

History

Danvers State Hospital

The following is a brief synopsis of the historical significance of Danvers State Hospital written by Town Archivist Richard B. Trask in March 1981, in conjunction with a series of Massachusetts Historical Commission Building Surveys he researched for Danvers.

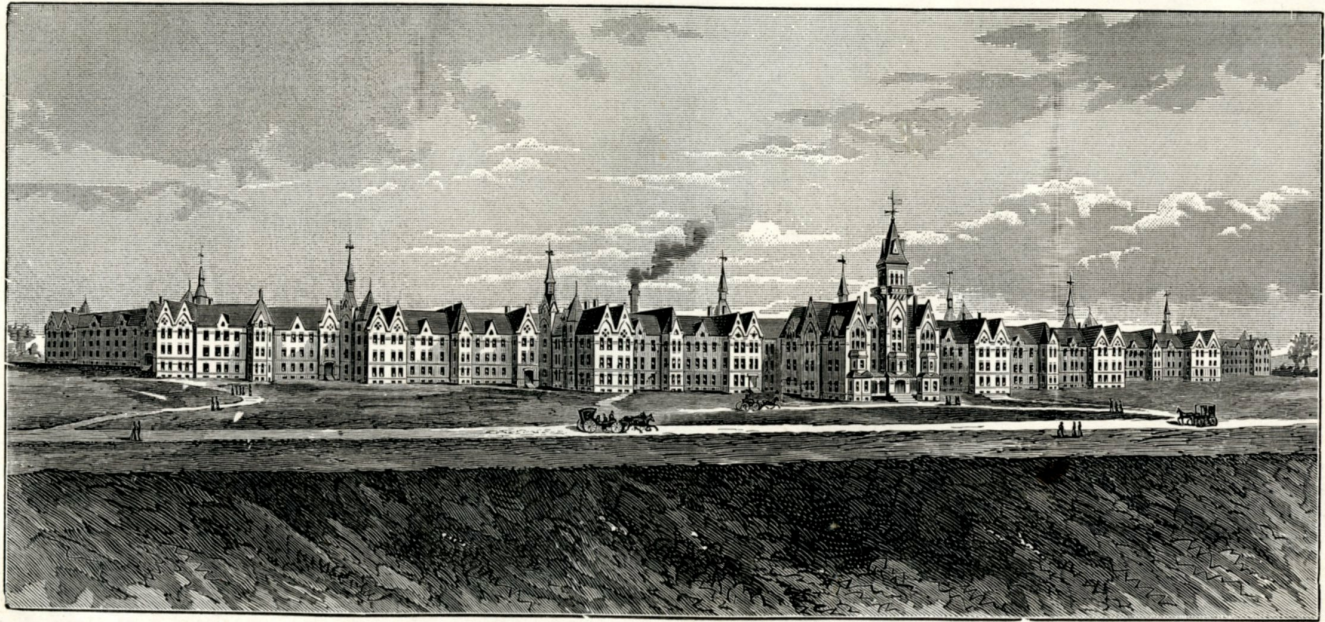
The Danvers State Hospital came into being during the period when throughout the country insane hospitals were being constructed on a massive scale and with imposing appearances. During the 1873 session of the Massachusetts State legislature, it was voted to purchase land and erect a hospital facility in the northeast section of the state. In October of the same year, a site was selected in Danvers, comprising 197¼ acres of the Dodge farm, including Hawthorne hill, a drumlin 240 feet above sea level. The purchase price on the site was \$39,542.

Charles A. Hammond of Lynn was appointed engineer by the state commission empowered to oversee the project. A plan was drawn up for building locations, support roads and an ancillary farm. The top of the hill had to be graded, and J. B. Dacey & Co. of Boston secured the soil moving contract, beginning the project in May 1874, and at times employing over 200 men and 60 horses.

Boston architect Nathaniel Jeremiah Bradlee (1829-1888) was the consulting architect to this massive project, assisted by James F. Ellis, draughtsman. At a later date, Ellis was given the position of superintending architect. The project was to include a large central building for administrative purposes, flanked by three separate step wings on each side, containing space for convalescent and less problematic patients, with an additional wing bisecting the line of the other wings and to be used for "excited patients." All the wings to be connected by fireproof corridors. A separate boiler building would be built to the rear of these eight patient wings. The connecting wings would be 1,200 feet between extremes, and would have a capacity of 450 patients, each wing and floor containing two sizes of single rooms, an attendant's room with closet and fireplace, a bath, store, and dining room.

The structures were to be constructed of brick with stone dressing, the underpinning to be of Rockport granite. The style was referred to as "Domestic Gothic" and included polychromatic exterior finish highlighting arches, windows, and geometric patterns. Features included decorative stone bands, cross gables, towers, iron cresting, projecting pavilions, and slate roofs.

In 1874 the foundation was constructed mainly using Cape Ann granite underpinning at a cost of \$14,900. Edwin Adams was awarded the \$78,000 contract for erecting the two extreme wing buildings which were completed in October, 1875. In March 1875 local contractors Cressy and Noyes were awarded construction for the six other wings, beginning the project in April 21. Danvers-manufactured bricks by the thousands were sold for the project. In August 1875, Stuart, Snow, & Foss were given construction for the administration buildings at \$142,975 for the project. Sub-contractors included Walker, Pratt & Co. for heating and ventilation, and Potter and Huse for glazing, while \$274,000 was set aside for furnishings. The total estimated cost for the project was \$1,099,000.



STATE HOSPITAL FOR THE INSANE AT DANVERS.

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Though plagued with cost overruns and problems with the building for the first few years of operation, the facility was hailed by most authorities as “foremost in its facilities for convenience in practical operations.”

By legislative act of Chapter 252 of 1877, the hospital trustees were appointed through the governor. Among trustees to serve were Danvers residents Charles P. Preston, Augustus Mudge, Edward Hutchinson, William B. Sullivan, and Miss Mary W. Nichols. On October 25, 1877, the hospital was turned over to the trustees from the state commissioners, and opened for patients May 13, 1878. First superintendent was Dr. Calvin S. May, formerly assistant superintendent to the Connecticut State Hospital at Middletown. His goal was for “a hospital for the cure of patients, rather than an asylum for the chronic insane.”

Filled within a few years, by 1899 a Danvers publication noted “the time has undoubtedly passed when the State of Massachusetts will ever again build a hospital upon similar lines. The tendency now is to erect a substantial and plain structure for such purposes.” In 1899 the hospital employed about 125 people and up to that time nearly 9,500 patients has been treated, hydrotherapy being an advanced treatment in that year.

Over the years other facilities were added to the hospital, including a nurses' building, and a Catholic chapel. The main buildings were also added to, and in April 1970, the main building steeple was removed for safety, stories remembered at that time of the tower having been used during the first world war by a German doctor at the hospital to signal German submarines in the Salem harbor area, and of a phantom who walked in the attic on stormy nights.

A gradual phase-out program of the facilities commenced in the 1970s.

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Report of Progress made by the Commissioners in the Erection of a State Hospital for the Insane at Danvers. Boston, Wright & Potter, 1875.

Salem News, April 7, 1970.

Specifications and Articles of Agreement for the Erection of Six Wings of a Hospital for the Insane at Danvers. Boston Wright & Potter, 1875.

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Danvers State Hospital Nomination to National Register of Historic Places

The following are excerpts from the October 1983, final nomination form to request that the Danvers State Hospital be placed upon the National Register of Historic Places. This application was prepared by "Candace Jenkins, Preservation Planning Director, with Marcia Cini, Boston University and Richard Trask, Danvers Historical Commission." The initial application was prepared and submitted by Cini and Trask to the Massachusetts Historical Commission in early 1982, which then applied for Federal designation.

On January 26, 1984, the "Danvers State Lunatic Hospital" was accepted for inclusion in the National Register of Historic Places, including 40 structures located on the entire campus.

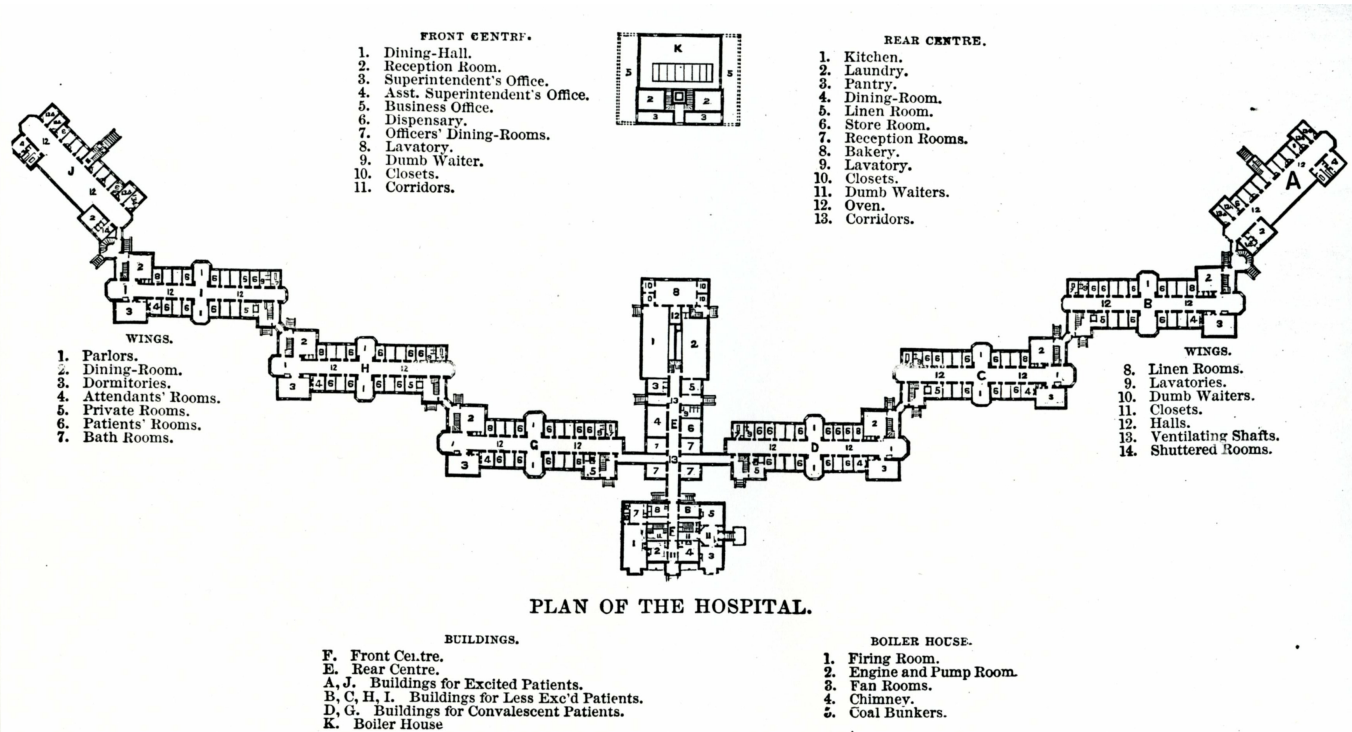
The following excerpts concentrate on the Kirkbride Complex itself, and not on other structures at the crest of the hill or the numerous support buildings and housing in the low areas near Maple Street or on the hill's service road.

In the final analysis, this prestigious National Register listing indicating that the Danvers State Hospital Complex was recognized as a nationally significant property, both for its architecture and history, had no effect in preventing the overwhelming majority of the hospital structures from being destroyed.

History of the Hospital

Danvers State Hospital, an extensive mental health care facility dating from 1874 to the present, reflects changing attitudes toward treatment of the insane in its exceptionally well preserved buildings and grounds. It is dominated by the 1874 Kirkbride Complex, a huge brick with granite trim structure designed by noted Boston architect Nathaniel J. Bradlee in the Victorian Gothic style. Closely modeled on the precepts of Thomas S. Kirkbride, it includes space for patients, attendants, and administration, reflecting a centralized approach to care. Later buildings such as the Male and Female Nurses Homes represent the segregation of patients and staff; the male & female tubercular buildings and the Bonner Medical Building represent specialization of medical treatment; the cottages, repair shops and farm buildings represent an increased self-sufficiency for the hospital, an emphasis on occupational therapy and increased dispersal of the hospital population. A circumferential and interior road network services the entire complex.

Danvers State Hospital occupies a hilltop site of over 500 acres with a commanding view of Boston 18 miles to the south. Variouslly known as Hathorne Hill, Prospect Hill, and Dodge's Hill, the site is a glacial drumlin with a rocky northern slope. When the Commonwealth purchased the site in 1874, it was covered with established oak, pine, and apple groves. Visually and functionally, the hospital grounds now consist of four district areas. The first is the southeastern highland area, topped by the 1874 Kirkbride Complex, auxiliary buildings and reservoir. Second are the northeastern lowlands bordering the Maple Street entrance which include a scattering of turn of the century cottages as well as the hospital's power/service/agricultural complex. Third, is the central section dominated by the Hogan Center for the Mentally Retarded, an extensive, modern, one-story treatment complex. The fourth and westernmost parcel, extending into the neighboring town of Middleton, includes the Middleton Colony constructed at the turn of the century for long term custodial female patients. At this time [1983], only the first two areas are being considered for nomination to the National Register of Historic Places.



The Kirkbride Complex

Nathaniel J. Bradlee, architect

1874-1878

313,000 sq. ft.; 1,100 feet in length.

Plan: The massive 3½ story Kirkbride Complex occupying the crown of Hathorne Hill, is the original central element of the Danvers State Hospital. It was designed in the Victorian Gothic style by prominent Boston architect N. J. Bradlee who followed the current planning principles espoused by Dr. Thomas S. Kirkbride (1809 – 1883). Typically, it consisted of a central administrative core flanked by three identical stepped back wings to each side which houses female patients to the right and males to the left. Designed for a total of 258 patients, each of these six wings contained a dorm room, 14 single rooms plus front and rear stair halls per floor; attic infirmaries could house 30 additional patients. In keeping with the Kirkbride plan requirements for fireproofing and fresh air, there was built "a fire proof passage from one building (wing) to another...with double iron doors at each end. The ventilating towers (were placed) over these passages and were built up with brick above the highest point of adjoining roofs, thus becoming a fireproof barrier between them" (Bradlee, N., *Final Report of the Architect*; 1877) Terminating the complex, but actually constructed first, were two wings for "excited patients" connected to the main building at right angles by

octagonal entrance towers. Built for a total of 72 patients, they contained 12 single rooms, an attendant's rooms and a dining room plus storage, pantry, and back stair hall per floor.

Materials: The requirements for building materials were clearly spelled out by the architect in his Specifications and Articles of Agreement for the Erection of Six Wings of a Hospital for the Insane in Danvers. Bradlee called for hammered Rockport (MA) or Concord (NH) granite trim on a building of red Danvers brick. Walls were to be laid up with Thomaston or Rockland lime mixed with Plum Island sand and Rosendale cement, and to be bonded with seventh course. The roof was to be covered with Maine slate, sealed with elastic oil cement and pine tar, and flashed with copper. The building was to be framed in spruce with clear pine. Interior finished were not specified but early 20th century photographs reveal light colored plaster walls with chamfered corner doors with etched and stained glass panels, pressed metal ceilings, uncovered wood floors and elaborate plaster brackets in the entries to the more important rooms. These same fashionable Eastlakian details are also seen in Worcester State Hospital of 1877 (National Register, 1980).

Exterior: Despite its symmetrical, centralized plan, the Kirkbride Complex achieves complexity through its massing and detail. The form is enlivened by steep slate roofs, projecting towers and pavilions, façade gables and picturesque ventilating turrets over the wings. Its surface is enriched by the contrast of red brick with granite trim which forms belt courses, flat topped window arches, quatrefoil windows in the gable fields and coping. These design elements, which are consistent throughout the building, are generally well preserved despite the later additions and alterations described below.

Alterations: The Kirkbride Complex has lost the upper stages of its central tower (removed April 1970 due to structural problems) and a porte-cochere to the right of the main entrance (removed ca. 1920 for addition of a stair tower). Additionally, the building has lost several copper leaders as well as some iron cresting and roof slates resulting in minor conservation problems.

The following major additions to the Kirkbride Complex have also been made:

1897 – compatibly designed, three story brick annexes to the ends of high security wings A and J, presumably to house additional chronic patients.

1902 – one story brick Surgery Building with hipped roof and segmental arched windows to the front of A.

1926 – compatibly designed, three story brick hydrotherapy units to the rear of B and I.

1921 – three-story glazed sunporches across the fronts of B and I.

1932 – three-story glazed sunporches across the fronts of C and H.

1932 – one story plus high basement Kitchen/Cafeteria Annex in the Renaissance Revival style with arcaded fenestration to the rear of E.

The sunporches of 1921 and 1932 are the only alterations which have served to obscure the original design of the building.



Interior: Limited interior access revealed retention of a substantial quantity of original hardware, etched and stained glass panels in doors, and marble mantels; pressed metal ceilings may remain under the present drop panels. Additionally, the John B. McDonald Medical Library, ca. 1920s, remains intact. The original heating and ventilating system remains operative although it is now fired by a 1921 plant at the base of the hill.

Significance of the Property

Danvers State Hospital, originally known as the State Lunatic Hospital at Danvers, is significant in both architectural and social history. Designed in 1874 by noted Boston architect, N.J. Bradlee, it is a handsome and intact implementation of the nationally recognized Kirkbride plan. When built it represented the latest contemporary advances in technology and engineering as well as architecture. Later additions reflect changes in mental health care philosophy and contribute to an understanding of the overall functioning of the hospital. Historically, Danvers State Hospital is significant for its leading role in treatment of the insane including an advanced occupational therapy program, early training facilities for staff, and a long term concern with community health issues. Thus, Danvers State Hospital possess integrity of location, design, setting, materials, workmanship, feeling and association while meeting criteria A and C of the National Register of Historic Places.

Concern for the disadvantaged, including the poor, the sick, and the mentally disturbed, has been recognized as a responsibility of the public sector in Massachusetts since its early 17th century settlement period. Until the mid-19th century, the charge for their care rested primarily with the towns in which they resided through locally established

poor farms. As the towns' duties in this regard became unwieldy and largely unfulfilled, due in part to the pressures of immigration and rapidly increasing numbers of unsettled poor, the state stepped in, first establishing the Board of Commissioners of Alien Passengers (1851) and in 1863 the Board of State Charities. Though still administratively combined, different facilities and types of care were gradually provided to victims of varying types of misfortune. For example, by 1863, three state hospitals specifically to care for the insane had been built: at Worcester (1833), at Taunton (1854), and at Northampton (1858).

The individual towns' inability to cope with a rapidly rising and undigested anti-social population was not the only impetus behind state involvement in mental health. Another important component was the move away from "demonology" toward moral treatment of the insane, a cause which was loudly and publicly championed by such social reformers as Boston's Dorothea Lynde Dix. Her energetic career (1841-1887) had significant local as well as national and international impact.

At mid-century the humanistic approach toward care of the insane was generally accepted, yet controversy still surrounded the form or building arrangement such institutions should assume. Some, heavily represented on the State Board of Charities, favored the dispersion of the dependent as opposed to their congregation. The other faction in the controversy, which found many supporters in the Association of Medical Superintendents, favored a large, highly centralized complex. Chief proponent of the centralized plan was Thomas S. Kirkbride, M.D., L.L.D. (1809-1883), a founder of the American Psychiatric Association, physician to the Pennsylvania Hospital for the Insane, and friend of Dorothea Lynde Dix.

Kirkbride devised a specific institutional model, thereafter known as the Kirkbride Plan, which was built upon in all thirty states then in existence and in several European cities. H.H. Richardson, for example, built a variation of the Kirkbride Plan hospital in Buffalo, NY in the early 1870s in cooperation with Frederick Law Olmsted.

The Kirkbride Plan provided that mental hospital should:

1. be built "in the country", though accessible at all seasons
2. be set on grounds of at least 100 acres
3. house a maximum of 250 patients
4. be built of stone or brick with slate or metal roof and otherwise made as fireproof as possible
5. be composed of 8 wards, separated according to sex, and built according to other specifications as to size, location, and material of accommodations
6. be organized with wings flanking a central administration building
7. house the most "excited" patients in the end or outermost wings
8. provide "an abundance of pure fresh air"

Kirkbride hospitals were intended as monuments to the belief that most insane are curable and thus that the function of the hospital is primarily curative and not custodial. That curative process was to be greatly enhanced by pleasant surroundings, fresh air, and pure water. Fully developed Massachusetts' examples of the Kirkbride Plan exist at Danvers and at Worcester (1877; National Register, 1980).

The immediate crisis which precipitated the building of a mental hospital north of Boston was the imminence in the early 1870s of the closing of the city facility at South Boston. By 1873, Worcester, Taunton, and Northampton and the 1866 Tewksbury Asylum for chronic patients were already housing 1300 patients in facilities designed for 1000; another 1200 were scattered about in other less specialized institutions. In that year, authorization was given for a "state lunatic hospital" at Danvers. It was to serve primarily Essex County patients and to accommodate an overflow from South Boston of at least 200.

Prominent Boston architect, Nathaniel Jeremiah Bradlee, was selected to design the new facility. Bradlee (1829-1888) a Boston man of important family, entered the office of George M. Dexter at age 17. After an extended apprenticeship,

he succeeded to Dexter's practice in 1856. By the time of his commission at Danvers, at the apex of his career, Bradlee was architect for a phenomenal 500 plus buildings of all varieties in the Boston area. Bradlee practiced with Walter Winslow between 1872 and 1883 when they were joined by George Wetherell. Following Bradlee's death in 1888, Winslow & Wetherell remained in partnership. In addition to his activities as an architect, Bradlee served on the Boston city water board from 1865-77 and from 1868-70 as its president. Nathaniel Bradlee's civic stature led to his nomination to the mayoralty of Boston in 1876 and 1887.

Bradlee's plan for Danvers State Hospital was based on his unbuilt 1867 scheme for an insane asylum at Winthrop. A logical choice of the Danvers commissioners in December 1873, he prepared for this project by researching hospitals at Worcester, MA, Poughkeepsie, NY, Concord, NH, Philadelphia, Trenton, and one under construction at Morristown, NJ. On this basis, he asked for \$900,000 almost half again what the commissioners had allotted in April and picked a draftsman, James F. Ellis.

The Danvers site, originally 197.25 acres purchased for \$39,542.50, was chosen for its beauty, privacy, view and farming potential. Eighteen miles north of Boston, 2 miles west of Danvers, 7 miles from the coal port of Salem, accessibility to visitors and a supply of heating fuel were also deciding factors. The "Swan's Crossing" station on the Lawrence Branch of the Eastern Railroad sat on the northern border of the tract. Under the supervision of Lynn engineer Charles Hammond, an overall site plan was drawn up, locating the main building on the crown of Hathorne Hill and providing also for a support network of roads and room for a farming operation.

Bitter controversy over the building of Danvers State Hospital centered around its configuration, ornamentation and cost. Construction began May 1, 1874, eventually cost a whopping \$1,464,940.57. Many agreed that "Danvers rank(ed) among the foremost in its facilities for convenience in practical operation, its provisions for securing that purity of atmosphere which is necessary to the perfection of hygienic conditions and in its general adaptation to the purpose for which it was intended." They lauded "the plan, the style, the architect, and the thoroughness and permanence of the work already performed." (*American Journal of Insanity*, pg. 20).

In 1877 an inquiry was held into cost overruns during which the issue of the hospital's style, dubbed "Domestic Gothic" by Bradlee, inevitably surfaced. The Commissioners defended their plans which, when exhibited at the International Exhibition in Philadelphia, received the only award made to this country for plans for an insane hospital. Others lined up behind Senator Sanborn who, calling it the "Hospital Palace at Danvers", argued that "even many a royal palace... is neither so large nor so pretentious architecturally as the hospital at Danvers." (Sanborn, E. F.; *The Hospital Palace at Danvers*, 1877).

Pliny Earle, then Superintendent at the State Lunatic Asylum in Northampton "decried the trend to excessive ornamentation in hospital architecture, preferring comfortable interiors to 'gorgeous exteriors', suggesting that domes, towers, and turrets are very appropriately situated 'at universities like Harvard and Yale but are scarcely appropriate' when they stand as monuments over the misfortune and the miseries of men" (Lucy Sanborn, p. 11. The towers and turrets were in fact necessary to the building's ventilating system, not merely stylistic features.)

The investigating committee concluded that several errors in judgment had been made. While the hospital commissioners were "superceded" early as a reprimand, a \$150,000 appropriation was awarded to allow the completion of construction. The first patient was admitted May 13, 1878.



OFFICES AND WEST WING OF STATE HOSPITAL FOR THE INSANE—DANVERS.

Provision of pure water, an important component in 19th century mental health therapy, was also the subject of argument during the construction and early years of the hospital. The nearby Ipswich River was explored early as a source. Ultimately, the town of Danvers which had in 1874 established its own water supply from Middleton Pond at Wills' Hill, indicated its willingness to service the hospital's needs as well. In 1876, an agreement was struck whereby the town would build its own intermediate reservoir on the grounds to supply a gravity feed system via a series of ten 5000 gallon tanks in the attic.

By the turn of the 20th century, Danvers State Hospital had outgrown its site and facilities. Therefore, in 1902 an additional 100 acres straddling the towns of Danvers and Middleton, was purchased and a major building campaign was undertaken. Twentieth century additions to the hospital reflect not only growth of the patient population, but also an increased emphasis on occupational therapy and current theories of decentralized care. Large barns (demolished) were built as were new buildings for the men who helped out the farming venture (Grove Hall -1902; Farm Hall -1931) and for women chronic patients (Middleton Colony – 1903). In fact, after the very first year of its operation, once the layout was decided, roads, fences, piggery, corn barn, wagon shed, manure cellar, and apple orchard were in place. After only the second, 50 chords of wood and 10,386 lbs. of fresh pork were realized.

The farm continued to grow and prosper and soon became a famous model. The Danvers onion, locally derived by the Gregory Seed Co., was among the many vegetables grown. Elaborate pleasure gardens were established and adjacent to the Kirkbride complex to supplement recreational therapy programs. In fact, the Danvers State Hospital was so remarkable that it attracted 12,000 yearly visitors as early as 1880. In addition to visiting patients, they brought contributions of books, magazines, and flowers and conducted religious services. Thus, was established a pattern of community involvement for which the hospital would later become noted.

As originally established, the Danvers hospital was to be run by a resident Superintendent appointed by an unpaid lay Board of Trustees, chosen by the Governor. Central authority lay with the Board of State Charities (after 1879 – The State Board of Health, Lunacy and Charity). In 1898 the leadership role of the Commonwealth of Massachusetts radically advanced with the information of the State Board of Insanity, the first in the United States. Landmark legislation:

1. took the poor out of the almshouses and put them under state control.
2. introduced occupational therapy and social services.
3. emphasized mental hygiene, and
4. called for professional training of nurses and attendants.

Danvers State Hospital became a leader in the implementation of these progressive and humanitarian tenets, becoming one of “the most advanced institutions of the kind in the country providing all practical means possible for intelligent treatments of insanity as a disease.” (Frank E. Moynaham (Publisher), Danvers, Massachusetts (Danvers: Danvers Mirror, 1899), p. 71).

Danvers State made extensive early use of occupational therapy. In addition to working the farm and greenhouses, patients repaired facilities (like the reservoir-1912), dug tunnels (like the one to the Nurses’ Home-1913), and built small buildings (like the 1917 slaughterhouse built from patient-made concrete blocks). They also made shoes and participated in other crafts and Montessori kindergarten exercises. Patient crafts were sold to the public and exhibited (along with displays about the hospital’s latest therapeutic techniques) at exhibitions like the Boston Mechanics Hall Textile Show (1916) and at one at Stoneham (1919).

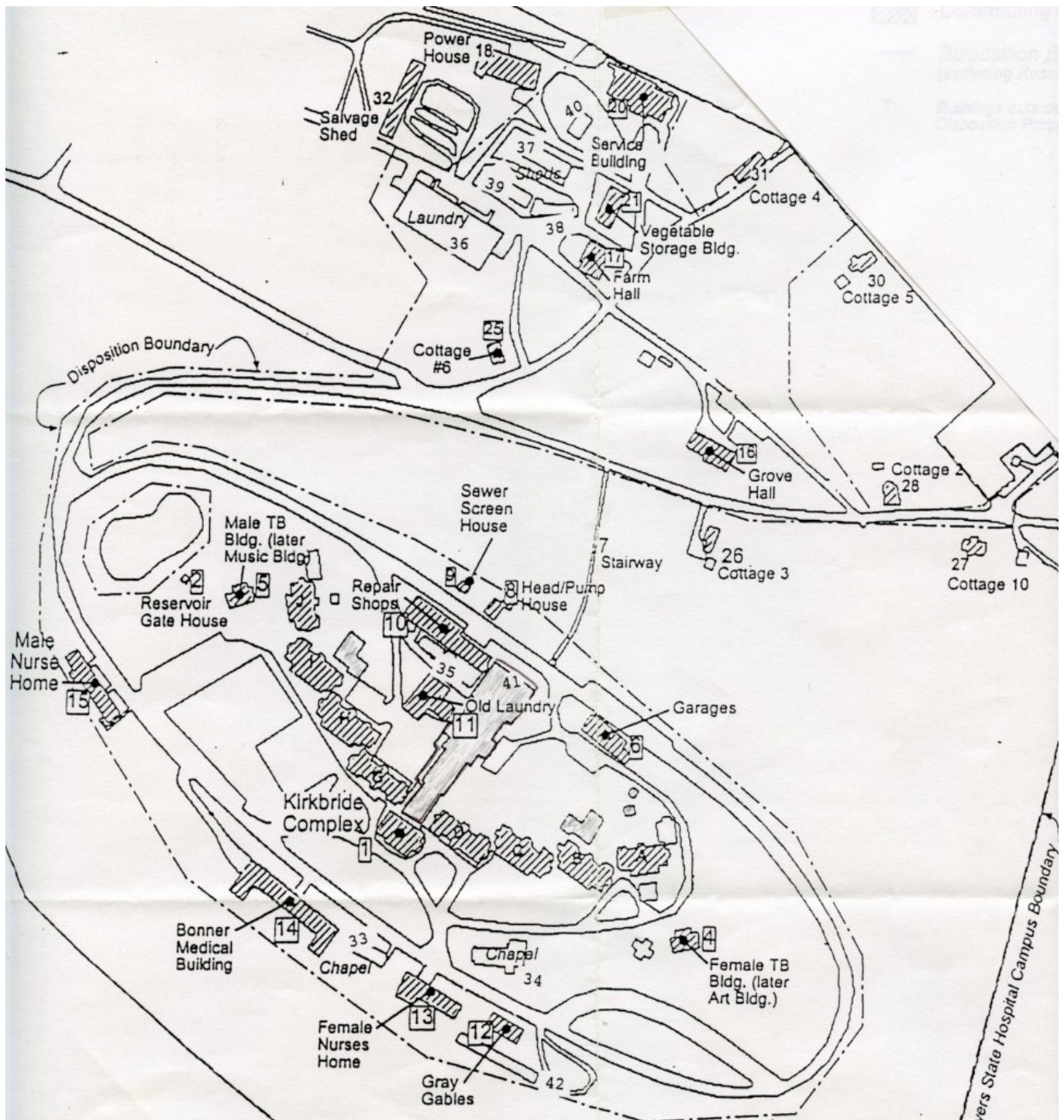
Mental and physical hygiene at Danvers State was guided by the most advanced contemporary thinking (despite epidemics such as the great outbreak of bacillary dysentery of 1908 in which 36 died). Primary ingredients in the program were recreational therapy (gardens, etc.) fresh air supplied by an advanced ventilating system, and especially hydrotherapy. It was believed that the use of water baths to ameliorate the clogged condition of the brain would allow for the discontinuance of irritating restraints and depressing drugs. An advanced pathology department supported the hygiene effort.

Danvers State Hospital established the second nursing school in Massachusetts (1889) and the second nurses’ home in the state (Gray Gables-1898). It had already pioneered by being the first Massachusetts mental hospital to hire a woman doctor (1879). By the end of the 1920s, two large nurses’ homes had been built on the property, one for female nurses and the other for male.

The hospital was a leader in the area of community involvement from the start. As early as 1907, the Superintendent was advocating a preventive mental health program. In 1909 the “Danvers Series” was inaugurated to share the results of research at the hospital. By 1912 there was an active community mental health program. “From such beginnings grew the Massachusetts Plan in which the state hospital is regarded as the center of mental hygiene and psychiatric activity throughout the district.”

About the same time in the Massachusetts Plan was being popularized, 1938, the current Department of Mental Health was set up. It succeeded the Commission on Mental Diseases, which had replaced the State Board of Insanity in 1916, and runs the state mental hospital network today.

The last decade [1970s-1980s] has seen a change in emphasis on the part of the Department of Mental Health in favor of deinstitutionalization made possible in part by advances in drug therapy. Danvers, today housing 260 patients down from a high of 2600, is one of the five state mental hospitals which are expected to be phased out.



Key to the map dated 2000 of buildings and their dates of construction located at Danvers State Hospital

- | | |
|---|-----------------------------------|
| 1. Kirkbride Complex, 1874-1878
(Includes A, B, C, D, G, H, I,
and J, and excludes porch additions) | 18. Power Plant, 1924 |
| 2. Reservoir Gatehouse, 1876 | 20. Service Building, 1919 |
| 4. Female TB Building
(later Art Cottage) 1906 | 21. Vegetable Storage Barn, 1924 |
| 5. Male TB Building
(later Music Cottage) 1906 | 25. Cottage 6, 1894 |
| 6. Garages, 1908 & 1927 | 26. Cottage 3, 1882 |
| 7. Stairway, 1900 | 27. Cottage 10, 1932 |
| 8. Head/Pump House, 1921 | 28. Cottage 2, 1909 |
| 9. Sewerscreen House, 1948 | 30. Cottage 5, 1850 |
| 10. Repair Shops, 1904-1933 | 31. Cottage 4, 1850 |
| 11. Old Laundry, 1912 | 32. Salvage Shed, 1922 |
| 12. Gray Gables, 1898 | 33. St. Luke's Chapel, 1964 |
| 13. Female Nurses Home, 1930 | 34. Our Lady of Hill Chapel, 1955 |
| 14. Bonner Medical Building, 1955 | 35. Water Tower, 1960 |
| 15. Male Nurses Home, 1927 | 36. New Laundry, 1965 |
| 16. Grove Hall, 1902 | 37. Tractor Shed, after 1955 |
| 17. Farm Hall, 1931 | 38. Farm Garage, 1955 |
| | 39. Implement Shed, after 1955 |
| | 40. Hay Barn, 1951 |
| | 41. Kitchen & Cafe |
| | 42. Cemetery near Gray Gables |

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Danvers State Hospital

Sad End for One of the Region's

Architectural Masterpieces

by Richard B. Trask

The following was published as a Letter-to-the-Editor in the Salem News on January 6, 2006.



Recently a group of citizens, myself included, attempted to obtain a preliminary injunction from Superior Court to stay the demolition of the former Danvers State Hospital, which entire property is listed on the National Historic Register. Our request was denied, though we still have the option to go to trial.

The plaintiffs in this case, along with others who donated money to assist with legal costs, have always had as their goal the preservation of the best of the architectural greatness of the State Hospital property. This is the same goal that has been emphasized by various special studies and town committees, by Danvers Town Meeting, several governmental agencies and newspaper editorials, beginning as far back as the 1980s.

Over the years, however, this goal has been obfuscated, eviscerated and abdicated following a multi-year, Byzantine process overseen by the Commonwealth of Massachusetts. Most advocates of the careful development of this Massachusetts asset, which would protect the historically and architecturally significant circa 1876 Kirkbride complex while allowing for new use and including collateral issues of patient inclusion, and the protection and access of the hospital cemeteries, have become exhausted. Advocates have been ground down by the State's neglect of even minimal maintenance and the lack of physical protection of this historic asset, by the bait-and-switch tactics of the first designated developer, convoluted interpretations of Commonwealth procedures and local preservation bylaws, and the striving for maximum profit by the current developer, AvalonBay.

Salt these factors with monetary incentives dangled before the town of Danvers and preservation interests, and who in their right mind wouldn't be tempted to acquiesce to the developer's plan?

Well, several of us have continued the fight, believing that we owe the effort to ourselves, to the general citizenry of today and to future generations. Such a massive and wanton destruction of all of the nearly 40 structures that make up the National Register District campus of Danvers State Hospital, as well as the obliteration of two-thirds of the high style architecture of the Kirkbride complex, and the decapitating of the original roof structure with all its Gothic Revival towers, turrets and cresting down 30 course of bricks, to be replaced with something supposedly "appropriate," represents a "Disneyfication" of the original grandeur of this historic building. And it is being done only to maximize

profit, not because such preservation of the exterior fabric cannot be accomplished.

AvalonBay, the Commonwealth, and the Massachusetts Historical Commission need only to look to a well-conceived and executed Danvers project located only a couple of miles away to see how preserving an exterior, while creating a new interior, can be successfully accomplished.

The reinvented Holten-Richmond Middle School on Conant Street preserves a wonderful exterior and some interesting interior features, while creating a new, beautiful, and serviceable 21st century school interior.

But I guess the circa 1876 Kirkbride building, with its designation as a structure with national significance both in history and architecture and presenting one of the most spectacular vistas in all New England, is not quite as important as a local school built in the 1930s.

To those who might look upon us who have continued to cry out for the preservation of more of the state hospital property as obstructionists who just want to preserve anything old, I would say the following: We have witnessed plans for what could have been a positive project preserving the best of the past while allowing its use in new and exciting ways turned into a simple exercise in maximizing profits, everything else be damned.

We have witnessed and been told by insiders of the State's active neglect in maintaining the building for over a decade, have watched strong-arm tactics, hordes of lawyers, and a Massachusetts Historical Commission neglectful of its reason for existence and seemingly more concerned with being a good lapdog within the State bureaucracy.

We have seen many good people ground down and burned out in the attempt to do the right thing.

It has been an education I am not happy to have experienced. Yet a few of us believe the preservation of the best of, or at least some of, the state hospital building, was worthy of our full effort. In the end we want to live with a quiet conscience, knowing that we did everything in our power to advocate for preservation.

I realize this may sound self-serving, but in truth this has always been our objective. We do not advocate for any personal financial gain. If anything, this advocacy has now cost some of us serious money in hiring a lawyer and challenging the developer in court. We have experienced not a few sleepless nights knowing what a terrible loss this architectural destruction will be to history.

I now wish I had been more in the know and were more aggressive with legal counsel at an earlier point when questionable decisions and procedures were being employed. This development of a valuable resource of the Commonwealth (yours and mine) should be worthy of careful consideration in protecting the historical assets, while allowing for reasonable profit by a designated developer. It now seems that this project was simply a means for the State to get rid of a property, make a little money and allow a developer to create a complex of new, middling dwellings that may at best have a life of a generation before being redeveloped.

For this we and future generations will lose an architectural masterpiece, an asset which could have been the outer skin of a unique housing development.



And what were our crazy demands? Unfortunately, developer AvalonBay never sat down with us to discuss them.

When they were picked by the State, we twice publicly requested that they meet with the preservationists to talk, a request they saw no reason to honor.

Prior to filing suit in Superior Court late last year, the potential plaintiffs, through our lawyer, James G. Gilbert, requested a meeting to see if at least discussion, if not an accommodation, could be had. Again they declined.

Throughout the process AvalonBay has not conceded to preserving one building, not one wing, not even one brick other than the original bait-and-switch position of Archstone, the original designated developer which bailed out several years ago.

Those most vocal on this subject have been Kathryn Morano, Wayne Eisenhower and John Archer. While we don't always agree with one another on all matters, we all have struggled for the goal of preservation. And we are grateful to our attorney, Jim Gilbert, who has so well represented our case in court and to the many others who have supported us in many ways. Our original position has been pared down from the retaining of more of the 40 19th and 20th-century structures in the State Hospital National Register District and all of the historic Kirkbride complex. For over a year, we have striven for the following:

1. That the exteriors of two additional wings be saved as part of the Kirkbride complex. This preservation of the administration building and the first two wings on each side would at least give a feeling of the original scale and grandeur of the Kirkbride complex, rather than an impression of a building with only its head and no body. This would

still allow the developer to demolish all the rear complex and four important 1876 side wings.

2. That any removal of the roof and upper courses of brick on Kirkbride, including slate tiles, towers, turrets, cresting, etc., be replaced like-with-like, or preferably with refurbished original elements and according to original elevations and photographs, so that any replacement meets the minimum Department of the Interior standards for historic restoration.

3. That the one-story brick mansard-roofed 1908 stable/garage located behind Kirkbride and still in good condition, be retained for adaptive purposes by AvalonBay and that they seriously consider the retention of the 1898 Queen Anne-style Gray Gables building.

4. That AvalonBay, recognizing conservation and potential reuse of building materials, engage in salvage demolition to retain many of the usable and monetarily valuable salvage materials, including hundreds of 19th-century solid wood doors, iron work and architectural features including turrets, brick and granite, much of which can be used on-site or sold, and some of which can be retained as part of the site's architectural history.

5. Allow the hospital cemetery to have public access and an appropriate landscaping and memorial in remembrance of those who died while institutionalized and to the memory of those who lived there and those who served assisting the institutionalized patients.

6. Set aside an appropriate exhibit space, reasonably available to the public, which can display in words, photographs and artifacts the story of Danvers State Hospital and its service to the Commonwealth for more than 100 years.

Those are our so-called "unreasonable" requests. During the last few years, and after meetings with the Lieutenant Governor, Secretary of State's staff, former Historical Commission director, messages to our state legislature, etc., we wonder why what we believe as moderate, conservative and reasonable requests suggested to those in power in State government have elicited only silence.

And that is why we ourselves have not been silent. Most likely the developers will continue to ignore our requests and at some time in the near future most, if not all of Kirkbride will suddenly disappear. Then all we will have left will be memories in picture books.

The Salem News
January 6, 2006

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Gone!

An Essay

By Richard B. Trask

This essay was written for inclusion within the book, The Eye of Danvers 2: A History of a Former Massachusetts Asylum (2011) by Michael Ramseur. This book is available for purchase and reference copies are within the collections of the Archival Center. The 100 page book includes history of the property, recollections of staff, the epilogue by Trask, a helpful bibliography, and much provocative pastel artwork by Michael Ramseur.



The Danvers State Hospital complex, one of the architectural gems and most spectacular landscapes belonging to the Commonwealth of Massachusetts, is now lost to history. The grandeur and emotional impact that this complex evoked when one actually gazed upon its bulk will be minimally understood in future years by those who will experience it only through old pictures and postcards. Printed and spoken words will never be able to capture the emotional allure or suggested tragedy that this edifice could conjure, though the evocative, emotional artwork created by Michael Ramseur will come the closest to emoting those feelings.

This magnificent Victorian Gothic building was constructed as a hospital by the Commonwealth of Massachusetts beginning in 1874 on the breathtaking 240 foot summit of Hathorne Hill in Danvers, Massachusetts. The monumental, quarter-mile-long and 3½ story structure was designed to function as a progressive mental health facility along the lines of the philosophy of Dr. Thomas S. Kirkbride, whose name the structure assumed. The building itself was designed by noted Boston architect Nathaniel J. Bradlee, and was perhaps the most architecturally interesting and detail-rich hospital ever built in Massachusetts. The original massive Kirkbride building was composed of a central administration building capped by a high tower and flanked by four step wings on each side. The building was often referred to as “the castle upon the hill,” both in taxpayer disgust for its costliness and awe over the wonder of its rich and varied brick, granite, iron and slate ornamentation. The hospital opened in May 1878 with beds to serve 450 patients. During the next 100 years of operation other structures, some large and some small, were added to the complex in multiple styles of architecture and for multiple uses.

For years many area residents enjoyed visiting the Danvers State Hospital campus, with its extensive and beautiful gardens and grand architecture. Its visible location as seen from Route 1 made the spired hospital's central administrative building a focal point for highway travelers. By the 1920s the more insensitive of the general population often referred to the hospital as the “Danvers Nut House” and made other jesting remarks about this most prominent locale and its inhabitants. Begun as a progressive and humanitarian hospital, over the years its reputation was spotted by overcrowded conditions, and tales of neglect, abuse, over-medication and misdiagnosis. In 1970 the tower was removed from the administration building and by the 1980s the hospital itself began phasing out of operation as

new medications and mental health social theories began replacing older theories and beliefs. First the Kirkbride complex and then the other buildings were abandoned so that by 1992 no patients remained. The campus became vacant and the buildings were neglected by the state for almost 15 years.

Due to its important history and architecture, preservationists sought to designate the entire State Hospital property as a Landmark of the Commonwealth and in 1984 it was placed upon the National Register of Historic Places as a National Register District, due to its rich architecture and social-humanitarian history.

Beginning in the early 1980s numerous committees and consultants studied and gave recommendations concerning the potential redevelopment of this multi-acre state property, each one in turn noting that the exterior of the massive Kirkbride building must be preserved as a national treasure, no matter what adaptive use be made to the property.

Deciding to divest itself of the property, the state made a call to developers to submit plans for the property's purchase and use. Locally, a committee was created to look over the plans and recommend a developer to the state. In preparation for new potential uses of the property, the Town of Danvers had to look to a zoning change. When the present Danvers State Hospital, Hathorne West Zoning By-Law was adopted at Danvers Town Meeting in November 1999 so that commercial use could be made of this property, it was done so with the "Purpose" section of the By-law amended at Town Meeting to read, "It is the intent of this by-law to retain the site's open and natural landscape and retain via adaptive reuse the original ca. 1875 Kirkbride complex, while allowing redevelopment to enhance historic preservation of buildings and historic features. . . ."

By 2000 the finalist developers, working under a "Request For Proposals" which language was supposed to encourage preservation, agreed that the preservation of the entire original Kirkbride was integral to their plan. The chosen developer then reneged on this pledge. Citing cost factors, its new position was only to agree to preserve the facade of the central and only two of the eight wings of Kirkbride, effectively leaving the complex as a disembodied head. All were aware of the neglect the building suffered by the Commonwealth's doing nothing for years to protect this asset from weather and vandalism. Everyone except the developer seemed to understand that preservation costs would be significantly more than new construction, and believed the developer's fallback position, disingenuous at best, and smacked of a bait and switch. The local newspapers and regional preservation organizations agreed. Many Danvers preservationists who had voted for the zoning change to allow development with preservation safeguards felt betrayed.

Those locals interested in preservation were realistic enough to reconsider the issues, when an architectural study found problems with much of the interior structure of Kirkbride. The architectural report did however find that the entire exterior fabric of Kirkbride, including all the wings, were in good condition. It is this exterior that exhibits the greatest architectural finery and would have the greatest public visual impact including arches, decorative stone bands, cross gables, towers, iron cresting, projecting pavilions and the slate roof and Danvers brick exterior. The preservation community reluctantly gave up most of its original desires as an incentive for the developer to preserve the greatest portion of Kirkbride. They essentially gagged their interests in the other 40 structures on the campus, some quite significant in themselves. Their most significant concession was a final fall-back position that the four outermost wings of Kirkbride could be sacrificed, if, and only if, the exterior walls and original roof line and detail of the administration building and four complete step wings, two on each side of the administration building, were retained. Without this minimal preservation, the scale, grandeur, design elements and historic heritage of this important building would be obliterated.

No preservation concessions were ever made by the first developer (who bailed out) or by the eventual developer whom the state invited to move into that position. The development plan constantly backtracked on the original commitment to preserve all of the original Kirkbride first by cutting off all the rear structures; and then by proposing to remove six of eight wings.

To the chagrin of local preservationists and thousands of interested citizens around the country, the Massachusetts Historical Commission was deafening in its silent response to the numerous concerns voiced by individuals, the local

Preservation Commission and preservationist organizations about the demise of a National Register District.

This multi-building and multi-acre cultural and architectural asset was never meant to become just a development project, but a project retaining the best of a public asset, whose architectural richness should be preserved. In the end the developers had their way and in 2007 all the dozens of structures on the crest of the hill, both big and small, pedestrian and important, were destroyed. All that remained was the exterior of the central building and two wings, a remainder that might seem interesting to an uninformed newcomer, but was in actuality a mere fragment of the whole. The little that was left reminded many of a mounted animal head trophy with the greatest parts of the former animal discarded as carrion. And all around this mounted head has grown a forest of monotonous, multi-story, contemporary structures crowding out what was a formerly grand landscape. And the dirty little secret of the hospital's history and use, the triumph and tragedies of this locale which served as a state mental institution for almost 120 years, is never mentioned in the developer's literature. It is the elephant in the room that everyone pretends isn't there.

The failure to protect and adaptively reuse this grand exterior is a monumental blot in the annals of Massachusetts preservation. What might have been a dignified transformation of a magnificent structure which was originally built to serve the best intentions, but at times lost its way through human frailty, now is a mere ghost-image of itself. And we and our progeny are the losers.

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