

**MARYLAND HISTORICAL TRUST
NR-ELIGIBILITY REVIEW FORM**

NR Eligible: yes
no

Property Name: Crownsville Hospital Center Inventory Number: AA-961 200003238

Address: _____ City: Crownsville Zip Code: _____

County: Anne Arundel USGS Topographic Map: Round Bay

Owner: Maryland Department of Health and Mental Hygiene

Tax Parcel Number: _____ Tax Map Number: _____ Tax Account ID Number: _____

Project: _____ Agency: _____

Site visit by MHT Staff: no yes Name: Kurtz & Blick Date: October 26, 2000

Eligibility recommended Eligibility not recommended

Criteria: A B C D Considerations: A B C D E F G None

Is the property located within a historic district? no yes Name of district: _____

Is district listed? no yes Determined eligible? no yes District Inventory Number: _____

Documentation on the property/district is presented in: Survey Files

Description of Property and Eligibility Determination: *(Use continuation sheet if necessary and attach map and photo)*

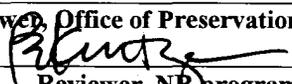
Crownsville Hospital Center is a state-operated residential facility for the mentally ill located on 1,676 acres in Crownsville, Anne Arundel County. Established in 1910 as Maryland's Hospital for the Negro Insane, Crownsville operated as a segregated institution until 1963, caring for the majority of the black patients in the state.

Crownsville Hospital Center derives its historical significance as the first state mental hospital for blacks. Prior to the hospital, the care and treatment of black patients was deficient in many ways. The establishment of the hospital represented the state's commitment to care for its mentally ill citizens regardless of race. Crownsville symbolized an important step in the development of public mental health care in Maryland.

The complex derives additional significance from its architecture. The majority of the architecture is vernacular in appearance with influences from classical styles. These classical features present in the buildings influenced much of the institutional design in the first three-and-a-half decades of the twentieth century. The designs of the buildings at Crownsville represent the work of prominent Maryland architectural firms such as Baldwin and Pennington, Henry Powell Hopkins, and Joseph Evans Sperry.

Prepared by: Lauren Bowlin

Date Prepared: 1986

MARYLAND HISTORICAL TRUST REVIEW	
Eligibility recommended <input checked="" type="checkbox"/>	Eligibility not recommended <input type="checkbox"/>
Criteria: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	Considerations: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> None
Comments: _____	
Patricia M. Blick	November 2, 2000
Reviewer, Office of Preservation Services	Date
 Reviewer, NR program	11/3/00 Date

Section I

Recommendations

As a result of the recently completed survey, 15 buildings have been determined to be historically and architecturally significant to the development of public mental health care in Maryland at Crownsville Hospital Center. Because of this significance, the following buildings will be added to the standing structure component of the Anne Arundel section of the Maryland Register of Historic Properties:

MHT SURVEY NUMBER	NAME	DATE OF CONSTRUCTION	NUMBER ON MAP	
1)	AA-961	Crownsville Hospital Center	1913-1942	N/A
2)	AA-962	Administration Building	1913	1
3)	AA-963	"A" Building	1913	20
4)	AA-964	"B" Building	1913	3
5)	AA-965	Laundry Building	1920s	21
6)	AA-966	Superintendent's House	1925	13
7)	AA-967	"C" Building	1931	4
8)	AA-968	Hugh Young Building	1925, 1932	2
9)	AA-969	Nurses' Home	1931	5
10)	AA-970	Marbury Building	1927	22
11)	AA-971	Greenhouses	1925	37
12)	AA-972	Female Attendants' Home	1935	6
13)	AA-973	Motor Pool	1936	23
14)	AA-974	Old Morgue and Pump Houses	1920s, 1930, 1935	38
15)	AA-975	Winterode Building*	1942	17
16)	AA-976	Psychology Building	1942	15

* The Winterode Building was deeded over to Anne Arundel County in 1984.

The survey also revealed that there were 51 other buildings on the Crownsville Hospital Center grounds which are not architecturally or historically significant. These are:

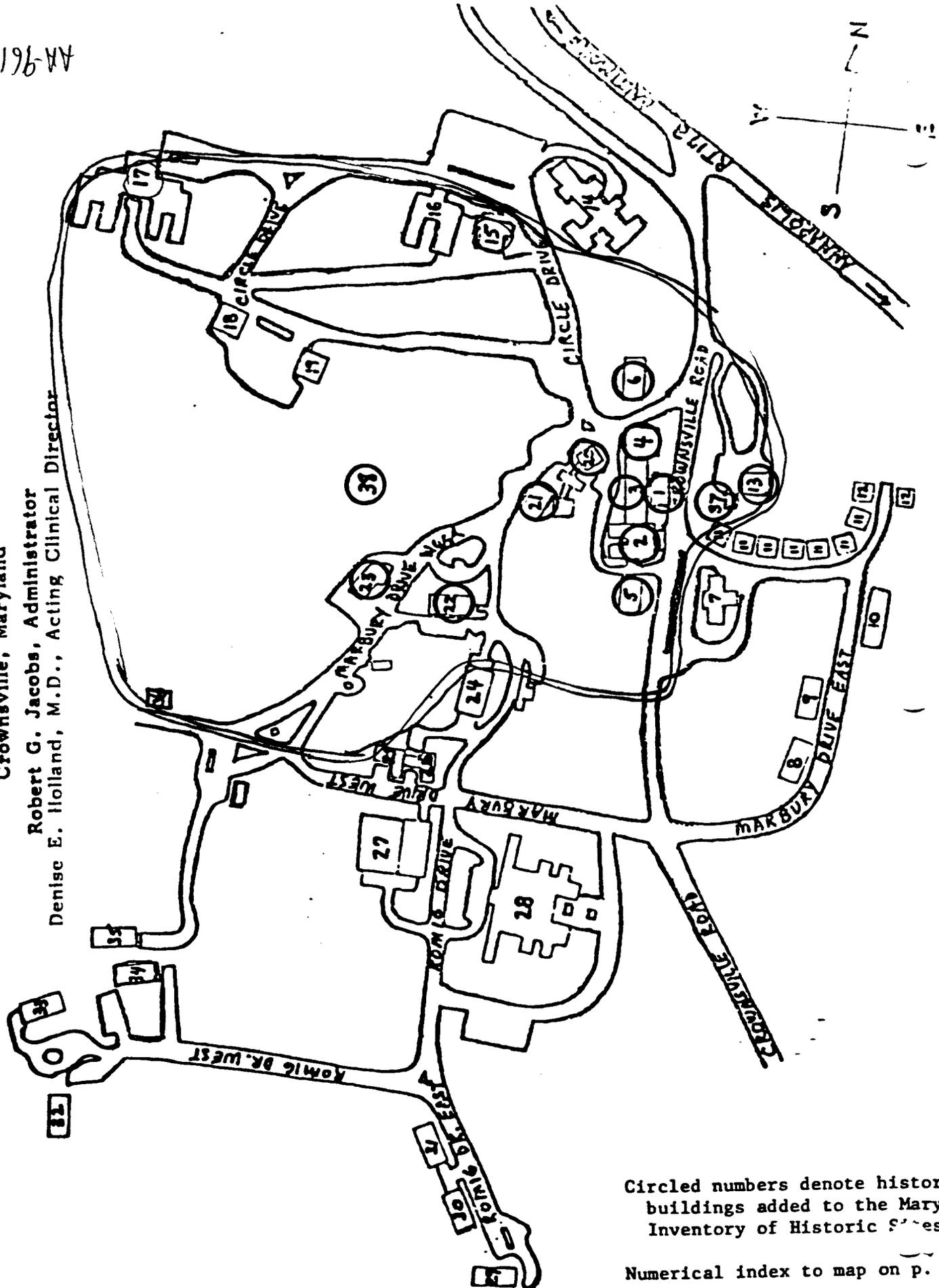
NAME OF BUILDING	DATE OF CONSTRUCTION
Convalescent Cottage #11	1953
Convalescent Cottage #12	1953
Convalescent Cottage #13	1953
Convalescent Cottage #14	1953
Convalescent Cottage #15	1953
Convalescent Cottage #16	1953
Meyer Building	1954
Phillips Building	1942
Phillips Annex	1942
Med-Surg Building	1958
Campanella Building	1959
Maintenance	1968
Refrigerator Shop	1950
Boiler Room	1954
Grounds Shop	1964

Fire House	1954
Central Storage	1951
Central Kitchen	1957
Employee Cafe	1950
Employee Apartments "A"	1950
Employee Apartments "B"	1950
Staff Cottage #1	1948
Staff Cottage #2	1949
Staff Cottage #3	1949
Staff Cottage #4	1950
Staff Cottage #5	1950
Staff Cottage #6	1950
Staff Cottage #7	1950
Staff Cottage #8	1950
Dairy Barn	1948
Water Treatment Plant	1950
Pump-Generator	1950
Bull Barn	1948
Maintenance Supervisor's House	1937
Well House	1950
Implement Shed	1949
Old Garage	1942
Filtration Plant	1950
Sewage Plant	1942
Corn Crib	1948
Electric Sub-Station	1970
Scale House	1952
Piggery	1951
Male Dormitory	1951
Dairy Barn	1948
Pasteurization	1948
Potato House	1950
Pool	1964
Farrow House	1951
Slaughter House	1951
Staff Cottage #9	1950

AA-961

CROWNSVILLE HOSPITAL CENTER
Crownsville, Maryland

Robert G. Jacobs, Administrator
Denise E. Holland, M.D., Acting Clinical Director



Circled numbers denote historic buildings added to the Maryland Inventory of Historic Sites.

Numerical index to map on p. 11

AA-961
Crownsville Hospital Center
Crownsville

1913-1942
Public

Crownsville Hospital Center is a state-operated residential facility for the mentally ill located on 1,676 acres in Crownsville, Anne Arundel County. Established in 1910 as Maryland's Hospital for the Negro Insane, Crownsville operated as a segregated institution until 1963, caring for the majority of the black patients in the state. The establishment of the hospital allowed the transfer of many black patients from poor living conditions in county almshouses and jails to a modern state facility where they could receive proper care and treatment. The new hospital occupied a farm, eight miles north of Annapolis and housed its first patients in an existing farm building in 1911.

The first Crownsville patients contributed their labor to the construction of the original hospital complex. Three buildings designed by the Maryland firm of Baldwin and Pennington were completed and occupied in 1913. These three buildings served as the heart of Crownsville State Hospital for twelve years until the hospital began expanding in 1925. The bulk of the historic buildings were constructed in the 1930s adjacent and connected to the original complex. The function of the buildings vary greatly from administrative to residential to industrial. The patient care buildings are constructed of common bond brick, rise two to four stories in height, and have many concrete adornments like the cornice, lintels and string courses. Though limited in ornamentation, the designs reflect classical influences in their rounded arches, pedimented porticos, and hipped roofs. In contrast, the secondary buildings which house support functions such as occupational therapy are constructed of concrete block, rise one to two stories, and are vernacular in appearance.

Crownsville Hospital Center derives its historical significance as the first state mental hospital for blacks. Prior to the hospital, the care and treatment of black patients was deficient in many ways. The establishment of the hospital represented the

state's commitment to care for its mentally ill citizens regardless of race. Crownsville symbolized an important step in the development of public mental health care in Maryland. The complex derives additional significance from its architecture. The majority of the architecture is vernacular in appearance with influences from classical styles. These classical features present in the buildings influenced much of the institutional design in the first three-and-a-half decades of the twentieth century. The designs of the buildings at Crownsville represent the work of prominent Maryland architectural firms such as Baldwin and Pennington, Henry Powell Hopkins, and Joseph Evans Sperry.

Survey No. AA-961

Magi No. 0209614739

DOE yes no

Maryland Historical Trust State Historic Sites Inventory Form

1. Name (indicate preferred name)

historic

and/or common CROWNSVILLE HOSPITAL CENTER COMPLEX

2. Location

street & number _____ not for publication

city, town CROWNSVILLE _____ vicinity of _____ congressional district 4

state MARYLAND county ANNE ARUNDEL

3. Classification

Category	Ownership	Status	Present Use	
<input type="checkbox"/> district	<input checked="" type="checkbox"/> public	<input checked="" type="checkbox"/> occupied	<input type="checkbox"/> agriculture	<input type="checkbox"/> museum
<input checked="" type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> commercial	<input type="checkbox"/> park
<input type="checkbox"/> structure	<input type="checkbox"/> both	<input type="checkbox"/> work in progress	<input type="checkbox"/> educational	<input type="checkbox"/> private residence
<input type="checkbox"/> site	Public Acquisition	Accessible	<input type="checkbox"/> entertainment	<input type="checkbox"/> religious
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input checked="" type="checkbox"/> yes: restricted	<input checked="" type="checkbox"/> government	<input type="checkbox"/> scientific
	<input type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial	<input type="checkbox"/> transportation
	<input checked="" type="checkbox"/> not applicable	<input type="checkbox"/> no	<input type="checkbox"/> military	<input checked="" type="checkbox"/> other: HOSPITAL

4. Owner of Property (give names and mailing addresses of all owners)

name DEPARTMENT OF HEALTH AND MENTAL HYGIENE

street & number 201 W. PRESTON STREET telephone no.: 225-6816

city, town BALTIMORE state and zip code MARYLAND 21201

5. Location of Legal Description

courthouse, registry of deeds, etc. ANNE ARUNDEL COUNTY COURTHOUSE, ROOM 101 liber

street & number CHURCH CIRCLE folio

city, town ANNAPOLIS state MARYLAND

6. Representation in Existing Historical Surveys

title

date _____ federal _____ state _____ county _____ local

depository for survey records

city, town _____ state

7. Description

Survey No. AA-961

Condition		Check one	Check one	
<input checked="" type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	<input type="checkbox"/> unaltered	<input checked="" type="checkbox"/> original site	
<input checked="" type="checkbox"/> good	<input type="checkbox"/> ruins	<input checked="" type="checkbox"/> altered	<input type="checkbox"/> moved	date of move _____
<input checked="" type="checkbox"/> fair	<input type="checkbox"/> unexposed			

Prepare both a summary paragraph and a general description of the resource and its various elements as it exists today.

Crownsville Hospital Center is a state-operated residential facility for the mentally ill located on 676 acres in Crownsville, Anne Arundel County. The hospital facility occupies a tract of land characterized by rolling hills, a gentle stream and wooded areas. Bounded on the north by State Highway 178, Crownsville Hospital Center maintains entrances from the north off of Highway 178 and from the south from Crownsville Road.

Established in 1910 by the General Assembly of Maryland as the Hospital for the Negro Insane, Crownsville Hospital Center developed from a 566 acre farm, eight miles north of Annapolis. The state bought the farm in 1911, converted existing farm buildings for temporary housing and began construction of the new hospital buildings. The original complex consisted of three buildings located in the north-central section of the hospital, oriented to the east. While Crownsville did experience some construction growth between the completion of the original complex in 1913 and 1930, the first significant expansion in the hospital's physical plant began in 1930. When the program was completed, Crownsville had more than doubled its available square footage. The bulk of the historic buildings date from this period and are located adjacent and connected to the original complex. The second major expansion occurred in the 1950s which again altered the layout of the facility considerably. This post World War II construction developed the land to the south and east of the original complex.

The historic buildings at Crownsville Hospital Center are predominantly constructed of common bond brick, rise two to four stories in height and display

8. Significance

Period	Areas of Significance—Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input checked="" type="checkbox"/> social/
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> humanitarian
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> theater
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input type="checkbox"/> politics/government	<input type="checkbox"/> transportation
		<input type="checkbox"/> invention		<input type="checkbox"/> other (specify)

Specific dates **Builder/Architect**

check: Applicable Criteria: A B C D
and/or
Applicable Exception: A B C D E F G

Level of Significance: national state local

Prepare both a summary paragraph of significance and a general statement of history and support.

The General Assembly of Maryland passed an act in 1910 which provided for the establishment of a "Hospital for the Negro Insane of Maryland."¹ At that time, two state mental hospitals (Spring Grove and Springfield) were in full operation and yet a high percentage of the black insane population of the state were improperly cared for in county almshouses and jails. Considerable strides had been accomplished for the care and treatment of the insane during the last quarter of the 19th century but many of these improvements did not affect the poor conditions under which the black insane lived in Maryland. Chapter 250 of the Laws of Maryland of 1910 was a sincere attempt to ameliorate this inequitable situation. Crownsville Hospital Center has evolved from this segregated institution.

Before the establishment of Crownsville State Hospital, the history of the care and treatment of the black insane of Maryland is difficult to examine. The historical documentation which concerns the insane of the state does not often distinguish between races. However, it cannot be assumed that the black segment of the insane population received the same quality and/or quantity of care as the white population. As in other aspects of the American society in the 19th

9. Major Bibliographical References

Survey No. AA-961

10. Geographical Data

Acreage of nominated property _____

Quadrangle name _____

Quadrangle scale _____

UTM References do NOT complete UTM references:

A	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zone	Easting	Northing

B	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zone	Easting	Northing

C	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E	<input type="text"/>	<input type="text"/>	<input type="text"/>
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F	<input type="text"/>	<input type="text"/>	<input type="text"/>
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G	<input type="text"/>	<input type="text"/>	<input type="text"/>
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H	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Verbal boundary description and justification

List all states and counties for properties overlapping state or county boundaries

state	code	county	code

11. Form Prepared By

name/title	LAUREN L. BOWLIN		
organization	OFFICE OF PLANNING AND POLICY MGM.	date	SEPTEMBER 1986
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
street & number	201 W. PRESTON STREET	telephone	301-225-6816
city or town	BALTIMORE	state	MARYLAND

The Maryland Historic Sites Inventory was officially created by an Act of the Maryland Legislature to be found in the Annotated Code of Maryland, Article 41, Section 181 KA, 1974 supplement.

The survey and inventory are being prepared for information and record purposes only and do not constitute any infringement of individual property rights.

return to: Maryland Historical Trust
 Shaw House
 21 State Circle
 Annapolis, Maryland 21401
 (301) 269-2438

slate covered, hipped roofs. There are some secondary buildings which have been constructed of molded concrete blocks, measure one to two stories in height, and exhibit a variety of roof shapes. All of the historic buildings are conservative in their architectural ornamentation and rely on reinforced concrete to provide the string courses, cornices, foundations and window sills. The stylistic features remain simple and gravitate toward classical influences such as modified Corinthian columns, rounded arch transoms, and triangular pediments.

The original complex, constructed in 1913, consisted of the Administration Building, "A" Building, and "B" Building. The Baltimore architectural firm of Baldwin and Pennington designed all three buildings with similar architectural features. The buildings are parallel to each other and all face to the east. Each building has a distinct shape and was designed for a specific purpose. The Administration Building heads the complex and as the name implies, the structure provided office space, reception rooms and some housing space. Being the furthest building east, the Administration Building displays a large Corinthian portico on its rectangular frame. A covered corridor links the structure to the Central Kitchen Building ("B" Building). Housing the kitchen, dining rooms and a bakery, the Central Kitchen Building is an elongated building composed of three pavilions joined by connecting wings. The third building of the original complex supplied residential accommodations for male and female patients. Originally known as the Reception Building, "A" Building is characterized by a central block flanked by angled wings. The buildings share features such as hipped roofs, wall dormers, concrete foundations, and simple porticos.

These three buildings served as the heart of Crownsville Hospital Center from their completion in 1913 until 1925 when a fourth hospital building was erected. The Hugh Young Building was designed by Henry Powell Hopkins, a young architect whose long career would include numerous public architectural commissions. Crownsville's new

building complimented the existing architectural setting by displaying similar features. The three story structure is constructed of common bond brick, has a hipped roof, and exhibits concrete adornments such as the cornice and water table.

Hopkins executed the design of a second building in 1925, the Superintendent's House. Located northeast of the patient complex, the structure is rather distinct on the hospital grounds because of its clapboard siding. The Colonial Revival building is two-and-a-half stories in height, covered by a steeply pitched gable roof, and adorned by a Palladian window, a segmented arch portico, and pedimented dormers.

Crownsville also enlarged its physical plant through their own available resources. The Marbury Building erected in 1927 provides a key example. Designed by hospital mechanics, the structure was built without outside funding or personnel. The patients manufactured the concrete blocks which provided the building with its construction material. These concrete blocks were utilized for other hospital ventures such as the Motor Pool, the Morgue and the Pump Houses. With the Marbury Building as the most elaborate of these structures, the concrete buildings display a variety of features from a gable roof to a flat roof but their facades remain simple and functional.

The Crownsville hospital campus experienced an expansion program in the 1930s. The designs for the new buildings all emanated from the office of Joseph Evans Sperry, a respected and accomplished Baltimore architect. The expansion consisted of "C" Building (1931), the Nurses' Home (1931), the addition to the Hugh Young Building (1932), and the Female Attendants' Home (1935). Sperry himself designed "C" Building while his associate Herbert Crisp was responsible for the remaining designs. Both architects were careful to design buildings which would compliment the existing complex. The three buildings and the addition rise three and four stories, present similar proportions and share common materials such as common bond brick, slate roofs and concrete water tables. Classical features such as broken pediment and rounded transoms adorn the structures.

The layout of the 1930s buildings was important as well. "C" Building connects to the north face of "B" Building while the Hugh Young addition attaches to the south face of the same building, thereby creating one continuous layout of three different buildings. The Nurses' Home, while divided from the Hugh Young Building by a road, connects to the south wall of the building by a common porte cochere. The Female Attendants' Home does not connect to "C" Building but it stands just north of it, across Marbury Drive West. As this description indicates, the 1930s construction concentrated the new buildings around the existing complex.

The exterior condition of the buildings ranges from fair to excellent. Except for an occasional fire escape, alterations to the buildings have been limited. In contrast, the interior of the buildings at Crownsville have experienced alterations. These alterations have occurred due to the application of modern health and safety codes as well as changes resulting from the modification of the building's function.

When left intact, the original interior fabric of most buildings is rarely distinctive or significant. Walls were usually plastered or tiled. Simple interior treatments such as door and window trim were the standard choice because function and security usually took precedence of stylish interiors.

and 20th centuries, the black patient lived with the consequences of discrimination and segregation. The majority of the black mentally ill in the last 19th century, were cared for in Bayview Asylum, the almshouse for the City of Baltimore located just outside of the city. In addition to this institution, the black insane found homes in county almshouses and jails. Spring Grove Hospital Center, the sole state facility until 1896, maintained a small black population. While crowded conditions did not always permit the segregation of the patients, factors such as race and ethnicity in addition to behavior and disease classification played a role in the patient's ward assignment.²

Regardless of race, the insane population of the state experienced a steady growth rate during the last quarter of the 19th century and the first quarter of the 20th century. Overcrowded conditions existed periodically throughout the state during these fifty years. The Maryland State Lunacy Commission was established in 1886 as an advocacy group for the insane and feeble-minded of the state. The State Lunacy Commission consistently discussed living conditions in annual reports to the Governor. Often these annual reports provided an opportunity to advocate recommendations which would improve the plight of the insane. As early as 1888, the State Lunacy Commission promoted the necessity of a separate hospital for the black insane.³ The article entitled "The Need of An Asylum or Hospital for the Separate Care and Treatment of the Colored Insane of This State," stated three reasons for the hospital: 1) the overcrowding at Spring Grove; 2) the rapid increase of the black insane population; 3) scientific studies showing that segregated care produced more satisfactory results and a greater chance of recovery.⁴

The article had little effect on the reality of the conditions because five years later, approximately 400 blacks were still improperly cared for in dark cells, restrained with chains, and slept on straw.⁵ In trying to understand the increase of black mental illness, Dr. William Lee, a prominent member of the state medical community, discussed

his reasonings at a semi-annual meeting of the Medical and Chirurgical Facility of Maryland. Mental illness among blacks had been on the rise since their emancipation from slavery and that the new trials and tribulations of freedom and often poverty rendered many blacks unable to cope and produced "mental disturbances"⁶. This and other prejudicial perspectives permeated the medical profession and reduced the opportunity for proper care for the blacks.

While the state authorized the establishment of a second state hospital in 1894, this new hospital, known today as Springfield Hospital Center, was designed to handle cases of chronic insanity. However, this did not include blacks with chronic insanity. Springfield which is composed of specific patient building groups held the potential to accommodate a substantial number of black patients. Because Springfield cared for only white patients, the hospital advocated the construction of a separate hospital instead of a colony for the black insane on its campus.

Regardless of the location, institutional accommodations for the black insane became imperative after the turn of the century. Members of the Maryland medical community had been promoting total state care of its insane citizens since the 1890s. The General Assembly adopted the idea of total state care in 1904 and passed a law requiring the implementation of the plan by 1909. Total state care included the black segment of the mentally ill population. In order to appropriately care for them, the State had to provide larger institutional space for the black patients. Though the State did not accomplish total care until 1911, the General Assembly finally passed a law in 1910 that authorized the establishment of a separate hospital for the "Negro Insane of Maryland."⁷

A month after the law was passed, the newly created Board of Managers held its first meeting. The men adopted a set of by-laws and organized a plan of action. The law had appropriated \$100,000 for the acquisition of a suitable site and some construction work.⁸ The new hospital site could not be located in Baltimore and the property should

include a productive farm. By the end of the year, the Board of Managers had bought the 566 acre farm of Boswell-Garrett-Hatch, eight miles north of Annapolis.⁹ Dr. Robert P. Winterode, an assistant physician at Spring Grove State Hospital, accepted the position of superintendent at the new hospital. Crownsville received its first twelve patients from Spring Grove on March 13, 1911. The mentally ill black citizens of Maryland could finally expect a commitment of quality care and treatment.

The first patients were housed in temporary quarters. Temporary housing was found in a willow plant building standing on the property. The initial patients were transferred so that their labor could expedite the construction of the new buildings. Male crews were put to work grading roads, excavating foundations, and harvesting the willow crop. Dr. Winterode oversaw this whole operation and liked the positive effect that the work had on the patients. A minor setback occurred when a fire raged through the work camp on March 7, 1912 destroying the temporary quarters. Additional housing was found and construction continued.

The first architectural rendering of a proposed patient building for the black hospital displayed features of the medieval revival style of architecture. With the appearance of a large fortress or jail, this design proved to be unacceptable. The Baltimore architectural firm of Baldwin and Pennington received the commission for the original complex of hospital buildings. This commission consisted of three buildings: the Administration Building, the Central Kitchen Building, and the Reception Building.

The Reception Building (known today as "A" Building) was the first of the three structures to be completed. It served as residential housing for the patients. After the work camp fire, it became more imperative to complete the permanent living space. The Reception Building was occupied on May 1, 1913.¹¹ The second and third floors served as day rooms and dormitories. The first floor provided a variety of functions at its initial opening. For example, a kitchen and dining room was located in the central block while the Central Kitchen Building was being completed. The designed use of the space

focused on administrative offices, reception room and clinical laboratory. By September 1913, Crownsville accommodated 255 patients.¹²

The Administration Building became the second operational building. As the name implies, the Administration Building provided offices for the medical and management staff, pharmacy, and an employees room. A mortuary and a museum occupied the first floor.

The Central Kitchen Building ("B" Building) equipped Crownsville with a variety of functions. In addition to the central kitchen, the building housed a bakery, dining rooms, industrial rooms, and an assembly hall. Because money was tight, many of the planned bathrooms were omitted until the hospital could install them at a later date.

Mental hospital design was influenced by two prominent but contrasting philosophies. The Kirkbride Plan advocated the construction of one large, linear building consisting of a central block for administrative purposes and flanking wings for patient wards. This plan was introduced in the 1850s and remained popular into the 20th century. The colony plan developed in opposition to the Kirkbride Plan in the 1880's as a more efficient alternative. The colony plan proposed the construction of individual cottages of modest proportions located in close proximity of one another. Each cottage served a specific function such as administrative or residential. The two existing state hospitals each represented one of the hospital designs. Spring Grove modeled its central building after the Kirkbride Plan while Springfield reflected an intensive implementation of the colony plan.

The original complex at Crownsville State Hospital Center by architects Baldwin and Pennington represented a combination of these two hospital designs. The Reception Building shares design features with the Kirkbride Plan. However, the Central Kitchen and Administration Buildings created a small but efficient building complex, more reminiscent of the colony plan. Baldwin and Pennington produced a more elaborate layout favoring the colony plan in their initial architectural rendering but the lack of

funds limited the original complex to the three buildings.

These three buildings functioned as the heart of the institution for over ten years. Despite its small scale, Crownsville State Hospital operated under the same procedures, policies, and therapy programs as the two other state hospitals. One of the most successful programs at the hospital (for both the patients and the hospital) focused on occupational therapy. The patients participated in a variety of activities which kept them occupied with industrial pursuits, produced a useful product, and benefitted the hospital. The willow crop provides a good example: it was harvested and used for basket weaving. Additional activities included sewing, laundry, and farm work. By 1915, Crownsville had approximately 250 acres under cultivation.¹³ A majority of this land had been cleared and planted by male patients under supervision. The farm products were an important measure in the smooth and economical operation of the hospital. The Superintendent endorsed physical recreation as well. Baseball teams for men and women were organized and proved to benefit all of those involved.

Dr. Winterode, the superintendent, advocated the enlargement of the hospital through various construction projects. But because appropriations were limited, Crownsville did not undertake any large construction projects until the mid 1920s. Up until that time, Crownsville's operations concentrated around the three Baldwin and Pennington buildings with secondary buildings scattered throughout the property.

The Hugh Young Building represented the first substantial increase in building space since the completion of the original complex in 1913. The building opened its doors on October 21, 1925 at an opening ceremony. Designed by Henry Powell Hopkins, the Hugh Young Building functioned as a service building which provided both medical treatment rooms and administrative offices.

A second building was erected during 1925, the Superintendent's House. Hopkins received the commission for this structure as well. Traditionally, it was customary for the Superintendent to live on the hospital grounds; the new residence allowed Dr.

Winterode to do that in style and comfort. Because of its frame construction and setting, the dwelling is distinct from the rest of the hospital buildings.

The industrial classes attended by the patients were still a vital asset to the hospital in 1927. Patients had learned how to make concrete blocks and had perfected the process so that the hospital utilized this talent in the construction of the William L. Marbury Building. Designed by hospital mechanics, the entire building was constructed from Crownsville's talented resources. The Marbury Building reflects the self-sufficiency of the hospital from the patients' participation to the efficient use of hospital funds. The hospital existed as a community and the Marbury Building is an example of the success of a community effort.

The 1930s ushered in a construction program which had a great impact on the existing layout of Crownsville State Hospital. This construction program consisted of three new buildings plus a large scale addition to the Hugh Young Building. All this construction occurred in and around the original, three building complex. This building program greatly increased the capacity of the hospital and the resulting changes are still evident today.

The construction program consisted of "C" Building, the Nurses' Home (Raft House), the Female Attendant's Building, and the addition to the Hugh Young Building. All of these projects were undertaken by the architectural firm headed by Joseph Evans Sperry. Sperry designed the "C" Building while his associate Herbert Crisp was responsible for the remaining three projects. All of these buildings display an architectural continuity because their designs originated from the same office. Two of the projects coincided and the third occurred shortly after the first two. "C" Building initiated the construction projects and was designed as residential space for patients. Before it was completed in 1931, patient labor crews dug the foundation for the Nurses' Home. The Nurses' Home served as residential space as well but for the nursing staff. The addition to the Hugh Young Building began work on April 27, 1932.¹⁴ These three

projects had the most effect on the original complex. "C" Building was built onto the north wall of Central Kitchen Building ("B" Building) while the addition of the Hugh Young Building connected it to the south wall of the Central Kitchen Building. A street divided the Nurses' Home from the Young addition but a brick porte cochere links the two structures together.

The final project by Sperry's office was the Female Attendant's Home. Located to the north of "C" Building, the building strongly resembles the Nurses' Home. As another residential building, the Female Attendant's Home represented Crownsville's efforts to provide housing for those staff members who wanted it. The sense of community was reinforced by the employees' presence on the hospital campus. The construction of the building identified the conclusion of the enlargement of the original hospital complex. As the Female Attendants' Home was being completed, the original complex had expanded physically to such an extent that further development was limited. This group of buildings retains the same layout today.

Further development at the hospital did occur but in areas somewhat removed from the original complex. In 1942, two substantial brick buildings were built in the northwest section of the grounds. The Psychology Building and the Winterode complex represented another growth phase in the hospital's history. The Winterode Complex is composed of three buildings linked by covered corridors. The attributes of this building complex have been influenced by the colony plan of hospital design as mentioned earlier. Each of the three buildings has a distinct function and together the buildings work as a unit.

The physical expansion of the hospital was a direct indication of the increasing patient population. Throughout the state, Maryland's mental institutions were experiencing population increases and crowded conditions. Short-term solutions were applied but the poor living conditions continued to persist until a large financial commitment for construction was made by the State. The necessity of the vast

improvements was ignited by an expose on the horrible conditions in which black and white patients alike were forced to live. Published by the Baltimore Sun in 1949, the article series entitled "Maryland's Shame" revealed the true state of the institutions from the black patients at Crownsville to the white patients at Springfield. Public outcry was enormous. As a result, the 1950s witnessed a concentrated building program at Crownsville. The construction projects provided the hospital with a substantial expansion, the largest in its history.

The issue of racial segregation at Crownsville surfaced in the 1950s as well. As the whole concept of segregation was being questioned in the United States, health administrators debated its constitutionality and its assumed benefits in Maryland. In 1963 Crownsville was desegregated and the rest of the state hospital system was integrated.

NOTES

¹Chapter 250, Laws of Maryland, 1910.

²Gerald N. Grob, Mental Illness and American Society; 1875-1940 (Princeton, NJ; Princeton University Press, 1983) p. 22.

³Maryland State Lunacy Commission, Third Annual Report of the Lunacy Commission December 1, 1888, to His Excellency, the Governor of Maryland (Baltimore: Sun Book and Job Printing Office, 1889) p. 4.

⁴Ibid.

⁵Maryland State Lunacy Commission, Eighth Annual Report of the Lunacy Commission (Baltimore: Sun Book and Job Printing Office, 1893), p. 34.

⁶Ibid.

⁷Henry M. Hurd, The Institutional Care of the Insane in the United States and Canada, 4 vols. (Baltimore: Johns Hopkins University Press, 1916) 2:542.

⁸Chapter 250, Laws of Maryland 1910 (Annapolis).

⁹Hurd, op. cit. p. 542.

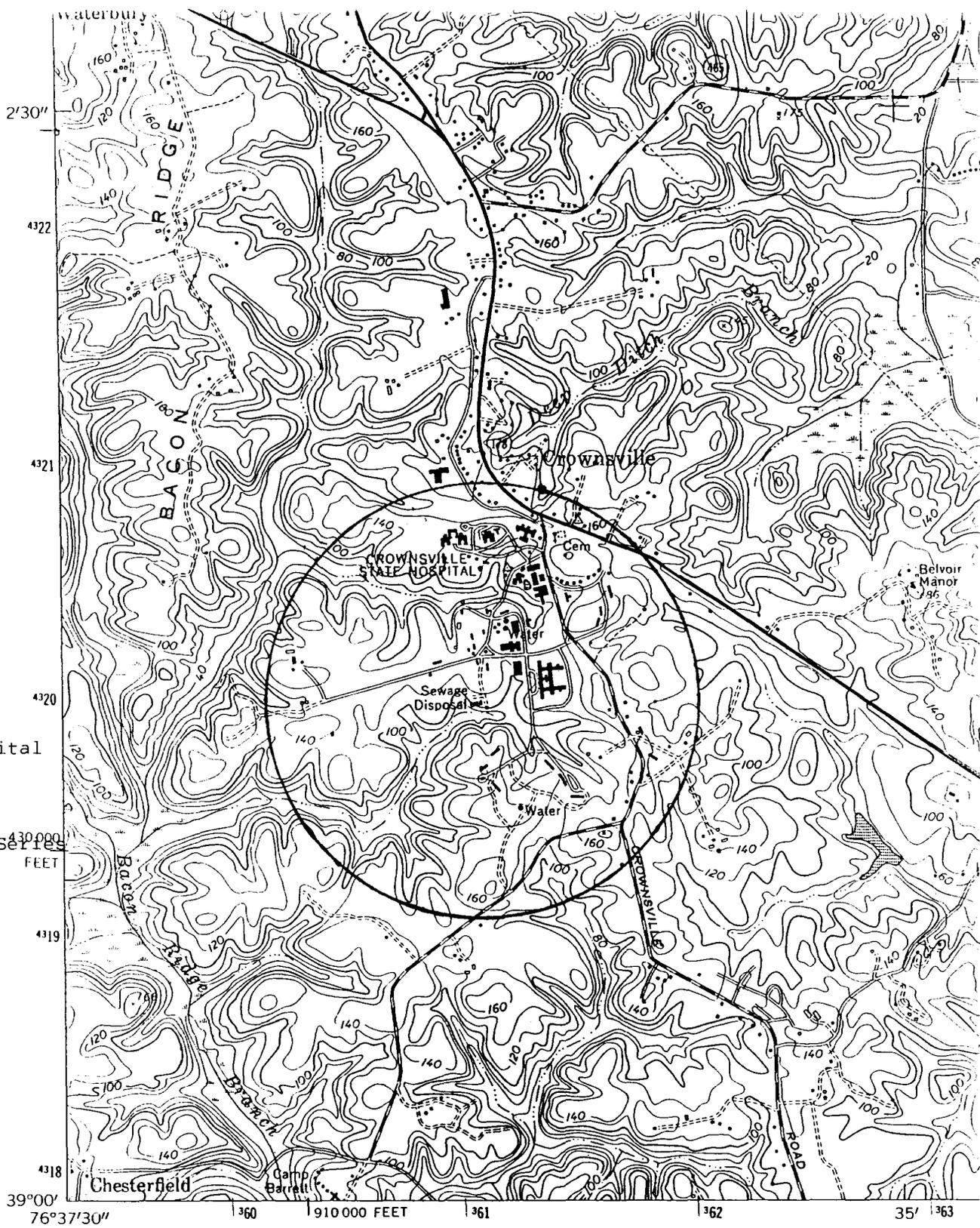
¹⁰Ibid., p. 543.

¹¹Ibid., p. 544.

¹²Ibid.

¹³Maryland State Lunacy Commission, Annual and Biennial Reports of the State Lunacy Commission and the Boards of Managers of the State Hospitals for the Insane and Feeble-Minded (Baltimore: Lord Baltimore Press, 1915) p. 264.

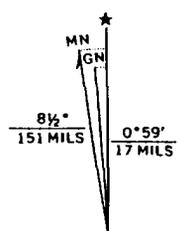
¹⁴Crownsville Hospital Center, Minute Book of the Board of Managers, Medical Library.



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 Crownsville Hospital
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 Crownsville, Md.
 Round Bay Quad
 USGS 7.5 Minute Series
 Scale: 1:24,00

(BOWIE)
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UTM GRID AND 1979 MAGNETIC NORTH
 DECLINATION AT CENTER OF SHEET

CROWNSVILLE
HOSPITAL
CENTER
COMPLEX

