the end of the 19th century, the 'linear plan' was waning in popularity, primarily because increased overcrowding necessitated new designs to be extremely long. Existing asylums were adding newer buildings as free-standing structures for better segregation (tuberculosis and other infectious diseases demanded seclusion) and also to provide a more 'home-like' atmosphere. The latter was a deliberate attempt to move away from the institutional imagery of the 'linear plan'.

Construction on the Vermont State Asylum for the Insane started in 1889. The fact that the 'Kirkbride Plan' was not chosen as a model for this site was probably because of this shifting trend. The buildings were still arranged as a 'linear/congregate plan' though, with all the individual ward buildings interconnected via basement and first floor corridors. For colder climates like Vermont, this was probably still deemed a useful feature. However, many elements from the 'cottage-style' designs can also be seen here, such as the presence of wooden porches, and lower building heights to lend a more domestic imagery. The early architecture of Vermont State Asylum can thus be seen as an intermediate between the 'linear plan' and 'cottage plan'. The patient ward buildings here can be understood as individual 'pavilions' connected to each other via linear connector buildings that housed more public functions (such as dining halls, day-rooms etc.). So while the buildings were not completely free-standing, they were still more independently defined than in earlier Kirkbride Plan asylums.

Circular Ward Design:

Two of the five buildings on either side of the Center Building were built as circular ward buildings and this is quite a distinctive feature of the Vermont State Asylum. Not many 19th century asylums in the United States featured circular wards and this makes them a unique feature within this historical context. Circular ward design was made most popular in the 19th century with the publication of an article on their usefulness by Dr. John Marshall of England in 1878²⁵. The paper advocated the merits of a circular ward over that of prevalent rectangular ones – “*having no blank ends like an oblong ward, its uniformly rounded exterior...would receive light, air and wind from every direction.*”²⁶ Marshall compared this type of ward to a circular tent, and the ease of natural ventilation that implied. For artificial ventilation, he suggested a center (extract) shaft “equidistant from the circumferential inlets” and asserted that “*sharp draughts across the ward, down draughts on the walls opposite and relatively near to open windows ..would not exist.*”²⁷ He performed detailed area calculations and suggested that a 61 ft. diameter would provide most efficient bed space (the wards at Waterbury are 50’ in diameter). Other benefits that were cited included ability to conform to tight, irregular sites and the opportunity to add architectural interest to rather standardized pavilion or linear plan hospitals. The only identified disadvantage was higher first costs as compared to rectangular wards.

While Dr. John Marshall definitely popularized circular wards in 1878 with his paper, it is incorrect to assume that this typology did not already exist elsewhere in Europe and around the world. In fact, the roots of this ward form can be traced back to middle ages when monasteries with circular churches were routinely used as infirmaries.²⁸ In fact an army General Sir Andrew Clarke had put forward proposals as

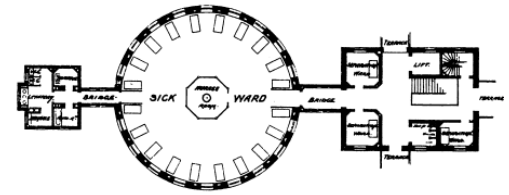


Figure 42. Civil Hospital, Antwerp 1878-1885
Source: Mason, Jeremy, Medical History, 1988



Figure 43. Miller Memorial Hospital, Greenwich 1884
Source: Mason, Jeremy, Medical History, 1988

25 John Marshall, FRS (1818-1891) was a Professor of Surgery at University College and Hospital, and Professor of Anatomy at the Royal Academy. This paper was published in the *Builder* under the heading ‘On a circular system of hospital wards’ in 1878.

26 John Marshall’s excerpt from his original paper reproduced in *The Practitioner*, A Journal of Therapeutics and Public Health, Vol. XXI, July to December, 1878, p.473 available online at <http://books.google.com/books?id=pWUCAAAAYAAJ&printsec=frontcover#v=onepage&q&f=false>.

27 *Builder*, 2 Nov. 1878, 36. Reproduced from Taylor, Jeremy, ‘Circular Hospital wards: Professor John Marshall’s Concept and its Exploration by the Architectural Profession in the 1880s’, *Medical History*, 1988, 32:427

28 Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. New Haven: Yale University Press, 1975, p.18



Figure 44. Hooper Hall, Worcester State Hospital

Source: www.kirkbridebuildings.com



Figure 45. Hooper Hall- interior view, Worcester State Hospital

Source: unknown



Figure 46. E. A. Stanley, M.D.

Source: Vermont Eugenics Survey

<http://www.uvm.edu/~eugenics/>

GOODY
CLANCY
ARCHITECTURE
PLANNING
PRESERVATION

early as 1852 to build circular ward hospitals in Madras and Lucknow (India) and Yokohama (Japan).²⁹In Europe, construction on a Civil Hospital with eight circular ward pavilions had also started in Antwerp, independent of Dr. Marshall's paper.

In the United States, the earliest reported example seems to be the Cancer Hospital in New York in 1884.³⁰ However, we know that the Worcester State Hospital by architects Rand & Taylor included circular wards and was constructed in 1877. It is unclear though, whether the circular wards date to this original construction date or were a later addition. More research is needed to confirm this. Nonetheless, there are very few examples of circular hospital wards all over the world, even fewer in the United States, and hardly any that are still intact within their original layout. With the surviving ward of Worcester State Hospital under imminent threat of demolition, the circular wards at Waterbury become even more historically significant and worthy of preservation.

b) Eugenics Movement in Vermont

Eugenics is the "applied science or the bio-social movement which advocates the use of practices aimed at improving the genetic composition of a population"³¹The Eugenics movement emerged and flourished in the United States during the latter part of the 19th century through the first half of the 20th century. Vermont's involvement in the Eugenics movement is available in a documentary history compiled by the University of Vermont.³²

According to this resource:

"The Eugenics Survey of Vermont (1925-1936), founded and directed by University of Vermont zoology professor Henry F. Perkins, functioned as Vermont's official agency of eugenics research and education during the interwar years. The Vermont legislature enacted a law permitting sexual sterilization of "feeble-minded and insane" persons in 1931. The archives of the Eugenics Survey of Vermont and the Vermont Commission on Country Life were preserved for posterity and transferred to Vermont Public Records Division in 1952, where they remained in storage for thirty-five years. Historian Kevin Dann, hav-

29 Taylor, Jeremy, 'Circular Hospital wards: Professor John Marshall's Concept and its Exploration by the Architectural Profession in the 1880s', *Medical History*, 1988, 32:432. Clarke recounted experience of other military doctors that when the wounded were placed in circular churches, hospital gangrene seldom set hinting at better ventilation, cleanliness etc. In support he also added that the pantheon in Rome had ben used as a military hospital with 'the most favorable results'.

30 Ibid, p. 434

31 "Eugenics", Unified Medical Language System (Psychological Index Terms) National Library of Medicine, 26 Sep. 2010.

32 Available online at <http://www.uvm.edu/~eugenics/>

ing discovered the archives in the basement of the Waterbury State hospital in 1986, published the first historical accounts of the Vermont eugenics movement and kindled new interest into this troubling chapter in Vermont's past.

In the past decade, the Eugenics Survey of Vermont has attracted the attention of historians and journalists and fueled the imagination of artists and writers. Frequently cast as "Vermont's Dark Secret" in popular accounts, the Eugenics Survey of Vermont has provided a focal point for discussion of such issues as racism and civil rights, the Abenaki struggle for tribal recognition, the collection, use, and privacy of genetic information in health care, and the historical meaning of Vermont's celebrated identity and traditions."

While the Eugenics Survey operated as an official adjunct to the Zoology Department at the University of Vermont, Professor Perkins depended upon the cooperation and support of an impressive roster of civic leaders, private charities, government officials, and professors in relevant fields, who endorsed the enterprise through their official role as advisors to the Survey. One of these individuals was Dr. Eugene A. Stanley, Superintendent of the Vermont State Hospital from 1918-1936. An advocate of eugenics, Dr. Stanley testified in favor of the sterilization bills in 1927 and 1931, provided the Eugenics Survey access to patient records, and played an influential role as an advisor to the Eugenics Survey. He was a member of the sub-committee on "Care of the Handicapped" for the Vermont Commission on Country Life.³³

Although the association of Vermont State Hospital with the Eugenics Movement is more or less understood, architectural implications of this association need more investigation. During Dr. Stanley's tenure, two large ward buildings were constructed – Admission Building (Weeks) in 1924 and Building A for 'acutely disturbed female patients' in 1932. This building included provision for treatments such as 'hydrotherapy' and 'colonic irrigation' and patients were often restrained to control disruptive behavior (a companion male building 'B Building' was built shortly after Dr. Stanley's tenure in 1939). The Vermont Eugenics Movement's documentary history mentions Building A in its context, but the extent to which this building architecturally manifests any association to the Eugenics movement is debatable. Its interiors have been extensively remodeled over the years and there are no remaining vestiges of any treatment equipment. The small patient cells on most floors have also been reconfigured to create larger spaces when the building was renovated for state offices. 'B Building' on the

33 Vermont Eugenics: A Documentary History, Available online at <http://www.uvm.edu/~eugenics/>

other hand, which was used by the Vermont State Hospital until recently as a ward for criminal patients, retains the original cellular layout of rooms, but they have also seem to have been largely renovated since 1939.

c) Hospital Design by Architects Rand & Taylor

As described before in the section ‘Developmental History: 1889 – 1896’, the architectural firm of Rand and Taylor prepared the original designs for the Vermont State Asylum in Waterbury. Over the course of their practice, they designed a number of other hospitals and asylums, as listed below- some of these were designed independently by Rand or Taylor or in partnership with other architects. (More historical research is needed to determine if there are any additional projects).

1876- Worcester State Hospital, Worcester, MA

1885- Bancroft Building for Lady Patients at Concord State Insane Asylum, Hanover, NH

1889- Vermont State Asylum for the Insane, Waterbury, VT

1893- Mary Hitchcock Memorial Hospital, Dartmouth, NH

1895- Watts Hospital, Durham, NC (Original Bldg)

1895- Heaton Hospital, Montpelier, VT

1909- New Watts Hospital, Durham, NC

1909/ early 1900s - Corey Hill Hospital, Brookline, MA

As evident from this list, their practice was known for their expertise in hospital design. Unfortunately not many of these buildings still exist, therefore making it important for this report to analyze the Vermont State Hospital as a surviving built example of their designs.

Worcester State Hospital was a large asylum complex designed by Rand & Taylor and based on the ‘Kirkbride Plan’. However, much of the campus was destroyed by a fire in 1991 and some more historic buildings were demolished in 2008 to make way for a new psychiatric facility. As recently as January 2012, a decision was made to demolish the remaining Administration Building.³⁴ The only other surviving historic building – Hooper Hall (a circular ward) will be retained and protected against future deterioration. Nonetheless, the historical integrity of the complex has been completely violated due to substantial demolition. At the Concord State Asylum, Rand & Taylor were not responsible for the entire complex design but only an individual ward building – ‘Bancroft Building for Lady Patients’ that still exists. The Mary Hitchcock Memorial Hospital, in Dartmouth, NH, was purchased by Dartmouth College and 1989 and most of the hospital buildings were demolished. It appears that only one ward building from the original Rand and Taylor construction still survives.³⁵

34 <http://www.preservationworcester.org/>

35 <http://www.dartmo.com/mhmf/index.html>

The original Watts Hospital buildings in Durham, NC were moved and converted to residences in 1909 and a new campus was built by Rand & Taylor on a different site. This new campus was adaptively reused as the 'North Carolina School of Science and Math' in 1980, the first State residential high school of its kind. The Administration Building and patient ward buildings were largely retained in this reuse. The Heaton Hospital in Montpelier constructed in 1895 and was a much smaller facility as compared to Waterbury, and aligned more closely with the 'cottage-plan' typology. The historic buildings were vacated in 1968 when a new facility 'Central Vermont Medical Center' was built in Berlin, VT. The old hospital complex was renovated as a nursing home, and today serves as an assisted living facility. The Corey Hill Hospital in Brookline, MA was another small facility—current status of the historic buildings is unknown.

The Vermont State Hospital at Waterbury is by far the largest and most intact collection of hospital buildings by Rand & Taylor, anywhere in the United States. By 1896, the construction of the central administration building with flanking patient wings of five wards each was complete, as originally designed by the architects. These buildings are still present and retain a high level of historic integrity due to minimal and reversible changes to the historic fabric.

C. Character Defining Features

The following existing exterior and interior elements and features contribute to the historic character of the buildings that belong to the period of significance (1889-1896).

Exterior

Walls

- Wall plane location & massing- protruding bays, circular wards, towers
- Red-brick masonry and detailing—ornamental frieze below cornice, jack arches, semi-circular arches
- Rusticated granite stone masonry and detailing-- window sills, watertable, stringcourses, steps.
- Terracotta window transoms and surrounds (Center Building)
- Wood-framed multi-light double hung windows
- Wood Trim
- Wood multi-panel doors
- Wood Porches (see map & images on following pages for existing vs. historic porches)

Roof

- Hipped and gable roof forms
- Vermont slate roof tiles
- Roof features- dormers, cupolas, brick chimneys
- Wood and sheet-metal cornices

Interior

Walls

- Plaster finishes
- Wood millwork: door and window surrounds, baseboards, chair rails, picture rails, crown molding, wood wainscoting and paneling
- Multi-panel wood doors and transoms
- Interior borrowed-light windows (Center Building)

Ceilings

- Wood or plaster cornices
- Plaster finishes
- Pressed metal finishes
- Wood frame skylights (South & north Connector Buildings)

Other Features

- Iron ventilation grilles
- Cast iron columns in circular wards
- Central shaft and platform in circular wards

- Encaustic tile floors (Center Building)
- Wood balustrades and stair railings
- Wood casework & original built-in cabinets
- Arched plaster openings
- Iron stair treads and risers
- Fireplaces and surrounds

PORCHES ON CENTRAL HISTORIC BUILDINGS

- EXISTING PORCH
- HISTORIC PORCH (BUILT 1889-1896)
- DEMOLISHED HISTORIC PORCH (BUILT 1889-1896)

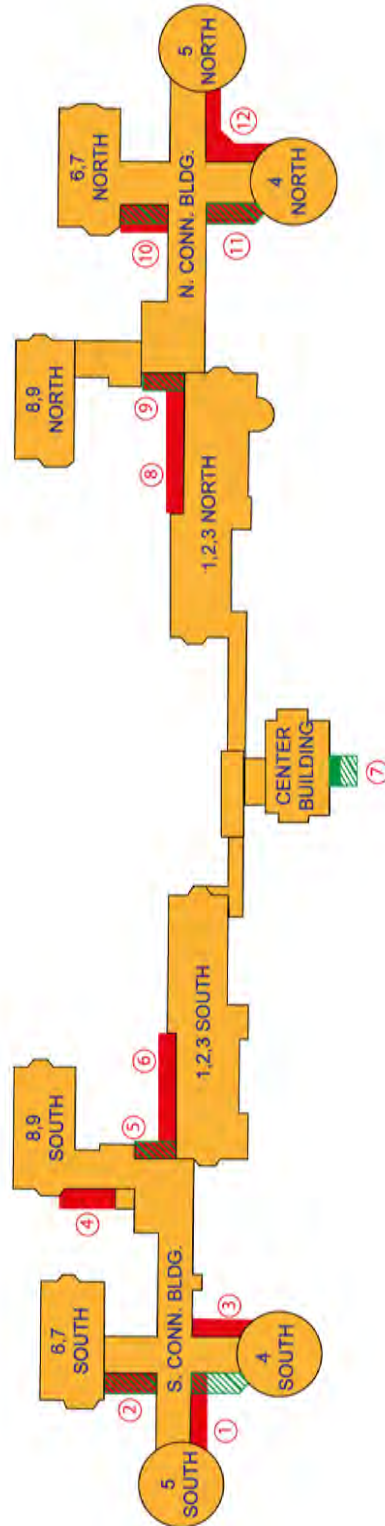


Figure 47. Porches on Central Historic Buildings
Source: GCA

PORCH # 1



Figure 48. Existing- Porch # 1
Source: GCA



Figure 49. Historic- Porch # 1 (using North side porch to illustrate style/materials)
Source: VSH Archives

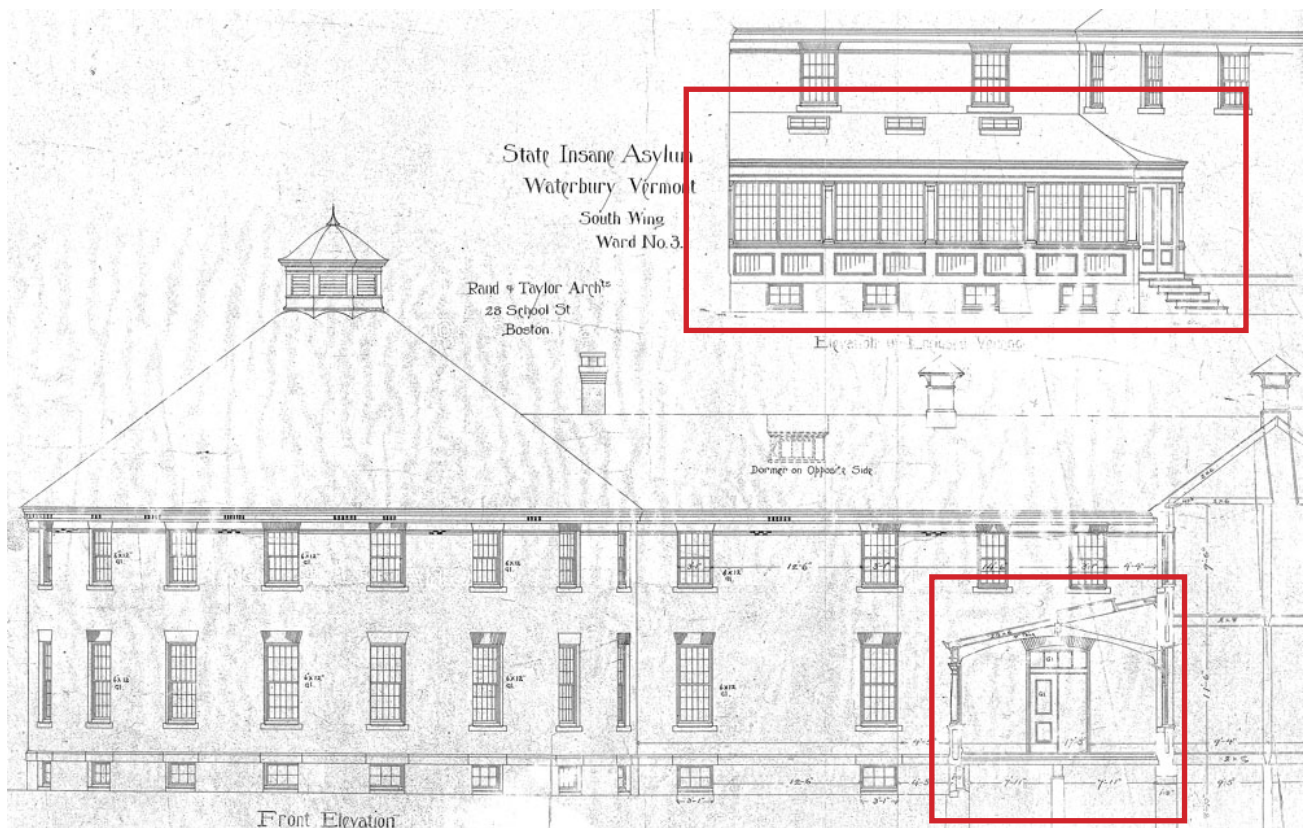


Figure 50. Historic- Porch # 1
Source: VSH Archives

PORCH # 2



Figure 51. Existing- Porch # 2

Source: GCA

PORCH # 3



Figure 52. Existing- Porch # 3

Source: GCA

PORCH # 4



Figure 53. Existing- Porch # 4

Source: GCA

PORCH # 5



Figure 54. Existing- Porch # 5

Source: GCA



Figure 55. Historic- Porch # 5

Source: VSH Archives

PORCH # 6



Figure 56. Existing- Porch # 6

Source: GCA

PORCH # 7



Figure 57. Existing- Porch # 7

Source: GCA



Figure 58. Historic- Porch # 7

Source: VSH Archives

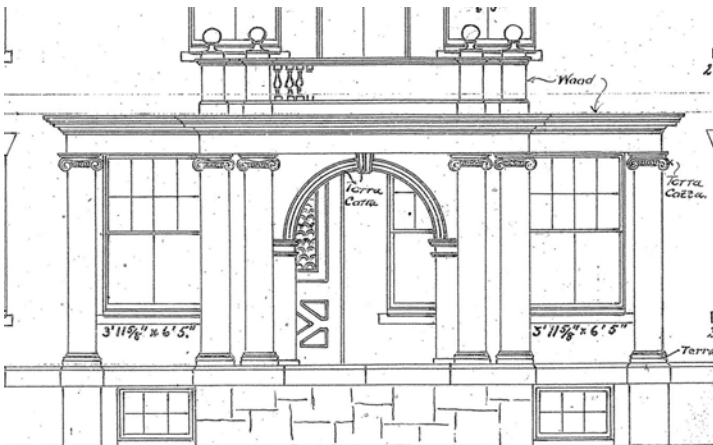


Figure 59. Historic- Porch # 7- Front view

Source: VSH Archives

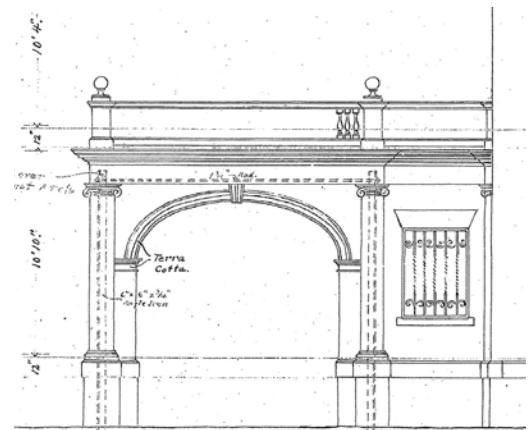


Figure 60. Historic- Porch # 7 - Side view

Source: VSH Archives

PORCH # 8



Figure 61. Existing- Porch # 8

Source: GCA

PORCH # 9



Figure 62. Existing- Porch # 9

Source: GCA

PORCH # 11*



Figure 64. Existing- Porch # 11

Source: GCA

* No existing image of Porch #10 could be taken due to inaccessibility, and Porch #12 existing image also unavailable (similar in appearance to



Figure 63. Existing- Porch # 9

Source: VSH Archives



Figure 65. Historic- Porch # 11 (also see Fig. 50 for architectural rendering)

Source: VSH Archives



Figure 66. View of East facade, showing 1,2,3 South (center) and Center Building (right), Historic Postcard - undated

Source: VSH Archives



Figure 67. Interior View of a Circular Ward, Historic Postcard - undated

Source: VSH Archives

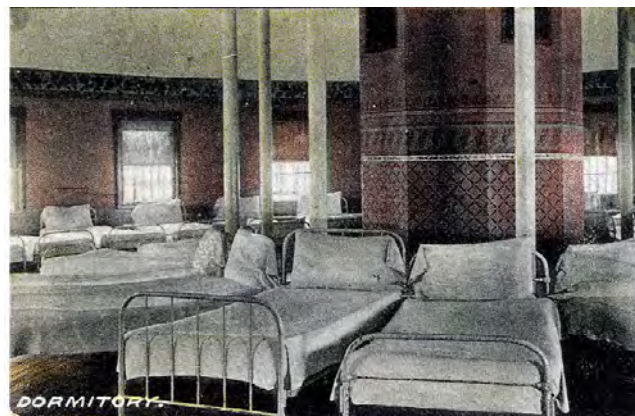


Figure 68. Interior View of a Circular Ward showing central brick shaft, Historic Postcard - undated

Source: VSH Archives



Figure 69. View of Vermont State Asylum for the Insane, c. 1896. Colored Historic Photograph

Source: Shelburne Museum. Reproduced from University of Vermont Landscape Change Program Available at <http://www.uvm.edu/landscape/menu.php>

Secretary of the Interiors Standards for the Treatment of Historic Properties

The 4 Treatment Approaches Explained....

Preservation. Preservation places a high premium on the retention of all historic fabric through conservation, maintenance and repair. It reflects a building's continuum over time, through successive occupancies, and the respectful changes and alterations that are made.

Rehabilitation. Rehabilitation, the second treatment, emphasizes the retention and repair of historic materials, but more latitude is provided for replacement of material, reconfiguration of the building or site, and adaptations or additions to accommodate modern uses.

Restoration. Restoration focuses on the retention of materials from the most significant time in a property's history, while permitting the removal of materials from other periods.

Reconstruction. Reconstruction is the most rarely used intervention and, under special circumstances it establishes limited opportunities to re-create a non-surviving site, landscape, building, structure, or object in all new materials.

*Source: Introduction to Standards and
Guidelines: Choosing an Appropriate
Treatment for the Historic Building.*

Available online at:

[http://www.nps.gov/hps/tps/standguide/
overview/choose_treat.htm](http://www.nps.gov/hps/tps/standguide/overview/choose_treat.htm)

IV | TREATMENT RECOMMENDATIONS

The U.S. National Park Service has developed definitions for the four major treatments that may be applied to historic structures: preservation, rehabilitation, restoration, and reconstruction. (See Inset for definitions). The treatment 'Rehabilitation' has been designated for the buildings at Vermont State Hospital, given their historical significance and planned repair and alteration for compatible reuse.

Based on this determination and the information presented previously, this report recommends the following general treatment guidelines for the Vermont State Hospital at Waterbury. The guidelines are intended to be neither technical nor prescriptive. These have been prepared to assist in applying the Secretary of the Interior's Standards to specific project work, and are not intended to provide case-specific recommendations, and cannot, in and of themselves, be used to make decisions about which features of the historic buildings and landscapes should be saved and which can be altered. Instead, the guidelines are intended to provide philosophical consistency for the work as well as guidance during the design process, prior to treatment. More research about individual parts of these recommendations should be carried out as and when construction work is proposed on site.

- Although a separate NRHP nomination does not exist for the complex it appears to have eligibility under 'Criterion A: associated with events that have made a significant contribution to the broad patterns of our history' and 'Criterion C: that embody distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction'. Criterion A relates to the hospital's contribution in understanding the history of mental health in the United States and particularly in the state of Vermont. Criterion C relates to how well the architecture reflects these philosophies and incorporates any distinctive features or artistic value.
- **Period of Significance**—Based on the previous sections 'Developmental History' and 'Significance within Historical Contexts', the report recommends that the early construction phase of 1889-1896 be established as the Period of Significance for this site. Beginning in 1889, the original layout of the 'linear' / 'pavilion' plan hospital as envisaged by architects Rand and Taylor, including the distinctive circular wards, was in place by 1896. From 1897 to 2011, many new structures were added to the complex as outlined in this report. These structures varied in building functions and architectural styles. Some merely extended the design philosophy espoused by the original construction while others

departed from it. The period of Significance should not be interpreted to mean that buildings built after 1897 are not important to the history of Vermont State Hospital, but rather that original construction till 1896 represents most strongly the historical contexts that lend significance to this site.

- Except for the utilitarian buildings to the rear of the campus, all the patient ward buildings and Central Administration Building from 1896 are extant. Over the years, the exterior of these buildings is more or less unchanged while the interior has been largely reconfigured to adapt to new uses. The report recommends treating the exterior of these buildings to a higher preservation standard than the interior. Consideration should be given to reinstating missing historic features on the exterior such as cupolas on the towers flanking the Center Building and elsewhere on the roofs of the 1896 buildings. Rebuilding of other elements like the front porch on the Center Building should also be investigated. These measures could also serve as part of a mitigation package to offset the loss of other historic buildings on the campus that post-date the period of significance. The report does not recommend reinstatement of missing historic features on the interior, such as walls, central shafts in circular wards, etc. rather, the approach on the interior should be to respect extant character defining features. All work should be designed and executed in a manner that minimizes damage to or removal of character defining elements.
- Any buildings or exterior built features that detract from the appearance of the 1896 buildings as in their period of significance should be considered for removal. An example of this is the portion of the Core Building (Auditorium block) that breaks the symmetry of the original buildings when viewed from the front and creates a blank, inappropriately matched and massed brick wall directly adjacent to an important part of the historic structure. Similarly many porches on these buildings are later additions, detract from the exterior appearance and no longer serve any useful purpose. It should be noted that some later and contemporary additions will be required to directly attach to the 1896 buildings. This includes accessibility ramps, fire-escape stairs etc. These should be investigated on an individual basis to assess minimal visual and physical damage to historic buildings.
- There are certain built features on site that post-date the Period of Significance but have acquired significance owing to being associated as an iconic feature in the geographic setting and not necessarily due to historical significance alone. An example of this is the smoke stack of the Power House built in 1925. This 150 ft. high radial brick stack with a 6 ft. diameter at the top, is con-

Standards for REHABILITATION Treatment*:

1. A property shall be used for its historic purpose or be placed in a new use that requires minimal change to the defining characteristics of the building and its site and environment.
2. The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.
3. Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.
4. Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.
5. Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a property shall be preserved.
6. Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities and,

Continued..

Continued..

where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.

7. Chemical or physical treatments, such as sandblasting, that cause damage to historic materials shall not be used. The surface cleaning of structures, if appropriate, shall be undertaken using the gentlest means possible.

8. Significant archeological resources affected by a project shall be protected and preserved. If such resources must be disturbed, mitigation measures shall be undertaken.

9. New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.

10. New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.

**Source: Available online at:*

http://www.nps.gov/hps/tps/stand-guide/rehab/rehab_standards.htm

structed of buff color brick with initials V.S.H. in black letters built into the stack. Although it is listed as a non-contributing resource in the Waterbury Village Historic District NRHP nomination, it has acquired significance owing to high visibility from the highway and elsewhere. This lends an identity to the campus that has been cemented over the years. If the Power House is removed, options could be explored to retain the stack as a free-standing element or incorporated appropriately in new designs. However, its retention should be weighed against a thorough existing conditions assessment to check for any structural deficiencies and costs for restoration.

- The developmental history of the campus reveals that the front (east) side of the 1896 buildings were treated more formally than the rear (west) side which saw continual demolition and addition of buildings, mostly of a utilitarian nature. This is fairly typical of 19th century mental institutions that presented a formal 'public' front and a more informal 'private' rear portion. Accordingly, this report recommends that any new buildings or additions on the site should be made to the rear of the 1896 buildings. The new buildings or additions should be designed in such a manner that they are minimally visible from the front, either by use of appropriate transparent materials, or generous setbacks, etc. The architectural style and treatment of the new buildings or additions should be visibly distinct from, as opposed to mimicking the historic 1896 buildings.
- Finally, the Report recommends thorough cataloguing and documentation of all archival information about the Vermont State Hospital that exists on the site. This includes many reports, historic photographs, patient records, etc and a collection of artifacts, equipment and furniture. Possibilities of establishing a Collections Museum or a permanent exhibit about the history of the Vermont State Hospital on this site should be investigated as part of the reuse scheme.

APPENDIX: *Historical documents & sources*

Kincheloe, Marsha, Empty Beds: A History of Vermont State Hospital, Kincheloe: Barre, VT, 1989

Biennial Reports of the Vermont State Hospital, 1898 - 1968. Accessed at the Vermont State Hospital Archives

Sanborn Fire Insurance Maps --1884, 1889, 1894, 1899, 1904, 1909, 1919, 1926, 1948. Accessed via the Vermont Historical Society

Historic Photographs and Postcards. Accessed at the Vermont State Hospital Archives

Numerous Vermont State Hospital Records and Reports. Accessed at the Vermont State Hospital Archives