

United States Department of the Interior
National Park Service

RECEIVED

DEC 09 1993

NATIONAL
REGISTER

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 *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an 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 entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Boston State Hospital; Psychopathic Dept./Boston Psychopathic Hospital

other names/site number Massachusetts Mental Health Center (preferred)

2. Location

street & number 74 Fenwood Road N/A not for publication

city or town Boston N/A vicinity

state Massachusetts code MA county Suffolk code 025 zip code 02115

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this 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 meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Judith B. McDonough 12/8/93
Signature of certifying official/Title Judith B. McDonough Date Executive Director
Massachusetts Historical Commission, State Historic Preservation Officer
State of Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register. See continuation sheet.
- determined eligible for the National Register See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:)

Signature of the Keeper

Date of Action

Patrick W. Anderson

1/21/94

Name of Property

County and State

5. Classification

Ownership of Property

(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property

(Check only one box)

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

Number of Resources within Property

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

Contributing	Noncontributing	
2	2	buildings
		sites
1		structures
		objects
3	2	Total

Name of related multiple property listing

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

Mass. State Hospitals & State Schools

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions

(Enter categories from instructions)

HEALTH CARE: hospital; medical research
 medical business/office
 DOMESTIC: institutional housing

Current Functions

(Enter categories from instructions)

HEALTH CARE: hospital; medical research
 medical business/office
 DOMESTIC: institutional housing

7. Description

Architectural Classification

(Enter categories from instructions)

Late 19th/20th Revivals - Late Gothic Revival

Materials

(Enter categories from instructions)

foundation concrete
 walls brick
 metal - aluminum
 roof membrane; asphalt
 other

Narrative Description

(Describe the historic and current condition of the property on one or more 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.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** 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.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

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

Property is:

- A** owned by a religious institution or used for religious purposes.
- 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 of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

ARCHITECTURE

HEALTH/MEDICINE

SOCIAL HISTORY

Period of Significance

1912-1940

Significant Dates

1912 - establishment

1920 - Sep. from Boston State Hospital

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Kendall, Taylor & Co.

Narrative Statement of Significance

(Explain the significance of the property on one or more 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.)

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 # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

Massachusetts Historical Commission

Name of Property

10. Geographical Data

Acreage of Property 2.06 acres, (90,000 sq. ft.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	1 9	3 2 6 1 3 0	4 6 8 9 0 7 0
	Zone	Easting	Northing
2	1 9	3 2 6 2 7 0	4 6 8 8 9 4 0

3	1 9	3 2 6 2 3 0	4 6 8 8 8 8 0
	Zone	Easting	Northing
4	1 9	3 2 6 1 5 0	4 6 8 8 9 7 0

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

Candace Jenkins, Preservation Consultant, with Betsy Friedberg, National Register name/title Director, MHC

organization Massachusetts Historical Commission date September 1993

street & number 80 Boylston Street telephone (617) 727-8470

city or town Boston state MA zip code 02116

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

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.

Photographs

Representative black and white photographs of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name

street & number telephone

city or town state zip code

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. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 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 Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 7 Page 1Massachusetts Mental Hospital
Boston (Suffolk County)
Massachusetts**DESCRIPTION**

Site/Landscape: The Massachusetts Mental Health Center is located in a dense urban neighborhood serving primarily residential and medical/institutional purposes. Congestion in the area is relieved by proximity to the Riverway, a parkway for pleasure vehicles, and a portion of Boston's Olmsted Park System (NHL 1971) to the northwest. The original section of the Massachusetts Mental Health Center, built in 1912 as the Boston Psychopathic Hospital, faces north onto Fenwood Road (#1). Over the years, additions to the 1912 hospital and power plant (#2), designed by Kendall, Taylor & Co. of Boston, have been made. On the original site, these include a 1957 Therapeutic Building (#4) attached to the west wing, and a 1954 Research Building added to the south wing (#3). In 1963, an attic story was added to the Main Building. A freestanding 1956 Nurses' Residence and a much altered two-story, Queen Anne-style residence on the east side of Vining Street are not included in the nomination.

Original plans for the hospital (see figure #1) included a landscaped yard with tennis court on the northwest side of the main building, where it acted as a buffer to the Riverway. This is now the site of the Therapeutic Building and a paved parking area, but the original cast-iron picket fence (#5) remains, along with some perimeter trees. The plans also showed male and female garden areas behind the main building. These areas remain, but are no longer treated as gardens.

Buildings: The Main Building (#1) of 1912 is a four-story, red-brick structure of E-shaped plan with the central arm forming a large rear ell (south wing). A 1963 attic story is treated as a blank parapet rising above the cornice. The long nineteen-bay facade on Fenwood Road is organized with projecting three-bay central and end pavilions. The building is trimmed with cast-stone watertable, beltcourse, cornice, and stylized Gothic Revival-style entry surrounds, as well as window lintels and sills. The elaborate center entry is set in a Tudor arch with transom and is framed by paired pilasters carrying a full entablature and parapet. Simpler secondary entries occupy the end pavilions, where they are reached by long flights of stairs. Windows contain 8/8 sash with transoms, hopper sash, or fixed small-pane sash. Rear courtyards, partially enclosed by the 1954 Research Building and the 1912 Power Plant, allow confined patients to enjoy the out-of-doors. The main reception area, between the east and west wings, has dark wood wainscoting, fireplaces, and marble flooring.

The functional layout of the hospital was described in the Thirteenth Annual Report of the State Board of Insanity, which said that the building occupies a little more than half its lot, leaving the end near the Parkway for recreation (tennis courts are shown on the plan; fig. 1) and expansion. It described the plan as E-shaped, nearly

(continued)

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Boston (Suffolk County)
Massachusetts

enclosing two courtyards for exercise areas, with the long side fronting on Fenwood Road. Entrance to the building was gained in four main locations: the main or central entry leading to a reception area, the west wing entry leading to the outpatient department, and the east wing entry for administrative staff. The fourth major entry, through the rear ell, was for admitting new patients and included an ambulance court. An operating suite, examining rooms, and limited ward space were found on the first floor of the rear wing. The second and third floors served primarily as wards for acute male and female cases, respectively. The fourth floor had a solarium and partially covered roof garden, while hydriatic treatment facilities were located in the basement. A medical library was located in the front of the building on the second floor, with laboratories on either side. The third floor held the assembly hall flanked by nurses' dormitories, which could be converted to ward space when needed. An observation ward dominated the fourth floor (see fig.1, 2, 3).

The Power Plant (#2) is a freestanding three-by-five-bay structure rising two stories to a parapet. Like the Main Building, it is faced with red brick and trimmed with limestone cornice and window and entry surrounds. Windows contain 12/12 sash. Vehicular and pedestrian entries are located on the north facade, and a brick smokestack rises from the southwest corner.

The Research Building of 1954 (#3) extends westward from the south wing of the Main Building toward the Riverway along a rear access road. It originally housed children's services and some testing activities. It is a five-story, red-brick structure that generally maintains the scale and materials of the original building. Three-part windows are arranged in horizontal strips defined by cast-stone stringcourses that form lintels and sills.

The Therapeutic Building of 1957 (#4) extends west from the Main Building into the area originally occupied by tennis courts. It was built to house physiotherapy rooms, a pool, a gymnasium, and a chapel. It is a blocky red-brick structure that rises two stories to a flat roof. Windows with hopper sash are set in plain surrounds with cast-stone sills. The entry is set in a plain cast-stone surround. The remainder of the landscaped yard in this area has been converted to a paved parking lot enclosed by the original cast-iron fence, with some trees along the perimeter.

Archaeological Description

No prehistoric sites are currently recorded on hospital property; however, it is possible that sites are present. One site is located in the general area (within one mile) along the shoreline of Jamaica Pond. The physical characteristics of the area, particularly the hospital's close proximity (within 1,000 feet) to Muddy River,

(continued)

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Boston (Suffolk County)
Massachusetts**

indicate favorable locational criteria for Native subsistence and settlement activities. In general, however, the small size of the hospital combined with dense urban development both on and off the property indicates that the potential for significant archaeological survivals, either prehistoric or historic, is low.

(end)

HISTORICAL SIGNIFICANCE

The Massachusetts Mental Health Center, opened in 1912 as the Psychopathic Department of Boston State Hospital, possesses integrity of location, design, materials, workmanship, feeling, and association. It is historically significant for the pioneering role it has played both in psychiatric research and in the development of new patient treatment strategies, both of which revolutionized mental health care in the early twentieth century. Based on the model of innovative German psychiatric clinics, it was intended to produce "an earlier and more intelligent method of treatment which will reduce hospital admissions by cure or prevention" (Fourth Annual Report). The building is innovative in terms of its plan and functions, as well as in its urban location, adjacent to general hospitals and medical schools. The Boston Psychopathic Hospital clearly reflects the development of the State Hospital and School System as described in the overview, and meets criteria A and C of the National Register of Historic Places. It is significant on the local, state, and national levels, with a period of significance extending from 1912-1940.

Establishment of an "observation hospital" for mental disorders in Boston was urged by L. Vernon Briggs, a young psychiatrist, as early as 1906 (Grob 1984: 139). Largely at his urging, and in response to 1904 legislation, the Commonwealth purchased the Boston Insane Hospital from the city in 1908. At that time, it was decided that the existing campus should be functionally limited to custodial care of metropolitan-area patients and that a second facility in town and close to the medical schools should be erected for acute care cases. Established in 1912, the Massachusetts Mental Health Center was administratively combined with the new Boston State Hospital and was known as the Psychopathic Department. Chapter 537 of the Acts of 1920 removed it from the direct control of Boston State and renamed it the Boston Psychopathic Hospital. Chapter 63 of the Acts of 1956 gave the facility its present name of Massachusetts Mental Health Center.

The early Annual Reports of Boston State Hospital include lengthy sections on the Psychopathic Department, explaining its unique purpose and physical attributes. They reflect the major shift in psychiatric thinking that occurred at the turn of the century, as physical rather than environmental causes for mental illness were sought. Thus, the

(continued)

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**National Register of Historic Places
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Section number 8 Page 2

**Massachusetts Mental Hospital
Boston (Suffolk County)
Massachusetts**

focus shifted from the creation of ideal asylum settings, to research, rehabilitation, and the furthering of scientific knowledge. At the same time, the mental hygiene movement began to emphasize prevention through outpatient programs, and introduced new professionals to the field including social workers, physical therapists, and occupational therapists. The new outlook was aptly described by Boston Psychopathic's director E. E. Southard. When reporting to the American Medical Association in 1913, he stated that such institutions were:

...bound to be one of the most concrete sources of enlightenment as to psychopaths, and every society for mental hygiene, for sex hygiene, for the amelioration of alcoholism, for eugenics, should make it part of its business to help start a psychopathic hospital with its outpatient service in every community in which there is any hope for awakening social sense (Grob 1984: 140).

The First Annual Report of 1909 stated that the Legislature had appropriated \$600,000 "for the purpose of erecting a hospital for the observation and first care of acute cases of mental disease in the city proper." It went on to say that the Trustees were looking for a site near the medical schools so as to "be accessible not only to those engaged in teaching nervous and mental diseases, but to students and others engaged in special research work." A 90,000-square-foot parcel known as the MacDonald lot was purchased at the corner of the Parkway (Riverway), Brookline Avenue, Fenwood Road, and Vila Street (Vining Street). This represented a major departure from nineteenth century practices, which located mental hospitals in peaceful country settings. In 1910, it was reported that plans had been developed by Dr. Copp, acting for the building committee; Kendall, Taylor & Co., architects; and French & Hubbard, engineers (see figs. 1-3). The contract had been awarded in November, and building completion was expected in January 1912 with patients to be admitted in the late spring.

The 1911 Report described the function and layout of the hospital in some detail: "...the building is unique in character, being a general hospital for the mentally sick, who, as far as possible, are to be treated like patients in an ordinary city hospital." The differences noted in the facility included: small wards and single rooms to aid in classification; physicians' and nurses' offices in or near wards; admissions, outpatient and social services departments; examining rooms and labs; a hydrotherapy plant; continuous bathrooms, solariums, and roof gardens. It warned that costs would be high due to the intensive physical and psychological needs of the patients, but that the facility would more than pay for itself because "as a result of the work which the psychopathic hospital will inaugurate, mental disease will be better understood, and outside the hospital, as well as inside its walls, an increasing percentage of cases will be prevented or cured." The Psychopathic Department's single-minded

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**Massachusetts Mental Hospital
Boston (Suffolk County)
Massachusetts**

focus on research, rehabilitation, and furthering of scientific knowledge was unique within the state system.

E. E. Southard, the first director, reported in 1912 that the facility had opened on June 24, 1912, and was receiving an average of one hundred cases per month. It was described as a "general hospital for mental cases." In 1913, it was reported that the outpatient department was becoming increasingly important both for treatment of new patients and for after-care of discharged patients. Also, "physicians are coming to the hospital in increasing numbers, and the hope that it might become a center for education in mental diseases is being realized." In 1914, the function of the hospital was described as threefold: observation, treatment, and research. It was also reported that the new buildings accommodating 262 patients had been fully completed and occupied.

In 1911, the Thirteenth Annual Report of the State Board of Insanity described in even more detail the proposed function and European antecedents of the Psychopathic Department. It stated that the institution had clearinghouse and investigative functions for Boston's insane, codified in separate reception and observation wards. It went on to say that the facility "should receive all mental cases, exclusive of alcoholics, for first care and observation, preliminary to distribution to the appropriate institution" and that the observation wards are to be "a center for scientific investigation into the nature, causes, and treatment of insanity and of clinical instruction...the scope of the psychopathic hospital corresponds most closely to that of certain German institutions, commonly termed psychiatric clinics." American precedents were the Psychopathic Ward of the Hospital of the University of Michigan (1901), the Psychiatric Institute of the New York Lunacy Commission (1895), and Pavilion F of the Albany General Hospital (1900). None were as large, as influential, or as close to the German model as was Boston Psychopathic (Grob 1983: 127, 136-141).

Under Southard's leadership, the Boston Psychopathic Hospital acquired an enviable national reputation. He recruited an illustrious staff that included Elisha H. Cahoon and Arthur P. Noyes in administration, Herman M. Adler and Abraham Myerson as the chief medical officers, A. Warren Stearns and Douglas A. Thom in the outpatient department, Robert M. Yerkes in psychology, Mary C. Jarrett in social work, Myrtelle M. Canavan in pathology, and Harry C. Solomon in therapeutic research. Southard and Jarrett created a model social services department, and the hospital pioneered efforts to reach voluntary patients who would not ordinarily be considered insane, especially children. Close association with the prestigious Harvard Medical School enhanced the hospital's reputation. By 1917, encouraged by the results achieved here, the Legislature authorized development of a statewide system of psychopathic hospital services (Grob 1984: 140).

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**United States Department of the Interior
National Park Service****National Register of Historic Places
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Boston (Suffolk County)
Massachusetts**

The Governor and Council's Report of 1945 described the facility in some detail, calling it one of the earliest hospitals of its type, as well as a national model and training ground for leaders in the psychiatric field. The Social Services Department was cited as the pioneer organization in the field of psychiatric social service. Specialized treatments included insulin shock, electroconvulsive shock, lobotomy, brain and spinal cord surgery, and psychotherapy. Diagnostic procedures included physical examination, lumbar puncture, electroencephalograms, x-rays, tests for venereal disease, psychometric and other psychological tests, and social service investigation. Teaching and research were specified as important functions of the hospital since its founding. Other unique attributes included emphasis on the study and treatment of acute cases of insanity, and provision of diagnostic services for social agencies, courts, and schools. Boston Psychopathic was the only state facility that was not understaffed during World War II, having its full complement of 159 employees. Patients, who numbered 117 at the time of the visit, were admitted by the courts, or sent by their families or physicians.

The Research Building was added in 1954 to expand children's services and to provide space for testing activities. The separate Nurses' Home of 1956 (not included in this nomination) was designed to provide more room for essential mental health programs and services in the Main Building, a need that was further addressed in 1963 with the addition of an attic story. The Therapeutic Building of 1957 reflects the growing importance of physical therapy and rehabilitation to mental health services. It contained physiotherapy rooms, a pool, a gymnasium, and a chapel.

(end)**BIBLIOGRAPHY**

Commonwealth of Mass. Annual Reports of Boston Psychopathic Hospital. 1912ff.

Department of Public Safety. Architectural Records. Massachusetts State Archives.

Governor's Committee. Report of the Governor's Committee to Study State Hospitals. 1954.

Graham/Meus, Inc. Master Plan Study. DCPO. 1988.

Grob, Gerald. Mental Illness and American Society: 1875-1940. Princeton University Press. 1983.

(continued)

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Continuation Sheet

Section number 9,010 Page 2, 1

Massachusetts Mental Hospital
Boston (Suffolk County)
Massachusetts

Massachusetts Governor & Council. Report of the Committee on Charitable Institutions and the State House. 1945.

Massachusetts General Court. Senate Document 211: Report of the Committee on Public Institutions. 1924.

Massachusetts Medical Society. A Reference to the More Important Medical Institutions of Massachusetts. 1930.

List of Figures

1. Site plan, first and second stories. 1913.
2. Third and fourth story plans. 1913.
3. Basement plan. 1913.

(end)

GEOGRAPHICAL DATA

Verbal Boundary Description

See attached maps.

Verbal Boundary Justification

The boundaries conform to the original boundaries of the facility. A 1956 Nurses' Residence and a much altered Queen Anne style quarterway house that was acquired after the period of significance are not included.

(end)

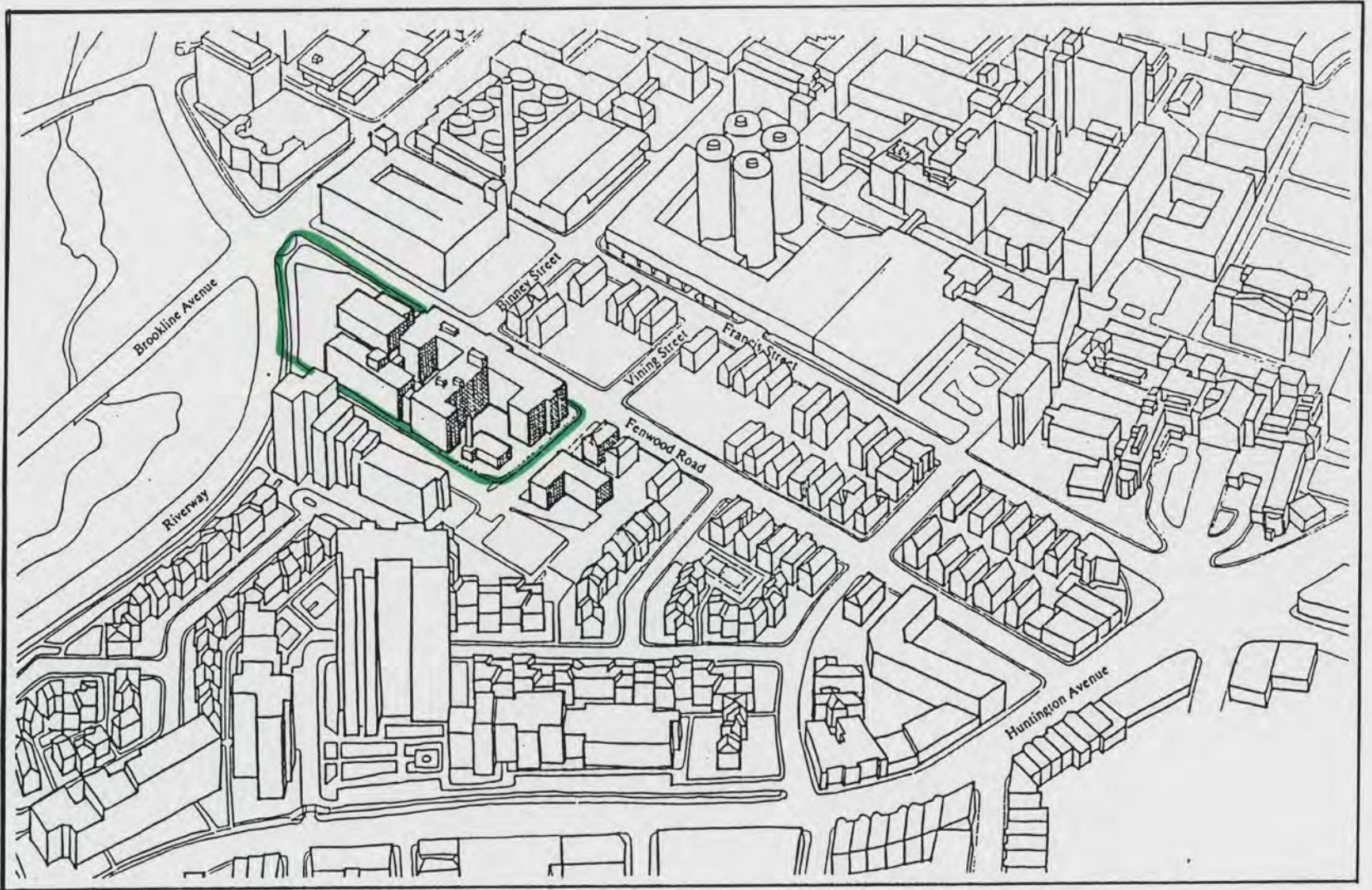
**MASSACHUSETTS MENTAL HOSPITAL
BOSTON (SUFFOLK COUNTY)
MASSACHUSETTS**

MAP #	BUILDING NAME	DATE	STYLE	ARCHITECT/DESIGNER	STATUS	RESOURCE
1	Main Building	1912	Neo-Gothic	Kendall, Taylor & Co.	C	B
2	Power House	1912	Utilitarian	Kendall, Taylor & Co.	C	B
3	Research Building	1954	Modern		NC	B
4	Therapeutic Building	1957	Modern		NC	B
5	Fence	1912	n/a		C	St

TOTAL RESOURCE: 3 Contributing; 2 Noncontributing

2 Contributing Buildings
1 Contributing Structure

2 Noncontributing Buildings



BUILDING FORM

FIGURE # 1

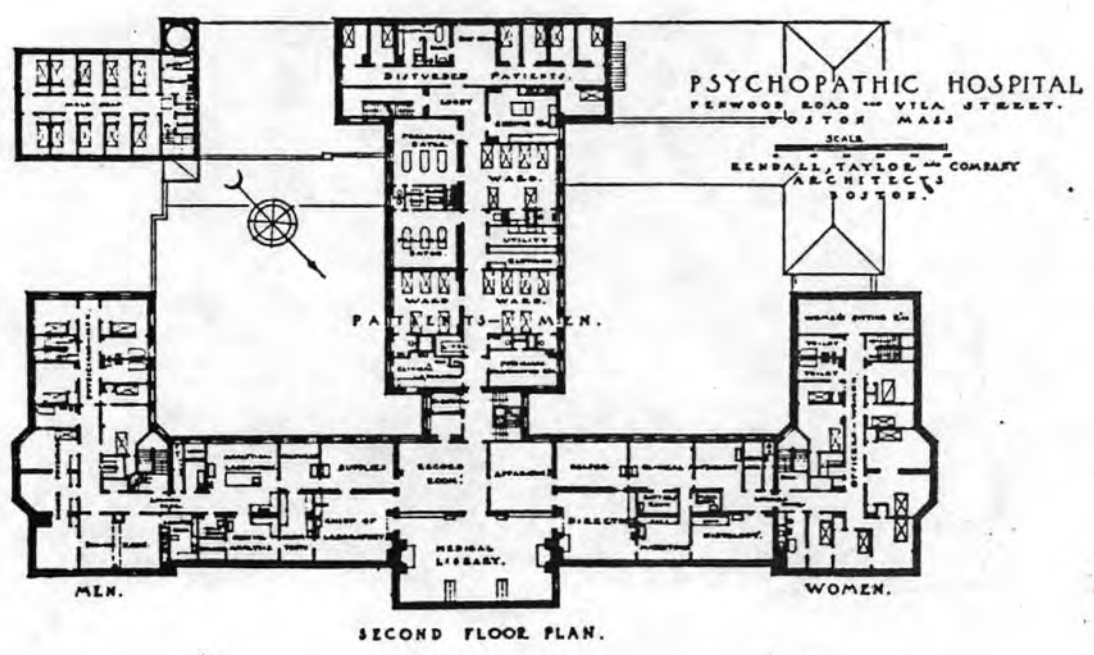
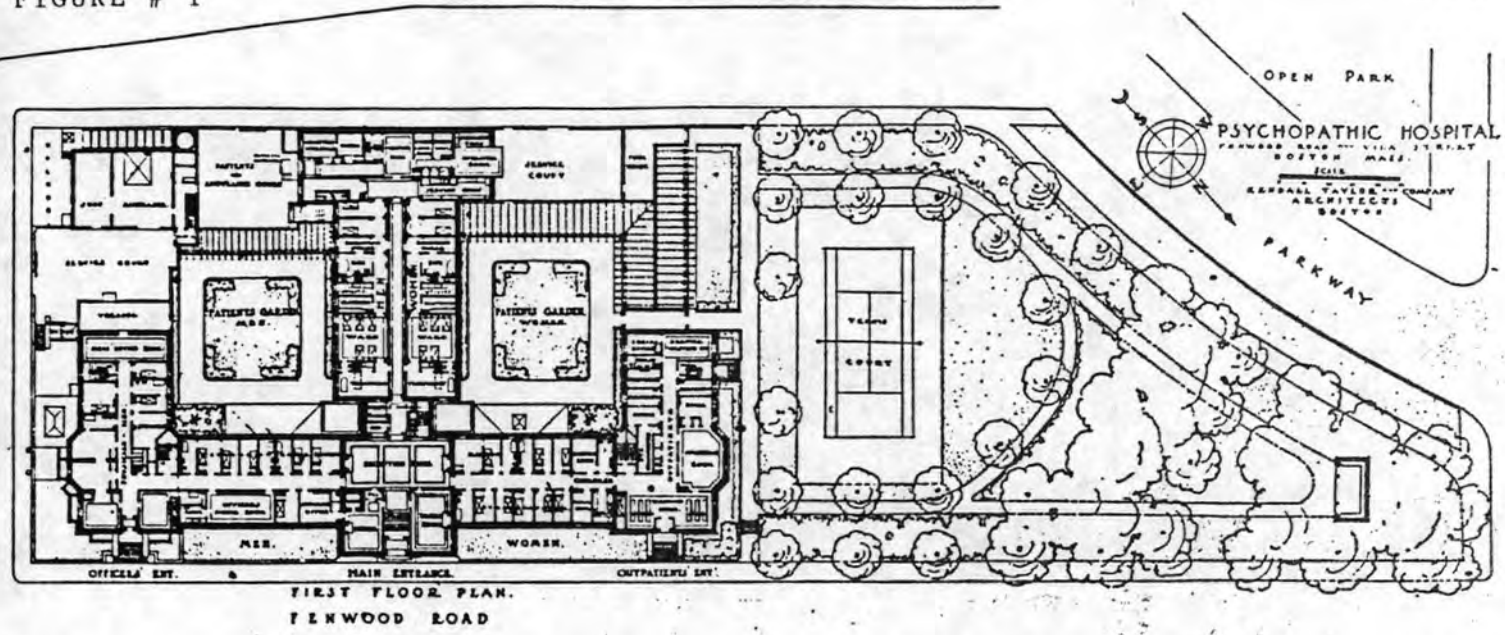
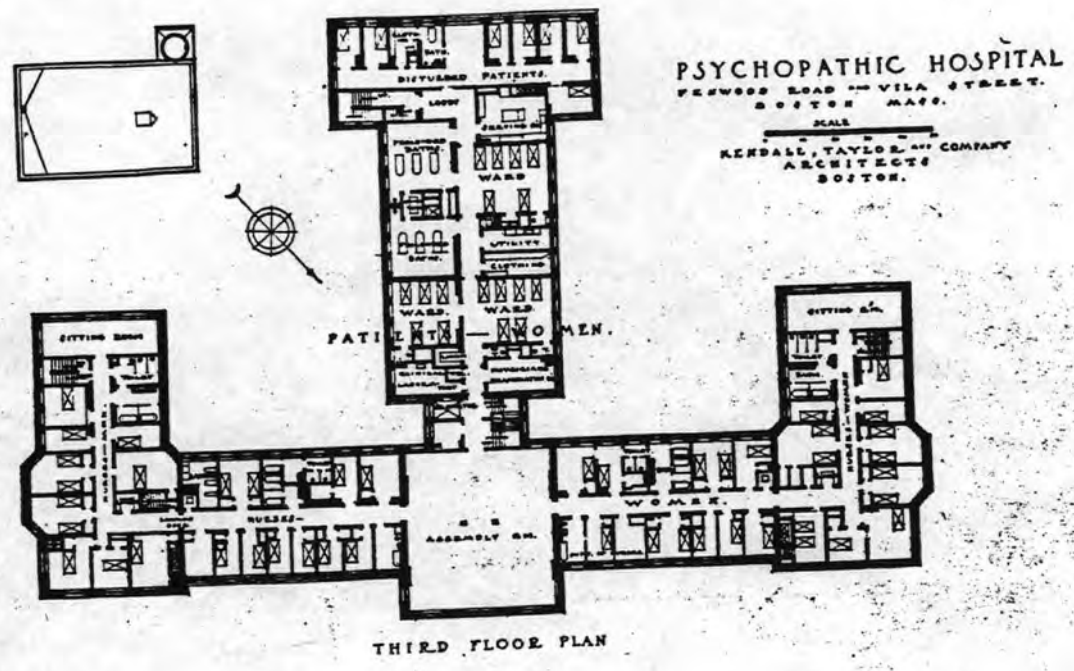
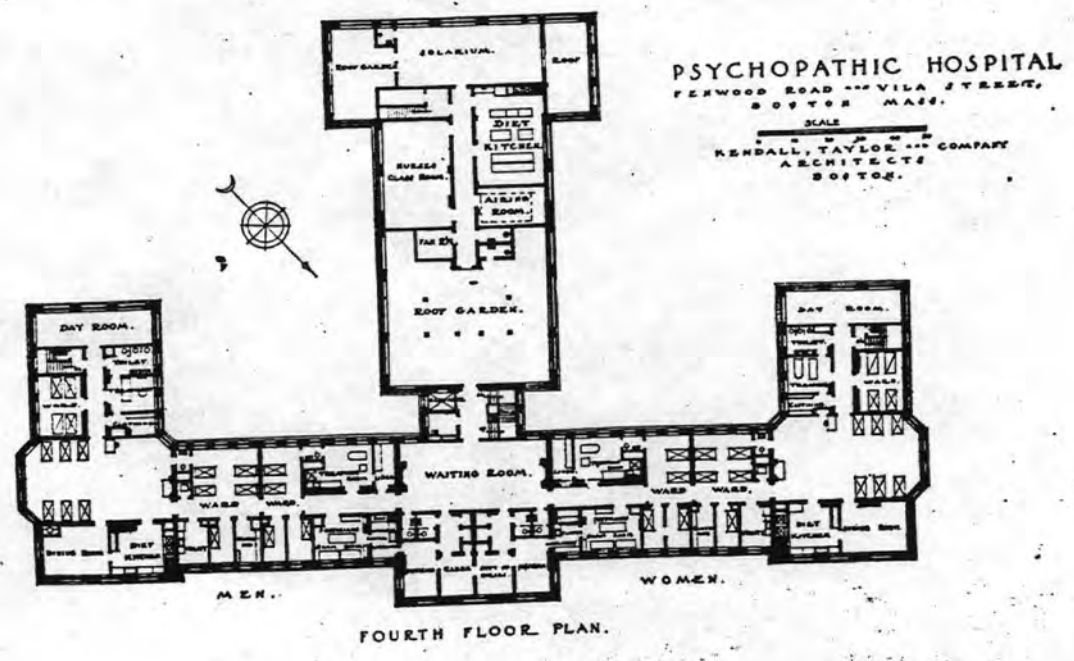


FIGURE #2

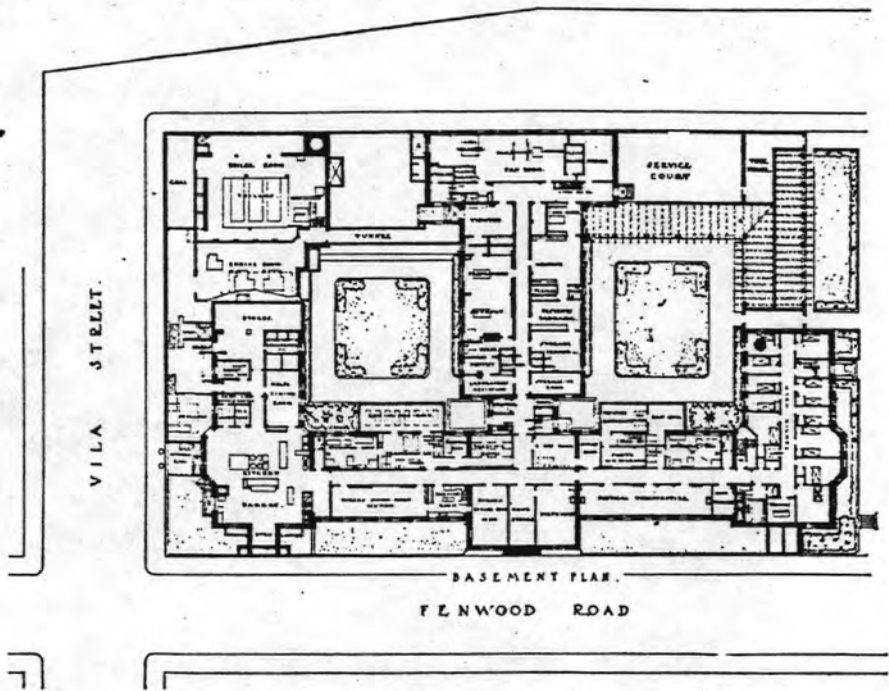


14



15

FIGURE #3



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Massachusetts Mental Health Center

MULTIPLE NAME: Massachusetts State Hospitals And State Schools MPS

STATE & COUNTY: MASSACHUSETTS, Suffolk

DATE RECEIVED: 12/09/93 DATE OF PENDING LIST: 12/21/93
DATE OF 16TH DAY: 1/06/94 DATE OF 45TH DAY: 1/23/94
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 93001489

NOMINATOR: STATE

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: Y

COMMENT WAIVER: N

ACCEPT RETURN REJECT 1/26/94 DATE

ABSTRACT/SUMMARY COMMENTS:

Historically & architecturally significant early 20th century facility noted as a pioneering institution in the care and treatment of the mentally ill. This facility meets the registration requirements established in the MPS cover form.

RECOM./CRITERIA accept A&C
REVIEWER Patrick Andrus
DISCIPLINE Nistolar
DATE 1/24/94

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

CLASSIFICATION

count resource type

STATE/FEDERAL AGENCY CERTIFICATION

FUNCTION

historic current

DESCRIPTION

architectural classification
 materials
 descriptive text

SIGNIFICANCE

Period Areas of Significance--Check and justify below

Specific dates Builder/Architect
Statement of Significance (in one paragraph)

summary paragraph
 completeness
 clarity
 applicable criteria
 justification of areas checked
 relating significance to the resource
 context
 relationship of integrity to significance
 justification of exception
 other

BIBLIOGRAPHY

GEOGRAPHICAL DATA

acreage verbal boundary description
 UTMs boundary justification

ACCOMPANYING DOCUMENTATION/PRESENTATION

sketch maps USGS maps photographs presentation

OTHER COMMENTS

Questions concerning this nomination may be directed to

Phone _____

Signed _____

Date _____



#7-33

4/92

Main Building
Mass. Mental Health Center
Boston, MA

Candace Jenkins, photographer
17 Slade St, Belmont, MA - neg. location
View facing E on Fenwood Rd.



7-35- Boston 4/92
Mass. Mental Health



7-32 ~~Templeton~~ 2/192 Boston
Mass Mental-Nurse



7-37 Boston - 4/92

Mass Mental mark



731 Boston 4/92
Mass Mental - Main



7-30 Boston 4/12
Mass Mental Power Itse



7-34 Boston 4/92
Mass Mental - main





Boston South MASSACHUSETTS

1:25 000-scale metric
topographic map



7.5 X 15 MINUTE QUADRANGLE
SHOWING

- Contours and elevations in meters
- Highways, roads and other manmade structures
- Water features
- Woodland areas
- Geographic names



Produced by the United States Geological Survey
in cooperation with Massachusetts Department of
Public Works

Control by USGS, NOS, NOAA, and Commonwealth of
Massachusetts agencies

Compiled by photogrammetric methods from aerial photographs
taken 1978. Field checked 1979. Map edited 1987.
Supersedes Newton and Boston South 1:25,000-scale
maps dated 1970.

Selected hydrographic data compiled from NOS charts 13270 (1982)
and 13272 (1982). This information is not intended for navigational purposes.
Projection and 100-meter grid: Universal
Transverse Mercator, zone 19
10,000-foot grid ticks based on Massachusetts coordinate
system, mainland zone
1927 North American Datum

To place on the predicted North American Datum 1983,
move the projection base 6 meters south and
42 meters west as shown by dashed corner ticks.
There may be private inholdings within the boundaries of
the National or State reservations shown on this map.

CONTOUR INTERVAL 3 METERS
NATIONAL GEODETIC VERTICAL DATUM OF 1929
CONTour ELEVATIONS SHOWN TO THE NEAREST 0.1 METER
OTHER ELEVATIONS SHOWN TO THE NEAREST 0.5 METER
DEPTH CURVES AND SOUNDINGS IN METERS
DATUM IS MEAN LOW WATER
THE RELATIONSHIP BETWEEN THE TWO DATUMS IS VARIABLE
DEPTH OR HIGH WATER REPRESENTS THE APPROXIMATE LINE
OF MEAN RANGE OF TIDE IS APPROXIMATELY 2.9 METERS

THIS MAP COMPLETES WITH NATIONAL MAP ACCURACY STANDARDS

Meters	Feet	DECLINATION DIAGRAM		ADJOINING MAPS			
1	3.2808			1	2	3	4
2	6.5617			4	5		
3	9.8425						
4	13.1234						
5	16.4042						
6	19.6850						
7	22.9659						
8	26.2467						
9	29.5275						
10	32.8084						

To convert meters to feet
multiply by 3.2808
To convert feet to meters
multiply by 0.3048

UTM grid convergency
(GSN) and 100-meter grid
convergence (GSM) at center of map
Diagram is approximate

FOR SALE BY U.S. GEOLOGICAL SURVEY
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Topographic Map Symbols

- Primary highway, hard surface
- Secondary highway, hard surface
- Light-duty road, hard or improved surface
- Unimproved road; trail
- Route marker: Interstate; U. S. State
- Railroad: standard gauge; narrow gauge
- Bridges: drawbridge
- Footbridge; overpass; underpass
- Built-up area: only selected landmark buildings shown
- House; barn; church; school; large structure
- Boundary:
 - National, with monument
 - State
 - County, parish
 - Civil township, precinct, district
 - Incorporated city, village, town
 - National or State reservation; small park
 - Land grant with monument; forest section center
 - U. S. public lands survey; range, township, section
 - Range, township, section line: location approximate
 - Fence or field line
 - Power transmission line, located tower
 - Dam; dam with lock
 - Cemetery: grave
 - Campground; picnic area; U. S. location monument
 - Well; water well; spring
 - Mine shaft; prospect; adit or cave
 - Control: horizontal station; vertical station; spot elevation
 - Contours: index; intermediate; supplementary; depression
 - Soundings: depth zone
 - Perennial lake and stream; intermittent lake and stream
 - Rapids, large and small; falls, large and small
 - Submerged marsh; marsh, swamp
 - Land subject to controlled inundation; wooded
 - Scrub; mangrove
 - Orchard; vineyard

A pamphlet describing topographic maps is available on request