

United States Department of the Interior
National Park Service

National Register of Historic Places

Date listed 02/28/2008

NRIS No. 08000118

Oregon SHPO

National Register of Historic Places Registration Form

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

1. Name of Property

historic name Oregon State Hospital Historic District

other names/site number Oregon State Insane Asylum

2. Location

street & number Roughly bounded by D Street, Park Avenue, 24th Street, and Bates Drive

not for publication

city or town Salem

vicinity

state OR

code OR

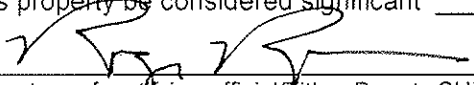
county Marion

code 047

zip code 97301

3. State/Federal Agency Certification

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


Signature of certifying official/ title - Deputy SHPO

1-9-08
Date

Oregon State Historic Preservation Office
State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:
Action

Signature of the Keeper

Date of

 entered in the National Register
 See continuation sheet.

 determined eligible for the National Register
 See continuation sheet.

 determined not eligible for the National Register

 removed from the National Register

 other (explain):

Oregon State Hospital Historic District
Name of Property

Marion Co., OR
County and State

5. Classification

Ownership of Property
(check as many as apply)

- private
- public - local
- public - state
- public - Federal

Category of Property
(check only one box)

- building(s)
- district
- site
- structure
- object

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

Contributing	Noncontributing	
50	3	buildings
2		sites
9	3	structures
		objects
61	6	Total

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

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(enter categories from instructions)

HEALTH CARE: hospital

DOMESTIC: institutional housing

Current Functions
(Enter categories from instructions)

HEALTH CARE: hospital

DOMESTIC: institutional housing

7. Description

Architectural Classification
(Enter categories from instructions)

LATE VICTORIAN: Italianate

LATE 19TH & 20TH CENTURY REVIVALS:
Classical Revival

LATE 19TH AND EARLY 20TH CENTRUY

AMERICAN MOVEMENTS:
Commercial Style, Bungalow/Craftsman

Materials
(Enter categories from instructions)

foundation: BRICK; CONCRETE

walls: BRICK

WOOD: Weatherboard

roof: ASPHALT

Other: _____

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

Oregon State Hospital Historic District
Name of Property

Marion Co., OR
County and State

8. Statement of Significance

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

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

Areas of Significance
(Enter categories from instructions)

ARCHITECTURE
HEALTH/MEDICINE
SOCIAL HISTORY

Period of Significance
1883-1958

Significant Dates
1883, opening of hospital
1958, most of present-day configuration reached; patient population peaks

Criteria Considerations
(Mark "x" in all the boxes that apply)

Property is:

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

Significant Person
(Complete if Criterion B is marked above)

Cultural Affiliation
N/A

Architect/Builder
Wilbur Boothby; Walter Pugh; Edgar Lasarus; William Knighton, Albert Sutton; Lyle Bartholomew; Pietro Belluschi

Narrative Statement of Significance
(Explain the significance of the property on one or more continuation sheets)

9. Major Bibliographical References

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

- Previous documentation on file (NPS):
- preliminary determination of individual listing (36CFR67) has been requested
 - previously listed in the National Register
 - previously determined eligible by the National Register
 - designated a National Historic Landmark
 - recorded by Historic American Buildings Survey
 - recorded by Historic American Engineering Record

- Primary location of additional data:
- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other

Name of repository:

Oregon State Hospital Historic District
Name of Property

Marion Co., OR
County and State

10. Geographical Data

Acreage of Property approx. 130.35 acres

UTM References

(Place additional UTM references on a continuation sheet)

1 10 499610 4976478
Zone Easting Northing

3 10 500229 4975668
Zone Easting Northing

2 10 500105 4976478

4 10 499351 4975790

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Hazel Patton, David Skilton, Virginia Green, Tom Green, Julie Osborne

organization Volunteer Group date August 1, 2007; Rev. Jan. 2008

street & number 3251 Bluff Ave SE telephone (503) 375-7759

city or town Salem state OR zip code 97302

Additional Documentation

Submit the following items with the completed form:

Continuation sheets

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

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

Photographs: Representative black and white photographs of the property.

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

Property Owner

name State of Oregon, Department of Human Services

street & number 2600 Center Street telephone (503) 945-2800

city or town Salem state OR zip code 97301

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

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

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DESCRIPTION

SUMMARY

The Oregon State Hospital (OSH) in Salem, Marion County, Oregon is the state's primary and oldest institution for the housing and treatment of those with mental disorders.¹ Opening in 1883 as a single three-story building, the institution expanded into a campus over a period of 75 years, reaching its current size and configuration in 1958. The physical character of the property today reflects both its origins in the long-term residential treatment philosophy of Dr. Thomas Story Kirkbride; and the subsequent transition, beginning in the early twentieth century, to a model favoring shorter term commitments and the use of physical and pharmacological interventions. The approximately 130 acre campus, comprised of buildings, structures, and designed landscapes, constitutes a highly intact historic district, virtually without non-historic elements.

LOCATION AND SETTING

Located approximately two miles east of downtown Salem, the Oregon State Hospital Historic District occupies the approximately northerly fifth of a large contiguous acreage of state-owned property housing a diversity of agencies and institutions. The district is bordered on the north by D Street, on the east by Park Avenue and facilities belonging to Marion County, on the south by the State Penitentiary complex, and on the west by 24th Street, and the grounds of the Salem Hospital General Unit. Center Street bisects the campus east to west. The institutional buildings occupy a level bench of ground approximately twenty feet higher than, and northeasterly of, the area where staff housing and the park-like entry grounds are located.

Initially developed in a rural setting well beyond the edge of town, the Oregon State Hospital grounds were laid out orthogonally to the compass, unlike the then existing plats of Salem, which instead conformed to the eastern bank of the Willamette River. These two geometries come together along the western edge of the hospital property, making for misalignment of some streets and inconsistencies in their numbering pattern. The cardinal point orientation of the hospital may simply have been responsive to an existing rural road pattern, but in any event it clearly effected the development of later neighborhoods to the east and north, which are also laid out according to compass.

By the close of the period of significance (1883-1958) the Oregon State Hospital had essentially acquired the setting that it displays today. Residential neighborhoods mostly dating from the first half of the twentieth century adjoin the complex to the north, northeast, northwest, west, and southwest, and public institutional uses abut the remainder of the perimeter. The campus itself, which is open and park-like by design, today exhibits a landscape of sweeping lawns, a wide variety of mature deciduous and evergreen trees and shrubs, and a system of both curving ornamental avenues and practical roadways and paths.

Underlying and linking much of the complex is an extensive system of tunnels which are used for the practical purpose of connecting and distributing infrastructure such as water, power, sewer, heat, and communication systems. It also serves as a distribution network for food (prepared in a central kitchen), laundry, furniture, and

¹ OSH was originally called the Oregon State Insane Asylum.

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other supplies; and a secure, weather-protected transportation system for patients and staff. Historically, the tunnel system included a small rail-trolley system for moving people and materials. The tracks for this system emerge from underground, taking advantage of the significant change in grade south of the main treatment complex, in the vicinity of the physical plant buildings. Significantly, the tunnel system twice crosses under Center Street (originally Asylum Avenue), a major public street which is designated as an arterial thoroughfare.

BUILDINGS AND STRUCTURES

For many years the Oregon State Hospital has employed both naming and numbering conventions to identify its buildings, building additions, and structures, with the numbering system being the more complete and consistently applied of the two. In addition to these methodologies, some of the buildings are known widely by common names. In the initial reference to a particular resource the nominators have adopted a hybrid system of: formal name, if any, followed by building number or numbers, and lastly any common name in parentheses, e.g. Cascade Hall - #30, #31, #41, #42, #43, #44, #45, #46, #48 - ("J" Building).

In outward appearance the buildings followed closely the sequence of styles popular at their times of construction. They also tended to exhibit characteristics peculiar to public architecture, such as a conscious downplay of any ornament which might be construed as frivolous and an effort to make buildings appear substantial. In terms of their original functions, the built resources on the campus can be thought of as falling into four broad categories: administrative, patient treatment, utilitarian, and staff residential. These four categories will be used as an organizational framework for further discussion within this section. Note that while administrative and patient ward uses have been somewhat interchangeable over time, the staff housing and the physical plant resources have remained more or less constant in their usage. Today, large parts of the campus are no longer in use.

As one would expect in a complex developed over the span of 75 years, the buildings of the Oregon State Hospital display a wide range of architectural styles. The buildings also employ a wide variety of structural systems. Remarkably, this diversity melds into a cohesive whole, probably owing to factors such as topography, a predominant use of masonry finishes, the wide spacing between structures, and a uniform matrix of lawns dotted with large trees. In a few areas recent additions of chain link security fencing does disrupt this pattern, but not significantly.

The shapes of the buildings, particularly those designed as patient wards, also reflect changing attitudes toward mental disorders and its treatment during the period of significance. For example, the building today known as Cascade Hall is clearly laid out in the then-prevailing pattern associated with Dr. Thomas Story Kirkbride, longtime superintendent of the Pennsylvania Hospital for the Insane, who articulated links between the architectural character of asylums and the efficacy of mental health treatment in his groundbreaking book, *On the Construction, Organization and General Arrangements of Hospitals for the Insane*. This widely read and highly respected book, originally published in 1854, had been revised and reissued in 1880, just before the inception of the Oregon State Hospital.

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As the complex expanded over time, later wards tended to be developed for more specialized uses, such as tuberculosis, geriatric, or juvenile treatment. They reflect a philosophy of treatment and release more than a philosophy of long-term residence. While the nineteenth and early twentieth century structures tend to be more attenuated in plan, and have tall ceilings and operable vertical windows for daylighting and ventilation purposes, the footprints of the later buildings, which rely more on mechanical and electrical systems for lighting and air handling, are wider relative to their lengths, with shorter floor heights and inoperable windows. Breitenbush Hall - #35 (Belluschi Building) and Eola Hall - #50, #77 are good examples of this phenomenon.

ADMINISTRATIVE FUNCTIONS

The Kirkbride model, followed closely in the design of the initial building at the Oregon State Hospital complex, placed the administrative core of the institution at the center, with two wings of wards stretching out to either side. As implied in Kirkbride's own words, some of the attending staff was expected to reside in the building, as was the case in Oregon:

For an institution like that referred to, it is believed that the best, most convenient, and most economical form will be found to be a centre building with wings on each side, so arranged as to give ample accommodations for the resident officers and their families, and for the classification and comfort of the patients, and all employed in their care.²

At the Oregon State Hospital, in addition to staff apartments this central block initially also contained general offices, medical facilities, rooms where the public could interface with the institution, visiting parlors, intake facilities, the kitchen, storage, and a chapel or lecture hall.

Kirkbride also envisioned that once an asylum reached the population capacity for which it was designed, optimally no more than 250 patients, a new, separate facility would be built elsewhere to accommodate additional patients. In the case of Oregon, this model of dispersion proved unworkable, and the hospital complex expanded steadily from the outset. In terms of administration this meant that an entirely separate office building, the Dome Building - #36, was constructed in 1912, and that some administrative functions were included within the new single-purpose ward buildings as they were added to the campus. In 1950, although some management functions were retained there, the Dome Building itself was superseded by Siskiyou Hall - #29 (Administration Building). By this point in time the complex was nearing its peak population, housing approximately 3,300 patients.³

PATIENT TREATMENT FUNCTIONS

In its first few decades, the Oregon State Hospital mainly adhered to the Kirkbride treatment facility model, except, as noted above, in terms of overall size. Patient wards were initially developed in two attenuated wings off the administration block. They were laid out as double-loaded corridors with small rooms for one or two people opening along the length of the very broad corridors. Each ward floor had a room for an attendant, its

² Chapter XXIII – Form of Buildings

³ OSH reached its peak population of 3, 545 in 1958

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own dining room (food was delivered from a central kitchen), and bathing facilities. Wards were segregated both by sex and the relative manageability of patients.

As numbers of patients grew, both of these wings were extended incrementally, in a pattern of stacked wards separated by stairwell "knuckles". Each new ward block was offset from its neighbors, allowing the terminus of its corridor to include a window for better light and ventilation. These additions were similar in character and construction to the original building, but because of the nature of the site, they were not extended out in a straight line as the Kirkbride system preferred. Instead, both wings were turned to the east, with the northern arm eventually reaching four ward blocks in length and the southern arm stopping at two. This asymmetry in plan gives rise to the common nickname of "J Building" for Cascade Hall.⁴

As the Oregon State Hospital grew and its range of treatments expanded, new trends in mental health care tended to influence the physical pattern of patient wards. An emphasis on the provision of wholesome living conditions, such as fresh air, sunlight, quiet, good food, and ample space, as a way to mitigate insanity, which had prevailed through the second half of the nineteenth century, began to recede. Interestingly, it was also around this time that the term "asylum," which implies a place of refuge where one lives, began to be replaced by the term "hospital," which implies a place of healing from which one anticipates departure.

Throughout the twentieth century, increasing research into the nature of mental disorders helped to differentiate among syndromes and their origins, which in turn led to new and sometimes more effective pharmacological and physical treatments. These changes began to move treatments, and the architecture which supported them, into a more medical model in the early decades of the twentieth century. This trend would continue through and beyond the mid-century. The physical manifestations of these changes embodied in the design of buildings are most obvious in the interior floor plans, with the use of larger sleeping wards and dayrooms as opposed to the earlier provision of private and semi-private rooms, and in the aggregation of staff functions within the wards into clusters akin to today's hospital "nursing stations."

UTILITARIAN FUNCTIONS

The buildings and structures which house support operations for the Oregon State Hospital are clustered in two loose groupings to the south and east of the northerly wing of Cascade Hall. As with the rest of the campus, their dates of construction range from the late nineteenth to the mid twentieth century and they reflect simplified versions of architectural tastes and construction methods from the whole period. All but one of these buildings are single-story, although several are raised up on daylight basements. Where these buildings and structures initially supported trade workshops or labor intensive tasks performed by trustee patients such as laundry, sewing, weaving, and cobbling, they display large banks of steel-framed windows for daylighting. Where the function is warehousing, vehicular storage, or steam generation they are much more closed in character. The "physical plant" cluster is closest to Cascade Hall, with a second, looser grouping of small buildings and structures spaced off to the south and downhill. These latter buildings originally supported a farming operation which provided both a work outlet for patients and helped to supply fresh food for the

⁴ Unfortunately, the "J" Building has a non-compatible kitchen addition, although it does not compromise the integrity of the overall building.

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Hospital and other nearby state institutions. The loss of other agricultural buildings represents perhaps the greatest diminution of historic context in the district, although toward the end of the period of significance the farm operation was already being steadily curtailed.

STAFF RESIDENCES

Twenty-three houses, built over time as housing for staff members, are arranged along the southern edge of the district in four distinct groups. The earliest houses date from 1909 since resident staff lived in apartments within the asylum building itself during the first few decades of the hospital's existence.

The majority of these houses face Greenway Drive, an east-west street running from 24th Street almost all the way across the campus. Other houses face shorter secondary cul-de-sacs, 24th Place, which branches south off Greenway, and Bates Drive, which branches west off 24th Place. The arrangement is not unlike the typical Officer's Row on a military base, with the size of the houses indicating the relative status of the occupants.

The first residential cluster consists of three, large, two-story houses set well back to the north from Greenway Drive and adjoining the large entry park which buffers the original hospital complex from the community to the west. These houses would originally have provided homes for two of the higher ranking administrators of the Oregon State Hospital. The earlier two houses, #1 and #2, exhibit Craftsman stylistic influences but the later one, #28, appears to be a stripped down interpretation of the Colonial Revival style popular in the post-war period and in the other housing on this campus.

The second grouping of houses is a row of ten facing north directly onto Greenway Drive. From west to east, the first two, #11 and #12, are dissimilar story-and-a-half structures slightly larger in footprint than those making up the remainder of this group. They display characteristics of a simplified Colonial Revival style. The remainder of the row is made up of eight similar, story-and-a-half houses also in a Colonial Revival mode, #4, #3, #14, #15, #16, #17, #18, and #19.

The third grouping is comprised of the five houses facing east and west onto 24th Place, #20, #21, and #22, and #23 and #24 respectively; and three, #25, #26, and #27, facing north onto Bates Drive. All but one of these, #27, which is a single story Ranch style house, are of a type similar to, but less detailed than the smaller residences facing Greenway Drive.

Finally, there are two residences lying at the extreme southeastern corner of the complex, far removed from all other buildings and accessible via the extension of Park Avenue onto the campus. One is a story-and-a-half late nineteenth century farmhouse, possibly predating acquisition of the farm property by the hospital, and the other is a very large two-story residence displaying an eclectic range of Period Revival characteristics.

LANDSCAPE

One of the most striking and character-defining aspects of the Oregon State Hospital Historic District is the survival of much of its supporting historic landscape. This is especially true of the park-like setting at the west

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of the complex. Even the earliest surviving depictions and photographs of the property show the main building fronted by a designed landscape of approximately twenty acres. After the construction of Dome Building north of Center Street in 1912, another approximately five acres of park-like open grounds were added fronting that structure. These two areas are described in greater detail below under the heading "Parks."

In addition to this dedicated open space, the remainder of the built-up complex is also characterized by broad expanses of lawn between the buildings and plantings of ornamental trees and shrubs throughout. Noteworthy among the plantings are the long rows of large black walnut trees lining 24th Street to the west and Park Avenue to the east. The pattern of roads within the complex, especially in the park and west of Dome Building, is also ornamental in character, with stone entry gates, curving streets and roundabouts, a few surviving street lights, and a partial street identification system featuring bird names beginning with the letter "B" (Bluebird, Bobolink, Bluejay, and Bittern). Also associated with the hospital property, but currently undeveloped, are a grassy field of approximately 15 acres between D Street, and the northerly edge of the built-up area, a farmed field in the extreme southeasterly corner of the property, and a swath of plowed but unplanted ground, approximately 500 feet wide, separating the hospital complex from the Oregon State Penitentiary.

PARKS

Dr. Kirkbride was an advocate for the curative values of exercise and open air. His belief that better treatment of patients and respect for their human dignity could, in some instances, result in improvement of their conditions, is referenced throughout his treatise on the development of institutions for the care of the insane. Specifically, he speaks to the need to provide "pleasure grounds" where patients could take long, supervised walks, spending as much as half their time outdoors, and within closed "patient yards" to which many could have access on demand:

Although it is not well to have a large number of private yards in immediate connection with a hospital for the insane, it will still be found convenient to have two or more for each sex... with shade trees and such other modes of protection from the sun and weather as may be deemed useful. These yards enable many patients... to have the benefit of the open air, and to take exercise at hours when the attendants cannot conveniently leave the wards; but most of the patients should have a more active and longer continued kind of exercise than these yards can afford. They should look to the walks in the open fields and about the pleasure-grounds, which can be readily made a mile or two long for each sex, for their principle exercise.⁵

As noted earlier, the combined park area is approximately twenty feet lower than the ground where the building complex stands. It is slightly off-square in plan owing to the non-compass alignment of 24th Street at the west, and flat in topography. Two curving drives divide the main south park into quadrants diagonally, Bluebird running between the southwestern and northeastern corners (and continuing beyond Center Street to an elliptical lawn fronting the Dome Building) and Bobolink running between the northwestern and southeastern corners. Where the two drives meet they form a roundabout which for many decades surrounded a

⁵ (Chapter XVIII - Patient Yards)

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columbarium to house the cremated remains of those who died at the Hospital and were not claimed by family.⁶ Early photographs show this area enclosed with an open, lightweight, picket fence.

Over the years, the south park has also included many ornamental and recreational structures, including a fountain, a pond, benches, a swing, gazebos and shelters, ornamental arches, gateways, plantings, etc. The only structure remaining in the park area today is a pair of fenced tennis courts, just downhill from and west of Siskiyou Hall. The areas immediately around Siskiyou Hall to the east, north, and south have been converted to parking lots, as have several areas within the park north of Center Street.

ARCHITECTS ASSOCIATED WITH THE OREGON STATE HOSPITAL

Wilbur F. Boothby, 1840-1946

Wilbur Boothby was prominent in Salem as a merchant, contractor and supervising architect for nearly fifty years. He prepared plans for the 1878 house of newspaper publisher and banker Asahel Bush. Located in Bush's Pasture Park it is now a historic museum and is listed in the National Register of Historic Places.

In 1872, Boothby took the contract to build the Marion County Courthouse (demolished). In 1880, Boothby oversaw the construction of Cascade Hall ("J" Building) and served as the supervising architect and superintendent of construction. He was also involved in the construction of the old Oregon State Capitol and the Oregon State Penitentiary.

Walter David Pugh, 1863-1946

Walter Pugh was an architect in Portland and Salem. As State Architect under Governor Sylvester Pennoyer, Pugh designed buildings on the campuses of the Oregon State Hospital, Penitentiary, Fairview Home and Oregon Agriculture College (now Oregon State University). He also supervised construction of the dome of the old state capitol. Among prominent buildings he designed in Salem were the Bush-Breyman and Bush-Brey Blocks (1889) on Commercial Street, the first Salem High School (1893), old City Hall (1893), and the Thomas Kay Woolen Mill (1896). He also designed buildings at Chemawa Indian School and was the architect of the Shelton-McMurphy House (1888) Eugene; Whitespires Presbyterian Church (1891), Albany; and the Crook County Courthouse (1909, Prineville).

Edgar M. Lazarus, 1868-1939

Edgar Lazarus was a prominent architect in Portland for more than 45 years. He is credited with many important works in his long career. In his early years he designed many houses for prominent people, especially among Portland's Jewish community. His house designs were mostly in the shingle style and they generally had a unique appearance that seemed to be Lazarus' own trademark. Their roofs had an extremely steep pitch and unusual shapes.

⁶ The columbarium was removed in the mid 1980s.

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Perhaps his most important work was the Vista House at Crown Point on the Columbia River Highway. Completed in 1918, it was designed in the German version of the Art Nouveau style and shows great sensitivity to the site. It has become one of Oregon's most important monuments and is listed in the National Register of Historic Places.

Other public works by Lazarus include Apperson Hall at Oregon Agricultural College (1898-99) Corvallis; Morrow County Courthouse (1903), Heppner; Ahvai Shalom Synagogue in Portland (1904); Clatsop County Courthouse in Astoria (1904-07); and the Oregon State Hospital Receiving Ward (Dome Building) (1912). Lazarus also designed early alterations to the Pioneer Courthouse in Portland and was the resident architect for the U.S. Customs House in Portland. He designed the first Multnomah Athletic Club Building at S.W. 10th and Yamhill Streets.

After the completion of the Vista House, Lazarus engaged in a long bitter dispute with the Oregon Board of Control concerning his fees for the Vista House and the Oregon State Hospital's Dome Building. These disputes brought him much unfavorable publicity in the press that must have hurt his practice. He performed little work of importance after this unfortunate conflict.

William Christmas Knighton, 1864-1977

William Knighton was a prominent Portland architect for 35 years. In 1913 he was appointed Oregon's first State Architect, a position he held until 1917. His best-known building is the State Supreme Court Building (1913). In 1919, when licensing of architects commenced in Oregon, Knighton received license No. 2 under the grandfather clause. He was a member of the Oregon State Board of Architect Examiners from 1919 to 1923, serving as its first president.

While associated with C.S. McNally, Knighton was involved in the design of the Capitol Bank Building in Salem (1893), and the Dr. L.A. Port residence (1894) also in Salem. In Portland, Knighton designed a number of homes in the Craftsman style. He also designed the Seward Hotel (1908), which is now part of The Governor Hotel.

As State Architect, Knighton supervised the construction and remodeling of more than 90 buildings throughout the State. Included in that inventory was the Rehabilitation Center - #49 (1937) at the Oregon State Hospital.

Lyle Pascoe Bartholomew, 1896-1978

After graduating from Willamette University and the University of Oregon School of Architecture, Lyle Bartholomew established his practice in Salem, where he worked for nearly 50 years. Among his works was the Capitol Journal Building (1934), Yaquina Hall - #33 (Nurses Dormitory) at the Oregon State Hospital (1947), and Beth Shalom Synagogue in Salem.

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Albert Sutton, 1867-1923

Albert Sutton was the senior member of the Sutton & Whitney Firm, which produced some of the most outstanding designs in the Northwest during the 1920s and 1930s. Included in their collection were the Annie Wright School, The College of Puget Sound and the Rust Building, all in Tacoma. Later when Aandahl joined the firm their projects in Portland included the J.K. Gill Building, (1923), The Shrine Hospital (1923) the Masonic Temple (1927), The Good Samaritan Nurses Dormitory (1936) the Parish House Addition to Trinity Church (1939) and McKenzie Hall - #40 on the Oregon State Hospital campus (1948). Many of the above projects were in the Neo-Georgian and Art Deco styles, but several showed Scandinavian Modern influence.

Pietro Belluschi, 1899-1994

Pietro Belluschi was one of Oregon's leading architects from the 1930s until his death in 1994. Breitenbush Hall - #35 was one of several buildings Belluschi designed in Salem. Other buildings located in Salem include the YWCA Building (now vacant), Baxter Hall, Collins Hall, and the old library building (now Smullen Hall) all at Willamette University.

His early Portland houses and churches are elegantly simple and quietly restrained structures with a modest sensibility. They are sensitive to the climate and landscape of the region and led to his becoming the leader in the development of the Northwest Regional style.

In 1925 he became one of the principal designers in the Albert E. Doyle Firm. He was involved in the designs of the Pacific Building, The Corbett Residence, and the lobby of the Public Service Building, all located in Portland. In 1931 Belluschi received his first major commission in the Doyle office, The Portland Art Museum (1931-32, 1937-38). It was his first design to draw national attention receiving praise for its modern simplicity and decidedly non-classical design.

His innovative aluminum-clad Equitable Building (now known as the Commonwealth Building) built in Portland 1945-48 has been hailed nationally as the first curtain-wall office tower to be built in the U.S. after World War II. It was the first building to be sheathed in aluminum, the first to employ double-glazed window panels, and the first to be completely sealed and air-conditioned.

Using simple means within modest budgets, Belluschi became respected and sought after for the design of churches. He designed churches for many denominations and each design paid close attention to the specific spiritual needs required by the clergy, building committees, and congregations for whom he worked. Northwest regional characteristics and slightly Japanese influenced architectural elements began appearing in Belluschi's Oregon churches including the following in Portland: St Thomas More Catholic Church (1939-40), Zion Lutheran Church, a National Register Property (1947-50), Central Lutheran Church (1948-50), St Philip Neri (1946-52), and First Presbyterian Church in Cottage Grove (1948-51). He also designed Breitenbush Hall (1948) on the campus of the Oregon State Hospital. Other significant designs in Oregon include the Oregonian Building (1945-48), Pacific Telephone and Telegraph Company Building (1947) Portland, and the Federal Reserve Bank (1948-49) and the Marion County Courthouse (1950-54) in Salem.

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From 1951 to 1965 he was Dean of Architecture and Urban Planning at Massachusetts Institute of Technology. He retired from MIT in 1965 and returned to Portland permanently in 1973 where he continued to practice independently and in association with local and national architectural firms. Some of the latter included The Julliard School Of Music and Alice Tully Hall (1956), Pan American Building (1963-73), Saint Joseph's Church (1964-68) Roseburg, Oregon; Meyerhof Symphony Hall (1972-1982) Baltimore, Maryland; Kerr McGee Building (1966-69); and the Bank of America Building (1964-69) in San Francisco.

Belluschi retired from MIT in 1965 and returned to Portland where he continued to practice as a design consultant to architects throughout the country. He also served on many advisory committees, design review boards and juries. In 1972 he was awarded the American Institute of Architects highest honor – the Gold Medal for Lifetime Achievement. In 1991 he received the National Medal of Arts by President George H. Bush in a White House ceremony.

During his later years in Portland, Belluschi designed six churches in Oregon in close association with Joachim Grube (Yost Grube Hall Architecture). Other works designed when he was in his 80s include the Papworth House (1978-80) and Packard House (1986-88), both in Portland, and the George Fox Bell Tower (1990) in Newberg, Oregon. Other late projects on which he consulted include the World Bank and Pentagon City, in Arlington, Virginia, and the Parliament Building

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STATEMENT OF SIGNIFICANCE

SUMMARY

The campus of the Oregon State Hospital developed between 1883 and 1958 and is comprised of hospital buildings, various support structures, houses, tunnels, and designed landscaping. During the period of significance, the Oregon State Hospital evolved with completely self-sustaining services which echoed the country's perception of how to treat and control those with mental disorders.¹ The period of significance begins in 1883 with the opening of the first segment of the "J" Building and ends in 1958 when both most of the present-day configuration of the hospital was reached and the patient population peaked. The buildings and landscaping contained within the approximately 130 acre site constitute a district that represents one of several self-sufficient institutions established in the capital city of Oregon in the late nineteenth and early twentieth centuries in the wake of social and medical reforms. The Oregon State Hospital Historic District is historically significant and is eligible for listing in the National Register of Historic Places under Criterion A for its association with the evolution of philosophies and policies related to mental health care in Oregon during the period of significance. The district is also architecturally significant and is eligible under Criterion C for its concentration of distinctive architectural styles and excellent examples of institutional buildings designed by various prominent architects in Oregon.

The Oregon State Hospital Historic District retains the seven aspects of integrity that describe its historic and architectural significance. Its location has not changed. The design of the site, spatial relationships between the primary hospital structures and housing units, the landscaping, and the architectural character of the buildings, reflects the historic period of significance. The setting of the hospital was originally outside the city limits to protect both the residents of the hospital from the distractions and influences of the outside world as well as the citizens of Salem. As the hospital has grown with the construction of additional buildings to meet the changes needs of the patients and staff, which reflects the character and growth of the Hospital during the period of significance, so has the area around it, which has been developed with residential housing and commercial enterprises,. The primary materials used in the construction of the buildings, and the workmanship and quality of construction illustrate the aesthetic principles as they changed through 75 years of growth of the hospital complex. The feeling or historic sense of the site also has been retained by the campus setting with mature trees, lawns, and open spaces between buildings. The aspect of association has also been retained as the hospital has been continually used up to the present-day as the primary residence for those with severe mental disorders in Oregon.

The design for the Oregon State Hospital was based on the Kirkbride Hospital System, a plan for mental hospitals put forth in the 1850s by Dr. Thomas Kirkbride, Superintendent of the Pennsylvania Hospital for the Insane in Philadelphia. A second edition of his work appeared in 1880 with a plan variation that the Oregon State Hospital followed in which a U-shaped building was considered appropriate to use if space was at a premium. The Kirkbride plan suggested a center section for administrative and service activities with wings for patient wards on either side. The setting for the Kirkbride hospital was also important. Designed landscapes were considered part of the system of therapy, which called for calm and pleasant surroundings as well as

¹ The Oregon State Hospital was originally called the Oregon State Insane Asylum.

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proper diet, regular routine, and productive occupation. The Kirkbride plan was used by as many as twenty-two hospitals in the east and mid-west. In Oregon, the Oregon State Hospital Historic District contains the oldest intact public building in Salem (presently known as "J" Building).

Typically, Kirkbride hospitals were enlarged over the years and the Oregon State Hospital is no exception. Additions to existing buildings and the construction of new buildings occurred throughout the period of significance. Additions made to the most prominent building in the historic district, "J" Building, were of brick bearing walls or brick veneer of the same general style and configuration as the original building. As wings were added to one side of the original "U"-shaped building, the building gradually assumed its "J" shape.

BRIEF HISTORY OF THE DEVELOPMENT OF THE AMERICAN ASYLUM

When the ideas of the European Enlightenment reached the shores of the Americas, "Rational Humanitarianism" or the idea that reason could conquer human suffering and the faith that all human life was of value prompted foresighted Americans to realize that "madness" was a disease and that those with mental disorders were human beings in need of care and kind treatment. From the settlement of the American colonies through the early eighteenth century, both those mental disorders and the destitute were "cared for" by relatives or neighbors. Incarceration, even for serious crimes, was relatively rare. Instead, criminals were shipped, fined, put in stocks for a period, or branded. Beginning in the late 1820s, and especially in the 1830s, however, incarceration became the rule rather than the exception for all categories of social deviants. The rise of a new egalitarian ethic and social aberrance were seen by influential men of the times as a serious and potentially dangerous threat to a social order in which everyone knew their place. The causes of "insanity" were seen to lie in the evolution of modern civilization and its discontents. The solution, therefore, was to remove the insane from the stress and strains of modern life to a place where an orderly and stable environment could be provided, and where a lesson in the proper way of living could be taught. Because of this philosophy, it is no accident that the superintendents of asylums in America at this time were often educators and men of religion.

Both the increasing population and complexity of social life made the presence of those with mental disorders disruptive and disturbing. Having the "insane" out of sight and out of mind was perceived as an increasing necessity, both socially and psychologically. An outgrowth of this influence was the trend toward locating asylums away from centers of populations and in isolated, rural areas. Incarceration of those with mental disorders was for moral re-socialization, to provide a refuge from the world full of temptations, and to protect society.

It was not until the 1880s with the rise of the organized medical community and the discrediting of the philosophy of the early asylum superintendents, that the asylum became known as a "hospital" where those with mental disorders had medical treatments. Doctors, nurses, and therapists were dedicated to curing an imbalance in the psychological state of the patient, not correcting God's work or the moral weakness of the patient. Initially, these treatments were almost entirely physical in nature depending in large measure on either shock (e.g., immersion in water, severe physical confinement) or relaxation. In the early part of the twentieth

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century the influence of Freudian psychology and psychoanalysis led to hypnosis and other forms of "talking therapy."

Programs and medications used to treat those with mental disorders continued to evolve. Representative of the philosophies of the early twentieth century is a report by Mary Lawson Neff, M.D., Des Moines, Iowa, who wrote in 1913 about minimizing insanity. She found approximately 15-20 percent of commitments were attributed to alcohol, and 10-12 percent to syphilis. She wrote that these commitments were, in theory, preventable, and that with education institutions could reduce the number of patients. Dr. Neff also discussed the need to evaluate the qualitative nature of the institution as well as the quantitative for determining ways to minimize mental disorders. Rather than keep patients lined up and looking out windows, she encouraged interaction with games and reading, and providing activities for patients to feel productive. Occupational therapy was the wide-spread movement of that time, and the appropriate disposition of goods and services patients provided was being explored. Later, Metrazol and insulin treatment for certain types of mental disorders were introduced about 1938 and a larger number of cures and improvements were recognized with greater numbers of patients being discharged (Oregon Historical Quarterly, December, 1945)

BRIEF HISTORY OF SALEM, OREGON

Between the Cascade and Coast mountain ranges of Oregon, the Kalapuya lived in the mid-Willamette area for over 5,000 years before European-Americans founded the city of Salem. By 1812, fur trappers had traveled to the Salem region where some remained and turned to farming. A few decades later, in 1840, Jason Lee, a Methodist missionary, settled along the Willamette River, building a home and grist mill. On January 13, 1851, the state capitol was moved from Oregon City to Salem, and the city was later incorporated in 1860. As Salem continued to grow the town began to take its current shape with its business district located close to the river.

During the 1880s Salem experienced tremendous growth. A water system was installed, road improvement occurred, and a bridge was constructed across the Willamette River. A school for the blind and deaf had been constructed in 1870 followed by the Oregon Insane Asylum in 1883 and the Native American boarding school (Chemawa) in 1885 (at its current location). In 1908 the State School for the Feeble Minded was built south of town. In 1893 the city promoted the construction of more state institutions in the Salem area. By 1900 Salem's population was more than 4,000 people. The Oregon Electric line between Salem and Portland was completed in 1908 when the Oregon Insane Asylum was renamed the Oregon State Hospital. In 1919, there were 1,724 people in the Oregon State Hospital as compared to only 271 people in the state prison.

After World War I, neighborhoods south of Salem expanded to include mostly larger homes for the wealthy, while the northern part of town expanded with the construction of smaller homes for the working-class. With the increased number of automobiles, neighborhoods expanded surrounding industrial areas and some institutions, including the Oregon State Hospital. This growth continued into the 1930s despite the Great Depression. Agriculture continued to be a strong economic influence along with several state institutions and government in the city. By the 1940s, Salem had a population of over 30,000 people and was experiencing an

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expansion outside the city center into new suburban developments. West Salem was annexed into the city in 1949 that continued to grow with businesses and social activities moving away from the center of town.

Because of continued growth within Salem, the Oregon State Hospital, originally on the outskirts of town, would eventually become a central part of the city over the 75 year period in which the associated buildings constructed on the site evolved. The hospital's physical location just outside the city limits when it was constructed later became a central part of the city as primarily residential neighborhoods grew up around it with the expansion of Salem's population that spiraled around the central core.

DEVELOPMENT OF THE OREGON STATE HOSPITAL

Prior to the construction of the Oregon State Hospital, government-supported mental health care in Oregon began with the formation of a provisional government in 1843. The care of "lunatics" was contracted to private individuals who bid to care for them. Any justice of the peace could conduct a sanity hearing and declare someone a "lunatic." Care providers for these people were required to provide a bond certifying that they would use the money paid to them for the care of those with mental disorders in their possession.

As early as 1862, Governor Addison Gibbs recommended to the Oregon Legislature the establishment of an asylum in Salem to provide for the care and medical treatment of "insane and idiotic persons." The Legislative Assembly passed a bill in 1862 that authorized the governor to make a contract with doctors Hawthorn and Loryea of East Portland to take care of persons with mental disorders in the state. Presumably this arrangement for care in Portland was a temporary measure until funds could be appropriated and the hospital could be constructed in Salem. Marion County, along with most of the counties then in existence, contracted with Dr. Hawthorne to care for their citizens "of unsound mind." At county expense, these patients were shipped to the town of East Portland where the Institute was built (Asylum Street was the original name where the asylum was located). Due to residents' complaints, the name was later changed to that of the doctor, Hawthorn. In 1864, Oregon's general laws set up the framework for taking care of those with mental disorders, and the Hawthorn Asylum operated as the state facility between 1864 and 1883.

Not until October 25, 1880 did the state legislature enact and approve an act to appropriate money to furnish the Oregon State Insane Asylum. It was entitled "An act to provide for the construction of a brick Insane Asylum Building for this State, to levy a tax and appropriate money therefore." Funds were allocated in the fall of 1880 for the asylum and the site selected was north of the state prison just east of Salem's city limits. Groundbreaking took place in May 1881 with much of the labor force and brick building material coming from the state penitentiary. In October 1883, 268 male and 102 female patients were moved from the Hawthorne Asylum to the Oregon State Hospital.

The design and development of the first building, the "J" Building, to be part of the Oregon State Hospital are described in a Report to the Board of Insane Asylum Building Commissioners dated September 1, 1882 prepared by architect Wilbur F. Boothby and in *The Daily Oregonian* article printed October 24, 1883. The detailed description explains the significance of each part of the hospital as it related to standard practices for mental health care in the late nineteenth century. From the outward appearance of the building, to the

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programming to accommodate both patients and staff and how they interacted, Boothby was very detailed in relaying the purpose and intent behind his design. The newspaper article, which extracted much of its content from Boothby's report, places the architect's description into the broader context of the city's perspective:

. . . Construction was complete, equipment and furnishings were in place, a superintendent (Dr. Horace C. Carpenter) was appointed, and staff was hired when the public was invited to inspect the new facility in the fall of 1883. The location, far enough from the business part of the city and conveniently located one-half mile north of the penitentiary and directly opposite the "Orphan's home," was considered especially adapted for the building erected on a site purchased by the board of commissioners in 1864. The site contained 107 acres with sufficient land to grow vegetables for the institution.

The style was quoted as being modified Italian, the details being bold and effective . . . The aim of the architect to produce a suitable and commodious structure without useless ornamentation or elaboration. The basement was constructed to provide room for the railways (with a turn-table to allow the car to run either direction) to convey food and other necessities from the kitchen to the dumb-waiters for the various dining rooms on the floors above.

The first floor of the building contained an entrance hall, office of the superintendent, general reception room, library, dispensary, supervisors' and matrons' reception rooms, water closet, bath rooms, kitchen buildings, officers' dining room, the female ward on the right, and the male ward on the left. The upper floors contained the female wards on the south and the male wards on the north side. To the rear of these and outside the main ward buildings were the water closets. The attendants' rooms were at either end with a sitting room. The remainder of the front portion of the upper floors was divided into fourteen single sleeping rooms for patients.

The second floor of the main office building was arranged especially for the superintendent's family and assistants, and contained parlors, sitting room, chambers, bathrooms, water-closets, and all other necessary closets. The rear of the second floor housed the supervisor's and matron's rooms and apothecary's room.

The assistant physician, matron and steward, bathroom, water-closet, lavatory, clothes room, sewing room, etc., were on the third floor of the main building. The fourth floor was divided into seven large rooms in the same arrangement and size of the third floor. Those rooms were to be used as infirmaries, sewing rooms, or apartments for private patients.

The building was heated by the hot air system with the placement of seven furnaces installed in the basement, chosen for economic reasons, low maintenance requirements, and efficient fuel use. The ventilation was designed to meet what was considered one of the most essential health producing features of the institution. An iron register opening directly into the flue was placed in the baseboard in every apartment. The doors and windows of the patients' room throughout were designed to be directly opposite each other to create a direct draught without endangering the health of the inmate whose bed was placed to one side.

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The lighting of the building was with gas pipes arranged to distribute the light with the greatest economy. Boothby indicated that gas was superior to any other illuminator in use at that time, in regard to cleanliness, safety and convenience. The water was designed to be pumped from the pipes leading from the penitentiary to the State Fairgrounds.

Growth of the Oregon State Hospital Complex

Attitudes about those with mental disorders, mental health treatment methods, and associated building campaigns are reflected in reports and articles written between 1883 and 1958. These articles illustrate the problems associated with an increasing number of patients, the roles of the various staff members, the attitudes of the public and governing bodies, the types of buildings constructed to meet ever-changing needs, and some of the successes and failures of the institution. These accounts shed light on how these factors have been, and continue to be, tremendous challenges for those who live and work at the Oregon State Hospital.

Historically, the population and overcrowding at the Oregon State Hospital was an ongoing issue, beginning soon after the hospital opened in 1883, when 370 patients moved from the Hawthorne facility in Portland. The "J" Building capacity of 412 patients was soon realized and the expansion of the building in 1896 signaled the beginning of a growing complex. A 1904 report in the *Oregon Statesman Illustrated Annual* was a positive account of the staffing, accommodations and treatment of patients under the care of the Oregon State Hospital. At that time, the main building was on approximately 200 acres "in the eastern suburbs occupying a commanding position upon high ground surrounded by spacious laws and exercise grounds." In addition, the Cottage Farm, consisting of about 1,000 acres, was located approximately three-and-one-half miles away, to the southeast of the main campus (where the current Oregon Correctional Institute is currently located). 300 patients were provided accommodations at the then growing part of the institution with what was considered the most up-to-date "cottage system," with ample room to spread out. Additionally, about 150 acres rented by the institution from the "Mute School," was located near the Cottage Farm. The make-up of hospital staff indicated a self-sufficient system in which they took care of all needs without outside assistance. At that time, a full staff included the superintendent, J.F. Calbreath, physicians, druggist, bookkeeper, stenographer, department overseer, engineer, supervisor, matron, steward, commissary, blacksmith, tinner, shoemaker, tailor, laundryman, laundress, seamstress, basementman, baker, cooks, farmer, dairyman, night watchman and watchwoman, elevator operator, table girls, 40 female attendants, and 78 male attendants.

In 1908, attitudes about mental disorders were changing, and can be seen when separate provisions were made for the "mentally deficient group, as contrasted with the mentally ill." That year, the State Institution for the Feeble-Minded was ordered by the legislature to care for "young people born mentally deficient or retarded due to accidents," and some patients were moved out of the Oregon State Hospital. The hospital was also relieved of part of its burden when the distinction was made that "feeble-mindedness is a condition, not a disease, with little hope of remedy by medical attention."

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The challenges of running the Oregon State Hospital were exposed again on January 23, 1911, when the *Portland Evening Telegram* reported that misuse of funds and unprofessional methods were occurring under the management of Dr. Stiner. There was also criticism of the operations at the home for the Feeble-Minded prompting the state legislature to demand that work begun by a special joint committee appointed at the 1909 session should be continued by another special session. Problems at both institutions included overcrowding of patients, insufficient tubercular care, and working patients beyond an eight-hour day. Overcrowding was not alleviated by the time of *A Biennial Report of the State Board of Control* in 1914, although there was good news that no serious accidents had occurred, no pestilential diseases had threatened the patients, that there was order and cleanliness throughout the buildings and at the Cottage Farm, and that the grounds were beautifully attended.

There were also successes at the Oregon State Hospital, however, and the treatment of patients produced positive results. Between 1914 and 1916, 1,248 patients were received and treated, with over 40 percent cured and sent home. Hospital staffing remained at a manageable level with 215 names on the payroll in the amount of about \$9,700 monthly. Additional buildings were constructed, including the Receiving Hospital, or "Dome Building" which opened in the fall of 1912. Overcrowding, however, unfortunately continued. At that time, the legislature enacted the cremation of all remains of persons who had died in state custody at the hospital and whose family members never claimed their bodies, including those who had been buried, reflecting a shift in the attitudes about the dead, particularly those without support outside of the hospital.

An increasing population in the state, and an increase in the number of those with mental disorders, brought about the question in 1910 about constructing a second mental health hospital in the state. There was considerable discussion in the press beginning about 1909 as to the need for such an institution in eastern Oregon. In 1910, the Legislature appropriated \$165,000 to purchase a site for a new state hospital. In November of that year, Pendleton was chosen over Baker City as the site for the hospital, with Dr. W. D. McNary as the appointed superintendent, and Dr. A.E. Tamiesie as the assistant superintendent. Both men had been members of the Oregon State Hospital for many years. The cornerstone for the Eastern Oregon State Hospital was laid on March 26, 1912 and was completed in early 1913. In January of that year, 326 patients were transferred to the new facility. Few of them were considered curable and the transfer was to lighten the burden on the Oregon State Hospital in Salem. The Eastern Oregon State Hospital was almost to capacity in 1918 with 515 patients.

The Oregon State Board of Control was created in 1913 to manage state institutions, including the Oregon State Hospital and the newly opened Eastern Oregon State Hospital, and consisted of the same officers as the previous Boards of Trustees that oversaw both hospitals. The Board appointed a "well-educated physician" as superintendent to manage the Oregon State Hospital, and was also authorized to transfer patients between two state hospitals as needed, as well as to transfer patients from other state institutions, such as the Oregon State Penitentiary, Fairview Home, training schools, or industrial schools, when patients were determined to have mental disorders. The Board was also authorized to coordinate with federal authorities to deport illegal alien patients and to return non-resident patients to their home states. More broadly, the functions of both the Oregon and Eastern Oregon State Hospitals were defined to diagnose mental illnesses, provide treatment, and release patients who have satisfactorily responded to treatment; to investigate the history of persons admitted

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and their families as a means of determining the cause or causes of the person's mental illness; to provide adequate and humane custodial care for those for whom curative treatment is ineffective; to conduct social and recreational programs for patients; to utilize patients, when possible, in the maintenance and upkeep of buildings and grounds; to assist in the protection of patients financial and business interests; to offer accredited courses in psychiatric nursing; and to provide outpatient clinic services.

Overall, treatment at the Oregon State Hospital followed national trends in mental health care. An important part of a patient's treatment was occupational therapy. There were 1,400 acres of farmland from which patients at the Oregon State Hospital produced \$133,726.51 in produce between 1914 and 1916. Between 1921 and 1923, production increased and consisted of a dairy, which produced \$42,545.39; a farm and garden (\$96,570.39); hog house (\$17,288.93); an orchard (\$22,980.00); and poultry (\$34,259.62), for a total of \$213,644.33. All of the fruit, vegetables, and other produce for maintaining the hospital were produced at the farm. There was also a cold storage plant that produced 100,000 pounds of ice, and provided space for fresh meat.

Treatment through engaging patients in occupational therapy continued as the superintendent's reports described positive results. In 1921, superintendent Dr. Steiner stated optimistically that 40 percent of all those patients received at that time were discharged as "much improved" or "almost well." He wrote with pride that the "beautiful lawns, flowers, the extensive orchards, vineyards, truck gardens and intensively cultivated fields showed a small part of the men's labors. The women were employed in the laundry, sewing room, and dining rooms, in gathering berries and preparing vegetables and in canning departments. The "duller" ones were stimulated to effort by attractive work such as basketry, needlework, and rug making.

The Superintendent's Report for the Oregon State Hospital dated October 1, 1922, was less optimistic, however. Instead of describing the benefits of occupational therapy, the report focused on the topic of sterilization, defending its effectiveness in protecting the patient and their possible progeny and society in light of its being declared unconstitutional. The report included specific information related to surgeries and medical treatments, and listed various procedures including castration, hysterectomies, cancer treatments, blood transfusions, bone transplants, amputations, preventative testing, dental work, and fitting for glasses. In addition, the issue of overcrowding was again highlighted, as the report discussed the fact that wards that were originally designed to accommodate 40 people were crowded with up to 45. Obviously, crowded sleeping quarters, jammed dining rooms, and a general feeling of being cramped, which compromised both health and comfort, was an ongoing concern. Unfortunately, the current policy at the time was to transfer excess patients to the Eastern Oregon State Hospital in Pendleton. Although the hospital in Salem needed more space to accommodate growing numbers of patients and staff, Dr. Steiner recommended instead adding a new wing to the hospital in Pendleton. Two floors were added in 1921 to the Eastern Oregon State Hospital, a third floor in 1922, another wing in 1925, and an additional wing in 1930.

Reports continued to illustrate the challenges of operating the Oregon State Hospital, describing both successes and failures, reflecting the difficulty of providing adequate funding and treatment for people unable to care for themselves. Dr. Steiner stated in the *Report of Oregon State Board of Control* for 1927 that material expenditure needed to be increased to adequately meet the demands of patient care, but that the institution

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was well-equipped for their study, treatment, and care. He indicated that more was being done than ever before, but much more might be done. During this period, voluntary commitment by patients was increasing, and the need for a ward for the criminally insane designed to protect the public was recognized. These growing demands would be met temporarily by some increases in funding, such as a relief in overcrowding for a period of about two years with the construction of a nurses' home at a cost of \$13,000.

The attitude of the medical profession caring for those with mental disorders continued to consider sterilization as an appropriate treatment into the 1930s. The 1931 superintendent's report stated that 131 persons had been rendered sterile in the institution. In addition, Dr. Steiner had recommended a national eugenics law "with the end in view of preventing the mating of people who are distinctly psychotic, feeble-minded, or those having strong criminal tendencies, or degenerates of every character for the improvement of the race."

As the Great Depression impacted the general economy in 1933, Dr. Steiner applauded the Oregon law that required a payment of \$20 per month by voluntarily committed patients, leaving it up to judges to determine whether or not patients could pay. A 104-bed building for patients with pulmonary tuberculosis and "certain other sick patients who are in need of fresh air" was constructed for \$55,000 largely with patient labor. In spite of these improvements, the number of patients continued to rise, and Dr. Steiner stressed the need to increase food production, relieve the overworked doctors and nurses, and update the old buildings susceptible to fires. He added, "the public as a whole is not interested. In fact, it is unusually cold-hearted. The public should rid itself of the wrong idea that mental illness is a disgrace. A sick brain is no more disgraceful than a sick lung, heart or kidney. And the public should be aware that only eight-tenths of one percent of tax money goes for the care of the state's mentally ill." A slight decrease in the patient population occurred in 1938 with the completion of the United States Veterans Facility in Roseburg in southern Oregon, but not for long.

In 1947, when Dr. Dean Brooks arrived at the Oregon State Hospital, there were only seven doctors for more than 3,000 patients. The requirements of that time were that the Governor had to visit the hospital every three months, and that the superintendent live on the hospital grounds (an apartment was located in the "J" Building). "Flatted" was a term used by staff who lived in the wards, and "floaters" were staff that came from other institutions. Staff requirements were not the main topic of discussion, however, with overcrowded conditions continuing to take center stage. The *Oregon Sunday Journal* of February 9, 1947 included photographs of what was described as unsanitary living conditions for 2,700 "mentally sick patients." This graphic evidence of overcrowding was used to encourage public attention to the hospital that would pressure the state legislature to appropriate money for capital improvements.

Building at the Oregon State Hospital continued with the construction of a modern treatment hospital, nurses' dormitory for a new nurses' training program, and a new administration building in the 1950s. Building 34, a two-story brick building divided into four wards was completed in 1952 as a tuberculosis unit for between 275 and 300 patients. The unit was first directed by Rudolph Rosenberg, M.D. During his several year tenure, the use of the newly developed para-amino-salicylic acid (PAS) and streptomycin, the first truly effective medicines against tuberculosis were begun, replacing the earlier treatments which included rest, exercise, warm water bathing, and surgical resection of diseased parts of the lungs, a very deforming surgery in which lengths of a

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patient's ribs were shortened (pneumothoracotomy). Building 34 continued to be used for this purpose until about 1970 when it was converted to a unit for elderly patients.

Plans for replacing the entire original Oregon State Hospital "J" Building at a cost of \$8,500,000 were approved in 1952. The new structure was to be six-stories high, with initial construction to include an east wing and a central building in the rear to house patient employee wards, an auditorium, library, and areas for occupational therapy and surgeries. These plans were not implemented, however, and construction during the 1955-57 biennium instead called for rebuilding the south wing of the existing hospital to provide six large wards and add one story to the recently constructed administration building. Plans continued to be developed for building new structures and implementing new treatment programs. Dr. Dean Brooks told the local Kiwanis Club "new treatment methods are increasing and speeding the return of patients to community life." He cited the hospital's principle objectives as creating an outpatient department that would reduce admissions, replacing the then 72 year old "J" Building, and securing space and property facilities for new types of treatment, including occupational and recreational therapy.

While considerations for new buildings were still being deliberated, new therapies for mental health care were introduced to the public. The *Oregon Statesman* of August 22, 1954 announced "New Outpatient Clinic at State Hospital Cuts Costs While Expanding Facilities: Mentally Ill Not Always Hospitalized." A series of six articles were written by Rolla J. Crick examining the difficulties encountered in adequately solving Oregon's mental health problem. The titles of her articles summarize the attitudes of the period, including "Good, Bad Points Found at Oregon Mental Hospital," "Mentally Ill Display Many Basic Traits," "Mental Ills Differ: New Patients Reveal Variety of Types," "Wonder Drugs Reduce Restraints; Hospital Uses Shock Treatment," "For Some, Mental Hospital Offers Shield Against "Terror" of World," and "Brains Before Bricks' Claimed Answer to Lack of Beds for Insane."

An editorial following these reports highlighted the 25 years of improvement in Oregon's mental health care system, including the introduction of the new drugs, therapies and equipment, and the improvement in professional staffing. Newspaper reporting itself had also undergone a revolution in attitude with less of an emphasis on the sensational and condemning authorities, to being more rational in understanding both societal problems of those with mental disorders the professionals who treated them.

The expansion of the Oregon State Hospital continued from the time it opened in 1883 until 1958 with the addition of the second floor of the Administration Building in 1958, although no new patient beds were added after 1955. After being in continuous operation for 75 years, the patient population high of 3, 545 peaked in 1958 with more than 1,000 employees. This population peak in 1958, however, would later quickly decline, due in large part to the introduction of psychiatric drugs and nursing home funding that became tied to Social Security. The founding of Alcoholics Anonymous, which removed many chronic alcoholics from the hospital system, the discovery of the use of Thorazine in 1952, and the later introduction of other anti-psychotic drugs also changed the way mental disorders were treated, as mental disorders were increasingly recognized as chemical imbalances in the brain. A short time later a "deinstitutionalization movement" across the country also resulted in significant drops in population.

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The trend toward treating fewer people with psychiatric problems continued to grow culminating in the Mental Health Act of 1963 that effectively changed the commitment law, stating that one had to be a danger to themselves or others in order to be admitted. This process of de-institutionalization began with medicated patients placed in community settings instead of in hospitals, and an increasingly difficulty to commit a person to the state hospital. In 1975, it was ruled that a person with mental disorders had to be a danger to him or herself or to others before he or she could be committed. Presently, around 600 patients are hospitalized at the Oregon State Hospital campus. Four-fifths of this population are forensic patients.

Mental Health Division: 1969-present

When the Mental Health Division took over in 1969 the population had dropped to around 1,000 patients; ten years later it was approximately 500. The role of the Oregon State Hospital also changed to a specialty hospital serving the whole state with five clinical programs: forensic psychiatric, geropsychiatric/medical services, child and adolescent treatment, correctional treatment, and adult psychiatric.

Currently, the Forensic Psychiatric Program serves adult mentally ill criminal offenders directed to the Oregon State Hospital by courts for evaluation and treatment. Most have been found "guilty except for insanity" and are under the jurisdiction of the Psychiatric Security Review Board. The Geropsychiatric Treatment/Medical Services Program serves mentally ill adults who have needs that cannot be managed in a regular nursing home. Other patients are mentally ill persons over 65 years old. The Child and Adolescent Treatment Program serves persons aged 6-17 with three, 20-bed units and a 5-bed crisis unit. The children's unit and one adolescent unit are secure and intend to provide protection to persons at risk to themselves or others. The Correctional Treatment Program is supervised by the Oregon State Hospital as a residential facility. It serves inmates of state correctional facilities who voluntarily transfer to the program. Inmates must be approved for transfer and able to complete it before their parole release date. The program is also responsible for mental health services to inmates in state correctional institutions.

Lastly, the Adult Psychiatric Program serves mentally ill adults from Marion, Polk, Benton, and Linn Counties who are admitted as voluntary, emergency, or civil court commitments. It averages 70 commitments per month. In 1995, Dammasch State Hospital in Wilsonville, Oregon, a hospital, asylum, and education center, merged with the Oregon State Hospital. Dammasch State Hospital was part of the Oregon State Mental Health system opening in 1961 and closing in 1995. The campus housed a 460-bed facility located on 490 acres. The patients served at Dammasch mainly came from Multnomah, Washington, and Clackamas Counties. Some of those patients and staff were relocated to the Oregon State Hospital in Salem and the new Portland Park facility in Portland. Portions of the former Dammasch State Hospital are currently being used by a private, non-mental health corporation.

ARCHITECTURAL DESIGN CONCEPTS OF THE OREGON STATE HOSPITAL

Kirkbride hospital buildings reflect a particular philosophy of mental patient care widely accepted throughout most of the nineteenth century. The philosophical basis of mental patient treatment from 1830 onward was that the causes of insanity could be reversed or meliorated by isolating the patient from the damaging

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influences of society. Rehabilitation revolved around proper diet, regular routine, productive occupation, calm and pleasant surroundings, and accommodations which separated patients according to sex and degree of disturbance.

Dr. Thomas Kirkbride, Superintendent of the Pennsylvania Hospital for the Insane in Philadelphia, took the lead in developing architectural standards for hospitals for the insane. His propositions were adopted by his professional organization of medial superintendents and were elaborated in a book published in 1854 entitled *On the Construction, Organization, and General Arrangement of Hospitals for the Insane*. Thus, Kirkbride profoundly influenced the design and administration of insane hospitals for the remainder of the century. The Oregon State Hospital Historic District shows this enduring influence of the Kirkbride system. The hospital opened for use in 1883, three years after a second, expanded edition of Kirkbride's handbook was published.

The distinguishing characteristic of hospitals based on the Kirkbride plan is linear arrangement consisting of a center section for administrative and service activities and wings for patient wards extending on either side. In the earlier hospitals, each wing was set back from the preceding wing. In the 1880 edition of Kirkbride's manual, a U-shaped configuration was recommended for building sites having limited space. Oregon's hospital, having its outermost wings at a right angle to the principal facade, is based on this later alternative.

To provide maximum light, ventilation, and separation between wards, the wings were connected with sections that contained tall windows. The buildings were typically three-stories in height on a full basement, and wall construction is as fire resistant as possible (usually of brick masonry). Architectural style was discretionary, though cupolas, domes, and spires appear to have been universally used as terminal features of the central pavilions and connections sections. The historic architectural styles applied throughout the century ranged from Greek Revival and Romanesque, to High Victorian Gothic and Second Empire Baroque. Oregon's hospital is a stately version of the High Victorian Italianate style.

In the first edition of his manual published in 1854, Dr. Kirkbride acknowledged the expert assistance of the Philadelphia architectural firm of Sloan and Stewart. A study of the architecture of Samuel Sloan has identified as many as twenty-two hospitals for the insane in the East and Midwest for which Sloan and Kirkbride appear to have collaborated as consultants. Of this number, thirteen are documented Sloan/Kirkbride hospitals. They are located in Tuscaloosa, Alabama; Hopkinsville, Kentucky; Kalamazoo, Michigan; Trenton and Greystone, New Jersey; Indianapolis, Indiana; Middletown, Connecticut; St. Peter, Minnesota; Morganton and Raleigh, North Carolina; and Columbia, South Carolina.

On the West Coast, it appears that Oregon may rightfully claim the best-surviving example of a Kirkbride designed hospital. Several Kirkbride-influenced mental hospitals were constructed in California including the Stockton State Hospital in 1853, the Napa State Hospital in 1875, Agnews State Hospital in 1885, and Southern State Hospital in 1893, although all have been remodeled or demolished. Western State Hospital in Washington opened in 1871 on the site of the former Fort Steilacoom, but, unfortunately, its Kirkbride-designed main building has been significantly altered, although still used as part of the institution. In addition, the Oregon State Hospital Historic District's Kirkbride-designed "J" Building is the oldest, intact public building in Salem.

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The status of the Oregon State Hospital Historic District's oldest building, the "J" Building, in which essentially only the administrative and service core is in use and in which maintenance of empty wings has been deferred to a crisis point, is typical of Kirkbride hospitals elsewhere in the country. Many of the hospitals have been listed in the National Register of Historic Places, and citizen concern has prompted efforts to find new uses for these important, yet empty, landmarks.

Typically, the preferred alternative is to convert empty wings to purposes that support the psychiatric programs of the state hospital. Failing that, the property is next offered for use by other state agencies. In cases where the Kirkbride hospital is a discrete unit of a campus and public access is not disruptive, the older hospital units have been offered for private sector rehabilitation for housing or commercial offices. The State of Pennsylvania claims ten Kirkbride hospital among the twenty mental health hospitals built by the State to date. Five of the State's hospitals have been liquidated in recent years and adaptively used for schools, geriatric care centers, and a county prison.

Many other buildings within the Oregon State Hospital Historic District display their uses through their architectural design. The architectural design of buildings within the historic district reflect the period in which they were constructed, in part due to the architectural trends of a particular period, but also they reflect the changes in the mental health care facility policies and procedures. Many of the buildings are utilitarian in design. For example, the numerous agricultural buildings on site reflect the patient training and working to accommodate a self-sustaining community for patients and staff. The cottages were constructed to allow for the doctors and staff to remain on site but move outside the main building that housed patients. Many of the storage and maintenance buildings are utilitarian design as well and reflect mid-twentieth century institutions' increasing reliance on the automobile.

CONCLUSION

In 1975, the academy award-winning movie *One Flew Over the Cuckoo's Nest* was filmed in the "J" Building of the Oregon State Hospital. Based on the novel by Oregon writer Ken Kesey, the filming involved several well-known actors, hospital staff, and patients. When the film was completed, private "in-house" showings were given for patients and staff of the hospital. While some viewers saw the movie as more of a black mark against the psychiatric profession, many others viewed it as an example of the abuse of power. As it has been throughout the history of the Oregon State Hospital, the debate over how best to meet the needs of the mental health care system and provide adequate services to patients continues.

The contributors to the website "Kirkbride Buildings" perhaps best sum up the historical and lasting importance of the Kirkbride system within the Oregon State Hospital Historic District, and for many other state hospitals in America. The writers describe, "Once state-of-the-art mental healthcare facilities, Kirkbride buildings have long been relics of an obsolete therapeutic method known as Moral Treatment. These massive structures were conceived as ideal sanctuaries for those with mental disorders in the latter half of the nineteenth century. Careful attention was given to every detail of their design to promote a healthy environment and to convey a sense of respectable decorum. Placed in secluded areas within expansive grounds, many seemed almost

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palace-like from the outside. But growing populations and insufficient funding led to unfortunate conditions that spoiled their idealistic promise.

Within decades of their first conception, new treatment methods and hospital design concepts emerged and the Kirkbride design was eventually discarded. With advances in drug treatment in the 1950s, and as a result of the movements for community health centers and patients' rights, hospital populations have been declining over the past two decades. Many existing Kirkbride buildings maintained a central place in these institutions which began within their walls, but by the end of the twentieth century many have been abandoned; several, unfortunately, have been destroyed. Although a few Kirkbride-inspired buildings have managed to survive into the twenty-first century intact and still in use, many that survive sit abandoned and decaying—their mysterious grandeur intensified by their derelict condition.”²

Because of its historic association with the development of differing philosophies and policies related to mental health care in Oregon, and its concentration of architecturally distinctive and significant institutional buildings and landscapes influenced by the Kirkbride system and designed by several prominent Oregon architects, the Oregon State Hospital Historic District is eligible for listing in the National Register of Historic Places under Criteria A and C.

² “Kirkbride Buildings,” January 2008, <http://www.kirkbridebuildings.com/index.html>.

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Oregon State Hospital Historic District
Name of Property

Marion Co., OR
County and State

NPS Form 10-900-a

OMB Approval No. 1024-0018

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VERBAL BOUNDARY DESCRIPTION

The nominated Oregon State Hospital Historic District is roughly bounded by Park Avenue on the east, "D" Street on the north, 24th Street on the west, and Bates Drive on the south. The boundaries for the historic district contain approximately 130.35 acres of the northerly portion of tax lot 700 located in Sections 24 and 25 in Township 7 South, Range 3 West, Willamette Meridian. The boundary for the nominated areas is shown on both the accompanying boundary and site maps.

BOUNDARY JUSTIFICATION

The boundary comprises that area of the Oregon State Hospital that includes those buildings, structures, and sites that historically have been associated with the Oregon State Hospital, that maintain historic integrity, and that date from the period of significance (1883-1958). The entire Oregon State Hospital Historic District retains its overall historic integrity and is historically associated with the development and implementation of the mental health care system in Salem and in the State of Oregon.

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PHOTOGRAPHS

Address: Oregon State Hospital Historic District
2600 Center Street
Salem, Marion Co., OR

Photographer: Tom Green, nomination preparer, 3251 Buff Ave. SE Salem, OR 97302

Date: June 2007

Ink and Paper: Printed on Epsom Premium Glossy Paper with Ultra Chrome Ink

Location of Negatives: Digital, images held by nomination preparer(s)

- 1 of 52: Exterior View: Building 30, 31, 41-48, "J" Building, front facade, looking northeast from driveway
- 2 of 52: Exterior View: "J" Building, looking northeast (Building 29 on left) at front facade
- 3 of 52: Exterior View: "J" Building, looking southwest from Center Street at north facade
- 4 of 52: Exterior View: "J" Building, looking southeast from Center Street at north facade
- 5 of 52: Interior View: "J" Building, interior, Ward 63
- 6 of 52: Interior View: "J" Building, interior, bathroom
- 7 of 52: Interior View: "J" Building, interior, ward hallway
- 8 of 52: Exterior View: Tunnel Entrance, looking north
- 9 of 52: Interior View: Tunnel Interior
- 10 of 52: Exterior View: Building 36, Dome Building, looking northeast at front facade
- 11 of 52: Exterior View: Dome Building, south facade, looking north
- 12 of 52: Exterior View: Building 31, kitchen addition to "J" Building, looking northwest at rear elevation
- 13 of 52: Exterior View: Building 33, Yaquina Hall, looking northeast at front elevation
- 14 of 52: Exterior View: Building 34, Santiam Hall, looking northeast at front elevation
- 15 of 52: Exterior View: Building 35, Breintenbush Hall, looking northwest at front elevation

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- 16 of 52: Exterior View: Building 40, McKenzie Hall, looking northeast at front elevation
- 17 of 52: Exterior View: Building 49, Salem Rehabilitation Facility, looking northeast at front elevation
- 18 of 52: Exterior View: Building 50, Eola Hall, looking northeast at south and west elevations
- 19 of 52: Exterior View: Building 51 & 61, Heat Plant, looking at west facade, facing east
- 20 of 52: Exterior View: Building 53, Garage and Offices, looking southeast at east facade
- 21 of 52: Exterior View: Building 58, Hog Fuel Shed, looking southwest at northeast facade
- 22 of 52: Exterior View: Building 59, Central Storage, looking southeast at northwest facade
- 23 of 52: Exterior View: Building 60, 75, Old Paint Shop and Crematorium, looking southeast at northwest facade
- 24 of 52: Exterior View: Water Tower, Building 62, looking south at north facade
- 25 of 52: Exterior View: Building 73, Physical Plants Storage, looking northwest at southeast facade
- 26 of 52: Exterior View: Building 76, Quonset Hut, looking southeast at southeast facade
- 27 of 52: Exterior View: Building 77, 50, Eola Hall and Gym and Office, looking northeast at main facade
- 28 of 52: Exterior View: South Park Grounds and Tennis Court, looking north
- 29 of 52: Exterior View: Cottage 1, Superintendent's House, looking northwest at front facade
- 30 of 52: Exterior View: Cottage 2, looking north at front facade
- 31 of 52: Exterior View: Cottage 3, looking southeast at front facade
- 32 of 52: Exterior View: Cottage 4, looking south at front facade
- 33 of 52: Exterior View: Cottage 7, 9, looking south at front facade
- 34 of 52: Exterior View: Cottage 11, looking southeast at front facade
- 35 of 52: Exterior View: Cottage 12, looking south at front facade
- 36 of 52: Exterior View: Cottage 13, looking southeast at northwest facade

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- 37 of 52: Exterior View: Cottage 14, looking southwest at front facade
- 38 of 52: Exterior View: Cottage 15, looking south at front facade
- 39 of 52: Exterior View: Cottage 16, looking southwest at front facade
- 40 of 52: Exterior View: Cottage 17, looking southwest at northeast facade
- 41 of 52: Exterior View: Cottage 18, looking southwest at northeast facade
- 42 of 52: Exterior View: Cottage 19, looking southwest at front facade
- 43 of 52: Exterior View: Cottage 20, looking east at front facade
- 44 of 52: Exterior View: Cottage 21, looking east at front facade
- 45 of 52: Exterior View: Cottage 22, looking east at front facade
- 46 of 52: Exterior View: Cottage 23, looking west at front facade
- 47 of 52: Exterior View: Cottage 24, looking west at front facade
- 48 of 52: Exterior View: Cottage#25, looking south at front facade
- 49 of 52: Exterior View: Cottage 26, looking south at front facade
- 50 of 52: Exterior View: Cottage 27, looking south at front facade
- 51 of 52: Exterior View: Cottage 28, looking southwest at front facade
- 52 of 52: Exterior View: Cottages along Greenway, looking east

Architectural Survey Data for Oregon State Hospital Historic District
Oregon State Historic Preservation Office

(printout date: 1/9/2008)

Address/ Property Name	Eval/ Ht	Yr.(s) Built	Materials	Arch. Classifs/Styles	Orig. Use/ Plan (Type)	Survey Date	Comments
23rd St NE Building 86	EC 1	1946	CONCRETE: Other/Undefined	Utilitarian	Waterworks	6/1/2007	122 square feet
23rd St NE Building 91	NP 1	1992	METAL: Other/Undefined	Utilitarian	Waterworks	6/1/2007	140 square feet
24th PINE Cottage 21	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
24th St NE Building 85	EC 1	1946	CONCRETE: Other/Undefined	Utilitarian	Waterworks	6/1/2007	122 square feet
24th St NE Building 90	NP 1	1992	METAL: Other/Undefined	Utilitarian	Waterworks	6/1/2007	140 square feet
24th PINE Cottage 20	EC 1.5	1951	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
24th PINE Cottage 22	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
24th PINE Cottage 23	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
24th PINE Cottage 24	EC 1	1954	Horizontal Board	Ranch Style	DOMESTIC: General Ranch/Rambler	6/1/2007	
25th St NE Building 74	EC	1938	WOOD: Other/Undefined	Utilitarian	Industrial Storage	6/1/2007	
25th St NE Building 37	EC 1	1957	WOOD: Other/Undefined	Utilitarian	Other	6/1/2007	
25th PINE Building 33	EC 2	1947	BRICK: Other/Undefined	MODERN PERIOD: Other	HEALTH CARE: General Other Commercial/Public	6/1/2007	
25th PINE Building 40	EC 2	1948 1982	BRICK: Other/Undefined	MODERN PERIOD: Other	HEALTH CARE: General Other Commercial/Public	6/1/2007	
27th PINE Building 50, 77	EC 5	1955 1956	CONCRETE: Other/Undefined Brick Veneer	MODERN PERIOD: Other	HEALTH CARE: General Other Commercial/Public	6/1/2007	Bldg. 50 and 77 are connected; Bldg 50 constructed in 1955; 77 constructed in 1956
27th PINE Building 34	EC 2	1950 1987	BRICK: Other/Undefined	Minimal Traditional	HEALTH CARE: General Other Commercial/Public	6/1/2007	
Bates Dr NE Cottage 25	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	

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Address/ Property Name	Eval/ Ht	Yr.(s) Built	Materials	Arch. Classifs./Styles	Orig. Use/ Plan (Type)	Survey Date	Comments
Bates Dr NE Cottage 26	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
Bates Dr NE Cottage 27	EC 1.5	1952	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
Bluebird Dr NE Entry Gate #1	EC	c.1912	STONE:Other/Undefined METAL: Other/Undefined	Not Applicable	LANDSCAPE: General	6/1/2007	Two gate posts at intersection of 24th and Bluebird
Bluejay Dr NE Building 54	EC 1	1935	WOOD:Other/Undefined	Utilitarian	Other	6/1/2007	
Bluejay Dr NE Building 29	EC 2	1950 c.1958	BRICK:Other/Undefined	Contemporary	Sanitarium Rectangular Block	6/1/2007	
Bobolink Dr NE Entry Gate #2	EC	c.1912	STONE:Other/Undefined METAL: Other/Undefined	Not Applicable	LANDSCAPE: General	6/1/2007	Two gate posts at intersection of Bobolink, 24th, and Center
Center St NE Building 63	EC 1	1929	CONCRETE: Other/Undefin	Utilitarian	Other	6/1/2007	
Center St NE Building 82	EC 1	1946	WOOD:Other/Undefined	Not Applicable	Rectangular Block Waterworks	6/1/2007	122 square feet
Center St NE South Park Grounds	EC	c.1883	Not Applicable	Not Applicable	LANDSCAPE: General	6/1/2007	Bordered by Center St. on north, 24th on the west, and Greenway on the south
Center St NE Building 56	EC 1	c.1957	WOOD:Other/Undefined Stucco	Utilitarian	Other	6/1/2007	150 square feet
Center St NE Tunnel System	EC	c.1900	Not Applicable	Not Applicable	TRANSPORTATION: General	6/1/2007	Tunnels cross Center St. twice and run underground near Evergreen, 27th Place, and Bittern St.
Center St NE Building 60, 75	EC 1.5	1896 1949	BRICK:Other/Undefined Brick Veneer	Greek Revival MODERN PERIOD: Other	Other Temple Form	6/1/2007	Buildings 60 and 75 are joined
Center St NE Entry Gate #3	EC	c.1912	STONE:Other/Undefined METAL: Other/Undefined	Not Applicable	LANDSCAPE: General	6/1/2007	Two gate posts at intersection of Center and Bluebird (north of Center)
Center St NE Building 76	EC 1	1947	Metal Sheet	Utilitarian	TRANSPORTATION: General Quonset Hut	6/1/2007	
Center St NE Building 51, 61	EC 1	1912 1951	BRICK:Other/Undefined	Utilitarian	Other	6/1/2007	
Center St NE Building 55	EC 1	c.1931	WOOD:Other/Undefined	Utilitarian	Other/Undefined Other	6/1/2007	

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Address/ Property Name	Eval/ Ht	Yr.(s) Built	Materials	Arch. Classifs/Styles	Orig. Use/ Plan (Type)	Survey Date	Comments
Center St NE Building 62	EC	1925	Steel	Not Applicable	Irrigation Facility	6/1/2007	
Center St NE Building 59	EC 1	1909	Stucco	Neo-Classical Revival	Other	6/1/2007	
Center St NE North Park Grounds	EC	c.1912	Not Applicable	Not Applicable	LANDSCAPE: General	6/1/2007	Bordered by Center St. on the south, 23rd on the west, and B St. on the north
Center St NE Building 31	EC	1926	BRICK:Other/Undefined	Italianate	HEALTH CARE: General	6/1/2007	
Center St NE Building 35	EC 2	1948	BRICK:Other/Undefined	MODERN PERIOD: Other	HEALTH CARE: General Other Commercial/Public	6/1/2007	
Center St NE Building 49	EC 2	1937	BRICK:Other/Undefined	Neo-Classical Revival	HEALTH CARE: General Other Commercial/Public	6/1/2007	
Center St NE Building 53	EC 2	1937	BRICK:Other/Undefined	Utilitarian	Other Rectangular Block	6/1/2007	
2600 Center St NE Building 30, 31, 41-48	ES 4	1883	BRICK:Other/Undefined	Italianate	Sanitarium	6/1/2007	
2605 Center St NE Building 36	ES 3	1912 1993	BRICK:Other/Undefined CONCRETE: Other/Undefin	Neo-Classical	Sanitarium Other Commercial/Public	6/1/2007	
Evergreen Ave NE Building 64	EC 1	1927	Glass	Utilitarian	AGRICULTURAL: General	6/1/2007	
Greenway Dr NE Cottage 12	EC 1.5	1940	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
Greenway Dr NE Building 73	EC 1	1901	WOOD:Other/Undefined	Utilitarian	Other Rectangular Block	6/1/2007	
Greenway Dr NE Cottage 13	EC 1	1940	Horizontal Board	English Cottage	DOMESTIC: General Period Cottage	6/1/2007	
Greenway Dr NE Building 71	EC 1	1942	Wood Sheet	Utilitarian	Agric. Storage Rectangular Block	6/1/2007	
Greenway Dr NE Building 67	NC 1	1901 1962	Horizontal Board	Utilitarian	Horticultural Facility Barn - Other	6/1/2007	
Greenway Dr NE Cottage 15	EC 1.5	1946	Horizontal Board	Minimal Traditional	DOMESTIC: General Cape Code	6/1/2007	
Greenway Dr NE Building 52	EC 1	1951	Glass	Utilitarian	Horticultural Facility	6/1/2007	

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Address/ Property Name	Eval/ Ht	Yr.(s) Built	Materials	Arch. Classifs/Styles	Orig. Use/ Plan (Type)	Survey Date	Comments
Greenway Dr NE	EC	1938	Shingle	English Cottage	DOMESTIC: General Period Cottage	6/1/2007	
		Cottage 11	1.5				
Greenway Dr NE	EC	1945	Horizontal Board	Minimal Traditional	DOMESTIC: General Period Cottage	6/1/2007	
		Cottage 14	1.5				
Greenway Dr NE	EC	1942	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
		Cottage 3	1.5				
Greenway Dr NE	EC	1942	Horizontal Board	English Cottage	DOMESTIC: General Central Passage	6/1/2007	
		Cottage 4	1.5				
Greenway Dr NE	EC	1951	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
		Cottage 18	1.5				
Greenway Dr NE	EC	1951	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
		Cottage 19	1.5				
Greenway Dr NE	EC	1946	Horizontal Board	Minimal Traditional	DOMESTIC: General Cape Code	6/1/2007	
		Cottage 16	1.5				
Greenway Dr NE	EC	1951	Horizontal Board	English Cottage	DOMESTIC: General Cape Code	6/1/2007	
		Cottage 17	1.5				
Midway Ave NE	EC	1909	Horizontal Board	Prairie School	DOMESTIC: General Other Residential Type	6/1/2007	
		Cottage 1, 1a	2				
Midway Ave NE	EC	1909	Horizontal Board	Prairie School	Single Dwelling Other Residential Type	6/1/2007	
		Cottage 2	2				
Midway Ave NE	EC	1956	Horizontal Board	Vernacular	DOMESTIC: General Other Residential Type	6/1/2007	
		Cottage 28	2				
Park Ave	EC	c.1946	WOOD:Other/Undefined	Not Applicable	Waterworks	6/1/2007	122 square feet
		Building 81	1				
Park Ave	NP	c.1990	METAL: Other/Undefined	Utilitarian	Warehouse	6/1/2007	
		Building 92	1				
Park Ave	NP	1998	METAL: Other/Undefined	Utilitarian	Other	6/1/2007	
		Building 93	1				
Park Ave	NP	1998	METAL: Other/Undefined	Utilitarian	Other	6/1/2007	
		Building 89	1				
Park Ave NE	EC	1929	Stucco	Arts & Crafts / Craftsman	DOMESTIC: General Other Residential Type	6/1/2007	
		Cottage 7, 9	2				
Park Ave NE	EC	1928	WOOD:Other/Undefined	LATE 19TH/20TH REVIVAL	DOMESTIC: General Crosswing	6/1/2007	
		Cottage 8	1.5				

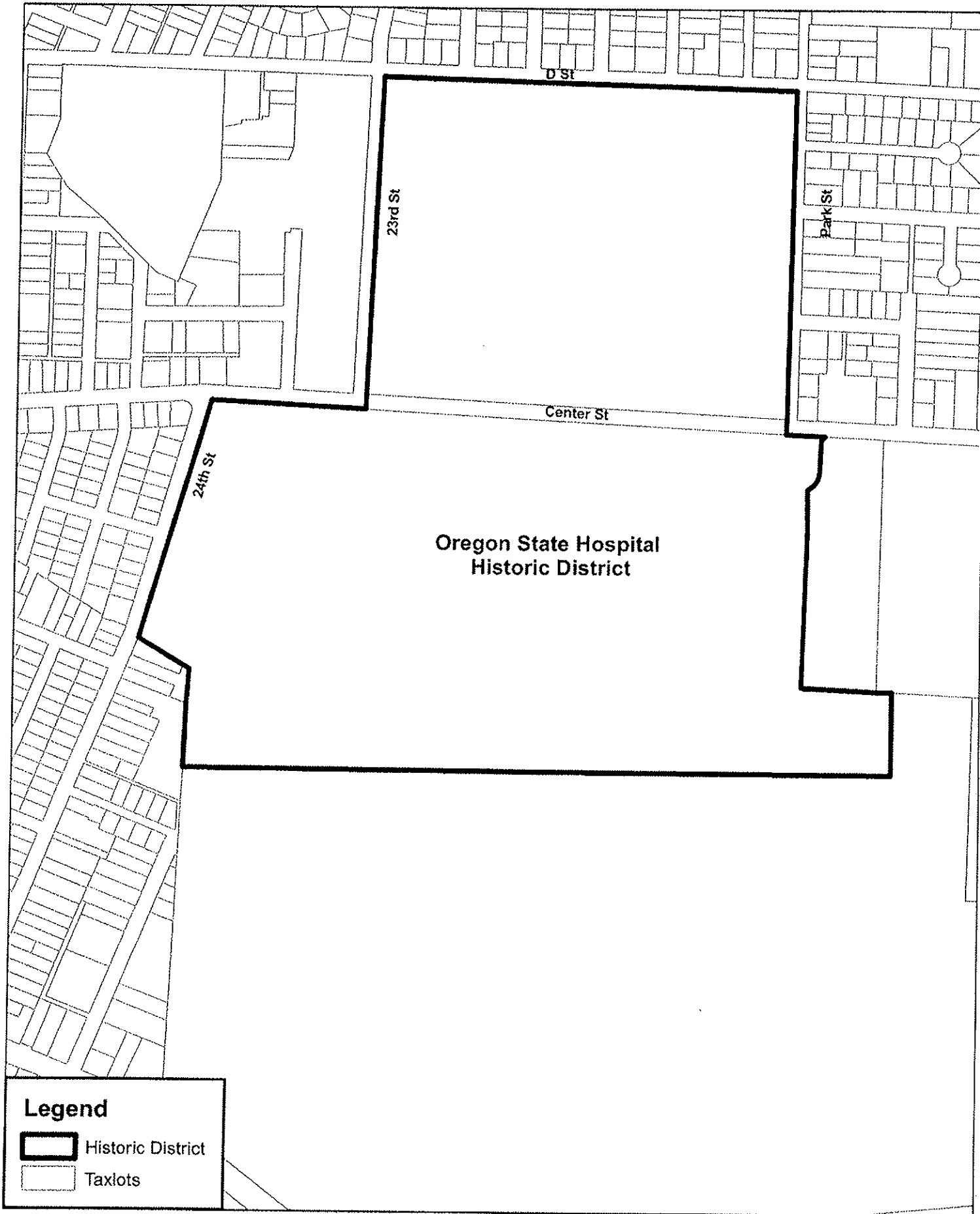
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Park Ave NE Building 58	EC	1932	Metal Sheet	Utilitarian	TRANSPORTATION: General Other/Undefined	6/1/2007	

OREGON STATE HOSPITAL HISTORIC DISTRICT BOUNDARY MAP



Legend

-  Historic District
-  Taxlots

This product is for informational purposes and may not have been prepared for, or be suitable for legal, engineering, or surveying purposes. Users of this information should review or consult the primary data and information sources to ascertain the usability of the information.

Oregon Lambert Projection
Datum NAD 83



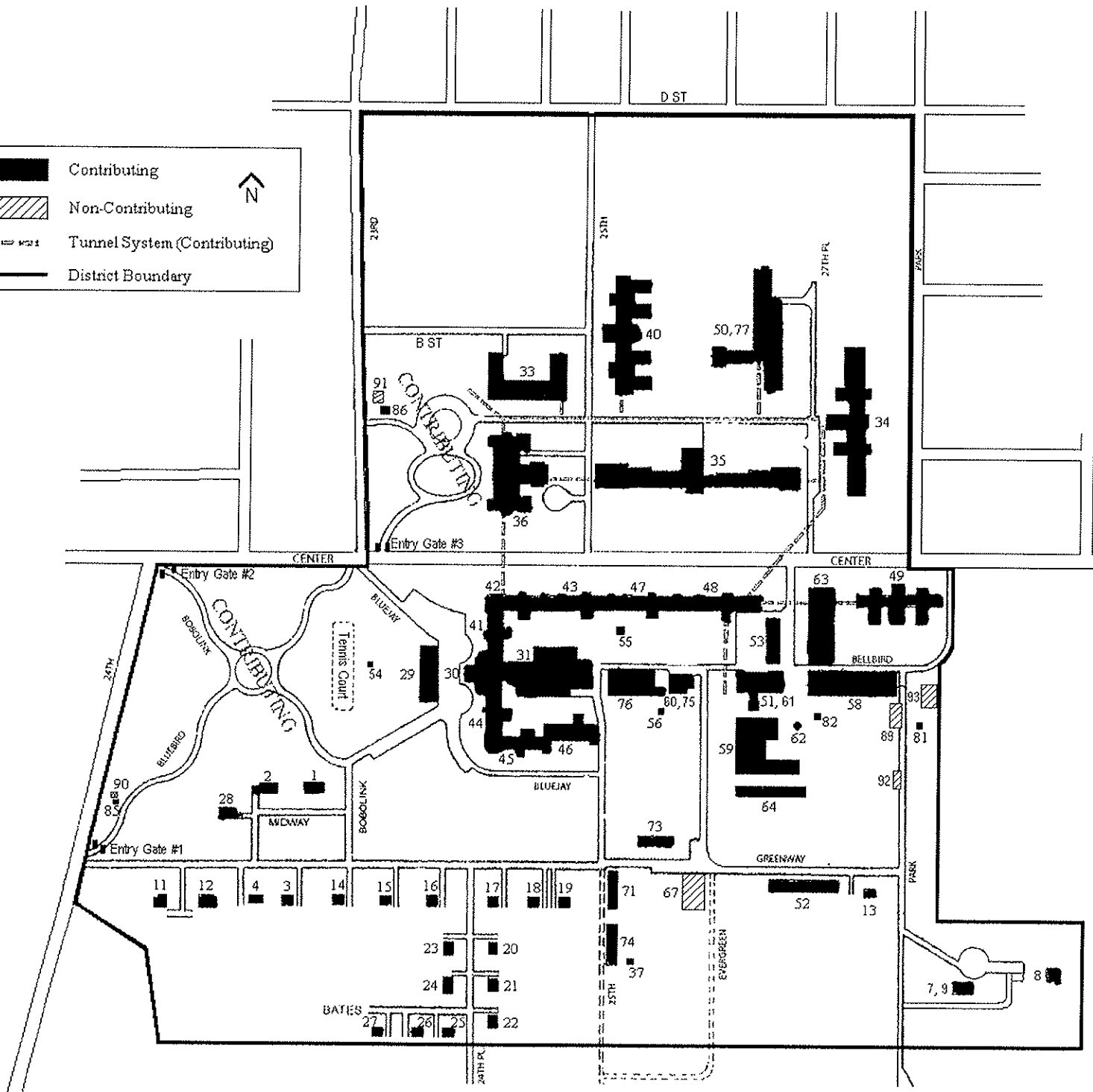
0 287.5 575 Feet

MJD 1/4/2008

OREGON STATE HOSPITAL HISTORIC DISTRICT SITE MAP

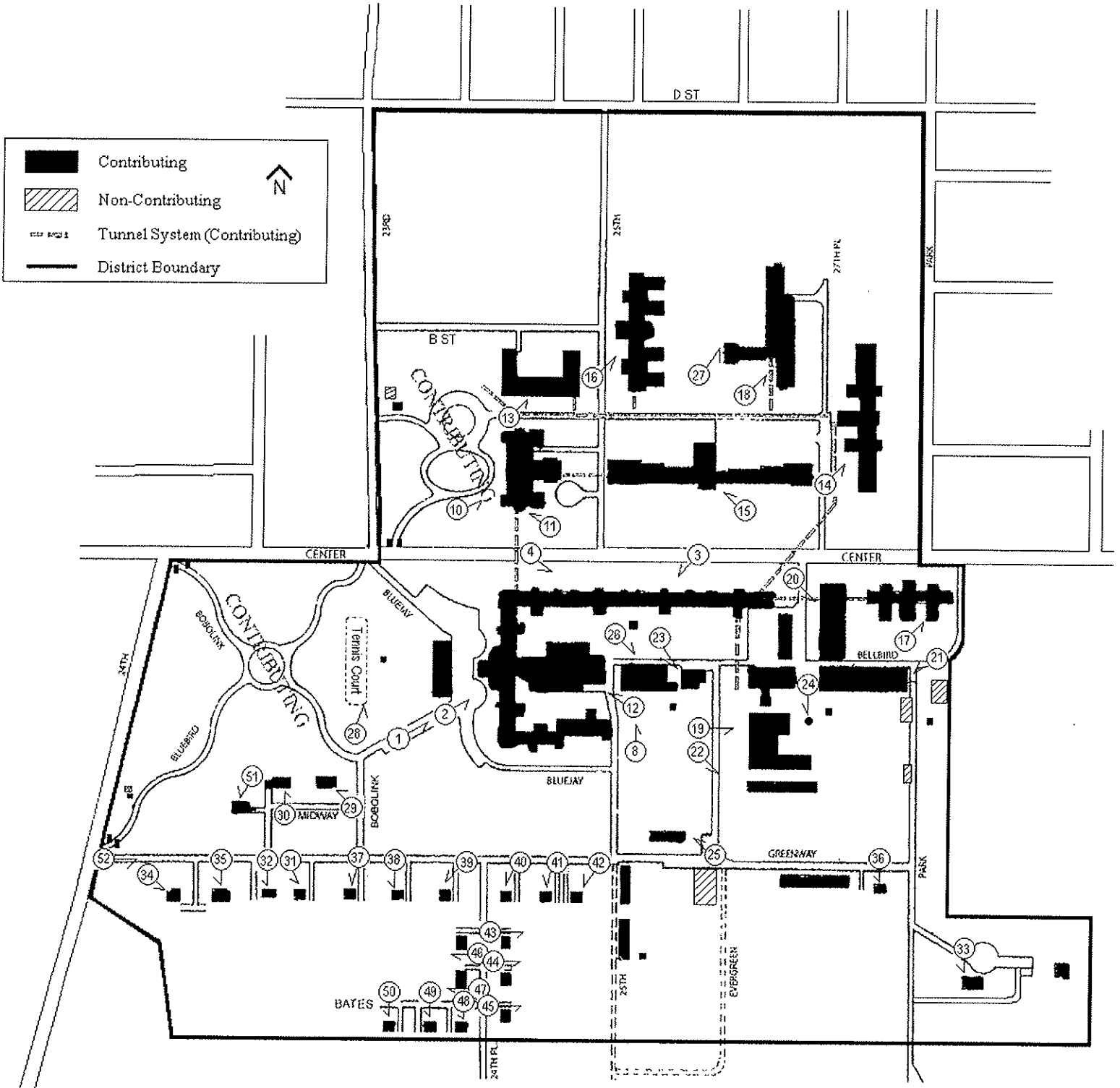
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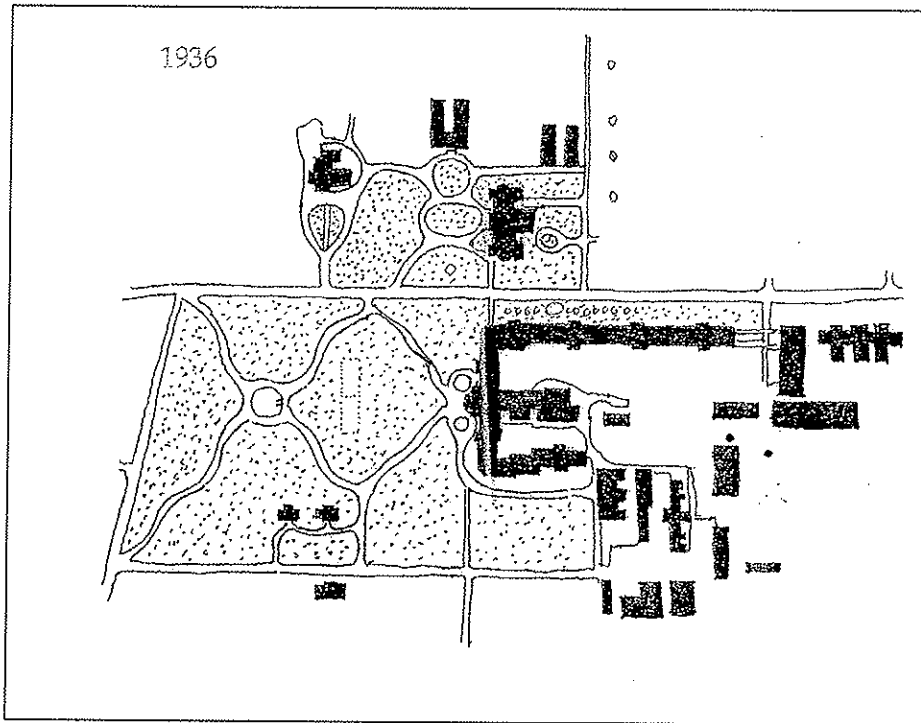
	Contributing	 N
	Non-Contributing	
	Tunnel System (Contributing)	
	District Boundary	



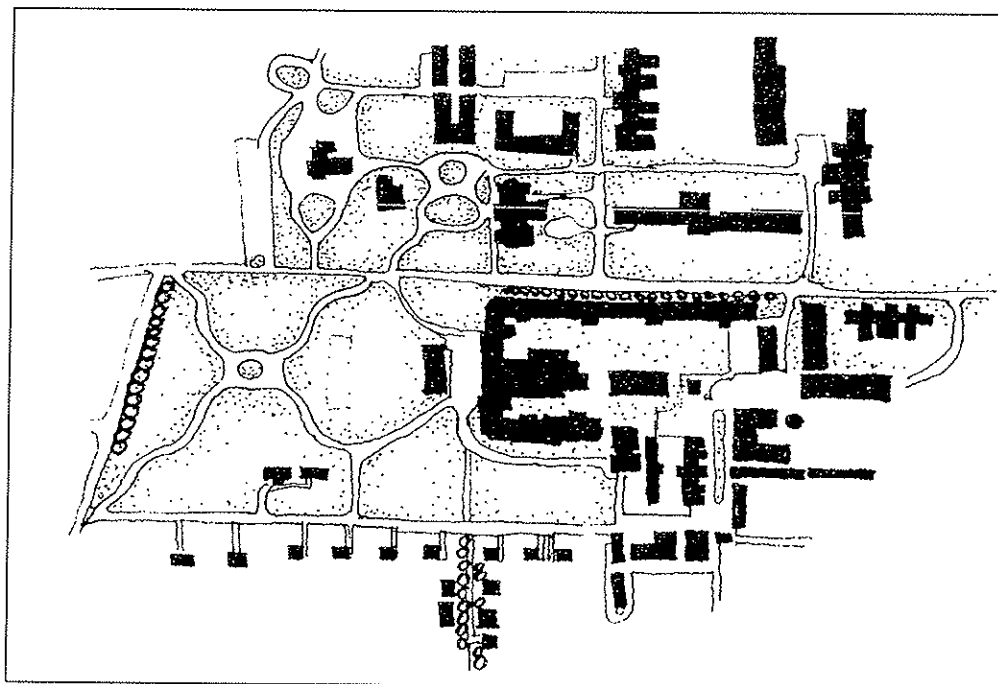
OREGON STATE HOSPITAL PHOTOGRAPH MAP

(Note: Map Not to Scale)

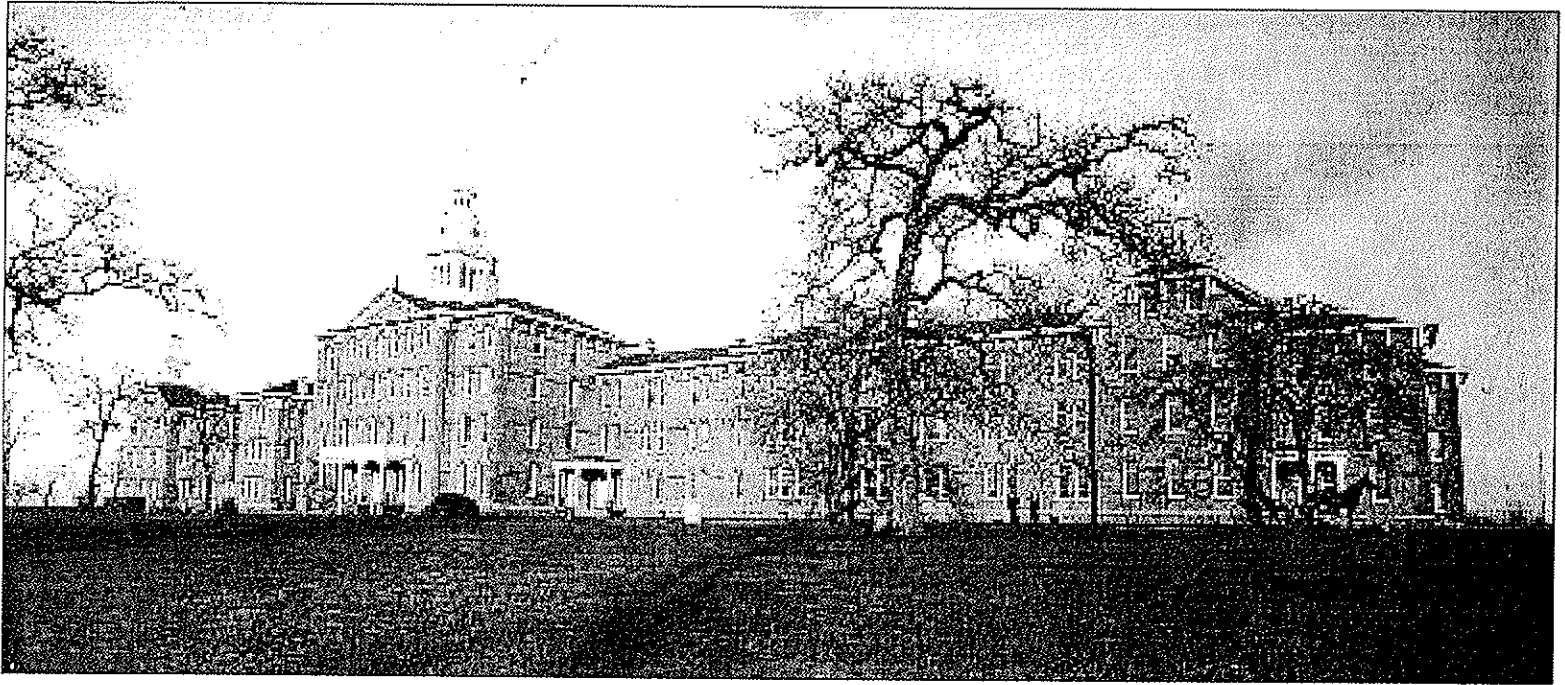




Above: Configuration of the Oregon State Hospital in 1936



Above: Configuration of the Oregon State Hospital in 1955



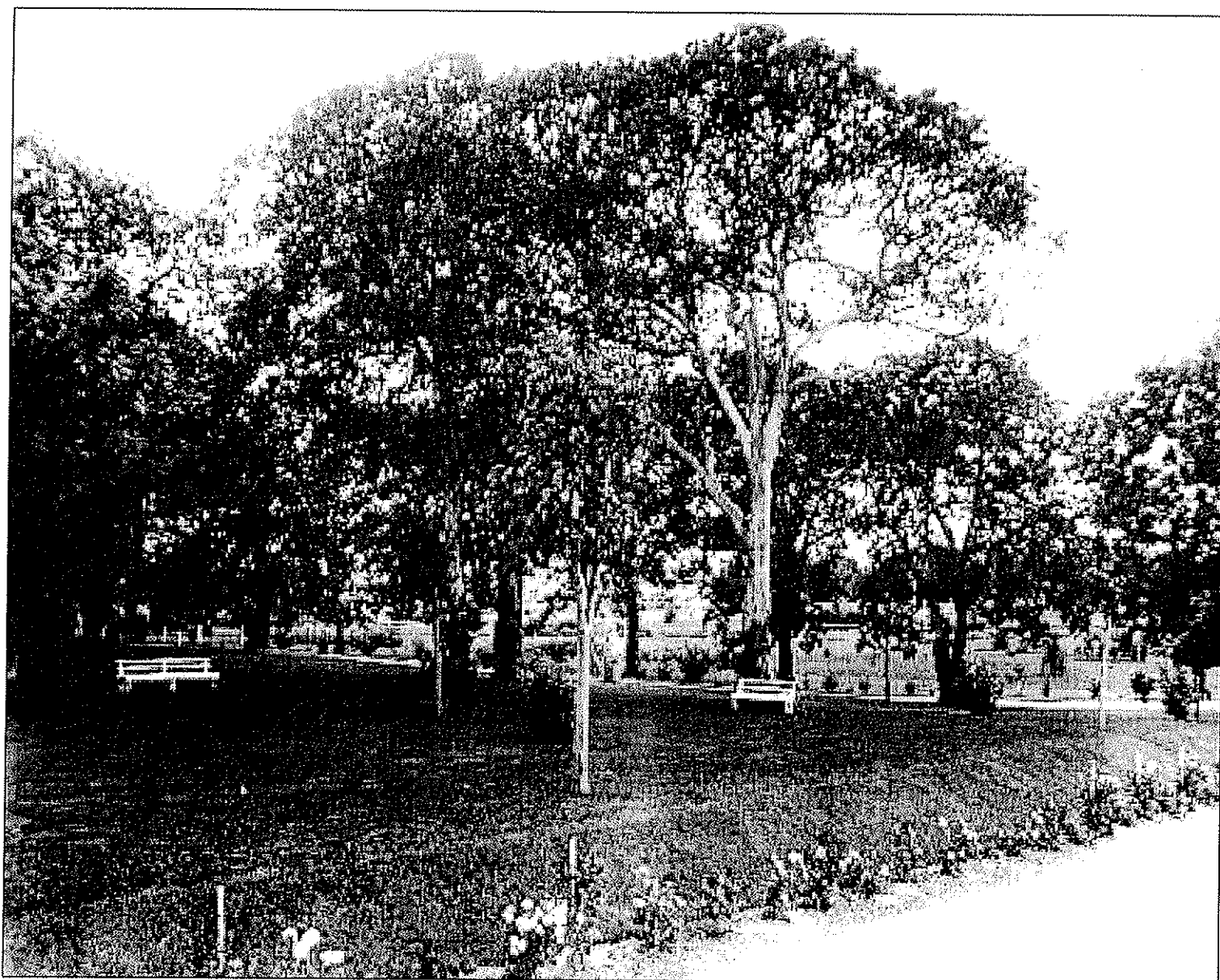
Oregon State Hospital "J" Building (Oregon State Insane Asylum) in Salem,
Oregon, 1892

(Courtesy of Oregon State Archives, Oregon Board of Architect Examiners,
OAE0013)



Oregon State Hospital and "J" Building located in Salem, Oregon, ca. 1905

(Courtesy of Oregon State Archives, Oregon State Hospital, OSH0004)

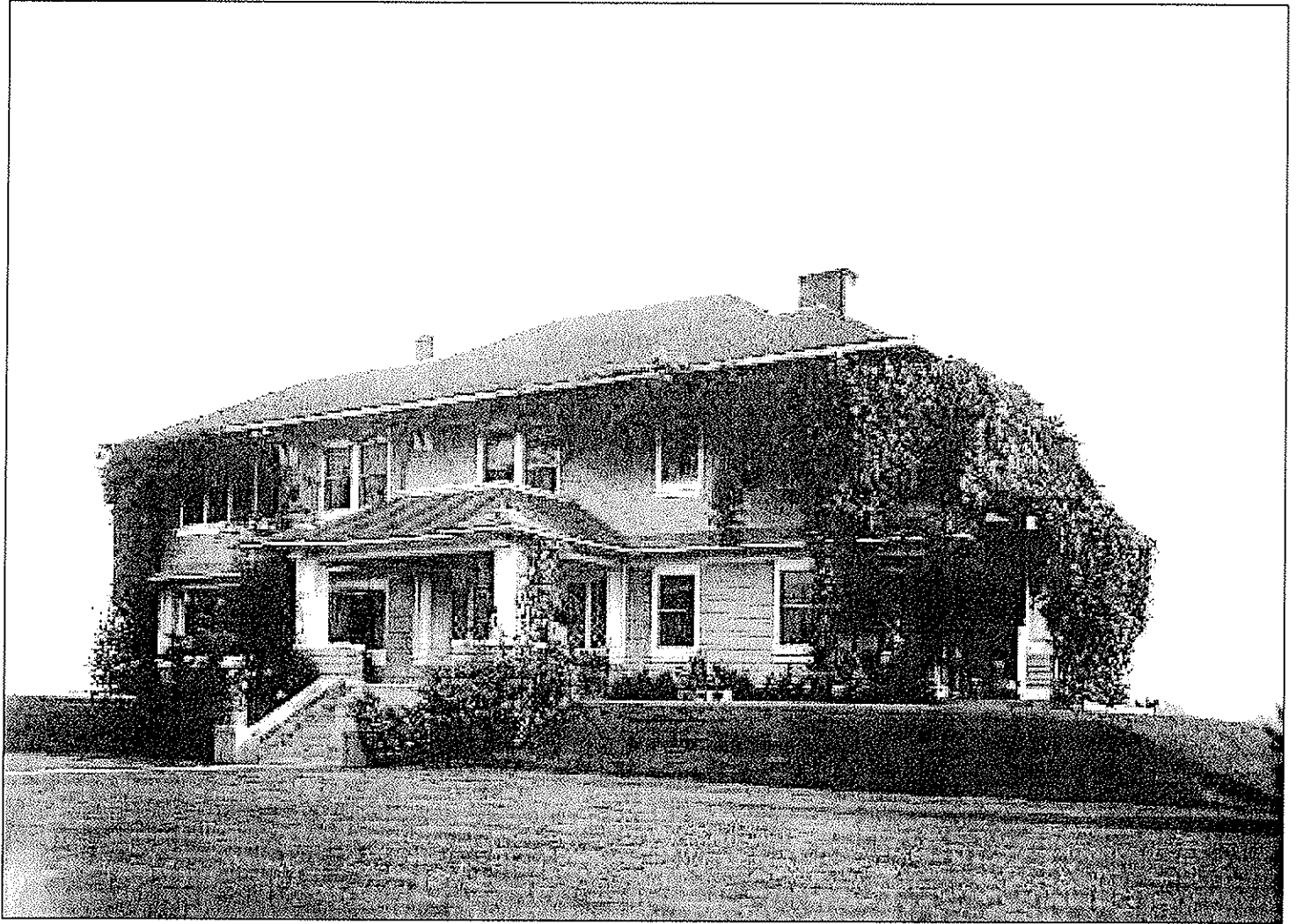


Grounds of the Oregon State Hospital on in Salem, Oregon, ca. 1905
(Courtesy of Oregon State Archives, Oregon State Hospital, OSH0006)



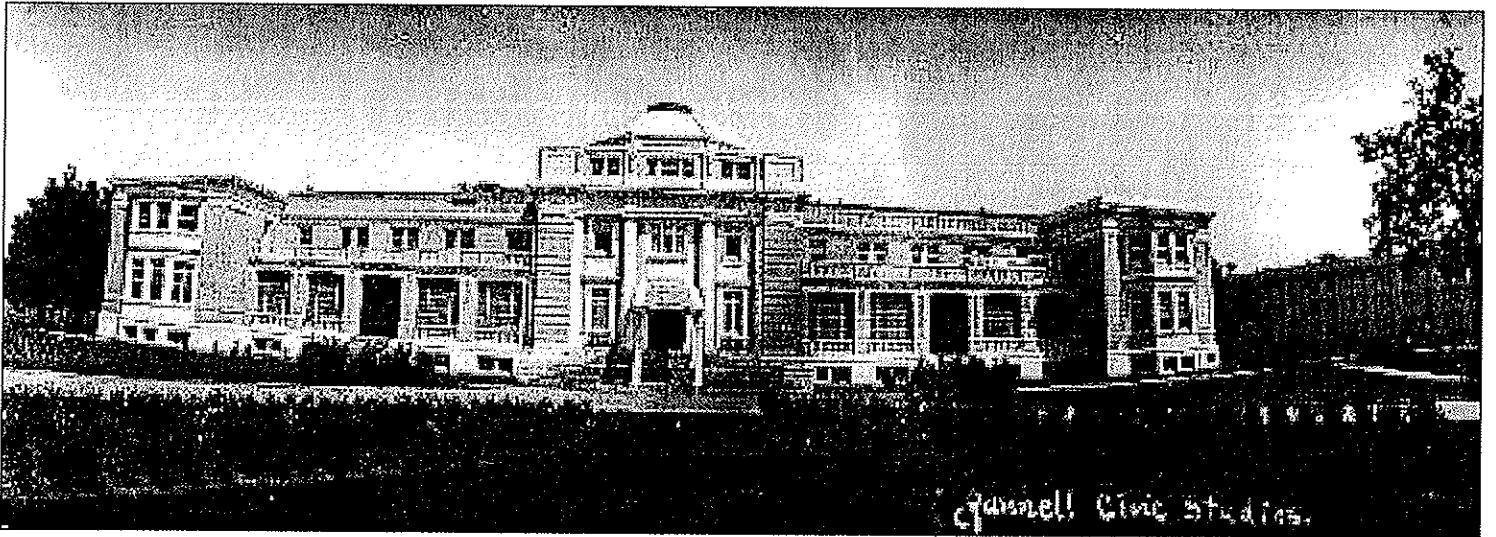
Power plant at Oregon State Hospital, Salem, Oregon, ca 1905

(Courtesy of Oregon State Archives, Oregon State Hospital, OSH0013)

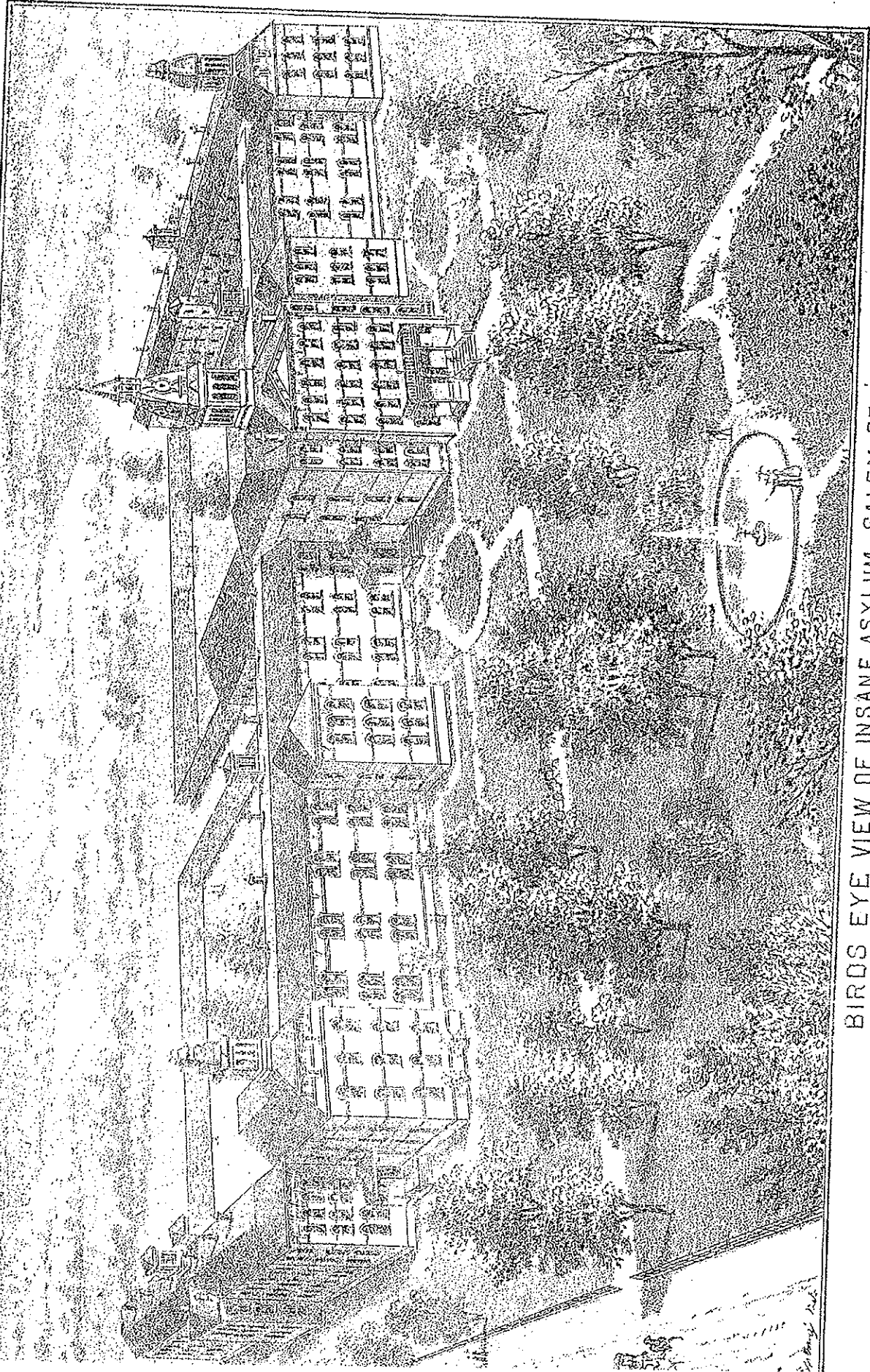


Superintendent's house at Oregon State Hospital in Salem, Oregon, ca 1916

(Courtesy of Oregon State Archives, Oregon State Hospital, OSH0031)



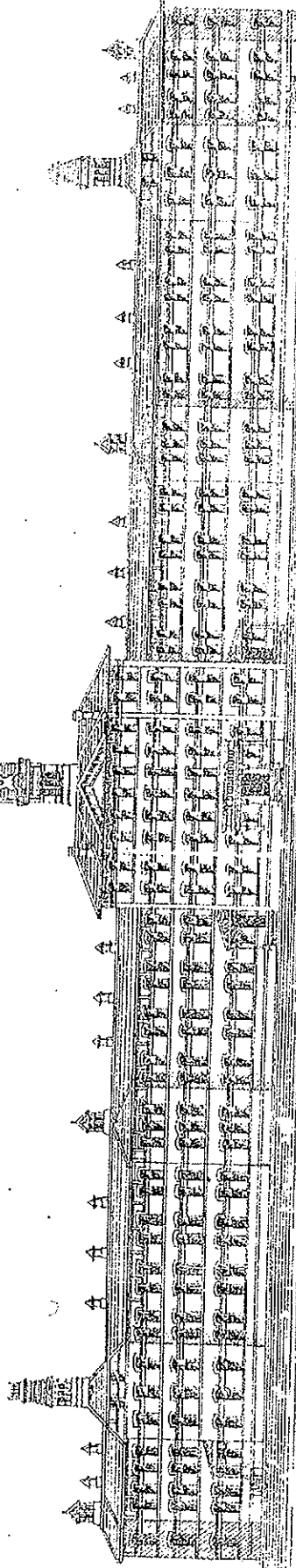
The Oregon State Hospital Dome Building in Salem, Oregon, ca. 1916
(Courtesy of Oregon State Archives, Oregon State Hospital, OSH0001)



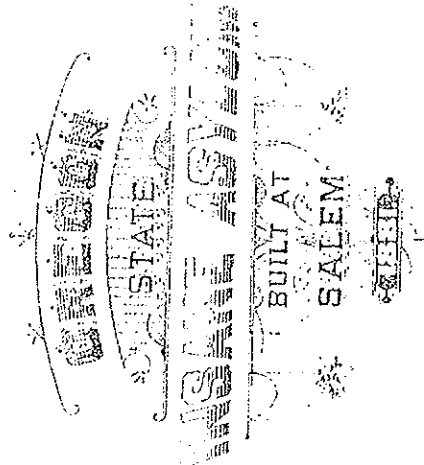
BIRDS EYE VIEW OF INSANE ASYLUM, SALEM, OR.

BOARD OF
BUILDING
COMMISSIONERS. { GOVERNOR. W. W. THAYER.
SEC. OF STATE. R. P. EARHART.
STATE TREAS. E. HIRSCH.

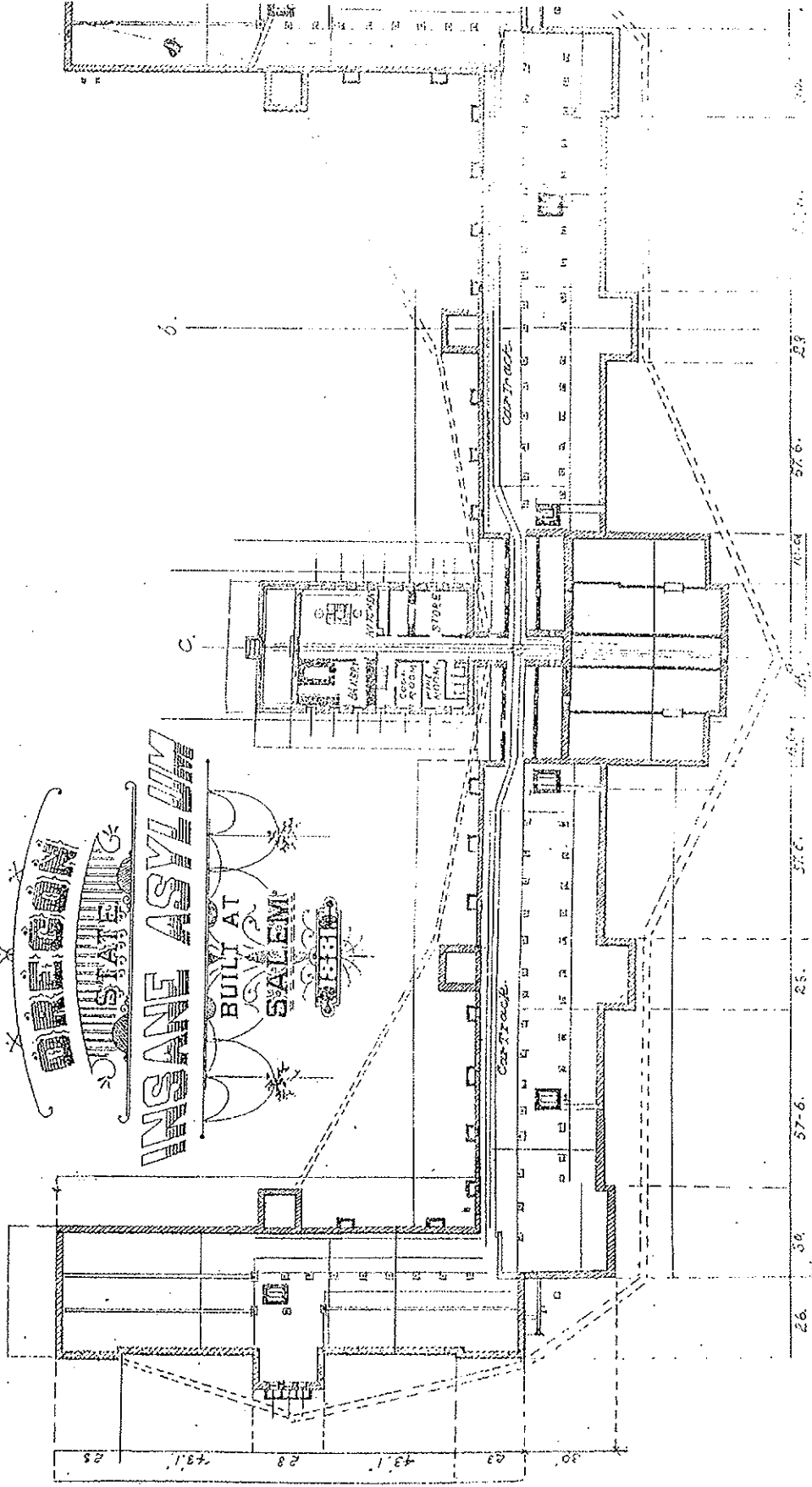
H. CARPENTER, M. D. MEDICAL SUPT.
W. F. BOOTHBY, ARCHT. & SUPERVISOR.
T. J. STITES, CLERK OF THE BOARD.



FRONT ELEVATION



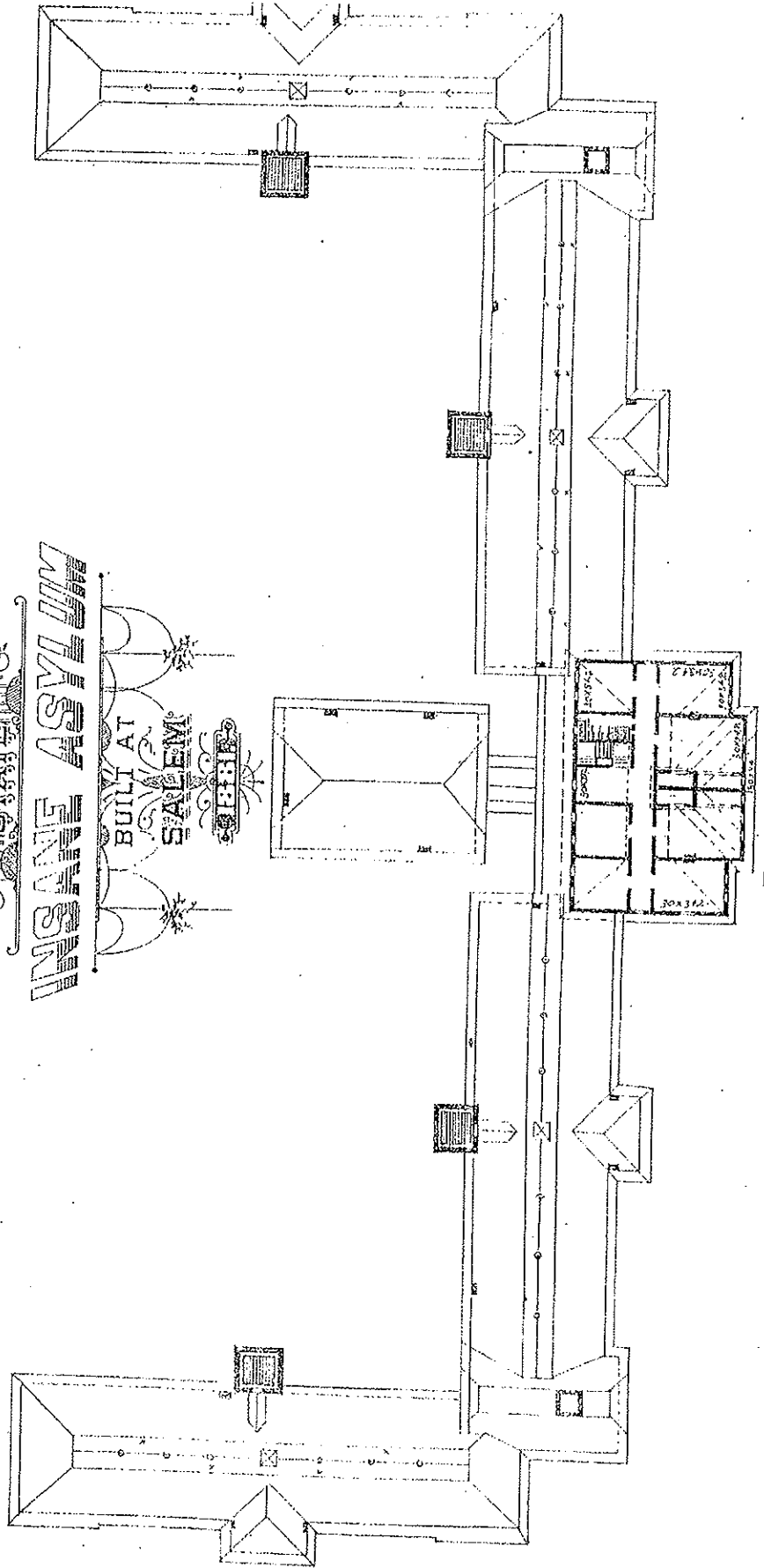
BRECKEN
WHEELING
INSANE ASYLUM
 BUILT AT
SALEM
W. VA.



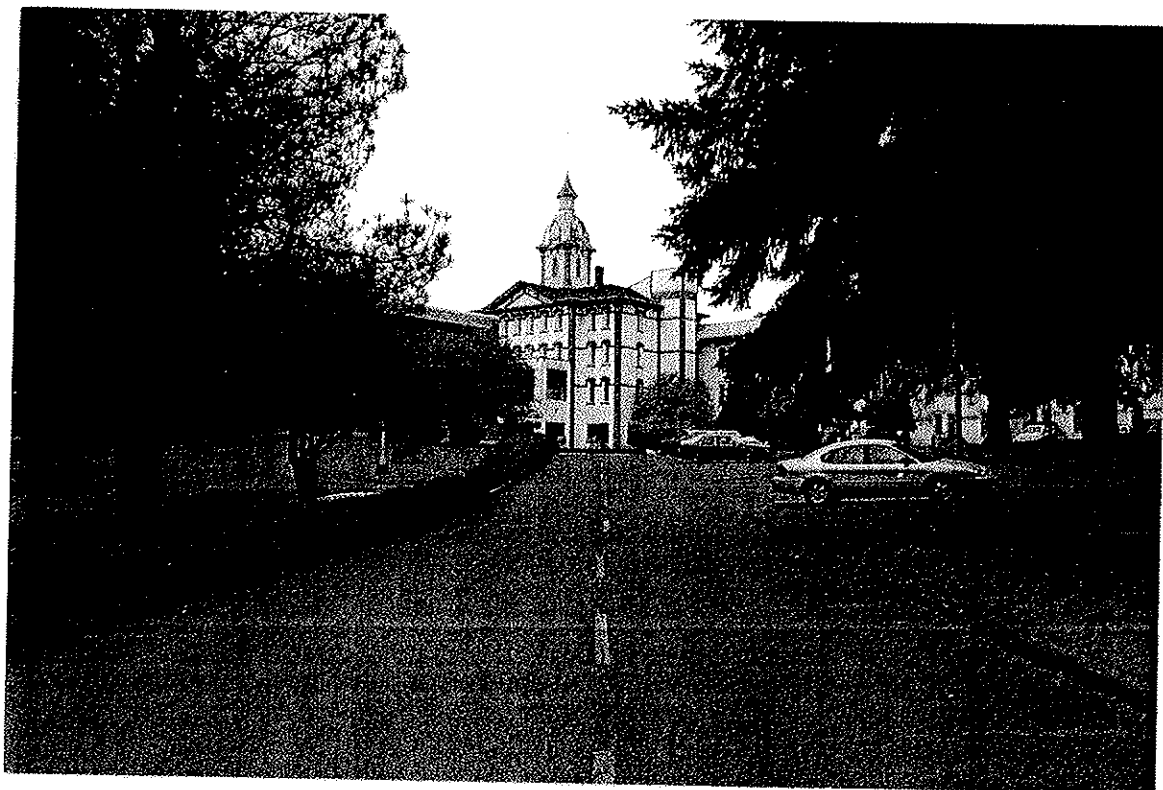
BRECKEN
 WHEELING
 INSANE ASYLUM
 FLOOR PLAN

1882

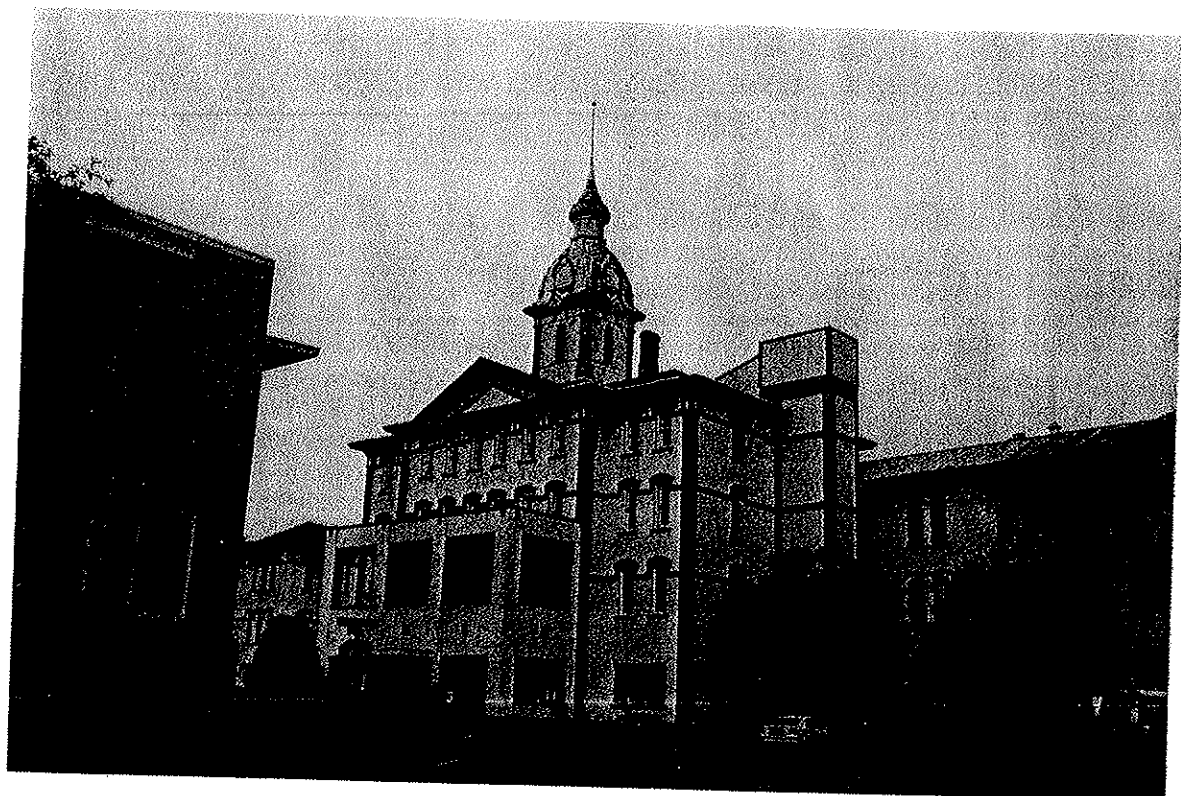
WREATH
WRESTLING
INSANE ASYLUM
BUILT AT
SALEM
1858



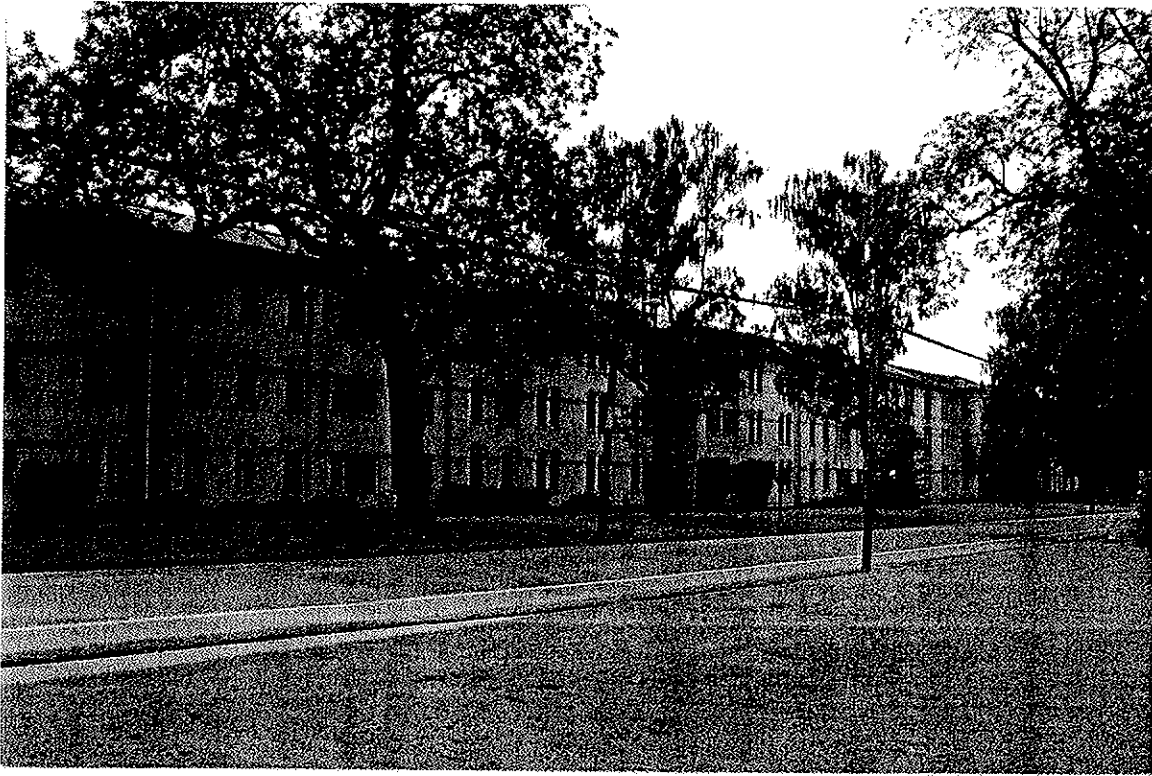
ROOF PLAN.



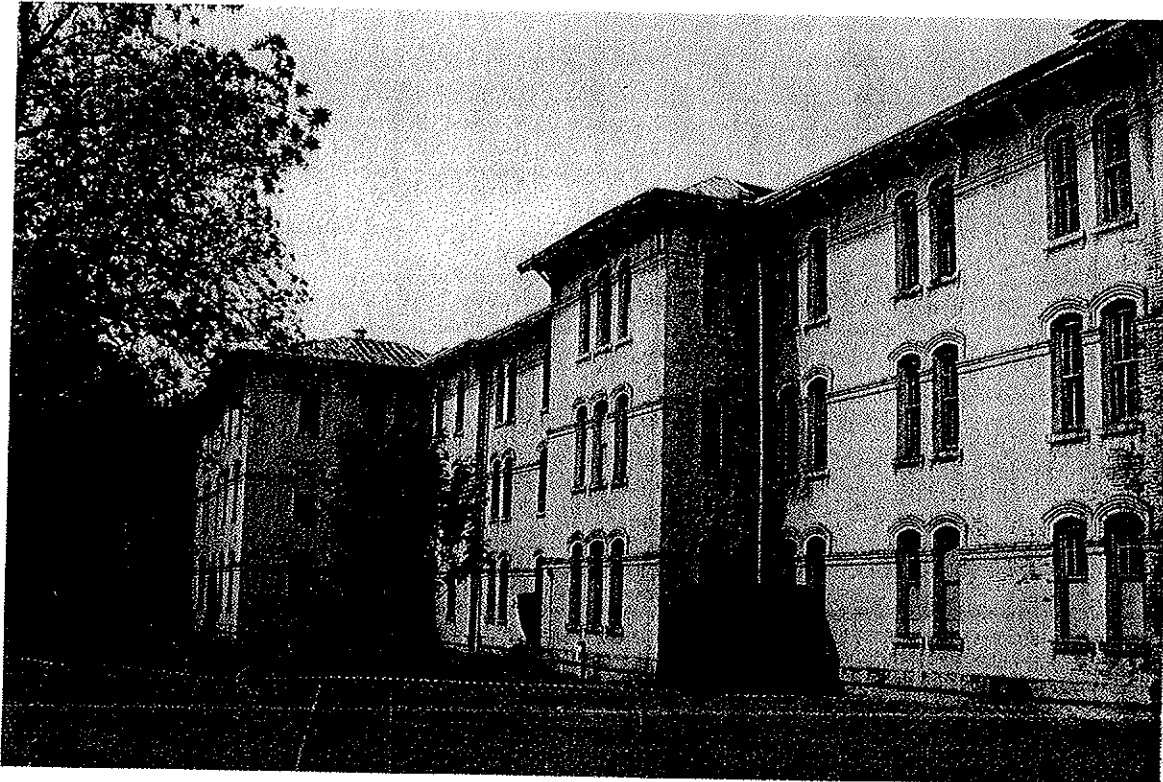
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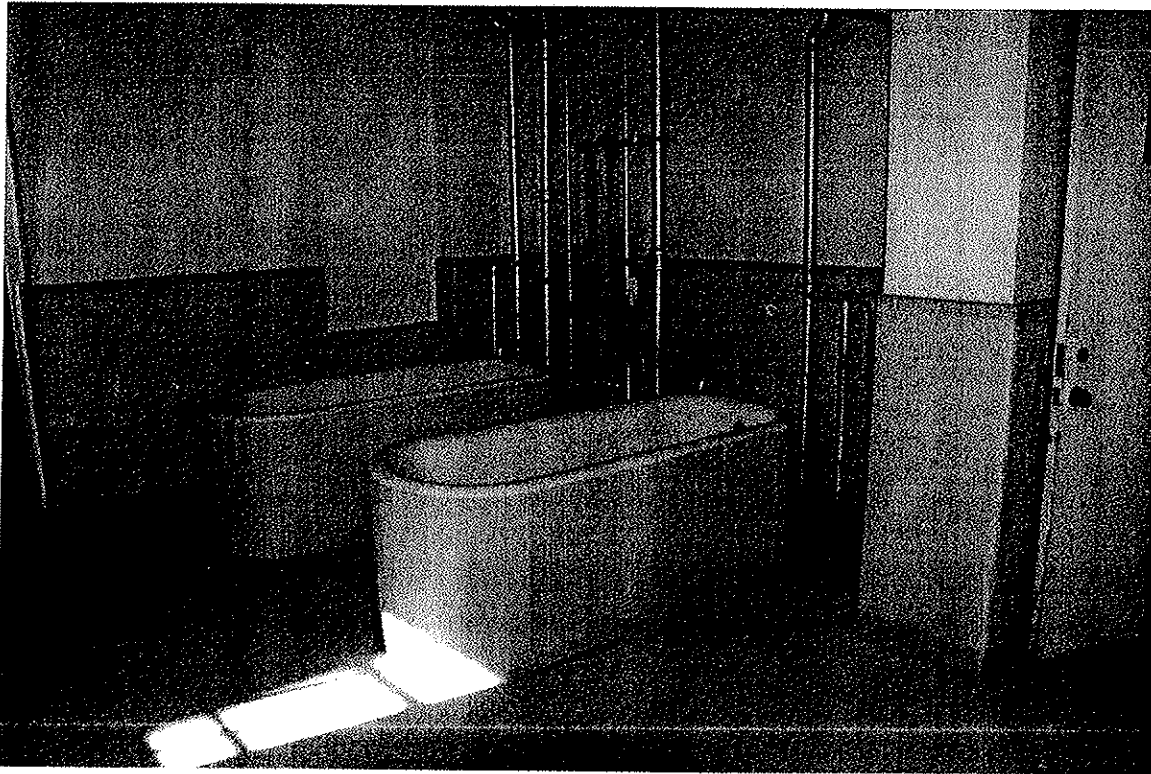
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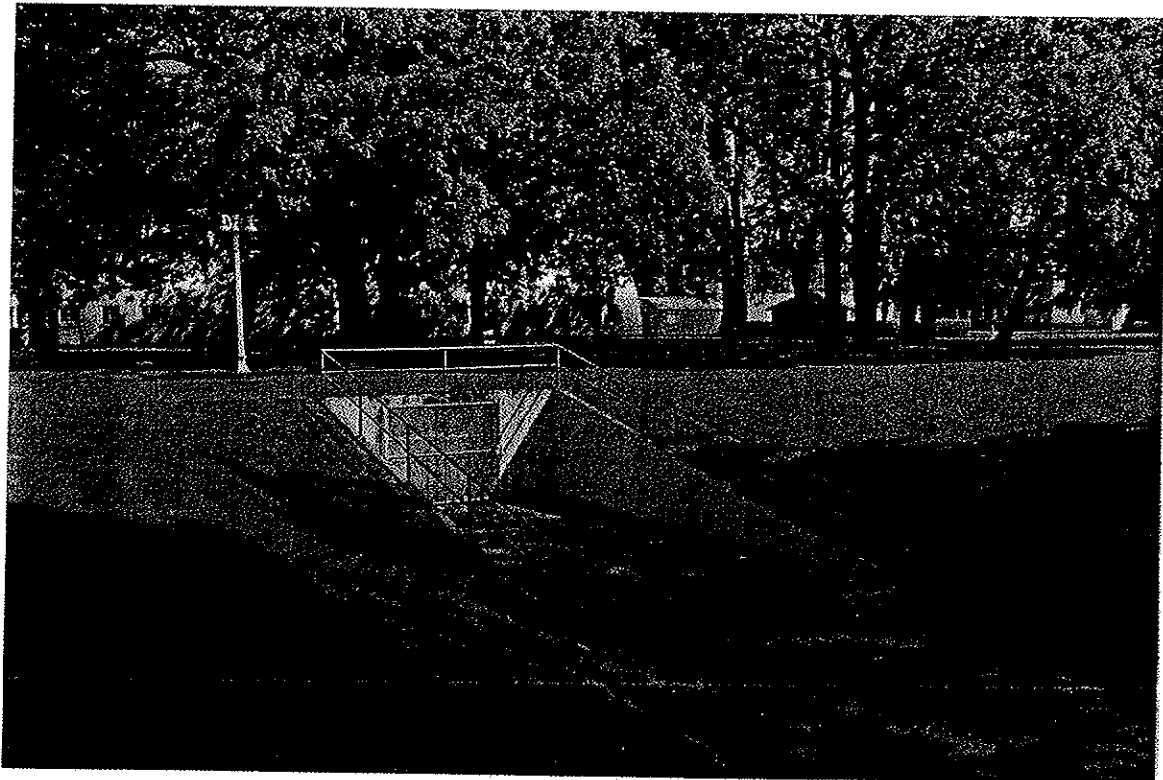
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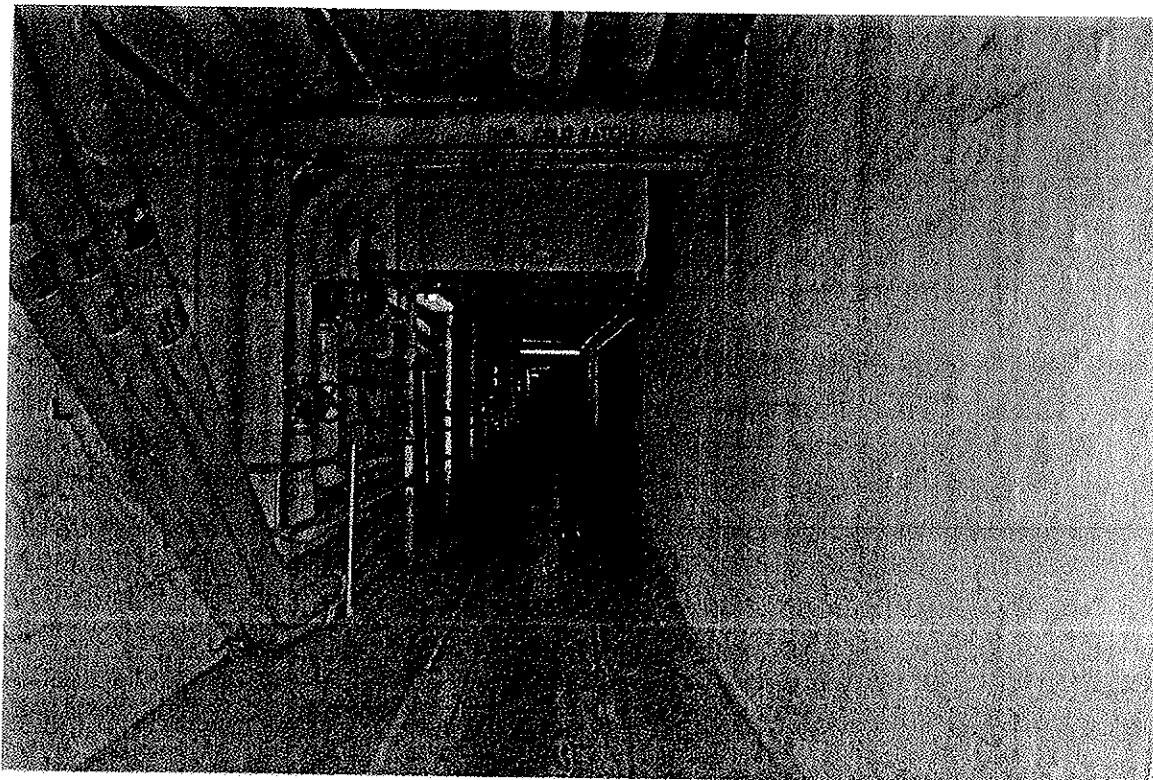
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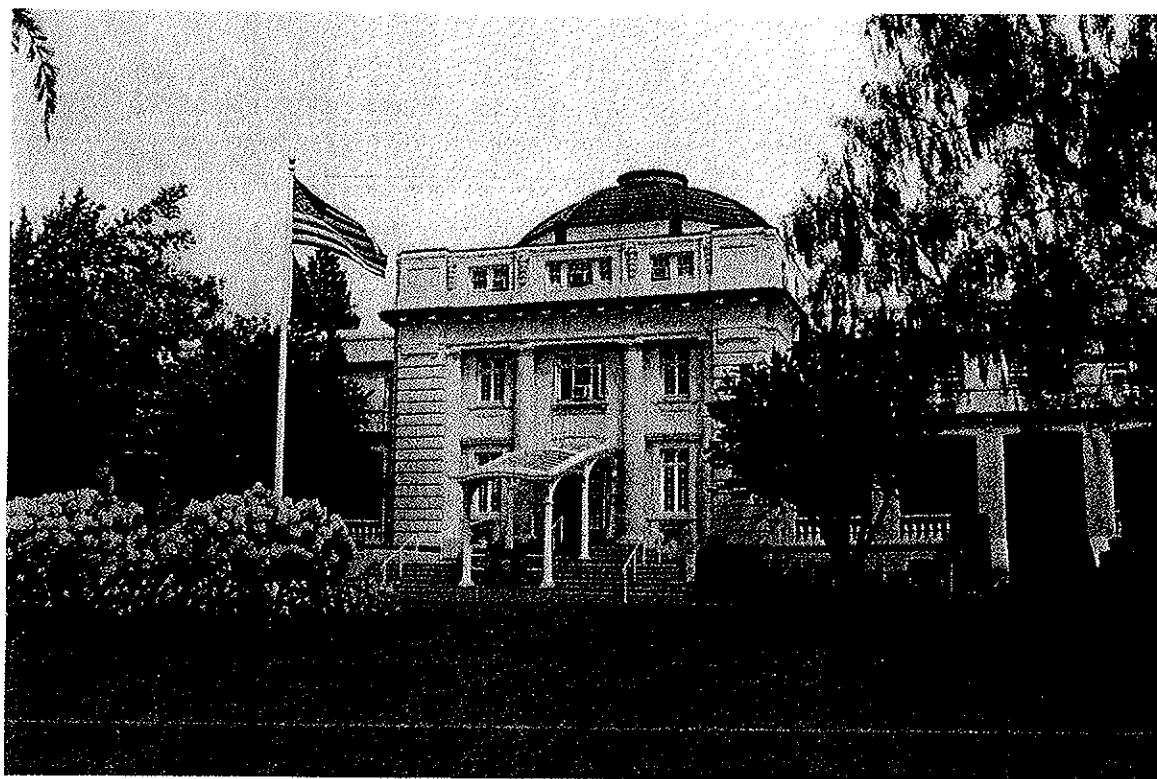
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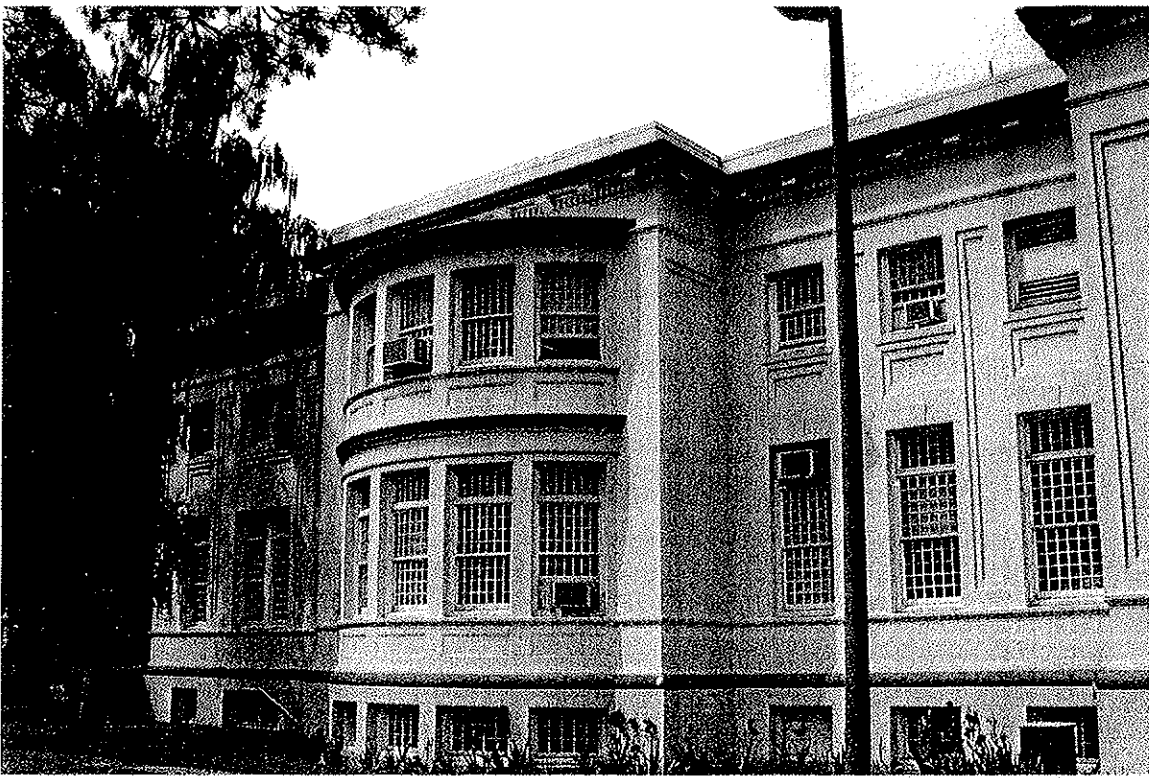
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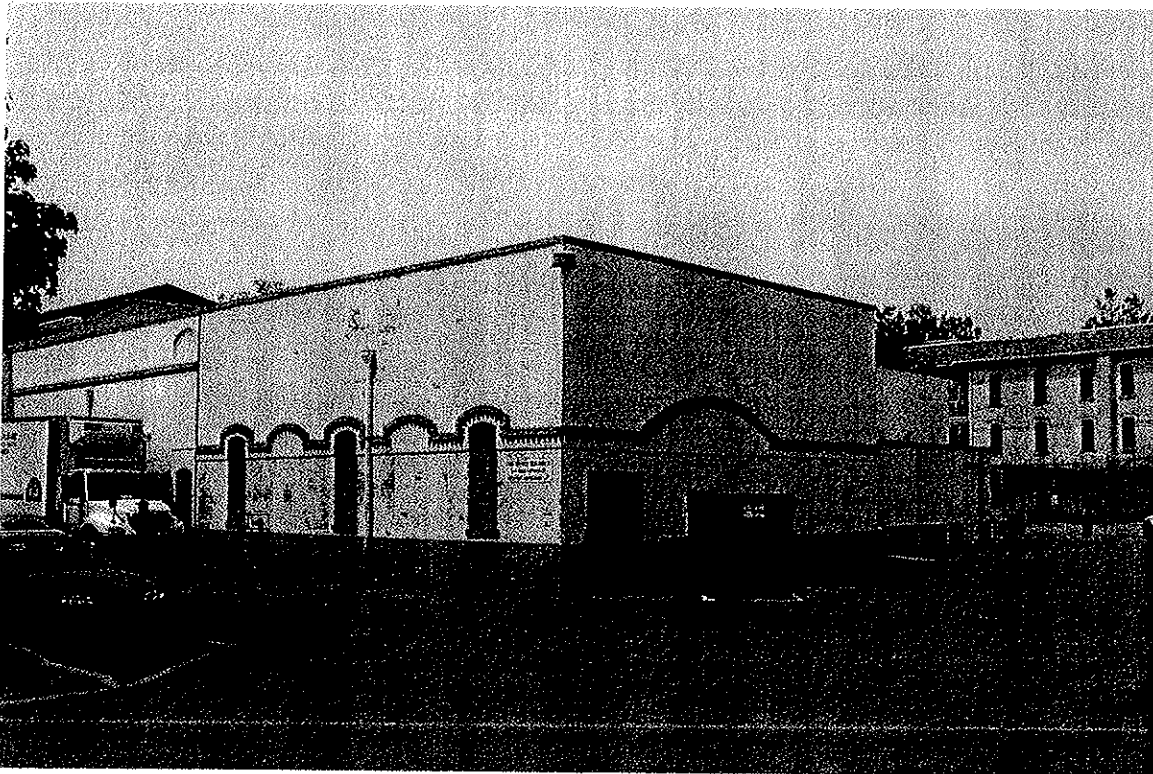
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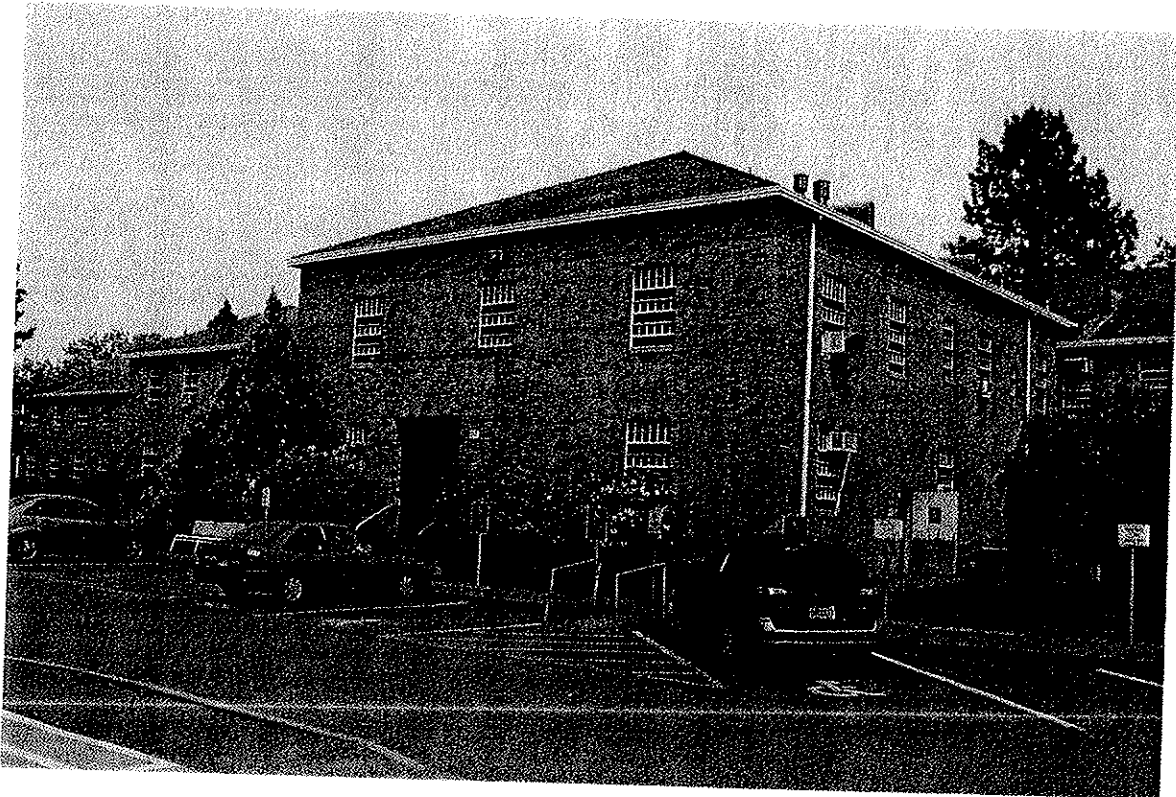
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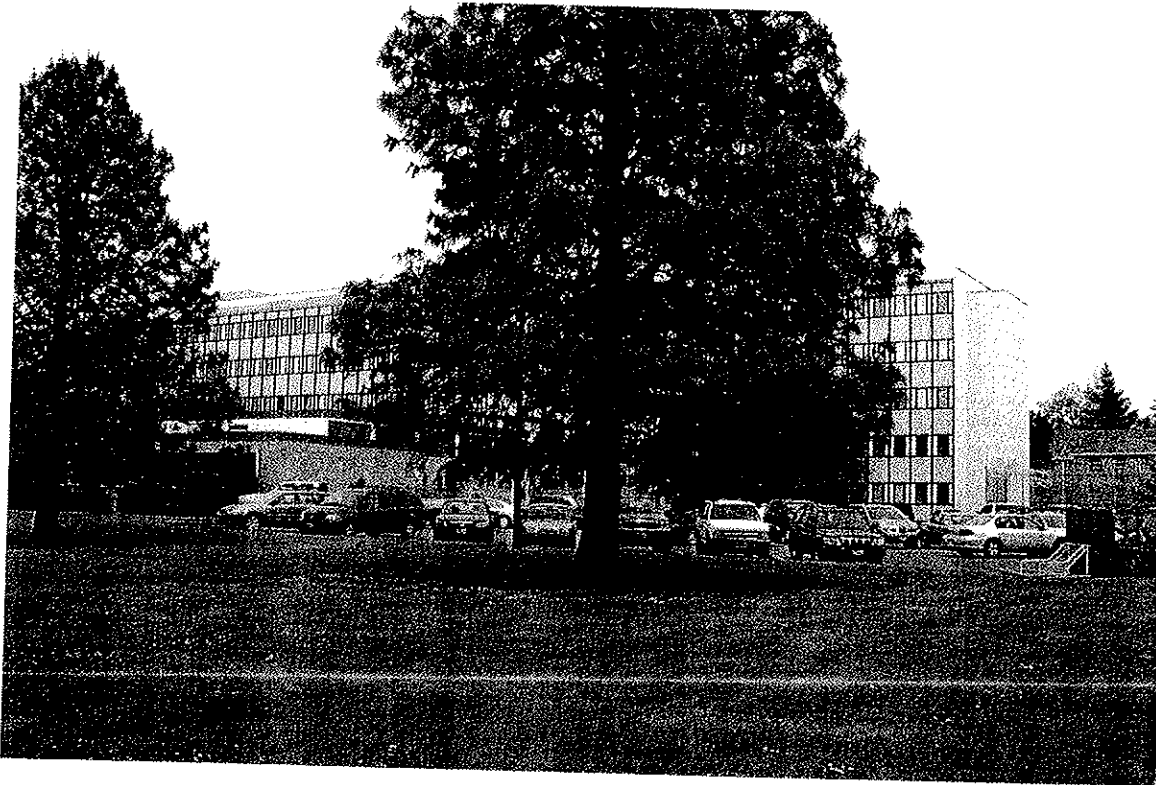
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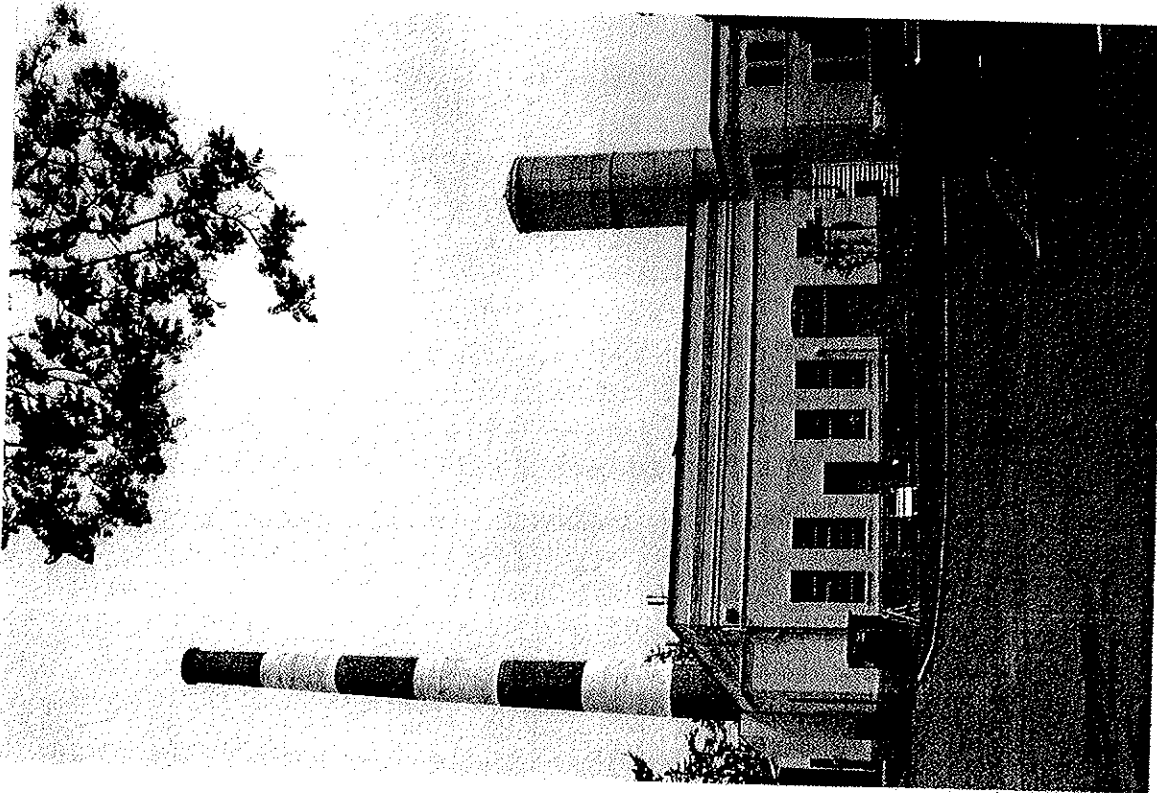
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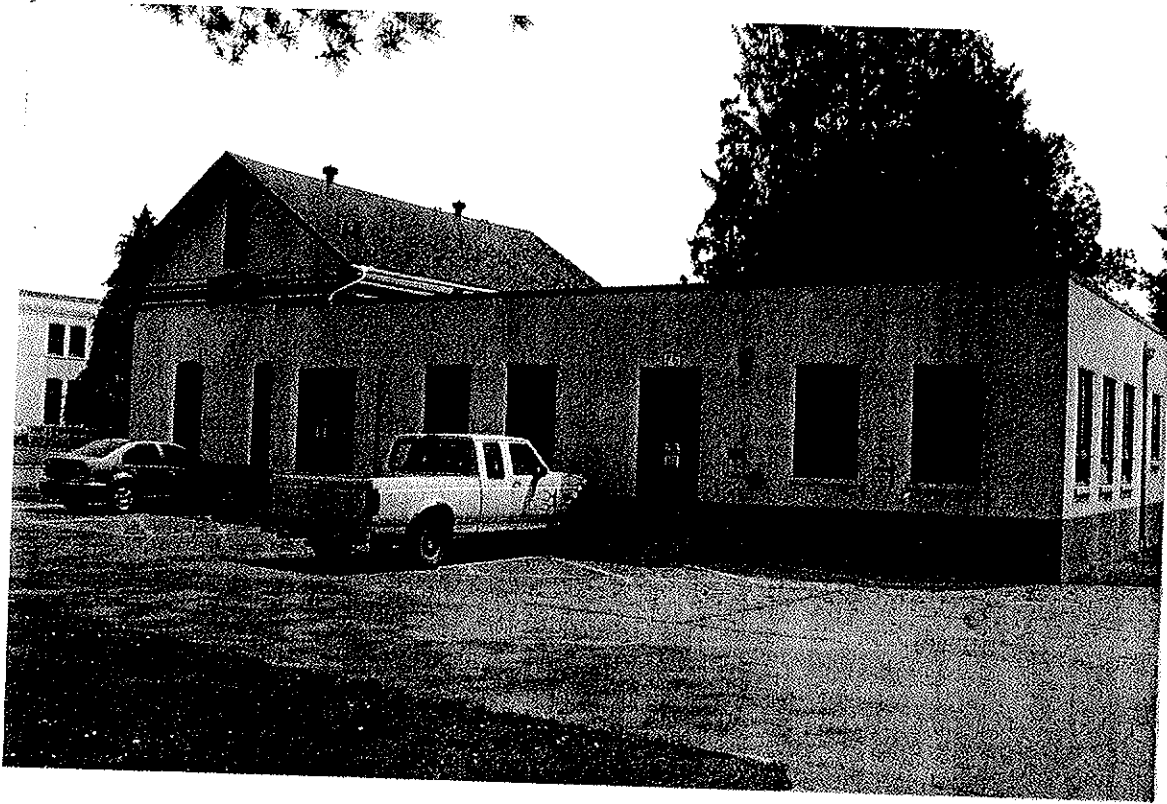
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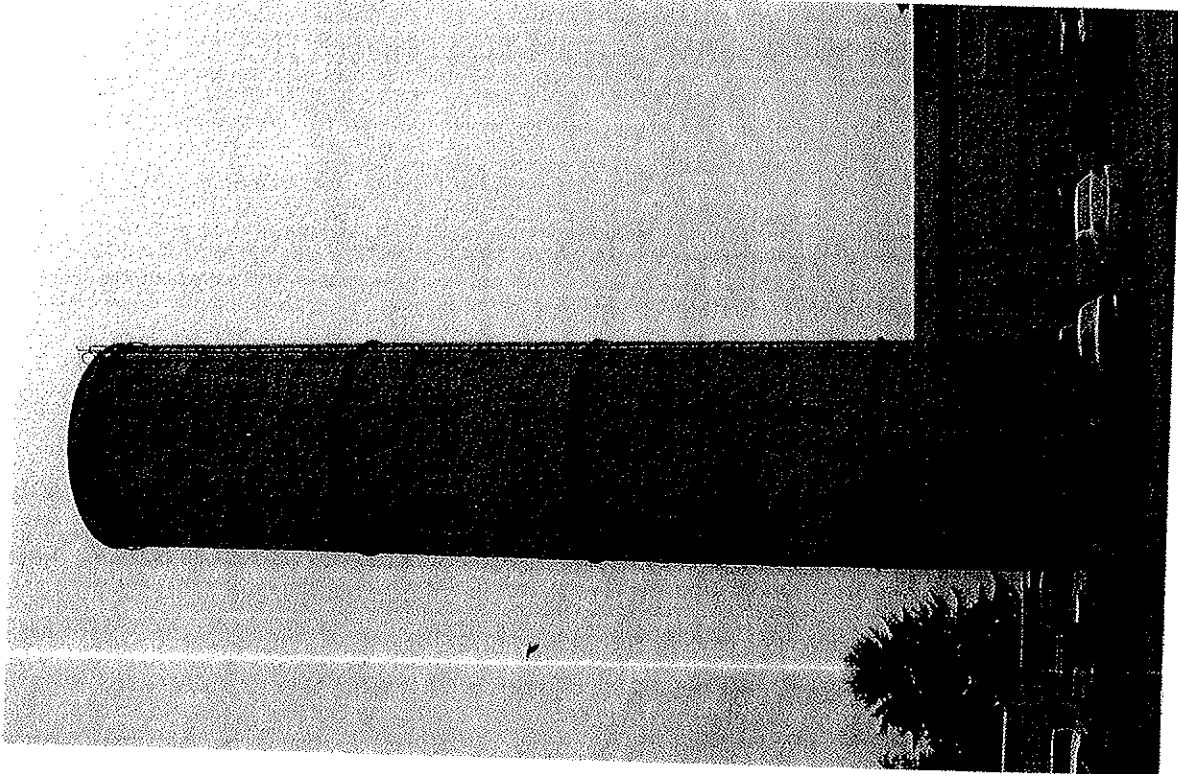
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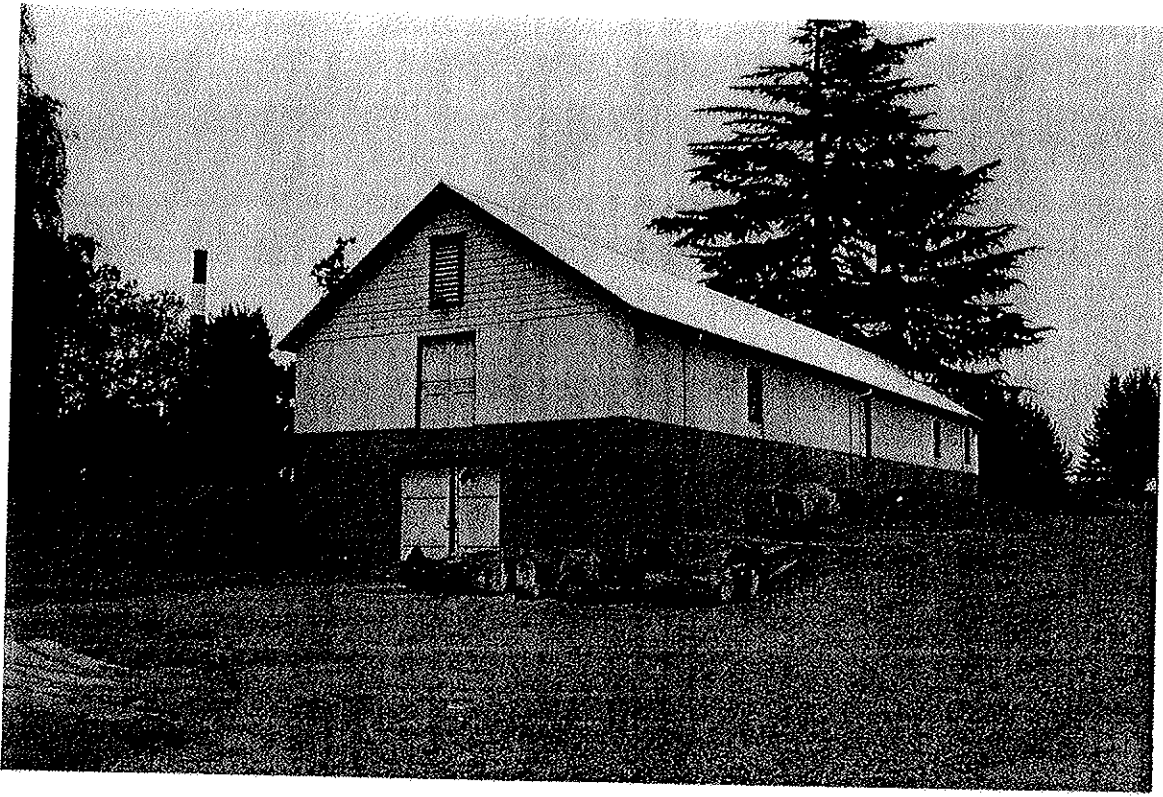
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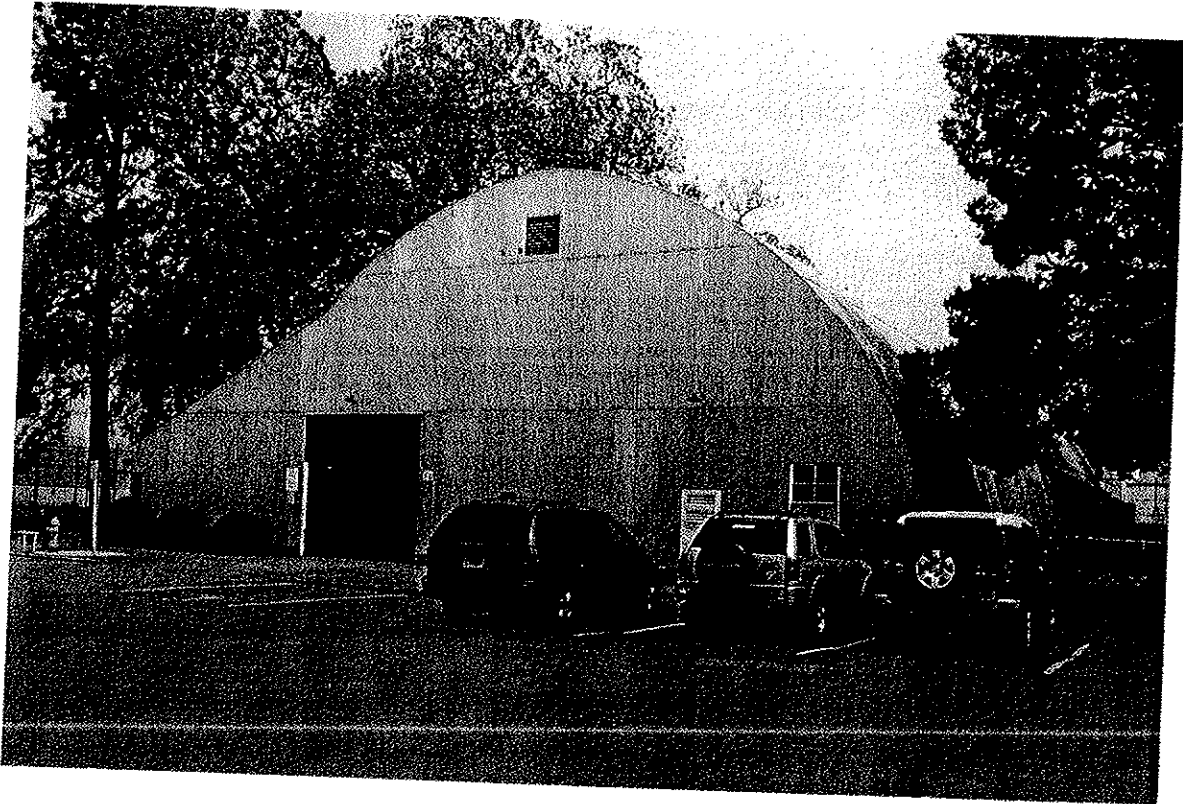
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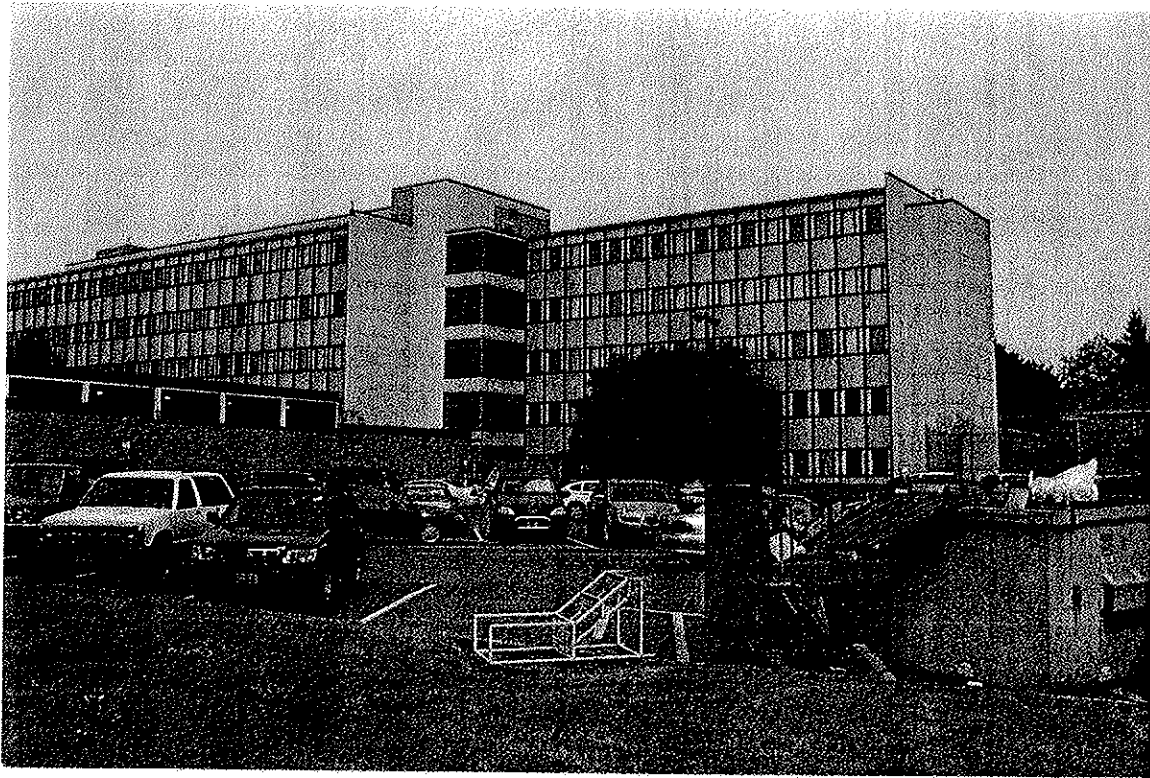
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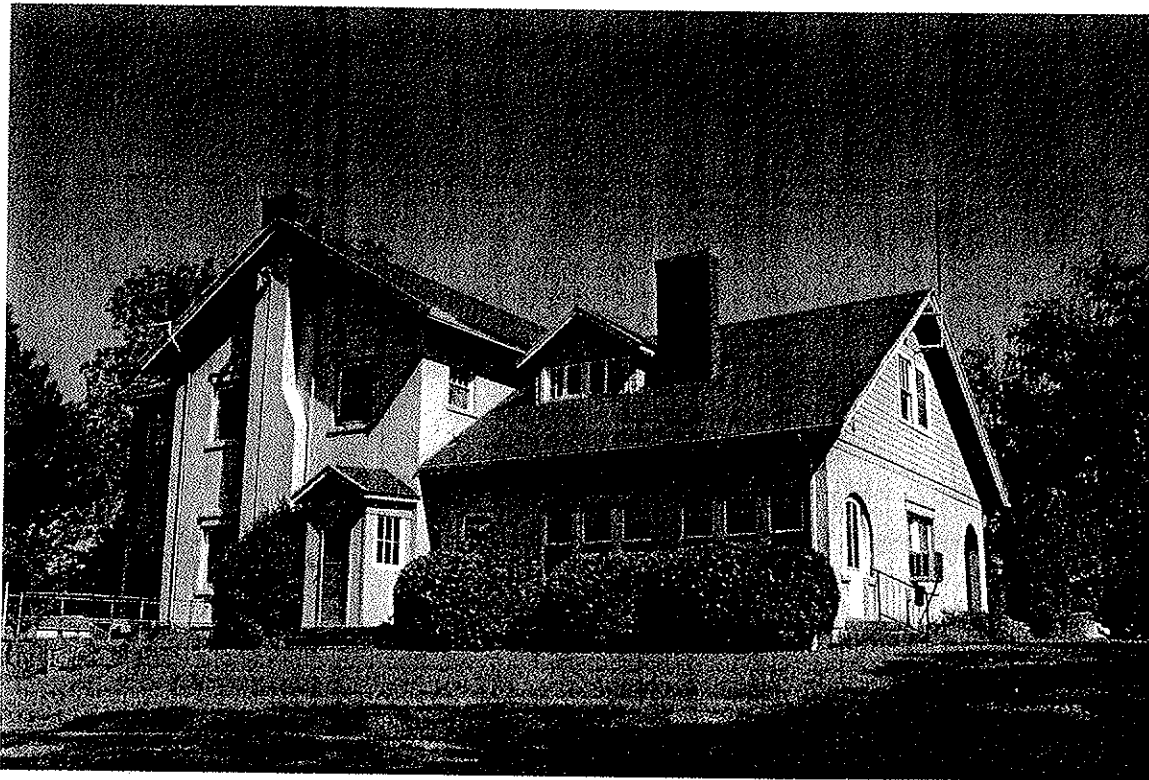
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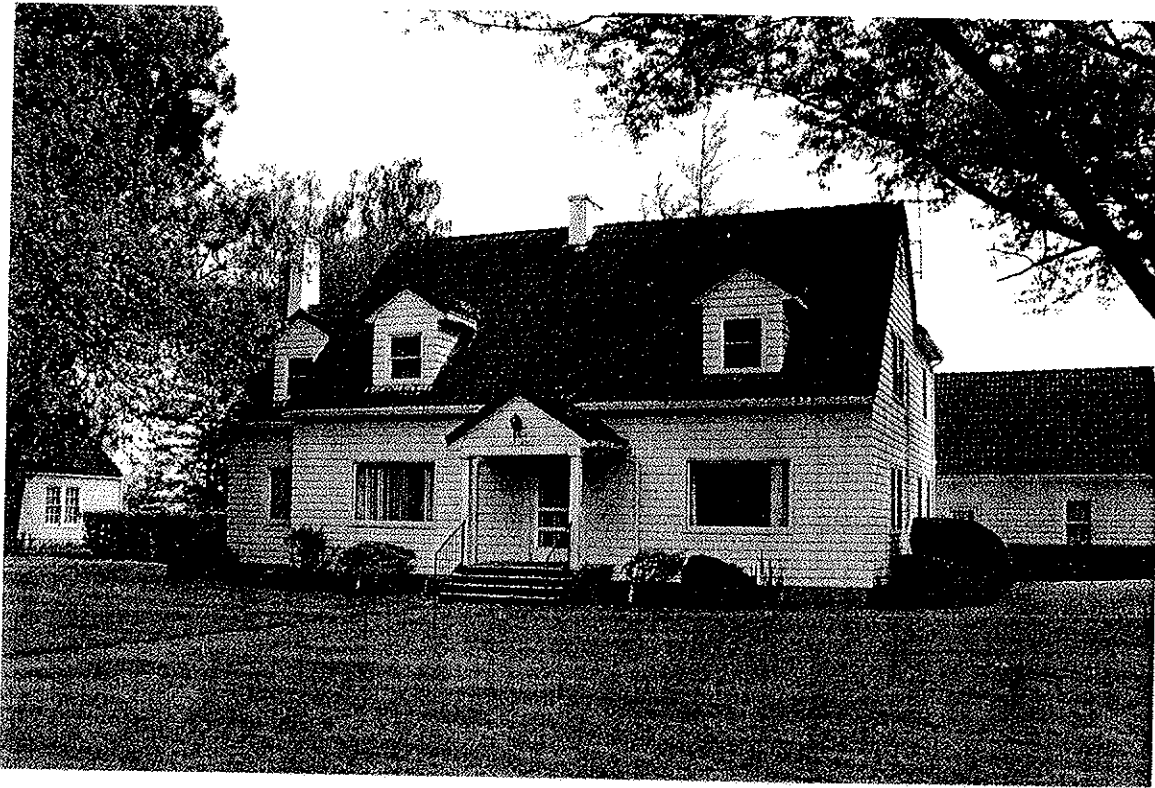
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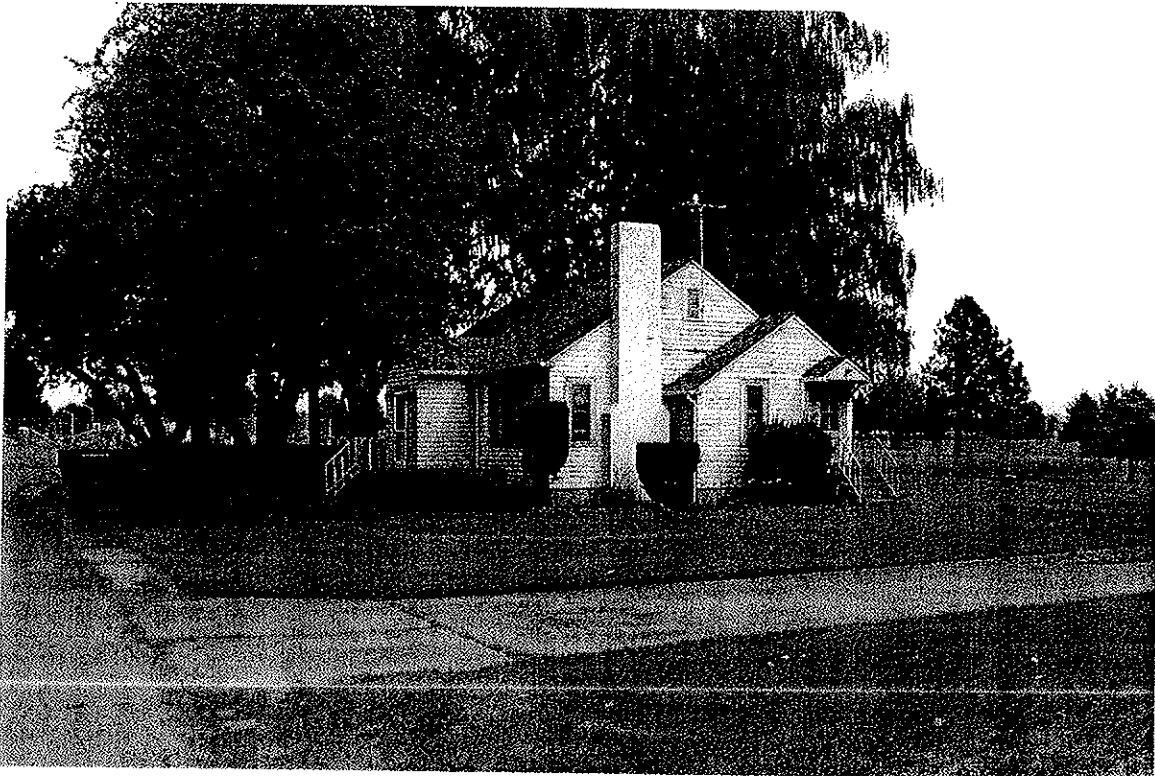
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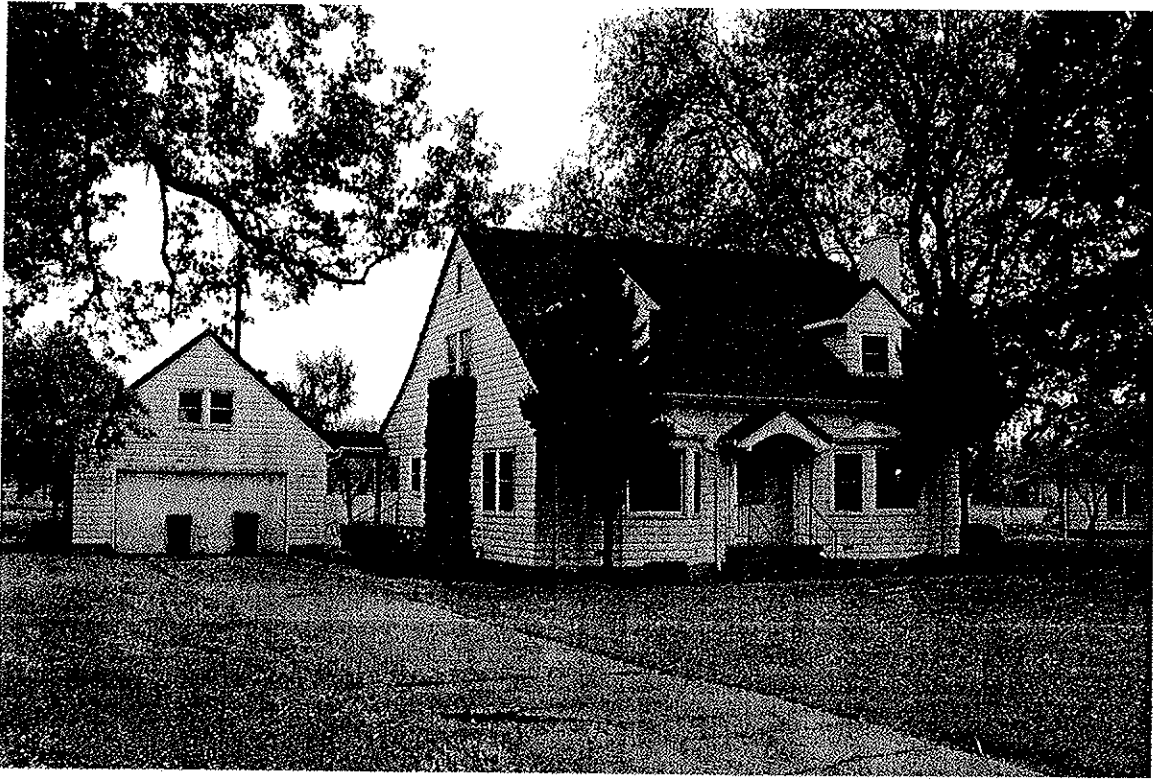
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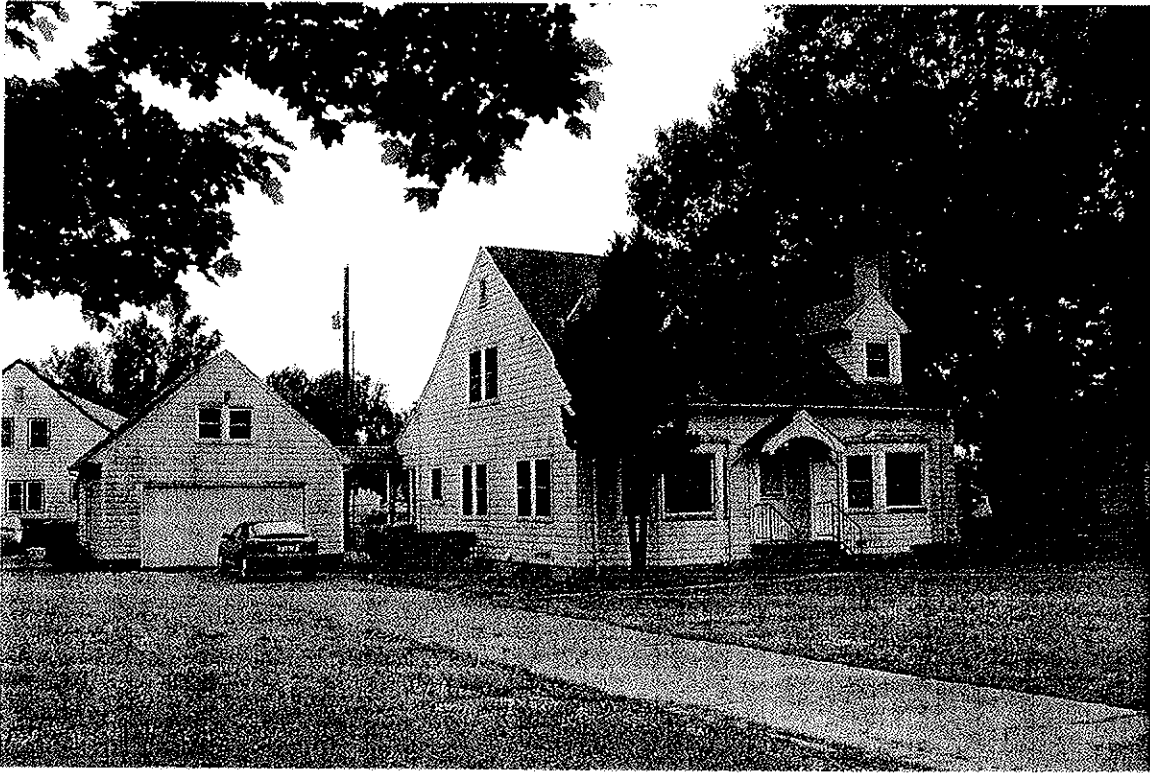
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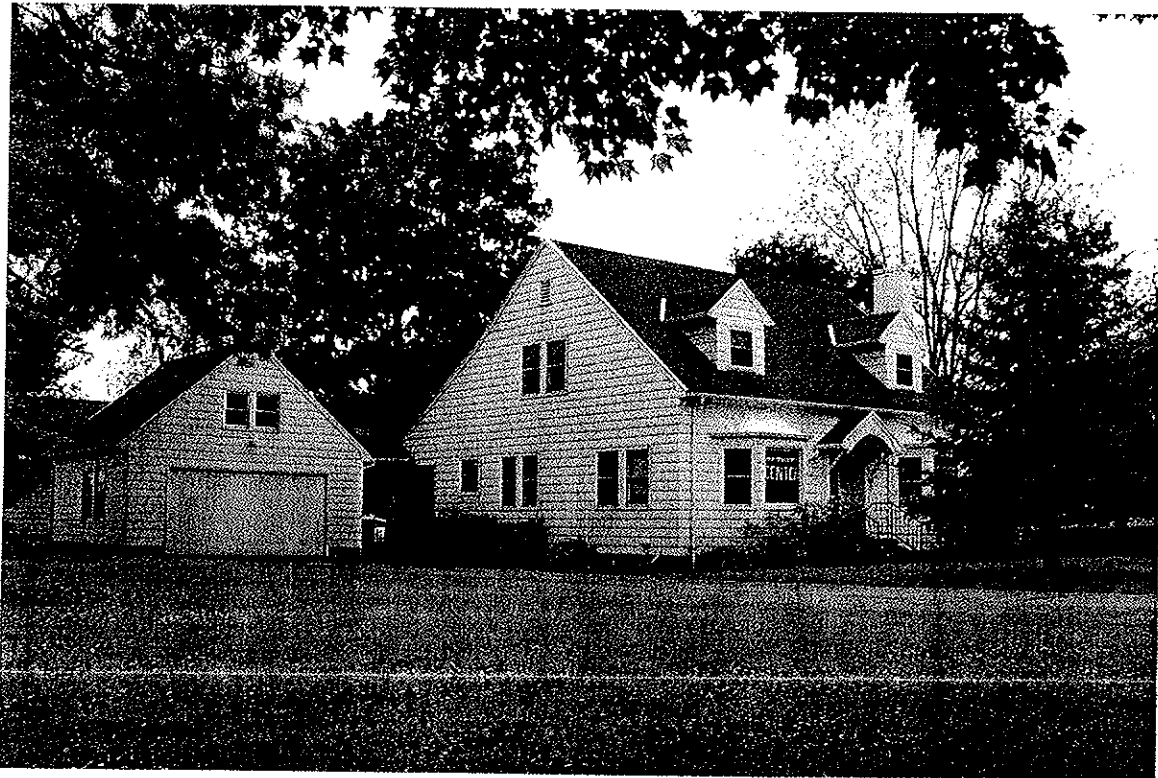
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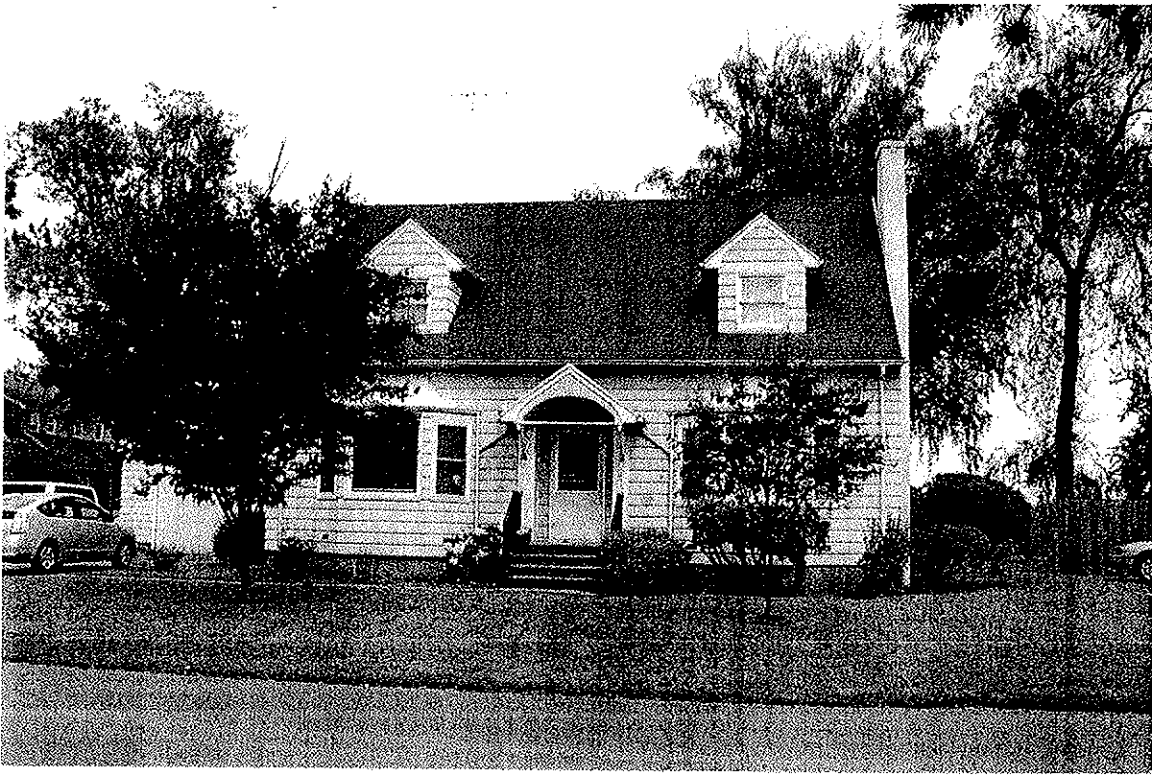
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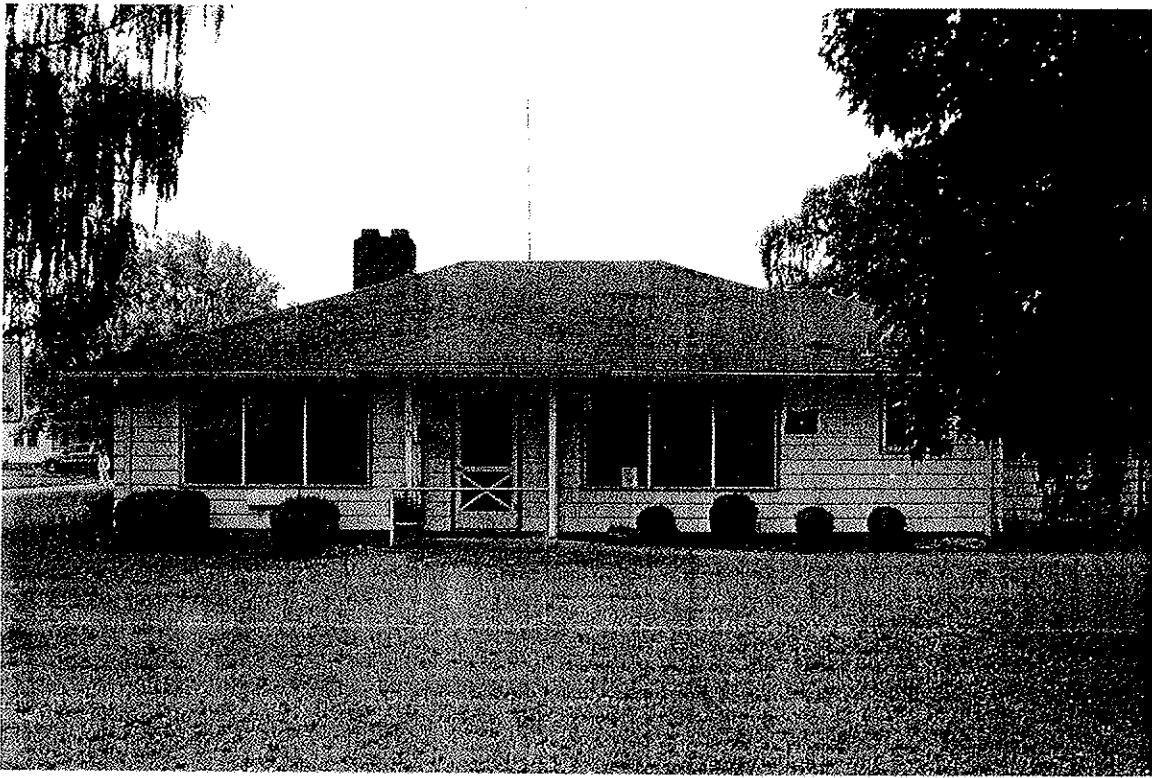
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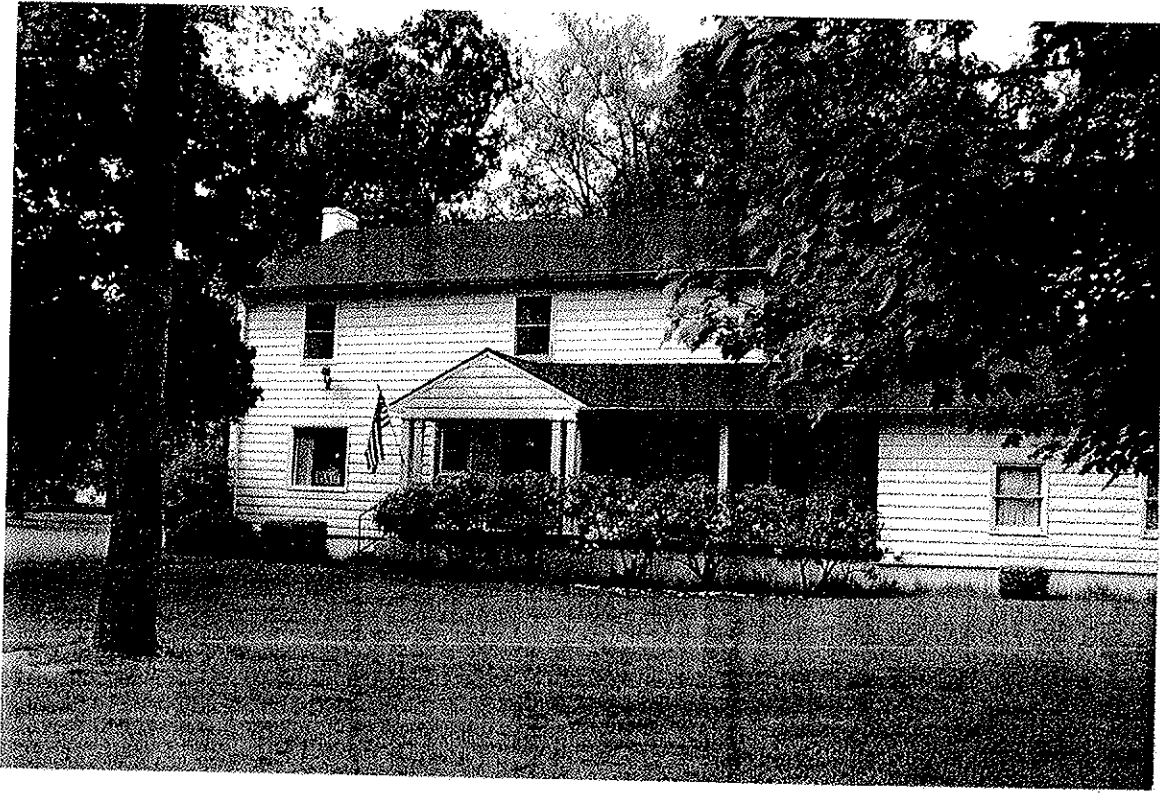
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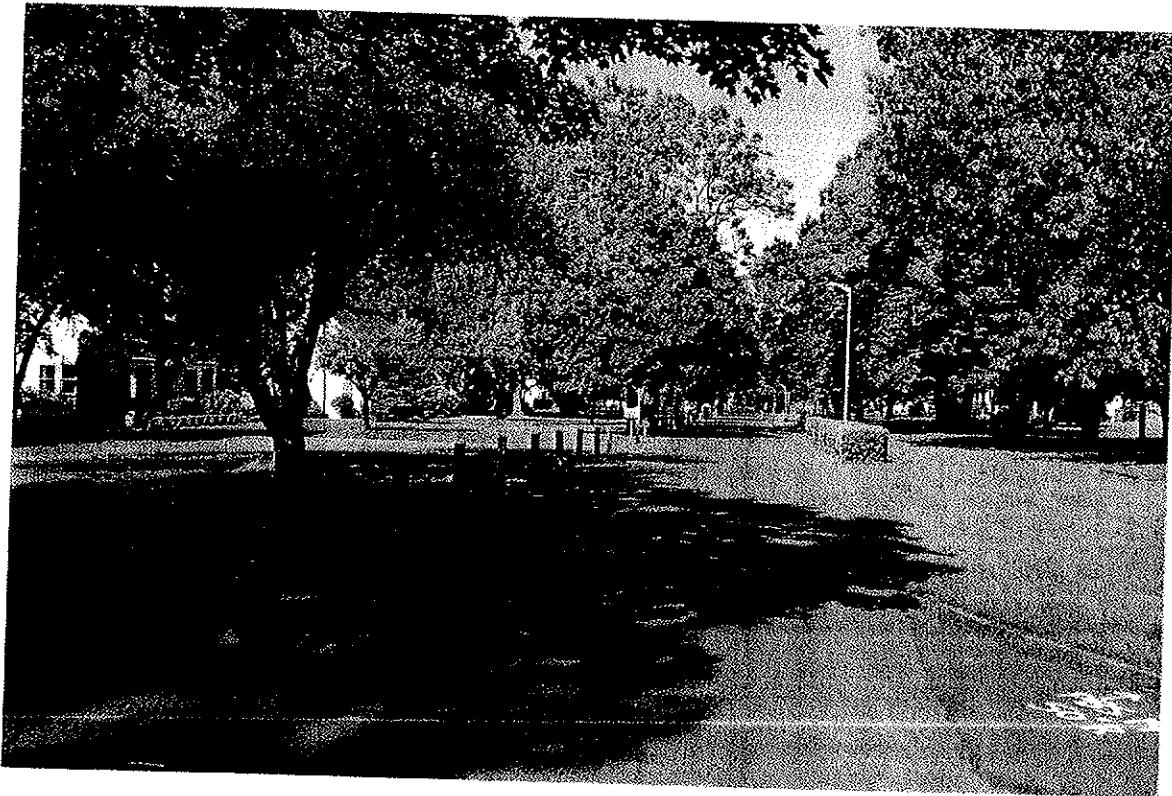
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