

## UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE

## NATIONAL REGISTER OF HISTORIC PLACES INVENTORY -- NOMINATION FORM

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#### CONDITION

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#### DESCRIBE THE PRESENT AND ORIGINAL (IF KNOWN) PHYSICAL APPEARANCE

The Fort Steilacoom Historic District is included within the boundaries of a one mile square military reservation established in 1861 on a rolling prairie in Pierce County roughly 1,000 yards east of Puget Sound. The site itself is relatively flat with the exception of Smith Hill in the southwest quadrant, and a heavily wooded gulley in the northwest corner. Another topographical feature is Waughop Lake with an area of 22 acres centered near the southern edge of the district.

The district boundaries are straight and perpendicular and oriented in the direction of the compass axes. There are two major groupings of buildings within the Fort Steilacoom reservation and a small number of additional structures isolated from the others. The most extensive development is the Western State Hospital complex which is a labyrinth of interconnected wards and associated hospital buildings. These occupy an area of approximately 20 acres beginning at the southern edge of the gully and extending eastward along Steilacoom Boulevard -- a through street that runs in front of the hospital grounds. The second group of buildings is an agricultural complex near the northwestern shore of Waughop Lake consisting of several barns, three silos and a poultry coop.

Steilacoom Boulevard extends across the district generally in an east-west direction and continues beyond the reservation into the nearby town of Steilacoom with frontage on Puget Sound. A second road branches off Steilacoom Boulevard near the center of the district and continues through the southeast corner connecting the hospital grounds with the agricultural structures. This was once a part of the original military road from Fort Steilacoom to Fort Nisqually and Fort Walla Walla. All remaining streets within the boundaries are driveways and access roads.

Directly adjacent to the main hospital complex are four frame buildings [1] surviving from the period when Fort Steilacoom was an active military post. They are arranged on a loop road at the perimeter of a five acre parade ground which remains as open space. Three buildings on the north side of this field were included in officers' row, while the fourth on the east side was the post surgeons' quarters. They were all built in 1857 by Lieutenant A. Kautz following standard U. S. Army plans. In terms of architectural style they are rudimentary Greek Revival.

These structures are quite similar to one another with some variations depending upon the rank or status of the intended occupants. Basically they are one-and-a-half story rectangular plan buildings with gable roofs -- ridges parallel to the street -- and clapboard siding. They include gable dormers, returned cornices and two chimneys positioned near opposite ends of the ridge, each with a corbelled cap and hound's-tooth course.

There are full-width hipped roof verandas across the front of the buildings. These are supported by boxed columns with a simple capital and base built up from boards and mouldings. On the surgeons' quarters at the end of officers' row the veranda is extended around the corner along the south end of the building. A latticework screen is provided on both ends of all verandas -- possibly to provide a degree

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of privacy from closely neighboring porches on either side. Additional latticework is used beneath the verandas as a foundation skirt.

The windows have a six-over-six double hung sash placed in a strict symmetrical arrangement. The paneled door of the front entrance is framed by a transom and sidelights.

The field officers' quarters are the simplest architecturally. They are provided with a single dormer smaller than the dormer for the surgeon's residence -- which has a pair of windows where the others have only one. Although the surgeon's residence has a more extensive veranda, the commanding officer's quarters is significantly larger. It has three dormers -- two of them with single windows flanking a third larger dormer with a pair of windows. Also it is embellished by a more elaborate chimney treatment and cornice brackets that are not used elsewhere.

The interiors of the historic military buildings are in various degrees of disrepair. The structure at the west end of the row is in relatively good condition with little apparent alteration other than a small addition at the back. However, the commanding officer's quarters has had one chimney removed and some interior plasterwork has been demolished exposing a brick infill between the studs of the outside walls. On the building at the east end of the row the porch has been rebuilt without replicating the original columns or latticework, and the interior of the surgeon's quarters was extensively remodeled at the turn of the century.

Within the Western State Hospital complex two of the earliest hospital buildings [2] are still standing. They were built between 1887 and 1889, and are presently serving as morgues. Both are small, one-story brick structures. They have a rectangular plan and bellcast hip roof, one higher pitch than the other, with dissimilar cupola ventilators, one possibly a replacement. Although similar in proportion and some details, there is a difference in fenestration. The structure with the lower roof pitch has semi-circular arched openings and string courses running between the arches at impost level. On the other building there are flat arched openings with the intrados set in a gentle segmental curve.

At the center of the hospital grounds is the Fort Steilacoom military cemetery on a fenced acre of ground. There is also a small, pauper's cemetery some distance south of the hospital where indigent patients were buried.

The majority of the hospital structures were built during a major construction program beginning in 1933 and a second expansion that began in 1941 [3]. The

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architectural style is Second Renaissance Revival in a simplified institutional application. Quoins, arcades, columns and corbelling are used in an attempt to relieve the monotony of brick wall surfaces that extend as far as 600 feet. These buildings are three to five stories in height, depending upon topography, with hip roofs of Spanish tile. The numerous wings join one another usually at 45 degrees from perpendicular.

The powerhouse, heating plant and other early utility structures were constructed of concrete in 1919 [4]. In 1945 a nurses dormitory and a geriatrics building were added to the hospital facilities [9]. After a serious fire in 1947 and an earthquake two years later, several wards were demolished and then replaced during the late 1940's and early 1950's including South Hall and Wards D, E, F, G and W-1 [10].

Since the reconstruction of the damaged wards, the development of new hospital facilities has been limited. A recreation center was added in 1961 [11], and in 1975 a pharmacy and central supply building was completed [12]. Also in 1961, a child study and treatment complex was developed on a site somewhat isolated from the main hospital [13]. This is a low, rambling structure similar to a modern elementary school. It is located northeast of the parade ground.

Between 1934 and 1939, a string of six very similar cottage residences were built for hospital administrators immediately to the east of officers' row [7]. Also, there is an early 20th Century bungalow located near the agricultural complex that may have been a house for a resident farmer [6]. On Smith Hill there are two water towers and the shell of a three-story concrete dormitory [8] that once housed hospital farm workers.

The surviving agricultural buildings [5] include six substantial frame barns with gable roofs averaging either 30 by 30 feet or 30 by 90 feet in plan dimensions. In addition there are two ceramic block barns with bellcast gambrel roofs similar in size to the larger frame barns. A third masonry barn measures roughly 30 by 180 feet with 19 bays and a brick extension. There is a concrete silo bearing the date 1916, and a pair of adjoining ceramic block silos dated 1931. These dates correspond to the construction period of the existing barns.

A poultry house across from this complex is all that remains of several other farm buildings that were a part of the patient work-therapy programs. These included a root house and dairy barns built in 1885, additional dairy barns built in 1888, and hog shelters and other structures built in 1907. Most of the acreage south of Steilacoom Boulevard was either used as grazing land or it was under cultivation primarily for the purpose of work-therapy.

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The original site of the first Catholic church in the Puget Sound vicinity is located in the pasture between the barns and the parade ground. Built in 1855 and moved to the town of Steilacoom in 1864, this church is listed in the National Register.

Along the hillside there is an orchard and vineyard -- neglected but still bearing fruit. The agricultural lands are still undeveloped open prairie with groves of oak and fir. Poplars line the hillside and the lake and sycamores grow on the hill as well. There are numerous other species of trees most of which were planted in the 1880's.

A small golf course and athletic field occupy the open space at the northern part of the district. A baseball development [14] lies to the southeast of this complete with two diamonds, backstops, concrete dugouts, a ticket booth and an asphalt strip parking lot. The uneven terrain was bulldozed to provide a flat playing surface.

With the exception of the leveled baseball area, the natural topography is undisturbed. The expanse of prairie grass and groves of trees are essentially the same as they were in the 1850's even though most of the surrounding property has been built up in suburban housing.

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Inventory of Structures and Historic Sites Located Within the Fort Steilacoom Historic District

#### Primary List

- 1. Ft. Steilacoom Officers Row -- four surviving 1½-story frame buildings constructed in 1857.
- 2. State Hospital Buildings -- two one-story brick structures built during the initial period of hospital development 1887-89.

#### Secondary List

- 3. State Hospital Buildings -- several three-to five-story brick hospital wards and support facilities in a closely spaced, interconnected grouping built between 1933 and 1941.
- 4. Powerhouse, Heating Plant and Utility Structure -- concrete buildings of varying dimensions serving the physical plant and storage requirements of the hospital complex built in 1919.
- 5. Barns and Agricultural Structures -- eight large barns, two silos and a poultry house constructed between 1916 and 1931 for patient work-therapy programs.
- 6. Frame House -- early 20th Century bungalow probably used by a hospital staff member or resident farmer.
  - 7. Frame Cottages -- six residences built between 1934 and 1939 to house hospital administrators.
- 8. Dormitory -- the shell of a three-story concrete building that housed hospital farm workers.
  - 9. Nurses' Dormitory and Geriatrics Building -- brick, added to the complex in 1945.
- 10. South Hall and Wards D, E, F, G, and W-l -- brick, built in the late 1940's and early 1950's to replace earlier structures destroyed by earthquake and fire.

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#### Intrusions \*

- 11. Recreation Center -- 1961
- 12. Pharmacy and Central Supply -- 1975
- 13. Child Study and Treatment Center -- 1961
- 14. Baseball Development -- 1974

#### Historic Sites and Landscape Features

- 15. Orchard and Vineyard -- begun in the 1880's with some of the earliest plantings still bearing fruit.
- 16. First Catholic Church in the Puget Sound vicinity site -- built 1885.
  - \* The only structures designated as intrusions are those that do not conform to the uniform architectural treatment of the hospital complex because of dissimilar scale, materials and design.

### 8 SIGNIFICANCE

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STATEMENT OF SIGNIFICANCE

Between the rolling upland hills of the Puget glacial plain is the Lakewood glacial outwash prairie, which surrounds Fort Steilacoom. One can easily see the termination of the glacial plains as they end abruptly 200 feet above Puget Sound's sea level. One sees the structure of the giant fossil delta, which is evidence that the prairie was made by a wide and vigorous river which ended in glacial Lake Russell. These plains, because of the gravel floor left by the great glacial flows, grew grasses, not trees.

They became grazing land. As exploration began the ease with which they could be traversed led to their settlement before other areas in Western Washington.

Waughop Lake, which comprises some 22 acres, was a kettle in glacial River Edison. A kettle is a bowl where the last ice blocks melted.

Streams and underground springs remained after the disappearance of the glacial rivers and lakes. The fresh water supply was a determining factor in early settlement.

Puget Sound Agricultural Company, the land holding and development subsidiary of Hudson's Bay Company, first claimed the area for part of their farm lands. They owned huge tracts of land in the Northwest.

A handful of families from the Red River colony in Canada came to the "Nesqually plains" under an agreement with the Hudson's Bay Company. When the company failed to keep its promises of equipment, livestock and seed, most of the settlers left. One family began to clear land which is part of the historic district. Farming without proper equipment was impossible, and that family left after approximately one year.

The first successful settlement of the area within the historic district was made by Joseph Thomas Heath, who began farming the land in 1844. Fortunately he outlined his experiences in a detailed diary.

Heath, the oldest of 13 children of an English country gentleman, came to the Northwest to recoup his fortunes following loss of most of the family's lands and possessions. Joseph Heath himself was largely responsible for the family difficulties. The estate was liquidated to pay his gambling debts.

## 9 MAJOR BIBLIOGRAPHICAL REFERENCES

With An Eagle's Quill, manuscript journal typed by Heath, Joseph Thomas. L. F. Ramsey, 1845-49. Hunt and Kaylor. Washington West of the Cascades, Clarke Publishing Company, Seattle. 640 acres 10 GEOGRAPHICAL DATA ACREAGE OF NOMINATED PROPERTY One square mile **UTM REFERENCES** Alliol 1513,319,4,01 15 3 12 3 15 10 5,2,2,3,8,5,0 D|1:0| VERBAL BOUNDARY DESCRIPTION LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES STATE CODE COUNTY CODE CODE STATE CODE COUNTY **11** FORM PREPARED BY NAME / TITLE Cyrus and Rita Happy ORGANIZATION Heritage Council of Pierce County September 17, 1975 STREET & NUMBER TELEPHONE 11617 Gravelly Lake Drive, S.W. (206) 588-2585 Washington 98499 Tacoma 12 STATE HISTORIC PRESERVATION OFFICER CERTIFICATION THE EVALUATED SIGNIFICANCE OF THIS PROPERTY WITHIN THE STATE IS: NATIONAL X STATE\_ LOCAL As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. STATE HISTORIC PRESERVATION OFFICER SIGNATURE TITLE December 19. <u>State Historic Preservation Officer</u> FOR NPS USE ONL I HEREBY CERTIFY THAT THIS PROPERTY IS INCLUDED IN THE NATIONAL REGISTER

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A younger brother, William, had gone to sea. His letters telling of the west Pacific coast intrigued Joseph. He wrote William asking what opportunities there were "... for men of energy -- could a man make his fortune in, say, five years?" William wrote encouragingly.

In September 1843 Joseph signed an agreement in the Puget Sound Agricultural Company's London office to obtain one of the society's farms.

The society drove a hard bargain. One-half of the profits of Heath's operations were to be applied to his indebtedness to the society. The other half went to the company as its profit on the deal. In addition, the society required security for down payment. Heath's brother, William, provided this security in the amount of  $\pm 1000$  (about \$5,000), a rather large payment for 640 acres in the Steilacoom area 130 years ago.

Heath sailed in September 1843 on the "Cowlitz", a Hudson's Bay Company ship of which his brother, William, later became master. The ship was slow and crossed the Columbia River bar June 4, 1844.

Shortly before January 1, 1845, Heath moved to his new lands, which were six miles north of the Puget Sound Agricultural Company post at Fort Nisqually. Heath's site consisted of three log buildings, a small split rail corral around one building intended for a barn, and about 30 acres of prairie land partly cleared. His livestock consisted of oxen and a flock of sheep. A dozen or so Indians camped nearby.

From that point Heath's diary is a tale of hard work in a primitive society on a raw frontier. Finding farm and household help was a continuing problem. The local Indians, his chief source of help, were unreliable.

Visitors, particularly Canadians employed by the Hudson's Bay Company, were welcomed. But they did present a major problem by threatening to eat Heath out of house and home. Fortunately the surrounding waters and forests augmented his crops. His diary tells of frequent successful hunts for deer and wild fowl and of bargaining with the Indians for fish. One entry states: "Traded for 23 rock cod, some trout and flounders. Served them out to my people for rations. Much cheaper than salt salmon."

June 1, 1845, was a memorable day, only three days from the anniversary of the date his ship crossed the Columbia River bar. As he looked over the approximately 50 acres he had cleared and cultivated, it was "... with heartfelt thanksgiving to the Almighty for all His mercies. How many times within the past year have I expected every moment to be my last!"

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His farm steadily expanded and he harvested a bountiful crop in 1846. His diary tells of binding and carting wheat, gathering fodder for the livestock, digging potatoes, "Hewing boards" to make a threshing floor, getting out timbers to enlarge the barn, cutting poles to make more cattle pens and threshing oats.

It was soon after this that there is a reference to an important historic event. "Visit from Dr. Tolmie (clerk and surgeon at Fort Nisqually), who came to inform me that the Oregon territory had been given up to the Americans to the 49th degree of latitude. Put me out of spirits and out of temper as I must now look for a new place of settlement and have to commence all over again, which, after all the labor and trouble I have had, is quite disheartening . . ."

It appears, however, that after the first shock of the news of the boundary settlement, Heath determined that the decision would not affect his operations. In fact, by the spring of 1847 the surge of American settlers into Oregon helped financially.

Potatoes rose to \$2 a bushel in Oregon City and wheat was reported at \$1.47 a bushel and going higher. These figures were considerably higher than prices offered by the Hudson's Bay Company, which prior to this time had virtually controlled the market. As he had about 200 bushels of wheat on hand, a good crop coming on, and prospects of 1,000 bushels of potatoes, Heath stood to profit greatly from the Oregon City prices.

Heath's diary in September 1847 gives some hints of the prosperity of his farm. On three successive days he reports harvesting 27, 46 and 65 bushels of potatoes. He was packing butter for export, coopering the casks himself. And he had a fine crop of 17 acres in wheat.

The week before Christmas came the news of the Whitman massacre at Walla Walla. Heath was greatly shocked, and the news came close to home.

He wrote, "If my nerves were of a quaking order, I might at this time, be trembling, as there are 12 canoes filled with Indians who have long threatened to kill me, lying at the beach. But, thank God, I have no fear, and should they come to attack me, will sell my life as dearly as possible."

In February 1848 an epidemic of measles completely demoralized farm operations. Old and young became victims of the disease. Mothers were so ill they could not care for their children. How Heath met this emergency, this entry in the diary discloses: "Brought home three cows to give milk to the Indian babies, their mothers ill with the measles having none and the poor children almost starving. Made a bottle with a cow's horn to feed them with, which answers admirably."

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As the spring of 1848 advanced, the illness which was to claim his life became more serious. By November he was quite ill. His legs were swollen to twice their normal size and he complained of tightness in his chest and stomach. On February 6, 1849, he sent for Dr. Tolmie who "bled, blistered and sweated me." He thought his coughs would rend his chest.

The diary ends with this entry February 9, 1849: "Thermometer 41. Dick shut up the pigs and salted them. Unable to do anything myself. Voice gone and myself very weak." That night the hand which had turned the virgin soil into a thriving enterprise was stilled forever.

#### Fort Steilacoom Military Post

The years Heath spent developing his farm were years of international dispute over the boundary between lands claimed by Great Britain and the United States. The Crown gave Hudson's Bay Company charter to represent British interests in the Oregon country north of the Columbia River.

The death of an American, Leander Wallace, during an Indian attack on Fort Nisqually in May 1849 gave the United States government a reason to enhance its position in this area.

In August 1849 Captain Bennett Hill's artillery company arrived with 23 men and a bugler looking for a suitable place for a U. S. Army post.

The natural water supply and Heath's buildings looked inviting. On August 24, 1849, Captain Hill arranged to rent one square mile of Heath's farm from the Puget Sound Agricultural Company for \$50 a month.

Heath's barns were used for barracks, and the house became headquarters for the officers. The Army built earthworks around the farm's spring and pool.

The Snoqualmie Indians (not a local tribe) who were accused of the death of Wallace were tried at Fort Steilacoom in October 1849. This was the first U.S. court convened north of the Columbia.

Fort Steilacoom did not feature fortress walls or heavy gates. It served primarily as a headquarters, a supply depot and refuge.

First construction in 1849 included two officers' quarters, a hospital, a company storehouse, a guard house, commissary and bakehouse. The log buildings were put together rapidly by a series of work crews at a cost of \$3,000.

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In 1855 this military post was the refuge sought by Puget Sound settlers when a disagreement with the Indians threatened their lives. The major battles were fought east of the mountains where tribes of highly organized and heavily armed Indians attempted to drive out the white settlers. But in skirmishes west of the mountains lives were lost, homes were burned and battles were fought.

Families were widely separated, and their cabins were hidden by timber and underbrush. There was almost no communication between them.

Charlie Salitat, a Puyallup Indian sometimes referred to as Abraham Saleet, raced through the night on his pony to carry a warning to the settlers. Indian agitators were angry, he warned. Trouble was on its way -- fast.

Settlers hurried out to round up their livestock and load their wagons with bedding and provisions. From all over the countryside they scrambled to reach safety at Fort Steilacoom. Some did gather most of their meager household furnishings and tied their chicken coops on top of their loads. Others took hysteric flight to the fort arriving exhausted without food or bedding.

For two days the frightened pioneers trailed into the fort. A lieutenant assigned to protect the campers said that "nearly all of the women and children in the country are at the post and I will of course protect them."

Ezra Meeker, a settler who heeded the warning of Salitat, described the conditions at Fort Steilacoom:

A sorry mess this, of women and children crying; some brutes of men cursing and swearing; oxen and cows bellowing; sheep bleating; dogs howling; children lost from parents, wives from husbands; no order; in a word, the utmost disorder.

Army officers calmed the panicked settlers, and they prepared for a lengthy visit. Settlers occupied Fort Steilacoom for six months. The commanding officer arranged temporary quarters for his men, and the women and children occupied the barracks. Fort Steilacoom served as base of operations for the 9th Infantry for the duration of the Indian wars.

Chief Leschi was brought to trial for his part in the Indian uprising. He was accused of murdering Colonel A. B. Moses. The Indian declared that the killing was an act of war. Soldiers at the fort, Colonel Casey, Dr. Tolmie of Fort Nisqually and some of the jurors took the part of Leschi. The first trial ended without a verdict.

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Later a new trial was scheduled in Olympia. Military men assisted in Leschi's defense, but he was found guilty. Colonel Casey and Dr. Tolmie begged the territorial governor to pardon the Indian warrior. That effort failed. Military officials would not allow his execution on the military reservation, so Leschi was taken from the fort and hanged in a grove of oak trees between the fort and Byrd Mill near the head of Chambers Creek.

In 1857 Lieutenant A. V. Kautz was authorized to erect new buildings at the fort. Standard Army plans were used. Four of these buildings survive in commendable condition.

Lumber came from the Byrd sawmill at nearby Custer. The sills were hand hewn. The buildings feature mortise and tenon studding. Steven Judson made the chimney bricks in Steilacoom, and bricks were also placed between the studding for added protection. A hydraulic ram was installed at the spring, which served for 50 years.

The facilities at the fort contributed to the social and economic development of the Puget Sound country. The fort offered doctors, court, jail, arsenal, one of the first churches and the only buildings big enough for community social gatherings.

Some of the soldiers who mustered out at Fort Steilacoom stayed on to be the area's early settlers. The officers were leaders in the region.

National attention shifted away settlement of the frontier as the Civil War began. Officers who had served at Fort Steilacoom attained high rank in both the Union and Rebel armies.

Colonel Silas Casey, who had commanded the fort several times, reached the rank of major-general and became Inspector General of the Army. Lieutenant Kautz, who superintended the second major construction project at the fort, was active in several battles. He was promoted to the rank of Brigadier general and he returned to the Puget Sound area after his retirement. George McClellan, who served at Fort Steilacoom as a captain, rose to command the Army of the Potomac and was later a candidate for President.

George E. Pickett, who served at the fort, chose to join the army of the Confederacy. He resigned his commission at the start of the war and eventually became a major general. Pickett lead the last major charge at the battle of Gettysburg. Pickett had commanded Company D from Fort Steilacoom in a landing in the San Juan Islands during the 1859 "Pig War". Colonel Casey and three companies from the 9th Infantry ran blockade in the Steamer Julia during that international dispute.

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Following the close of the Civil War and the general reduction of military establishments Fort Steilacoom was no longer considered necessary to protect local inhabitants or to serve as a deterrent to possible foreign invasions. On April 22, 1868, it was abandoned as a military post. The last force at the fort was E battery of the U. S. 2nd Artillery with five officers and 124 men under the command of Captain Charles H. Pierce.

Army personnel made major contributions to the development of the Pacific Northwest. Lieutenant Kautz, the builder, led a party on the first serious attempt at climbing Mt. Rainier. Kautz was responsible for most of the early exploration of the mountain terrain.

Military men from Fort Steilacoom solved the area's urgent need for overland transportation routes. Development of the lower Puget Sound region was seriously hampered until military roads were completed.

The first towns and settlements were usually located on the shores of Puget Sound so that transportation by boat was available. During winter storms the settlements often were cut off from each other.

Local residents roughed out a road across the Cascades. The first group of immigrants to use the Naches Pass trail crossed in 1853. In that year Territorial Governor Isaac Stevens ordered Captain George McClellan to survey for a possible railroad route to the West. McClellan was to check for a route across the Cascades. He inspected the trail roughed out by the settlers, and he reported that it was impossible to build a year-round, all-weather route there.

Congress did appropriate funds for construction of military roads. Fort Steilacoom was used as a center. Roads were to run to Fort Bellingham to the north, Fort Walla Walla to the east -- by way of Fort Nisqually and Naches Pass -- and to Fort Vancouver to the south.

Two of these military roads intersect in the historic district. They are the first military road to Fort Walla Walla and State Historical Road No. 1 (Steilacoom Boulevard), which was the only route of escape for the Puyallup Valley to Fort Steilaccom during the Indian war.

One of the interesting reminders of this era is the old Fort Steilacoom cemetery, which is cared for by hospital patients. Buried in the cemetery is William H. Wallace, a friend of President Abraham Lincoln.

In April 1865 Wallace, a member of the Washington Territory congressional delegation, was invited by the President to join him and Mrs. Lincoln at Ford's Theater

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that evening. Wallace politely said no. Mrs. Wallace was "indisposed", he said, and it would be better if remained at the hotel with his wife.

By morning Lincoln was dead, victim of an assassin's bullet. A few days later Wallace was a pall bearer at the President's funeral.

The graves of the Wallaces are just two of many in the cemetery. The earliest graves are said to be those of soldiers who were apparently casualties in the war that started when Indians attacked Fort Nisqually in 1849. Many of the early wood, stone and metal markers have fallen victim to time and weather.

Among those buried in the cemetery is Army Lieutenant William A. Slaughter, a man greatly loved by his military companions and the settlers, who was killed by Indians in the White River area in 1855. Charles McDaniel, a local horse thief and land extortionist, was ambushed by a vigilante committee in 1870 and laid to rest at Fort Steilacoom. Thomas S. Meeker, 10-month old son of Puyallup Valley pioneer and national "hop king" Ezra Meeker died in 1858 and was buried in the plot.

#### Hospital Administration

When Washington Territory sought to establish a place for the care of the mentally ill, the abandoned fort -- with its buildings, cultivated land and a good source of water -- was a natural choice.

The first awareness of a need for an institution to care for the mentally ill came to the young territory in 1854 when a displaced sailor showed signs which were considered "untreatable" by medical techniques. He was brought to a Dr. Burns in Steilacoom for treatment.

The 1862 territorial legislature finally took action toward obtaining proper and humane treatment for those who were mentally ill. They awarded a contract to the Sisters of Charity in Vancouver for the care of the disturbed. In 1866 a new contract was made with James Huntington and W. W. Hays of Monticello to care for the patients at a dollar a day.

In 1868 a bill was introduced asking Congress to give the former U. S. Army property at Fort Steilacoom to Washington Territory for an institution for the insane. The bill did not pass.

When the War Department offered the buildings for sale in 1870, the Washington Territorial Legislature, for \$850, bought the 25 structures that had cost \$200,000

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to build. It was not until April 1874 that an act of Congress approved donating the land of the military reservation to the Territory for use as an "asylum for the insane and for no other purpose."

When the new territorial hospital for the care of the insane opened at Fort Steilacoom, 21 patients were housed in the former military buildings. The contract for the care of the inmates was given to Hill Harmon, and Dr. Stacey Hemenway was appointed resident physician.

The beginning patterns of treatment at the territorial hospital were a combination of medieval ignorance and moralism. This was not untypical of the treatment of the mentally ill throughout the country at that time; the actual beginnings of American psychiatry were less than a hundred years old.

In the United States during the first half of the 19th Century the therapeutic principles employed by early psychiatrists Pinel, Esquirol and Earle were used. Their techniques, known as "moral therapy", became the foundation for many of the treatment programs today.

The secret of moral therapy was thought to rest in kindness and occupation, and the therapeutic dictum was that "the insane should never be idle." Occupation through labor on the farm and in work shops, education, physical activity, recreational programs, use of confidential and private interviews, emphasis on selfcontrol, proper diet and rest and discreet use of drugs characterized the care of patients.

At the Washington Hospital for the Insane there were attempts to meet some of the principles of the "moral therapy" treatment. Hot and cold water was provided in the bathrooms. The hospital farm gave patients a place to work.

By 1877 records reveal that "an orchard of 300 trees comprising apple, pear, plum and cherry has been set out and several acres of garden have been cleared and cultivated." The orchard, of prime importance, includes many old varieties.

One man was responsible for hospital administration and one for care of patients. The dual system led to problems which resulted in an investigation by the medical society in 1875. In 1877 the state legislature changed the system to one in which the hospital superintendent was in complete charge of the institution and by statute he was required to be a skillful practicing physician. The latter requirement was to create problems later when some of the skillful doctors appointed to the job were not able administrators. For the most part, the superindendents were men of unusual foresight and great concern for the welfare of the mentally ill patient.

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Dr. John Waughop, who was superintendent from 1880-1897, is an example of the dedicated doctor concerned with care as well as administration. During his superintendency many important changes were instituted at the hospital. A bill passed the legislature proclaiming Fort Steilacoom a permanent territorial hospital for the insane and appropriating \$100,000 for further construction of suitable buildings so that 250 patients could be comfortably housed.

When the first new buildings opened at the hospital, Dr. Waughop segregated the patients into categories -- "violents", "chronics" and "liberty patients". By this time the farm and orchard were not only forms of occupation for the patients but provided for them a source of fresh fruits and vegetables. The annual report of 1898 lists a bountiful fruit crop of cherries, prunes, apples, plums and pears. Work therapy also was provided in the kitchen, laundry, tin shop and blacksmith shop.

Dr. Waughop felt strongly that the environment for patients should be beautiful. Great effort was spent landscaping. The results were ground landscaped with a large collection of trees not native to the Pacific Northwest.

At the time Dr. Waughop was creating pleasant surroundings for the patients and providing the only known form of therapy for them the trend in the rest of the nation was dismal. The great achievements of the early moral therapy and early hospital development were forgotten in the jumble of staggering hospital populations, budgetary difficulties, overcrowding, and an increasingly larger proportion of chronic cases. Hospitals became isolated from the medical community and management often could be characterized as inhumane and neglectful.

The decline nationally began in the last quarter of the 19th Century and continued into the 20th. Recovery rates fell as depersonalized care increased. The trend was not generally reversed until the 1940's and 1950's.

The years 1907-1914 were crucial years in the development of new concepts of treatment and care, and although nationally these trends were very slow to be accepted, at Western Washington Hospital for the Insane medical doctors were added to the staff so that surgical and dental care was provided for the patients. In 1911 Dr. A. P. Calhoun introduced the first form of treatment other than work therapy when he introduced hydrotherapy. In 1915 the name of the hospital was changed to Western State Hospital.

It was during the superintendency of Dr. Keller, 1914-1922, that many progressive changes were made. Dr. Keller emphasized professionalism, from the physician to the attendant.

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Poor working conditions, long hours and poor pay made the job of finding qualified attendants a difficult one. In many cases unqualified persons were hired, and mistreatment of patients occurred. The public, in a furor over such circumstances, failed to see that the problem was in poor personnel and that more money was needed to improve the kind of care given. In spite of the problems, advancements were made, and the hospital became a well-managed organization. Communication between the hospital and the public was beginning to take place. Mail service was established at the hospital, and transportation to Tacoma became more convenient when the trolley line was installed in 1916.

In spite of severe shortages of money and personnel, further progress was made in the treatment of patients in the 1920's. A fulltime dentist was appointed, a dietician was hired, an occupational therapy department was established and an educational contract was drawn with Tacoma General Hospital to allow student nurses to take psychiatric training at Western State.

Federal money and state appropriations in the early 1930's allowed a massive building campaign to begin. An experienced administrator was needed, and Dr. Keller, who had resigned in 1922, was asked to be superintendent. He remained until 1949. When he resigned for the second time, the hospital was a modern one using the most up-to-date treatments for the care of the mentally ill. He had fought from 1914 to gain professionalism for the hospital.

Western State Hospital had never fallen into the decline that affected so many of the hospitals caring for the mentally ill.

The Fort Steilacoom Historic District includes some of the last remaining undeveloped farmland in the Puget Sound region that was cleared and under cultivation prior to 1850. From the period when Fort Steilacoom served as an army garrison, there are four surviving military structures in their original locations on Officers Row; including two field officers quarters, the commanding officers quarters and the surgeon's residence, all built in 1867. Also within the district is the Western State Hospital complex -- a State mental institution established in 1874 with a long tradition of humane and progressive treatment. The existing hospital buildings and ground represent almost every phase of construction and many of the patient treatment programs that have established the reputation of this public institution.

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## **National Register of Historic Piaces Continuation Sheet**

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State Agency Certification: As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this amendment to the Fort Steilacoom Historic District National Register nomination meets the documentation standards for registering properties in (and amending nominations to) the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the nomination amendment meets National Register criteria.

Signature of Certifying Official/Title

Washington State Office of Archaeology and Historic Preservation

State Agency

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#### Introduction

This amendment is the result of an assessment of that part of the Fort Steilacoom Historic District known as Fort Steilacoom Park. Located within the designated National Register district boundaries, Fort Steilacoom Park is bordered by Steilacoom Boulevard on the north, Elwood Drive S.W. on the east, and the Section 33 section lines on the south and west.

The amendment is based on additional survey and historical research completed since the district was listed in the National Register in 1975. This amendment reflects (1) physical changes made to the property since 1975; (2) data corrections and additions to both the descriptive and significance sections; and (3) a revision of the classification of properties within the district as contributing or non-contributing.

Present and Original Physical Appearance: It is not possible at this time to determine the uses of the farm side area of the Fort Steilacoom Historic District prior to the 1880's. The northern portion immediately to the south of Steilacoom Boulevard might have been cultivated by Joseph Heath between 1845 and 1849. Use of the land by the U.S. Army between 1849 and 1868 is not documented, although the Catholic Church (now located in the Town of Steilacoom) is assumed to have been located somewhere in this vicinity. Generally, however, until the acquisition of the land for a mental hospital in the early 1870's, use of the land was minimal.

From the early 1880's until the mid-1960's this area of the district was developed as an institutional farm for Western State Hospital. The process was evolutionary with farm buildings constructed to front Angle Lane. The farm-related buildings that remain resulted from a re-building effort that began following World War I which continued through the 1930's.

The major group of barns are located in the approximate center of the farm area. South of this complex was another group for poultry and a piggery located near the south shore of Waughop Lake. The poultry complex and the piggery were demolished following the abandonment of the farm by Western State Hospital.

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Cultivated fields and pasture land encircled the barn complex bordering Steilacoom Boulevard on the north and Elwood Drive S.W. on the east. West of the barns, on Smith Hill, orchards of apples, pears and plums were planted. A flat roofed, concrete, rectangular root house was constructed north of the orchards. Land in the vicinity of the oak trees located south of the poultry barns may not have been cultivated, or used, leaving portions of the original prairie undisturbed.

East of the barns Western State Hospital established a pauper cemetery. This L-shaped parcel also contains a mortuary building--a L-shaped building constructed of structural clay tile with a cross gable roof. Other non-farm-related uses include the remains on Smith Hill of the White Building, a hospital ward constructed in 1932 (demolished in 1989). Also located on the hill are water towers which still serve Western State Hospital. A brick power house for the water system is located in the southeast corner of the district. Dominating the southwest corner of the district is Waughop Lake.

When the farm was abandoned in 1967 several changes were made to accommodate park use. As noted above, the poultry complex and piggery were demolished. No new construction has occurred in this area apart from an unimproved parking area south of the main barn complex.

A curved road leading from Elwood Drive to Angle Lane at the point of the parking lot was also constructed. One large barn located immediately to the west of the cemetery was demolished prior to road construction. The original caretaker's cottage located on the northeast side of Angle Lane was demolished and a new (1976) residence was constructed on the same site. South of this residence an open farm shed was re-built as a maintenance building for the park department.

A ball field (baseball and soccer), parking lot and playground area was developed to the south along Steilacoom Boulevard and west of Elwood Drive (within the northeast corner of the park area). In 1989, the White (ward) Building located on Smith Hill was demolished. Its ruins remain on site (and the property is used for earthquake relief training).

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Apart from pedestrian and equestrian trails located throughout the park and the playfields noted above, the natural, cultivated and landscaped areas remain unaltered by development. These areas include the following:

- \* Grasslands (abandoned farm fields or barn areas): located along Steilacoom Boulevard west of Angle Lane, west along Elwood Drive and north and east of Waughop Lake.
- \* Orchards located on Smith Hill (in need of pruning).
- \* Poplar trees forming a south and east boundary (wind break) for the orchards.
- \* Overgrown terraced landscaping around the White Building (primarily ivy and juniper).
- \* Black locust trees planted inn the 1880's by Mrs. Waughop along Angle Lane.
- \* Cemetery hedge.
- \* Prairie vegetation located in the southeast corner of the district. Examples include but are not limited to Oregon fawn lily, chocolate bells and snow berries (and the Washington Native Plant Society is also attempting to reintroduce camas and bunch grass).
- \* A wetlands area located outside the district boundaries near the south shore of Waughop Lake.

In addition to the various buildings and properties noted above, eight barns remain from the historic farm use. Their description and condition are as follows:

Building FS-5 (I): A wood frame building approximately 150 feet by 40 feet, with a dirt floor (no finished floor) and constructed of job-built light-framed scissor

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trusses with knee braces. The building is without windows. Openings consists of large doors at the gable ends. Two roof monitors (cupolas) interrupt the simple gable roof. The composition roofing material is deteriorated and in need of replacement. The siding, in need of re-painting, is horizontal tongue and groove wood over 2 x 4 framing. The foundation is cast-in-place concrete. The interior is clear span with no partitions.

Building FS-6 (J): The building is a wood frame roof structure over a structural clay tile lower section. The plan is rectangular and approximately 120 feet by 40 feet. The roof is gambrel with a shed dormer at the southwest corner. The roofing is composition shingle and in a deteriorated state needing replacement. The gambrel roof has three small hip roof monitors (cupolas). Windows of single glazed 6 over 6 double hung sash have been boarded or lost to plywood panels.

The building is divided into 5 bays running the length of the building with a loft containing rooms of plastered walls. Interior finishes are deteriorated and need repair for any habitable occupancy. Although the structural clay tile walls appear to be in good condition, long term development of this building is economically questionable. (Generally structural clay tile walls are structurally incapable of seismic restraint without the addition of significant structural elements.)

Building FS-7 (K): The building is constructed of structural clay tile walls with a wood frame and a gable roof structure. The roof of deteriorated composition shingles has three gable roofed monitors (cupolas). The building is rectangular (approximately 100 feet by 40 feet), and is divided into 3 bays with the center bay serving as the passageway at the northeast end. The bays are divided into rooms with plaster walls. Existing windows contain sash of 4 by 2 lights. The floor is concrete with a perimeter curb and curbs separating the 3 interior bays.

The interior structure consists of square wood posts with simple brackets at the loft framing. Openings consists of large doors, side windows, central loft windows at the gable ends, and a series of approximately square windows along the sidewalls. Window openings have been boarded for security. The structural clay tile walls have the same inherent problems as noted with Building FS-6.

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Building FS-8 (L): A wood framed building in an "H" configuration. The building's gable roofs have composition shingles in a deteriorated state needing replacement. There are 3 roofed monitors (cupolas) on the two bays of the building. The bays are approximately 30 feet by 40 feet with a crossing section of 40 feet by 60 feet which contains two circular structural clay tile silos. The exterior siding is horizontal tongue and groove wood siding on the outside bays and wood shingles in the crossing. Windows are boarded for security and are approximately square with 4 by 2 lights. The rafters are supported by simple triangular brackets at the gable ends and have exposed rafter tails with fascia at the eaves. The foundation is concrete with concrete curbs at the perimeter and along the interior bays. The bays are divided in three sections with square wood posts crowned with simple brackets at the loft structure. Large sliding doors provide access at the gable ends. The gable ends also contain side windows and a central loft window with a 11 by 2 light glazed sash.

Building FS-9 (M): The building is wood framed, with a gable roof. The rectangular plan, divided into 3 bays, is approximately 90 feet by 35 feet, and single story with attic loft. The gable roof of composition shingles is in moderate repair. The roof has a series of four small gable-roofed monitors (cupolas). The siding is tongue and groove horizontal wood siding with wood shingles in the gable ends. The gable end roofs are supported by simple triangular brackets. Openings consist of a large sliding door at the gable ends, flanked by boarded windows, with boarded loft windows above. A series of boarded windows are located in the side elevations. The building rests on a cast-in-place concrete foundation with curbs constructed at the perimeter and dividing the building into 3 bays.

The interior has a row of columns dividing the building into the 3 bays. The columns have simple wood brackets above supporting the loft floor. The building is in good repair but needs the roof replaced and the exterior re-painted.

Building FS-10 (N): This rectangular wood frame building measures approximately 35 feet by 30 feet, and has a gable roof with a single central roof monitor (cupola). The monitor has a gable roof. The roof is composition shingle roofing in a deteriorated state. The siding is tongue and groove horizontal wood siding. The

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openings include large sliding doors at the gable ends flanked by a smaller sliding door on one side and a boarded window on the opposite side. A small boarded loft opening is centered in the attic portion of the gable end. The roof is supported by simple triangular brackets. Along the sidewalls are three boarded windows. The building rests on a cast-in-place concrete foundation. The building is divided into 3 bays with overhead beams supporting the loft. These beams clear-span the interior without columns. The roof needs replacement and the siding needs repainting.

Building FS-11 (O): A rectangular wood frame building measuring approximately 40 feet by 25 feet. The building has a gable roof of composition shingles deteriorated with large sections missing. A large tree is growing through the roof. The siding is tongue and groove horizontal wood siding with wood shingles in the gable ends. Openings include a small man-door and a small boarded window. The perimeter of the building is overgrown with vegetation and the building is not accessible.

Building FS-12 (P): The building is wood framed with a gable roof and has two gabled roof monitors (cupolas). The building measures approximately 130 feet by 35 feet and is divided into 3 long bays. The siding is tongue and groove horizontal siding. The openings include large sliding doors in the gable ends. These doors are flanked by small boarded windows with a small central loft window above. The sidewalls contain a series of small boarded windows. The windows (lost sash) were wooden vent windows of 6 lights (3 by 2).

The building rests on cast-in-place concrete foundation with a perimeter curb and curbs defining the 3 interior bays. The interior has two rows of wood columns with simple wood brackets supporting a loft. At the southern end is a small enclosed room. The building requires replacement of the roofing and re-painting of the exterior siding.

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#### Classification of Properties

Apart from the natural, cultivated and landscaped areas there are sixteen properties located within this area of the Fort Steilacoom Historic District. Of them, three have been classified as non-contributing. The remaining thirteen are viewed as contributing to the significance of the district.

Contributing properties are those that have an association with the history of Fort Steilacoom or with Western State Hospital and where sufficient integrity has been retained over time. Non-contributing properties are those that have no direct association with these historic uses or whose integrity has been severely compromised.

#### **Contributing Properties**

Military Road Marker

Angle Lane (Military Road)

Western State Hospital Cemetery and Mortuary Building

Passenger Underpass

Root Cellar

Farm Building (FS-5)

Farm Building (FS-6)

Farm Building (FS-7)

Farm Building (FS-8)

Farm Building (FS-9)

Farm Building (FS-10)

Farm Building (FS-11)

Farm Building (FS-12)

#### Non-Contributing Properties

Caretaker's Residence (nonhistoric)

Park Maintenance Building (nonhistoric)

Ruins of White building (loss of integrity)

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#### Archaeological Potential

As of 1990 no systematic evaluation of the archaeological potential, including subsurface testing, has been undertaken within the area of the Fort Steilacoom Historic District. Any evidence that might be uncovered is purely speculative at this time. Some potential is assumed, however, given the historic significance of the site.

Fort Steilacoom is located less than one mile from the mouth of Chambers Creek. Along that water course village sites associated with the Steilacoom Indian Tribe have been uncovered and excavated. It is possible that data related to the prehistoric occupation of this tribe could be found in Fort Steilacoom Park. For example, one Native American informant has indicated that the tribe's race horse track was located just east of Waughop Lake.

The exact boundaries of Joseph Heath's farm have never been determined. Since the U.S. Army initially used his farm buildings for Fort Steilacoom it has been assumed that his farm was located south of these structures in the vicinity of Steilacoom Blvd.

Also unknown is the original location of the Catholic Church which was built at Fort Steilacoom in 1855 and moved to the town of Steilacoom in 1864. It is alleged to have been located in the pasture between the present-day barns and the Army parade grounds on the north side of Steilacoom Blvd., but printed sources have not yielded its exact site. Finally, evidence could be uncovered related to the early operations of the Western State Hospital farm.

The management of any archaeological resources located within Fort Steilacoom Park are governed by a Memorandum of Agreement (MOA) signed by the Bureau of Land Management, the Advisory Council on Historic Preservation and the Washington State Historic Preservation Office (SHPO) in February 1988. This MOA mandates that Pierce County develop a management and use program for the Fort Steilacoom Park and to provide for the protection of any archaeological resources by considering the following:

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- \* Prior to any ground-disturbing activity, and in consultation with SHPO, the County is to develop and conduct systematic testing. The results of that testing will determine how the project is to proceed.
- \* If a data recovery program is needed, this will be performed according to standard professional practices including the active participation of a professional archaeologist meeting federal guidelines.
- \* Concerned Native American Tribes as well as the Pierce County Landmarks Commission will be involved in the archaeological program.
- \* As a way to avoid the destruction of important archaeological sites, park projects could be redesigned.
- \* All archaeological data and material will be appropriately curated.

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#### **Background**

The following amendment to the Fort Steilacoom Historic District is the result of a Memorandum of Agreement (MOA) signed in 1988 by the Bureau of Land Management, the Advisory Council on Historic Preservation and the Washington State Historic Preservation Officer. The MOA mandated that Pierce County undertake an assessment of the National Register of Historic Places nomination (1975) to determine if that document should be amended.

The amendment to the nomination includes:

- 1. Up-dated information on the farm buildings and survey data on all extant properties on the farm side of the historic district. This material amends and supplements the description section (item 7) of the nomination.
- 2. A general historical context statement on the history of the treatment of the mentally ill in the United States. This supplements the significance statement (item 8) by providing contextual historical information relating to the Western State Hospital.
- 3. A historical summary of the institutional farm. This expands on that provided in the nomination, but alters, in part, its conclusions. It is not clear that "moral treatment" as therapy was as prevalent at Western State, or that the farm was established "primarily for the purpose of work therapy," as the nomination states. That it was used for this purpose, and that it was important for therapy cannot be denied. Even so, the farm was primarily established to cut maintenance costs. (It is interesting to note that in 1948, of the thousand-plus patients at the hospital only 200 worked on the farm. During this era, close to an equal number received lobotomies. Given such a statistic it is hard to assess the therapeutic importance of the farm.)

This amendment does not include an analysis of the pre-historic or historic archaeological potentials for the historic district. This will be compiled as a

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separate amendment if appropriate following needed consultation with the State Historic Preservation Office and effected Indian tribes.

Finally, it should be noted that while this amendment represents a addendum and partial revision to the nomination, it is supplementary to it.

#### Survey Methodology

The purpose of this survey was to add to the information provided in the 1975 National Register nomination, and to up-date the descriptive section to aid Pierce County in the development of a management and use plan as required in the MOA. To accomplish this goal an attempt was made to better place the institutional farm both within the operations of Western State Hospital, and the treatment of the mentally ill in the United States.

While it was easy to compile a summary of the treatment of the mentally ill in the country, it was not easy to apply it to Western State Hospital. The early records on the institution are relatively silent on how the farm functioned as an instrument for treatment. Even so, it is a conclusion of this report that the institutional farm was important both as therapy and to provide subsistence for the patients. What is not clear from the sources is how this form of therapy was related to others used in the hospital.

Research methods include use of the Washington State Archives, records housed by Pierce County Department of Parks and Recreation and assistance of personnel from Western State Hospital. Traditional research methods were utilized. The Social Work and Medical Sciences Libraries at the University of Washington were particularly helpful for general materials on the treatment of the mentally ill in the United States. A bibliography at the end of this report lists the most important sources.

Research efforts, however, have not yielded crucial information related to the history of the farm side of the hospital complex. When the cemetery was established is one major unknown. Even more important, as of this writing, plans

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for the farm buildings cannot be found (a search is still in process). Because of this it has not been possible to date the extant farm buildings. Sometime after 1915 the farm complex was rebuilt from a configuration whereby the barns were parallel to Angle Lane to one where they were perpendicular. It can only be surmised that the buildings were constructed sometime between 1916 and 1931 (these dates are on the extant silos).

#### History of Mental Health Institutions and Therapy in the United States

Formal institutionalized care of the mentally ill in the United States dates from the late 18th century when the Pennsylvania Hospital (Philadelphia), the "public hospital for persons of insane and disordered minds" in Virginia (Williamsburg) and the Bloomingdale Asylum of the New York Hospital were founded. (Dain, p.1183) Their organization followed the realization that the current methods for the treatment of the mentally ill were inadequate.

In Colonial America, "the active treatment for the insane was punishment. The insane members of wealthy families were kept at home and, if violent, were likely to spend their lives in a specially constructed room in the attic or cellar. They were considered to be a disgrace to the family and not publicly acknowledged. The less wealthy were considered felons if they were violent, and paupers if they were not." (Kiesler and Sibulkin, p.29)

The Pennsylvania Hospital, in 1750, was the first to admit mental patients. With Benjamin Franklin as one of the founders, this development came at a time when "the belief that mental illness was a natural disease rather than a demonic possession or punishment for sin was gaining currency." (Dain, p.1182)

Early treatment was a combination of punishment and occupational therapy. The latter is considered one of the oldest forms of psychiatric therapy, dating back to the Greeks. By the end of the 18th century its value was perceived as two-fold. For one, it could help in the maintenance of the institution, a matter of major importance when state-run facilities became predominant in the mid-19th century. Secondly, work was acknowledged to have therapeutic value. "In the old reports of

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American mental hospitals it is discussed at length, and much emphasis is placed on its benefit to the patients." (Bryan, p.184)

Toward the end of the 18th century the notion that punishment should be an integral part of therapy was being challenged by Europeans working with the mentally insane. The new methodology, pioneered by Philippe Pinel in France and William Tuke in England, was called "moral treatment." "On the assumption that the insane were worthy of humane care and would respond to it, moral treatment meant open wards, occupational therapy, and pleasant physical surroundings in small institutions where the staff and especially the superintendent could know the patients personally and where kindness was the rule." (Dain, p.1184)

The therapy gradually spread into American hospitals during the early decades of the 19th century. Even so, initially its impact was limited only to those hospitals accessible to the very rich. It took Dorthea Dix's campaign in the 1830's to establish state hospitals to spread the value of moral treatment to greater numbers of the mentally ill. Dix was particularly upset about the treatment of the insane poor who continued to be placed in alms houses and jails. Following the lead of Horace Mann, who maintained that the insane should be considered wards of the state, Dorthea Dix "set about systematically to advocate for the establishment of state hospitals" for the insane. (Kiesler and Sibulkin, p.30)

When she began her efforts, only Virginia had provided public funding for a mental hospital, a program that began in 1773. Massachusetts became the second in 1832. Within thirty years, mental hospitals were an accepted function of state and territorial governments. Most adopted moral treatment as the major form of therapy.

A key component of moral treatment was work. Farm work was considered especially valuable because in the pre-industrial age it was the primary occupation of most patients. Samuel Tuke, when visiting the Bloomingdale Asylum in New York City in 1821 noted with pleasure the "introduction of employment" at that institution. "The employment of insane persons should, as far as is practicable, be adapted to their previous habits, inclinations and capacities and though horticultural

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pursuits may be most desirable, the greatest benefits will, I believe, be found to result from the person being engaged in that employment in which he can most easily excel." (Deutsch, p.101)

In the 1850's, as the new state institutions were developing, the Association of Medical Superintendents of American Institutions for the Insane recommended that every hospital for the insane should have sufficient land for both farming and landscaped gardens. Dorthea Dix's success in establishing state-funded mental hospitals led ultimately to the end of moral treatment as a therapy by the Civil War era. The numbers of patients admitted to state hospitals exceeded expectations.

Overcrowding was "compounded by the influx of foreign born patients in the northeast, mainly poverty stricken Irish Catholics." "Ethnic and religious prejudice felt by middle-class Anglo-Saxon hospital staffs, under the conditions of overcrowding and under legislative pressures to restrain costs, virtually insured the reintroduction of restraint....Farming, gardening and other forms of occupational therapy...were eliminated or greatly curtailed." (Dain, p.1185)

The enlarged size of the state-run institutions meant that neither superintendents nor staff could get to know the patients in their charge. The pleasing physical environments and interpersonal relationships, the hallmark of moral treatment, were replaced by custodial care, and prison-like wards. (Greenblat, p.7)

To some degree the shift from moral treatment to custodial care was a product of the post-Civil War age. The reform movement of the previous decades was over. The age of industrialization and economic expansion had begun. The commitment to social responsibility was replaced by adaptations of the theory of evolution to society. "In some psychiatric circles it was presumed that Darwin's theory of evolution pointed to a belief that the mentally disordered and the lower classes out of which so many of them came were inferior orders whose reproduction was a danger to the mental and physical health of mankind. Mental hospitals, then, should be less concerned with curing the insane, which seemed impossible to accomplish, than with preventing them from having off-spring, a realizable goal." (Dain, p.1187)

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The Colonial American concepts of insanity as sin were reintroduced and remolded to fit the success-oriented world of the late 19th century. It was considered impossible for the insane to escape the guilt of their condition. (Dain, p.1188)

Changes in society's perceptions of the insane were coupled with changes in psychiatry, the place of psychiatrists in medicine and arguments over the causes of mental disorders. The environmentally based and behavioral aspects of moral treatment were in conflict with the medically based, somatic assumptions of the psychiatrist.

Key to the debate was Dr. John Gray. Rejecting moral treatment, Gray argued that mental patients were physically ill with a brain disease, one for which a cure had yet to be found. This notion became the accepted point of view in psychiatry. There was, however, a belief that some day a cure would be found. Even so, this belief had a negative effect on the conduct of mental hospital personnel. "Far from feeling they had failed in a social or in a medical responsibility, these first psychiatrists apparently were satisfied that they were fulfilling the mission that the state had assigned them. This was to take custody of all persons committed to their institutions by the courts and thenceforth guard the public and patients against the latter's irrational acts." (Kiesler nd Sibulkin, pp.32-33) This tended to "inspire public neglect of the psychotics in institutions rather than searches for alternative methods of care." (Dain, p.1193)

This does not mean that there were not attempts to reintroduce therapy, or that occupational therapy was neglected during this era. The decline in mental treatment, as noted above, had lead to the re-use of mechanical restraints, especially in the 1860's through the 1880's. By the latter decade, however, the reintroduction of employment in the mental hospitals was discovered to have a quieting effect on the patients. As during the pre-Civil War period, farming was considered the most satisfying, probably because the hospitals needed patient labor to keep the farms operational.

Up to the eve of World War II, institutions were advised to balance the therapeutic value of work with the needs of the institution. "Where, however, the question of

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gainful occupation enters in, there is reason to fear that the well-being and cure of the patient may not always be properly regarded; hence the majority of superintendents believe that it is preferable to employ patients in the open air, in such labor as directly lessens the expense of the individual institution." (Hurd, p.249)

Institutions could not function if the patients did not help with the farming needed to produce food. The costs of hiring outside labor would have been prohibitive.

The inadequacies of custodial care were publicized in Clifford W. Beers' work A Mind That Found Itself, published in 1908. Beers was a former mental patient who had experienced custodial care first hand and sought to reintroduce therapy into the mental hospitals. He founded, in 1909, the National Committee for Mental Hygiene to stimulate an awareness of the conditions of the mentally ill. By promoting psychiatric research and training and initiating preventive mental health programs, the National Committee became the dominant voluntary mental health organization of the early 20th century.

As successful as the National Committee for Mental Hygiene was in creating a public awareness about mental illness, it was not able to accomplish one major goal: the reform of mental hospitals. The movement toward change came in 1946 when the U.S. Congress passed the National Mental Health Act authorizing a program of research, training and service activities. Two years later the National Institute of Mental Health was formed followed in 1955 by the Mental Health Study Act. In 1960, Action for Mental Health, the result of the mandated study, was released. One major recommendation of that report was that custodial care be abandoned, that the treatment of mental illness be deinstitutionalized and integrated into the mainstream of community planning. This was "the first time that nationwide activity had been undertaken to plan new programs which would redirect institutional patterns of care for the mentally ill into progressive community based services." (Schulberg and Baker, pp.3-4) The goal of the 1960's was the creation of community mental health facilities to replace institutionalized care in mental hospitals.

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Deinstitutionalization was viewed as possible because of the revolutionary results of psychopharmacology, or the discovery of tranquilizing drugs. These were first used in the treatment of the mentally ill in 1953 on an experimental basis. By 1955, they were in general use. The results were dramatic. Patients requiring observation, seclusion and restraints were able to function independently within the hospital setting. It was realized that chronic psychotic patients could be helped, that they could be vocationally and socially rehabilitated and returned to the community.

Discovering the value of psychopharmacology as therapy led to changes in the traditional techniques of treatment, especially occupational therapy. By the mid-1960's it was acknowledged that while such forms of treatment might still have their place in a mental hospital, their importance would diminish. It was considered more important to prepare patients to leave the hospital.

According to the Joint Commission on Mental Illness and Health "the objective of modern treatment of persons with a major mental illness is to enable the patient to maintain himself in the community in a normal manner. To do so, it is necessary (1) to save the patient from the debilitating aspects of institutionalization as much as possible, (2) if the patient requires hospitalization, to return him to home and community life as soon as possible, and (3) thereafter to maintain him in the community as long as possible." (Kiesler and Sibulkin, p.37)

Hospitals began to develop programs to help patients become more responsible; and while the introduction of community psychiatry and psychiatric medication did not completely solve the problem of the chronically mentally ill, these methods helped to open the hospital doors to many.

Western State Hospital, Therapy and Its Institutional Farm

I

The establishment of Western State Hospital in the 1870's came at that time when moral treatment was being replaced by custodial care in most state and territorial

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institutions in the country. Records pertaining to the hospital suggest that while early superintendents and staff tried to be benevolent towards the patients, custodial concepts were dominant from the beginning. The patient population grew too fast for moral treatment to take hold, or to be sustained for very long even when attempted.

When the territorial asylum was created, its administration was performed through a private contract. The contractor's responsibilities were custodial. He was expected only to clothe and feed the insane. A physician "was supposed to have full supervision and control over the medical, moral and sanitary management of the establishment. This dual system soon lead to trouble during Dr. Hemenway's term of service [1871-1873], and his successor, Dr. H.C. Willison, was compelled to resign [1874] in turn by reason of the deplorable conditions he found prevailing..." (Hurd, Vol.3, pp.793-794)

By 1877, the contract system had been abolished. The medical superintendent was put in complete charge. Legislative appropriations were allocated for maintenance.

The end of the 19th century saw the hospital population grow to the point where the original Fort Steilacoom buildings proved inadequate and new ward buildings were considered necessary to house the increasing number of patients. The construction of larger wards signaled the end of moral treatment, with Dr. Waughop as the most noteworthy proponent, and the beginnings of custodial care. Key to this change was the introduction of hydrotherapy in 1911.

In a 1914 press interview, Dr. Calhoun explained the success of the program. "We have remarkable examples of what hydrotherapy does for the patients. Patients are given what are called 'continuous baths' which may last for half an hour to six or seven hours. The effect on the nerves of the patients is easily marked. Men that in the old days had to be kept in straight jackets, the raving maniac kind, calm down and in a few days their violence is gone. On the other hand, the extremely depressed cases in which it seems impossible to stir their interest in life respond in exactly the opposite way to the treatment." (Cooley, p.14)

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Work therapy was also perceived within a custodial context, as a 1913 <u>Tacoma Daily Ledger</u> reporter explained. "There are 1,400 men and women at Fort Steilacoom, who, almost without exception, are engaged every day in some line of profitable endeavor -- work which will lead towards their own support and the upbuilding of the community in which they live." (<u>Tacoma Daily Ledger</u>, 1913)

Superintendents saw the need to improve the farm operations not only to keep the patients occupied. They also sought to lessen the maintenance costs of the institution.

Another example indicative of the custodial approach to patient care at Western State Hospital is seen in Clara Cooley's description of the hospital employees during the early years of the 20th century. "In spite of adverse working conditions and poor pay, a good percentage of the attendant group were warmhearted, tolerant, hard working, and found a psychology of their own; which, although they had not read it in books, was very successful in the handling of patients. Although they might have taken positions in the hospital because they were out of work at the time and the hospital job was a job of last resort, surprisingly enough a good many found a liking for and a satisfaction in their work." (Cooley, p.31) Cooley also notes that these individuals, aided by their natural abilities, were undertaking work that should have been done by hospital professionals.

It is important to note, however, that twenty years before federal reports recommended the abandonment of custodial care, Western State's Superintendent Dr. Keller was heading in that direction. "Our mental hospitals are passing through a transition period from the old type hospitals devoted largely to custodial care to a hospital of therapy with all the necessary facilities just the same as in a general hospital. Legislators and educators of advanced thinking now regard mental health programs as the greatest responsibility of our government. We must free ourselves from the older association with penal institutions. We are hospitals." (Cooley, p.50)

In its 1937 report, the U.S. Public Health Service acknowledged Western State's change from custodial care to treatment by noting that the hospital was "being

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equipped with receiving wards, modern surgery, hydrotherapy, occupational therapy, dieticians, dentistry and laboratories." (U.S. Public Health Service, p.27)

Therapy, however, came in many forms. In 1947, Keller introduced the lobotomy. By 1950, 138 pre-frontal lobotomies had been performed. In addition, "insulin therapy was being carried on, but during the biennium October 1, 1948 to September 30, 1950, 509 insulin shocks were given, compared with 2,788 electric shocks administered. Malaria therapy was still being used. With the advance of penicillin, the hypertherm was becoming obsolete and the preference was for malaria, followed by penicillin. Hydrotherapy was more than holding its own at Western State Hospital. Added to this were colonic flushings and podiatry." (Cooley, p.89)

With the advent of chemotherapy, Cooley concludes, many of these forms of therapy were abolished. As was the case nationwide, psychopharmacology resulted in major changes in the hospital's programs. The discontinuation of the institutional farm was one.

II

The establishment of the institutional farm began early. The 1881 Trustees Report notes that of the approximately 600 acres connected with the hospital most was suitable for grazing or for crops that mature early such as field peas and potatoes. Because of the poor soil for cultivation a system of land clearance and irrigation had begun with more proposed. "The addition to the arable land will increase the supply of vegetables to about double the amount of last year. This has been done by clearing a swale near the lake; but, each year, more will be done in this direction, for this lake covers the largest part of the arable land belonging to the hospital." (1881 Trustees Report, p.5)

Lake drainage would add about thirty acres of garden land and furnish the water needed for irrigation. In addition to fenced grazing land and the garden, by 1881 an orchard of apples, pears and plums were planted. This combined plan of NPS Form 10-900-a CMB No. 1024-0018

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vegetable gardens, orchards and grazing land for livestock was the general farm pattern during most of the farm's existence.

By the turn of the century the farm provided one-third of the cost of subsistence in the institution. New farm structures were periodically added. These included a horse barn, cow barn, feed barn, eight poultry houses, brooding house, root house, cellar and piggery. Of these buildings, only the 1885 root house and milk room received any attention in the Trustees Reports. This was a 16x24 feet stone and brick structure, two stories high. Its cobblestone basement was constructed of stones from the prairie. The brick came from torn down chimneys, most likely from buildings of the old fort. In addition to the farm buildings there was a frame structure known as "the annex" that housed twenty-four patients working on the farm. It was one story in height and contained sleeping quarters, a sitting room and a bath. The patients ate their meals in the main building located north of the farm. This building was destroyed by fire in 1943.

All early reports covering farm operations record the poor quality of the soil for cultivation. In 1887 the trustees recommended the purchase of land northeast of the hospital. This was accomplished in 1890 and an "Asylum Farm" was developed at that site. (This property is now the State Game Farm.) Even with this addition, reports lamented the fact that the land was generally unfit for farming, and recommended the purchase of a farm in Skagit County. The hospital made the best of what it had and turned more toward animal husbandry than gardens and orchards, although the latter were not ignored. Added to the complex was an apiary of 500 hives of bees.

In 1912 many of the older farm buildings were replaced. This included a new dairy barn, piggery and poultry buildings. A map accompanying the 1912-1915 inspection of the hospital shows the layout of the farm and farm buildings at this time. Garden tracts were located along the present-day Steilacoom Blvd. and southward a short distance along Angle Lane. Pasture land was located east of the hospital and north of Steilacoom Blvd. The orchard was located on the hill slopes east of the present-day water towers. Farm buildings were concentrated along the southwest side of Angle Lane, with the piggery and dairy barns to the north and the

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chicken years to the south. A horse barn, foreman's cottage and patient annex were located on the northeast side of Angle Lane. The map also shows the pump houses and irrigation flumes which ran from Waughop Lake to the garden tracts.

When the "Asylum Farm" was purchased in 1890 the trustees reported that it "will be a great benefit to our patients. It will provide healthful employment for a large number, hasten recovery in the curable and promote the welfare of all." (1890 Trustees Report, p.15) Until 1911, when hydrotherapy was introduced into the institution, work was the only therapy applied at Western State Hospital. Even after other modes of treatment were introduced, work therapy continued as an important component for some of the patients.

This is best seen in a 1913 <u>Tacoma Daily Ledger</u> interview with Dr. A.P. Calhoun, then superintendent of the hospital. Touted as a "back to the soil" movement, work therapy was identified as a way to calm the most violent of patients. "Many of these [violent] patients are now given work on the institution farm. They are not only a success on this work, but constant contact with the soil is providing a sedative to their violent tendencies. In the garden they become harmless as children, seeming to forget their desire to injure and maim." (<u>Tacoma Daily Ledger</u>, 1913)

How many patients of the 1,400 at Western State Hospital in 1913 actually benefitted from this form of therapy is, however, not documented. It should be noted here that the farm as therapy receives less attention in the records as other forms of therapy are applied.

Other factors had an impact on how the farm area developed. One was roads. The hospital inherited two roads which became county right-of-way at a very early time. Both were military routes associated with the Naches Pass Trail (Angle Lane) and other routes leading east into the Puyallup Valley and north towards Bellingham, notably the Byrd Mill Road (Steilacoom Boulevard). At the time the hospital was established the present-day Steilacoom Boulevard was not the main route into the area. Neither was Angle Lane, although the county fought to retain its right-of-way and prevented the hospital from placing its fences over it. (How much it was used and who used it is not documented in early hospital records.)

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The main route into the hospital was from the north. "In the early 1900's it was necessary for the employees of Western State Hospital to walk down through the canyon road to take a streetcar. A small waiting station stood on the site of the present paper mill. It was by this route that the patients were brought to the hospital..." (Cooley, pp.12-13) This system was abandoned after the Tacoma Railway and Navigation Company (Pacific Traction Company) constructed a line to the hospital along Steilacoom Blvd.

In 1916, hospital employees and patients helped to pave the approximately two miles of county right-of-way running through the property. At that time the cobblestone fence along Steilacoom Blvd. and the ornamental gateways were also constructed. The hospital's transportation system was completed in the 1930's when, after a failed attempt to close Steilacoom Blvd., a pedestrian tunnel was built under the highway to allow easy movement between the hospital side and the farm side.

The 1930's saw three more construction projects on the farm side of Western State. The south side of Waughop Lake was cleared and the piggery was moved to that site. It remained there until the farm was discontinued. In 1932, to relieve congestion in the hospital, a new ward building was constructed on the hill. "It was a cheaply constructed white brick building of three stories....The location was scenically beautiful but impractical as no central heating could be provided and the patients had a long walk to their meals in the patients' central dining room." (Cooley, p.45)

Later in the decade the hillside was terraced and landscaped. Gradually, as space was made available in other ward buildings, this building was emptied and stood vacant by the mid-1960's.

In 1939 and 1940 the water towers were constructed. This had been preceded by the contamination of the hospital's water supply in 1934. The wells, drilled to the depths of 950 and 500 feet were equipped with 60-horsepower electric pumps and had a capacity for supplying the institution with 1.5 million gallons of water daily.

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These newer additions joined the farm buildings located along Angle Lane and south of Waughop Lake. The construction of new farm buildings, and the demolition of older ones continued throughout the first three decades of the 20th century. When the buildings were constructed is, however, a mystery. Based on the dates of extant silos it is known that one was constructed in 1916, and a pair were built in 1931. Comparing maps and aerial photographs produced shortly after the discontinuance of the farm with a map produced in 1915 shows that the entire complex was rebuilt and expanded after the later date. Until plans for the buildings are located, it is difficult to determine how the extant farm complex evolved. It is clear from the maps that gradually a farm complex which was sited parallel to Angle Lane was re-aligned with the buildings placed perpendicular to the road.

By 1948, Nett reports 214 acres in cultivation with one half in garden and orchard, and one half under field crops. The hospital was accredited with a Holstein herd of 230 cows along with 877 pigs, 9714 chickens, 1860 turkeys, 57 ducks and one horse. A staff of fifteen farming specialists and a farm manager supervised the labor of the 200 patients who put in a six-hour day year round. Nett also noted that "agricultural classes come from the colleges to compare notes on animal husbandry." (Nett, p.13)

In the early 1960's hospital administrators decided to discontinue the farm operations. While the institution's history does not specifically give the reason why, they can be surmised in part from the fact that the farm never completely provided all the subsistence requirements of the hospital, especially with an increasing patient population.

It can also be assumed that changes in the treatment of patients also had an affect on the future operations of the farm. By the mid-1950's the use of drug therapy was introduced at the hospital, an event whose "results were far reaching and the whole hospital program was to undergo a complete change." (Cooley, p.91) Since chemotherapy led to deinstitutionalization nationwide and altered the nature of work therapy in the hospitals, it could be expected that Western State's agricultural labor force would diminish. Faced with either the need to mechanize, or to hire

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labor from outside the institution, the potential increased cost of operations must have had a decided effect on the decision to discontinue the farm.

#### The Acquisition of the Western State Hospital Farm for Park Purposes

In the summer of 1964, Pierce County was approached by officials of Western State Hospital to determine its interest in the preservation of the surplus farm lands for use as a public park. After several years of negotiation with the Washington State Department of Institutions and the Department of Natural Resources, the County signed a lease for the property in November of 1967. This lease expires in 2022. (Letter from Patrick J. Gallagher, Board of County Commissioners, to Senator Henry M. Jackson, July 18, 1969)

Following this action, Pierce County Parks and Recreation began the development of a plan to cover Fort Steilacoom Park. As a part of this process, in 1970, the Tacoma architectural firm of Seifert, Forbes and Berry undertook an engineering study to determine the structural soundness of the nineteen buildings located on the park property. Their document is reproduced as an Appendix at the end of this report.

Of the nineteen buildings inventoried at that time, eight have been demolished. These include the creamery, a rest room, brick loafing shed, milking parlor, caretakers' residence, bull barn, slaughter house and poultry house (building numbers 8, 9, 10, 13, 15, 16, 18 and 19 in the Seifert, Forbes and Berry inventory). These demolitions followed a formal request by Pierce County to the Washington State Department of Natural Resources with its letter of authorization dated July 10, 1973. (Letter from Tom O'Connor, Environmental Supervisor to Tom Cross, Director of Pierce County Parks)

Prior to the Seifert, Forbes and Berry 1970 inventory, other buildings related to the farm were demolished. These include the poultry buildings east of Waughop Lake and a gardener's residence located south of the pedestrian underpass at Steilacoom Blvd. Other changes to the property include the construction of a road from Farwest Drive S.W. to Angle Lane at the barn complex and an unimproved parking

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lot at that site, the removal and storage of damaged cemetery markers and the demolition of the "White Building" situated on Smith Hill (the ruins remain). Baseball and soccer fields, a playground area and a paved parking area were constructed in the northeast corner of the park area bounded by Farwest Drive S.W. and Steilacoom Blvd. A caretakers' residence and a maintenance building were constructed on the northeast side of Angle Lane north of the barn complex in the mid-1970's.

Farm Side Properties Included in the Fort Steilacoom Historic District

#### **Contributing Properties**

Military Road Marker

Angle Lane (Military Road)

Western State Hospital Cemetery and Mortuary Building

Passenger Underpass

Root Cellar

Farm Building (FS-5)

Farm Building (FS-6)

Farm Building (FS-7)

Farm Building (FS-8)

Farm Building (FS-9)

Farm Building (FS-10)

Farm Building (FS-11)

Farm Building (FS-12)

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#### Non-Contributing Properties

Caretakers' Residence

Maintenance Building

White Building (demolished ruins)

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All photographs of Fort Steilacoom Historic District (Fort Steilacoom Park section), Pierce County, Washington. All photos taken May, 1990, by Caroline Gallacci, with negatives at Office of Archaeology and Historic Preservation, Olympia. Views described below:

- 1. Military Road marker at juncture of Steilacoom Blvd. and Angle Lane, looking NW.
- 2. Current playfield, taken from Angle Lane near Steilacoom Blvd., looking E.
- 3. Playfield, looking SE.
- 4. Playfield, with barn complex in distance, center right, looking SE.
- 5. Undeveloped field, looking west from Angle Lane near Steilacoom Blvd.
- 6. Undeveloped field, with district boundary between two water towers, looking SW.
- 7. Undeveloped field, with demolished ward building on hill behind wind break, looking SW.
- 8. North elevation of root cellar, looking SW.
- 9. Field south of parking area at juncture of Angle Lane and road to Waughop Lake, former site of chicken barns, looking SW.
- 10. Field south of parking area, looking SW.
- 11. Field south of parking area, looking SW.
- 12. West and south elevations of barns on NE corner of Angle Lane and road to Waughop Lake, taken from Angle Lane, looking NE.

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- 13. West and south elevations of barns, looking NE.
- 14. Cemetery, west elevation of mortuary building, taken from Angle Lane, looking NE.
- 15. Cemetery, looking NE.
- 16. Field adjacent to east side of Angle Lane (trees on right mark road), looking SE.
- 17. Parking area on SW corner of Angle Lane and road to Waughop Lake, taken from Angle Lane, looking W.
- 18. South and east elevations of barns on NW corner of Angle Lane and road to Waughop Lake, looking NW.
- 19. South and east elevations of barns, looking NW.
- 20. North and east elevations of barns on NW corner of Angle Lane and road to Waughop Lake, looking W.