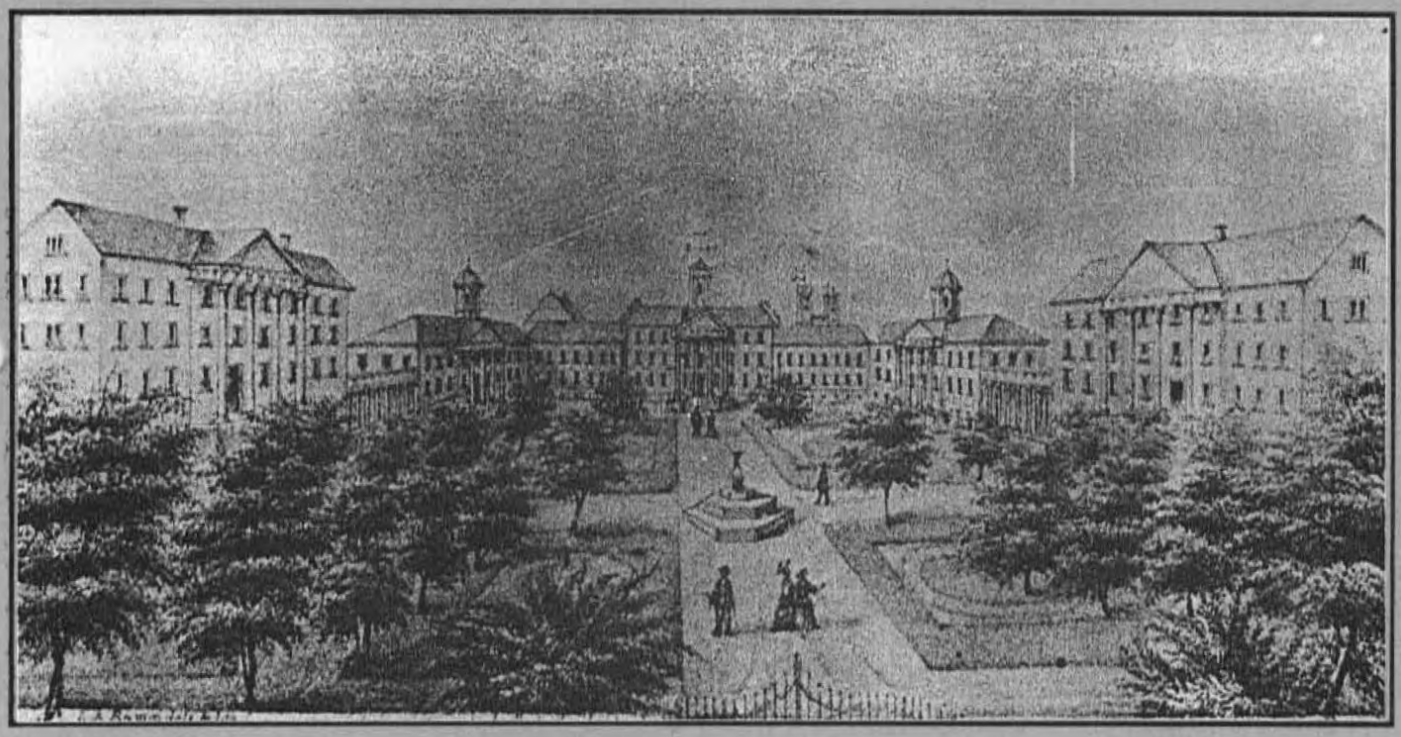
SURVEY OF STATE-OWNED PROPERTIES:

Virginia Department of Mental Health, Mental Retardation and Substance Abuse



Land and Community Associates

SURVEY OF STATE-OWNED PROPERTIES: VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE

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PROJECT PURPOSE AND GOALS

The purpose and intent of this survey was to document all state-owned buildings managed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse to determine which properties forty years old or older may be eligible for nomination to the Virginia Landmarks Register and the National Register of Historic Places. The survey has been undertaken to reduce the uncertainties that have existed regarding the eligibility of state-owned properties for placement on the state and national registers.

The major goal of this survey was to improve the level of protection of state-owned architectural and historic resources in Virginia through identification and evaluation. Related survey objectives included the preparation of a historic context report for buildings owned by the Department of Mental Health, Mental Retardation, and Substance Abuse in Virginia, completion of state survey forms, mapping of historic resources, and documentary black-and-white and color slide photography. The scope of work for the survey did not include survey of any archaeological resources on state-owned lands.

SURVEY METHODOLOGY

In accordance with the guidelines for survey outlined in *Bulletin #24* (of the National Register of Historic Places, U. S. National Park Service, Department of the Interior), an initial historic context was developed under the mental health theme. The context provided the basis for development of survey strategies for additional research and field work. Based on this preliminary context report two property types were developed: 1) the nineteenth-century mental hospital, and 2) the early-twentieth-century tuberculosis sanitarium. Field work was organized geographically. Each property was evaluated for its applicability to the historic context, as a representative or outstanding example of its type, according to its ability to meet the criteria established for the National Register of Historic Places, and for its physical integrity. Finally, the historic context was revised and supplemented based on the results of field work and the additional research conducted during the survey.

Criteria for the Virginia Landmarks Register

The Commonwealth of Virginia has established the following criteria for the Virginia Landmarks Register:

> No structure or site shall be deemed to be a historic one unless it has been prominently identified with, or best represents, some major aspect of the cultural, political, economic, military, or social history of the State or nation, or has had a relationship with the life of a historic personage or event representing some major aspect of, or ideals related to, the history of the State or nation. In the case of structures which are to be so designated, they shall embody the principal or unique features of an architectural style or demonstrate the style of a period of our history or method of construction, or serve as an illustration of the work of a master builder, designer, or architect whose genius influenced the period in which he worked or has significance in current times. In order for a site to qualify as an archaeological site, it shall be an area from which it is reasonable to expect that artifacts, materials, and other specimens may be found which give insight to an understanding of aboriginal man or the colonial and early history and architecture of the State or nation.

Criteria for the National Register of Historic Places

The National Register of Historic Places lists properties that possess quality of significance in American history, architecture, archaeology, engineering, and culture that is present in

districts, sites, buildings, structures, and objects that possess integrity of location, design, setting, materials, workmanship, feeling, and association, and

A. that are associated with events that have made a significant contribution to the broad patterns of our history; or
B. that are associated with the lives of persons significant in our past; or
C. that embody the 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; or
D. that have yielded or may be likely to yield, information important in prehistory or history.

SURVEY SOURCES AND PRODUCTS

This report summarizes the main findings and recommendations of the survey. To obtain a complete understanding of the nature of the resources investigated and evaluated in the survey, the reader may need to become familiar with the materials collected, compiled, and consulted during the course of the survey. These materials include but are not necessarily limited to the following:

- a complete Department of Historic Resources (DHR) file envelope for each property. Each file envelope contains at a minimum a completed DHR survey form, labeled black-and-white documentation photographs in a labeled envelope, and a copy of a USGS map showing the location of the property. Some envelopes may also contain the following:

  - supplementary information such as copies of news articles, scholarly papers, etc. that were collected and consulted during the survey;
  - field notes from observations and interviews that may contain information not included on the DHR form but which may be useful in future investigations or evaluations;
  - additional bibliographical data;
  - sketches, maps and other graphics prepared during the survey to document or analyze the property and its resources;
  - copies of historic photographs; and
  - copies of available maps and brochures (both contemporary and historic) documenting the property.

- selected color 35-mm. slides documenting the properties surveyed and relevant features and conditions, and
- a scripted presentation to be given orally with accompanying slides that documents the findings of the survey.

SUMMARY OF SURVEY FINDINGS AND RESULTS

This survey has resulted in the documentation and evaluation of 130 individual buildings and structures owned by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse. Of these, five antebellum structures at the Western State Hospital are already listed on the Virginia and National Registers (VDHR File # 132-9). In addition, the Henderson Building at Southwestern State Hospital is listed on the Virginia Register with National Register listing pending.

Along with these buildings already on the register, it appears that approximately seventy-three additional buildings associated with mental health in Virginia are potentially eligible

for nomination. These include up to seven additional buildings at the Staunton Correctional Center (formerly Western State Hospital) and the landscaped grounds on the west side of the complex. Approximately nine additional structures at the Southwestern State Hospital appear to be eligible for the Virginia Landmarks Register and the National Register of Historic Places as contributing resources within a historic district focusing on the Henderson Building. The three buildings surveyed at the DeJarnette Center, along with the surrounding grounds, appear to be eligible for nomination as a relatively intact example of an early-twentieth-century private mental hospital. Despite the presence of several non-contributing structures, the Catawba Hospital near Roanoke also appears to be eligible as a district including the antebellum Red Sulpher Springs Resort as well as approximately thirty buildings (and surrounding grounds) of the early-twentieth-century tuberculosis sanitarium. Finally, although not included in this survey, approximately twenty to twenty-five buildings at the Blue Ridge Sanitarium in Charlottesville were evaluated as contributing within a district. The former tuberculosis sanitarium is operated by the University of Virginia Health Sciences Center and was documented in a previous survey; at the request of DHR, it was evaluated in this survey in the context of tuberculosis sanitaria.

HISTORIC CONTEXT THEMES

The historical development of mental hospitals in Virginia has significance in both state and national history. Eastern State Hospital in Williamsburg was the first hospital specifically for the insane to be established in the United States, and Western State Hospital in Staunton was among the earliest. Starting around the middle of the nineteenth century Virginia ceased to be an innovator in the care and treatment of the mentally ill. However, later hospitals such as Southwestern State in Marion (1885) and even the DeJarnette Center in Staunton (1935) are typical examples of the imposing single-building type of mental facility built throughout the United States during the nineteenth and early twentieth centuries. Finally, the Catawba Hospital and the Piedmont Geriatric Hospital (both built as tuberculosis sanitaria and acquired by the Department of Mental Health, Mental Retardation, and Substance Abuse in the late 1960s and early 1970s) are typical (and interesting) examples of the many tuberculosis sanitaria built throughout the United States in the late nineteenth and early twentieth centuries.

THEME: GOVERNMENT/WELFARE: A BRIEF OVERVIEW OF THE TREATMENT OF THE MENTALLY ILL IN VIRGINIA

THE EIGHTEENTH CENTURY

Throughout most of the colonial period and until the early nineteenth century few institutions existed for the care or treatment of the mentally ill. In general, the insane and mentally ill, like orphans and the elderly, were cared for in home settings or at poor farms in their own communities.[1] Charitable almshouses and jails did exist in larger colonial towns, but were used generally as a last resort for strangers in the community or for those who were considered unusually sick or dangerously deranged. The few early charitable institutions that did exist for the insane made no pretense of rehabilitating or curing them. Instead, the goal of these early facilities for the mentally ill was to "preserve the peace of the community, to keep the insane from roaming about."[2]

Eastern State Lunatic Asylum at Williamsburg

The Eastern State Lunatic Asylum at Williamsburg, established in 1768, was the first mental asylum constructed as such in the American colonies. The earliest promoter of the hospital was Governor Francis Fauquier who in 1767 argued to the House of Burgesses that "every civilized country has a hospital for these people, where they are confined, maintained, and attended by able physicians to endeavor to restore them to their lost reason."[3] In 1770, under the administration of Lord Dunmore, the City of Williamsburg was selected as the site of a public mental hospital. The administering directors included two signers of the Declaration of Independence, George Wythe and Thomas Nelson, as well as Peyton Randolph, the president of the First Continental Congress.

The site selected for the hospital was a four-acre plot on the south side of town.[4] Between 1773 and 1779, thirty-two people were admitted to the hospital. Patients were maintained by a keeper, a matron, and a small group of assistants; a local physician acted as the visiting consultant. The first keeper to be appointed to the hospital was James Galt (interestingly, three generations of the Galt family served the hospital over the next eighty-nine years).[5] During the American Revolution, operation of the hospital was suspended for lack of funds, and the building was used to house colonial troops. The hospital remained closed throughout the war; when it reopened in 1786 it was incorporated by the state and financed by the post-revolutionary legislature.

Little is known about the hospital during its earliest days. It is known that Galt, along with the hospital's first physician, Dr. Sequeyra, "practised moderation in blood-letting and emphasized mainly the role of digestion in mental illness."[6] Cathartics, emetics, botanical herbs, cold baths for sedation, and warm baths for calming were common treatments. In addition, physical restraint by chain and leg irons was practiced at Williamsburg, as indicated by the records of local blacksmiths. Indeed, it is known that the basement of the

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[1]David J. Rothman, *The Discovery of the Asylum; Social Order and Disorder in the New Republic* (Boston: Little, Brown and Company, 1971), xii.

[2]Rothman, 43.

[3]James S. Howard, "Eastern State: America's Oldest Public Hospital" *Virginia Medical Monthly* 101 (December 1974): 1043.

[4]Charles D. Bradley and Marjorie Caldwell, "Eastern State Hospital," *Mental Health in Virginia* (Winter 1962): 10.

[5]Bradley, 11.

[6]Howard, 1044.

hospital was reserved for those afflicted with "the raving phrensy."[7] In general, however, it does not appear that the hospital had a high recovery rate and "there is little to indicate an innovative approach . . . to the mentally ill."[8]

THE NINETEENTH AND EARLY TWENTIETH CENTURIES

Innovations in Mental Health Care

The first decades of the nineteenth century were marked by tremendous innovation in the theory and practice of caring for the mentally ill. First, there was a general acceptance of the theory that mental illness, rather than being the result of God's will, was a disease that, with proper treatment, could be cured. Second, there was a growing recognition that mental illness was a social problem, caused in part by an unhealthy and unstable home or community environment.

In response to this new interpretation of mental illness, reformers such as Benjamin Rush, in Philadelphia, and Dorothea Dix, in Boston, promoted the institutional insane asylum, rather than the home or local almshouse, as the preferred site for treatment.[9] By creating a safe and distinctive environment that emphasized orderliness, regularity, and discipline, asylums were intended to cure the patient by eliminating the stressful societal and environmental factors that caused the illness in the first place:

> Here was the opportunity to meet the pressing needs of the insane, by isolating them from the dangers at loose in the community and to further a reform program by demonstrating to the larger society the benefits of the system. Thus, medical superintendents and laymen supporters moved to create a new world for the insane, one that would not only alleviate their distress, but also educate the citizens of the republic. The product of this effort was the insane asylum.[10]

In Virginia, the ascendency of the asylum as the preferred site of treatment for mental illness resulted in the dramatic growth in the patient population at Eastern State Lunatic Asylum. This growth, in turn, spurred the eventual establishment of Western State Lunatic Asylum in Staunton. By the middle of the nineteenth century, Virginia could boast of a statewide system of mental health care provided by two of the most up-to-date mental asylums in the United States.

The Establishment of Western State Lunatic Asylum

On 22 January 1825 the General Assembly appropriated $22,000 for the establishment of the Western State Hospital, located in Staunton, Virginia. The new asylum was established to relieve the overcrowded conditions at the Eastern State Lunatic Asylum in Williamsburg and to provide a more conveniently located hospital for residents in the western part of the state.[11]

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[7]Ibid.

[8]Ibid., 1045; see also Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-1866* (Williamsburg: The Colonial Williamsburg Foundation, n.d.).

[9]Rothman, xv.

[10]Ibid., 129.

[11]National Register of Historic Places Inventory, Nomination Form no. 132-9: Western State Hospital, Main Building (DHR File no. 132-9).

A Court of Directors made up of citizens of Staunton and Augusta County was established to locate a site for the hospital and accept proposals for designing and building the facility.[12] The place selected (purchased for a price of $600) was described enthusiastically by the director as "a beautiful site, on a commanding eminence to the east of town, including four acres of land, and within limits a never failing stream of pure water."[13] The first patients arrived at the hospital on 24 July 1828.

The first medical superintendent of the hospital was Dr. Francis T. Stribling, appointed in 1838. Stribling, one of the thirteen founders of the American Psychiatric Society, was an innovator in the field of mental health. His idea of "moral treatment" became the model for the treatment of the mentally ill in the United States during the nineteenth century. The keystone of the moral treatment was institutionalization of the patient, and the application of a "calm, steady and rehabilitative regime" that emphasized "developing the better instincts by occupation and rational amusements" rather than physical punishment and medical treatment.[14] Stribling was also a strong advocate of the belief, popular at that time, that a pleasant and nurturing physical environment was a crucial factor in the successful healing of the mentally ill.[15]

Even before the asylum opened there was a need for expanded facilities. Because the land originally purchased was not sufficient, six additional acres quickly were added. So many applications were received that admission was restricted to "those who are either dangerous to society from their violence, or who are offensive to its moral sense by their indecency, and to those cases of derangement where there is reasonable ground to hope that the afflicted may be restored."[16] It is interesting to note that initially, at least, the facility was racially integrated, serving both black and white patients. (Western State did not become segregated until 1855, at which time blacks were sent to a special branch of the Eastern Asylum at Williamsburg.)

The Civil War Years

The Civil War had a major effect on staff and patients at both of the state's asylums. In addition to the increasing difficulty of procuring food and supplies, both hospitals were actually invaded by Union troops. In the spring of 1862, following the Battle of Williamsburg, Union troops occupied the Eastern State Lunatic Asylum. The hospital was placed under the leadership of Union army physician Peter Wagner, and continued to serve the mentally ill, both white and black, northern and southern. Following the war the hospital was returned to the state's custody. The Western State Lunatic Asylum in Staunton was invaded in 1863 by General Philip Sheridan's federal troops who looted the grounds

> bearing off and destroying about 180 barrels of flour, 10,600 pounds of bacon, 300 bushels of corn, a considerable quantity of eggs, 135 barrels of rye and oats, wagon and carriage harnesses, 50 pairs of coarse shoes, many articles of wearing apparel from the laundry, and three valuable mules.[17]

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[12]Camile Florence, "Grandeur in the Wilderness: The Architects and Architecture of Western State Hospital and the Virginia School for the Deaf and Blind" (Mary Baldwin College, Staunton, Virginia, July 1969, Photocopy), 4.

[13]James B. Pettis, ed., "A History of Western State Hospital" (Informational paper, Staunton, 1953).

[14]Rothman, 138.

[15]Ibid., 10.

[16]Ibid.

[17]Pettis, 4.

Despite the insult, inconvenience, and cost brought about by the invasion, none of the buildings at either site were damaged, and none of the inmates harmed.

Late-Nineteenth-Century Growth and the Proliferation of Institutions

Following the Civil War the demand for new and enlarged mental health facilities continued to grow in Virginia as throughout the United States. However, according to one historian, the expansion and proliferation of new mental asylums at the end of the nineteenth century and first decades of the twentieth century did not necessarily reflect the success of the institutional method of treatment. Instead, it reflected the transformation of the mental asylum from the rehabilitative and curative environment envisioned by reformers to a custodial facility for the chronically ill.[18]

In general, diagnosis and treatment of the insane during the late nineteenth and early twentieth centuries were crude and misinformed. The large state-operated institutions offered few services beyond basic patient maintenance and custodial care. The 1895 annual report of the Southwest Virginia Hospital in Marion listed the following reasons for admitting patients: "bite of spider, disappointment in love, excessive use of tobacco, fright, financial trouble, jealousy, lightening strike, masturbation, overstudy, overwork, opium habit, religious excitement and sexual excess."[19] Therapy included restraints, hot and cold treatments, work therapy, and religious counseling. In light of the wide range of reasons for admitting patients, and the ineffectiveness of the treatments offered, it is not surprising that mental hospitals were overcrowded.

Partly due to the low success rate, the number of patients institutionalized, as well as the number of institutions to house them, continued to increase well into the twentieth century:

> Neither the pessimism of superintendents . . . nor the fundamental objection of neurologists . . . led to the asylums' dissolution. State legislators continued to support them, not appropriating the sufficient funds to solve the problems of overcrowding, but not withdrawing support to the point where hospitals might have to close. One crude index of survival can be found in the number of patients annually institutionalized: there were two thousand in 1840 and four times as many in 1860. Without great pretense that they were curing the majority of inmates or living up to the standards of moral treatment, asylums remained the keystone of the public response to insanity.[20]

In Virginia the problems of providing custodial care for the mentally ill were in evidence at both the Staunton and Williamsburg facilities, where overcrowding was a major problem. Indeed, of those included on the 1860 roster of admissions at Western State "only thirty percent of entering patients were recent cases, and a full quarter of them had histories of the disease for over ten years."[21] In response to the increased demand for space in mental institutions, both of the state's original mental asylums experienced significant expansion around the end of the nineteenth century. In addition, two new state-owned facilities for the mentally ill were established before the turn of the century: the Central State Lunatic Asylum in Petersburg (1870) and the Southwestern State Lunatic Asylum in Marion

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[18]Rothman, 256-295.

[19]Joan T. Armstrong, "A Brief History of Southwestern State Hospital" (Presented at the Centennial Celebration of Southwestern State Hospital, Marion, Virginia, 31 May 1987), 10.

[20]Rothman, 269.

[21]Ibid, 276.

(1884).[22] The proliferation of institutional facilities continued into the early twentieth century with the establishment of the Virginia State Epileptic Colony in Lynchburg (1911), the Petersburg State Colony (1935), and the DeJarnette Sanitarium in Staunton (1935).

Central State Hospital

One of the most pressing needs following the Civil War was for a separate insane asylum for Virginia's newly-freed African-Americans. African-Americans were the subjects of racial segregation and unequal treatment, both in white society in general and in the white-controlled mental hospitals in particular. Dr. Francis T. Stribling, the superintendent of Western State Lunatic Asylum, had been agitating for the establishment of a separate institution as early as 1848, owing to increasingly crowded conditions at his asylum. The Association of Medical Superintendents had recommended the construction of separate facilities for blacks as early as 1844.[23] Prior to the abolition of slavery, however, the vast majority of blacks were slaves residing in the eastern portion of the state, and western residents were reluctant to be taxed for the benefit of the eastern slave owners.[24] Following the war, however, blacks were to receive, ostensibly, the same public health benefits as whites.

As a result, the Central Lunatic Asylum for Negroes was established in 1870 at a temporary location in Richmond. In 1885 the facility was reestablished at its present site in Dinwiddie County, just west of Petersburg. Little is known about the day-to-day practices at the Petersburg facility. Apparently, Central State Lunatic Asylum was one of the first in the South to make separate provision for insane, epileptic, and tubercular patients, through the development of separate farm colonies. In addition, as with many of the correctional facilities built in Virginia from the nineteenth century through the first half of the twentieth century, the development of Central State seems to have been based largely on a belief in the curative and healthful powers of outdoor labor, particularly farming.

Southwestern State Hospital

Soon after the establishment of the Central State Lunatic Asylum, the state system of mental hospitals was further expanded to provide a local facility for the residents of the southwestern part of the state. On 18 March 1884, the General Assembly approved legislation to "provide for the establishment of a Lunatic Asylum in Southwest Virginia." After considerable deliberation a site for the hospital was selected in Marion, and the hospital building was completed in 1887.

The hospital was managed by a board of directors composed of Virginia doctors and mental health experts, who were required to visit the hospital and to meet twice annually. The procedures for running the hospital on a day-to day basis were based on a set of bylaws and regulations developed by the board. A superintendent was charged with running the hospital, with the assistance of two physicians. A steward and matron were required to live in the asylum. Patients were bathed once a week and their rooms kept clean. Each staff member at the hospital had a very specific job description, outlining his or her duties as laundress, baker, carpenter, engineer, dairyman, gardener, or farmer.[25]

From the time that it was constructed, the Southwestern Lunatic Asylum was plagued with problems. In 1901 the hospital was subject to an investigation of "reported horrors" including "live patients left to linger in jails and the bodies of the dead gnawed by rats in an

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[22] In 1894 the names of all of the state lunatic asylums were changed to hospital.
[23] Rothman, 134.
[24] Pettis, 4.
[25] Armstrong, 10.

abandoned room."[26] Records for the early years of the hospital included several tragic deaths attributed to neglect and poor treatment. In general, the Southwestern State Hospital appears to have fit well into the model of the inhumane, ineffectual late-nineteenth-century insane asylum.

The Virginia State Epileptic Colony in Lynchburg

In 1910 the commonwealth expanded its network of mental health facilities still further to include the care and maintenance of epileptics with the establishment of the Virginia State Epileptic Colony (later the Central Virginia Training Center) in Lynchburg in 1910. One of the prime movers in the establishment of the Lynchburg Colony, and its first superintendent, was Dr. Joseph Spencer DeJarnette, who also served as the superintendent of Western State Hospital and was the founder and first superintendent of the DeJarnette Center.

Initially, the goal of the facility was to provide custodial care for epileptics who were otherwise mentally sound. By 1919, however, the name of the facility had been changed to the State Colony for Epileptic and Feeble-Minded, reflecting the change in the facility's population. By 1925 more than two-thirds of the seven hundred residents were classified as mentally retarded. In 1935 a special facility for black epileptics was established at the Central State Mental Hospital in Petersburg. In 1940 the name was changed to the Lynchburg State Colony, and in 1954 changed again to the Lynchburg Training School and Hospital, in recognition that the fundamental function of such a facility was to provide its patients with practical and vocational training. The hospital remained segregated until 1969, at which time many patients were transferred throughout the mental health system in an effort to treat all citizens in facilities as close to their homes as possible.

DeJarnette Center

The DeJarnette State Sanitarium was opened 14 May 1932 as a private adult psychiatric wing of Western State Hospital. It was named for Dr. Joseph Spencer DeJarnette, organizer and promoter of the sanitarium. Before his appointment as superintendent of the DeJarnette Sanitarium (a position he held until his retirement in 1947), DeJarnette had served as superintendent of Western State Hospital. DeJarnette was well known in the mental health community as a major advocate for the Virginia Sterilization Law of 1924; a founder of the Lynchburg State Colony; and superintendent of the Lynchburg Training School and Hospital, a position held while serving as the superintendent of Western State Hospital.

In 1928 the board of the proposed hospital, with the support of Governor Harry Flood Byrd, obtained a loan of $100,000 and permission to build the hospital, and four years later the first patients were admitted. Initially, the DeJarnette Sanitarium admitted a few out-of-state patients as well as Virginia residents. Owing to tremendous public opposition to the use of a state institution for out-of-state residents, however, this practice stopped in 1934, at which time its name was changed to DeJarnette State Sanitarium. In 1946, by special legislative action, DeJarnette was made an independent state-owned sanitarium.

TRENDS IN MENTAL HEALTH CARE SINCE WORLD WAR II

Since the mid-1940s, the overwhelming trend in mental health care in Virginia and throughout the United States has been away from long-term institutional care, shifting, instead to community-based outpatient programs. The National Mental Health Act of 1946

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[26] Ibid.

permitted the establishment of local mental hygiene clinics for outpatient care, and began to dedicate federal and state funds for such services.

Several reasons account for the general shift away from institutionalization, including the high cost of institutionalizing patients; the increased public attention to the poor conditions in large public institutions and their relatively low rate of success; the increasing use of drugs and activity programming that allowed mentally ill patients to function in the outside world; the increased availability of public funds for the construction and operation of community facilities; and the increased public consciousness of the legal concept of "the right to treatment" and the philosophy that treatment should be provided in the least restrictive environment possible.[27]

The movement away from institutional care was given a tremendous boost with the passage of the the Mental Retardation Facilities and Community Mental Health Centers Construction Act by the federal government in 1963, which provided construction and staffing grants to localities to build and operate nonprofit community facilities for mental patients. With this additional funding Virginia began to move away from its traditional inpatient treatment in large state hospitals to a more community-based system of service.[28] In Virginia 1963 also was marked by another important event, the publication of a report by the Wiley Commission. This report recognized mentally retarded persons as distinct from the mentally ill. The report also identified substance abuse as a problem related to mental health. These findings were considered rather advanced concepts for the time.[29]

Owing to this legislation, local community mental health centers (CMHCs) were established throughout the state during the 1960s, 1970s, and 1980s. In addition, four additional training centers for the mentally retarded were built to supplement the services traditionally offered only at the Lynchburg Training Center facility. Unlike the original mental hospitals, however, these new community health facilities and training centers were not intended for long-term custodial care but for short-term treatment. Simultaneous with the construction of new community-based facilities, some of the older facilities such as Western State Hospital and Southwestern State were scaled back through the transfer of portions of their campuses to the Department of Corrections.

During the 1970s the Department of Mental Health and Mental Retardation acquired two existing facilities that had formerly served as tuberculosis sanitaria, the Catawba Sanitarium, outside of Salem, and the Piedmont Hospital, in Dinwiddie County. With the advent of antibiotics and improved preventive methods the incidence of tuberculosis had declined so much that these facilities were no longer needed in their original capacities. Both facilities were rehabilitated by the Department of Mental Health and Mental Retardation as psycho-geriatric hospitals to serve the elderly mentally ill in their regions. The creation of these facilities responded to a pressing need created by the increasing numbers of elderly in the population.

In 1976 the Virginia Department of Mental Health and Mental Retardation became the agency responsible for the care, treatment, and maintenance of people involved with substance abuse. The substance abuse service system in Virginia formally began in 1947 with the development of an inpatient alcoholism treatment program at the Medical College of Virginia. Throughout the 1950s and 1960s, physicians at regional health department clinics referred alcoholics to this center for treatment, and received some funds locally to

[27]Department of Mental Health, Mental Retardation, and Substance Abuse (Informational Bulletin, Richmond), 5.
[28]Ibid.
[29]Ibid.

deal with alcoholism and its medical complications.[30] Since the 1980s, this type of treatment has become one of the most important roles of the department. Indeed, owing to the increased emphasis on the provision of services for people with substance abuse problems the name of the department was officially expanded in 1987 to become the Department of Mental Health, Mental Retardation, and Substance Abuse.

[30] Ibid., 6.

THEME: SOCIAL/CULTURAL: THE DESIGN OF MENTAL HEALTH FACILITIES IN VIRGINIA

THE COLONIAL PERIOD

Eastern State Lunatic Asylum

Few institutional facilities were built specifically for the mentally ill during the colonial period. In rare instances, the mentally ill were placed in jails or almshouses along with criminals and vagrants (fig. 1). In general, however, the colonists cared for the insane in their own homes, or supported them within the local community. Moreover, there were few charitable institutions of any sort; asylums, penitentiaries, almshouses, orphanages, and reformatories were not standard features in most communities until the late eighteenth and early nineteenth centuries. The few jails that did exist were simple structures used largely as a last resort, when a family or community could no longer function as caretaker.[31]

When the first mental hospital in North America, Eastern State Lunatic Asylum, was built at Williamsburg in 1773, there were few precedents for its design and construction. The site selected for the hospital was a four-acre plot on the south side of town (fig. 2). Philadelphia architect Robert Smith was hired to design the new facility, which was constructed over the next three years at a cost of approximately 2,800 pounds sterling.[32] Smith was well known for his prolific civic and institutional work, which included Nassau Hall at Princeton (1753), and several buildings in Philadelphia including Carpenters Hall (1758), the Public Hospital (1770), and the Walnut Street Jail (1773). All of these large, brick, Georgian buildings were similar in design and appearance to each other and to the hospital in Williamsburg. According to one historian, the prototype for all four of Smith's institutional buildings was the Pennsylvania Hospital designed by architect Samuel Rhoades in 1754, which was, in turn, influenced by the Edinburgh Infirmary (c. 1740).[33]

In its scale and appearance, the original Eastern State Hospital building blended well with the architectural setting of colonial Williamsburg (fig. 3). The two-story, brick building measured 132 feet long and 32 feet wide, with a steep hipped roof broken by two central chimneys and a hexagonal cupola topped by a weathervane (fig. 4). The first floor had an apartment for the keeper and twelve rooms for patients. The second floor also had twelve patient rooms, as well as a room for the meeting of the board of managers.[34] Access to the cells was through passages; there was no direct access between cells or to the outside. Apparently, this arrangement was very similar to Smith's plan for Nassau Hall.[35] The original main building burned in a fire in 1885; the Colonial Williamsburg Foundation reconstructed the building on its present site in the mid 1980s. It now serves as an exhibition building illustrating the varying treatments of the mentally ill at different periods in the institution's history.

Originally, all of the functions at the hospital were housed in one building. With the changing developments in the theory and practice of mental health care around the start of

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[31]Rothman, xiii.

[32]Howard, 1043.

[33]Edward Chapell and Travis C. McDonald, "Containing Madness" *Colonial Williamsburg* (Spring 1985).

[34]Charles D. Bradley and Majorie Caldwell, "Eastern State Hospital" *Mental Health in Virginia* (Winter 1962): 10.

[35]Chapell, 27.

the nineteenth century, as well as the associated growth in the population at the asylum, expansion was soon necessary.[36] In 1825 a large brick kitchen and smokehouse were erected, followed in 1829 by a convalescent home to separate the improved patients from the others. In 1835, on the recommendation of a hospital visiting committee, adjacent land was purchased for the construction of a dining hall, servant's quarters, garden, and burial ground (fig. 5).[37]

In the period leading to and including the Civil War there was little growth at the hospital. Following the war, however, there was increased construction as demand for space at the hospital continued to grow. The Thurman building was constructed in 1880, followed by Cameron Hall (1883) and the Infirmary (1895).

On 9 October 1908 the State Board of Charities and Corrections visited the hospital as part of an annual inspection of hospitals, jails, sanatoria, and other charitable facilities in the state. At the time of the inspection the hospital had 644 patients, 321 male and 363 female. The board's 1909 annual report contains a fairly positive description of the facility:

> The location is excellent and the grounds beautiful and well-kept. Just across the street from the main entrance to the hospital the State owns half an acre of land on which is the superintendent's office and residence, and a home for the first assistant.
>
> Adjoining the property in town the hospital owns 240 acres of land, 85 of which are arable, 25 bottom land for grazing, and the remaining so broken that it is useless. The buildings are of brick and stone, and, although well adapted to the purpose for which they are erected, were constructed with no idea of conformity to a general architectural design. Everything about the buildings was clean, but apartments for sleeping, especially the women's department, are too crowded for proper comfort and the proper care of the health of the patients.[38]

The report noted that a new tubercular building had been completed recently, but that many of the older buildings were in serious need of new floors and plumbing. In addition, the report mentioned that the hospital had a productive working farm that produced sufficient fresh milk, pork, eggs, and vegetables to feed the patients.[39]

The decades following World War I saw more buildings added including Brown (1927), Cease (1932), and Sequeyra (1935). By the mid-1930s the number of patients was continuing to increase, yet there was no room for expansion on the original grounds. The pressing demand for space was resolved through the construction of four new buildings on the former hospital farm, Dunbar, located approximately three miles northwest of the original hospital site. With the reconstruction of Colonial Williamsburg, it was necessary to move the still-functioning hospital out of the vicinity of the historic district, and gradually all of the functions of the hospital were transferred to the Dunbar site (fig. 6). None of the buildings at the original hospital site remain standing.

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[36]Bradley, 11.
[37]Ibid.
[38]Virginia State Board of Charities and Corrections, *First Annual Report of the State Board of Charities and Corrections to the Governor of Virginia* (Richmond, 1909), 171.
[39]Ibid.

The growth of the new campus proceeded slowly until the mid-1950s. The earliest hospital buildings on the new campus of Eastern State Hospital are two similar, one-story, brick Colonial Revival buildings (an office building and shop) built in 1936, located in the northwest corner of the present facility off Foster Road (fig. 7). Also from 1936, is a brick service building located to the northwest of the shop on a steep slope near a wooded ravine. Around the late 1940s, two brick Colonial Revival-style residences were built across the campus in the southwestern corner of the complex off Minson Road. The first is now vacant; the second now houses the Turning Point School.

Following World War II there was a rapid expansion in the facilities at the new Eastern State Hospital Campus. Around 1951 two Colonial Revival-style mental hospital buildings (buildings 22 and 27) of almost identical plan were constructed on the north side of the grounds. These were followed by the Hancock Geriatric Treatment Center (Admissions) building and the Continuing Rehabilitation Program facility, built to the west of the main north/south campus axis. Several utilitarian buildings also were built during this period, including a laundry and power plant.

Growth continued in the 1960s with the construction of the Hancock Geriatric Treatment Center Intermediate Care Facility. Located in a quadrangle in the western part of the campus off Minson Road, this is a large, one-story, Modern-style, brick-and-concrete complex typical of the buildings built at ESH during the 1960s. The remaining mental hospital buildings at ESH were built in the 1960s and early 1970s. The majority of the buildings on the main north/south axis were built at that time, as were those on the quadrangles flanking the axis and on the quadrangle in the western sector of the campus. The last facility was moved off the Old ESH grounds into a new building on the present campus in 1970, marking the completion of the move to the new campus.

The modern campus is set in a calm landscape of grassy rolling hills with focal points formed by clumps of trees and groups of buildings. Broad gently curving roads lined with traditional lampposts and luminaires provide access and lighting to the various building complexes. Currently, only one older farm building remains on the grounds to recall the site's original use. The present facility has a capacity of one thousand persons, and provides for the treatment and care of psychiatric diseases and geriatric patients.[40]

NINETEENTH- AND EARLY-TWENTIETH-CENTURY MENTAL HOSPITALS

Thomas Kirkbride and the Well-Ordered Institutions

The Philadelphia psychiatrist Thomas Kirkbride, head of the Pennsylvania Hospital for the Insane from 1840 to 1883, was the first to define and describe the specialized field of mental hospital architecture. In his 1854 book, *On the Organization, Construction and Management of Hospitals for the Insane*, Kirkbride advocated two closely integrated sets of principles applicable to psychiatric care. Although certainly not the first to conceive of the concept of the "Moral Treatment" of mentally ill patients, he outlined the practices involved in such treatment. More importantly, he offered detailed specifications for the design of hospitals in which to carry out the moral treatment.[41] As discussed earlier, the moral treatment was based on the belief that mental illness was a social problem caused by

[40]Martin S. Kline (Assistant Administrative Director), telephone converstaion with author, January 1990.

[41]Charles Goshen, M.D., *Psychiatric Architecture: A Review of Contemporary Developments in the Architecture of Mental Hospitals, Schools for the Mentally retarded and Related Facilities* (Washington, D.C.: The American Psychiatric Association, 1959), 1.

environmental causes. The prescribed cure for this problem was three-pronged. First, patients should be removed from the unhealthy environment or community that made them sick in the first place, and institutionalized. Second, the institution, like the patient, should be removed from the community, and built in a rural setting far from any center of population. This emphasis on a pastoral campus-like setting was a critical point for those who promoted the moral treatment:

> Since it was dependent on the city for personnel and supplies, it could not completely escape contact. But the institution was to have a country location with ample grounds, to sit on a low hillside with an unobstructed view of a surrounding landscape. The scene ought to be tranquil, natural and rural, not tumultuous and urban. Moreover, the asylum was to enforce isolation by banning casual visitors and the patients' families.[42]

The most important aspect of the moral treatment, however, was in the day-to-day routine allowed at the hospital. Kirkbride recommended that no hospital be so large that the superintendent could not know every patient by name; 250 was the maximum number of patients to be placed in any one institution.[43] Within the asylum the emphasis was to be on creating a calm, steady, and disciplined routine that would be conducive to curing and rehabilitating troubled minds. Patients were to be classified into specific groups based on the extent of their illness, so that the noisy and violent would not disturb the quiet and passive. Manual labor, particularly outdoor work such as gardening or farming, was to be a focus of this routine.

In his treatise, Kirkbride provided detailed plans for the construction of a model mental hospital, outlining in detail all specifications from fenestration to pipe sizes. Indeed, although Kirkbride's treatise outlined a program of treatment, the emphasis of his book was on the exact specifications required to construct what he considered the model facility for rehabilitating the mentally ill:

> Kirkbride gave the book over to the location of ducts and pipes in asylums . . . . He first discussed the proper size and location for the buildings, the right materials for constructing walls and making plaster, the best width for rooms and height for ceiling, the most suitable placement of water closets and dumbwaiters.[44]

Kirkbride's emphasis on the physical layout of the hospital indicates the conviction, common for the time, that in settling these matters of construction and maintenance, he was confronting and solving the puzzle of curing insanity.[45]

Kirkbride's ideas are best illustrated through an examination of the Pennsylvania Hospital for the Insane (c. 1845), which was designed by Kirkbride himself with the assistance of architect Samuel Sloan (fig. 8). The Pennsylvania Hospital consisted of a sprawling single building composed of a prominent temple-like central block with a series of flanking wings arranged symmetrically on each side. The overall building footprint created a modified C-shape, allowing the maximum direct exposure to sunlight. A central corridor ran through the middle of most of the building, with patient rooms, offices, and treatment areas

[42] Rothman, 138.
[43] University of Detroit School of Architecture, *An Analysis of Environment for Mental Therapy* (Detroit: Univeristy of Detroit, c. 1966).
[44] Rothman, 138.
[45] Ibid.

arranged symmetrically on either side. The building layout was clear and legible, in order to create as little confusion and disorder as possible. An older print of the building shows it in a naturalistic, campus-like setting surrounded by open lawns, shrubs, and trees.[46]

A belief in the moral treatment as outlined in Kirkbride's model for hospital design and function was behind the development of American mental hospitals until well into the twentieth century.[47] The Worcester State Hospital for the Insane (1856), the Eastern Asylum for the Insane in Pontiac, Michigan (1877), and the Bloomingdale Asylum in New York (c.1850) all followed the model set by Kirkbride at the Pennsylvania Hospital for the Insane. In Virginia, the tenets of the moral treatment, particularly the emphasis on a pleasant setting, and the model of what came to be known as the "Kirkbride type of building"[48] had a significant influence on the design and construction of the majority of the state's mental hospitals from Western State Lunatic Asylum in 1825 to the DeJarnette Center in 1935.

Western State Hospital

By the start of the nineteenth century the population in the western portion of Virginia had grown considerably. At that time, however, travel from the Valley to Williamsburg was still quite difficult and, in addition, the Eastern State Lunatic Asylum was already overcrowded. To relieve this situation the legislature voted to establish a mental hospital west of the mountains. A site was purchased in the town of Staunton and the sum of $22,000 was appropriated to buy the land and erect the buildings (fig. 9).[49]

In July 1825 the prominent Baltimore architect William F. Small was selected to design the main structure at the new hospital. Interestingly, Western State Hospital was one of the first public buildings in Virginia to be designed by a professional architect working on a fee basis.[50] Small had worked for architect Benjamin Henry Latrobe during the reconstruction of the United States Capitol, thus becoming the first native of Baltimore to receive professional architectural training.[51] Small's popularity as an architect is evidenced by the fact that during the years (1825-28) when he planned the main building at the Western Lunatic Asylum he was also working on two major projects in Baltimore, the Athenaeum and Barnum's Hotel.

The grand Main Building, built in 1826-28, is a typical, self-contained, nineteenth-century institutional building. Early renderings of the hospital campus show it looming on a hillside, with mountains in the background, and small rural dwellings in the foreground (fig. 10). The three-story central block features a tetrastyle Ionic portico with a parapet, and a deck-on-hipped roof structure with a balustrade surmounted by an octagonal cupola. Two-story hyphens connect the main block to temple-form end pavilions featuring tetrastyle Ionic porticoes added in 1847 (fig. 11). Notable interior details included a handsome central stair and end stairs, Federal mantels, and a spiral stair winding up to a domed octagonal cupola with an observation deck (fig. 12). As designed by Small, the main building was intended to house nearly all of the hospital's functions, including dormitories, a dining hall, classrooms, and isolation cells.[52] The only other buildings

[46]Print located in Rothman, 140.
[47]Goshen, 75.
[48]Ibid, 1.
[49]Pettis, 1.
[50]Nomination to the National Register of Historic Places: Old Western State Hospital (#132-69), 1982.
[51]Pettis, 5.
[52]Nomination: Old Western State, Continuation Sheet #7.

standing at the time that the hospital was opened were a large meat house and stable. For security purposes, the entire campus was ringed by temporary wooden barriers.[53]

Almost as soon as the asylum opened, there was a need for more space. In response the Board of Directors successfully lobbied the General Assembly for additional funds. In 1838 work began on the North Building, designed by the architect of the nearby Virginia School for the Deaf and Blind, Robert Cary Long. This four-story brick building located just north of the main building was intended to accommodate approximately sixty additional patients. Its main architectural features were a central pavilion with Doric pilasters and pediment, a deck-on-hipped roof with a Chinese Chippendale balustrade, and an octagonal cupola crowning the building. This was followed in 1842 by Ward Three, located northeast of the North Building. This two-story, hip-roofed, brick structure features a single entrance door with a transom and sidelights, and a tripartite window over the entrance.

Work on the South Building, also designed by Long, began in 1843. This three-story brick building has a central pavilion, Doric pilasters and a pedimented portico, round-arched first-story windows, and a deck-on-hipped roof with a Chinese Chippendale balustrade surmounted by an octagonal cupola. The South Building was intended to house the hospital's female patients. That same year work began on a large dining hall located to the rear (east) of and on axis with the main building. The facade of the new building was comprised of a three-story central pavilion flanked by wings, featuring a main entrance with double doors, transom, and sidelights. A balustraded observation deck crowned the building, surmounted by a small belfry. This building served to close off a quadrangle formed by itself, the Main Building, the North Building, and the South Building. In 1851 it was redesigned to serve as a dining room and chapel. Together, these five buildings (Main, North, South, Ward 3, and Chapel) formed the central antebellum complex of the hospital (fig. 13). The complex was surrounded by a landscaped park with large trees, a gazebo, rock formations, and cast-iron fountains. A decorative iron fence was placed around the perimeter of the grounds during the 1850s.

The first superintendent of the hospital, Dr. Francis T. Stribling, was a well-known advocate of the moral treatment for the mentally ill. As indicated in the following excerpt from a report written in 1839 Stribling was quite pleased with both the hospital building and the site upon which it was located, which fit perfectly the model set forth by proponents of the moral treatment:

> Our building is situated upon a pleasant and salubrious eminence, somewhat removed from, but in view of the town, and overlooks several of the principal roads leading thereto. For architectural beauty it is unsurpassed by any similar institution in our country, and its internal arrangement is well-calculated to promote both the comfort and health of its occupants—combining several requisites, ample space, proper ventilation and a due regard to light and heat—and with all presents an appearance of neatness and cleanliness, which is but rarely excelled in the private dwellings of our cities and towns.[54]

The period around the turn of the twentieth century was marked by rapid growth at the Staunton asylum. In 1894 the names of several of the state institutions for the insane were changed from lunatic asylums to hospitals, and the Western Lunatic Asylum became the

[53] Pettis, 1.
[54] Ibid.

Western State Hospital. That same year the first female patients were admitted. In 1908 special buildings for tubercular patients were constructed and in 1911 a much-needed new infirmary was built. In 1912 a building consisting of one hundred single rooms was erected for violent patients.

A description of the hospital grounds written during this period (from the 1908 Report of the State Board of Charities and Corrections) praises the well-maintained development of the campus, indicating that Stribling's emphasis on maintaining a pleasant and curative environment was still being applied:

> The grounds contain 20 acres, the farm adjoining 270 acres, and the farm recently purchased (The Glendale Colony farm) contains 202 acres; total 492 acres. In the beginning the grounds were laid out, trees and shrubbery planted, and the buildings erected according to a well-defined and artistic general design, which has been followed for years, so that the institution, as you approach it, is exceedingly attractive.
>
> The farm is in a fine state of cultivation. Thousands of fruit trees have been planted and are yielding abundantly. There are, on the farm 50 milk cows, 1,400 chickens, and 120 hogs to be butchered.[55]

Following the Civil War, a larger secondary quadrangle of buildings was initiated to the south of the antebellum complex, consisting of Wards G, H, and I (1875) and the DeJarnette Building (1894). This quadrangle was completed in 1898 with the construction of Byrd Hall in 1928.

Both the population of the hospital and the campus itself continued to grow throughout the first half of the twentieth century. In general, later growth at Western State spread east of the original antebellum complex, creating a fairly dense campus behind the grand facades of the original buildings. Around the turn of the century a series of maintenance buildings were constructed, including a utility building (1900), furniture repair shop (1907), and garage (1910). Growth continued through the 1920s and 1930s with the construction of the Carter Building (1928) located northeast of the central complex, a storeroom (1930), a garage (1932), and a series of staff residences at a separate location down a lane to the southwest of the central complex.

During World War II no new buildings were constructed, but a program of major repairs including fireproofing, remodeling, and modernizing the facility was undertaken. In addition, an effort was made to maintain the traditionally well-cared-for grounds through the maintenance and development of terraces, plantings, and walkways.[56] Following the war, during the 1950s, several additional buildings, mainly maintenance structures, were built including the power plant (1950), buildings and grounds (1950), garage (1952), pool and patrol office (1953), and canteen (1955).

In 1976 Western State Hospital moved from its present site to a new complex approximately three miles away on Route 250 Business. Following the move, the Department of Corrections occupied the former hospital site as a middle-security prison for adult males, with a focus on drug-related offenders and geriatric inmates. The deed for the property was formally transferred to the Virginia Department of Corrections in 1981, at which time the former mental facility became the Staunton Correctional Center.

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[55] Virginia State Board of Charities and Corrections, 178.

[56] Pettis, 6.

Central State Hospital

The Central Lunatic Asylum was established following the Civil War in response to overcrowding at the two hospitals in Williamsburg and Staunton, and a pressing need for a separate facility for Virginia's newly-freed blacks. As a result, the Central Lunatic Asylum for Negroes was established in 1870 at a temporary location in Richmond. In 1885 the facility was reestablished at the present site in Dinwiddie County, just west of Petersburg. The original three hundred-acre site for the hospital was given to the state by Petersburg. This site was supplemented with an additional two hundred acres of adjacent farmland in 1906. Visitors to the hospital around the turn of the century described the site as "almost ideal, being elevated, well-drained, and watered" and featuring a "forest of one hundred acres" as well as a "valuable rock quarry."[57]

Little is known about the original buildings at Central State Hospital. A photograph dating from 1908 shows several modest frame buildings and tents arranged in a cluster in a farm-like setting, the patients relaxing outside on benches (fig. 14). According to a report prepared by the State Board of Charities and Corrections in 1908 the campus differed from the Staunton and Williamsburg facilities in its lack of a grand central building, and its relatively informal layout.

> The several buildings, varying in size and style of architecture (thus breaking the dull monotony of sameness so often observed in public institutions) are well-planned and suitably arranged for an institution for all classes of the insane. Large porches and open pavilions are some of the best features of the institution . . . . In the two far colonies, each located about a mile from the main plant, the institution has a modern and satisfactory method for caring for chronic cases and male tubercular patients, respectively. As a colony for the harmless insane, comprising about eighty acres, twenty-five patients live in frame cottages and cultivate the farm, which is self-supporting. The tubercular colony, comprising 107 acres, gives thirty men a chance to live in out-of-door shacks especially constructed for their needs, and work when they are able. At present these colonies accommodate from fifty to sixty patients, but it is the purpose of those in authority to enlarge their capacity.[58]

Indeed, according to this description, the original layout of the Central State campus, with its cottages and colonies, appears to have been influenced by the concept of the "cottage system" introduced by landscape architect Frederick Law Olmsted and applied in the design of many colleges and other institutions at the end of the nineteenth century. The report also notes that, following the advice of Stribling and his belief in a "curative environment," an emphasis was made on the appearance and conditions of the grounds around the hospital:

> The extensive grounds, parks, roadways, and walks are well-laid off, and made attractive by shade trees, shrubs and flowers—each year something has been added to further beautify the place.[59]

Since the turn of the twentieth century the central campus has evolved as a loosely arranged cluster of bulky, brick institutional buildings. Currently, the earliest buildings at the Central State Hospital stand fairly close to each other in what is now the northwestern

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[57] Virginia State Board of Charities and Corrections, 184.
[58] Ibid.
[59] Ibid.

corner of the modern-day campus (fig. 15). The circa 1900 Education Building is a large three-story building with modified Italianate detailing. Originally featuring a hipped roof, the structure (and its several later additions) now has a flat roof (fig. 16). Nearby, to the south, is the Work Activities Center (1910), a one-story, concrete-block, Colonial Revival building now being used as a workshop (fig. 17). Finally, adjacent to the Work Activities Center is the chapel: a bulky, brick, Gothic-style structure that now stands vacant (fig. 18).

During the late 1920s two large, brick, Art Deco dormitory buildings of similar style and construction were added to the campus. The Eastview Building (1928, with a 1936 addition), located on a grassy hillside in the eastern corner of the campus, is a sprawling, two-story, eleven-bay building featuring an entrance pavilion, adjacent wings, and central courtyard (fig. 19). For a time the main dormitory and hospital building at Central State Hospital, the Eastview Building, has stood vacant; the surrounding tangle of grass and weeds give it a somewhat eery appearance. Across the campus from the Eastview Building stands Building 7-8, a combination dormitory-and-office building, dating from 1929 (fig. 20). This large, three-story, institutional building in an H plan features two-tiered end porches with metal security screens, allowing patients exposure to fresh air. Despite the addition of these significant new structures, a report prepared in 1938 comments on the somewhat shabby appearance of the campus:

> The older buildings are of brick and frame construction and might be considerable risks but have been equipped with an automatic sprinkler system . . . . The whole plant is in a state of fair repair, and progress is making on deteriorated floors.[60]

In 1939 yet another massive institutional structure, Old Westview (Pre-Vocational Building 43), was constructed in what is now the center of the campus. This long T-shaped building has a large, two-tiered, brick porch at the rear which is no longer in use. Currently the building faces a large parking lot. Growth continued following World War II with the construction of the Forensic Unit (Building 39), a two-story brick dormitory building located to the west of the the old Eastview Hospital. Intended for the commonwealth's most dangerous and violent patients (many of the patients in the Forensic Unit are assessed before a prison assignment), portions of this building are surrounded by a tall brick wall. Soon after the construction of the Forensic Unit, the one-story institutional Administration Building, located in the northern corner of the campus, was completed in 1951. Finally, three utilitarian buildings (a laundry, a steam plant, and a carpenter shop) were added during the 1950s.

Following desegregation in the 1960s, the Central State Campus underwent significant growth and change. An older hospital building, apparently located in what is now the center of the campus, was demolished and replaced by a large quadrangle of modern, one-story, brick dormitory buildings, which now form the functional and visual center of the hospital grounds. Soon after, the Eastview Building was vacated. Currently, the Central State Campus provides a vast landscape of large institutional buildings connected by roadways and interspersed with parking lots. There is no trace of the agricultural operations that once existed on this site. The open grassy areas that do remain on the campus are somewhat overgrown and are not well maintained. Indeed, the long cedar-lined entry drive into the hospital grounds provides the only remaining evidence of any effort to beautify the grounds.

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[60]State Hospital Board of the Commonwealth of Virginia, *A Survey of the Virginia Mental Hospitals Conducted by the Mental Hospital Survey Committee* (Richmond, 1938), 44.

Southwestern State Hospital

On 18 March 1884 the General Assembly approved legislation to "provide for the establishment of a Lunatic Asylum in Southwest Virginia." This act appointed a special board of commissioners to choose a site for the asylum and directed the board to meet on 4 June 1884 to hear from representatives from the various towns and counties in the area. Based on these presentations, the board was to decide on the most expedient location for the new hospital.

In the late nineteenth century Southwest Virginia suffered a severe economic depression, resulting in a lack of employment opportunities. Consequently, when it became known that a mental hospital was to be built there, local communities competed for hoped-for new jobs and revenues. In Smyth County, the residents quickly organized to promote their county as the best possible location for the institution. On 30 April 1884 a local committee of Smyth county residents was established to "present the natural and other advantages claimed by us for the immediate vicinity of the town of Marion" and "urge said committee to visit our town and examine the several sites around it suitable for such asylum, believing as we do that by doing so the question of location will be settled."[61]

Competition for the hospital was fierce, particularly from the town of Wytheville. Ultimately, the site selected for the new hospital was the Atkins farm near the town of Marion. As the land had to be donated to the state by the county, however, it was necessary to obtain sufficient funds to purchase the property. At a local election held in November 1884, the community voted overwhelmingly to pay $30,000 in additional tax dollars in order to purchase and donate the land, thus securing the location of the new hospital.[62]

In December 1884 the Building Committee for the hospital was established, and began inspecting other mental hospitals to determine what type of building should be constructed. The state legislature passed a bill approving an initial sum of $25,000 for the construction of the main building and an additional $2,000 for the expenses of the building committee. The architectural firm of McDonald Brothers, of Louisville, Kentucky, was hired to design the hospital. Originally from Winchester, Virginia, the McDonald Brothers had designed the main building for the Southern Exposition of 1883-1887, and were apparently well known throughout the south.[63] Bids for construction were advertised the following May and the contract was awarded to the firm of Lewman and Sweeny, of Columbus, Indiana. As hoped, the construction of the new hospital facility improved the local economy by providing many new jobs. Construction of the main building was completed in 1887.

According to a local newspaper article written soon after its completion, the main building was one of the grandest buildings in Marion, if not in the entire region. Passing through a tall brick gate, a long, straight, tree-lined drive led up to the main building, a castle-like structure

> four stories tall, with a lofty dome and tower 118 feet high. You enter this building over a beautiful tiled floor in a large vestibule or porch, and at once find yourself in a grand octagonal rotunda, lighted by heavy plate glass in the dome . . . . The building contained offices, a kitchen, laundry, bakery, two dining rooms, a sewing room, an elevator and patient and attendants

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[61] Armstrong, 5.
[62] Ibid.
[63] Ibid., 7.

> rooms. It was expected that 800 patients could be housed when the wings were extended. Overall, it was considered a wise and judicious expenditure of the state's money.[64]

Today, the central block of the main building is little changed, featuring a two-story Italianate loggia across the front, a slate hipped roof, and an octagonal rotunda (fig. 21). In addition, the approach to the building from the south still provides a dramatic entry sequence along a tree-lined drive towards the ornate front facade of the Main Building (fig. 22). However, several significant changes have occurred in the area immediately around the Main Building. The original wings were demolished and the original central clock tower has been removed. In addition, the large stone pool to the front of the building originally featured a metal fountain, now gone. Extensive one-story brick wings and additions were added to the rear (north) side of the building during 1988-1989. In 1927 its name was changed to the Henderson Building after hospital superintendent E. H. Henderson, who served from 1915 to 1927.

At first the site of the Southwestern Hospital on a hillside outside the small town of Marion epitomized the tranquil rural setting advised by the proponents of the moral treatment. Mature hardwood trees are still in abundance on the grounds. A significant farming operation, associated with the hospital until after World War II, supplied the patients with fresh milk, meat, and vegetables. In 1908 the grounds were described as follows:

> The land is well-kept and cultivated, being so managed as to produce several crops each year for the consumption of the institutions. The teams are in fine condition and the herd of Holstein cattle and Berkshire hogs are worthy of special mention. We were also pleased to find a large hennery operated intelligently and profitably. The general appearance of everything outside is pleasing, and the patients are kept out of doors and given healthful occupations and diversions as much as possible.[65]

As late as 1938, the surrounding farm and countryside is described as creating an overwhelmingly pastoral setting:

> This is the newest of the state institutions, but was established as long ago as 1887. It stands in rural surrounding in the town of Marion. Most of its 1,156 acres are in woodland, pasture and orchard. One hundred thirty-eight acres are under cultivation.[66]

Originally it was intended that, following the Kirkbride model, the main building would house all (or most) of the hospital's functions. Owing to a steadily increasing number of patients, it soon appeared that expansion was inevitable. In general, the subsequent development of the campus has occurred to the rear (north) of the main building in a somewhat random pattern. However, it appears that throughout the history of the hospital there has been an emphasis on maintaining attractive and well-kept grounds, which have helped the campus to maintain a relatively cohesive appearance.

Following construction of the main building, two brick Victorian Italianate buildings, a simple carpentry shop (1906), and the larger C Building (1910) were built behind the Henderson Building across a circular road from one another. The carpentry shop, now

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[64]Ibid., 8.

[65]Virginia State Board of Charities and Corrections, 192.

[66]State Hospital Board of the Commonwealth of Virginia, 44.

used for storage, is a modest two-story, three-bay, front-gabled building. The C Building (originally built to house the criminally insane and now serving as a geriatric care center) is an imposing three-story building with a rock-faced stone basement and first story, brick second and third stories, and two rear wings. It features a central entrance pavilion with an arched stone entrance, two end pavilions, a corbeled brick cornice, and a hipped slate roof.

The 1920s were marked by the construction of a small complex of three Italianate-style utilitarian buildings located to the northeast of the Henderson Building. The one-story, side-gabled, brick Power Plant, built in 1923, is T-shaped and features a central cross-gabled entrance with a parapet, a corbeled brick cornice, and a three-story rear section with a tall brick smokestack. Two similar two-story brick garages, built about 1925, are located behind the Power Plant. In 1950 this utilitarian complex was completed with the addition of a bulky brick laundry building to the east.

Along with the institutional and service buildings several staff residences were constructed on the campus of Southwestern State Hospital in the first quarter of the twentieth century. Residence I, built in 1906 and located just northeast of the shop and laundry area, is a 1 1/2-story, wood-frame, vernacular cottage with a hipped roof, two projecting front gables, and a side gable. Next door is Residence H, a 1 1/2-story wood-frame bungalow on a brick foundation built in 1931. Residences A and B, located a short distance from one another on the west side of the main driveway leading up to the Henderson Building, are larger and slightly grander in style than the other residences on campus. Residence A is a two-story modified Queen Anne-style house built in 1915 as the Director's Residence. Residence B is a 1 1/2-story, brick, Craftsman-type bungalow built in 1921. All of the staff residences are pleasant and residential in appearance (aside from the chain link fencing surrounding residences A and B), with porches, broad front lawns, and mature hardwood trees.

Several new institutional buildings were added to the grounds of the hospital in the 1930s. These large, brick, Colonial Revival structures with rock-faced foundations and Italianate detailing were compatible in both scale and appearance with the original Henderson Building. In 1930 construction began on the hundred-room Harman Building, a large 3 1/2-story building with a stone-and-brick, loggia-type porch (fig. 23). The Wright Building, built in 1933 as a chronic treatment facility, is located north of Harman Building and features a two-story nine-bay entrance loggia with an iron railing (fig. 24). The Rehabilitation Building, built in 1939 and located a short distance west of the Henderson Building at the front of the hospital complex, is an ornate, one-story, brick building with projecting and receding pavilions, parapeted gable ends with lunettes, and a slate roof with exposed rafter tails. With the construction of these buildings the grounds around the Henderson Building began to develop a campus-like appearance, with individual buildings placed around the well-landscaped grounds.

It was not until 1939, with the construction of the Rehabilitation Building, that major construction occurred in front of, or on a parallel plane with, the Henderson Building. In 1941 the Auditorium Building was built on the west side of the Henderson Building (fig. 25). This one-story, front-gabled, brick Classical Revival basilica features a three-bay entrance loggia, brick quoins, round-arched windows, a molded stone cornice, and parapeted gabled ends. The Morrison Building, built in 1952, is the patient admissions building, located southeast of the Henderson Building near the entrance to the hospital complex (fig. 26). Despite the late date of this brick Colonial Revival building, it is compatible with most of the older buildings on the campus owing to its rock-faced foundation and Italianate detailing. Fortunately, owing to the varied topography and the presence of mature trees, none of the development that has occurred on the south side of

the campus has interfered with the dramatic view of the Henderson Building as one approaches from the south.

During the 1960s and 1970s several important developments occurred at the hospital. Because of civil rights legislation the hospital was integrated, with the first black patients admitted in 1967. During the late 1970s, with the increasing popularity of the concept of home health care, the number of patients at Southwest Virginia State Hospital dropped considerably. In 1980 the Finlay Gayle building, an institutional brick building constructed during the early 1960s, was taken over by the Department of Corrections to become a special facility for the criminally insane. Also included in the transfer were three utilitarian buildings, a shop, storage barn, and dairy barn (no longer standing), that were originally part of a small complex of agricultural buildings owned by the hospital.

In 1986 the various wings and dependencies around the Henderson building were demolished, and the central clock tower removed. Soon after, construction began on a new complex of associated wings and additions to the central building. Completed in 1989, the brick, one and two-story post-modern additions appear to be generally harmonious in scale and appearance with the original 1887 Henderson Building and surrounding grounds.

Central Virginia Training Center

The Virginia State Epileptic Colony (later the Central Virginia Training Center) was established by a 1910 act of the General Assembly to serve the special needs of the commonwealth's epileptic population. Until that time epileptics, if treated at all, were placed in the larger mental hospitals. Because many epileptics were, aside from their epilepsy, otherwise mentally and physically sound, it seemed desirable to separate them from the often violent and disturbed mentally ill patients. However, the facility quickly changed its focus as increasing numbers of mentally retarded patients were admitted to the colony. By the 1940s the Central Virginia Training Center had evolved into a practical and vocational training facility aimed at teaching the mentally retarded to function effectively in society.

The site selected for this facility was a farm approximately one mile east of Lynchburg in what is now the Madison Heights area. It was purchased by the board of the hospital from the Willis family for the price of $35,000. The State Board of Charities and Corrections visited the proposed site in 1909 and commented in its annual report for that year:

> There are 1,000 acres in the tract, 184 of which are fertile bottom land. The visiting committee was pleased with the site. The purchase price was reasonable, and the location excellent. The farm is being partially cultivated. There are six mules. It is expected that 500 barrels of corn will be made this year, and, perhaps, 1,000 bushels of potatoes.[67]

The Board of Visitors assumed that the emphasis of the Lynchburg Colony, like many of the correctional facilities from that era, would be on farming. Farming was considered an ideal focus for charitable institutions for two reasons. First, the regular outdoor labor involved in farming was thought to improve both physical and mental health. Second, a farming program provided economic, self-sufficient food production.

In its recommendation for the development of the site, the board proposed that "the cottage plan for buildings ought to be adopted, having many advantages for the class of patients

[67] Virginia State Board of Charities and Corrections, 158.

that will be cared for at this institution."[68] Perhaps because of this recommendation, the Lynchburg Colony, like the Central State Hospital, was not concentrated in a single massive central building. Instead, the hospital evolved somewhat like a late-nineteenth-century college campus, with a series of one- and two-story Colonial Revival buildings arranged in loose groupings around the grounds. The larger, grander institutional buildings (such as Bradford Hall) did not appear on the campus until the late 1930s (fig. 27).

Originally, the center of the campus was the informal quadrangle of brick Colonial Revival dormitory and classroom buildings located in what is now the southern corner of the campus. The oldest building in this original grouping (and the oldest on campus) is the Drewry Building, built in 1910 on the east side of the quadrangle (fig. 28). This handsome, 2 1/2-story, side-gabled building, with hip-roofed dormers and recessed two-tiered entrance porch, was built as a dormitory. Adjacent to the Drewry building in a row are three other dormitory buildings similar in appearance to Drewry: the Strodo Massie Building (1913), the Lacato Cottage (1915), and the Halsey Jennings Building (1915) (fig. 29). Across from this row of dormitory buildings on the west side of the quadrangle are three more Colonial Revival buildings: Lesner-Fletcher Hall (1914), the Chapel (1923), and Bradford (1937) (figs. 30-31). At the head of the quadrangle on the southern end are two large, brick, Colonial Revival classroom buildings, DeJarnette (1932) and the DeJarnette Annex (1939).

The original quadrangle at the Central Virginia Training Center features a broad central lawn dotted with mature trees and divided by a path down the center. Recently, however, the cohesive Colonial Revival complex has been disrupted with the construction of the large modern A. E. Ruth building in the southwestern corner, and by the addition of a bulky post-modern annex on the Bradford Building.

Other earlier buildings on the CVTC campus include a maintenance complex, developed during the 1930s and located north of the original quadrangle, and a small frame residence with a series of sheds located south of the original complex. In addition, the Colonial Revival-style Lodge, located on a hillside adjacent to what is now the main entry drive into the campus, was built in 1925 as a staff residence. Finally, to the north of the original complex a small mini-quad was developed; it consists of the two Colonial Revival brick buildings that make up the Frank Bane Residence area (1930 and 1940).

A description of the grounds written in 1938 still portrayed a relatively informal, simple complex:

> This institution is pleasantly situated across the river from Lynchburg. It has 1,040 acres, of which 500 are under cultivation. The main road of the institution separates the quarter for the two sexes. Two enclosed yards accommodate runaway boys and low-grade boys. The spacious and well-kept lawns are otherwise unenclosed, furnishing play space to the rest of the patients.
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> Buildings are of brick. The older ones have sprinkler systems throughout. A new four-story administration and hospital building is fire-resistant. All buildings have ample dayroom space and porches. The dormitories, however, are very crowded and many large basement rooms are utilized for sleeping purposes. Bathroom and toilet facilities are adequate, but new

[68] Ibid.

> plumbing is seriously needed in buildings that were erected in 1910. Service buildings are generally adequate. The assembly hall is too small and the school rooms in its basement quite inadequate.[69]

Following World War II the campus greatly expanded with the construction of a series of quadrangles to the north and east of the original complex. In the early 1950s the Professional Services Building was built adjacent to what is now the main entrance to the CVTC complex, and a quadrangle of four residential buildings was constructed on the far northeast side of the campus. This was followed by the construction in 1958 of a massive residential and classroom complex consisting of seven dormitories and a dining hall, located in what is currently the center of the CVTC campus. Finally, in 1964 the partial quadrangle made up by the Frank Bane living area was completed with the construction of two more dormitories. In general, construction during the 1950s and 1960s followed in the Colonial Revival tradition of the older campus, though the buildings are noticeably more institutional in appearance and scale. Like the original complex, these later quadrangles are arranged around open grassy lawns and planted with trees.

Growth at the Central Virginia Training Center continued in the 1960s with the construction of a cluster of residential buildings in the northeastern corner of the campus. These modern concrete-block and brick buildings break away from the Colonial Revival tradition dominant on the rest of the campus. However, owing to their rather remote location they have little impact on the appearance of the campus as a whole.

Currently the campus is an extensive and spread-out group of buildings connected by a series of vehicular roadways and pedestrian paths. For some reason the repeated use of the quadrangle arrangement of buildings is disorienting; the campus lacks a recognizable center and at times it is difficult to discern one quadrangle from another. Large parking areas are located at regular intervals throughout the campus; they detract from the overall appearance of the grounds. Although the informal cottage style has been maintained, as is the case at so many modern campuses, the surrounding landscape has been sacrificed to the automobile.

DeJarnette Sanitarium

The construction of the DeJarnette State Sanitarium was first proposed in 1928 by various members of the neighboring board of Western State Hospital. With the support of Governor Harry Flood Byrd, the board obtained a loan of $100,000 and permission to build the facility, and on 14 May 1932 the facility opened as branch of the Western State Hospital. The site purchased for the hospital was a parcel of land about one-half mile east of Staunton, on U. S. Route 250.

As originally constructed, the main hospital building was a 3 1/2-story Georgian Revival structure with a monumental, two-story, projecting portico in the Ionic order and a three-story, five-bay south wing (fig. 32). In 1935, because of crowding, it became necessary to enlarge the sanitarium. At that time, construction began on the Peery Building, named for the former Governor George C. Peery. The Peery Building of about 1938, stands on the terraced ridge just south of the original hospital building and on axis with it (fig. 33). It is similar in scale and appearance to the original hospital building, also featuring a monumental central portico and a three-story south wing (fig. 34). In addition to the main building, a brick laundry and power plant, built about 1930, stand on a slope to the rear of the main complex.

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[69]State Hospital Board of the Commonwealth of Virginia, 57.

The DeJarnette Sanitarium appears to have enjoyed an excellent reputation as a comfortable facility with high standards. A report written in 1938 describes the facility:

> A mile and a half from the main plant (of Western State) is the DeJarnette Sanitarium, operated for 53 pay patients, with a superior, but no means excessive, medical and nursing force and style of housing. The building is fireproof. It may be said that the standards of care and treatment in the sanitarium are as good as those rendered by many public hospitals of other states.[70]

Despite its late date of construction, the DeJarnette Center displays many aspects of the Kirkbride model for mental asylums developed three-quarters of a century earlier. The majority of functions at the DeJarnette Center are housed in one massive classical building. The interior plan is well organized, consisting of a central corridor with rooms on each side. The setting, on a hillside outside of the town of Staunton overlooking a rural landscape of fields and rolling hills at the base of the Blue Ridge mountains, is also typical of a nineteenth-century mental hospitals. Unlike the other earlier facilities for the mentally ill in Virginia, however, it does not appear that much effort was put into enhancing or maintaining the grounds around the hospital buildings at the DeJarnette Center. Sparsely-planted evergreen trees dot the otherwise bare hillside; a minimal bed of annuals marks the entrance area. Overall, this lack of landscaping gives the facility a severe, institutional appearance that does not seem particularly conducive to the residents' peace of mind.

THE DEVELOPMENT OF FACILITIES FOR MENTAL HOSPITALS SINCE WORLD WAR II

Around the 1940s there developed a consensus among those in the mental health profession that the traditional nineteenth-century methods of treatment were ineffective and that new methods were necessary. One of the major conclusions reached in this reassessment was that long-term custodial care in an institution rarely improved the condition of mental patients. Indeed, mental institutions were charged with actually worsening a patient's condition through unhygienic and crowded conditions and cruel treatment by staff. Apparently, the popular change in attitude towards the mental institution was furthered to some extent by the screening of *The Snake Pit*, a movie produced in the early forties which exposed the poor conditions under which the mentally ill were kept.[71]

In response to the worsening reputation of the traditional mental institution, mental health professionals searched for short-term methods of treatment, or methods that could be delivered on an outpatient basis thus avoiding the institutional stay altogether. Indeed, faced with increasing numbers of patients, the long-term care alternative had long ceased to make economic sense. Outpatient psychiatric care, drug treatments, and vocational and educational training were all developed as alternatives to long-term care in an asylum. In addition, there was a growing recognition that not all mental patients could be lumped together, and that varied conditions ranging from alcoholism to retardation required different types of treatments and facilities.

In Virginia, the shift away from the institutional care of the mentally ill had a pronounced effect on the development and maintenance of mental health facilities. Owing to a sequence of events at the federal and state levels, money was made available for the construction of a series of smaller local and regional mental health facilities to supplement the larger state facilities. These new facilities were no longer designed as campuses where

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[70]Ibid., 40.

[71]University of Detroit School of Architecture.

one would stay for an extended period of time, with countless patient rooms, dining halls, and landscaped grounds. Instead, the modern mental hospital was built to look like a clinic, to serve patients quickly and efficiently. According to a spokesman from the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse, there has been a conscious effort to construct mental health facilities that are not conducive to long-term care.[72]

The shift towards outpatient care has resulted in a noticeable drop in the population at the older state mental facilities, resulting in the complete transfer of the former Western State facility and a portion of the Southwestern State facility to the Department of Corrections. This is not to say there there has been any drop in the number of mentally ill. Indeed, with the inclusion of categories such as substance abusers, compulsive gamblers, and the geriatric insane under the umbrella of the mentally ill, there has been a significant increase in the need for state facilities offering mental health services. However, newer state facilities, such as the Southside Virginia Training Center and the Virginia Treatment Center for Children in Richmond, have tended to be specialized and maintain the goal (though not always successfully) of efficient outpatient treatment.

Tuberculosis Sanitaria In Virginia

One exception to the trend away from de-institutionalization has been in the area of geriatric care. Owing to the increasing numbers of elderly in the population there is currently an unprecedented demand for specialized facilities for the treatment of the geriatric insane. In response to this demand, during the 1970s the Department of Mental Health and Mental Retardation purchased two facilities that previously had served as tuberculosis sanitaria, the Catawba Sanitarium outside Roanoke and the Piedmont Hospital in Dinwiddie County, and converted them into psycho-geriatric hospitals.

Interestingly, the tuberculosis sanitarium was, in theory, similar to the modern-day short-term mental health facility in that it was not intended to provide custodial care for the duration of a patient's life, but aimed at "curing" a patient through the application of a strict and effective regime. Unlike the nineteenth-century mental asylum where patients tended to live out their lives in captivity, the goal of both the tuberculosis sanitarium and the modern mental health rehabilitation center was to release the patient into the real world as soon as possible.

The sanitarium method of curing tuberculosis was introduced in this country during the late nineteenth century by a New York physician, Dr. Edward Livingston Trudeau (fig. 35). Trudeau, who had cured himself of the dread disease through a combination of "fresh air, rest, abundant good food and, when strength allowed, mild exercise" in the Adirondack mountains, was the founder of the Adirondack Cottage Sanitarium in Saranac Lake, established in 1884 (fig. 36).[73] Trudeau's concept of a "fresh air cure" indirectly followed those of the German physician, Dr. Herman Brehmer, who had developed the first fresh air sanitarium in Goebersdorf, Germany.[74] However, the Adirondack Cottage Sanitarium, later renamed the Trudeau Sanitarium at Saranac Lake, was the first fresh air sanitarium established in North America.

In its concept and design, the Trudeau Sanitarium served as the model for the many tuberculosis sanitaria built during the late nineteenth and early twentieth centuries

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[72]Martha Mead (Office of Public Relations, Virginia Department of Mental Health, Mental Retardation and Substance Abuse), Interview, 12 April 1990.
[73]Philip L. Gallos, *Cure Cottages of Saranac Lake* (Saranac Lake, N.Y.: Historic Saranac Lake, 1985), 2.
[74]Gallos, 3.

throughout the United States. An essential component of the Saranac model was the cottage where the afflicted could live during their period of cure, which often lasted up to three years (fig. 37). Patients slept, ate, and participated in rehabilitative therapy in the same cottage, where they were attended by resident nurses and caretakers, and visited by resident physicians. The typical cure cottages featured an abundance of outdoor or partially outdoor space, including verandas, screened porches, and glassed-in sleeping porches, to insure that the patient was getting as much fresh air as possible. In order to prevent the patient from getting too much direct sunlight, porches were equipped with awnings, and protected by strategically placed shade trees.

Based on the Saranac model, tuberculosis sanitaria were typically arranged in an informal, village-like plan with several streets or rows of cottages. Because it was generally recommended that the sanitarium be in a mountainous setting, the topography was typically hilly and, ideally, provided inspirational views. Another important feature of the late-nineteenth-century and early-twentieth-century sanitarium was a well-planted naturalistic landscape. Since the mid-nineteenth century, landscape architects starting with Andrew Jackson Downing had promoted trees as an essential component of every neighborhood. Consequently, tree planting was recommended by landscape architects and physicians alike for the late-nineteenth-century sanitarium .[75]

In Virginia, three state-supported tuberculosis sanitaria were established in the first quarter of the twentieth century. The first to be built, in 1909, was the Catawba Sanitarium, located approximately ten miles west of Roanoke in the Allegheny Mountains. This was followed in 1918 by the establishment of the Piedmont Sanitarium, in Burkeville, for blacks. Finally, in 1920, the Blue Ridge Sanitarium outside of Charlottesville was opened to serve white patients from Central Virginia.[76]

With the advent of antibiotic treatment following World War II, the number of patients at Virginia's state sanitaria began to decline. Gradually, the sanitaria were forced to consolidate for the sake of economy, leaving entire buildings vacant. In the late 1960s and early 1970s all three of the state sanitaria were closed as facilities for the treatment of tuberculosis. Two of these facilities, Catawba Mental Hospital and Piedmont Geriatric Hospital, were subsequently purchased by the Department of Mental Health and Retardation.

Catawba Hospital

Catawba Mental Hospital was originally the site of the Roanoke Red Sulphur Springs Resort, one of many mineral springs that opened in the area around the mid-nineteenth century. Access to the springs was provided by the Virginia and Tennessee Railroad, which had been completed in the early 1850s. The Roanoke Red Sulphur Springs Resort was established in 1858 on a seven hundred-acre, mountainous site outside of Roanoke that featured a sulphur and limestone spring. The developers of the resort borrowed $50,000 to clear the area, build roads, and construct buildings.[77]

In 1879 the resort was leased to Joe Chapman, a prominent local hotel man who eventually purchased the resort. Chapman advertised that the water at the resort, called "Catawba" or "All Healing," was valuable in the treatment of lung diseases, and shipped it throughout the

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[75]Ibid, 12.

[76]Blue Ridge Hospital was surveyed by Jeffrey O'Dell as part of the *Survey of Albemarle County* (May 1982) and is evaluated on page 32 of this report.

[77]Stan Cohen, *Historic Springs of the Virginia's: A Pictorial History*.(Charleston, WV: Pictorial Histories Publishing Company), 93-94.

country.[78] At the height of its popularity under Chapman's ownership, the hotel accommodated three hundred guests, including many who visited annually from the Roanoke area (fig. 38).

In 1901 the commonwealth purchased the resort, though it continued to be operated as a resort by Chapman until 1908. At that time it was converted into the first tuberculosis sanitarium in the state. Its location on a terraced, forested mountainside above the Catawba Valley in the Blue Ridge Mountains was considered ideal for the tubercular. There are currently only two structures remaining from the hotel period at the Catawba Hospital, both located in a forested area in the northern part of the hospital grounds. One is the Red Sulphur Springs Building, an abandoned, frame, two-story hotel building dating from the mid-nineteenth century (fig. 39). Nearby, down a hill from the Red Sulphur Springs Building, an original ornate iron gazebo still stands over one of the springs (fig. 40).

In 1909 the Catawba Sanitarium was inspected by the State Board of Charities and Corrections. At that time it was the only tuberculosis sanitarium in the state. According to this report, the sanitarium was limited to the treatment of those with "uncomplicated tuberculosis of the lungs," and those with "tuberculosis of the bowels or throat" would not be received. The cost of a stay at the Sanitarium was $5 a week for "boarding, lodging, nursing and medical attention."[79] The following brief description of the facility was also included in the report:

> The property consists of 651 acres, of which 258 are on the mountain side and include only the surface rights, being purchased to control the water-shed, the remaining 393 consists of the springs property, having much good woodland, many desirable sites for cottages and camps, and a farm of good blue-grass pastures and arable land. The elevation of the sanitarium site is 2100; the elevation of the farm is about 1900 and the mountain, 3000.
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> The male patients occupy tent cottages—three or four in each cottage—which re-connected with the main building by telephone. The lavatory building and lounging room are in close proximity to the men's quarters. Women occupy a lean-to building which accommodates sixteen patients and contains a lavatory and lounging room. These are also connected with the main building by telephone. The main building contains a dining room, doctor's office, and staff apartments, as well as a kitchen, supply rooms, etc.

None of the temporary structures from the early days at the hospital remain standing. It seems likely that some of the earliest patients at the Catawba facility also would have been housed in the former hotel building. Soon after the conversion of the hotel to a tuberculosis sanitarium, however, several new buildings were constructed (fig. 41). The earliest structure on the grounds (other than the abandoned hotel) is the director's residence, a frame, hip-roofed, four-square house with a big front porch and two central stone chimneys located in a row of residences across from what is now the main hospital (fig. 42). The small Gothic Revival Chapel, built in 1915, is located in the northeast corner of the campus, near the original hotel complex (fig. 43).

The 1920s were marked by the start of the development of a complex of institutional buildings that eventually formed the central area of the campus. In 1922 the dining

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[78]Ibid.

[79]Virginia State Board of Charities and Corrections.

room/kitchen was constructed, followed by the activities building in 1927 and the staff residence in 1928 (figs. 44-45). All three of these Craftsman-style buildings were built on a hillside facing south, directly behind the current location of the main hospital building. The north side of the campus was added to in 1931 with the construction of a modest patient or staff residence and the nurses annex, both located in the northeast corner of the campus below the original hotel building. In 1939 the Carroll Annex, a hospital building, was constructed adjacent to the dining hall, thus completing the development of the older core of the campus.

Simultaneous with the development of the north side of the campus during the 1920s and 1930s was the development of a row of seven residential buildings adjacent to director's residence on a hillside on the south side of the campus. These dwellings, presumably built to house the patients, are all similar in their residential appearance and scale, though they vary in style from Colonial Revival to Craftsman to vernacular. At the eastern edge of this row of residences a maintenance complex was built in the 1920s to support the hospital. This consisted of the Pumping Station (1924), the Old Shop (1927), and the Hospital Garage (1928). Currently the main drive through the hospital serves to divide the campus in half, with the residential section on the southern side and the office/institutional section to the north, a division that seems quite practical.

Approximately one-half mile southeast of the central portion of the grounds, across Route 779, the hospital owns a small farm consisting of several early-twentieth-century frame residences and a 1946 dairy complex. It is not known when this land was acquired; it seems likely that the 1946 dairy barns replaced earlier structures. It can be assumed that this dairy farm was built to supply the sanitarium with fresh milk, once thought to be an important component in the cure for tuberculosis.

During the 1950s the scale and appearance of the Catawba Hospital was significantly changed through the construction of the Nicholls Building, a massive seven-story, steel-and-concrete building located directly in the center of the campus (fig. 46). Owing to its prominent siting on a steep hillside, this bulky structure is visible from all points within the campus and for a distance of several miles to the south. Simultaneous with the construction of the Nicholls Building, the modern, two-story, brick Ewald Dormitory was built on a hillside between the chapel and the old hotel building, further disrupting the older core of the sanitarium complex (fig. 47). On the south side of the campus, three modern brick ranch houses were added onto the far western end of the row of residences.

Currently, the Catawba Hospital campus retains much of the character from its earlier days as a tuberculosis sanitarium. The small village of Catawba and the area surrounding the hospital site are still extremely rural; it is easy to imagine how isolated the tuberculosis patient arriving from Richmond in the 1920s must have felt. In addition, the hospital grounds themselves still have a rustic, wooded appearance; many types of birds and wild deer can still be seen around the campus. However, the addition of the looming, poured-concrete Nicholls Building has, unfortunately, had a powerful negative impact on the feeling and appearance of the campus as a whole.

In 1972 Catawba Hospital became part of the Department of Mental Health and Retardation as a treatment and rehabilitation center for psycho-geriatric patients. In 1981, a unit for acute short-term psychiatric treatment of patients ages 18-64 years was added to the hospital. The hospital currently has a capacity for 270 patients.

Piedmont Geriatric Hospital

Piedmont Geriatric Hospital, in Nottoway County, was established in 1918 as the state tubercular sanitarium for blacks. Although sanitaria were typically located in cooler

EVALUATION OF PROPERTIES

Blue Ridge Hospital
Charlottesville, Virginia

The Blue Ridge Hospital was established by the Commonwealth in 1919 as a tuberculosis sanitarium to serve the residents of the central Piedmont area. On the site at the time of purchase was the Lyman Mansion, circa 1875, which remains extant. During the early twentieth century, prior to its development as a tuberculosis sanitarium, the site served as a private mental sanitarium, Moore's Brook. Blue Ridge Hospital is currently owned by the University of Virginia and was not surveyed as a part of this project. (It was surveyed by the Division of Historic Landmarks as a part of the Albemarle County Survey in May 1982.) However, because of its former use as a state-owned tuberculosis sanitarium, it seemed appropriate to evaluate this facility in the context of other tuberculosis sanitaria in the state.

Based on our evaluation, it appears that the Blue Ridge Hospital has significance as a representative and relatively well-preserved example of a tuberculosis sanitarium in Virginia. The approximately 20-25 institutional, agricultural and residential buildings as well as the surrounding grounds appear to be eligible for nomination as a district to both the state and national registers. District boundaries would correspond roughly with the existing boundaries of the hospital property.

Catawba Hospital
Catawba, Virginia

The Catawba Hospital has historical significance as the site of an antebellum resort and the earliest state-supported tuberculosis sanitarium to be established in Virginia. The original Red Sulphur Springs Hotel building, though in what appears to be poor condition, should be of interest to local and period historians. The hotel building, with the pavilion to the south, may be eligible as a small district representative of antebellum resorts in Virginia pending a thorough assessment of the structural condition of the hotel building.

The overall layout and design of the sanitarium appears to follow the model set by the earliest American sanitarium at Saranac Lake, which was based on contemporary Swiss and German sanitaria. In addition, the sanitarium buildings, several of which were built with funds from the WPA, are good examples of the Craftsman style popular in the first half of the twentieth century. The surrounding wooded grounds are attractive and well-maintained. The hospital farm, located across Route 779 from the central hospital complex, though not architecturally significant, provides a good example of the type of small farm often associated with early hospitals and correctional facilities in Virginia.

Unfortunately, the overwhelming presence of the massive, modern, seven-story, steel-and-concrete Nicholls Building, located directly in the center of the campus, significantly compromises the grounds at Catawba Hospital. Visible from all points within the campus and for a distance of several miles to the south, this 1950s addition detracts from the integrity of this campus as an example of an early twentieth century tuberculosis sanitarium. However, owing to the historical interest associated with the site and the relatively high quality of the other hospital buildings and surrounding grounds, Catawba Hospital appears to be eligible as a district with boundaries corresponding with the existing boundaries of the hospital property.

This survey did not include an archaeological component.

Central State Hospital
Petersburg, Virginia
Central State Hospital was established in 1870 to serve as a segregated mental hospital for Virginia's black population. It was the third state-supported mental asylum to be established after Eastern State and Western State. Despite the early date of establishment, however, the demolition of buildings and structures associated with the early development of the institution diminish its ability to represent the history or design of late-nineteenth-century mental hospitals or the social welfare aspects of black history in Virginia. Although there are several structures on the grounds that date from the first half of the twentieth century, the majority of the buildings at Central State do not meet the fifty year age criteria nor do they justify special exceptions.

This survey did not include an archaeological component.

Central Virginia Training Center
Lynchburg, Virginia
The Virginia State Epileptic Colony (later the Central Virginia Training Center) was established in 1910 to serve the commonwealth's epileptic population. The original layout of the hospital, consisting of a campus-like arrangement of residential and classroom buildings, differed significantly from the model of the large, single building facility set by earlier mental hospitals in Virginia such as Western State and Southwestern State. Since the 1950s the campus has greatly expanded with the development of a series of quadrangles connected by roads and interspersed with large parking lots. Owing to the significant growth of this campus since World War II the majority of buildings at CVTC do not, at this time, meet the fifty-year age criteria nor do they justify special exceptions. Although the original, early-twentieth-century portion of the campus still exists, many of the older buildings are in poor condition, and the area has been significantly modified with the addition of several noncontributing modern buildings.

This survey did not include an archaeological component.

DeJarnette Center
Staunton, Virginia
The DeJarnette Center, built in 1932 as special private unit of the Western State Hospital, is the last of the large residential-style mental hospitals to be built in Virginia. In its original design as a massive Colonial Revival complex, it provides a representative example of a nineteenth- and early-twentieth-century American mental hospital. Its prominent siting on a hillside outside of the City of Staunton overlooking a rural landscape of fields and rolling hills at the base of the Blue Ridge Mountains is also typical of the traditional late-nineteenth century/early-twentieth-century mental hospital. Despite the addition of a one-story brick and concrete hyphen connecting the main hospital building to the Peery Annex, the complex has relative integrity, having changed little since the late 1930s. The grounds, though simple in both design and layout, provide an attractive expanse of open space in close proximity of the City of Staunton; the facility's prominent siting overlooking a major entrance to the city make it a familiar and impressive visual landmark. Based on this evaluation, the DeJarnette Center appears to be eligible as a district (including the buildings and grounds) to both the Virginia and National registers.

This survey did not include an archaeological component.

Eastern State Hospital
Williamsburg
The Eastern State Hospital has great significance under criterion A as the first and oldest surviving mental hospital to be established in Virginia and the United States. From its

establishment in 1770 until the 1930s the hospital operated on its original site in the town of Williamsburg. With the reconstruction of Colonial Williamsburg, however, it was necessary to move the still-functioning hospital out of the vicinity of the historic district to a new campus located a few miles west of the city. None of the buildings from the original hospital site remain standing; a reconstruction of the original hospital building is located on its original site at Colonial Williamsburg. Consequently, although the new campus is relatively attractive the majority of the buildings do not meet the fifty-year age criteria nor do they appear to justify special exceptions. At this point, despite the great historical importance of the Eastern State Hospital, it does not appear that the present-day campus has sufficient architectural significance to warrant nomination to the national register.

This survey did not include an archaeological component.

Piedmont Geriatric Hospital
Burkeville, Virginia
The Piedmont Hospital was established in 1918 as a tuberculosis sanitarium for blacks. During the 1940s a nursing school was also established on the grounds, to train black nurses from the area to work at the hospital. During the 1970s the site was acquired by the Department of Mental Health, Mental Retardation, and Substance Abuse to serve as a psycho-geriatric hospital for the southside area.

Several buildings from the original hospital, dating from around 1918, remain on the grounds. In addition, the original block of the 1939 hospital building may be of interest to architectural historians as an unusually fine example of the Streamline-Moderne style in Virginia. However, owing to a large 1950s wing addition, this building does not appear to have sufficient integrity to warrant individual nomination. The grounds are attractive, and well-planted with mature evergreens. Despite the relative integrity of the campus, however, the Piedmont Hospital does not appear to have historical significance related to the context of mental health, nor does it have sufficient architectural significance to warrant nomination to the national register at this time. Although not considered eligible for listing as a historic district, the Piedmont Hospital should be re-evaluated in the context of local history and black history in Virginia, and included in any future multiple property nominations in this area.

This survey did not include an archaeological component.

Southwestern State Hospital
Marion, Virginia
Southwestern Virginia State Hospital is significant under criterion A for its associations with the treatment of the mentally ill in Virginia. In addition, the Henderson Building is significant under criterion C as an excellent example of a late-nineteenth-century mental hospital, exhibiting both a fine design and excellent craftsmanship. Despite the demolition of original wings and the construction of a series of new additions to the rear of the building in the late 1980s, the main building still presents a dramatic view as one approaches on the original entry road from the south. Overall, the central portion of the campus, comprised mainly of buildings from the first half of this century appears to have relatively few intrusions other than the new additions to the Henderson building, which, in both scale and appearance are not incompatible with the original architecture of the campus. The grounds have been continuously well-maintained and are attractive. Based on this evaluation, it appears that the central portion of the Southwestern State campus would be a good candidate for nomination as a district to both the state and national registers.

This survey did not include an archaeological component.

Western State Hospital
Staunton, Virginia

Because of its importance in the history of mental health in Virginia and the United States, and its quality of architectural and landscape design, the significance of the antebellum complex at the old Western State Hospital (now the Staunton Correctional Center and administered by the Department of Corrections) already has been well established in a 1984 National Register nomination (this followed an earlier nomination prepared in 1969). Based on our evaluation, it appears that the current National Register district should be expanded to include Building 29, Building 30, and the grassy courtyard area enclosed by these buildings and Building 31 (already in the district). In addition, the landscaped grounds in front of the Administration Building (including the boxwood-enclosed circle with fountains, the tree-lined entry drive, and wrought iron fence that borders the western edge of the hospital complex) should be added to the existing district. Finally, the row of staff houses located to the southwest of the Administration Building could be included in this district pending a more detailed determination of district boundaries at the time of nomination.

This survey did not include an archaeological component.

CURRENT PRESERVATION POLICIES AND LEGISLATION

National Role in Historic Preservation

Preserving historic resources has been a national policy since the passage of the Antiquities Act of 1906; significant expansion in historic preservation has occurred through the subsequent Historic Sites Act of 1935 and the National Historic Preservation Act of 1966, as amended. These last two acts made the Secretary of the Interior responsible for maintaining the National Register of Historic Places, a list of properties that have been evaluated as significant in American history, architecture, archaeology, engineering, and culture, and found to be worthy of preservation. The National Park Service maintains and expands the National Register of Historic Places on behalf of the Secretary of the Interior.

Nominations to the National Register for state-owned properties in Virginia are made by the State Historic Preservation Officer, who is also the Director of the Department of Historic Resources. Federal agencies request determinations of eligibility for properties that are subject to federal, federally assisted, or federally licensed activities in accordance with Section 106 of the National Historic Preservation Act, as amended. For state-owned properties in Virginia, a National Register designation accomplishes the following:

- increases public awareness of historic resources and may encourage preservation,
- mandates reviews of the negative impact of projects using federal funds or requiring federal licensing,
- does not restrict the use of private funds,
- makes designated properties eligible to compete for state grants.

Role of the Department of Historic Resources

The General Assembly, in recognition of the value of the commonwealth's cultural resources, provides for the review by the Department of Historic Resources of all rehabilitation and restoration plans for state-owned properties listed in the Virginia Landmarks Register to insure the preservation of their historic and architectural integrity. In this respect the Virginia Landmarks Register is a planning tool to encourage the protection and wise use of significant historic properties in the commonwealth.

Enabling Legislation

The specific provisions for review are defined in the 1990 Appropriations Act, 1990 Session, Virginia Acts of Assembly, Chapter 972, Section 4-4.01.(o):

> **State-Owned Registered Historic Landmarks:** To guarantee that the historical and/or architectural integrity of any state-owned properties listed on the Virginia Landmarks Register and the knowledge to be gained from archaeological sites will not be adversely affected because of inappropriate changes, the heads of those agencies in charge of such properties are directed to submit all plans for significant alterations, remodeling, redecoration, restoration, or repairs that may basically alter the appearance of the structure, landscaping, or demolition to the Department of Historic Resources. Such plans shall be reviewed within thirty days and the comments of that Department shall be submitted to the governor through the Department of General Services for use in making a final determination.

The 1990 Appropriations Act, which supersedes the similar provisions of the earlier appropriations acts, places into the code the provisions of Executive Order Forty-Seven issued by Governor Mills Godwin in 1976. In that executive order Governor Godwin stated the rationale for safeguarding state-owned historic resources:

> Virginia's many historic landmarks are among her most priceless possessions. The preservation of this historic resource should be of prime concern to all citizens. As Governor, I believe the Commonwealth should set an example by maintaining State-owned properties listed on the Virginia Landmarks Register according to the highest possible standards.

Departmental Policy and Authority
Hugh C. Miller, Director of the Department of Historic Resources, subject to his continuing and ultimate authority, is vested with the responsibility for review of all plans for significant alterations, remodeling, redecoration, restoration, and repairs that may basically alter the integrity of state-owned registered historic landmarks, and to provide comments related to such plans to the governor, through the Department of General Services.

Application and Review Procedures
The 1990 Appropriations Act directs the heads of state agencies in charge of state-owned landmark properties to submit all plans for significant alterations, remodeling, redecoration, restoration, or repairs that may basically alter the appearance of the structure, landscaping, or demolition to the Department of Historic Resources. Although capital projects represent the most obvious state-funded activities that affect historic resources, state agencies should notify the Department of any remodeling, redecoration, restoration, or repair that could affect the structure or visual character of a state-owned landmark or archaeological site. Even such normal maintenance including repointing brickwork, cleaning masonry, painting woodwork, or landscaping can compromise the integrity of a landmark if not done in accordance with the *Secretary of the Interior's Standards for Rehabilitation*. The *Standards* encompass the most widely accepted principles regarding work undertaken on historic buildings in the United States and are used in review of all federal projects involving historic properties listed in or eligible for listing in the the National Register of Historic Places. The Virginia Department of Historic Resources uses the *Standards* as a basis for evaluating proposed alterations to state-owned historic landmarks. The *Standards* are available without cost from the Department of Historic Resources.

PRESERVATION AND MANAGEMENT RECOMMENDATIONS

The history of mental health care in Virginia is a complex subject of national and state-wide importance. Several of the properties owned by the commonwealth through the Department of Mental Health, Mental Retardation, and Substance Abuse possess inherent historic and design values that merit preservation. The necessary first step in their preservation is a recognition that these resources are indeed significant.

This recognition should be accomplished through listing, in the Virginia Landmarks Register and nomination to the National Register of Historic Places, the properties evaluated as eligible in the course of this survey, and through the adoption of an official preservation policy by the Department of Corrections. This policy statement should reiterate the nature of the department's resources and their significance to the department and the commonwealth. Furthermore, the statement should pledge the department to a course of using wisely its historic resources. In most instances the properties that have been evaluated as potentially eligible for the Virginia and National registers are not currently in use as high-security institutions. Consequently, preservation goals should not be in conflict with security at most of the historic properties.

Given the age and use of these facilities—coupled with the fact that they may not have been considered as historic resources prior to the initiation of this survey—the potentially eligible

facilities are remarkably well preserved.[87] The need for increased security in recent years, however, has created new pressures that threaten some historic resources, particularly for properties where there are abandoned or vacant agricultural buildings. The relatively new policy restricting most inmate labor outside secured areas has resulted in a significant reduction in agricultural work at most correctional institutions, less outdoor maintenance of both grounds and buildings, and decreased use of agricultural buildings.

A number of issues face historic resources at correctional facilities. Maintenance of historic buildings and other resources is particularly critical because inmates have traditionally provided the labor and that labor source has been strictly curtailed. Significant historic landscape details, such as wooden fences, are also in danger of being lost because of the current lack of available inmate labor to repair, rebuild, and repaint them when necessary.

Departmental adoption of the *Secretary of the Interior Standards for Rehabilitation* would provide standards for maintenance, repair, and additions to historic buildings. Development of maintenance plans based on the *Secretary's Standards* would ensure that both historic buildings and landscape elements are given proper care. All future master plans and rehabilitations to historic buildings should incorporate the principles of the *Standards* and acknowledge the importance of preserving the integrity of the historic resource. There should be historic structure reports prepared for major historic buildings or major types of buildings that contribute to historic districts. All future planning consultants, architects, engineers, and landscape architects should be well informed concerning the nature of the historic resource and its integrity and have the ability and experience to work successfully in a historic environment.

There is a need for at least one position at the departmental office of planning and engineering and at each potentially eligible institution that includes responsibility for historic preservation as part of the official job description. Each of these staff members should receive some background training and continuing education in preservation issues and technology. Additionally, each institution for which a historic district is recommended needs a preservation plan that can be incorporated into its overall master plan; for some, master plans may require substantial revisions to accomplish preservation. The locations of new buildings, structures, and roads, for example, need to be carefully considered.

Since this survey did not include an archaeological component, potential archaeological sites have not been considered. Some of the sites visited, however, can be expected to yield significant archaeological information; consequently, there should be an archaeological investigation by a qualified archaeologist when any site is proposed for major new construction or other land-disturbing activities. The Department of Historic Resources needs to allow in its future work plans for the periodic updating, further documentation, and evaluation of existing conditions at state-owned properties included in this survey.

A thorough review of hospital master plans should occur prior to any future development in order to eliminate as many conflicts as possible with preservation goals. At the institutions considered eligible, there is a deliberate balance between open and built space either as a result of design intent or as an evolutionary process that has attained significance over time as an identifying characteristic.

It appears that several properties owned by the Department of Mental Health, Mental Retardation, and Substance Abuse were built with funding from the WPA (Works Progress

[87] Exceptions are Western State and VSDB which have been considered to be historic resources.

Administration). However, at this point it is difficult to identify exactly how WPA funds were allocated in the Commonwealth. It is recommended that , at some point, a comprehensive inventory be compiled of WPA projects in Virginia.

APPENDIX 1: BIBLIOGRAPHY

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APPENDIX 2: LIST OF FIGURES

Fig. 16. **Education Building,** Central State Hospital, built around 1900 with several later additions.
(DHR File no. 26-123)

Fig. 17. Work Activities Center, Central State Hospital (1910).
(DHR File no. 26-123)

Fig. 18. Chapel, Central State Hospital (1904).
(DHR File no. 26-123)

Fig. 19. The Eastview Building, entrance pavilion, Central State Hospital (1928).
(DHR File no. 26-123)

Fig. 20. Building 7-8, Central State Hospital (1929).
(DHR File no. 26-123)

Fig. 21. Henderson Building (main building), Southwestern State Hospital (1884-87).
(DHR File no. 119-4)

Fig. 22. Entrance gate with view to Henderson Building, Southwestern State Hospital.
(DHR File no. 119-4)

Fig. 23. Harman Building, Southwestern State Hospital (1930).
(DHR File no. 119-4)

Fig. 24. Wright Building, Southwestern State Hospital (1933).
(DHR File no. 119-4)

Fig. 25. Auditorium Building, Southwestern State Hospital (1941).
(DHR File no. 119-4)

Fig. 26. Morrison Building, Southwestern State Hospital (1952).
(DHR File no. 119-4)

Fig. 27. Central Virginia Training Center, site plan.
(DHR File no. 05-190)

Fig. 28. Drewry Building, Central Virginia Training Center (1910).
(DHR File no. 05-190)

Fig. 29. Early dormitory buildings, Central Virginia Training Center (c. 1915).
(DHR File no. 05-190)

Fig. 30. Chapel, Central Virginia Training Center (1923).
(DHR File no. 05-190)

Fig. 31. Bradford Hall, Central Virginia Training Center (1937).
(DHR File no. 05-190)

Fig. 32. DeJarnette Center, DeJarnette Sanitarium, original hospital (c. 1929-31).
(DHR File no. 07-1207)

Fig. 33. DeJarnette Center, general view.
(DHR File no. 07-1207)

Fig. 34. Peery Building, DeJarnette Sanitarium (c. 1938).
(DHR File no. 07-1207)

Fig. 35. Dr. Edward Livingston Trudeau at work in the Saranac Laboratory for the Study of Tuberculosis (c. 1895).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, Saranac Lake, New York: Historic Saranac Lake, 1985, p. 3)

Fig. 36. Little Red, the first cure cottage of Dr. Trudeau's Adirondack Cottage Sanitarium (1884).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, p. 5)

Fig. 37. Linwood Cottage, 53 Main Street, one of the first major commercial sanitaria at Saranac Lake (c. 1890).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, p. 9)

Fig. 38. **Beyer's rendering of** Roanoke Red Sulphur Springs, from his 1857 Album of Virginia, drawn at the time of its construction.
(From Stan Cohen's "Roanoke Red Sulphur Springs," *Historic Springs of the Virginias: A Pictorial History*, Charleston, West Virginia: Pictorial Histories Publishing Company, n.d., p. 93)

Fig. 39. Red Sulphur Springs Building from the mid-nineteenth century.
(From Stan Cohen's "Roanoke Red Sulphur Springs," p. 94)

Fig. 40. Red Sulphur Springs Gazebo.
(From Stan Cohen's "Roanoke Red Sulphur Springs," p. 94)

Fig. 41. Catawba Hospital, site plan.
(DHR File no. 22-19)

Fig. 42. Director's Residence, Catawba Hospital (1912).
(DHR File no. 22-19)

Fig. 43. Chapel, Catawba Hospital (1915).
(DHR File no. 22-19)

Fig. 44. Activities Building, Catawba Hospital (1927).
(DHR File no. 22-19)

Fig. 45. Staff Residence, Catawba Hospital (1928).
(DHR File no. 22-19)

Fig. 46. Nicholls Building, Catawba Hospital (1953).
(DHR File no. 22-19)

Fig. 47. Ewald Dormitory, Catawba Hospital (1953)
(DHR File no. 22-19)

Fig. 48. Piedmont Geriatric Hospital, site plan.
(DHR File no. 67-99)

Fig. 49. Piedmont Sanitarium (original hospital), Piedmont Geriatric Hospital (1918; additions 1927, 1952).
(DHR File no. 67-99)

Fig. 50. Superintendent's House, Piedmont Geriatric Hospital (c. 1920).
(DHR File no. 67-99)

Fig. 51. Main hospital, Piedmont Geriatric Hospital (1939; additions 1950s and 1960s).
(DHR File no. 67-99)

Fig. 52. Nurses Dormitory, Piedmont Geriatric Hospital (1949).
(DHR File no. 67-99)

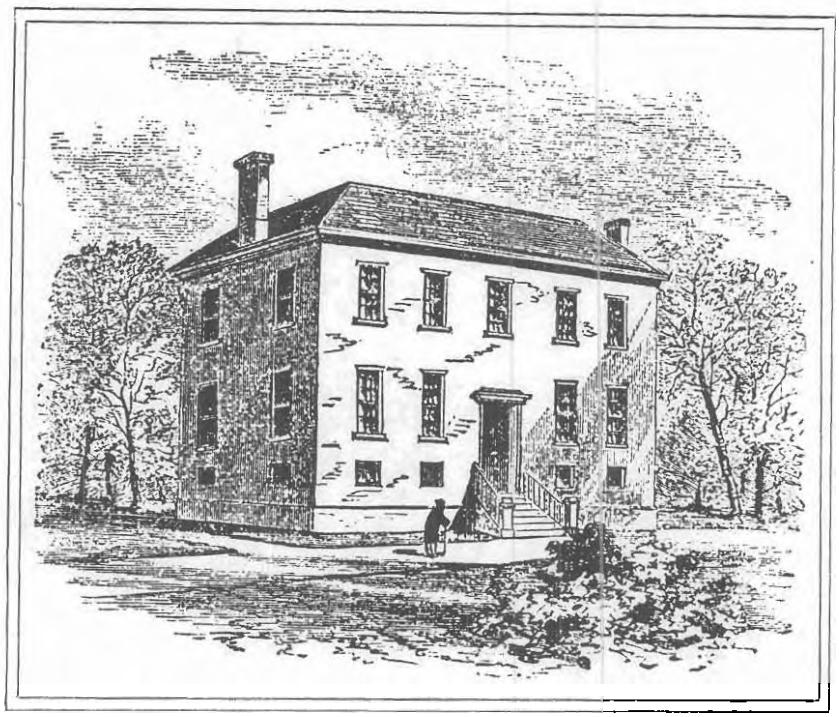
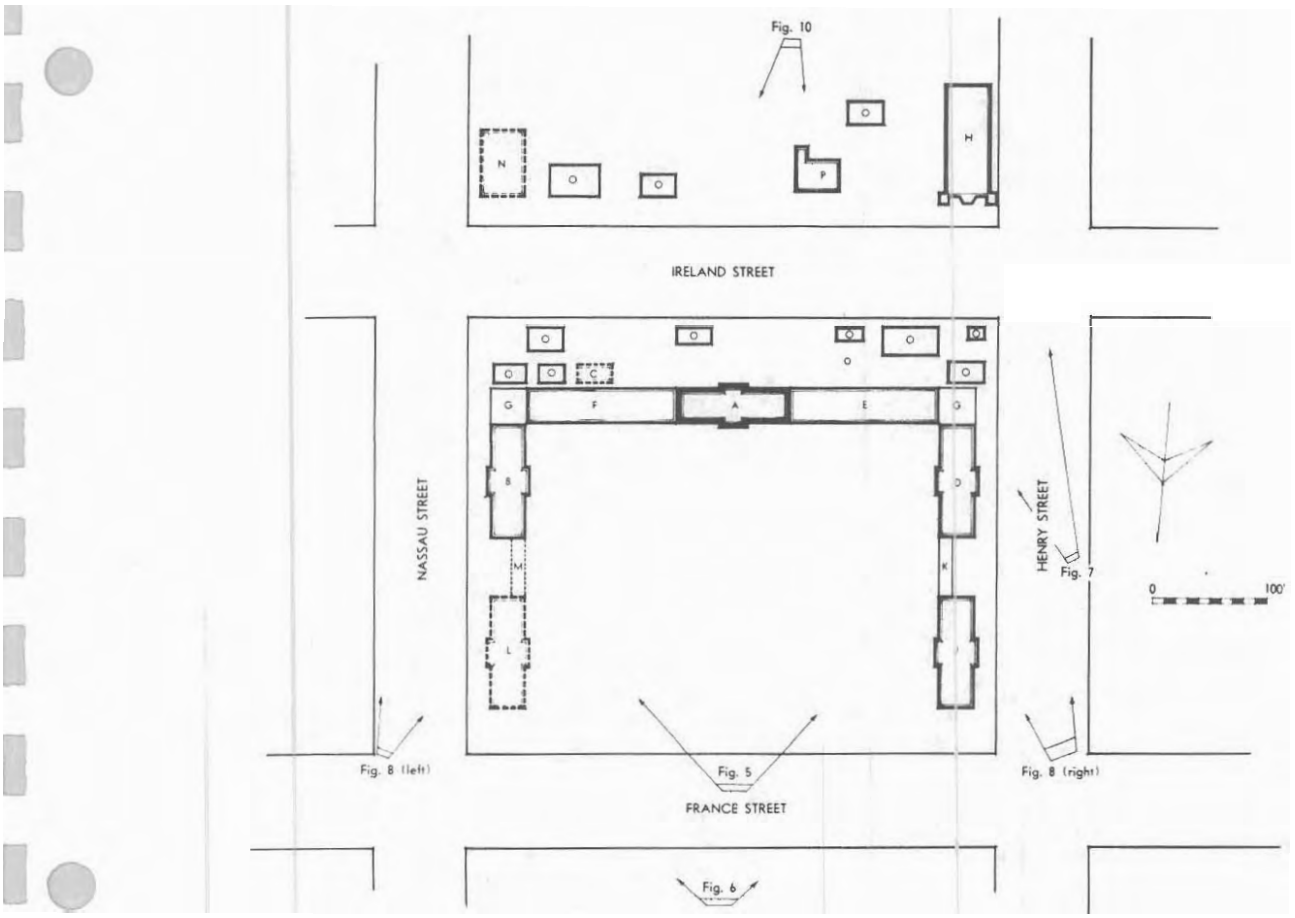


Fig. 1. The New York almshouse (1735).
(From David J. Rothman's, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Boston: Little Brown, 1971, fig. I)



A.	Public Hospital	Built 1770 3rd story added 1838-1840 Burned 1885	
B.	East Building	Built ca. 1820 Enlarged 1833-1835 Burned 1885	
C.	Convalescent House	Built before 1821 Torn down ca. 1855	
D.	West Building	Built 1824-1826 Enlarged 1833-1835 Burned 1885	
E.	West Wing	Built 1838-1840 Burned 1885	
F.	East Wing	Built 1843-1845 Burned 1885	
G.	Wood Verandahs	Built ca. 1845 Torn down 1885	
H.	Gothic Building	Built ca. 1848-1850 Enlarged ca. 1883 Burned 1902	
J.	Doric Building	Built 1850 Burned 1885	
K.	West Covered Way	Built 1850 Burned 1885	
L.	Chapel	Built 1869-1872 Burned 1876	
M.	East Covered Way	Built 1869-1872 Burned 1876	
N.	Jacobean Building	Built 1869-1872 Burned 1885	
O.	Outbuildings		
P.	Galt Cottage	18th C. with later additions; moved—now on Tyler St.	

Fig. 2. Eastern State Lunatic Asylum, conjectural Site Plan showing all major and some minor hospital buildings up to about 1885.
(From Norman Dain's *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-1866*, Williamsburg: The Colonial Williamsburg Foundation, n.d., fig. 9)

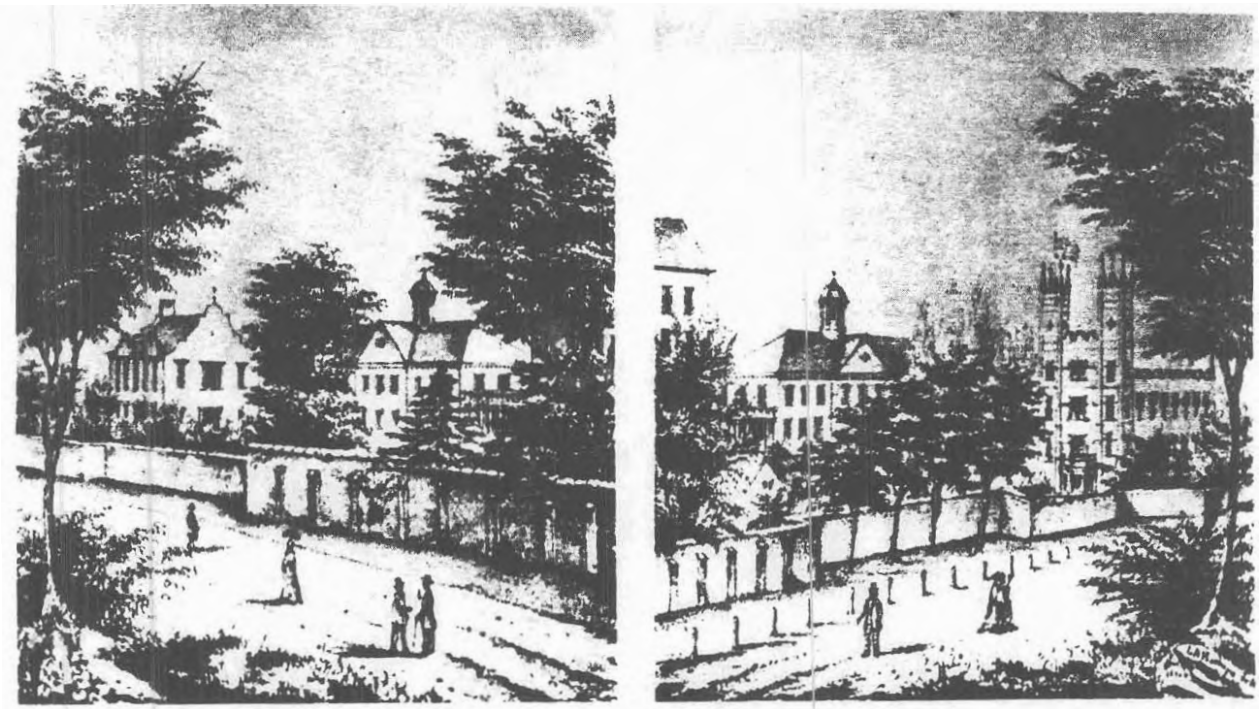


Fig. 3. Eastern State Lunatic Asylum, about 1855; left view shows buildings on eastern side of hospital grounds, and right view shows those on western side. (From Norman Dain's *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-1866*, fig. 8)

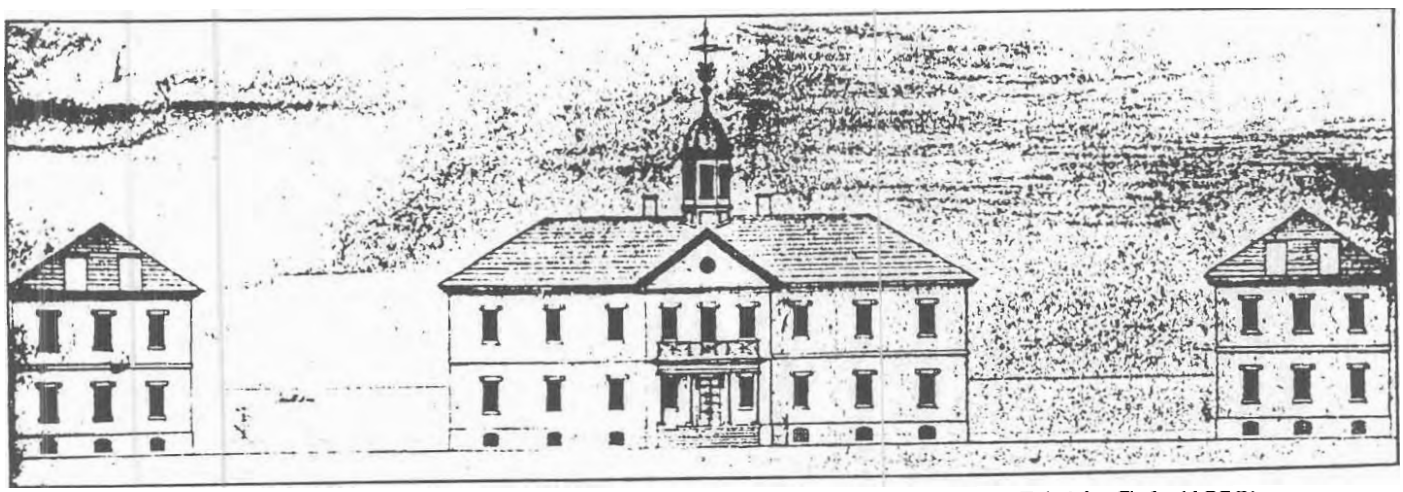


Fig. 4. Earliest known drawing of the Public Hospital, by keeper Dickie Galt (1829). (From Edward A. Chappell and Travis C. McDonald's "Containing Madness, The Architecture of the Public Hospital," *Colonial Williamsburg*, Spring 1985, p. 26)

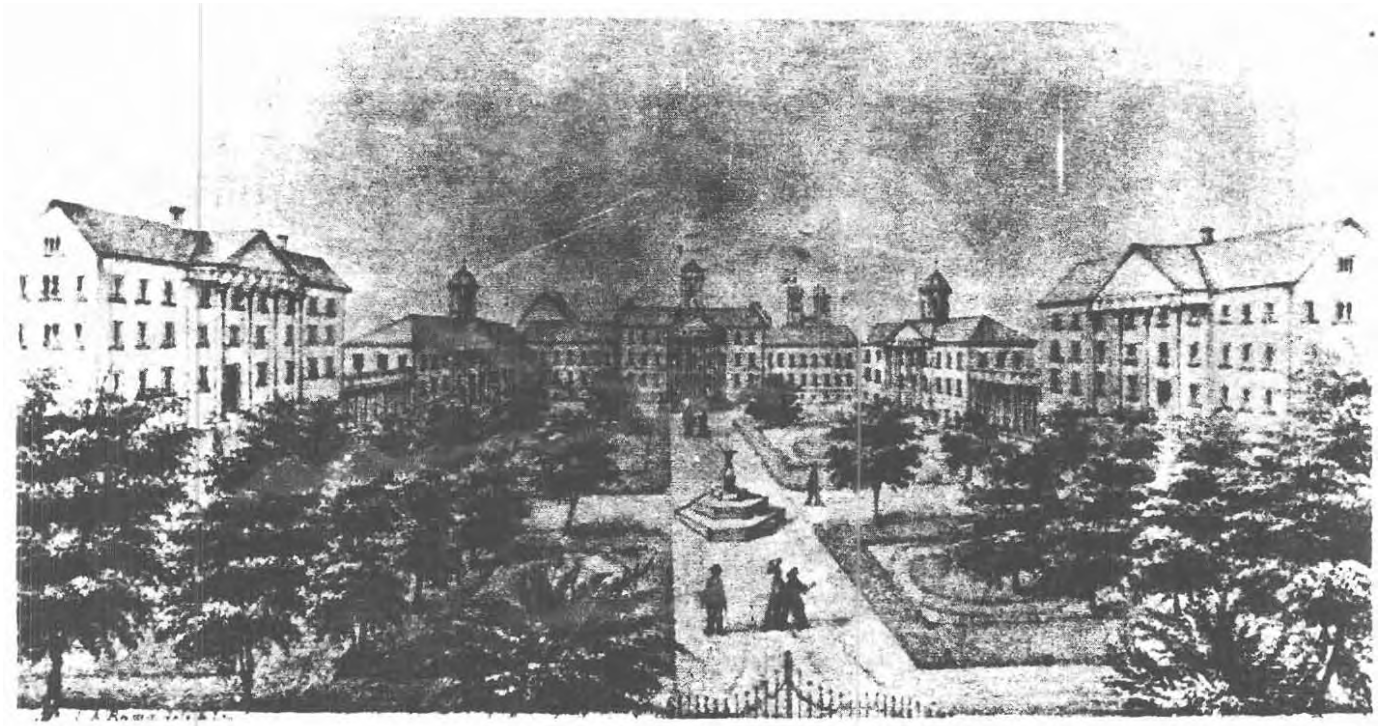


Fig. 5. View of Eastern State Lunatic Asylum, about 1855, by L. A. Ramn. (From Norman Dain's *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia 1766-1866*, fig. 6)

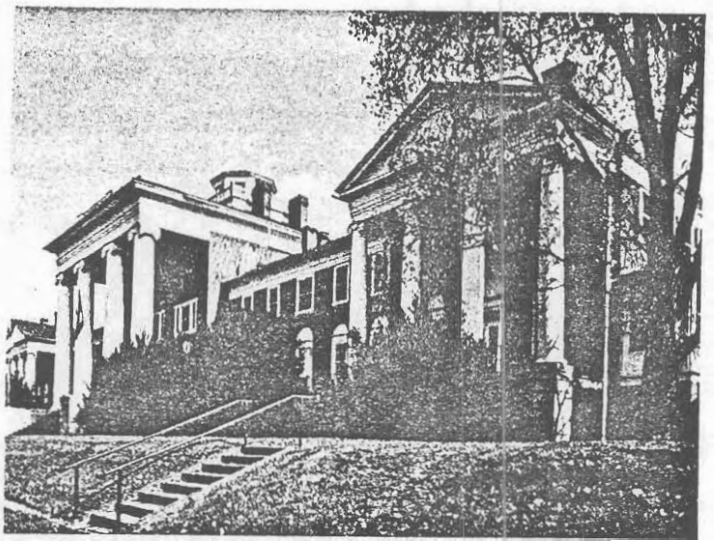


Fig. 11. Main Building, Old Western State Hospita. Antebellum Complex, exterior view. (From Calder Loth's, *The Virginia Landmarks Register*, Charlottesville: The University Press of Virginia, 1986, p. 446)

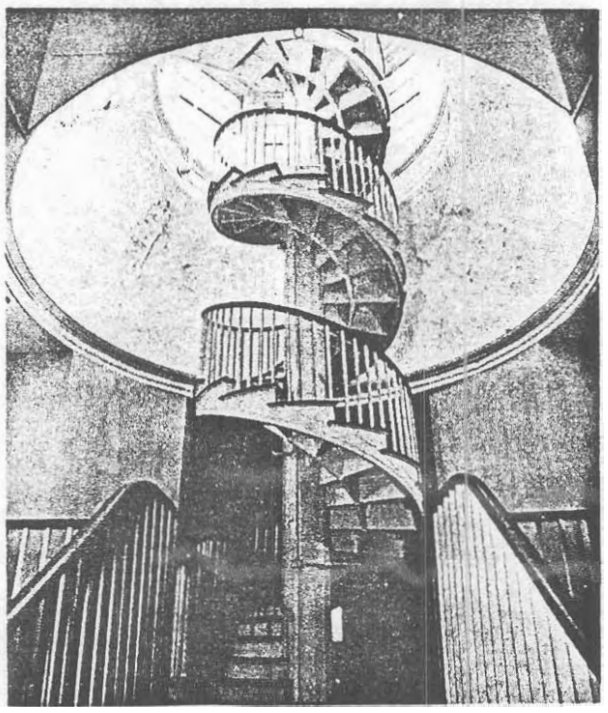


Fig. 12. Main Building, Old Western State Hospital Antebellum Complex, spiral staircase. (From Calder Loth's, *The Virginia Landmarks Register*, p. 446)

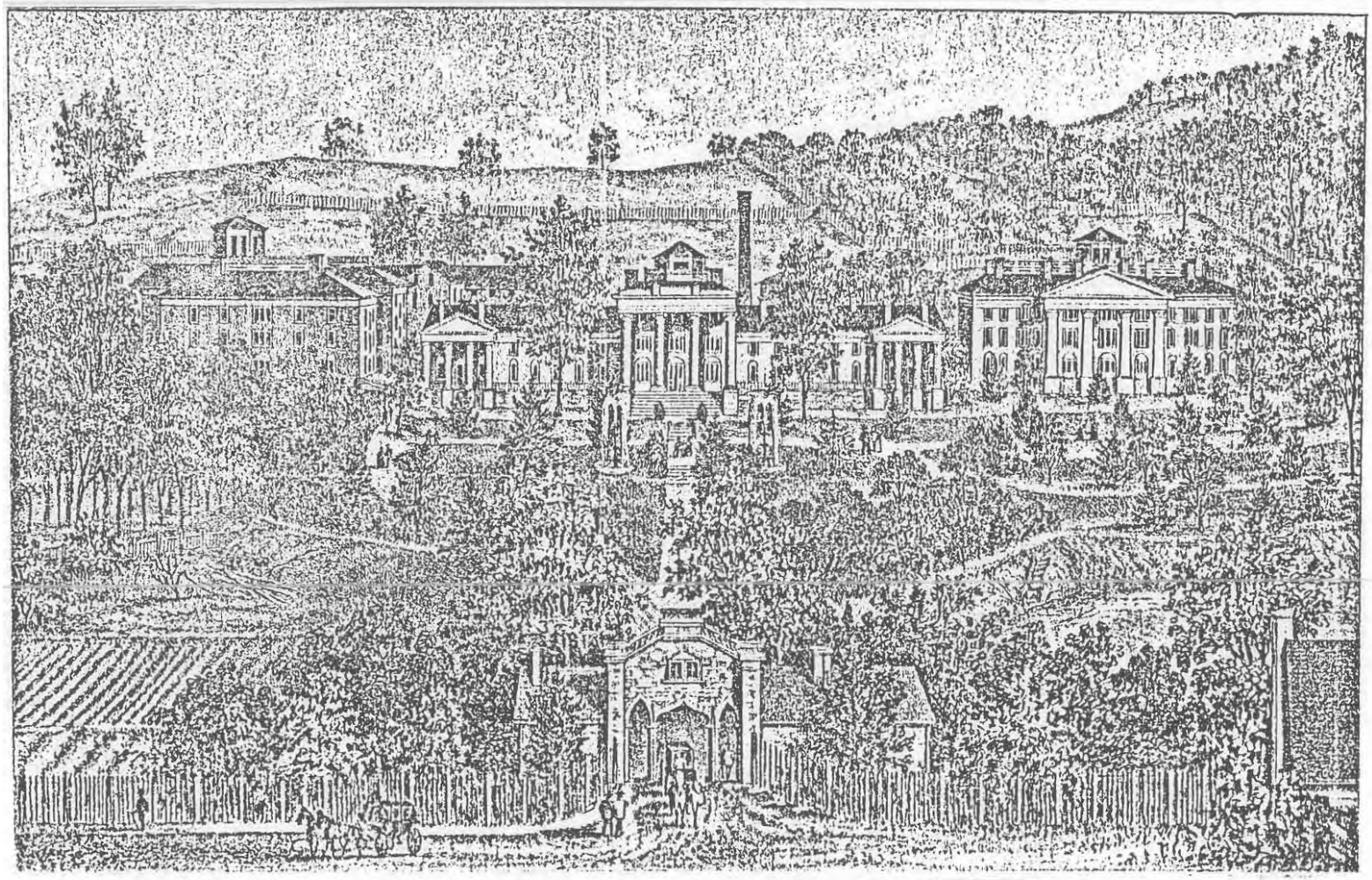


Fig. 13. Old Western State Hospital Antebellum Complex, early rendering (c. 1851). (DHR File no. 132-9)

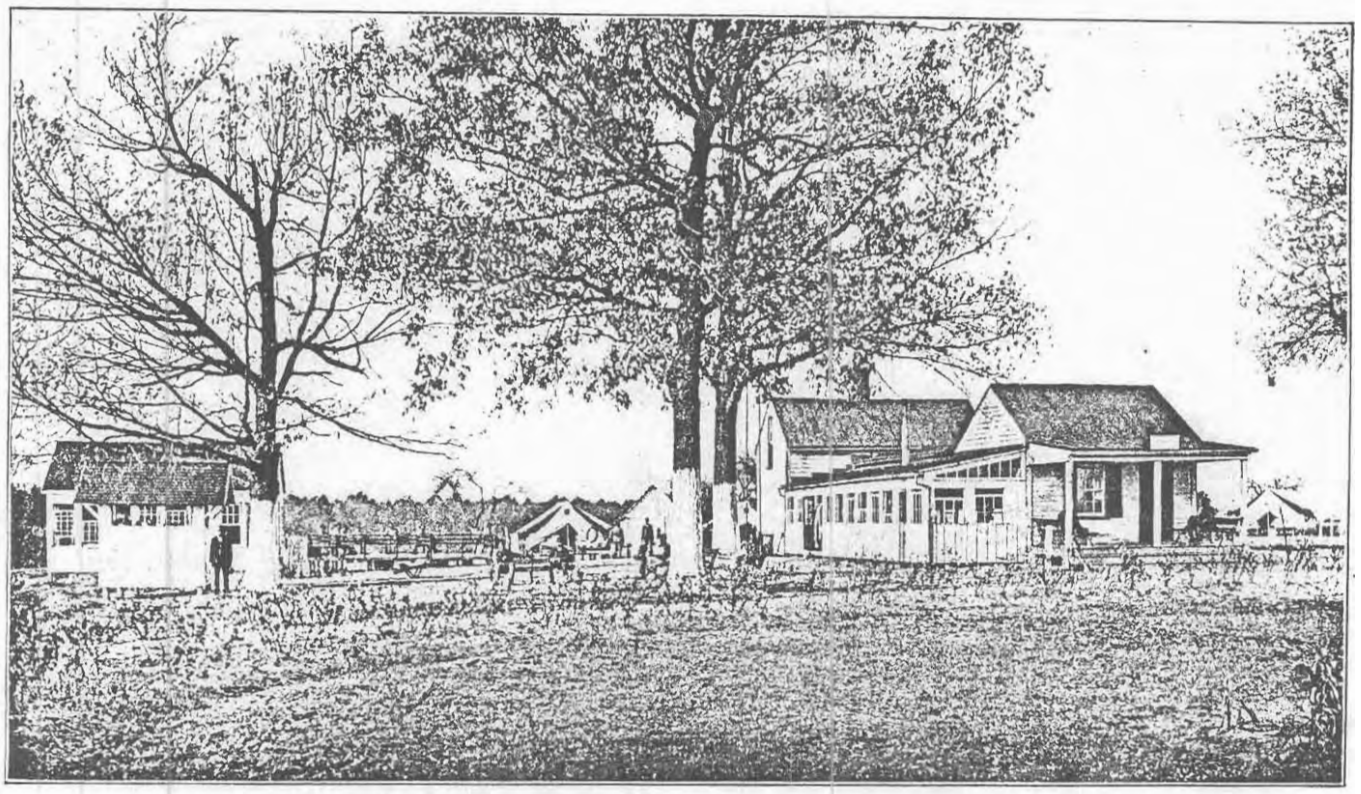


Fig. 14. Colony for Tubercular Patients at the Central State Hospital (1908).
(From Virginia State Board of Charities and Corrections, *First Annual Report of the State Board of Charities and Corrections to the Governor of Virginia*, Richmond, 1909, p. 192)

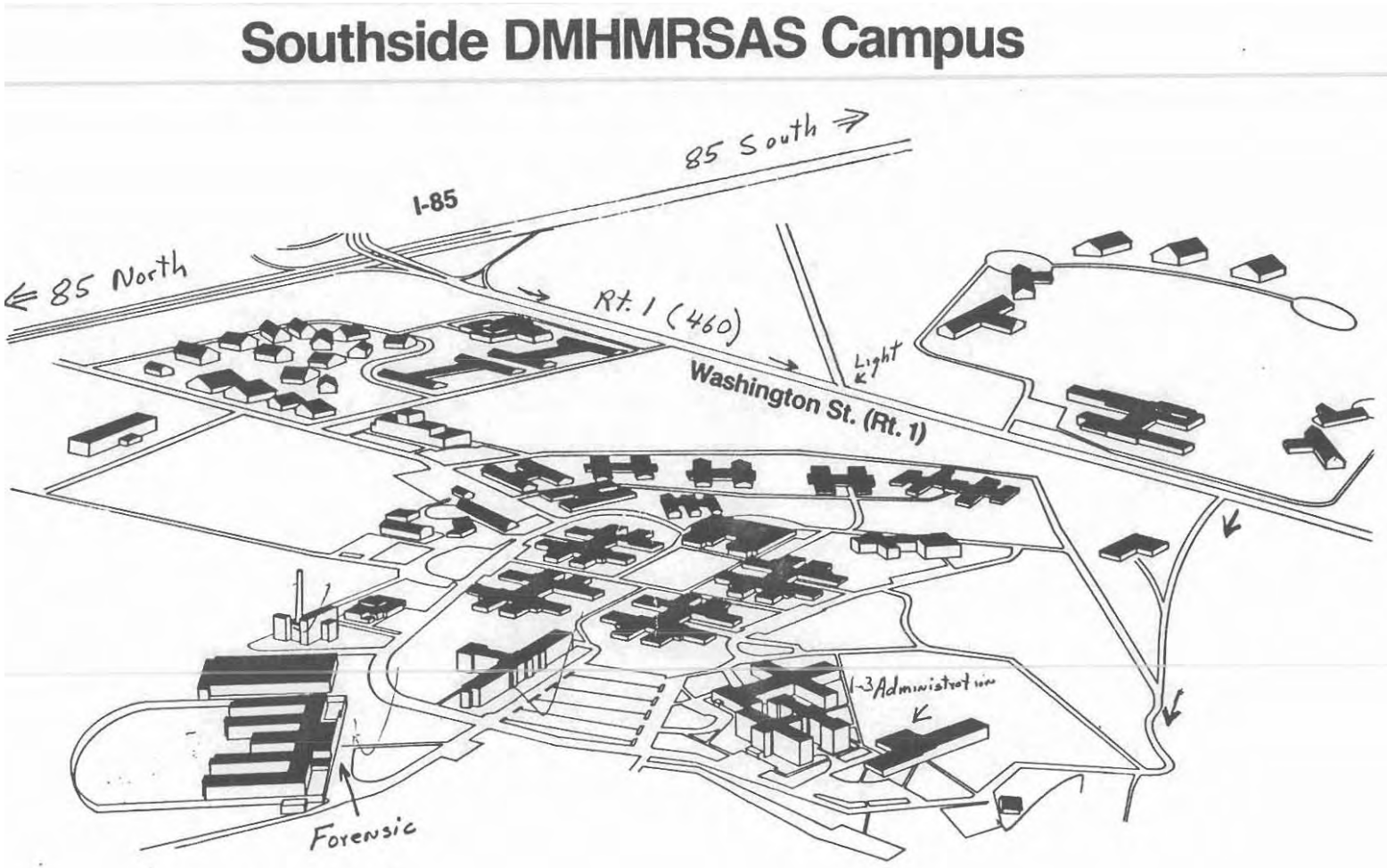


Fig. 15. Central State Hospital, site plan.
(DHR File no. 26-123)

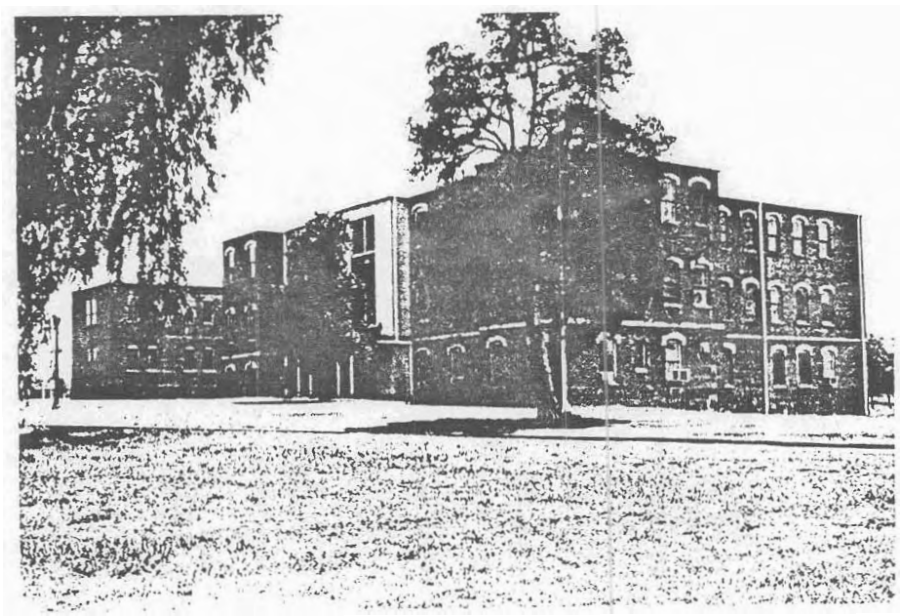


Fig. 16. Education Building, Central State Hospital, built around 1900 with several later additions.
(DHR File no. 26-123)

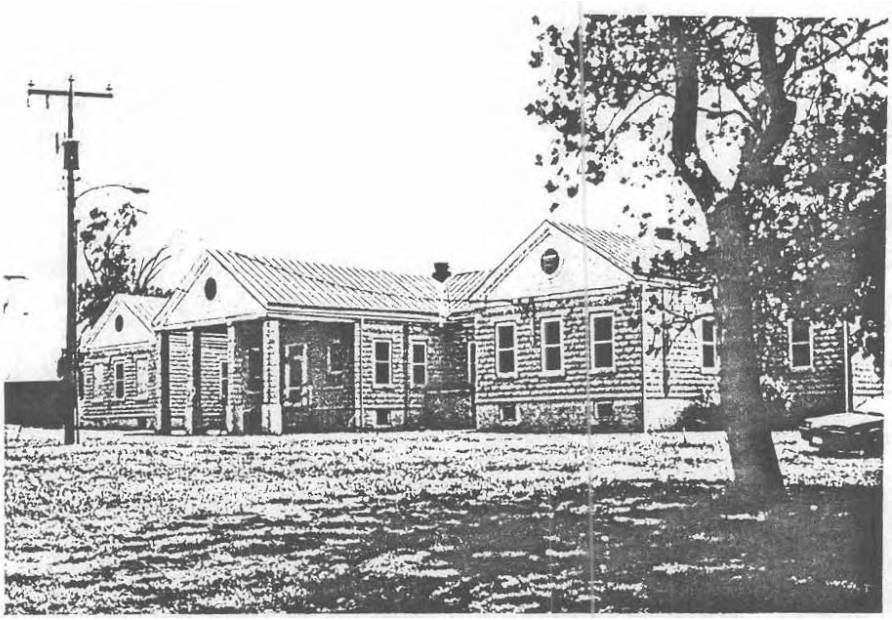


Fig. 17. Work Activities Center, Central State Hospital (1910). (DHR File no. 26-123)

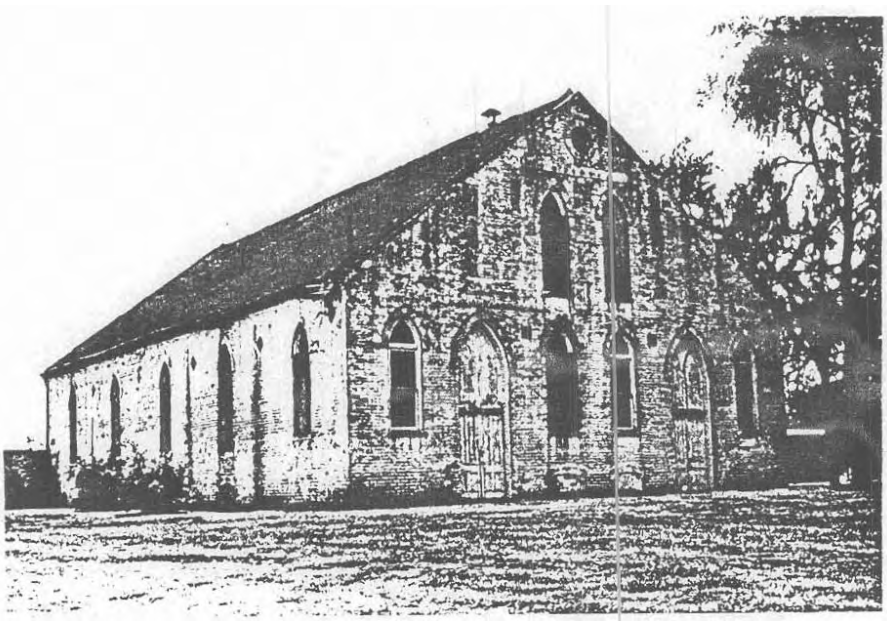


Fig. 18. Chapel, Central State Hospital (1904). (DHR File no. 26-123)

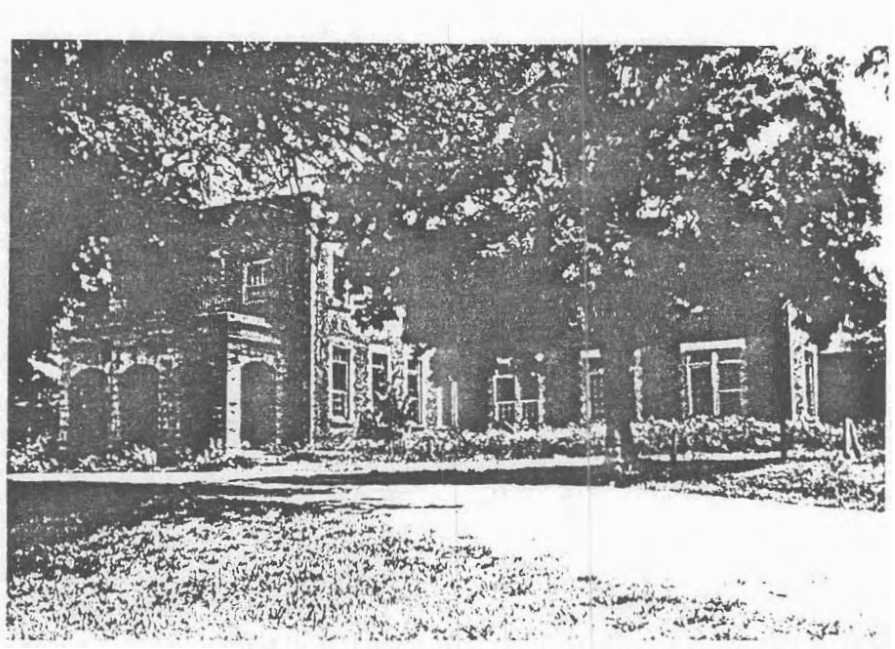


Fig. 19. The Eastview Building, entrance pavilion, Central State Hospital (1928). (DHR File no. 26-123)

Fig. 20. Building 7-8, Central State Hospital (1929). (DHR File no. 26-123)

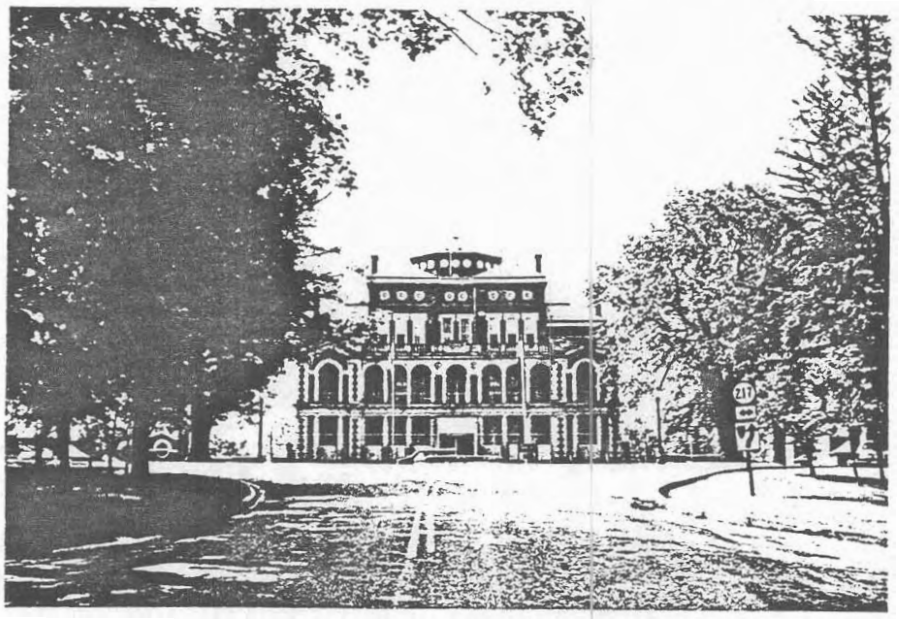


Fig. 21. Henderson Building (main building), Southwestern State Hospital (1884-87). (DHR File no. 119-4)

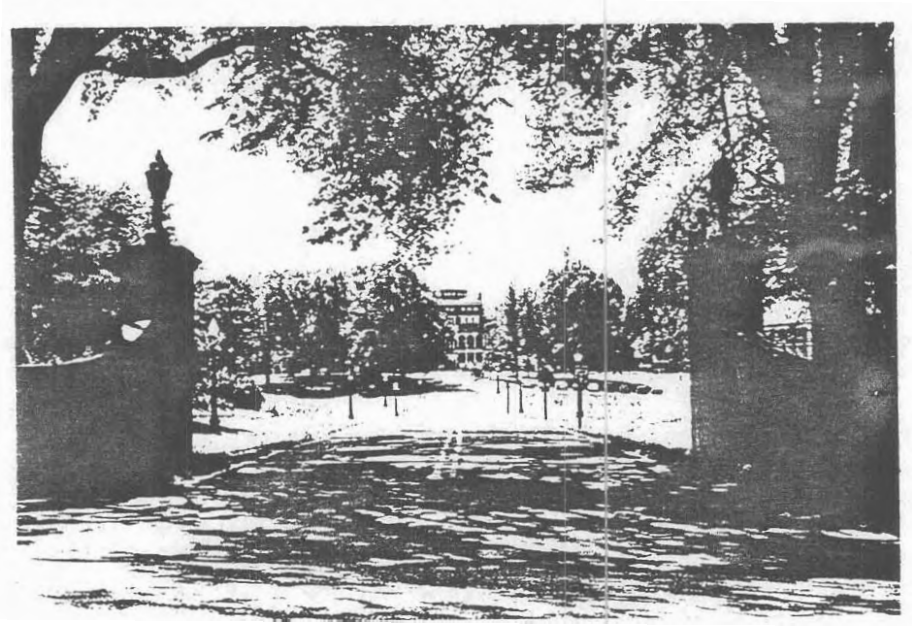


Fig. 22. Entrance gate with view to Henderson Building, Southwestern State Hospital. (DHR File no. 119-4)

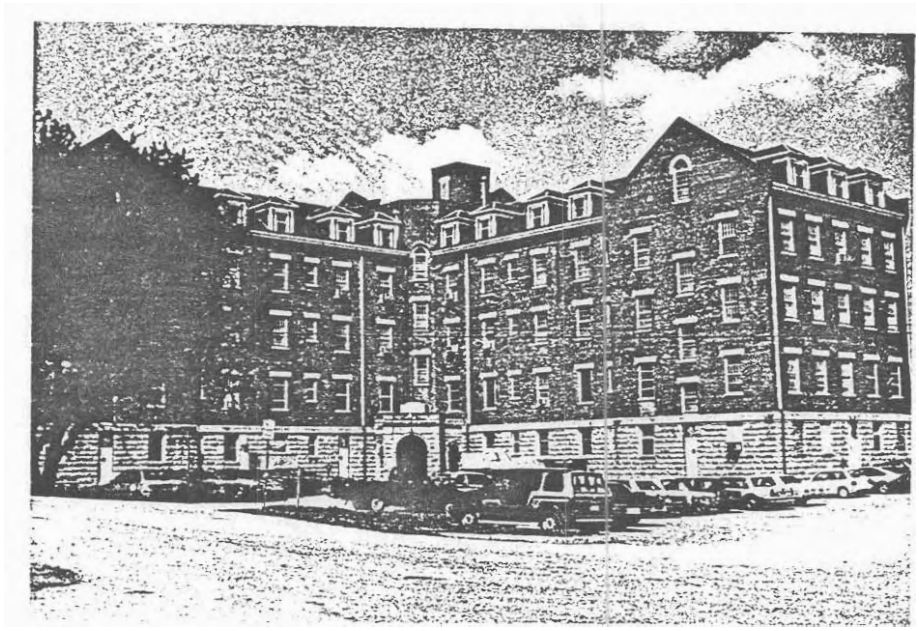


Fig. 23. Harman Building, Southwestern State Hospital (1930). (DHR File no. 119-4)

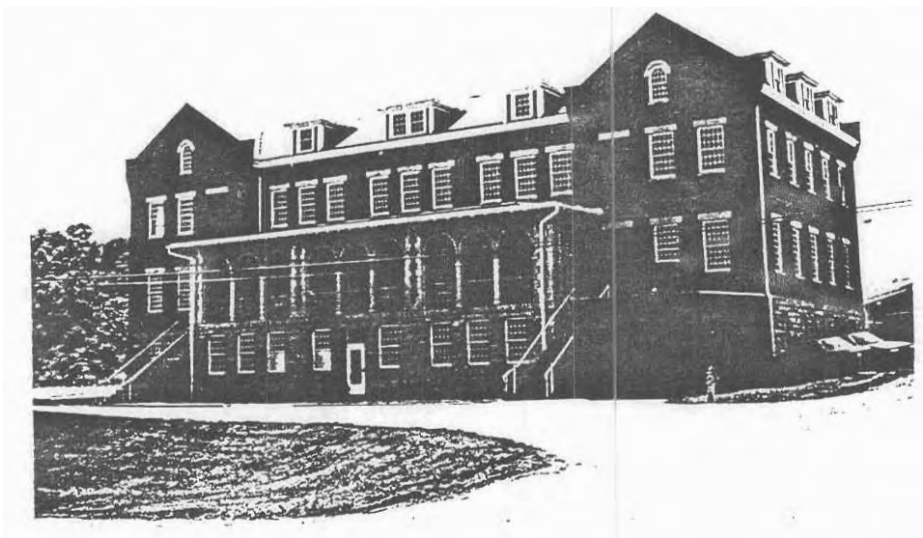


Fig. 24. Wright Building, Southwestern State Hospital (1933). (DHR File no. 119-4)

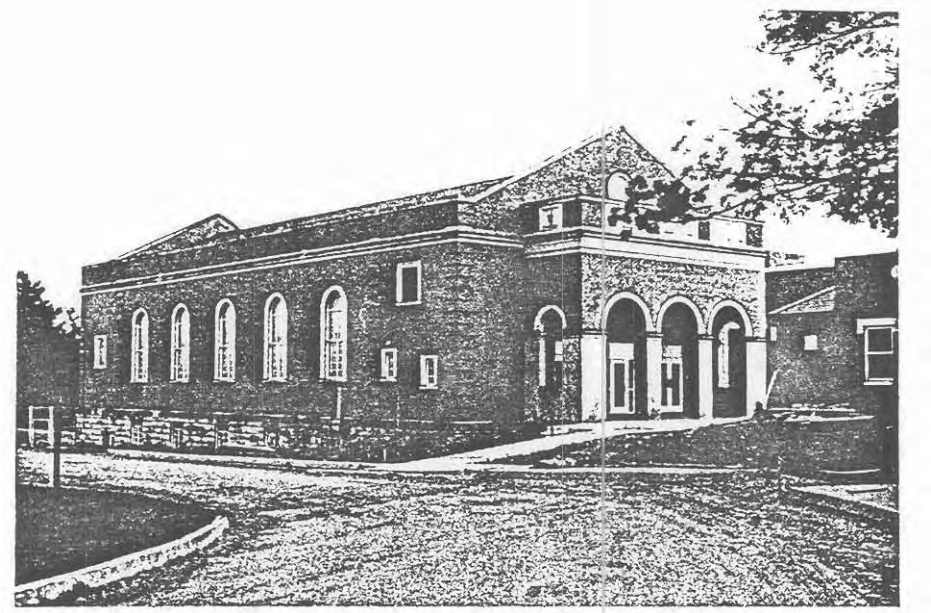


Fig. 25. Auditorium Building, Southwestern State Hospital (1941). (DHR File no. 119-4)

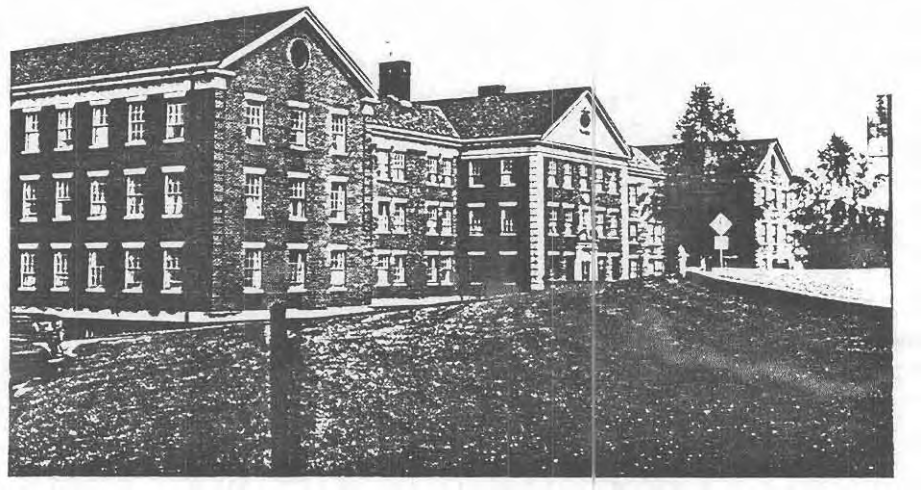


Fig. 26. Morrison Building, Southwestern State Hospital (1952). (DHR File no. 119-4)

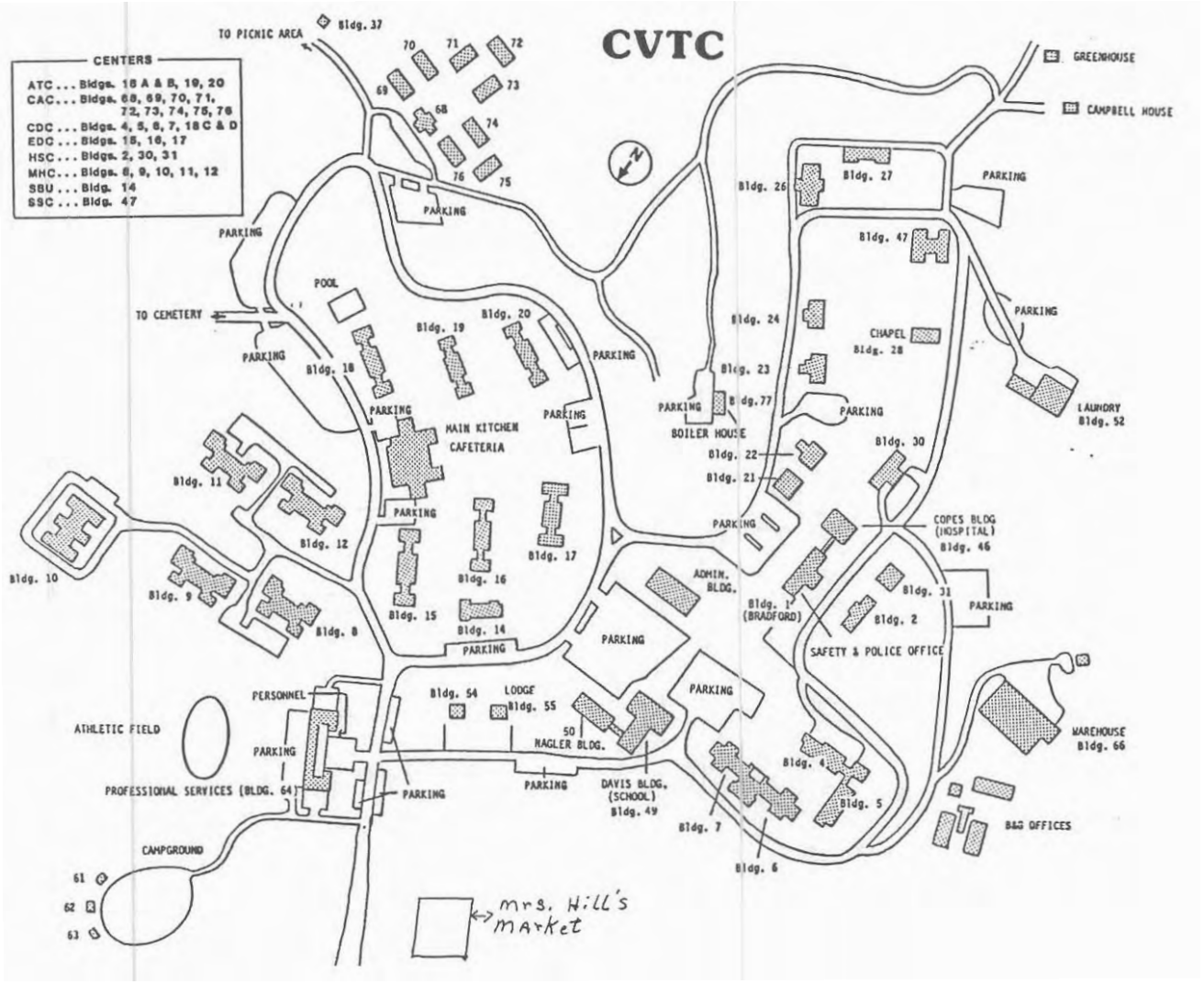


Fig. 27. Central Virginia Training Center, site plan. (DHR File no. 05-190)

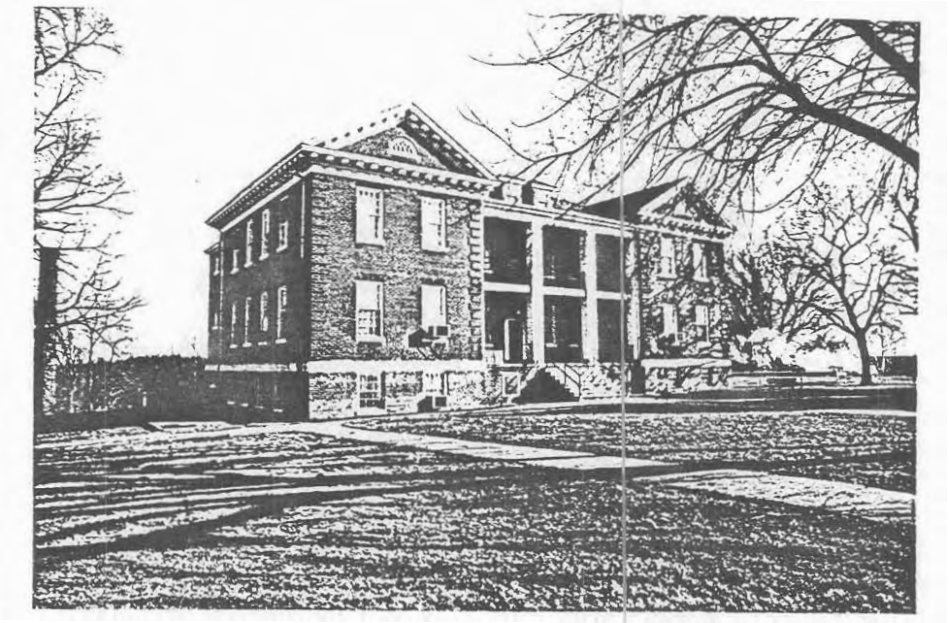


Fig. 28. Drewry Building, Central Virginia Training Center (1910). (DHR File no. 05-190)

Fig. 29. Early dormitory buildings, Central Virginia Training Center (c. 1915). (DHR File no. 05-190)

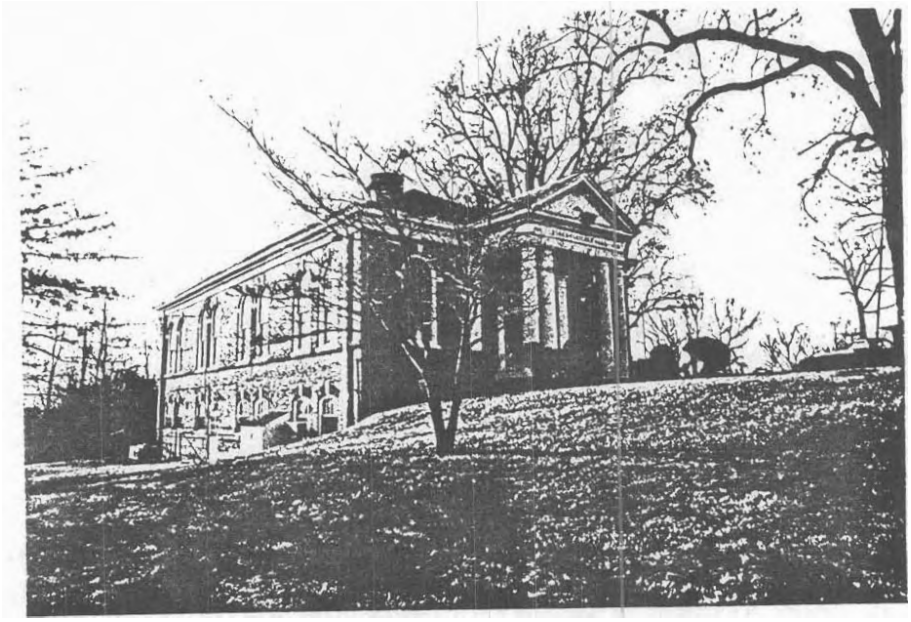


Fig. 30. Chapel, Central Virginia Tra ning Center (1923) (DHR File no. 05-190)

Fig. 31. Bradford Hall, Central Virginia Training Center (1937). (DHR File no. 05-190)

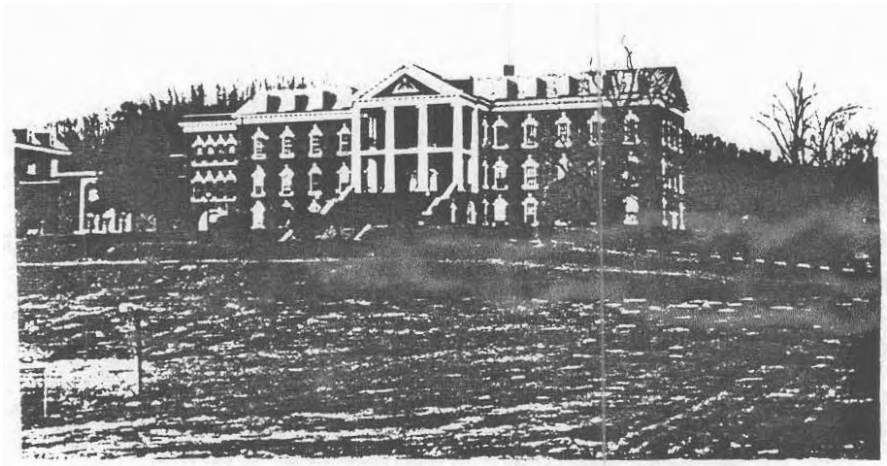


Fig. 32. DeJarnette Center, DeJarnette Sanitarium, original hospital (c. 1929-31). (DHR File no. 07-1207)

Fig. 33. DeJarnette Center, general view. (DHR File no. 07-1207)

Fig. 34. Peery Building, DeJarnette Sanitarium (c. 1938). (DHR File no. 07-1207)

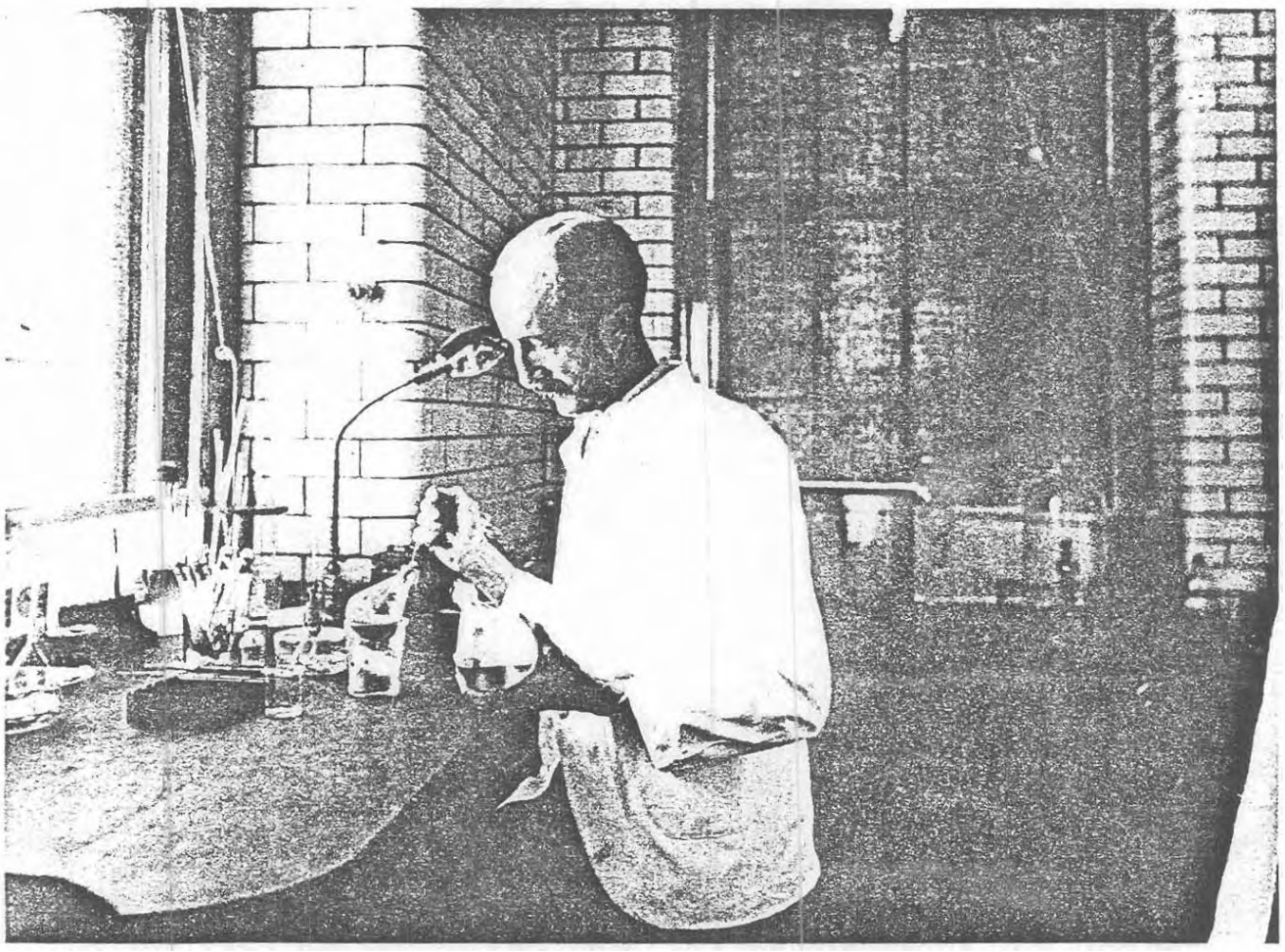


Fig. 35 Dr. Edward Livingston Trudeau at work in the Saranac Laboratory for the Study of Tuberculosis (c. 1895).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, Saranac Lake, New York: Historic Saranac Lake, 1985, p. 3)

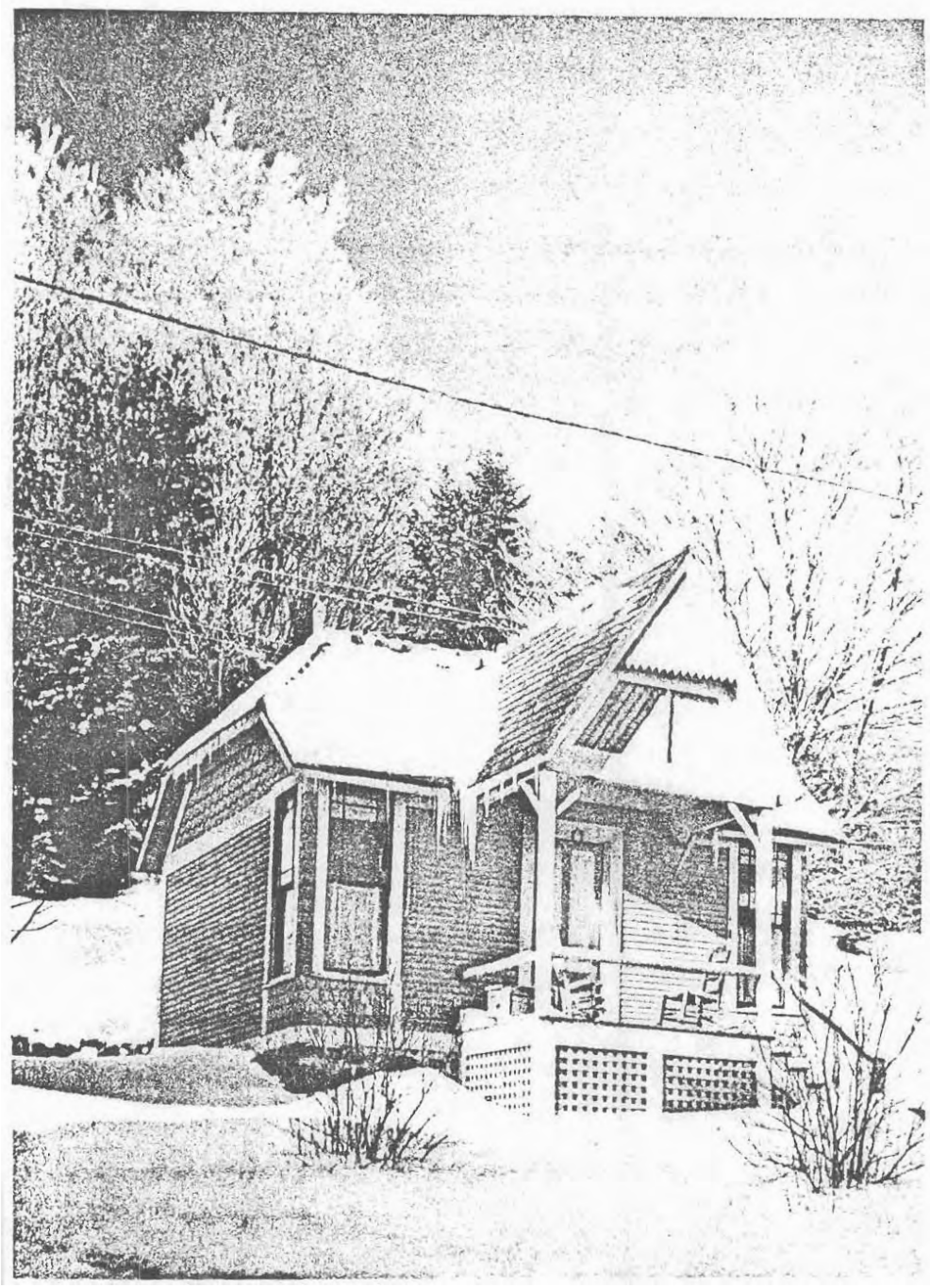


Fig. 36. Little Red, the first cure cottage of Dr. Trudeau's Adirondack Cottage Sanitarium (1884).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, p. 5)

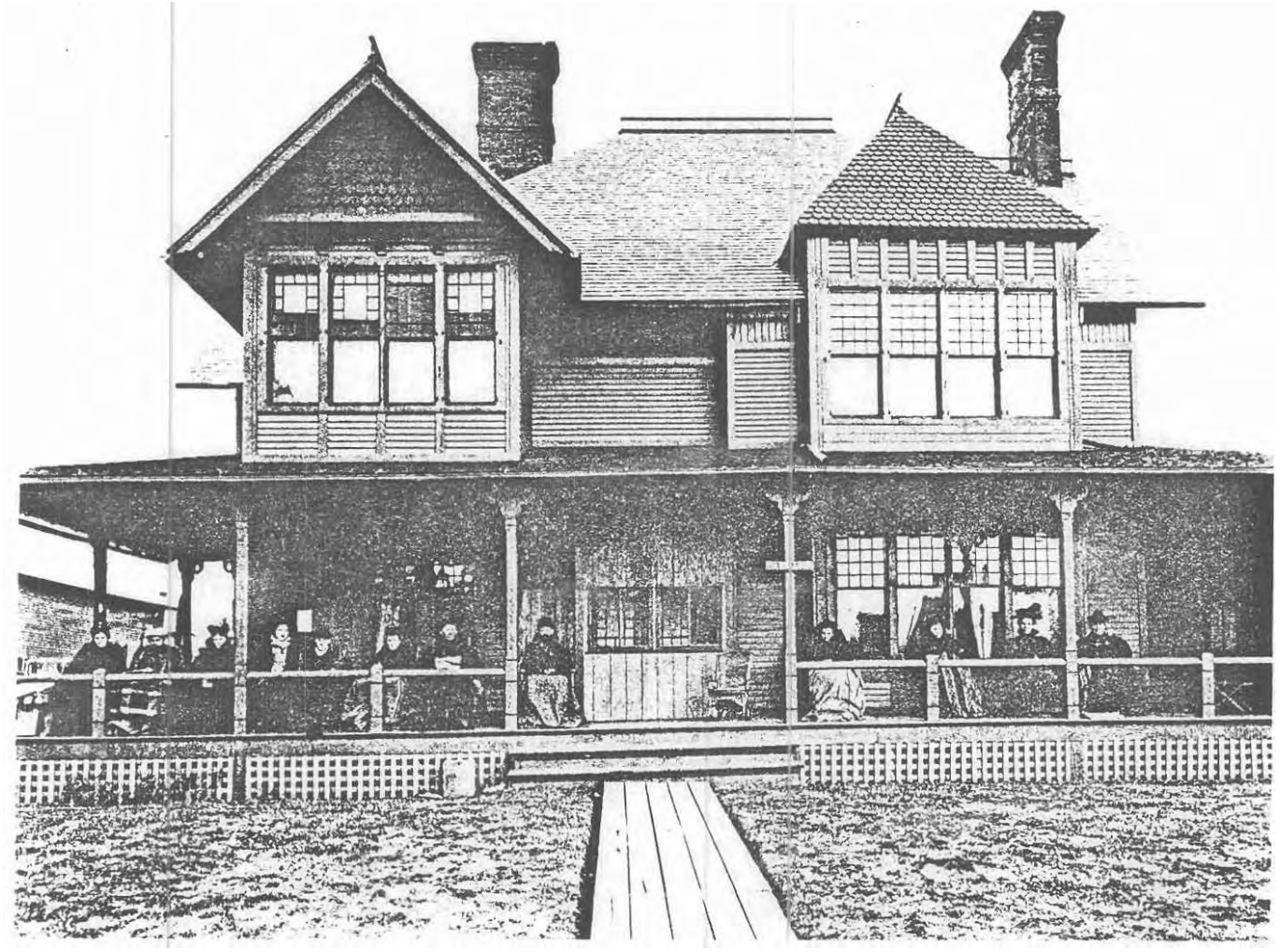


Fig. 37. Linwood Cottage, 53 Main Street, one of the first major commercial sanitaria at Saranac Lake (c. 1890).
(From Philip L. Gallos's *Cure Cottages of Saranac Lake: Architecture and History of a Pioneer Health Resort*, p. 9)

Fig. 38. Beyer's rendering of Roanoke Red Sulphur Springs, from his 1857 Album of Virginia, drawn at the time of its construction.
(From Stan Cohen's "Roanoke Red Sulphur Springs," *Historic Springs of the Virginias: A Pictorial History*, Charleston, West Virginia: Pictorial Histories Publishing Company, n.d., p. 93)

Fig. 39. Red Sulphur Springs Building from the mid-nineteenth century.
(From Stan Cohen's "Roanoke Red Sulphur Springs," p. 94)

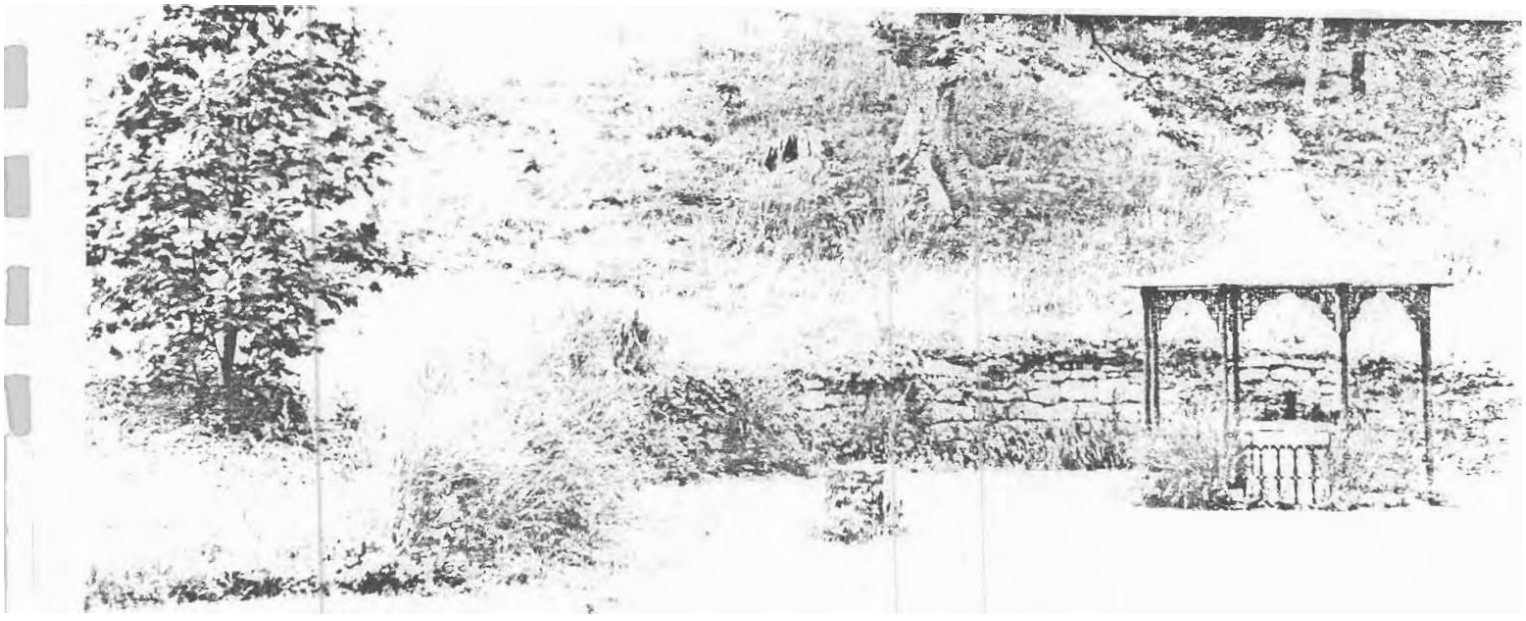


Fig. 40. Red Sulphur Springs Gazebo.
(From Stan Cohen's "Roanoke Red Sulphur Springs," p. 94)

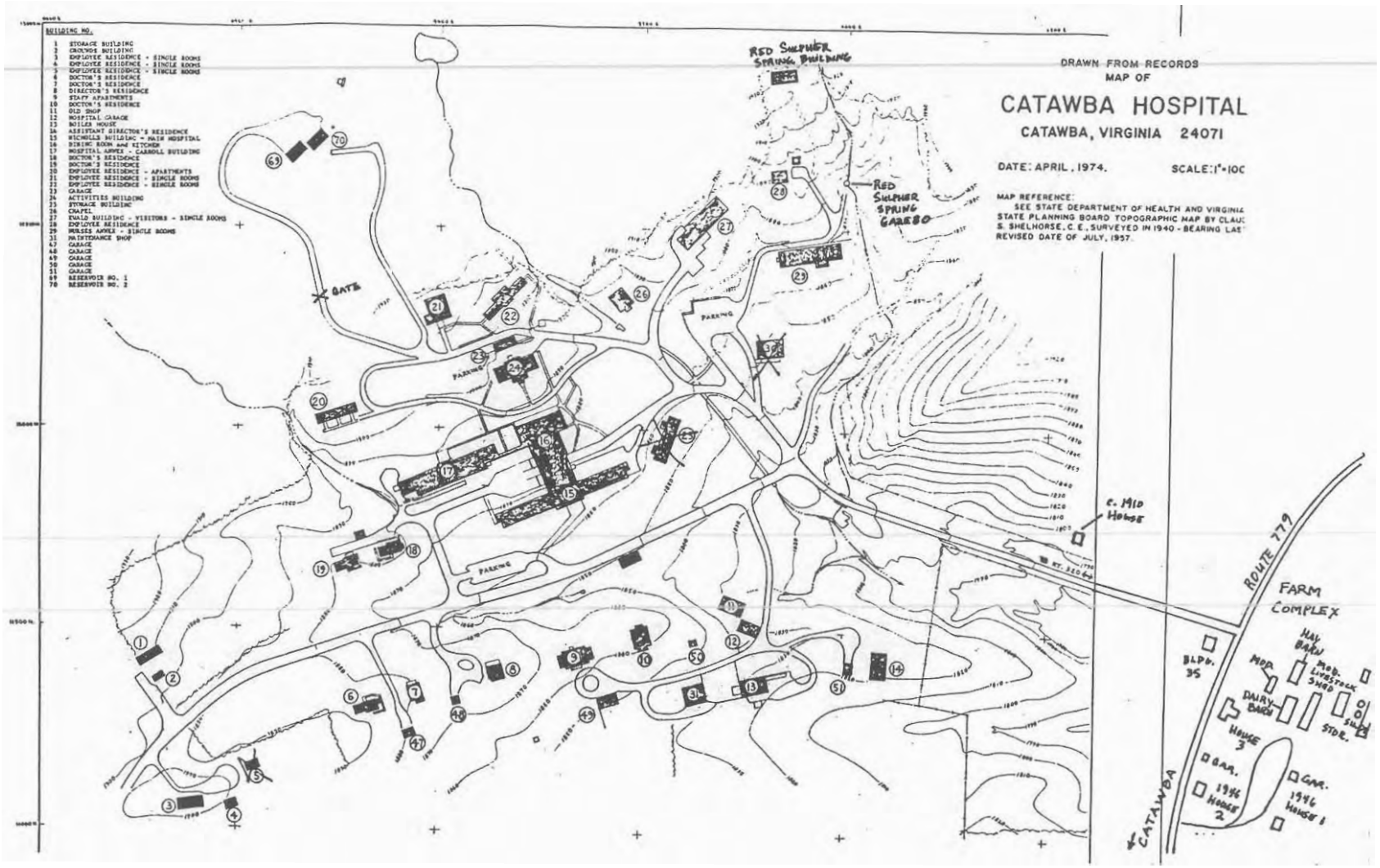


Fig. 41. Catawba Hospital, site plan.
(DHR File no. 22-19)

Fig. 42. Director's Residence, Catawba Hospital (1912). (DHR File no. 22-19)

Fig. 43. Chapel, Catawba Hospital (1915). (DHR File no. 22-19)

Fig. 44. Activities Building, Catawba Hospital (1927). (DHR File no. 22-19)

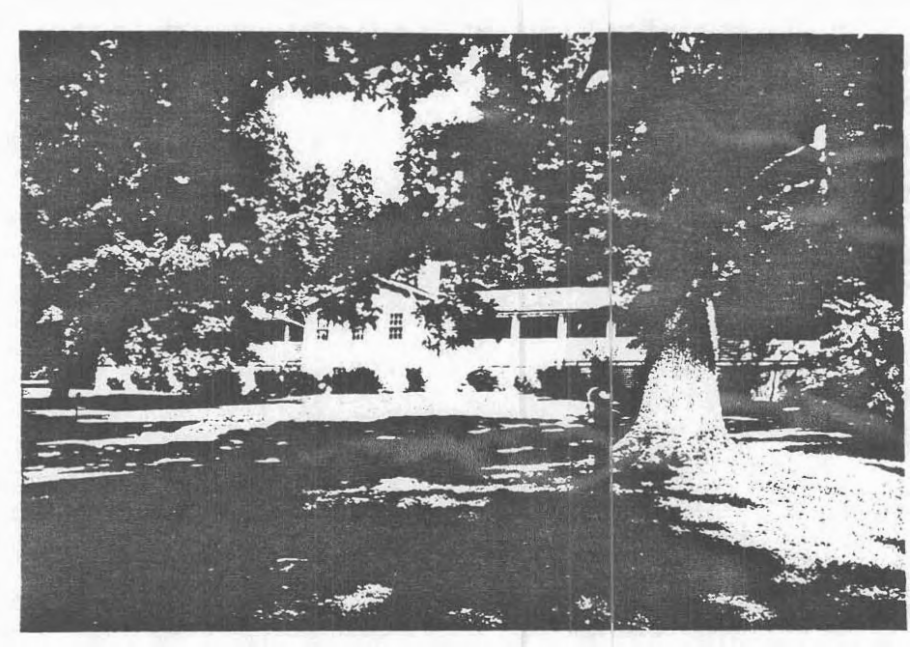


Fig. 45. Staff Residence, Catawba Hospital (1928). (DHR File no. 22-19)

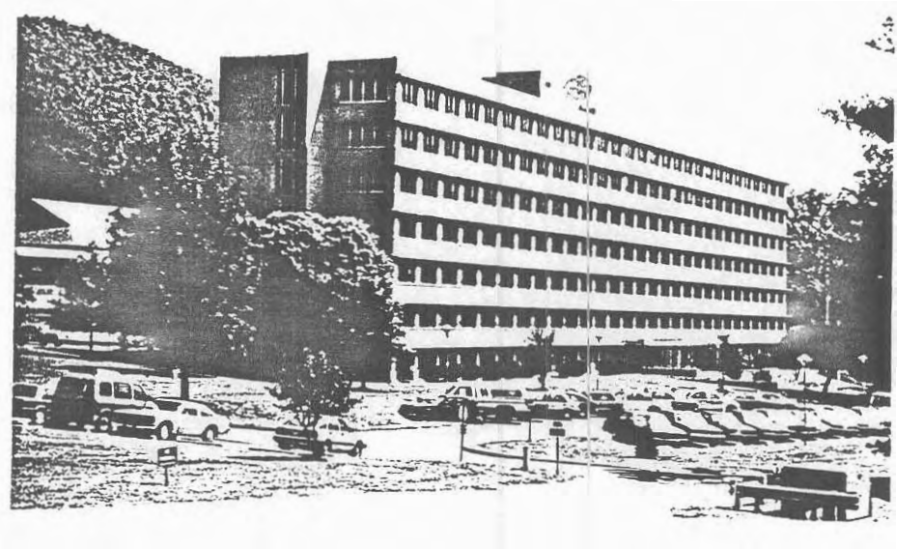


Fig. 46. Nicholls Building, Catawba Hospital (1953). (DHR File no. 22-19)

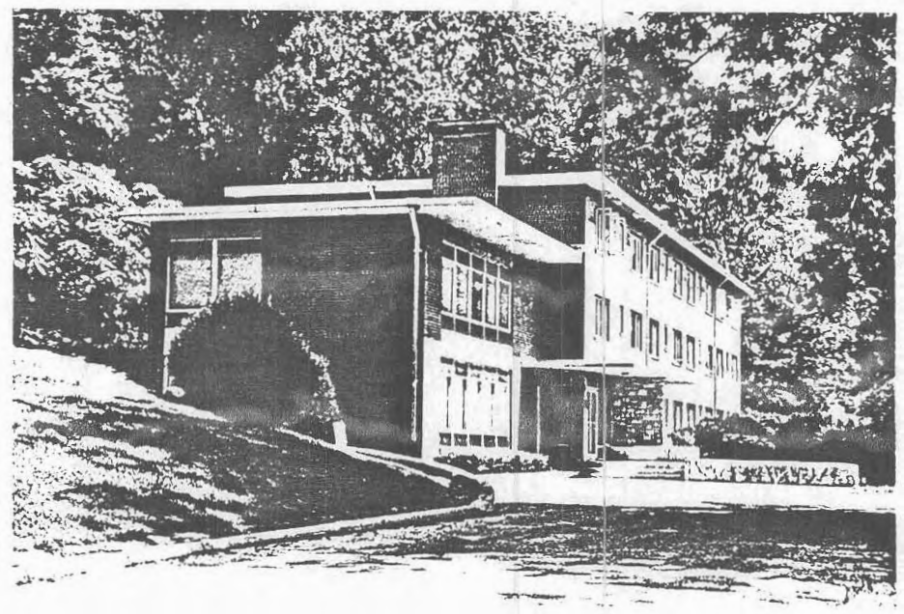


Fig. 47. Ewald Dormitory, Catawba Hospital (1953) (DHR File no. 22-19)

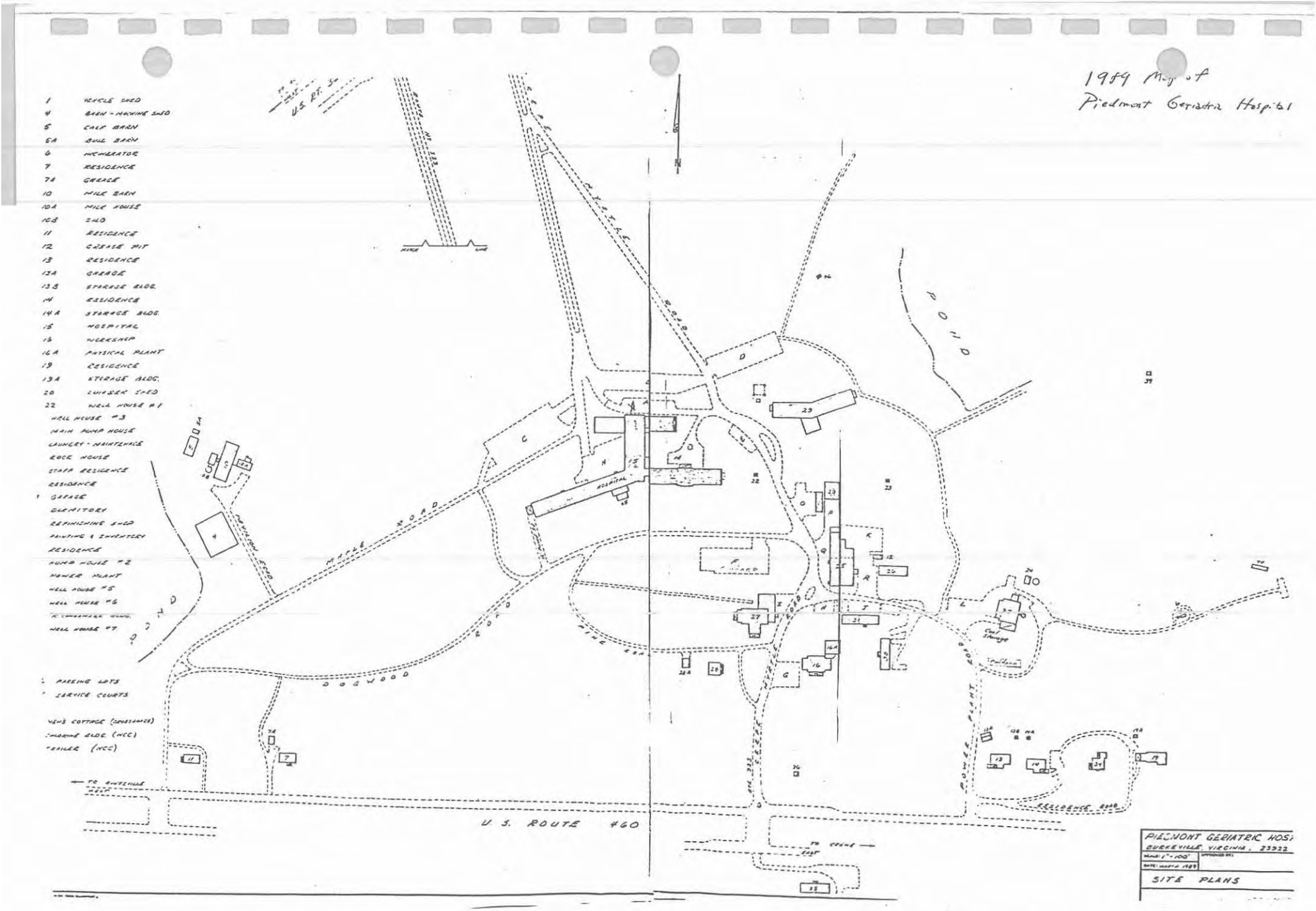


Fig. 48. Piedmont Geriatric Hospital, site plan.
(DHR File no. 67-99)

Fig. 49. Piedmont Sanitarium (original hospital), Piedmont Geriatric Hospital (1918; additions 1927, 1952).
(DHR File no. 67-99)

Fig. 50. Superintendent's House, Piedmont Geriatric Hospital (c. 1920).
(DHR File no. 67-99)

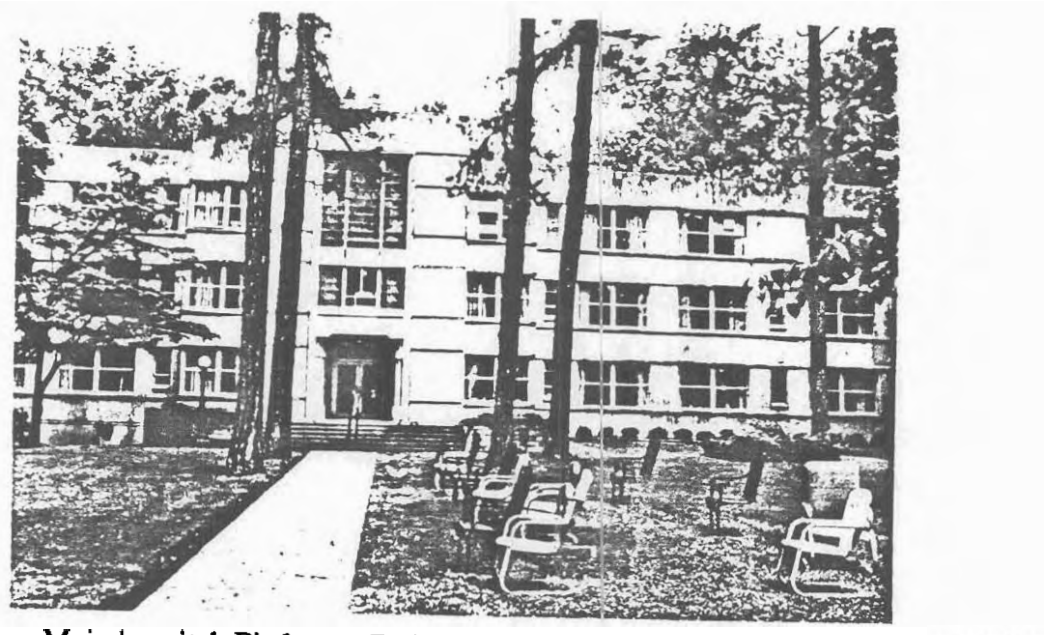


Fig. 51. Main hospital, Piedmont Geriatric Hospital (1939; additions 1950s and 1960s). (DHR File no. 67-99)

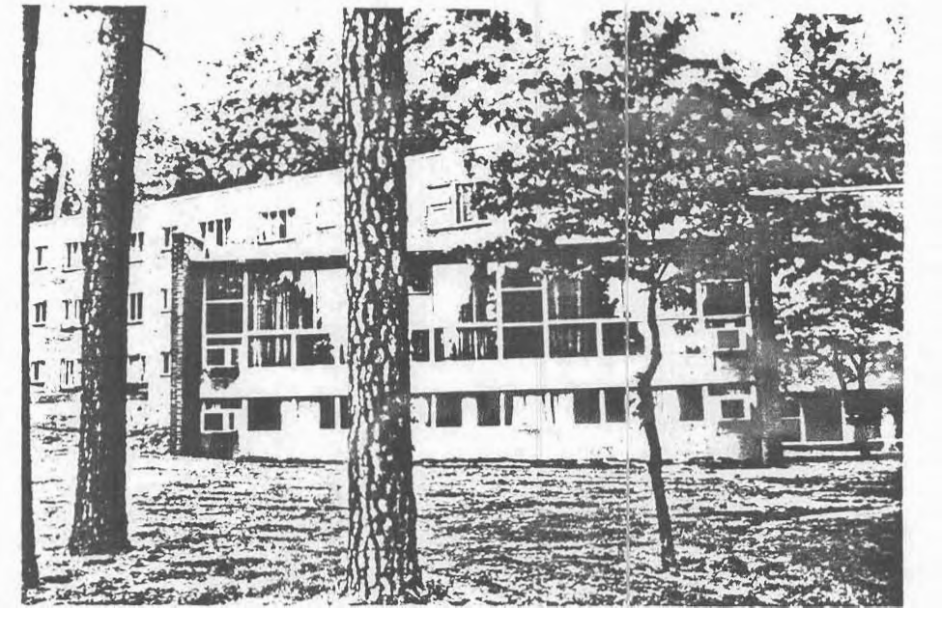


Fig. 52. Nurses Dormitory, Piedmont Geriatric Hospital (1949). (DHR File no. 67-99)