

Illinois
Historic American Buildings Survey

Photo by Michael A. Dixon, AIA
taken before commencement
of demolition



CENTER BUILDING
NORTHERN ILLINOIS HOSPITAL AND ASYLUM FOR THE INSANE

IL HABS NO. K-1993-1

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Location:

The Center Building was razed in the spring and summer of 1993. It was located on the grounds of the Elgin Mental Health Center at 750 South State Street in Elgin, Illinois, which is at the junction of State Routes 20 and 31. Originally the site was known as the Northern Illinois Hospital and Asylum for the Insane, established in Elgin in 1869 by an act fo the Illinois legislature.

Present Owner:

The State of Illinois Department of Mental Health and Developmental Disabilities is the current name of the state agency responsible for the facility now called the Elgin Mental Health Center. Originally called the Illinois Northern Hospital for the Insane when it was chartered on April 16, 1869, for many years the campus was called the Elgin State Hospital. In 1975 the name was changed to Elgin Mental Health Center.

Present Use:

The Elgin Mental Health Center, operated by the Illinois Department fo Mental Health and Development Disabilities, serves severely and acutely mentally ill citizens from Kane, Kendall, Lake, McHenry, DuPage and portions of northwest suburban Cook County. Also, citizens needing medium security forensic psychiatric treatment are served at the Elgin facility.

The overall mission of the facility is to treat and to restore to optimal mental and physical health, and when possible, to vocational and economic productivity, adults (age 18 and over) whose mental status and/or behavioral problems are too serious for community treatment or for acceptance for placement into long term care community facilities of other community living arrangements and who require inpatient psychiatric services. The treatment of recipients is planned to emphasize their earliest possible discharge consistent with each recipient's mental and physical status. The scope of this mission extends to the availability of aftercare placement and follow-up services for recipients as needed and as required by the Illinois Department of Mental Health and Development Disabilities.

Significance:

When the Northern Illinois Hospital for the Insane in Elgin opened in 1872, it served 183 patients. It grew to provide a major psychiatric service resource for the State of Illinois. In 1949, the census was 6, 025. In 1955, the average daily census was 7, 644, its peak number of patients.

Through the years, the hospital was often involved with notable research in medical and behavioral advances and served as a training ground for many physicians and other disciplines as mental health services were coming of age. In the early 1950's, with the

advent of major pharmacological treatment alternatives, the move to deinstitutionalize mental health services began and, by 1965, the hospital's average daily bed census dropped to 5, 103.

Elgin's average daily census dropped to 3,319 by Fiscal Year 1970. Throughout the 1970's, with the rapidly changing scientific, social, civil rights and political forces for the community mental health movement, the inpatient population was reduced further.

The Center Building, built between 1870 and 1874, was one of the most historically significant facilities of its type in the United States. The original plan configuration was a definite expression for the well known "Linear Kirkbride Plan," which was a benchmark in the evolution of care for the mentally ill. This plan was devised by Dr. Thomas Story Kirkbride, president of the Association of Medical Superintendents of American Institutions for the Insane, and given architectural enhancements by well known Philadelphia architect Samuel Sloan.

Dr. Kirkbride discussed many of the issues facing physicians and administrators in caring for the mentally ill in his book On the Construction, Organization, and General Arrangements of Hospitals for the Insane. The book includes resolutions of his organization which were adopted in May of 1851, relative to the construction of hospitals. Those twenty-six resolutions clearly describe the Center Building at Elgin but also were used for dozens of similar facilities throughout the United States. The resolutions are included here in their entirety since they describe Dr. Kirkbride's humanitarian "moral treatment" philosophy and buildings using the resolutions as a base for planning to form a visible link to the evolution of health care from the inhumane lunatic asylums of the 17th and 18th centuries to the concepts and philosophies prevalent today.

- I. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.
- II. No hospital for the insane, however limited in its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every state hospital, or other institution for two hundred patients. To which number these propositions apply unless otherwise noted.
- III. Means should be provided to raise ten thousand gallons of water daily to reservoirs that will supply the highest parts of the building.
- IV. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all of the details of their arrangements, and received their full approbation.
- V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two-hundred is a preferable maximum.

- VI. All such buildings should be constructed of brick, have slate or metallic roofs, and, as far as possible, be made secure from accidents by fire.
- VII. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.
- VIII. Each ward shall have in it a parlor, a corridor, single lodging rooms for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes-room, a bathroom, a water-closet, a dining room, a dumb-waiter and a speaking-tube leading to the kitchen or other central part of the building.
- IX. No apartments should ever be provided for the confinement of patients, or as their lodging-rooms, that are not entirely above ground.
- X. No class of rooms should ever be constructed without some kind of window in each communicating directly with the external atmosphere.
- XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.
- XII. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in the case of accident or fire.
- XIII. A large hospital should consist of a main central building with wings.
- XIV. The main central building should contain the offices, receiving rooms for company, and apartments, entirely private, for the superintending physician and his family in case that officer resides in the hospital building.
- XV. The wings should be so arranged that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the free admission fo both light and air.
- XVI. The lighting should be by gas, on account of its convenience, cleanliness and economy.
- XVII. The apartments for washing clothing, etc., should be detached from the hospital building.
- XVIII. The drainage should be underground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.
- XIX. All hospitals should be properly warmed by passing an abundance of pure, fresh air from the external atmosphere, over pipes on plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 F., and placed in the

basement or cellar of the building to be heated.

- XX. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane; and no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.
- XXI. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus and other machinery.
- XXII. All water-closets should, as far as possible, be made of indestructible materials, be simple in their arrangements, and have a strong downward ventilation connected with them.
- XXIII. The floor of bathrooms, water closets, and basement stories should, as far as possible, be made of materials which will not absorb moisture.
- XXIV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows for which should be large, and have pleasant views from them.
- XXV. Wherever practicable, the pleasure-grounds of a hospital for the insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

PART I. HISTORICAL INFORMATION

A. Physical History

- 1. Date of erection: 1870-1874
Date of Closing of the Center Building: 1973
Date of Demolition of the Center Building: 1993

The Center Building was first advertised for construction bids in early 1870. The north wing was constructed first with occupancy in 1872. Construction on the center section and south wing was commenced soon after with a completion date of July 30, 1874.

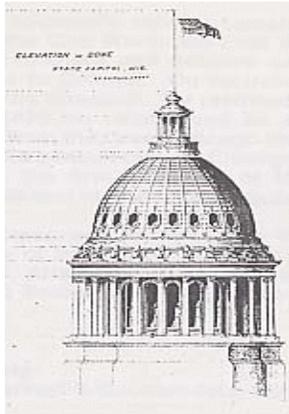
- 2. Architect: Stephen Vaughan Shipman (1825-1905)

The December 28, 1869 report of the Medical Superintendent at the Northern Illinois Hospital states that Stephen Vaughan Shipman was selected from a field of nine architects interviewed by Drs. McFarland and Patterson. Later, in the third biennial Report in 1874, it was said of Col. S. V. Shipman that "...we believe this plan combines good taste, convenience, comfort and health, with economy." The

report goes on to say that “...we have found Col. Shipman a gentleman of ability, strict integrity and loyalty to the state, and a complete and competent master of his profession in designing and constructing insane asylums – his plan proving to be all we anticipated when it was adapted.”

Stephen Shipman was born in Montrose, Pennsylvania, where he learned the building trade from his father and built several buildings there before going to Madison, Wisconsin, establishing an office there in 1855. From 1861 to 1865 he served in the Civil War and returned to Madison to design the dome and rotunda of the second state capitol building in Madison.

S.V. Shipman
drawing of the
Wisconsin State Capital Dome
1865



Shipman was also the supervising architect of the U.S. Courthouse and Post Office in Madison, built in 1867 and designed by Alfred B. Mullett of Washington, D.C. Before moving to Chicago, he designed the Central State Hospital for the insane, the old Dane County Courthouse and the American Exchange Bank in Madison. He also designed the Northern State Hospital for the Insane in Oshkosh, Wisconsin.

1871
American Exchange Bank
by Stephen V. Shipman
1993 photo by
Michael A. Dixon, AIA



Colonel Shipman’s military career was a distinguished one. He entered the Civil War in the First Wisconsin Cavalry Regiment as a first Lieutenant and detailed adjutant. He was successively promoted to Colonel. On returning to Madison in 1865 he was elected city treasurer. He resumed his profession of architecture and

in 1870 he established an office in Chicago. His office suffered from the Great Chicago Fire of 1871 but had a successful practice as a result of it. In Chicago he designed the Presbyterian Hospital, the first Academy of Music and a large number of mercantile and manufacturing buildings.

Col. Shipman was involved with literary study and work, having been one of the charter members of the Wisconsin Academy of Sciences, Arts, and Letters. He was associated with the State Historical Society of Wisconsin since 1855.

3. Builders:

North Wing:

W.F. Bushnell & Co./Mendota, Illinois

Center Section & South Wing:

Fish, Stephens and Sorenson/Madison, Wisconsin

Bids were due from general contractors on April 16, 1870 for construction of the north wing of the Center Building. A bid of \$124,000 from the W. F. Bushnell & Co. of Mendota was uncomfortably close to the \$125,000 appropriated by the state legislature. The trustees of the Northern Illinois Hospital brought the situation to the attention of Illinois Governor John M. Palmer who gave the approval to proceed.

The first of many difficulties encountered in building the hospital occurred even before the work began. Free delivery of materials over the Chicago & Northwestern Railway system as negotiated with the City of Elgin, was refused. The trustees maintained that the city agreed to pay full freight costs, but the railroad claimed the city was liable for only \$3,000. Threats of litigation followed, and the railroad agreed to deliver at two-thirds the normal freight rate.

The Great Chicago Fire of 1871 severely hampered progress on the north wings. Its flames consumed the stock of John David & Company, subcontractor for the hospital heating plant. Reordering the equipment delayed admission of the first patients until April 3, 1872. Lack of heat did not postpone formal opening and inspection of the building, however, and the ceremony took place on an icy February 2, 1872.

Dr. Edwin A. Kilbourne, Superintendent of the new Northern Illinois Hospital, quickly set about convincing the legislature to appropriate funds for completion of the center and south wings of the building. He reported that the north wings could accommodate 182 patients, rather than the expected 150. Citing economy of scale, he argued that he could not begin classifying patients into proper treatment groups with less than half of his facility completed.

Appropriations for completing the hospital building were approved, and bids were

received for the center section and south wings on June 16, 1873. Two days later, a \$206,000 contract for construction was awarded to Fish Stephens and Sorenson of Madison, Wisconsin.

The contractor broke ground on July 1, 1873 and completed the massive building by July 30, 1874 – a period of just 13 months. The Northern Illinois Hospital and Asylum for the Insane, north, south and center sections, was finally complete at a total cost of \$330,000. The legislature, however, while appropriating money for remaining construction, neglected to provide funds for the care of the additional residents. The newly-completed sections stood vacant until April 1, 1875.

4. Original Plans and Construction

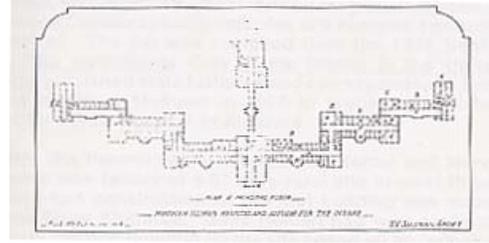
By an act of the legislature of Illinois on April 16, 1869, the “Northern Illinois Hospital and Asylum for the Insane” was established. Rapid growth in northern Illinois, and in particular the Chicago area, had created a need for a mental health facility to be developed in Elgin. Elgin was a rapidly growing city of 5,500 people at the time. Incorporated in 1854, the City of Elgin was very new, even with a recently rebuilt business area. Most of its downtown was lost to a fire in 1865.

In the interest of assuring that the new hospital be built in Elgin, the city donated the 155 acre Chisholm farm and the use of the McElroy Spring three-quarters of a mile west of the site. Adjacent farms were available for prices ranging from \$125 to \$140 per acre. The state offered \$100 per acre for 323 additional acres with an implied alternative of legislative condemnation. The offer was accepted by the landowners. These farm properties has improvements consisting of dwellings, barns, fences and orchards. It was natural for farm operations to support patients from the facilities’ inception. The purposes were to reduce operational costs and keep patients occupied.

Nine architects submitted plans for what was the hospital’s Center Building. Stephen Vaughan Shipman of Madison, Wisconsin, was selected as architect, and on March 17, 1870, the north wings of the Center Building were advertised for bids. While the original drawings are not available today, the Specifications prepared by S. V. Shipman are included as twenty-six pages of Superintendent Dr. Edwin A. Kilbourne’s 1872 biennial report of the Northern Illinois Hospital.

Bids were solicited for sections of the building starting from the north. The bid of \$124,000 for doing the entire north wing (Sections A through F) was accepted from W. F. Bushnell & Co. from Mendota, Illinois.

S.V. Shipman drawing prepared for bidding documents



5. Alterations and Additions

Superintendent Dr. Edwin A. Kilbourne requested additional funds for the completion of the original Center Building plans immediately following completion of Wings A through F. Appropriations for completing the entire hospital building were approved by the state legislature, and bids were received for the center section and south wings on June 16, 1873. Two days later a \$206,000 contract for construction was awarded to Fish, Stephens and Sorenson of Madison, Wisconsin.

The contractor broke ground on July 1, 1873 and completed the massive building by July 30, 1874 – a period of only 13 months.

Other sections of the Center Building were added as needs arose. In 1892 the north and south dining halls were added. In 1899 a Women's infirmary was added as needs arose. In 1892 the north and south dining halls were added. In 1899 a Women's Infirmary was added to the west of what Shipman had labeled Wing C on his original bid documents. At the extreme north and south wings, significant additions were added in 1928 to house hydrotherapeutic wards.

B. Historical Context

In 1854, Dr. Thomas Story Kirkbride, president of the Association of Medical Superintendents of American Institutions for the Insane, recorded that Bryce Hospital in Tuscaloosa, Alabama was the only mental hospital then under construction "in which all the details and the whole extent of building recommended" by had "been adopted at the very beginning of the work." The Bryce plans were published in Kirkbride's well known book, On the Construction, Organization, and General Arrangements of Hospitals for the Insane (Philadelphia, 1854). Either directly, through commissions to Kirkbride's preferred asylum architect Samuel Sloan, or indirectly, through the 1854 publication itself, at least thirty-two hospitals all over North America were reportedly built according to these designs. A chronological list of documented linear Kirkbride and modified linear Kirkbride plan hospitals in the United States and Canada actually indicates one hundred examples demolished and extant. The list was compiled from the 1916 book by Henry M. Hurd, The Institutional Care of the Insane in the United States and Canada, published state histories and correspondence through research by Robert Oliver Mellown in 1990 in preparing a historic structures report for Bryce Hospital in Alabama.

In 1841, the Pennsylvania Hospital for Mental and Nervous Diseases created a new facility at a 37 acre rural site in west Philadelphia. The planning and construction of the first building was supervised by Dr. Thomas Story Kirkbride. Isaac Holden had won a

competition for the design of the first building on the site based on an “echelon plan,” which used extended wings to isolate the separate wards of the hospital. It as this first example of the echelon plan in the United States which became the model for other facilities and became known as the Linear Kirkbride Plan.

Philadelphia architect Samuel Sloan’s design for a second hospital building for Kirkbride, to be used exclusively for male patients, duplicated Isaac Holden’s plan. The massive structure, built in 1856 and still in use today, has a central pavilion flanked by two L-shaped wings with pedimented pavilions at the ends. The dome over the central pavilion held iron tanks which supplied water to the building. The east facade has a broad pediment and is faced with cut stone.

Samuel Sloan was a very prominent hospital architect of the period, having been credited with designing thirty-two hospitals for the insane and three general hospitals. Sloan had published pattern books which helped popularize the Italian Villa, a style valued for its picturesque qualities. While the Pennsylvania Hospital introduces classical elements like its Doric portico, it is clear that the symmetrical plan and formality promoted Sloan interest in Italian villa architecture.

In the United States, Andrew Jackson Downing popularized the Italianate style as appropriate for country homes. It became nationally influential in the decade before the Civil War. The application of the Italianate style led to the mass production of certain decorative elements in cast iron and pressed metal. Many of these elements were used by Stephen Shipman for his design of the Center Building in Elgin and, before that, at the Wisconsin State Hospital for the Insane in Madison.



Wisconsin State Hospital for the Insane
S.V. Shipman, architect
Photo from the archives of the
State Historical Society of Wisconsin

Stephen V. Shipman established an office in Madison in 1855 having come from a building trade background in Pennsylvania. It seems likely that Shipman was aware of Kirkbride’s book on hospital design, published in 1854.

PART II. ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural Character

The architectural style of the Center Building at the Elgin Mental Health Center was Italianate. The Italianate style grew out of a desire for the picturesque, which began with the Gothic Revival. Based on the rural Italian villa, it allowed for flexible planning and elaborate exterior forms. In the United States, Andrew Jackson Downing popularized the Italianate style, and it became nationally influential in the decade before the Civil War. The application of the Italianate style to commercial and institutional building such as the Center Building led to the mass production of decorative elements in cast and pressed metal.

The dining rooms built in 1892 at the west side of the Center Building have the distinct heaviness, solidity and ruggedness of brick and stone with massive arches representative of the Romanesque style.

2. Condition of Fabric: Demolished in 1993

B. Description of Exterior

1. Overall Dimensions

The Center Building had an overall length, in the north-south direction of 776' – 4". In the east-west direction the width was 401' – 0". The building can be thought of as seven transverse wings, four stories in height, surmounted by cupolas. Six intermediate, longitudinal wings were three stories in height.

2. Foundations

External walls of the foundation/basement were primarily of rubble stone. The portion of the walls of the basement showing above the surface of the ground are faced with cut stone.

3. Walls

The walls of the Center Building were a buff (or cream) color sand molded brick from Dundee. Cut stone was used for window and door trim as well as at the stylobate of the center section. The window sills, belt courses and quoins are also of cut stone, believed to be from Joliet.

The brick exterior face of the walls of the first story were laid to represent a rusticated effect. Five courses of brick were laid flush with the sixth course set back to form a recess of one and a half inches. The walls above the first story were a plain flush joint with no recessed brick.

4. Structural System

The Center Building is primarily a masonry bearing wall structure, including the exterior walls as well as the walls of the single dormitory “cells.” Bearing on the masonry walls are wood joists, typically 3" x 12" at the central section, twelve inches on center. At the central section cupola, which held water tanks, the wood joists were 3" x 14" placed ten inches on center. The wings of the building had 2" x 12" joists, twelve inches on center, except in the dormitories of the longitudinal wings, where the 2 x 12's are sixteen inches on center. Ceiling joists were typically 2" x 8" wood at sixteen inches on center. At the roofs, hip rafters were 4" by 8" and common rafters were 2" x 6", twenty inches on center. Floor joists has one inch strips nailed to each side, three inches from the upper edge, to carry a “deafening floor,” a false, rough floor between the joists covered with a coat of mortar one and a quarter inches thick.

5. Porches

A distinctive feature of the Center Building was a two story iron veranda placed on top of the first floor stone entry portico. Originally, sections of this veranda at the north and south sides of the front entrance were supported by heavy brackets with no entry portico below. Iron railings were between cast iron columns, with galvanized iron cornices. The floors and framing for the floors were wood. A 2" – 8" diameter bronze medallion with the image of the seal of the State of Illinois was placed at the center above the main entry. The style of the iron veranda was referred to as the Girard House pattern in Stephen Shipman’s specifications.

6. Chimneys

Few original chimney stacks remained for documentation. Most has been rebuilt with straight sides. One chimney existed, however, at the first transverse wing north of the central section which had elaborately detailed brick corbelling, recessed (panelized) areas and a decorative metal cap (see photo K-1993-1G).

7. Openings

a. Doorways and Doors

The original front doors of the center section were two and three-quarters inches thick with raised panels and heavy projecting molding, according to S. V. Shipman’s specifications. Those extant during documentation were full single light doors in poor condition, covered with plywood. Sidelights and transoms existed, but the large upper transom was obviously changed to a 1950's muntin pattern. Interior doors were obviously original, one and three-quarter inches thick, three panels wide by two panels high. The doors at wings were originally four panel type. The transoms of doors at

the dormitories were filled in, but the original specifications indicate an opening of five inches above the doors.

b. Windows

The windows at the Center Building were all double hung type, the sash being one and three-quarters inches thick. Six over six windows with rounded tops were used at the central section. Wood shutters were provided at the interior and folded into side walls at the windows. In the north and south wings, the glass was divided into twenty lights of approximately 6 x 20 inches, with a curved top at the upper sash. Wrought iron window guards were placed in front of the lower sash of all windows in the north and south wings.

8. Roof

a. Roof Shape, Covering

Originally, the Center Building roof was sheathed with narrow matched wood flooring, one and a quarter inches thick with a covering of 10" x 20" Vermont slate, laid eight inches to the weather, secured by copper nails according to Shipman's specifications. The shape of the roofs was typically a gable configuration with pediment ends. The slate color was brown. Evidence of the slate roof was missing during the documentation period. All extant roofs were flat seamed metal laid in twenty-four inch wide strips. The extant roof material at the Dining Room buildings was asphalt shingles. but it is probable that these structures, built in 1892, had slate roofs also.

b. Cornice, Eaves, Cupolas

The main eave and pediment cornices has No. 22 galvanized iron cladding over rough wood brackets. The cornices for the cupolas were of wood. Finials were wood. covered entirely with sheet lead or No. 22 galvanized iron, according to the specifications by Stephen Shipman. The finials did not exist during the documentation period.

C. Description of Interior

1. Floor Plans

The plan configuration of the Center Building was a definite expression fo the well known "Linear Kirkbride Plan," a benchmark in the evolution of care for the mentally ill. This plan was devised by Dr. Thomas Story Kirkbride, president of the Association of Medical Superintendents of American Institutions for the Insane and given architectural enhancements by well known Philadelphia architect

Samuel Sloan. Madison, Wisconsin architect Stephen V. Shipman used the Sloan-Kirkbride concept to present a plan with small cell-like dormitories laid out in a linear fashion along a center corridor.

The central section housed the Northern Illinois Hospital staff, the north wing housed female patients and the south wing housed male patients. Structures at the west side of the main Center Building originally was constructed for the “domestic department and machinery.” Later, in 1892, two dining halls were constructed on the west side of the Center Building, linked by a twelve foot wide corridor structure.

2. Stairways

The main stair at the west side of the central section was of wood construction and was removed years ago and replaced by metal stairs at the south corridor of the central section. Three other stairs, which were original and made of cast iron, remained in their original locations in each of the north and south wings until demolition of the structure in 1993.

3. Flooring

Finished floors in the north and south wings has one and one-quarter inch thick by two and three-quarters inches wide hard maple, tongue and groove. The corridors in the central section were alternating strips of hard maple and black walnut. All other floors were five inch wide pine flooring, tongue and groove.

The officers’ kitchen in the central section as well as the bathrooms in the wings has twelve inch thick square marble tile. These tiles did not exist during the documentation period.

4. Wall and Ceiling Finish

All interior walls, partitions and ceilings were plaser over lath with two coats of brown mortar and one coat of hard white plaster finish. “Slaughtered hair properly compounded” was used to insure a quality job. Marble dust was included in the plaster mix for a harder finish coat. All the rooms and corridors of the central section, first through third floors, had ornamental plaster cornice and “foliated” center pieces.

5. Openings

a. Doorways and Doors

Thresholds of interior doors were of hard maple, five and one-half inches wide by five-eighths inch thick. Interior doors were one and three quarters inch thick. Interior doors were one and three-quarters inches thick, three

panels wide and two panels high with projected moldings, hung with three 5" x 5" hinges. Doors recessed into rooms had frames with panel jambs and heads to match the panelled doors and transoms.

Doors at the north and south wings had four panels with 4-1/2" x 4-1/2" hinges.

b. Windows

All windows were double hung and, in the central section, were provided with inside shutters, one and one-eighth inch thick, four folds in the width of the window, the height divided at the meeting rail. The shutters folded against the window jambs. Window heads were finished square on the inside while the exterior appearance was round.

The windows at the north and south wings are described in the section on "Exterior."

6. Decorative Features and Trim

Plaster cornice and ceiling medallions existed in the central section along with heavy windows and door trim. Panelized recesses at doors and an elaborate, ten inch high base existed in this central area. Heavy leather wainscotting, not original, was found, painted over, in some areas of the central section. The north and south wings were quite simple in comparison with unadorned bases and plaster returns at the windows (no wood trim).

7. Hardware

The locks of the outside doors at the central section were heavy mortise type with bronze knobs. All doors had three hinges each. The north and south wings had heavy rim locks and latches with brass knobs. In addition to the standard locks on the dormitory rooms, the original specifications by Stephen Shipman indicated that each room was to have two small, flush iron bolts on the corridor side of the doors. Another note in the specifications indicated that "the keys of the male wards must not in any case unlock the doors of the female wards."

8. Mechanical Equipment

a. Heating and Ventilation

Registers were manufactured by Tuttle and Bailey. Heat was blown through these registers through air ducts from the basement through flues in the walls. Coils of pipes were enclosed in heating chambers at the base of the flues, being supplied with steam from boilers. Exhausted air was raised through ducts above the corridors to the cupolas on the roofs of the transverse wings.

b. Lighting

Interior lighting was originally provided by gas lines in the walls, supplying five two-light chandeliers in the principal corridor in each story and one four light chandelier in each of the parlors, dining rooms and all principal rooms of the central section. A two light pendant fixture was provided in each dormitory and suicidal patient's rooms.

In 1884, the Center Building changed to electric lights by installing one of the first electronic generators used in northern Illinois.

c. Plumbing

One reason that the Northern Illinois Hospital for the Insane was located near Elgin was the offering by the city for use of a water spring which was three-quarters of a mile west of the site. The McElroy Spring was expected to have a daily output of 50, 000 to 80, 000 gallons. The spring was failing, however, apparently because of a tow year drought which had hit the area.

The water of the nearby Fox River was potable in 1872, however, and Superintendent Dr. Kilbourne turned there for the hospital's supply. Emergency installation of a steam-driven pump and pipeline was completed in July of 1872 and two teams of horses drew tank wagons back and forth around the clock to keep the hospital supplied during the interim.

The dome over the central section held iron tanks which supplied water to the toilet and bathrooms of the entire Center Building.

Fire in mental institutions in other states made Dr. Kilbourne concerned about the need for an adequate water supply. In 1885 the state legislature appropriated funds to construct an artificial lake to the east of the Center Building to be used as a source of water as well as a visual enhancement. The cost of the two year construction project was \$5,000.

D. Site

1. General Setting and Orientation

Dr. Thomas Story Kirkbride, in his book On the Construction, Organization, and General Arrangement of Hospitals for the Insane (Philadelphia, 1854), had stated that "every hospital for the insane should be in the country" and "no hospital for the insane ... should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients." In 1869, the City of Elgin offered eighty acres of the Chisholm farm south of the city. A total of 155 acres of the Chisholm farm was acquired along with an additional 323 acres.

The hospital was functioning in 1872 with the building set on open farm land. The McElroy Spring, three-quarters of a mile west of the building site, was expected to provide 50,000 to 80,000 gallons of water. This spring, however, was failing due to a two year drought. The close by Fox River instead provided the needed water by means of a steam driven pump and pumpline.

The Center Building was set on the site facing the Fox River to the east. A major roadway was close to the building but was soon moved 300 feet east to eliminate the distraction. The character of the former farm land soon changed in the 1870's when 4, 500 trees and shrubs were planted.

Huge cisterns stood at both the front and rear of the north and south wings, designed to catch 137,000 gallons of precipitation which, it was estimated, fell monthly on the roofs. This rainwater was to be used in the Center Building's steam boilers, avoiding the damage which would be caused by the hard water of the river supply.

2. Historic Landscape Design

In 1874, an Oak Park, Illinois, "landscape gardener," John Blair was hired by the Northern Illinois Hospital to develop a plan for the improvement of the hospital grounds. The ground in front of the south wing of the Center Building was filled and leveled, walks and driveways were graveled and a large number of deciduous trees as well as thirty-two varieties of evergreens were planted. Reports indicate that "a row of hardy white elms on each side of the road now borders the drive from the north entrance through the grounds to the south entrance and in the course of a few years will make a finely shaded approach to the hospital."

A pond area used as a storage basin for fire emergencies, was provided in a natural ravine in front of the south wing of the Center Building. In later years, when the need for this fire reservoir no longer existed, the pond was drained and transformed into a sunken garden by the hospital's on site florist, Thomas Holmes.

3. The Center Building was opened in 1872. A few years after its completion it was found that the capacity of the hospital could be considerably increased by adding two dining halls which were built to the west of the main building and connected by covered walks. These halls were ready for use in 1892. Another linear Kirkbride building, called the Annex, was added in 1891. The Annex was the last building of the congregate type to be constructed on the grounds. Future buildings for patients were to be separate cottages, designed to house 100 each. The Annex was demolished in the 1970's.

PART III. PROJECT INFORMATION

The field work, measured drawings, photography and written documentation of the Center

Building at the Elgin Mental Health Center were produced by Dixon Associated, AIA/Architects under a contract with Parsons, Brinckerhoff, Quade & Douglas, Inc., Joseph Fernandez, P.E., Project Manager. Documentation services were provided in conjunction with an agreement between the Capital Development Board of the State of Illinois and "Parsons Brinckerhoff" who prepared the contract documents for the demolition of the Center Building and the Pershing Building at the Elgin Mental Health Center. The documentation was executed under the direction of Resource Protection Manager Stephen A. Thompson of the Division of Preservation Services, Illinois Historic Preservation Agency. Project participants were Michael A. Dixon, AIA/Project Manager; David T. McNally, Chief Dilineator; Mark D. VanKerkhoff, AIA, Field Coordinator with Roxanne R. Otto assisting. Assistance in research was provided by Martin J. Rosenblum, R.A. & Associates of Philadelphia, Pennsylvania, Marianne P. Moore, Museum Curator and Policy, Procedures and Public Information Administrator at the Elgin Mental Health Center and Katherine H. Rankin, Preservation Planner for the City of Madison, Wisconsin. The State Historical Society of Wisconsin at Madison provided information regarding architect Stephen V. Shipman, including access to historic photographs of work by Shipman from the Wisconsin State Archives.

PART IV. SOURCES OF INFORMATION

A. Original Architectural Drawings

Concept plan drawings by architect Stephen V. Shipman exist for the Center Building at the Northern Illinois Hospital through the superintendent's biennial reports of 1872 and 1874. Shipman's full specifications are also available in the 1874 report of superintendent Dr. Edwin A. Kilbourne.

Available for use by Dixon Associates for documentation of the Center Building were the following drawings:

CENTER BUILDING DOCUMENTATION
Elgin Mental Health Center
Elgin, Illinois

EXISTING DRAWINGS INVENTORY
January 13, 1993

<u>Description</u>	<u>Sheets</u>	<u>Date</u>	<u>Source</u>
West Wing Women's Infirmary	Basement, 1st, 2nd, 3rd, and 4th floor plan exterior elevations	1899	EMHC
North and South Wing Remodeling	1st, 2nd, 3rd, and 4th floor plans	1907	EMHC

North and South Dining Rooms	Basement and 1st Floor Plans	1907	EMHC
Addition to North Wing	First floor plan exterior elevations	1928	EMHC
Addition to kitchen	Floor plan	1939	EMHC
Fire Protection Plans	Basement, 1st, 2nd, 3rd, 4th floor plans fire escape details and partial elevation	1942	Parsons Brinkerhoff
Fire escape plans "North End"	Partial plans Partial Elevations	1948	EMHC
Main Stair in Center section	Partial basement 1st, 2nd, 3rd, and 4th floor plans and sections at stairs	1948	EMHC
Renovation of South Dining Room	Basement, 1st, and 2nd floor plans section	1954	EMHC
Butcher shop alterations and addition	Floor plan	1956	EMHC
Renovation of Kitchen refrigeration areas	Floor plan	1959	EMHC
Dimensioned partial basement plan of North Wing, Infirmary Wing, North Dining Room and part of Center Section	Partial basement floor plan	1961	EMHC

Roof repairs to entire building	Roof plans	1964	EMHC
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B. Early Views

Historic photographic views of the Center Building are available at the Elgin mental Health Center Museum at the Administration Building at 750 South State Street (Route 31) in Elgin, Illinois. A “turn of the century” photograph shows the building with a water reservoir at its front which was drained when Elgin city water service was made available.

A perspective drawing of the Center Building, printed in the 1872 report of the Northern Illinois Hospital was valuable in confirming the integrity of the extant structure during the documentation period.

C. Bibliography/Footnotes

1. Elgin Mental Health Center Bulletin EMHC 411, May, 1991.
2. Elgin Mental Health Center: Forward Plan for Service Improvement, September 19, 1986.
3. Mellow, Dr. Robert O., Questionnaire for Evaluation of Bryce Hospital, Tuscaloosa, Alabama, within a National Context, Department of Art, University of Alabama, Tuscaloosa, Alabama, March 24, 1989.
4. Baxter, William E., Director, American Psychiatric Association Library and Archives, “APA Began Developing Standards Early,” Psychiatric News, May 7, 1993.
5. Kilbourne, Dr. Edwin A., Medical Superintendent, Northern Illinois Hospital for the Insane, Third Biennial Report, 1874.
6. “Col. Stephen V. Shipman Dead,” Milwaukee Sentinel, November 14, 1905.
7. Letter from City of Elgin historian E.C. “Mike” Alft to Dixon Associates, received on December 14, 1992.
8. Mellow, Dr. Robert Oliver, Bryce Hospital Historic Structures Report, Alabama Historical Commission, 1990.
9. Foundation for Architecture, Philadelphia Architecture, MIT Press, Cambridge, Massachusetts, 1984, p. 57.
10. Wittman, Dr. A.G., The Elgin State Hospital, A Brief Account of Its Founding and Development, 60th Anniversary Edition, December, 1932.

11. The History of Elgin State Hospital, 1872-1972, written as a conclusion to the centennial year activities of Elgin State Hospital. The history was compiled from the annual reports of the facility from 1872 to 1972, p. 3
12. The History of Elgin State Hospital, 1872-1972, pgs, 2,5,10,18

PART V. METHODOLOGY OF RESEARCH

On January 19, 1993, a meeting was held at Mendel hall at the Elgin Mental Health Center to discuss the requirements of the State of Illinois law pertaining to the documentation of the Center building. Those attending that meeting represented the Illinois Capital Development Board, the Elgin Mental Health Center, the Illinois Historic Preservation Agency, Parsons Brinckerhoff Quade & Douglas, Inc. and Dixon Associates. Individual representatives were as follows:

Illinois Capital Development Board
Randy Schild
Trnet Zilmer
Marcy Joerger

Elgin Mental Health Center
Bob Zoller
Art Brown

Illinois Historic Preservation Agency
Stephen A. Thompson

Parsons Brinckerhoff Quade & Douglas, Inc.
Joseph Fernandez, P.E.

Dixon Associates, AIA/Architects
Mark D. VanKerkhoff, AIA
Michael A. Dixon, AIA

Discussion involved the determination of the completion level of documentation for the Center Building relating to historic American Buildings Survey standards. It was stipulated that a Level I documentation would be required, with the exception of limiting the written data to providing a copy of The History of the Elgin State Hospital, 1872-1972, a summary Statement of Significance and an architectural description. Note that it was this writer's choice to expound on the written history so that a complete Level I Documentation could be achieved. The importance of the Center Building and the Linear Kirkbride Plan on the development of mental health treatment in the united States was of great significance and attitudes through history can be told through this single structure.

Field Work

Demolition of the one story south hydrotherapeutic wing had already begun before Dixon Associates was enlisted into service for documentation. The front veranda at the central section was also being dismantled. These areas were sufficiently gone to not allow full documentation. The condition of the rest of the structure was poor with some collapsed floors and areas where fires had resulted in structural damage. No electricity was available so interior photographs were made using light available through windows and a battery pack operated 1 million candlelight hand held floor light. The Elgin Mental Health Center Security Police insisted on our two-man team carrying a portable radio tied to their communications center at the Read Building.

Weekend field work was performed due to the pressure of the demolition contractor's schedule. Alcon Demolition, Inc. was to hold off on their work until Dixon Associates had completed the field work and documentation photographs. Adverse cold temperatures in January and February of 1993 and snow had some effect on the rushed schedule.

Documentation Drawing Preparation

In addition to field verification, some drawings were available for use in preparing documentation drawings. Generally, these drawings indicated repairs and some renovation work at the Center Building. These drawings were useful for reference and were a guide to changes made over the last several decades of the building's use.

In pursuing acquisition of archival mylar sheets from the historic American Buildings Survey/National Parks Service office in Denver, Colorado, we found that a cooperative arrangement could not be attained. Since the final archival storage for the documents was to be the Illinois State Archives rather than the Library of Congress, the Denver office was reluctant to provide the HABS mylar sheets to Dixon Associates.

This writer was able to meet with John Burns, AIA, Deputy Chief of the Historic American Buildings Survey on an April, 1993 trip to Philadelphia to explain our need for HABS mylar sheets and the difficulty of obtaining them from the Denver office of the National Park Service. John was very supportive of our work at the Center Building and sent sufficient mylars so that we could proceed to transfer our rough drawings onto final sheets.

While in Philadelphia, Project Manager Michael Dixon, AIA had the opportunity to visit the Samuel Sloan, linear Kirkbride plan Pennsylvania Hospital for the Insane. With the help of historic preservation planner Susanna Barucco of the office of Martin Jay Rosenblum, R.A. & Associates in Philadelphia, information on Sloan and Dr. Thomas Story Kirkbride was gathered to put toward the Center Building into a national context, relating to progressive attitudes toward mental health hospital facilities.

Project Manager Michael Dixon also had the opportunity to visit Center Building architect Stephen Vaughan Shipman's extant work in Madison, Wisconsin, after receiving help on locating his work from the State Historical Society of Wisconsin Archives located on the University of Wisconsin campus. Also very helpful was preservation planner Katherine H. Rankin of the Department of Planning & Development for the City of Madison. Ms. Rankin is known in Madison as an authority on Shipman's work, having surveyed his work for the city and

having developed a National Register of Historic Places application for his American Exchange Bank building (Mason-Baker Block), built in 1871.

Important to the quality of this documentation was the encouragement and confidence in our work from Illinois Historic Preservation Agency Resource Protection Manager Stephen A. Thompson. Steve reminds us that structures such as the Center Building are shells in which human interaction takes place and the interaction continues even when those who have occupied the building are long gone from this Earth. This documentation serves as a memory and a resource to the understanding of its occupants and their environment.

Michael A. Dixon, AIA
DIXON ASSOCIATES, AIA/ARCHITECTS
St. Charles, Illinois