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United States Department of Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM

This form is for use in nominating or requesting determinations of eligibility for individual properties or districts. See instructions in Guidelines for Completing National Register Forms (National Register Bulletin 16). Complete each item by marking "x" in the appropriate box or by entering the requested information. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, styles, materials, and areas of significance, enter only the categories and subcategories listed in the instructions. For additional space, use continuation sheets (Form 10-900a). Type all entries. Use letter quality printer in 12 pitch, using an 85 space line and a 10 space left margin. Use only archival paper (20 pound, acid free paper with a 2% alkaline reserve).

1. Name of Property

historic name Central State Hospital Historic District

other names/site number Dodge Correctional Facility

2. Location

street & number Lincoln St. between Beaver Dam St. and Mason St. N/A Not for Publication

city, town Waupun N/A vicinity

state Wisconsin code WI county Dodge code 027 zip code 53963

3. Classification

Ownership of Property	Category of Property	No. of Resources within Property contributing	noncontributing
___ private	___ building(s)	4	2 buildings
___ public-local	X district	___	___ sites
X public-State	___ site	1	___ structures
___ public-Federal	___ structure	___	___ objects
	___ object	5	2 Total

Name of related multiple property listing: N/A

No. of contributing resources previously listed in the National Register 0

4. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this X nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property X meets___ does not meet the National Register criteria. ___ See continuation sheet.

Signature of certifying official — Date: 7/26/97

State Historic Preservation Officer-WI

State or Federal agency and bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria. ___ See continuation sheet.

Signature of commenting or other official — Date

State or Federal agency and bureau

5. National Park Service Certification

I, hereby, certify that this property is:

Entered in the National Register

✓ entered in the National Register. ___ See continuation sheet. — Signature of the Keeper: Gregory M. Rapsley — Date: 9/13/97

___ determined eligible for the National Register. ___ See continuation sheet

___ determined not eligible for the National Register.

___ removed from the National Register.

___ other, (explain:) _____

for Signature of the Keeper — Date

6. Functions or Use

Historic Functions (enter categories from instructions)	Current Functions (enter categories from instructions)
HEALTH CARE/HOSPITAL	HEALTH CARE/HOSPITAL

7. Description

Architectural Classification (enter categories from instructions)	Materials (enter categories from instructions)	
Prairie School	foundation	concrete
	walls	brick
		wood
	roof	asphalt
	other	steel

Describe present and historic physical appearance.

Setting:

Central State Hospital Historic District is located on the edge of a residential neighborhood on the South side of the City of Waupun, within its corporate limits. The institution faces north on Lincoln Street, and the property is bounded on the west by Beaver Dam Street, and on the east by Mason Street. The facility has a large expanse of landscaped greenspace on its north side. This area was designed following a naturalistic plan, with a curving approach drive and many mature trees and shrubs. The drive was originally lined by mature elm trees, but these trees were wiped out by Dutch Elm Disease in the early 1970s. To the west and south of the main institutional building, the property is largely flat and barren. Behind the main building (south), but enclosed within the exterior security wall, is a large athletic field. The area to the west was once tilled farm land, worked by the patients, but this land is now unused.

Main Corridor and Tunnel (Map #7A):

The main corridor and tunnel under it were constructed in their entirety in 1913 and span the length of the institution, east to west, without interruption. Six wings each were later built abutting both the north and south side of the corridor, with the power house on the far east end. On the south elevation there are five bays between each wing. The exterior has a raised concrete foundation, concrete sills, lintels, and parapets, much like the original wings, though less decorative. The red brick is laid in common bond and there is a concrete beltcourse between the watertable and the sills which meet the continuous sills of the older wings. The bars on these windows run horizontally. The corridor is only one story, so all of the wings rise above it and connect to the wing on the opposite elevation. The corridor between wings C and G has a second story addition that was built in the 1950s and was used as a surgical ward where lobotomies were performed. This addition is non-contributing. On the northern elevation, all of the original corridor has been consumed by additions and the view of these additions are largely obstructed by walls; both the walls and additions were built in the 1950s and are non-contributing. The interior of the corridor still retains the original terrazzo floors. The walls are of glazed beige tiles and all corners are rounded.

X see continuation sheet

The tunnel is all concrete. There are large pipes running the length of the institution in the center of the tunnel so one can pass from the north to south side of it only at the far east or west ends. The tunnel was originally used to move supplies and equipment around the institution, but is used infrequently now.

Building A (Map #1):

Constructed in 1914, this wing, along with the power house, was one of the first two to be built. The two story red brick, running bond building sits on a raised concrete foundation and watertable. The main entrance to the building is located on the west elevation; it has a shed roof porch supported by wrought iron posts. This elevation is 4 bays wide and there are awnings over all the windows on the upper stories. The windows are 20/25 double-hung sash, perched on continuous concrete sills, and are covered with vertical steel bars. A simple concrete cornice tops the wing and there are decorative concrete medallions at the corners. The east elevation is identical to the west except that there is no entrance to the building on this side. An addition has been made to the north elevation , removing the original one story porch and main institutional entrance. The addition was made in 1971 and it is also clad with red brick laid in running bond courses. Like the original portion of the building, it also features a flat roof with a parapet. The raised brick foundation has an entrance to the basement level on the northern elevation and continues the concrete watertable of the original building. The east and west sides of the addition are two bays wide, while the south elevation is three. This addition has none of the decorative features of the original wing, except for a continuous concrete belt course which runs above the second story windows. The south elevation is connected to the central corridor. Very little of the original interior remains in Building A. The terrazzo floors remain intact as does one staircase which formerly led to the superintendents' living quarters and office. Its bannister is comprised of an iron railing capped with a wooden hand rail and terminates with a square iron newel. A dumbwaiter that originally led from the basement-level kitchen to the second floor living quarters of the superintendent, still exists.

Building B (Map #2):

Building B, also built in 1914, was the first hospital ward constructed at Central State Hospital (CSH) designed to house patients. This building is very similar to Building A, with a raised concrete

foundation and watertable, red brick, running bond course exterior, continuous concrete sills, simple concrete cornice and parapet, and decorative concrete medallions at the corners. It differs with its symmetrically placed, 2/2 double-hung sash windows on its east and west sides, which are both 12 bays wide. Vertical bars cover all windows. A centrally placed door accesses both upper stories of the southern elevation, while the northern elevation abuts the central corridor. The building continues to house prisoners in single cells.

Building C (Map #3):

Building C was constructed in 1918 and also served to house patients. this wing is the same as Wing B except that it has steps down to the basement level on the east elevation. The interior of this building has been completely gutted; the first floor now houses the prison library, while the second floor has been converted to conference and meeting rooms.

Building D (Map #4):

This wing, constructed in 1923, originally facilitated dining and recreation activities at CSH. This tall, one story, running bond brick building also has a raised concrete foundation. It has the same concrete cornice , parapet and medallions as buildings A and B. Brick pilasters separate the bays on each side. The east and west elevations originally were 6 bays wide each, but bays #2, 4 and 5 (from north to south) have been filled in with brick. The north elevation is three bays wide, though the middle bay has been filled in also. All extant windows have concrete sills and vertical bars. There is a small brick addition on the north side which has a single steel door accessing its west elevation. The east elevation of the original building is accessed by a ground level double-leaf door at bay #2. This door has a decorative concrete surround and enters into the basement. Building D abuts the central corridor on its north elevation.

This building has been totally remodeled on the interior and now serves as the visitors center. The addition to the north elevation gives direct access to this wing for outside visitors.

Building E (Map #5):

Building E was constructed in 1923 and is identical to building B with the exception that it has steps leading down to the basement level on the West elevation. The building was originally built to house inmates and continues to serve this function.

Building F (Map #6):

Built in 1931 to house patients, Building F has little of the decorative features of the earlier wings. This two story, red brick, common bond building has a raised red brick basement and a concrete watertable. The east and west elevations are both 8 bays wide; the windows have concrete sills, a continuous concrete lintel and vertical bars. The southern elevation is 3 bays wide and has the same features as the east and west sides. The building is capped by a simple concrete parapet. There is a door to the first floor and stairs to the second basement level on the eastern elevation. Building F abuts the central corridor on its north elevation. This building continues to house inmates.

Building G (Map #7):

Building G is identical to building F in history, use and description except that it has no stairs to the basement on the eastern elevation.

Power House (Map #201):

The power house is a one story, square building, five bays wide, which was constructed in 1913. It has a raised concrete basement and red brick laid in common bond courses on the upper story. The windows are glass block with concrete surrounds; there are decorative concrete inlays at the cornice and the building is capped with a flat concrete parapet. A concrete coal bunker is attached to the east elevation of the power house. Railroad tracks used to run right over the top of the bunker to make unloading easier. A five sided chimney is attached to the south elevation of the power house. It has a red brick base and red tile stack. A pump room addition was made to the southwest corner of the power house in 1940. It is similar in massing and scale to the rest of the building, though it is without the decorative inlays and has

soldier brick window surrounds, rather than concrete. The pump room is two bays wide, but on the west and south elevations, one bay has been partly filled in and a door has been installed.

This building is now used as a maintenance shop.

Exterior Wall (Map #0):

The exterior wall is original, though it has been patched in several places over the years. It is approximately 18 feet high and constructed of concrete with a whitewash finish. The wall runs from the southwest corner of Building C, around a large athletic field, to the southeast corner of Building B. Rather than sitting on flat ground and rising up 18 feet, the wall sits in the bottom of a moat, so that from a distance it appears to rise only a couple of feet above the ground. This was done to eliminate the prison-like appearance of the hospital when it was built.

Machine and Carpenter Shop (Map #205):

This two story frame building was constructed in 1938. It is clad with clapboard siding and has an asphalt shingled, gable roof. The ground floor of the south elevation is relieved by two overhead garage doors. A single door is centrally located on the upper floor and above it sits one fixed frame window. The north elevation of the structure is similar to that of the south elevation, except that the garage doors are sliding, the second story door has been boarded up, and the window above it is 1/1 double hung. The ground floor of the southern half of both the east and west elevations, is relieved by 5 windows that have been boarded up. The upper floors are fenestrated by 3 asymmetrically placed, fixed frame windows. The ground floor of the north half of the east and west elevations is lit with asymmetrically placed 4/4 double-hung windows.

Filter Room (Map #202):

Constructed in 1913, the one story filter room has a raised concrete foundation and watertable. The red brick upper portion of the building is laid in running bond courses. The cornice is adorned with decorative concrete and brick details, and it has a concrete parapet. The south elevation is fenestrated with fixed frame windows. Single, centrally

placed, recessed doors are located on both the east and west elevations of the building. The north elevation has an asymmetrical bay that is entered by double-leaf doors. Asymmetrically arranged 4 pane and 2 pane fixed frame windows and glass block windows relieve the east elevation of the bay.

Warehouse (Map #206):

The 1934, two story building has white clapboard siding and a raised concrete basement. The south elevation is fenestrated with symmetrically arranged 2/2 double-hung, sash windows; similar windows are found on the other elevations as well. A single door is asymmetrically placed on the west elevation. The second floor of this elevation is pierced by an asymmetrically placed double-leaf door (which was added sometime in the last decade) and two similarly arranged windows. The first and second floors of the north elevation were originally relieved by 2 centrally placed double-leaf doors, but the second floor door has since been boarded up. Both sets of doors are flanked by single, 2/2 double hung windows. The second floor of the east elevation is fenestrated with symmetrically arranged windows, however, the ground floor has two asymmetrically placed double-leaf doors as well as 3 asymmetrically placed windows. The building is topped with a very slightly pitched gable roof. A concrete loading dock wraps around the ground floor of the northeast corner of the building; railroad tracks originally ran along the east side of the warehouse, but have since been removed.

This building has always been used as a warehouse, though in recent years, it has been used to store mostly obsolete supplies and equipment. In the basement of the building, there still remains a pistol range with metal bullet trap, which was installed for personal use by an early superintendent.

Historic Integrity:

Although there have been a some non-contributing additions and alterations to the hospital building, they do not significantly detract from the original look or intention of the facility. All additions were made in consideration of the architect's original plan for the complex; although some of the wings were built later and so cannot be contributing, they were located where the original plan intended. And although later additions do not have the same decorative detail as the earlier, contributing wings, they still used the same materials, are of the same massing and scale, and are indicative of their time.

Inventory of Central State Hospital Historic District

Map #	Historic Use	Date	Class
0	Exterior Wall	1913	C
* 1	Building A	1914	C
* 2	Building B	1914	C
* 3	Building C	1918	C
* 4	Building D	1923	C
* 5	Building E	1923	C
* 6	Building F	1931	C
* 7	Building G	1931	C
* 7A	Corridor and Tunnel	1913	C
* 10	Building H	1952	NC
* 11	Building I	1952	NC
* 12	Building J	1952	NC
13	Athletic Equipment Storage	1962	NC
* 14	Building K	1967	NC
17	Rear Guard House	c.1983	NC
* 19	Gym	c.1983	NC
*201	Power House/Pump Room	1913	C
202	Filter Room	1913	C
205	Machine and Carpenter Shop	1938	C
206	Warehouse	1934	C

* Most of the contributing and non-contributing resources are interconnected. Functionally and physically they are additions to the main corridor and so comprise only one building according to the guidelines for counting properties in National Register Bulletin 16. The buildings marked with an asterisk (*) comprise one building.

8. Statement of Significance

Certifying official has considered the significance of this property in relation to other properties: ___ nationally _X_ statewide ___ locally

Applicable National Register Criteria _X_A ___B ___C ___D

Criteria Considerations (Exceptions) ___A ___B ___C ___D ___E ___F ___G

Areas of Significance (enter categories from instructions)	Period of Significance	Significant Dates
HEALTH/MEDICINE	1913-1941	N/A

Cultural Affiliation
N/A

Significant Person
N/A

Architect/Builder
Foeller & Schober

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above.

Introduction

The Central State Hospital Historic District is being nominated under Criterion A for its historic significance as Wisconsin's only hospital for the criminal and violent insane. Cultural Resource Management in Wisconsin expresses a need for the identification of statewide health care facilities, and identifies CSH as a significant institution.

The 7 structures identified in the district represent the facility's historic period 1911-1941, chose to include the date of earliest construction on the site and continuing to 50 years prior to the present date, and which represent the early phase of growth.

_X_ see continuation sheet

GENERAL HISTORY

The fundamental question of how to define insanity and respond to it has perplexed society for centuries, and from very early times, the legal irresponsibility of mentally ill persons for their actions has been debated.

Under Roman law, the insane were regarded as lacking free will and so incapable of voluntary action. For this reason they were considered unable to assume their civil rights and responsibilities and so were stripped of both. They and their property were usually placed under the guardianship of a "curator" but their full rights were restored during any periods of lucidity.[1]

During the Middle Ages, in many parts of Europe, insanity was expressly barred as a defence in criminal trials based on the belief that mental disease was a result of one's sins. For this reason, the insane were shown little mercy and were, in fact, frequently the victims of cruel punishment and torture.

It was not until the 14th Century that insanity began to be recognized as a defence in criminal cases under English Common Law. At that time, the common practice was to find the defendant guilty together with a special verdict of insanity which was invariably followed by a pardon by the Crown.[2]

Beginning in the 17th Century, a series of jurists and commentators devised "tests" for determining when insanity excused a person from criminal responsibility. The first attempt to clarify insanity in relation to criminal law was made by Sir Matthew Hale, one of the greatest scholars of English Common Law, around 1680. Hale distinguished between total and partial insanity (partial insanity being when a person has periods of lucidity or is sane with respect to some subjects but not others) and stated that "partial insanity seems not to excuse them in the committing of any offence".[3] The "test" he suggested to measure for total insanity, and thus exemption from punishment, stated that if the accused ordinarily has as good an understanding as a child if 14, then he should be found guilty. This test was widely used in criminal cases for many years.

Sir John Hawkins formulated the next commonly used test during the mid-1700s. He suggested that if the accused were "under a natural disability of distinguishing between good and evil, as infants under the age of discretion, idiots and lunatics, [they] are not punishable by any criminal prosecution whatever".[4]

This criteria remained in place for about 50 years until Lord Erskine, professed to be one of the greatest criminal lawyers in history, shattered the idea of the necessity of total insanity to be excused from responsibility. In the Hadfield case of 1800, Lord Erskine successfully argued that delusions should also be considered insanity, not just frenzy and raving madness. This "delusions test" was offered as a precedent for many years. Indeed, in the United States in 1835, in the trial of the Man accused of shooting at President Andrew Jackson, the jury was instructed to base its verdict on the principles laid down in the Hadfield Case. The defendant was subsequently acquitted.[5]

In 1843, after a man who killed Prime Minister Sir Robert Peel's secretary (believing it was Peel himself) was acquitted on the grounds of insanity, the House of Lords, responding to the uproar of the unpopular verdict, called upon 15 judges in England to clarify the question of criminal insanity once and for all. Their answer made it much more difficult for a defendant to be found innocent by reason of insanity. The judges stated that a person is presumed sane until proven otherwise and that in order to use insanity as a defence, the accused must clearly prove that when the crime was committed he was "labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not that he was doing what was wrong."[6]

Although this rule has been widely criticized by the legal and psychiatric fields alike, it has served in all subsequent insanity cases in England and has been generally accepted in the United States as well. Criticism stems from the vagueness of the rule and the question of how to interpret it. Some states determine criminal insanity based on whether the defendant can distinguish between moral right and wrong. In other states it is interpreted as whether the defendant can distinguish between legal right and wrong, and in still others, it is both. In Wisconsin (and 28 other states) the "right and wrong test" became the sole criterion of determining criminal responsibility in insanity cases.[7]

The question of what to do with insane offenders in the United States was not easily solved either. Before the verdict of not guilty by reason of insanity became widely accepted, insane criminals were treated the same as sane ones. In colonial times, they were mutilated, whipped, jailed, or executed, depending on the severity of the crime. With establishment of state prisons, insane criminals were usually incarcerated with the other felons when it was felt that they might be dangerous to society. Some were sent to poorhouses where special secure rooms were often built to accommodate this class. These policies often brought protest, however, from friends, relatives, and institution heads who disagreed with idea of treating innocent persons like criminals or common paupers.[8]

By 1830, the American attitude toward the proper care of the insane had shifted. This was due to the belief that the cause of insanity was finally understood. It was believed, at that time, that the stresses and imbalance caused by a rapidly changing society was the cause of mental illness. This idea evolved from the 18th Century social theory that focused on the virtues of home, family, and the vision of the colonial community--all of which were changing rapidly as the United States expanded westward, cities grew and economies shifted. Reformers and the medical community were fearful of the impact that this social change had on society, and ascertained that it was this change that caused insanity.[9] Believing they had the cause in hand, reformers set out to find the solution.

Perhaps inevitably, the idea emerged that since society caused the problem, it was society's responsibility to care for its victims; as Dorothea Dix stated in one of her innumerable speeches to state legislatures, "should not society, then, make the compensation which alone can be made for these disastrous fruits of its social organization?".[10]

The State did compensate these disastrous fruits; the "asylum" was born. Asylums sought to provide a controlled environment away from the hectic society that caused their insanity. The institution itself was the panacea, not medicine or treatment; simply remove the insane from the community and a cure was at hand.[11]

With the rise of the first public hospitals for the mentally ill in the 1830s and 1840s, several states determined that persons acquitted by reason of insanity should be sent to these institutions. This policy

also drew protests, this time from the friends and relatives of the civil insane, who objected to the forced association of them with those with criminal or dangerous tendencies. Finally, in 1859, New York State opened the first hospital for the criminal insane: The State Lunatic Asylum for Insane Convicts, at Auburn on a site that adjoining the Auburn State Prison. Many other states, including Wisconsin, followed suit and opened their own specialized hospitals for the criminal insane.[12]

WISCONSIN HISTORY

Institutionalization of the insane in Wisconsin began in 1838 when the Wisconsin Territorial Act codified and clarified the poor laws. The act granted townships the authority to construct poorhouses and asylums, and county judges could commit to close custody (forced confinement) any person they deemed dangerous to public safety or themselves. From this juncture onward, institutionalization of the insane, mentally deficient and handicapped, became common practice in Wisconsin.[13]

Separate institutions for each class of dependents did not exist, however, until relatively late in the 19th Century. Until then all groups were incarcerated together in poorhouses, or where those were lacking, in jails along with common criminals. Conditions in these places were generally deplorable: surroundings were filthy; ventilation was poor; vermin and bugs proliferated; inmates were beaten and forced to work. In general, the insane suffered the worst treatment; often they were manacled or chained, and they were frequently abused by other inmates.

In 1854, prompted by reports of these conditions, Governor William A. Barstow, in his message to the Legislature called their attention to "the necessity of taking the preliminary steps for the erection of an asylum for the insane. The number in our state suffering from the effects of insanity is, in my judgement, sufficient to demand that something should be done for their relief. This disease requires a treatment peculiar to itself; a treatment the afflicted can receive only in institutions established expressly for that purpose".[14]

Motivated by altruism, a committee was established to look into the governor's suggestion. Their report estimated that there were more than 100 mentally ill in Wisconsin needing care in a public institution and

was quite moving as it described the misery of the insane in Wisconsin who were:

> incarcerated in the cold, cheerless, sunless, fireless cells of as jail, or wandering about our streets and fields. From every quarter, from the press of every political party, from individuals of all pursuits and classes, without a single dissenting voice, we hear an expression of the warmest feeling, that no further delay should be made for taking measures for relieving the insane...Those who are running at large endanger the public safety and are in no way of recovering.[15]

The Wisconsin State Legislature responded to the committee's findings and took the first step toward segregated care and treatment of the mentally ill when it passed Chapter 59 of the Laws of 1854. This bill called for the appointment of three commissioners by the governor, the selection of a site in the vicinity of Madison, and the erection of a facility which "shall be constructed in accordance with the plans of the Worchester [Mass.] institution".[16] This institution, established in 1833, was chosen as a model because it was the first, and therefore best known facility of that type in the country. It also had a reputation of being structured in such a way as to maximize the efficacy of moral and medical treatment. By the mid-1850s, however, many argued that the conditions at Worchester were extremely bad and out-moded. After considerable study, the commissioners and the already appointed superintendent adopted a plan of a building not in accordance with the Worchester plan. This deviation from the law together with rumors that the State's interests had not been served, caused the Legislature of 1855 to conclude that the committee had exceeded its authority, and it repealed the law of 1854 and suspended all work. The Legislature of 1856 then enacted another law, this time not limiting the facility to the Worchester plan, and construction was begun. In July, 1860, the central building and two wings of the State Hospital for the Insane were opened.[17] This institution, still in operation, is now the Mendota Mental Health Care Facility.

Although a second state hospital for the insane was constructed at Winnebago in 1873 to relieve overcrowding at Mendota, most of the State's insane continued to languish in poorhouses. This was due, in large part, to the fact that the two state hospitals preferred to treat the curable insane, acting more as a hospital than an asylum to house the chronic insane.

Beginning in the mid-1870s, the State Board of Charities and Reform began to press for an organized system of facilities for the care and treatment of the chronically mentally ill, which would include a facility for the criminally insane. This Board, created by Chapter 136 of the Laws of 1831, was established to investigate and supervise the entire system of charitable and correctional institutions supported wholly or partially by State funds. The Board had no power to require changes or create new facilities, but was required to make recommendations regarding them. In 1878 the Wisconsin State Legislature approved a measure, recommended by the Board of Charities and Reform, allowing counties to construct asylums, with half of the building costs provided by the State. Beginning in the 1880s, following the lead of Milwaukee County, several asylums for the chronic insane were constructed in various counties across the state. This system became known as the "Wisconsin Plan" and provided county care for all chronic cases and state care for acute or curable cases, with both the State and counties participating in the costs of both kinds of institutions. The county facilities did not provide and sort of treatment, but essentially abandoned the chronic insane in environments that were often little better than the poorhouses and jails they came from; indeed, many of these new "asylums" were merely makeshift structures attached or adjacent to existing poorhouses. By 1910, 35 such county institutions had been built in Wisconsin.[18]

With the rise of these new county and state facilities came a gradual awareness of new institutional problems regarding certain classes of inmates not previously given consideration. It became clear that there were real distinctions between the chronic mentally ill, the "feeble-minded", the handicapped, and the criminal and vicious insane, and that these different classes needed separate and specialized care. As early as 1875, Mrs. William P. Lynde, the first woman in the United States to be appointed to a State Board of Charities and Reform, began to lobby for the establishment for a separate hospital for the criminal insane, staffed by specially trained personnel.[19] Prison and reformatory

wardens had continually asked for the removal of their insane criminals because they were highly disruptive to the rest of the inmates. In addition, all of the county and state hospitals had inmates who were violent and dangerous to themselves and others. These inmates were an annoyance at best, and often a terror to other patients and inmates. Isolation of this class in existing institutions was impossible due to chronic overcrowding.

In 1900, the State Board of Control (the successor to the State Board of Charities and Reform) declared that "the time has come when it should be pressed upon the attention of the Executive and Legislature that some additional facilities for the care and safekeeping of violent, dangerous and criminal insane should be provided".[20] At that time, the Board felt that this could best be accomplished by erecting a building for those classes at one of the already existing state mental hospitals. The new institution could be connected with the heating, lighting, water and sewerage systems of the hospital, but be located far enough away to prevent its inmates from mingling with, or disturbing those in other buildings. These recommendations were not heeded, however, and the Board of Control had to continue to press this need for many years.

Finally, in 1909, the Wisconsin State Legislature appropriated $100,000.00 for a hospital for the criminal insane to be erected at the Northern Hospital for the Insane at Winnebago.[21] A study was made of similar institution in other states and plans were prepared and adopted for the construction of a building to provide for present and future needs. The Board of Control discovered, however, that the amount appropriated was insufficient to contract for construction of the buildings required to meet their present needs, so no work was done. The project was delayed even further in 1911 when the Legislature decided that it was inadvisable to locate the criminal and violent insane at the same site as the general hospital for the insane at Winnebago. Provisions were made, however, for money to purchase a site for a new facility near Waupun. This facility was to be under the jurisdiction of the Board of Control, but for the purpose of day-to-day management, it was to be considered a component part of the Wisconsin State Prison (WSP) at Waupun. The location was considered advantageous for the same reasons that it was selected for the prison: its central location to the population centers of the state, close proximity to major railroad lines, and high quality farm lands.

The Board of Control purchased a tract of 72 acres of the "finest kind of garden truck land, such as could be worked by this class of insane".[22] The land was located on what was then the outskirts of Waupun, about two blocks from the WSP. The possibility of connecting with the prison's heating and electric light plant was carefully considered. Estimates were secured from several engineers and while it was determined that the initial cost of installation would be less to connect with the prison's plant, the long run costs to the State would have been considerably higher. A separate and independent heating and lighting plant was therefore constructed.

Again the Board began to secure contracts for construction, but found the appropriation insufficient to build the entire facility as planned. The original design was to consist of a central, three story administration building with three, two story hospital wings projecting off both sides of a central corridor, on each side (see Appendix A for Architect's rendering of finished facility). A modified version was consequently constructed, consisting of the power house, one hospital wing, one wing to be used for administration, and the entire central corridor off which future hospital wings could be constructed. Prisoners from the nearby prison did the excavation for the buildings' foundations and supplied the crushed stone aggregate which was used for the concrete.

In 1913, before the facility even opened, the Legislature, recognizing the national trend, created the new institution as a separate and distinct facility, not associated or affiliated with the WSP or any other state or county institution. The new law (Chapter 356) also gave the institution the name "The State Hospital for the Criminal Insane" and put it under the jurisdiction of the State Board of Control and the supervision of a medical superintendent.[23]

On July 1, 1913, Dr. Rock Sleyster, up to that point the prison physician at the WSP, was appointed as the hospital's first director. He transferred to the facility soon after and began to equip and organize the new facility. As superintendent, Dr. Sleyster then visited and studied several other hospitals for the criminal insane in other states. At that time, only New York (which established the first two), Michigan, Illinois, Pennsylvania and Ohio had established such specialized facilities. Dr. Sleyster specifically wanted to "avoid the mistakes so frankly admitted by them and benefit by their experience".

The result of that trip was a conviction that:

> the dangerous and criminal insane require care by those specially trained, in specially planned housing, which, while it guarantees the safety of a prison, eliminates the prison appearance and effect, for the brightness and cheerfulness so essential to a true hospital.[24]

To serve these purposes several steps were taken. Rooms were painted in soft shades of pink, green or blue, bars on the windows ran horizontally rather than vertically, and trees, shrubs, vines and perennials were planted to make the grounds pleasant. Also, a 18 foot concrete wall enclosing the recreation grounds at the rear of the institution was built, but in such a way as to eliminate the psychic effect of a prison wall. To accomplish this, a drained moat, approximately 15 feet deep was dug on either side of the wall (the by-product of which provided enough crushed stone for the concrete foundations of 4 or five future buildings), so that it rose only three feet above ground level.

On his trip, Dr. Sleyster also found that most of the facilities he visited had changed their names. Influenced by this, in his first Superintendent's Report in 1914, he called for an institutional name change. Although every state that had an institution of this type had originally created it as a hospital for the criminal insane, pioneers in the field (New York and Michigan) "recognized the mistake and corrected it by legislative enactment".[25] The new names made no reference to the class of patient cared for at the institution. Dr. Sleyster recommended that the Wisconsin Legislature follow suit, pointing out that nothing was gained by labeling its inmates as "criminal" insane. This was especially pertinent to the institution in Wisconsin because it cared for not only the criminal insane (those whose criminal acts were a direct result of a mental disorder, i.e., those acquitted by reason of insanity) and insane criminals (convicts who became insane while serving terms in prison), but also for the civil insane who had shown suicidal, homicidal or violent tendencies. To brand these patients as "criminal" was an injustice and a stigma which would likely elicit strong objection from friends and relatives. Since there was no advantage to the name as it stood, the superintendent urged the Legislature to enact a name

change as soon as possible. The Wisconsin Legislature responded accordingly and in 1917 it passed Chapter 147, which changed the institution's name from The State Hospital for the Criminal Insane to Central State Hospital (CSH).

Institution Opens

On July 12, 1914, the first patients were admitted (see Appendix B for 1914 photograph of newly opened institution). The precise number is unclear, but the first ward (ward B; ward A being the administration building) appears to have had a capacity of between 35-60, each patient having his own private room. Regardless, the new facility was filled beyond capacity within one week after opening.[26] This rapid overcrowding elicited a quick response from the State Legislature, which appropriated funds for a new ward to be constructed. Contracts were let, and a new wing was quickly constructed and occupied on January 26, 1915.[27] This wing too, was filled within ten days by transfers from other institutions.

Construction

Construction was fairly constant at CSH until the mid-1930s when the Depression, and later World War Two prevented further expansion. After the initial Administration wing, power house and two hospital wings were built in 1914-15, a small dairy, ice house, barn and chicken house followed. In 1916 and 1917, a root cellar, machine shed, smoke house and pig pen were built. In 1923, two additional wings were constructed

abutting the central corridor; one facilitating a kitchen/dining room (Building D) and a new hospital wing (Building E), bringing the institutional capacity to 133. Two more wings, F and G--giving the institution a capacity of 206--were added in 1931, and in 1934 a 20 stall garage for employees' cars and a warehouse were added to the grounds. With the exception of a machine/carpenter shop which was built in 1938, no new buildings were added until 1951, causing several years of chronic and severe overcrowding at CSH. All non-contributing wings that were built abutting the central corridor are sympathetic to the design of the historic wings. Their materials, massing and scale are all very similar to those with contributing status.

Overcrowding

Overcrowding was a persistent problem at CSH. As new wards were erected they were rapidly filled beyond capacity, with many more patients awaiting transfer from other state and county institutions. Superintendents of CSH continuously over the years asked for further appropriations to expand the facility and alleviate some of the problems. Generally, these were slow in coming and the patient population reached as much as 75% over the rate bed capacity. Under these circumstances, two patients were kept in rooms meant for one, basements and storerooms were used as dormitories, and patients were kept in beds placed in corridors. Dr. Deerhake, the third superintendent of CSH, emphasized that all of these were inadvisable and uneconomical for several reasons. First, he pointed out, CSH housed some of the most dangerous kinds of patients. A few of these could be properly cared for in a dormitory atmosphere, but most should have private, individual rooms for their own safety and that of other patients; specifically to help avoid agitation, escape, and sexual perversion. Also, clearly, basement, storerooms and corridors were not suitable as dormitories, as they were not designed to perform that function and caused space shortages in those areas. Any decrease in patient occupational therapy facilities was also felt to be extremely disadvantageous. Occupational therapy (OT) had long been recognized as "one of the outstanding therapeutic procedures in the treatment of mental disease [because] it stimulates interest and aids in the training of useful activities".[28] Farming, gardening and maintenance were often used in this capacity but during the cold winter months, inside activities were necessary; if the OT rooms were used as dormitories, patients remained idle.

Another problem caused by chronic overcrowding was that it prevented proper segregation of the different grades of patients. As it was, no attempt was made to care for any of the violent or dangerous insane women that were housed in other institutions. Only male patients were accepted at CSH, as gender segregation would have been impossible, and the potential sexual contact that might have resulted between male and female patients was unacceptable. But problems also arose due to the inability to segregate violent, chronic, acute, and physically ill patients. The second superintendent, Dr. J.F. Brown, complained in 1924 that the margin of safety at CSH had been passed years before, since

every ward had several dangerous cases which should have been isolated and segregated.[29]

Separation of the physically ill was difficult, if not impossible, since there was no medical/hospital ward for acutely ill patients. This made epidemics a real danger and also cause convalescing patients to be house in wards with physically active ones. Also, there was the potential problem of delays in treatment which could threaten a patient's life, caused by the necessary transfers to outside hospitals. Lack of proper supervision and security in general hospitals during recovery posed its own problem, as it was much easier for patients to escape from these facilities than from CSH.

Finally, it was pointed out that it was economically unsound for the institution to be so overcrowded because the per patient cost of supervision and treatment was much higher when the facility was above the rated bed capacity.

Work

As in most other state institutions, patients at CSH who were capable were expected to work. This was felt to be important partly in order to help sustain the facility and partly as a form of therapy. Most state institutions had farms affiliated with them, which were usually worked almost exclusively by patients and inmates. This significantly decreased the cost of food purchases and paid labor. Farm and other work was also viewed as very therapeutic, especially in the treatment of mental disease. It was believed to "stimulate interest in useful activities and aid in the training of orderly thinking".[30]

Upon admission to the hospital, patients were given a physical and mental exam and put under observation before a diagnosis was made. Once this was done, the patients' work capabilities were evaluated and they were assigned the job for which they were best qualified. At CSH all the farm and garden work was done by patients, as was landscape and dormitory work. Also, patients unloaded coal from the trains and worked in the kitchen/dining room. In the carpenter shop and work shop some toys were made and then sold to visitors; the income from the sales went to the patients who made them.

When operating funds were decreased because of the Depression in the mid-1930s, a small sewing room and tailor shop were started to help with

clothing repair. Additionally, at the same time, a small furniture factory was established which produced lawn furniture, chairs and stools, and employed the 15-20 men "who [could] be trusted with tools".[31] This was believed to provide the ideal therapy because, as the Board stated, "the average person likes to work with tools". All of these activities helped the institution support itself, taking some of the financial burden off of the state and counties.

Treatment

The difference between this institution and those for the civil insane were supposed to be structural changes for maximum security, not treatment oriented changes. The treatment and therapy at CSH was to be similar to that of any other state mental hospital. Historically, this meant an emphasis on moral treatment. The goal was to place the patient in a smaller hospital where he/she could receive kind and specialized care. Activities were to include occupational therapy, religious exercises, amusements and recreation. Essentially, it was "milieu" treatment where the patient could be re-educated in a proper moral atmosphere.

Another important component was medical treatment the patients were given. Before the evolution of the field of modern psychiatry, beliefs supported a "sound body=sound mind" theory; it was important to strengthen the physical condition in order to improve the mental condition. Tonics and laxatives were used frequently and a good diet was stressed. Most doctors also advocated the use of drugs, especially where behavior was particularly active or violent. Narcotics were often used to quiet patients, make them more manageable, avoid fatal exhaustion, minimized use of restraints, and prevent them from harming themselves, other patients and staff. Hydrotherapy was also usually popular in mental institutions because of its calming abilities.

In reality, hospitals for the criminal or violent insane placed the greatest emphasis on custody and did not develop therapeutic care to the degree that hospitals for the civil insane did. For many years, psychological treatment of any kind at CSH was practically non-existent. Public mental hospitals of all kinds had a notoriously low ratio of doctors-to-patients (due largely to budget constraints) and CSH was no exception. In 1935, the medical staff of CSH consisted of three doctors--including the medical superintendent--and zero nurses. At that

time the hospital had over 300 patients, resulting in a ratio of over 100 patients per doctor. To make matters worse, the other doctors were frequently relied upon by the superintendent to assist with administrative duties, giving them even less time to spend with the patients. Usually the doctors could be called upon only to treat acute illness or injury, leaving day to day care in the hands of attendants, few of whom had any medical training at all. Indeed, these attendants were usually chosen for their physique and courage rather than their medical knowledge or kind disposition, and their approach was usually one of control rather than benevolent service.[32] Restraints and drugs were widely used, often by attendants without consulting doctors. The patients that needed care and treatment the most--the violent, noisy and troublesome--were given the least and were often abused by the staff precisely because they were violent, noisy and troublesome. Attendants would report to doctors on the patients' condition so, often doctors did not even see the patients on their weekly (and later, daily) rounds. The number of patients in the chronically overcrowded institution made occupational and hydrotherapy rooms completely inadequate. Only a small percentage of the population who might have benefitted from hydrotherapy could use the facility in one day, and occupational therapy became little more than a hobby to fill time for a few life-long patients.[33] Fifty years after Freud developed psychoanalysis, very few mental patients were benefitting from it. A few private patients with a lot of time were helped, but "as far as the vast armies of [public] mental patients are concerned, it has accomplished nothing. Psychoanalysts do not even claim that it will do so, and state hospitals have never seriously attempted to make use of it".[34] Insulin and electrical shock therapy were used for a while in the 1940s, 1950s and 1960s, as was psychosurgery (lobotomy), but it is unclear how frequently.

Poor conditions and treatment at CSH continued into the 1950s and 1960s. In 1958, the Joint Commission on Accreditation of Hospitals recommended against accreditation for CSH, largely on the grounds of a lack of medical personnel.[35] The hospital did continue in operation, however, and in the late 1960s there was an attempt to change the emphasis from custody to a more effective overall treatment program.[36]

In fact, while lip service was paid to improving conditions, there were few if any changes. Psychotropic drugs (drugs which act on the mind) were used where applicable, and a very few patients benefitted from individual or group therapy, but behavior was controlled rather than treated. The tier system was the primary behavior motivator and was

believed to have the most merit in dealing with patients at CSH.[37] This system of operation was a ward arrangement in which there were varying and progressive degrees of restriction and freedom for patients on different wards. Good behavior resulted in placement on a less restricted ward, while bad behavior meant more restrictions and possibly restraints, sedation or solitary confinement.

In 1972, a committee was appointed to do a study of CSH and make recommendations. Many, including Dr. Marvin Chapman who was the Clinical Director of the facility at that time, felt that the institution should be closed down due to the massive disparities in staffing and programming, between CSH and the other state mental hospitals. It was their contention that the facility failed completely as a hospital and was simply a penal institution in every way. An influential member of the committee, however, was the Assemblyman from the local Waupun area and he lobbied strongly against closing the facility because of the large number of jobs that would be lost. The institution did stay operational, though it began to transfer patients, when possible, to Winnebago or Mendota state hospitals.[38] This did not result in a decreasing institutional population, however, because in the early 1970s, the Wisconsin State Legislature enacted Chapter 975.01, which prescribed mandatory commitment for pre-sentencing examination of any individual convicted of a sex crime. This had been transferred from the jurisdiction of Corrections to that of the Mental Health Division. These persons were largely sent to CSH for the exam, for up to 60 days for evaluation, and possibly longer if the doctor recommended to the court that the offender be committed to the Department of Health and Social Services for specialized treatment. The result was a consistently high institutional population, though a large portion of it rotated frequently.

In 1983, the hospital function of the institution closed completely and the buildings became a reception facility for the Division of Corrections. Now named the Dodge Correctional Facility, all prisoners convicted in Wisconsin courts are sent there for evaluation and processing to determine which state facility they should be sent to. All remaining CSH patients were sent to either Winnebago or Mendota at that time, where special high security wards have been built.

HEALTH/HOSPITAL SIGNIFICANCE

Central State Hospital represents the only hospital designed exclusively for the criminal and/or violent insane in Wisconsin. The facility was indicative of a continuing and increasing recognition in Wisconsin of the special needs of the mentally ill. As the number of state and county institutions for "mental defectives" and criminals grew in the late 19th and early 20th centuries, so did the realization that there were different kinds of mental problems requiring different kinds of care. Superintendents at state and county mental hospitals complained of violent and dangerous patients who were a threat to other patients and staff alike. At the same time, prison wardens complained that insane inmates were extremely disruptive at their institutions. It became clear that there was a newly identified class of patient/inmate that needed its own facility, designed for its special needs and circumstances. CSH is symbolic of the State of Wisconsin's efforts to meet those needs. It was designed as a hospital, reflecting a more sympathetic view of the violently insane than was previously held. Precautions were necessary, however, since some of the patients were dangerous, but these were effected in such a way as to minimize any prison-like atmosphere. Among other things: bars were placed horizontally on windows rather than vertically; patients were housed in individual rooms (with steel doors) and not cells; and the 18 feet tall exterior security wall was built in a drained moat so that it was not as visible.

CSH philosophically and physically represented the expanding understanding and concern that the State of Wisconsin had for the mentally ill in the early 20th Century.

ARCHEOLOGICAL POTENTIAL

There are no known archeological sites or remains associated with this district. In addition, the extent to which this district was disturbed by earlier agricultural activity and by the construction of the districts' resources is not known, but the potential for such disturbance is believed to be considerable.

ENDNOTES

1 Albert Deutsch, The Mentally Ill in America; A History of Their Care and Treatment from Colonial Times, (N.Y.: Colombia Univ. Press, 1949), pp.389.

2 Ibid., pp.390.

3 Ibid., pp.391.

4 Ibid., pp.392.

5 Ibid., pp.393.

6 Ibid., pp.394.

7 Ibid., pp.395.

8 Ibid., pp.411.

9 David J. Rothman, The Discovery of the Asylum; Social Order and Disorder in the New Republic, (Boston: Little, Brown and Co, 1971), pp.127

10 Ibid., pp.129.

11 Ibid., pp.133.

12 Deutsch, pp.413.

13 Barbara Wyatt, ed., "Social and Political Movements", in Wisconsin Cultural Resource Management Plan: Vol. III, (Madison, Wi.: State Historical Society of Wisconsin, 1986), pp.7-3.

14 Bennett O. Odegard and George M. Keith, A History of the State Board of Control of Wisconsin and the State's Institutions, (Madison, Wi.: State Board of Control, 1939), pp.159.

15 Ibid., pp.159.

16 Wisconsin Session Laws: Acts, Resolutions and Memorials, (Madison, Wi.: Democrat Printing Co., 1854), Chapter 59.

17 Odegard, pp.160.

18 Wyatt, "Social and Political Movements", pp.7-5.

19 Odegard, pp.166.

20 Wisconsin State Board of Control Biennial Reports, (Madison, Wi.: Democrat Printing Co., 1900), pp.17.

21 Odegard, pp.166.

22 Wisconsin State Board of Control Biennial Reports, (Madison, Wi.: Democrat Printing Co., 1914), pp.426.

23 Ibid., pp.428.

24 Ibid., pp.425.

25 Ibid., pp.428.

26 Wisconsin State Board of Control Biennial Reports, (Madison, Wi.: Democrat Printing Co., 1916), pp.342.

27 Ibid., pp.343.

28 Odegard, pp.170.

29 Wisconsin State Board of Control Biennial Reports, (Madison, Wi.: Democrat Printing Co., 1924), pp.193.

30 Odegard, pp.170.

31 Ibid., pp.171.

32 John Maurice Grimes, Institutional Care of Mental Patients in the United States, (Chicago, Ill.: John M. Grimes, 1934), pp52.

33 John Maurice Grimes, When Minds Go Wrong: A Simple Story of the Mentally Ill--Past, Present and Future, (Chicago, Ill.: John M. Grimes, 1949), pp117.

34 Ibid., pp.134.

35 Wisconsin Public Welfare Department Quarterly Reports, (Madison, Wi.: Democrat Printing Co., 1956-1961), pp5.

36 Wisconsin Central State Hospital Reports, (Madison, Wi.: Democrat Printing Co., 1958-1969), pp88.

37 Ibid., 1971-1973, pp.192.

38 Dr. Marvin Chapman, personal interview, Madison, Wi., Oct. 8, 1990.

9. Major Bibliographical Reference

Previous documentation on file (NPS): X see continuation sheet

__ 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 #_____

Primary location of additional data:
X State Historic preservation office
__ Other State agency
__ Federal agency
__ Local government
__ University
__ Other
Specify repository:
_____

10. Geographical Data

Acreage of property 23 acres

UTM Reference

	Zone	Easting	Northing		Zone	Easting	Northing
A	1/6	3/6/0/0/4/0	4/8/3/1/4/2/0	B	1/6	3/6/0/0/3/0	4/8/3/1/1/7/0
C	1/6	3/5/9/7/3/0	4/8/3/1/1/7/0	D	1/6	3/5/9/7/3/0	4/8/3/1/4/2/0

____ See continuation sheet

Verbal Boundary Description

X See continuation sheet

Boundary Justification

X See continuation sheet

11. Form Prepared By

name/title Tricia Canaday, State Facilities Survey Assistant
organization State Historical Society of Wisconsin date 2-14-91
street & number 816 State Street telephone (608)262-1339
city or town Madison state WI zip code 53706

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Wyatt, Barbara, ed. "Social and Political Movements". Wisconsin Cultural Resources Management Plan: Vol. III. Madison, Wisconsin: State Historical Society of Wisconsin, 1986.

Boundary Description

Starting at the point on the Chicago, Milwaukee, St. Paul and Pacific Railroad track that is 600 feet south of Benchmark 914, in Section 5 of T13N, 15E, thence 1000 feet west, thence 1000 feet south, thence 1000 feet east, thence 1000 feet north to the point of beginning.

Boundary Justification

The boundaries of the Central State Hospital Historic District include those properties which date from the institution's historic period of significance and are within the perimeter of the present property of the Dodge Correctional Facility.

NPS FORM 10-900a
(Rev. 8-86)
Wisconsin Word Processor Format
Approved 2/87

United States Department of Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET

Central State Hospital Historic District, City of Waupun, Dodge County, Wisconsin
Joe De Rose, Photographer; Photos taken on November 30, 1990
Negatives on file at the State Historical Society of Wisconsin

The above information applies to all photos of the Central State Hospital Historic District.

1 of 12
Building A (map:#1) looking Southwest

2 of 12
Building D (map:#4) looking Southwest

3 of 12
Building E (map:#5) looking North

4 of 12
Building E (map:#5)looking Northeast

5 of 12
Building G (map:#7) looking North

6 of 12
Building G (map:#7) looking Northeast

7 of 12
Corridor between buildings E (map:#%) and G (map:#7) looking North

8 of 12
Power house/Pump Room (map:#201) looking Northeast

9 of 12
Exterior Wall (map:#0) looking Southeast

10 of 12
Warehouse (map:#206) looking Northeast

11 of 12
Machine and Carpenter Shop (map:#205) looking Northeast

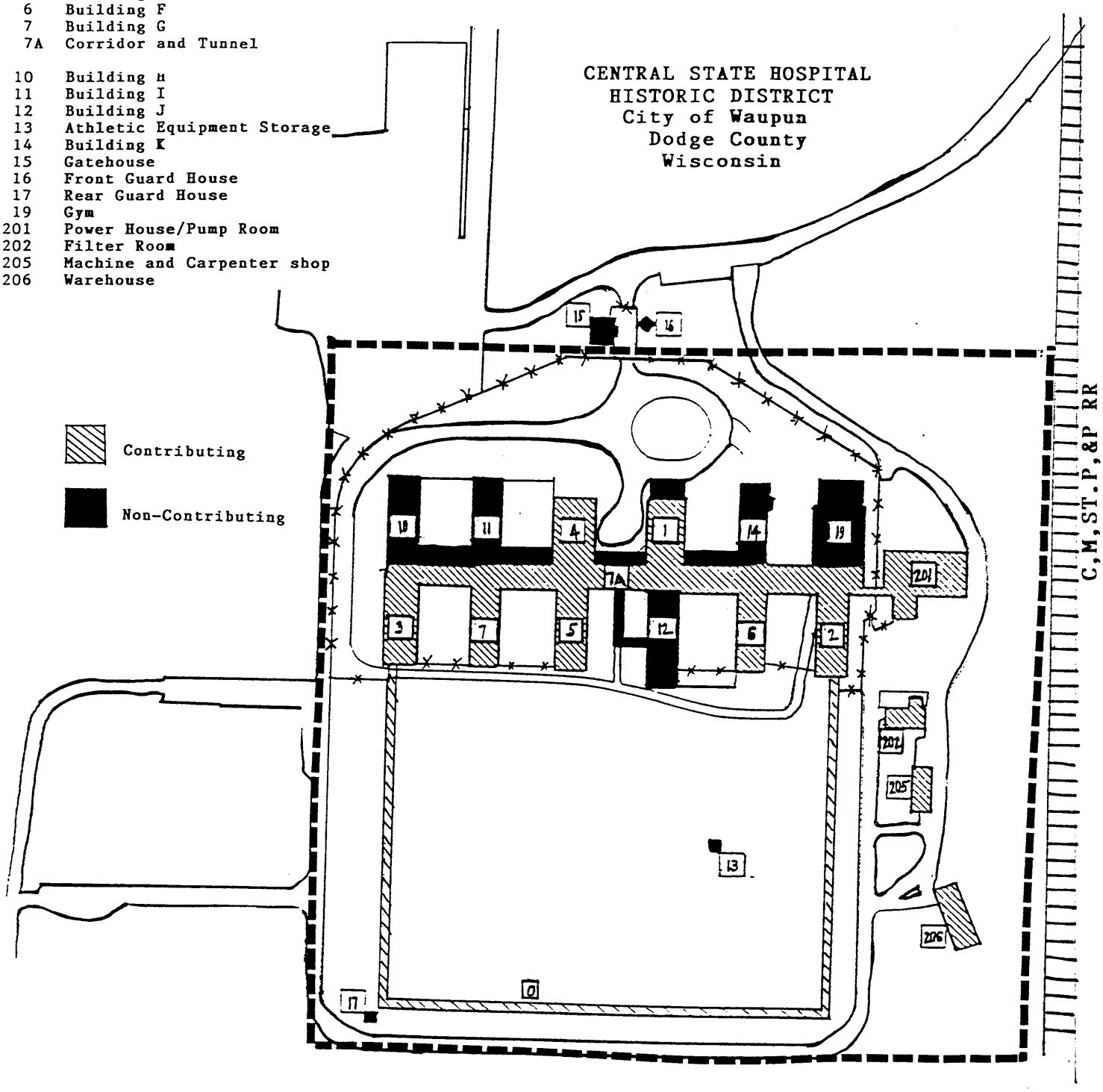
12 of 12
Filter Room (map:#202) looking Southwest

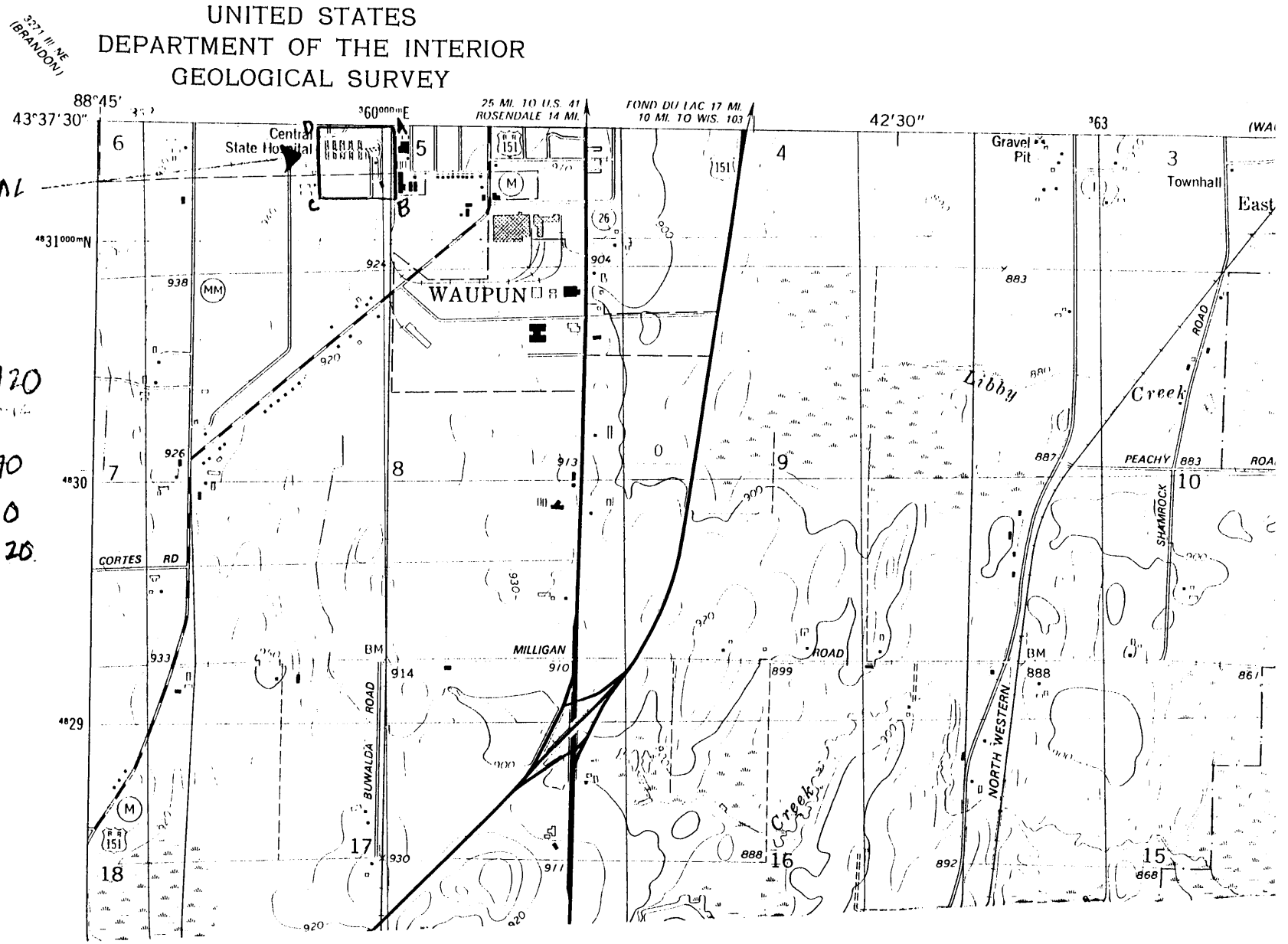
Owner:

Department of Corrections
1 West Wilson Street
Madison, WI 53703

APPENDIX A
Architect's Rendering

Map #	Building Name
0	Exterior Wall
1	Building A
2	Building B
3	Building C
4	Building D
5	Building E
6	Building F
7	Building G
7A	Corridor and Tunnel
10	Building H
11	Building I
12	Building J
13	Athletic Equipment Storage
14	Building K
15	Gatehouse
16	Front Guard House
17	Rear Guard House
19	Gym
201	Power House/Pump Room
202	Filter Room
205	Machine and Carpenter shop
206	Warehouse





CENTRAL STATE HOSPITAL
HISTORIC DISTRICT
CITY OF WAUPUN
DODGE COUNTY
WISCONSIN
ZONE 16

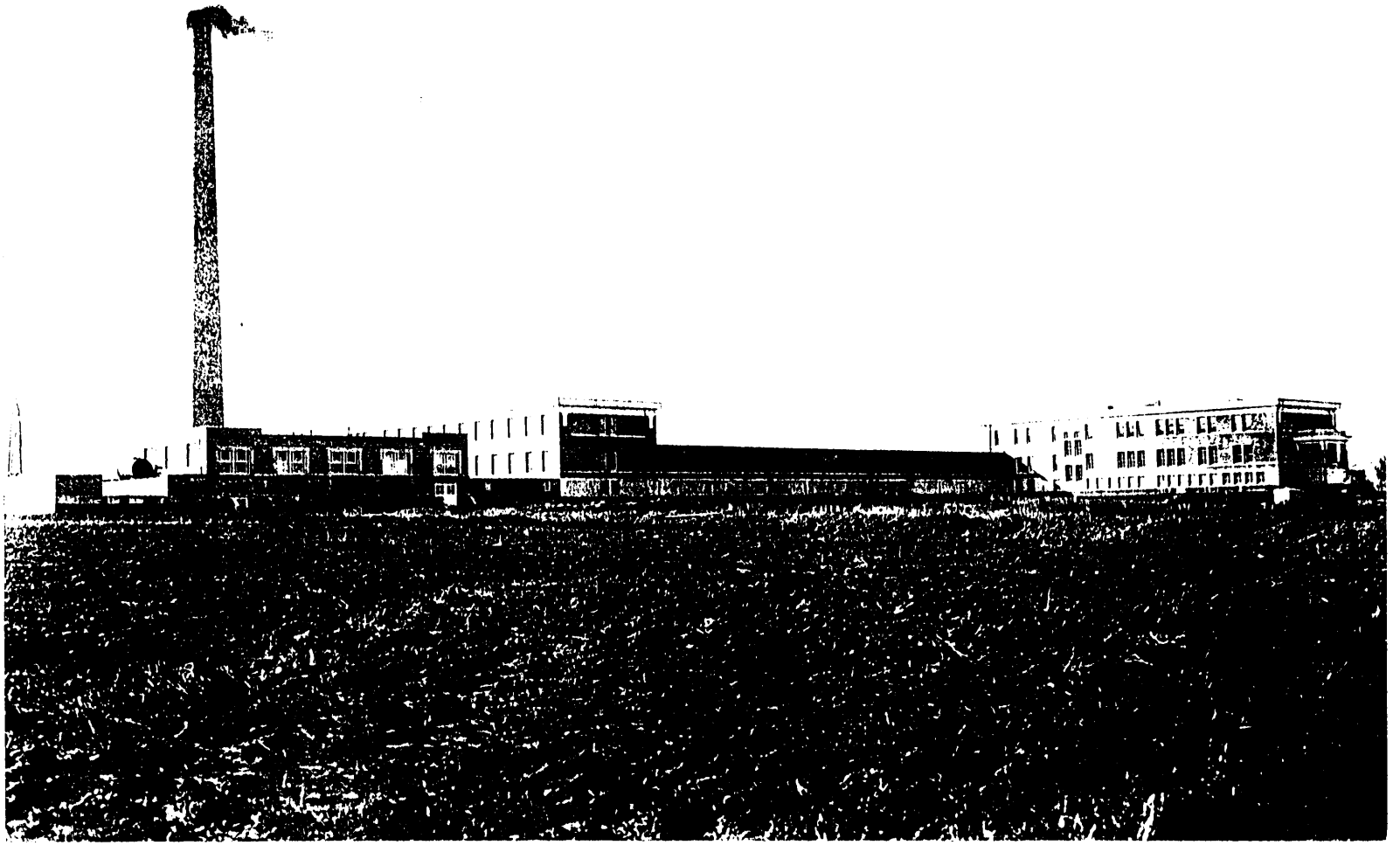
A: 360040 4831420

B 360030 4831170

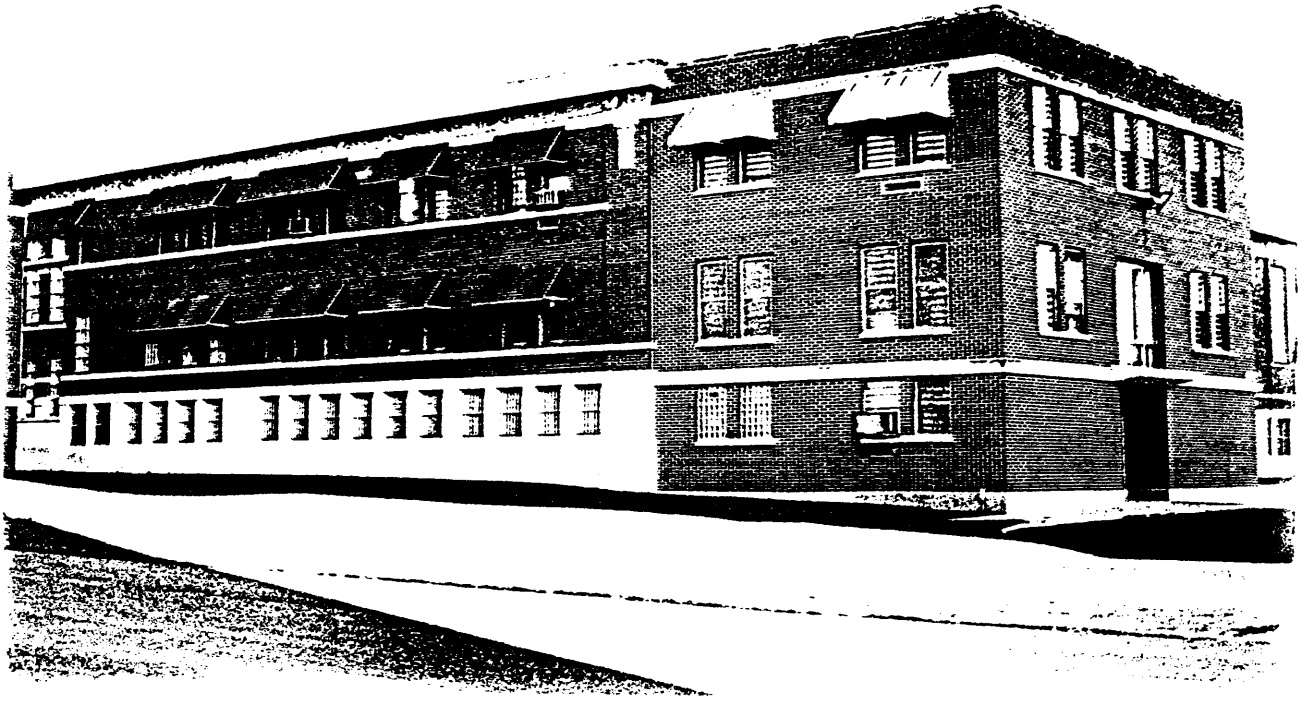
C 359730 4831170

D 359730 4831420

APPENDIX B
Newly opened institution
c.1914



CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Building A looking Southwest



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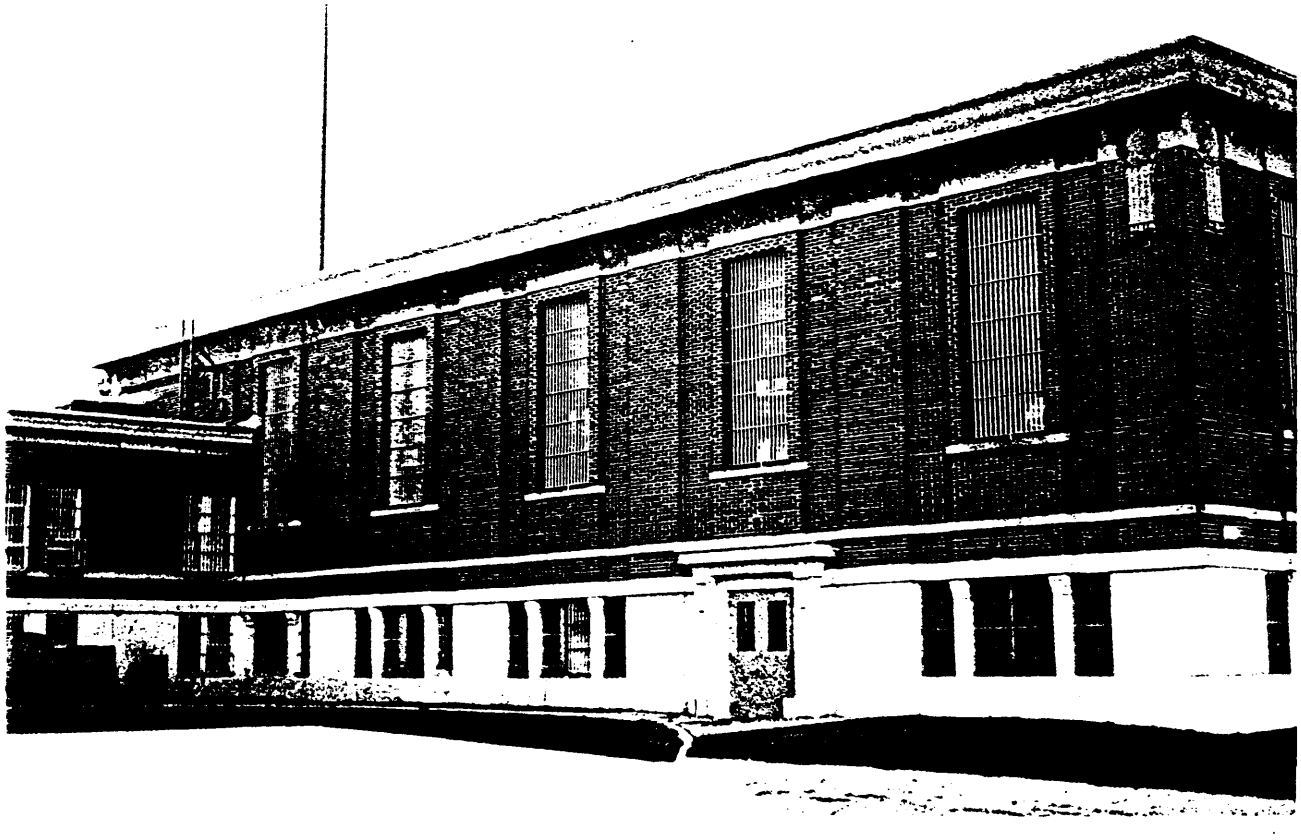
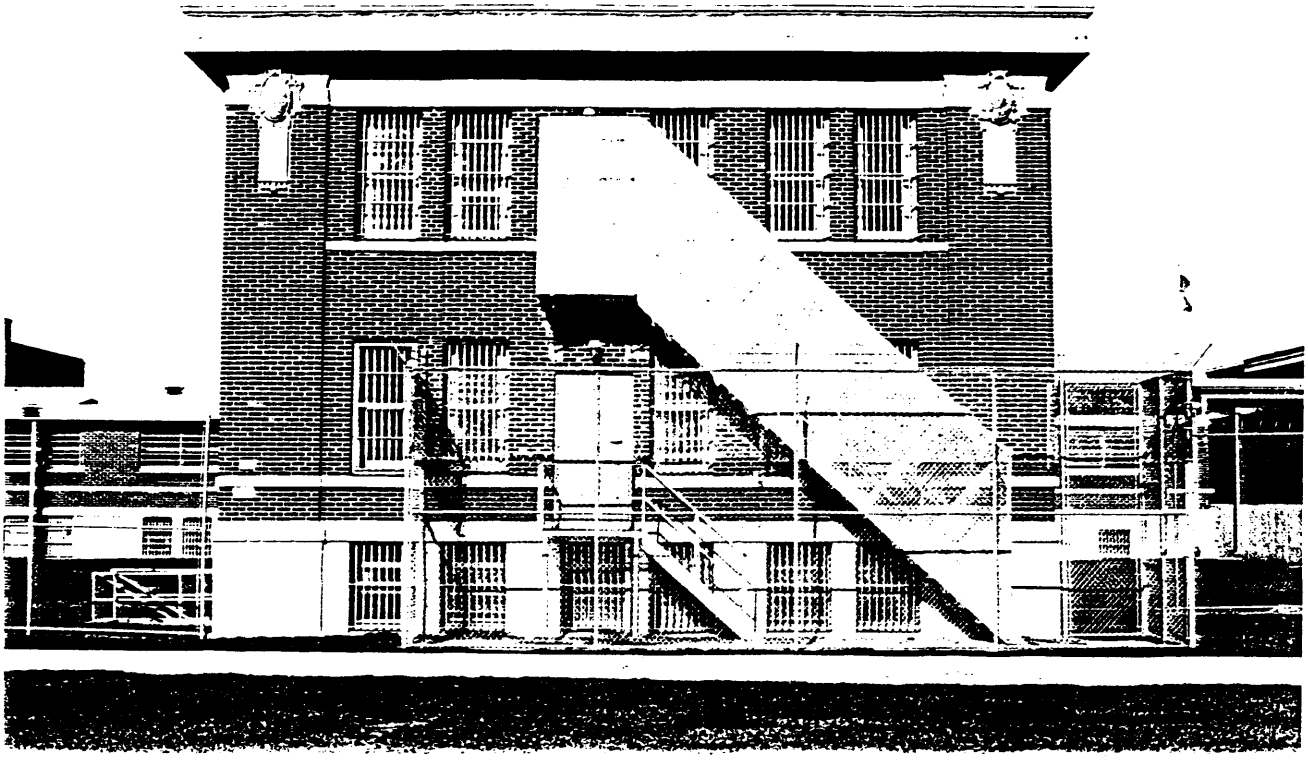
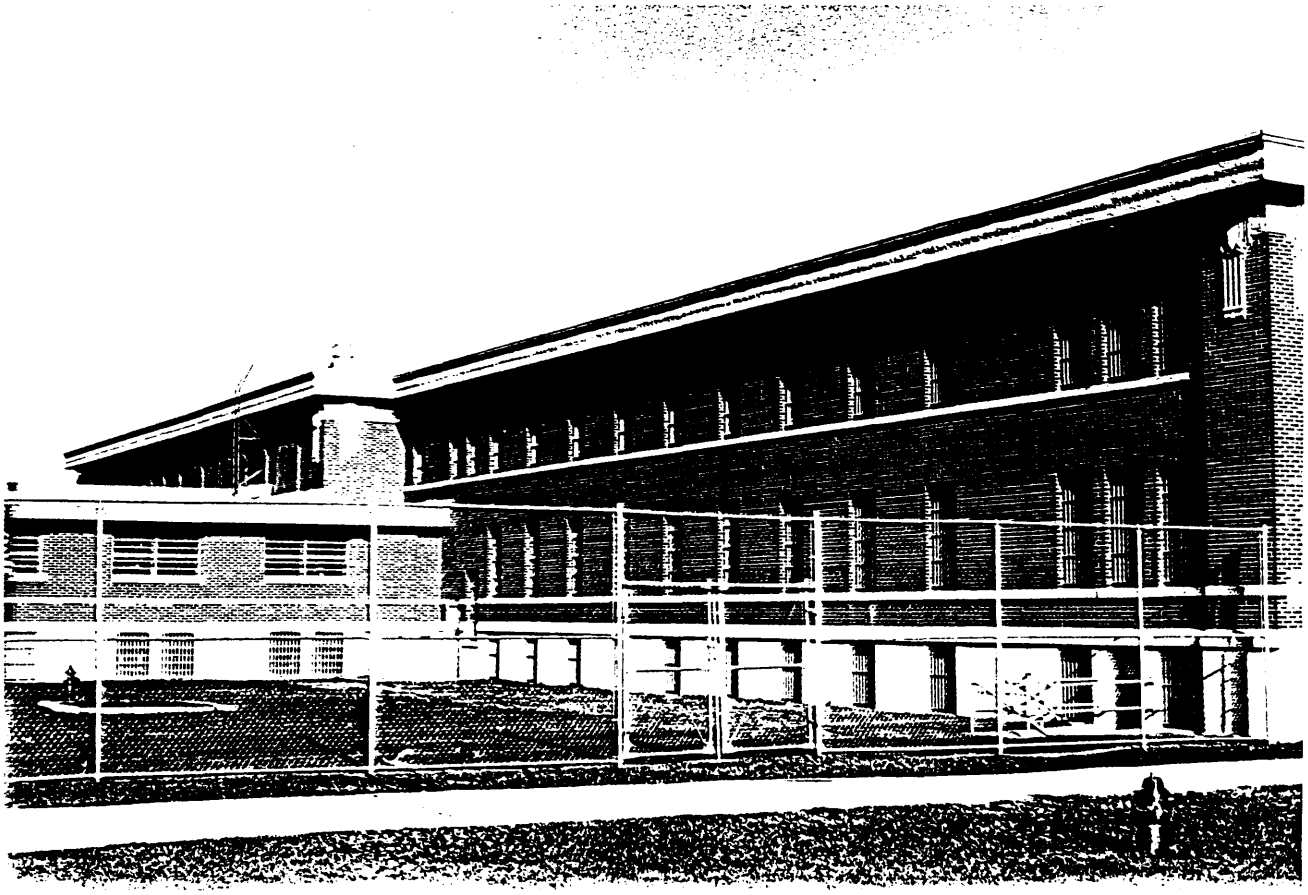


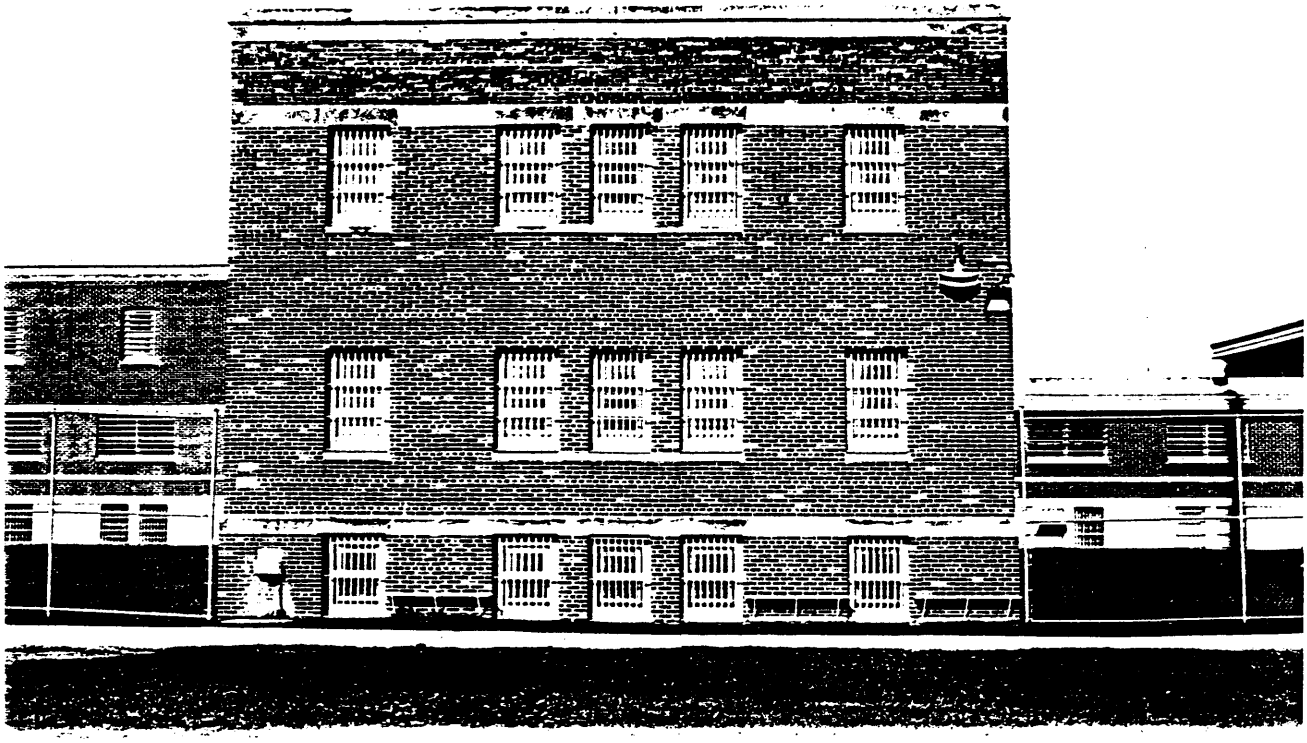
CENTRAL STATE HOSPITAL Waupun, WI Building E looking North
HISTORIC DISTRICT



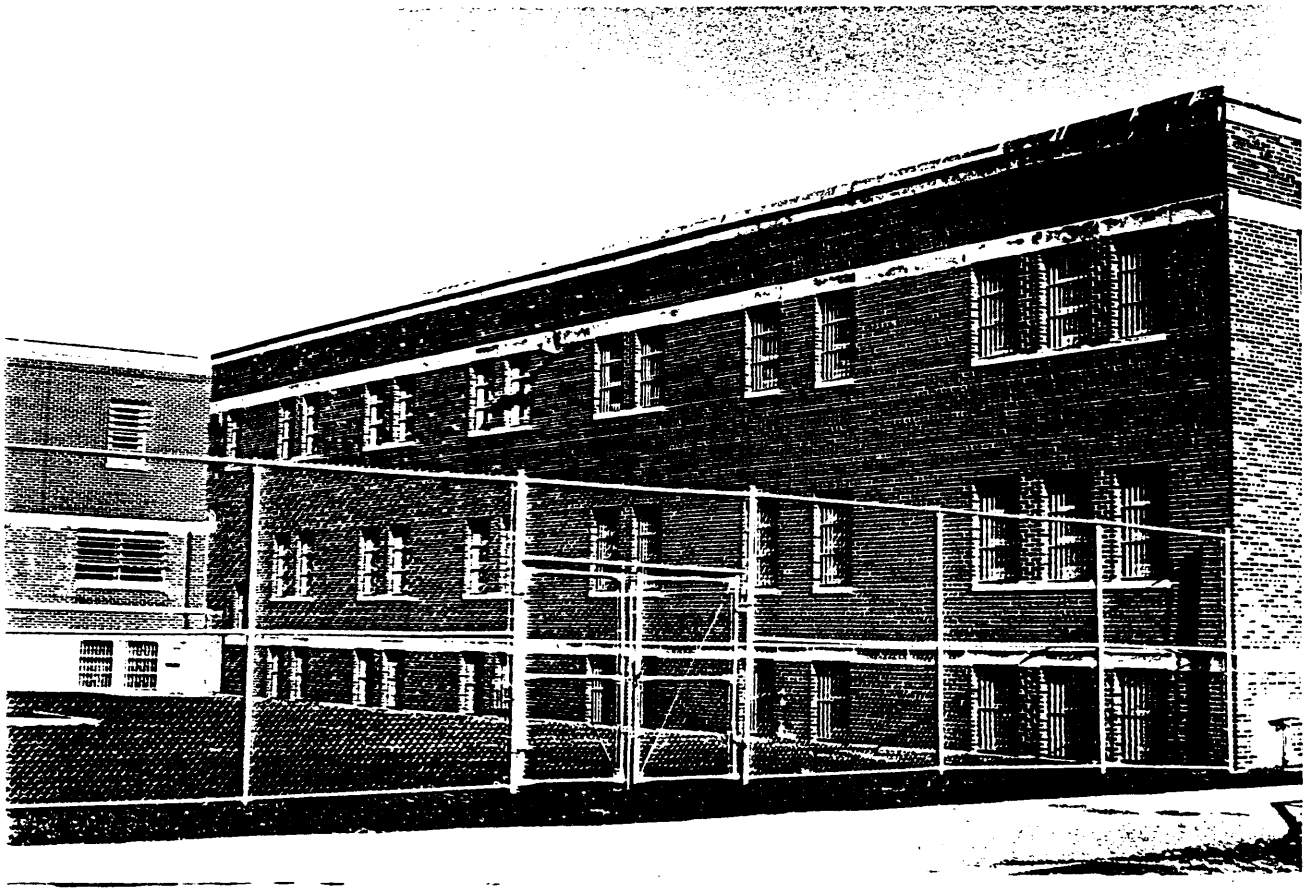
CENTRAL STATE HOSPITAL Waupun, WI Building E looking Northeast
HISTORIC DISTRICT



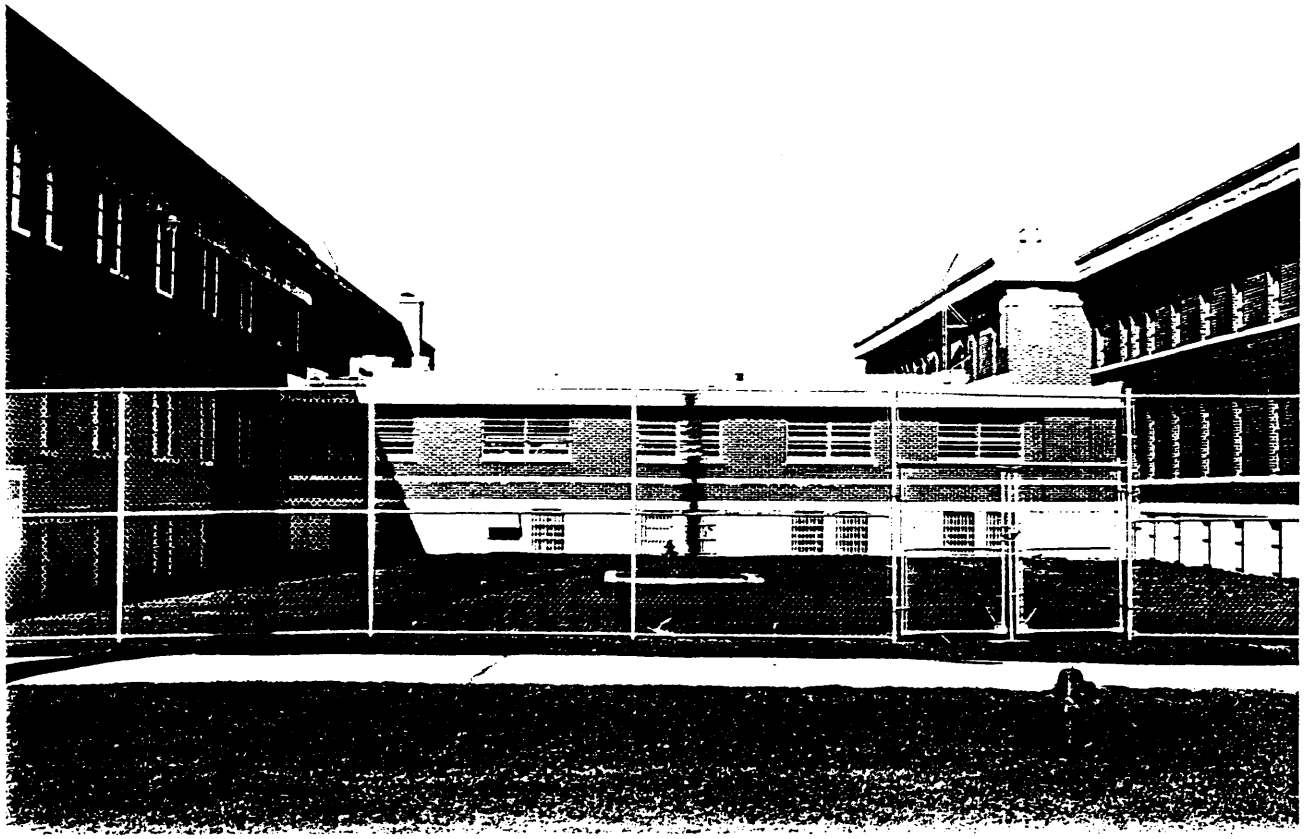
CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Building G looking North



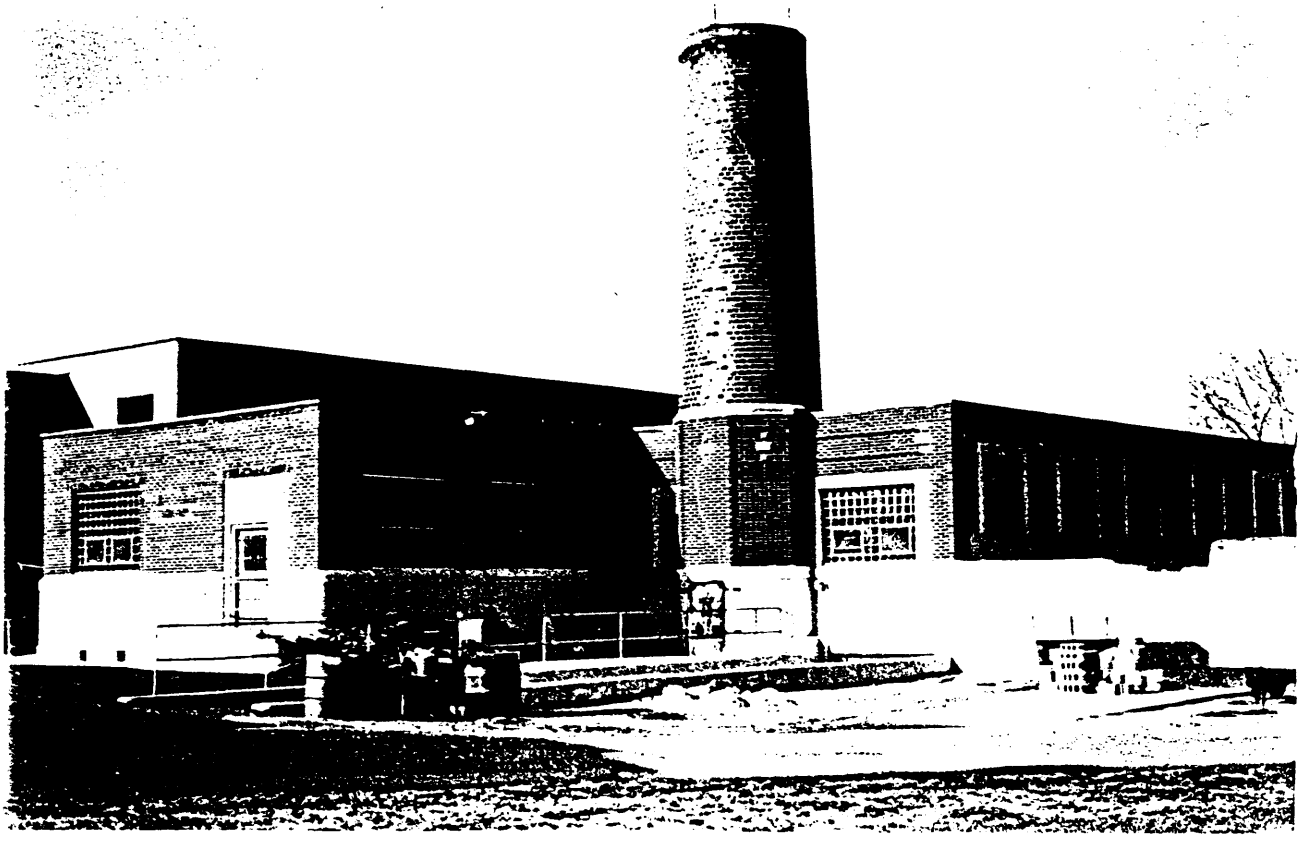
CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Building G looking Northeast



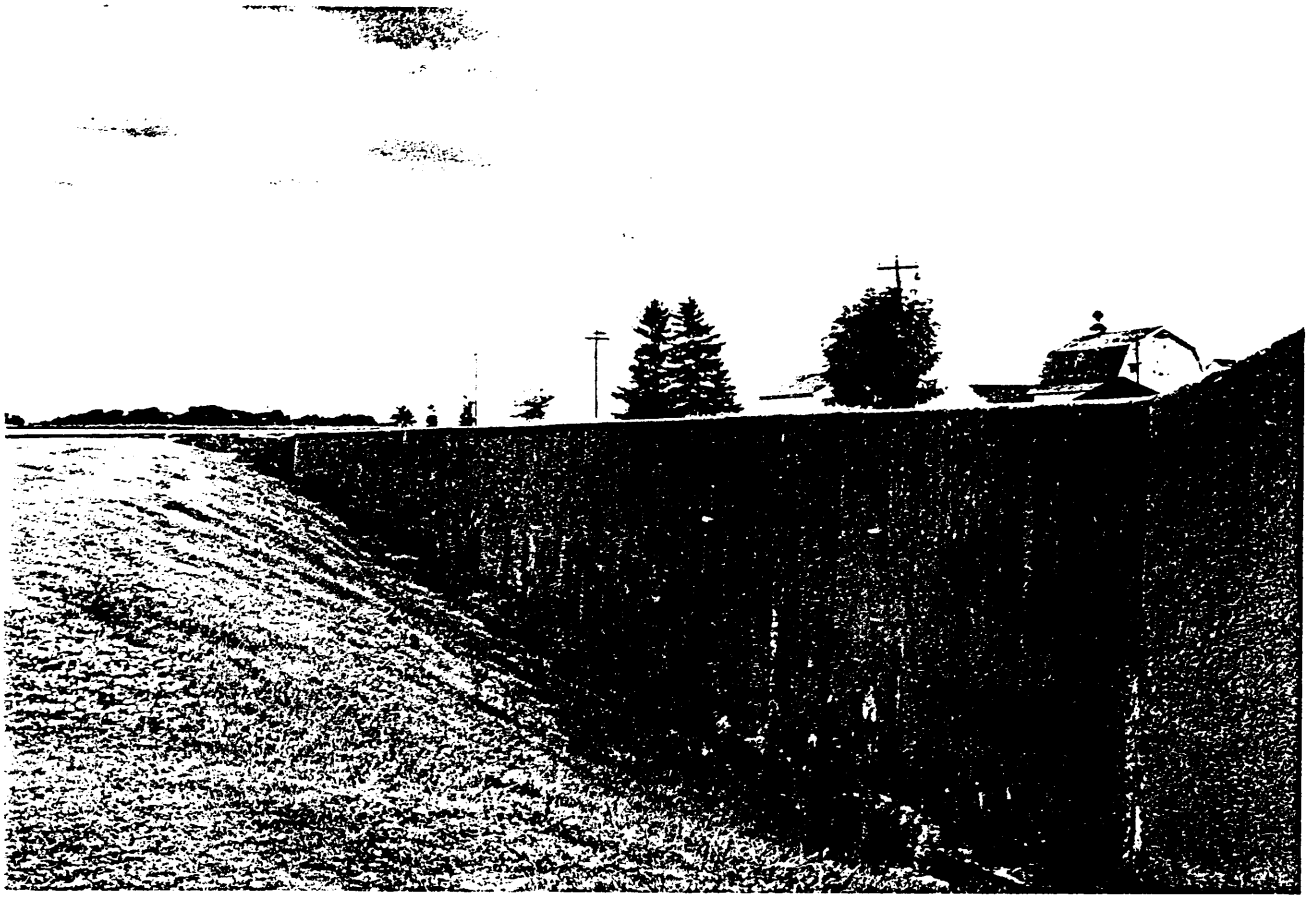
CENTRAL STATE HOSPITAL HISTORIC DISTRICT — Waupun, WI — Corridor between buildings E and G looking North



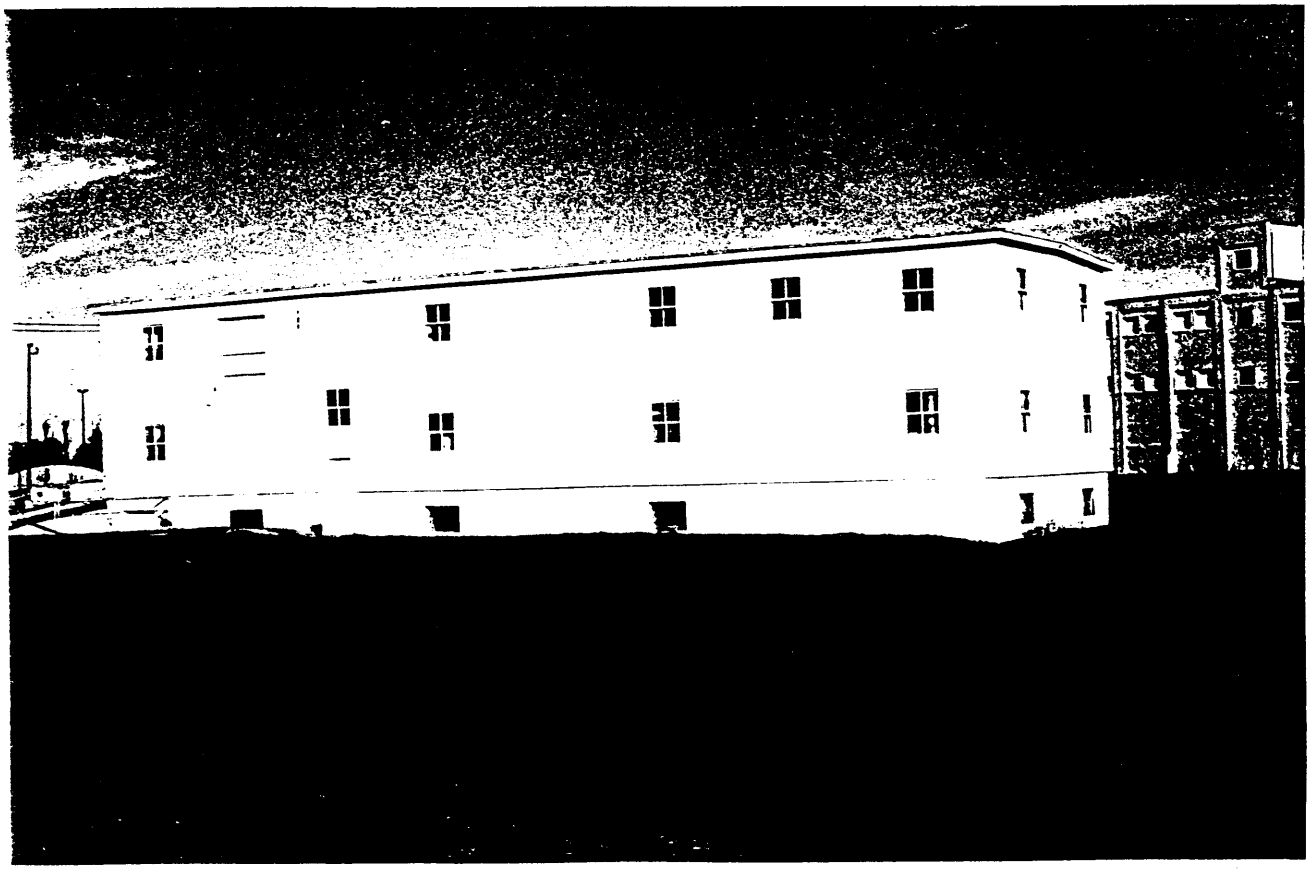
CENTRAL STATE HOSPITAL HISTORIC DISTRICT — Waupun, WI — Power House/Pump Room looking Northeast



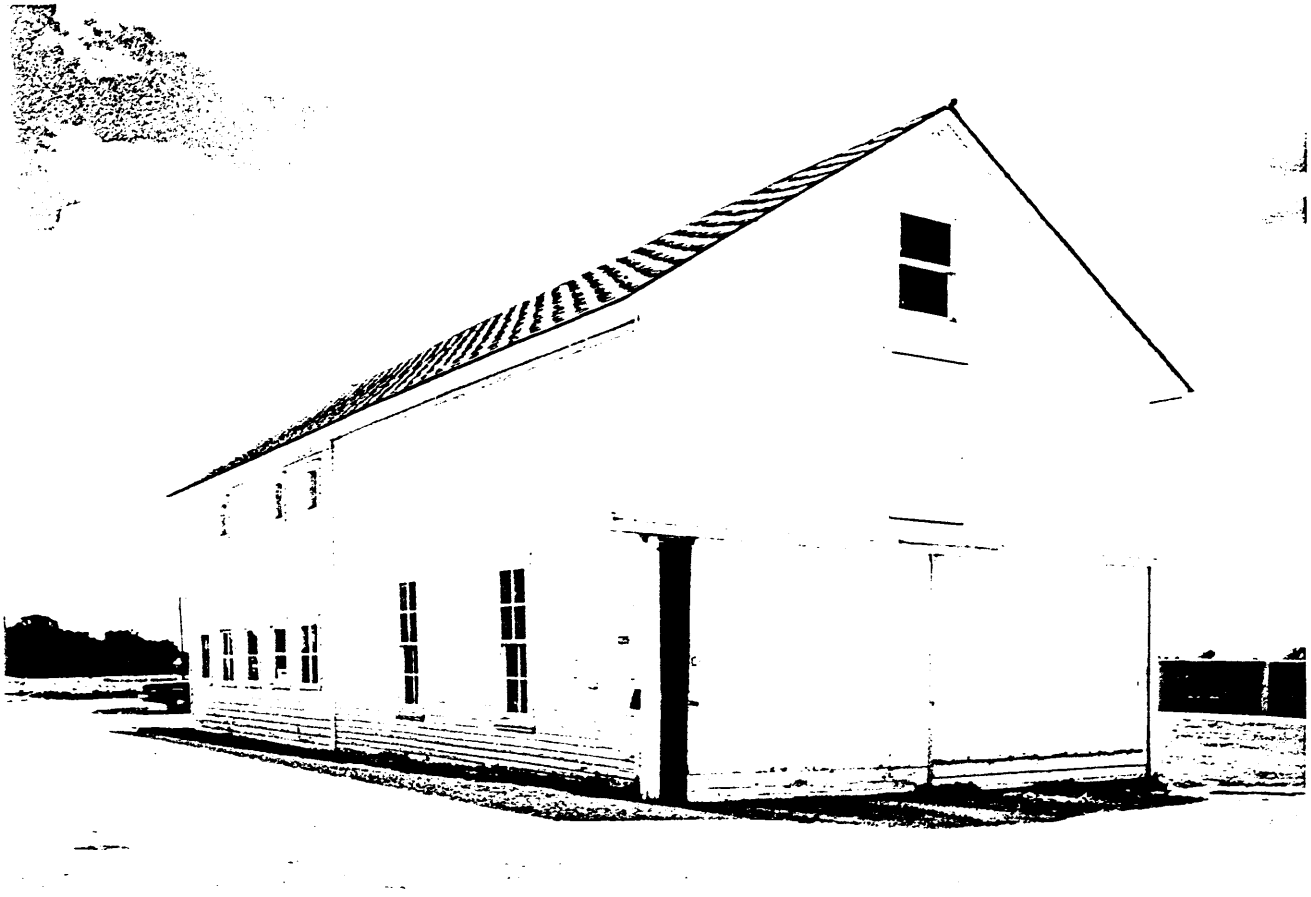
CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Exterior Wall looking Southwest



CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Warehouse looking Northeast



CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Machine and Carpenter Shop looking Northeast



CENTRAL STATE HOSPITAL HISTORIC DISTRICT Waupun, WI Filter Room looking Southwest