

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations of eligibility for individual properties or districts. See instructions in *Guidelines for Completing National Register Forms* (National Register Bulletin 16). Complete each item by marking "x" in the appropriate box or by entering the requested information. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, styles, materials, and areas of significance, enter only the categories and subcategories listed in the instructions. For additional space use continuation sheets (Form 10-900a). Type all entries.

1. Name of Property

historic name Dix Hill
other names/site number Dorothea Dix Hospital

2. Location

street & number Southwest Jct. Dorothea Dr. & Lake Wheeler Rd. N/A not for publication
city, town Raleigh N/A vicinity
state North Carolina code NC county Wake code 183 zip code 27601

3. Classification

Ownership of Property	Category of Property	Number of Resources within Property	
<input type="checkbox"/> private	<input type="checkbox"/> building(s)	Contributing	Noncontributing
<input type="checkbox"/> public-local	<input checked="" type="checkbox"/> district	<u>18</u>	<u>3</u> buildings
<input checked="" type="checkbox"/> public-State	<input type="checkbox"/> site	<u>1</u>	_____ sites
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure	<u>3</u>	_____ structures
	<input type="checkbox"/> object	_____	_____ objects
		<u>22</u>	<u>3</u> Total

Name of related multiple property listing: N/A Number of contributing resources previously listed in the National Register 0

4. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this 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 meets does not meet the National Register criteria. See continuation sheet.

William S. Price, Jr. Signature of certifying official 9-12-90 Date

State or Federal agency and bureau _____

In my opinion, the property meets does not meet the National Register criteria. See continuation sheet.

Signature of commenting or other official _____ Date _____

State or Federal agency and bureau _____

5. National Park Service Certification

I, hereby, certify that this property is:

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:) _____

Signature of the Keeper

Date of Action

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

Government: government office

Domestic: Institutional Housing

7. Description

Architectural Classification

(enter categories from instructions)

Colonial Revival

Bungalow/Craftsman

Eastlake

Materials (enter categories from instructions)

foundation brick

walls brick

stone

roof asphalt

other weatherboard

slate

Describe present and historic physical appearance.

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Description:

Dix Hill (Dorothea Dix Hospital) presently contains approximately 400 acres. Until recently it consisted of some 1400 acres, mostly undeveloped, but the southern (rear) acreage has been transferred partially to North Carolina State University for development as "Centennial Campus" and partially to the State Farmers' Market. The area of the campus being nominated is the historic core, the pre-1941 historic resources consisting of the front hillside, known as the "Grove," with two entrance gates and a gazebo (counted as one contributing site and three contributing structures); fourteen contributing buildings built from 1898-1939; and two noncontributing buildings, Center Building, built in 1856 but partially demolished and expanded in the past fifty years, and a small engineering office. The campus is roughly divided in half by the Norfolk and Southern Railroad tracks extending behind Center Building, with the front campus sometimes referred to as east campus and the area beyond the tracks sometimes called west campus.

Entering through the Boylan entrance gate or the South Saunders entrance gate, the visitor approaches the hospital along a winding drive which meanders up Dix Hill through a canopy of large oak trees. To the northeast, Dix Hill has a spectacular view of the downtown Raleigh skyline. Center Building, on top of the hill, is barely visible through the trees, even in winter. Two historic buildings flank the Boylan entrance gate: the Gatekeeper's Lodge and the Doctor's Residence, both built in 1923. The Superintendent's Residence, also built in 1923, stands in the west edge of the grove approximately halfway up the hill to Center Building. Four other historic buildings also stand in the front campus area: Anderson Building, the 1915 nurses' dormitory; Harvey Building, the 1924 patients' dormitory; and two staff residences, Buffaloe House, built in 1898 and Benner House, built ca. 1925. Center Building, because of its large size, is not visible in its entirety from any vantage point on the grounds. From the front campus, it is screened by large hardwood trees. To the east, west, and south, where the campus is heavily built up with buildings and parking areas, Center Building is more visible. Directly behind Center Building, arranged along Whiteside Drive which is parallel to Center Building, are Spruill Building, a 1935 dormitory; the 1910 Carpenter Shop; the Old Boiler Room of 1910; a 1953 maintenance building; and Hoey Building, a 1939 dormitory. A row of three large 1930s dormitories along Biggs Drive east of Center Building complete the district: Broughton, Clark, and Brown.

This Dix Hill district contains only the densest concentration of historic buildings located on campus. There are approximately 42 buildings directly associated

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with the hospital, and approximately 50 small houses on the entire campus, spread over the 400 acres. To the west and south of Center Building, outside of the district, are several other dormitories, maintenance and storage buildings, the modern chapel, and a cluster of housing. There are some historic buildings located on west campus: Spring Hill (the Theophilus Hunter House), a plantation house built ca. 1820 and remodeled in 1907 which is already listed in the National Register; Kirby Building of 1924, and Adams Building of 1939. These buildings, widely scattered among more recent hospital buildings, are unable to be included in this district because of the high number of less than fifty year-old buildings around them.

Dix Hill Resources Within the Nominated Area:

Center Complex. 820 S. Boylan Ave. This large, complicated assortment of facilities dates from the 1850s through the 1970s. The earliest building has substantial additions built prior to 1941 and all of the buildings have been interconnected by infill construction and covered walkways. The complex comprises the following buildings:

- N 1. Center Building, 1850s through 1970s
- C 2. Old Laundry, ca. 1910
- N 3. Cold Storage Building, ca. 1910 with later additions
- C 4. Kitchen, 1921
- C 5. Canteen, 1921
- C 6. Cafeteria, 1921

A. J. Davis's original Center Building, 726 feet long, completed in 1856, consisted of a three-story Tuscan Revival temple-form administration pavilion on a northeast-southwest axis and flanking long, perpendicular three-story male (#1a) and female (#1b) dormitory wings. The entire building was constructed of stuccoed brick by leading mid-19th century builders in North Carolina, including the Conrad brothers of Lexington and Dabney Cosby of Raleigh. The stucco was scored so that the walls appeared to be smooth-faced stone blocks. The narrow central temple was three bays wide and the wings were recessed from its main facade. The male (west) wing burned in 1926 and was rebuilt within the brick shell. Numerous annexes were added to the rear for additional dormitory, dining, cooking and office space, yet Davis's original building remained in use until 1951. In that year the central pavilion was demolished and a new six-story center section, called McBryde (#1c), designed by architects Wiley and Wilson, was built. This is actually a T-shaped building: the shaft of the "T" is between Davis's wings and the bar of the "T" extends out in front of the wings. In 1975 a surgery wing (#1d) of modern concrete design was added in front of McBryde.

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Davis's Tuscan Revival design male and female wings retain their structural integrity and original plans, although the shallow-pitched gable roofs have been replaced with flat ones, the heavy classical cornices have been removed, windows have been replaced, and the walls have been continually restuccoed (in recent years without scoring). The wings were designed with private rooms, each with its own window, and a day room on each floor and were considered to be in the forefront of humanitarian design at the time. Continual upgrading to suit evolving standards for the hygiene, safety and treatment of the patients has resulted in almost total loss of visible original fabric on the interior above the basement level where the foundation and Davis's original brick groin vaulting systems remain, an important survival of mid-19th century brick vaulting methods. The most obvious exterior change was the addition of the fireproof stair towers in 1893 by noted architect A. G. Bauer. These are still in use and, although restuccoed, display their original detailing of blind round arches. Although the loss of Davis's central pavilion was unfortunate, the wings, despite the changes that render the building noncontributing, stand as a reminder of Davis's innovative asylum design.

Additions made to the sides and rear throughout the late 19th century and especially in 1910 and 1921 were of red brick, with modest Victorian or Classical Revival detailing. The 1914 Sanborn Insurance Map contains a detailed footprint of Center Building with its wings and nearby ancillary buildings which is most helpful in determining the evolution of this vast complex. By this time, an annex had been added at the end of each wing (#1e; the south annex has been replaced), and additional dormitory space added in wings extending at right angles behind the north annex (#1f) and the south end of the original female wing (#1g). These dormitory wings were built to harmonize with Davis's original design, of stuccoed brick punctuated by pilasters; in contrast, however, they have segmental arched windows. Behind the center pavilion in 1914 were three two-story brick buildings connected by covered passageways: a kitchen building (removed to make room for McBryde); a building with additional kitchens and food storage (removed to make way for a new kitchen in 1921); and a laundry built ca. 1910 with an early one-story wing, both with monitor roofs and pilastered elevations with corbeling between the tops of the pilasters (now a shop, #2). The courtyards formed behind the male and female wings by this axial arrangement of wings and connected buildings were used as recreation yards. Free-standing buildings and structures shown on this map are the cold storage house of ca. 1910 (#3, encased in modern additions so that the original design is now totally obscured), the boiler room (#11), and the carpenter shop (#10), as well as four buildings that are no longer standing: a greenhouse, a root house, and male and female consumptive wards.

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In 1921, three free-standing buildings were constructed in close proximity to each other: the old kitchen and food storage building was replaced by a new kitchen on axis with the center pavilion (#4), a canteen was added behind the original female wing (#5), and a cafeteria was built behind the original male wing (#6). These rather austere two-story buildings with red common bond brick walls (the kitchen has been painted a cream color) exhibit reserved neoclassical detailing as exemplified by the kitchen, the most prominent of the three. It has a flat, parapet roof, corbelled brick cornice and flat brick panels forming a string course below the cornice. Small infill additions later attached the cold storage building (#3) to the kitchen and old laundry, and additions at the east end of the kitchen linked that building to the canteen, the cafeteria and McBryde.

Major expansions of Center Building since 1914 are yet another addition to the female wing (#1h, a two-story L-shaped, gable-roofed unit with large multi-paned metal Hopper windows, later connected with infill construction to the canteen), at the southwest end of the late 19th-century female wing addition; expansion of the west side of the original female wing and its connection to the south end of the canteen by a second-story enclosed "bridge"; and a 1954 male wing known as McBryde West D (#1i), which is connected to both the original male wing and the canteen. The female wing annex at the southwest corner of the original female wing was replaced by Dobbin Infirmary (#1j, a modernistic two-story flat-roofed, buff-colored brick structure), but the annex's rear brick dining hall wing with a parapet gable roof and large round-arched window in the gable end was retained.

Although the extensive alterations to the original portions of Center Building and the two large, modern wings that front it render it noncontributing, the original male and female wings retain their basic form, plan and structural integrity as well as relatively intact large late 19th-century wings. Furthermore, this large building has become a major complex with the construction of free-standing ancillary buildings in around 1910 and 1921 that retain their integrity and have been linked by infill construction to each other and Center Building. Altogether, the complex contributes to the historic significance of Dix Hill through both its portrayal of the humanitarian institution's development and preservation of substantial portions of the historic fabric.

C 7. Harvey Building. 705 Picot Dr. 1924

Two-story red brick dormitory with segmental arch windows, 16/16 sash, polygonal two-story day room at rear, Craftsman front porch. Original roofline, of unknown form, altered to flat roof. Despite the jarring change to the exterior caused by the removal of the roof, this is an important example of 1920s dormitory design for the mentally ill. The interior is basically intact, and includes not only the

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sun-filled polygonal dayrooms in the rear wing, but also a wing on the east side with a very large open dormitory space on each level where patients were housed in bunk beds.

C 8. Benner House. 703 Palmer Dr. ca. 1925

Typical and well-preserved example of a frame Craftsman bungalow, with a shed roof, shed dormer, and wrap-around front porch.

C 9. Buffaloe House. 701 Palmer Dr. 1898

Oldest residence on the original grounds. This well-preserved late Victorian cottage has clipped gables, a slate roof, and a Stick Style design authority that may have come from a pattern book.

C 10. Anderson Building. 695 Palmer Dr. 1915 and/or 1922

Two-story red brick building with wide bracketed eaves and segmental arched windows. It served as a nurses' dormitory until recently. Interior completely remodeled in last few years. Well-preserved exterior. The Anderson Building was built in 1915 (1914-1916 Biennial Report, opposite page 16, contains a photo of this building). In 1922 an architect named Underwood enlarged it, perhaps adding the arched brick front and side porches. (1922-24 Biennial Report, p. 43).

C 11. Doctor's Residence . 801 S. Boylan Ave. 1923

Two-story Colonial Revival style stone house with a classical entrance surround and two-story side porch , relatively well-preserved. It is not definitely known that this house originally functioned as the doctor's residence, but in the Biennial Report of 1922-24, the staff carpenter notes that, in addition to building the Gatekeeper's Cottage and the Superintendent's Residence, the Doctor's Residence was built. This is the only surviving house that fits into this time period on campus.

C 12. Gatekeeper's Lodge. 800 S. Boylan Ave. 1923

Small well-preserved frame Craftsman bungalow. This cottage is distinguished from the typical bungalow by its front gambrel dormer, the stone porch piers, and the Chippendale-design porch railing, all apparently original.

C 13. Superintendent's Residence (Court Building). 900 Umstead Dr. 1923.

Large, handsome Dutch Colonial style stone house, well-preserved. It has a front shed porch with paired stone posts, a modillion cornice, triple six-over-six sash windows and a trabeated entrance.

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- C 14. Spruill Building. 1100 Umstead Dr. 1935.
Utilitarian brick U-shaped two-story dormitory with a flat roof, red brick veneer, and a cast-stone entrance frontispiece of International Style design, extending the full height of the facade. Metal windows are probably original.
- C 15. Carpenter Shop. 809 Whiteside Dr. 1910.
L-shaped one-story brick building with deep hip roof, overhanging eaves with exposed rafters, original windows of six-over-six wooden sash, some original double batten garage doors with segmental-arched wooden transoms. With the exception of the 1898 Buffalo House, this is the oldest unaltered building remaining on campus. Although built without any pretense of style, for the same use that it serves today, its extremely good state of preservation makes it a significant example of utilitarian Victorian architecture in Raleigh.
- C 16. Old Boiler Room. 807 Whiteside Dr. 1910
One-story brick utilitarian building with alterations such as bricked up windows probably made when it was converted from its original use to its present use as the Machine Shop.
- NC 17. Engineering Office. 805 Whiteside Dr. 1953, 1988.
One-story concrete block and metal office building.
- C 18. Hoey Building. 801 Ruggles Dr. 1939.
Two-story U-shaped brick dormitory of Colonial Revival design, with a hipped slate roof, red brick veneer, a projecting center entrance pavilion with Doric stuccoed pilasters and a stuccoed pediment and replacement metal window sash. One of the buildings constructed partially with Public Works Administration grants. In the late 1930s, then-state governor Hoey helped pass a legislative appropriation of over one million dollars for a major building campaign at Dix, and this building was named in his honor.
- C 19. Broughton Building. 805 Biggs Dr. 1939.
One-story U-shaped Colonial Revival style dormitory with hipped slate roof and red brick veneer walls. The center section is offset by parapet walls, and the entrance is set off by stone Doric pilasters, a stone-faced pediment, and quoined corners. Metal sash windows may be original. This was built during the major building campaign of the 1930s.
- C 20. Clark Building. 803 Biggs Dr. 1935.
One-story U-shaped red brick Colonial Revival style dormitory with hipped slate roof, red brick veneer walls, and a high concrete foundation. The central Doric entrance pavilion has a pedimented door and a stuccoed Doric pedimented gable.

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Projecting cross-gabled pedimented wings flank the entrance. The metal windows are probably replacements. This was built during the major building campaign of the 1930s.

C 21. Brown Building. 801 Biggs Dr. 1930.

One-story E-shaped Classical Revival style dormitory with hipped slate roof, yellow brick veneer, quoined corners, and a three-bay entrance pavilion with a pedimented parapet. Designed by C. C. Hook.

C 22. Boylan Avenue Entrance gate. 1923(?)

Low stone curving walls on each side of entrance drive just before the bridge over Rocky Branch.

C 23. Umstead Drive Entrance gate. 1923(?)

Stone piers with cast-iron gates at outer corners of Umstead Drive bridge over Rocky Branch.

C 24. "Grove". ca. 1856 to early 20th century

The notable grove of large oak trees forming a solid tree cover on the terrain ascending to Center Building inspired the name commonly used to identify the expansive landscape fronting Dix Hill. The oaks and under-story foliage of dogwoods distinguish the central and western portions of the landscape, which cascades gently down to the flat, grassy swale of the large eastern "finger" ending at the Umstead Drive entrance. A paved foot path along the north side of the swale separates the Grove from dense foliage along Rocky Branch, on the other side of which is the Boylan Heights neighborhood. A sparse network of curvilinear drives winds through the Grove: chiefly Boylan Avenue, which curves up from the Dorothea Drive entrance, and Umstead Drive, leading from the South Saunders Street entrance along a ridge that is one of the boundaries between the open lawn and the wooded hillside. From its center along Umstead Drive, the Grove offers the most dramatic view of downtown Raleigh. The Grove has been a feature of Dix Hill since the beginning, but reached its present appearance in the early 20th century.

C 25. Gazebo. Meadow Front, Boylan Ave. 1915(?)

Large wooden octagonal gazebo of charming, sturdy Victorian design, with turned posts and brackets and iron roof spokes. Only remaining garden furniture in front campus area, it lies at the west end of the flat grassy swale where the canopy of oaks on Dix Hill begin.

8. Statement of Significance

Certifying official has considered the significance of this property in relation to other properties:

nationally statewide locally

Applicable National Register Criteria A B C D

Criteria Considerations (Exceptions) A B C D E F G

Areas of Significance (enter categories from instructions)

Health/Medicine
Landscape Architecture
Architecture

Period of Significance

1856-1940

Significant Dates

1898
1922
1923

Cultural Affiliation

N/A

Significant Person

N/A

Architect/Builder

Davis, A. J.
Bauer, A. G.
Hook, C. C.

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above.

See continuation sheet

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Summary of Significance:

Dix Hill, now known as Dorothea Dix Hospital, has been the North Carolina hospital for the mentally ill since 1856. After the construction of Broughton Hospital ca. 1880 in Morganton, in western North Carolina, Dix Hill served eastern North Carolina, and following the construction of Cherry Hospital in Goldsboro in the 1890s, Dix has served the central section of the state. It is located on a sprawling campus of approximately 400 acres in southwest Raleigh one and one-quarter miles southwest of the State Capitol. The original building, an imposing Tuscan Revival temple with three-story flanking wings, was designed by A.J. Davis and completed in 1856. The center pavilion of this building was demolished in 1951 and replaced with a six-story hospital called McBryde Building, and in 1975 a surgery wing was added in front of this. Center Building as it exists today is a large noncontributing resource, although Davis' original wings are structurally intact and several later historic wings retain a high degree of integrity. Now attached to Center Building are several originally free-standing buildings dating from the early 20th century, including a laundry, kitchen, cafeteria, canteen and cold storage building; all except the cold storage building remain substantially intact but have been connected to the rest of the "center complex." Fourteen other buildings, two entrance gates, a gazebo and the "Grove," the thirty-acre wooded hill and grassy swale in front of the hospital, were developed between the 1890s and the 1930s and create an ensemble significant in the history of the humanitarian treatment of the mentally ill in North Carolina and in the evolution of architecture and landscape design at state government institutions in North Carolina. Nationally-important architects Davis and A.G. Bauer worked on the campus in the 1800s, and noted North Carolina architect C.C. Hook shaped it in the 1920s. The cultivation of the "Grove" in front of the hospital throughout the period of significance indicates not only aesthetic sensitivity but also the belief that the tranquillity of nature was an important component in the healing process. The overriding importance of Dix Hill is its campus design, of which the landscape is a vital and unifying element.

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Health/Medicine Context:

From its opening in 1856, Dix Hill has been a significant institution in the humanitarian treatment of the mentally ill in North Carolina. A. J. Davis' design for the original building, based on the Kirkbride theory of asylum design, a connecting system of buildings with a central core for offices, small wards with the sexes segregated, and a large expanse of landscaped lawn, was in the forefront of national developments of asylums for the insane. Kirkbride's system, known as the "congregate" system, was in universal use in the United States until the late 19th century. About 1885 the "cottage" system, in which patients were segregated in a number of small buildings called "colonies" rather than housed in a single large institutional building, began to become influential.¹ By 1914, Dix Hill had begun to segregate patients in smaller buildings on the west campus, and a Female Epileptic Colony and a Male Epileptic Colony were in use by this time. The Sanborn Map of 1914 shows these facilities. Although certainly not the "cottage" type of construction, each of these consisted of three small buildings connected by breezeways, and surely offered a more peaceful setting than Center Building would have.

One type of therapy for the mentally ill which has enjoyed periodic popularity in the United States since the early 19th century is horticulture therapy-giving the patient productive tasks in a garden or farm as a curative. In 1812 distinguished physician Dr. Benjamin Rush emphasized farming and gardening as curatives in his book Medical Inquiries and Observations Upon Diseases of the Mind. In 1880 Dr. Thomas Kirkbride, founder of the American Psychiatric Association, noted in his book, Hospitals for the Insane, that "The farm and garden offer admirable means of useful occupations to the insane men, at certain periods of the disease."² Dix Hill had an extensive farming operation from early in the history of the institution to the 1960s, and this may have been one of its chief areas of excellence during the period of significance which ends in 1940. Since the hospital grounds were located quite close to the first agricultural land grant college in North Carolina, now North Carolina State University, established in 1887, and since the Dix Hill farm grew nearly all of the food needed for patients and staff, it was a logical use of campus land. Whatever might have been the

1. Albert Deutsch, The Mentally Ill in America. New York: Columbia University Press, 1949. pp. 242-243.

2. Both books are quoted in Douglas Robert Carson, "Horticultural Therapy at Dorothea Dix Hospital, Raleigh, N.C." Master's Thesis, North Carolina State University, Raleigh, 1977.

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practical impetus for the farm, it probably added immeasurably to the well-being of the patients, who worked alongside staff to raise the cattle, pigs, vegetables and fruit for the institution. Dix Hill's biennial reports during the early 20th century featured many photographs of its farming operations.

In addition to the farm, horticulture therapy at Dix Hill involved gardening as well. There were a series of greenhouses on the campus through the years, and in the late 19th century there was an extensive ornamental garden in front of Center Building (where McBryde and the Surgery Wing are located today). The "Grove" with its walk ways, "garden houses" and benches was a third important element in the horticulture therapy system at Dix, and the only element which still remains. The farmland has been developed or sold, the greenhouses and ornamental gardens are gone, but the "Grove" still exists as a testament to North Carolina's efforts to assist the mentally ill.

Architectural and Landscape Design Context:

The nominated portion of Dix Hill is of statewide significance as a monument to the humanitarian effort to provide a therapeutic natural setting for the mentally-ill. Established in 1856, Dix Hill was the first institution in North Carolina for the treatment of the mentally ill, and its location atop a rural hill overlooking the city of Raleigh reflected Kirkbride's philosophy of siting. Kirkbride advocated a prominent, stylish landmark building in the countryside on enough land for therapeutic farming but near a city and adjacent to a railroad. Over twenty years later Kirkbride's philosophy also influenced the location of the second state mental hospital, Broughton Hospital, [NR,1987] built in the late 1870s in order to ease the overcrowded conditions at Dix Hill and to provide better service for western North Carolina. Center Building at Broughton Hospital, designed by architect Samuel Sloan, sits on a hilltop overlooking a wide expanse of trees and lawn similar to Dix Hill. Broughton occupies a district of 337 acres and contains buildings built from the 1870s to the late 1930s. Unlike Dix Hill, Broughton Hospital has retained its original Center Building, an important example of the Kirkbride System featuring a central core and connecting wings as well as being a significant eclectic Victorian design by Sloan. But like Dix's Center Building, Broughton's Center Building has been expanded to the sides and rear numerous times. Kirkbride's concept was designed to be infinitely expandable, and this is exactly what happened with both Dix and Broughton's Center Buildings.

Dix Hill and Broughton Hospital have many other similarities. A modern seven-story hospital building, the Jones Building, was added to Broughton's Center Building ca. 1950, corresponding to the McBryde Building at Dix. But this facility was to the rear of the Center Building at Broughton, whereas Dix's new 1950s

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hospital was added to the front. An 1890s greenhouse still remains at Broughton, while Dix's 1890s greenhouse is gone. As at Dix, Broughton started a farm in the late 1890s on land south of the hospital and began a colony program in the early 20th century. Broughton, like Dix, had a large building campaign in the 1920s. Like Dix, the 1920s-1940s buildings on the campus are generally Colonial Revival brick designs, although there are a few modest Art Deco buildings. Broughton, too, received a big influx of Public Works Authority assistance, enabling some new construction and renovation and fireproofing of older buildings.

The design of the other historic buildings on Dix Hill, such as Anderson Hall of 1915, the 1923 residences, and Brown Building of 1930 (designed by Charlotte architect C.C. Hook) are similar to other types of institutional architecture in North Carolina of the early 20th century. Trinity College, now Duke University's east campus, in Durham, was developing in the early 20th century, and C.C. Hook was the chief architect during this phase. He built Craven Memorial Hall in the Neoclassical Revival style in 1898-99, Alspaugh Dormitory in a late Victorian style in 1902, two frame campus houses ca. 1902, Southgate Dormitory in 1920 and the Tudor Revival Memorial Gymnasium in 1923. Hook was one of the most accomplished Eclectic Revival architects in North Carolina during the period.³

The landscape design of the grounds of Broughton Hospital is also quite similar in overall concept to Dix Hill. As at Dix, the grounds took a number of years to develop, but they remain one of the most distinguishing features today. Large shade trees punctuate green rolling lawns with carefully tended shrubs and flower beds. Patients were largely responsible for the terracing and planting, illustrating Broughton Superintendent Patrick Murphy's belief in work therapy. The grounds also became a popular pleasure spot for Morganton citizens in the late 19th and early 20th centuries. Although apparently not given a special name, the front hillside with curving drive leading up to Center Building at Broughton is lushly planted with large hardwood trees, giving a similar effect to the "Grove" at Dix Hill.⁴ None of these parallels is accidental, of course. There was much interaction between these two state hospitals throughout the historic period, as there is today.

3. Claudia P. Roberts, Diane E. Lea and Robert M. Leary, The Durham Architectural and Historic Inventory. City of Durham and Historic Preservation Society of Durham, 1982. pp. 175-176.

4. "Broughton Hospital Historic District" National Register nomination, by Suzanne Wylie, 1987. Copy on file at the North Carolina Historic Preservation Office.

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Other important early 20th century landscape designs of state institutions are the State Capital grounds in Raleigh and the design of the University of North Carolina at Chapel Hill. Both of these show the axial symmetry of the Beaux-Arts movement, and are quite unlike the picturesque natural effect of Dix Hill.

Perhaps the closest parallel in Raleigh, the state capitol, is Pullen Park, almost adjacent to the hospital along Western Boulevard, at the northwestern edge. Pullen Park began in 1887 as a gift of eighty acres where Raleigh citizens could picnic, boat, skate, and enjoy nature. It was an example of the urban parks being developed throughout the country during the late nineteenth century. Prior to the 1880s, the picturesque movement produced large cemeteries which functioned as suburban parks. Pullen Park's landscape design is actually quite similar to that of the Grove at Dix Hill. The park has undulating topography, covered with a thick growth of large oak trees and gazebos scattered here and there. It looks more like the work of botanists than of professional landscape designers, because Pullen, like Dix Hill, is a natural grove. Another Victorian period park in Raleigh was Bloomsbury, built in 1912 at the end of the trolley line in north Raleigh by the Carolina Power and Light Company.⁵ Bloomsbury Park is gone, however, and its landscape appearance is not known.

Historical Background:

Authorization of a state hospital for the insane by the North Carolina State Legislature on December 23, 1848 was the result of a campaign waged by Dorothea Dix, a Massachusetts crusader for humane treatment of the mentally ill following a three month survey of the jails, poorhouses, and homes in which the insane were being housed in North Carolina. At this time, North Carolina and Delaware were the only states of the original thirteen without hospitals for the insane. Miss Dix remained in Raleigh and assisted in the selection of the site, which, as stipulated by the legislative bill, was to have a cheerful view, good drainage, and each suite of the living units was to admit the rays of the sun a portion of each day. ⁶

5. Sydney Nathans, The Quest for Progress: The Way We Lived in North Carolina, 1870-1920. Chapel Hill: University of North Carolina Press, 1983. p. 86.

6. George R. Rouse, Jr. "Dorothea Lynde Dix's Efforts In North Carolina To Establish A Hospital For the Insane." August 25, 1961. Typescript available from staff library, Dorothea Dix Hospital.

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In their 1851 report to the legislature, the hospital commissioners, headed by former governor John Motley Morehead, stated that "...after carefully examining the whole country in the vicinity of Raleigh, they chose a location west of the city and about one mile distant, which in their opinion was best adapted to that purpose.... This location had a commanding view of the city and is believed to be perfectly healthy. The grounds are beautifully undulating and susceptible of improvement."⁷

Nationally prominent architect Alexander Jackson Davis was hired to design the building, probably at Morehead's urging. In December, 1849, Morehead wrote to Davis directing him to "examine several of the crack, and most recently constructed institutions," and "give us the best plan in the United States." Morehead instructed him to look at asylums in Rhode Island and Connecticut, and to stop in Philadelphia to confer with Dr. Thomas S. Kirkbride, a leading influence on American asylum planning, and to tour the Trenton, New Jersey asylum built under Kirkbride's direction. Then Davis was to inspect the Western State Hospital in Staunton, Virginia.⁸

The first appropriations for the new institution came in 1849 and construction of Center Building began in 1850. Davis' building, exemplifying Kirkbride's theories of treatment, was a handsome public monument, with spacious grounds for therapeutic gardening and farming on the 182 acre tract. By February, 1856, rooms for forty patients had been completed and the first patient was admitted on February 22, 1856.⁹ Miss Dix had refused to let the new hospital be named after her, but finally agreed to have the site named "Dix Hill" after her grandfather, Doctor Elijah Dix. A hundred years later, in 1956, the state legislature voted to honor her by officially renaming Dix Hill "Dorothea Dix Hospital."¹⁰

7. Richard A. Faust, "The Story of Dorothea Dix Hospital." May 1977. Typescript available from staff library, Dorothea Dix Hospital. p.

8. Morehead to Davis, Dec. 16, 1849, Davis Papers, New York Public Library. Davis Letterbook, 1850, Davis Papers, NYPL. Davis's diary notes visits according to Morehead's directions, including long consultation with Kirkbride. These references are drawn from the manuscript of Catherine Bishir's upcoming book, North Carolina Architecture, in publication by the University of North Carolina Press, Chapel Hill.

9. Ibid., p. 9.

10. Ibid., p. 9.

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Documentation from 1885-1914 Sanborn Insurance Maps and from the reports of the State Asylum for the Insane to the state legislature from 1880 to 1942 show that development of the campus was slow for many years after construction of the Center Building. Throughout the second half of the nineteenth century, building activity involved renovations and additions to Center Building. The female wing to the east and the male west wing were expanded with additional dormitory annexes. Kitchen and dining facilities were located in a spine extending behind Center Building. Not until the mid 1880s was a separate residence built for the superintendent (no longer standing). Prior to this he and his family had resided in quarters inside center building.

Until 1908 the campus consisted of approximately 176 acres extending west from Dorothea Drive and Rocky Branch: a small amount utilized for the buildings and the majority functioning as farmland to raise food for the patients. The farmland was located to the sides and rear of the hospital. In 1902, for example, the "grove and buildings" contained 50 acres, the hog pasture contained 35 acres, and the farm fields contained 90 acres.¹¹ In 1908 the hospital purchased the Grimes Farm to the south, enlarging the grounds to 1,315 acres. By 1914 two "colonies" for specialized groups of patients were established on the new acreage, now known as the West Campus. Among the earliest colonies were epileptic colonies. Development of the West Campus intensified in the 1930s when the federal Public Works Administration assisted in the construction of a number of new buildings on the Dix campus, as well as in renovation and fireproofing of old buildings.¹²

Major buildings were designed by architects and built by construction firms, while such small buildings as residences, outbuildings and landscaping were done by the staff carpenter. Labor was often provided by inmates from the State Penitentiary and by hospital patients. In 1887 the hospital had an official architect, W. J. Hicks, the architect and warden of the State Penitentiary, who worked on additions to the main building in this year. The fireproof stair towers located at intervals along the male and female wings were added in 1892-93 by A. G. Bauer.¹³ He was apparently associated as staff architect with the hospital for some time in the 1890s. From at least 1924 to 1932, Charles C. Hook of Charlotte was the staff architect. Hook was an eclectic designer of statewide

11. Biennial Report, 1900-1902, "Gardener's Report, p. 60.

12. 1934-36 Biennial Report, section on government projects; also 1938-1940 Biennial Report.

13. Annual Report, 1893. (In 1886, Bauer, formerly an employee of Sloan until his death in 1884, had completed Sloan's 1870s design for Broughton.)

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prominence during the early twentieth century. Two projects documented as his work during the 1920s are the reconstruction of the male(west) wing, which burned in 1926, and the design of the Brown Building, a dormitory, between 1928-1930.¹⁴

The evolution of the present campus landscape plan can be generally inferred by studying annual reports and early photographs and maps. Most campus development has been to the rear of Center Building, along the level hilltop and down to the Norfolk & Southern Railroad tracks, and then, after 1908, on the undulating land of the West Campus. The front grounds are mentioned occasionally in annual reports, and were presumably a landscape feature of the hospital from the beginning, being the existing tree cover left more or less in its natural state. A drawing in Harper's *New Monthly Magazine* of 1857 shows a deep tree canopy covering the hillside in front of the hospital. Both because of the steep terrain of the front hillside, and also to retain the hill as park land, the front hill has changed little since the 1850s. As early as 1891 this area was called the "Grove."¹⁵ An 1890 documentary photograph of Dix Hill shows the Grove as a heavily wooded hillside with no visible buildings.¹⁶ Shaffer's 1881 map of Raleigh shows the same plan of dirt pathways through the Grove that is shown on the 1914 Sanborn Map. Throughout this period, the only entrance to the hospital was off Rhamkatte Road, (now South Saunders Street), across a bridge over Rocky Branch and up a long driveway to Center Building. The map shows pathways meandering through the Grove in gentle curved shapes. Two 1896 views of the grounds, taken from the 1896 Annual Report of the Hospital, show these dirt paths and the wooded landscaping.¹⁷ In one of the views a gazebo sits atop a small hill. Perhaps this is one of the "two summer-houses" built in the grove, along with seventy-five benches of iron and oak, which were made and distributed at various points in the grove "for the convenience of the patients" during 1895.¹⁸

These continuous improvements to the grounds show that the beauty of the present grove was a long, slow process. No documentation can be found to show that a

14.Biennial Report, 1924-1926, "Architect's Report," also p. 52, "Architect's Fees"; Biennial Report, 1926-1928, "Report of Architect," also p. 42; Biennial Report, 1928-1930, "Construction Report"; Biennial Report, 1930-1932.

15.Annual Report, 1891, p. 18.

16.Photograph No. 66.12.63, "Dix Hill 1890," at the North Carolina State Archives, Photographic Collection, Raleigh, N.C.

17.Photographs No. 81.10.4 and 81.10.3, "Dix Hill-View of the Grounds, 1896" North Carolina State Archives, Photographic Collection, Raleigh, N.C.

18.Annual Report, 1895.

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landscape design was commissioned at a particular date to create the overall campus plan that has existed since the 1920s. No evidence has been found to indicate that A. J. Davis would have been requested to design the grounds, although he would have been capable of doing so and, in fact, had been brought to North Carolina initially in 1844 to design campus improvements including landscape as well as architecture at the University of North Carolina.¹⁹ Annual reports of the hospital during the 1880s, 1890s, and 1910s mention small improvement projects for the front grounds. In 1885 the hospital reported that "work was commenced on the road leading from the new entrance."²⁰ This new entrance was the Rhamkatte Rd. (S. Saunders St.) entrance, and it is not known where the earlier entrance was. In 1891 there were requests for funds to control a surface water problem and to improve the entrance road. In 1893 the hospital requested \$4,000 to remove "the unsightly promontory of rocks and other irregularities in the land near the entrance to the asylum grounds."²¹ Between 1895 and 1897 they built a new bridge across Rocky Branch at the entrance, graded and macadamized the entrance road, and patients cut down and graded the unsightly hill near the bridge.²² In 1906 they requested \$2,000 for drain pipe, grading and road-making "In order to keep the lawn and grove in good and attractive condition...."²³ In 1908, the gardener reported that: "Hospital situated on ridge of a hill, and in time of heavy rains the roads are badly washed out, and before we can keep them in proper shape an underground pipe is necessary to carry off the water."²⁴

The buildings, driveways and landscape features that form the front campus reached their present appearance in the 1920s. By 1923 the driveways had reached the current layout, for the Raleigh Zoning Map of that year shows the identical roadway design as today. The major changes from the nineteenth century grove were the addition, ca. 1920, of a second main entrance, with a rustic gatekeeper's cottage, through the new residential suburb of Boylan Heights across Rocky Branch; and the construction in 1923 of a new superintendent's house in the Grove. This new Boylan Heights entrance realized a long-held dream by hospital gardeners to beautify the hospital premises. The staff gardener noted in the 1902-1904 Biennial Report that "Large columns at the main entrance, with iron

19 John Alcott, "Architect A. J. Davis in North Carolina . . . His Launching at the University," *North Carolina Architect*, Nov./Dec. 1973, pp. 10-15.

20. Annual Report, 1885.

21. Annual Report, 1891, p. 18; Annual Report, 1893.

22. Biennial Report, 1897.

23. Biennial Report, 1906, p. 18.

24. Biennial Report, 1906-1908: "Gardner's Report," p. 47.

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gates, and a lodge cottage, would not only be very beneficial, but would add very much to the looks of the premises." ²⁵

The new Boylan Heights entrance was also the result of a campaign by local proponents of the "City Beautiful" movement to link the park-like campus of Dix Hill with the new Boylan Heights suburb being developed just across Rocky Branch to the north. In 1913, landscape designer Charles Milford Robinson wrote in his publication A Civic Plan for Raleigh that the beautiful state asylum grounds needed to be connected to the lovely new Boylan Heights subdivision (platted in a curvilinear design in 1907 by Kelsey and Guild of Boston) by means of a bridge over Rocky Branch from Dorothea Drive. This study was commissioned by the Women's Club of Raleigh. By 1919 the Raleigh Times reported that "work continues on the new driveway into the [asylum] grounds through Boylan Heights, and it is being surfaced with cinders. This road crosses Rocky Branch on an attractive bridge of concrete and steel and the city is to build the Boylan Heights section of what will be by far the most attractive driveway to the hospital. The route by South Street is very rough because of the wretched condition of that street." ²⁶

In order to create an appropriate architectural complement for the new entrance, two new hospital residences were built flanking it. The frame and stone gate-keeper's cottage at the west corner was built between 1922-24 by the staff carpenter at a cost of \$4,000. ²⁷ The two-story stone house at the east corner may be the Doctor's Residence, which was also built by the staff carpenter during this period. During this same period the carpenter nearly completed the Superintendent's Residence. This is the substantial two-story stone Colonial Revival style house which sits on the west side of the Grove near Center Building. The carpenter who finished up the work on the Superintendent's Residence during 1924-1926 was R. M. Brown. It is likely that he had the same position during the earlier two years, but the earlier carpenter's report is unsigned. As for the design of the three residences, competent examples of the Craftsman and Colonial Revival modes then in fashion, perhaps C.C. Hook furnished the designs. They certainly resemble his own domestic work of the period in Charlotte, his home base. This remains conjecture, since his earliest documented employment by the hospital is in 1924.

25. Biennial Report, 1902-1904, "Gardener's Report."

26. Raleigh Times, July 31, 1919, article on the State Hospital.

27. Biennial Report, 1922-1924, "Carpenter's Report," p. 29.

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During the 1930s the hospital continued to expand, despite the economic problems of the Depression, with assistance from the federal government. The report for the 1934-1936 biennium has a special section on federal government projects, stating that the Public Works Administration and the federal government allotment of 45% of the total budget were helping to build a building for disturbed women patients, a building for male inebriates, and additions to the colonies for male and female epileptics.²⁸ In the 1938-1940 biennium Governor Clyde Hoey helped to pass a legislative bill authorizing \$1,280,000 (which included a Public Works Administration grant of \$576,000) to build some new buildings and to fireproof and renovate old buildings.²⁹

The last biennial report examined for this nomination, for the 1940-1942 biennium, reflects the state's preoccupation with the Second World War, for apparently no major projects were initiated during this period. Following the war, intense building activity resumed. A number of small brick cottages were built on the grounds for staff members in the late 1940s and early 1950s. In 1952 the central administrative pavilion of Center Building was demolished to make way for McBryde Building, a modern six-story hospital facility. Other minor projects have occurred on east campus, but most new construction has been on west campus, in the colony area, since World War II. In recent years, the number of resident patients has been declining due to the buildup of regional, county and local institutional facilities for the mentally ill. Most of the farm acreage has been surrendered to North Carolina State University, and the institution no longer grows its own food. The acreage has been reduced from over 1400 acres, at its peak, down to approximately 400 acres as various state institutions have taken over tracts of land on the back (west) campus. Some of the buildings on the east campus have been taken over as administrative offices for the North Carolina Department of Human Resources. However Dorothea Dix Hospital continues to fulfill a vital role as the psychiatric hospital for a seventeen-county South-Central Region of North Carolina.³⁰

28. Biennial Report, 1934-1936.

29. Biennial Report, 1938-1940.

30. Faust, "The Story of Dorothea Dix," p. 12.

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MAPS:(all available in the North Carolina State Archives, Raleigh.

Sanborn Insurance Maps of Raleigh: 1903, 1909, 1914, 1924 (updated to 1946).
[Note: only Center Building and its annexes are shown before 1924; the grounds are not mapped.]

Shaffer's 1881 Map of Raleigh.

Raleigh Zoning Map, 1923.

Public Works Map of Raleigh, 1928.

PHOTOGRAPHS:

Documentaries of Dix Hill available at the North Carolina State Archives, Photographic Collection, Raleigh.

MISCELLANEOUS:

Maintenance Office, Dorothea Dix Hospital, Property Control Records. Computer printout provided by Mr. C.A. Davis, maintenance supervisor, February 15, 1990.

AUTHOR'S INTERVIEWS

Mrs. Elizabeth Reid Murray, Raleigh historian, telephone interview, March 16, 1990.

Mrs. Marge O'Rourke, Dorothea Dix Hospital historian, telephone interview, February 1990.

Mrs. Millie Barbee, Morganton historian, telephone interview, May 2, 1990.

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PHOTOGRAPHS

Dix Hill
Southwest junction of Dorothea Drive and Lake Wheeler Rd.
Raleigh, Wake County, N.C.

Photographer: M. Ruth Little, unless otherwise noted

Date: March 1990, unless otherwise noted

Negatives: on file at the North Carolina Historic Preservation Office

1. View of the "Grove" through the Boylan Drive entrance, from north.
2. Center Building-West Wing (formerly Male Wing), from northeast.
3. Center Building-Surgery Wing, from north.
4. Anderson Building, from southeast.
5. Buffaloe House, from north.
6. Superintendent's House, from south.
7. Gatekeeper's Lodge, from east.
8. Carpenter Shop, from south.
9. Brown Building, from north.
10. Gazebo, from south.
11. The Grove and Center Building, illustration in July 1857 issue of Harper's New Monthly Magazine, by Porte Crayon; from the northeast.
12. The Grove and Center Building, ca. 1890, photographer unknown; from the northeast.

9. Major Bibliographical References

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) 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 # _____

See continuation sheet

Primary location of additional data:

- State historic preservation office
- Other State agency
- Federal agency
- Local government
- University
- Other

Specify repository: _____

10. Geographical Data

Acreage of property approx. 80 acres

UTM References

A

17	7112140	3961000
Zone	Easting	Northing

C

17	7111700	3959985
Zone	Easting	Northing

B

17	712700	3960790
Zone	Easting	Northing

D

17	711675	3960750
Zone	Easting	Northing

See continuation sheet

Verbal Boundary Description

The boundary of the district is indicated by a black line on the accompanying campus map, drawn at a scale 1 inch = 200 feet.

See continuation sheet

Boundary Justification

The boundary is drawn to include the densest concentration of pre-1940 historic resources on the hospital campus.

See continuation sheet

11. Form Prepared By

name/title M. Ruth Little

organization Longleaf Historic Resources date March 1990

street & number 3501 Turnbridge Dr. telephone 919-787-4589

city or town Raleigh state NC zip code 27609



Dix Hill
Wake Co.
approx. 80 Ac
1:24,000

A 18/712130/3961010
B 18/712700/3960780
C 18/711700/3959980
D 18/711600/3960780

INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1987
RALEIGH AIRPORT 1 1/2 MI. : 714000m E.
FAYETTEVILLE 57 MI.

ROAD CLASSIFICATION

Primary highway, all weather, hard surface _____
Secondary highway, all weather, hard surface _____
Light-duty road, all weather, improved surface _____
Unimproved road, fair or dry weather _____

○ Interstate Route ◻ U. S. Route ○ State Route

1 MILE
EET



RALEIGH WEST, N. C.
SW/4 RALEIGH 15' QUADRANGLE
35078-G6-TF-024

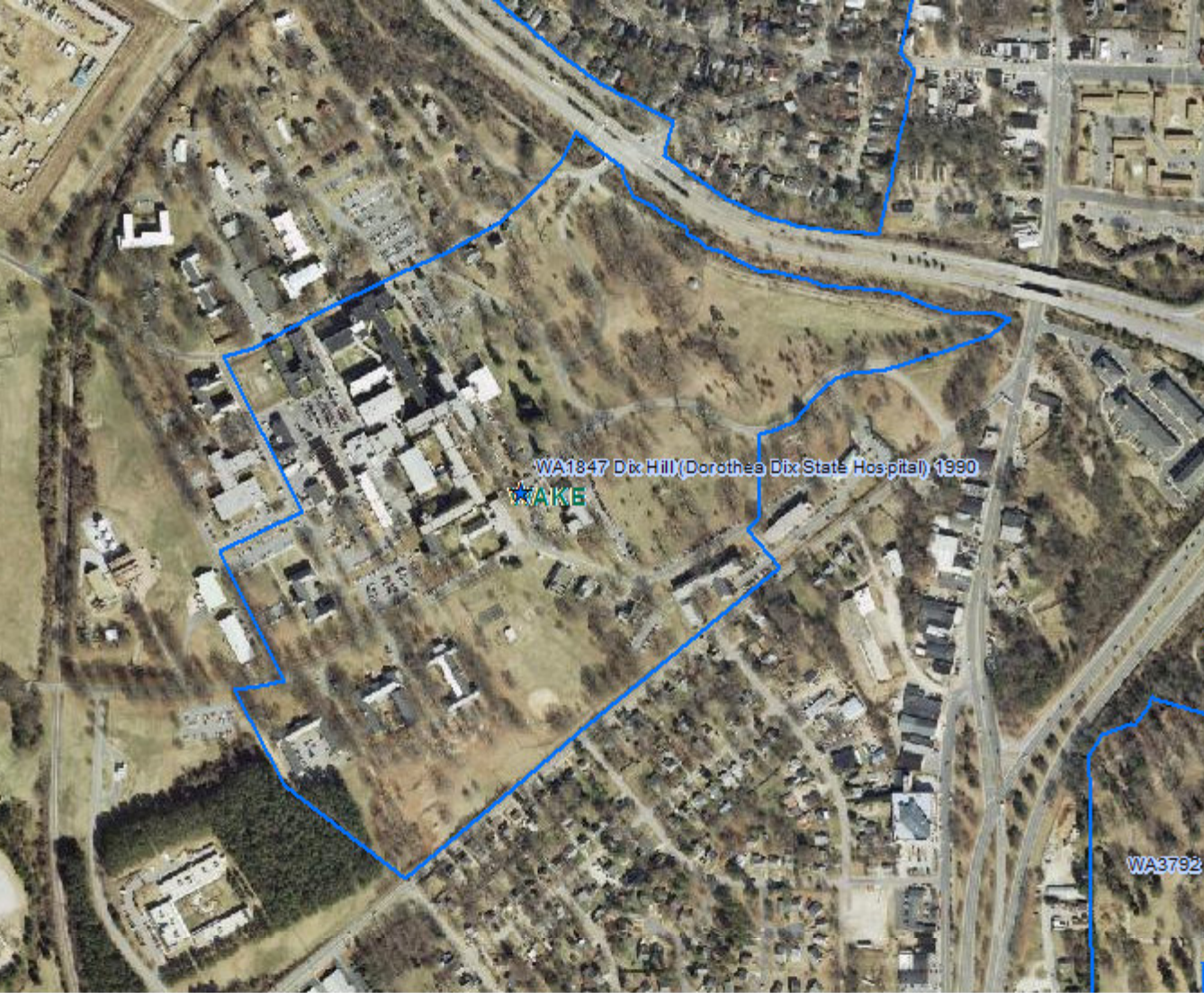
1968
PHOTOREVISED 1987
DMA 5255 1 SW—SERIES V842

Revisions shown in purple and woodland compiled in cooperation with State of North Carolina agencies from aerial photographs taken 1984 and other sources. This information not field checked. Map edited 1987
Purple tint indicates extension of urban areas

(GARNER)
5255 11 NE



WA1847 Dix Hill (Dorothea Dix State Hospital) 1990
WAKE



WA1847 Dix Hill (Dorothea Dix State Hospital) 1980

WAKE

WA3792