OMB No. 1024-0018 Demolished: May 2014 VLR Delisted: 9/15/2016 NRHP Delisted: 2/7/2017 (Expires 5/31/2012)

LISTED	ON:	
VLR NRHP	06/17/2010 09/24/2010	ļ

United States Department of the Interior National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, How to Complete the National Register of Historic Places Registration Form. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).

1. Name of Property	
historic name Central State Hospital Chapel	
other names/site number DHR # 026-0123	
2. Location	
street & number West Washington Street Extended city or town Petersburg state Virginia code VA county I	Dinwiddie code 0053 zip code 23803
3. State/Federal Agency Certification	
for registering properties in the National Register of His requirements set forth in 36 CFR Part 60.	Date 8/10/10
In my opinion, the propertymeetsdoes not meet the Nation	nal Register criteria.
Signature of commenting official	Date
Title	State or Federal agenc y/bureau or Tribal Government
4. National Park Service Certification	
I, hereby, certify that this property is:	
entered in the National Register	determ ined eligible for the National Register
determined not eligible for the National Register	rem oved from the National Register
other (explain:)	
Signature of the Keeper	Date of Ac tion

5. Classification

Ownership of Property

(Check as many boxes as apply)

Category of Property

(Check only one box)

	private
Х	public - Local
Х	public - State
	public - Federal

Х building(s) district site structure building(s) object

Number of Resources within Property

(Do not include previously listed resources in the count.)

Contributing Noncontributing 1 0 buildings 0 0 sites 0 0 structures 0 0 objects 0 0 buildings 1 0 Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing)

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions (Enter categories from instructions)

RELIGION: Religious Facility

RECREATION AND CULTURE: Auditorium

SOCIAL: Meeting Hall

HEALTH CARE: Hospital

0

Current Functions (Enter categories from instructions)

VACANT/NOT IN USE

7. Description	
Architectural Classification (Enter categories from instructions)	Materials (Enter categories from instructions)
LATE 19 TH AND 20 TH CENTURY REVIVALS:	foundation: Brick
Late Gothic Revival	walls: Brick
	roof: Composite Shingles

other: N/A

Dinwiddie County, VA

County and State

Dinwiddie County, VA County and State

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

See Continuation Sheets

Narrative Description

See Continuation Sheets

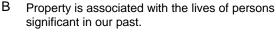
8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

х	A

Property is associated with events that have made a significant contribution to the broad patterns of our history.



С	Property embodies the distinctive characteristics
	of a type, period, or method of construction or
	represents the work of a master, or possesses high
	artistic values, or represents a significant
	and distinguishable entity whose components lack
	individual distinction.

Property has yielded, or is likely to yield, information important in prehistory or history.

Areas of Significance

(Enter categories from instructions)

ETHNIC HERITAGE: Black

HEALTH/MEDICINE

Period of Significance

1904-1960

Significant Dates

Significant Person

Cultural Affiliation

N/A

N/A

(Complete only if Criterion B is marked above)

Criteria Considerations

(Mark "x" in all the boxes that apply)

Property is:

D

owed by a religious institution or used for religiousXApurposes.

B removed from its original location.

C a birthplace or grave.

- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
 - G less than 50 years old or achieving significance within the past 50 years.

Architect/Builder

Dr. William Francis Drewry; G. B. Keeler & Son

Period of Significance (justification)

The period of significance spans from the date of the chapel's construction in 1904 to 1960. Although the desegregation of Central State Hospital occurred in 1964, the chapel continued to be significant for its use in a specific paradigm of care for the mentally ill for several more years.

Criteria Consideratons (explanation, if necessary)

In addition to recreational activities, religious services were conducted in the chapel for the patients and staff of Central State Hospital. However, the chapel derives its primary significance from its importance in ethnic history and the history of care for the mentally ill in Virginia.

Dinwiddie County, VA County and State Statement of Significance Summary Paragraph (provide a summary paragraph that includes level of significance and applicable criteria)

See Continuation Sheets

Narrative Statement of Significance (provide at least one paragraph for each area of significance)

See Continuation Sheets

Developmental history/additional historic context information (if appropriate)

See Continuation Sheets

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets)

See Continuation Sheets

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67 has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey #____ recorded by Historic American Engineering Record #

X State Historic Preservation Office

Primary location of additional data:

- Other State agency
- Federal agency
- Local government
- Other

Name of repository: Virginia Department of Historic Resources

Historic Resources Survey Number (if assigned):

DHR #026-0123_

10. Geographical Data

Acreage of Property Less than one acre

(Do not include previously listed resource acreage)

UTM References

(Place additional UTM references on a continuation sheet)

1 18	282343	4120759	3			
Zone	Easting	Northing	Zone	Easting	Northing	
	-	-		-	-	
2			4			
Zone	Easting	Northing	Zone	Easting	Northing	

Verbal Boundary Description (describe the boundaries of the property)

See attached scaled map. Aerial imagery generated with data from Virginia Department of Historic Resources.

Boundary Justification (explain why the boundaries were selected)

The boundary includes land historically associated with the chapel from the time of its construction. It follows the curbline along Bedford Road to the south and west of the chapel, and on the north and east sides, extends to where modern alterations to the landscape begin.

11. Form Prepared By						
name/title Allison Rienecker, DBHDS intern, with selections from Caroline Warner and Rebecca Rowe,						
	Architectural Historians, Virginia Department of Historic Resources					
organization Department of Behavioral Health and Developmental						
	Services	date	July 2008/Ap	ril-May 2010		
street & number 1220 Bank Street, 7 th Floor			(804) 52	24-7373; (804) 367-		
		teleph	one <u>2323</u>			
city or town	Richmond	state	VA	zip code 23219		
e-mail	Caroline.Warner@dhr.virginia.gov					

Additional Documentation

Submit the following items with the completed form:

• Maps: A USGS map (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- Continuation Sheets
- Additional items: (Check with the SHPO or FPO for any additional items)

Dinwiddie County, VA County and State

Photographs:

Submit clear and descriptive black and white photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Central State Hospital Chapel

City or Vicinity: Petersburg

County: Dinwiddie

State: VA

Photographer: Thomas Ashworth, Architecture and Engineering, DBHDS

Date Photographed: 2009

Description of Photograph(s) and number:

1 of 7. Façade 2 of 7. Chapel looking SE 3 of 7. South Elevation 4 of 7. West Elevation 5 of 7. Interior looking N 6 of 7. Interior looking S 7 of 7. Interior window detail

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. fo the Interior, 1849 C. Street, NW, Washington, DC.

National Register of Historic Places Continuation Sheet

Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

Section number 7 Page 1

Summary Description

Built in 1904 as a multi-purpose activities space, the Chapel at Central State Hospital in Petersburg, Virginia is a simple, brick structure measuring 80 by 50 feet, with a front gable roof and Late Gothic Revival details. Painted white, the Chapel is 1 ½ stories and is accessed by a pair of entrances on both the front and back. Pointed arched openings and hooded brick window and door surrounds are the most notable Gothic features. The window frames are wood. Original design specifications for the building by the Hospital's superintendent, Dr. William F. Drewry, called for a slate roof, steeple, and Kentucky bluestone sills.¹ The steeple is no longer extant and the slate roofing tiles have been replaced with composite shingles. A covering has also been added to the roof to prevent further water damage to the interior. The open interior provides a versatile space for worship and other secular social functions. With a high ceiling and lack of ornamentation, the stylistic tendency of the interior is utilitarian. The only partitioned areas are an upper level choir loft, and an enclosed office space and restroom.

The Chapel is situated on the grounds of Central State Hospital, located between Interstate 85 and Highway 1 in Dinwiddie County, Virginia, just west of Petersburg. The Chapel faces the current Food Services building to the North. Bedford Road curves behind the building and bounds the Chapel to the south and west. The Community Preparation Unit sits to the east. As one of the oldest extant buildings remaining at Central State Hospital, the chapel is surrounded by more contemporary buildings, roads, and parking lots, making its current environment little like the pastoral setting of the early twentieth century. The only other substantial campus building dating to the Victorian stylistic era extant is the original main facility building, which followed the more traditional Kirkbride model. Built circa 1900, it has been substantially altered, some of the wings removed, the central tower lowered, and the front elevation redressed with a modern façade in the 1940s. The Chapel is currently vacant, and is in a deteriorating condition. Despite renovations and maintenance measures over the past century, the building retains much of its historic physical integrity.

Exterior

The brick foundation and walls of the 1 ½ story chapel are constructed in seven course American bond and are 18 inches thick. The brick is painted white and is charred with smoke damage. Openings in the basement level have hooded brick arches, and the space originally housed the furnace and heating system. At some point in the mid-twentieth century, the openings were bricked over and the crawlspace in-filled, at which time the wooden floor was replaced with a concrete floor poured at ground level. The front gable roof has a close rake overhang and is currently capped with composite shingles. A roof covering is an attempt to prevent further water damage to the building. Drewry's original specifications also called for a belfry or steeple, denoting the building as a place of worship and reflection. It is unknown what the steeple looked like or if it was even built, but it is no longer extant.

The building's details are understated, simple, and functional. All of the windows are currently boarded up. Typical of the Late Gothic Revival style, the window and doors have lancet shaped openings and are capped with pointed brick arch surrounds. The lancet windows are created from 4/4 pane rectangular windows topped with tripartite tracery windows. The window and door sills are Kentucky bluestone. The front façade is 6 bays wide and symmetrical, comprised of two front entrances, each flanked by two windows. Two additional lancet windows are located directly above the two center

National Register of Historic Places Continuation Sheet

Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

Section number 7 Page 2

windows under the gable roof-line. The double, four-panel front doors appear to be historic but were re-hung to fit the lengthened door openings created when the floor was lowered to ground level. The enlarged pointed arch openings above the doors do not appear to have been fitted with glass windows but instead are filled with tracery wood paneling. A large central window is the centerpiece of the rear elevation and corresponds to the raised platform in the chapel interior. Set within a round-arch wood frame, the shaped window is made up of one large and two small lancet shaped windows. The window is flanked by two doors, which like the front entrance provide entry to the rear of the chapel. The doors are capped with hooded brick arches and accessed by concrete steps. The east and west elevations are identical with five evenly spaced pointed arched windows. Anchor plates are evenly spaced between windows on all four elevations, and correspond to interior tie rods that crisscross the interior and stabilize the brick walls of the building. The window panes that survive are painted with decorative patterns that resemble stain glass, and are visible on the interior. The only other exterior ornamentation on the building is a 3-string, stepped brick cornice.

Interior

The interior is mostly one large, open room. Typical of vernacular church architecture of the period, the chapel is accessed through one of two front doors that open into a small enclosed vestibule. This enclosed space contains access to an upper level choir loft as well as a first floor office and bathroom. The rudimentary partitioned office and bathroom are most likely later additions. The vestibule opens into the main activities space/worship hall. The brick partition wall between the vestibule and the worship hall is 9 inches thick.² Opposite the entrance, a raised wooden stage or platform runs along the back wall, elevating the speaker above their audience. There is an approximately three-foot high copper railing spanning the stage in front of the risers. The choir loft opening to the main room of the chapel is currently covered by a wooden latticework screen, visually blocking is contents from viewers downstairs. The screen is not an original feature.

The walls are finished with plaster applied directly to the brick. It is currently painted white. The plaster is in very poor condition and much has fallen over the years leaving parts of the brick exposed. The original wood floor, which would have been flush with the raised platform, is no longer extant. The current floor is a poured slab of concrete. Square markings on the floor indicate that the concrete was at one time covered with another surface, perhaps linoleum or tile. The pressed tin ceiling is original. Sections of the tin are peeling or falling down. Several primitive light fixtures consisting of two pieces of wood, about the size of 2 by 4s and only a few feet in length, crossed to make an X with twelve light bulbs screwed into it, hang from the center of the ceiling. Also hanging from the ceiling are four large circular heating devices, two on either side of the lighting fixtures. Much of the furniture and interior fittings have been removed because the chapel is not currently in use; however, a few wooden tables, chairs, bookcases, and a desk with an old typewriter on it still remain inside. Recent pictures show a portable pipe organ along one wall. It is unlikely that fixed seating was ever installed in the floor space. Images of the Chapel from 1910 and the 1950s-60s show different types of movable benches and folding chairs in various configurations. The large open floor plan is versatile and allows for large gatherings, celebrations, and events, with both staff members and patients attending.

National Register of Historic Places Continuation Sheet

Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

Section number 8 Page 3

Statement of Significance

Summary

Central Lunatic Asylum outside of Petersburg, later Central State Hospital, opened in 1885 as a segregated facility to provide care for the mentally ill African American population of Virginia. The establishment and construction of Central State followed the Kirkbride model for "hospitals for the insane," and pledged the humane treatment of its patients. One item of necessity per the Kirkbride model was a "general collection room" to be built, if possible, in the style of a chapel. In 1904 a building was constructed at Central State for this purpose. The Chapel at Central State Hospital is an intriguing study in the vernacular. The building was conceived not by an architect but by the hospital's superintendent, Dr. William Francis Drewry, who wrote detailed specifications for the building's design, materials, and location. The building's open floor plan provided a versatile space for various social and secular functions that included daily and Sunday worship services, dances and concerts, as well as graduation ceremonies for the hospital's nursing and caretaking students.

As one of the most intact and unchanged remnants of the Drewry period campus, the Chapel at Central State is representative of the hospital as a whole from its construction in 1904 through desegregation of the facility in 1964. The chapel stands as a testament to the state's unequal treatment of African Americans during the period of segregation, and to the rich lives of the black patients and staff that made up the Central State community. Its also provides important insight into the development of mental health treatment centers in Virginia. The Chapel meets National Register standards for statewide significance under Criterion A (broad patterns of history) in the areas of Health/Medicine and Ethnic Heritage: Black, with a period of significance of 1904-circa 1964.

History of the Treatment of the Mentally III in Virginia

One of the earliest provisions for the "treatment" of the mentally ill in Virginia was incarceration in the Public Gaol (pronounced "jail") in Williamsburg. Constructed in 1701 to imprison debtors and runaway slaves, it also housed lunatics and later Revolutionary War spies and other military prisoners.³ In 1766 Governor Francis Fauquier petitioned the House of Burgess to establish a special place of confinement for the mentally ill but died before the matter could be enacted. His successor, Lord Botetourt, urged creation of a "public hospital for the reception of persons of insane and disordered minds."⁴

The Public Hospital in Williamsburg (later Eastern Lunatic Asylum, now Eastern State Hospital) was completed in 1773. It was simply a two-story brick building with cells for the patients which Thomas Jefferson referred to as "a brick kiln with a roof on it."⁵ Conceived as a place where only the most violent and dangerous lunatics would be housed, or those with no family to care for them, the goal for the hospital was to provide short term care; patients would be admitted, treated, cured and released. Those who were deemed harmless were left to the care of the church, the community, their families, or to wander and fend for themselves. The reality, however, was quite different as families, charities, and jails all sent patients to the new hospital for long-term confinement. By 1834 29% of the hospital's population had been there for more than 10 years.⁶ Central Lunatic Asylum (later Western Lunatic Asylum, now Western State Hospital) in

National Register of Historic Places Continuation Sheet

Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

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Staunton was established as the second state-sponsored facility in 1828 to provide service to the newly settled western portions of the state and to ease overcrowding at the Williamsburg facility.

The establishment and construction of Western State Hospital in Staunton reflected the state's adoption of the "moral management" treatment of the insane. A product of the European Enlightenment and the Age of Reason in the eighteenth century, the idea of "moral management," where facilities separate from jails utilized kindness and socialization as a means of curing the ill rather than Bedlam-associated restraints, maltreatment and neglect, gained widespread popularity in America in the first half of the nineteenth century. In 1838, Dorothy L. Dix began her campaign to end the inhumane conditions in the nation's insane asylums, and Dr. Thomas Story Kirkbride offered a new set of design principles for mental health hospitals.⁷ By mid-century psychiatry was well on its way to becoming a respected profession. In 1844, the Association of Medical Superintendents of American Institutions for the Insane, later the American Psychiatric Association, was founded. One of the association's thirteen original members, Dr. James Stribling served as superintendent of Western State Hospital for 38 years and was one of Virginia's most influential proponents of moral medicine. Using the moral management model in combination with the design principles proposed by Dr. Kirkbride, Stribling endeavored to make the state's hospital one of the nation's premier mental health facilities by providing patients with an environment similar to life outside the asylum in the quest for a cure.⁸

Stribling, along with Dr. John Galt, superintendent of Eastern State, and Dr. William Francis Drewry, superintendent of Central State, believed that the treatment of mental illness should be state-funded. With public consciousness aroused "the indigent insane were in the nineteenth and early twentieth centuries 'wards of the State' and should be under the fostering protection of the Commonwealth."⁹ As conditions improved and more patients sought the state-funded treatment, it became difficult for the Commonwealth to maintain the individualized treatment patient/attendant plan advocated by Stribling, and by the turn of the century, moral medicine fell into decline, replaced by a network of social workers and private psychiatry offices.¹⁰

The Segregation of Blacks and Whites in Virginia's Mental Institutions

While much is written about Eastern and Western State hospitals, less is known about the third state-sponsored mental hospital in Virginia. The Central Lunatic Asylum, later Central State Hospital, was established in 1885 specifically to treat the African American population of the state. The age of mental health reform in the mid-nineteenth century coincided with another contentious issue facing the nation - slavery. For slave owners in the south, free blacks had become an increasing threat to the stability of the slave population. In an 1841 report to his supervisors entitled "Statistics of Insanity in the United States," Dr. Stribling concluded that the institution of slavery had a positive mental effect on the race given that there were more "insane" free-blacks in the north than in the south.¹¹ While the facts of the article were quickly refuted by many in the medical field, such as the members of the Massachusetts Medical Society, the ethical and practical debate between the state's leading mental health practitioners as how to house and treat the "insane" black population of Virginia had begun.

Mental health care initially extended to all Virginians, regardless of race and social status, and the records of Eastern State Hospital in Williamsburg indicate that a mulatto woman was admitted in 1774. Under the pressure of slave owners, Dr.

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Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

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John Galt II, the superintendent of Eastern State from 1841 to 1862, agreed to admit slaves on the condition that owners pay for treatment. On January 16, 1846, the state legislature granted Galt's petition with the provision that whites would be given priority admission over slaves.¹² Black patients were initially cared for in a segregated basement ward, and in 1853 a separate building was constructed to accommodate 40 patients.

In 1848 the Virginia General Assembly requested a report and recommendations on whether it was more economically feasible to fund the treatment of blacks at their facilities or to construct separate facilities from the state's two superintendents, Galt and Stribling. Galt assured the legislature that his hospital could maintain the black population at a cheaper cost than it would be to house them in jails. Stribling, however, disagreed with Galt's approach and advocated for a more complete segregation of treatment facilities:

No provision having been made here for the comfortable accommodations of this class of patients, we have never found it practicable to admit them, although occasional applications have been made to us in behalf of free blacks and frequently of slaves...We will simply remark that for many reasons it would be desirable that an institution for colored persons should be entirely distinct from those occupied by insane whites.¹³

Because of what he saw as differences in habits, tastes, and disposition, Stribling, along with Dr. Kirkbride and other professionals, felt that mixing the races lowered the quality of care and level of status that their medical facilities were trying to achieve. Stribling offered a proposal for a new brick facility specifically for the black population, located between Eastern and Western State that could house 60 patients and could be enlarged as needed. He wrote:

The institution should be located where the climate was agreeable to the health of Blacks, and as close as possible to where a majority of blacks in Virginia lived. It should be built on land that allowed it be easily ventilated and kept dry... Since occupations activities were required for the patients, there needed to be at least two acres of land per patient that could be easily converted into gardens and cultivated ... The hospital should be located with a view to financial advantage.¹⁴

In November 1886, the state leased an old Confederate States Hospital barracks on Mechanicsville Turnpike, known as Howard Grove, in Henrico County to be used as a temporary facility while ongoing discussions took place in the General Assembly as to a permanent solution. Howard Grove Hospital was operated by the Freedman's Bureau and was made up of utilitarian one-story wood frame buildings with no exterior architectural detailing and divided cells on the interior. The 1869 Howard Grove records listed 72 "insane and idiotic negroes" and 100 who were "simply sick and destitute."¹⁵ On February 1, 1870 the State of Virginia assumed control of the hospital, which now housed 123 patients and 100 "paupers," including 30 patients that had been sent from Eastern Lunatic Asylum.

The move to provide completely segregated facilities would soon be legitimized by the 1896 Supreme Court decision of *Plessy v. Ferguson* in which the court legalized the separation of the races in public places—schools, hospitals, public transportation, etc. While publications such as *The Institutional Care of the Insane in the U. S. and Canada* portrayed the establishment of a state-funded facility specifically for African Americans as a benevolent gesture, one that would provide

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Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

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blacks with the same level of care as white patients, Central State Hospital was in fact, reflective of the conscious segregation of whites and blacks following the Civil War and the racially charged culture of the southern white elite.

The Establishment of Central State Hospital

By 1882 the state had determined to find a new location for a permanent facility for the mentally ill African American population of Virginia. The Mayfield farm consisting of 300 acres in Dinwiddie County, one mile west of Petersburg, was purchased for \$15,000 by the city and subsequently donated to the state as the site of the Central Lunatic Asylum. In *On the Construction, Organization and General Arrangements of Hospitals for the Insane*, Dr. Kirkbride stated:

It is now well established that this class of hospitals should always be located in the country, not within less than two miles of a town of considerable size, and they should be easily accessible at all seasons...The building should be in a healthful, pleasant, and fertile district of the country.¹⁶

Mayfield Farm was pastoral, convenient, and utilitarian, fitting the ideal location for such hospitals as recommended by Kirkbride.

The construction of Central State followed the Kirkbride model for "hospitals for the insane," and pledged the humane treatment of its patients. This included both the selection of a bucolic setting near to a town, as well as stately, though not highly ornamented, structures of stone and brick with slate roofs; layouts consisting of administrative offices in a tall, central structure, with patient and staff rooms in attached wings. These modern medical facilities provided specialized spaces for sleeping, eating, employment and recreational activities. In 1882 the legislature appropriated \$2,000 for plans and \$100,000 for construction of the hospital building, stipulating that it should be complete and placed in service by January 1, 1883. Major Harrison Waite was appointed supervising architect with Mr. Albert Lybrook consulting. The main building was formal, constructed of red brick with gray granite trimmings. The granite was quarried on site. It was comprised of a four-story center wing for administration and other services, and was flanked on either side by three-story wings which were divided into six wards for patients and attendants.¹⁷ Dr. Kirkbride felt this layout to be the "the best, most convenient, and most economical form…arranged to give ample accommodations for the resident offices and their families, and for the classification of and comfort of the patients, and all employed in their care."¹⁸ The total estimated value of the first phase of buildings, equipment, and farmland was \$200,000.

Construction was completed in the spring of 1885, and on March 17, 1885, the hospital began relocating the 373 patients from Howard Grove to the new Petersburg facility. The process of transfer was completed by the 22nd. By September 1886 the asylum housed 436 patients with an additional 100 awaiting admission. Over the next two decades a number of improvements were made to the hospital campus. Major F. P. Leavenworth, civil engineer, oversaw the planning of roadways, a sewer system, pump house, and other improvements. In April 1888, the legislature provided a special appropriation of \$22,500 to construct a two-story building that would have two large dormitories, associated dining rooms and kitchens on the first floor and a second floor amusement hall. Increasing capacity by 160, the East Building moved away from Kirkbride's vision of castle-like facilities and was described as a "long, severely plain three story brick

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Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

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building."¹⁹ New restroom and water closet facilities were constructed, and the old restrooms and WC buildings were converted to patient rooms. The grounds were landscaped with shrubs and shade trees were planted.

In 1894, the Central Lunatic Asylum was officially renamed Central State Hospital by the state legislature in a statewide campaign to inspire a more positive public image of mental illness and its treatment facilities.²⁰

Expansion of Central State under Dr. William Francis Drewry

Dr. William Francis Drewry served as superintendent of Central State Hospital during one of the institution's most substantial periods of development from 1896 to 1924. Unanimously elected to the position by the board of directors in November 1896, Drewry had worked as the hospital's first physician assistant since 1887.²¹ Drewry's election as superintendent coincided with a growing influx of patients at Central State. By 1889, the hospital was at capacity with 600 patients. In 1897 at the end of Drewry's first year as superintendent there were 849 patients, and applications for admission were coming in at a rate of 20 per month. By 1915 there were 1703 patients in treatment at Central State.²²

The explosion in admission led to discussions by Drewry and others of what was seen as skyrocketing incidents of insanity among Virginia's African American population at the time. In a paper given at the 35th National Conference of Charities and Correction in 1908 entitled "Care and Condition of the Insane in Virginia," Drewry exclaimed:

It has frequently been observed that prior to the war there were very few insane negroes, yet since then there has been a constant increase in their numbers . . . A well nourished, intelligent, thrifty negro, leading a correct life, is probably little more liable to become insane than a white person under similar conditions, except for the fact that the powers of resistance and endurance are weaker in his race than in the white race. In short, the negro is to-day an easier prey to constitutional diseases than the whites, succumbs more readily to strain, stress and disease.²³

Providing what politicians and the hospital's administrators saw as equal medical care for blacks was quickly becoming a burden on the state and on the extant buildings at Central State. In 1876, the hospital's second superintendant, Dr. Randolph Barksdale, had warned: "The increase in insanity in this race is amazing...If the state intends to take proper care of insane colored people she will either have to enlarge here or build another institution somewhere else."²⁴ The views of Drewry and other administrators and the decision to expand the campus reflect the contradicting racial attitudes of many whites during the late 19th and early 20th centuries. The numbers of institutionalized whites were also rapidly increasing during the late nineteenth century as well.²⁵ Simply put—as mental illness carried less of a stigma and hospitals offered better and humane treatments and cures, more and more people, both black and white, were willing to enroll in the often state-sponsored treatment facilities.

In order to accommodate the growing influx of patients, Drewry initiated a number of new building campaigns during his tenure at Central State. Instead of focusing on simply capacity, Drewry's design plans reflect his medical vision where patients were classified and separated according to their psychiatric or medical condition.²⁶ Drewry's additions were designed according to "pavilion or cottage plan." The cottage plan was introduced in Paris in the mid-nineteenth century

National Register of Historic Places Continuation Sheet

Central State Hospital Chapel

Dinwiddie County, VA

Name of multiple property listing (if applicable) N/A

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and had become popular in the United States in the late part of the century. The informal arrangement allowed Drewry to provide buildings "adapted to the accommodation of different classes of patients."²⁷

Following the adoption of a new management system for Virginia's mental hospitals in 1903, the state legislature began making "rather liberal in making appropriations, both for support and for permanent improvements.²⁸ In 1904, Drewry requested appropriations for the construction of a new Industrial Shop, Building for Colored Employees, a Building for Female Patients, and a Chapel at Central State. New buildings such as the two-story brick pavilion for female epileptics and simple frame cottages for quarantine purposes were informally sited around the main facility building. Canvas tents were set up to house the tuberculosis patients. In fact, Drewry would be the first to separate epileptics in state institutions, and utilize tent and open-air treatments for tubercular patients.²⁹ In 1915 the hospital purchased an additional piece of farmland, which increased the size of the Central State campus from 300 to approximately 500 acres. The purpose of this expansion was, according to Drewry, "to enlarge the farm-colony system in connection with the hospital" and its agriculture employment program. In his history of Central State, Drewry commented on the "value of employment for the insane" as reports from his successors showed "that quite a large proportion of the patients employed everyday, and that recreation was also considered an excellent means of treatment."³⁰ During Drewry's tenure at Central State, many male patients were employed in one of the various workshops on campus or planted crops and raised livestock, while women made clothing for the patient population.

In 1926, two years after Dr. Drewry's retirement as superintendent, a property appraisal listed more than 80 buildings of various scale, refinement, and function at Central State Hospital.³¹ The appraisal included freestanding facilities for male and female epileptic, psychotic and tuberculosis patients, dormitories for attendants, kitchens, carpentry shop, blacksmith shop, a chapel and activity space, farm buildings, barns, a firehouse, and a new brick pump house. Drewry was instrumental in the planning of these structures.³² Instead of hiring an architect, Drewry drafted detailed material and design specifications for each building, working closely with the contractors and making changes whenever possible in an effort to save money. Like Drewry's practical commitment to his patients and profession, his buildings are utilitarian and functional. The financial and medical benefits of Drewry's specialized patient program could not be analyzed from the research used for this survey. However, a more comprehensive study of Central State records could offer more insight into the percentage of patients considered cured and released from the hospital during Drewry's tenure.

The Chapel

The Chapel at Central State was part of the 1904 building campaign. An amusement hall, or what Kirkbride termed the "General Collection Room," was an indispensible component of Kirkbride's model for hospitals for the insane and an important feature of "moral management" in that it provided access to socialization and leisure time, music and art. In *On the Construction, Organization, and General Arrangement of Hospitals for the Insane*, Dr. Thomas Kirkbride promoted a brightly colored room that could accommodate "religious services, lectures, readings, concerts, exhibitions of various kinds, gymnastic exercises, social parties, etc."³³ If the hospital could only supply one such room, Kirkbride believed that it should be styled as a chapel. Such an amusement space had always been provided in some capacity for the patients of Central State, and a room in the original main Victorian era building was dedicated to this purpose.³⁴ It was it was not

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until Dr. William Drewry's 1904 amusement hall and chapel, complete with Gothic Revival details, that Dr. Kirkbride's vision of a chapel would be fully realized.

In 1904, Dr. William Drewry drafted detailed design, material, and site specifications for a Chapel and Assembly Hall "80 feet long and 50 feet deep . . . to be located south of the building known as the Laundry." His specifications included notes on the foundation, brickwork, wood work, stone work, iron work, and slating, and included details such as the type of brick, color, and mortar to be used, as well as the size of joists, rafters, and door and window frames. Drewry's plan for the chapel also included a belfry, and an "8 foot gallery, built with four rows of seats, . . . with wooden partition and plain wood stairs with baluster, leading to gallery to be built in the center of the vestibule." Lastly, Drewry called for "All steam heating, plumbing, painting, whitewashing and gas fitting is to be done by the Hospital."³⁵

In his section on brickwork, Drewry noted: "Arches to be turned over doors and windows of Powhatan gray brick and to be Gothic in style." Drewry's choice of the Gothic Revival style is interesting, but we can only speculate on his reasoning. He may have copied features that had already been employed on some of the campus' earlier buildings. Kirkbride was a fan of the Gothic Revival, and many Kirkbride hospitals built fifty years earlier utilized the style. Or it may have been a style that Drewry was familiar with at his own Episcopal Church in Petersburg. The Gothic details are used sparingly throughout the building. With the exception of the lancet shaped windows and stepped brick cornice, the building is purely utilitarian in its design—a simple, open collection space built in the style of a chapel according to Kirkbride's standards. Drewry's chapel contains many features typical of houses of worship from the period—access by two front entrances (historically a means to segregate the sexes), an entryway vestibule with stairs leading to an upper choir loft/gallery, an open worship hall, and raised platform/podium/altar space along the rear wall. The chapel's design specifications are indicative of Drewry's personal knowledge of the building practice and his concern with the functionality of the structures.

With a bid of \$4463.00, G. B. Keeler & Son of Petersburg was given the contract for the chapel's construction in July 1904.³⁶ Correspondence between Drewry and the contractor over the next several months reflect some minor changes in the selection of materials, but for the most part the chapel was built according to Drewry's specific instructions. For example, the metal roof was upgraded to slate for an additional \$97.00. And despite Drewry's original plan for a belfry, the steeple may have actually never been built. In a letter dated Jan 2, 1905, Keeler & Son stated "If the Belfry on the roof of the Chapel is omitted, we will allow the hospital a reduction from our contract price of One Hundred and Four Dollars." The building was completed in 1905. The total price of the chapel's construction was \$4740.00.

The building functioned exactly as it intended, providing patients and staff with activities that offered a much welcome respite from treatment. The large open floor plan was filled with moveable seating that allowed for a variety of social and religious functions. The Chapel held both Sunday worship and week-day Bible School for "the patient body and employees at large."³⁷ The services were led by the hospital Chaplain. As the patient population increased afternoon services were offered for working patients who could not attend morning worship. In addition to the chapel services, worship services were provided to patients in the Medical Receiving Wards as well as the Criminal Building.³⁸ During the warm weather months, Sunday service was held outdoors, and in the early 1960s, attendance topped more than 2,000.

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The Chapel was also utilized for secular activities and served as both a dance and concert hall. A photograph taken in August 1910 depicts patients, both men and women, dancing in the Amusement Hall. Another photograph from circa 1950-60 depicts a concert in full swing. A black conductor leads the full jazz ensemble, complete with drums and a horn section. A woman plays the Chapel's upright piano. In addition to recreational activities for patients, the Chapel also provided space for staff functions. Graduation ceremonies for the hospital's attendant training and nursing programs were held in the Chapel.³⁹ Central State Hospital provided both educational opportunities and employment to black men and women in the medical profession.

An Overcrowded Chapel and the Integration of Central State Hospital

The 1956 Annual Report of the Commonwealth of Virginia Department of Mental Hygiene and Hospitals includes photographs of an outdoor Sunday Service at Central State. One of the images depicts approximately 2,000 patients seated in "the natural amphitheatre surrounding the platform." The large number in attendance reflects the exploding number of patient admissions to the hospital in the first half of the twentieth century. The chapel, with a capacity of only a few hundred, was no longer suited to such widely attended services, as the Annual Report for 1956 stated:

The greatest handicap has been the unsafe structural condition of the Chapel, which is now undergoing restoration. In good weather, out door Sunday services have been held with attendance as high as 2,400. During the week Bible classes, prayer meetings, and choir practice are conducted. A new Church or Chapel seating 1,000 is needed to accommodate the religious services for the hospital.⁴⁰

Some attempts at improvements and maintenance measures were made to the chapel during this period. The 1964 Annual Report recorded that:

the exterior of the present chapel building has been improved. The roof has been re-shingled and a large Cross has been installed on the front of the building. This not only adds to the overall beauty of the chapel, but gives it a significance which it ought to have as a place of worship.⁴¹

In addition, a piano was purchased "to improve chapel services." Due to the overcrowded conditions the Drewry period Chapel was eventually closed and allowed to fall into disrepair.

The Finding Aid for the Records of Central State Hospital describes the increase of patients and the overcrowding of the hospital in the decades leading up to desegregation:

The average resident population in 1948 was nearly 4,000 with overcrowding serving as the hospital's biggest obstacle. By 1950, the ward known as East View reportedly housed more than 300 patients in one large room . . . As a result of the overcrowding, several new buildings were constructed during the 1950s and 1960s to house patients more comfortably, and in settings more conducive to the treatment of specific illnesses and age groups.⁴²

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The Civil Rights Act of 1964 forced the Commonwealth of Virginia to desegregate Central State Hospital along with other public facilities and to provide equal services to all Virginians regardless of race. Though it was faling into disrepair, the chapel continued to be used for the same purposes, but for an integrated patient base, for at least another year. By 1990, the racial make-up of the institution was spilt almost evenly between whites and blacks with 49.8% of patients classified as "white," 49.2% classified as "black," and 1% as "other." Despite the forced racial segregation that persisted at Central State until the passage of the Civil Rights Act, many black patients found a sense of community and hope from mental illness through activities hosted in the chapel, while many male and female staff members took advantage of the hospital's employment and educational opportunities for young African Americans entering the health care profession. Now fully integrated, the hospital continues to operate today with the same mission and dedication to patient care that it instituted in 1885.

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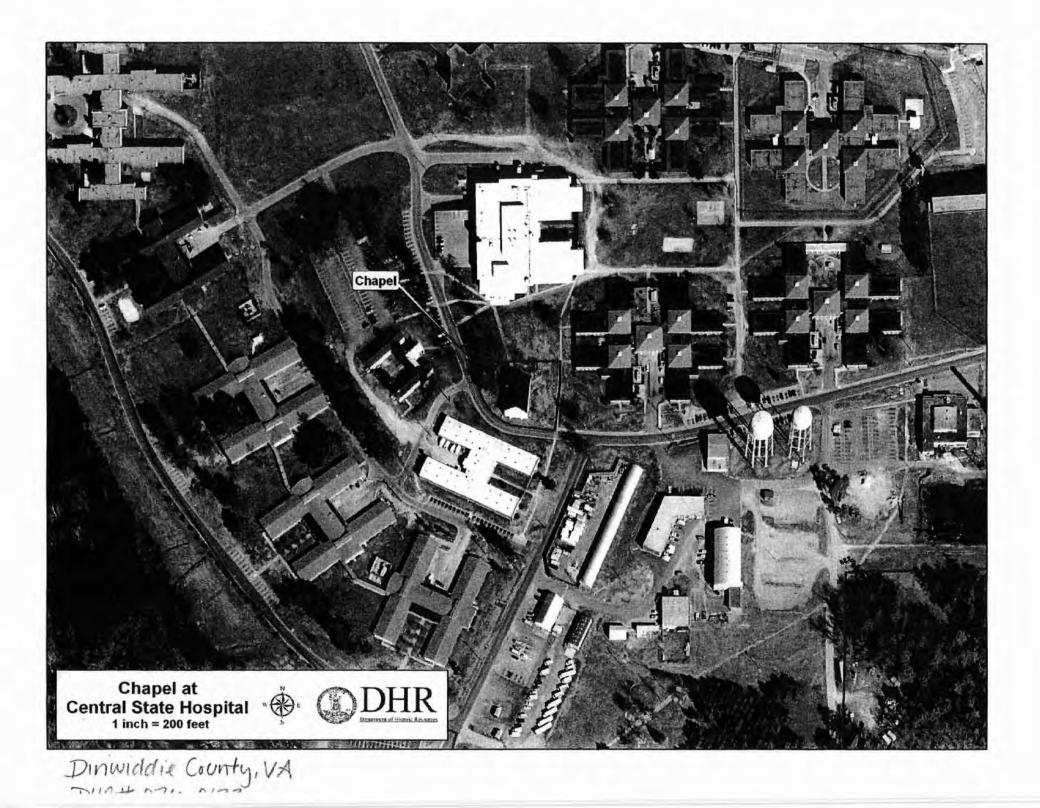
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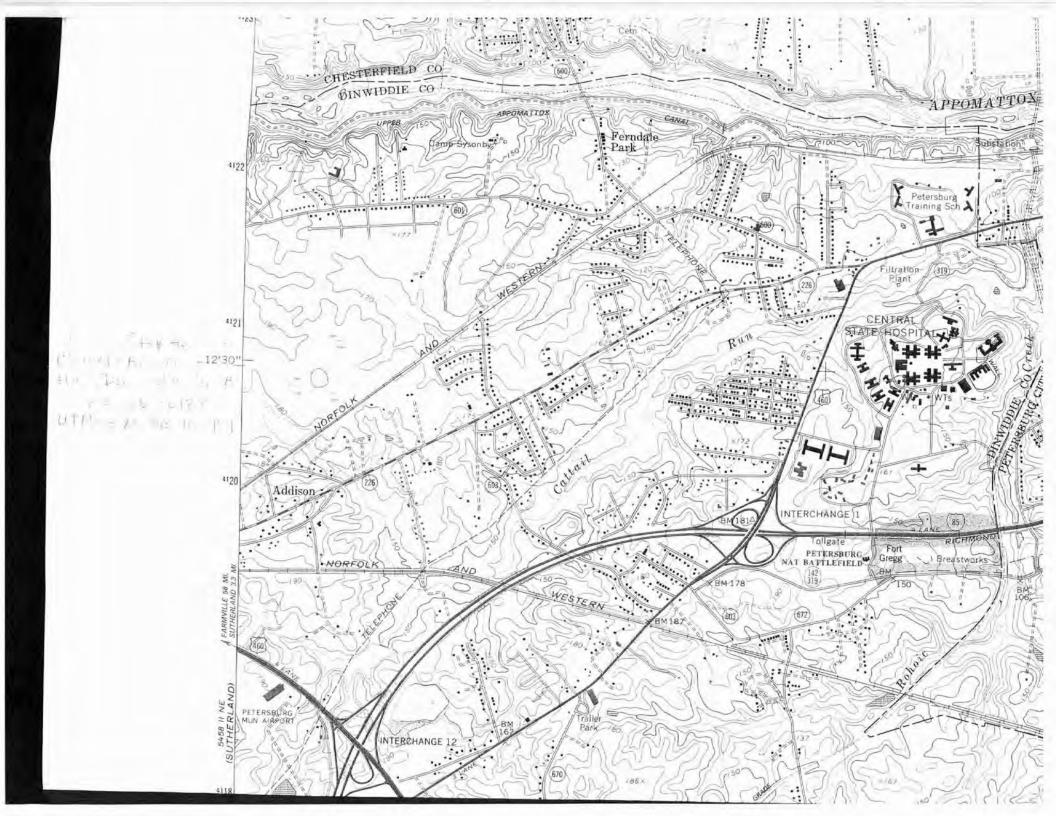
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December 21, 2016

Mr. Paul Loether Chief, National Register of Historic Places and National Historic Landmarks Programs National Park Service 2280 National Register of Historic Places 1201 I ("Eye") Street, N.W. Washington D.C. 20005

Re: Delisting of Previously Registered Property of Central State Hospital Chapel, Dinwiddie County, Virginia

Dear Mr. Loether:

The enclosed material is being sent for your review and approval for the delisting of this previously listed property (NRHP 9/24/2010). This request was approved by the Virginia State Review Board on September 15, 2016.

The Central State Hospital Chapel was listed at the statewide level of significance in the areas of Ethnic Heritage: Black and Health/Medicine. At the time of listing, the property occupied less than one acre and included only the 1904 chapel building, which was not in use. The property is within the grounds of the Central State Hospital, which remains a regional health care center.

After being vacant for a number of years, the building's structural integrity was compromised by deferred maintenance, leading to its eventual collapse. A photograph of the building's debris after the collapse is attached. Additionally, aerial maps showing the property prior to its demolition and after its demolition are attached. Location coordinates for the site are included on the map entitled "Location Map." The property is not believed to retain any archaeological potential as the site has been cleared.

On September 15, 2016, the Virginia State Review Board recommended that the Virginia State Historic Preservation Officer request that the Keeper remove the Central State Hospital Chapel property from the National Register of Historic Places. On the same date, the Virginia Board of Historic Resources removed the property from the Virginia Landmarks Register.

Sincerely,

Lena Sweeten McDonald National/State Register Historian

Enclosures

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