

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name McLean Asylum

other names/site number McLean Hospital NR District (preferred)

2. Location

street & number 115 Mill Street not for publication

city or town Belmont vicinity

state Massachusetts code MA county Middlesex code 017 zip code 02478

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this ☒ nomination ☐ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ☒ meets ☐ does not meet the National Register Criteria. I recommend that this property be considered significant ☒ nationally ☒ statewide ☒ locally. (☐ See continuation sheet for additional comments.)

Brona Simon
Signature of certifying official/Title Brona Simon, Deputy State Historic Preservation Officer
Massachusetts Historical Commission

11/29/02
Date

State or Federal agency and bureau

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

Signature of certifying official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I, hereby certify that this property is:

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

Signature of the Keeper

Date of Action

Edmund H. Beall 1-23-03

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Name of Property (justification)

Although originally known as McLean Asylum, the institution's name was changed to "Hospital" in 1892 by Superintendent Dr. Edward Cowles, in recognition of broader and more modern views upon the subject of insanity and its treatment. The property is popularly recognized as "Hospital," and listing the facility as an "Asylum" would conjure up outdated, and potentially harmful, recognition. It has been known by its current name for more than a century.

(end)

McLean Hospital HD
Name of Property

Middlesex, MA
County and State

5. Classification

Ownership of Property

(Check as many boxes as apply)

(Check only one box)

- ☒ private
☒ public-local
☐ public-State
☐ public-Federal
- ☐ building(s)
☒ district
☐ site
☐ structure
☐ object

Number of Resources within Property

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

Contributing	Noncontributing	
<u>38</u>	<u>10</u>	<u>building</u>
<u>13</u>		<u>sites</u>
<u>17</u>	<u>2</u>	<u>structures</u>
		<u>objects</u>
<u>68</u>	<u>12</u>	<u>Total</u>

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

n/a

**Number of contributing resources previously listed
in the National Register**

0

6. Function or Use

Historic Functions

(Enter categories from instructions)

Health Care: psychiatric hospital
Health Care: medical research facility
Agriculture: field, animal facility
Landscape
Education: psychiatric nursing school

Current Functions

(Enter categories from instructions)

Health Care: psychiatric hospital
Health Care: medical research facility
Landscape: conservation area, park, plaza
Recreation: hiking trails
Education: high school (Arlington School)

7. Description

Architectural Classification

(Enter categories from instructions)

Colonial Revival Tudor Revival Jacobethan Revival
Gothic Revival International Style
Mixed Style Utilitarian Contemporary

Materials

(Enter categories from instructions)

foundation slate brick fieldstone
walls cast stone stucco wood limestone
marble sandstone
roof _____
other _____

Narrative Description

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

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Section 7: Description

Terms used

Central campus: central area where most buildings and all designed landscapes are located; it incorporates the McLean core campus (zone 5) plus all of the proposed new development zones (1a, 1b, 2, 3, 4)

Rock Meadow: former McLean Farm at northwest corner of campus, west of Concord Avenue

Highland Farm: former Highland Stock Farm at north end of campus, south of Concord Avenue

Main front building row: the five buildings that occupy the ridge north of the Bowl (Administration, South Belknap, Appleton, North Belknap, Proctor)

Center rear building row: the cluster of support buildings that extends eastward from the rear of Administration (Service Building, Laundry, Maintenance Shops, Power House)

South rear building row: the cluster of patient buildings that extends eastward from the rear of South Belknap forming the women's side of the hospital (Women's Gymnasium/Centre Building, East, Wyman)

North rear building row: the cluster of patient buildings that extends eastward from the rear of North Belknap forming the men's side of the hospital (Men's Gymnasium/Recreation Building, Bowditch)

AR: Annual Reports of McLean Hospital

Summary Description

The McLean Hospital National Register District is an unusually fine and well-preserved example of a late-19th and 20th century psychiatric hospital campus. Typical of this property type, the McLean campus is a tranquil oasis that consists of a hilltop building cluster surrounded by designed landscapes and buffered from the surrounding community by extensive tracts of woodlands and former agricultural fields. Designed in the period 1872-1892, and constructed primarily in the 1890s, it constitutes the first full-fledged cottage plan psychiatric hospital in America. This type of campus plan replaced the prior reliance on a single monolithic building with smaller free-standing buildings to create a more homelike atmosphere. McLean's physical attributes are a direct reflection of the most current thought in late-19th century psychiatric hospital campus planning which relied on creation of an ideal therapeutic environment of specially-designed buildings and landscapes to effect cures. The significance of the

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district is greatly enhanced by the exceptional design quality and integrity of both buildings and landscapes which are equally important to the campus as a whole. The campus embraces a wide variety of buildings, landscapes, and structures that contribute to the overall significance at different levels and in different ways. Encompassing approximately 308 acres (238 acres main campus, 70 acres Rock Meadow), the National Register district includes the hospital campus as it existed during the period of significance with the exception of two small parcels (approximately 13 acres total). Some of the land within the district is now owned by other parties, but all was included within the McLean campus during the period of significance (1850s-1952).

A planned building project will add three new development zones to the campus: townhouses, continuing care, and research/development. While they will greatly increase density, the three zones have been sited and detailed to minimize effects on the overall campus plan and blend with existing historic buildings and landscapes. The new development will be balanced by the preservation of 119.64 acres as dedicated public and private open space.

Location/Setting

McLean Hospital is located in the Town of Belmont which lies eight miles west of Boston in eastern Middlesex County. The town is bordered by Cambridge (est. 1636; east), Watertown (est. 1630; south), Waltham (est. 1738; southwest), Lexington (1713; northwest), and Arlington (1867; north). Belmont is a small (4.6 square miles; 2,992 acres) residential suburban community that developed primarily in the period 1850-1950. It consists of generally level, fertile land, rising to 341 feet at the top of Belmont (formerly Wellington) Hill in its western half. The semi-rural character of Belmont Hill stands in contrast to the dense suburban development that characterizes the area east of Pleasant Street.

The McLean Hospital National Register district occupies the southeastern slope of Belmont Hill where it is roughly bounded by Pleasant Street (SE), Trapelo Road (SW), Mill Street (W), and Concord Avenue (N). Another parcel (approximately 70 acres) southeast of Mill Street and Concord Avenue, formerly the McLean Farm and now town conservation land known as Rock Meadow, is also included within the district boundaries. A far smaller parcel (approximately 4.5 acre) at Mill Street and Trapelo Road that was part of the hospital's wooded perimeter was deeded to the town in the mid-1970s; it is now developed with elderly housing and is excluded from the district due to alterations. Similarly, a 9.4-acre site at the northern tip of Rock Meadow is excluded due to the changes associated with its use as a town transfer site. The boundaries also exclude a large tract at the northeast corner of this block which is

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developed with residences and the private Belmont Day School; this section was never part of the McLean Hospital campus. The National Register district contains approximately 308 acres including the 238.72 acres currently (6/2001) owned by McLean and the approximately 70 acre former McLean Farm/Rock Meadow owned by the Town of Belmont. Boundaries reflect the extent of the hospital campus during the period of significance except for the two small parcels noted above.

The NR district is part of an extensive greenbelt that also embraces Habitat, a sanctuary owned by the Massachusetts Audubon Society to the north, the Metropolitan District Commission's Beaverbrook Reservation to the south, and Town of Lexington conservation land to the west. The lands of three former state institutions are also nearby on the west: Metropolitan State Hospital (NR), the Fernald School (NR), and Middlesex County Hospital.

The NR district also marks the transition between the densely developed suburban half of Belmont that lies east of Pleasant Street and the semi-rural character of Belmont Hill. The commercial center known as Waverley Square and the tracks of the Boston & Maine Railroad/Commuter Rail lie immediately southeast of the district.

Hospital Campus Site and Plan

At the start of the 1890s building campaign that created McLean Hospital's Belmont campus, the Trustees described the new site in glowing terms, stating that:

"[the grounds] present an uneven surface, the central parts rising one hundred and fifty to two hundred feet higher than at the entrance, with abrupt slopes near the boundaries to the east, south, and west.... The ground rises in irregular terraces, and the middle one of these has been chosen as the site of the main group of buildings, the principal ones facing southwest. The higher ground behind them is covered with a forest growth that affords protection from the northerly and easterly winds, and one half of the estate is heavily timbered woodland, especially on the side toward the east and south. When these long slopes and picturesque terraces have a few lawn openings and driveways it will make a beautiful park; and there will be a cottage here and there and walks leading to quiet retreats under the great trees with their curative influences of peacefulness and repose." (*Annual Report 1892: 13*)

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The main building group cited in the quote above is arranged in a roughly E-shaped plan whose four bars follow somewhat irregular lines owing to the varied terrain of the middle terrace. The original main front building row (sketch map #s 1, 2, 10, 13, 17) runs roughly north-south. Extending back (NE) from it are three series of buildings. The center rear building row comprises the service group, including the original kitchen (sketch map #15), laundry (sketch map #8), shops (sketch map #16), and power house which is south of and perpendicular to others in the row (sketch map #12). The north rear building row extends back from North Belknap on what was originally the men's side of the complex (sketch map #s 14, 3), and a longer south rear building row reaches back into the woods from South Belknap on what was originally the women's side (sketch map #s 4, 6, 19).

Five of the original 1890s buildings were independent of this primary hilltop cluster. They include Upham House (sketch map #18) and Hope Cottage (sketch map #21) on the southwest side of the Bowl (sketch map #43), two gate lodges at the Pleasant and Mill Street entrances to the campus (sketch map #s 11, 9), and a Stable (sketch map #7) overlooking the Mill Street entrance.

The main front building row overlooks the Bowl (sketch map #57), which is the primary landscape space. Situated on the lowest of the three terraces cited in the 1892 quote, it takes the form of a slight valley that is maintained as a broad lawn dotted with a few mature trees. A wide band around the perimeter of the campus provides a buffer between the hospital and the surrounding community. It varies from steep, heavily wooded slopes on the south and east (sketch map #45) to more level areas on the north and west that encompass the uppermost terrace and consist of a mix of woodlands and open fields.

At the conclusion of the original 1890s building campaign, the hospital described the completed campus with satisfaction:

“[The campus] may fairly be described as a series of isolated country mansions widely separated within the limits of a park-like area of a hundred and eighty acres, with costly underground connecting corridors, and more than three miles of surface roads and paths, has doubtless added greatly to the welfare of the patients....” (AR 1899: 17 - 20)

Most site development that occurred between 1900 and 1930 spread outward from the original building core, following existing building lines without appreciably increasing density. Examples are Codman

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House (sketch map #22) and Higginson House (sketch map #27) which expand the original south-side women's group, and Arlington (sketch map #25), Ledge (sketch map #29), and North Cottages (sketch map #28) which created a small new cluster. Post-1930s buildings have generally encroached on the original plan in some manner. Examples include Hall-Mercer (sketch map #34) and the Rehabilitation Building (sketch map #33) which are sited on the perimeter of the Bowl (sketch map #43). To date, all hospital development has avoided the outer buffer zone. The three buildings currently located there pre-date the hospital (Kendall Farmhouse, J. S. Bock Cottage, Waverley House). Currently proposed changes are discussed at the end of this section.

Historic Landscapes and Landscape Elements

The landscape of the McLean Hospital National Register District is divided into four major areas: central campus, perimeter woodlands, Highland Farm, and McLean Farm/Rock Meadow, each of which is an integral part of the district. These four landscape areas are described below, with descriptions of sub-areas where appropriate, followed by descriptions of significant landscape elements.

Landscape Areas

Central Campus

The focal point of McLean Hospital is the central campus, which contains the main patient, administrative, and service buildings set in an expansive landscape designed to give the hospital the character of a 19th century country estate. Distinctive landscape features include rolling topography, rock outcrops, well-spaced buildings, enclosed courtyards, curvilinear drives, distant vistas, and lawns dotted with specimen trees. The spatial organization of the central campus is structured to reflect the organization of the hospital but appears informal because the roads and buildings have been carefully placed into the irregular topography. There are four major types of spaces: the Bowl, enclosed patient yards, service areas, and transitional spaces. Despite inevitable changes over the past century, the central campus retains most of the landscape features proposed by Frederick Law Olmsted in the 1870s and designed by Joseph Curtis in the early 1890s.

The Bowl (sketch map #43; photo #s 25, 28, 29, 30), also known as Upham Bowl, is the central open space of the campus which functions as a sort of village green or town common. It forms an important

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visual focus of the hospital and is sometimes used for outdoor patient activities. The Bowl is a broad open lawn area about 700 feet long and roughly oval in shape, with undulating topography lower at the center than at the edges. There are scattered specimen oaks (part of the intended design) around the perimeter, as well as some more recent spruces and pines at the northern end which are out of character with the original design of the Bowl. Several roads run around the edges of the space, providing access to campus buildings, while the entrance drive from the Pleasant Street Lodge (sketch map #11) isolates a smaller secondary space west of the Chapel. (sketch map #23) Two fieldstone retaining walls along the western edge of this drive help to fit the road gracefully into the steep topography. The original front main building row -- Administration (sketch map #1), North Belknap (sketch map #10), South Belknap (sketch map #17), Appleton (sketch map #2), and Proctor (sketch map #13) -- ranges along the eastern edge of the Bowl. These buildings are particularly prominent because of their commanding elevation with dramatic regional views across the Bowl to the hills of Waltham. Four patient residences -- Upham House (sketch map #18), Hope Cottage (sketch map #21), South Cottage (sketch map #24), and West Cottage (sketch map #26) -- form the western edge of the space. They provide some sense of closure without disrupting the overall feeling of spaciousness. Two recent non-contributing buildings, Rehabilitation (1963; sketch map #33) and Hall-Mercer (1973; sketch map #34) have been added at the southeastern and northwestern edges of the Bowl respectively. Rehabilitation is particularly intrusive and also forms an unfortunate barrier between the Bowl and both South Belknap and Appleton. Hall-Mercer disrupts Proctor's relationship with the Bowl to a lesser degree.

Central to the therapeutic concept was the importance of outdoor activity and exercise. Each of the major patient buildings has some combination of outdoor spaces including porches, terraces, and enclosed patient yards. The yards were enclosed by a mix of building walls, tunnel walls, freestanding brick walls, and wooden fences. All of the patient buildings of the original complex had such yards except Appleton and Upham where open yards served the least restricted patients. Most of the tunnel walls and brick portions of those yard walls still stand but the wooden sections have largely been lost.

The **yard behind East House (sketch map #44-6; photo #7)** is the best surviving example of a patient yard. This spacious area is fully enclosed by a wall approximately ten feet high, formed of brick for about half its length with the rest of wood. On the inner side of the wall, the yard is graded to form a depression at the base with a gentle mound about ten feet in front of it, diminishing the visible height of the wall from within the yard, like a "haha" in an English garden. Other surviving examples include the **patient yards behind South Belknap (sketch map #44-17; photo #s4, 15), North Belknap (sketch**
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map #44-10), and Codman. (sketch map #22) While interior features such as pathways and plantings of these spaces have been altered and some new buildings have been added, all continue to convey the sense of a private enclosed courtyard.

The third type of space in the central campus is the **service areas** which were well separated from the patient areas and many of which are also enclosed by buildings or walls. They include primarily areas to the rear of the Administration Building (sketch map #1), including the Power House (sketch map #12), Laundry (sketch map #8) which had an enclosed drying yard that has since been covered over, and Maintenance Shops (sketch map #16) which are arranged in an informal quadrangle.

The final type of space in the central campus are **transition spaces**, intended to separate the various buildings and to create a sense of privacy and seclusion. While these spaces are part of the overall designed landscape concept, many of them seem more like fingers of natural landscape reaching into the central campus with rock outcrops, native plant associations and an unmanaged appearance. Prominent examples include the rocky, wooded spaces defined by the drives in front of Appleton and East House. Other transitional spaces include areas of turf and trees, which surround the residential buildings. These spaces are less enclosed than the patient yards and more integrated with the larger landscape. Some, such as the area around Arlington School (sketch map #25) include low walls and deciduous shrubs such as lilacs and euonymus that reinforce the residential character of the setting. The importance of building placement and separation is clearly stated in the hospital's annual reports. For example, the area between South Belknap (sketch map #17) and East House (sketch map #6) was described thus:

"It will be seen by the general plan of the hospital grounds that about midway between these last named buildings are to be placed the gymnasium for women and the power house. The topography is such that these intervening buildings are at a lower level, and with an adjoining wooded knoll form a screen between the two houses for patients." (AR 1893: 19)

Perimeter Woodlands (map #45; photo #s 11, 40)

The perimeter woodlands that surround the central campus are an integral part of the McLean plan, intended to provide a buffer between the hospital and the surrounding community, as well as a place where patients can enjoy the healthful benefits of natural scenery. Frederick Law Olmsted initially envisioned the woodlands "judiciously thinned to groups and glades." The concept of open, managed woodland is also reflected in Joseph Curtis's 1893 plan of the hospital. Over time, however, the

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woodlands have assumed the more natural character typical of a second-growth New England forest.

The southern portion of the perimeter woodlands consists of mature hardwood forest on steep rocky slopes. It is primarily an oak/hickory forest with mature trees averaging 70 – 90 years in age. Several carriage roads and a network of informal paths provide access through this area, connecting with Waverley Square at the southern end of the campus and continuing in a broad loop to the east. The woodlands to the north of the campus are generally higher in elevation and more level, with areas of wetland and wooded swamp near the water tower (NR map #48). Trees are generally smaller in this area and include primarily wetland species, with some oaks and elms. For additional information on woodland ecology, see *McLean Hospital Open Space Management Plan* (2000).

Highland Stock Farm (NR map #47; photo #s 35-39)

Highland Stock Farm, which lies to the north of the central campus, was developed as a private cattle breeding and horse farm ca. 1859. The barns and stockyards associated with the farm were located on the south side of Concord Avenue (adjacent to the lands later acquired by McLean Hospital) while a racetrack stood on the north side of the street. In 1906 the portion of the farm south of Concord Avenue was sold to McLean. It has remained a part of that institution for nearly a century and is included within the district. The portion of the former stock farm on the north side of Concord Avenue was never part of the McLean campus; it lies outside the district.

The Highland Stock Farm portion of the district consists of approximately 48 acres of upland meadow and woodland, punctuated by stone walls associated with the former agricultural use of the property. There are also foundations of the former stock barns near Concord Avenue. The area currently functions as an extension of McLean's perimeter woodlands and is used by staff and patients as well as local residents.

The early successional fields that form most of the area are noteworthy for their openness and for their high elevation, offering expansive views of the surrounding area. They are also part of the system of regional open space that extends to the north and west. There is no formal circulation system but a network of informal paths crisscrosses the area. Vegetation is generally meadow grasses with some successional plant materials, especially along stone walls and in difficult to mow areas. The northern corner of the property (near the intersection of Concord Avenue and Mill Street) is a transitional pitch pine woodland that has grown in since the area ceased to be mowed in the early 1990s. Distinctive vegetative features of the area include an allee of mature white pines (sketch map #62) along Concord

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Avenue and a large and highly visible hickory tree on what is known as Lone Tree Hill (sketch map #61), a favorite spot of local residents. There is also a certified vernal pool located near Concord Avenue at the eastern edge of the area.

McLean Farm/Rock Meadow (map #46; photo #s 31-34)

Between 1898 and 1927, McLean Hospital purchased a substantial farm on the west side of Mill Street opposite the main campus to provide fresh food and water for the hospital. This property, known as McLean Farm, remained in active agricultural use until 1944. The former farm presently consists of three parcels totaling approximately 84 acres. The largest is the 70 acre town conservation land known as Rock Meadow. A small approximately 4.5 acre parcel to the south is owned by McLean. A slightly larger tract of approximately 9.4 acres at the northern tip is presently owned by the town and used as a transfer station; it is excluded from the district due to alterations. McLean Farm is bounded by a turn-of-the-century residential neighborhood (S), Beaver Brook Reservation (W), Town of Lexington conservation land (NW), Concord Avenue (N), and Mill Street. (E)

The southern portion of the former McLean Farm (4.5 acres) is currently (6/2001) owned by McLean Hospital but is scheduled for transfer as public open space. It contains a Farmhouse (sketch map #36), a Brick Barn (sketch map #37), and another small outbuilding with smokestack (sketch map #38) (see building descriptions). Landscape elements associated with this smaller parcel are typical of those found at other former agricultural properties in New England. They include remnants of the farm's circulation system including a series of curvilinear drives, a row of mature maples along Mill Street, and remnants of mid-20th century residential shrub planting around the farmhouse. There may also be foundations associated with former agricultural structures, most notably a barn that pre-dated the hospital. Early maps show an orchard south of the farmhouse but there is no evidence of it today.

The central portion of the former McLean Farm, known as Rock Meadow, consists of approximately 70 acres. It has been Town of Belmont conservation land since 1968. This area contains no extant buildings but does include visible foundations from the farm, including those of several barns and piggeries, as well as remnants of a cistern at one of several springs on the property. These buildings are identified on several historic maps such as the *McLean Hospital Grounds* map of 1910-1913 (attached).

The landscape of Rock Meadow consists of gently rolling terrain with some low wet areas adjacent to the two streams on the property. Beaver Brook, which forms a portion of the boundary between Belmont and Waltham, is also the western boundary of the district. A smaller tributary known as

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McLean Brook runs through the center of Rock Meadow. Vegetation at Rock Meadow is generally early succession farmland with areas of wooded copse along the southern end of the stream, and a steep wooded hill at the western end. Rock Meadow is one of the largest open spaces in Belmont and one of the few places in town where there is still strong evidence of former agricultural use. Local residents also value the area for its natural habitat. A network of informal trails runs through the area and there is a small group of community gardens near the south end.

Vegetation

Fruit Orchards (map #50, Central Campus)

Fruit orchards (primarily apple and pear) were part of the hospital's program of self-sufficiency and producing healthy food for patients. Initially they were located at McLean Farm but they are currently located adjacent to the Mill Street entrance. They have been in that location at least since the 1930s when an accident report in that area was filed. The remaining fruit trees, an important surviving aspect of McLean's farming activity, are in a highly visible location on either side of the Mill Street entrance. There are several hundred trees remaining, primarily mature apple trees. Most are in good condition but a small portion of the orchard is overmature and diseased.

Specimen Trees (Central Campus)

While a discussion of individual trees is beyond the scope of this National Register nomination, it is important to note the importance of particularly large specimen trees within the central campus area. Of particular note are the oaks in the Bowl which are outstanding trees in their own right and form an important feature within the main space of the campus.

Pine alley (map #49, Highland Farm; photo #s 38, 39)

This quadruple row of mature white pines forms a distinctive feature along the northern district boundary on Concord Avenue. It was in place by the 1930s when it appears in aerial views of the campus. It may have been augmented after the 1938 hurricane which caused extensive damage on the McLean campus. It provides an impressive walkway, serves as windbreak on the exposed upland site, and also forms part of the wooded buffer that serves the entire campus.

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Structures

Tunnels (map #57, Central Campus; photo #s 41, 15)

Functionally, all of the original 1890s patient buildings (except distant Upham House; sketch map #18), the Administration Building (sketch map #1), and several support buildings (sketch map #s 8, 12, 15) are linked by a corridor/tunnel system that carries steam and electric lines as well as accommodating pedestrian traffic, and food and laundry carts. In addition, the partially exposed tunnels are designed to look like ordinary garden walls that help to enclose out-of-doors yards to enhance patient therapy. The tunnels rise approximately 5 feet above grade to flat tar roofs and are approximately 10 feet wide. Exposed walls are constructed of several materials including brick, stone, and concrete. The tunnel walls are pierced by a regular succession of windows, most with six pane sash, to admit light. Less frequently, areaways allow tunnel access and egress between buildings. The tunnel that connects East House (sketch map #6) with the former Women's Gymnasium (now Centre Building; map #4) is pierced by a handsome arched passageway that may have accommodated delivery of coal from a siding at Waverley Square to the adjacent Power House. (sketch map #12) In several areas, black iron railings with square balusters promote circulation above the tunnels. The tunnel system was engineered by William B. Fuller. Connery & Wentworth, and Lord Brothers were the construction contractors.

Stone Walls (map #51, 52, 53, 55; photo #s8, 11, 35, 36, 40)

A variety of stone walls are found throughout the campus including perimeter walls (sketch map #51), internal roadway retaining walls (sketch map #52, and walls related to prior site uses (sketch map #53, 55). Most visible to the public is the perimeter wall which defines most of the boundary of the 176-acre campus developed in the early 1890s. Those walls now provide graphic evidence of the original property line which jogged around a number of private parcels, several of which were subsequently acquired by the hospital. In most areas this is an approximately 3 foot high dry-laid retaining wall consisting of some natural and some split fieldstone. This wall runs along Trapelo Road and Pleasant Street until it makes an oblique turn into the woods where the hospital's street frontage ends. Another segment defines the former farm group frontage on the west side of Mill Street.

Two parallel dry-laid fieldstone walls within the campus define a broad Concord Avenue entrance which was proposed in the 1890s and appears as a tree-lined corridor on maps until 1933. Actual construction and use of this road is uncertain. The west wall of this pair joins the extensive wall system of the former Highland Stock Farm which occupied the northwest corner of the campus until it was acquired by the hospital in 1906. Cedar posts with remnants of barbed wire abut some of these walls. One wall,

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perpendicular to the former Highland Farm entrance on Concord Avenue, is especially massive, and is broken by two openings defined by stone posts. The southernmost opening is echoed by another pair of freestanding posts a short distance to the west. The main entrance to Highland Farm on Concord Avenue is defined by three granite posts which create one wide opening for carriages and one narrower opening to accommodate pedestrian use. The outer posts are framed by substantial approximately 3.5' high, 12' long double walls of split and natural fieldstone. Curved segments connect the walls and gate posts to street.

Some of the finest and most massive walls within the district define its early roadways. Most notable are the retaining walls that frame portions of the rear Pleasant Street entrance as it winds its way up a steep wooded hillside. They are constructed of split and natural fieldstone. Somewhat smaller scale walls perform a similar function along the central campus roadways including sections that frame the Bowl. All of these retaining walls reflect the hilly nature of the site.

Pleasant Street Gate (map #54; photo #11)

The secondary Pleasant Street entrance is the only one of the three access points that is defined by a formal gate. As illustrated in the 1893 annual report, the gate consisted of two large brick posts that rose from light-colored stone bases to molded stone caps and ball finials. The posts supported a double-leaf iron gate surmounted by a highly decorative curvilinear arch. Framing pedestrian gateways were supported by similar but smaller posts with a short wall connecting to the Pleasant Street Lodge. The design may have been simplified before construction. Currently the gate consists of three equally sized brick posts with stone bases and caps. They create one wide carriage opening (W) and one narrow pedestrian opening (E).

Circulation System

The circulation system was designed to link the various buildings within the campus as well as to provide opportunities for patients to take restorative walks and drives. The curvilinear roads, footpaths, and associated retaining walls were carefully laid out by Joseph Curtis to blend with the natural topography of the site. Construction was initiated in 1890.

Main Campus Roads (map #59; photo #s2, 14, 25, 29, 30)

There are currently three entrances to the main campus: a primary entrance on Mill Street, a secondary entrance at the intersection of Pleasant Street and Trapelo Road, and an unpaved rear service entrance on Pleasant Street. The first two are served by Gate Lodges. The two latter entrances are presently limited

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to pedestrians and emergency vehicles. The entrance adjacent to the Pleasant Street Lodge (NR map #11) initially served as a major entry point from the adjacent Waverley Square and railroad station. A proposed fourth entrance on Concord Avenue appears on historic maps, but its actual use is uncertain. The road system, which was initially macadam but is now primarily asphalt, consists of three major roadways. The primary central roadway ascends from the Mill Street entrance to the original main front building row. A western road connects the Mill and Pleasant/Trapelo Street entrances and serves the patient residences on the west side of the Bowl. A third road runs to the north and east of the main buildings and functioned historically as a service route, linking the support facilities in the central rear building row behind the Administration Building. It now accesses the recent Admissions Building (NR map #42) and a series of parking lots (NR map #62).

Secondary roads extend off these three main roadways to some of the center campus's perimeter buildings. Most buildings are served by looped or semi-circular drives that approach their front entrance, sometimes associated with porte-cocheres as at Appleton (NR map #2) and Upham (NR map #18) Houses. Pedestrian paths, typically curvilinear to adapt to the topography, also link the major buildings.

Perimeter Carriage Roads (map #61; photo #40)

There is also an unpaved system of carriage roads (NR map #52) that extend primarily around the eastern edge of the campus and a network of informal walking trails throughout the wooded areas.

Footpaths (map #60; photos #4, 15, 24)

An informal system of footpaths, including tunnel roofs, exists in the central campus. Other than those in patient yards, footpaths are not shown on early maps, suggesting that they may date to the 20th century as automobiles gradually usurped the roads.

Farm Roads (map #63; photo #33)

A narrow, cinder-topped road winds through the former McLean Farm, connecting the Kendall Farmhouse and some of the early building foundations.

A comparison of the original 1890s circulation system with the present reveals surprisingly little change. The primary alteration is the addition of four major parking lots and many smaller surface parking spaces created by widening portions of the roads. A few roads have been added including the one

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behind Upham, the access road to the Arlington School (sketch map #25), North (sketch map #28) and Ledge (sketch map #29) Cottages and the contemporary Child Care Center (sketch map #40). Both the original form of the system and these types of alterations are typical of hospital campuses in general.

Building Foundations (map #s 64, 65, 66; photo #34)

Historic sites include the Highland Stock Farm barn foundations and possibly the foundations of the Convalescence Home on Trapelo Road that was constructed by Mass. General Hospital before McLean opened. Many barn foundations remain visible at Belmont's Rock Meadow conservation area, the former McLean Farm. Reconnaissance and intensive archaeological surveys of the main campus (excluding Rock Meadow) have recently been conducted for McLean by the Public Archaeology Laboratory, Inc.

Viewsheds

Scenic views were one of several reasons that the Belmont/Waverley site was recommended over other candidates by Olmsted and accepted by the McLean Trustees.

"To the east there are wide views of Boston, the harbor, and neighboring cities; and to the south and west one looks over the village and the famous Waverley oaks, said to be four centuries old, into the valley of the Charles River, and sees the suburban regions of Brighton, Brookline, Watertown, Newton, and Waltham, with beautiful distant views beyond, including the Blue Hills of Milton in the south." (*Annual Report 1892: 13*)

Similarly, the Belmont Bulletin enthused at the time of the hospital opening:

"The driveways, all macadam roads, wind in and out until they reach the top, when the visitor finds himself suddenly confronted with one of the most beautiful views in the state." (10/5/1895, quoted Lamar 1975: 23-24)

Those views remain from many points on campus, notably the Bowl (sketch map #43), adjacent to Proctor House (sketch map #13) and Highland Farm (sketch map #47), adjacent to the Pine Allee (sketch map #49). They have been at least partially obscured in most areas by tree growth. Early views are documented in the extensive photographic collection maintained in the McLean Hospital archives.

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Buildings

The McLean Hospital National Register district includes a wide variety of building types designed to serve the needs of patient housing, treatment, and recreation; of administration; of staff housing; and of support functions such as power supply and agriculture. Most date to the original 1890s period of construction with smaller numbers added in the 20th century. Remarkably few buildings have been lost or significantly altered over time.

The original buildings are varied in architectural style and to some extent in material, but they have many unifying characteristics. The Colonial Revival style predominates supplemented by smaller numbers of Tudor Revival, Jacobethan Revival, Craftsman, and utilitarian design. Most are constructed of red pressed brick, laid in Flemish bond, and most of the trim is light-colored stone: white Georgia marble, Indiana limestone, or buff Amherst sandstone. Slate roofs and copper trim are used extensively; gable roof forms predominate. Most of the slates are dark gray and described in annual reports as Brownsville, Monson, or Eastern slate. The red slate that appears at North Belknap is unique. The buildings are compatible in height --two to three stories-- and overall scale, and most of the major buildings have similar plans that help minimize their scale, and thus maintain the stated goal of presenting a residential rather than institutional appearance. To accomplish this, many employ symmetrical or nearly symmetrical main blocks backed by rear wings of uneven length, which with the plantings, block any view of the full mass of the building from any one point. In several cases, balustraded terraces extend buildings into the surrounding landscape.

The building interiors were designed to create a comfortable homelike effect. Common features that remain in most buildings include spacious corridors, sunny corner parlors, and easy stairways with broad landings and decorative spindle screens. Fireplaces were placed in public rooms and in private rooms in buildings devoted to quiet patients like Appleton and Upham. All of the buildings were equipped with electric lights. Lavatories were conveniently placed, spacious, and equipped with marble or tile floors. (AR 1892: 15)

Buildings added in the first half of the 20th century generally continued the siting pattern and materials established by their predecessors, but are often larger and always simpler in massing and detail. Most were built to house nurses and other staff as they were moved from quarters in patient buildings to provide office space and more patient rooms. Most were added to the secondary groups that extend

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westward from the rear of the main building row. Typical features of buildings from this period include rectangular plans, three to four story height, slate gable or hipped roofs, multi-pane window sash, and red brick exteriors with minimal Colonial Revival-derived trim.

Original 1890s Buildings

South Belknap (1892-1894; Jacobethan Revival; Fehmer & Page; map #17; photo #s 2, 14)

South Belknap, originally Belknap House for Women, is located in the southern half of the original front main building row between the Administration Building and Appleton House. It is built on a modified U-plan consisting of a symmetrical main block and side wings of uneven length that covers approximately 8,642 sq. ft. In this respect, it is generally similar to the other original large patient buildings such as East, Proctor, and North Belknap Houses, but its elaborate Jacobethan stylistic treatment is unique in the complex. South Belknap rises 2 ½ stories to a dark Brownsville slate gable roof replete with numerous chimneys and ventilators rising from the ridge and dormers at the eaves. Exterior walls are Eastern red brick laid in English bond with trim of buff Amherst stone. Large and small Flemish wall-gables (highlighted by green copper coping) and the ogee curved copper roofs on the small dormers and ventilators are especially prominent and distinctive elements. The gables rise above projecting end pavilions at the corners of both main block and wings. More subtle but equally unique features are the vertical groupings of mullioned first and second floor windows within single stonework units on these corner pavilions. Monochromatic English bond brickwork is also unusual at McLean where the predominant bond is Flemish and use of glazed headers is prevalent. Entrances are located at the east end of the south wing and at the north end of the west wing. The former is fronted by a simple four-column porch. The building has lost stone terrace balustrades from the front (west) and south sides, but is otherwise intact including original S-curved wrought iron window grills at some of the larger window openings. Most window units contain four-pane sash headed by four-pane transoms. A large walled garden whose sides were formed by the surrounding buildings and tunnels originally stood behind South Belknap.

Appleton House (1892-1895, Colonial Revival, Fehmer & Page, map #2; photo #2)

Appleton House stands on a low rise at the south (female) end of the original main front building group where it is screened by a stand of trees. It faces northwest to neighboring South Belknap over a circular driveway. It is built on a roughly rectangular plan that covers approximately 5,500 sq ft., making it one of the smaller patient buildings. It rises two stories from a cut granite foundation to a hipped slate roof

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with interior chimneys and pedimented dormers. The symmetrical seven bay facade is articulated by slightly projecting end pavilions. Materials consist of red "bench brick" exterior walls laid in Flemish bond with burnt headers and "white points," white marble window sills and lintels, granite foundation and watertable, and wooden porte-cochere and modillion cornice. Plain red brick at the building corners form subtle, narrow quoins. The porte-cochere, with its paired Doric columns and roof balustrade with turned urns, is the most elaborate exterior woodwork still preserved at McLean. A similar balustrade has been removed from the upper roof deck, but the tall pilastered chimneys and copper ventilators remain in place. Windows are vertically and horizontally aligned and are headed by splayed marble lintels with key stones. They contain 6/9 double-hung sash. Elaborate palladian windows with louvered fans are found above the entry and centered on the end pavilions at the second story; the outer units retain original S-curved wrought iron window grills. Oculi also appear in the center section, and are found on the side elevations as well. A one story sunporch appears at the east corner of the rear south elevation. In 1892, this was described as a covered porch that could be enclosed in winter to form a sun room and conservatory. In good weather, Appleton patients had access the walled garden behind South Belknap.

As is the case throughout the hospital, the patient density has increased in Appleton where nurses' quarters at the third floor now accommodate offices and outpatient programs. Despite some interior changes, several carved mantels and a fine stairway with elaborate, turned spindle screens in the main reception/stair hall remain as notable features.

Administration Building (1892-1894; Colonial Revival; Shepley, Rutan & Coolidge; map #1; photo #1)

The Administration Building is the focal point of the original main front building row. It is built on a modified U-plan with two wings extending back from a larger main block, and covers approximately 9,728 sq ft. The seven by three bay main block rises three stories from a limestone-faced foundation to a very low hipped roof with central monitor and two interior chimneys. The symmetrical facade is focused on a projecting three-bay center pavilion. The central bay is further highlighted by colossal Ionic pilasters that rise to a boxed pediment with central cartouche and scrolls. Similar pilasters define the corners of the center pavilion and of the main block as a whole. All rise to a two-part entablature and cornice with dentil course and beaded molding.

The central location, grand materials and fine detail of the Administration Building all visually reinforce its functional role as the organizational center and reception point of the complex. Exterior walls of yellow glazed, Flemish bond brickwork are unique on the grounds in the color and large size of the

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bricks, and in the narrowness of the mortar joints. The original rich marble trim includes Greek fret decorated lintels, colossal Ionic pilasters on the facade, a balustraded porch, and a small rear terrace enclosed by marble balustrades. A larger front terrace was removed in 1931. The roof cornice and balustrade are copper painted white, and the roof is copper as well. The original balustrades have been removed from the side and rear eaves, but the front unit is still in place. Windows are vertically and horizontally aligned, and are reduced in size from bottom to top reflecting the relative importance of internal functions. At the first and second stories, they contain 6/6 double-hung sash while the smallest third story openings contain 3/3 sash. The main entrance is centered on the facade where it is fronted by a grand porch with Ionic columns rising to a two-part entablature with bead molding and roof balustrade.

To minimize the bulk of the Administration Building and to maintain the stated goal of presenting a residential rather than institutional appearance, needed square footage was gained through two two-story wings that project from the sides of the main block and extend to the rear. They omit some of the grander details of the main block, but maintain the same materials and window treatment.

On the interior, the wide front entry hall opens onto a broad stairway, with a Palladian window at the landing level. Most of the original, dark-stained woodwork survives in this building, especially in the circulation areas. Particularly notable woodwork includes the main stair, with three designs of turned banisters, boxed beam ceilings and walls in Conference Rooms A and B (formerly the Trustee Parlor and Patient Library, respectively). A garden was originally located at the rear of the building.

Upham Memorial Building (1892-93; Colonial Revival; William Y. Peters; map #18; photo #s 16, 28, 29, 30)

Upham Memorial Building is the primary building located on the west side of the Bowl (map #57) opposite the original front main building row, suggesting it was proposed after the basic campus layout was settled. The low, blocky Upham Building is built on a nearly square plan that covers approximately covers 7,500 sq ft. It rises 2½ stories from a "hammered Troy granite" foundation and watertable to a hipped roof covered with dark Eastern slate and punctuated by two interior chimneys and numerous pedimented dormers with interlace sash. The primary east and south facades are centered on shallow, projecting pavilions. Exterior walls are Somerville pressed red brick trimmed with white Georgia marble including a belt course, dentilated modillion cornice, and window sills and lintels, the latter in a typical neo-Federal splayed form with keystones. The primary east facade is focused on a large elaborate porch and porte-cochere of marble that is detailed with paired Tuscan columns rising to an entablature. Elaborate leaded-glass sidelights and fanlights frame the entrance which contains a wide, wood panel

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door. Another porch of similar detail is centered on the secondary south elevation; it lacks the porte-cochere. Three-part Palladian and flat-top windows are used to emphasize some corner and center locations. Most windows are single units that contain 10/1 and 6/1 double-hung sash. Some openings display original decorative S-curved wrought iron window grills. The removal of balustrades from the porch roofs and the upper deck of the main roof is the most visible of the few alterations to this exceptional building.

An unusually lavish and nearly intact interior, consisting of suites arranged around a commodious central stair hall, also survives at Upham. The staircase hall is virtually intact, with paneled and pilastered walls, elaborate cornices, carved swags, and a broad main stair with carved newels and three types of turned banisters. The top of the stairs is shielded by a screen that combines turned spindles and wrought iron, a material little seen in McLean interiors. The ground floor dining room has fine, dark-stained woodwork, including a carved mantel. The second floor, which has been partially converted to offices, has been more changed than the lower floor, but retains simpler mantels, door frames, and spindle screens on the secondary stair.

North Belknap (1893-1894; Tudor Revival; Shepley, Rutan & Coolidge; map #10; photo #10)

North Belknap, originally known as the Belknap House for Men, stands in the original front main building row, immediately north of the Administration Building on the male side of the complex. North Belknap consists of a main block with two short rear (east) wings and one large front wing extending west from the primary west facade. Together, the main block and forward wing enclose two sides of a raised terrace on the primary west facade. Both main block and wing rise 2½ stories to red slate gable roofs with numerous chimneys rising through mid-slope and gabled wall dormers of varying size. Stone finials have been removed from most gables. The use of red slate is unique on the campus as are the ventilator panels on the roof slopes rather than the more common rooftop ventilators. Exterior walls are "hard burned eastern red brick" laid up in Flemish bond with burnt headers, and trimmed with buff colored Amherst stone. Large window openings, often subdivided by stone mullions, contain multi-pane double-hung sash, predominantly 15/2 and 9/1. Many windows have rusticated limestone frames. The main entrance is centered on the main block where it faces west over the Bowl. (sketch map #57) The entry location is highlighted by a slightly projecting pavilion that rises to a gabled wall dormer. The wood and glass door is recessed within a broad basket arch with carved spandrels. A triple arched window with foliate apron appear at the second story above. The small courtyard behind the building was described as a tree-shaded garden in the 1890s.

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North Belknap is the most picturesque of the McLean buildings, with its wall gables of various sizes, numerous finials and tall chimneys, asymmetrical elevations, and weather-darkened stone trim. Shepley, Rutan and Coolidge designed both North Belknap and the most classical of the hospital's buildings, the neighboring Administration Building.

The exterior of the building survives relatively intact. Several finials have been removed and the decorative wrought iron window grates, which were installed for patient safety, have been removed for fire safety. On the northeast (back) side, all the stone coping has been removed from the gables. Numerous tall chimneys, which are key character-defining elements, were successfully stabilized ca. 1980. The northwest wall of the laundry and its drying yard originally formed part of the enclosure of the North Belknap walled yard, and north of the laundry is a portion of the free-standing brick wall of that yard. That yard was described as a large garden well shaded by trees in 1893.

East House (1893-1894; Jacobethan Revival; Fehmer & Page; map #6; photo #6)

East House is the second building back in line from the original main front building row in the southerly, women's-side grouping (south rear row). It served as a residence for female patients and was designed by Fehmer and Page in the Jacobethan Revival style. It is built on a U-plan with large wings extending back (north) from the ends of the east/west main block. The original west wing is somewhat longer than the east wing. The building rises 2½ stories from a Milford granite foundation to a dark Eastern slate gable roof replete with cross gables, large gabled wall dormers, standard hipped roof dormers, chimneys, and a central hipped roof cupola/ventilator. The exterior is red brick (described as bench brick) laid in Flemish bond with yellowish headers and white mortar (original). Windows and doors are trimmed with buff-colored Amherst stone. Lighter-colored red brick is laid as quoins at the building's corners and at the jambs of those windows not fully enframed with sandstone, a brickwork detail used on most of the Fehmer and Page buildings at McLean. The symmetrical south facade is defined by projecting gabled end pavilions. A central wall dormer marks the location of the main entrance which is protected by a generously sized, fully enclosed brick vestibule that contains large mullioned windows, and is trimmed with stone pilasters and entablature. This is the original appearance with the exception of a roof balustrade which has been removed. The vestibule is fronted by a North River bluestone terrace which has lost its balustrade. Windows are aligned vertically and horizontally and display stone sills and lintels. They contain 4/4 transomed sash.

East House has undergone several additions and alterations since 1895. In 1911 Charles K. Cummings, a Boston architect, designed a one-story, flat-roofed extension to the east rear wing to house a hydrotherapy

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facility. A rear piazza was eliminated by that addition and replaced by an open terrace built between the wings. Interior renovations were undertaken several times in the second half of the 20th century. Despite some changes and loss of original fabric, East House retains several features lost from most of the other buildings at McLean. Rare surviving original elements include a fully enclosed patient yard behind the building (see Landscapes description) and two wooden porches at the corners of the front facade. The left (west) porch has been glazed for use as a sunporch.

Proctor House (1893-95; Jacobethan Revival; Shaw & Hunnewell; map #13; photo #12)

Proctor House provides a grand presence at the north end of the original front main building row. It is built on a modified U-plan (very similar to that of South Belknap) that covers approximately 9,352 sq. ft. It rises 2½ stories from a granite foundation to a dark Monson slate gable roof. Cross gable pavilions define the ends of the main block and south wing, and the center of the north wing. As the largest of Shaw and Hunnewell's four McLean buildings, Proctor House displays the complex's most lavish use of light limestone (Indiana) trim on a red brick building including corner quoins, window and door surrounds, beltcourses, balustrades, and lions heads in the front gables. The brickwork is Eastern red brick laid in Flemish bond with dark bench headers. A stepped gable emphasizes the position of the main entrance which is centered on the symmetrical nine bay facade. The entry consists of a wood panel door with sidelights and fanlight set within an elaborate segmental arched surround of rusticated limestone. Windows are aligned vertically and horizontally and generally appear as single units. They contain 8/12 double-hung sash. Some are headed by elaborate splayed stone lintels with prominent three-part keystones. Shutters seen in early views have been removed, but several original S-curved wrought iron window grills remain. Proctor is fronted by a balustraded terrace set between the projecting end pavilions; smaller balustraded terraces appear at the front corners and one at the rear. The south terrace has been enclosed to create a sun porch. Like most of the original patient buildings on the grounds, Proctor House presents an essentially domestic appearance and scale from the front while gaining additional floor space through rear wings.

Service Building (1893-1894; Colonial Revival; Shepley, Rutan & Coolidge; map #15; photo #9)

Extending back from the Administration Building there is a center rear building row that has always housed service operations for the entire hospital. The buildings in this group (Service, Laundry, Power House, Shops) were constructed in the 1890s along with the original patient buildings, but reveal their support function in their simpler detail and materials. They display red brick walls often laid in Flemish bond, slate gable roofs, and some subtle decorative elements. It is connected to Administration by a

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corridor that is first in line, directly behind Administration (sketch map #1) and linked to it by a corridor is the Service Building, designed by Shepley, Rutan and Coolidge in 1893. The corridor is one story on the north side and two stories on the south due to a grade change; window bays are defined by pilasters. The Service Building originally consisted of two essentially separate but connected buildings housing the kitchen on the south and a research laboratory and entertainment hall on the north, with a courtyard for light and air between. With expansion and filling-in the building is now a unified structure that consists of a two story main block with an east-west orientation, and one story lateral wings.

The Service Building is enclosed by a gable roof with a large central ventilator and several chimneys at the roof ridge. Exterior walls are an unusually dark red brick laid in Flemish bond with dark glazed headers. The roofs, cornices, and large and small ventilators are copper. A gilt rooster weathervane ornaments the large ventilator. The rear position coupled with striking deep colors allow the Service Building to visually recede behind the more important patient and administration buildings. Nevertheless, it displays notable Neo-Classical decorative detailing such as brickwork, pilasters, and arcades not seen elsewhere in the hospital. Windows generally contain 8/8 double-hung sash and some are headed by splayed brick lintels with keystones. An elevator tower that was installed on the south side of the connecting corridor between the Administration and Service Buildings in 1978 is a carefully understated, compatible addition. The cross gable at the northeast corner that marks the location of Pierce Hall is the most elaborate exterior section, displaying brick pilasters with Ionic capitals and Palladian windows set in blind arches. This handsome feature has had low visibility since the adjacent Research Building (sketch map #32) was constructed in the mid-20th century. The south wing is detailed with a blind arcade, while the north wing features segmental arched vehicular openings. The Service Building continues to house Pierce Hall (called Amusement Hall on early maps), a small auditorium. The interior woodwork of Pierce Hall is nearly intact, as are the original light fixtures. The rather small room has three large Palladian windows on each side wall. Outside the hall is one of McLean's most elaborate and well-preserved spindle stair screens.

Laundry (1893-1895; Utilitarian; Shepley, Rutan & Coolidge; map #8; photo #9)

The Laundry Building extends eastward from the northeast corner of the Service Building. It is a very simple, red brick structure of five-to-one common bond, with rowlock-segmental arched doors and windows and rock-faced granite sills. As part of the central service group in the center rear building row behind the Administration Building, it was designed by Shepley, Rutan and Coolidge. Unlike the Service Building, it lacks stylistic references or detail. The upper floor of the Laundry was renovated for a staff lounge in 1972, including white siding and some new windows. Most window openings contain 10/10

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double-hung sash at the first story and 8/8 at the second. A walled drying yard that formerly stood between the Laundry and Service Building has been roofed over to serve as a storage area. The north wall of the Laundry and its drying yard originally formed part of the enclosure of the North Belknap patient yard, and north of the laundry is a portion of the free-standing brick wall of that yard.

Power House (1893-94; Utilitarian; Marshall M. Tidd, C.E.; map #12; photo #41)

The Power House is part of the central rear row of service buildings. It stands immediately south of the maintenance shops (sketch map #16) and Laundry (sketch map #8), and immediately north of the former Women's Gymnasium (now Centre Building; sketch map #4) which is part of the south rear row. The Power House is built on a narrow rectangular plan with several shallow cross gables on the long east side. Partially below grade, the building rises one story to an overhanging slate hipped roof that is the dominant building element. Exterior walls are red brick laid up in common bond. A tall brick chimney rises at the south end of the building. The long, windowless west wall of the Power House with its shallow lean-to wing forms part of the enclosed patient yard behind South Belknap.

Stable/Garage (1893-1894, Craftsman, Fehmer & Page; map #7; photo #8)

The former Stable/Garage occupies a highly visible location near the Mill Street entrance to the hospital grounds, amid a small orchard (NR map #63). It is the only original service facility not sited in the center rear row behind the Administration Building. Designed by Fehmer and Page, it consists of a large rectangular main block extended by a long, perpendicular rear ell. The main block rises 1½ stories to a slate hipped roof with exposed rafter ends, hipped roof dormers, and a large central ventilator/monitor topped by a gilt horse weathervane. Red brick walls are laid up in common bond. Windows are generally small, paired, contain 3/3 double-hung sash, and are framed by stone lintels and splayed brick lintels. The main block consists of a rusticated center pavilion framed by shallow lateral wings with a diaper pattern of burnt-headers band running beneath the roof. The three bay center pavilion is centered on an enlarged garage door. Above is a large round-arched window. The rear wing is enclosed by a gable roof with prominent monitor whose windows have been boarded. Its walls are pierced by paired windows and topped by a dentil course. The prominent roof, long, horizontal massing, and crowning gilt horse weathervane are all notable features of the building. Both this weathervane and the gilt cock on the service building were brought to Belmont from the original Asylum in Somerville.

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Mill Street Lodge (1893-1894; Colonial Revival; Fehmer & Page; map #9; photo #8)
Pleasant Street Lodge (1893-1894; Colonial Revival; Fehmer & Page; map #11; photo #11)

Two gate lodges mark the primary entrances to the McLean Hospital campus and serve to introduce the predominant architectural characteristics of the original complex -- slate roofs, Flemish bond brickwork with glazed headers, limestone trim, historic revival styling. Fehmer & Page designed both McLean gate lodges as small Colonial Revival houses with red brick exteriors. Both rise 1½ stories to dark slate gable roofs with modillion cornices, pedimented dormers, and end-wall chimneys. Windows are often paired, headed by splayed lintels with keystones, and contain 12/12 double-hung sash. Entrances are centered on symmetrical three-bay facades and fronted by small, pedimented porches. Oriel windows are found on one side of the entrances -- left at Mill Street and right at Pleasant Street. Side walls are decorated with oval windows and diaper-pattern brickwork in the gables. The Mill Street Lodge has a leanto-type rear extension.

Wyman House (1894-1895, Colonial Revival, Shaw & Hunnewell, map #19; photo #17)
Bowditch House (1894-1895, Colonial Revival, Shaw & Hunnewell, map #3; photo #3)

Wyman House and Bowditch House were designed by Shaw and Hunnewell in 1894-1895 in the Colonial Revival style and were constructed by the Norcross Brothers. Both stand at the end of their rows (south female and north male respectively) where they are isolated from the nearest patient residences by distance, terrain, and vegetation. Built to house the most disruptive patients, their locations reflect this original use. Both buildings consist of a two-story rectangular main block enclosed by a slate hipped roof with interior chimneys. Original one-story wings were extended in the 1910s to provide additional hydrotherapy facilities. The red brick exterior walls of these buildings are laid in Flemish bond while the window trim, string courses, and dentilated modillion cornices are limestone. Windows appear alone and in groups, and several that occupy prominent locations are either round-arched or set in blind arches decorated with limestone swags. Others have brick soldier course lintels with limestone keystones. Window openings contain double-hung multi-pane sash of varying configurations including 6/6, 8/2, 8/8, and 8/12. Both buildings front their main entrances with Tuscan columned-porches. In both cases the original balustrades on the porch roofs and upper decks of the main roofs have been removed. The two buildings have polygonal bay windows of brick and paneled wood that were added within a decade or so of their construction to provide extra light and space on the interiors. A second, very similar two-story bay was designed by Shepley Bulfinch Richardson and Abbott and added to the rear of Bowditch in 1980-1981, containing a staircase for egress from the second floor required by the Life Safety Code. The original main staircases in both buildings retain fine floor-to-ceiling spindle screens.

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Men's Gymnasium (now Recreation; 1895-1897; Tudor Revival; Wheelwright and Haven; map #14)

The former Men's Gymnasium, now called the Recreation Building, stands behind the men's side (north) of the original main building row in the north rear building row. A similar women's facility stands behind the women's side to the south. The Men's Gymnasium is the larger and more elaborately decorated of the pair, which both have handsome, well-detailed, half-timbered exteriors and are the only major wood-frame structures of the original 1890s campus.

Wheelwright and Haven designed the Men's Gymnasium which rises 1½ stories to a broad, overhanging, asphalt gable roof with two chimneys. It is built on a T-plan with the main axis running east-west. Projecting cross-gables of varying size enliven the mass. Half-timbering, including a diamond-pattern band above the first story, provides similar interest to the wall surface. Windows are typically arranged in banks, especially in the cross-gables, and contain 1/1 double-hung sash. A verandah contained beneath the main roof slope at the southwest corner shelters the entrance with its wide wood panel and glass door. A long, narrow, one-story wing extends from the east elevation. The Men's Gymnasium originally provided a bowling alley (east wing), billiard rooms, smoking room, work rooms, reading rooms, and therapeutic baths. The original, east-end, one-story gymnasium wing was lengthened in 1914. Except for the removal of the baths from the basement and the 1973-1974 installation of some laboratory space on that level, the functioning of the building has not changed radically from the 1890s, except it now serves both sexes.

Women's Gymnasium (now Center Bldg.; 1895-1897; Tudor Revival; Shaw & Hunnewell; map #4; photo #s 4, 41)

The former Women's Gymnasium, now called the Centre Building, is part of the south rear building row. It stands behind (west) South Belknap where it forms one side of the enclosed yard behind that house, an area originally and currently used for outdoor recreation. A similar men's facility stands behind North Belknap. Both are components of secondary groupings of buildings devoted to patient care that extend perpendicular from the rear of the original main building row. The women's building is slightly smaller with less elaborate detail, but both have handsome, well-detailed half-timbered exteriors and are the only major wood-frame structures of the original 1890s campus.

The Women's Gymnasium (now Centre Building) is one of four Shaw and Hunnewell-designed building at McLean. Like the Men's Gymnasium (Recreation Building), the Centre Building has a half-timbered,

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Tudor Revival exterior. It is built on an irregular plan and rises 1½ stories to an overhanging asphalt hipped roof with carved rafter ends and several hipped and triangular dormers. A verandah with latticework apron wraps around the northeast corner. Windows contain 9/1 and diamond-pane double-hung sash. Windows in the brick basement have splayed brick lintels and contain 6/6 and 4/4 sash. The Women's Gymnasium, originally provided very similar facilities to the men's except that the smoking area was replaced by an art room containing both plaster casts and original works. Like the men's building the Women's Gymnasium (Centre Building) has been little changed on the exterior, but in this case, the interior, including the gymnasium room itself, has been extensively altered to accommodate offices.

Workshops (1895; Utilitarian; map #16; photo #13)

The workshops are a group of four small buildings. The three that are constructed of brick are known to date to the 1890s. The wood-frame structure appears to date to the early 20th century. The largest workshop (north) is a 4 x 9 bay rectangle that rises 1½ stories to a gable roof. The symmetrical nine bay north facade is focused on a three-bay centerpiece defined by a cross gable. Segmental arched pedestrian entries with wood panel doors occupy the center bays of this centerpiece. A large arched former loading bay is centered above. The south elevation is similar. Windows have segmental rowlock arches and granite lintels.

1900-1951 Buildings

Eliot Memorial Chapel (1906; Gothic Revival; Wheelwright & Haven; map #23; photo #20)

The Gothic Revival style Samuel Eliot Memorial Chapel is located on the hillside that slopes downward from the original main building row, southwest of Appleton House (sketch map #2) and south of The Bowl (sketch map #57). The Chapel is a small, intimate structure that is built on a basically rectangular plan and rises 1½ stories to a slate gabled roof with carved rafter ends and four gabled dormers with diamond-pane casement windows on both roof slopes. Exterior walls are constructed of buff brick with limestone trim. A one story, enclosed, gabled porch is centered on the north gable-front. It contains the entrance which consists of a Tudor arch with double-leaf wooden doors. A circular rose window is located in the gable above the entrance. A single large arched window appears in the south gable. Four segmental arched window openings appear on each side elevation where they contain stained glass set in three stone trefoil-arched mullions. The interior is restrained, but handsomely detailed with a hammer beam ceiling.

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South Cottage (1912; Craftsman; Charles K. Cummings; Map #24; photo #21)

South Cottage is located on the west side of the Bowl (sketch map #57), south of Hope Cottage (sketch map #21) and Upham House (sketch map #18). It stands on the edge of a hill that slopes steeply down to Trapelo Road. This small building that rises 1½ stories to an overhanging slate hipped roof with carved rafter ends and a large interior chimney. It consists of a main block extended by a small rear wing at the southwest corner. Exterior walls are red brick laid up in Flemish bond. The entrance is centered on the symmetrical east facade where it is fronted by a glazed porch. It is framed by triple windows with cast stone sills and lintels and 6/6 double-hung sash. A low brick wall forms a terrace that wraps around the facade and a portion of the side elevations, enhancing the building's position on the Bowl.

Brick Barn (248 Mill Street; ca. 1915; Utilitarian; MHC #1; map #37; photo #26)

A large, handsome, red brick barn remains as the primary surviving building of the former McLean Farm that lies on the west side of Mill Street and Concord Avenue. It is located at the southern tip of the farmland along with a farm house (sketch map #36) and a small boiler house (sketch map #38). Another small cottage (sketch map #39), that appears to predate the hospital is located directly opposite on the main campus. The barn stands behind the farmhouse on a steeply sloping site that leaves the rear basement story fully exposed. It is built on a rectangular three by five bay plan. Red brick walls rise from an uncoursed fieldstone foundation with dressed stone quoins and a cast stone watertable to an overhanging slate gable roof with exposed rafter ends, copper gutters, and two ventilators on the ridge. The symmetrical three bay, east gable front contains a vehicular double-leaf window door framed by single windows in the outer bays. The loft features a central door framed by smaller single windows. The door is headed by a round arched opening with a four-header row voussior and keystone. The three bay rear elevation is centered on a large, double-leaf wooden vehicular door at the basement level. Five windows are found on both the north and south side elevations at the first and basement stories. Windows have cast stone sills and lintels and are presently boarded over.

A small brick and wood-frame outbuilding stands behind and below the barn. Partially below grade, it consists of red brick walls that rise to a shed roof of corrugated metal that slopes downward from north to south. The three bay north elevation is focused on a below-grade entrance that accesses the basement level which contains a large boiler. The east side contains a segmental arched window. The south side is marked by a tall brick smoke stack at its east end. Above grade walls here are concrete with wood shingles above.

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One side of a stone foundation and adjacent granite post are visible immediately southwest of the boiler house. This may be the original barn that accompanied the Kendall Farmhouse.

Arlington House (1916; Jacobethan Revival; Peabody & Stearns; map #25; photo #22)

Arlington House is located west of Bowditch House and was the first building to arise in this peripheral location. It is built on a rectangular plan and rises two stories to a slate gable roof with several interior chimneys. Massing is highly irregular. Exterior walls are buff brick with an abundance of limestone trim. Decorative brickwork includes a raised diaper pattern in the west facade gable. The main entrance is centered on the asymmetrical south facade where it is fronted by an enclosed gabled porch. A secondary entrance is found on the west side elevation. Windows appear singly and in groups and generally contain 6/6 or 8/8 sash. A large, mullioned stair window is located to the left of the main entrance. The rear terrace is now partially filled by a rear building wing.

Hill Cottage (1930; Colonial Revival; Eugene T. Nolte; map #30)

The last of the small cottages (others include Hope, South, West, North, Ledge) built at McLean, Hill Cottage occupies a commanding site overlooking the Mill Street entrance from a hillside about five hundred feet to the east. Dating to 1930, it is typically small in scale, constructed of Flemish bond red brick with burnt headers, and enclosed by a slate gable roof. It is simply designed with minor references to the Colonial Revival style. It is distinguished from earlier cottages by its 2½ story height. Hill is built on a T-plan consisting of a main block with a short, central rear ell. The primary, three bay, north facade is symmetrically organized with a center entrance framed by outer bays that rise to bold, gabled wall dormers. In this respect, it is similar to the Superintendent's House (sketch map #5). The door is framed by sidelights and fronted by a shallow porch consisting of Tuscan columns rising to a closed, segmental arch pediment. It is surmounted by a two-part window at the second story and a gabled dormer. The end bays contain three-part windows at the first story with paired windows above. The windows have cast stone sills and lintels and contain 6/6 double-hung sash. Hill Cottage is one of the few campus buildings that have undergone substantial alteration including a one story brick wing on the west side (early to mid 20th century). A more dramatic change is the two story, wood frame addition that has encased the original brick rear wing to create a nearly square plan (mid to late 20th century).

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Oaks Building (1932; Colonial Revival elements; Woodworth, Hubbard & Smith; map #31; photo #23)

A third large, institutional-type building was constructed in 1932 as a residence for male nurses. Called Oaks Building, it was designed by Wadsworth, Hubbard and Smith and located just south of Bowditch House adjacent to the north (male side) rear building row. A sharp ridge screens the building from the rest of the main building group, but the location results in infill of the original building group while previous 20th century buildings had expanded existing building lines outward. Oaks is built on a U-plan consisting of a main block extended by rear wings of different length. Red brick walls rise four stories to a flat roof screened by a low brick parapet, making it the tallest pre-1951 building. Both the height and roof type were firsts on the McLean campus. The building is trimmed with a flat cast stone beltcourse between the first and second stories and another below the parapet. The symmetrical, thirteen bay, west front facade is centered on an entrance that is fronted by a shallow portico with Tuscan piers rising to an entablature and flat roof. The facade is framed by shallow, three bay end pavilions distinguished by long arched windows with keystones and paneled cast stone aprons at the first story. Elsewhere, conventional windows have cast stone sills and contain 8/8 double-hung sash. Windows are aligned vertically and horizontally.

Biological Research Laboratory (1945-1998; International Style; Coolidge, Shepley, Bulfinch & Abbott; map #32; photo #24)

The Biological Research Laboratory, like most of the post-1930 buildings on the McLean campus, encroached upon the original 1890s building group. In this case, a new research building arose on the north side of the existing research facility in the Service Building. (sketch map #15) It is interesting as a sequence of four building periods all designed by Coolidge, Shepley, Bulfinch & Abbott, and all readily apparent while also harmoniously integrated. The original two-story, red brick, Flemish bond building of 1945 stood behind the line of the main row and essentially was an expansion of the central service core. In 1959, it was extended eastward to about double its first length, using matching materials, massing, and detailing including tall, narrow window openings with stone sills and 4/4 double-hung sash. In 1977 two additional floors were added to the existing building, supported on "stilts" that straddle the older portions. These upper stories are distinguished by narrow, horizontal window strips that are flush with the exterior wall surface. At the same time, twin cylindrical stair towers were added to the northern side, establishing a principal façade, and the building was renamed the Mailman Research Building. A three story wing, distinguished by brick piers and spandrels framing large glazed openings, was added to the east end in 1998. The effect of the whole is unified and in scale with the

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older neighboring buildings, aided by its set-back position in relation to the Administration Building (sketch map #1) and the front wing of North Belknap (sketch map #10). The building now contains almost 1.5 acres of dedicated basic bench-top lab space.

Post-1951 Change

The McLean Hospital National Register District survives as an unusually well-preserved example of a late-19th and 20th century psychiatric hospital campus. Especially important are the survival of a full range of historic building and landscape types including the defining pattern of a central core of patient-oriented buildings and designed landscapes surrounded by a buffer of wooded and agricultural lands.

Like most active and successful institutions, McLean has continued to evolve in the years since 1951. This has resulted in some changes to historic buildings, landscapes, and the overall campus plan, but McLean has accommodated growth in an unusually sensitive manner.

Post-1951 Hospital Boundary Changes

The hospital acreage was reduced in the late-1960s to mid-1970s, when land was transferred to the Town of Belmont. At that time, a small 4.5 acre parcel was carved out of the southern edge of the main campus to serve the needs of elderly housing, while 70 acres of the former McLean Farm on the southwest side of Concord Avenue became town conservation land known as Rock Meadow. The elderly housing parcel is now developed with four 1-3 story, red brick buildings of varying size. They are surrounded by lawns with trees, paved drives, and parking areas. The original campus perimeter stone wall remains along the Trapelo Road boundary in this area. Rock Meadow retains its historic agricultural character, providing a rare glimpse into Belmont's pre 20th century past.

Post-1951 Landscape Changes

There have been three major categories of landscape change since 1951. In the central campus area several of the new buildings, notably Rehabilitation (1963; sketch map #33) and Hall-Mercer (1973; sketch map #34), have altered the character of the Bowl, partially destroying the form and spatial character of this important central space. Hall-Mercer is proposed for removal. Also in the central campus area, a number of parking lots have been added. Larger lots are concentrated on the perimeter of

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the campus, are often in curvilinear form, and sometimes incorporate landscaped islands in an attempt to blend with the landscape. In other areas, roads have been widened, to create smaller more informal parking areas, some of which are unpaved. Insertion of this ubiquitous feature of modern life has been handled less obtrusively at McLean than at most similar facilities. No new roads have been added since the period of significance. The third major landscape change is the gradual succession at the former McLean and Highland Farm. This process has accelerated since McLean stopped mowing Highland Farm in the early 1990s. Fields once occupied by crops and livestock are now overgrown meadows in the early stages of succession. The town continues to mow portions of Rock Meadow.

Post-1951 Building Construction and Alterations

Buildings at McLean -- including new construction, alteration, and loss -- have changed remarkably little since 1951, especially when compared with other historic psychiatric hospital campuses. There are only four major buildings at McLean that post-date 1951. All are large masonry structures, three of brick and one of concrete. The three brick buildings include the **Rehabilitation Building (1963; No Style; map #33)**, **Francis de Marneffe Building (1987-1988; Post-Modern; map #41)**, and **Admissions Building (1987; Neo-Tudor; map #42; photo #27)**. **Hall-Mercer (1973; Brutalist; map #34)** is constructed of concrete. The **Child Care Center (map #40)** is a smaller, wood-frame, residential/treatment facility. The first three buildings cited above were designed by Shepley, Bulfinch, Richardson & Abbott, while Hall-Mercer is the work of Perry, Dean & Stewart.

Post-1951 changes to building exteriors have generally been confined to minor alterations such as enclosure of porches, addition of air conditioning units, and loss of some wooden elements, most notably roof balustrades. Regular, careful maintenance has preserved the vast majority of character-defining elements. Interiors have been subject to greater change, often involving some rearrangement of spaces to increase patient density from spacious suites to single and double rooms and to convert former staff living quarters on upper floors to office use. In most cases the fine interior fittings, especially those in public spaces, remain intact. Subdivision of the women's gymnasium is one of the few examples of major alteration of an important interior space. Only four buildings on the McLean campus have undergone substantive alteration, and even in those cases, the original character of the building remains clear. They are the Laundry Building (1893-95; No Style; sketch map #8) Superintendent's Residence (1895; Tudor Revival; sketch map #5), Hill Cottage (1930; Colonial Revival; sketch map #30), and Research Building (1945, 1959, 1975-77, 1998; International Style; sketch map #32). (see specific building descriptions for details)

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Building Losses

Up until recently only a handful of buildings have been lost within the National Register district. Most are barns and other support buildings associated with the former McLean and Highland Farms. The latter were taken down before the hospital acquired the property in 1906, while the former survived until the mid 20th century. Losses on the center campus are confined to the Greenhouse and the Convalescent Home which served Massachusetts General Hospital rather than McLean (demolished 1926).

Current Development Project

McLean Hospital has been an enlightened and conscientious steward of its historic architectural and landscape heritage. That spirit has carried over into the present as the hospital has been forced to redevelop portions of the campus to meet financial realities. As the result of a carefully negotiated agreement with the Town of Belmont and other entities, three new development zones have been created along with 120 acres of dedicated public and private open space, and a 20 acre municipal cemetery. New development is generally sited in areas of existing buildings and parking lots. It will result in the demolition of 13 buildings, 11 of which contribute to its historic character and two buildings which post-date the period of significance. No buildings of primary historical significance will be demolished. The historic buffer of woodlands and fields that have always surrounded the core campus, and are so important to its overall character, will be retained as open space. Naturalistic cemetery design will help to avoid disruption of that open space.

The proposed construction will add a total of 41 townhouses, 3 large continuing care facility buildings, and 2 research and development buildings. While new buildings have been carefully sited and designed to minimize their visual impacts, the sheer volume will permanently alter the residential and campus-like character of McLean Hospital.

Contributing Buildings Planned for Demolition

Thirteen buildings, including eleven that contribute to its historical significance, will be demolished as part of the current redevelopment project. The majority of buildings, including all those of major significance and a representative sampling of building types, will be preserved. Only one of the original 1890s hospital buildings --Hope Cottage-- will be lost. These buildings are described below.

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Waverley House (165 Mill Street; ca. 1890; Colonial Revival; map #35)

Waverley House stands at 165 Mill Street, a few hundred feet north of the entrance. It was acquired by the hospital along with its site in ca. 1918. It is a wood-frame structure that rises 2½ stories from an uncoursed fieldstone foundation to an asphalt shingle roof with a chimney and a dormer on the south slope. Artificial siding replaces original wood clapboards but cornerboards with molded caps and a dentilated entablature are retained. The two bay, west gable front contains the main entrance in its north bay. It is fronted by a small gabled porch with square posts and an X-pattern balustrade. A Palladian window in the gable is the chief stylistic element. The south side elevation is modulated by a two-story bay window at the west end and a one-story bay near the east end. The north side elevation has two, large, gabled wall dormers at the east end, and is centered on an arched stair window. Other windows have simple molded frames and contain 1/1 double-hung sash.

Kendall Farmhouse (248 Mill Street; ca. 1875; Italianate elements; MHC #1; map #36)

The Kendall Farmhouse remains as the most visible surviving building of the former McLean Farm that lies on the west side of Mill Street and Concord Avenue. It is located at the southern tip of the farmland along with a brick barn (sketch map #37) and a small boiler house (sketch map #38). Another small cottage (sketch map #39), that appears to predate the hospital is located directly opposite on the main campus. The Farmhouse faces east toward Mill Street over an unpaved, semi-circular drive. A stone wall and a row of seven mature maples front the property. The house is built on a dumbbell plan consisting of a three by two main block extended by a two bay rear ell. A rear wing, similar to and parallel to the main block was added in the 20th century. The building rises 2½ stories from a brick foundation to an asphalt gable roof with a boxed cornice and interior stove chimneys. Exterior walls are covered with white-painted wood shingles with no trim. The symmetrical three bay facade is centered on an entrance with double-leaf door that is fronted by a shed roof porch with plain posts and balustrade. Single windows occupy the outer bays. Three windows are aligned above. Windows have simple molded frames and contain 2/2 double-hung sash or are boarded. A verandah runs along the south side of the rear ell, providing entrance into the main block. Secondary entrances are found on both the north and south sides of the 20th century rear wing. The south-side entrance has a gabled hood with sunburst pattern. The house has been vacant for many years and is in deteriorated condition.

J. S. Bock Cottage (231 Mill Street; ca. 1890; No Style; map #36)

A small cottage at 231 Mill Street appears to pre-date the hospital. It stands directly opposite the
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farmhouse (sketch map #36), brick barn (sketch map #37), and small boiler house (sketch map #38). The cottage is a wood-frame structure that rises one story to an asphalt covered mansard roof. It consists of a two by three bay main block and two-story rear (east) ell. The north half of the two bay west front is covered by a four-window enclosed porch with an entrance at its south end. The partially visible south bay has a bay window that rises through the roof as a dormer. A verandah runs along the south side of the rear ell. Windows contain 2/2 double/hung sash. Exterior walls are covered with aluminum siding. The cottage has been vacant for many years and is in poor condition. It is accompanied by a garage

Superintendent's Residence (now Office/Clinic Building; 1895; Tudor Revival; Fehmer & Page; map #5; photo #5)

The Superintendent's Residence occupies an isolated site at the end of a dead-end drive, south of the original main front building row. Its nearest neighbors are Appleton House (sketch map #2) and the Chapel (sketch map #23), both well to the north. The sense of seclusion is enhanced by the terrain which begins a steep decline to the south edge of the grounds. Built on a T-plan, it consists of a nearly square main block with a north lateral wing. Red brick exterior walls are laid up in Flemish bond with yellowish headers and trimmed with brick quoins. They rise 2½ stories to a slate gable roof with four corbelled chimneys and a central eyebrow dormer. The outer bays of the symmetrical three-bay facade rise to large gabled wall dormers. The center bay contains the entrance that is fronted by a large, glazed portico that features Tuscan columns and a balustraded roof. Wall dormers are also found on the north side wing. Windows are headed by splayed lintels and contain 1/1 double-hung sash. This one of only two buildings that has experienced substantial exterior change. The brickwork has suffered from deterioration, incompatible patching, and conspicuous removals, seriously damaging the external appearance of the house. Some original woodwork survives in the stairhall and elsewhere.

Hope Cottage (1895-1896; Colonial Revival; Wheelwright & Haven; map #21; photo #18)

Dating to 1895-1896, and designed by Wheelwright & Haven in the Colonial Revival style, Hope Cottage was the first of several single patient residences constructed at McLean. It is located on the southwest rim of The Bowl (sketch map #57), south of Upham Memorial Building (sketch map #18). It is built on a rectangular plan and rises 1½ stories to a slate gambrel roof with two interior chimneys and three pedimented dormers on each side. Exterior walls are red brick laid up in Flemish bond without the dark headers found on many other early buildings at McLean. Trim includes a molded water table and dentilated cornice. The main entrance is centered on the symmetrical south facade where it is fronted by a semi-circular glazed porch. An open verandah with Tuscan piers is found on the east end wall.

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Windows are framed by limestone sills and splayed lintels and contain 6/6 double-hung sash. A recent one story hipped roof wing has extended the original gambrel roof rear wing. It maintains the Flemish bond brickwork.

Codman House (1906; Colonial Revival elements; Phillip B. Howard; map #22; photo #19)

Codman House stands southeast of Wyman House in the south rear building row originally devoted to female patients. Designed in 1906 with elements of the Colonial Revival style, it is both larger and plainer than its predecessors. It is built on a U-shaped plan and rises three stories to an overhanging slate hipped roof with several chimneys. Exterior walls are red brick laid up in Flemish bond and include a molded water table. The long, asymmetrical, south facade is focused on a slightly projecting central bay that rises to a curved gable above the roof. This bay contains the main entrance which is fronted by a porch with limestone piers with carved capitals. An arched stair window spans the two stories above. A heavy, Mannerist-inspired, segmental pediment floats above the window, supported only on lion's head consoles. Windows are aligned vertically and horizontally and contain 6/6 double-hung sash. The building is fronted by a terrace. A large patient yard exists to the rear. On the west it is enclosed by the tunnel system; chain link fence on the north and east replaced original wood fencing.

West Cottage (1919; Colonial Revival; H. L. Blake; map #26)

West Cottage is located on the level plain between the original main front building row above and a sharp, wooded decline down to Mill Street and Trapelo Road. It shares this location on the western perimeter of the Bowl (sketch map #57) with South Cottage (sketch map #24), Hope Cottage (sketch map #21), and Upham Memorial House (sketch map #18) to the south and Hall-Mercer to the north (sketch map #34). It is very similar to Hope Cottage being of rectangular plan with red brick walls under a slate gambrel roof with four-window shed roof dormers on both slopes and two interior chimneys. The entrance is centered on the symmetrical, five bay, south facade where it is fronted by the same type of semi-circular portico with glazed panels between Tuscan columns that exists at Hope. Windows have brick sills and splayed lintels and contain 6/6 double-hung sash. Two small, parallel wings extend from the west end elevation. The northern one is of red brick, one bay and one story under a gambrel roof. The southern portion is a glazed, one story sunporch with a center entrance framed by two large windows.

Higginson House (1924; Colonial Revival elements; Bigelow & Wadsworth; map #27)

Higginson House is an offshoot of the south rear building row between Appleton House (sketch map #2)

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and Codman House (sketch map #22). It is built on a U-plan consisting of a large main block with three by three bay wings extending forward from the ends of the north facade. Exterior walls are red brick of common bond and rise four stories to a slate hip roof punctuated by a series of small chimneys. The main entrance is centered on the symmetrical 19 bay north facade including the outer wings. The entry is framed by fluted pilasters. A plaque above contains the seal of Massachusetts General Hospital. A secondary entry with shallow four-column Tuscan porch is centered on the south elevation. Windows are vertically and horizontally aligned and contain 8/8 double-hung sash with splayed brick lintels.

North Cottage (1927; Colonial Revival; H. L. Blake; map #28)

Ledge Cottage (1927; Colonial Revival; H. L. Blake; map #29)

Two single patient cottages were built in 1927 on a new dead-end road north of Arlington House (sketch map #25). This placement extended the hospital's buildings into a previously undeveloped area, but care was taken to maintain the buffer along the boundaries of the grounds. Known as North and Ledge Cottages, both were designed by H.L. Blake in very similar versions of the Colonial Revival style. Both are rectangular in plan with small rear wings, are constructed of red brick, and rise 1½ stories to slate roofs with interior chimneys. Windows contain 6/6 double-hung sash. The wings accommodate one story sunporches. North is enclosed by a gable roof with gabled wall dormers while Ledge has a gambrel roof with multi-window shed dormers on both slopes. At North, the symmetrical five bay west facade is centered on a pedimented portico with glazed sides that fronts the main entrance. At Ledge, a similar entry has a segmental pediment.

Archaeological Description

Environmental characteristics, known sites and recent archaeological investigations document the presence of ancient Native American sites on the McLean Hospital grounds and a high potential for locating additional sites on the nominated property. The historic boundaries of the McLean Hospital includes several areas that exhibit locational criteria (slope, soil drainage, proximity to wetlands) considered favorable indicators for many types of ancient Native American sites. Favorable locations include terraces, knolls and other landforms containing level to moderately sloping topography and well-drained soils formed in glacial till within 1000 feet of wetlands. Most areas of the nominated property lie within 1000 feet of Beaver Brook, McLean Brook, wetlands or springs, some of which were filled during hospital construction. Three ancient sites are currently recorded in the general area (within one mile) of the McLean Hospital. Two of the sites were recently located in the Beaver Brook Reservation immediately beyond the southwestern boundary of the McLean Hospital. Intrasite information is limited

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for both sites; however, they appear small and oriented towards the Beaver Brook, its associated wetlands, and related floral and faunal resources. The sites described above and the environmental potential for the area indicate that smaller, low density-type sites with a wetland orientation may characterize most site potential in the area.

Recent archaeological investigations at the McLean Hospital have located four ancient Native American sites on the hospital property and corroboration of the environmental and site potential described above. In October 2000, an intensive archaeological survey (Fragola and Ritchie 2000) was conducted in designated areas of proposed development within the McLean Hospital campus. The intensive survey did not include the McLean Farm/Rock Meadow Conservation area on the west side of Mill Street. Subsurface testing was also not conducted south of Concord Avenue in the area of the Highland Stock Farm north of the main campus, since the latter area has been zoned for open space. Archaeological research is continuing at the McLean Hospital, and the four sites located on the hospital property have yet to be recorded in the Inventory of Historic and Archaeological Assets of the Commonwealth. The intensive survey identified several areas of high, medium, and low sensitivity for Native American cultural resources. Background research conducted during that survey also found that the McLean Hospital was located on the perimeter of a Native American core settlement area within the Mystic River drainage. Small prehistoric sites located near wetlands and streams were expected to represent most site types in the area. Expected survey results were confirmed by subsurface testing that located four ancient sites in test areas. Each site conformed to the small site type containing low densities of lithic chipping debris, isolated finds and the absence of temporal/cultural diagnostic information. One site, represented by a single steatite bowl fragment located on the surface may represent a Transitional/Late Archaic occupation. Many areas of the nominated property also exhibit unfavorable characteristics for locating ancient Native American sites. Steeply sloped land surfaces, poorly drained soils, and areas disturbed by historic land use are found in several areas of the McLean Hospital. Given the information presented above, ancient Native American sites have been documented on the hospital property and a high potential exists that additional sites will be found. Recent archaeological research on the hospital grounds did not include the entire nominated area, however, environmental similarities between the intensively surveyed area and the remaining National Register nominated area indicate the current research results may be representative of the entire nominated area.

Historic archaeological sites have also been documented on the nominated property and a high potential exists that additional sites will be found. Historical research conducted as part of this nomination has

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identified several potential historic sites on the hospital property, some of which have also been documented during the recently conducted intensive archaeological survey described above.

Prior to ca. 1875, most of the hospital grounds were characterized by general pastoral/agricultural land use. No specific sites or structures have been identified on the property during this period. Potential archaeological resources may be limited to occasional trash deposits, evidence of post-holes associated with fence posts and animal pens, outbuildings, and evidence of field clearing activities.

Pastoral/agricultural-related resources continue to characterize most potential archaeological resources on the McLean Hospital property during the latter 19th and 20th centuries. After construction began on the main campus in the 1890s, the hospital grounds were enlarged through the purchase of portions of two farms in the area. In 1892, the hospital purchased the adjoining estate northwest of the main campus, including the J.B. Kendall Farmhouse (ca. 1875) and barn. The Kendall House survives but the barn was destroyed. One side of a stone foundation reported to be associated with the original Kendall barn is located immediately southwest of the existing boiler house. Structural evidence of additional outbuildings and evidence of occupational-related features (trash pits, privies, wells) may survive associated with the Kendall farm. The southern portion of the Highland Stock Farm (ca. 1859), south of Concord Avenue, was also acquired by the McLean Hospital in 1906. Structural evidence may survive from several barns (possibly four) demolished in this area prior to the hospital purchase. Structural evidence of a cistern also survives at a spring in this area. Purchase of the Kendall Estate and later parcels of land in 1908 and 1927, including portions of the Brown Farm, permitted the hospital to establish the McLean Farm, also known as Rock Meadow, concentrated northwest of the main campus on the opposite side of Mill Street. Structural evidence of several agricultural related outbuildings and structures may survive from the McLean period of operation of the farm that lasted from the late 19th century until 1944. Potential sites that may survive, at times associated with surface remains, include piggeries, barns, springs/cisterns, and refuse deposits.

Prior to construction of the McLean Hospital, another facility served the mentally ill on the nominated property. Structural evidence of the Convalescence Home may exist in the southwestern part of the Center Campus area. The Convalescence Home was constructed by Massachusetts General Hospital in 1880-1882, then demolished in 1926. Operation of the Convalescence Home was unrelated to the McLean Hospital. Archaeological evidence of occupational-type features, especially trash deposits, may survive related to that facility.

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In addition to potential archaeological resources related to the McLean Farm, other potential sites may also exist related to the late 19th and 20th century operation of the McLean Hospital facility. Structural evidence of at least one greenhouse may survive in the Center Campus area. Similar evidence from other buildings associated with the maintenance and operation of the hospital may also exist. Occupational-type features, especially trash deposits, associated with the operation of the hospital should also be present. Archaeological evidence of hospital utilities (water, sewage, electric, gas etc.) no longer in use may also exist.

Background research, surface survey, and subsurface testing conducted as part of the McLean Hospital intensive archaeological survey (Fragola and Ritchie 2000) described above generally support the potential archaeological resources identified during historical research conducted for this nomination. As described above, walkover and subsurface testing was not conducted in all areas nominated in this nomination. In several test pits, brick, glass, ceramics, pipe stems, and asphalt roofing tiles were found that were consistent with late 19th and 20th century land use of the property but could not be associated with specific activities. A walkover conducted as part of the intensive survey also identified the structural remains of the Chenery barn, one of at least four barns belonging to the Highland Stock Farm demolished prior to its purchase by the McLean Hospital. A gravel-filled cistern and small outbuilding associated with the barn were also identified (Fragola and Ritchie 2000:51). Subsurface testing was not conducted in the vicinity of the barn or cistern.

(end)

McLean Hospital HD

Name of Property

Middlesex, MA

County and State

8. Statement of Significance

Applicable National Register Criteria

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

- ☒ **A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ **B** Property is associated with the lives of persons significant in our past.
- ☒ **C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ **D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

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

Property is:

- ☐ **A** owned by religious institution or used for religious purposes.
- ☐ **B** removed from its original location.
- ☐ **C** a birthplace or grave.
- ☐ **D** a cemetery.
- ☐ **E** a reconstructed building, object, or structure.
- ☐ **F** a commemorative property.
- ☐ **G** less than 50 years of age or achieved significance within the past 50 years.

Narrative Statement of Significance

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

9. Major Bibliographical References

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

Previous documentation on file (NPS):

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

Areas of Significance

(Enter categories from instructions)

Architecture

Community Planning & Development

Education

Health/Medicine

Landscape Architecture

Social History

Period of Significance

Ca. 1859-1952

Significant Dates

See continuation sheet

Significant Person

(Complete if Criterion B is marked above)

n/a

Cultural Affiliation

N/a

Architect/Builder

See continuation sheet

Primary location of additional data:

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

Name of repository:

McLean Hospital archives; Belmont Historical Society

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Section 8: Significance

Architects/Builders/Designers

Fehmer & Page
William Y. Peters
Shaw & Hunnewell
Shepley, Rutan & Coolidge
Peabody & Stearns
Wheelwright & Haven
Charles K. Cummings
Woodworth, Hubbard & Smith
Joseph Curtis, landscape designer
Frederick L. Olmsted, landscape consultant

Criteria Statement

The McLean Hospital National Register District is a resource of extraordinary significance, one whose history spans over 150 years and embraces a variety of contexts. The most important are local agriculture, and the evolution of psychiatric care and treatment. The district survives as the largest and most visible vestige of the agricultural activities that sustained the Belmont community well into the 20th century. The primary significance of the district however derives from its post-1872 development as the "new campus" for McLean Hospital which was established as the nation's third psychiatric hospital in Somerville in 1811-1818. Throughout its history McLean has been noted as a national leader in psychiatric care, treatment, and research. McLean's Belmont campus results from a 19th century vision to treat patients with psychiatric illnesses in an ideal therapeutic environment of specially-designed buildings and landscapes. Planned in the period 1872-1892, and developed primarily in the 1890s, it constitutes the first full-fledged cottage-plan psychiatric hospital in America.

McLean's heritage is clearly displayed in a compact array of small to mid-scale buildings that are set in a designed landscape and buffered from the surrounding community by extensive tracts of woodlands and former agricultural fields. The significance of the district is greatly enhanced by the exceptional quality of building and landscape design by some of the period's most noted practitioners. In addition, it is an unusually intact and well-maintained example of a late-19th century and 20th century psychiatric

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hospital campus that preserves strong representatives of all historic building and landscape types. As a whole, the district possesses national historical significance along with integrity of location, design, setting, materials, workmanship, feeling, and associations. It meets criteria A and C of the National Register on the local, state, and national levels with a period of significance extending from ca. 1859 when Highland Farm was established to 1952, the 50-year cut-off date defined by the National Register. The McLean Hospital National Register district has been evaluated within the detailed context of state-run psychiatric hospitals in Massachusetts (Massachusetts State Hospital and School MRA) and, to a lesser extent, psychiatric institutions elsewhere.

Summary History of McLean Hospital

McLean Hospital is nationally significant as the nation's third psychiatric hospital, established in Somerville in 1811-1818. The "new" Belmont campus, created between 1872 - 1892, was the nation's first psychiatric hospital to be designed on the "cottage plan." This type of plan replaced massive centralized "Kirkbride" buildings with smaller individual buildings to provide a more home-like atmosphere. McLean, as a private institution, considered this approach especially important to distinguish itself from the many state hospitals that were being constructed throughout the nation. This labor-intensive treatment protocol depended upon skilled nursing care which was pioneered at McLean when it established the nation's first permanent psychiatric nursing school in 1882.

".... the new order of nurses, their trustworthiness and efficiency now permit this most desirable improvement in hospital construction." (*AR 1892: 14*)

Like most 19th century psychiatric hospitals, McLean's Belmont campus also relied heavily on the creation of an "ideal environment" consisting of specially designed buildings and landscapes to treat patients, and effect improvement or cure.

..... those most experienced and skilled in the care of the insane have come to the conclusion that the proper classification of patients depends, very largely, upon the form and arrangement of Asylum Buildings, and that these shape and control more than any one single element the quality and efficiency of all Asylum work.
(*AR 1888: 8*)

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To achieve their goals, the McLean Hospital Trustees spared no expense to construct exceptional buildings designed by many of Boston's finest late-19th century architectural design firms. The Belmont campus remains today as a unique showcase of their work, characterized by buildings that exhibit fine materials and details on both interior and exterior, solid fireproof construction, and thoughtful siting that complements the topography and landscape.

The Trustees also sought the advice of the nation's foremost landscape architect, Frederick Law Olmsted, on site selection and initial ideas for layout of the campus. Landscape engineer and gardener Joseph Curtis was responsible for final landscape design work and construction supervision. The primary buildings were arranged to take advantage of the extensive views offered by the hilltop site. The siting also reflects a division into male and female sides, with residences for the most disturbed patients placed at the greatest distance from the main group that flanked the Administration Building. Areas immediately surrounding buildings were landscaped as pleasure grounds to provide patients with a healing resort, and invite them to enjoy the out-of-doors. Outlying areas were primarily buffer zones intended to ensure peace and tranquillity. Soon after McLean opened its new facility, the superintendent proudly stated:

[The campus] may fairly be described as a series of isolated country mansions widely separated within the limits of a park-like area of a hundred and eighty acres, with costly underground connecting corridors, and more than three miles of surface roads and paths, has doubtless added greatly to the welfare of the patients.... (AR 1899: 19)

The twenty-year delay between purchase of the site and the start of construction was primarily due to the enormity of the fund raising effort. Financing was secured through sale of the old Somerville campus, and through the generosity of major donors like George Upham, who provided one of the most magnificent buildings in memory of his son.

McLean flourished at its new Belmont campus in the twentieth century, adding programs, buildings, and land that maintained its national reputation while honoring the physical framework established in the 1890s. A master plan of the 1970s, which called for replacement of most of the historic buildings was fortunately abandoned after construction of only one building -- Hall-Mercer (1973; NR map #34). Realizing that the tranquillity and home-like atmosphere fostered by the original buildings and

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landscapes still played a valuable role in the treatment process, funds were directed to appropriate rehabilitation and limited new construction rather than replacement.

Local Context

The McLean Hospital National Register district exists within the Town of Belmont which was incorporated as a town on March 19, 1859 from parts of the surrounding communities of Waltham, Watertown, and West Cambridge (Arlington). The growth of the community and resultant act of incorporation was largely the result of successive transportation changes that improved access to the formerly remote Belmont area and stimulated slow but steady growth. The process was most profoundly affected by introduction of the Concord Turnpike in 1803 and especially by the institution of railroad service in 1843.

During the Colonial period, present-day Belmont was a lightly inhabited and rather remote agricultural district west of Boston. It was crisscrossed by a network of roads that connected early communities like Watertown (1630), Concord (1635), Cambridge (1636), Lexington (1713), and Waltham (1738). The few early houses were located along those roadways which included Common, Pleasant, School, and Washington Streets.

The Concord Turnpike (now Concord Avenue) provided a direct, well-maintained link with Cambridge and Boston and so represented a major improvement to the existing local road system. It encouraged development of a few small-scale industries like Josiah Kendall's 1817 grist mill on Beaver Brook/Mill Pond immediately west of the NR district (now part of Beaver Brook Reservation). Limited public accommodations appeared as well such as the Wellington Tavern of 1799 which stood near the intersection of the Turnpike with Pleasant and Common Streets in what is now Belmont Center.

By the mid-19th century, Belmont remained a bucolic, lightly settled community whose economy was founded on agriculture, especially market gardening. Local farmers supplied surrounding towns, including Boston and Cambridge, with fresh fruit and vegetables. Strawberries were one of the principal crops. In addition, wealthy Bostonians, several with an interest in horticulture and scientific farming, began to establish notable summer estates in the 1820s. Both market gardens and summer estates were directly related to the improved connections with Boston.

Construction of the Fitchburg Railroad through present-day Belmont in the 1840s dramatically changed the fortunes of the would-be town by further upgrading the Boston link and making Belmont more

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accessible to the city's rapidly growing population. In 1843, the Fitchburg Railroad obtained a charter from the Massachusetts legislature to operate a rail line that would link the state capital and regional hub at Boston with the thriving industrial center at Waltham, and thence westward to Fitchburg. The chosen route incorporated an existing line between Boston and Fresh Pond in Cambridge. The new section proceeded northwesterly from Fresh Pond, on a course parallel to the 1803 Turnpike, then turned southwesterly, following the southern foot of Wellington (now Belmont) Hill and the course of Beaver Brook onward to its confluence with the Charles River at Waltham. Small villages soon clustered around three railroad stations --- one at present-day Belmont Center, one at Waverley Square (immediately south of the district), and the third at Hill's Crossing.

Ten years after introduction of the railroad, in 1854, the population of the Belmont area had increased sufficiently for 125 residents to petition the state legislature for legal incorporation as an independent town. Led by an official committee consisting of Jacob Hittinger, Samuel O. Mead, Edward B. Grant, and Jonas B. Chenery, the actions of this group were inspired by several issues. All were related to the town's peripheral location in relation to the centers of the three mother communities of Watertown, Waltham, and West Cambridge. One was the inconvenience of traveling to distant and disparate locations to vote and attend town meeting. Another was the alleged failure of the existing towns to maintain roads and create schools in the area. John Perkins Cushing who was the largest taxpayer in the vicinity was an enthusiastic supporter of incorporation. He donated generously to the cause on the condition that it be named after his grand, 200 acre, 1840 estate known as *Bellmont*. Incorporation was finally achieved in 1859.

The Waverley Land Company, formed in 1851, was the first of a wave of real estate developers and syndicates that transformed Belmont into a densely developed residential suburb over the next 100 years. The company acquired 300 acres from local farmers and laid out a large residential subdivision at the southern foot of Wellington Hill. Sales were slow until the early 1870s when large parcels were sold to other development entities with more successful marketing techniques. By 1875, the company had disposed of most of its property including 107 acres to Massachusetts General Hospital as a site for the "new" McLean Asylum. By the time McLean opened in 1895, Waverley was a thriving village of modest homes, churches, shops, and a school. The arrival of streetcars in 1898 promoted even more growth. Both hospital and residents were attracted by the same factors: a picturesque setting and good transportation.

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The 19th Century Background of McLean Asylum

In order to understand the development of the McLean Hospital complex in Belmont, and to assess its significance in terms of the history of the treatment of the mentally ill in America, it is important to review briefly the history of the hospital before it moved to Belmont and to describe major trends in 19th century mental hospitals.

McLean Hospital traces its origins to the incorporation of Massachusetts General Hospital (MGH) in 1811. From the start, the hospital intended to treat both physical and mental illnesses, with a separate facility for each purpose. When funds for the hospital were solicited in the 1810s, many contributors earmarked their donations for the "Insane Hospital," and consequently that department opened first in 1818. (*Deutsch 1949: 102-104*) It occupied the former mansion house of Joseph Barrell on a country estate in Charlestown (later Somerville), about two miles outside of Boston. Charles Bulfinch designed the house for Barrell in 1792 and also prepared plans for adding wings and otherwise adapting the house to its new purpose in 1816-1818. (*Kirker 1969: 45-53; 307-309*)

The course of treatment followed at the new asylum was based on reforms originating in France and England in the late-18th century. Dr. Philippe Pinel, an advocate of kind and sympathetic treatment of the insane, was placed in charge of Paris' most notorious prison for insane men in 1792, and for women in 1795. His removal of chains and irons and substitution of humane treatment gained considerable international attention. His approach came to be known as "moral treatment," and through Pinel's writings was widely influential.

Also in 1792, a group of English Quakers resolved to establish an institution for the insane that would provide gentle and wholesome care. Under the leadership of Samuel Tuke, they constructed "The Retreat" in York, first accepting patients in 1796. They sought to provide a non-institutional, family-like environment, wholesome employment and exercise, and gentle treatment throughout. Both chaining of patients and bloodletting were banned at the York Retreat, contrary to contemporary standard practice. (*Deutsch 1949: 92-94*)

An American publication of 1811 on the treatment protocols advocated by Pinel and Tuke emphasized removing mental patients to an asylum (preferably in the country), gently and firmly imposing a regulated schedule and diet, and providing exercise, conversation, and music. (*Deutsch 1949: 91-92*) From the start, the MGH asylum followed the principles of "moral treatment," both in the choice of the country site and in the care delivered there. The first resident superintendent of the asylum, Dr. Rufus Wyman (who was also

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the first medical man appointed to such a post in America), stated in 1822 "An entire revolution of opinion respecting the treatment of lunatics has been produced... Kindness and humanity have succeeded severity and cruelty." (*Deutsch 1949: 104 and MGH Trustees Report 1822: 24ff*)

When the insane asylum opened in 1818, it was only the third special institution for the treatment of the mentally ill in America. (*Deutsch 1949: 96, 98, 104*) It gained the name McLean Asylum from John McLean, a Boston merchant who in 1821 bequeathed \$100,000 to the institution. (*Deutsch 1949: 105*) Interest in the new theories of insanity were widespread in Massachusetts, which along with New York and Pennsylvania, became a national leader in the field. Campaigns by Horace Mann and other humanitarians in the 1820s resulted in construction of the first state insane asylum in 1830. Over the course of the next hundred years the Commonwealth gradually assumed full responsibility for the disadvantaged, and created a remarkable public institutional system, noted for both its extent and its innovations. Several of the state institutions were the first of their type in the nation, or exerted national influence, reflecting Massachusetts' pioneering leadership role in civic welfare. (*see Massachusetts State Hospital and School System MRA*)

Many insane asylums were founded in the United States in the 1820s and 1830s, and in 1844 thirteen of their Superintendents, including Luther V. Bell of McLean Asylum founded the Association of Medical Superintendents of American Institutions for the Insane, the first nationwide medical society in America and the direct antecedent of the present American Psychiatric Association. (*Deutsch 1949: 191*) Bell and the association were much concerned with the structural aspects of institutions for the insane, and in 1851, under the leadership of Dr. Thomas Kirkbride of the Pennsylvania Hospital, the association adopted twenty-six propositions guiding the construction and organization of mental hospitals. The propositions codified a structural approach to "moral treatment," specifying a large, rural site, adequate gardens and pleasure grounds, fireproof construction, and division of patients by sex and into various classes. Basement or windowless rooms for patients were prohibited. In the three decades following the adoption of the code, at least thirty hospitals were built in America according to the monolithic "Kirkbride plan." (*Deutsch 1949: 208-210*)

Two of the propositions of the hospital code eventually aroused opposition that led to its modification and finally its abandonment. Superintendents of large, public hospitals fought the recommended limit of 250 patients per institution, and by 1866 the limit was raised to 600. Another proposition dictated that large hospitals have a centralized administration building with projecting wings. However, by the 1870s, advocates of the "cottage hospital" (based in part on the non-institutional, family-like

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environment inaugurated by England's York Retreat) opposed the centralized aspect of the Kirkbride plan. The Association set aside the code in 1888 but continued to believe that buildings and grounds had a profound effect on successful treatment of psychiatric illnesses. (*Deutsch 1949: 211-212*)

While the Association was wrestling with the questions of the best form and organization for mental hospitals, the McLean Asylum was growing in size and its setting was deteriorating, as urban development and especially railroad lines encroached upon and eventually surrounded it. When two tracks were laid through the asylum grounds in 1872, the hospital trustees appointed a committee to select a new site and procure plans for a new asylum. (*Myers 1929: 27*) Urban encroachment is a typical pattern that affected several state institutions as well including the Boston Lunatic Hospital and the Massachusetts School for the Feeble-Minded which sold their cramped South Boston quarters and moved to the suburbs in 1895 and 1887, respectively. The School moved to Waltham, a short distance west of McLean's Belmont site. (*see Massachusetts State Hospital and School System MRA*)

Planning of a New McLean

The committee for the new asylum moved quickly to secure the best help available in planning the new hospital. In 1872 Frederick Law Olmsted was commissioned to inspect and report to the trustees on three potential sites in the neighboring towns of Belmont, Waltham, and Arlington. In addition to his park planning, for which Olmsted was then and is now best known, the landscape architect consulted on the layout and grounds of six insane asylums, including collaboration with Henry Hobson Richardson on the Buffalo (N.Y.) State Asylum in the early 1870s, built as a variation of the Kirkbride plan. (*Deutsch 1949: 212; Beveridge 1995: 134*)

Olmsted demonstrated his familiarity with current asylum planning in his report to the trustees of December 13, 1872. He reviewed the requirements of a mental hospital, listing southward-facing windows for patient rooms, separation by sex, including privacy of sight-lines, division of patients according to the types of treatment needed and to separate "the violent and noisy" from the "quiet and convalescent". The ideal plan, he wrote, "would be a central building for offices of administration with a series of buildings two stories in height branching from it on opposite sides... each series arranged en echelon, the wings either advancing or receding from the line in front of the administration building." He went on to estimate the size of the ideal site for such a complex, based on four buildings to either side set fifty feet apart, and describes a curved or S-shaped line of buildings about 1,800 feet long, with

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level basements connected by corridors "in which heating and ventilating and a tram-way could be carried."

On the basis of this ideal, Olmsted recommended the Belmont site as the one most easily adapted to this arrangement. In comparing the distant views from the three sites, Olmsted found nearby Waltham's "more pleasing," but in respect to "nearer landscape conditions" emphatically recommended Belmont, envisioning the "wooded land of Belmont, judiciously thinned to groups and glades, opened by walks of long curves and easy slope." (*Lamar 1975*)

The ideal plan described by Olmsted in 1872 bears marked similarity to the complex built in Belmont in the 1890s in its advocacy of separating various classes of patients, in the number of patient buildings and in their connection with a service corridor radiating from a central administration building. The nearly straight or gently curved "en echelon" row he describes, however, and especially the fifty foot separation of the buildings are at odds with the plan eventually developed and built, and closely resemble his 1871 Buffalo State Hospital plan. (*Roper 1973: 386*)

The next year the trustees received a report from Olmsted on a fourth prospective site, apparently well to the south in Plymouth, Mass. He indicated that the Plymouth site was fertile and could be easily and cheaply improved, while the Waverley (Belmont) site's advantages were "in the great number of well grown trees and in local picturesque interest," qualities that led the Metropolitan District Commission to establish its first reservation across the street in 1893. The Belmont site would be more expensive to develop, he advised, but "By liberal outlay and skillful management, strongly contrasting elements of landscape interest would...be established in different parts," and "a greater variety of entertainment and more incitements to tranquilizing and recreation" would be provided. (*Lamar 1975*)

Olmsted's descriptions of the potential benefits of the Belmont site must have been persuasive, for in 1875 MGH bought 107 acres on Wellington Hill in Belmont from the Waverley Land Company, paying \$75,000. The committee on the new asylum was authorized to procure plans and estimates for the grounds and buildings (*Myers 1929: 43*) and again Olmsted was contacted. Correspondence of 1875 between Olmsted and Charles B. Dalton, Chairman of the new asylum committee reveals their conceptions of the ideal hospital. A building layout study, probably by Olmsted, dated November 1875 and inscribed "Study No. 2", shows considerable advancement from the plan described by Olmsted in 1872. Unfortunately, no later documents illuminating Olmsted's contribution have been found (other than notations in his office

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records of 1883, 1885, and 1886 citing work for McLean), so the degree to which Olmsted shaped the work carried out between 1892 and 1895 can only be extrapolated from the 1870s material.

The first letter from Dalton to Olmsted (FLO), dated June 14, 1875, notifies FLO of the purchase of the Waverley lands, and indicated an architect (Carl Fehmer), civil engineer (Joseph Curtis), and building superintendent (Mr. Harmon) were about to be hired. Dalton asked the terms of engaging Olmsted to advise "in regard to the laying out of the lands, placing of buildings" by commenting upon plans and ideas of the other men. In his reply of June 19, FLO demurred to estimate a price for his services, without more precise information as to the degree of responsibility and amount of work involved, but offered to serve in a consulting or associate position to any "local landscape gardener" the trustees might employ to prepare the general plan and supervise the improvement of the grounds. (*Lamar 1975 appendix*)

On June 27 Dalton wrote describing in greater detail the process his committee intended to follow in maturing the design for the grounds. Following a topographical survey of the grounds then underway, the committee intended to have a general, ideal arrangement of the buildings prepared, then to attempt "to secure a homogeneous plan, without sacrificing the essential qualities of either site or buildings."

Dalton also made explicit their intention to build a cottage-type hospital:

"I think you are aware that we do not intend following the present fashion of State Asylums, such as are now building at Worcester and Danvers in this state, at Buffalo etc. in others, but on the contrary to avoid both the structural appearance and the economical methods, which are, probably, all right in them-- but to adopt to a liberal extent what may be called a domestic plan, in distinction to that of a public institution." (*Lamar*)

In his reply of June 29, 1875 FLO approved of the approach adopted by the committee and offered to cooperate with Curtis and Fehmer in developing the plans of the grounds, without providing plans himself beyond "occasional tracings and rough sketches" or visiting the grounds more than a few times, for half of what he usually charged when fully responsible for a project.

The last known Dalton-FLO exchange dates from November, 1875. Dalton requested return of the map of Belmont land, "our only one with locations of buildings upon it." Presumably that referred to the topographical survey of the grounds Joseph Curtis was said to be preparing in June of that year, now lost.

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FLO wrote returning the map on November 5 and expressing confusion at the suggested arrangement of buildings. Without that plan before us, it is difficult to weigh his criticisms. Olmsted seemed to be criticizing a hybrid Kirkbride/cottage plan, saying he supposed "...that you wished to reconcile the motive of that plan for hospitals in which the wards radiate from a central administration building, (kitchen, etc.) with those in which the patients are scattered in houses, set well apart and disposed in a picturesque village-like way." He pointed out the problem with such a combination was in "making sufficient direct and convenient connection between the kitchen and other several houses, a difficulty not at all lessened by throwing the kitchen out of the actual center." He suggested either adopting separate kitchens for each house, "or else adopt a more complete and symmetrical arrangement of the patients houses."

The sole surviving early study for the Belmont layout is dated November 1875 and resembles Olmsted's drafting style. (*McLean Archives*) Labeled "Study No. 2," it appears to be FLO's restudy of the arrangement of buildings he had criticized to Dalton. The rectangular outline at lower right is labeled AD for administration and most of the rest of the buildings have identifiable ward designations based on the Somerville asylum - two are labeled AP for Appleton, others are labeled BOW (Bowditch), and BEL 4 and 5 (Belknap). Only the centrally placed building above Administration is not labeled, and presumably represents the kitchen. (copy attached)

While this "Study No. 2" differs in most specifics from the arrangement eventually built, it does contain the basic elements - central administrative and service group, front row of buildings with two major series of buildings extending back from it, and separate gymnasiums (if that is what is indicated by the two smaller, T-plan buildings, labeled IN). The major differences between "Study No. 2," and the complex as built are the spacing of buildings approximately fifty feet apart as opposed to the 150 to 250 foot spacing actually adopted and the sharp rectilinearity of the arrangement.

As mentioned above, the details of Olmsted's involvement are unclear after 1875. Presumably he continued to comment on materials sent to him, and perhaps visited the site again following his move to Brookline in 1883. Curtis and Fehmer continued to be intimately involved in the project through to completion in 1895 and they must have contributed to the development, as well as the implementation of the overall plan. Curtis in particular was involved in the development of the landscape. He had surveyed the area in 1873 before McLean even purchased the land, and was the individual with whom Olmsted would have consulted most specifically. Curtis was a civil engineer with "some modest claims as a landscape gardener," according to Dalton. In the course of his lengthy involvement with McLean,

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Curtis changed his self-designation from civil to landscape engineer, and it was as landscape engineer that he was singled out for praise in the 1893 MGH Annual Report: "The location of the buildings, the laying out of the roads and drains, the grading and other engineering work has been done from careful studies made and executed by Curtis]... in the most thorough and satisfactory manner."

The superintendent of McLean Hospital through most of the planning and all the construction period was Dr. Edward Cowles, an active and able leader who would have been intimately involved in all aspects of the new hospital. In a description of the hospital soon after it opened, Cowles was credited with "... the plans of the buildings and their arrangement with reference to each other, in fact the whole development of the new hospital..." (*Hurd 1896: 477*) Cowles himself confirmed this central role in a June 12, 1913 letter to his close friend G. Stanley Hall at Clark University. (*McLean Archives*)

Cowles, Curtis, Olmsted and others all made important contributions to the design of the new McLean campus. Cowles, who was the motivating force, was known for his published ideas on the subject of hospital design and construction and for his leadership role in the construction of Mary Hitchcock Hospital in Dartmouth, New Hampshire. Olmsted recommended the site, outlined the landscape potential of the place twenty-three years before it was realized, described in 1872 many aspects of the eventual arrangements of buildings, and drew the basic concept of the overall layout in "Study No. 2" of 1875. He later consulted with Curtis, who had primary responsibility for site engineering and overall design of landscape features.

The Building of McLean - 1875 to 1897

Design and Site Preparation

Following the correspondence of 1875 and hopeful comments by Dalton concerning beginning construction in 1876 (*Lamar 1975 appendix*) progress at the Belmont site was painfully slow, largely due to the magnitude of the fund-raising effort. Plans were apparently drawn by 1876, but no further progress was recorded in that decade (*Myers 1929: 48ff*). Between 1880 and 1882, MGH constructed a Convalescent Home on the southwesterly corner of the property, employing Carl Fehmer as architect. This building was demolished in 1926.

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Superintendent Cowles' annual report in 1882 urged more rapid progress on the new complex, pointing out that the Somerville buildings were not large enough to effectively segregate the various classes of patients, resulting in unfavorable influences of one class upon another. That report also contains the clearest statement to date of the overall Belmont plan.

"The proposition for new buildings was to erect a number of cottages surrounding a large one for administrative purposes, and thus allowing the placing of patients similarly affected in a house by themselves, where they might have their own degrees of mental disease. Also much benefit was anticipated from the use of the beautiful grounds, and from the pleasant drives possible in all directions." (*Myers 1929: 76*)

To partially relieve the crowding and increasingly unpleasant surroundings of the Somerville complex, the asylum rented a seaside cottage at Lynn from the summer of 1883, and after 1885 retained a pair of cottages "with very material benefit to some, and comfort to all." In 1885 and 1886 two parcels totaling 68 acres were added to the Waverley lands, completing the basic grounds initially developed. (*Myers 1929: 81, 86, 91-92*) It may be significant that 1886 was also the final year Olmsted worked for McLean, suggesting the overall layout was settled once sufficient acreage was assembled.

In 1888 and 1889 the plans for the complex were advanced enough that Dr. Cowles exhibited and explained the arrangement of buildings at an 1888 meeting of the MGH trustees and at the 1889 annual meeting of the hospital corporation.

Site preparation commenced in 1890 even though several thousand dollars were still needed to complete the plans. At that time, it was reported that ".... the Waverley purchase has been walled and graded, avenues have been opened, and all the preparations for building have begun." (*AR 1890: 13*) In 1891 the "Committee on the New Asylum Building and Grounds" was requested to confer with Cowles "upon the subject of beginning to, build at Waverley." (*Myers 1929: 101, 108, 119*)

In July of 1891, Joseph Curtis, who now described himself as a landscape engineer, drew a "Study for the arrangement of the buildings of the McLean Asylum at Waverley." The drawing presumably represents a closer study of the plan Cowles had been presenting in preceding years, and it is quite close to the general arrangement built, constituting the first full-fledged cottage-plan psychiatric hospital in America.

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Even a few of the building outlines on Curtis' "*Study*" resemble the structures as built, suggesting that Fehmer was maturing the plans of specific buildings. A case in point is the outline of the Administration Building, eventually built from designs by Shepley, Rutan and Coolidge. The outline on the 1891 drawing is accurate in many details -- basic rectangular plan with twin rear wings, one of which has a semi-circular bow (now Conference Room B). However, two polygonal bays are outlined on the front facade, features out of keeping with the Colonial Revival style actually employed for the building. Fehmer probably developed that plan and others according to programmatic requirements, forming a starting point for the architects who followed.

In 1892 the trustees reported that agreement had been made to sell the Somerville site to the Boston & Lowell Railroad Corp., finally resolving their financial dilemma, and allowing building and landscape construction to proceed.

Early Building Design and Construction

The new structural approach to treatment began to take shape in Belmont in 1892, as plans were adopted and construction of the first two buildings South Belknap (sketch map #17 and Appleton House sketch map #2) was finally initiated at an estimated cost of \$110,424. At the same time, George P. Upham offered to construct a third house on the grounds, and the Upham Memorial Building (sketch map #18) was begun in memory of his son George P. Upham, Jr. (AR 1892: 9)

During 1892, plans were requested from various architects for twelve more buildings-- Administration (sketch map #1), Women's Intermediate (East House; sketch map #6), Men's Intermediate (Proctor House; sketch map #13), Men's (North) Belknap (sketch map #10), Bowditch (sketch map #3), Women's Bowditch (Wyman House; sketch map #19), the Stable (sketch map #7), two Gate Lodges (sketch map #9, 11), Kitchen and Laboratory (Service Building; sketch map #15), Laundry (sketch map #8), Power House (sketch map #12). By the end of 1893, Appleton, South Belknap and the Power House were essentially completed, and the rest were roofed in, except for North Belknap which was under construction, and Wyman, and Bowditch, both still on the drawing boards. By the end of 1894 the latter pair were under construction, plans were being drawn for the two gymnasiums (sketch map #s 4, 14), and the connecting tunnels (sketch map #49) were being built. When the patients were moved out from Somerville in 1895, the only buildings on the original adopted plan that were still under construction were the two gymnasiums that were completed in 1897. Hope Cottage (sketch map #21), a single-

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patient house, had been built as an addition to the original plan. (*AR 1892: 9-10; 1893: 144*) Funds were donated by Mrs. Sarah S. Matchett who also gave eight acres of land in 1898. (*Hurd: 610*) Some of the early buildings, like the Belknaps, Appleton, and Bowditch, retain the names of their Somerville counterparts, while others, like Upham and Proctor, were named for new donors.

Originally known as Belknap House for Women, **South Belknap (map #17)** carries its name over from the Somerville campus; it is named for Miss Mary Belknap of Boston who bequeathed \$90,000 to McLean. (*Hurd: 602*) South Belknap was designed for thirty female patients, each with her own bedroom. The floor plan was carefully arranged to place almost all the patient bedrooms along the outer sides of the front and south wings, where they would receive the maximum amount of daylight. Offices, bathrooms and service rooms lined the darker north and northeasterly exposures. Historic descriptions note that the floor plan also allowed the house to be divided "into four distinct sections on each of the two floors." This arrangement meant that patients could be separated into small groups or isolated individually as their condition dictated. Typically, the basement contained storerooms and the house kitchen, while the top floor provided living quarters for about twenty nurses. South Belknap is one of several early buildings designed by Fehmer & Page and constructed by Connery & Wentworth. In modern times, many of the original single-bed rooms have been converted to doubles, and the third floor has been converted to offices. It now (2001) serves 33 patients.

Appleton House (map #2) was built to correspond to the Appleton Ward at the original McLean Asylum in Somerville, serving quiet female patients who did not require physical restriction. It was named for William and Samuel Appleton, both on the of the hospital corporation in the mid-19th century and both important donors. The Belmont Appleton House originally served eight women patients in spacious fireplaced suites consisting of bedroom, parlor and bathroom. This arrangement reflected several policies of the hospital built into the Belmont complex -- separation by sex, discrete buildings constituting wards for distinct classifications of patients, and creation of comfortable, home-like settings to the greatest possible extent. The third floor originally provided living space for nurses and other staff members while a kitchen was accommodated in the basement. A rear porch provided access to an open rear yard that was well-shaded by trees. As in all the in-patients buildings, the original low density has increased substantially, now (2001) serving 25 patients. The top floor now accommodates offices and out-patient programs.

Appleton is one of the eight Colonial Revival buildings that constitute nearly half of the original McLean/Belmont campus. Among this group, Appleton has a relatively simple exterior especially

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compared to Upham Memorial House and the Administration Building. Appleton was designed by Fehmer & Page and constructed by Connery & Wentworth. Historic descriptions especially noted its site and interior fittings.

"The house stands higher than any of the others, and faces the attractive outlook to the westward. The rooms on the eastern side have the fine view of Boston and its immediate vicinity over the thickly growing grove of trees near the building. Above the vestibule, and looking out over the porch at the south corner, is a sunny alcove, with a large window arranged for plants in winter." (AR 1892: 24)

"The entrance hall is spacious and well lighted, and contains a fireplace and handsome stairway communicating only with the second floor, with broad landings, ornamental railings, and spindle work. On the right of the entrance is a reception room with an outlook toward the fine view in front to the southwest." (AR 1892: 22)

Early in 1892, when the hospital trustees were finally authorizing construction of two buildings for McLean in Belmont, George P. Upham approached the board with an offer to construct a third building as a memorial to his son. Upham chose his own architect, the little known William Y. Peters, and constructed the male equivalent to Appleton House for women. **Upham Memorial Building (map #18)** contained nine comfortable patient suites, each with its own bedroom, bathroom, parlor, and fireplace, all organized around a commodious central stair hall. The attic contained rooms for nurses, "including a sitting room, chamber and bath for the supervisor and his wife who have charge of the building and who are trained nurses." The basement contained a kitchen and a "special arrangement for Turkish and plunge baths..." There were also rooms for a cook, a housemaid, and twelve male nurses.

Upham House is located on the west side of "The Bowl," opposite the main front building row, suggesting it was proposed after the basic campus layout was settled. Mr. Upham provided an unusually lavish interior for his son's memorial, and much of the woodwork survives. Of special interest is the virtually intact staircase hall, with paneled and pilastered walls, elaborate cornices, carved swags, and a broad main stair with carved newels and three types of turned banisters. The top of the stairs is shielded by a screen that combines turned spindles and wrought iron, a material little seen in McLean interiors. Upham is one of several McLean buildings that were illustrated in the December 8, 1894 edition of

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American Architect and Building News. Upham will be developed into condominiums as part of the currently-planned development project.

Shepley, Rutan and Coolidge's plans for the **Administration Building (map #1)** were accepted by the trustees, and its construction was authorized late in 1892. (*Myers: 123-124*) The building was designed with storerooms, a kitchen, and a dining room (probably for the servants) in the basement; offices, medical and patient libraries, and another dining room on the first floor; and residential quarters on the second and third floors for staff members. Early descriptions stressed the domesticity of the interior, in terms similar to those used in descriptions of the therapeutically home-like patient buildings. (*AR 1892: 19*) Typically, the scale of the Administration Building was minimized through the use of rear wings to maintain the stated goal of presenting a residential rather than institutional appearance.

The Administration Building is one of the finest and most elaborate of the eight original Colonial Revival-style buildings. Its central location along with its grand materials and detailing all visually reinforce its functional role as the organizational center and reception area of the complex. Its yellow glazed, Flemish bond brickwork is unique on the grounds in the color and large size of the bricks, and in the narrowness of the mortar joints. The original marble trim is unusually rich and includes Greek fret decorated lintels, colossal Ionic pilasters on the facade, a balustraded porte-cochere, and a small rear terrace enclosed by marble balustrades. The interior also reflects high-quality materials and craftsmanship and remains well-preserved. Particularly notable is the original, dark-stained woodwork most of which survives, especially in the circulation areas. The Administration Building was also published in *American Architect and Building News*, Vol. XLVI, No. 989, 8 December 1894.

East House (map #6) was initially called the Intermediate House for Women and the 1891 Annual Report MGH stated that the designation referred both to the building's location and to its use for women patients less ill than those assigned to the outermost Wyman House but more ill or requiring closer supervision than those in the other women's houses (Appleton, South Belknap). In 1893 it was noted that "in accordance with the custom of the Trustees, a benefactor's name will be assigned to it," but the name remains East today. The site and its prospect were especially noted in early descriptions.

"This Intermediate building is beautifully situated, with well-grown trees around it, and it fronts to the south-east towards Cambridge, Somerville, and Boston, which are all in view. (*AR 1893: 19*)

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East House was designed by Fehmer & Page in the Jacobethan Revival-style and constructed by the Norcross Brothers. It originally accommodated thirty patients in the first two stories, twenty nurses in the attic, and a kitchen and service rooms in the basement. As at South Belknap, patient rooms were placed along the outer walls where they had the best view, while service rooms overlooked a large enclosed yard to the rear. Also similar were interior divisions that allowed isolation of patients or separation into small groups as necessary. In addition, it was noted that "The east wing is especially arranged for seclusion and quietude, or for those who are very ill and whose friends wish to be with them; there is a special entrance to this wing." (AR 1893: 21) Public spaces included a large reception room at the main entrance, and several sunny corner parlors. Interior woodwork was quartered oak.

East House has undergone several additions and alterations since 1895. In 1911 Charles K. Cummings designed a one-story, flat-roofed extension to the east wing for a hydrotherapy facility. A rear piazza was eliminated by that addition and replaced by an open terrace built between the wings. In 1938 sprinklers were installed in East House, as they were in all the patient buildings at about that time. The spacious basement of East House, which originally contained a kitchen and storerooms, was renovated for occupational therapy rooms in 1963-1964. The first floor received renovations about that time and again in 1974. The intact patient yard behind East House is a rare and important surviving element.

Proctor House (map #13) was first designated the Intermediate House for Men, and like East House for women was designed to serve patients less violent or self-destructive than those in Bowditch House, but requiring closer supervision than those in North Belknap or Upham House. It was later named for Thomas Emerson Proctor, a trustee who died in 1894 and donated \$100,000 to the hospital. Proctor was designed by Shaw & Hunnewell and constructed by the McNeil Brothers. The interior accommodated fifteen patient bedrooms on each of the two main floors. Typically these rooms were placed along the outer walls to enjoy the best light and views. Sunny parlors occupied corner locations and alcoves admitted light to the hallways. Special provision was made for a "Seclusion Ward" in the northern wing. Staff had rooms in the attic while the basement contained the kitchen. Patients enjoyed front and rear terraces with a garden to the rear. Proctor was later used to house the hospital's geriatric program, plus offices on the third floor, which were renovated in 1977-78. The main stair was replaced by an elevator in 1965 to serve the geriatric program. Proctor is one of several McLean buildings that were illustrated in the December 8, 1894 edition of *American Architect and Building News*.

Originally called Belknap House for Men, **North Belknap (map #10)** was built as the male equivalent to South Belknap. Both drew their names from the Belknap wards at the old McLean Asylum in

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Somerville. Belknap for Men was named for John Belknap who was a member of the board of trustees in 1818-1820. (*McLean Archives*) North Belknap was designed in the Tudor Revival-style by Shepley, Rutan & Coolidge. It was constructed by the Norcross Brothers. It contained twenty-nine patient bedrooms on the two main floors, each with its own fireplace, and most situated along the outer walls. Twenty nurses were accommodated at the attic level. The house supervisor had a small suite at the southeast corner of the first floor. Parlors occupied sunny corner locations. A large, enclosed yard was located to the rear. In modern times, patient density has been increased by converting single patient rooms to doubles, while the basement and third floor have been adapted for offices.

Wyman (map #19) and Bowditch (map #3) Houses, designed by Shaw and Hunnewell in the Colonial Revival style and constructed by the Norcross Brothers, are closely related. They stand at the ends of the male and female rear building rows where they are isolated by distance, terrain and vegetation from the nearest patient residences. Built to house the most disruptive patients, their location reflects their original use. Both buildings were designed to serve fifteen patients, seven in the two-story main block and eight in the one-story wing, which also included exercise rooms and hydrotherapy suites equipped with fittings for "hot air, vapor, rain, and needle baths." (*AR 1894: 46*) These facilities along with the lack of fireplaces in the bedrooms and the use of rounded wall corners differentiate Bowditch and Wyman from the other houses and speak to the special needs of the patients accommodated here.

Bowditch House is one of several buildings whose name was carried over from the Somerville campus to Belmont, where it continued to serve excited male patients. It was named for Nathaniel I. Bowditch, long-time member of the hospital board of trustees where he served as secretary (1827-1836, chairman (1850-1856, vice-president (1856-1862). (*Hurd: 608; MGH 1921: 258-259*) Wyman House was named for Rufus Wyman, first superintendent of McLean from 1818-1835. (*Hurd 615*)

One of the hospital's purposes in relocating to Belmont was to have sufficient space for large, well-equipped gymnasiums for both men and women. The hospital's annual reports of 1894 and 1896 stressed the importance of the varied physical therapy program planned for the Belmont campus, both within the gymnasiums and throughout the grounds. Both the **Men's (map #14) and Women's (map #4) Gymnasiums** were designed in 1894 and constructed in 1895-1897 as part of the original building campaign. The Men's Gymnasium is the larger and more elaborately decorated of the pair, which both have Tudor Revival half-timbered exteriors and are the only major wood-frame structures of the original complex.

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“.... a gymnasium for each sex, with the desired adjuncts for occupation and entertainment, including special bathing arrangements as part of the means of treatment by physical training, will be most valuable in the advancement of remedial methods. (*Supt report 1892: 58*)

Wheelwright and Haven designed the Men's Gymnasium (now Recreation Building). It originally provided a bowling alley, billiard rooms, smoking room, workrooms, reading rooms, and therapeutic baths. The original gymnasium room was lengthened in 1914. Except for the removal of the baths from the basement and the 1973-74 installation of some laboratory space on that level, the functioning of the building has not changed radically from the 1890s, except it now serves both sexes. It now contains a variety of programs including Child and Adolescent Programs, Outpatient Clinic, the CNS School, and the Learning Evaluation Center.

The Women's Gymnasium (now Centre Building) was designed by Shaw and Hunnewell, the architects of four buildings at McLean. It originally provided very similar facilities to the men's gym except that the smoking area was replaced by an art room containing both plaster casts and original works. Like its male counterpart, the Women's Gymnasium has been little changed on the exterior, but its function and plan are now entirely different. The building was converted to office use in the 1960s and 1970s, including the former large gymnasium space. It now (2001) contains Information Systems, Purchasing, and Telecommunications.

The **Superintendent's Residence (Office Building; map #5)** was designed in 1895 by Fehmer & Page who first prepared a comparative study of similar facilities at hospitals and asylums around the United States before offering a design for the McLean campus. Their final surviving study is close to the plan as built, but differs in the exterior treatment. Presumably those partners designed the final version as well, which closely resembles their documented work in many details. Some fine original features survive on the house, which later served as an out-patient clinic and office building. The eyebrow dormers in the slate roof, wooden porch and balustrade, and interior woodwork, especially in the stairhall, are notable. The original resident of the house was Dr. Edward Cowles, McLean Superintendent from 1879 to 1903. Cowles was a national leader in late 19th century American psychiatry. He wrote on hospital design, and established America's first permanent training school for psychiatric nurses in 1882 at McLean's Somerville campus. Cowles is also notable for promoting psychiatric research, and for his dogged pursuit and achievement of the new McLean at Belmont.

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Even before the last buildings of the original Belmont campus, the two gymnasiums, were ready for use in 1897, an addition had been made to the plan adopted in the early 1890s. This occurred in September of 1895 when Mrs. Sarah A. Matchett offered to construct a small cottage for a single patient. (*Hurd: 610*) The offer was accepted by the hospital and **Hope Cottage (map #21)** was in place by 1896. Hope was the first of several cottages constructed at McLean for the use of a single patient. Dating to 1895-1896, and designed by Wheelwright & Haven in the Colonial Revival style, it set the standard for subsequent examples. It is popularly believed that when Frederick Law Olmsted was committed to McLean Hospital in 1898 at age 76, he resided in Hope Cottage. No documentary evidence has been found to confirm this. His patient record makes reference to wards, suggesting that he resided in one of the larger residences like Proctor. The elderly Olmsted's condemnation of the hospital -- "They didn't carry out my plan, confound them" (*Roper: 474*) is difficult to assess without more detailed knowledge of his final recommendations for the plan, and may reflect his pervasive unhappiness more than his considered opinion of the grounds. Three years after Hope was constructed, Matchett donated eight acres of land that smoothed out the Mill Street boundary in the area west of Upham House.

The primary buildings devoted to patients and staff were accompanied by several support buildings that served a variety of functions.

The **Service Building (map #15)** was designed in 1893-1895 by Shepley, Rutan & Coolidge and constructed by the McNeil Brothers as two essentially separate but connected buildings that housed the main kitchen and a cooking school on the south and a research laboratory and entertainment hall on the north. The upper stories contained rooms for the domestic service staff. The Service Building continues to house Pierce Hall (called Amusement Hall on early maps), a small auditorium whose interior woodwork and original light fixtures remain nearly intact. Outside the hall is one of McLean's most elaborate and well-preserved spindle stair screens. Later functions housed in the service building include dental and medical clinics and other offices, many of which occupy spaces that were originally small staff bedrooms. While the building is rather inconspicuous in its position behind and between other structures, it displays notable Neo-Classical decorative detailing, such as brick pilasters and arcades not seen elsewhere in the hospital.

The most historically significant original component of the Service Building was the research laboratory, which was located there until 1945, when the Biological Research Laboratory (renamed **Mailman Research Center** in 1977 for donor Joseph Mailman; map #32) was constructed next door. Systematic,

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scientific research into psychiatric illnesses was the exception rather than the rule at psychiatric hospitals when McLean's Belmont campus was planned and built. McLean's superintendent, Dr. Edward Cowles, was a leader in this aspect of psychiatry, and successfully pioneered modern methods of treatment and research at McLean. His 1892 request that "Hospital" be substituted for "Asylum" in McLean's name, was "in recognition of the present broader views upon the subject of insanity and its treatment." (*AR 1892: 8*) and the growing belief that science could advance psychiatric treatment in the same way that general medicine was being transformed.

More specifically, Cowles stated:

"The work of a laboratory for scientific investigation has been so far studied here, and planned as to its future development, that there remains no question of its value as an adjunct to the clinical work. It is to be neurological investigation in the broadest sense, and the work, both experimental and clinical, for neurology includes the knowledge of normal and abnormal conditions of the nervous system, in both their bodily and mental manifestations. The initial conditions of fatigue, exhaustion, and weakened and disordered mental function, are to be studied by the careful observation of clinical facts, with all available instruments of precision; and if the elements of the problem are to be fully comprehended, there must be included not only the study of the grosser lesions in nervous pathology, but of the working of the vital processes of waste and excretion, nutrition and repair, to which the new science of chemical pathology now promises to lend its aid". (*AR 1892: 58-59*)

Scientific research at McLean was first advanced in 1888 when Dr. William Noyes was appointed pathologist and the hospital trustees appropriated \$600 for development of a pathological dept. Noyes also initiated patient-related research and "was the pioneer in the establishment of a clinical laboratory." He was succeeded by Dr. August Hoch, who served from 1893 to 1905 when he went to Bloomingdale Hospital in New York. During his tenure "Kraepelin's classification of mental disease was adopted, case records were kept in a much more scientific manner, and cases were studied and compared and research work was carried on." (*Hurd: 611*)

A chemical laboratory was established in 1900 under Dr. Otto Folin who served until 1908 when he went to the Harvard Medical School as professor of biological chemistry. Under his leadership,

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extensive research in physiological chemistry was carried out and new methods of analysis were initiated. The scientific value of Folin's contributions gave him, and by extension McLean, an international reputation. (*Hurd: 611*)

A psychological laboratory opened in 1904, headed by Dr. Shepherd Ivory Franz. He was succeeded in 1906 by Dr. F. Lyman Wells, who devoted his attention to experimental and abnormal psychology. (*Hurd: 611*) This facility was located on the second story of the Men's Gymnasium rather than the Service Building.

The research wing of the Service Building was attached to the medical offices and library in the Administration building via an enclosed passageway. Its plan and fittings were described in the 1893 Annual Report.

The office is a commodious room, where there may be bookcases, electrical apparatus, appliances for anthropometry (measuring size and proportions of the human body), etc. Next is the chemical room, with hood and vent shaft, and other fittings for investigations in physiological and pathological chemistry. Adjoining this is a large room occupying the front of the north wing of the building; this room is intended for the special work in physiological psychology, and is to be equipped with apparatus for psycho-physic experiments, and the clinical application of instruments of precision in neurological diagnosis. There is another large room, for microscopy, on the opposite side of the cross corridor, also having a skylight and a dark room for photography; near the latter and at the narrow end of the larger room is a work-bench, etc. for the making of apparatus. Underneath the rooms last described are those for the mortuary and reception room and for pathological examinations." (*AR 1893: 25-26*)

The Mill Street (map #9) and Pleasant Street (map #11) Lodges mark the primary entrances to the McLean Hospital campus and serve to introduce the predominant architectural characteristics of the original complex -- slate roofs, Flemish bond brickwork with glazed headers, limestone trim, historic revival styling. Most importantly, the residential appearance of both gate lodges is consistent with a major goal of the hospital: creating a non-institutional, domestic appearance for the hospital and its grounds. A drawing in the 1893 Annual Report shows corner quoins that were not built. Both were designed by Fehmer & Page and constructed by the Norcross Brothers. A third gate lodge at the rear

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service entrance on Pleasant Street (sometimes referred to as the coal road) that appears on early plans was never constructed.

The **Stable/Garage (map #7)** is one of the several support/secondary buildings at McLean designed by Fehmer & Page and constructed by the Norcross Brothers. It effectively served the hospital's transportation component throughout the 20th century despite a major change in motive power.

The hospital was served by a self-sufficient infrastructure that included both power and water. The **Power House (map #12)** originally generated all the hospital's steam and electricity and operated the pumps for the self-contained water supply. It was designed in 1892 with Col. Levi R. Greene and C. J. H. Woodbury as consulting engineers. Marshall M. Tidd, a civil engineer who designed the McLean water system, signed the architectural drawings which show the building's floor well below the surrounding grade. Stone & Webster prepared plans and specifications for wiring electric lights in the first two completed buildings (Appleton and South Belknap) and the work was contracted to the General Electric Company for \$2,985. (AR 1892: 10) These parties may have been involved in later buildings as well.

Marshall M. Tidd, engineer, designed the **water system** which was constructed by the McNeal Pipe & Foundry Co. of Burlington N.J. using 6" and 8" pipe. The Cunningham Iron Works of South Boston built an iron standpipe (map #48) that measured 45' high by 25' diameter. When full, the surface of the tank was 45' above the roof of the highest building. Waverley Spring or Meadow Spring, in front of East House (map #6), was the hospital's initial water source. In 1899 it was noted that this spring supplied about 1/3 of the hospital water needs. At that time it was enlarged and deepened to increase the yield (AR 1899: 17 - 20). Waverley Spring was later supplemented by several springs on the McLean farm property acquired in 1908. McLean now uses municipal water and electricity. Its original boilers were removed and replaced in 1966. The history of power and water supply is typical of the psychiatric hospital campus type.

Early Landscape Design and Construction

The 1892 Annual Report of the Trustees described the proposed setting of the new hospital:

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" . . . When these long slopes and picturesque terraces have a few lawn openings and driveways it will make a beautiful park; and there will be a cottage here and there and walks leading to quiet retreats under the great trees with their curative influences of peacefulness and repose." (*AR 1892: 13*)

An 1892 report by Landscape Engineer and Gardener Joseph Curtis described the complex engineering issues associated with developing the infrastructure of the hospital, including roads, excavation, grading and filling, water supply and sewerage. In 1893 Curtis prepared an illustrative plan of the hospital, which provides the best overview of the campus in its early years. It delineates land ownership, topography, wetlands, buildings, road system and intended massing of plant materials for the entire campus. A second plan, prepared by Curtis in 1895 (attached), shows some additional features that do not appear on the earlier plan, as well as more detailed circulation and planting studies for some of the major spaces. Patient yards are clearly visible on the 1895 plan and generally depict oval path systems, sometimes divided by additional paths. Plants are massed informally around the perimeter of the yards to create a sense of enclosure. Annual reports from the 1890s indicate that there were expenditures for plant materials, but no planting lists have been found and it is unclear whether Curtis selected the plants or if this was done later by another consultant or by the hospital staff.

Photographs of McLean's central campus taken in the 1890s show the carefully sculpted landscape, with major spaces regraded to shape the topography. The visual prominence of the Bowl is clearly evident, with its large areas of smooth, open lawns scattered with deciduous trees, placed either singly or in clumps. Foundation plantings around the major buildings were minimal during this period and the campus was far more open, with extensive views of the surrounding area.

There were two major entrances to the hospital, both with gatehouses. Curtis's 1892 report indicates that he considered the entrance at Pleasant Street and Trapelo Road, which served people arriving by train, to be the main one. It was this entrance that was described in an October 5, 1895, article in the *Belmont Bulletin* on the opening of McLean. Curtis considered the Mill Street entrance, located at the western edge of the campus, as a secondary entrance, although it too had a gatehouse. A third entrance located further east on Pleasant Street was sometimes referred to as the coal road, since it was opposite the coal siding and may have been used primarily as a service route. A fourth entrance on Concord Avenue appears on maps through 1935 but no longer exists.

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Curtis skillfully designed the extensive system of macadam roads to accommodate grade changes and blend into the landscape. Fieldstone retaining walls were used at steep grades such as in the Bowl and on the carriage drives leading up from Pleasant Street, as well as for channeling streams running through the site. The Pleasant Street and the Mill Street entrance roads met at the Bowl and continued on to provide access to the front of the major building group. Another road ran behind the major building group serving support facilities such as the kitchen, the laundry and the power plant. The second major component of the circulation system was a series of carriage roads through the perimeter woodlands. These unpaved roads were intended primarily for therapeutic use for patients who were permitted access to the grounds.

In outlying areas, the forest was retained as a buffer for the hospital campus. The perimeter woodlands proposed by Olmsted and shown by Curtis on a series of plans were open woodlands. This type of managed forest was a common technique of the time, with trees pruned and selected to create visual interest and to frame views.

After a few years the plantings grew up, creating the intended effect of a landscape that looked natural but was actually skillfully man-made. Courtyards were framed with vegetation while open areas contained many types of trees and shrubs, all carefully selected and placed to heighten the drama and visual interest of the landscape, especially at the Bowl. Photographs show that the landscape was used as intended, with golf, badminton, and tennis among the outdoor activities.

McLean Development 1898-1951

Expansion of Boundaries

The original 107 acres purchased from the Waverley Land Company in 1875 were greatly expanded over time, rising to 176 acres by 1893 and to 317 acres at the start of 1913. Much of the new land was concentrated immediately northwest of the main campus and separated from it by Mill Street. Here, a large and productive farm was created. Smaller purchases smoothed out the jagged edges of the main campus, adding to the buffer zone between the hospital and the rapidly growing community that surrounded it. The earliest purchases in 1885-1886 added 68 acres to the original 107, completing the 176-acre campus as initially developed.

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McLean Farm/Rock Meadow (NR map #46)

In 1892, as construction of the central campus commenced, McLean purchased an "adjoining estate with a serviceable house and barn" for \$8,000. (*AR 1892: 8*) This was the ca. 1875 J. B. Kendall House (NR map #36) which still stands at the southern tip of what was to become the hospital farm. Early maps show an orchard on the south side of the house. The 1897 annual report noted that the land purchased for farming and milk production was nearly ready for use and that development of a spring in this area would soon make the hospital self-sufficient at great savings. (*1897 AR: 118*)

The farm was greatly enlarged in 1908 when 56 acres of the former Brown farm were purchased. By 1927 another 29 acres had been added. As the farm acreage grew, so did its facilities. A campus plan of 1910-1913 showed a cow barn, piggery, spring, and pumphouse near the Kendall House at the southern end of the farm, another piggery near the west center edge, a barn at the east center edge opposite Winter Street, and two springs and another pumphouse at the northern end. By 1918, a "new farm stable" had been constructed north of the house (probably Brick Barn; NR map #37) and a milk house stood immediately north of the cow barn. The 1927 Belmont Atlas shows the farmhouse, two stables, a stone crusher, cow barn, dairy barn, silo, and two piggeries, with a pumphouse at the far west corner of Beaver Brook. (*BHS 1986: 3*)

Farms were important components of 19th and early 20th century psychiatric hospital campuses, appearing at all but one state facility in Massachusetts (*see Mass. State Hospitals and Schools MRA*) and at many others throughout the nation. Farms promoted self-sufficiency and, at the state hospitals, provided opportunities for occupational therapy. At McLean, all farm work was undertaken by staff, some of whom most likely resided in the old Kendall Farmhouse (NR map #36). As the farm operations increased, the house was expanded with a large rear wing. In addition to foodstuffs, the farm (which was bounded by Beaver Brook on the west was traversed by the smaller McLean Brook and incorporated numerous wetlands) provided all of the hospital's water needs through the mid 20th century when it was connected to the municipal water supply.

A 1976 history of McLean provides a good description of the self-sufficient nature of the hospital in general, and the value of its farm in particular.

"From the fittings for its carriages to the caps for its nurses, McLean supplied its own. An upholstery shop produced all the mattresses and pillows. Seamstresses in

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the sewing room made the bedding. All heat and electricity were generated from coal kept in a coal siding in Waverley and hauled up to the hospital by horses. An ammonia system, which generated sixty 150-pound blocks of ice per day, was maintained for refrigeration. There was even a blacksmith shop to shoe the horses that plowed the fields that bloomed green with vegetables every summer.

"Streams that now provide sights for contemplation once bubbled into wells, supplying water for laundering, bathing, and drinking. The water supply was so plentiful that, when a drought in 1939 forced the hospital to purchase town water for several weeks, it warranted comment in the annual report.

"Perhaps the most outstanding facet of McLean's effort toward self-sufficiency was the farm and the food production it allowed. All of the activity of this bustling farm was carried out by employees. Patients' occupational therapy did not, after the move to Waverley, include farming.

"Beyond fish and some meat and dairy products bought during two weekly trips to Boston's Quincy Market, all food was produced on the grounds. Vegetables were grown. Pears were harvested for puddings. One hundred and fifty head of cattle provided all the milk, and home-made ice cream was a common treat.

"In the spring and fall, pigs were slaughtered and up to 2,000 pounds of pork prepared each week. The ovens of a prodigious bakery yielded 100 loaves of bread and 1200 rolls per day, and, not ignoring the sweet tooth, 600 donuts and 250 pies a week. Like the pears for the puddings, apples for the pies came from McLean's own orchards and were kept in cold storage during the nonproductive months. On the side of aesthetics, two greenhouses were maintained, and every patient hall was graced with fresh flowers.

"The fruit orchards still welcome visitors at the hospital's Mill Street entrance; flowers in the greenhouses still respond to the green thumbs of patients and volunteers, but very little else is left of the "self-sufficient" McLean that was. World War II not only claimed the service of nurses and doctors, it called upon

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the herdsmen, farmers, and blacksmiths as well. Due to this shortage of labor, the farm was phased out by the end of 1944. In the following years, the growth of the hospital and the ever increasing cost of labor, slowly put an end to the idea of a self-sufficient hospital community." (BHS 1995: 2-4)

The Town of Belmont purchased all of the McLean Farm, except 4½ acres at the southern tip, in 1968. The land (approximately 70 acres) was designated as conservation land and its name was changed to Rock Meadow, a title that appears in various 17th century documents. Rock Meadow is one of the very few places in Belmont that retains a strong sense of its pre-20th century character.

Highland Farm (map #47)

The largest of several additions to the main campus occurred in 1906 when 48 acres of the former Highland Farm on the south side of Concord Avenue to McLean Hospital was acquired from Henry O. Underwood and Edward Atkins. (AR 1906; Betts: 339; Lamar 1975: 24) Highland Stock Farm was created by William Ward Chenery (1819-1876), a descendent of early Belmont families, prosperous partner in Phelps & Co., West India Importers, and a gentleman farmer. Chenery developed Highland Stock Farm in the 1850s near the crest of Belmont Hill with land straddling both sides of Concord Avenue. Here he established the first American center for the breeding of Holstein cattle, a breed that now produces most of the milk sold in the Northeast. The black and white cattle were imported from the Dutch province of West Friesland. Publication of the first Highland Stock Farm herd book in 1872 documents the establishment of herds across the country from Chenery's breeding stock. Achieving early success with the breeding of milk cows, Chenery became interested in horse racing, and erected an oval racetrack on the north side of Concord Avenue in 1868. (outside district) (Betts Footsteps: 105-108) Cattle breeding ceased in 1876 when Chenery died.

In 1885, Chenery's son sold Highland Stock Farm to Ernest Crawford, a New Hampshire manufacturer, who bred and raised trotting horses there. Following his death in 1894, the property was sold to William H. Sumner. A detailed Middlesex County map of 1898 confirms Sumner's ownership of Highland Farm consisting of 48 acres with four barns on the south side of Concord Avenue and a half-mile racetrack on the north side of the road. Henry O. Underwood and Edwin F. Atkins, two leading Belmont citizens, purchased the property in 1906. They retained 68 acres on the north side of Concord Avenue for their own use and sold the 48-acre southern portion of the property to McLean. The barns were demolished

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prior to McLean ownership. On an early 20th century map, the parcel is labeled "*Site of the Proposed Country Branch of the General Hospital*" a development that never occurred. Highland Farm was the source of the 365 tons of fieldstone used to construct the Belmont Railroad Station (NR) in 1907.

Retaining its open space character along with building foundations and stone walls, the McLean portion of the former Highland Farm is significant as one of the few surviving remnants of Belmont's agricultural heritage, for its associations with Chenery's cattle breeding activities, and for its associations with several prominent Belmont citizens. The former racetrack on the north side of Concord Avenue was used by the United States Army for an anti-aircraft and Nike unit in the 1950s and is now the site of the Belmont Hill Club. (*Betts Footsteps*: 109) The surrounding land is part of the Audubon sanctuary known as *Habitat*.

Other

Several small parcels were added to the campus over time, mostly inholdings that smoothed out the boundaries. The first was 8 acres immediately south and west of Upham House (map #18) that were donated by Sarah A. Matchett in 1898. A smaller adjacent lot owned by the Ward family was acquired between 1898 and 1910, probably in 1908. In 1907 a one-acre parcel with house and barn was purchased for use as a physician's residence. This is probably the J. S. Boch House (map #39) opposite the Kendall Farmhouse (map #36) on Mill Street. Another 7.5 acres of land with a house was purchased in 1909 to provide a third physician's residence. This is probably Waverley House (map #35) on Mill Street, north of the Mill Street Lodge (map #9). (*historic maps*; *Hurd*: 610, 614) All of these parcels are included in the district.

Building Design and Construction 1898-1951

Twentieth century buildings continue the materials and general siting patterns of their 1890s predecessors but are progressively simpler in design and massing. The Colonial Revival style predominates. Designers are not as well known, with the notable exception of Peabody & Stearns who designed Arlington House. Most 20th century buildings are larger, reflecting the general rise in hospital populations, with the exception of several single-patient cottages. Staff housing, including nurses' dormitories and doctors' residences were introduced at this time. These evolutionary changes follow the general pattern of the psychiatric hospital property type. (*see Massachusetts State Hospitals and Schools MRA*)

Patient Cottages

Several small cottages designed for single patients were constructed at McLean in the early 20th century,
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following the lead established by Hope Cottage in 1897. This building type was envisioned as early as 1889. The cottages, which are similar to medium-scale single-family dwellings of the period, provide a counterpoint to the general trend toward larger scale residences. The cottages are one of the aspects of McLean that distinguish it from public institutions. The 1918 annual report recognizes the strong demand for single patient cottages and notes that three additional cottages were in the planning stages (*AR 1918: 140*). Soon after West Cottage was completed in 1919, a hospital publication noted that the cottages "were a distinct addition to the Hospital in that they extended its field of service to people of wealth, and at the same time added to the revenue, which could be devoted to the care of those in moderate circumstances." (*MGH: Memorial and Historical Volume 1921: 129*)

All of the single-patient cottages at McLean are similar one-story, red brick structures that maintain a residential scale in keeping with their use. They include **Hope (1895; map #21)**, **South (1912; map #24)**, **West (1919; map #26)**, **North (1927; map #28)**, and **Ledge (1927; map #29)**. Hope and West, with their slate gambrel roofs and elegant glazed semi-circular porticos are the most interesting. The gable-roofed North and Ledge Cottages are simpler versions of the style. South Cottage is the only example of Craftsman style design on the campus. The terrace, which wraps around the facade and a portion of the side elevations, also enhances the building's position on the Bowl and continues the 1890s precedent of terraces as a bridge between interior and exterior spaces.

Arlington House (1916; map #25) is a variation on the private cottage that was built in a new area, west of Bowditch House, further from other buildings than had been the previous practice. Arlington House was designed by Peabody and Stearns, prominent Boston architects, for two female patients. The richness of the materials and variety of the massing more closely approximate the original buildings than any of the intervening structures. As the Arlington School, the building now accommodates a private high school for McLean inpatients and outpatients.

Patient Dormitories

Codman House (1906; map #22) is the only large patient dormitory added to the original 1890s campus, setting it apart from state institutions which were forced to accept ever-increasing numbers of patients through the mid 20th century. It is somewhat larger than its predecessors, but continues the U-plan with enclosed rear patient yard, established by East House and the Belknaps. It is also more

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institutional in appearance, but continues references to the Classical Revival style. Codman also continues the early emphasis on high-quality materials such as exterior walls of red brick laid up in Flemish bond, and a slate roof.

Staff Housing and Facilities

McLean, like most psychiatric hospitals, provided staff housing in the early 20th century. This provided additional space in the patient dormitories and permitted greater privacy for staff. Two nurses' dormitories were constructed, both unabashedly institutional in appearance. The first was **Higginson House (1924; map #27)**, designed by Bigelow & Wadsworth, and carefully sited on the women's side of the campus between Codman and East Houses. Higginson provided accommodations for female nurses and also housed the psychiatric nursing school, founded in 1882 as the first permanent institution of its type in America. When the nursing program closed in 1968, the building was converted to medical offices and research laboratories.

The **Oaks Building (1932 ; map #31)** extended campus housing to male nurses in 1932. It was designed by Wadsworth, Hubbard & Smith, a descendant of the firm responsible for Higginson (sketch map #27). Located just south of Bowditch House, it was the first building to visually encroach on an early building by filling in the original building group rather than expand one of its lines outward. Oaks Building is the tallest (by one story) building of the pre-1951 campus and the first with a flat roof.

McLean also added smaller cottages as residences for physicians. Some like the **J.S. Bock Cottage (ca. 1877; map #39)** and **Waverley House (ca. 1890; map #35)**, were pre-existing dwellings purchased along with their surrounding acreage. **Hill Cottage (1930; map #30)**, which resembles the Superintendent's Residence, is the only doctors' residence constructed by the hospital.

Other Building Types

A chapel was desired for the hospital grounds before the end of the 19th century. The first plans, by R. Clipston Sturgis, were for a Gothic Revival-style chapel with a bell tower, cloister, formal garden, and attached picture gallery. Wheelwright & Haven designed the smaller and simpler **Samuel Eliot Memorial Chapel (1906; map #23)**.

The final building constructed before 1951 on the McLean campus was the **Biological Research**
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Laboratory (1945; map #32). It replaced cramped and outmoded quarters in the adjacent Service Building and allowed expansion in an area for which McLean has always been noted. The Research Building has been expanded several times in 1959, 1975-77, and 1998, more than doubling the original size. As more of the building reaches the fifty-year mark, its current non-contributing status should be re-evaluated. It was renamed Mailman Research Building in 1977 in honor of the Joseph Mailman family which donated the funds. Then First Lady Rosalynn Carter dedicated the newly expanded building. Today, the building houses 19 research departments, with 50 Principal Investigators, and 65 support staff. Topics of investigation include neurosciences, Alzheimer's Disease, Huntington's Disease, and Schizophrenia among others.

Landscape Design and Construction 1898-1951

The landscape of the main campus remained remarkably unchanged during the first half of the twentieth century. Acquisition of several inholdings filled out the boundaries and a few buildings were added (see separate building descriptions). A plan drawn ca. 1910 (attached), possibly by Joseph Curtis, as the drafting style is similar to his, shows the full extent of the campus including Highland and McLean Farms. Active farming continued at McLean Farm until 1944 when it was discontinued due to wartime labor shortages and a changing economy.

A 1918 map of McLean shows the former Highland Stock Farm as the proposed site of the Country Branch of the General Hospital, a plan that was never implemented. In 1923 the firm of Olmsted Brothers, successor firm to that of Frederick Law Olmsted, prepared a single small-scale plan labeled Topographical Map. It was an enlargement of the USGS topographical map and shows only a very schematic plan of the hospital. It may have been a roadway study, as the alignment shown at Concord Avenue does not correspond with existing conditions at that time or with current conditions.

Another change during this period would have been the gradual increase in use of the automobile and decreased use of the train for access to McLean. Most likely this would have resulted in increased use of the Mill Street entrance, as the grades leading up from the Pleasant Street entrance were steep and difficult to maneuver.

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Modern Period post-1951

While the McLean Hospital campus expanded in the late 19th and early 20th centuries, it has decreased in size in the second half of the 20th century as the result of changing social, economic, and medical realities. Most of the farm, which was discontinued after World War II, was sold to the Town of Belmont in 1968 for conservation purposes (approximately 70 acres). A small inholding (approximately 3 acres) in the main campus near the intersection of Trapelo Road and Mill Street went to the Town of Belmont in the mid-1970s and was developed for senior housing. That small parcel is excluded from the district boundaries.

McLean also embarked on several master planning efforts. The first was a 1967 plan developed by the well-known Boston architecture and planning firm of Perry, Dean, Hepburn & Stewart. This plan proposed gradual replacement of all original buildings and construction of new hospital around the Bowl accompanied by demolition of almost all pre-1930 buildings. (*Lamar 1975: 26*) The Brutalist style **Hall-Mercer Building (1973; map #34)** was constructed on the northeastern edge of the Bowl as the first stage of PDHS plan, which was fortunately not taken further.

Instead, McLean turned to Shepley, Bulfinch, Richardson & Abbott, who had been associated with the Belmont campus since the 1890s. Long range planning in 1978-1981 resulted in a proposal for extensive rehabilitation of existing buildings accompanied by limited new construction and no demolition.

Buildings

Four major buildings were constructed at McLean in the second half of the 20th century. The first was the large, ungainly **Rehabilitation Building (map #33)**, designed by Shepley, Bulfinch, Richardson & Abbott in 1963 and unfortunately sited on the Bowl (NR map #57). Its prominent location on the high ground at the Bowl's southeast corner gives the building high visibility and also isolates the south end of the main front building row including South Belknap and Appleton. Upon completion, the Rehabilitation provided expanded opportunities for occupational therapy and other rehabilitation programs. The building was extensively renovated in 2000 and converted to the Neuroimaging Center where comprehensive diagnostic services like Magnetic Resonance Imaging (MRI) and Brain Electrical Activity Mapping (BEAM) are provided. (*McLean Archives*)

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The second building was **Hall-Mercer for Children and Adolescents (1973; map #34)**, cited above, which was designed by Perry, Dean & Stewart as a children's unit, treating such problems as autism and childhood schizophrenia. Also sited on the Bowl, it is less obtrusive than Rehabilitation due to lower elevation, screening, and massing. While Hall-Mercer is frankly modern and turns from the campus's predominant red brick to poured concrete as an exterior material, it does retain the early terrace theme in an inventive manner. Services were transferred to the Franciscan Children's Hospital in Boston ca. 1990. The building is slated for demolition and the site for landscape restoration.

The two major buildings of the late-20th century, **Francis de Marneffe (1987-88; map #41)** and **Admissions (1988; map #42)**, are tucked behind the north end of the main front building row. Designed by Shepley, Bulfinch, Richardson & Abbott, they return to the architectural idiom of the historic campus.

Landscapes

World War II brought major changes to all institutions. During the war there was a shortage of labor, followed by substantial increases in wage rates. At McLean this was the primary factor leading to discontinuation of active farming. The automobile has brought about the greatest landscape changes at McLean over the past fifty years. **Roads (map #59)** have been widened to accommodate modern cars and **parking lots (map #62)** have proliferated throughout the campus. There are four large ones, sited as the edges of the central campus, as well as a number of smaller ones located closer to buildings. This period also brought major changes to the **Bowl (map #43)** with construction of Rehabilitation and Hall-Mercer on its perimeter.

In 1973 landscape architect Dan Kiley was hired to prepare a landscape master plan and to recommend specific improvements in the road system, access routes and parking. Kiley's recommendations to remove automobiles from the central campus and create a pedestrian court around the Administration Building were not implemented.

Current Development Project

McLean Hospital announced plans in the spring of 1996 to consolidate operations at their Belmont campus in the face of major changes in the health care industry and a large capital debt resulting in part from rehabilitation of its historic buildings. This public pronouncement followed an internal planning effort initiated in 1995. Having reached this decision, McLean called for major changes to its approximately

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240-acre campus in order to make it financially feasible for McLean to remain in Belmont. The hospital proposed to retain an approximately 50-acre core campus and divest or develop the remaining 190 acres. In response, in June of 1996, the Town of Belmont appointed a fifteen member Task Force to represent the interests of the town and to work cooperatively with McLean to formulate a plan that would be acceptable to both parties. The Task Force members included a variety of boards and viewpoints.

Specifically, the Task Force was asked to consider many issues including the conservation of open space, municipal cemetery development, and low-impact private development. After several years of intense negotiation and public discussion that resulted in meaningful change to the project, Town Meeting approved a zoning change for the McLean land in May 1999. The vote allowed McLean to create three redevelopment zones for private residential, senior assisted living, and research and development uses. The vote also set aside approximately 98 acres of public open space and 33 acres of publicly accessible open space, created a 20-acre municipal cemetery, and added over an acre of land to the existing 1970s senior housing complex. The agreement identified building locations, heights, and numbers; established traffic limits; set environmental standards; and defined the development review process.

Historic preservation, including buildings, landscapes, and archaeological sites, was an integral part of the planning process from the beginning. Demolition was limited to buildings of low to moderate significance while historic landscapes and archaeological sites were preserved by placing new buildings on the sites of existing buildings and parking lots wherever possible. In addition, McLean agreed to enter into a voluntary design review agreement for the 50-acre core campus (most important historic buildings and landscapes are located here) with the town through its historic district commission and to allow nomination of the campus to the National Register of Historic Places. The town sought and received a matching grant from the Massachusetts Historical Commission to prepare the nomination form in 2000 - 2001. The historic district commission is also closely involved in review of the new development plans to determine their impact on the historic character of the campus. The new development will compromise the current pristine historic nature of the campus, but the planning process and its inclusion of historic preservation concerns has been exemplary.

Design Significance

McLean Campus Site and Plan Significance

McLean's Belmont campus results from a 19th century vision to treat patients with psychiatric illnesses
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in an ideal therapeutic environment of specially designed buildings and landscapes. Designed in the period 1872-1892, and developed primarily in the 1890s, it constitutes the first full-fledged cottage plan psychiatric hospital in America. This type of campus plan replaced the prior reliance on a single monolithic building, often referred to by the name of its chief designer Dr. Thomas S. Kirkbride, with smaller free standing buildings to create a more homelike atmosphere. McLean also planned to attract patients with milder forms of mental illness who had not previously sought treatment. The emphasis on treatment is underscored by the change in name from Asylum to Hospital.

The hospital's annual reports clearly state the key role of building and landscape arrangements at psychiatric hospitals. For example, the therapeutic intent of the proposed plan, and its relation to the principles of medical classification, was described by Superintendent Cowles in 1882:

"The proposition for new buildings was to erect a number of cottages surrounding a large one for administrative purposes, and thus allowing the placing of patients similarly affected in a house by themselves, where they might have their own degrees of mental disease. Also much benefit was anticipated from the use of the beautiful grounds, and from the pleasant drives possible in all directions." (*Zimmer 1983: 7*)

Similarly, the hospital's annual report of 1888 clearly states the key role of building arrangements at psychiatric hospitals in general:

"..... those most experienced and skilled in the care of the insane have come to the conclusion that the proper classification of patients depends very largely upon the form and arrangement of Asylum buildings; and that these shape and control more than any one single element, the quality and efficiency of all Asylum work." (*AR 1888: 8-9*)

Cowles was keenly aware of McLean's pioneering role in creating a new type of psychiatric hospital campus, stating that:

"There may be special detached houses for the milder manifestations of nervous and mental disorder, all affording strictly the conditions of a hospital, with the understanding that many come to it having mental disorders that are not insanity, yet all being legitimate cases for the Hospital that is to be, in the new order of

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things in these matters. A small cottage could be placed in some one of a number of pleasant isolated situations, for the sole use of a patient, who might even make it a life-residence. The opportunity is waiting, for nowhere has the modern ideal hospital yet been built." (AR 1889: 51-52)

Most of the original 1890s buildings at McLean are arranged in a roughly E-shaped plan that follows Kirkbride's general principles adapting that monolithic example to freestanding buildings linked by a tunnel system. The Kirkbride plan was based on the theory of classification and consisted of an administrative core extended to the rear by a service wing and laterally by patient-care facilities with women on one side and men on the other. The wards were classified by diagnosis with the least disturbed patients near the center, and increasingly disturbed patients in the outer wings. Staff was housed within the patient wards.

At McLean, each bar of the roughly E-shaped plan follows a somewhat irregular line owing to the varied terrain. In explaining this feature in 1892, Cowles pinpointed the main goal in the layout of the buildings as a whole and in the designs for individual buildings:

"The irregularity of the surface made it difficult to fix the sites of the different buildings, and to properly arrange them in their relations to each other. But it is found that this has gained the desired result of giving each building an individual and domestic character unlike those of an institution. This effect is increased by varying their styles of architecture, and the materials of which they are constructed, and by placing them at distances apart of 125 to 150 feet... The welfare of the patients as individuals requires that their residences shall be as homelike and free from harmful influences as possible." (AR 1892: 13)

The successful achievement of this goal is indicated by an 1896 characterization of the new hospital: "The buildings resemble gentlemen's country residences in a natural park rather than the structures of a large institution." (Hurd 1896:478) While the basic E-shaped group of buildings appears to constitute the layout devised in the 1880s (with Olmsted's consultation) and drawn by Curtis in his 1891 "Study," it was undergoing modification even before construction began in 1892. The Upham Building, proposed by a donor in 1892, was given a prominent location across the Bowl from the main row, where it was eventually joined by three private patient cottages.

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As Cowles had stated in 1882, the cottage plan was not only intended to create a residential, as opposed to institutional effect, but also to provide for the separation of patients into various classes according to their type and degree of mental illness. The McLean plan embodies a hierarchical arrangement based on patient classification, with the two buildings for the least disturbed patients (Appleton and Upham) set somewhat apart from the other buildings, the structures for the majority of moderately disturbed patients set closer to the central service and administration buildings, and the two small houses for the noisiest and most disturbed patients set at the end of the rear rows where they were shielded by woods and the terrain.

Cowles was quick to point out the benefits of the new cottage hospital, noting in 1896 that there was a "tendency to let convalescing patients go home earlier on trial... The patients are, doubtless, so influenced by the improved comforts and attractions of the new houses, within and without, as to permit greater freedom in granting the liberty of the grounds; the tests of self-control can be sooner applied, and, while these are naturally contributing to the curative influences, the convalescing patient earlier shows self-reliance and trustworthiness." (*AR 1896: 152*)

The selection and development of McLean's Belmont campus embodies the 19th and early 20th century psychiatric hospital campus property type. Typical aspects include the move from a cramped urban campus to a more spacious rural or suburban site with good railroad connections; the hilltop location with good farmland; the perimeter buffer; availability of an adequate water supply; and high quality buildings designed by top architects in the 19th century followed by increasingly institutional designs, and reuse of pre-existing buildings on the site. (*see Massachusetts State Hospitals and Schools MRA*)

Architectural Significance

Nineteenth century reformers believed that treatment for mental illness should focus on creation of an ideal physical, moral, and social environment, set apart from the corrupting influence of modern society. This view prevailed well into the 20th century. Buildings were a key component of the ideal environment and great attention was devoted to issues of design, structure, and technology. Dr. Thomas S. Kirkbride, head of the prestigious Pennsylvania Hospital for the Insane from its opening in 1840 until his death in 1883, was the first to develop an institutional model acceptable to the majority of his colleagues.

Kirkbride's views are described in his influential textbook of 1847, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane, with some Remarks on Insanity and its*

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Treatment. Kirkbride advocated a large, highly centralized building consisting of an administrative core flanked by numerous stepped-back patient wings. The core housed kitchen, storerooms, reception areas, business and medical offices, chapel, library, and living quarters for the superintendent and medical officers, while the wings included rooms for nurses and attendants as well as patients. Division of the wings into wards allowed for classification and separation of patients by behavioral symptoms as well as sex. Technological issues such as fireproof masonry construction, advanced heating and ventilating systems, and abundant natural light were also important.

As Kirkbride's 250-patient limit was routinely exceeded in the 1850s and 1860s, later hospital administrators searched for alternatives that would maintain a home like atmosphere. The result was the dispersed cottage plan where individual buildings replaced the wings of the old monoliths. Technological issues remained constant.

The early buildings at McLean's Belmont campus embody the ideals and details of the 19th and early 20th century psychiatric hospital campus property type. Their exceptional quality reflect McLean's status as a prestigious private institution with greater means and higher standards than contemporary public facilities.

The early buildings at McLean possess an unusually high degree of architectural significance based on several characteristics. One is the exceptional quality of design, materials, and workmanship executed by several of the most prestigious architectural and construction firms of the period. As described in annual reports and still seen today, exterior building materials most commonly include brick walls laid up in Flemish bond, slate roofs, and trimmings of Georgia marble, Amherst sandstone, and Indiana limestone, supplemented by copper and wood. Interior details still include plaster walls, wood paneling, fireplaces, and especially elaborate staircases with ornate spindle screens in a variety of designs. To create a homelike rather than institutional appearance, the buildings are designed in a variety of styles, and often adopt a plan with rear wings to visually reduce their size. They also employ terraces, porches, and spacious enclosed patient yards or gardens to encourage out-of-doors activities.

Another important quality was the internal arrangement of spaces to achieve specific therapeutic results. For example, Appleton (NR map #2) and Upham (NR map #18) Houses, were divided into spacious suites to serve the special requirements of quiet patients who might otherwise not seek treatment. At East House (NR map #6), which was devoted to the care of intermediate women patients, it was noted that: "The east wing is especially arranged for seclusion and quietude, or for those who are very ill and

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whose friends wish to be with them; there is a special entrance to this wing." (*AR 1893: 21*) At South Belknap, the floor plan was arranged to allow division of the house "into four distinct sections on each of the two floors." This arrangement meant that patients could be separated into small groups or isolated individually as their condition dictated. Patient bedrooms were routinely placed along outer walls where they enjoyed the best views and the maximum amount of sun. In addition, several buildings including Wyman (NR map #19), Bowditch (NR map #3), and East Houses (NR map #6) incorporated special therapeutic facilities like hydrotherapy suites.

A third factor adding to the architectural significance of the early buildings at McLean is their attention to details of construction, heating, and ventilating. Structural emphasis was placed on fireproof construction and soundproofing, including use of vaulted supports for the corridors, solid masonry walls with terracotta furring, plaster-coated wooden flooring elements, and other fire-stop construction in the wooden members. Original heating throughout the complex utilized steam-heated hot air, with numerous separate flues to stacks of rooms. Heating has been upgraded throughout the hospital. There were completely separate ventilation flues for each patient room, leading to a heated attic chamber that accentuated the draft. (*AR 1892: 14-17*) The ventilating system has been deactivated on all the buildings and its attic elements removed from most, but the distinctive copper ventilators still crown roofs of most of the structures.

A final factor of architectural significance is the exceptionally high degree of integrity. Unlike many of the state psychiatric institutions, the buildings at McLean have been in nearly constant use with a few minor exceptions. They have been well maintained over time and have been subject to remarkably few alterations to important character-defining elements. Typical minor losses include rooftop balustrades, but examples remain on some buildings such as the front of the Administration Building (NR map #1).

Landscape Significance

Like buildings, landscape was an essential component of the ideal curative environment to be created at psychiatric hospitals. The influential Dr. Thomas Kirkbride firmly believed that asylums should occupy large rural sites with adequate gardens and pleasure grounds. He expounded on the importance of landscapes in early annual reports of the Pennsylvania Hospital for the Insane:

The importance and utility of having the grounds about a hospital for the insane highly cultivated and improved, and everything in perfect order, is much greater

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than is generally supposed. It exercises a beneficial influence on all patients and on their friends . . . every object of interest that is placed in or about a hospital for the insane, that even every tree that buds, or every flower that blooms, may contribute in its small measure to excite a new train of thought, and perhaps be the first step toward bringing back to reason, the morbid wanderings of a disordered mind.
(Pennsylvania 1883: 50)

Frederick Law Olmsted was another strong advocate for the healing power of landscape. In an 1870 speech urging the Boston Park Commissioners to establish a major park system, he articulated many of the same issues raised by the medical reformers regarding the restorative value of landscapes.

We want a ground to which people may easily go when their day's work is done, and where they may stroll for an hour, seeing, hearing, and feeling nothing of the bustle and jar of the streets, where they shall, in effect, find the city put far away from them. We want the greatest possible contrast with the streets and the shops and the rooms of the town . . . We want, especially, the greatest possible contrast with the restraining and confining conditions of the town, those conditions which compel us to walk circumspectly, watchfully, jealously, which compel us to look closely on others without sympathy. *(Public Parks and the Enlargement of Towns, 1870)*

While Olmsted is best known for his public parks, beginning with Central Park in 1858, he also designed a number of residential institutions, ranging from schools to college campuses to hospitals. His correspondence with the McLean trustees clearly indicates his understanding and support for the principles of moral treatment, and his ability to translate these abstract ideals into physical reality. While Olmsted was not responsible for the final design of the McLean landscape, his articulate letters regarding the principles of landscape design to be employed and his contact with Joseph Curtis during the design process indicate his strong influence on the campus.

McLean is significant as an example of psychiatric campus design for several reasons. As one of the first private residential institutions for treating mental illness, McLean was fortunate to have visionary leaders, skilled designers, and the resources to implement a plan that fully embodied the ideals of 19th century reformers. It was the first full-fledged cottage plan in the United States and established high standards both for its medical treatment and for its campus design. The carefully chosen site offered

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seclusion from the community, distant views, varied topography and mature trees. The spacious site provided for each of the recommended landscape areas: central campus, perimeter woodlands and farmland. The landscape design, as envisioned by Olmsted and implemented by Curtis, translated the abstract theory of a campus landscape into widely acclaimed physical form. McLean, as a private institution, was fortunate to have the resources to do things right, and it embodied the ideals of the moral treatment philosophy far more successfully than many of the public institutions of the same period, which were constrained by limited budgets and public oversight.

A century later, the landscape of McLean Hospital is still remarkably true to its ideals. While there have been inevitable changes, the original design is still clearly evident and the landscape continues to function much as intended by its designers.

Designers and Builders 1870s-1890s

The architects, landscape architects, builders, and engineers of the original components at McLean's Belmont campus include some of Boston's best-known firms of that period, and even the less-recognized individuals and firms are well-represented by major extant works throughout the Boston area. Some have national reputations.

Joseph Henry Curtis

Joseph Henry Curtis (1841 - 1928) attended Tufts College followed by service in the Civil War. He initially practiced as a civil engineer with an office at Pemberton Square in Boston as of 1871 and later relocated to 85 Devonshire Street. His early projects seem to have been primarily as an engineer or surveyor. He later called himself a landscape engineer and gardener, and eventually a landscape architect. One of Curtis's earliest commissions was surveying residential subdivisions in Chestnut Hill, Mass. for Col. Henry Lee who was his regimental leader in the Civil War. Through much of his career, he was associated with the Boston firm of Whitman & Breck, Civil Engineers and Surveyors. Curtis's work is not well known in either profession, and McLean was most likely one of his larger projects.

In 1872 Curtis prepared a map of the Town of Belmont and between 1872 and 1910 he was the engineer for several subdivisions in Belmont. Curtis's role at McLean seems to have been that which we would call today landscape architect. While Olmsted has in the past received much credit for design of the McLean landscape, his role was primarily that of advisor while Curtis was responsible for major site

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engineering work. Curtis also prepared several illustrative site plans in the 1890s which demonstrate his understanding of landscape design principles of that period. Although they have not been found, Curtis may also have prepared more detailed engineering and landscape plans as well and was responsible for overseeing the landscape construction.

On January 20, 1894, the Committee on the New McLean noted;

From the first purchase of the estate at Waverley in 1875 to the present time all he work of the landscape engineer has been done by Mr. Joseph H. Curtis in the most thorough and satisfactory manner. The location of the buildings, the laying out of roads and drains, the grading and other engineering work has been done from careful studies made and executed by him.

In 1895 Curtis was engaged to develop a plan for Foxborough State Hospital, probably as a result of his work at McLean, and may also have worked on other state hospitals in Massachusetts. Foxborough was one of the state's early cottage plan hospitals. Curtis summered in Northeast Harbor, Maine, from 1880 until his death in 1928. Many of his later projects were in that state, including the Bucksport Cemetery and residential projects in the coastal Maine area. He is best known, however, for the design of his own garden at Thuya Gardens, a dramatic hillside retreat in Northeast Harbor on Mount Desert.

Fehmer & Page

Carl Fehmer (b. 1835) was hired as McLean's architectural consultant in 1875, and, with his partner Page, was responsible for the final designs of seven campus buildings. Fehmer was a German immigrant who settled in Boston before 1870, the year in which he became a charter member of the Boston Society of Architects. His commercial work included several Boston office buildings designed in collaboration with the better-known William Ralph Emerson, and his residential commissions included several houses in the Back Bay of Boston, the Governor Ames Mansion (1881) at Commonwealth and Massachusetts Avenues being the most prominent. (*Withey 1956: 206*)

Fehmer & Page designed three major patient buildings at McLean Hospital -- Appleton (NR map #2), South Belknap (NR map #17), and East (NR map #6) Houses -- along with both gate lodges (NR map #s 9, 11) and the stable (NR map #7). They also prepared extensive studies for the Superintendent's House (NR map #5), the last of which is the version shown on the 1893 bird's eye view of the site, so it is likely

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that they also prepared the design actually built, which matched their studies in plan and resembles their other McLean Hospital work in exterior detailing. Typical features of their work at McLean include red brick exteriors laid up in Flemish bond with dark headers (Appleton, East, Lodges), decorative diaper pattern brickwork (Stable, Lodges, East), and corner quoins (Appleton, East, planned for lodges). The exact contribution of Fehmer to the overall planning of the hospital is uncertain, but the structural and mechanical similarity of all the early buildings suggests rather detailed programs were prepared for the various buildings, probably by Fehmer, before the other architects were commissioned to prepare specific designs.

Frederick Law Olmsted

Early in his life, Frederick Law Olmsted (1822 – 1903) pursued many careers including farmer, journalist and author. During the Civil War he headed the U.S. Sanitary Commission, the predecessor of the American Red Cross. He was a leader in the campaign to protect Niagara Falls and worked to preserve what is now Yosemite National Park. All of his interests came together in the creation of New York's Central Park, a project that he undertook jointly with architect Calvert Vaux in 1858. Olmsted integrated, aesthetic, social and engineering concerns into his work, giving rise to a new profession which he named landscape architecture. He personally was involved in about 500 projects, including the U.S Capitol Grounds in Washington, DC; Mount Royal Park in Montreal; Prospect Park in Brooklyn; and the Biltmore estate in Asheville, North Carolina. He worked on six mental institutions: the Hartford Retreat, two sites for Bloomingdale Asylum, the Hudson River State Hospital in Poughkeepsie, the Buffalo State Hospital for the Insane, and McLean Hospital. (*Beveridge 1995: 134*)

While his design involvement was less at McLean than at some of the other institutions, this site retains a particularly high level of integrity. Ironically, Olmsted spent the last years of his life at McLean lamenting that his recommendations had not been fully carried out. However, his influence on the project should not be underestimated. (It is popularly believed that when Frederick Law Olmsted was committed to McLean Hospital in 1898 at age 76, he resided in Hope Cottage. No documentary evidence has been found to confirm this. His patient record makes reference to wards, suggesting that he resided in one of the larger residences like Proctor.)

William Y. Peters

The architect chosen by donor George Upham to design the Upham Memorial House (NR map #18) is the least well-known of the architects who participated in design of the original 1890s hospital. This

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single work is an outstanding example of the Colonial Revival style. William Y. Peters designed several other richly detailed Colonial Revival houses in the Back Bay section of Boston in the 1890s and lived in one of them, but little else about him is presently known. (*Bunting 1967: 332, 336, 345-349, 351*)

Shaw & Hunnewell

Shaw & Hunnewell designed the two houses for the most disturbed patients (Bowditch, NR map #3 and Wyman, NR map #19 Houses), one of the large front-row patient buildings (Proctor House, NR map #13), and the Women's Gymnasium (now called Centre Building; NR map #4). George R. Shaw and Henry S. Hunnewell were partners in Boston from 1883 to 1901. Shaw (1848-1937) was born in Parkman, Maine, received a B.A. from Harvard in 1869, and studied architecture in Paris. Hunnewell (1851-1931) was born in Boston, educated at Harvard, and studied architecture abroad. He resided in Wellesley, where he designed many private homes. Their work at McLean represents a range of styles and materials. Other commissions include the Free Hospital for Women in Brookline, the Wellesley Town Hall and Library, and the Free Library in Watertown. (*Withey 1956: 308, 546*)

Shepley, Rutan, & Coolidge

The architectural firm responsible for the largest number of original McLean buildings after Fehmer & Page is the partnership of Shepley, Rutan & Coolidge. Charles Allerton Coolidge (1858-1936) was a Boston native, educated at Harvard and the Massachusetts Institute of Technology. George Foster Shepley (1860-1903) was born and educated in St. Louis, graduated from Washington University in 1880, and trained in architecture at MIT. Charles Hercules Rutan (1851-1914) was born and educated in Newark, New Jersey and began his career in the firm of Gambrill & Richardson, continuing with Richardson after Gambrill's death in 1880. (*Withey 1956: 136, 534, 550*)

These three contemporaries came together as assistants to the great Henry Hobson Richardson and carried on the work of his office following Richardson's death in 1886. Their firm in its own right was a major national force in American architecture and continues to this day as Shepley Bulfinch Richardson and Abbott, Inc. Among Shepley, Rutan and Coolidge's most notable works were the Ames Building (1892) in Boston, the original buildings at Stanford University (1890), the Chicago Public Library (1893-97), Boston's South Terminal Railroad Station (1899), the Harvard Medical School (1903), and three freshman dormitories at Harvard (1913-14).

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At McLean, the firm designed the Administration Building (NR map #1), North Belknap (NR map #10), the Service Building (originally the Laboratory, Kitchen and Amusement Ball; NR map #15), and the Power House (NR map #12). Their descendant firm was later responsible for all three stages of the Research Laboratory (1945, 1959, and 1975-77; NR map #32) and for the 1963 Rehabilitation Building (NR map #33). These buildings represent a range of styles and materials. The firm was involved in both renovations and long-range planning for the hospital in the late-1970s and early-1980s. They also designed the two major buildings of the late-20th century: Francis de Marneffe (1987-88; NR map #41) and Admissions (1988; NR map #42).

Wheelwright & Haven

The Men's Gymnasium (now the Recreation Building; NR map #14), one of the last originally planned buildings to be completed, and Hope Cottage (NR map #21), the first addition to the original group, were designed by the same architects, Wheelwright & Haven. They went on to design Eliot Chapel (NR map #23) in 1906. Edmund March Wheelwright (1854-1912) was born and educated in Boston's Roxbury section. He graduated from Harvard in 1876 followed by five years at Harvard and abroad. He then worked in the prestigious offices of Peabody & Stearns, and McKim Mead & White. Wheelwright joined with Parkman Blake Haven (1858-1943) sometime between 1888 and 1890. They practiced together until 1910, joined by Edward A. Hoyt (1868-1936) in the later years. The firm designed many public buildings in Boston, including Horticultural Hall (1900), the Opera House (1908), and the New England Conservatory of Music (1901). Wheelwright was prominent in the public sector. He served as Boston City Architect from 1891 to 1895 and designed many schools, fire stations, and other civic structures, including the Park Street Subway entrance and the hospital on Long Island. In addition he acted as Consulting Architect for Cambridge Bridge Commission (1898-1909) and in 1900 he was appointed designer and Chief Engineer for the Boston Bridge Commission. (*Withey 1956: 273, 649*)

Norcross Brothers

The Norcross Brothers of Worcester are widely regarded as one of the finest building contractors in the United States in the late 19th and early 20th centuries. Their reputation relies on their long-term relationship with noted architect Henry Hobson Richardson, the high quality of their work, and the unusually comprehensive services they offered. The firm had two principals, James Atkinson Norcross (1831-1903) who was the office manager and Orlando Whitney Norcross (1839-1920) who was the field

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manager. O. W. was born in Clinton, Maine, and grew up in Salem, Massachusetts. He joined with his brother to create a contracting firm in 1865, following service in the Civil War. The Worcester High School of 1872 was the first product of the Norcross/Richardson team. Norcross Brothers' work and reputation spread across the nation along with Richardson's and continued long after his death as they continued to work with the Richardson successor firm of Shepley, Rutan, & Coolidge as well as McKim, Mead & White, Bruce Price, Van Brunt and Howe, Peabody & Stearns, Hartwell & Richardson, and many other leading architects of the East and Midwest. Norcross Brothers flourished because the unusually comprehensive nature of the skills and services they offered were very attractive to the owners and designers of the increasingly large and complex buildings that characterize the post-Civil War period. Norcross Brothers were one of the early entrants in the late-19th century movement toward general contracting, an approach appreciated by both clients and architects. In addition, they owned several quarries in various locations, as well as brick kilns, millwork, and ironwork shops in Worcester. Finally, O. W. was a gifted mechanic with a talent for solving practical problems of building technology. He has seventeen patents to his name, fourteen related to building techniques and three to the cutting and dressing of granite. Norcross Brothers continued after James' retirement in 1897, but did not survive O. W.'s death in 1920.

Norcross Brothers' work with Richardson includes Trinity Church in Boston and the Marshall Field & Company Warehouse in Chicago. Other well-known Norcross buildings include the New York Public Library; the Rhode Island State House; South Station, the Exchange building, the Ames Building, and the Custom House tower in Boston; several buildings at Columbia University in New York; and remodeling of the White House under Theodore Roosevelt. The firm maintained field offices in Boston, Providence, New York, Pittsburgh, Chicago, and St. Louis at various times. (*O'Gorman JSAH 1973*) Norcross Brothers constructed at least nine of the original 1890s buildings at McLean, in association with most of the architectural firms.

Engineers

Engineers involved in the original development of McLean included Marshall M. Field, who designed the water system and the Power House building, Levi R. Greene and C.J.H. Woodbury, who consulted on the heat and electrical systems, and William B. Fuller, who engineered the corridor/tunnels that connected the buildings. (*MGH Annual Report 1892: 10*)

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The architects employed in the early to mid 20th century at McLean are generally less well-known with the notable exception of Peabody & Stearns.

Bigelow & Woodworth

Bigelow & Woodworth designed the minimalist Colonial Revival style Higginson House as a nurses' residence in 1924. Elsewhere they designed the Josiah S. Kendall Elementary School in Belmont (1914), the Edison Electric Illuminating Company in Boston (1929), the Catherine Moore Settlement House in Boston (1929), and the Winthrop First Church of Christ Scientist (1930). (*MHC inventory*)

H. L. Blake

A little-known architect named H. L. Blake designed three of the 20th century cottages for single patients at McLean. They are West Cottage (1919), North Cottage (1927), and Ledge Cottage (1927). All are 1 and 1/2 story, red brick, Colonial Revival structures.

Charles K. Cummings

Charles K. Cummings, a Boston architect, became involved at McLean when he designed a one-story, flat-roofed extension to the east wing at East House (NR map #6) for a hydrotherapy facility in 1911. In 1912, he designed the Colonial Revival style South Cottage (NR map #24). Elsewhere, Cummings designed the Edmund P. Tileston School in Boston (1911), the Phi Sigma society House at Wellesley College (1901), and several private residences. (*MHC inventory*)

Phillip B. Howard

Phillip B. Howard designed Codman House (NR map #22), the first of the larger, more institutional buildings at McLean, in 1906. Perhaps reflecting its earlier date, Codman is richer in detail than the later examples. Elsewhere, Howard designed the Crane-Gunderson House in Brookline (1868), and the Metropolitan Theatre in Boston (1923). (*MHC inventory*)

Eugene T. Nolte

Eugene T. Nolte designed McLean's Hill Cottage in 1930 (NR map #30). The Adams Shore Evangelical Church in Quincy is his only other work that is included in the state inventory.

Peabody & Stearns

Peabody & Stearns, one of Boston and New England's most prominent turn-of-the-century architectural firms, was not involved in the original 1890s period of construction at McLean, but did design Arlington House in 1916 (NR map #25), a handsome Jacobethan Revival style residence for two patients. John Goddard Stearns (1843-1917) was born in New York City but was educated in Brookline, Mass. where

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he spent most of his life. He trained at the Lawrence Scientific School in Cambridge and in the Boston office of Ware & Van Brunt. Robert Swain Peabody (1845-1917) was born in New Bedford, Mass. and educated at Harvard and in Europe, where he was one of the early American students at the Ecole des Beaux Arts in Paris. He was president of the Boston Society of Architects for many years and was also active in the American Institute of Architects where he was elected Fellow. The two practiced together from 1870 until 1917 when both died. Their many notable works include Boston's Stock Exchange Building (1908), the skyscraper addition to the Boston Customs House (1914-17), two buildings at Harvard University, and the monumental Massachusetts Building and Hall of Machinery which faced the grand court at the World's Columbian Exposition in Chicago (1892). Arlington House (1916) was one of their last works. (*Withey 1956: 462, 568*)

Woodworth, Hubbard & Smith

Woodworth, Hubbard & Smith designed the Oaks Building, a nurses' residence, in 1932.

Archaeological Significance

Since patterns of ancient Native American settlement in Belmont are poorly understood, any surviving sites could be significant. Ancient sites in this area may contribute important information that identifies important aspects of Native American subsistence and settlement patterns in the Mystic River drainage. Native sites in this area may document the functional and possibly seasonal role of smaller low-density sites located along inland tributary streams to larger base camp-type sites located in the Mystic River estuary or at ponds such as Fresh and Spy Ponds in the Cambridge/Arlington area (Fragola and Ritchie 2000:51). The proximity of ancient sites in the McLean Hospital locale to lithic source areas belonging to the Lynn Volcanic Complex indicates the potential for technological studies relating to the use of these materials. At least one of the four sites located during the intensive survey of the McLean Hospital contained chipping debris made from a variety of lithic material that may be Melrose Green, a rhyolite from the Lynn Volcanic Complex. A documented source area for that material is located within the Middlesex Fells area northeast of the McLean Hospital. The potential for locating ancient Native American sites and conducting research at sites located in the nominated area is enhanced by the presence of several high-sensitivity areas, the high degree of integrity of most sites located during the intensive survey, the presence of small undisturbed areas within the Central Campus and the fact that approximately 65% of the McLean Hospital Grounds remains undeveloped.

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**McLean Hospital NR District
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Historic archaeological resources described above have the potential to contribute important information relating to Belmont's settlement during a period when the town evolved from a pattern of pastoral/agricultural land use to a residential/commercial focus as the town became a Boston suburb. Additional historic research combined with archaeological survey and testing may help locate structural evidence of outbuildings and occupational-related features associated with the Kendall and Brown farms, portions of which were purchased by the McLean Hospital. Information obtained from the above farms may help understand the functional variability of farmsteads in Belmont during the 19th century and the role they played in local and regional economies. Detailed analysis of the contents from occupational-related features may also contribute important information relating to specific agricultural activities that occurred on the farms. Information derived from occupational-related features may also contribute important information on the lives of the inhabitants of farms in the area during the 19th century and by inference, the inhabitants of the overall town. Archaeological resources located in the area of the Highland Stock Farm may also contribute important information relating to the activities and life of the inhabitants on that farm, however, that farm was specialized for the breeding of livestock. Archaeological resources associated with Highland Stock Farm may contribute specialized information that details the pastoral activities at that farm and their relationship or differences with other farms in the area and 19th century techniques and technologies of pastoral care and stock breeding.

Historical research combined with analysis of structural remains related to farm buildings, structures, and the contents of occupational-related features associated with the McLean Farm may contribute important information relating to a farm designed specifically to service a hospital facility. Information may be obtained that documents the extent that self-sufficiency was achieved by the hospital community.

Archaeological resources may contribute detailed examples of the agricultural products grown on the McLean Farm and the direct role they played in the sustenance of hospital patients, staff and/or procurement of other commodities. Important information might also be obtained that documents the level of technology used in pastoral/agricultural activities and how those activities were influenced by the operation of the farm by a hospital. The structure and layout of farm buildings and information relating to agricultural/pastoral technology and products derived from analysis of archaeological features may help explain the high productivity often spoken about at the McLean Farm.

Detailed analysis of the contents of occupational-related features, primarily trash areas and dumps, associated with the McLean Hospital may also contribute information on the many other activities performed at the hospital to achieve its claimed self-sufficiency. In addition to providing its own

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electricity, heat, water and ice, hospital employees including herdsmen, farmers, butchers, blacksmiths, seamstresses, florists, bakers, and cooks provided much of what was needed to operate the hospital. Documentary resources combined with physical evidence of these products and services may help identify the scope of the hospital's self-sufficiency and the extent that the term represents economic and practical reality at the hospital.

Structural remains and analysis of the contents from occupational-related features associated with the Convalescence Home may contribute information on the design and operation of that facility. Archaeological evidence associated with the Convalescence Home and McLean Hospital may exist that enables a comparative study of the ways that care of the physically ill at the Convalescence Home and the mentally ill at McLean both made use of the tranquil environment and rural/agricultural landscape in the care of their patients.

(end)

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McLean Hospital NR District
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Bibliography: McLean Hospital

The McLean Hospital National Register nomination was prepared for the Massachusetts Historical Commission and the Town of Belmont in 2000-2001 by Candace Jenkins, Historic Preservation Consultant and Shary Page Berg, Landscape Preservation Consultant. It is largely based on a detailed historical analysis prepared in 1981 by architectural historian Edward F. Zimmer for McLean Hospital and Shepley, Bulfinch, Richardson & Abbott. Substantial portions of Zimmer's report are included, some verbatim and some with changes to update information and to meet the unique requirements of the National Register. These passages are not in quotations to avoid disrupting and confusing the text. Zimmer is considered to be a co-author.

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Photographs of Main front building row, Administration Building, North Belknap, Proctor, and Upham

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Continuation Sheet

McLean Hospital NR District
Belmont (Middlesex), MA

Section number 9 Page 4

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Maps

- 1852 Shields, J. B. *Map of the City and Vicinity of Belmont*.
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- 1891 Joseph Curtis produces "Study for Arrangement"; closely resembles asylum as built. (Zimmer 1981: V-1)
- 1892 Dean, E. Eldon. *Bird's Eye View of the Proposed McLean Hospital in Belmont*. MGH Annual Report 1892.
- 1893 Joseph H. Curtis, Landscape Engineer and Gardener. *McLean Hospital Lands at Waverley, Belmont, Massachusetts*. Area 176 Acres. 1893.
- 1895 *Plan of McLean Hospital Grounds*. Frontispiece of MGH Annual Report. 1895.
- 1898 *Middlesex County Atlas*. 1898. (immediately after original building group completed)
- 1910-13 *McLean Hospital Grounds*. 317.8+- acres; from Lamar; entire site including farm and Highland Farm acquired except lot with Waverley House (NR map #35)
- ca. 1918 McLean Hospital, Convalescent Hospital, and Proposed Country Branch of the General Hospital. 317.8+- acres; from 1918 Annual Report (basically same as 1910-13 but Kendall lot part of campus, and former Highland Farm area labeled as "site of proposed country branch of MGH")
- 1922 Map of Belmont
- 1927 Map of Belmont. shows farm house, two stables, stone crusher, cow barn, dairy barn, silo, two piggeries, and pump house at far west corner of Beaver Brook.

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National Register of Historic Places
Continuation Sheet

McLean Hospital NR District
Belmont (Middlesex), MA

Section number 9 Page 5

- 1932 *Ground Plan of McLean Hospital.* 295 acres.
- 1933 *Map of the Town of Belmont.* 1933.
- ca. 1935 McLean Hospital, Waverley. (Waverley House lot included)
- 1944 Joseph W. Kales (??), Town Engineer. *Map of the Town of Belmont.* 1944.
- 1947 *Traverse Survey, McLean Hospital, Waverley Mass.* 1947. 243.5 acres
- 1955 Joseph W. Kales, Town Engineer. *Map of the Town of Belmont.* 3/14/55.
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- 1965-66 Lord, Ann and Stewart Sanders. *The Trees at McLean Hospital, Belmont, Massachusetts.* 1965-66, updated 1991
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(end)

McLean Hospital HD
Name of Property

Middlesex MA
County, State

10. Geographical Data

Acreage of Property ca. 308 acres

UTM References See continuation sheet.

(Place additional UTM references on a continuation sheet.)

1. 19	318760	4697020
Zone	Easting	Northing
2. 19	320160	4696020
Zone	Easting	Northing

3. 19	302140	4695740
Zone	Easting	Northing
4. 19	319340	4695140
Zone	Easting	Northing

☒ See continuation sheet

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Candace Jenkins, Shary Page Berg, consultants with Edw. Zimmer, historian; with Betsy Friedberg, NR, MHC
organization Massachusetts Historical Commission date November 2002
street & number 220 Morrissey Boulevard telephone 617-727-8470
city or town Boston state MA zip code 02125

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

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

A **sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

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

Property Owner

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

name McLean Hospital Corporation; Town of Belmont
street & number 115 Mill Street; 455 Concord Avenue telephone 617-855-2000; 617-489-8200
city or town Belmont state Mass. zip code 02478

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

McLean Hospital NR District
Belmont (Middlesex), MA

Section number 10 Page 1

Verbal Boundary Description and Justification McLean Hospital National Register District

UTM References (continued)

5. 19 319360 4696060

Verbal Boundary Description

The boundaries of the McLean Hospital National Register District are shown on the attached Town of Belmont Assessor's Maps #59 and 64. The main campus is shown in greater detail on the plan entitled Land at McLean Hospital Belmont, Mass. Scale 1" = 200'. August 15, 1986, rev. 1/12/1989, 11/6/1989, 2/13/1990.

The main campus portion of the district is roughly bounded by Mill Street (W), Trapelo Road (SW), Pleasant Street (SE), and the rear and side lot lines of private residences and the Belmont Day School (NE), Concord Avenue (N). The former McLean Farm (now Rock Meadow) lies on the west side of Mill Street at the northwest tip of the district.

Verbal Boundary Justification

McLean Hospital campus has expanded and contracted over time in response to its own internal needs as well as broader changes that have affected psychiatric care in general. The original 75 acres purchased in 1875 had grown to a "park-like area of a hundred and eighty acres" by 1899. Additional acreage acquired in the early 20th century, including the former Highland Farm and most of the McLean Farm on the west side of Mill Street, created a campus of over 300 acres by the 1920s. The campus contracted in the 1960s when the Town of Belmont acquired the McLean farm for use as conservation land (70 acres) and an incinerator site (9.4 acres). A small, approximately 3.5 acre piece of the main campus was deeded to the town in 1974-75 to develop for elderly housing.

The boundaries of the McLean Hospital National Register District reflect the peak acreage achieved during the period of significance with the exception of the incinerator and elderly housing sites. Those two areas, which lie at the southwest and northwest tips of the district, are excluded because their character has changed greatly. The remaining acreage retains a remarkable sense of the historic campus and continues to reflect the three major physical characteristics of historic psychiatric hospital campuses: developed core of buildings and designed landscapes, wooded buffer, and outlying farm.

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Continuation Sheet**

**McLean Hospital NR District
Belmont (Middlesex), MA**

Section number _____ Page _____

Significant Dates

- | | |
|----------|---|
| 1811 | Massachusetts General Hospital (MGH) chartered to serve the sick poor and insane |
| 1818 | Insane asylum opened in former Barrell mansion on country estate in Charlestown (later Somerville), third special institution for treatment of mentally ill in U. S. Adopts program of moral treatment" following late 18th French/English reforms. |
| 1821 | Asylum renamed for John McLean, a Boston merchant who donated \$25,000 in 1823 |
| 1859 ca. | Highland Stock Farm created by William Ward Chenery, gentleman farmer |
| 1872 | Committee on new sites appointed. Frederick Law Olmsted hired to help find suitable site |
| 1872 | First Highland Stock Farm herd book published documenting establishment of herds across country from Chenery's breeding stock |
| 1875 | In June, McLean purchased 107 acres on Wellington Hill from Waverley Land Company for \$75,000.
FLO produces <i>Study No. 2 for the New McLean Asylum at Belmont</i> . 11/1875 |
| 1876 | WW Chenery dies; cattle breeding at Highland Stock farm ceases |
| 1879 | Dr. Edward Cowles appointed Superintendent of McLean; served until 1904 |
| 1882 | Dr. Edward Cowles establishes America's first permanent training school for psychiatric nurses in 1882 at McLean (Somerville campus). |
| 1885 | Highland Stock Farm sold to Ernest Crawford who bred and raised trotters there |
| 1886 | Last known date of Olmsted involvement. |
| 1890 | Preparation of the Belmont campus site, including perimeter wall and roadways, commenced in 1890 |

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McLean Hospital NR District
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Section number _____ Page _____

- 1892 Adjoining estate with servicable house and barn purchased for \$8,000 initiating McLean Farm
- 1892 Construction of buildings and water system begins at McLean's Belmont campus
- 1895 Initial development completed except for gymnasiums; patients moved from Somerville to Belmont between April and November 15.
- 1896 Hope Cottage constructed as first single-patient residence
- 1897 Male and female gymnasiums completed, finishing original development
- 1900 ca. Highland Stock Farm barns demolished
- 1903 Frederick Law Olmsted dies as patient at McLean (1898-1903)
- 1906 Codman House and Eliot Chapel added to campus
- 1906 48 acres of former Highland Farm acquired.
- 1913 McLean encompasses 317.8 acres, and accommodates 220 patients in 11 houses.
- 1912 South Cottage built for single patient
- 1916 Arlington House built for single patient
- 1919 West Cottage built for single patient
- 1924 Higginson House built as residence for female nurses and for nursing school classrooms
- 1927 Ledge and North Cottages built as last of single patient cottages
- 1930 Hill Cottage built as physicians residence
- 1932 Oaks Building constructed as residence for male nurses

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Continuation Sheet**

**McLean Hospital NR District
Belmont (Middlesex), MA**

Section number _____ Page _____

- 1944-1945 Farm phased due to labor shortage related to WWII.
- 1945 First portion of the Biological Research Laboratory completed (renamed Mailman Research Center in 1977 for donor Joseph Mailman; NR map #32)
- 1950 ca. McLean abandoned wells at farm and converted to town water.
- 1963 Rehabilitation Building constructed
- 1966 - 1968 Town of Belmont acquires former McLean Farm for conservation purposes (70 acres) and incinerator site (9.4 acres)
- 1967 Master Plan, by Perry, Dean, Hepburn and Stewart proposed gradual replace all original buildings and construction of new hospital around "Bowl" and demolition of almost all pre-1930 buildings.
- 1968 Psychiatric nursing school, founded in 1882 as the first permanent institution of its type in America, closed in 1968
- 1973 Hall-Mercer Building constructed in Bowl as first stage of PDHS plan.
- 1973-1975 Master Landscape Plan. Dan Kiley. plan for circulation and landscape rehabilitation.
- 1974-1975 Belmont acquires approximately 3.5 acres of McLean campus to develop elderly housing.
- 1987-1988 Francis DeMarneff and Admissions Buildings constructed
- 1995 McLean initiates planning for major redevelopment of campus

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McLean Hospital NR District
Belmont (Middlesex), MA

Section number photo Page 1

Black and white photograph list

Photographer: Candace Jenkins, Belmont

Photo#	Neg#	Date Taken	Description of View
1 3x5	2-7	5/8/01	Administration; facing N
2 3x5	2-2	5/8/01	Appleton with South Belknap to rear; facing north
3 3x5	2-19	5/8/01	Bowditch House; facing northwest
4 3x5	2-22	5/8/01	Women's Gymnasium (Centre Building); facing southeast over South Belknap patient yard
5 3x5	2-0	5/8/01	Superintendent's Residence (Office Building); facing southwest
6 8x10	1-35	5/8/01	East House; facing northwest
7 3x5	1-34	5/8/01	Yard behind East House; facing north
8 3x5	1-13	12/12/00	Mill St. Lodge with Stable (Garage) to rear and perimeter wall in foreground; facing northeast
9 3x5	1-26	5/8/01	Laundry with Service Building to rear; facing southwest
10 3x5	2-15	5/8/01	North Belknap; facing northeast
11 3x5	1-14	12/12/00	Pleasant St. Lodge, gate, perimeter stone wall, wooded buffer; facing east
12 8x10	2-16	5/8/01	Proctor; facing north
13 3x5	1-29	5/8/01	Workshops (Maintenance Group); facing southwest
14 3x5	2-1	5/8/01	South Belknap (R) and corner of Rehab roof (L); facing north
15 3x5	2-21	5/8/01	Patient yard behind South Belknap; tunnel connecting S. Belknap and Administration on left; facing northwest
16 3x5	2-12	5/8/01	Upham House, south side; facing north (also see views 28, 29, 30)
17 8x10	1-30	5/8/01	Wyman House; facing northwest

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McLean Hospital NR District
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Section number photo Page 2

18 3x5	2-10	5/8/01	Hope Cottage (also see views 29, 30); facing northwest
Photo#	Neg#	Date Taken	Description of View
19 3x5	1-37	5/8/01	Codman House; facing northeast
20 3x5	2-3	5/8/01	Chapel with Bowl beyond; facing northwest
21 3x5	2-9	5/8/01	South Cottage (also see view 30); facing southwest
22 3x5	2-17	5/8/01	Arlington House; facing northwest
23 3x5	1-28	5/8/01	Oaks Building; facing north
24 3x5	2-14	5/8/01	North Belknap, Research, DeMarneff; facing east
25 3x5	2-11	5/8/01	Rehab, parking lot, and Bowl; facing northeast from Hope Cottage
26 3x5	1-17	12/13/00	Brick barn; facing northwest
27 3x5	2-20	5/8/01	Admissions Building; facing west
28 3x5	2-4	5/8/01	Bowl/Upham from Administration; facing southwest
29 8x10	2-5	5/8/01	Bowl/Upham (R), Hope (L) from Administration; facing southwest
30 3x5	2-6	5/8/01	Bowl/Upham (R), Hope (center), South (L) from Administration; facing southwest
31 3x5	1-19	12/13/00	Rock Meadow near Mill St. entrance facing; facing northwest
32 3x5	1-21	12/13/00	Rock Meadow near Mill St. entrance facing; facing northwest
33 3x5	1-22	12/13/00	Rock Meadow rear fields and farm road facing; facing southeast
34 3x5	1-25	12/13/00	Rock Meadow rear piggery foundations; facing north
35 3x5	1-12	12/12/00	wall and granite posts; Highland Farm entrance; facing northeast
36 3x5	1-1	12/12/00	wall and granite posts; Highland Farm field; facing northeast

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37 3x5	1-6	12/12/00	lone tree hill; facing northwest
38 8x10	1-8	12/12/00	pine allee from lone tree hill; facing northeast
Photo#	Neg#	Date Taken	Description of View
39 3x5	1-3	12/12/00	pine allee; facing northwest
40 3x5	1-2	12/12/00	fieldstone wall along old proposed Concord Ave. ent.; facing northeast
41 8x10	1-31	5/8/01	Tunnel, Women's Gym (L), Power House (R); facing northwest

McLean Hospital National Register District

District Data Sheets

October 2002

Resource Count

<u>Contributing</u>	<u>Noncontributing</u>	<u>Total</u>	
38	10	48	<u>buildings</u>
13	0	13	<u>sites</u>
17	2	19	<u>structures</u>
0	0	0	<u>objects</u>
68	12	80	<u>TOTAL</u>

Estimated Acreage approximately 308 acres (including 238 acre main campus and 70 acre Rock Meadow)
Town of Belmont Assessors Map #s 59, 64

District Data Sheets Key

- 1999 Development zone column refers to development zones created by Belmont Town Meeting in May, 1999
 - 1a. Town Houses
 - 1b. Town Houses
 - 2. Town Houses
 - 3. Senior Assisted Living
 - 4. Research & Development
 - 5. McLean Hospital
- MHC # column refers to historic resource inventory forms filed at the Massachusetts Historical Commission
- Type/Status column refers to resource types and contributing (C) or non-contributing (NC) status
 - B. Building
 - Si. Site
 - St. Structure
 - C. resource contributes to historic character of the McLean Hospital National Register District
 - NC. resource does not contribute to historic character of the McLean Hospital National Register District due to substantial alteration or because the resource post-dates the period of significance (1850s-1951)
- Italic entries indicate buildings that are slated for demolition under the current development plan
- The patient yards located behind Codman, East, North Belknap, and South Belknap are listed in the landscape section of the data sheets where they appear with n/a in the Type/Status column. This is because they are counted with the specific building to provide more specific locations.
- The Mailman Research Building (NR map #32) is considered to be non-contributing because major additions post-date the Period of Significance.
- Some notable natural features are listed on the District Data Sheets; n/a appears in the Type/Status column because they do not derive their importance from historical associations; the McLean Farm Spring is included because portions of a brick cistern remain to mark its site.

McLean Hospital National Register District
District Data Sheets
October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
----------	---------	--------------	-------	---------------------------------	-------------------	--------------------------------	-------	-------------------	--------------

NR Map #	Photo #	1999 Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect (Contractor/Builder)	Style	Original Function	Type/ Status
				BUILDINGS					
1	1	5	A	Administration	1892-94	Shepley, Rutan & Coolidge (Norcross Brothers)	Colonial Revival	primary administration; staff residence	C/B
2	2	5	A	Appleton House	1892-93	Fehmer & Page (Connery & Wentworth)	Colonial Revival	women's residence (suites)	C/B
3	3	5	A	Bowditch House	1894-95	Shaw & Hunnewell (Norcross Brothers)	Colonial Revival	men's residence	C/B
4	4, 41	5	A	Women's Gymnasium (now Centre Bldg.)	1895-97	Shaw & Hunnewell	Tudor Revival	women's gymnasium	C/B
5	5	3	A	<i>Superintendent Residence</i>	1895	<i>Fehmer & Page</i>	<i>Tudor Revival</i>	<i>superintendent's house</i>	C/B
6	6 7	5	A	East House patient yard and walls	1893-94	Fehmer & Page (Norcross Brothers)	Jacobethan Revival	intermediate women's residence	C/B C/Si C/St
7	8	1B	A	Stable /Garage	1893-94	Fehmner & Page (Norcross Brothers)	Mixed; Craftsman	stable	C/B
8	9	5	A	Laundry Building	1893-95	Shepley, Rutan & Coolidge	Other; Utilitarian	laundry/drying yard	C/B
9	8	Private Open Space	A	Mill Street Lodge	1893-94	Fehmer & Page (Norcross Brothers)	Colonial Revival	gate lodge	C/B
10	10	5	A	North Belknap patient yard and walls	1893-94	Shepley, Rutan & Coolidge (Norcross Brothers)	Tudor Revival	men's residence	C/B CSi C/St
11	11	Public Open Space	A	Pleasant Street Lodge	1893-94	Fehmer & Page (Norcross Brothers)	Colonial Revival	gate lodge	C/B
12	41	5	A	Power House	1893-94	Marshall M. Tidd, C.E. Collier R. Greene and CJ Woodbury, consult eng. (Norcross Brothers)	Other; Utilitarian	boiler, generator, pump house	C/B
13	12	5	A	Proctor House	1893-94	Shaw & Hunnewell (McNeil Brothers)	Jacobethan Revival	intermediate men's residence	C/B

McLean Hospital National Register District
District Data Sheets
October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
14		5	A	Men's Gynasium (now Recreation)	1895-97	Wheelwright & Haven	Tudor Revival	men's gymnasium	C/B
15	9	5	A	Service Building	1893-94	Shepley, Rutan & Coolidge (McNeil Brothers)	Classical Revival	kitchen, lab, staff residence, auditorium	C/B
16	13	5	A	Workshops (Maintenance Group)	1895	Unknown	Other; Utilitarian	carpentry, blacksmith; workmen's residence	C/B
17	14, 15, 2, 4	5	A	South Belknap patient yard and walls	1892-93	Fehmer & Page (Connery & Wentworth)	Jacobethan Revival	women's residence	C/B C/Si C/St
18	16, 28, 12, 30	2	A	Upham Memorial Building	1892-93	William Y. Peters (Norcross Brothers)	Colonial Revival	men's residence (suites)	C/B
19	17	5	A	Wyman House	1894-95	Shaw & Hunnewell (Norcross Brothers)	Colonial Revival	disturbed women's residence	C/B
20		1B	A	Greenhouse group (original greenhouse gone)	1895	John Butt	Other; Utilitarian	greenhouse, etc.	3C/B 3NC/B
21	18, 29	2	A	Hope Cottage	1895-96	Wheelwright & Haven	Colonial Revival	private, single patient cottage	C/B
22	19	4	A	Codman House patient yard and walls	1906	Phillip B. Howard	Colonial Revival elements	women's residence	C/B C/Si C/St
23	20	3	A	Samuel Eliot Memorial Chapel	1906	Wheelwright & Haven	Gothic Revival	chapel	C/B
24	21	2	A	South Cottage	1912	Charles K. Cummings	Craftsman	private, single patient cottage	C/B
25	22	5	A	Arlington House (now School)	1916	Peabody & Stearns	Jacobethan Revival	private, two patient cottage	C/B
26		2	A	West Cottage	1919	H. L. Blake	Colonial Revival	private, single patient cottage	C/B
27		4	A	Higginson House	1924	Bigelow & Woodworth	elements of Colonial Revival	nurses' residence	C/B
28		1A	A	North Cottage	1927	H. L. Blake	Colonial Revival	private, single patient cottage	C/B
29		1A	A	Ledge Cottage	1927	H. L. Blake	Colonial Revival	private, single patient cottage	C/B
30		5	A	Hill Cottage	1930	Eugene T. Nolte	Colonial Revival	physicians residence	C/B

McLean Hospital National Register District
District Data Sheets
October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
31	23	5	A	Oakes Building	1932	Woodworth, Hubbard & Smith	elements of Colonial Revival	male nurses' residence	C/B
32	24	5	A	Biological Research Laboratory (1977 renamed Mailman Research Bldg.)	1945, 1959 1975-77 1998	Coolidge, Shepley, Bulfinch & Abbott	International Style (major post-1951 additions)	research laboratory	NC/B
33	25, 14	5	A	Rehabilitation Building (2000 renamed Neuroimaging Center)	1963	Shepley, Bulfinch, Richardson & Abbott	Other: Contemporary	rehab center	NC/B
34		private open space	A	Hall-Mercer Center for Children and Adolescents	1973	Perry, Dean & Stewart	Brutalist	children's unit	NC/B
35		private open space	A	Waverley House (lot; purchase ca. 1900)	ca 1890	unknown	Colonial Revival	staff housing post- 1910 doctor res.	C/B
36		public open space	1, A	Kendall Farmhouse (248 Mill St.)	ca. 1875	unknown	Italianate elements	farmhouse	C/B
37	26	public open space	1, A	Brick barn (248 Mill St.) probably 1915 New Farm Stable	ca. 1915	unknown	Utilitarian	cow barn	C/B
38	26	public open space	A	Outbuilding (248 Mill St.)	early- 20th cen	unknown	Utilitarian	outbuilding	C/B
39		public open space	A	JS Bock Cottage (231 Mill St.) garage	ca. 1890 ca. 1930	unknown	Second Empire	staff housing	C/B NC/B
40		1A	A	Child Care Center	post- 1980s		Other: Contemporary	children's unit	NC/B
41		5	A	Francis de Marneffe Bldg.	1987-88	Shepley, Bulfinch, Richardson & Abbott	Post Modern	patient care	NC/B
42	27	5	A	Admissions Bldg.	1987	Shepley, Bulfinch, Richardson & Abbott	Neo-Tudor	patient care	NC/B
				LANDSCAPES					
				Landscape Areas					
43	28, 29, 30, 25	private open space	A	The Bowl	1890s	Joseph Curtis	n/a	aesthetics patient recreation	C/Si

McLean Hospital National Register District

District Data Sheets

October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
44	7, 15	5	A	Patient yards (see entries for East, South and North Belknap, Codman)	1890s	Joseph Curtis	n/a	patient recreation	n/a see bldg entries
45	11, 40	private and public open space	A	Perimeter woodlands	n/a	n/a	n/a	buffer zone	C/Si
46	31-34	n/a Rock Meadow		Former McLean Farm/Rock Meadow (early successional farmland and forest)	1898+	n/a	n/a	agriculture	C/Si
47	35-39	public open space; cemetery	AY	Former Highland Stock Farm (Upland meadow)	1850s	n/a	n/a	agriculture	C/Si
				Vegetation					
48	37	public open space	AY	Lone Tree @ Lone Tree Hill	n/a	n/a	n/a	agriculture	n/a
49	38, 39	public open space	AY	Pine Allee at Concord Ave.	mid-20th cen		n/a	buffer/windbreak??	C/Si
50		private open space	A	Orchards @ Mill Street	??		n/a	agriculture	C/Si
				Structures					
51	8, 11	public open space	A	Perimeter walls	1890		n/a	boundary	C/St
52		3, 4, 5, public open space	A	Roadway walls	1890s+		n/a	circulation; support	C/St
53	36, 40	public open space, cemetery	AY	Internal field walls and posts, Highland Farm area	19th cen.	n/a	n/a	field/spacial division	C/St
54	11	public open space	A	Brick and iron gateway, unused Pleasant St/Trapelo Road entrance	1890s		n/a	circulation, boundary	C/St

McLean Hospital National Register District

District Data Sheets

October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
55	35	cemetery	AY	Granite posts and walls, former Highland Farm entrance on Concord Ave.	ca. 1850s		n/a	circulation, boundary	C/St
56		public open space	A	Water Tower	1892??	Marshall M. Tidd (Cunningham Iron Works)	n/a	hospital water supply	C/St
57	41, 15	4, 5	A	Tunnel System	1894-95	William B. Fuller, engineer Connery & Wentworth, and Lord Brothers, builders	n/a	circulation	C/St
58		cemetery	A	Communications Towers	late-20th cen.	n/a	n/a	communication (town)	NC/ St
				Circulation System					
59	2, 14, 25, 29, 30	1A, 1B, 2, 3, 4, 5, private open space	A	Main campus roads linking buildings	1890s	Joseph Curtis	n/a	circulation	C/St
60	4, 15, 24	5	A	Main campus footpaths linking buildings	20th cen.		n/a	circulation	C/St
61	40	public open space	A	Perimeter carriage roads including Pleasant Street service road	1890s	Joseph Curtis	n/a	circulation, recreation	C/St
62	5, 25	1A, 1B, 2, 3, 4, 5	A	Parking lots	mid-20th cen	n/a	n/a	circulation, support	NC/ St
63	33	Rock Meadow		Farm Roads	early-20th cen	n/a	n/a	circulation	C/St
				Building Foundations					
64		cemetery	AY	Highland Stock Farm site barn small barn cistern	1860s?	n/a	n/a	agriculture	C/Si

McLean Hospital National Register District
District Data Sheets
October 2002

NR Map #	Photo #	Develop Zone	MHC #	Building/Landscape/Feature Name	Construction Date	Architect(Contractor/Builder)	Style	Original Function	Type/ Status
65	34	Rock Meadow		McLean Farm site Kendall barn 2 piggeries cow barn milk house/dairy barn brick cistern	early-20th cen.	n/a	n/a	agriculture	C/Si
66		6 or public open space	A	Convalescence Home Site building foundation likely	1882	n/a	n/a	patient care (Mass. General Hospital)	C/Si
				Water Features					
67		5	A	Waverley Spring (formerly in front of East House)	n/a	n/a	n/a	hospital water supply	n/a
68		Rock Meadow		McLean Farm Springs (brick cistern remains)	n/a	n/a	n/a	hospital water supply	C/St
69		4, 5, public open space	A	Rock-channeled streams and culverts	n/a	n/a	n/a	drainage	C/St
70		Rock Meadow		McLean Brook	n/a	n/a	n/a	n/a	n/a
71		public open space	A	Vernal Pool	n/a	n/a	n/a	n/a	n/a

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY McLean Hospital National Register District
NAME:

MULTIPLE
NAME:

STATE & COUNTY: MASSACHUSETTS, Middlesex

DATE RECEIVED: 12/09/02 DATE OF PENDING LIST: 1/13/03
DATE OF 16TH DAY: 1/29/03 DATE OF 45TH DAY: 1/23/03
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 02001733

REASONS FOR REVIEW:

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

COMMENT WAIVER: N

☒ ACCEPT ☐ RETURN ☐ REJECT 1.23.03 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in the
National Register

RECOM./CRITERIA _____

REVIEWER _____ DISCIPLINE _____

TELEPHONE _____ DATE _____

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



2-7

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Administration Facility

Candace Jenkins, Belmont

May 2001

①



2-2

McLean Hospital NRHD

Mill St.

Belmont, MA

Middlesex County

Appleton, South Belknap facing N

Candace Jenkins, Belmont

May 2001

(2)

190584 M-1-2



2-18

(3)

McLean Hospital NRHD
Mill St.

Belmont, MA Middlesex County
Bowditch Pacing NW.

Candace Jenkins, Belmont
May 2001



2-22

McLean Hospital NRHD

Mill St.

Belmont, MA

Middlesex County
Women's Gym (Centre Bldg) facing southeast

Candace Jenkins, Belmont

May 2001

(4)



2-0

McLean Hospital NRHD

Mill St.

Belmont, MA

Middlesex County

Superintendent's House (Office) Facing St.

Candace Jenkins, Belmont

May 2001

(5)



1-35

(6)

McLean Hospital NRHD

115 Mill St.

Belmont, MA Middlesex County

East House facing NW

Candace Jenkins, Belmont

May 2001



1-31

(7)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

East House yard facing N

Candace Jenkins, Belmont

May 2001



1-13

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Mill St. Lodge, stable facing NE

Candace Jenkins, Belmont

December, 2000

(B)



McLean Hospital
Shopping & Parking
↑
Dietary Recycling
→

1-70

(9)

McLean Hospital NRHHS

Mill St.

Belmont, MA Middlesex County

Laundry facility SW

Constance Jenkins, Belmont

Dec. 2000



2-15

(10)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

N. Belknap facing NE

Candace Jenkins, Belmont

May 2001



1-14

(11)

McLean Hospital NRHP

Mill St.

Belmont, MA Middlesex County

Pleasant St. Lodge facing E

Candace Jenkins, Belmont

Dec. 2000



2-16

McLean Hospital NRHD

115 Mill St.

Belmont, MA Middlesex County

Proctor Lacey N

Candace Jenkins, Belmont

May 2001

(12)



1-29

(13)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Workshops facing SW

Candace Jenkins, Belmont

May, 2001



2-1

14

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

South Belknap (R), Rehab room (L) facing N

Candace Jenkins, Belmont

May 2001



2-21

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

S. Belknap patient yard facing northwest

Candace Jenkins, Belmont

May 2001

(15)



2-12

(16)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Upham House, south side facing NW

Candace Jenkins, Belmont

May 2001

1090584 8 11 14-22



1-30

(17)

McLean Hospital NRHD

115 Mill St.

Belmont, MA · Middlesex County

Wynman facing NW

Candace Jenkins, Belmont

May 2001



2-10

McLean Hospital (NRHI)

Mill St.

Belmont, MA Middlesex County

Hope Cottage facing NW

Candace Jenkins, Belmont

May 2001

18



1-37

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Codman facing NE

Candace Jenkins, Belmont

May 2001

(19)



2-3

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Chapel facing NW

Candace Jenkins, Belmont

May 2001

(20)

170
0
0
0
8
2
7
2
1
1
12



2-9

(21)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

South Cottage facing SW

Candace Jenkins, Belmont

May 2001

1090586

N-12



2-17

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Arlington School Academy NW

Candace Jenkins, Belmont

May 2001

(22)



1-20

McLean NRHD

Mill St.

Belmont, MA Middlesex County

Oaks
~~Higgins~~ Facing N

Candace Jenkins, Belmont

May 2001

(23)

00569 N 1-12



2-14

McLean Hospital NRHD

Mill St

Belmont, MA Middlesex County

N. Belknap, Research Facility E

May 2001

24



2-11

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Upham Bowl, Rehab Bldg facing NE

Candace Jenkins, Belmont

May 2001

(25)

1090584 N 11-32



1-17

(26)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Brick Barn Farm NW

Candace Jenkins, Belmont

Dec. 2000

11-13-0584 N. H. 1-17



2-20

27

McLean Hospital NRHD

Mill St.
Belmont, MA Middlesex County

Admissions Facility W

Candace Jenkins, Belmont

May 2001



2-4

(28)

McLean Hospital NRHD

Mill St.

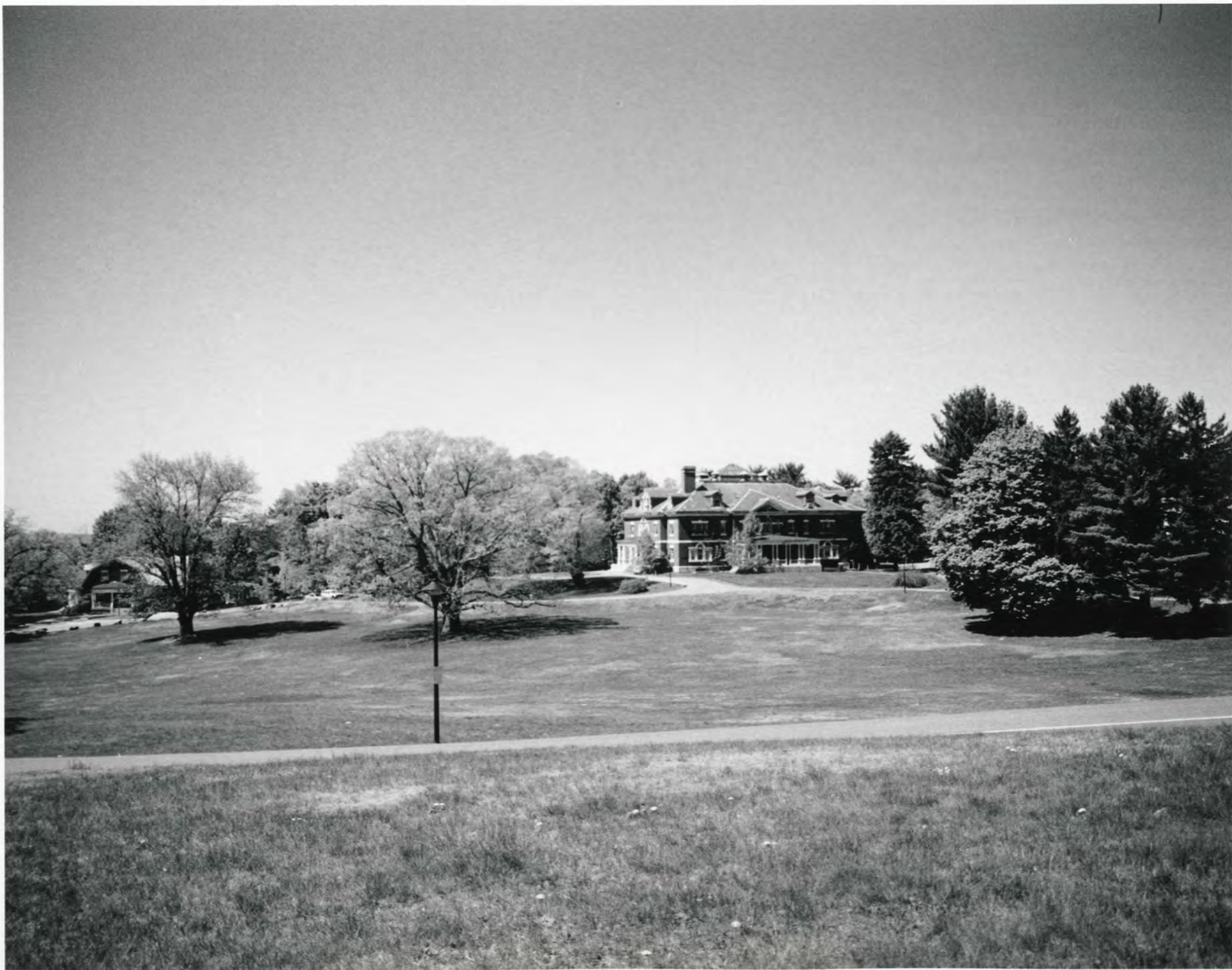
Belmont, MA Middlesex County

Bowl & Upham House facing SW

Candace Jenkins, Belmont

May 2001

2001-05-01 10:00 AM



2-5

McLean Hospital NRHD

115 Mill St.

Belmont, MA Middlesex County

Bowl, Upham (R), Hope (L) facing SW

Candace Jenkins, Belmont

May 2001



McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Bowl, Upham, Hope, South facing SW

Candace Jenkins, Belmont

May 2001



1-19

McLean Hospital NRHD

(31)

Mill St.

Belmont, MA Middlesex County

Rock Meadow

Candace Ventura, Belmont

Dec. 2022



1-21

(32)

McLean Hospital NRHD

Mill St.
Belmont, MA Middlesex County

Rock Meadow

Candace Jenkins, Belmont

Dec. 2000



1-72

(33)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Rock Meadow

Candace Jenkins, Belmont

Dec. 2000



1-25

(34)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Rock Meadow, piggeny foundation facing N

Candace Jenkins, Belmont

Dec. 2010



1-12

(35)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Entrance to former Highland Farm facing NE

Candace Sentans, Belmont

Dec, 2000



McLean Hospital (NRHP)

Mill St.

Belmont, MA

Middlesex County

Stone post - former Highland Farm

Candace Jenkins, Belmont

Dec. 2000



16

(37)

McLean Hospital NRHD

Mill St.

Belmont, MA Middlesex County

Lone Tree Hill Facing NW

Candace Jenkins, Belmont

December 2000



1-B

3B

McLean Hospital (NRHD)
115 Mill St.

Belmont, MA Middlesex County

Pine Allee from Lone Tree Hill facing NW

Candace Jenkins, Belmont

December, 2000



1-3

McLean Hospital NRHD

Mill St.

Belmont, MA

Middlesex County

Pine Allee, facing NW

Candace Jenkins, Belmont

Dec. 2000

39



1-2

McLean Hospital NRHD

(40)

Mill St.

Belmont, MA Middlesex County

Fieldstone wall at old proposed Concord Ave
entrance, facing NE

Candace Jenkins, Belmont

Dec. 2000



1-31

McLean Hospital NRHD

115 Mill St.

Belmont, MA Middlesex County

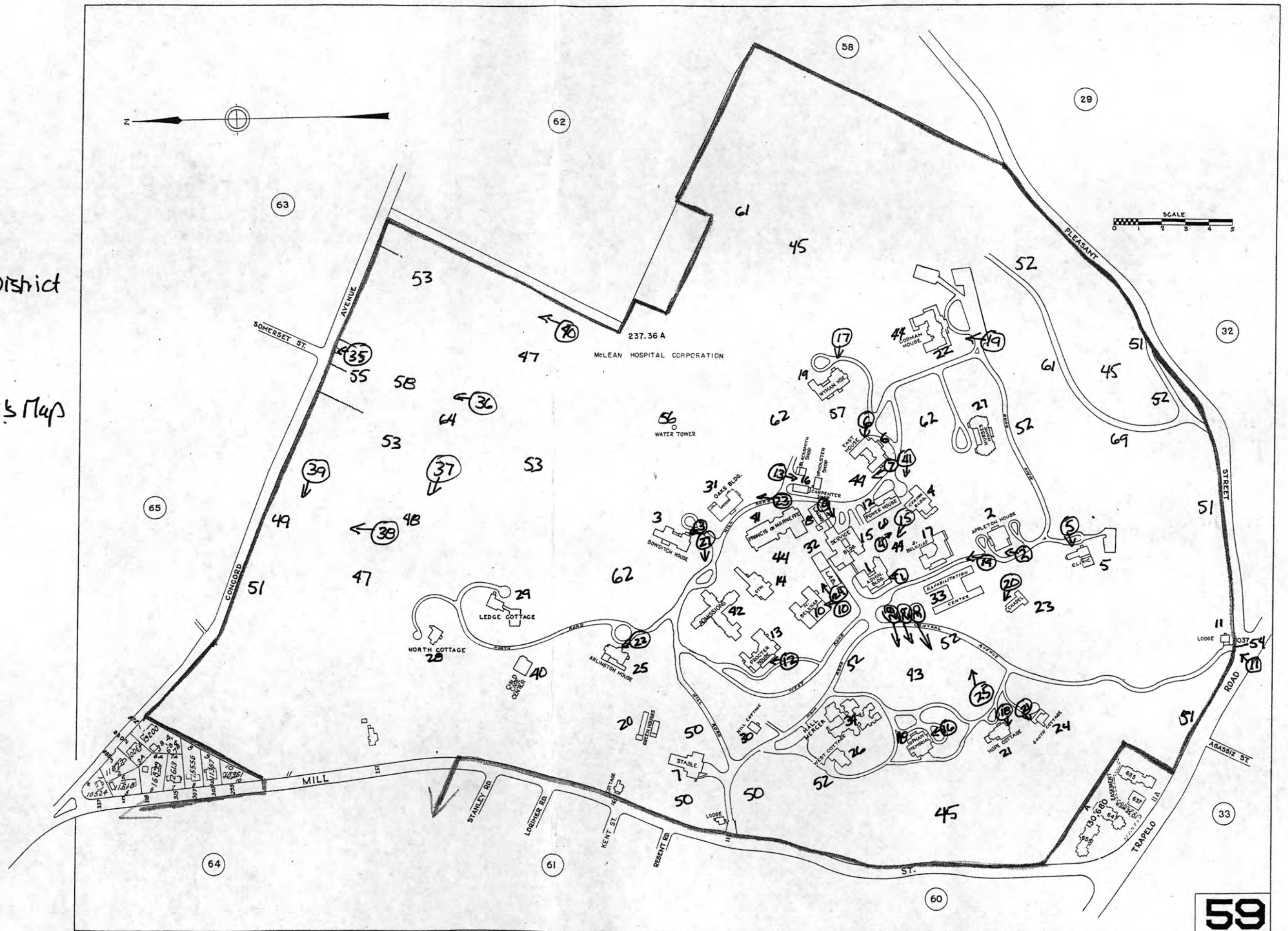
Tunnel, Women's Gym (L), Power House (R) facing NW

Candace Jenkins, Belmont

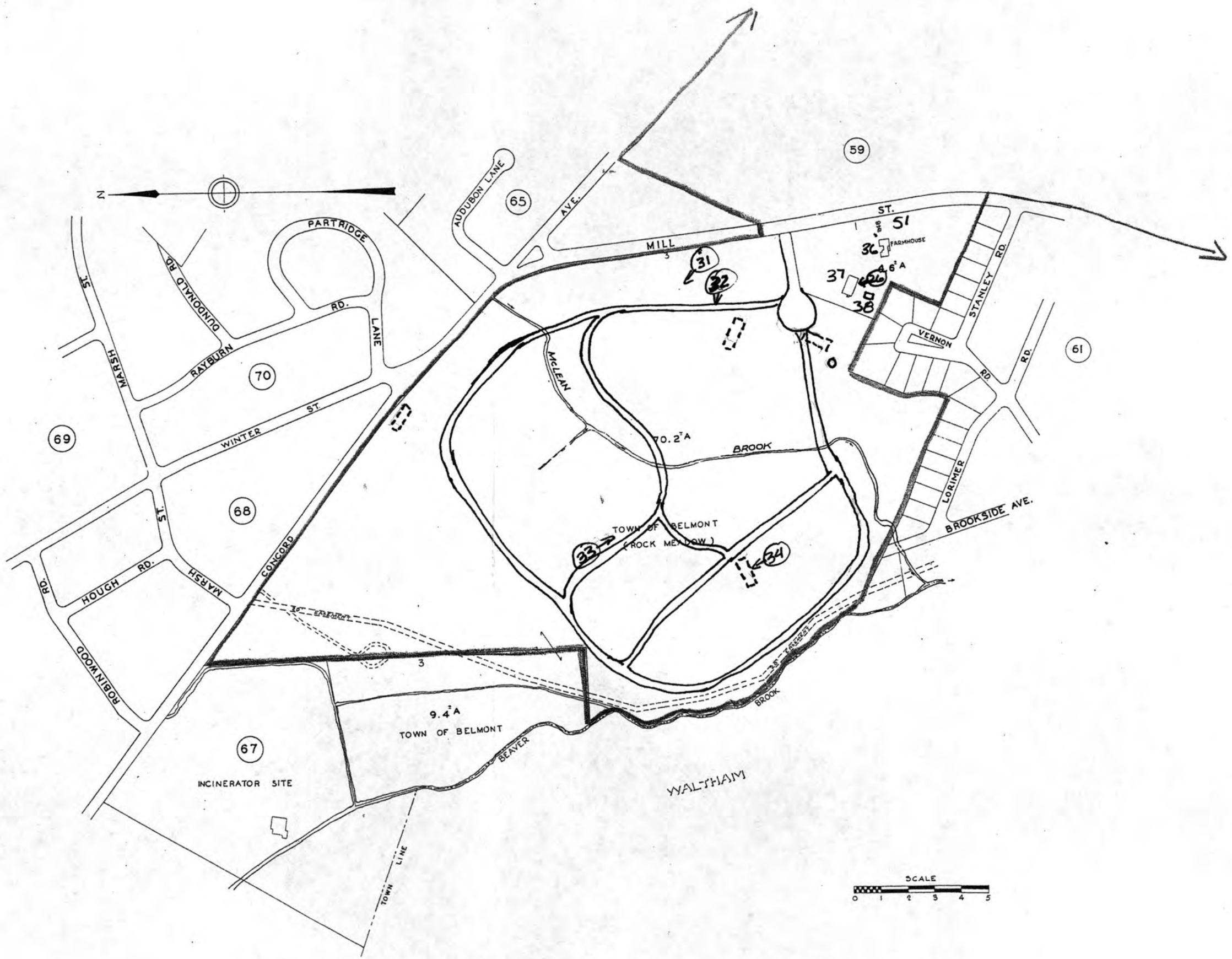
May 2001

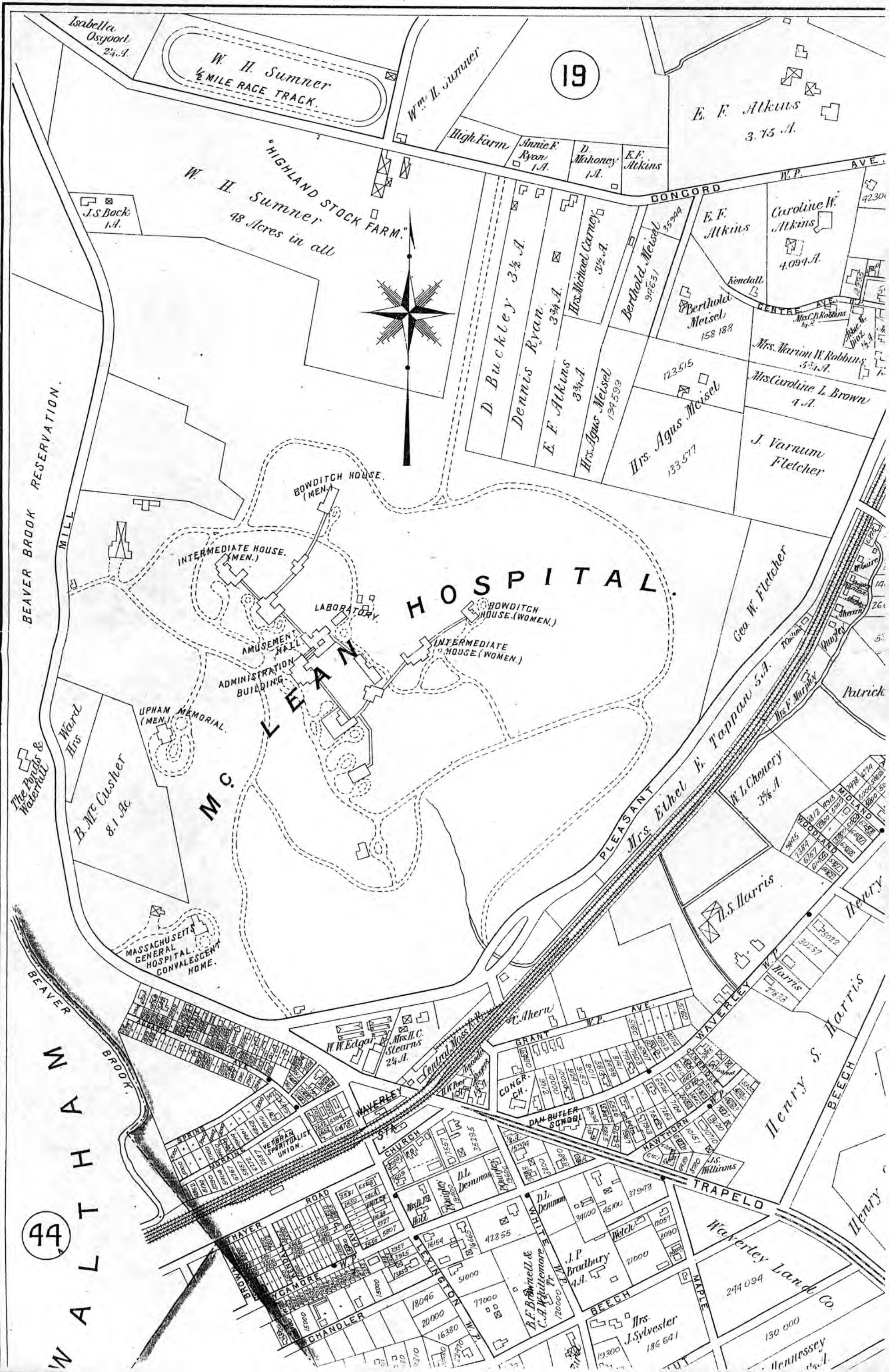
(41)

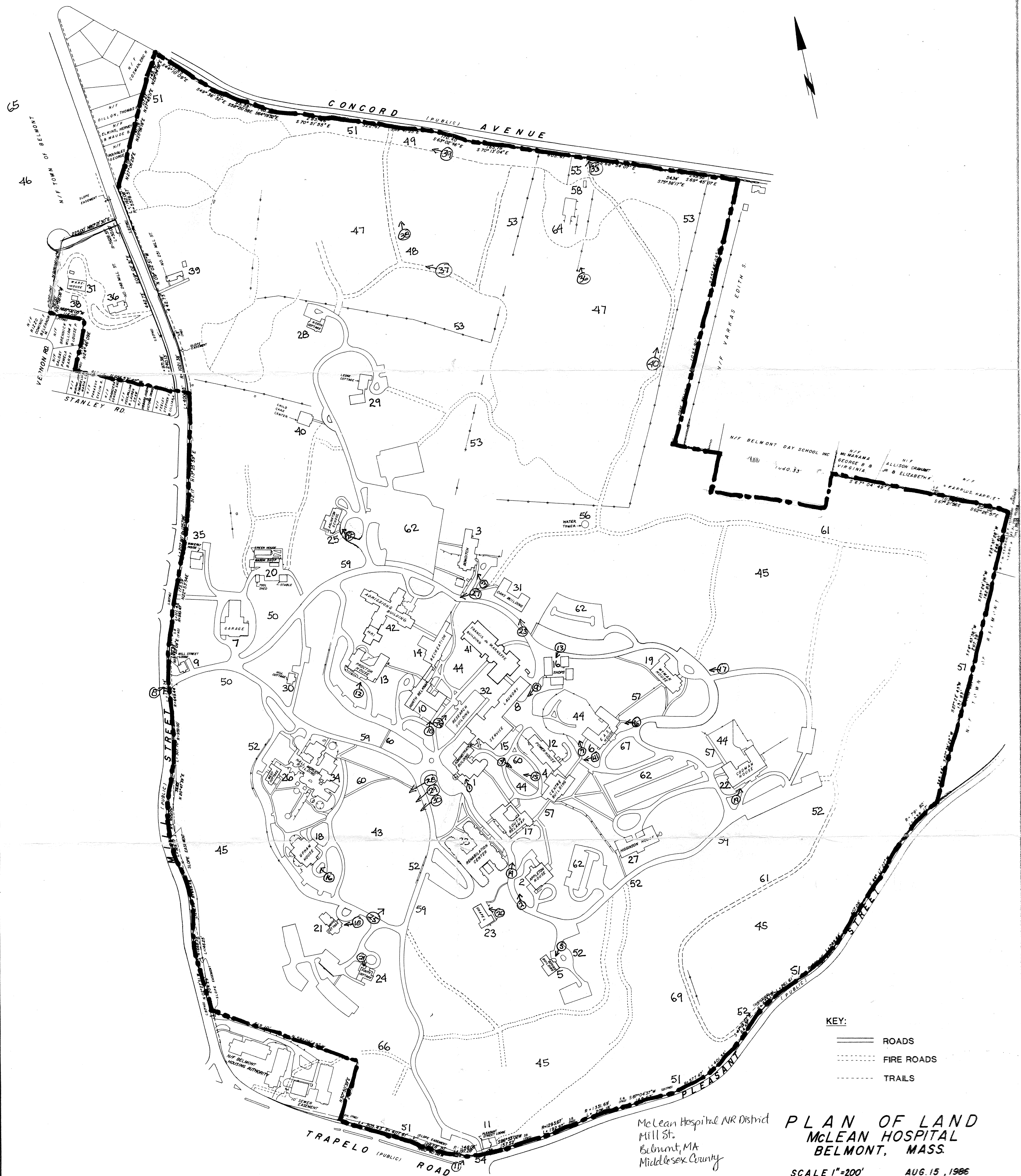
McLean Hospital NR District
 Mill St.
 Belmont, MA
 Middlesex County
 Town of Belmont Assessor's Map
 #59



McLean Hospital NR District
Mill St.
Belmont, MA
Middlesex County
Town of Belmont Assessors Map
#64







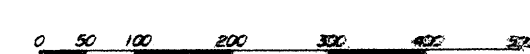
KEY:
ROADS
FIRE ROADS
TRAILS

McLean Hospital NR District
Mill St.
Belmont, MA
Middlesex County

**PLAN OF LAND
McLEAN HOSPITAL
BELMONT, MASS.**

SCALE 1"=200' AUG. 15, 1986
REV. JAN. 12, 1989
REV. NOV. 6, 1989

REV. FEB. 13, 1990





McLean Hospital NPHD
Mill St.
Belmont, MA
Middlesex County
UTM Reference
① 19/316765/4691030
② 19/320170/4696020
③ 19/320145/4695745
④ 19/319235/4695145
⑤ 19/319355/4696050

McLean Hospital 42071-D1-TM-025

Boston North

MASSACHUSETTS

BELMONT (MIDDLESEX) MA

1:25 000-scale metric
topographic map

7.5 X 15 MINUTE QUADRANGLE
SHOWING

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

U.S. GEOLOGICAL SURVEY

1985

Produced by the United States Geological Survey in cooperation with Massachusetts Department of Public Works
Control by USGS, NOS/NOAA, and Commonwealth of Massachusetts agencies
Compiled by photogrammetric methods from aerial photographs taken 1978. Field checked 1978. Map edited 1985.
Supersedes Boston North and Lexington 1:25,000-scale maps dated 1971.
Selected hydrographic data compiled from NOS chart 13272 (1982).
This information is not intended for navigational purposes.
Projection and 1000-meter grid: Universal Transverse Mercator, zone 19.
10,000-foot grid ticks have 100-foot intervals.
Massachusetts coordinate system, mainland zone. 1927 North American Datum.
To place on the predicted North American Datum 1983 move the projection lines 6 meters south and 41 meters west as shown by dashed corner ticks.
There may be private landholdings within the boundaries of the National or State reservations shown on this map.

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

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092

CONVERSION TABLE		DECLINATION DIAGRAM		ADJOINING MAPS		
Meters	Feet			1	2	3
1	3.2808			1	2	3
2	6.5617			4	5	
3	9.8425			6	7	
4	13.1234			8		
5	16.4042					
6	19.6850					
7	22.9659					
8	26.2467					
9	29.5276					
10	32.8084					

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

UTM grid convergence (GN and 1983 magnetic declination (MD)) at center of map
Diagram is approximate

TSBN 0-607-23443-1
9 780607 234435

Topographic Map Symbols

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

A pamphlet describing topographic maps is available on request

Mr. William Francis Galvin, Secretary
of the Commonwealth
Massachusetts Historical Commission
220 Morrissey Boulevard
Boston, MA 02125

September 5, 2002

RECEIVED

SEP 06 2002

MASS. HIST. COMM

Dear Secretary Galvin:

The Belmont Historic District Commission would like to urge the State Review Board of the Massachusetts Historical Commission to recommend placing the McLean Hospital campus on the National Register of Historic Places when it reviews the nomination on September 11, 2002.

The placement of the McLean campus upon the Register will serve first of all as an emblem of its significance as one of the nation's first therapeutic environments to be created for the care of the mentally ill, with its complex of carefully interrelated, domestically scaled buildings set upon a hilltop with great views to the countryside from its park-like grounds. But equally as important, the listing will serve as a symbol of the joint public/private initiative that has succeeded in preserving the vast majority of the historic resources that are present on the McLean campus.

In order to gain an effective voice where none had previously existed in the protection of those resources, the Belmont Historic District Commission acting as the Town's historical commission entered into an Historic Preservation Agreement with the McLean Hospital Corporation. That Agreement was subsequently attached to the Memorandum of Agreement between Belmont and McLean dated November 22, 1999, that was negotiated as part of the process for establishing and passing a zoning bylaw that would allow development of certain parts of the McLean campus. The overall intent of the Preservation Agreement was to establish a set of procedures for the protection of the historic buildings, historic landscapes and landscape elements, and archaeological resources that are or may be present on campus. The most immediate purpose of the Preservation Agreement was to preserve as many of those resources as possible in the four proposed development zones and to avoid, minimize or mitigate any adverse effects that new construction or landscape work might have upon them, but the broader goal of the Preservation Agreement was to establish a cooperative system for protecting the historic resources on the McLean campus in perpetuity.

To serve this last purpose, the long-term preservation of McLean's historic assets, particularly within those sections that McLean will retain, McLean agreed to allow the campus to be placed on the National Register of Historic Places and to consult with the Commission prior to any external alterations, demolition and/or new construction that McLean may undertake in the future. In return for these two commitments, and out of respect for the high level of stewardship McLean has observed in caring for its buildings and landscapes for over a hundred years, the Commission agreed not to seek or support designation of the site as a local historic district or of any individual building as a local landmark. However, should unforeseen circumstances threaten the historic resources that the Preservation Agreement was intended to protect, the Commission reserved its right to exercise its authority under state law and local bylaw to preserve the endangered buildings and landscapes.

This consulting arrangement is modelled on the Harvard Protocol, a signed agreement dated February 10-11, 1986, between Harvard University and the Cambridge Historical Commission that was brought to the Commission's attention by members of the McLean Open Space Alliance, whereby Harvard agreed to place almost two hundred of its buildings on the National Register and to consult with a representative of the Cambridge Commission prior to making any exterior alteration or addition to any of the buildings so listed. The example represented by the Harvard Protocol helped the Commission to "break the ice" in its negotiations with McLean for the Historic Preservation Agreement, and the consulting provision has already proved its effectiveness on two occasions, first when McLean needed to add a smoking porch to one of its buildings and again when the Hospital needed to convert a utility building into a classroom facility. An efficient, cooperative working relationship between the Commission and the Hospital was developed in the process, with both parties dedicated to the long-term preservation of the salubrious environment represented by McLean's distinguished domestically scaled buildings and the lovely landscapes that surround them.

By voting to recommend placing the McLean Hospital campus on the National Register of Historic Places, the State Review Board will not only be confirming McLean's architectural and medical significance, but it will also be reinforcing an important public/private effort to jointly preserve the cultural heritage of the Commonwealth.

Respectfully submitted,



Richard Cheek, Co-Chair
Belmont Historic District Commission

cc: Members of the Belmont Historic District Commission
 Jeffrey Wheeler, Planning Coordinator
 Melvin Kleckner, Town Administrator
 Betsy Friedberg and Ann Lattinville, Massachusetts Historical
 Commission
 Candace Jenkins, Preservation Consultant
 Michele Gougeon, McLean Hospital Corporation
 Stephen W. Kidder, Esq., Hemenway & Barnes
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 David Geller and Matthew Ross, Belmont ValueRealty Partners, LLC