

United States Department of the Interior  
National Park Service

765

# 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.



### 1. Name of Property

Historic name: Vermont State Hospital Historic District  
Other names/site number: Vermont State Office complex  
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: Horseshoe Drive, Park Row, and State Drive  
City or town: Waterbury State: Vermont County: Washington  
Not For Publication:  Vicinity:

### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

\_\_\_ national    X statewide    \_\_\_ local  
Applicable National Register Criteria:  
X A    \_\_\_ B    X C    \_\_\_ D

[Signature] 9/8/16  
Signature of certifying official/Title: \_\_\_\_\_ Date  
Vermont Division for Historic Preservation  
State or Federal agency/bureau or Tribal Government

In my opinion, the property \_\_\_ meets \_\_\_ does not meet the National Register criteria.  
\_\_\_\_\_  
Signature of commenting official: \_\_\_\_\_ Date  
\_\_\_\_\_  
Title : \_\_\_\_\_ State or Federal agency/bureau or Tribal Government

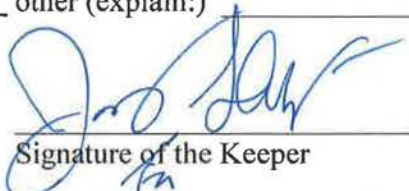
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**4. National Park Service Certification**

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: \_\_\_\_\_)

  
Signature of the Keeper

11-8-2016  
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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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

Late Victorian/Italianate

Late Victorian

Late 19<sup>th</sup> & 20<sup>th</sup> Century Revivals/Classical Revival

**Materials:** (enter categories from instructions.)

Principal exterior materials of the property:

Brick

Stone

Concrete

Slate

Wood

Metal

Asphalt

### 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.)

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### Summary Paragraph

The Vermont State Hospital Historic District is a 36.3-acre campus of institutional buildings that have been converted for use as state government offices. The district is located between the west side of South Main Street and the east side of the Winooski River in the Village of Waterbury, Vermont. Originally built as the *Vermont State Asylum for the Insane*, the hospital campus grew and evolved throughout the 20<sup>th</sup> century into a large complex of brick buildings set in an open landscape. The six contributing brick buildings plus one structure and one site in the district were built between the late-19<sup>th</sup> and the mid-20<sup>th</sup> century and are anchored by the monumental, brick Late Victorian Institutional style main hospital building (HD#1 A-N) set at the head of a grand horseshoe entry drive and central green (HD #8). This building is distinctive for its symmetry in both plan and elevation, and represents the linear/pavilion style asylum plan popularized in the late 19<sup>th</sup> century. It is comprised of several two- and three-story buildings linked in a sprawling plan by one-story connectors. Its notable architectural features include four round ward buildings; a rich assortment of towers, pavilions, dormers, cupolas, hipped slated roofs, decorative brickwork and wooden porches. The focal point is the 3½-story Center Building (1F) also called the “Administration Building.” The other district buildings include a variety of Classical and Colonial Revival style brick institutional buildings that were built by the hospital. The district is surrounded by the mixed residential, institutional and commercial development of the Waterbury Village Historic District, listed in the National Register in 1978. The hospital



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campus and its buildings were included in that district, although only buildings constructed prior to 1898 were identified as contributing resources. The purpose of this nomination is establish a separate historic district for the Vermont State Hospital, located within the boundaries of the 1978 Waterbury Village Historic District. The Vermont State Hospital Historic District contains 10 resources, including the historic core main building (HD#1) which itself is comprised of 14 connected but distinct components (1A-1N). Seven of the ten were previously listed on the National Register – six as non-contributing (HD #s 2, 3, 4, 5, 6, & 7) and one (the main building – HD #1) as a contributing resource to the Waterbury Village Historic District. All seven are now considered contributing. The Horseshoe Drive and Central Green (HD #8) are important landscape elements of the campus and are now included as a contributing site. Due to the ever changing needs of the health care industry and considerable damage to the campus caused in 2011 by Tropical Storm Irene, some buildings have been removed. The earliest and most historically and architecturally significant buildings, however, remain standing and are well preserved. The only two non-contributing buildings are the Central Plant (HD #9) and the Central Plant Shed (HD #9a), both of which were built in 2015 and are non-contributing due to age. The district retains integrity of location, setting, design, materials, workmanship, feeling and association.

### **Narrative Description**

The Vermont State Hospital Historic District is a 36.3-acre campus of institutional buildings that have been converted for use as state government offices. Of the 10 resources in the district, six brick buildings plus one structure and one site were built for the hospital between the late 19<sup>th</sup> and the mid-20<sup>th</sup> century and are anchored by the monumental, brick Late Victorian Institutional style main hospital building (HD #1 A-N) set at the head of the historic grand Horseshoe Drive and Central Green (HD #8). There are only two non-contributing buildings (HD #s 9 & 9a) that were built in 2015. The Vermont State Hospital Historic District is located in Waterbury Village, which is the residential and commercial center of the Town of Waterbury. Approximately 1,700 of the town's 5,000 residents live in the village, which is situated on the Winooski River, along the state's main east-west rail line and at an exit of Interstate Highway 89.

The grand Horseshoe Drive and its monumental Central Green (HD #8) provide the setting for the public entry to the campus from South Main Street. Set at the head of this drive is the Center Building (HD #1F) flanked by symmetrical wings. To the north and south of the Horseshoe Drive and Central Green are several freestanding buildings constructed as the original hospital complex grew and expanded throughout the 20<sup>th</sup> century. At the westernmost boundary of the historic district is the 150' tall smokestack (HD #5) of the former power plant. Visible from Interstate 89 and many locations throughout the town, the smokestack is an important visual reference point for the complex and the broader community, with the letters "V.S.H." (Vermont State Hospital) set in the brickwork.

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The Vermont State Hospital Historic District is surrounded by the mixed residential, institutional and commercial development of the Waterbury Village Historic District, listed in the National Register in 1978. The hospital campus was listed in that district as a contributing resource, and described in part as follows:

*170. Vermont State Hospital:*

*A sprawling array of more than 17 structures, the hospital, which treats mental disorders, was first funded by the Legislature in 1888. Construction began on the plans by the Boston architectural firm of Rand & Taylor in 1890, and the southern part of the main building (170A) was completed in 1891. The central section, housing administrative and auditorium functions, was completed in 1894. The original plan was fulfilled in 1896, with completion of the north wing. ...*

*This building was supplemented over the years by other structures, so that the complex is now nearly self-sufficient. These later buildings, include: (B) an administration building, 1898; (C) Wasson Hall, 1901; (D) an additional ward, 1904; (E) a laundry, 1921; (F) the Carpenter Shop, 1921; (G) lumber storage and garage buildings, 1921; (H) the Weeks Building, 1924; (I) the power house, with its tall, yellow brick smoke stack with the letters VSH set in darker brick, 1925; (J) another residential building, 1932; (K) and (L) two cottages, one of which is now a District Court, 1937; (M) a residential building, 1938; (N) a surgical building, 1948; (O) Stanley Hall, 1949; (P) a machine shop, 1950; (Q) the Osgood Building, 1954; and a new auditorium, dining room, and kitchen at the rear of (A), 1962. These later buildings while similar in feeling and material to the main building, do not contribute to the district as a whole.”<sup>1</sup>*

The purpose of this nomination is establish a separate historic district for the Vermont State Hospital, located within the boundaries of the 1978 Waterbury Village Historic District. A separate Vermont State Hospital Historic District is justified because it has its own distinct history and significance from the larger Waterbury Village Historic District. This nomination updates the contributing and non-contributing status of resources in the Vermont State Hospital Historic District and documents the changes to the campus that have taken place from the completion of the Historic Core in 1896 to the re-opening of the Vermont State Office Complex in 2015.

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<sup>1</sup> Winters, Terry. “Waterbury Village Historic District” National Register of Historic Places nomination, Montpelier, VT: Division for Historic Preservation, written in 1976, listed on August 24, 1978.

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**Description of Individual Buildings:**

**1. Historic Core – Main Hospital Building (multiple contiguous components described below as A-N), 266 State Drive, 1891- 1896/2015, contributing**

The Historic Core-Main Hospital Building is a connected set of 14 building components laid out in a sprawling, linear/pavilion plan that was popular for asylums in the late 19<sup>th</sup> century. It forms a 1,000-foot long row of Late Victorian style institutional structures along a north-south axis that faces generally east, although some of its individual components may be oriented differently. The Boston firm of Rand & Taylor were the architects of this building. The firm, including the principals George Dutton Rand and Bertrand E. Taylor, specialized in the design of hospitals and asylums. According to the 1988 book, *Empty Beds: A History of Vermont State Hospital*, by Marsha R. Kincheloe and Herbert G. Hunt, Jr., “*The contract for the construction of the foundations and underpinnings was awarded to the firm of Ward and Douglas of Barre for the price of \$6,664.40. For the construction of the four [south]wards above the foundations the contract was let to Clinton Smith of Middlebury, Vermont for \$69,927 with the specification that the work be completed by May 31, 1891*” (p. 2). Clinton Smith was a prolific Vermont builder and designed many buildings as well. It is not known if Smith completed all construction through 1896 or if another builder or builders had the later contract.

Construction began on most of the south wing components of the main building (1A-E) in 1890, based on plans developed by the Boston architectural firm of Rand & Taylor. The south wing was completed in 1891, and the Administration/Center Building (1F), housing administrative and auditorium functions and originally the superintendent’s residence, was completed in 1894. The rest of the original plan was fulfilled in 1896, with completion of the final south wing component (1G) and the entire north wing (1H-M). Today the exterior of the Historic Core-Main Hospital Building reflects the original Rand & Taylor design as it was completed in 1896. A rear addition (New Core, 1N) was constructed in 2015 behind the Historic Core-Main Hospital Building. The addition is largely free-standing with only four points of connection to the Historic Core via enclosed glass walkways.

The focus of the Historic Core-Main Hospital Building, and the landmark of the complex, is the prominent 3½ -story brick Center Building (1F). It is six bays wide, with a steep hipped slate roof and positioned forward (east) of the north-south line of buildings by which it is flanked. It presides at the head of the long horseshoe entry drive surrounding the large front green, which was constructed shortly after the completion of the Historic Core-Main Hospital Building. Flanking the Center Building and linked delicately by long, one-story connector corridors are two extended wing components known as 1, 2, 3 North and 1, 2, 3 South (1H & 1B), each 2½ stories high, with slate gabled roofs and intermittent shed-roof dormers. Cross-gabled elements and towers interrupt these wings at intervals and add interest and variety to the rooflines. Each of these large wing components is connected by one-story, linear wing components known as the North & South Connectors (1J & 1D) to an array of differently shaped and arranged 2½-story components which extend radially in the north-south line as well as east and west. These include

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four, two-story cylindrical brick wards, each with a conical slate roof capped by a cupola. On each end of the main building, one round ward component, known as 4 North and 4 South (1L & 1B) projects generally east, at right angles to the main axis; and the other, known as 5 North and 5 South (1M & 1A), projects in the same axis as the wings creating visually distinct endpoints to the building. In addition to the round components, each wing has two 2 ½-story rectangular ward components, known as 6,7 North and 8, 9 North or 6, 7 South and 8, 9 South (1K, 1I, 1C & 1G), linked via two-story ells to the west (rear) of the North or South Connectors (1J & 1D).

Architecturally, all of the main building components listed above designed by Rand & Taylor share the same decorative features. The Center Building (1F), however, is more embellished as it is the centerpiece from which the symmetrical wings and multiple components spring. In general, the public facades facing east are treated with a higher level of decorative embellishment than the rear (west) or side elevations.

Features that are shared by all of the buildings that comprise the Historic Core-Main Hospital Building are described in the following section. Features unique to each component are described under the individual component inventory.

All components have 16" thick, three-wythe brick walls. In cross section, from exterior to interior, there are two outer wythes, an air gap the width of one wythe, and a single inner wythe connected to the outer wythes with heavy wire ties. These brick walls rise above a high rusticated granite ashlar foundation extending several feet above grade to the first floor water table. The brick is laid in a common bond pattern with Flemish headers (not a full course of headers) every seven rows. The thin joints have reddish mortar giving a smooth look to the expanses of brick walls. Although largely consistent, there are some subtle differences between components' masonry trim details possibly because over five years of construction masons may have changed on the job. The tops of the walls have a robust two tier decorative treatment. Under the eaves is a three-course corbelled cornice over a dentilated course and underlined by a slightly projecting one or two-course frieze. Three courses below the cornice tier is another frieze. On the facades and many of the rear elevations this is created by one or two (depending on the component) header rows of alternating proud and flat bricks creating a subtle dentilated or checkboard appearance. On a few of the rear components (1C, G, I & K) this tier is simply a projecting course of brick aligning with the tops of the upper floor window lintels. Some components have gable-fronted pavilion sections in which the raking cornice continues the main cornice but the lower tier decoration returns briefly and ends without crossing the gable.

The windows that are rectangular have jack brick arches while the occasional arched windows have three or four course brick arches. The window sills are all rusticated granite.

The steeply pitched slate roofs have copper flashing and ridge caps. Most are simply hipped while 1, 2, 3 South (1E) and 1, 2, 3 North (1H) each have a modified mansard lower tier on which the dormers are located. This lower tier surrounding the dormers has flat seam copper roofing. The façade dormers are hipped and clad with flat seam copper, while those on the rear

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are shed roofed and clad with slate. The dormer fronts and cheeks are flashed and sheathed in copper.

The majority of the windows are 15-over-15, double-hung sash. There are also smaller windows, such as 8-over-8 sash in the dormers and 10-over-10 sash on many of the top floors, as well as a number of large, multi-light specialty windows.

The fenestration pattern throughout the main building components is usually regular, meaning the windows on all floors align in each bay. Accordingly, the foundation throughout the building has window openings aligned with the upper floors. These historic window openings are now infilled with recessed, stone clad panels of matching granite to provide protection against flooding.

In order to flood-proof the structure, the basement level was dry flood proofed with a lightweight cementitious fill. With the exception of the Center Building (1F), the walls throughout the rest of the Historic Core have contemporary finishes.

#### 1A. 5 South, 1891 (round)

5 South (1A) is identical (though reversed) to 5 North (1M) and extends to the south in line with the main axis of the building from the south end of the South Connector (1D). The four round wards (1A, B, L & M) are among the most significant and iconic features of the whole main building. The two-story brick structure is comprised of a 52' diameter circular ward that is identical to the circular ward of 4 South (1B), with a conical roof and a 43' long by 20' wide section linking it to the end of the South Connector (1D). 5 South has a framed porch extending across the east elevation of the connector section. The conical roof is standing seam metal that replaced the original slate in 2008. It is topped by a short, octagonal wood cupola/ventilator with a flat seam painted terne bellcast roof and eight louvered openings. The link section has a slate roof with a shed dormer with louver on the rear (west) slope.

Both the round ward and its link section have the granite block foundation typical of the entire building, the typical 15-over-15 light windows on the first floor and shorter, 10-over-10 light windows on the second floor. The second floor window jack arch lintels abut the brick cornice while a lower simple brick frieze course aligns with the bottom of the arch (top of the sash). The round ward has sixteen window bays with regular fenestration. The link section has three window bays on both the east and west elevations with one porch door in a first floor bay on each side. The porch on the east elevation has a flat seam copper roof, plain square spindle valence and balustrade and a set of wood steps.

Like all the round wards, the interior of 5 South has a number of restored and preserved historic features. The interior details of 5 South are identical to those of 4 South (1B). On the first and second floors, there is an octagonal central ventilation shaft in frame, sheetrock, and

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wainscoting. This central shaft is surrounded by nine cast iron columns supporting an octagonal structural ring with decorative brackets. Each floor has a single, large, circular room with restored wooden chair rail, wainscoting, and baseboard. On the first floor there are also wood ceiling beams radiating from the octagonal ring. On the second floor the ceiling angles upwards slightly from the outer walls to the center to enhance the chimney effect for the restored ventilation system. The first floor has an original fireplace with wood mantel near the door to the link. The 2015 interior of the connector section is contemporary in character.

1B. 4 South, 1891 (round)

4 South (1B) is identical (though reversed) to 4 North (1L) and projects to the front (east) in a right angle to the South Connector (1D). The four round wards (1A, B, L & M) are among the most significant and iconic features of the whole main building. The 2-story brick structure is comprised of a 52' diameter circular ward with a conical roof and a 30' long by 20' wide section linking it to the south end of the South Connector (1D). A one story, framed porch with simple spindle valance and balustrade extends across the north elevation of the linking section and fits into the irregular space between the round ward and the South Connector. The porch roof is sheathed in flat seam copper. The conical roof is standing seam metal that replaced the original slate in 2008. It is topped by a short, octagonal wood cupola/ventilator with a flat seam painted terne bellcast roof and eight louvered openings. The link section has an original slate roof with a brick ridge chimney and a shed dormer on the north slope.

Both the round ward and its link section have the granite block foundation typical of the entire building, the typical 15-over-15 light windows on the first floor and shorter, 10-over-10 light windows on the second floor. The second floor window jack arch lintels abut the brick cornice while a lower simple brick frieze course aligns with the bottom of the arch (top of the sash). The round ward has sixteen window bays with regular fenestration. The link section has three window bays on the north elevation and two bays on the south elevation with one brick-infilled window opening on the first floor.

The interior of 4 South has a number of restored and preserved historic features in the round ward. On the first and second floors, there is an octagonal central ventilation shaft in frame, sheetrock, and wainscoting. This central shaft is surrounded by nine cast iron columns supporting an octagonal structural ring with decorative brackets. Each floor has a single, large, circular room with restored wooden chair rail, wainscoting, and baseboard. On the first floor there are also wood ceiling beams radiating from the octagonal ring. On the second floor the ceiling angles upwards slightly from the outer walls to the center to enhance the chimney effect for the restored ventilation system. The first floor has an original fireplace with wood mantel near the door to the link. The 2015 interior of the link section is contemporary in character.



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1C. 6, 7 South, 1891

6, 7 South (1C), like its mirror image counterpart 6, 7 North (1K), is placed radially west of the south end of the South Connector (1D) on an east-west axis with 4 South. Its main block is a rectangular, 72' by 36', 2-story, hipped roof structure oriented perpendicular to its gable roofed, two-story, 34' by 20' ell linking it to the South Connector. There is a 2015 enclosed two-story porch with granite block foundation in the location of an original enclosed sun room porch across the south elevation of the connector ell. There is a 1990 shed roofed open one story porch extension beyond the historic footprint that incorporates a new granite-clad concrete access ramp. There is a brick wall set back on the first story of the porch with four windows and a recessed door. The frame second story of the porch is enclosed in a clapboarded wall with eight small windows. The main block is embellished on the side elevations with 2-story, hipped roof, bay windows. The entire 6, 7, South has the granite block foundation typical of the building and a slate roof on the main block and connecting ell. The main block has a ridgetop metal ventilator and two shed dormers on the west slope. The connector ell roof has a shed dormer on the south slope. The hipped bay window roofs are metal shingle and the porch roof is membrane on the second floor and standing seam metal on the first floor roof.

The three-by-eight bay main block has regular fenestration as does the 5-bay connector ell with 15-over-15 light first floor windows and 10-over-10 light second floor windows. Both sections have the same brick decorative details as 4 & 5 South. The north elevation of the connector ell has five bays, the east elevation of the main block has four bays including a door on the first floor leading to a one story egress stair, and the west elevation of the main block has eight bays. The end elevations of the main block are different. The north elevation of the main block is blind except for the centered two-story, three sided, brick bay window tower that breaks the eave with a hipped roof sheathed in copper shingles. The south elevation of the main block has a two-bay wide three sided, two-story bay window offset on the east two-thirds of the elevation. The bay window has a slate hipped roof that breaks the eave. The western bay has a window on each floor. The 2015 interior is contemporary in character.

1D. South Connector, 1891

The seven-bay, 110' long South Connector (1D), along with the nearly identical, mirror image North Connector (1J) form the second set of one story links between taller and larger components. The South Connector, unlike the simple one-story connecting corridors of the Center Building (1F), is larger, about twice as wide at 20' and contains small rooms in addition to the hallway and culminates in an even wider, 40' by 28' dining room at the north end near the junction with 1, 2, 3 South (1E). The gable roof over the linear portion transitions into in a large, higher, hipped roof over the dining room in the last three bays. From this north end, 8, 9 South (1G) is linked on the west. From the south end of the South Connector, three other building components (6, 7 South [1C], 5 South [1A], and 4 South [1B]) are linked radially at twelve, nine, and six o'clock, respectively when facing west.

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The South Connector's front (east) façade windows are arranged slightly asymmetrically and a small, gable entry pavilion breaks the eave in the next to last bay on the south. The location of this doorway is in a different bay on the counterpart North Connector (1J). Although the gable is brick, not slate, this entrance with an arched transom over the door up a flight of granite steps is very much like that of the southern connecting corridor of the Center Building (1F). The rear (west) elevation has five regular window bays and a very large triple window under a segmental brick arch at the northern end where the wider, large room is under the large hipped roof. The central window has a 21-over-21 light sash flanked by 15-over-15 light windows. The historic skylight in the roof over this room was restored in 2015.

On the interior, the large dining room on the north end is one of the spaces on the renovated interior with restored historic features including a high, coved plaster ceiling trimmed with molded wooden cornice and exposed decoratively treated beams and a large coved recess at the center in which there is an interior glazing panel which diffuses the light from the skylight in the roof above. The glazed section has three 9-light fixed sashes. The rest of the interior, renovated in 2015, is contemporary in character.

1E. 1, 2, 3 South, 1891

1, 2, 3 South (1E) is nearly an exact mirror image to 1, 2, 3 North (1H) but is one bay shorter in length. Like its counterpart, it is one of the larger and more substantial 2½-story components with a high number of distinctive features that give enormous variety and interest to the footprint, roofline, and envelope. The front (east) façade is essentially 15 bays long, though the bays vary in width. The main block is in two, offset sections of unequal lengths which are either three or four bays in depth. The roofline extends as a modified mansard/gable roof between the four-story tower on the northern end and the very large cross gabled two-bay wide end pavilion on the southern end. It is punctuated by a near-center one-bay wide three story hipped roof pavilion located one bay closer to the southern end. The two side elevations (north and south) though different, each have a centered, hip-roofed, three-story, three-sided, bay window.

As noted under 1F below, the four-story tower is fronted by the entry on the end of the one story arm connecting to the Center Building 1F. There is a small window on the second floor and a very tall arched window in the third floor. A granite frieze course wraps the tower and aligns with the bottom of the arch. The north elevation of the tower is similar though the second floor window is at a different level because it contains a stair.

The southern cross-gabled pavilion is pedimented with an extension of the brick cornice and a small return of the lower tier frieze. The asymmetrical windows on this two-bay pavilion include regular windows in each floor of the south bay while the north bay of the pavilion has a large semi-circular, flat roofed brick front pavilion on the first floor and a triple window under a single broad segmental arch in the second floor. The center window is a large, 21-over-21 light double

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hung sash flanked by 9-over-9 light sashes. The gable above has two smaller windows and an arched louver in the top of the gable.

The six and five-bay main block sections have regular fenestration on the first and second floors but have hip roofed dormers in the quasi mansard roof that don't align with the windows below. The larger, northern section has three wide dormers with paired windows. The smaller, southern section has one single dormer flanked by two double ones. The single dormer does happen to align with the windows below.

The three-story pavilion between the two main block sections functions as one wide bay on all floors. It has a quartet of windows under a single broad segmental arch with a single lintel on the first and second floors and a Palladian-like three-window grouping in the third floor. The quartet consists of a central pair of 12-over-12 light sashes flanked by 9-over-9 light sashes. The group of three on the third floor over a single lintel consists of a central 14-over-14 light double hung sash and narrow, 4-over-4 light sashes to each side. Since it is located at the juncture of the two main block sections which are offset by two bays, the northern elevation of the pavilion has two windows on each floor while there are no windows and a much shallower elevation on the south.

The tower is topped by a tall, bellcast, cupola that was restored based on historic photos and plans. The square top of the tower upon which the cupola sits has a balustrade on all sides. There is a short, domed, octagonal cupola with ventilating louvers on the roof ridge aligned with the middle pavilion. Both cupolas have flat seam copper roofs.

The three-bay north elevation is almost entirely west of the connector arm of the Center Building (1F) which overlaps the front of the four story tower. The tower occupies the east bay of 1, 2, 3 South's north elevation and has a centered line of windows. As noted above, a three sided, three story hipped roof bay window is in the center bay and extends above the main block mansard/hipped roof by a story. The bay window roof is sheathed in copper shingles. The west bay is blind except for a small door in the first floor.

The four-bay, two-story, south elevation is the eave side of the large southern gable roofed section. The gable roof slope is interrupted by a three-story, three sided, bay window tower that extends a floor above the eave like on the north elevation. Both the gable roof slope and the bay window tower hipped roof are slate. There is also a hipped roof dormer to the east of the bay tower. The first floor of this elevation is overlapped in the western bay by the South Connector (1D) over which is a very small window on the second floor. There are two regular window bays east of the bay tower.

The rear (west) elevation is similar to the front but simplified with shed roofed dormers instead of hipped roof dormers. The northern section of the main block on this elevation has nine bays with regular fenestration except the window openings in northernmost bays which have been infilled with brick and the next to last bay on the north which is attached to a new, fully glazed, two-story connector to the rear New Core (1N). There are two double dormers and one quartet

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dormer on this section as well as a blind dormer on the upper roof that corresponds to a new elevator shaft and another small louvered shed dormer. The southern section of the main block on this elevation has eight bays including three on the south end under a broad gable wall dormer that corresponds to the gable pavilion on the front façade. The fenestration of this section is regular except the southernmost bay which has one higher infilled window and short one above it. This section has two paired dormers. Between the two sections, there is a hipped roof pavilion that matches the one on the front. In the renovation of 2015, non-original three-story rear porches were removed and the brickwork where they were attached was restored. The 2015 interior is contemporary in character.

#### 1F. Administration Building/Center Building (with connecting corridors), 1894

The focal point of the complex is the 3½ -story brick Administration Building/Center Building, 6 by 4 bays wide, with a steep hipped slate roof. Set on a rusticated stone foundation, this section reads as three wide bays on the first two floors, with paired 12/12 windows in the outer bays. On the ground floor, the central bay contains the door, which is within a one-story, flat-roof brick portico and a porte-cochere which had been removed before 1978 but was reconstructed in 2015 using historic photos and original plans. The portico has a granite foundation that matches that of the building. The square brick piers have small terra cotta Ionic capitals and an inner set of piers support the segmental brick arch of the drive canopy. The roof is a flat deck surrounded by a railing with heavy balusters and ball-topped posts. Under the deck a full box cornice wraps around the porte cochere and returns along the building façade toward the corners of the building. At their terminations, the returns are supported by brick pilasters, also with terra cotta Ionic capitals. A sheltered stair rises within the porte-cochere to meet the front door.

The second floor maintains the rhythm of the first floor, with paired windows in the outer bays, and a triple window over the portico. The triple windows are topped by three blind terra cotta molded arches containing decorative terra cotta transom panels with sculptural floral detail.

The third floor has six windows, nearly regularly spaced and a projecting narrow brick frieze in line with the window sills extending across all elevations. In the roof at the top floor level are two small hipped dormers flanking a large central gabled dormer. This central dormer has a band of four windows, the center two of which are topped by a semi-circular window, creating a Palladian effect.

The 4-bay side elevations have the central two bays projecting in a 3-story pavilion all with regular fenestration.

The rear (west) elevation had been altered in 1962 when the original chapel, kitchen and laundry additions were demolished and replaced with a modern two-story connector to a modern two-story rear addition containing a new kitchen, dining hall and auditorium. This 1962 addition has been removed, and the rear (west) elevation has been reconfigured with a new (2015) two-bay

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deep, three-story, modern glazed pavilion. The rear entry is located in this addition. The first bay of the new rear pavilion, connected and recessed slightly from the rear brick extension of the Center Building, is slate-sided with no window openings. The second bay, like the five-bay rear elevation, is fully glazed on each floor with two-light fixed sashes on each floor within each bay and a solid two-panel section between the second and third floors. The first floor level of the rear pavilion is topped by a projecting cornice and heavier wood trim and surrounds. The entrance is offset from center and within a one story projecting entry with solid sides.

Extending north and south from the rear elevation are two one-story connector arms, also known as the North and South Corridors (originally the Men's and Women's Corridors, respectively) linking the Center Building to the 1, 2, 3 North (1H) and 1, 2, 3 South (1E) wings. In the context of this enormous building, these 52' long by 9' wide connector corridors appear quite small and delicate and visually set the Center Building apart from the ward and treatment sections in the north and south wings. The corridors each have three windows on the west elevations and three windows on the east facades. The east facades culminate in a small gable entry pavilion with a pedimented slate-clad gable above the entrance framed by a corbelled entablature over paired brick pilasters at each corner. The entry is arched with a semi-circular transom window over each half-glazed door. A set of granite steps leads up to each of these doorways. The gable pavilions align with and front the dramatic 4-story towers of 1, 2, 3 South and 1, 2, 3 North which rise behind each entry. The one story gable pavilions are one-bay deep and each have a north and south elevation window.

The interior of the Center Building has been restored to greatest extent possible to its original layout. It was originally designed for administration purposes on the first floor, with private residential apartments for the Supervisor and other staff on the upper floors. The 2015/16 interior restoration/renovation work preserved the majority of the first and second floor historic trim and woodwork, including paneled wainscoting, molded window and door trim, a high picture rail and generous baseboard, and several finely detailed fireplace surrounds and mantels. In the main front room on the first floor the fireplace is set within a fully-paneled wall framed with accenting fluted pilasters. Decorative details of the surrounds include carved accents, panels, miniature fluted pilasters, and a glazed cabinet/mirror. The main stair is wood with its original elaborate railing and newels. There are three turned spindles per step under the heavy, molded handrail. Most of the poplar woodwork and the original wooden window sash were removed and re-finished after stripping lead paint, and re-installed. The stripped and infilled sections of new woodwork have been refinished with a shellac and stain system to replicate the original finishes. Most windows are large, eight-over-two light double-hung sash with new exterior metal storms. There are also six-over-two light sashes on the third floor and a few four-over-two as well as some with diamond muntins. The weights and mechanisms were restored and there are curved accent blocks on either end of the meeting rail. The floors are wood or original tile in the entries. There are many original four-panel doors and many have transoms as well. An original pantry with extensive built-in shelving was preserved on the second floor in the original residential apartment portion of the building. The first floor main foyer encaustic tile floor has been restored.

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Due to the presence of asbestos in a cast layer of floor plaster (sandwiched between the wood subfloor and Douglas Fir-finished wood flooring), the original wood floors had to be removed. In the Front Hall, Main Corridors and 2<sup>nd</sup> floor Parlor, these floors have been reinstalled and finished with new Douglass Fir flooring to match the original floors. To meet current fire code, exiting and ADA requirements, a sympathetic addition has been added to the rear of the building to house a fire stair and new elevator. Other code required items include fire glass panels, fire doors and a bronze handrail at the historic central staircase. Asbestos was also present in the building's wall and ceiling plaster, all of which was abated. Historically appropriate three-coat plaster was installed on the walls and veneer plaster on the ceilings. The building also required a new heating and fresh air/air conditioning system. Heating was accomplished with new traditional looking cast iron radiators. Fresh air/air conditioning was installed in strategically placed chases and soffits serviced from a 4<sup>th</sup> floor mechanical room (the former 'Servant's Quarters'). The 2015 lighting throughout is based on historical designs appropriate to the period for early electric fixtures.

Unlike the basement treatment throughout the rest of the Historic Core-Main Building, the Center Building basement has been dry flood proofed to about elevation 429'-8" by installing a waterproof membrane around the inside face of the exterior rubble stone walls and on top of the existing concrete floor slab. That membrane was then encapsulated by casting a heavily reinforced 3' thick concrete ballast slab and a reinforced 8" thick interior perimeter concrete wall. This design allowed the original wood floor joists and subfloor to remain. The remaining crawlspace is about 5' high and is used to distribute Mechanical/Electrical/Plumbing/Life Safety systems to the first floor area above. The crawlspace is also heated and ventilated to maintain dry environmental conditions for the building.

1G. 8, 9 South, 1896

8, 9 South (1G) is a two story, "L" shaped component that extends radially west from the inner (north) end of the South Connector (1D). Its mirror image, nearly identical counterpart is 8, 9 North (1I). The main differences are the 2015 one story rear (west) egress stair and the 2015 2<sup>nd</sup> story, glazed bridge connector to the New Core (1N) is on the north elevation instead of the west. 8, 9 South's 72' by 36' hipped roof main block is embellished on the south side elevation with a two-story, hipped roof, bay window but unlike 8,9 North (1I), there is no bay window on the other side elevation (north). The gable roofed connector ell, at a right angle to the main block, is 22' by 20' and links to the former dining room of the South Connector (1D). There is a small two-story stair tower bump out on the ell's north elevation near the juncture to the South Connector. The entirety of 8, 9 South has the granite block foundation typical of the building and a slate roof on both the main block and connecting ell. The main block roof has a small, ridgetop wooden cupola ventilator on the northern end and two shed dormers on the west slope. It also has two shed dormers on the east slope. The connector ell roof has one shed dormer on each slope. The south elevation bay window roof has copper shingles.



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The three by eight-bay main block has regular fenestration as does the five-bay connector ell with 15-over-15 light first floor windows and 10-over-10 light second floor windows. Both sections have the same brick decorative details as 6, 7 South (1C). The south elevation of the main block has a two-bay wide, three sided, two-story bay window in the eastern side of the elevation regular window in the western bay. The south elevation of the connector ell has five bays. The west elevation of the main block has eight bays with a 2015 door and egress stair in one of the first floor bays. The north elevation of the main block has a 2015 2<sup>nd</sup> story bridge connector to the New Core (1N) in the western bay, a 2015 paired window in the 2<sup>nd</sup> floor center bay in the location of the missing original bay window, no windows on the first floor, and a blind east bay. The east elevation of the main block has six bays and the north elevation of the connector has four bays, two of them on the stair tower bump out. The 2015 interior is contemporary in character.

#### 1H. 1, 2, 3 North, 1896

Like its nearly identical mirror image counterpart, 1, 2, 3 South (1C), 1, 2, 3 North is one of the larger and more substantial three-story components with a large number of distinctive features such as dormers, cupolas, and towers, giving variety and interest to the footprint, roofline, and envelope. The front (east) façade is essentially 16 bays long, though the bays vary in width, and five bays deep. The main block is in two, offset sections of unequal lengths and extends as a modified mansard/gable roof between the four-story tower on the southern end and the very large cross gabled two-bay wide end pavilion on the northern end. It is punctuated by a near-center one-bay wide, three story, hipped roof pavilion located two bays closer to the northern end. The two side elevations (north and south) though different, each have a centered, hip-roofed, three-story, three-sided, bay window.

As noted under 1F above, the four-story tower is fronted by the entry on the end of the one story arm connecting to the Center Building 1F. There is a small window on the second floor and a very tall arch topped window in the third floor. A granite frieze course wraps the tower and aligns with the bottom of the arch. The south elevation of the tower is similar though the second floor window is at a different level because it contains a stair.

The northern cross-gabled pavilion is pedimented with an extension of the brick cornice and a small return of the lower tier frieze. The asymmetrical windows on this two-bay pavilion include regular windows in each floor of the north bay while the southern side projects outward in a large semi-circular, flat roofed brick front bay on the first floor and has a triple window under a single broad segmental arch in the second floor. The center window is a large, 21-over-21 light double hung sash flanked by nine-over-nine light sashes. The gable above has two smaller windows and an arched louver in the top of the gable.

The seven and five-bay main block sections have regular fenestration on the first and second floors but have hip roofed dormers in the quasi-mansard roof that don't align with the windows

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below. The larger, southern section has three wide dormers with paired windows and one single dormer. The single dormer does happen to align with the windows below. The smaller, northern section has one single dormer flanked by two double ones none of which align with windows below.

The three-story pavilion between the two main block sections functions as one wide bay on all floors. It has a quartet of windows under a single broad segmental arch with a single lintel on the first and second floors and a Palladian-like three-window grouping in the third floor. The quartet consists of a central pair of 12-over-12 light sashes flanked by nine-over-nine light sashes. The group of three on the third floor over a single lintel consists of a central 14-over-14 light double hung sash and narrow, four-over-four light sashes to each side. Since it is located at the juncture of the two main block sections which are offset by two bays, the southern elevation of the pavilion has two windows on each floor while there are no windows and a much shallower elevation on the north.

The tower is topped by a tall, bellcast, cupola that was restored based on historic photos and plans. The square top of the tower upon which the cupola sits has a balustrade on all sides. There is a second short, domed, octagonal cupola with ventilating louvers on the roof ridge aligned with the middle pavilion. Both cupolas have flat seam soldered copper roofs.

The three-bay south elevation is almost entirely west of the connector arm of the Center Building (1F) which overlaps the front of the four story tower. The tower occupies the east bay of 1, 2, 3 North's south elevation and has a centered line of windows. As noted above, a three sided, three story hipped roof bay window tower is in the center bay and extends above the eaves of the mansard/hipped roof by a story. The bay window roof is sheathed in copper shingles. The west bay has a window on each of the two floors.

The four-bay, two-story north elevation is the eave side of the large northern gable roofed section. The gable roof slope is interrupted by a three-story, three sided, bay window tower that extends a floor above the eave like on the south elevation. Both the gable roof slope and the bay window tower hipped roof are slate. There is also a hipped roof dormer to the east of the bay tower. The first floor of this elevation is overlapped in the western bay by the South Connector (1D) over which is a very small window on the second floor. There are two regular window bays east of the bay tower.

The rear (west) elevation is similar to the front but simpler with shed roofed dormers instead of hipped roof dormers. The southern section of the main block on this elevation has eight bays with regular fenestration except the southernmost bay which is attached to a new two-story, fully glazed connector to the rear New Core (1N). There are three double dormers and two single dormers on this section as well as a blind dormer on the upper roof that corresponds to a new elevator shaft. The northern section of the main block on this elevation also has eight bays including three on the north end under a broad gable wall dormer that corresponds to the gable pavilion on the front façade. The fenestration of this section is regular except the southernmost

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bay which has aligned but smaller windows. This section has two paired dormers. Between the two sections, there is a hipped roof pavilion that nearly matches the one on the front. The only difference is that there is a shed dormer in the hipped roof slope of the pavilion. In the renovation of 2015, non-original three story rear porches were removed and the brickwork where they were attached was restored. The 2015 interior is contemporary in character.

1I. 8, 9 North, 1896

8, 9 North (1I) is a two story, "L" shaped component that extends radially west from the inner (south) end of the North Connector (1J). Its mirror image counterpart is 8, 9 South (1G). It is nearly identical to 6, 7 North (1K) with main differences in the connector ell section and a 2015 2<sup>nd</sup> story, fully glazed, connector bridge to the New Core (1N) located on the south elevation of the main block. 8, 9 North's 72' by 36' hipped roof main block is embellished on the side elevations with two-story, hipped roof, bay windows. The gable roofed connector ell, at a right angle to the main block, is 22' by 20' and links to the former dining room of the North Connector (1J). There is a small two story stair tower bump out on the ell's south elevation near the juncture to the North Connector. The entirety of 8, 9 North has the granite block foundation typical of the building and a slate roof on both the main block and connecting ell. The main block roof has a ridgetop metal ventilator and two shed dormers on the west slope. It also has two shed dormers on the east slope. The connector ell roof has one shed dormer on each slope.

The three-by-eight bay main block has regular fenestration as does the six-bay connector ell with 15-over-15 light first floor windows and 10-over-10 light second floor windows. Both sections have the same brick decorative details as 6, 7 North (1K). The north elevation of the connector ell has six bays and is continuous to the north elevation of the main block which has windows in the first (east) bay, a three-sided, two-story bay window in the center and a blind western bay. The west elevation of the main block has eight bays. The south elevation of the main block has a two-story new connector attached to the western bay and the original, two-bay wide three sided, two story bay window in the eastern side of the elevation. The east elevation of the main block has five bays. The two bay window towers have hipped roofs that break the eaves. The south elevation of the connector ell has four bays. The 2015 interior is contemporary in character.

1J. North Connector, 1896

The seven-bay, 110' long North Connector (1J), along with the nearly identical South Connector (1D) form the second set of one-story links between taller and larger components. However, the North Connector, unlike the simple corridors of the Center Building (1F), is larger, about twice as wide at 20' and contains small rooms in addition to the hallway and culminates in an even wider, 40' by 28' dining room at the south end near the junction with 1, 2, 3 North (1H). The gable roof over the linear portion of the connector transitions into in a large, higher, hipped roof over the dining room in the last three bays. From this southern end, the component 8, 9 North

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(1I) is linked on the west. From the north end of the North Connector, three other building components (6, 7 North [1K], 5 North [1M], and 4 North [1L]) are linked radially at twelve, three, and six o'clock, respectively, when facing west.

The North Connector's front (east) façade windows are arranged slightly asymmetrically and a small, gable entry pavilion breaks the eave just north of center. Although the gable is brick, not slate, this entrance with an arched transom over the door up a flight of granite steps is very much like that of the North Corridor of the central component. The grade is lower here and so the foundation and steps to the first floor level are higher. The rear (west) elevation has five regular window bays and a very large triple window under a segmental brick arch at the southern end where the wider, large room is under the large hipped roof. The central window has a 21-over-21 light sash flanked by 15-over-15 light windows. There is a historic skylight in the roof over this room that has been restored in 2015.

On the interior, the large dining room on the south end is one of the spaces on the renovated interior with restored historic features including a high, coved plaster ceiling trimmed with molded wooden cornice and exposed decoratively treated beams and a large coved recess at the center in which there is an interior glazing panel which diffuses the light from the skylight in the roof above. The glazed section has three nine-light fixed sashes. The original fireplace with brick surround and wooden mantel as well as simple molded window, door, and chair rail trim were preserved. The 2015 interior of the rest of the North Connector is contemporary in character.

1K. 6, 7 North [55] 1896

6, 7 North (1K), like its mirror image counterpart 6, 7 South (1C), is placed radially west of the north end of the North Connector (1J) on an east-west axis with 4 North (1L). Its main block is a rectangular, 72' by 36', two-story, hipped roof structure oriented perpendicular to its gable roofed, two-story, 34' by 20' ell linking it to the North Connector. There is a 2015 enclosed two-story porch that replaced a non-historic porch in the location of an original open veranda on the south elevation of the connector section. The new porch has a stone-clad concrete foundation featuring a new concrete access ramp. There is a brick wall set back on the first story of the porch with four windows and a door. The frame second story of the porch is enclosed in a clapboarded wall with four small windows. The main block is embellished on the side elevations with two-story, hipped roof, bay windows. The entirety of 6, 7 North has the granite block foundation typical of the building and a slate roof on the main block and connecting ell. The main block has a ridgetop metal ventilator and two shed dormers on the west slope. The connector ell roof has a brick chimney and a shed dormer on the north slope.

The three-by-eight bay main block has regular fenestration as does the 5-bay connector ell with 15-over-15 light first floor windows and 10-over-10 light second floor windows. Both sections have the same brick decorative details as 4 & 5 North. The north elevation of the connector ell has five bays, the east elevation of the main block has four bays, and the west elevation of the

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main block has eight bays. The end elevations of the main block are different. The north elevation of the main block is blind except for the centered two-story, three sided, brick bay window tower that breaks the eave with a hipped roof sheathed in copper shingles. The south elevation of the main block has a two-bay wide three sided, two-story bay window offset on the east two-thirds of the elevation. The bay window has a slate hipped roof that breaks the eave. The western bay has a window on each floor. The 2015 interior is contemporary in character.

#### 1L. 4 North, 1896 (round)

4 North (1L) is identical (though reversed) to 4 South (1B) and projects to the front (east) in a right angle to the North Connector (1J). The four round wards (1A, B, L & M) are among the most significant and iconic features of the whole main building. The two-story brick structure is comprised of a 52' diameter circular ward with a conical roof and a 30' long by 20' wide section linking it to the North end of the North Connector (1J). A one-story, enclosed solarium porch restored in 2015 based on historic photographs and original plans extends across the south elevation of the linking section and fits into the irregular space between the round ward and the North Connector with one angled wall. It has the same granite foundation as the rest of 4 North and the whole building. This porch foundation was extant but the framed, glazed walls had been replaced by a brick wall perforated with more modern windows. The new porch roof is sheathed in standing seam copper. The conical roof is standing seam metal that replaced the original slate in 2008. It is topped by a short, octagonal wood cupola/ventilator with a flat seam painted terne bellcast roof and eight louvered openings. The link section has an original slate roof with a brick ridge chimney and a shed dormer on the north slope.

Both the round ward and its link section have the high granite foundation typical of the entire building, the typical 15-over-15 light windows on the first floor and shorter, 10-over-10 light windows on the second floor. The second floor window jack arch lintels abut the brick cornice at the top while a lower simple brick frieze course aligns with the bottom of the arch (just above the sash). The round ward has sixteen window bays with regular fenestration. The link section has three window bays on the north elevation and two second floor windows over the porch roof on the south. There is a door and a window on the first floor south elevation within the enclosed porch. The porch has five window bays between its Tuscan columns which each contain a 30-light fixed sash. There is a low solid paneled balustrade under the windows and columns. The original plans included a double leaf door and set of steps from the angled bay of the porch but the reconstructed porch has another window bay in this location.

The interior of 4 North has a number of restored and preserved historic features in the round ward. On the first and second floors, there is a reconstructed octagonal central ventilation shaft in frame, sheetrock, and wainscoting. This central shaft is surrounded by nine cast iron columns supporting an octagonal structural ring with decorative brackets. Each floor has a single, large, circular room with restored wooden chair rail, wainscoting, and baseboard. On the first floor there are also wood ceiling beams radiating from the octagonal ring. On the second floor the

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ceiling angles upwards slightly from the outer walls to the center to enhance the chimney effect for the restored ventilation system. The first floor has an original fireplace with wood mantel near the door to the link. The 2015 interior of the connector is contemporary in character.

1M. 5 North, 1896 (round)

5 North (1M) is identical (though reversed) to 5 South (1A) and extends to the north in line with the main axis of the building from the north end of the North Connector (1J). The four round wards (1A, B, L & M) are among the most significant and iconic features of the whole main building. The two-story brick structure is comprised of a 52' diameter circular ward that is nearly identical to the circular ward of 4 North (1D) with a conical roof and a 43' long by 20' wide section linking it to the end of the North Connector (1J). Unlike 4 North, 5 North has no porch. The conical roof is standing seam metal that replaced the original slate in 2008. It is topped by a short, octagonal wood cupola/ventilator with a flat seam painted terne bellcast roof and eight louvered openings. The link section has an original slate roof with a brick chimney on the rear (west) slope.

Both the round ward and its link section have the high granite foundation typical of the entire building, the typical 15-over-15 light windows on the first floor and shorter, 10-over-10 light windows on the second floor. The second floor window jack arch lintels abut the brick cornice while a lower simple brick frieze course aligns with the bottom of the arch (top of the sash). The round ward has sixteen window bays with regular fenestration. The link section has four window bays with regular fenestration though the bays are not evenly spaced on the front (east) elevation. The rear (west) elevation has regular fenestration and five evenly spaced bays with a door and a concrete egress stair clad in granite in the center first floor bay.

Like all the round wards, the interior of 5 North has a number of restored and preserved historic features. The interior details of 5 North are nearly identical to those of 4 North with slight differences in the location of the fireplaces. On the first and second floors, there is a reconstructed octagonal central ventilation shaft in frame, sheetrock, and wainscoting. This central shaft is surrounded by nine cast iron columns supporting an octagonal structural ring with decorative brackets. Each floor has a single, large, circular room with restored wooden chair rail, wainscoting, and baseboard. On the first floor there are also wood ceiling beams radiating from the octagonal ring. On the second floor the ceiling angles upwards slightly from the outer walls to the center to enhance the chimney effect for the restored ventilation system. The first floor has an original fireplace with wood mantel near the door to the link. The 2015 interior of the connector is contemporary in character.



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1N. New Core, 2015

The New Core (1N), built in 2015, replaced a 1962 addition to the rear of the Center Building (1F). It was designed to be nearly detached except for four connecting points so that the previously altered rear elevations of the historic building could be restored and preserved. It is a large, two-story, "Y"-shaped steel framed building forming a triangular courtyard with the west elevation of the Center Building (1F). The modern character of the architecture, designed by Freeman, French, Freeman Architects of Burlington, VT, is expressed in the bands of windows and simple exterior whose primary decorative features are expressed in slate and granite cladding. Echoing the contrasting granite foundation and water table of the historic building, the New Core has a raised slate foundation and water table contrasting with granite-clad walls. Like several sections of the main block, the building includes two-story pavilions; however, in this case, they are flat roofed and sheathed in glass and slate. The modern interior includes a two-story central atrium lobby which uses native stone and other native Vermont materials and artwork.

**2. Hanks Building/Pathological Building, 144 Horseshoe Drive, 1898, contributing**

The Hanks/Pathological Building, designed in 1898 by architect Charles Wyman Buckham, of Burlington, VT. It was the first detached building built by the hospital after completion of the main building. It originally served the medical staff as an operating room and training facility for nurses, and provided facilities for the emerging physical and surgical treatments being developed in the mental health field. Facing north towards the horseshoe drive and central green (HD #11) near the southeast corner of the main building (HD #1), Hanks is a relatively small, two-story brick, Colonial Revival style structure with a hipped slate roof, raised foundation of rusticated granite blocks, and a centered two-story front gable pavilion. There is a rear, one-bay deep brick wing across the entire south elevation that is two stories on the east two bays with a flat roof and one story with a hipped roof on the west bay. While the footprint of the main block and central two-bay wide front pavilion are formal and symmetrical, the façade is not, with a doorway in one bay and window pair in the other on the first floor. To enhance the look of symmetry, however, the door and window pair each have matching semi-circular fanlights and the arched openings are decorated with matching brick voussoirs and raised molded brick arcs springing from carved granite impostes. The brick façade is embellished with a raised brick frieze aligning with the rustic granite window sills on both floors. This detail carries across all elevations. The top of the brick walls are laid in a stretcher bond and corbelled at the eaves. The front pavilion has a pediment which is further decorated with fancy brick detail at the rake and a vertical line of brickwork in the center. There is a rectangular medallion of decorative brickwork centered on the second floor of the pavilion between two small windows which have granite key stones in their lintels. The other windows throughout have flush, brick, jack-arch lintels and rusticated granite sills. The windows in the outer bays of the façade have six-over-two light sashes on both floors. The first floor window under the fanlight contains a pair of one-over-one light narrow sashes and on the second floor of the pavilion there are two single one-over-one light narrow sash windows.

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The two-bay west elevation is symmetrical with two tri-part windows on each floor. On the first floor, the tri-part windows have a six-over-two light sash flanked by four-over-one light sash on and a transom of four, six, and four light transoms, respectively, all separated by intersecting mullions. On the second floor the tri-part windows are the same except they lack transoms.

The east elevation, which is three bays because of the rear two-story wing flush to this elevation, is nearly symmetrical. The window bay spacing is slightly asymmetrical. The center bay has the same tri-part windows on both floors as the west elevation. The two end bays each have six-over-six light windows on both floors.

The rear (south) elevation has only one window in the second floor western bay. The rest of the main block is covered by the rear wing. A large brick chimney rises attached to the rear main block elevation between the one and two story sections of the rear wing. There is regular fenestration on the rear wing with three six-over-two light sash windows on the first floor and two on the second floor as well as one additional small, square window.

The interior is simple and retains several original features, including its staircase with molded square newels, a small stained glass window on the stair landing, borrow-light transoms over interior doorways, five-panel wood doors, simple molded window and door trim, and a large metal safe. The 2011 flooding was extensive in the basement of this building and as a result the basement will be wet flood proofed. The upper floors remained in good condition. All the basement mechanical rooms are being relocated to the first floor. It is currently being used for storage and its future use is not known.

According to the 2012 Goody-Clancy Feasibility Report for the complex, “*The first building to break away from the symmetry was a small two-story structure built in 1898 called the Pathological Building. It was connected to one of the circular male ward buildings via a basement passageway. Later known as the ‘Hanks Building’ this structure was intended for use as an ‘operating room for the use of the medical staff and the training of nurses’ [from the 1896 Biennial Report of the Trustees] and a mortuary. It also included a small library space for the physicians. By the 1960s, this building was being used as the Administration Building, containing the offices of the Superintendent and other senior staff.*”<sup>2</sup>

Herbert G. Hunt, Jr. wrote in *Empty Beds*: “*In the winter of 1897-98 the new Pathological Building was completed, however the legislative body failed to provide an appropriation to furnish it. This building contained the mortuary and lecture room. Until it was finished it was occasionally used for divine services by the friends of deceased patients on the occasion of their burial in the asylum cemetery. This building today [1965] is used as the Administration Building, containing the offices of the Superintendent, Executive Officer, Farm Manager, Bookkeeper and Housekeeper.*” (p. 7-8)

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<sup>2</sup> Goody-Clancy, *Waterbury Office Complex Feasibility Study*. Vol. II, March 9, 2012, p. 8-14

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He wrote further: *“In April 1949 work was begun on the old laboratory to remodel it into an administrative office center (Hanks Building). On the first floor were the offices of the superintendent, farm superintendent, and secretary. The second floor was used for the accounting department, the head housekeeper, and a dietician. This move made it possible to separate those charged with the administrative functions of the Hospital from the medical staff, medical secretaries, receptionist, and medical records area in the Center Building.”* (p.65)

### **3. Wasson Hall/ Nurses Hall, 64 Horseshoe Drive, 1901-3, contributing**

Wasson Hall/Nurses Hall faces west, towards the main building (HD # 1), like its neighbor on the north, Stanley Hall (HD #6). It was built as the hospital's first detached Nurse's Hall in 1901 to 1903.<sup>3</sup> It is a simple, seven-by-three-bay, three-story brick veneer structure using a pared down institutional Classical Revival style vocabulary that includes its cornice, fenestration with arched openings, symmetry, and dormered hipped roof.

The slate shingled hipped roof has a small, slate sided gable dormer centered on each slope and two metal ridge ventilators. The entrance is centered on the west façade and sheltered under a non-original gable roofed one-story enclosed frame vestibule on a concrete foundation. The clapboarded vestibule has corner pilasters with molded detailing at the top and center and the door is flanked by half-sidelights. The fenestration is regular with square, one-over-one light replacement windows in segmentally arched openings with rusticated granite sills. There is a shallow, corbelled and dentilated brick cornice. There is no other decoration. The brick veneer is laid in a running bond and the raised foundation is rusticated granite block with recessed brick infill in many of the foundation window openings.

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<sup>3</sup> Burlington Free Press, Feb 12 1903:

*“Nurse's Home at the State Asylum*

*The furnishing of the new nurse's home which is part of the State asylum at Waterbury is nearly completed. Many of the nurses have taken up their quarters in the new building which is one of the best of its kind that has ever been built. The money for its construction, \$8000, was appropriated by the legislature in 1900. The work of the building was commenced a little over a year ago, John Nelson of Waterbury, being awarded the contract. It is a three story structure of brick with a slate roof and is about 80 by 50 feet. The interior finish is of hard pine with hard pine floors. It is heated by steam and has electric lights in all of its 35 rooms. The heat and electricity come from the plant in the main part of the building, the piping and wires running through an underground conduit between the buildings. In furnishing the building everything has been done to make the rooms as cozy and attractive as possible. Each room is separate from the others and opens to a large hall running the whole length of the building. There is a large bath and toilet room on each floor. The rooms occupied by the nurses are of good size and in each is a single white enamel bed and other furnishings as well as large closets. Before this building was constructed the nurses occupied rooms off their respective wards. In having this new home they will be enabled to get away from the noise and bustle of the wards. On the first floor at the right of the entrance, are two good sized rooms which will be occupied by the party having charge of the building. On the opposite side of the hallway is the reception room. This has been furnished in a very attractive manner. The walls have been tinted a dark maroon with a fancy border of a similar shade. The furniture is the “old mission” style. The nurses are very much pleased with their new quarters and will derive much benefit from them.”*

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There are modern metal fire escapes centered on both the north and south elevations, accessed by a door in the center bay of each floor level. The rear (east) elevation has regular fenestration across its seven bays and a centered porch, although the modern door it shelters is neither centered nor aligned with the window bay above. The 2009 porch has a hipped, standing seam metal roof with a clapboarded gable over the steps, plain entablature supported on square posts, and plain spindle railings. A 2009 concrete porch floor is at grade, with a new earthen ramped entry path, a concrete ADA ramp to the side, and a remote set of steps. Both the ramp and steps have modern metal pipe handrails. The foundation still has windows on this side with grated wells.

The building was completely renovated in 2009 to repair and re-attach its failing brick veneer. It also received a new slate roof and cellulose wall insulation. At that time, its windows were replaced with aluminum clad wood windows that replicated the historic exterior brick molding and muntin pattern. In 2011, the flooding from Tropical Storm Irene reached to 2' above the first floor level. The interior wood flooring and first foot of wall finishes were removed. The building is currently being mothballed with an uncertain future use.

No original plans or references to an architect for Wasson Hall have been located to date. A *Burlington Free Press* clipping from February 12, 1903, however, indicates that construction started around 1901 and interior work was being completed in early 1903. The contractor was identified as John Nelson of Waterbury.<sup>4</sup> It seems possible that Charles Wyman Buckham, architect of the 1898 Hanks Building (HD #2), was also responsible for the design of this building. After his work on Hanks he continued a relationship with the state and designed an addition to the Vermont State House the following year.<sup>5</sup> This relationship with the state continued with other contracts, even though Buckham moved to New York and joined the firm of Warren & Wetmore in 1900. He designed Morrill Hall for the University of Vermont in 1903-4. It is possible this relationship with the state included the simple design of the Nurses' Home which went out to bid in April of 1901.<sup>6</sup>

Herbert G. Hunt, Jr wrote of Wasson in *Empty Beds*: “Finally in 1901 a new nurse’s home was built on the north side to accommodate forty nurses. This building is now known as Wasson Hall. A tunnel connected the home with the basement of IV North so that the female attendants could travel without going outside in the snow and rain. This tunnel still exists but is only used for the water and steam pipes and electrical wiring as well as a haven for spiders.” (p.8)

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<sup>4</sup> Ibid

<sup>5</sup> Orleans County Monitor, May 8, 1899

<sup>6</sup> Vermont Phoenix, Brattleboro, April 5, 1901

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#### **4. Weeks/Admissions Building, 166 Horseshoe Drive, 1924, contributing**

The Weeks/Admissions Building faces north towards the horseshoe drive and central green (HD #8) and is located just southeast of Hanks (HD #2). It was designed by architect Frank Lyman Austin of Burlington, VT, in 1923. The restrained Classical Revival style building is a brick, two-story tall, structure composed of three large wings connected near the facade resulting in an "E"-shaped footprint. In 2011, the brick exterior was restored, the failing concrete window sills were replaced with granite sills, and the windows were replaced. The formal symmetry of the arrangement across the facade appears as three separate hip-roofed, three bay pavilions connected by a gable-roofed east-west block. The two side pavilions are one bay deep and the center one, where the only front entrance is centered, is two bays deep and thus projects forward of the other two. The east-west connecting block is about five bays deep. The three gable-roofed wings extending rearward (southerly) from the east-west connecting block are symmetrical with the center one shorter than the two flanking it. The east and west wings are about eight bays long while the center one is about six bays long. Each façade has a hipped roof dormer centered on the roof containing paired louvered openings. The center entry is sheltered under a classically detailed entry porch with paired paneled square columns supporting an entablature and shallow gable roof. The door has a multi-light glazed upper panel and is flanked by half-sidelights. A seven-light transom extends across the door surround. The brick is laid in a modified common bond. The roof is slate shingled and there are metal ventilators on the wing ridges. The foundation is poured concrete finished with a cementitious parging.

The fenestration is formal and regular with nine-over-nine light, wood sash, double-hung windows of the same dimension arranged singly or in groups along each elevation, reflecting the uses and sizes of the rooms within. Each window opening has a flush, brick, jack-arch lintel and simple granite sill dating to 2011 when these replaced deteriorated original concrete sills. In almost all elevations the first and second floors match and are aligned. There is a corresponding basement window in the foundation under most but not all bays. These windows are infilled with recessed, concrete block finished with cementitious parging to match adjacent foundation finish.

The central façade has the centered, one-story entrance porch and a second floor door and door surround above it similar to the one on the first floor. There was originally a small balcony set into the porch roof with a second floor door. After the 2011 renovation, the door remains but the porch roof is no slightly sloped and there is no access from the second floor. The doors on both floors are centered between a nine-over-nine light window to each side. The central pavilion has regular fenestration on both of its side elevations with two single windows on each floor. The east and west pavilions are identical and have regular fenestration with paired nine-over-nine light windows in a single surround in each bay: three on the front facades and one on the side elevations. The front bay of each side wing was originally an enclosed solarium porch with pairs of casement windows. These had been replaced with more modern windows by the time the 2011 renovation was undertaken and the modern sash were replaced with the current pairs of clad wood nine-over-nine light sashes. The façade of the east-west connecting block is identical on

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either side of the center pavilion. Each of these facades has a regular pattern of a single window, a group of two windows, and then a single window on both floors.

The east and west outer elevations are also identical and have 14 windows extending from the façade to the rear along the full length of each wing. The fenestration pattern on both floors is a paired window in a single surround in the first (northernmost) bay (which once had been a solarium porch), then groupings of three and six windows, and then two single windows toward the rear (south) of the elevations.

On the inner elevations of the three wings, there is fenestration of varying regularity using the same nine-over-nine light sash window unit. On the eastern elevation of the west wing and on the west elevation of the east wing, there is a stair towards the rear that has a ground level door and a window between the first and second floor levels above. The west elevation of the central wing has some single windows toward the rear that are not aligned with those on the floor above. The east elevation of the central wing has a very large window combination within a single large surround toward the rear. Within it, 12-over-12 light sashes, set off by mullions, flank an 18-over-18 light center window.

The rear elevations have regular fenestration with single windows nearly evenly arranged. The east and west wings each have a non-original, one-bay wide, two-story, brick rear extension with a gable roof containing a staircase dating from the late 1980s. These have cornice returns and raking cornice molding adorning the rear elevations which have a ground level door and a single window above between floor levels. There are no windows on the side elevations of these extensions.<sup>7</sup> The central wing has a two-story metal fire escape stair on the rear elevation. There is a centered door flanked by single windows on each level.

The 2011 flooding was extensive in the basement of this building and as a result the basement will be wet flood proofed. The upper floors remained in good condition. All the basement mechanical rooms are being relocated to the first floor. A full renovation is planned in 2018-19.

Early architectural plans for the Weeks/Admissions Building exist in the state's archives, although they appear to be informal with no identification of the architect or designer. However, the state hospital's financial record books indicate that Burlington architect Frank Lyman Austin was the designer of Weeks as well as several other hospital buildings in 1920-23.<sup>8</sup> These included the kitchen/dining hall, the male trades building, and the laundry – none of which are still extant. Austin appeared to be contracted during this period as architect to the hospital. In the hospital ledgers of 1920-1923, Frank Lyman Austin was paid monthly a 6% commission approved by the Superintendent for his work and each entry is labeled to the specific building. His work on Weeks was labeled "Admission Building," and also occasionally "Psychopathic

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<sup>7</sup> These 1980s staircase extensions are planned to be removed as part of a thorough renovation planned for this building in approximately 2018.

<sup>8</sup> Vermont Hospital archives (VSH-00141, records #280040, 280042, & 280043) – "Bills Payable" ledgers for 1920-1923.



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Building.” The ledgers indicate that the brick for Weeks came from the Drury Brick & Tile Company of Essex Junction, Vermont.

Herbert G. Hunt, Jr wrote in *Empty Beds*: “By June 30, 1920 the patient population had reached 733 making the existing laundry, kitchen and dining room facilities very inadequate. As a result the General Assembly appropriated \$250,000 for the erection of not only a new laundry, kitchen and dining rooms, but also a new cold storage plant, and industrial building (carpenter shop and sewing room), and an admissions building (Weeks). The recommendation for the admission, or receiving building was first made by Dr. Wasson in 1918 and was again renewed by Dr. Stanley in his biennial report of 1920. Dr. Wasson thought that a place was needed to give intensive care to early developing mental cases to prevent them from becoming hopelessly chronic. ...

...In 1923 the admissions building was started. The patients were used to a great extent for the common labor during construction. The center section contained offices, operating rooms, sterilizing room and rooms for X-ray and electrical equipment. The lower wards on each wing of the center had accommodations for 25 patients each, and the upper wards 26 each.” (p30)

#### **5. Smokestack (part of former power house), State Drive, 1925, contributing**

The Vermont State Hospital Smokestack is an iconic symbol of the site that can be seen from many vantage points in town and from Interstate 89. This 150’ tall smokestack was constructed in 1925 by the Alphons Custodis Chimney Construction Company of New York.<sup>9</sup> It was built as part of a new power plant building constructed at the same time. The glazed, tan brick walls of the smokestack are 17” thick at the base tapering to 7½” thick at the top, which is surmounted by corbelling. Dark brown bricks were used to spell “V S H” vertically on the Smokestack, with each letter about 11 courses of brick high according to the plans. The 1925 power plant and all the surrounding utility buildings were heavily damaged in the 2011 flood and were removed in 2015. The Smokestack, however, was in stable condition and retained because of its visual importance as a landmark of the campus.

#### **6. Stanley Hall, 32 Park Row, 1948, contributing**

Stanley Hall faces west, towards the main building (HD # 1), and is bounded by the roadway, Park Row, on the north, a large parking lot on the east, Wasson Hall (HD #3) on the south. Designed in 1946 by architect Payson Rex Webber of Rutland, VT, it is a long, symmetrical, rectangular plan, three-story, gable roof, brick, Colonial Revival style structure that was completed in 1948 as nurses housing adjacent to Wasson Hall (1901), which also served as nurses housing.<sup>10</sup>

<sup>9</sup> Kincheloe, Marsha R. and Herbert G. Hunt, Jr, *Empty Beds: A History of Vermont State Hospital*, 1988, p.228 & 1925 plans

<sup>10</sup> *Empty Beds*, p. 63

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The thirteen-bay, three-story main block includes slightly projecting, pedimented, three-bay, full height gable pavilions on each end of both the front (west) and rear (east) elevations. At each end (north and south) of the main block is a three-bay, two-story gable roof wing. Centered on the façade is an entrance sheltered by a one-story wooden, classically detailed entry porch up a short flight of steps. The rear elevation has a one-story shed roof projection across much of the facade, and a tall, modem, brick, flat roof stair and elevator tower obscures the northern pavilion.

The building has regular fenestration throughout with eight-over-eight windows. The multi-light windows, symmetry, a heavily molded cornice with gable end returns and pediment, round louvers in each pediment gable, and entrances on the front façade and both gable end elevations with classical full entablatures are all distinctive features of the Colonial Revival style. The front entrance porch is particularly noteworthy with its fluted, square columns, sidelights, and a frieze band detailed with triglyphs and metopes. The north and south entrances are simpler with plain entablature over engaged fluted pilasters, a transom of the half-glazed door and set of brick steps. The gable end elevations have no windows but do have louvered vents on the second and attic levels.

According to a 2013 historic preservation regulatory letter report by consultant Liz Pritchett, “the interior retains little of its original character, having been highly altered for office space. The metal stair systems at each end of the building that connect with a long center hall on each floor, beaded window surrounds, and multi-pane sidelights and transom window in the front entrance vestibule are all that remain of the original features and finishes of the former nurses’ home. Modem sheetrock, and dropped ceilings with acoustical tile, covers most interior wall and ceiling surfaces.”<sup>11</sup> Flooding in 2011 caused damage to the foundation, frame and finishes from the basement to 2'6" above the first floor. The building is currently vacant. Damaged sheetrock (the bottom 48”), carpeting and flooring were removed in the fall of 2011 in order to allow the building to dry out and to prevent the growth of mold and mildew.

As further noted by Pritchett, “*Stanley Hall was built during the Modernization Phase of the Vermont State Hospital (1927- 1962). During this period, including the Great Depression, the VHS continued to grow, and more space was need for its patients. Construction was halted during World War II, but in 1945 an expansive 2 fold modernization program was initiated. This involved modern patient care and improvement of the physical infrastructure.*”<sup>12</sup> Buildings that date from the years following World War II include Stanley Hall (1948), the Medical Surgical Building (HD #7), and Ladd Hall (1951), which was an addition to the Annex (c. 1870/1895, now 36 State Drive) and is no longer standing.

“*Stanley Hall was named for Dr. Eugene A. Stanley, Superintendent of the Vermont State Hospital from 1918 to 1936. Stanley was an advocate of eugenics and he testified in favor of the*

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<sup>11</sup> Pritchett, Liz, Preliminary Section 106 letter report, April 26, 2013

<sup>12</sup> Ibid

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*sterilization bills in 1927. The Vermont legislature enacted a law permitting sexual sterilization of "feeble-minded and insane" persons in 1931. The law was overturned in the 1950s."*<sup>13</sup>

## **7. Medical Surgical/Public Safety & Forensics Laboratory, 45 State Drive, 1949/2010**

Designed in 1946 by Alfred T. Granger Architects and Engineers of Hanover, NH, construction of the Medical Surgical Building was completed in 1949.<sup>14</sup> This large, "T"-shaped, two-story, hip roofed building is located at the south edge of the campus, behind the Weeks Building (HD #4). It has a steel frame, concrete floors and is built of clay tile walls covered with brick veneer. Originally the building was oriented with its main entrance to the north, but currently its primary entrance is on the east elevation of a large south addition built as a Forensic Laboratory in 2010. The building has many features of the institutional Classical Revival style, such as its symmetry and regular fenestration, contrasting water table, monumental gable pavilion and molded cornice. It also has some mid-century modern features, including a glass brick vertical bay over each entrance and a Moderne-styled side doorway. The concrete "water table" frieze is located above the first floor and runs around the entire building. The foundation is concrete and the brick veneer is laid in running bond. The windows have brick jack-arches and concrete sills. All the windows were replaced in 2011 and are 12-over-12 light aluminum-clad wood double hung sash fabricated to match the original windows.

The front (north) elevation has a two-story, three-bay gable pavilion in the center flanked by eight bays on either side. The pedimented gable has a large louvered opening in the center and the pavilion contains the centered entry door in a Classical concrete surround of entablature and fluted pilasters. There are two engaged concrete urns above the entablature. The half-glazed door is topped by a transom light with decorative geometric tracery. There is a set of concrete steps and metal railings. Above the door is a vertical column of glass blocks the width of the bay and extending to the gable pediment. The glass blocks are framed by concrete trim.

The three-bay east elevation of the main block has a centered entry bay similar to the one on the front with a decorative concrete door surround under the glass block vertical panel. However, the surround is much simpler and even streamlined with a two-layered shallow coved detail rather than the classical elements of the front entry. There is a concrete medallion above the door which has no transom on these elevations. The west elevation is different and has a simple modern door in the center bay flanked by full length sidelights. There is no window on the second floor and a paired window on the third.

Extending from the center of the rear (south) of the main block is the 16-bay long 2-story ell – the "tail" of the "T" - which has a hipped roof and a corner entry on its east elevation in the juncture with the main block. On the east elevation of the ell and rear (south) elevation of the

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<sup>13</sup> Ibid

<sup>14</sup> *Empty Beds*, p. 62

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main block, some of the windows are paired or in groups of three but mostly they are single. This is also true on the west elevation of the ell.

Originally built as a Medical-Surgical Building for the hospital, the building was vacant by 1983 as the hospital downsized. It was then renovated for use by the Vermont Department of Public Safety. A new entrance and Forensic Laboratory were added onto the south end in 2010. In 2011, the older portions were thoroughly renovated and incorporated wall insulation, attic insulation, new windows, and a new mechanical, electrical, and sprinkler system.

The Forensics Laboratory is a modern three-story addition attached to the south end of the ell. This addition was designed by HDR Architects with Scott & Partners in 2009 and built in 2010-11, when the rest of the building was renovated. The addition uses a combination of brick and metal panel cladding on its exterior and has a central three-story section housing many large mechanical systems within a metal clad enclosure on the roof. This three story section is flanked by two story sections on the east and west elevations that have bands of multi-light windows on each floor. A modern, two-story, metal-clad connector to the older building houses the new entry on the east elevation under an arched metal canopy.

According to Herbert G. Hunt in *Empty Beds*, “*The new Medical-Surgical Building opened on February 6, 1949, providing ... space for the care of 124 patients. Besides the wards, the building contained on the first floor a section room, pathologist's office, pathologist's laboratory, a large storage room, an incinerator, a large classroom, a nursing demonstration room, and an office for the director of nursing. On the second floor there was the operating room, surgeons' dressing rooms and showers, a minor surgery room, nurse's utility room and supply room. Also located on the second floor was the pharmacy, dental office, X-ray room, electrocardiography room, electro-therapy room, as well as a large medical library and two small offices for doctors.*” (p. 64)

## **8. Horseshoe Drive and Central Lawn, Horseshoe Drive, 1896-8/2015, contributing**

This formal horseshoe-shaped drive creates a grand entrance to the Vermont State Hospital building, which is set far back from South Main Street. The drive extends about 500' from South Main Street to curve around in a broad arc just in front of the Center Building's porte cochere. The original drive went through the porte cochere but it has been modified in 2015 to curve in front of the restored porte-cochere. The two long driveway arms are about 275' apart and the paved roadway itself is about 22' wide. The horseshoe driveway defines and surrounds a large front lawn that is being restored in 2015. Many of the trees lining it have been preserved. The lawn has circular granite-curbed flower beds in front of the main building's north and south connectors (1D & 1J) that appear in early photographs of the site. These were salvaged and

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removed for safety during the 2015 construction and have been restored. There are two flagpoles in the center of the lawn in front of the Main Building.<sup>15</sup>

In 1905, the drive was lined with elm trees.<sup>16</sup> All of these trees were lost to Dutch Elm disease in the later 20<sup>th</sup> century. Other shade trees were planted on the grounds in 1905, a few of which survive today. In a c. 1911 photograph, there were birch groupings alternating between shrubby clumps along the front of the main building in addition to the young elms lining the drive.<sup>17</sup> Also shown in this view are slender streetlamps along paths near the main building. In addition to the main drive, paths and other plantings were added to facilitate use of the grounds over time. Lateral roads off each side of the horseshoe created in the later 20<sup>th</sup> century lead to two large parking lots that continue to be used today. There are new (2015) and existing concrete walking paths surround the main building. These extend in gentle curves in front (east) from Weeks and Hanks at the southern end to Stanley and the round ward building 6/7 North at the far northern end. They also extend on the sides and rear of the main building and form more of regular grid relating to the parking areas and new road along the western side of the campus. All of the plantings, paths, parking and roads on the western side of the campus are new from the 2015 renovation. Several older trees were protected during construction and remain along with new trees, grass, shrubs, and planting beds.

According to the Feasibility Report, the initial hospital building projects were accompanied by much-needed site improvements including grading, planting of shrubbery and trees, and the construction of walks and roads.<sup>18</sup> These improvements were seen as integral to the asylum's mission as noted in the Biennial Report of 1896: "*the sooner the surroundings are beautified and made attractive the sooner nature can assist the physician in his effort to heal the disordered mind.*"<sup>19</sup> It was around this time, c.1896-8, that the land along South Main Street on which the original C.C. Warren farm buildings and two homes had been located was developed into the iconic horseshoe green (HD # 8) after the area had been cleared by demolition and re-location in 1895. The new landscaping and site plan created a grand entrance driveway "*making a circuit around a large oval flower bed.*"<sup>20</sup> Accounts also indicate installation of grass and construction of two fountains, one each in front of the male and female wards. Fenced yards were also created in the rear for those "*class of patients who cannot be seen in front.*"<sup>21</sup> In the rear of the asylum, where the grounds fell rapidly away from the buildings towards the river, much filling was done, though the extent of it is unclear.

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<sup>15</sup> In *Empty Beds*, the chronology on p.229 indicates that a 50' flagpole was installed in 1938 on the front lawn. However, neither of the current poles dates from that time.

<sup>16</sup> *Empty Beds*, p.8: "In the spring of 1905 over 100 shade trees were planted mostly elms that are now [1965] dying of Dutch elm disease."

<sup>17</sup> c. 1911 photograph in collection of State archives.

<sup>18</sup> Feasibility Report, p. 8-14 & 8-16

<sup>19</sup> Biennial Report 1896, p.7

<sup>20</sup> Biennial Report 1898, p.12

<sup>21</sup> Ibid

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When the Dr. Fales property on South Main Street was purchased in 1895 and became the Annex used for housing staff and quieter patients, it came with 45 acres of land.<sup>22</sup> This allowed the hospital to re-locate the farm from in front of the main building further south to the rear of the Dr. Fales House. As noted above, the former Warren farm buildings were removed and two houses were re-located further south on Main Street to just south of the Annex and are now 121 & 123 South Main Street. These became staff quarters.

*Empty Beds* reports that in c. 1905-8: “In his request to the next legislature Dr. Grout stated that the nurses home [Wasson] looked like a dry goods box and needed funds for piazzas on three sides. There was also need for more shade trees in the exercise yard, a poultry house, a greenhouse.”<sup>23</sup> This was likely in the rear and around the new farm area south of the main campus and may have included the elm plantings.

### **9. Central Plant, 91 State Drive, 2015, non- contributing due to age**

The Central Plant was designed by Freeman French Freeman architects and built in 2015 to replace the old power plant that was damaged by the 2011 flood and removed in 2015. The contemporary style structure has an irregular footprint and appears as a collection of discrete one- and two-story flat roofed blocks clad in insulated metal panels accented by Bethel white granite veneer matching the granite on the New Core (HD #1N).

The façade faces north and is fronted by a one story section clad on all sides in white granite with an off-centered entry bay clad in metal under a modern cantilevered metal and wood canopy. There are regular multi-light square windows on the granite sections and flanking the glass entry doors. Behind this front block are a high one story section on the east which contains vehicle bays (with openings on the east elevation), a two-story section roughly in the center, and another tall one-story section on the west. The rear blocks are all clad in metal siding. The east and center blocks each have two multi-light fixed windows on this north façade. The west block is “L-shaped” and has no windows on the north façade. The western elevation of the plant has the granite-clad front block with the square windows and the west one-story metal-clad block to the rear, which has two tall multi-light fixed windows topped by tall louvered vents on the west elevation. The rear, recessed section of this block has two more multi-light windows and two very large louvered vents. There is a rear door and canopy at the inner corner of the L facing south. The eastern elevation of the plant is fronted by the vehicle section which has a granite-clad shallow pavilion façade under a flat metal frieze containing four vehicular doors of different

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<sup>22</sup> “On March 8, 1895, for the sum of \$7000 the trustees purchased the Dr. Fales property which consisted of about forty-five acres of land adjoining the hospital property on the south and upon which was later built Ladd Hall, the Weeks Building, the Medical/Surgical Building, and most of the Dale Building .

Upon this property stood a large eighteen room brick house which became known as the Annex. Its purpose was to establish a farm colony where the quieter convalescent patients could live separately from the main buildings of the hospital. The house was fitted to accommodate from twenty-five to thirty patients....” (Kincheloe and Hunt, *Empty Beds*, p.3)

<sup>23</sup> *Empty Beds*, p 8

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sizes and two man-doors. A metal-clad section extends to the south of the granite pavilion with two multi-light windows. At the rear (south) elevation of the plant the tall one-story eastern vehicular block wraps around the two-story center section and has one window facing south. The tall one-story western block extends south another two bays in the "L" with two windows facing east. The rear sections and elevations are all clad in metal.

The plant contains facilities that make hot and chilled water that is circulated to the main buildings. It also houses maintenance shops, offices and two emergency generators that will run the public safety operations as well as provide general power.

**9a. Central Plant Shed, 91 State Drive, 2015, non-contributing due to age**

A new tall, one-story, cold storage shed is located just southeast of the Central Plant at the end of the vehicle driveway and yard. It has metal-clad concrete block walls with a wood framed roof. It has one open-bay and one closed bay with an overhead door containing the fuel oil tank for the emergency generators in central plant.

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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.)

Health/Medicine  
Architecture

**Period of Significance**

1891 -1949  
\_\_\_\_\_  
\_\_\_\_\_

**Significant Dates**

1891  
1894  
1895  
1896  
1898  
1901  
1924  
1925  
1948  
1949

**Significant Person**

(Complete only if Criterion B is marked above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architect/Builder**

Rand & Taylor (Boston)  
Charles Wyman Buckham (Burlington)  
Payson Rex Webber (Rutland)  
Frank Lyman Austin (Burlington)  
Alfred T. Granger (Hanover NH)  
Clinton Smith (Middlebury) as builder  
Alphons Custodis Chimney Construction Co. (New York)  
John Nelson (Waterbury), builder

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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.)

The Vermont State Hospital Historic District is significant under Criterion A for its role in the history of mental health treatment in Vermont and in the United States. In addition to the original, congregate plan asylum building deliberately located in a calm, bucolic setting, the district includes all of the well-preserved, important detached program buildings built by the hospital such as laboratories, medical and surgical facilities, administration offices and staff dormitories. The complex represents the evolving approach to mental health care in the state from the consolidated housing of all patients, staff, and functions under one, sometimes very large, roof to a more specialized and increasingly scientific approach that required detached buildings to segregate functions, types of patients and staff for reasons of health and safety, social benefit, employee respite, as well as medical and technical practicality. Eventually, with the development of pharmaceutical treatments as the dominant approach to psychiatric care, deinstitutionalization ended the expansion of the campus in the mid-20<sup>th</sup> century and thus its primary period of significance. It is also significant under Criterion C as an intact example of a late-19<sup>th</sup> century mental institution designed by the nationally-renowned architectural firm of Rand & Taylor. Listed in the National Register in 1978 as a contributing resource in the Waterbury Village Historic District, the complex had previously been recognized primarily for its importance locally as major economic anchor and employer to the town. Following flood damage in 2011, the original Rand & Taylor buildings of 1891-1896 have been fully restored on the exterior and on the interior, where historic features remained intact. The period of significance is 1891-1949, which encompasses the construction of the first buildings on the site and the construction of the last contributing building on the site today.

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

The Vermont State Hospital Complex was listed in the National Register as a contributing resource to the 1978 Waterbury Village Historic District, and is described as follows:

*“...A continued influx of new institutions, industry and business characterized Waterbury from 1890 through the 1920's. The Vermont State Hospital, begun in 1892, created hundreds of new jobs, both for construction workers, during its early years and subsequent periods of expansion; and for medical personnel. Particularly during years of general economic slow-down such as the 1930's, the hospital provided a measure of stability through its steady employment of a large staff of doctors, nurses, and attendants. This steady input into the town's economy, along with periodic modernization and new construction, undoubtedly helped minimize the effects of the Depression.”*

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## Developmental History of the Vermont State Hospital<sup>24</sup>

The developmental history of the Vermont State Hospital can be divided into four separate thematic periods:

- 1889-1896 Early Construction Phase
- 1897-1926 Expansion Phase
- 1927-1962 Modernization
- 1963-2011 Deinstitutionalization & Adaptive Use

### 1889 - 1896: Early Construction Phase

Construction of the Vermont State Hospital at Waterbury was prompted by overcrowding at the Vermont Asylum for the Insane at Brattleboro. Opened in 1834, the Brattleboro Asylum was a private mental health institution to which the State of Vermont sent patients for treatment. By 1888 it housed 461 patients, well above its designed capacity of 400. Since overcrowding was considered detrimental to the effective treatment of patients, a bill was initiated in the Vermont General Assembly by Dr. Donald Grout, a representative from Stowe, to construct a new asylum “to provide for the care, custody and treatment of the insane poor, and insane criminals of the State.”<sup>25</sup> The town of Waterbury was chosen as the site of this new asylum and an appropriation of \$100,000 was made for the purchase of land and construction. On July 10, 1889, 500 acres of land was purchased from C.C. Warren for the price of \$15,000. This land was in three parcels, the first being most of the land upon which the main buildings of the complex are now situated.<sup>26</sup>

Once the site was acquired, the architectural firm of Rand & Taylor of Boston was retained to design the buildings. It is reported that the selection was based upon their considerable experience in designing asylums for the insane. The builder of the original campus was Clinton Smith (1846-1905). Smith was born in Middlebury, VT, and is responsible for the design and construction of numerous landmark buildings throughout central Vermont.

The initial plans for construction called for a central administration building with two wings on either side, one for male and the other for female patients, connected by corridors and having a total capacity of 400 patients. This layout was fairly typical of asylum design in the nineteenth century. Rand & Taylor chose multi-wythe brick walls for most of the above-grade elevations, with a granite foundation that extended 3-4 feet above grade up to the water table. Slate shingles

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<sup>24</sup> Excerpted by permission with a few updates and notes by L. Papazian from Goody-Clancy’s 2012 *Waterbury Office Complex Feasibility Study*. Vol. II, March 9, 2012

<sup>25</sup> Provision 94 of the Laws of 1888, Vermont General Assembly. Quoted from Biennial Report 1894, p.3

<sup>26</sup> Empty Beds further reported “Included in the first parcel of land were extensive farm buildings sufficient to support 150 milk cows, considerable young stock and teams to carry on the operation.” (p.1-2) The 1884 & 1889 Sanborn Insurance maps show the C.C. Warren Stock Farm on South Main Street in the location now occupied by the Horseshoe Drive and Central Green. The hospital buildings were built on the field between the farm and the Winooski River.

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on hipped and gabled roofs completed the architectural look with projecting dormers, cupolas and chimneys lending an interesting skyline to the complex. The outermost flanking wards on either side were designed as three-story circular buildings.

Since the immediate need was to house patients, construction commenced on the male wing located on the south portion of the site in 1890. Based on cost projections, four of the five ward buildings designed for this side were initially built to house 175 patients. The temporary kitchen, laundry, and accommodations for employees were located in the basement rooms of the wards. A makeshift farm with wood frame sheds was located along South Main Street, at the former C.C. Warren Stock Farm. On August 8, 1891, the first group of 25 patients arrived at Waterbury. Immediately after opening, confusion started arising over the names of the two mental health institutions in Vermont: the *Vermont State Asylum for the Insane* at Waterbury, and the *Vermont Asylum for the Insane* at Brattleboro. As a result, the Brattleboro facility was renamed the *Brattleboro Retreat*, and remains known as such today.

In 1892, construction started on the Administration Building/Center Building (HD #1F). It was formally dedicated on May 31, 1894. The 'handsome structure' included "...beside the various offices and living rooms of the resident staff, a commodious chapel with a seating capacity of 250, which contains a well-appointed stage and is adapted to religious services, or literary, musical and dramatic entertainments."<sup>27</sup> It was discovered that by having the kitchen and laundry in the basement of ward buildings, "...the patients were not only seriously disturbed by the noises, but the odors, common to such places.., were a grave menace to their general health."<sup>28</sup> The first boiler house which had been built to the rear of the ward buildings was also deemed to be of insufficient size and lacking in proper infrastructure. Therefore, between 1891 and 1894, a new boiler-house was constructed further to the rear and the old building was converted to a laundry. A new kitchen was also constructed to the rear of wards along with other support structures, including a coal shed and an ice house.

By 1896, the fifth male ward building was completed on the south side and the entire north wing for female patients was built, mirroring the south side. This completed the original symmetrical layout as designed by Rand & Taylor. At this point the hospital population was 498 patients, already above its designed capacity of 400. Anticipating the need for increased space and specialized buildings, the asylum trustees purchased an additional 45 acres of land in 1895 adjoining the asylum property to the south from the family of Dr. Fales. Upon this property stood a large 18-room brick house which became known as the 'Asylum Annex'. This house was adapted for the care of 25-30 convalescent patients. It was believed that these patients would benefit from being slightly removed from the more excited patients in the main wards and could tend to the surrounding farmlands, thus aiding in their recovery. The old farm structures on South Main Street were demolished at this time and a new cluster was established to the southwest of the Annex. Along with the demolition of the old farm buildings, two dwellings, known as the Christopher C. Corse and Nancy Griswold houses, standing between the Asylum

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<sup>27</sup> Biennial Report 1894, p.3

<sup>28</sup> Biennial Report 1894, p. 4

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and the street were deemed worthy of retention and moved further south on S. Main Street.<sup>29</sup> These are still standing at 121 and 123 S. Main Street. The Corse House/123 S. Main became the farm manager's residence and the Griswold House/121 S. Main was used as a residence for various department heads and doctors.<sup>30</sup> These buildings are listed as contributing resources in the Waterbury Village Historic District.

### **1897-1926- Expansion Phase**

By 1896, the original vision of the *Vermont State Asylum for the Insane* was complete, with a symmetrical interconnected cluster of buildings. However, as indicated before, the need for additional space was continually being recognized. This led to the next phase of building and gradual expansion of the original 1896 configuration. The first building to break away from the symmetry was a small two-story structure built in 1898 called the Pathological Building (HD #2) and designed by Burlington architect Charles Wyman Buckham. It was connected to one of the circular male ward buildings via a basement passageway. Later known as the 'Hanks Building' this structure was intended for use as an "*operating room for the use of the medical staff and the training of nurses*" and a mortuary.<sup>31</sup> It provided facilities for the emerging physical and surgical treatments being developed in the mental health field, and also included a small library space for the physicians. In 1949, it was converted into the Administration Building housing the offices of the Superintendent, accounting, and other non-medical senior staff.<sup>32</sup>

These building projects were accompanied by much-needed site improvements including grading, planting of shrubbery and trees, and the construction of walks and roads. These improvements were seen as integral to the asylum's mission as noted in the Biennial Report of 1896: "*the sooner the surroundings are beautified and made attractive the sooner nature can assist the physician in his effort to heal the disordered mind.*"<sup>33</sup>

It was around this time, c.1896-7, that the land along South Main Street on which the original C.C. Warren farm buildings and two homes were located was developed into the iconic horseshoe green (HD # 8) after the area had been cleared by demolition and re-location in 1895. The new landscaping and site plan created a grand entrance driveway, "*making a circuit around a large oval flower bed.*"<sup>34</sup> Accounts also indicate installation of grass and construction of two fountains, one each in front of the male and female wards. Fenced yards were also created in the rear for those "*class of patients who cannot be seen in front.*"<sup>35</sup> In the rear of the asylum, where the grounds fell rapidly away from the buildings towards the river, much filling in was done, though the extent of it is unclear. Additional farm land was purchased in Duxbury at this time.

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<sup>29</sup> Kincheloe/Hunt, *Empty Beds*, p.4

<sup>30</sup> Ibid

<sup>31</sup> Biennial Report 1896, p.6

<sup>32</sup> Kincheloe/Hunt, *Empty Beds*, p.64

<sup>33</sup> Biennial Report 1896, p.7

<sup>34</sup> Biennial Report 1898, p.12

<sup>35</sup> Ibid

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In 1898, the *Vermont State Asylum for the Insane* was renamed the *Vermont State Hospital*. This re-naming was reflective of changes in the treatment approach to mental illness. Many similar institutions wanted to rid themselves of the negative connotations associated with the word ‘asylum’ and be increasingly recognized as centers of scientific and technical advancement; thus the word ‘hospital’ was more aptly suited to this new mandate. The name change was accompanied by improvements in the condition of patients – mechanical restraints were increasingly abolished, steel gratings on windows were largely replaced by iron mesh, and all patients were removed from cold, damp and poorly ventilated basement rooms.<sup>36</sup> Fire doors were also installed in the basement and first floor to reduce fire hazards.

The next building to come up on site was a Nurses Home (later called Wasson Hall, HD #3) in 1901. This three-story building with a basement housed 40 nurses. Then, in 1904, a building for tuberculosis patients was constructed on the male side connected to the main building via a first floor connector. Later known as the ‘Sewing Building’ this two-story structure was constructed cheaply “*using hospital labor to construct the foundation and by using lumber salvaged from a burned down section of the hospital farm*”.<sup>37</sup> The building featured single-wythe brick veneer over wood framing. The brick veneer was added to allow the building to blend more seamlessly with the brick campus in the background. Owing to the contagious nature of tuberculosis, it was quite customary for hospitals at the time to construct detached cottage-style buildings for such patients. They were built cheaply using less durable materials allowing easy demolition after a few years in case of contamination. This building was later used as an occupational therapy ward and became known as the ‘Sewing Building’ but was removed in 2014.

During this period there were two fires in the hospital, one in 1909 and the other in 1910. The first one damaged the third floor of the ‘1, 2, 3 South Building’ (HD #1E) with water damage on the lower floors. The second one damaged a paint shop in the rear of the campus. The importance of fireproof construction was increasingly being recognized and the first “genuinely fireproof building in Vermont” was built on the campus in 1912.<sup>38</sup> Known as the ‘Male Criminal Insane Building’ (later known as 10 South and removed in 2014), this three-story brick building was detached from the main group, but located in close proximity, and probably accessed via a first floor connector. This time period saw an increased classification of mentally ill patients into different categories: “criminally insane, inebriates and drug addicts, convalescents, chronics, etc.” necessitating specialized wards and buildings for effective treatment. A ‘Female Criminal Insane Building’ (later known as 10 North and removed in 2014) similar to the male side was built on the north side in 1914. By this time the hospital patient population exceeded 700.

In 1918, an influenza epidemic broke out in the hospital and claimed the life of 23 patients and three staff members including the Superintendent himself, Dr. Watson L. Wasson. As the hospital campus matured and population gradually soared, improvements to existing buildings

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<sup>36</sup> Kincheloe/Hunt, *Empty Beds*, p.5

<sup>37</sup> *Ibid*, p.8

<sup>38</sup> Biennial Report 1912, p. 5

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were continually made while new ones were also added. In 1919, a new storehouse was constructed behind the male ward building '5 South' (HD #1A).<sup>39</sup>

Occupational Therapy or industrial work amongst patients was introduced in the hospital in 1920. This was done to *"lessen the economic burden by making articles that are much needed in the hospital, but far and above this is the benefit that the patients receive strictly as a therapeutic measure."*<sup>40</sup> One of the dining halls on the female wing was fitted up as the occupational center. In 1921, many improvements were made to the service buildings on campus with the construction of a new Laundry and Carpenter Shop further to the rear of the main group of buildings. The Carpenter Shop also served as the Male Occupational Therapy Ward. Then in 1924, a new Kitchen, Bakery and Dining Hall were constructed behind the Center Building, replacing the structures that existed before.<sup>41</sup> During this period architect Frank Lyman Austin was employed by the hospital and designed the new buildings.<sup>42</sup> More construction followed onsite in 1924 with the building of a new 'Admissions Building' later known as 'Weeks Building' (HD #4) also designed by Austin. This three-story brick building with a basement was located to the southeast of the Pathological (Hanks) Building (HD #2) and was connected via a basement corridor to it. It was made intentionally distant from the main building cluster to segregate the *"early developing mental cases" and give them intensive care thus preventing them "from becoming hopelessly chronic in character."*<sup>43</sup> Again patients were used to a great extent as common labor in the construction.

A new power house with a 150-foot high radial smoke stack (HD #5) was also constructed in 1925 behind the new laundry building, thus locating it significantly further from the ward buildings than its previous location, to minimize effects of noise and pollution.<sup>44</sup> The smoke stack is built of buff colored brick with the initials VSH in brown brick built into the stack. According to the original plans, it was constructed by the Alphons Custodis Chimney Construction Co. of New York. By 1926, the patient population at Vermont State Hospital had reached 841, served by 193 employees. The period from 1897 to 1926 saw a marked expansion in the hospital infrastructure and buildings to accommodate this growth.

### **1927-1962 – Modernization**

On November 3, 1927, after two days of torrential downpour, the level of the Winooski River behind the hospital property rose considerably and started to overflow into the meadow behind the 1925 power house. It was soon realized that tunnels leading from the power house to the main buildings were getting flooded. These tunnels carried the heating pipes and electric wires

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<sup>39</sup> Biennial Report 1918, p.38 notes: *"An adequate storehouse is needed to properly assemble hospital supplies now scattered quite generally in rooms throughout the basement."* This storehouse was removed in 2014.

<sup>40</sup> Biennial Report 1920, p. 16

<sup>41</sup> This group of utility buildings were all removed in 2014-2015.

<sup>42</sup> Vermont Hospital archives (VSH-00141, records #280040, 280042, & 280043) – "Bills Payable" ledgers for 1920-1923.

<sup>43</sup> Biennial Report 1918, p.38

<sup>44</sup>Biennial Report 1920, p.15 notes: "present power house is inadequate and in such a condition that it would be impossible to repair it"

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for the institution, thus necessitating that they be disconnected immediately. Flood water soon filled all the basement floors and commenced to the Center Building (HD #1F) port cochere and the front lawn. Basements and first floors of all the buildings were flooded up to 6' in height or more. Certain buildings were more badly damaged than others. Significant amongst these was the dairy barn which was completely destroyed, killing 121 cattle and three horses. The newly constructed Power House and Laundry Building were also severely affected owing to their proximity to the river. One wall of the Power House was forced in while a corner of the laundry building was crushed. In Building 10 South, where water had almost risen to the second floor, patients had to be moved to the attic. The damage to the buildings and grounds was extensive and it took almost two years for all restoration work to be complete. The entire farm operation was removed from Waterbury and relocated in the Town of Duxbury, immediately south of Waterbury. Sprinklers were installed in all buildings and wood staircases were replaced with fireproof iron ones.

During the Great Depression, the Vermont State Hospital continued to grow and the patient population reached 924 in 1930. To ease overcrowding, especially on the female side, a new three-story ward building 'A Building' was constructed in 1932 for acutely disturbed patients. Reflecting the growing trend towards modernization, this building featured state-of-the-art treatment equipment including hydro and electric shock therapy, and fire-proof and sound-proof construction.

A corresponding ward on the male side known as the 'B Building' was also built in 1939.<sup>45</sup> The Storehouse was expanded and first floor connectors were built between it, the new 'B Building' and circular ward Building '5 South' (HD #1A).<sup>46</sup> Many of the original 1890s-era buildings in the complex had also started showing signs of age by this time, and funds were sanctioned to undertake repairs, including work on the wooden verandahs.

World War II halted construction work at the Vermont State Hospital, but in 1945 a vast two-fold modernization program began, involving not only modern patient care but also an improvement of the physical infrastructure. To this end, a new 'Medical Surgical Building' (HD #7), designed by Alfred T. Granger Associates, was built in the south portion of the site and a new Nurses Home, 'Stanley Hall' (HD #6), designed by Payson Rex Webber, was built adjacent to 'Wasson Hall' (HD #3) in 1948. But overcrowding was still a problem at the campus. In 1950, Superintendent Dr. Chittick proposed tearing down the two circular wards '5 South' (HD #1A) and '5 North' (HD #1M) to make way for modern three-story buildings. A specially appointed Governor's Commission reviewed the situation and recommended retention of the circular wards and construction of a new dormitory building, 'Ladd Hall,' which was designed as an addition to the existing Annex Building on South Main Street. The recommendation for only a modest increase in capacity was based on a slight drop in the hospital population over the previous year. This was seen as the beginning of a trend that would come into full effect in the 'Deinstitutionalization Era' covered in the next time period.

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<sup>45</sup> Both "A" and "B" Buildings were removed in 2014.

<sup>46</sup> Biennial Report 1938, p.33



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Finally, in 1953, a major site project was realized in the form of a large dike that extended from the Medical Surgical Building (HD #7) northwesterly along the rear of the campus all the way to Randall Street. Ever since the 1927 flood it was recognized that such an improvement was critical to protecting the site from flooding. However, the top elevation of the earthen dike “*ripped with heavy stone*”<sup>47</sup> was only sufficient to protect the hospital grounds in the event of normal high water periods and not necessarily a flood as strong as the 1927 event. At the same time, a legislative battle had been raging in the State over approval of funds for additional ward buildings. This was won in favor of the hospital and two new four-story buildings, ‘Osgood Building’ and ‘Dale Building’ were built in 1953 (both removed in 2014). Earth excavated during the course of their construction was utilized in building the dike.

For a number of years in the 1940s, the need for a modern Dining Hall, Kitchen and Auditorium had been felt by the hospital staff.<sup>48</sup> In the Biennial Report of 1948, the Superintendent notes that “*there is practically no land left on which to build at the hospital site. The only choice is to raze old out-moded structures or to use lower land nearer the river. I do not see how the latter course can be considered.*”<sup>49</sup> Their recommendation, therefore, was to build a new Dining Hall floor above and around the existing dining hall structure with a modern Kitchen underneath. A new Auditorium was proposed directly behind the Center Building in place of the old kitchen. However, this proposal was many years in the works and it was not until 1962 that the new Dining Hall, Kitchen and Auditorium were finally built. Later, this cluster became known as the ‘Core Building’ and was removed in 2014. Sometime in 1957, the porte-cochere on the Center Building (HD #1F) was remodeled to a smaller configuration. The reasons for this are unclear in the historical documentation. The porte-cochere was restored in 2015 using historic photographs and original plans.

Beginning in 1956, a defining step in the future of the Vermont State Hospital was the establishment of a rehabilitation program that created out-patient houses in Montpelier and Burlington, larger urban centers located to the south and north of Waterbury, respectively. By 1958, the daily patient population had declined to what it was ten years prior. While admissions were still high, the major change was a higher discharge rate, attributed to more effective prescription drugs. This set the stage for the next phase of deinstitutionalization in the hospital’s history.

### **1963-2011- Deinstitutionalization & Adaptive Use**

From 1963 to 1970, the chronic patient population continued to decline at the Vermont State Hospital and many patients were successfully rehabilitated through community programs. A decrease in patient population also meant a fall in unpaid patient labor in the hospital. Up until 1954 two-thirds of all the work in the hospital was performed by patients. The loss of nearly 90% of this labor force meant that as the hospital grew smaller, it also became more expensive to

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<sup>47</sup> Biennial Report 1953, p.11

<sup>48</sup> Biennial Report 1948, p. 46

<sup>49</sup> Biennial Report 1948, p.46

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run.<sup>50</sup> By 1971, it was no longer economically feasible to run the farm in Duxbury. The laundry was also closed and its services contracted out. Grounds keeping was completely taken over by the State Buildings Division.<sup>51</sup> By 1975, many of the ward buildings were vacant, and the state offices began occupying these spaces whenever economically feasible. A viable tenant was found in the Vermont Agency of Human Services (AHS) which relocated to the complex in 1978.<sup>52</sup>

In order for the formal hospital buildings to function as state offices, building renovations were necessary. Due to budgetary constraints the renovations were fairly minimal, limited to painting, laying carpet, removing some interior walls, adding partitions, removing bars from windows, updating bathrooms and modernizing lighting and heating systems. The most drastic renovations occurred in the circular ward buildings (HD#s 1A, 1B, 1L, and 1M) where the central octagonal heating shafts were removed and the buildings were adapted to be used as libraries by the hospital and AHS. The south wing (including B Building, Hanks [HD #2], Weeks [HD #4], Dale, and the Medical-Surgical Building [HD #7]) was largely retained by the hospital for its use while the remaining buildings were occupied by AHS. Over the years, the hospital ceded ownership of many of these buildings and additional State agencies moved into the erstwhile hospital campus. In 1983, the Department of Public Safety moved into the Medical-Surgical Building (HD #7). In 1987, the Agency of Natural Resources moved into the Center Building (HD #1F), Core Building, 10 North, 1-2-3 South (HD #1E), 8-9 South (HD #1G), and 10 South buildings. By 2011, the Vermont State Hospital occupied only the Dale Building, B Building, Old Storehouse and parts of 1,2,3 South (HD #1E) and 5 South (HD #1A). While some smaller buildings of a utilitarian nature were added to the campus from 1978 to 2011, the major additions were the Water Resources and Agricultural Lab built in 1989<sup>53</sup> and the 'Forensics Lab' in 2010<sup>54</sup> added to the south end of the Medical-Surgical Building (HD #7).

In August 2011, Tropical Storm Irene caused flood devastation in Waterbury on a scale not seen since the 1927 flood. The Vermont State Hospital complex, with more than 22 connected and detached structures located near the Winooski River, was hard hit and many of its buildings were severely impacted and most had some damage. The state undertook a Feasibility Study, completed by Freeman French Freeman Architects and Goody-Clancy Architects in 2012, to study the options of relocating elsewhere as well as the repair and reuse of the historic complex.<sup>55</sup> The option recommended and chosen by the state was to combine the restoration of the most historically significant and original Rand & Taylor buildings with demolition of many damaged free-standing buildings in the floodway, rehabilitation and/or sale of less damaged buildings on the periphery, and new construction to replace the program space needed to re-

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<sup>50</sup> Kincheloe/Hunt, *Empty Beds*, p.123

<sup>51</sup> Ibid

<sup>52</sup> Molde, Marcia, University of Vermont, unpublished report, p.16

<sup>53</sup> Removed in 2014

<sup>54</sup> The Forensics Lab, designed by HDR Architects with Scott + Partners, is attached to the Medical- Surgical Building (HD #7) which became the Public Safety Building of the Vermont State Police in 1983.

<sup>55</sup> Goody-Clancy, *Waterbury Office Complex Feasibility Study*. 2 Volumes, March 9, 2012

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house the Agency of Human Services onsite. To accomplish this, several buildings built after 1910 were removed in 2014. Of the remaining hospital-related buildings, the state is retaining and immediately re-using several including the main building (HD #1) for the Department of Human Services and the Medical Surgical/Public Safety Building (HD #7) for the Department of Public Safety, which was added to and renovated in 2010 and 2011. Hanks (HD #2) and Weeks (HD #4) are being “wet flood-proofed” and will be mothballed for renovation in the near future for state use. Also in continued use by the state is the historic horseshoe drive and green (HD #8) which continues to provide access and circulation to the site in addition to the modern outer drive (State Drive). The smokestack (HD #5) is being preserved onsite.

Stanley Hall (HD #6) and Wasson Hall (HD #3) are being studied for possible redevelopment sale or for re-use by the state. The Annex (now 36 State Drive), 121 South Main, and 123 South Main have been sold and are being or have been rehabilitated by other parties. These three properties are contributing resources in the Waterbury Village Historic District.

## **Historic Contexts**

### **Criterion A: Health/Medicine**

The Vermont State Hospital Historic District is significant under Criterion A for its role in the history of mental health treatment in Vermont and in the United States. In addition to the original, congregate plan asylum building deliberately located in a calm, bucolic setting, the district includes all of the well-preserved, important, detached program buildings built by the hospital such as laboratories, medical and surgical facilities, administration offices and staff dormitories. The complex represents the evolving approach to mental health care in the state from the consolidated housing of all patients, staff, and functions under one, sometimes very large, roof to a more specialized and increasingly scientific approach that required detached buildings to segregate functions, types of patients and staff for reasons of health and safety, social benefit, employee respite, as well as medical and technical practicality. Eventually, with the development of pharmaceutical treatments and community-based treatment programs as the dominant approach to psychiatric care, deinstitutionalization ended the expansion of the campus and thus its primary period of significance.

The hospital was established in the late 1880s to address the chronic and severe overcrowding at the much older, privately-run, Brattleboro Retreat in southern Vermont which served as the states’ only mental hospital and asylum. The Vermont State Hospital was established as the first state-run mental hospital in Vermont. Like the Retreat, the Waterbury facility was located in a rural setting that was considered calming and therapeutic to the mentally ill and also provided a farm component to supply the kitchens. By the end of the 19<sup>th</sup> century, the bucolic atmosphere was also considered a boon for the care of patients, especially the non-violent ones who could enjoy the outdoors as part of their treatment. Waterbury as a location also had the benefit of being on the main railroad line and was easily accessible from the state capital in Montpelier, 15 minutes to the south. The Vermont State Hospital’s siting and original design reflect national trends in the thinking and practice of mental health care at the end of the 19<sup>th</sup> century. The

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hospital co-exists and is surrounded by the small village of Waterbury and, with dozens of employees and trained professionals, had a major impact economically and culturally on the town with most of the staff living on or near the campus.

The evolving approach to mental health care in the 20<sup>th</sup> century as practiced at the Vermont State Hospital in close proximity to decision makers in the capital also shaped the state's policies and investment in the field with increasing funding for laboratory and medical facilities, and later for psychologists, pharmacology resources, social work and community-based programs. The scientific emphasis at the Vermont State Hospital in the 20<sup>th</sup> century reflected the increasingly physical, surgical and clinical approaches to mental health treatment in the field. With its facilities and close ties to the University of Vermont, it also became an arena for the later discredited research and practice of eugenics.

### **19<sup>th</sup> Century Mental Health Institutions**

Dedicated facilities for the mentally ill were built on the outskirts of many American cities after the Civil War and, by the turn of the 20th century, almost 300 'insane asylums' had been built in the country.<sup>56</sup> Although they are today perceived as rather dismal reminders of an outmoded system, the construction of these facilities was actually viewed as an important step towards the humane care of the mentally ill, and the buildings that housed them once exemplified innovation and progress. Most important though was the emphasis that medical practitioners, scientists and philanthropists placed upon the architecture of the buildings and their surroundings as part of the treatment of mental illness.

#### ***'Linear Plan' Asylums:***

In 1844, psychiatrists in the United States created a professional organization called the Association of Medical Superintendents of American Institutions for the Insane (AMSII), which was the precursor to the American Psychiatric Association. The AMSII published a number of guidelines and articles on the construction of asylums and paved the way for the 'linear' or 'congregate' type of asylum design to be the dominant typology for all such institutions by the 1870s. A linear or congregate plan asylum consisted of an interconnected cluster of individual ward buildings or 'pavilions.'<sup>57</sup> It was distinct in that all or most functions were located 'under one roof.' This arrangement was supposed to provide the most efficient administration as opposed to individual, smaller free-standing buildings. A popular linear plan asylum design was the Kirkbride Plan, named after Dr. Thomas Story Kirkbride, an influential psychiatrist and resident of AMSII who documented his plan comprehensively in two widely

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<sup>56</sup> Yanni, Carla. *The Architecture of Madness: Insane Asylums in the United States*. Minneapolis, MN: University of Minnesota Press, 2007.

<sup>57</sup> 'Pavilion' when used in reference to hospital design refers to "an open ward, but of limited extent; ventilated on both long sides by windows, on both short sides by doors; connected to a corridor that serves similar pavilions, but self-contained within its own service rooms. This type of ward came into use in the middle of the nineteenth century and was very popular in Europe"—from Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. New Haven: Yale University Press, 1975.

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circulated publications in 1854 and 1880. In the Kirkbride Plan, ward buildings were arranged ‘en echeleon’ (in a staggered format) for improved natural ventilation and sunlight.

Towards the end of the 19th century, the ‘linear plan’ was waning in popularity, primarily because increased overcrowding necessitated new designs to be extremely long. Existing asylums began adding new buildings as free-standing structures for better segregation of patients (tuberculosis and other infectious diseases demanded seclusion) and also to provide a more ‘home-like’ atmosphere. The latter was a deliberate attempt to move away from the institutional imagery of the ‘linear plan’.

Construction on the Vermont State Asylum for the Insane started in 1889. The fact that the Kirkbride Plan was not chosen as a model for this site was probably because of this shifting trend. The buildings were still arranged as a ‘linear/congregate plan’ though, with all the individual ward buildings interconnected via basement and first floor corridors. For colder climates like Vermont, this was probably still deemed a useful feature. However, many elements from the ‘cottage-style’ designs can also be seen here, such as the presence of wooden porches, and lower building heights to lend a more domestic feeling.

The early architecture of Vermont State Asylum for the Insane can thus be seen as an intermediate step between the ‘linear plan’ and ‘cottage plan’. The patient ward buildings here can be understood as individual ‘pavilions’ connected to each other via linear connector buildings that housed more public functions (such as dining halls and day-rooms). So while the buildings were not completely free-standing, they were still more independently defined than in earlier Kirkbride Plan asylums.

***Circular Ward Design:***

Two of the five buildings on either side of the Center Building were built as circular ward buildings, and these structures represent a distinctive design feature of the Vermont State Hospital. Only a handful of 19<sup>th</sup> century asylums in the United States featured circular wards, and very few remain intact today. Circular ward design was popularized in the late-19<sup>th</sup> century with the publication of an article on their usefulness by Dr. John Marshall of England in 1878<sup>58</sup>. The paper advocated the merits of a circular ward over that of prevalent rectangular ones – “*having no blank ends like an oblong ward, its uniformly rounded exterior... would receive light, air and wind from every direction.*”<sup>59</sup> Marshall compared this type of ward to a circular tent, and the ease of natural ventilation that implied. For artificial ventilation, he suggested a center (extract) shaft “equidistant from the circumferential inlets” and asserted that “*sharp draughts across the ward, down draughts on the walls opposite and relatively near to open*

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<sup>58</sup> John Marshall, FRS (1818-1891) was a Professor of Surgery at University College and Hospital, and Professor of Anatomy at the Royal Academy. This paper was published in the *Builder* under the heading ‘On a circular system of hospital wards’ in 1878.

<sup>59</sup> John Marshall’s excerpt from his original paper reproduced in *The Practitioner*, A Journal of Therapeutics and Public Health, Vol. XXI, July to December, 1878, p.473 available online at <http://books.google.com/books?id=pWUCAAAAYAAJ&printsec=frontcover#v=onepage&q&f=false>

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*windows...would not exist.*"<sup>60</sup> He performed detailed area calculations and suggested that a 61 ft. diameter would provide most efficient bed space (the wards at Waterbury are 52' in diameter). Other benefits that were cited included ability to conform to tight, irregular sites and the opportunity to add architectural interest to rather standardized pavilion or linear plan hospitals. The only identified disadvantage was higher first costs as compared to rectangular wards.

While Dr. John Marshall definitely popularized circular wards in 1878 with his paper, it is incorrect to assume that this typology did not already exist elsewhere in Europe and around the world. In fact, the roots of this ward form can be traced back to middle ages when monasteries with circular churches were routinely used as infirmaries.<sup>61</sup> In fact an army General Sir Andrew Clarke had put forward proposals as early as 1852 to build circular ward hospitals in Madras and Lucknow (India) and Yokohama (Japan).<sup>62</sup> In Europe, construction on a Civil Hospital with eight circular ward pavilions had also started in Antwerp, independent of Dr. Marshall's paper.

In the United States, the earliest reported example seems to be the Cancer Hospital in New York in 1884.<sup>63</sup> Although, we know that the Worcester State Hospital by Rand and Weston included circular wards, they were not part of the original 1877 design but rather were added later in about 1887 when Rand & Taylor were hired to make additions and changes.<sup>64</sup> Nonetheless, there are very few examples of circular hospital wards all over the world, even fewer in the United States, and hardly any that are still intact within their original layout. With the surviving circular ward, Hooper Hall, of Worcester State Hospital now isolated after the demolition of the main asylum,

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<sup>60</sup> *Builder*, 2 Nov. 1878, 36. Reproduced from Taylor, Jeremy, 'Circular Hospital wards: Professor John Marshall's Concept and its Exploration by the Architectural Profession in the 1880s', *Medical History*, 1988, 32:427

<sup>61</sup> Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. New Haven: Yale University Press, 1975, p.18

<sup>62</sup> Taylor, Jeremy, 'Circular Hospital wards: Professor John Marshall's Concept and its Exploration by the Architectural Profession in the 1880s', *Medical History*, 1988, 32:432. Clarke recounted experience of other military doctors that when the wounded were placed in circular churches, hospital gangrene seldom set hinting at better ventilation, cleanliness etc. In support he also added that the pantheon in Rome had been used as a military hospital with 'the most favorable results'.

<sup>63</sup> *Ibid*, p. 434

<sup>64</sup> A posted response to an online photo essay on the Worcester Hospital (<http://kingstonlounge.blogspot.com/2012/08/worcester-state-hospital.html>), suggested that the original buildings were designed by Weston & Rand in 1877 and that the later firm, Rand & Taylor, was responsible for additions in 1887. These were unspecified but could conceivably have been the circular wards. Corroborating this theory, a 1916 history of the Worcester State Hospital in the book: *The Institutional Care of the Insane in the United States and Canada*, Vol. II [by Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, & T. J. Burgess, Baltimore: Johns Hopkins Press, 1916, p. 641] reports that Dr. John G. Park was the superintendent from 1879 to 1890. "... His administration perfected the organization of the service in the new hospital buildings and did much in the improvement of the grounds. He took a deep interest in the physical activities of his patients and recognized occupation as one of the best and most important of remedial measures. He introduced various industrial activities, as spinning, knitting, the use of the hand weaving loom and other forms of employment. He early advocated the establishment of a separate institution for the male criminal insane. The continued increase in numbers of patients necessitated the still further enlargement of the institution. Dr. Park erected the two circular observation wards, which have proven so well adapted for their purpose."

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the extant circular wards at the Vermont State Hospital become even more historically significant and worthy of preservation.

### **Mental Health Treatment in the 20<sup>th</sup> Century and Development of the Campus**

The development of campus after the initial Rand & Taylor Main Building reflects the evolution of the field of mental health treatment and philosophy. Unlike early asylums of the 19<sup>th</sup> century in the United States, the 1891-4 Vermont State Hospital was originally conceived as a connected series of discrete structures providing the opportunity for segregation of men from women and the beginning of separation into smaller ward units that could be more specialized. As noted above, this represented a transition from the Kirkbride plan to the cottage plan. Separation and the concept of classifying different types of patients had begun with the design of the Main Building but became an increasingly dominant theme of the 20<sup>th</sup> century development in mental health as more specific treatments emerged for addressing the different psychiatric and physical ailments of the patients. An early example of greater separation at the Vermont State Hospital was the use of the Dr. Fales House, acquired in 1895, as an "Annex" that could house staff and also "quieter convalescent" patients who could also benefit from farm work in the newly built barns behind the house<sup>65</sup>. In another early example, the first detached building to be built – the Hanks Pathological building (HD #2) – allowed some distinctly medical and scientific operations to be removed from the patient wards, especially the mortuary and pathology department. This coincided with the re-naming of the facility from the Vermont State Asylum to the Vermont State Hospital in an effort to emphasize the increasingly scientific approach to the treatment of mental health problems<sup>66</sup>. Dr. Frank Page, who became Superintendent in 1897, made an effort to improve the living conditions of both the patients and the staff. He ended the housing of patients in the damp basements, removed bars from the Annex windows, introduced staff uniforms for recognition and greater professionalism, and advocated for a separate building to house female staff to allow them some respite from the stress of their work. The latter effort resulted in the construction of the second detached building built by the hospital – the Nurses Residence or Wasson Hall (HD #3) in 1901. By 1908, the Annex was being used to house male nurses<sup>67</sup> to provide a similar separation. Over time, many additions and new wards were added directly to the main building to separate tubercular patients or criminal patients (such as 12 South,<sup>68</sup> now removed) or to handle overcrowding, which plagued the hospital until the de-institutionalization movement of the later 20<sup>th</sup> century. In 1912, the formal classification of patients was introduced to help separate and direct treatment.

In 1920, Occupational and Recreational Therapy became a department and facilities were added specifically for these purposes including detached new carpentry shop and laundry (both now removed), yard improvements, and the re-purposing of former wards for sewing and other shop activities. Part of the occupational therapy included using able patients as construction help for new buildings on campus, including a new admissions building. The Admissions Building

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<sup>65</sup> *Empty Beds*, p.3-4

<sup>66</sup> *Empty Beds*, p.5

<sup>67</sup> *Empty Beds*, p.14

<sup>68</sup> *Empty Beds*, p.227

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(Weeks, HD #4), built in 1924, was the first major new, detached building built to fully segregate and enable the medical evaluation of incoming patients and the increasingly medical treatment procedures for both mental and physical problems of the patient population. Hunt wrote in *Empty Beds*: “*Dr. Wasson* [Superintendent until 1918] *thought that a place was needed to give intensive care to early developing mental cases to prevent them from becoming hopelessly chronic*” (p. 30). The subsequent Superintendents agreed and pushed for this separate new building. All the medical treatments and surgery were conducted in either Weeks or Hanks. Weeks contained surgical facilities, offices, an x-ray, sterilization facilities, electrical equipment and accommodations for over a hundred patients. The hospital engaged in a number of treatments over time including electroshock therapy, hydrotherapy, lobotomy, insulin & malaria fever therapy, induced coma therapy and possibly eugenics-related activities such as surgical sterilizations. Many of these activities took place in Weeks or A Building (now removed), built in 1931. As the mental health field evolved in the 20<sup>th</sup> century, a Department of Psychology was established at the Vermont Hospital in 1948 and more space was needed to house this and later functions such as pharmacology and later, social work. In 1949, the huge new Medical-Surgical Building (HD #7) opened and provided space for many of these activities and more specialized beds for patients. All surgery was conducted in this building until 1971<sup>69</sup> while some activities like insulin treatment and electro-convulsive therapy continued to be located in Weeks. The use of many of the older therapies such as lobotomy and electroconvulsive began to lessen or end by the mid-1950s as the use of drug therapy increased so the buildings’ use changed over time.

The persistent overcrowding of the Vermont State Hospital in the first half of the 20<sup>th</sup> century also affected staff and a new Nurse’s Residence (Stanley Hall, HD #6) was built in 1948 and the old nurse’s residence (Wasson, HD #3) converted to house married staff. The hospital also bought residences adjacent to the campus to house staff and doctors, including the former C.C. Warren mansion on South Main Street in 1945 to provide a separate residence for the Superintendent who had up till then lived in an apartment in the Center Building (HD #1F).

### **Eugenics Movement in Vermont**

Eugenics is the “applied science or the bio-social movement which advocates the use of practices aimed at improving the genetic composition of a population”<sup>70</sup> The Eugenics movement emerged and flourished in the United States during the latter part of the 19th century through the first half of the 20th century. Vermont’s involvement in the Eugenics movement is available in a documentary history compiled by the University of Vermont.<sup>71</sup>

According to the UVM documentation:

*“The Eugenics Survey of Vermont (1925-1936), founded and directed by University of Vermont zoology professor Henry F. Perkins, functioned as Vermont’s official agency of eugenics research and education during the interwar years. The Vermont legislature enacted a law*

<sup>69</sup> *Empty Beds*, p. 230

<sup>70</sup> “Eugenics”, Unified Medical Language System (Psychological Index Terms) National Library of Medicine, 26 Sep. 2010.

<sup>71</sup> Available online at <http://www.uvm.edu/~eugenics/>



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*permitting sexual sterilization of “feble-minded and insane” persons in 1931. The archives of the Eugenics Survey of Vermont and the Vermont Commission on Country Life were preserved for posterity and transferred to Vermont Public Records Division in 1952, where they remained in storage for thirty-five years. Historian Kevin Dann, having discovered the archives in the basement of the Waterbury State hospital in 1986, published the first historical accounts of the Vermont eugenics movement and kindled new interest into this troubling chapter in Vermont’s past.*

*In the past decade, the Eugenics Survey of Vermont has attracted the attention of historians and journalists and fueled the imagination of artists and writers. Frequently cast as “Vermont’s Dark Secret” in popular accounts, the Eugenics Survey of Vermont has provided a focal point for discussion of such issues as racism and civil rights, the Abenaki struggle for tribal recognition, the collection, use, and privacy of genetic information in health care, and the historical meaning of Vermont’s celebrated identity and traditions.”*

While the Eugenics Survey operated as an official adjunct to the Zoology Department at the University of Vermont, Professor Perkins depended upon the cooperation and support of an impressive roster of civic leaders, private charities, government officials, and professors in relevant fields, who endorsed the enterprise through their official role as advisors to the Survey. One of these individuals was Dr. Eugene A. Stanley, Superintendent of the Vermont State Hospital from 1918-1936. An advocate of eugenics, Dr. Stanley testified in favor of the sterilization bills in 1927 and 1931, provided the Eugenics Survey access to patient records, and played an influential role as an advisor to the Eugenics Survey. He was a member of the sub-committee on “Care of the Handicapped” for the Vermont Commission on Country Life.<sup>72</sup>

During Dr. Stanley’s tenure, two large ward buildings were constructed – Admission Building (Weeks, HD #4) in 1924 and Building A for ‘acutely disturbed female patients’ in 1932, which has been removed. This building included provision for treatments such as ‘hydrotherapy’ and ‘colonic irrigation’ and patients were often restrained to control disruptive behavior (a companion male building ‘B Building’ was built shortly after Dr. Stanley’s tenure in 1939, and has been removed as well). The Vermont Eugenics Movement’s documentary history mentions Building A in its context, but it and the other related patient care building have been lost. Although Weeks remains, its specific ties to the Eugenics-related activities is not clear and its interior has been altered over time. However, descriptions<sup>73</sup> indicate that when built it housed surgical facilities including an operating room, sterilization [presumably of equipment] room, X-ray, and patient wards. It seems possible that after the 1931 law allowing sexual sterilization of “feble-minded and insane persons” for which Superintendent Stanley positively testified that Weeks’s facilities may have been used for this purpose. According to the Vermont page<sup>74</sup> from the website: “Eugenics: Compulsory Sterilization in Fifty American States,” there were 131

<sup>72</sup> Vermont Eugenics: A Documentary History, Available online at <http://www.uvm.edu/~eugenics/>

<sup>73</sup> Empty Beds, p.30

<sup>74</sup> <http://www.uvm.edu/~lkaelber/eugenics/VT/VT.html>

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sterilizations in Vermont between 1933 and 1938. From 1938 to 1949 there were another 120 until by 1950 the total number reached was about 250 and the practice appeared to stop. It is not clear where in Vermont these operations took place. A search of the recently unsealed archives of the Vermont State Hospital might reveal how many – if any – occurred at the hospital. By the time a new Medical and Surgical Building was constructed in 1949, the sterilizations appear to have ended so it is unlikely that this building was associated with the practice or the eugenics movement.

**Criterion C: Architecture**

The Vermont State Hospital is significant as an example of architecture and planning specifically designed to promote the care and well-being of the patients being treated there. From the very outset, architects Rand & Taylor sought to arrange and design the buildings to maximize fresh air flow and natural lighting. Building heights were kept low to facilitate ease of egress in case of fire.<sup>75</sup> Following fires in 1909 and 1910, new buildings emphasized fireproof construction, the installation of sprinkler systems, and metal fire escapes. The historic core building is an excellent example of the Institutional Late Victorian style of architecture which its decorative use of towers, details, rooflines, and dormers to vary and provide interest to a very large structure and façade. The historic core is also significant as one of the few intact original designs by Rand & Taylor in the country, and the circular wards are rare examples of this building type. Later detached buildings on the campus are good examples of restrained and institutional Colonial Revival style, the result of chronically tight construction budgets which challenged capital improvements to the hospital in the 20<sup>th</sup> century.

**Hospital Design by Architects Rand & Taylor**

As described before in the section ‘Developmental History: 1889 –1896’, the architectural firm of Rand & Taylor prepared the original designs for the Vermont State Asylum in Waterbury. Over the course of their practice, they designed a number of other hospitals and asylums, as listed below- some of these were designed independently by Rand or Taylor or in partnership with other architects.

1876 & 1887-Worcester State Hospital, Worcester, MA

1885- Bancroft Building for Lady Patients at Concord State Insane Asylum, Hanover, NH

1889- Vermont State Asylum for the Insane, Waterbury, VT

1893- Mary Hitchcock Memorial Hospital, Dartmouth, NH

1895- Watts Hospital, Durham, NC (Original Bldg.)

1895- Heaton Hospital, Montpelier, VT

1909- New Watts Hospital, Durham, NC

1909/ early 1900s - Corey Hill Hospital, Brookline, MA

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<sup>75</sup> *American Architect and Architecture*, “The Vermont Insane Asylum, Waterbury VT. Mssrs. Rand & Talyor, Architects, Boston, Mass,” December 19, 1891, 186.

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As evident from this list, their practice was known for their expertise in hospital design. Unfortunately, not many of these buildings still exist, underlining the importance of the Vermont State Hospital as a surviving built example of their designs.

Worcester State Hospital was a large asylum complex designed in 1877 by Weston & Rand and later added to in 1887 by Rand & Taylor. The original design was based on the 'Kirkbride Plan'. However, much of the campus was destroyed by a fire in 1991 and most of the remaining historic buildings were demolished in 2008 to make way for a new psychiatric facility. In 2015, only the detached Administration Building with its iconic clock tower and Hooper Hall (a circular ward) remain.<sup>76</sup> The historical integrity of the complex has been severely compromised due to substantial demolition. At the Concord State Asylum, Rand & Taylor were not responsible for the entire complex design but only an individual ward building – 'Bancroft Building for Lady Patients' that still exists. The Mary Hitchcock Memorial Hospital, in Dartmouth, NH, was purchased by Dartmouth College in 1989 and most of the hospital buildings were demolished. It appears that only one ward building from the original Rand & Taylor construction still survives.<sup>77</sup>

The original Watts Hospital buildings in Durham, NC were moved and converted to residences in 1909 and a new campus was built by Rand & Taylor on a different site. This new campus was adaptively reused as the 'North Carolina School of Science and Math' in 1980, the first State residential high school of its kind. The Administration Building and patient ward buildings were largely retained in this reuse. The Heaton Hospital in Montpelier constructed in 1895 was a much smaller facility as compared to Waterbury, and aligned more closely with the 'cottage-plan' typology. The historic buildings were vacated in 1968 when a new facility, 'Central Vermont Medical Center,' was built in Berlin, VT. The old hospital complex was renovated as a nursing home, and today serves as an assisted living facility. The Corey Hill Hospital in Brookline, MA, was another small facility but the current status of the historic buildings is unknown.

The Vermont State Hospital at Waterbury is by far the largest and most intact collection of hospital buildings by Rand & Taylor anywhere in the United States. By 1896, the construction of the central administration building with flanking patient wings of five wards each was complete, as originally designed by the architects. These buildings are all still present and have been restored on the exterior in 2015 and so retain a very high level of historic integrity.

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<sup>76</sup> From the website of the Massachusetts Dept. of Mental Health and Google Earth

<sup>77</sup> <http://www.dartmo.com/mhnh/index.html>

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## Architects and Builders of District Resources

### Rand & Taylor, Boston

George Dutton Rand (1833-1910) and Bertrand E. Taylor (1855-1909) were both born in Vermont and opened their Boston office in 1881<sup>78</sup>. Their firm was well-known in the 19th century and specialized in hospital design, while being quite prolific, both in geographic reach and building types. Rand & Taylor designed a number of campus buildings as well, including the first buildings of the Northfield Seminary in Massachusetts and Rollins College in Florida, as well as dormitories for Mount Holyoke (AABN July 27, 1901) and Smith College, and an innovative building for the study of electrical engineering for MIT when it was still located in Boston.

With his partner Frank Weston, Rand designed one of the country's early apartment buildings, a "French flat" of 1872, for Henry Lee Higginson in Boston's Back Bay as well as the Worcester State Hospital in Massachusetts in 1877. In partnership with J. Foster Ober, Rand designed the enormous 1880 expansion of the Hotel Vendome on Commonwealth Avenue, among the earliest buildings in the city to be lit by electricity<sup>79</sup>. Rand & Taylor's practice was national, and they designed large residences in Kansas, Indiana, and Colorado, including a house in Denver that once served as the governor's mansion. They also completed a major hotel commission in Winter Park, Florida and the Winchester, Massachusetts Town Hall (1887).

Prior to the Waterbury commission, they designed the 'Bancroft Building for Lady Patients' at the Concord State Insane Asylum in New Hampshire in 1885 and expanded the Worcester State Hospital in 1887. After the Waterbury commission, they went on to design a number of other hospital projects, namely, the Mary Hitchcock Memorial Hospital in Dartmouth, NH (1893); the Watts Hospital in Durham, NC (Old Campus -1895, New Campus-1909); Heaton Hospital, Montpelier, VT (1895); and the Corey Hill Hospital in Boston, MA (1909). All their hospital projects, including those that preceded Waterbury and followed it, echo similar design principles. They can all be characterized as 'pavilion plan' hospitals with early traces of the emerging 'cottage-plan' typology.

The Worcester State Hospital, designed with Weston, was Rand's biggest assignment before Waterbury. It was a sprawling insane asylum based on the Kirkbride Plan (a type of pavilion plan), and was a very important and well-known project at the time of its construction. To the interconnected rectangular ward buildings, Rand & Taylor were hired to design additions that were three-story circular wards, very similar to those that were later used at Waterbury.<sup>80</sup>

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<sup>78</sup> Biographical Dictionary of Architects in Canada 1800-1950.  
<http://dictionaryofarchitectsincanada.org/architects/view/538>. They designed only one building in Canada Algonquin Hotel in St. Andrews

<sup>79</sup> Meister, Maureen. *Letters to the Editor, Preservation Magazine*. July/August 2011

<sup>80</sup> A historic postcard of the interior of the round ward Hooper at Worcester State Hospital show that it is nearly identical to the Waterbury round ward interiors.

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Unfortunately, most of the campus was demolished in 1991 and 2008. In 2015 only the administration building with its clock tower and the Hooper circular ward remain adjacent to new hospital campus but they appear to be mothballed with an uncertain future.<sup>81</sup>

**Charles Wyman Buckham (1869-1951)**<sup>82</sup>

Charles Wyman Buckham was born in Burlington, Vermont, and was the son of Matthew Henry Buckham who was president of the University of Vermont from 1871 to 1910. After his graduation from Vermont in 1891, Buckham studied architecture at the National Academy of Design and at Columbia University. Several years later he studied at the Atelier Dure and Pascal in Paris. Returning to this country, he settled in Burlington, Vermont, where he designed residences and schools.

In 1898, Buckham designed the Pathological Building (Hanks) at the Vermont State Hospital in Waterbury, and an addition to the State Office Building in Montpelier, VT, in 1899. He was the architect of Morrill Hall for the State Agriculture Department at the University of Vermont. In 1900 he joined Warren & Westmore in New York, designers of Grand Central Terminal. Subsequently he was with Carrere & Hastings, architects of the New York Public Library. He was superintendent of construction of several Carnegie branch libraries in New York and on Staten Island. Other works include the Gainsborough Studios on Central Park South in New York; the Thomas Scott Buckham Memorial Library at Faribault, MN, and a redesign of the Salmagundi Club in New York.

He was a pioneer in developing the interlocking' floor type of building construction and of the "duplex" apartment, He also held patents on an inclined ramp as a substitute for stairs in school buildings and 'on a multi-level garage for the parking of cars.

Some other Vermont commissions include the 1896 Bellows Falls High School and a Congregational Church in Morrisville of the same year.

**Payson Rex Webber (1903-2001)**<sup>83</sup>

Payson Rex Webber was a Rutland architect whose career and designs spanned the Colonial Revival to the Modernist era. His work included examples of both as well as the adaptive rehabilitation of historic landmarks such as the Coolidge Homestead and East Poultney Church.

Webber was one of several Vermont architects influenced by the Harvard Graduate Program in Architecture, as it transitioned from Beaux Arts to Bauhaus. Webber graduated in 1929 and then joined the firm of Delano & Aldrich in New York. He moved to Vermont to practice in 1935 and

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<sup>81</sup> Author's 2015 online research on webpages of the Preservation Worcester, the Mass. Department of Mental Health, which operates the new hospital and rehabilitation facility that replaced the asylum buildings, and Google Earth.

<sup>82</sup> Much of this information is from Buckham's obituary in the New York Times, March 12, 1951. The rest is from the Digital Newspaper Project online searches.

<sup>83</sup> Basic information is from entries in the American Architects Directory, 1962 & 1970 editions (R.R. Bowker LLC)

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started his own firm in 1936. He provided a design for the new nurse's home (Stanley Hall, HD #6) at the Vermont State Hospital in Waterbury in 1946. Between 1948 and 1961, he joined forces with Rutland architect Ernest L. Erickson and the firm was known as Webber & Erickson. He returned to solo practice as Payson Rex Webber, Architect, until he retired in 1979. He was a founding member in 1948 of the first Vermont AIA chapter, called the Vermont Association of Architects.<sup>84</sup> He was the secretary-treasurer and later its vice president and president. Webber also served for many years on the zoning and planning boards of the City of Rutland and was an Alderman from 1949 to 1952.

Among his known works are many state contracts as well as several churches – both renovations and new design. His works in Vermont include<sup>85</sup>: Restoration of the East Poultney Baptist Church in 1937 (reconstruction of the steeple and bell tower<sup>86</sup>); the Colonial Revival design of Stanley Hall for Nurses in 1946; interior and exterior remodeling of the Governor John Hubbard House, Hallowell, Maine in 1948-9<sup>87</sup>; interior remodeling of the First Congregational Church of Woodstock in 1951<sup>88</sup>; the adaptive rehabilitation of the Calvin Coolidge Home into a museum for the Coolidge Memorial Foundation in 1956; parts of the 1958 Rutland Regional Medical Center<sup>89</sup>; the design of the Castleton State gymnasium in 1959; modernist Castleton State Huden dining hall in 1965 as well as two other dorms and the main library (now severely altered) there<sup>90</sup>; the simple, modernist State Department of Employment Services in Montpelier in 1966; the very modern St. Paul's Church of Manchester, VT in 1967; St. John the Baptist Church in Castleton in 1969; Christ Church Presbyterian in Burlington<sup>91</sup>; and the modernist State Department of Employment Services in Burlington in 1970<sup>92</sup>. Other undated Vermont projects include the CVPS headquarters on Grove St in Rutland, the Rutland United Methodist Church sanctuary, an addition to the Rutland County Courthouse in Rutland, and an addition to the Poultney town library.<sup>93</sup>

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<sup>84</sup> The other founders were Preston Mansfield Cole of Woodstock; Ernest L. Erickson, of Rutland; John Charles French, of Burlington; William W. Freeman, of Burlington; and Charles Hood Helmer, of Woodstock. [from AIA archives online]

<sup>85</sup> Much of the list is from records of AIA archives online

<sup>86</sup> “At a meeting of the Historical Society in 1936, it was suggested by two grandsons of Mr. [George] Jones that they head a drive to be supported by them and others to undertake the reconstruction of the Tower, as a permanent memorial to George Jones. The Tower had been damaged first in a storm of 1898 when the weather vane was blown down, and ten years later the beautiful Lantern Tower fell. These grandsons, as well as, the then Governor of the State of Vermont, George D. Aikens, spoke at the dedication ceremony in 1937.” From

<http://www.poultneyhistoricalsociety.org/about/the-two-editors-horace-greeley-and-george-jones/george-jones-man-of-great-principles/> George Jones (1811 -1891), who was born in East Poultney, co-founded the New York Times.

<sup>87</sup> Historic American Building Survey records online

<sup>88</sup> Online history of the church from its website: <http://www.fccw.net/the-story-of-the-building/>

<sup>89</sup> According to Webber acquaintance, David Wright of Middletown Springs, VT

<sup>90</sup> According to Webber acquaintance, David Wright of Middletown Springs, VT

<sup>91</sup> Brian Knight Research. *Survey of Modern Architecture in Burlington*. Burlington VT: City of Burlington, 2011.

<sup>92</sup> Ibid

<sup>93</sup> According to Webber acquaintance, David Wright of Middletown Springs, VT

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**Alfred T. Granger (1901-1970)<sup>94</sup>**

Alfred Thompson Granger was born in Washington, D.C. in 1902 and studied architecture in Boston, first at Northeastern and then earned his Design & Architecture graduate degree from Harvard in 1924. Beginning in 1920 he was employed by R. B. Whitten in Cambridge, followed by Stone and Webster, of Boston; Taylor and Wakeling of St. Petersburg, FL; Jens Larsen of Hanover; and Wells and Hudson of Hanover. From 1932 to 1942 the firm became Wells, Hudson and Granger, with Granger as a senior member, designer and executive. The works of Wells, Hudson and Granger of Hanover included the 1937-38 New Hampshire State House Annex which is a traditional institutional building that used recessed, dark colored window bays to provide strong visual contrasting vertical elements. During this time Granger is also known to have designed some houses on the Dartmouth College campus where his partner, Harry Wells served as Superintendent of Buildings. In 1942, Granger formed his own firm, Alfred T. Granger Associates, and continued to be based in Hanover, NH. The Medical Surgical Building of the Vermont State Hospital (HD #7) he designed in 1946 is one of the firms' early works and combines traditional form, symmetry, and materials with strong horizontal and vertical elements – some streamlined in style – to tie a very large building together visually. In 1950, Granger designed two of his best known works for the University of Vermont, the Hills Agricultural Science Building and the Terrill Home Economics Building, using a more modernist, streamlined style with bare (not molded) trim, flat roofs, and asymmetry. The contrasting horizontal and vertical bands of windows and trim materials making a strong and modern visual statement. His work in the 1950s and 1960s included many schools in New Hampshire as well as the Vergennes (VT) Union High School of 1958 and commercial buildings such as Dial Exchange Buildings in Keene, Nashua, Portsmouth, Littleton, and Claremont, NH. He died in 1970 and established posthumously the Alfred T. Granger Student Art Trust Fund to provide scholarships to Vermont and New Hampshire High School students pursuing the arts and architecture.

**Archaeology**

Several, small, impact-specific archaeological surveys have been conducted at various locations on the grounds of the Vermont State Hospital. While these surveys did not identify any significant Precontact sites or cultural material, there is a distinct possibility that significant Precontact sites exist within undisturbed sections of the complex grounds owing to its location within and adjacent to a broad floodplain of the Winooski River. Such sites may be deeply buried but well-preserved due to the heavy sediment load the river periodically deposits at this location. Significant archaeological components related to the early development and use of the Vermont State Hospital may also be present in small sections of the complex grounds.

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<sup>94</sup> Sources include: *Mid 20th Century Architecture in NH: 1945-1975* by Lisa Mausolf (2012), the Vermont Modern website, as well as his entries in the 1956 & 1962 AIA directories

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Orleans County Monitor, May 8, 1899  
Vermont Phoenix, Brattleboro, April 5, 1901

Also:

John Marshall, as reproduced in *The Practitioner*, A Journal of Therapeutics and Public Health, Vol. XXI, July to December, 1878. available online at <http://books.google.com/books?id=pWUCAAAAYAAJ&printsec=frontcover#v=onepage&q&f=false>

online photo essay on the Worcester Hospital  
(<http://kingstonlounge.blogspot.com/2012/08/worcester-state-hospital.html>)

Website of the Eugenics Survey of Vermont: <http://www.uvm.edu/~eugenics/>

"Vermont Eugenics: A Documentary History", Available online at <http://www.uvm.edu/~eugenics/>

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The websites of the Massachusetts Dept. of Mental Health, Preservation Worcester, Poultney Historical Society & Vermont Modern

<http://www.dartmo.com/mhmf/index.html>

Biographical Dictionary of Architects in Canada 1800-1950.  
<http://dictionaryofarchitectsincanada.org/architects/view/538>

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**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 # \_\_\_\_\_  
 recorded by Historic American Landscape Survey # \_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office  
 Other State agency: Dept. of Buildings & General Services  
 Federal agency  
 Local government  
 University  
 Other

Name of repository:

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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### 10. Geographical Data

**Acreeage of Property** 36.3 acres

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: 44.333054 | Longitude: -72.757235 |
| 2. Latitude: 44.334258 | Longitude: -72.753958 |
| 3. Latitude: 44.333060 | Longitude: -72.752681 |
| 4. Latitude: 44.333370 | Longitude: -72.752013 |
| 5. Latitude: 44.332732 | Longitude: -72.751349 |
| 6. Latitude: 44.332318 | Longitude: -72.752079 |
| 7. Latitude: 44.330151 | Longitude: -72.749648 |
| 8. Latitude: 44.329660 | Longitude: -72.750690 |
| 9. Latitude: 44.330263 | Longitude: -72.755151 |

#### **Vermont State Hospital Historic District Waterbury, Washington County, Vermont Location Map, May 4, 2016**

Or

#### **UTM References**

Datum (indicated on USGS map):

NAD 1927    or     NAD 1983

- |          |          |           |
|----------|----------|-----------|
| 1. Zone: | Easting: | Northing: |
| 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 roughly 36-acre property includes the surviving buildings built by the Vermont State Hospital. The core campus forms the district which is bound on the east by South Main Street (see exclusions below), on the north by the south side of Park Row (see exclusions below) and part of State Drive, on the west by the Winooski River, and on the south by the southern property line of the State of Vermont property and the Winooski River. However, the boundary excludes the following non-hospital properties fronting on South Main Street, Warren Court, and Park Row: 28 Park Row; 36 State Drive; 141, 137, 135, 133, 131, 129, 125, 123, 121, 113, 109, 97, 93, 89, & 83 South Main Street; and 3 & 5 Warren Court.

**Boundary Justification** (Explain why the boundaries were selected.)

The roughly 36-acre property includes the surviving historic buildings constructed by the Vermont State Hospital through 1949. These form the core hospital campus. Properties that were acquired and used by the hospital, such as several 19<sup>th</sup> century single family residences near the campus, but which were subsequently sold are not included.

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**11. Form Prepared By**

name/title: Lyssa Papazian, Historic Preservation Consultant  
organization: \_\_\_\_\_  
street & number: 13 Dusty Ridge Road  
city or town: Putney state: Vermont zip code: 05346  
e-mail lyssa@lysspapazian.com  
telephone: (802)387-2878  
date: April 7, 2016

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**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.

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- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

### Photographs

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: Vermont State Hospital Historic District

City or Vicinity: Waterbury

County: Washington

State: Vermont

Photographer: Lyssa Papazian

Date Photographed: as listed for each image

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

### Inventory

- |         |   |
|---------|---|
| 1 of 60 | Vermont State Hospital campus, looking west from South Main Street with Main Building HD #1 & Horseshoe Drive HD #8; (4/12/16)  |
| 2 of 60 | South Main Street, Waterbury, looking north with Vermont State Hospital campus on left; (4/12/16)   |
| 3 of 60 | South Main Street, Waterbury, looking south with Vermont State Hospital campus on right; (4/12/16)  |
| 4 of 60 | Main Building (HD #1), front lawn and paths, with Wasson (HD#3) on far right, looking north; (4/12/16)  |
| 5 of 60 | Vermont State Hospital campus, looking south with (l. to r.) Weeks (HD #4), Hanks (HD #2), & Main Building – 4 South & 123 South (HD #s 1B & 1E); (1/20/16)                 |
| 6 of 60 | Vermont State Hospital campus, looking southwest with (l. to r.) Main Building - 4 South, Center Building, 123 North and North Connector (HD #s 1B, 1F, 1H & 1L); (1/20/16) |

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- 7 of 60 Vermont State Hospital campus, looking south from Randall Street, just outside HD boundary, with (l. to r.) Stanley (HD #6), Hanks (HD #2), & Main Building (HD #1). Note: Building on right – 43 Randall – had been used by state hospital but is now for sale; (1/20/16)
- 8 of 60 Vermont State Hospital campus, looking east from State Drive with (l. to r.) Stanley (HD #6) & Wasson (HD #3); (1/20/16)
- 9 of 60 Vermont State Hospital campus, looking south from rear walkways, with (l. to r.) Main Building - 6,7 North, 8,9 North, New Core (HD #s 1K, 1I, & 1N) and Smokestack (HD #5); (1/20/16)
- 10 of 60 Vermont State Hospital campus, looking north from State Drive, with (l. to r.) Main Building – New Core, 6,7 South, 5 South (HD #s 1N, 1C, & 1A) and Hanks (HD #2) at far right; (1/20/16)
- 11 of 60 Vermont State Hospital campus, looking southeast from State Drive, with (l. to r.) Main Building –5 South (HD #1A), Weeks (HD #4), Medical-Surgical (HD #7) and Plant (HD #9); (4/12/16)
- 12 of 60 Vermont State Hospital campus, looking east from State Drive, with (l. to r.) Main Building –5 South (HD #1A), Hanks (HD #2), Weeks (HD #4), and Medical-Surgical (HD #7); (4/12/16)
- 13 of 60 State Drive looking west from South Main Street with part of 121 South Main Street on the left foreground and part of 36 State Drive, attached to the Annex, on right foreground (Both were formerly part of the Hospital Campus and now outside the district boundary) and in background, Medical-Surgical (HD #7) on left; (4/12/16)
- 14 of 60 Main Building – (l. to r.) 1, 2, 3 South, Center Building, 1, 2, 3 North, and North Connector (HD #s 1E, 1F, 1H, & 1J), looking northwest with part of central lawn (HD #8); (4/12/16)
- 15 of 60 Main Building – (l. to r.) 5 South & 4 South (HD #s 1A & 1B) looking northwest from edge of front lawn; (1/20/16)
- 16 of 60 Main Building – (l. to r.) 6, 7 South and 5 South (HD #s 1C & 1A), looking north; (4/12/16)
- 17 of 60 Main Building –5 South (HD #1A) 2<sup>nd</sup> floor interior, looking south; (1/20/16)

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- 18 of 60 Main Building –4 South (HD #1B) 1<sup>st</sup> floor interior – typical for round wards, looking east; (1/20/16)
- 19 of 60 Main Building –4 South (HD #1B) 1<sup>st</sup> floor interior - typical for round wards, looking west; (1/20/16)
- 20 of 60 Main Building –6, 7 South (HD #1C) – north and west elevations with part of South Connector (HD #1D) – west elevation, looking southeast; (1/20/16)
- 21 of 60 Main Building –6, 7 South (HD #1C) 1<sup>st</sup> floor interior, looking south; (1/20/16)
- 22 of 60 Main Building – (l. to r.) south and east elevations of: 4 South, South Connector, 1, 2, 3 South and Center Building (HD #s 1B, 1D, 1E, & 1F) – looking northwest; (4/12/16)
- 23 of 60 Main Building –South Connector (HD #1D), rear (west) elevation detail of dining room, looking east; (1/20/16)
- 24 of 60 Main Building –South Connector (HD #1D), 1<sup>st</sup> floor interior of restored dining room, looking southwest; (1/20/16)
- 25 of 60 Main Building – 1, 2, 3 South (HD #1E), front (east) façade, looking west; (4/12/16)
- 26 of 60 Main Building – 1, 2, 3 South (HD #1E), detail of tower, looking northwest; (1/20/16)
- 27 of 60 Main Building – 1, 2, 3 South (HD #1E), 1st floor – southern half, interior - typical, looking south; (1/20/16)
- 28 of 60 Main Building – 1, 2, 3 South (HD #1E), 1st floor – northern half, interior - typical, looking north; (1/20/16)
- 29 of 60 Main Building – Center Building (HD #1F) with connecting corridors, front (east) façade, looking west; (4/12/16)
- 30 of 60 Main Building – Center Building (HD #1F) with south connecting corridor, front (east) façade and south elevation, looking north; (1/20/16)
- 31 of 60 Main Building – Center Building (HD #1F) with north connecting corridor, front (east) façade and north elevation, looking south; (1/20/16)

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- 32 of 60 Main Building – Center Building (HD #1F) with south connecting corridor, rear (west) and south elevations, looking northeast; (1/20/16)
- 33 of 60 New central courtyard with Main Building (l. to r.) New Core, 1, 2, 3 North, north connecting corridor and Center Building (HD #s 1N, 1H, & 1F), looking northeast; (4/12/16)
- 34 of 60 Main Building – Center Building (HD #1F) front façade detail of porte cochere, looking southwest; (4/12/16)
- 35 of 60 Main Building – Center Building (HD #1F), restored 1<sup>st</sup> floor interior with entry parlor and stair hall beyond, looking west; (1/20/16)
- 36 of 60 Main Building – Center Building (HD #1F), restored 2<sup>nd</sup> floor interior with front parlor and hallways beyond, looking west; (1/20/16)
- 37 of 60 Main Building – Center Building (HD #1F), restored 2<sup>nd</sup> floor interior with front windows, looking northeast; (1/20/16)
- 38 of 60 Main Building –8, 9 South (HD #1G), west and south elevations looking northeast; (1/20/16)
- 39 of 60 Main Building –1, 2, 3 North (HD #1H), front (east) façade, looking northwest; (4/12/16)
- 40 of 60 Main Building –1, 2, 3 North (HD #1H), north elevation, looking south; (1/20/16)
- 41 of 60 Main Building –8, 9 North with dining room of North Connector beyond on left (HD #s 1I & 1J), west and north elevations looking east; (1/20/16)
- 42 of 60 Main Building – (l. to r.) North Connector and 4 North (HD #s 1J & 1L), front (east) and south elevations looking northwest; (1/20/16)
- 43 of 60 Main Building –4 North (HD #1L), detail restored south porch, looking northwest; (1/20/16)
- 44 of 60 Main Building –4 North (HD #1L), detail restored cupola; (1/20/16)
- 45 of 60 Main Building – (l. to r.) 5 North and 6, 7 North (HD #s 1M & 1K), west elevations, looking east; (1/20/16)



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- 46 of 60 Main Building – New Core (HD #1N), front (west) façade and south elevation, looking northeast; (4/12/16)
- 47 of 60 Main Building – New Core (HD #1N), detail of south elevation from south courtyard with part of 8, 9 South (HD #1G) on left and part of 1, 2, 3 South (HD #1E) on right, looking north; (1/20/16)
- 48 of 60 Main Building – New Core (HD # 1N), interior atrium, looking west; (1/20/16)
- 49 of 60 Hanks (HD #2), front (north) façade, looking south; (1/20/16)
- 50 of 60 Hanks (HD #2), front (north) façade detail; (1/20/16)
- 51 of 60 Hanks (HD #2), west and south elevations, looking northeast; (4/12/16)
- 52 of 60 Wasson (HD #3), front (west) façade and south elevation, looking northeast; (1/20/16)
- 53 of 60 Weeks (HD #4), front (north) façade, looking south; (4/12/16)
- 54 of 60 Weeks (HD # 4), rear (south) and east elevations, looking northwest from State Drive; (1/20/16)
- 55 of 60 Smokestack (HD #5), detail of “VSH” in darker brick, looking west; (5/13/15)
- 56 of 60 Stanley (HD #6), front (west) façade and west elevations, looking southeast; (1/20/16)
- 57 of 60 Medical-Surgical (HD #7), original front (north) façade and west elevation, looking southeast; (1/20/16)
- 58 of 60 Medical-Surgical (HD #7), with Forensic Laboratory addition, new front (east) façade and north elevation, looking southwest; (4/12/16)
- 59 of 60 Horseshoe Drive and central lawn (HD #8), looking east from 2<sup>nd</sup> floor of Center Building; (1/20/16)
- 60 of 60 Horseshoe Drive and central lawn (HD #8), looking west from South Main Street with allee of trees; (9/22/15)

Vermont State Hospital Historic District

Name of Property

Washington, Vermont

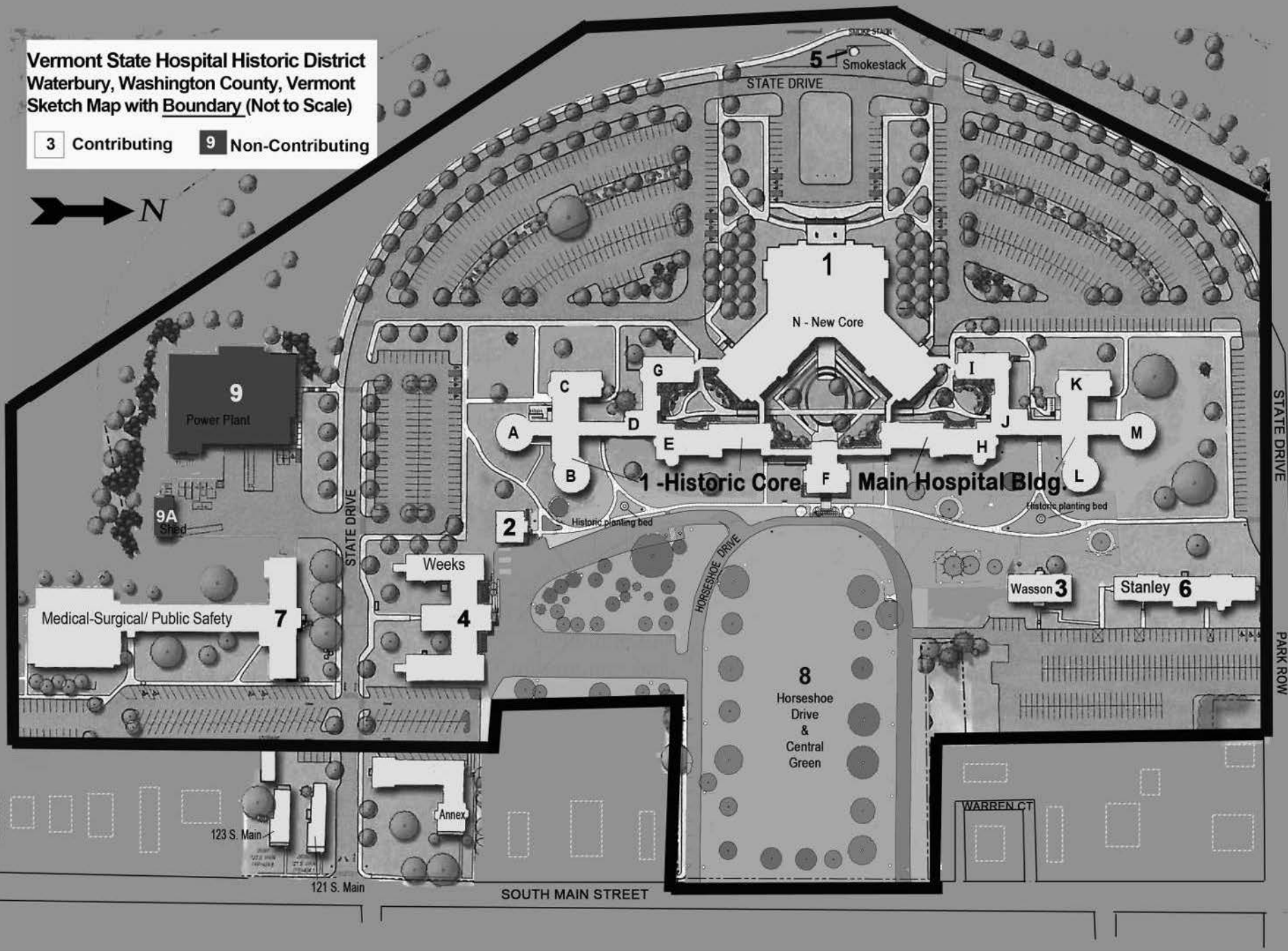
County and State

**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.).

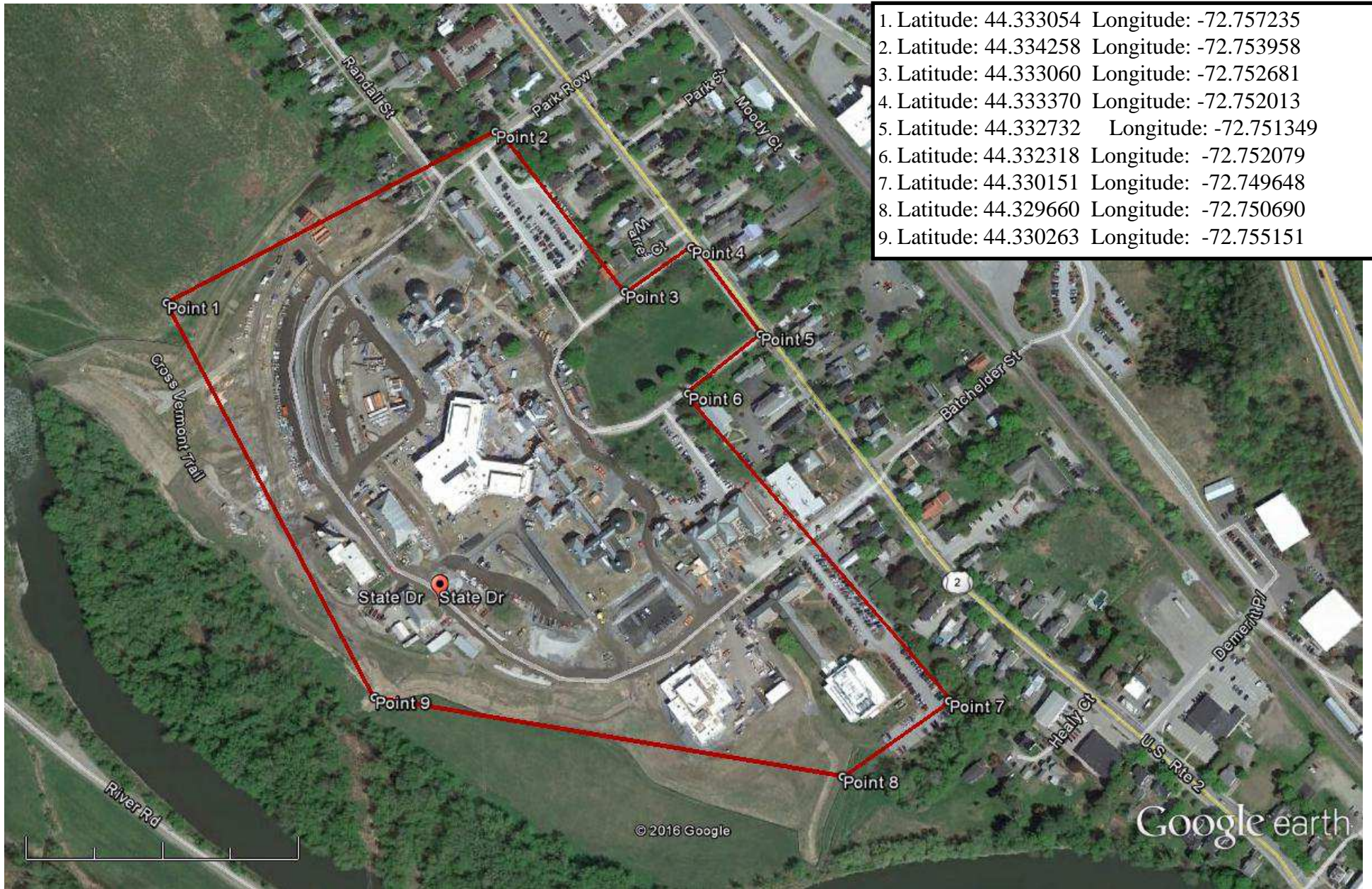
**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form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

Vermont State Hospital Historic District  
Waterbury, Washington County, Vermont  
Sketch Map with Boundary (Not to Scale)

3 Contributing 9 Non-Contributing







- 1. Latitude: 44.333054 Longitude: -72.757235
- 2. Latitude: 44.334258 Longitude: -72.753958
- 3. Latitude: 44.333060 Longitude: -72.752681
- 4. Latitude: 44.333370 Longitude: -72.752013
- 5. Latitude: 44.332732 Longitude: -72.751349
- 6. Latitude: 44.332318 Longitude: -72.752079
- 7. Latitude: 44.330151 Longitude: -72.749648
- 8. Latitude: 44.329660 Longitude: -72.750690
- 9. Latitude: 44.330263 Longitude: -72.755151

Google earth



**Vermont State Hospital Historic District - Waterbury, Washington County, Vermont  
Location Map, May 4, 2016**









WINDY HILL

OFFICE

GATE 2





ONE WAY















RANDALL ST

STOP

NO PARKING  
BETWEEN  
SIGNS



SHARE  
THE  
ROAD



43 RANDALL ST.

FOR SALE

















NO  
PARKING  
ANY  
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Handicap  
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Hanks Building  
144 Horseshoe Drive































AUTHORIZED  
VEHICLES  
ONLY



NO RIGHT  
ENTER

VERMONT  
65 State Drive  
Department of Public Safety  
State Trooper Academy  
State Trooper Training Center  
Department of Transportation  
Department of Environmental Conservation  
Department of Health Services  
Department of Corrections  
Department of Social Services  
Department of Education  
Department of Agriculture, Forestry and Fisheries  
Department of Natural Resources  
Department of State Police  
Department of Public Safety  
Department of Corrections and Community Supervision











UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY NAME: Vermont State Hospital Historic District

MULTIPLE NAME:

STATE & COUNTY: VERMONT, Washington

DATE RECEIVED: 9/23/16 DATE OF PENDING LIST: 10/21/16  
DATE OF 16TH DAY: 11/07/16 DATE OF 45TH DAY: 11/08/16  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 16000765

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: Y SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT  RETURN  REJECT 11-8-2016 DATE

ABSTRACT/SUMMARY COMMENTS:

*important complex - previously listed as part of District but  
Did not include entire Hospital complex which has significance  
Beyond the District's importance*

RECOM./CRITERIA Accept A+C

REVIEWER J. Gubben DISCIPLINE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

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

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





**State of Vermont**  
**Division for Historic Preservation**  
 Deane C. Davis Building, 6<sup>th</sup> Floor  
 One National Life Drive, Montpelier, VT 05620-0501  
<http://accd.vermont.gov/historic-preservation>

[phone] 802-828-3540

*Agency of Commerce and  
 Community Development*



September 7, 2016

J. Paul Loether  
 National Park Service  
 National Register of Historic Places  
 1201 Eye Street, NW 8<sup>th</sup> floor  
 Washington, DC 20005

**Re: Nomination to the National Register of Historic Places for Property in Vermont**

Dear Mr. Loether:

The enclosed disks contain a true and correct copy of the nomination for the Vermont State Hospital Historic District located in Waterbury, VT, to the National Register of Historic Places.

Notification

The property owner(s), Chief Elected Official and Regional Planning Commission were notified of the proposed nomination on July 15, 2016.

- No objections to the nomination were submitted to the Division during the public comment period.
- An objection to the nomination was submitted to the Division during the public comment period. A copy of the objection is included on Disk 1.
- A letter of support for the nomination was submitted to the Division during the public comment period. A copy of the letter is included on Disk 1.

Certified Local Government

- The property being nominated is not located in a CLG community.
- The property being nominated is located in a CLG community, and a copy of the local commission's review is included on Disk 1.

Rehabilitation Investment Tax Credits

This property is not utilizing the Rehabilitation Investment Tax Credits.

This property being rehabilitated using the Rehabilitation Investment Tax Credits. A copy of the *Part I – Evaluation of Significance* form is included on Disk 1.

State Review Board

The Vermont Advisory Council on Historic Preservation reviewed the draft nomination materials at its meeting on July 20, 2016. The Council voted that the property meets the National Register Criteria for Evaluation under Criteria A and C, and recommends that the State Historic Preservation Officer approve the nomination.

If you have any questions concerning this nomination, please do not hesitate to contact me at (802) 828-3043 or [devin.colman@vermont.gov](mailto:devin.colman@vermont.gov).

Sincerely,  
VERMONT DIVISION FOR HISTORIC PRESERVATION



Devin A. Colman  
State Architectural Historian