

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS,
NEUROPSYCHIATRIC HOSPITAL INFIRM BUILDING
(Veterans Administration Facility, Jefferson Barracks, Building No. 51)
(Veterans Administration Hospital, Jefferson Barracks)
(Department of Veterans Affairs Medical Center, Jefferson Barracks
Division)
VA Medical Center, Jefferson Barracks Division
1 Jefferson Barracks Drive
Saint Louis
Independent City
Missouri

HABS MO-1943-W
MO-1943-W

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

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HISTORIC AMERICAN BUILDINGS SURVEY

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS, NEUROPSYCHIATRIC HOSPITAL INFIRM BUILDING (BUILDING 51)

HABS No. MO-1943-W

- Location:** Building 51, VA Medical Center, 1 Jefferson Barracks Drive,
St. Louis, Missouri
USGS Quadrangle Oakville, Missouri
UTM Coordinates 16 7258123 E 9965235 N
- Date of Construction:** 1952
- Designer:** Jamieson and Spearl, Architects and Engineers, St. Louis, Mo.
- Contractor:** Unknown
- Present Owner:** U.S. Department of Veterans Affairs (VA)
- Present Use:** Inpatient Psychiatric Services
- Significance:** The Neuropsychiatric Hospital Infirm Building represents the expansion of the hospital campus in the early 1950s to accommodate veterans of World War II and the Korean War, and the conversion of the Jefferson Barracks hospital campus into a facility specializing in psychiatric services in the 1950s. The layout of the building was also influenced by the theories of Dr. Paul Haun, a VA psychiatrist who was influential in shaping the designs of VA mental treatment facilities in the post-World War II years. The building served as the psychiatric hospital's continued treatment center for patients who were elderly or had poor physical health. The building continued in this function through the 1960s and was functioning as a nursing home by the 1970s. In 1985, the building was expanded with a large addition, but it continued to be used as a nursing home. In 1997, the building was again remodeled and converted to a psychiatric services facility.
- Project Information:** This project was sponsored and funded by the U.S. Department of Veterans Affairs as mitigation for the demolition of buildings at the St. Louis VA Medical Center, Jefferson Barracks Division, a property that has been determined eligible for the National Register of Historic Places via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

Description:

The Neuropsychiatric Hospital Infirm Building (Building 51, hereafter the Infirm Building) is a one-story brick-clad building with a flat roof and metal replacement windows and doors. The building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The wall areas between the concrete posts are filled in with concrete block and then veneered on the exterior with brick. The entire exterior is clad in yellow brick, and the center of each wall contains a wide horizontal band of orange brick. Within the orange brick band are alternating courses of projecting and recessed brick. The interior of the building has been completely remodeled and retains no original 1950s interior finishes.

The Infirm Building is located in the northwest part of the medical center campus on a grass lot with trees. South of the building is a grass lawn, parking lots, and the Chapel (Building 64). The northeast corner of the building faces a grass lawn area and the Kitchen (Building 60), and the northwest corner of the building faces a grass lawn and the TB and Spinal Cord Injury Building (Building 52). An asphalt jogging track is positioned north of the building; the southern tip of the track passes underneath a cantilevered portion of the north wing of the Infirm Building.

The Infirm Building has a broad, sprawling layout, with multiple wings that are generally at right angles to one another but form an overall triangular configuration. The south portion of the building has a long central block that faces south, and several smaller wings extend from this block. This south portion represents the original part of the building that was completed in 1952. The north central portion of the building is a series of three wings that extend north, separated by two courtyards; these wings are part of a large addition to the building that was built in 1985. On its north end, the walls of the north central portion angle in and meet at a point, which marks the beginning of the north wing of the building, a long, narrow wing that extends north, perpendicular to the north central portion of the building.

The facade of the building is the south wall of the south (1952) portion of the building. The main entry is at the center of the facade and features an aluminum and glass replacement door and a carport composed of brick-clad steel posts and a flat concrete roof slab. The door is flanked by window openings trimmed in limestone; each opening has two one-over-one metal replacement windows. This central portion of the facade at the main entrance projects out slightly from the rest of the facade, and contains only yellow brick; no orange brick striping was included on this part of the building.

On either side of the carport area, the facade resumes the orange brick striping pattern that is typical of most of the building, and there are two one-over-one windows on each side of the carport area. Then, on each side of the facade, two small bays project forward, with

each bay continuing the orange brickwork stripe. Each of these bays has one centered one-over-one window within the orange brickwork band. These small projecting bays are flanked by two sections of wall, each of which has four one-over-one metal replacement windows within the orange brickwork band. The outer edges of these sections of the facade connect to the two wings that project south from the façade: the southeast wing and the southwest wing.

The southeast and southwest wings are largely identical, and feature an orange brickwork band and a series of one-over-one metal replacement windows. Each of these wings has eight windows on both its east and west walls, and a single metal door on the south wall. Since the southeast and southwest wings project well south of the rest of the façade, the south portion of the building has a U-shaped appearance. The remainder of the façade is composed of the ends of south central block. The south walls of both of these ends have eight one-over-one replacement windows, and in this section of the facade, the fifth and sixth bays from the center are slightly recessed.

The west and east walls of the central block each have one metal door. The north walls on the east and west portions of the central block each have eight one-over-one replacement windows. The north side of the main part of the original building included two short wings that extended north for about four bays. These wings have one-over-one metal replacement windows similar to those in the remainder of the building, but some of the windows are grouped together in sets of three due to the large window openings on this part of the building. On these short north wings, the inner walls (the west wall of the east wing and the east wall of the west wing) now face into courtyards created when a large addition was constructed on the north side of the building in 1985.

The north-central portion of the building connects to the north ends of the two short north wings that project off the main south block. These connections are part of a 1985 addition and feature an orange and yellow brick stripe pattern that is similar to that of the original 1950s portion of the building, and window openings that are filled with dark-tinted aluminum windows. The site of the Infirm Building slopes downward on the northern half of the building, exposing the basement walls of the north central portion, which have been veneered in orange brick. The east and west walls of the north-central block are small areas of wall—the east wall is two stories tall and has aluminum and glass doors on the first floor and two aluminum-frame tinted glass windows on the second floor; and the west wall is only one story tall and consists of a small recessed connector structure with an aluminum-frame window with tinted glass, and a taller section of wall that is blank.

On the north end of the north-central block, the east and west walls angle inward until they meet at a point. Each of these angled walls has six aluminum windows with dark-tinted glass. At the point where these two walls meet, the north wing begins. Extending perpendicular to the main south block, the north wing is a long narrow wing with a

cantilevered basement section supported on orange brick-clad posts. The east and west walls of the north wing each have nine aluminum windows with dark-tinted glass. The connector corridor structure that connects the Infirm Building to other medical center facilities runs underneath the north wing. The north tip of the north wing is narrower than the rest of the wing, has no windows, and has no orange brickwork. The only openings in the northern tip of the north are two flat metal doors on the north wall.

The building has two courtyards that separate the center, west, and east wings of the north-central portion of the building. Some walls of the original 1950s building (part of the building's south portion) also make up parts of the south portions of the courtyards. The walls of these courtyards are largely identical to the walls of the exterior of the building; they feature yellow brick, a decorative horizontal band of orange brick with recessed and projecting bands, and replacement metal doors and windows. The courtyards are paved in textured concrete slabs and benches, and feature some landscaped areas consisting of flowers and foliage plants. The courtyard walls that are part of the original building have one-over-one replacement metal windows, while the courtyard walls that date to the 1985 addition have aluminum windows with dark-tinted glass.

The interior space of the Infirm Building consists of a front lobby and numerous corridors that open into rooms on each side. Of the entire building, only the southern one-third (the main south block and wings) is part of the original building, although no original interior features were observed in this area during fieldwork. This part of the building originally had some areas of double-loaded corridors opening into smaller rooms, but much of it was originally taken up by larger ward spaces that could be left open or divided into smaller spaces via movable partitions. The larger ward spaces have now been eliminated from the layout and have been replaced by double-loaded corridors opening into small rooms. This part of the interior was completely gutted and rebuilt during the 1985 rehabilitation, and likely also underwent extensive alterations again as part of a 1997 effort to convert the building from a nursing home to a psychiatric treatment facility. Today, the south third of the building has relatively recent carpeting, gypsum board walls, drop acoustical tile ceilings, and fluorescent lighting.

The northern two-thirds of the interior, which dates to the 1985 expansion of the building, also has similar interior finishes. The northern portion of the interior is also characterized by double-loaded corridors opening into a series of rooms. The northern portion also appears to have undergone extensive renovation during the 1997 conversion of the building to a psychiatric treatment facility. Fire stairwells in the northern two-thirds of the building appear to have retained original ca. 1985 interior features, but the rest of the 1985 addition appears to have been updated within the last fifteen years.

History:

The Infirm Building's construction is related to a post-World War II conversion of the VA Hospital at Jefferson Barracks from a general medicine facility to a neuropsychiatric hospital. With the end of the war, a large number of veterans required medical and psychiatric treatment, and to address this situation in St. Louis, the VA constructed the John Cochran Hospital downtown for general medicine, and converted the existing Jefferson Barracks facility (south of the city) to a neuropsychiatric hospital. The John Cochran Hospital was built in the late 1940s and early 1950s, while initial new construction and remodeling for the neuropsychiatric facility was carried out at Jefferson Barracks from 1950 to 1952.

1940s Mental Health Reform and Post-World War II VA Neuropsychiatric Hospital Design

The conversion of the Jefferson Barracks facility to a modern neuropsychiatric hospital was related to a wave mental health reform at the end of World War II. Public demands for improved conditions were stoked by a 1946 article in *Life* magazine, written by medical writer Albert Q. Maisel. Entitled "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," the article exposed shocking abuses in mental hospitals.¹ By 1947, as part of an effort to build new VA hospitals, Dr. Paul Haun, a psychiatrist with the VA's Washington D.C. office, developed the "Schematic Plan for a 1,000-Bed VA Hospital," a general plan for psychiatric hospital facilities that recommended the types of buildings to be provided, as well as the number of floors and other details. This plan was publicized in the article "New Trends in Hospital Design," by Haun and Dr. Z. M. Lebensohn, in the February 1948 edition of *The American Journal of Psychiatry*.²

Haun's designs emphasized the importance of recreational and occupational training activities, and he tried to reduce the stigma of psychiatric hospitalization by making the facilities resemble resorts or college campuses.³ He recommended that each psychiatric hospital should have a multi-story admissions and intensive treatment building to handle both the initial observation and diagnosis of newly arrived patients and the various forms of intensive psychiatric treatment that followed the diagnosis. Haun favored the multi-story layout because it allowed doctors quick, easy access to patients and also made it easier to contain the patients and secure the facility. Patients would stay in this building for no more than four to six months.⁴ If intensive treatment was not effective, the patient would be

¹ Albert Q. Maisel, "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," *Life*, May 6, 1946, 102-118.

² Paul Haun and Z. M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948): 555-564.

³ *Ibid.*, 564.

⁴ *Ibid.*, 557-559.

transferred out of the admissions and intensive treatment building and into one of several long-term care buildings for continued treatment. In contrast to the admissions and treatment building, Haun recommended that the continued treatment buildings should be low, sprawling structures of only one or two floors, which would allow patients easier passage to outdoor activities, an important part of Haun's treatment philosophy.⁵

The Function of the Infirm Building at Jefferson Barracks

The Infirm Building was designed by Jamieson and Spearl, Architects and Engineers, of St. Louis, in January 1950. Jamieson and Spearl was founded in St. Louis in 1918 when James Jamieson partnered with George Spearl. The firm was notable for designing major buildings at several colleges and universities across the Midwest, including ones at Washington University in St. Louis. Jamieson died in 1941, before the firm did work at the VA Hospital, Jefferson Barracks, but the firm continued to use the name Jamieson and Spearl into the 1950s.⁶

A building for infirm and elderly patients was an important part of Haun's schematic plan, and the Infirm Building fulfilled that role at the Jefferson Barracks facility. The original floor plan reflects Haun's philosophy that buildings for continued longer-term care of patients should be low buildings with only one or two stories, and they should be divided into small nursing units so that each patient received maximum attention.⁷ The Infirm Building interior was divided up into three sections. The center part of the building contained the lobby, dining room, visitor facilities and a social services office. Both the north and south wings were separate nursing units, each of which had a nurses' station, an exam room, clothing room, a doctors' office and an office for clerical workers. Each wing also had bathing and toilet facilities for the patients, and a large day room where patients could spend time during the day at various activities. In describing their design philosophy for the day room, Haun and Lebensohn wrote the following:

We have insisted on having large, airy, and cheerful day rooms, with at least two exposures, and preferably three. Instead of locating the day room at the far end of the nursing unit, it has been more functional in some instances to place it centrally, nearer the entrance to the nursing unit. In this way, the corridor is widened, good use is made of space, and both cross-light and cross-ventilation are obtained.

We have specified 32 square feet of space per patient in the day room. This permits patients to move about freely without a feeling of undue restraint and also to engage in occupational therapy projects on the nursing unit. A communicating closet allows

⁵ Ibid., 555-564.

⁶ Esley Hamilton, *National Register of Historic Places Inventory Nomination Form for the Washington University Hilltop Campus Historic District*, 1978, on file at the Missouri State Historic Preservation Office.

⁷ Haun and Lebensohn, "New Trends in Hospital Design," 557-558.

for the storage of equipment. A drinking fountain and an adjoining toilet are also provided for the convenience of patients and simplification of control.⁸

The two day rooms (one in each fifty-bed nursing unit) in the Infirm Building at Jefferson Barracks conformed fairly closely to Hahn and Lebensohn's description. These rooms were among the largest in the building, located next to the nursing stations, and positioned in the building so that light and air entered the room on three sides through large windows.⁹ The patient toilet facilities could also be entered directly from the day room, another feature recommended by Haun and Lebensohn.

Each nursing unit wing of the Infirm Building also had a variety of bedrooms, with a four- or eight-bed arrangement the most common, although each wing featured six single-bed rooms as well. Overall, each wing was set up to accommodate a maximum of fifty patients, with the total capacity of the building at about 100 patients¹⁰

The requirements for the infirm building in Haun and Lebensohn's 1947 article clearly influenced Jamieson and Spearl's plan for the Infirm Building at Jefferson Barracks. The article stated that the infirm building should be a one-story structure with two fifty-bed nursing units, and should function as a treatment facility for the "elderly and feeble." While Haun and Lebensohn did not go into extensive detail in the article about the Infirm Building, they indicated that it should be designed with the "comfort of the occupants and ease of nursing care" as the primary concerns to be addressed in the design.¹¹

The Infirm Building's floor plan is an interesting contrast with the Disturbed Building (Building 53), which was designed to handle "disturbed, suicidal, and problem patients."¹² The Disturbed Building had smaller nursing units (with thirty beds rather than the fifty beds of the Infirm Building), due to Hahn's concern that the patients in the Disturbed Building would require a higher level of attention. The Disturbed Building also contained facilities such as electro-shock rooms and isolation rooms, which would have been deemed necessary for patients with more serious mental conditions but not for elderly and physically handicapped patients.¹³

The Infirm Building also originally had a small enclosed garden on the north (rear) end of the building. This type of garden was highly favored by Haun for continued care facilities

⁸ Ibid., 560.

⁹ Jamieson and Spearl, Architects and Engineers, *Construction Drawings for 544-Bed Neuropsychiatric Hospital Infirm Building*, 1950, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

¹⁰ Ibid.

¹¹ Haun and Lebensohn, "New Trends in Hospital Design," 558.

¹² Ibid., 557.

¹³ Jamieson and Spearl, *Construction Drawings*.

as it allowed the patients to go outdoors, an activity that Haun considered to be highly therapeutic. The garden was demolished in 1985, when the building was expanded.

In a 1958 article, a *St. Louis Post-Dispatch* reporter characterized the campus of the Jefferson Barracks VA Hospital as a 185-bed facility with a pleasant tree-lined campus, where patients were busy with therapeutic activities that would help them recover and return to normal life. The article also emphasized that patients wore their own clothing instead of hospital uniforms and lived in small wards instead of large dormitories. The influence of Dr. Paul Haun was showcased in the article, and the text repeated verbatim many of the statements about mental health treatment that were included in Haun and Lebensohn's 1948 article. The 1958 article also emphasized that the one-story design of buildings like the Infirm Building allowed patients easier access to the outdoors and made them feel less confined, giving them more of a feeling of a normal daily life.¹⁴

The Infirm Building continued in use for its original purpose through the 1950s and 1960s. In May 1975, the nursing home unit at the Jefferson Barracks VA facility was re-dedicated after a major renovation,¹⁵ and by 1983, Building 51 was serving as a sixty-bed nursing home care unit. In 1985, the building was largely rebuilt in a major rehabilitation project. At this time, the interior of the building was gutted and basically rebuilt, and an addition constructed on the north end of the building more than doubled the size of the facility. The addition was constructed with the same overall type and style of brick exterior as the original portion of the building, to blend in architecturally. The layout was composed of three large wings separated by two courtyards. North of the courtyards, two wings angled in diagonally to meet at the center of the building, and then a small narrow north wing extended north from the meeting point of the two diagonal wings. The design seems to have been geared toward laying out the expanded building with a series of narrow wings with intersecting corridors.

By 1990, the building was characterized on VA property lists as the Nursing Home-Care Unit.¹⁶ The building was still serving as a nursing home in 1993 when portions of the interior were again gutted and remodeled. In 1997, the building's interior was again remodeled, and at this time, the function was changed from nursing home to psychiatric services.¹⁷ The building today functions as the medical center's facility for in-patient psychiatric services. Due to the large amount of additions and remodeling associated with

¹⁴ Mary Kimbrough, "Rehabilitation Is Goal at Barracks Hospital," *St. Louis Post-Dispatch*, November 6, 1958.

¹⁵ "Remodeling of Nursing Care to Be Commemorated," *St. Louis Globe-Democrat*, May 1, 1975, on file at the Mercantile Library, St. Louis.

¹⁶ U.S. Department of Veterans Affairs, *Annual Real Property Survey Report, Building Numbers and Locations, Jefferson Barracks VAMC*, 1990, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

¹⁷ U.S. Veterans Administration, Construction drawing files for Building 51, 1950-2010, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

this building, it does not currently contain any original interior spaces or finishes. The current layout features a central entrance lobby with a series of corridors leading into a series of rooms. In an upcoming redevelopment project for the St. Louis VA Medical Center, Jefferson Barracks Division, this building will continue to be used and is not slated for demolition in the near future.

Sources:

Hamilton, Esley. *National Register of Historic Places Inventory Nomination Form for the Washington University Hilltop Campus Historic District*. 1978, on file at the Missouri State Historic Preservation Office, Jefferson City.

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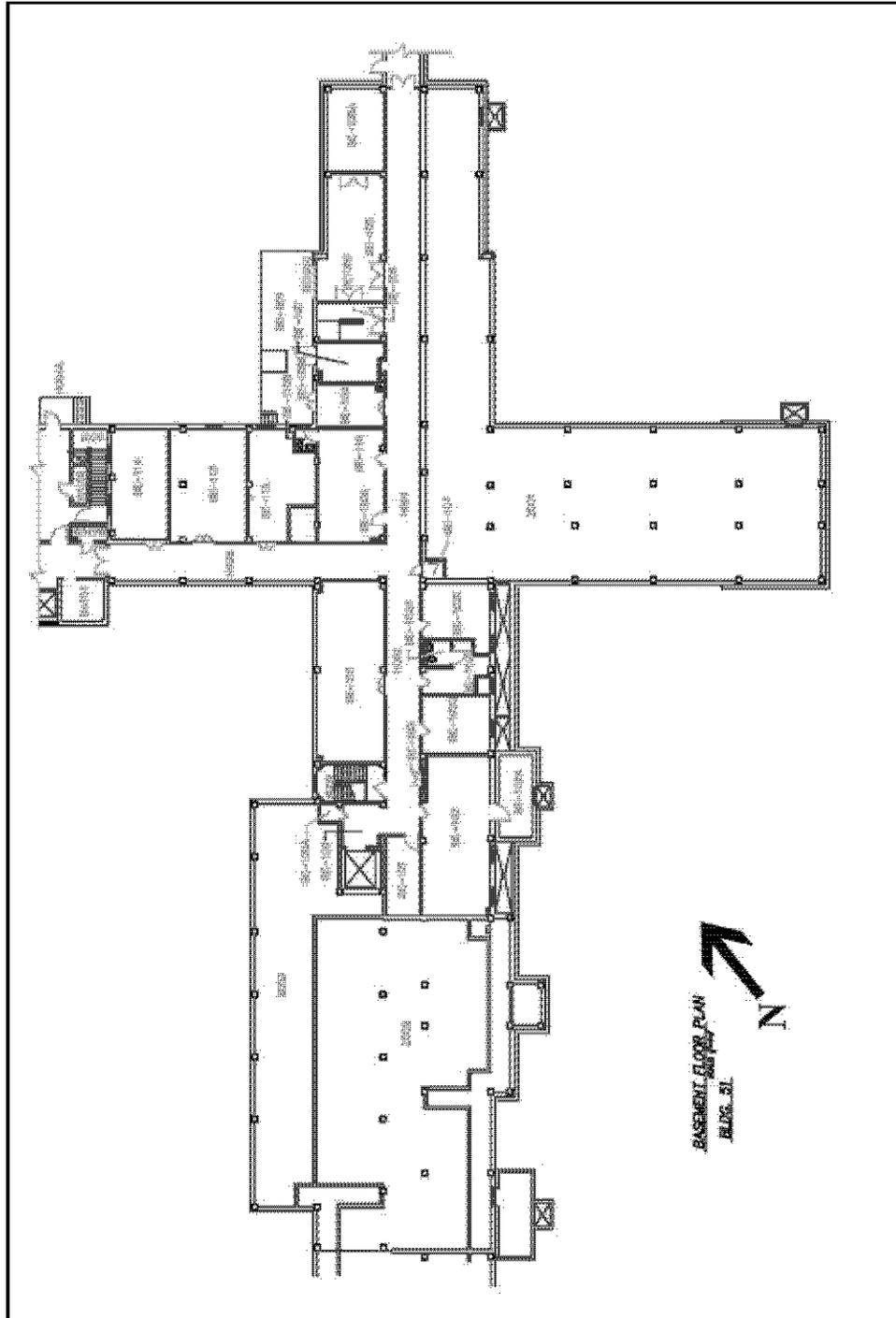
St. Louis Globe-Democrat. "Remodeling of Nursing Care to Be Commemorated." May 1, 1975. On file at the Mercantile Library, St. Louis.

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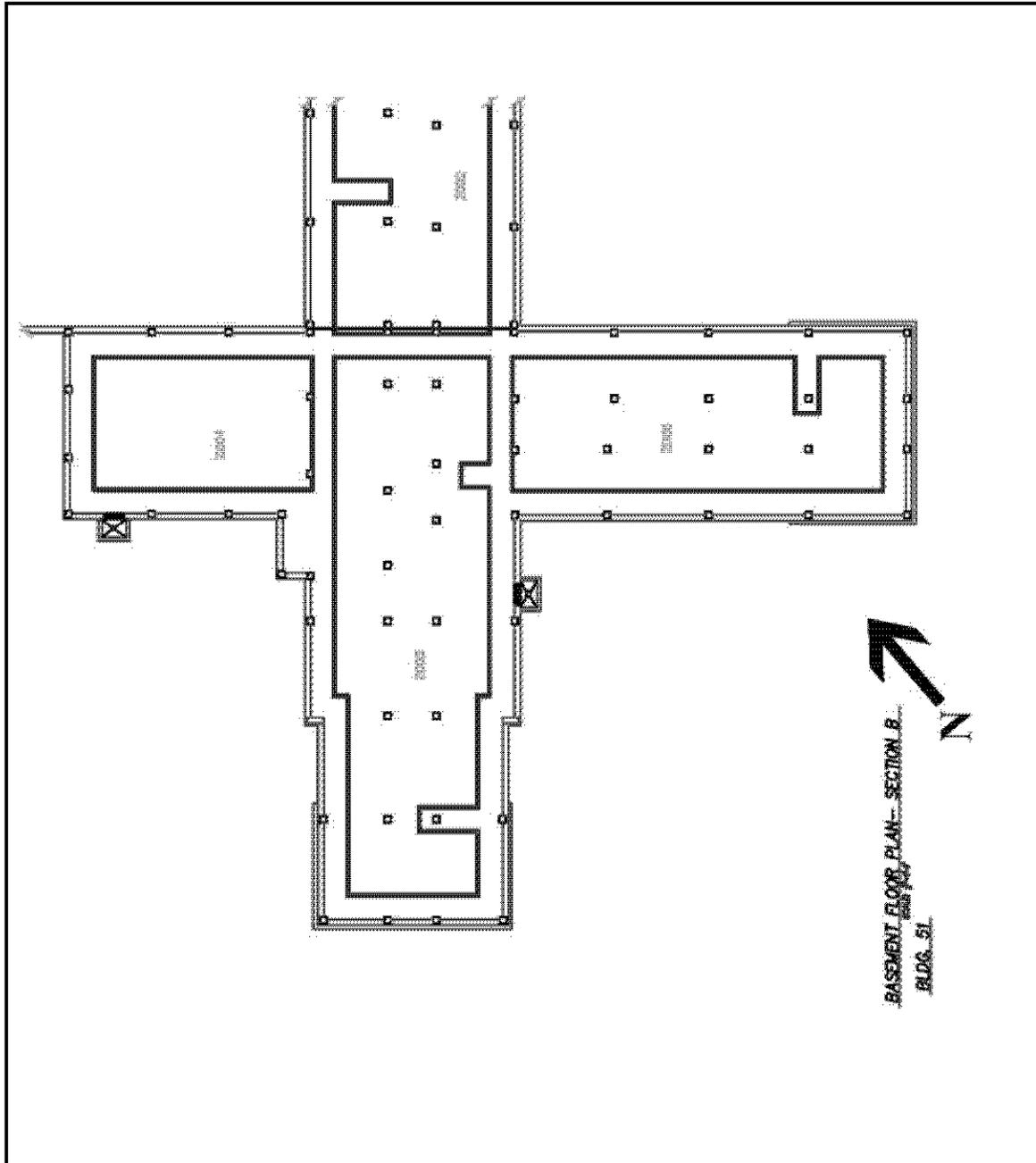
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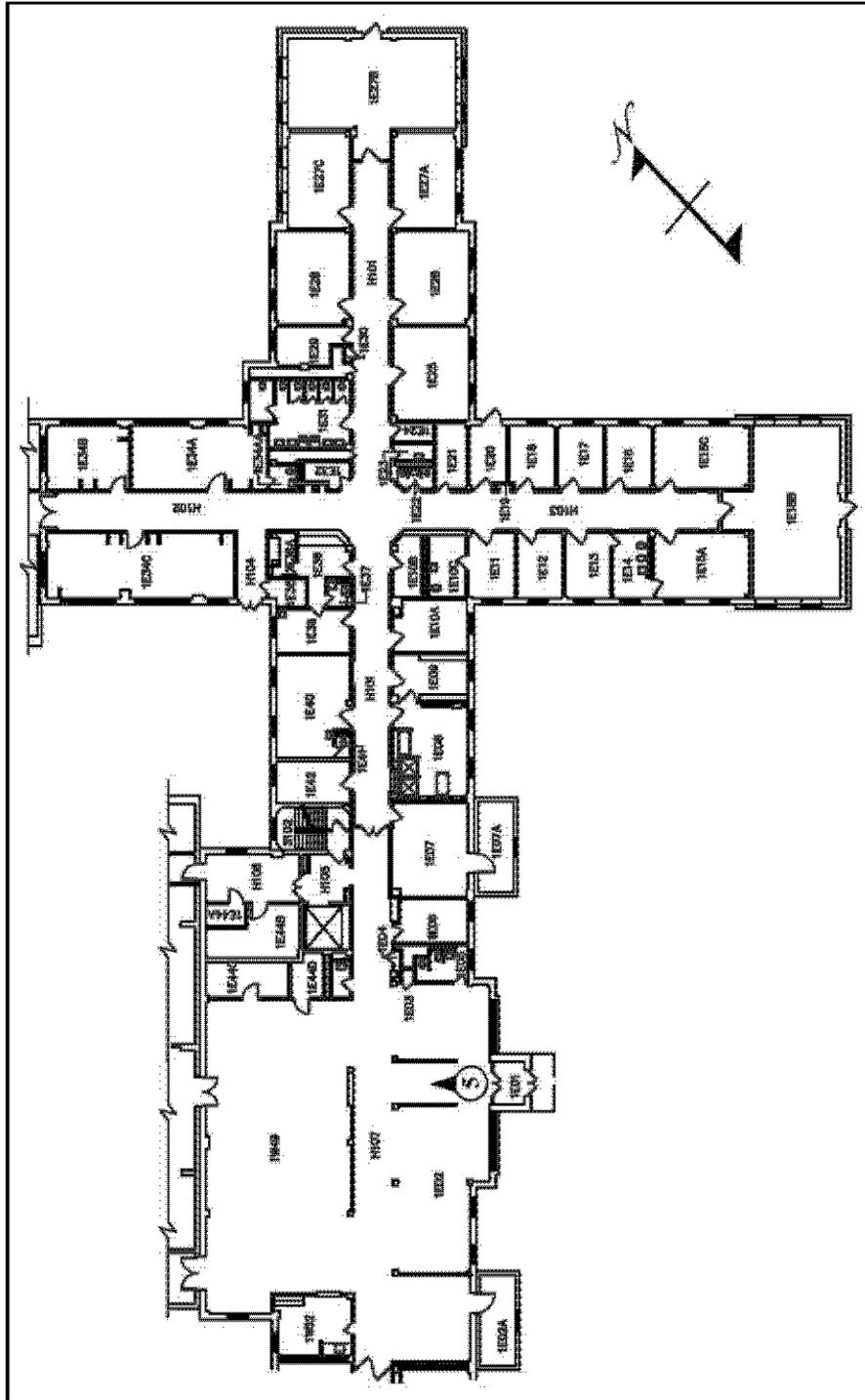
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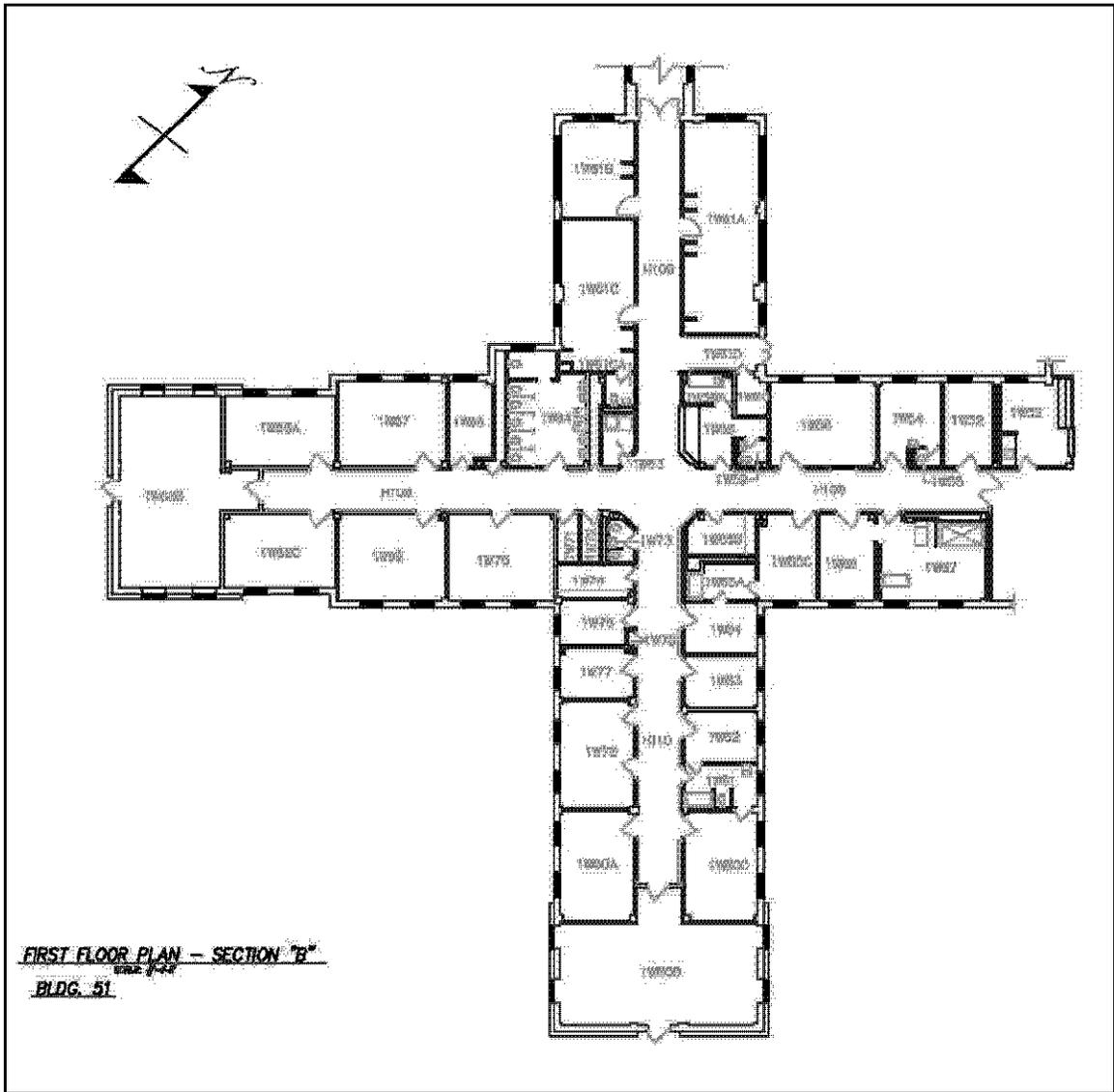
Neuropsychiatric Hospital Infirm Building (Building 51), current floor plan for basement, southeast and south-central portions of building



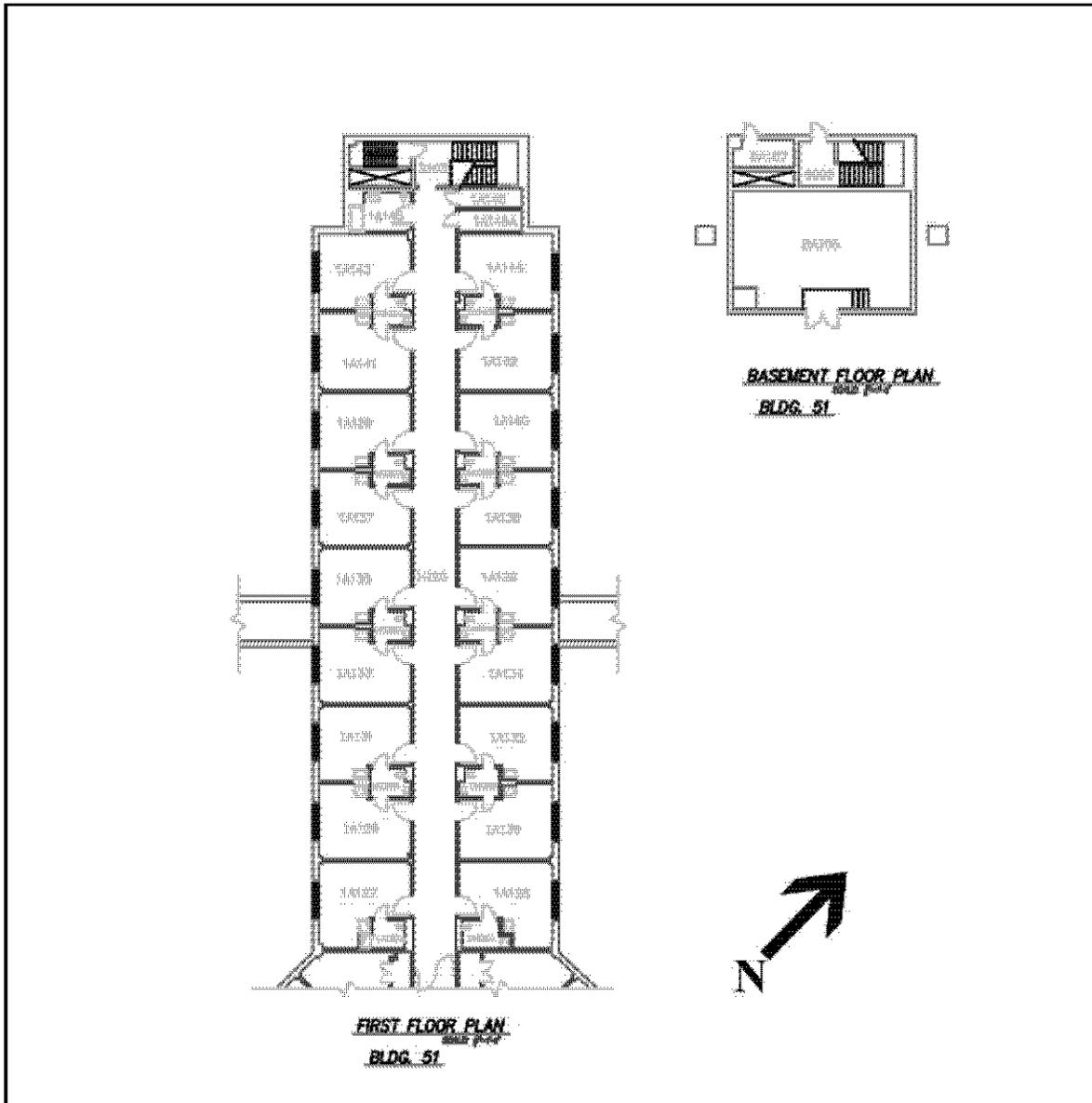
Neuropsychiatric Hospital Infirm Building (Building 51),
current floor plan for basement, west portion of building



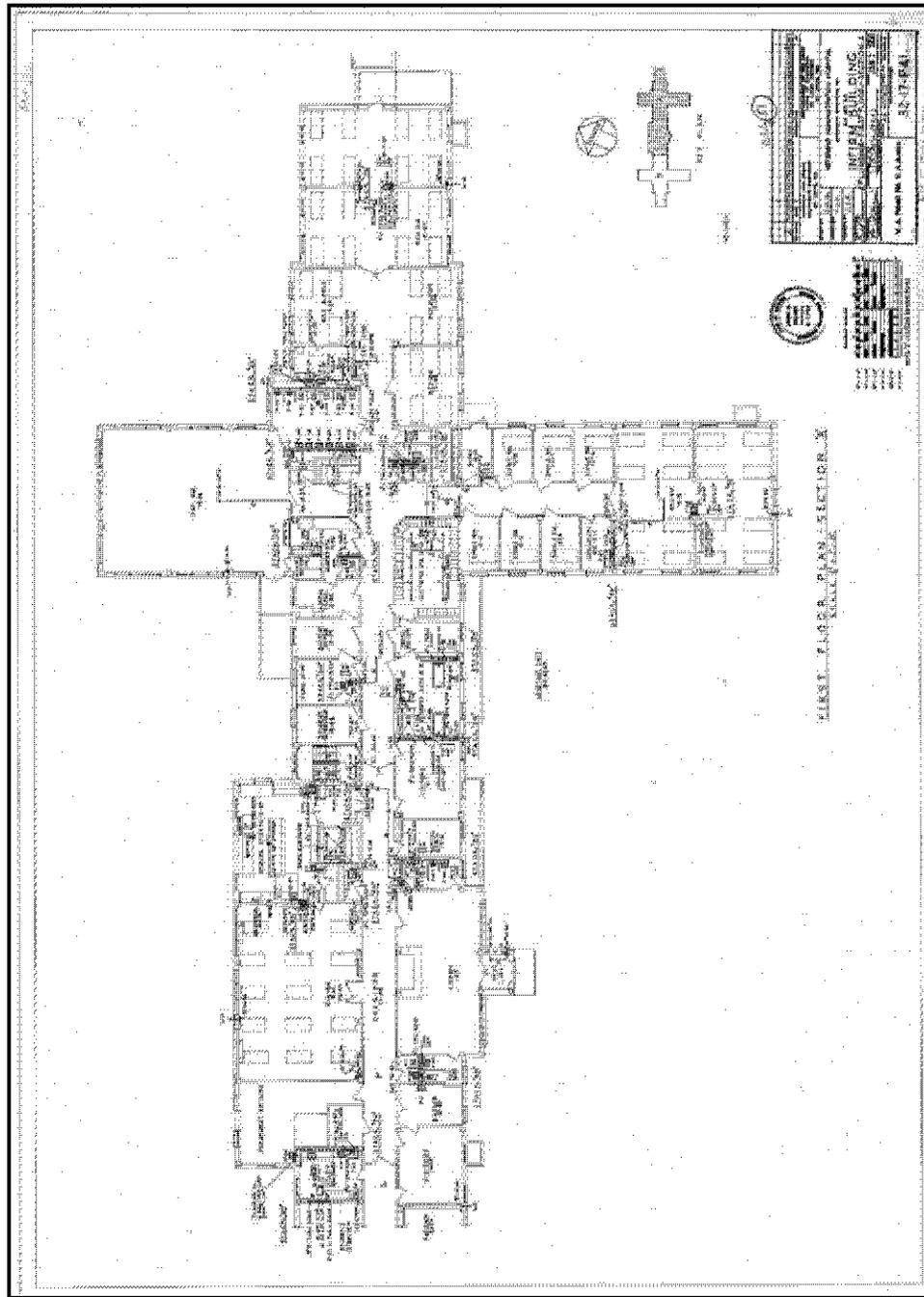
Neuropsychiatric Hospital Infirm Building (Building 51), current floor plan for first floor, east and central portions of building.



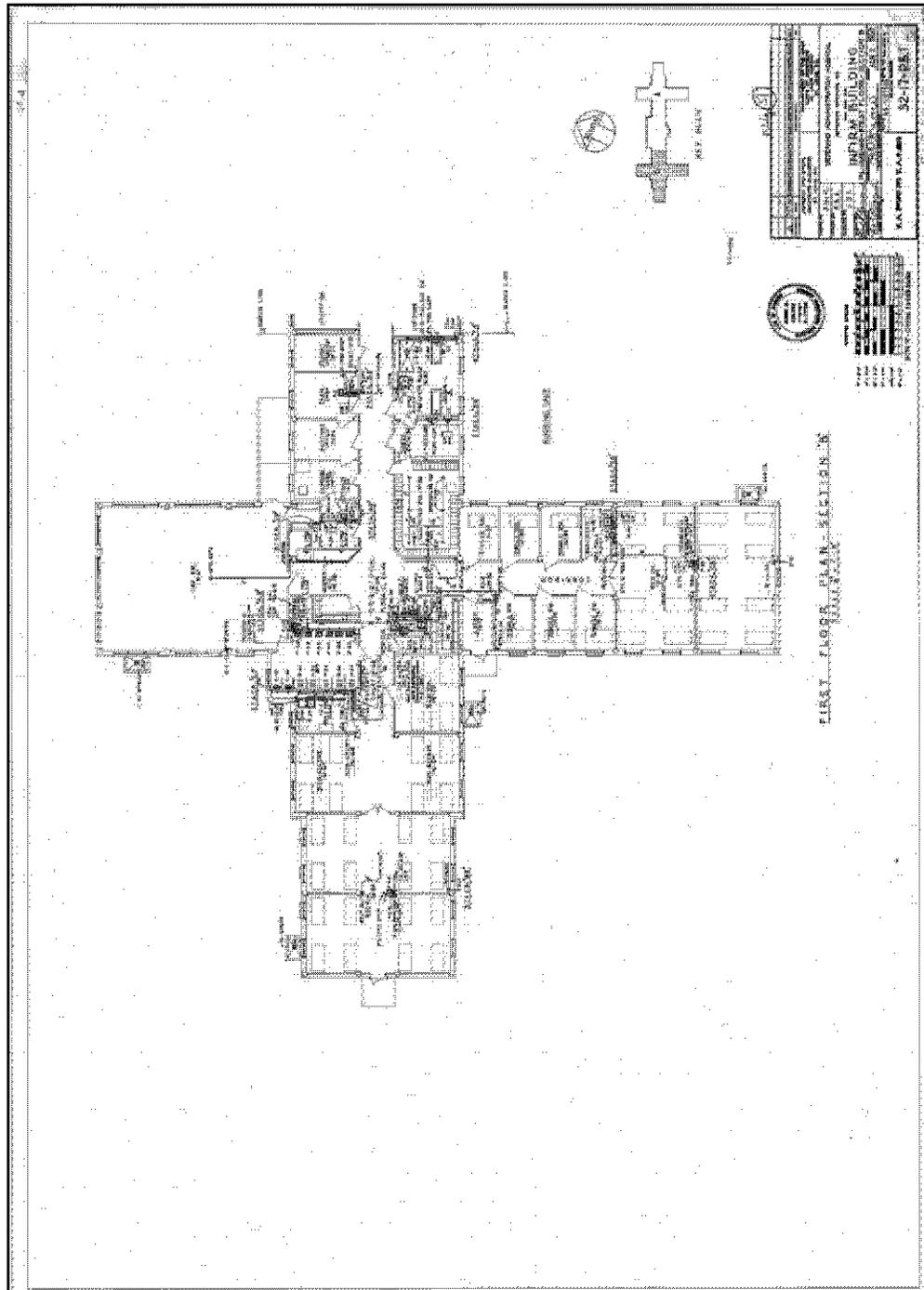
Neuropsychiatric Hospital Infirm Building (Building 51), current floor plan for first floor, east portion of building



Neuropsychiatric Hospital Infirm Building (Building 51), current floor plan for first floor, north (rear) wing, and small portion of the basement



Original first floor plan, Section A, east and central wings, of the Neuropsychiatric Hospital Infirm Building (Building 51), 1950



Original first floor plan, Section B, west wing, of the Neuropsychiatric Hospital Infirm Building (Building 51), 1950