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United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

RECEIVED 2280

MAY 26 2016

Nat. Register of Historic Places
National Park Service

1. Name of Property

Historic name: Elizabeth Ann Seton Hospital
Other names/site number: Seton Hospital
Name of related multiple property listing: N/A
(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 30 Chase Avenue
City or town: Waterville State: Maine County: Kennebec
Not For Publication: N/A Vicinity: N/A

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 at the following level(s) of significance:

national statewide local

Applicable National Register Criteria:

A B C D

<u>Kirk F. Mohney</u>	<u>5/23/2016</u>
Signature of certifying official/Title:	Date
MAINE HISTORIC PRESERVATION COMMISSION	
State or Federal agency/bureau or Tribal Government	

In my opinion, the property <input type="checkbox"/> meets <input type="checkbox"/> does not meet the National Register criteria.	
Signature of commenting official:	Date
Title	State or Federal agency/bureau or Tribal Government

ELIZABETH ANN SETON HOSPITAL
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4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:)

Mr. Edson A. Beall
Signature of the Keeper

7.11.16
Date of Action

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

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Number of Resources within Property
(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>1</u> _____	<u>2</u> _____	buildings
_____	_____	sites
_____	_____	structures
_____	_____	objects
<u>1</u> _____	<u>2</u> _____	Total

Number of contributing resources previously listed in the National Register N/A

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/ Hospital

- _____
- _____
- _____
- _____
- _____
- _____

Current Functions

(Enter categories from instructions.)

VACANT

- _____
- _____
- _____
- _____
- _____

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7. Description

Architectural Classification

(Enter categories from instructions.)

Modern Movement/Miesian Style

Materials: (enter categories from instructions.)

Principal exterior materials of the property: Brick, Cast stone (walls); Aluminum (windows); Rubber, Stone (roof); Concrete (foundation)

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Elizabeth Ann Seton Hospital in Waterville, Maine is a six story Miesian Style hospital building designed by the Boston firm of James H. Ritchie & Associates and constructed in 1963-65. The hospital features a T-shaped building facing northwest with two stories extending to the rear and terminating at an attached boiler house. The exterior is clad in red brick and cast concrete panels, with aluminum framed windows. The lowest story is below grade at the primary elevation but exposed on the sides by the sloping grade. A cast-concrete porte cochere extends part way over the drop-off loop of the driveway at the main entrance. Located between Chase Avenue and Lincoln Street, the hospital sits on a 36 acre plot of land that is largely wooded with designed landscaping around the hospital building itself. Driveways from Chase Avenue and a street called 1st Rangeway lead to large parking areas near the front of the hospital building and service drives and parking at the rear. A modern wood-framed two-vehicle garage and a small wooden shed are located near the boiler house. Both were built or moved to the site within the past several decades and are non-contributing.

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Narrative Description

Exterior

Seton Hospital is a six-story steel-framed brick masonry building with cast stone on the exposed basement level, first floor, and in panels between windows on the upper floors. The building has a T-shaped main block with basement and first floor extending beyond the upper floors at the rear, eventually stepping down to one story before terminating at the taller boiler house. Above the sixth floor, an additional level on part of the building houses mechanical systems. The primary entrance to the hospital is centered on the north elevation with a projecting glazed entry vestibule and concrete canopy. Inside the aluminum framed glass entry doors is the vestibule with a concrete walkway surrounded by marble flooring.

The main entrance of the hospital is located in the center of the symmetrical north elevation of the main block. In front of the main entrance is an oval driveway for dropping off visitors or patients. The drive has decorative bluestone paving cut to form a pattern dividing the surrounding area into quadrants with a circular center. A concrete sidewalk along the oval drive has a granite curb. The oval drive is connected to two separate parallel parking areas designated for visitors that also act as the entrance and exit roads for the drop off area. Diagonal parking is available in both areas. The visitor parking is connected to the service road, which leads to the boiler plant and morgue. The doctor's parking is parallel to the visitor parking and is accessible by the service road or from the oval drive. Situated between the doctors parking and visitor parking is the ambulance court. The ambulance court is located behind the main entrance of the hospital and has a separate ambulance road to the south of the doctors parking. The layout of the parking areas, landscaping and light fixtures have not been altered since first constructed.

The building's concrete foundation wall is partially exposed on the principal façade as the grade slopes steeply from the driveway toward the building to allow daylight into basement level windows. The entry vestibule serves as a bridge over this void. On the front façade on either side of the main entrance there are three structural bays divided by precast concrete columns, with each bay having 6 vertical windows divided by a horizontal aluminum rail. The vertical concrete panels on the façade have a recessed central panel between narrow outer bands, somewhat resembling the shape of an I-beam viewed from the side. The second through sixth floors have panels of brick separated by precast concrete panels with precast coping above. The north elevation has fourteen bays of aluminum triple mullioned windows, two within each section. Above the sixth floor is an attic story containing the fan room which has an exposed concrete base and face brick separated by aluminum fascia.

The west elevation of the front portion of the main block contains a single bay of tripartite sliding aluminum windows separated vertically by concrete panels between two large areas of unrelieved brick cladding on floors two through six. The first story is concrete.

The brick south elevation is divided into two sections by the projecting portion of the main block. The western section has a vertical band of concrete at the corner with the west

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elevation and four bays of windows on each of the upper five stories. These windows are aluminum framed tripartite and double sliding windows, with the tripartite windows in the first bay and also in the second and third bays on the fifth floor, the remainder are double windows. A door and nine windows like those on the basement level of the north elevation are located in the tall concrete basement story. The eastern section of this elevation is similar to the western but has the windows arranged differently. Tripartite windows are located in the first and fourth bays on floors two through four, with double windows in the remainder of the bays. The first story and basement level is not exposed on this side of the building do to the increased width of the first story of the rear projection. The east elevation of the front portion of the main block is identical to the west elevation. Originally a tall stainless steel cross was installed near the top of the wall on the north elevation. It was removed when the hospital was closed.

The base of the "T" of the main block is also clad in brick on the upper stories. On the western elevation, six bays of single aluminum framed windows are arranged into two vertical bands of three windows on the second through fifth floors. The sixth floor has a wide band of aluminum louvers for ventilating the mechanical penthouse. The first story and partially exposed basement level are precast concrete panels with eight window bays on each story. The south elevation has a single bay of double sliding windows on each story except the penthouse, at the center of the elevation. The east elevation of the projecting portion of the main block also has a single bay of double sliding windows at the center of the elevation, with two additional flanking bays at the mechanical penthouse level and one aluminum louver panel on the sixth floor. An aluminum framed solarium projects southerly from the south elevation on the second story, atop the lower stories ell. Most of the original glazing has been replaced with opaque sheet material.

The long ell that extends the first story and basements to the south has varied fenestration on both the east and west elevations, which are largely clad in brick. On the east elevation, all the irregularly arranged windows on the first floor are double aluminum framed sliding sash and the single and double aluminum framed doors have colored glass transoms above. A long exterior walkway projecting from the building on the first story has been enclosed with an opaque sheet material in aluminum framing. It was originally an open walkway. Windows at the basement level are a combination of double sliding windows and single hopper windows, arranged irregularly to suit interior needs.

The west elevation of the first floor and basement level ell has a more regular fenestration pattern than the east elevation, with two groupings of four windows on both floors in bays one through eight and two groupings of four openings on the basement level in bays nine through sixteen. Bay nine contains a single door with transom instead of a window. In the one story connector between the ell and boiler house, there were originally four groups of three windows with one double door with transom between window groups three and four and a single door and transom to the south of window group four. The first group of windows has been partially bricked in and a large sheet metal ventilation hood is now located here. The east elevation of this connector has eight bays with a single fixed aluminum framed window above a hopper sash in all bays except bays five and eight which have metal doors.

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A prominent feature on the west elevation is the tall brick smokestack connected to the boiler plant at the south end of the hospital. The area connecting the smokestack to the boiler room is clad in brick. An aluminum curtain wall encloses this elevation of the boiler plant separated by panels of face brick. Beneath the curtain wall are sections of precast panels. Above the curtain wall are aluminum sash windows followed by precast panels. The boiler plant continues to the north where there are nine bays of aluminum sash windows and two aluminum slab doors.

Interior

The interior plans of the two lowest levels of Seton Hospital have long central corridors that intersect additional corridors to access all parts of the wide building. Corridors on the east side of each floor form a loop serving rooms along the outside walls as well as in the center of the building. On the west side, three short double-loaded corridors run at right angles to the central corridor. T-shaped double-loaded corridors serve each upper story except the mechanical penthouse. The ground floor of Seton Hospital holds the laundry, dining room, kitchen, and pharmacy, among other storage spaces and staff facilities. On the first floor the main entrance leads to a central lobby. Off the lobby a corridor to the west accesses offices and a café, a corridor to the east accesses medical and administrative offices, and a pair of corridors leading south flank either side of four elevators and a stair. The corridor east of the elevators leads to the original emergency department. The corridor west of the elevators passes the chapel and connects to the surgical ward on the west elevation. Both corridors at the rear of the building meet at a central corridor on the east side of the surgical ward, accessing the radiology and laboratory spaces.

The upper floors are contained within the T-shaped building with corridors at the center of each axis. The second floor has a maternity ward in the east wing with standard hospital rooms in the west wing and elevators, one patient room, service spaces, and a solarium in the south wing. The third, fourth and fifth floors have hospital rooms lining the double-loaded corridors. The sixth floor also features hospital rooms with some space in the west wing originally used for lectures and community space. A typical patient room has acoustic drop ceilings with recessed fluorescent lighting; carpet or VCT flooring with a vinyl cove base; and aluminum windows. Each room has a closet and bathroom, many of which feature original slab doors on the bathrooms and sliding doors on the closets. The small standard bathroom has glazed ceramic tiled floors and wainscoting that follows the popular color palette of the mid-20th century. The typical corridor space has vinyl tile flooring, ceramic tiled wainscoting and acoustic drop ceilings. Flush wood slab doors line the corridors. The small seventh floor is centered on the building and contains mechanical systems.

The Modernist chapel on the first floor is a feature found in many Catholic hospitals. Evidence of where the pews were located remains on the vinyl tiled floors. A vinyl tile base extends onto the walnut paneling. There appears to have been a large oval light fixture above the marble altar that was installed with a light dimmer. The translucent cover is now missing and nine 100 W lamps recessed within the drop ceiling are now exposed. They lit the fixture cover that has been removed. The original architects drawing shows a crown-like fixture featuring prominent crosses. Two separate decorative brass bands of parallel lines with

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geometric shapes are symmetrically installed behind the red Collemandina marble altar onto the Trani marble backdrop. The red Collemandina marble and Trani marble extend onto the floor tiles in the sanctuary behind the communion rail.

Areas such as the cafeteria on the ground floor have small glazed ceramic tiles in various shades of green that line the wall with painted plaster above and adjustable steel shelving typical of the era. All sinks are stainless steel as are the backsplashes behind them. The counter tops and backsplashes without sinks are Formica-type laminate.

The casework in the pharmacy on the ground floor is made from northern hardrock maple. The counter tops in the pharmacy are wood with a jet black high baked acid resisting finish. Operating rooms have tiled walls with large casework shelving with hinged glass doors. Stainless steel sinks and backsplashes are common in the operating room areas.

The interior of Seton Hospital has retained a high degree of historical integrity with minimal alteration to the building. Distinctive characteristics that illustrate the mid-20th design are evident throughout Seton Hospital.

Shed, c. 1990-2000

The painted wooden shed is approximately 8' x 10' and 7' tall. It is sided with "T-111" plywood and has a low-pitch gabled roof covered with asphalt shingles. Paired wood doors are located in the south elevation. There are no windows. The building sits on a poured concrete pad.

Garage, c. 1990-2005

The one story two-bay gable-roofed garage is located across the driveway from the south elevation of the boiler house. It has painted wood vertical board siding and asphalt shingles on the roof. Two over-head garage doors are located on the north elevation. There are no windows. The building sits on a concrete pad.

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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.)

- 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 old or achieving significance within the past 50 years

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Areas of Significance (Enter categories from instructions.)

Architecture

Period of Significance

1965

Significant Dates

1965

Significant Person (Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

James H. Ritchie & Associates, Boston (1927-present, now called TRO Jung|Brannen)

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Statement of Significance Summary Paragraph

(Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.) (Refer to photographs)

The Elizabeth Ann Seton Hospital in Waterville, Maine is significant at the state level under Criterion C, architecture as a good example of the Miesian school of Modernist architecture, applied to a health care facility in Maine. Seton Hospital was designed by the architectural firm of James H. Ritchie & Associates in 1963 and completed in 1965. Scattered examples of International Style buildings, and its variants, began to appear in Maine in the 1940s, following World War II but most of these were residential rather than public or commercial.¹ The Elizabeth Ann Seton Hospital reflects general characteristics of the Miesian style, including a recessed ground floor, use of concrete panels to express the building's framing on the exterior, and the use of aluminum windows and a flat roof.

The period of significance for Seton Hospital is 1965, the year of its completion.

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

CRITERION C: ARCHITECTURE

Seton Hospital is a good late example of the Miesian school of Modernist architecture. Many large corporations, hospitals, and other institutions adopted Modernist styles because of their functionalism and modern appearance, as well as their typically lower cost when compared to buildings built in more traditional building styles. Following a long period of limited building construction activity during the Great Depression and World War II, the construction of office and civic buildings in the U.S. increased significantly after World War II and the Modernist styles were popular due to their focus on function and cost and their modern aesthetic. The Modernist styles that evolved from the earlier International Style were often used on buildings such as skyscrapers which utilized glass and steel to create clean, minimally ornamented, facades. The entrance of Seton Hospital is typical of this mid-20th Century architecture with its stylized curved concrete columns supporting a concrete canopy with copper flashing. Like aluminum, concrete became a common feature in architecture during the post-war period. Previously the material had been used primarily for industrial buildings and purely structural uses where it could be hidden by a masonry veneer. Decorative cast concrete was inexpensive to produce, durable and simple to install. The Miesian character of the façade reappears in the boiler house, where brick panel piers separate large sections of aluminum framed glazing and the roof, surrounded by a wide band of structural concrete, "floats" above a band of small rectangular windows that surrounds the building at the top of the walls.

¹ Thompson, Deborah (editor). *Maine Forms of American Architecture*. "The International Style and American Pragmatism." Camden, Maine: Colby College Museum of Art, 1976, 233. Thompson is the editor but Isaacson wrote the entry. Please re-do this footnote to give credit to the author. And the bibliography.

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Later Modernism and its variants were in widespread use in the United States during the period of construction for Seton Hospital, although its use in Maine was quite limited. The style was rooted in European efforts to find a “modern” style of architecture in the early twentieth century, to reflect the industrialized age in which it was built. This included the Bauhaus movement, which began in Germany in 1919 and embraced modern materials and forms while rejecting traditional applied decorative elements in art, industrial design, and architecture. The International Style developed from the Bauhaus movement and related work by architects working in Germany. While primarily a European development, the pioneering work of Frank Lloyd Wright in the United States was closely studied by the German, Dutch, and French designers and architects working toward a new style of building. The style they created rejected applied ornament and utilized the new technologies of the time, including mass production of identical parts for buildings.² Rejection of Modernism by the Nazi party in the 1930s, followed by the start of World War II, caused many European artists and architects to relocate to the United States, shifting the creative center of Modernism to America. As these European architects brought their ideas with them, the International Style and the styles that evolved from it significantly altered the built environment in the U.S. over the following decades.

German architect Ludwig Mies van der Rohe (1886-1969) was a central figure in this story of a new approach to architecture founded in Europe and transported to the United States with the exiles from Nazi Germany. Along with other prominent architects in the development of the style, Walter Gropius (1883-1969) and Le Corbusier (1887-1965), Mies began his formal architectural training as an apprentice to German proto-Modernist architect Peter Behrens. A foundational premise of Modernism was that the structural elements of a building should be expressed on the exterior, rejecting the “dishonest” approach of wrapping a non-structural traditional looking exterior around a modern steel or concrete frame. In 1922, Mies wrote, “Skyscrapers reveal their bold structural pattern during construction. Only then does the gigantic steel web seem impressive. When the outer walls are put in place, the structural system, which is the basis of all artistic design, is hidden behind a chaos of meaningless and trivial forms.” He continued, “Instead of trying to solve old problems with these old forms we should develop new forms from the very nature of the new problems.”³

The International Style was often seen as the ultimate embodiment of the concept expressed in the well-known quote from Chicago architect, Louis Sullivan, “form follows function.” In the late 1930’s C. W. Behrendt’s *Modern Building* (which was available to both American and European markets) published the quote and modernists adopted it to refer to their minimalist designs.⁴ Mies own best-known contribution to the lexicon of Modernism refined that idea with the statement, “less is more.” Gropius and Mies both immigrated to the United States in the late 1930s and, respectively, became chairman of the Department of Architecture at the Harvard Graduate School of Design in Cambridge, Massachusetts, and head of the architecture school at Chicago’s Armour Institute of Art (later Illinois Institute of Technology). From these academic positions, they were to have a large influence on the education of the next several generations of American architects at their own institutions and

² Pawley, Martin. *Mies van der Rohe*, New York, 1970, 13.

³ Pawley, 12.

⁴ Michl, Jan. “Form Follows WHAT? The Modernist Notion of Fuction as a Carte Blance. Jan Michl. March 31, 2000. Accessed November 25, 2015. <http://janmichl.com/eng.fff-hai.html>.

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other schools that followed their lead. The European architect-teachers and their students would radically transform architecture in the United States over the following decades.

Henry-Russell Hitchcock, Boston architectural historian, critic and teacher, along with New York City architect Philip Johnson, wrote *The International Style* in 1932, a comprehensive study of the movement. The term "International Style" was first used in 1932 by Hitchcock and Johnson at an exhibition the two curated at the Museum of Modern Art. This early critique on the style listed the specific trends in design and materials for the new style, which ultimately became the ideal, not the typical. With the 1951 reprinting of *The International Style*, Hitchcock had the opportunity to comment on the changes in the style:

Many docile architects, and even builders outside the profession, have followed the rules dutifully enough, but their buildings can hardly be considered aesthetically sound. Doubtless the principles educed twenty years ago were too negative, and now we are ready, probably too ready, to extend the sanctions of genius very widely once more. If my tentative prognosis be correct, that we stand now at another change of phase in modern architecture between a "high" and a "late" period, we must expect many vagaries in reaction against the too literal interpretation of the International Style. We may also expect – and indeed already have with us – an academic current which is encouraging the repetition of established formulas without creative modulation.⁵

Indeed, the International Style had changed in the hands of many architects and engineers who were emphasizing the function of the buildings they designed with cursory or derivative concern for aesthetics. As Hitchcock wrote in 1951: "Perhaps it has become convenient now to use the phrase chiefly to condemn the literal and unimaginative application of the design clichés of 25 years ago; if that is really the case, the term had better be forgotten."⁶ Seton Hospital, constructed fourteen years after this was written, exemplifies the break from the "high" period of International Style with a focus more on the function of the hospital than the aesthetics of the building.

Hospitals were among the institutions and businesses that wanted to project an up-to-date image with their new buildings in the Post World War II period. In Stephen Verderber and David J. Fine's *Healthcare Architecture in an Era of Radical Transformation*, they describe the transformation of hospital architecture, "The vast funds allocated to postwar federal and state programs enabled the construction of new hospitals and clinics and had a profound impact on their size, outward appearance or complexion, and configuration," which in turn affected the growth of International Style buildings.⁷ The medical field adopted the new design concept because of its functionality and affordability. Seton Hospital's Modernist elements include its flat roof, curtain walls, minimal ornamentation and framing system.

Located in Waterville, Maine, Seton Hospital had over 150 beds available beds and the latest in medical technologies when opened. It was operated by the Sisters of Charity of St.

⁵ Hitchcock, Henry, and Philip Johnson. *The International Style*. New York, New York: W.W. Norton & Company, 1966, 254-55.

⁶ Hitchcock, Henry, and Philip Johnson. *The International Style*. New York, New York: W.W. Norton & Company, 1966, 255.

⁷ Verderber, Stephen, and David J. Fine. *Healthcare Architecture in an Era of Radical Transformation*. New Haven, CT: Yale University Press, 2000.

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Vincent de Paul. By this time steel and reinforced concrete framing had become the norm for multi-story institutional and commercial buildings, and were used for the Seton Hospital. Aluminum production had increased vastly during World War II and it became widely available for building construction during the post-war period. Its architectural uses included aluminum-framed curtain walls and door and window frames. Aluminum framed windows and exterior doors were used throughout the hospital.

Seton Hospital and the Osteopathic Hospital in Portland were the only entirely new large hospitals built in Maine during the 1950-1975 period. Large modern additions were built onto the existing general hospitals in Portland, Lewiston, Augusta, and Bangor,⁸ as well as St. Mary's Catholic hospital in Lewiston during this period. The design of the 1952 Osteopathic Hospital on Brighton Avenue in Portland incorporated exterior balconies running much of the length of the building, suggesting motel architecture of the era. Blocky brick additions were added to the rear of the building in 1958 and 1962, and then a new wing was constructed between the 1952 building and the street between 1972 and 1975, obscuring visibility of the first building. No unified architectural scheme was followed for the four phases of building and although a Modernist design vocabulary was used for all four parts, the result is confused and awkward.

The additions to existing hospitals also suffered visually to varying degrees from the contrast between their modern style and the earlier Victorian or neo-Classical buildings they were attached to. The Portland addition and the two Lewiston additions were simple red brick boxes with punched window openings and simple cast concrete trim. The addition to the Augusta hospital, completed in 1964, is more interesting with cast concrete used on the primary façade facing the river. Projecting vertical concrete ribs create a grid with the window glazing, which is arranged in horizontal bands. The use of vertical concrete ribs is reminiscent of Mies' use of applied steel beams on the exteriors of many of his buildings, to create the impression of an exposed structural frame, which in fact was buried in concrete within the wall to meet fire code requirements.⁹ The large new addition to the Eastern Maine Medical Center in Bangor, completed in phases between 1972 and 1975, represents a somewhat later phase of contemporary architecture than the Seton Hospital, combining elements of both the International and Brutalist styles. Compared to all the other large Maine hospital buildings and additions of the period, Seton Hospital is by far the most architecturally distinguished.

The number of Modernist buildings of a similar scale to Seton Hospital for any use in Maine is quite limited. Examples of the Miesian phase of the style are even more limited. One of the most noteworthy Modernist buildings is the Union Mutual Life Insurance Company Home Office in Portland, designed by Boston-based Hugh Stebbins & Associates and completed in 1971. It is an interesting variation of the "glass box" tower. Interesting in that the "tower" has been laid on its side in the open rural setting, instead of standing upright as it usually does in an urban setting.¹⁰ The glass box tower that came to define Modernist architecture in its later phases can be traced to ideas espoused by Mies as early as 1924, when he wrote, "We can see the new structural principles most clearly when we use glass in place of the outer walls,

⁸ These hospitals are: Maine Medical Center, Portland; Central Maine Medical Center, Lewiston; Augusta General Hospital, Augusta; and Eastern Maine Medical Center, Bangor.

⁹ Pawley, 17.

¹⁰ Thompson. 233, 244.

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which is feasible today since in a skeleton building these outer walls do not carry weight. The use of glass imposes new solutions.¹¹ The grid of thin metal lines separating the large glass wall panels on the upper stories of the Union Mutual building expresses the interior steel framing on the exterior, while the whole glass form sits lightly above its recessed two story base on a wide-spaced row of white columns. Other examples that draw on the Modernist vocabulary and design philosophy are the Bowdoin College Senior Center in Brunswick, also designed by Hugh Stebbins and Associates and completed in 1964; Pietro Belluschi and Jung-Brannen Associates, Inc.'s Maine Savings Bank Building in Portland (1972-74); the Merchant's National Bank Building in Bangor (1974) by local architects Eaton W. Tarbell and Associates; Camp Dresser and McKee's Lewiston-Auburn Water Pollution Control Authority Administration Building (1971-74).¹² Seton Hospital is arguably among the best expressions of the Miesian phase of Modernism in Maine.

ARCHITECT: JAMES H. RITCHIE & ASSOCIATES

Born in Scotland in 1876, James H. Ritchie relocated to Boston, MA to practice architecture in 1908.¹³ While in Boston Ritchie was a partner at Ritchie, Parsons & Taylor from 1923-1927.¹⁴ During his time as a partner he designed many institutional buildings. As a Boston resident, Ritchie took part in the designs of many buildings in the Newton and Boston area. Ritchie's early designs were typically Colonial Revival. Buildings such as the Lexington High School (1924), the remodel of Somerville City Hall (1923), and the Newtown Centre Branch Library (1927) were designed by Ritchie, Parsons & Taylor.¹⁵ Ritchie left Ritchie, Parsons & Taylor to establish James H. Ritchie and Associates in 1927, which later became The Ritchie Organization in the mid-1960s. The firm remains in business in 2016 as TRO Jung|Brannen. As an independent architect James H. Ritchie designed the Tudor Revival Ward Elementary School (1928) and the Police Headquarters and Courthouse (1931) in Newtown, MA.¹⁶ James H. Ritchie and Associates designed

James H. Ritchie & Associates was responsible for a number of hospital designs in the mid-20th century. Several newspaper articles about construction projects listed the firm as both an architectural firm and hospital consultants. In addition to Seton Hospital, James H. Ritchie & Associates is credited with the design for the c. 1959 Portsmouth Hospital in New Hampshire, the 1961 North Shore Babies' and Children's Hospital in Salem, MA,¹⁷ the c. 1963

Fairview Hospital in Great Barrington, MA, the c. 1969 Army Hospital in Fitchburg, MA, and the 1965 Henry Clay Frick Community Hospital in Mount Pleasant Borough, PA (among others). Additionally, the firm consulted on several hospital construction projects and completed a number of alterations and additions to existing hospitals.

¹¹ Pawley, 12.

¹² Thompson, 233-245.

¹³ "Ritchie, James H. (d. 1964) -- Philadelphia Architects and Buildings." Ritchie, James H. (d. 1964) -- Philadelphia Architects and Buildings. Accessed July 13, 2015. https://www.americanbuildings.org/pab/app/ar_display.cfm/1189968.

¹⁴ "NEWTON PUBLIC BUILDINGS SURVEY- Building Analysis." *Analysis of Historically Significant City Buildings, Newton, Massachusetts*, 2012.

¹⁵ "NEWTON PUBLIC BUILDINGS SURVEY- Building Analysis." *Analysis of Historically Significant City Buildings, Newton, Massachusetts*, 2012.

¹⁶ "NEWTON PUBLIC BUILDINGS SURVEY- Building Analysis." *Analysis of Historically Significant City Buildings, Newton, Massachusetts*, 2012.

¹⁷ Tolles, Bryant Franklin, and Carolyn K. Tolles. *Architecture in Salem an Illustrated Guide*. Hanover: University Press of New England, 2004.

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The existing drawings for the Elizabeth Ann Seton Hospital are dated 1963 and show a number of architects' initials who were involved in the design. All drawings were checked by "A. J. L." who was likely Alfred J. Luoni (1914-1983), principle of the firm in the 1960s and 70s. James H. Ritchie died in 1964, one year before the completion of Seton Hospital.

Developmental history/additional historic context information (If appropriate.)

DEVELOPMENTAL HISTORY/ADDITIONAL HISTORIC CONTEXT INFORMATION

WATERVILLE, MAINE

Waterville, Maine was incorporated on June 23, 1802 and later as a city on January 12, 1888. Through the 19th century, the population of the town grew steadily, ultimately reaching over 7,000 by the time Waterville was incorporated as a city. Manufacturing and Industry along the river sustained the growing population with large numbers of mill workers relocating to the city for work. Between 1890 and 1920, the population had increased by 6,244, nearly doubling in size. Waterville's first modern hospital was constructed in 1923 by the Sisters of Charity. Shortly after, in 1931, Thayer Hospital was opened. In 1951, Thayer was expanded with a large addition. Not long after the construction of Thayer, the Waterville Osteopathic Hospital was also constructed.¹⁸ Waterville's population continued to grow through the 20th century, reaching its peak in 1960 with a population of 18,695. In 1966, Seton Hospital was reported to have 156 beds; Thayer had 95 and Waterville Osteopathic had 42. With a total of 293 beds in the city, Waterville offered more general hospital facilities than most other places in the state.¹⁹

1965 DESCRIPTION OF THE HOSPITAL:²⁰

The following is an article from the Waterville Morning Sentinel, published on July 27, 1965, describing the new hospital building. Following the article is a list of contributors to the construction.

All patients' rooms are quiet, comfortable, pleasing to the eye, and designed to give an excellent view of the surrounding landscape. Each will have piped in oxygen and suction, storage and lavatory facilities, television, and a special audio visual nurse call with two-way voice communication between patient and nurse. The temperature of each room can be adjusted for the comfort of the patient. Air conditioning will be featured in several hospital areas, such as the entire surgical suite, Laboratory Department, X-Ray Department, chapel, coffee shop, nurseries for babies, and other facilities. Four modern elevators, each equipped with a

¹⁸ Plocher, Stephen. "A Short History of Waterville, Maine." 2007. Accessed July 7, 2015. <https://www.waterville-me.gov/content/1233260491webhistory.pdf>, 16.

¹⁹ Only Bangor, Lewiston and Portland had more beds (467, 498, and 703, respectively).

²⁰ "Hospital Features Best of Equipment," *Morning Sentinel*, July 17, 1965, Seton Tabloid edition, 26

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telephone, will carry patients, visitors and hospital personnel to the various floors and departments and will eliminate waiting time.

The grounds of the hospital are attractively landscaped and will have six acres of lawn. Designed for easy access are the various parking areas, which offer facilities for more than 350 cars.

Visitors to the hospital will enter a vestibule which is glassed-in and which has marble floors. It leads to a spacious, wood-paneled lobby that is 36 feet long and 30 feet wide. An information desk is located here for the convenience of visitors. Close to the lobby is a modern coffee shop with counter service, as well as tables and chairs, plus a gift and stationery shop. Nearby is the hospital chapel, soft-lighted and beautifully designed, which accommodates more than 80 persons. Visitors will find four elevators available to take them to the various floors and departments. In the right wing of the first floor are business offices, the admitting suite and a large meeting room that will seat 100 persons. Located in the left wing are offices of the administrator and the medical director, the Advisory Board room, the Medical Records Department, medical library and doctors' lounge.

All the diagnostic and outpatient services are located in the rear wing of the first floor. The diagnostic serviced in an ultra-modern laboratory that provides speedy and complete service and will include the field of radioactive isotope procedures. Here, too, is the last word in X-Ray Department facilities, featuring the most modern equipment for fast and accurate diagnosis. A physical therapy department embraces several rooms for special treatment, including a wood-paneled exercise room. The Outpatient and Physical Therapy departments are flexible, permitting them to open directly into the emergency area and be converted into mass casualty receiving areas should the need arise. The first floor is the site of a large surgical suite that includes four operating rooms, a cystoscopy room, a fracture room and a recovery room. These areas are air-conditioned, with special controls for temperature and humidity.

The "nerve center" of the hospital is the ground floor, where equipment and machinery are located. Here also are the pharmacy, central supply, dietary department, maintenance department, laundry, purchasing, offices, storage areas, ladies' auxiliary rooms and a large section for lectures and demonstrations. A feature of this floor is the air-conditioned cafeteria, which accommodates more than 100 persons at a time.

Designed for the ultimate in the care of the obstetrical patient is the entire second floor, which has a capacity for 19 beds, two nurseries, two delivery rooms, a formula room, a nourishment kitchen, facilities for doctors and nurses. Other features on this floor are a spacious solarium, a room for fathers, a special isolation nursery, high-speed sterilizing equipment, air-conditioning in the nurseries and delivery rooms.

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Devoted to the care and treatment of patients are the third, fourth and fifth floors, with centrally-located nurses' stations and doctors' stations, lounges for patients and visitors, nourishment kitchens and many other features.

The sixth floor has been designed to serve as living quarters for the Sisters of Charity. Here are 15 bedrooms, a dining area and community room, kitchen facilities, laundry and storage areas, and private chapel for the use of the Sisters.

LIST OF CONTRIBUTING BUSINESSES IN THE CONSTRUCTION OF SETON HOSPITAL

Name	Contribution	Location
James H. Ritchie & Associates	Architect	Boston, MA
Sisters of Charity	Owners	Waterville, ME
Stewart and Williams, Inc.	Construction	Augusta, ME
Charles A. Dean Trust	Financial Contribution	
Castle	Lighting (Surgical Suite)	
American Sterilizer Company	Surgical Tables	
American Optical Company	Pacemaker/Defibrillator	
Seton Guild (formerly Sisters Hospital Women's Auxiliary)	Operation of Coffee Shop and Gift Shop	Waterville, ME
Planning and Research Associates	Landscaping Supervision	Boston, MA
Littlefield-Wyman Nurseries	Landscaping	Boston, MA
New England Telephone and Telegraph Company	Telephone System	Waterville, ME (Branch)
Ouellette Plumbing & Heating Co., Inc.	Plumbing, HVAC	Lewiston, ME
Warren Bros. Road Co.	Paving	Benton, ME
Blue Rock Quarry	Building Material	Sidney, ME
Rollins-Dunham	Architectural Hardware	Waterville, ME
F. S. Payne Co.	Elevators	Waterville, ME

THE HILL-BURTON ACT OF 1946 and HOSPITAL CONSTRUCTION

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“Although Maine had quite a few hospitals by the early 1900s, most were housed in cottages on the main streets of small towns. With only a few beds and limited equipment, the expectation was that only the sickest patients would be admitted and only as a last resort. Everyone else would stay home, send for the doctor, and, if the illness were severe, hire a round-the-clock nurse.”²¹

By the 1930s, more and more people were unable to pay for health care, new technologies required additional training and overhead costs, and medical staff expected higher wages. In 1930, the Portland Press Herald reported that an informal hospital association had been formed to address the limited state funding for hospitals. A formal meeting was held in 1937 when a rumor of decreasing state funds due to poor economic conditions threatened to limit healthcare in a time when the need was greatly expanding.²² By 1939, the Maine Hospital Association became a member of the American Hospital Association and included 29 hospitals and 95 individual care providers.²³

In the early 1940s, MHA hired attorney Carroll Perkins to represent the organization and prepare documentation on the inadequate state aid to hospitals. The report was the first comprehensive study of its kind in Maine and offered insight into the growing need for additional health care funding. Between 1935 and 1940, Maine saw a 38.8% increase in patients receiving state aid. The cost per day per patient increased 25% and hospitals were losing a total of \$500,000 on state aid patients each year.²⁴

The United State’s involvement in WWII placed new demands and hardships on Maine hospitals. The U. S. Civil Defense Headquarters began organizing domestic medical readiness. Medical field units were to hold weekly drills, reserve medical staff were to be organized and community volunteers would be used where necessary.²⁵ While this was difficult to complete with scheduled drills and limited resources, Maine hospitals had their civil defense plans in place by 1942.²⁶

The influx of WWII veterans and subsequent population burst necessitated modern upgrades and new construction of hospitals in Maine. At the same time, the Hospital License Bill and Hill-Burton Act offered some assistance in the planning and construction of these hospitals.²⁷ The Hospital License Bill set minimum standards for hospitals, while the Hill-Burton Act provided federal funds for upgrades and new construction, provided the hospital receiving the funds would provide a reasonable volume of services to residents unable to pay for medical care. The Hill-Burton Act quadrupled the construction of new hospitals by the end of the 1940s.²⁸

²¹ Maine Hospital Association “Caring for Our Communities for 75 Years.” Accessed July 7, 2015. <http://www.themha.org/policy-advocacy/publications-links/booklet-pdf.aspx>, 4

²² Maine Hospital Association, 5-7

²³ Maine Hospital Association, 7

²⁴ Maine Hospital Association, 8

²⁵ Maine Hospital Association, 9

²⁶ Maine Hospital Association, 9

²⁷ Maine Hospital Association, 9

²⁸ Maine Hospital Association, 9

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Developments in healthcare technologies and facilities steered much of the architectural design for this building type in Maine. Hospital architecture went through major changes in the mid-20th century following the Hill-Burton Act of 1946, which granted money to hospitals for survey and design of new facilities. The federal grant money was made available with the condition that the hospital would provide "a reasonable volume of hospital services to persons unable to pay therefore."²⁹ States prepared individual plans for survey and construction of hospitals and within the first 16 months of the program, 540 construction projects had been initially approved in the country and projects approved for construction has already been estimated at \$302,000,000.³⁰

In *Healthcare Architecture in an Era of Radical Transformation*, Stephen Verderber and David Fine explain the utilitarian design of International Style as it pertains to hospital construction: "In architecture, by the early 1960s the International Style dominated mainstream hospital design. This style was characterized by flat roofs, minimal exterior ornamentation, monolithic volumes, the use of only one color (usually white or off-white), concrete and steel with large expanses of exterior glass, and a tripartite structure of a below-grade service base, and administrative base at grade level, and a patient tower on top."³¹ At Seton, the ground floor was almost exclusively used for hospital operations including the kitchen, laundry room, employee amenities and cafeteria. The first floor, at grade, had administrative offices, laboratories, emergency and surgical departments; the upper floors were dedicated to patient rooms. Relatively unchanged since the time of construction, these areas are still evident in the configuration of spaces throughout the building.

Earlier International Style hospitals included double-loaded corridors with patient rooms lining the exterior walls of the building. Eventually, this configuration gave way to a racetrack plan with looping corridors. The T-shape of Seton hospital's upper floors would not have been conducive to this plan; however the lecture/demonstration area in the basement and the surgical ward on the first floor do connect to the central corridor creating a racetrack plan. Eventually, standards adopted by state hospital surveyors and reviewers included general outlines for plan and construction, with a large number of resources available to architects and engineers.

Hospitals require a special kind of research for planning and construction. An official central clearing house of information, available to all engaged in hospital design, could give guidance from past experience as to what has and has not worked, what new materials, methods and equipment will do a job better. Know-how and know-how-not are equally important. If each new hospital could avoid the many mistakes from which the old ones have suffered and adopt the features

²⁹ *The Hill-Burton Act, 1946-1980: Asynchrony in the Delivery of Health Care to the Poor*, 39 Md. L. Rev. 316 (1979)

Available at: <http://digitalcommons.law.umaryland.edu/mlr/vol39/iss2/5>, 316

³⁰ Hoge, M.D., V.M. "Progress Report on Hospital Survey and Construction Act." *American Journal of Public Health* Vol. 39 (1949), 890.

³¹ Verderber, Stephen, and David J. Fine. *Healthcare Architecture in an Era of Radical Transformation*. New Haven, CT: Yale University Press, 2000, 17.

What's up with the mixed fonts? Please be consistent throughout the document.

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which have functioned with the least maintenance and replacement, the savings would run into millions.³²

The American Hospital Association published the *Manual of Hospital Planning Procedures* in 1959, citing the three basic elements of the hospital as being the building, the personnel and the equipment: all three needing to be designed to work efficiently. At Seton, each of the patients' floors had nourishment kitchens and nurses stations. Patients now stayed in semi-private rooms rather than open wards that were seen in the early-20th century hospitals. Visitor lounges and separate waiting areas also increased the privacy of individuals in the hospitals.

Additionally, the Nuffield Provincial Hospital Trust in the UK published a study on the function and design of hospitals. Taking into account the ever-advancing medical technologies, the study focuses on the diagnostic and therapeutic departments that were rapidly growing at the time of the study in 1955. The recommendation was to include these areas at the lower level of the hospital with the opportunity to modify them independently of the others.³³ As the *Waterville Morning Sentinel* recorded:

The close proximity of the operating room suite to the clinical laboratory, and X-ray department, all located on the first floor of the same wing, constitutes a very advantageous feature. In addition the Central Supply Department is within easy access through means of a dumbwaiter located with the operating room suite itself. The Recovery Room, another vital area of the operating room suite, is a pleasant white with gold speckles tiled room, adjacent to the anesthesiologist's office.³⁴

THE SISTERS OF CHARITY

The Sisters of Charity established themselves in Waterville in 1913. *The Maine Catholic Historical Magazine* explains,

The Sisters of Charity in coming to Waterville and assuming charge of the hospital aim to continue here the good reliable, substantial work which has been their characteristic wherever located. Their experience in hospital work, their devotedness to their chosen field, certainly assured to all who, in affliction, seek their asylum, that well known care and kindness which go so far toward assuming the many and varied ills to which humanity is exposed.³⁵

³² Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. New Haven, Connecticut: Yale University Press, 1975, 253.

³³ Nuffield Provincial Hospitals Trust. *Studies in the Functions and Design of Hospitals*. Oxford, United Kingdom: Oxford University Press, 1955, 158.

³⁴ "Surgical Suite Is of Latest Design," *Morning Sentinel*, July 17, 1965, Seton Tabloid edition, 29.

³⁵ *The Maine Catholic Historical Magazine* Vol. 1, no. No. 1 (1913): P.42.

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The establishments of societies such as the Sisters of Charity were important to the founding of many hospitals across the country. By 1963 the Sisters of Charity were operating over 40 hospitals in the United States and 400 internationally.³⁶

Dr. F. C. Thayer, who would later open Thayer Hospital in Waterville, was on the advisory board of the institution. In April, 1913 the I. C. Libby Memorial Hospital was renamed Sisters Hospital when the Sisters of Charity took control of operations. Due to size restrictions in the original building, the Sisters of Charity built a new hospital on College Avenue in 1923.³⁷ In 1931 Dr. F. C. Thayer made the decision to separate from the Sisters Hospital and established the first Thayer Hospital, which was originally located in Dr. Thayer's house on Main Street. In 1951 Thayer Hospital built a modern hospital building on North Main Street. In 1963, construction was started on the new Elizabeth Ann Seton Hospital on Chase Avenue. The expansion was necessary for the Sisters Hospital since the original Sisters Hospital had an 86% occupancy on a year-round basis, and 107% occupancy at the height of occupancy.³⁸ The sisters took up residence in the new building once it was completed:

The sixth floor at the Elizabeth Ann Seton Hospital has been specially designed to serve as the living quarters for the Sisters of Charity. Modern in every detail, this floor contains 15 bedrooms, a dining area and community room, kitchen facilities, laundry and storage units and an office for the superior. A feature of this floor is the private chapel to be used by the Sisters. This oratory is 30 feet long and 20 feet wide and contains eight pews made of walnut wood. The altar, communion rail, doors and paneling are also of walnut. The refectory, or dining area, is eight feet by 20 feet. It adjoins the community room, which is 28 feet by 20 feet. A folding door that separates these areas can be opened to provide a larger room that is 48 feet long and 20 feet wide. Also on this floor are a sewing room, guest room and parlor.³⁹

The residential spaces for the nuns were later converted to patient rooms. No information was found to date this alteration, but finishes such as modern "wood" laminate flooring suggest it may have been within the last several decades, perhaps after the hospital merger that created Maine General Health in 1997.

The *State of Maine Hospital and Medical Facilities Survey and Construction Plan* from 1966 lists fifty-three general hospitals in the state, at least ten containing more than 100 beds.⁴⁰ Seton Hospital, with 156 beds was the sixth largest hospital in Maine at the time, following those in Portland, Bangor and Lewiston. In 1975 Thayer and Seton Hospitals merged becoming Mid-Maine Medical Center. In 1997 MaineGeneral Health was formed when Mid-Maine Health Systems and the Kennebec Valley Health Systems merged.⁴¹

³⁶ New Seton Hospital to Be Crowning Event in History of Sisters Here." *Morning Sentinel*, February 27, 1963.

³⁷ Plocher, Stephen. "A Short History of Waterville, Maine." 2007. Accessed July 7, 2015. <https://www.waterville-me.gov/content/1233260491webhistory.pdf>.

³⁸ "New Seton Hospital to Be Crowning Event in History of Sisters Here." *Morning Sentinel*, February 27, 1963.

³⁹ "Sisters Will Have Residence On Sixth Floor," *Morning Sentinel*, July 17, 1965, Seton Tabloid edition, 20.

⁴⁰ *State of Maine Hospital and Medical Facilities Survey and Construction Plan: Annual Revision 1965-1966*. June 10, 1966, preface.

⁴¹ Calder, Amy. "Renovations at MaineGeneral's Thayer Hospital in Waterville to Finish by October - Central Maine." Central Maine Renovations at MaineGenerals Thayer Hospital in Waterville to Finish by October Comments. March 2, 2014. Accessed July 13, 2015. http://www.centralmaine.com/2014/03/02/renovations_at_mainegeneral_s_thayer_hospital_in_waterville_to_finish_by_october/.

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- "Seton Hospital: A Study in Excellence" p. 3
- "Hospital Features Best of Equipment" p.4
- "Medical Staff Offers Skill, Experience" p.7
- "Surgical Suite Is of Latest Design" p.9
- "Dean Gift Provides Key Surgical Area" p.11
- "Seton Hospital Named for Foundress" p.13
- "Advisory Board Has Important Role" p.15
- "Seton Guild Active in Many Programs" p.19
- "Safety is a Major Factor in Door Arrangement" p.20
- "Sisters Will Have Residence On Sixth Floor." P. 20
- "Medical Records Kept Efficiently" p.21
- "Hospital Chapel Has Serenity, Beauty" p. 22
- "Landscaping 48-Acre Site Requires Planning, Skill" p. 23
- "PAS System Valuable in Evaluation of Care" p.24
- "High-Speed Generator Goes into Action if Power Failure Occurs" p. 25
- "Dietary Dept. Has Latest Facilities" p. 27
- "Phone System Has Special Features" p. 28
- "Seton Facts and Figures" p. 31

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 # _____

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- recorded by Historic American Engineering Record # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

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

Name of repository: _____

Historic Resources Survey Number (if assigned): 462-0252

10. Geographical Data

Acreeage of Property 9.8

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84:
(enter coordinates to 6 decimal places)

- | | |
|--------------|------------|
| 1. Latitude: | Longitude: |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

Or

UTM References

Datum (indicated on USGS map):

- NAD 1927 or
- NAD 1983

- | | | |
|-------------|-----------------|-------------------|
| 1. Zone: 19 | Easting: 447779 | Northing: 4933263 |
| 2. Zone: | Easting: | Northing: |

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3. Zone: Easting: Northing:

4. Zone: Easting: Northing:

Verbal Boundary Description (Describe the boundaries of the property.)

The boundary of Elizabeth Ann Seton Hospital is shown as the red line on the accompanying map entitled "Elizabeth Ann Seton Hospital, Waterville, Maine."

Boundary Justification (Explain why the boundaries were selected.)

The boundaries represent the area encompassing the hospital building and designed landscape area, including parking and automobile circulation drives and roads as these are the historically significant parts of the property. The remainder of the original 36 acre property is largely wooded and does not contribute to the significance of the property.

11. Form Prepared By

name/title: Matthew Corbett, Scott Hanson, and Kendal Anderson
organization: Sutherland Conservation & Consulting
street & number: 205 Water Street, Suite 209
city or town: Augusta state: Maine zip code: 04330
e-mail: mattcorbett@sutherlandcc.net
telephone: 207-242-4727
date: January 18, 2016

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

ELIZABETH ANN SETON HOSPITAL

Name of Property

KENNEBEC COUNTY, MAINE

County and State

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Elizabeth Ann Seton Hospital

City or Vicinity: Waterville

County: Kennebec State: Maine

Photographer: Kendal Anderson

Date Photographed: November 12, 2015

Description of Photograph(s) and number, include description of view indicating direction of camera:

All digital images labeled as follows: ME_KennebecCounty_SetonHospital_#.tif

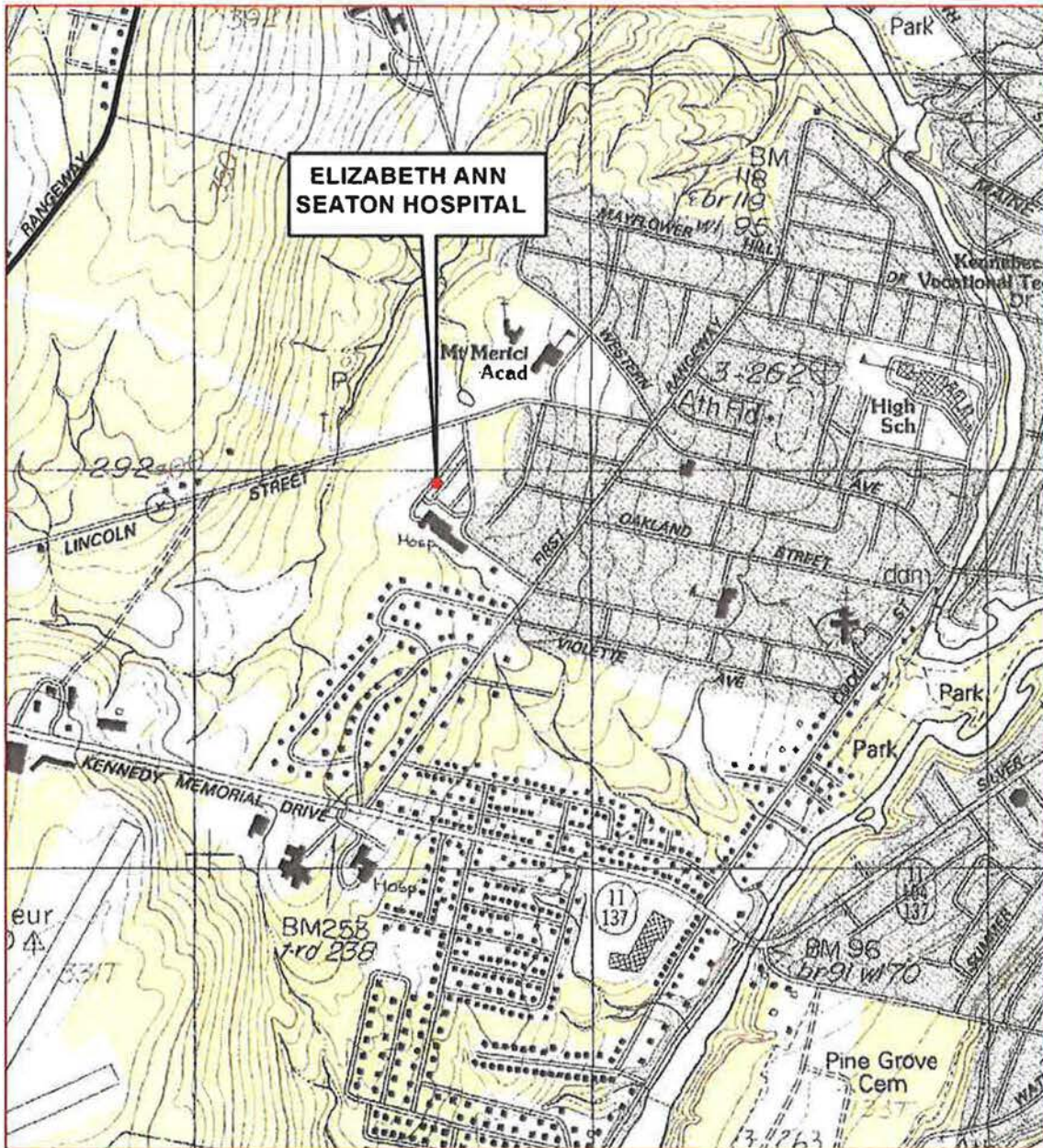
- 0001. View south from the visitor parking lot of the west façade of Seton Hospital.
- 0002. Detail view north of a typical kitchen area found on each level.
- 0003. Detail view east of a typical corridor with elevators at left.
- 0004. View north on the fifth floor at the junction of the two primary corridors.
- 0005. View northwest in a typical patient room on the fourth floor.
- 0006. Detail view southeast of a typical nurses' station.
- 0007. Detail view east in a typical patient room showing historic wardrobes.
- 0008. Detail view southeast in the first floor chapel showing original altar.
- 0009. View southwest from the rear parking lot at the ground level, boiler house and smokestack.
- 0010. View northwest showing the boiler house at right and above-grade ground floor connecting to the main building.
- 0011. Detail view south of the original concrete canopy at the main entrance.

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

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

ELIZABETH ANN SETON HOSPITAL
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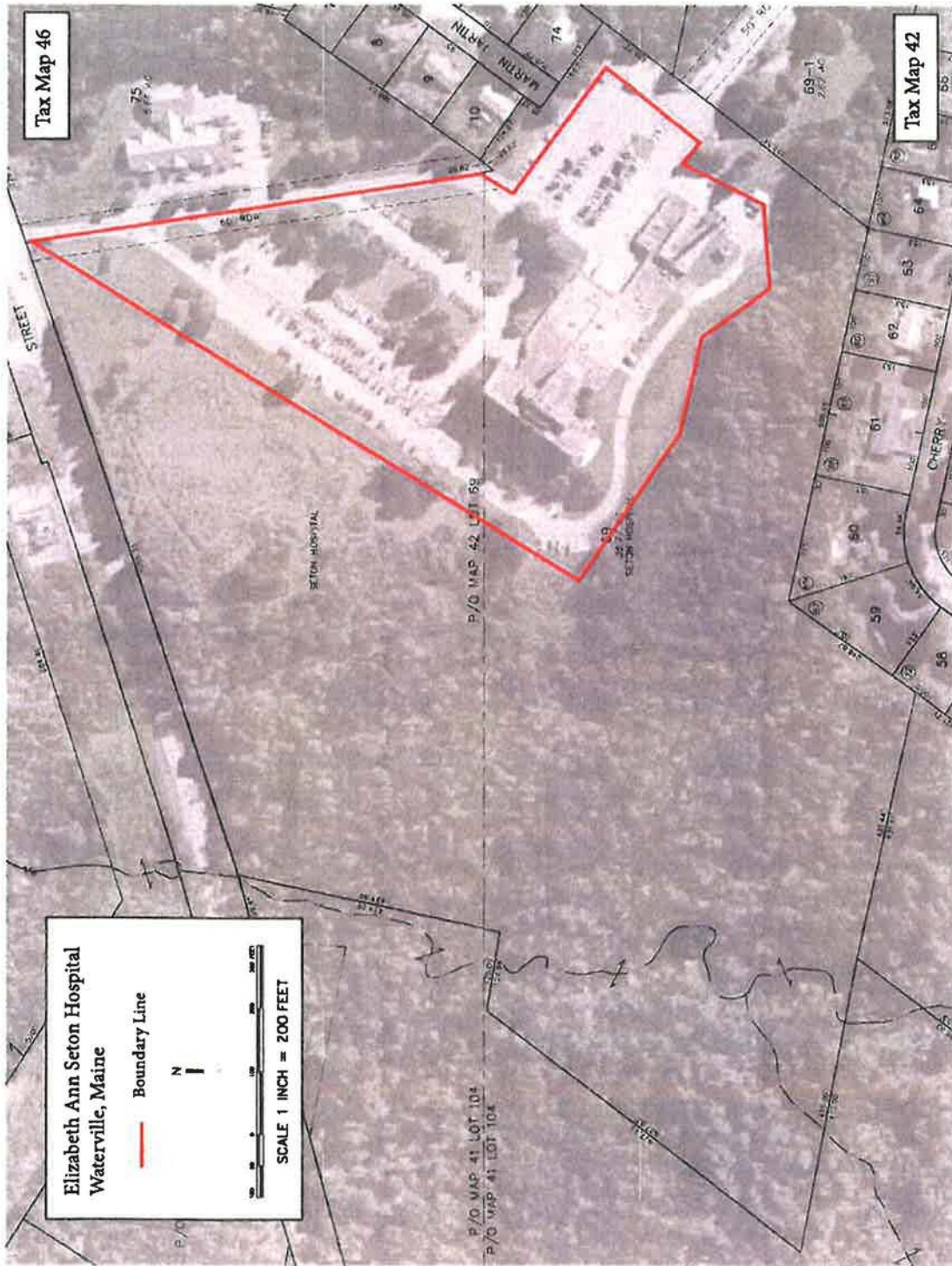
ELIZABETH ANN SETON HOSPITAL
Kennebec County Maine
16 February 2016
UTMs in NAD 83
19 / 447779 / 4933263

250 0 250 500 Feet



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County and State















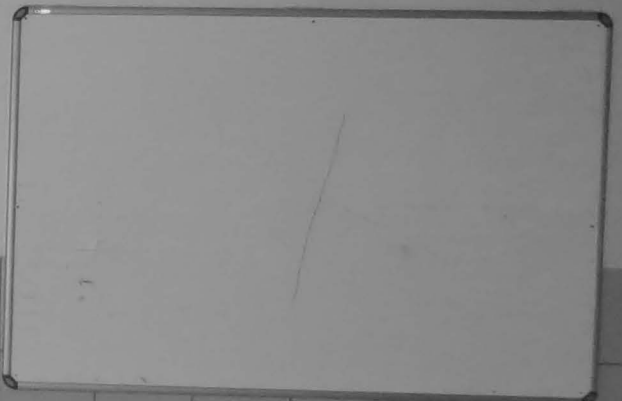




EMERGENCY
EXIT

LAUNDRY CHUTE

SOILED LINEN
KEEP DOOR CLOSED



EXIT



06

05



07

08

09



10

11







UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Seton, Elizabeth Ann, Hospital
NAME:

MULTIPLE
NAME:

STATE & COUNTY: MAINE, Kennebec

DATE RECEIVED: 5/26/16 DATE OF PENDING LIST:
DATE OF 16TH DAY: DATE OF 45TH DAY: 7/11/16
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 16000437

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: N

COMMENT WAIVER: N

ACCEPT RETURN REJECT 7.11.16 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in
The National Register
of
Historic Places

RECOM./CRITERIA _____

REVIEWER _____ DISCIPLINE _____

TELEPHONE _____ DATE _____

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

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



PAUL R. LEPAGE
GOVERNOR

MAINE HISTORIC PRESERVATION COMMISSION
55 CAPITOL STREET
65 STATE HOUSE STATION
AUGUSTA, MAINE
04333

RECEIVED 2280

MAY 26 2016

KIRK F. MOHNEY

Nat. Register of Historic Places
National Park Service

DIRECTOR

23 May 2016

J. Paul Loether, Deputy
Keeper of the National Register
National Park Service 2280
National Register of Historic Places
1201 "I" (Eye) Street, NW, 8th Fl.
Washington D.C. 20005

Dear Mr. Loether:

Enclosed please find four (4) new National Register nominations for properties in the State of
Maine:

Elizabeth Ann Seton Hospital, Kennebec County
Schlotterbeck and Foss Building, Cumberland County
John E. L. Huse Memorial School, Sagadahoc County
Eastport Historic District Boundary Increase, Washington County

If you have any questions relating to these nominations, please do not hesitate to contact me at
(207) 287-2132 x 2.

Sincerely,

Christi A. Mitchell
Architectural Historian

Enc.