

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

1. Name of Property

historic name U.S. Naval Hospital, Washington (amendment)

other names Old Naval Hospital (preferred), Temporary Home for Veterans of All Wars

2. Location

street & number 921 Pennsylvania Avenue, SE not for publication

city or town Washington vicinity

state District of Columbia code 11 county 001 code _____ zip code 20003

3. 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. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments).

Signature of certifying official/Title _____ Date _____

State or Federal agency and bureau _____

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments).

Signature of certifying official/Title _____ Date _____

State or Federal agency and bureau _____

4. 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

U.S. Naval Hospital, Washington
Name of Property

Washington, DC
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5. Classification

Ownership of Property
(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property
(Check only one box)

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

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

Contributing	Noncontributing	
2		buildings
1		sites
2		structures
1		objects
		Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing)

number of contributing resources previously listed in the National Register

1 - The Old Naval Hospital building

6. Function or Use

Historic Functions

(Enter categories from instructions)

Defense/Naval facility

Health Care/hospital

Education/school

Current Functions

(Enter categories from instructions)

Social/civic

7. Description

Architectural Classification

(Enter categories from instructions)

Italianate

Second Empire

Renaissance

Materials

(Enter categories from instructions)

foundation Stone

walls Brick

roof Slate, Asphalt

other Brownstone, Granite, Cast iron, Wood,

Narrative Description

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

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U.S. Naval Hospital, Washington

Name of Property

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Description Summary:

Constructed in 1865-1866, the Old Naval Hospital remains largely intact, clearly conveying its original design as a 50-bed Naval Hospital of the mid-19th century. Two-and-a-half stories in height with a raised basement, the building has brick walls terminating in a slate covered mansard roof with circular headed dormers. The roof deck is standing seam metal. The hospital measures 91 feet by 44 feet and follows an axial plan on the first (main) and second floors. The north and south facades feature a projecting center pavilion with pediment. Decorative elements include wood paneled doors, stone window and door hoods, recessed brick panels beneath windows, brick quoining and wood and cast iron entry porches. In addition to the hospital building, the property includes the following contributing building, structures, and object, all believed to date to the original period of construction: a brick stable, a cast iron folly, a cast iron fence, and a wooden flagpole. In addition, archeological investigations indicate that there are subsurface resources related to the hospital as well as to uses pre- and post-dating the hospital.

The building has had only minor alterations over the years. The most intensive renovation occurred in 1907, preparatory to the building being used as a school for the Navy Hospital Corps. However, even this interior renovation was minimal. The building suffers from deferred maintenance and a number of features require immediate repair and restoration.¹

General Description:

Site:

The Old Naval Hospital and its associated structures occupy the entirety of Square 948, a .705-acre trapezoid bounded by 9th and 10th and Pennsylvania Avenue and E Streets, S.E. The property is located six blocks north of the Washington Navy Yard and two blocks north of the Washington Marine Barracks in a late-19th and early 20th-century mixed residential and commercial neighborhood. The nearby residential buildings are primarily single family rowhouses characteristic of the surrounding Capitol Hill Historic District. The gas station to the west of the property provides a transition to 8th Street, a historic commercial corridor for the Capitol Hill neighborhood.

The hospital sits somewhat to the south of the center line of the property, closer to E Street than Pennsylvania Avenue. Originally, the building was oriented to the south, with its primary entrance on E Street. As Pennsylvania Avenue has gained significance, the primary entrance shifted to the north side of the building. The contributing stable sits to the west of the hospital adjacent to 9th Street. A modern concrete parking lot is located between the stable and west side of the hospital. A cast iron gazebo is located off the northeast corner of the hospital building and a wooden flagpole off the northwest corner. Concrete walks lead from the north and south entrances to the sidewalk and curving walks provide circulation around the building. An extensive

¹ For a thorough analysis of the existing conditions, see R. McGhee & Associates, Historic Structure Report: The Old Naval Hospital, (prepared for the District of Columbia Center for Youth Services, Washington, DC, June 30, 1994). For a more recent analysis of character-defining features, see Friends of the Old Naval Hospital, Rehabilitation of the Old Naval Hospital: A Technical Report, (Washington, D.C., January 30, 2002), p. 29. Both are available at <http://www.oldnavalhospital.org>.

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concrete areaway surrounds the building at the basement level. A number of large deciduous trees are scattered over the property. Many of these appear to be volunteers.

The property is raised above the sidewalk level and is surrounded by a 7-foot tall cast iron fence. The earliest known photograph (c. 1870) shows that the original level of the property was similar to that of the surrounding sidewalk and adjacent Pennsylvania Avenue. The current condition likely resulted from a late 19th century re-grading and lowering of Pennsylvania Avenue.

Archeological Resources:

A 1994 archeological investigation of Square 948 demonstrated the presence of structural remains dating from the 1850's to the present day. Evidence suggested that the remains of a circa 1850s building that pre-dated the Old Naval Hospital and that may have functioned as a predecessor hospital are buried intact in the eastern section of Square 948. In addition, the investigation found numerous artifacts associated with the construction and operation of the Old Naval Hospital and with its subsequent tenants. The report concluded that these remains should be considered as contributing to the historical significance of the property.

Exterior:

Constructed in 1865-1866, the Old Naval Hospital is an amalgam of related architectural styles including Italianate, Second Empire and Renaissance. The hospital is two stories with an attic story in the mansard roof. It is red brick laid in a running bond. It rests on a raised brick basement with a moulded brick watertable. The mansard slopes are covered in hexagonal patterned slate shingles while the low hip at the center of the roof is clad in seamed metal. The windows and doors are wood, as is the single story portico on the south side of the building. Cast iron is used extensively for steps, railings, and the small portico on the north side of the building. The window sills and hoods are of brownstone.

The building is rectangular in shape with projections on both the north and south facades. In plan it resembles a cross with short arms. It is 91 feet (9 bays) long and 44 feet (5 bays) wide. On both the north and south sides of the building, a five-bay pedimented pavilion projects approximately 6 feet from the main block. The north and south entrances are located in these projections. The pediments have a raking cornice and an arched lunette window in the center of the tympanum. The roofs of the pediments are clad in seamed metal. The corners of the pavilions as well as the corners of the main block are defined by brick quoins.

A line of brick corbelling runs below the simple moulded wood cornice. The cornice projects approximately 2 feet and is continuous around the building. The mansard roof has a slight bell cast and terminates in an integral copper gutter. The mansard is lit by dormers with round arched heads: three on the east and west sides and six on the longer south and north sides of the building. Four brick chimneys with decorative reveals and inset panels are located at center of roof. An iron railing connecting the four chimneys creates a widow's walk. A non-original wooden shed structure projects above the roof in the vicinity of the widow's walk.

The original main entrance faces south on E Street and has a single story, wooden porch extending across three of the five bays of the projecting pavilion. The porch is approached by a series of granite and then cast iron steps leading up from E Street. A pair of cast iron lamp posts on granite bases flanks the steps leading to the

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porch. The flat porch roof is supported by four chamfered square posts with simple capitals and two engaged pilasters. A wood railing of turned balustrades runs between the porch posts and around the top of the porch. The main entrance on the south side consists of paired doors with raised panels and wood-grained finish. The door surround consists of a two-light transom and sidelights, each with four lights. A brownstone pediment on brackets forms a hood above the door.

The Pennsylvania Avenue façade, which now serves as the main entrance to the building, has a small cast iron porch just wide enough to accommodate the entrance door. The porch is approached by brownstone steps with cast iron railings. The cast iron of the porch and railings is unusually delicate and highly decorative, featuring a medallion motif surrounded by a filigree pattern. This same pattern is found on the railings of the widow's walk and in the gazebo. The cast iron porch columns support a mansard roof clad in standing seam metal. The paired wood doors have raised panels. The door surround consists of a two-light transom and four-light sidelights. A brownstone pediment on brackets forms the hood over the entrance.

The first and second stories of all facades contain four-over-four-light double hung rectangular windows with rectangular sills and moulded hoods of brownstone. Inset brick panels punctuate the area beneath the first story windows. The dormer windows have round heads and are four-light casements. The basement windows have segmentally arched heads and are double casements with each leaf having two-lights. Wooden shutters replicating the originals were recently installed on the basement windows on the south side. Many of the first and second story windows have had window air conditioning units inserted in the window sash taking the place of the top two lights. However, most of these windows retain the original sash and glazing. A number of basement and dormer windows have been inappropriately replaced or blocked.

The basement has a door in the center of each façade. The doors below the E Street and Pennsylvania Avenue entrances have side lights and transoms. All the doors are wood paneled. The basement door on the south side has a wood grain finish. A fifth basement door is located on the north or Pennsylvania Avenue side, west of the center door. The basement doors open onto an extensive areaway that surrounds the building and extends out on the east side, creating a sunken patio-like area. The floor of the areaway is concrete. The walls are constructed of brick with concrete parging scored to resemble masonry. The top of the areaway is capped with stone and stone steps at various locations in the areaway lead up to ground level.

As shown in a circa 1870 photograph, the body of the building originally was painted a light color and the quoins were painted a darker shade, as were the cornice, windows, doors, trim and porticos. Currently, the body of the building displays the remnants of red paint while the trim is white. Cast iron elements show remnants of green paint. In an attempt to recapture the original paint scheme, the window and door trim on the south side recently was painted a warm brown, while the portico was painted a gray brown. Plans call for repainting the entire building in a scheme based on the historic photograph.

The building has been poorly maintained in recent years. While, for the most part, the exterior retains the original materials and features, it is in need of immediate repair, repainting and repointing. The south façade

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was restored in 2005-2006, with repairs to brickwork, porch, porch steps, lamp posts, doors and windows. A complete restoration of the exterior is planned in the near future.

The one-and-a half story stable, constructed in 1866, is located on the west side of the property just off of 9th Street. It is constructed of brick in a running bond and has a hipped roof clad in standing seam metal. Originally, the stable had open sheds along the north and south sides. The sheds terminated at the west end in an enclosed, single-story, one-bay by one-bay, brick room. This arrangement remains on the north side, but the open area on the south side has been enclosed by frame walls clad in T-111. The sloped roof of the sheds are clad in standing seam metal. The main stable door faced 9th Street. This doorway has been closed in with a frame wall clad in T-111 and containing a modern pedestrian door. Directly above the stable door is a smaller door opening that likely would have opened to the hay loft. This too has been altered to hold a pair of glass doors. The stable was lit on all sides in the first and loft stories by small windows. A number of the original window openings have been closed with brick while the remaining openings hold modern one-over-one sash. The stable retains some of the original interior features, including hardware and the steps to the hayloft. The small cast iron gazebo most likely dates to 1866. It is believed to have been located over a well, now covered over. As discussed above, the gazebo has the same filigree and medallion pattern as seen on the north entrance and widow's walk. This delicate ironwork is badly rusted and is in need of immediate conservation. The roof is bell-shaped and clad in metal. The wooden flagpole may also be original. A flagpole at this location is visible in many of the historic photographs. The flagpole is square at the base with chamfered corners and transitions to a round pole topped with a ball.

Perhaps the most striking feature of the property is the 7-foot tall, heavy cast iron fence that surrounds the property. Designed by Ammi B. Young, the fence carries the stamp of Washington ironsmiths, Frederick and August Schneider.² As installed in 1866, the fence was anchored in stone. A concrete curb now envelops the base of the fence along the Pennsylvania Avenue side. Each section of the fence consists of thirteen vertical bars topped with spears extending upward from a base created by a row of seven cast-iron compass circles. Circles and stars decorate the upper portions of the fence. Large square posts composed of cast iron plates decorated with stars anchor the corners and the locations of gates. These large posts were originally topped with urn-shaped finials. The fence is urgently in need of repair. Several sections of fencing are missing as are individual decorative elements such as the finials and stars. Plans call for the complete restoration of the fence, including the replication of any missing parts.

Interior:

The interior spaces and features remain largely intact. The basement and attic story have been most altered with original spaces partitioned off to create additional rooms and ceilings dropped or furred. The first and second floors retain their original 15-foot high ceilings and room configurations. The first and second floors have an axial plan with a 10-foot wide center hall running north-south, intersected by a narrower east-west corridor.

² According to the record of payments kept by Ammi B. Young, Superintendent of Construction, the payment of \$8,983.53 made to F & A Schneider, is the single largest payment made in the course of the project. It is likely that the company also provided the other cast iron elements including railings, the north portico, the gazebo and the lamp posts at the south entrance. RG 217, Entry 798, Vol. 1,44, 4th Quarter 1866.

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The corridors form a cross, dividing each floor into quadrants. The use of the interior spaces was described in 1893 by J.D. Gatewood in his book, Notes on Naval Hospitals:

In the basement, the floor of which is somewhat below the ground level, are the apothecary's quarters, the kitchen, laundry, boiler room, coal-bunker, storerooms, bath-room and water-closets. On the first floor are offices, mess-room for the men, and quarters for all the medical officers on duty. On the second floor are dispensary, officer's ward, nurse's room, and four wards for enlisted men. The two rear wards are 18 ½ x 35 feet, and the other two, one at each end of the front, are 24 x 22 feet. They contain many windows, and have pine floors and painted plaster walls. The bath-rooms and water-closets on each floor are in the rear extension, which is 9 feet deep and 43 long.³

Gatewood included a drawing of the plan of the second floor in his book. This plan matches the current floor plan in all major respects.

Remaining original architectural features include the plastered walls and ceilings, the Georgia white pine planking on the floors, the staircase with turned balusters and newel posts, the oak wainscoting on the stairwell, the wood trim around the doors and windows, the doors and transoms over the doors, the moulded wooden baseboards and the interior wood shutters on many of the windows. Several features remain that specifically relate to the building's use as a hospital and the architect's concern with ventilation and sanitation: the remnants of the original ventilation system including brick shafts within the walls connecting to decorative metal grilles in the ceilings and the bathrooms on the first and second floors which are in their original locations and retain many original finishes, if not original fixtures. Current rehabilitation plans for use as the Hill Center will preserve the original configuration and finishes to the greatest extent possible.

³ J.D. Gatewood, M.D., Notes on Naval Hospitals, Medical Schools, and Training School for Nurses with a Sketch of Hospital History (Baltimore: Press of the Friedenwald Co., 1893), p. 278.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

Property is:

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

Narrative Statement of Significance

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

9. Major Bibliographical References

Bibliography

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

Previous documentation on files (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 # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

Friends of the Old Naval Hospital

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Summary Statement of Significance:

The Old Naval Hospital at 921 Pennsylvania Avenue, S.E. is a free-standing, brick building constructed in 1865-1866. Originally known as the U.S. Naval Hospital, Washington, the building was erected just nine blocks east of the U.S. Capitol Building and within blocks from the Washington Navy Yard and the Marine Corps Headquarters, both of which it served. The hospital is significant for its association with the movement to ensure the health and well-being of those serving in the U.S. Navy. In 1811, President James Madison signed into law an act authorizing the establishment of a fund to be used for navy hospitals and for a permanent asylum for naval officers, seamen and marines. Along with the Marine Hospital Fund from which it arose, this Naval Hospital Fund was one of the earliest manifestations of federal involvement in the area of public health.

The Old Naval Hospital is the seventh of eleven permanent hospitals constructed by the Navy in the 19th century. Authorized by Congress in March 1864, the hospital was urgently needed to accommodate the wounded and ill of the naval forces on the Potomac River and Chesapeake Bay. The Old Naval Hospital was the only permanent naval hospital authorized and constructed during the Civil War. Completed in 1866, the building served as a naval hospital until 1911, providing health care for the enlisted men and officers of the nearby Navy Yard and Marine Barracks. While many of the 19th century naval hospitals have been demolished or significantly altered, the Old Naval Hospital retains an unusual degree of integrity. In its nearly unaltered condition, it provides an important example of the state of hospital design in the midst of the Civil War, a seminal event in the development of modern medical treatment.

While Washington was a hospital city during the war and home to as many as fifty separate hospitals, most of these were tent camps or buildings converted to hospital use.⁴ Only the Old Naval Hospital remains as an example of a purpose-built hospital of the period in the nation's capital. In addition, the hospital is significant for its association with Ammi B. Young, a prominent American architect and the first Supervising Architect of the U.S. Treasury Department (1852-1862) during which time he was responsible for the design of numerous federal buildings throughout the country, including twelve marine hospitals. Young served as Superintendent of Construction for the Washington Naval Hospital, preparing working drawings, hiring contractors and overseeing construction, and may have been its designer as well. Starting in the 1830's, the Navy began an ambitious campaign to construct naval hospitals at key locations, seeking to address a long-acknowledged deficiency in its provision of medical care.⁵ These new purpose-built hospitals were generally established in association with existing navy yards, along the east coast of the United States. The first group, consisting of four hospitals and one asylum, was completed by the late 1830s: Portsmouth Naval Hospital (Norfolk, Virginia, 1830); Chelsea Naval Hospital (Boston, Massachusetts, 1832); U.S. Naval Home (Philadelphia, Pennsylvania, 1834); Pensacola Naval Hospital

⁴ John Wells Buckley, "The War Hospitals," Washington During War Time: A Series of Papers Showing the Military, Political, and Social Phases During 1861 to 1865, Washington, DC (National Tribune Press, 1902), pp. 138-153.

⁵ This discussion of 19th century naval hospitals is based on a list provided to the author by Jan K. Herman, Historian, Navy, Bureau of Medicine and Surgery.

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(Pensacola, Florida, 1834); and, Brooklyn Naval Hospital (Brooklyn, New York, 1838). The subsequent six hospitals were constructed more sporadically through the second half of the 19th Century: Annapolis Naval Hospital (Annapolis, Maryland, 1855); Washington Naval Hospital (Washington, DC, 1866); Mare Island Naval Hospital (Mare Island, California, 1870); Yokahama Naval Hospital (Yokahama, Japan, 1872); Widow's Island Naval Hospital (Widow's Island, Maine, 1888); and Portsmouth Naval Hospital (Kittery, Maine, 1890). Of these 19th century hospitals, seven are believed to be extant: Portsmouth (Virginia), Chelsea, Philadelphia, Brooklyn, Washington, Mare Island and Portsmouth (Maine). The hospitals at Portsmouth (Virginia), Chelsea, Philadelphia, Washington and Mare Island are listed in the National Register of Historic Places. The Chelsea Hospital is a contributing resource in the Naval Hospital (Boston) Historic District, which is also a National Historic Landmark, and the Mare Island Hospital is a contributing resource in the Mare Island Naval Shipyard, which is also a National Historic Landmark. The Old Naval Hospital was listed in the National Register in 1974. It is also within the Capitol Hill Historic District, which was listed in the National Register in 1976. The present nomination form, an amendment to the 1974 form for the hospital, provides the necessary documentation to update the level of significance from "state" to "national."

The Old Naval Hospital meets Criterion A of the National Register of Historic Places for its association with Military, Maritime history and Social/Humanitarian areas of significance:

The Old Naval Hospital at 921 Pennsylvania Ave, S.E. stands as a reminder of the movement that began shortly after the establishment of the Navy to provide quality medical care and long-term disability care for its marines, sailors and officers. This commitment resulted in the construction of naval hospitals at each navy yard. The Old Naval Hospital is the only naval hospital to have been authorized and constructed during the Civil War. As such, it is a reminder of the terrible toll of that war on all branches of the military and of the role that the U.S. Navy played. In addition, the hospital is a rare example of an intact, purpose-built Civil War-era hospital.

Additional research may demonstrate that The Old Naval Hospital meets Criterion C of the National Register of Historic Places for its association with Architecture as an example of a type. At this time, there is not sufficient data to compare this hospital with other 19th century naval hospitals. However, the hospital clearly possesses a number of features that are indicative the focus of hospital design of the period, including a possibly state-of-the-art ventilation system and a floor plan that allows patient populations to be segregated while allowing staff easy access to each ward.

Similarly, although the level of research and documentation completed for this nomination is not sufficient to justify Criterion C as the work of a master, the building's association with Ammi B. Young is significant. Young was an important force in mid-19th century American architecture, and particularly in the design of public buildings, including hospitals. His later career, following his ten year tenure as Supervising Architect of the Treasury, has received little scholarly attention. Young was extremely

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involved with construction of the Old Naval Hospital, preparing working drawings, making alterations to the architectural plans and overseeing all aspects of the materials selection and building process.

The Old Naval Hospital is substantially unaltered on both the interior and exterior. Along with the contributing stable and gazebo, the hospital stands as built, the sole inhabitant of Square 948. The square is surrounded by the original cast iron fence. The Old Naval Hospital retains integrity of location, design, setting, materials, workmanship, feeling, and association. The Period of Significance extends from its date of construction in 1865 to 1911 when it ceased operation as a hospital.

Resource History and Historic Context:

Development of Washington Navy Yard:

The Old Naval Hospital is associated with the nation's first navy yard and first permanent marine barracks. The Navy Department was established in 1798. The first Secretary of the Navy, Benjamin Stoddert, selected six cities distributed along the coast of the United States for the construction of navy yards: Portsmouth, New Hampshire; Boston, Massachusetts; New York, New York; Philadelphia, Pennsylvania; Washington, DC; and Norfolk, Virginia. In October 1799, the site for the Washington Navy Yard was established on a 12-acre tract of land on the Eastern Branch of the Potomac (Anacostia River) in the Southeast quadrant of the new federal city. The Washington Navy Yard is listed in the National Register (6/19/1973) and is a National Historic Landmark. According to the National Register nomination:

The founding of the Washington Navy Yard is synonymous with the early history of the U.S. Navy, Washington, D.C., and the Nation itself. As the country's first navy yard, it served as the Navy's first home port and as the center for early 19th-century naval operations crucial to the development of American nationalism. In fact, for a century and a half, the Washington Navy Yard played an important role in the transformation of the United States from a relatively weak country militarily to a position as one of the world's superpowers.⁶

In its early years, the Washington Navy Yard constructed and repaired ships and served as an "ordinary," maintaining ships not in service and preparing and supplying them for service when required. After 1812, the yard was increasingly involved in the manufacture of ships' equipment. Under the command of John Dahlgren, before and after the Civil War, the yard was known for technological developments in ordnance and for ordnance production. In a city largely devoted to the more sedate activities of government, the Navy Yard was the site of a bustling industrial enterprise.

⁶ George R. Adams and Ralph Christian, National Register of Historic Places Registration Form, "Washington Navy Yard" (June 19, 1973), p. 8-1.

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In first decades of the 19th century, it was essential to have a medical facility in or near the Navy Yard as medical care was scarce in the developing city. Even as the city beyond the Navy Yard developed and acquired the necessary services, the expansion of the Navy and of the civilian work force at the Yard continued to justify the need for naval medical services. The Navy Yard surgeon examined recruits, cared for sailors returning from sea, stocked outbound ships with medical supplies and treated civilian employees of the Navy Yard for illnesses and injuries. As early as 1801, a small hospital was set up in a rented building just outside the Yard, near the main gate at the foot of 8th and 9th streets, south of M Street, S.E. Sometime later, the hospital was moved to a building or buildings within the Navy Yard. This facility provided care to navy personnel and Navy Yard employees for several decades. However, beginning in 1843, according to J.D. Gatewood, author of an 1893 historical sketch of navy hospitals, the Navy's sick were sent to a facility at the nearby Marine headquarters. This arrangement continued until the Civil War.⁷

Marine Headquarters:

Soon after the establishment of the Washington Navy Yard, marines were assigned to guard the facility. In 1801 a permanent barracks, the first in the nation, was established on Square 927, bounded by G, 8th, I and 9th streets, SE, several blocks to the north of the Navy Yard. This facility served as Marine Headquarters from 1801-1901. During that period, all new marine recruits were trained at this location. In 1834, the status of the Marines was clarified and the service was placed under the Secretary of the Navy. In the same year, Congress appropriated \$8,000 for repairs to various marine barracks and for the erection of a hospital at the Marine Headquarters in Washington.⁸ This hospital may have been within the walls of the Marine Headquarters on Square 927, or, possibly, on Square 948. The Marine Corps Barracks and Commandant's House is listed in the National Register (12/17/1972) and is a National Historic Landmark.

Predecessor Hospital on Square 948:

Although differing in details, a number of secondary accounts refer to an early medical facility on or near Square 948, the eventual site of the Old Naval Hospital. This square, bounded by 9th and 10th and Pennsylvania Avenue and E Streets, S.E., is six blocks from the Navy Yard and two from the Marine Barracks. In the first decade of the 19th century an apothecary was located at 9th Street and Pennsylvania, SE. Although established by the surgeon at the Washington Navy Yard, John Bullus, it also served the general public.⁹ The exact location and length of operation of this early apothecary is unknown. In 1821, in settlement of a debt, the Navy acquired Lots 1 and 2, the eastern half of Square 948. A number of accounts agree that a small house with an outbuilding on these lots was used as a hospital, but differ as to

⁷ J.D. Gatewood, M.D., Notes on Naval Hospitals, Medical Schools, and Training School for Nurses with a Sketch of Hospital History (Baltimore: Press of the Friedenwald Co., 1893), p. 277.

⁸ Statutes at Large, 23rd Congress, 1st Session, Chapter 152, p. 725.

⁹ Harold D. Langley, A History of Medicine in the Early U.S. Navy (Baltimore: The John Hopkins University Press, 2000), p. 165.

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whether it was a marine or navy establishment.¹⁰ In any case, the buildings were likely the combined facility mentioned by J.D. Gatewood. These buildings can be seen on the 1857 map of Washington City by A. Boschke and appear to have remained on the site until they were demolished for the construction of the present building. The January 3, 1866 issue of the *Baltimore Sun* noted that, “[t]he foundation for a fine naval hospital has been commenced on the site of the old one, on the triangular square at Ninth and E streets and Pennsylvania avenue.” A 1994 archeological investigation found evidence that the remains of these buildings are at least partially intact in the eastern portion of Square 948 and should be considered as contributing to the historical significance of the site.¹¹

Marine Hospital Fund:

There had long been concern for the health and long-term care of the nation’s sailors, both those serving on navy ships and those on private or merchant ships. It was recognized that the sailors’ life was difficult and dangerous. Sailors were confined to tight and unhealthy quarters for months and even years at a time. Their nutrition was substandard. They performed hard physical labor under the most dangerous circumstances and were routinely exposed to contagious diseases in the ports they visited. These factors increased the likelihood that the sailor would need medical attention and that he would suffer debilitating conditions as he aged. Moreover, the common sailor typically engaged in behaviors that were detrimental to his health. For example, officers and others interested in the welfare of sailors expressed concern about excessive drinking (although alcohol was long a standard part of the sailor’s ration). In addition, they worried about the sailors’ inability to save and plan for the future:

Of all classes of society, seamen require most the paternal foresight of Government. Habit, which tyrannizes over man in every situation, makes the sailor ever regardless of to-morrow; like the infant, he requires a guardian, or old age brings with it miserable poverty.¹²

Society also recognized that the sailor, merchant and navy, performed a vital service, facilitating trade, protecting trade routes and ensuring the security of the country itself. It was generally acknowledged that the nation owed a debt to its seamen.

In wrestling with the problem of how to ensure health care for sailors, the young nation looked to its mother country for a model:

The American concept of medical care for disabled seamen had its origins in an English system which had been set in place in the last years of the 16th century. Following the spectacular success of the British

¹⁰ Charles O. Paullin, “Washington City and the Old Navy,” *Records of the Columbia Historical Society*, Vol 33-34, 1932, p. 169. Paullin refers to the facility as belonging to the Navy. Joseph M. Toner, Medical Register of the District of Columbia, 1867: Embracing Notices of the Medical, Benevolent and Public Institutions of Washington (Washington: Blanchard & Mohun, 1867), p. 42. According to Toner, the facility was a Marine hospital.

¹¹ R. McGhee & Associates, Historic Structure Report: The Old Naval Hospital (prepared for the District of Columbia Center for Youth Services, Washington, DC, June 30, 1994), p. 3.

¹² U.S. House of Representatives, 11th Congress, 3rd Session, Naval Affairs: Volume I, No. 81, p. 227.

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Navy in the defeat of the Spanish Armada in 1588, public sentiment demanded benefits for the seamen involved, and in 1694 a hospital for their care was established in Greenwich Palace which was converted to a hospital for this purpose. Funding for the maintenance of the hospital and for the treatment of the sailors was obtained from a monthly fee deducted from their wages. Two years later, in 1696, this service was extended to include merchant seamen. By the 1730s seamen traveling in and out of American ports who were English subjects were also expected to contribute to the fund that supported Greenwich Hospital.¹³

Drawing from the British system, “An act for the relief of sick and disabled seamen” was signed into law in July 1798. It required that twenty cents be deducted from the monthly pay of all *merchant* seamen, those employed on private ships. The money collected was to be paid into a fund administered by the Treasury Department and used to provide short or long-term medical care when such care was required. The Act authorized the purchase of land and erection of hospital buildings. In 1799, the Secretary of the Navy was authorized to deduct twenty cents from the monthly pay of each seaman, officer and marine of the Navy to be paid into the existing Marine Hospital Fund for the same purposes.

Under this system, prior to the construction dedicated marine hospitals, care was provided in public hospitals, private houses and even almshouses. The hospital or caregiver was reimbursed for the care provided from the fund. In 1802 a law was passed authorizing the establishment of marine hospitals in Boston, Massachusetts and New Orleans, Louisiana. While an existing building was used for the hospital in New Orleans, a new hospital was built in the Boston Navy Yard. Completed in 1803, the 4,000 square foot hospital was designed by Asher Benjamin. The construction of the first purpose-built marine hospital depleted the Marine Hospital Fund and further construction had to await its replenishment.

Naval Hospital Fund:

It quickly became apparent that the Marine Hospital Fund would not provide a satisfactory solution for the Navy. There was great concern among naval officers that the (merchant) marine hospitals allowed navy sailors to mingle with merchant seamen, resulting in a loss of discipline and even desertion. An 1810 report of the Secretary of the Navy claimed that of those navy seamen sent to a marine hospital, “three of five have deserted as soon as they got in a convalescent state.”¹⁴ Few officers were willing to send their men to the marine hospitals. In addition, the officers objected to having to share quarters with common merchant sailors and preferred to seek their own private care. Consequently, the sick of the Navy continued to be cared for in the make-shift arrangements at each navy yard. In 1811, Captain Chauncey, stationed in New York described the woeful conditions at the navy hospital there:

To give you some faint idea of what is called the hospital on this station, imagine to yourself an old mill, situated upon the margin of a mill pond, where every high tide flows, from twelve to fifteen inches, upon

¹³ Carolyn Brooks, National Historic Landmark Registration Form, “United States Marine Hospital, Louisville, Kentucky” (September 25, 1997), p. 9.

¹⁴ U.S. House of Representatives, 11th Congress, 3rd Session, Naval Affairs: Volume I, No. 81, p. 228.

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the lower floor, and there deposits a quantity of mud and sediment, and which has no other covering to protect the sick from the inclemency of the season, than a common clap-board outside, without any lining or ceiling on the inside.¹⁵

Invariably inadequate in size, plan or comfort, the buildings were often located in settings that were unhealthful or not conducive to rest and recovery. Sailors returning from journeys with contagious diseases were frequently confined to ships moored in waters near the navy yard until the contagion had passed. The inadequacies of the care were in contrast to the rising status of the Navy and growing American patriotism. The Navy's performance in early conflicts such as those with the Barbary pirates and with the British in the War of 1812, brought it glory and the nation a new sense of pride; those that served their country with devotion, risking physical harm deserved to be treated with care and dignity in their time of illness and in their retirement years.

Consequently, the Secretary of the Navy sought an exclusive naval fund to provide for a hospital system consisting of "six capacious hospitals ... in which all the sick of every description of the navy might be comfortably nursed." The hospitals would be located "in or near" the six navy yards existing in 1811 (Portsmouth, New Hampshire; Boston, Massachusetts; New York, New York; Philadelphia, Pennsylvania; Washington, DC; and Norfolk, Virginia). The Secretary sought to continue the same twenty cent per month tax on the wages of the naval officers and seamen, but also identified many additional fines and income streams that could be directed to the fund as well as economies in operation that would hold down costs, such as staffing the hospitals with disabled officers and having navy yard commandants serve as "governors ex officio of the hospitals, without any additional pay whatever."¹⁶ The act establishing the Naval Hospital Fund became law in 1811 and \$50,000, representing that portion of the monies contributed by the men of the Navy to the Marine Hospital Fund, was designated for the new Naval Hospital Fund. The secretaries of the Army, Navy and Treasury served as commissioners of the fund, tasked with deciding when and where to construct the hospitals.

Latrobe Design for Washington Naval Hospital:

For a brief period, it appeared that Washington would be the home of the first naval hospital. In response to the complaints of the surgeon at the Navy Yard, who considered his hospital facility inadequate, Robert Smith, the Secretary of the Navy, expressed a desire to build a "national hospital," which would be exclusively for the use of naval personnel.¹⁷ The effort was taken up by the next Secretary, Paul Hamilton. In early 1812, the Commissioners of Navy Hospitals studied locations in Washington and Hamilton asked Benjamin H. Latrobe to prepare the plans.¹⁸ Hamilton would have already been familiar with Latrobe, who had been working on plans for the Washington Navy Yard since 1803. Initially asked by Thomas Jefferson to develop a long-range plan for the yard, Latrobe went on to design the ceremonial, Main Gate (1804-

¹⁵ Ibid, p. 233-234

¹⁶ Ibid., 228.

¹⁷ Langley, A History of Medicine, p. 165.

¹⁸ Ibid., 210.

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1805), still standing at 8th Street, SE, as well as a dry-dock system and steam engines to drive machinery. In 1807, he was appointed Engineer of the Navy Department. Unfortunately, the effort to construct a naval hospital in Washington was derailed by the War of 1812, and in 1814, the Yard itself was burnt by the British. While working on the plans for the first naval hospital, Latrobe was in correspondence with Dr. William P.C. Barton, a navy surgeon who had studied American and European hospital plans. Latrobe revised his plans to reflect Barton's recommendations. In turn, Barton included Latrobe's plans in his 1814 work, *A Treatise Containing a Plan for the Internal Organization and Government of Marine Hospitals in the United States*. In 1815, Latrobe presented these revised plans to the new Secretary of the Navy, Benjamin Crowninshield. However, the commissioners' interest appears to have faded, probably due to the costs associated with construction and operation of the facility.¹⁹ The government had borrowed heavily to finance the War of 1812 and shortly thereafter, in 1819, the nation suffered from a severe economic downturn that undoubtedly curtailed hopes for such a major expenditure.²⁰

Pre-Civil War Navy Hospitals:

The Naval Hospital Fund suffered from a variety of problems: contributions went up and down as the size of the Navy expanded and shrank and funds were misappropriated for other uses and later restored. For the most part, Congress declined to approve appropriations for hospital construction other than from the fund. Ten years after the establishment of the separate naval fund, not a single naval hospital had been constructed. However, in the 1820s, monies from the fund were used to purchase property for new facilities in Chelsea, Brooklyn, Philadelphia and Norfolk. In his 1830 Annual Report, the Secretary of the Navy made a renewed plea for more generous treatment of the seamen under his command:

The condition of the navy hospitals at most of the navy yards in the United States is entirely deficient in the means of giving accommodation to the invalids of the navy, who may be so unfortunate as to require it. At most of these places the only provision made for their comfort, during illness, is some temporary shelter or old building, possessing no one of the requisites necessary for this purpose. The mariner who returns after a long and faithful service in distant and uncongenial climates, finds no asylum prepared for his reception and recovery from disease, incident to such service, but is compelled to linger out his life in crowded and confined apartments, even less favorable to his restoration than the hold of the vessel from which he has been discharged.²¹

In 1832, recognizing that the governance structure of the Naval Hospital Fund was not conducive to accomplishing the goal of building a hospital system for the Navy, Congress approved a bill placing the

¹⁹ Ibid., 284.

²⁰ According to Carolyn Brooks, Latrobe's hospital plan and Barton's treatise influenced Robert Mills. Mills, who had studied architecture with Latrobe, designed the U.S. Marine Hospital in Louisville, Kentucky and developed a plan type used in other marine hospitals. Brooks, "U.S. Marine Hospital, Louisville, Kentucky," p. 14.

²¹ Report of the Secretary of the Navy, Message of the President of the United States to the Two Houses of Congress, 21st Congress, 2nd Session, Volume 3, (Washington: Government Printing Office, 1830), pp. 754-755.

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fund solely in hands of the Secretary of the Navy.²² Furthermore, throughout the early 1830s, Congress approved appropriations in addition to those from the Naval Hospital Fund to complete facilities underway at Portsmouth (Virginia) and Philadelphia and to begin construction at Chelsea, Pensacola, and Brooklyn. The facility in Philadelphia was intended as a retirement home or “asylum” for the aged and infirm seamen rather than a general hospital. By 1840, the asylum and first five naval hospitals were complete, leaving the navy yards in Washington, Philadelphia and Portsmouth (Kittery, Maine) with makeshift facilities. In 1842, further advances were made in the naval medical care when a reorganization of the Navy resulted in the establishment of a Bureau of Medicine, an arm of the service responsible for managing the naval medical system, including the operation and staffing of hospitals. In 1855, a hospital was established at Annapolis. It is not known if this was a purpose-built naval hospital.

Civil War:

If the need for a naval hospital in Washington could be deferred for other priorities for the first fifty years of the Naval Hospital Fund, it could no longer be ignored as the Civil War dragged on. During the Civil War, the Navy grew from a force of approximately 8,500 men to 51,000. The Washington Navy Yard was of great importance to naval operations and a scene of constant activity:

During the Civil War, the yard played an important role in Union naval operations. It served as communication center between the Navy Department and the vessels blockading Southern ports, and took on increased importance for outfitting and rebuilding ships after the Norfolk Navy Yard fell to the Confederacy in 1861. Throughout the war, the yard played a vital role in the defense of Washington by maintaining the Potomac Flotilla, which kept that river under Union control.²³

For a time during the war, the Norfolk Naval Hospital and Pensacola Naval Hospital were lost to Confederate forces, putting additional pressure on the remaining northern hospitals.²⁴ Ships were fitted up as floating hospitals. Lacking sufficient space to treat the increased numbers of wounded and ill, additional space was obtained at St. Elizabeth's Hospital, originally known as the Government Hospital for the Insane. Authorized in 1852, St. Elizabeth's was established to serve the insane of the Army, Navy and the District of Columbia. Constructed on the hills across the Eastern Branch from the Washington Navy Yard, the facility opened in 1855 under the direction of Dr. Charles H. Nichols. Recognizing the inadequacy of the existing hospital facilities in Washington, Congress approved the use of portions of this hospital for the wounded and sick of the Army and Navy in October 1861. The Navy was allowed the use of West Lodge, formerly reserved for “colored” male patients, and the gardener’s house for use as a general and quarantine hospital. The separate quarantine hospital reflects the fact that large numbers of those who died during the war died of contagious diseases such as smallpox and cholera rather than from wounds.

²² Gatewood, p. 254.

²³ Adams and Christian, “Washington Navy Yard,” p. 8-3.

²⁴ The original 1834 hospital at Pensacola was burned to prevent it from falling into Confederate hands. After reestablishing control of the area, a temporary hospital was constructed at a new location in Pensacola.

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The annual reports of the Secretaries of the Interior (for St. Elizabeth's) and of the Navy provide a fascinating account of this harrowing period and reflect the urgent need for a navy hospital in Washington:

1861 Report of the Secretary of the Interior

The existing insurrection has thrown upon this institution largely increased burdens and responsibilities. During the first quarter of the current fiscal year, the admissions from the army and navy have been equal to four-fifths of the whole number of all classes admitted during the previous year. But in addition to the duties imposed upon him by law, Dr. Nichols has generously, with the approbation of this department, appropriated a portion of the building, with the services of himself and his assistant, for the accommodation of the sick and wounded of the Potomac and Chesapeake fleets.

As many as fifty persons of this class have been under treatment at one time.²⁵

1862 Report of the Secretary of the Interior

The general and quarantine naval hospitals, with seventy (70) beds, in charge of Surgeon N. Pinkney, of the navy, and the general army hospital, with two hundred and fifty (250) beds, in charge of the medical officers of the government hospital for the insane, both of which were noticed in our last report, have been in successful operation during all the past year...

We earnestly hope that the deplorable war the government is still compelled to wage will cease in less than a twelve-month, and with it the occasion for the immense army which so rapidly multiplies the inmates of the institution under our charge; but no contingency that we can anticipate seems to us at all likely to reduce the number of them below that we are now struggling to maintain with really inadequate means.²⁶

1863 Report of the Secretary of the Navy

The growing importance of this station [Washington, DC] seems to require some provision for the sick and wounded of the navy employed in this vicinity. The only quarters for this purpose at the command of the department is a portion of the Insane Asylum, which we have occupied by the favor of the Interior Department, and to the great inconvenience of the institution, ever since the commencement of the war.²⁷

1864 Report of the Secretary of the Navy

The necessity of this improvement is urgent; the large force employed in the Potomac river and its tributaries, the increased strength of the marine corps, the many vessels arriving at the navy

²⁵ Report of the Secretary of the Interior, Message of the President of the United States to the Two Houses of Congress, 37th Congress, 2nd Session, Volume 3, (Washington: Government Printing Office, 1861), p 459.

²⁶ Report of the Secretary of the Interior, Message of the President of the United States to the Two Houses of Congress, 37th Congress, 3rd Session, Volume 2, (Washington: Government Printing Office, 1862), pp. 625-626.

²⁷ Report of the Secretary of the Navy, Message of the President of the United States to the Two Houses of Congress, 38th Congress, 1st Session, Volume 4, (Washington: Government Printing Office, 1863), p. 1060.

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yard for repairs, &c., have no other resource for the sick than the limited accommodations at the government Asylum for the Insane in the neighborhood of the city, which we have occupied since the beginning of the war, through the courtesy of the Interior Department and the superintendent, Dr. C. H. Nichols, to the great inconvenience of the asylum.

It is full time we ceased to encumber the Asylum for the Insane with an entirely different class of patients whose presence interferes with the harmony and order of the asylum, and encroaches upon room absolutely required for other purposes.²⁸

In his 1863 Annual Report, the Secretary of the Navy estimated the cost of the new hospital to be \$25,000 and proposed using the two lots already owned by the Navy on Square 948 as the site for the building.²⁹ On March 14, 1864, Congress authorized the construction of the hospital and appropriated the requested sum. However, continually rising labor and material costs and poor weather caused repeated delays and necessitated additional appropriations which were slow to arrive. Ultimately, the building, which the Secretary described as "a plain brick structure, devoid of ornament or other unnecessary and costly features," would not be completed until eighteen months after the close of the war.³⁰ According to J. D. Gatewood, the total cost, which appears to include property acquisition, construction and furnishing the hospital, was \$115,000.³¹

History of Construction:³²

Following the March 1864 Congressional appropriations to erect the Naval Hospital in Washington, the Secretary of the Navy sought to purchase the remainder of Square 948, conveniently sited just blocks north of the Navy Yard, for its construction. Although the federal government already owned the eastern half of the square upon which the hospital would be built, (having acquired it in 1821), the Secretary of the Navy wanted control of the other half of the square "to guard against improper intrusion" and thus asked Congress to authorize its purchase.³³ Congress granted the request and the federal government purchased Lots 3 and 4 of Square 948 for \$4,819.50 from owner Henry Bradley and his wife, thus becoming sole owners of the square bounded by 9th and 10th and Pennsylvania Avenue and E streets, S.E.

By October 11, 1864, the Navy Department had developed and approved "plans, elevations and specifications" for the Naval Hospital building and three days later, had contracted with architect and

²⁸ Report of the Secretary of the Navy, Message of the President of the United States to the Two Houses of Congress, 38th Congress, 2nd Session, Volume 6, (Washington: Government Printing Office, 1864), p. 1182.

²⁹ 1863 Report of the Secretary of Navy, p.1060.

³⁰ 1864 Report of Secretary of Navy, p. 1182.

³¹ Gatewood, Notes on Naval Hospitals, p. 276.

³² The history of construction was drawn from monthly progress reports written by Supervisor of Construction Ammi B. Young to the Chief of the Bureau of Medicine and Surgery. The authors are indebted to architectural historian Pamela Scott whose research suggestions ultimately led to the discovery of Ammi B. Young as Supervisory architect and to this source of information. The letters provide a detailed account of the work completed and include a list of the names of the contractors and laborers and the amounts paid for their services.

³³ 1864 Report of the Secretary of the Navy, p.1182.

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former Architect of the Treasury, Ammi B. Young, to act as Superintendent of Construction.³⁴ Ammi B. Young's position required the hiring of contractors, laborers, and materials according to the funds available and overseeing the construction according to the established plans "subject to such alterations, from time to time, as may be ordered by the proper authority."³⁵ As indicated in a contract letter from Dr. William Whelan, Chief of the Bureau of Medicine and Surgery to Ammi B. Young on October 14, 1864, Young was to be compensated 5% of the disbursements of construction and was to provide monthly progress reports. Young, who had been living in Washington since losing his position as Architect of the Treasury in 1862, was quick to accept the job, sending his acceptance letter the same day. Young was well versed in hospital design and construction, having designed twelve marine hospitals in the 1850s during his tenure as Architect of the Treasury and appears to have been eager to re-immerse himself into the process.

Over the course of the 24-month period, from November 1864 until November 1866, Young prepared detailed progress reports to the Chief of the Bureau of Medicine and Surgery outlining the contractors and laborers hired, the materials purchased, the monies spent, and the status of site work and building construction.³⁶ Although the documentation seems to indicate that Young did not design the hospital building, but instead prepared the working drawings for already prepared plans, his reports indicate that those working drawings included certain structural changes as he deemed necessary, as well as detailed shop drawings for the carpenters, which undoubtedly would have included window sash details, and interior window, door and wall treatments, at the very least. In addition, Young was the primary designer and force behind the site itself, designing the stable building still standing on the property, along with the notable iron fence surrounding the building and its grounds.³⁷ Close examination of these progress reports indicates that Ammi B. Young indeed played a pivotal role in the design and construction of the Naval Hospital and its grounds.

The construction process began immediately upon Young's employment, with the surveying and grading of the site, the laying of water pipes and sewer lines, and the hiring of contractors and building materials

³⁴ See Letter to Ammi B. Young from Dr. William Whelan, Chief, Bureau of Medicine and Surgery, dated October 14, 1864 (National Archives and Record Administration, Record Group 52, Entry 1, Letters Sent, Volume 28) and Letter from Ammi B. Young to Dr. William Whelan, dated October 14, 1864 (Record Group 52, Entry 7, Letters Received, Box 33, October 1864).

³⁵ Letter to Ammi B. Young from Dr. William Whelan, October 14, 1864.

³⁶ During that period, Ammi B. Young consistently prepared his progress reports on the 1st or 2nd day of the month for work completed the preceding month. One month (June reporting for the month of May 1866) however lacks any letter or report from Young. Given Young's general consistency, the letter is most likely simply missing from the letter book or was misfiled.

³⁷ Young's October 1866 report provides the most telling written evidence that he did not prepare the actual design: "The Hospital Building according to the plans and specifications originally put into my hands with such alterations as have since been approved by the Bureau, I am happy to say has been almost entirely completed..." (Letter from Ammi B. Young October 1866, RG 52, Box 54, Vol. 1). However, several earlier progress reports note his role in the preparation of construction drawings as well as in the design of the stable and outbuildings. In particular, in his progress report dated February 2, 1865, Young writes, "Due to a severe attack of Rheumatism in my right hand, I have not been able to do much to the working drawings until within a few days." He then notes, "For several days I have been engaged on the Carpenters and Stone Cutters working drawings in which good progress has been made and I have furnished each of these mechanics all the working drawings they have needed for the time being..." (Letter from Ammi B. Young, February 2, 1865, RG 52, Entry 1, Box 37, Vol. 1.) And, in his report for April 1866, Young writes, "Immediately after the passage of the Navy appropriations bill in which was an item of \$30,000 to complete the hospital building, build the outbuildings, grade the sidewalks, etc...I commenced arrangements to promptly carry the same into effect—most of the drawings for the above work have been made." (RG 52, Box 51, May 1866).

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suppliers occupying the autumn months of 1864. In preparation for the site work, an existing frame dwelling was vacated and demolished.³⁸ During December Young prepared the necessary working drawings, though he confessed that “Due to a severe attack of Rheumatism in my right hand, I have not been able to do much to the working drawings until within a few days.” The report clarifies, however, Young’s design influence on the building’s details:

“For several days I have been engaged on the Carpenters and Stone Cutters working drawings in which good progress has been made and I have furnished each of these mechanics all the working drawings they have needed for the time being.”³⁹

By January, excavations for the hospital building foundation had begun and 225,000 bricks had been delivered to the site. In addition, a stonemason was working off-site on the cutting of granite and brownstone for the door and windowsills, and carpenters were making the building’s window frames. In general, Young wrote highly of the contractors and building suppliers whom he selected to work on the project. For instance, of carpenter and joiner Charles Edmondson, Young noted, “Mr. Edmondson...being a very loyal man and one not surpassed in this city for excellency of workmanship and promptness and reliability of workmanship and his offer in my opinion being a fair and just one...[I have] concluded an arrangement...”⁴⁰ Similarly, of Charles Sioussa, Young notes that he is “reputed to be the best plasterer here” and of Peter Mack, Young recounted “he is a reliable and efficient man.”⁴¹

By March 1865, after bad winter weather, the building’s stone foundations and brick walls were underway, only to be slowed by rainy spring weather. Despite the vicissitudes of weather, by the summer of 1865, the brick walls were almost complete, the roof framing was done and its “felting, tinning and slating” was “progressing.” According to Young’s progress report for August (dated September 1865), the building materials which had been salvaged from the “old building” were “being put into the new building,” while those that could not be used were sold at auction. The “old building” likely refers to the former hospital building on the site described above.

Over the course of the autumn months of 1865, the plumbing and heating were installed, the walls were plastered, and the window sashes were fabricated, “primed, glazed and painted and ready to be put in place.” By October 1865, there remained only \$8,901.04 of unexpended funds, as appropriated by Congress. At the request of the Chief of the Bureau of Medicine and Surgery, Young provided a revised estimate of the costs required to complete the hospital, including fencing the grounds and building the outbuildings. In his written rationale for the requested \$30,000 of additional funds, Young notes the “continued high cost of materials and the advance in price of labor.”⁴²

³⁸ See Letter from Dr. William Whelan to Mrs. M.L. Lee, October 14, 1864 (NARA, RG 52, Entry 1, Volume 28) which reads, “I have to inform you that the Department is about to commence the erection of a Hospital upon the lot occupied, in part, by the building you inhabit, and that, therefore it will be necessary for you to vacate the premises...”

³⁹ RG 52, Entry 1, Box 37, Vol. 1, February 1865.

⁴⁰ RG 52, Entry 1, Box 37 Vol. 1 February 1865.

⁴¹ RG 52, Entry 1, Box 43, August 1865 and RG 52, Entry 1, Box 32, November 1864.

⁴² RG 52, Box 45, October 1865.

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At the beginning of November 1865, one year after construction had begun, Young reported that the building itself was almost complete. However, the appropriated funds had essentially been paid out, and according to Young, “before the building could be used for its intended purpose” significant site work remained, including enclosing the grounds with a substantial fence and erecting proper outbuildings. For several months, from November 1865 until April 1866, until Congress appropriated additional funds, Young kept only a skeletal crew at work, principally on carpentry work, plumbing and painting. During these slow months, Young busied himself by developing drawings and specifications for the stable and outbuildings.

Following the long-awaited passage of an additional \$30,000 in funds for completion of the hospital, work on the site intensified during the spring and summer of 1866. By May, Young had completed the working drawings for the stable and outbuildings and solicited proposals “to erect a superior iron fence.”⁴³ In September 1866, Young reported that the hospital building “will be wholly completed by the 30th of the month” and that the stable is “very nearly completed and ready for use, there being only a little paving, carpenters work, plumbing, painting and glazing to be done.” On the other hand, Young was loath to report that the iron fence, which was to have been finished by August 1, is “only about three-quarters put in place.” Young advanced that upon completion of the fence, the grounds within the fence would be graded.

In October 1866, Young presented his second-to-last report by noting,

“The Hospital Building according to the plans and specifications originally put into my hands with such alterations as have since been approved by the Bureau, I am happy to say has been almost entirely completed so that I have this day had the pleasure to turn it over to Surgeon C.D. Maxwell whom I had been verbally notified by the Bureau would hereafter have charge of the same.”⁴⁴

He further notes, “I shall use every exertion to have the whole premises completed during the month of October.” In his final report of November 1866, Ammi B. Young officially recorded the completion of the stable “now in the possession” of the Chief of the Bureau of Medicine and details his final duties and responsibilities: “The ironwork of a small portion of the fence and the gates remains to be put up which when done, the paving completed, the soil put on the premises and sown with grass seed, I shall consider my duties on the premises at an end.” At the end of this last progress report, Young provides a complete list of bills for which vouchers have been made out and certified from October 1864 to November 1, 1866, including the names of payees, the services rendered and the amounts paid.

A final letter dated December 1, 1866 includes no narrative, simply bills for the remainder of the site work completed during the month of November.

⁴³ RG 52, Box 51, May 1866.

⁴⁴ RG 52, Entry 1, Box 54, October 1866.

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Ammi B. Young (1798-1874):⁴⁵

Ammi B. Young, a prolific designer known primarily for his many public buildings completed during his tenure as Architect of the Treasury, is generally recognized as a brilliant designer and one of the major American architects of the 19th century.⁴⁶ Talbot Hamlin, a noted architectural historian and author of *Greek Revival Architecture in America*, emphasizes Young's creative imagination and his "true sense of materials" alongside his "disciplined integrity of instruction."⁴⁷ Other biographers note that Young's buildings provided a fundamental breakthrough in the structural use of iron and fireproof materials.

Although the actual design of the old Naval Hospital has not been attributed to any architect to date, Ammi B. Young was hired as Superintendent of Construction to prepare the working drawings, including detail and shop drawings and to oversee construction. From his extensive years of design and construction of public buildings, including numerous U.S. Marine Hospitals, Young introduced a high level of design professionalism into the Washington hospital building's construction. As highlighted in his monthly reports, Young enhanced the construction drawings to ensure the structural stability of the building and prepared shop drawings for the carpenters and joiners, implementing a high level of detail into the hospital building for which his work was known.

Born in 1798 in Lebanon, New Hampshire, Young was the son of a carpenter and builder. He apparently did not attend college, but had learned construction from his father and through architectural pattern books. By 1829 Young advertised himself as an architect and civil engineer. During the 1830s, Young was an active sole practitioner in New England, primarily designing churches, several college buildings at Dartmouth College, and a number of public buildings (namely the Vermont State Capitol and the Massachusetts Courthouse). In 1837, Young won a design competition for the Boston Custom House that, according to Hamlin, was the most successful attempt of the period to "combine a low Roman dome with a pedimented Greek Doric Order." Constructed between 1837 and 1847, the Custom House "aroused admiration" and catapulted Young onto the national architectural stage. In 1842, Young became one of a select number of architectural advisors who were asked by the government to submit plans as needed for individual projects.⁴⁸ During this period, Young's practice extended across New England and his fame spread widely.

In the 1850s, a population and building boom necessitated the standardization of federal construction projects that at the time were carried out by the Department of the Treasury. To this end, in 1852, then Secretary of the Treasury Thomas Corwin established the Office of Construction within the Treasury

⁴⁵ The following biographical information on Ammi B. Young was compiled from both published and unpublished sources in the vertical files of Architectural Historian Pamela Scott.

⁴⁶ Pamela Scott, Ammi B. Young, unpublished profile.

⁴⁷ Talbot Hamlin, *Greek Revival Architecture in America*, (New York: Dover, 1969), p. 110.

⁴⁸ Lowell Klock, "Ammi B. Young, Supervising Architect of the Treasury, and his 1858 Alexandria Post Office and Custom House," *The Alexandria Chronicle*, Summer 1994, Vol. 2, No. 2., p.2.

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Department to produce adaptable designs for government projects nationwide. In September of that year, Corwin appointed Ammi B. Young as the first Supervising Architect in the newly formed office. During his career, Young designed more than 80 federal structures, of which about 70 were actually built, including a number of Marine Hospitals.⁴⁹ Young served in this capacity from 1852 until 1862 when he was unceremoniously dismissed.

During his career, Young's architectural preference evolved from a pure Greek Revival-style to a more restrained Italianate style. His buildings are often described as having an austerity of wall surfaces and a restrained use of decorative elements. Yet Young is also known for his careful attention to detail, such as in window and cornice molding depths and profiles. Over time, his buildings saw an increased use of metals both for structural (fireproofing) and decorative purposes. (Young favored iron stairs and balconies on his stone buildings and exterior iron trim on his brick buildings.)

In 1862, at a time when public funds were drying up due to the Civil War, a Select Congressional committee was formed to study the expenditures of public monies. The committee found that extravagance in funds was discovered at the Custom House in Charleston and the Treasury Building extension in Washington, D.C., both buildings designed and overseen by Ammi B. Young. The Committee charged Young with accepting construction and material bids that were not the lowest, and of showing unnecessary extravagance. In particular, "capitals for the Custom House had been cut from expensive Italian marble instead of granite as originally intended and at a price in excess of expectations." The Committee further concluded that the Treasury extension was given an expensive heating system that failed and, after consultation with Young's rival architect Thomas U. Walter, the Committee deemed the building's walls structurally weak.⁵⁰ For these stated reasons, Young was dismissed in July 1862 from his position as Architect in the Office of Construction in the Treasury Department.

Prior to the discovery that Young served as Superintendent of Construction on the Naval Hospital in Washington, D.C. from October 1864 until November 1866 little was known about Ammi B. Young's career following his dismissal from Treasury. Based upon his monthly reports on the hospital, however, where Young conscientiously detailed every expenditure and justified every materials purchase and contractor work agreement, he was not at all the profligate person described by the Select Committee.

According to local city directories, in which he is listed as architect until the last year of his life, Young continued to live in D.C. until he died in 1874. In a complete rejection of the earlier accusations against him, the *Evening Star* death notice records of Ammi B. Young, "He was one of the most faithful and upright of public officers and his administration of public affairs was marked by ability and the strictest

⁴⁹ Ibid, p.4.

⁵⁰ Lawrence Wodehouse, "Ammi Burnham Young, 1798-1874," Journal of the Society of Architectural Historians, Vol. 25, No. 4, December 1966, p. 280.

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integrity.”⁵¹ Additional research may further elucidate the later and less well-known career of Ammi B. Young.

Post-Civil War Naval Hospitals of the 19th Century:

The hospital at Washington was the only permanent naval hospital authorized and constructed during the Civil War. However, it should be noted that four temporary naval hospitals were established, including Mound City, Illinois (1862); New Orleans, Louisiana (1863); New Bern, North Carolina (1864); and Port Royal, South Carolina (1864). Typically, the temporary hospitals were housed in existing buildings, such as hospitals and hotels, and were returned to their owners as soon as they were no longer required. In addition, Congress made several appropriations for additions to existing permanent naval hospitals and to the Naval Home in Philadelphia during the Civil War. In 1863, a naval hospital was authorized for the first west coast naval yard at Mare Island, California. The need for this hospital did not arise from the war, but rather from the increasing importance of the Pacific waters. Perhaps because it was not required for the war, the construction of the Mare Island Naval Hospital was deferred until 1870. Further demonstrating the growing importance of the Pacific was the construction of the first a naval hospital on foreign shores, at Yokahama, Japan in 1872. In 1888, a quarantine hospital was constructed at Widow’s Island, Maine. In the same 1864 bill authorizing the construction of the hospital in Washington, Congress authorized the construction of a naval hospital in Kittery, Maine (also known as Portsmouth, New Hampshire). This authorization was repealed later the same year; it was decided that the existing hospital, a house converted to a hospital in 1834, would suffice. A purpose-built hospital was finally constructed at the Portsmouth Naval Shipyard in 1890. This was the final permanent naval hospital constructed in the 19th century.

Comparison of 19th Century Naval Hospitals:

Any comparison of the 19th century naval hospitals is hampered by a lack of complete data. Further research is required to recover images, plans and architects for all eleven original facilities. As noted previously, many have been demolished or substantially altered. To date, the most useful source for comparison is J.D. Gatewood’s Notes on Naval Hospitals, published in 1893. Gatewood provides second-floor plans for each of these eleven hospitals. In the case of the Old Naval Hospital, this is the earliest plan available, as the original plans have not been located. Based on the incomplete information that is available, the hospitals are more striking for their differences than for their similarities. As early as 1811, there were efforts to standardize staffing and procedures for naval hospitals, but there does not seem to have been a similar effort to standardize, or even provide guidance for, naval hospital design in the 19th century. Each hospital had a different interior plan and exterior appearance. The facilities in Norfolk, Virginia, Philadelphia, Pennsylvania, Chelsea, Massachusetts and Brooklyn, New York were constructed of stone. The use of brick for the Washington hospital may have been a cost-saving measure in response to

⁵¹ Obituary, *The Evening Star*, March 14, 1874.

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the exorbitant cost of construction during the war. A number of the hospitals feature inset porches, a feature absent from the Old Naval Hospital.

Each of the pre-war facilities, completed between 1830 and 1838, was designed by a different architect: John Haviland (U.S. Naval Hospital, Portsmouth, Virginia); Alexander Parris, (U.S. Naval Hospital, Chelsea); William Strickland (U.S. Naval Home, Philadelphia); and Martin E. Thompson (U.S. Naval Hospital, Brooklyn).⁵² These men were among the most highly regarded architects of the period. There are some indications that in the Civil War and post-Civil War period, favored architects may have been given repeat or concurrent commissions. For example, John McArthur was selected to design a hospital addition to the U.S. Naval Home (1868) and was selected to design the Mare Island Hospital (1870). In 1866, Ammi B. Young, having just served as Superintendent of Construction for the Old Naval Hospital, was asked to present a proposal to design and provide plans for a new Naval Hospital at the Naval Academy.

Interestingly, a group of mid-19th century marine hospitals do adhere to a standardized plan. Seven hospitals constructed on the Mississippi and Ohio rivers between 1837 and 1860 were based on the 1837 Robert Mills plan that in 1845 was substantially amended by Dr. Thomas Lawson, the Surgeon General of the Army:

The principal features of Mills' designs included a central block with flanking wings that projected at four corners giving the impression of corner towers. The three-story structures, which included a raised basement, had slightly recessed colonnaded balconies across the front and back between the wings. The five bay main block of the 100-bed design was reduced to three bay in the 50-bed hospital. The 100-bed façade was finished in a Classical style, the 50-bed façade was detailed in a Gothic Revival style. On the interior, a central hall running from front to back was intersected by a wide longitudinal corridor running from one end of the hospital to the other on the principal floors. Wards and other rooms opened off this corridor to either side, providing, as Mills pointed out in his letter, ventilation from both sides. Another valuable feature of his arrangement of wards was that access to each was obtained directly from the main passageways, precluding the need to pass through one ward on the way to another.⁵³

A number of other marine hospitals of the period used variations on this plan. Many of these hospitals were designed and constructed under Ammi B. Young's direction, as Supervising Architect of the U.S. Treasury Department.

The Old Naval Hospital does not reflect the trend toward the pavilion plan that had been championed by the U.S. Sanitary Commission and adopted by the Union Army during the Civil War. The plan of the 50-bed Old Naval Hospital is similar to the Mills-Lawson plan marine hospitals in that it consisted of a block with a wide central hall and a narrower intersecting longitudinal hall, dividing each floor into quadrants.

⁵² The architect of the Pensacola Naval Hospital is not known to the authors.

⁵³ Brooks, "U.S. Marine Hospital, Louisville, Kentucky," p. 14.

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The wards were each accessed directly from the hallway, rather than through each other, although they also had connecting doors between them. The pavilion plan originated in Europe, was improved throughout the mid-19th century, field-tested in the Crimean War and advocated by Florence Nightingale. While a full understanding of the communication of disease would take several more decades, the plan reflected concerns about limiting the airborne spread of disease by segregating populations and providing adequate ventilation. In the pavilion-plan hospital, wards were located in separate pavilions, connected by a corridor to an administrative building. Any number of wards could be arrayed in a variety of patterns. Some Civil War army hospitals, such as Lincoln Hospital, located several blocks to the north of the Old Naval Hospital were composed of vast numbers of tent pavilions arrayed in radial or parallel series, providing up to 500 beds. Ideally, the pavilion was only one story and had a ridge vent to promote air circulation.

Clearly, a sprawling, pavilion-plan hospital would not have been possible on the confined site that was available for the naval hospital in Washington; a more compact building footprint was required. However, the Old Naval Hospital does reflect careful planning with regard to the comfort and health of the patient. In his 1867 medical register, Joseph Toner described the building as “constructed with all the modern improvements in heating, ventilation and sewerage.”⁵⁴ Attention was given to the number of cubic feet of air space available per bed, to the size and number of windows and to other modes of ventilation. As late as 1893, J.D. Gatewood spoke approvingly of the hospital’s ventilation:

In spite of the plan of this building, the ventilation is remarkably good. The large number of window, the walled duct under the hospital communicating at each end with the outside air, and discharging into stacks containing the steam pipes, and the ventilators throughout the building near floors and ceilings, accomplish and excellent result.⁵⁵

A technical report for the rehabilitation of the hospital prepared in 2002 describes the ventilation/heating system as possibly “a state- of-the-art and somewhat experimental system:

What remains of an early system, although not necessarily original, is a combination of radiant and convection piping and masonry shafts. Conjecture of this system describes it as a boiler located in the basement that circulated hot water or steam through piping located at the basement level of masonry shafts that extend to the attic level. These pipes would heat the air in the shafts and encourage natural convection of the heated air to draw air through the building and ventilate it through the central attic ventilator. Grilles in the walls (both high and low) and floors of the first and second floors would tie into this ventilation system. It was almost certainly not the only source of heat. Stoves were likely to have been located within rooms to provide radiant heating. This system would have relied on air infiltration through door undercuts and open windows.⁵⁶

⁵⁴ Toner, Medical Register of the District of Columbia, p. 42.

⁵⁵ Gatewood, Notes on Naval Hospitals, p. 278.

⁵⁶ Friends of the Old Naval Hospital, Rehabilitation of the Old Naval Hospital: A Technical Report (Washington, D.C., January 30, 2002), p. 29.
Available at <http://www.oldnavalhospital.org>.

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The wards, located on the first and second floors, were spacious and had fourteen-foot ceilings. The larger wards measured eighteen feet by thirty-five feet and the smaller, twenty-two by twenty-four feet.

According to Gatewood, as designed, the hospital provided each bed with 1153 cubic feet of air. Each ward had windows on two sides, providing ventilation and light. Sanitary amenities incorporated into the design of the Old Naval Hospital included the bathrooms, with sinks, toilets and tubs, adjacent to wards on the first and second floors. Additional original amenities included gas light and running water.⁵⁷

The Old Naval Hospital has had remarkably few alterations and, to an unusual degree, retains the ability to convey a sense of the original Civil War-era hospital. Early alterations focused on improving the mechanical systems. In 1868, two large tanks were added in the third or attic story to improve the water supply.⁵⁸ In 1892, a Loomis filter was added to improve the quality of the water. In the same year, a new steam heating system with radiators was installed.⁵⁹ The largest single renovation occurred to accommodate the conversion to a school for the Hospital Corps in 1907. The drawings for this renovation program show that the interior configuration remained largely unaltered and only minor changes were made to support the new uses.⁶⁰ For example, a former ward on the first floor was converted to a lecture hall by the addition of a lecture stand at the front and lockers and bookcases at the rear. Dormitories were inserted in the attic story by installing rows of iron stanchions from which hammocks were hung. (The hammocks were intended to provide the trainees with a taste of shipboard accommodations.)⁶¹ Lockers for personal belongings were added to the rear half of the wide central hall between the two large dorm rooms. No additions were made to the exterior of the hospital building at this time. The open wagon sheds on the north and south sides of the stable were enclosed with brick at some point in the 20th century.

History of Use as Hospital:

Despite the delayed opening of the hospital, the first patient was a casualty of the Civil War. Benjamin Drummond, a 24-year old, "colored" seaman, was wounded in a battle off the coast of Texas and was captured and sent to a Confederate prisoner of war camp. He escaped and was treated in a hospital in New Orleans. On release, he reenlisted in the U.S. Navy. Subsequently, his wound reopened and he was sent to the temporary naval hospital St. Elizabeth's. October 1, 1866, opening day, Drummond was transferred to the new U.S. Naval Hospital, Washington.⁶² The numbers of patients varied with the years. From a high of 181 patients in the first year of operation, the numbers fell to an average of 110 men in the following years.⁶³ According to J. D. Gatewood, the most patients ever treated at one time was 63, in 1871. This was thirteen more patients than provided for by the original 50-bed plan. However, Gatewood also reported

⁵⁷ Gatewood, Notes on Naval Hospitals, p. 278.

⁵⁸ Report of the Secretary of the Navy, Message of the President of the United States to the Two Houses of Congress, 40th Congress, 3rd Session, Volume 4, (Washington: Government Printing Office, 1868), p 143. These tanks were later removed.

⁵⁹ 1892 Report of Bureau of Medicine and Surgery, p. 593 (Robinson & Associates vertical files, Washington, DC).

⁶⁰ "Old U.S. Naval Hospital" plans, May 1907, [Cartographic Record], RG 7, Series 521, National Archives at College Park, College Park, MD.

⁶¹ 1908 Report of the Surgeon-General, U.S. Navy, p. 859 (Robinson & Associates vertical files, Washington, DC).

⁶² "Benjamin Drummond--The First Patient," http://www.oldnavalhospital.org/fpt_main.html.

⁶³ McGhee, Historic Structures Report, p. 8.

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that by 1893, the number of available beds had been reduced to 26.⁶⁴ Oddly, the numbers of patients appeared to climb again around the turn of the century, with 341 treated in 1904.⁶⁵ The daily average of 34.36 for that year suggests that the number of beds had again been expanded or that the hospital was treating at least some patients on an outpatient basis. The Friends of the Old Naval Hospital are building a database of admitted patients and the ailments for which they were treated. The records for the years 1866 through 1869 have been completed. The listed ailments range from mild, such as a sprained ankle and tonsillitis, to severe, such as syphilis and consumption.⁶⁶

As early as 1875, the Old Naval Hospital was considered for closure. That year, the House Naval Affairs Committee presented to Congress their study of all naval facilities with the recommendation that a number of these be consolidated into a “few well-provided establishments,” to increase efficiency and decrease costs.⁶⁷ The report recommended closing both the Washington Navy Yard and the Washington Naval Hospital. It noted that all sailors coming to Washington pass by the Norfolk Naval Hospital and could be more economically treated there. The Annapolis Naval Hospital and the U.S. Naval Home at Philadelphia were also recommended for closure.⁶⁸ Little appears to have come of these recommendations. However, by the end of the 19th century, the hospital was again under consideration for closure. In 1902, the Annual Report of the Navy, the Surgeon-General of the Navy described the nearly forty-year-old facility as, “antiquated and insufficient.” Rather than recommending a complete renovation, he argued for an entirely new facility, explaining, “[f]or many years a need has been felt for a naval hospital in Washington commensurate with the importance and dignity of the station.”⁶⁹

No longer an undeveloped backwater, Washington, D.C. had been transformed in the years following the close of the Civil War into a true national capital, replete with fine classical buildings and model institutions. Square 948, containing less than an acre and located in the unfashionable Southeast quadrant of the city, would not be a desirable site for a new, state-of-the-art facility. Thus, in 1902, Congress appropriated \$125,000 for the construction of a new naval hospital on the spacious grounds of the Museum of Hygiene and Medical School at 23rd and E Streets, Northwest. Designed by Ernest Flagg, the new Washington Naval Hospital opened in 1906. This new hospital was replaced in 1940 by a 1,200-bed tower in Bethesda, Maryland. The Bethesda Naval Hospital is the flagship of the U.S. Navy’s medical system.

In spite of the construction of a new naval hospital in Washington, the Old Naval Hospital continued to be used as a hospital through 1911. Although it was suggested that the Old Naval Hospital property should be sold as excess, it was soon clear that it would be necessary to continue its use as an “annex” to the new hospital. Appropriations to complete the new hospital had not come through as anticipated and a pavilion

⁶⁴ Gatewood, Notes on Naval Hospitals, p. 278.

⁶⁵ 1905 Report of the Secretary of the Navy, p. 1196 (Robinson & Associates vertical files, Washington, DC).

⁶⁶ “Records of Patients—Naval Hospital, Washington, DC,” http://www.oldnavalhospital.org/pr_main.html.

⁶⁷ 43rd Congress, 2nd Session, 1874-1875, Reports of the Senate Committee on Naval Affairs, No. 565, p. 3.

⁶⁸ *Ibid.*, p. 15

⁶⁹ 1902 Report of the Surgeon-General, U.S. Navy, p. 931 (Robinson & Associates vertical files, Washington, DC).

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and an isolation ward had yet to be constructed. Thus, the Old Naval Hospital remained open beyond the opening of the new hospital, primarily used for infectious cases.⁷⁰ While serving as an annex, a new use was identified for the old hospital; it would become the new home of the Hospital Corps Training School. The 1907 plans for the adaptation of the hospital to training school already refer to the building by what has become its common name, the Old Naval Hospital.

Hospital Corps Training School:

Enlisted men had long assisted naval doctors with nursing, dressing wounds, preparing and dispensing medicines and other tasks. However, by the end of the 19th century there was a growing desire to professionalize the provision of medical care in the field. The position of the enlisted medical assistant had not been formally recognized with a title or rank or with a standardized course of training. On June 17, 1898, in the midst of the Spanish-American War, Congress approved a bill to provide for a Hospital Corps within the Navy. A school for corpsmen was established in 1902 at the naval hospital in Portsmouth, Virginia (renamed Norfolk Naval Hospital). The students were trained in disciplines necessary to the Navy and to medicine. The facility at Norfolk Naval Hospital was not felt to be adequate and the Old Naval Hospital was selected as the new site for the Hospital Corps Training School. In 1907, dormitories were added to the third story of the Old Naval Hospital and minor alterations made elsewhere to accommodate the new use. The hospital continued to serve patients. Emergency cases from the Navy Yard and Marine Barracks were directed to the Old Naval Hospital where they were treated by the trainees, under the supervision of the medical staff.⁷¹ Three wards on the second floor wards remained in use for patients. By arrangement with the Marines, the trainees drilled on the parade grounds at the nearby Marine Barracks. The first corpsman class in Washington, D.C. began training on October 1, 1907 and graduated in January 14, 1908.⁷² However, by 1909, the Old Naval Hospital was deemed inadequate. The hospital grounds did not provide enough room for the trainees to drill and the temptations of the surrounding neighborhood made it difficult to maintain discipline among the men. A less urban and more secure site was required. The 1909 report of the Secretary of the Navy recommended that the school be moved to the campus as 23rd and E Streets, where the Naval Medical School and the new naval hospital were located.⁷³ In 1911 the Hospital Corps Training School closed after graduating seven classes. With the departure of the school, the Old Naval Hospital ceased to function as a hospital.

Subsequent Uses:

Following the closure of the Hospital Corps Training School, the Old Naval Hospital has served a variety of uses and periodically has been threatened with demolition. From 1911 to 1921, the building was used as the headquarters of the Naval Reserves and as the Navy Records and Clerical Center. During World War I, it was used for medical exams for recruits. In 1922, the building was leased to the Board of Management of the Temporary Home for Union

⁷⁰ 1905 Report of the Surgeon-General, U.S. Navy, pp. 1195-1196 (Robinson & Associates vertical files, Washington, DC).

⁷¹ 1908 Report of the Surgeon-General, U.S. Navy, p. 893 (Robinson & Associates vertical files, Washington, DC).

⁷² Ibid., p. 859

⁷³ 1909 Report of the Surgeon-General, U.S. Navy, p. 871 (Robinson & Associates vertical files, Washington, DC).

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ex-Soldiers, Sailors, and Marines, Department of the Potomac. Run by the Grand Old Army of the Republic, the Temporary Home provided temporary living quarters for veterans who came to Washington to seek hospital benefits, pensions and compensation claims. The men were allowed to stay up to ten days for free while they pursued their claims, as long as they followed house rules and assisted with daily chores. The operating costs for the home were provided by contributions from veterans' organizations and Congressional appropriations. After 1947, Congress ceased appropriating funds and instead required the government of the District of Columbia to do so. The home remained open until 1963, when the District government refused further funds. In its later years, its name was changed to Temporary Home for Veterans of all Wars. During its forty years of existence, the Temporary Home provided shelter to thousands of veterans, including men who served in the Civil War, Spanish-American War and both World Wars.⁷⁴ Although this amendment proposes a period of significance extending from 1865–1911, covering the period during which the building served as a naval hospital, additional research could support extension of the period of significance to include the use as a Temporary Home for Soldiers, Sailors, and Marines.

After the closure of the Temporary Home, the District government has used the Old Naval Hospital for a variety of program, including as a site for training police dogs and as a satellite service center for the Department of Human Services. More recently, it was leased to a private agency, Center for Youth Services. The hospital building is currently unused, except for the occasional Advisory Neighborhood Council meeting. For a number of years, the stable has been used by Community Action Group-Holy Comforter-St. Cyprian (CAG) for community programs. CAG is expected to vacate as soon as suitable alternative space is located in the neighborhood.

Ownership:

In 1960, the Navy declared the hospital surplus property to the General Service Administration. In 1962, the General Services Administration transferred control to the Commissioners of the District of Columbia. Although administered and maintained by the District government, Office of Property Management, the property remains in the ownership of the U.S. government. An agreement is in place to transfer ownership of the property to the District government. The District's Office of Property Management (OPM) sought proposals for a long-term lease of the property. In August 2007, OPM accepted the Old Naval Hospital Foundation's proposal to restore the building for use as the Hill Center, a campus-like setting for lifelong learning, cultural enrichment and community life. It is the intent of the Hill Center to preserve the original materials, appearance and configuration of the historic property to the greatest extent possible.

Rehabilitation Plans:

The rehabilitation plans anticipate taking advantage of the federal tax credit program that will ensure the preservation of the configuration and character defining features of the property. The plans call for a

⁷⁴ McGhee, Historic Structures Report, p. 12.

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complete exterior restoration of the hospital to include repair and retention of the existing brickwork, wooden windows, cornice, wooden and ironwork porches, ironwork steps and slate roof. The original wooden railing at the top of the roof will be replicated and the rooftop mechanical appurtenances will be removed. An accessible entrance will be added to the west side at the basement level. The building will be painted to correspond to the color scheme seen in early photographs, with a light body and dark trim. The interior configuration and features will be retained and restored to a large extent, including wood floors, woodwork, and plaster walls and ceilings. The original central stairway will be retained, but fire code requires the addition of a second stairway, which will be inserted in a secondary space. In addition, an elevator with minimal rooftop override will be installed.

The stable will be rehabilitated to serve as a café. A glass extension is proposed for the east elevation of this building, to provide additional space. To the extent possible, stable plan, hardware and fittings will be retained on the interior. The cast iron fence will be restored. Missing sections will be recast and reinstalled. The cast iron gazebo will be restored.

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Annual Report of the Secretary of the Navy. Washington: Government Printing Office. For the fiscal years, 1830, 1861-1868, 1892-1909.

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United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section 9 Page 2

U.S. Naval Hospital, Washington

Name of Property

Washington, D.C.

County and State

U.S. Senate, 43rd Congress, 2nd Session, Naval Affairs: No. 565.

RG 7, Series 521, [Cartographic Record], National Archives at College Park, College Park, MD.

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RG 52, Entry 7, Letters Received, October 1864, National Archives Building, Washington, DC

RG 52, Entry 1, Letters Sent, 1864-1866, National Archives Building, Washington, DC

Newspaper Articles

Obituary, *The Evening Star*, March 14, 1874.

Baltimore Sun, January 3, 1866.

Unpublished Documents

Adams, George R. and Ralph Christian. National Register of Historic Places Registration Form, "Washington Navy Yard," (June 19, 1973).

Brooks, Carolyn. National Historic Landmark Registration Form, "United States Marine Hospital, Louisville, Kentucky," (September 25, 1997).

Friends of the Old Naval Hospital. *Rehabilitation of the Old Naval Hospital: A Technical Report* (Washington, D.C., January 30, 2002), p. 29.

Ganschinetz, Suzanne. National Register of Historic Places Registration Form, "Old Naval Hospital," (May 3, 1974).

R. McGhee & Associates. Historic Structure Report: The Old Naval Hospital. Prepared for the District of Columbia Center for Youth Services, Washington, DC, June 30, 1994.

Vertical Files

"Old Naval Hospital." Vertical File. Robinson & Associates.

"Ammi B. Young." Vertical File. Pamela Scott.

Web Sites

<http://www.oldnavalhospital.org>

U.S. Naval Hospital, Washington
Name of Property

Washington, DC
County and State

10. Geographical Data

Acreage of Property .705 acres

UTM References

(Place additional UTM references on a continuation sheet)

The figure consists of six subplots arranged in a 2x3 grid. The columns represent 'Zone', 'Easting', and 'Northing' coordinates. The rows represent two levels: Level 1 (top row) and Level 2 (bottom row). Each subplot contains vertical bars at specific coordinate values. For example, in the 'Northing' column at Level 1, there are bars at 4, 3, 0, 5, 6, 8, and 5.

See continuation sheet

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Elizabeth Hannold and Kim Williams

Organization Historic Preservation Consultant date May 18, 2009

street & number 139 12th Street, SE telephone (202) 544-5896

city or town Washington state DC zip code 20003

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

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

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

Photographs

Representative **black and white photographs** of the property.

Additional Items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO)

name General Services Administration, National Capital Region

street & number _____ telephone _____
city or town Washington state DC zip code _____

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

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Name of Property

Section 10 Page 1

County and State

Verbal Boundary Description:

The property is bounded on the north by Pennsylvania Avenue, on the east by 10th Street, on the south by E Street, and on the west by 9th Street in the southeast quadrant of Washington, DC and consists of the entirety of lot 802, Square 948.

+

Boundary Justification:

The boundaries encompass the entirety of lot 802 (formerly lots 1, 2, 3 &4), Square 948 which was the original property on which the hospital was constructed in 1865-1866. The perimeter of this property is surrounded by the original ironwork fence.

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