

**United States Department of the Interior
National Park Service**

National Register of Historic Places Continuation Sheet

Section number _____ Page _____

SUPPLEMENTARY LISTING RECORD

NRIS Reference Number: 96000954 Date Listed: 09/13/96
Portsmouth Cottage Hospital Rockingham NH
Property Name County State
N/A
Multiple Name

This property is listed in the National Register of Historic Places in accordance with the attached nomination documentation subject to the following exceptions, exclusions, or amendments, notwithstanding the National Park Service certification included in the nomination documentation.

for Robert L. Sarge
Signature of the Keeper

9/13/96
Date of Action

Amended Items in Nomination:

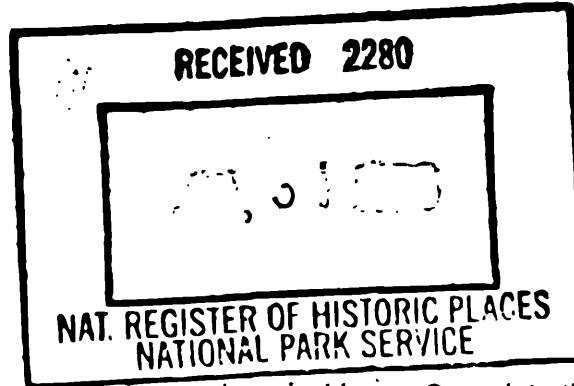
5. Classification: Category

Building(s) is the appropriate category for this property.

This information was confirmed with Christine Fonda, National Register Coordinator, NPSHPO, by telephone.

DISTRIBUTION:
National Register property file
Nominating Authority (without attachment)

United States Department of the Interior
National Park Service



JUN 24 1996

National Register of Historic Places Registration Form

This form is for use in nominating 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 an 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 Portsmouth Cottage Hospital

other name/site number Portsmouth Hospital

2. Location

street & number Junkins Avenue NA not for publication

city or town Portsmouth NA vicinity

state New Hampshire code NH county Rockingham code 015 zip code 03801

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, 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.)

Nancy C. Muller 7/25/96
Signature of certifying official/Title Date

NEW HAMPSHIRE
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 the property is:

- entered into 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:) _____

for Signature of the Keeper Beth Savage Date of Action 9/13/96

Portsmouth Cottage Hospital
Name of Property

Rockingham, NH
County and State

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	
3	0	buildings
0	0	sites
0	0	structures
0	0	objects
3	0	Total

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

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions)

Health Care: hospital

Current Functions
(Enter categories from instructions)

Vacant/Not in use

7. Description

Architectural Classification
(Enter categories from instructions)

Georgian Revival

Materials
(Enter categories from instructions)

foundation brick, stone
walls brick
roof slate
other N/A

Narrative Description

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

Portsmouth Cottage Hospital
Name of Property

Rockingham, NH
County and State

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 patterns of our history.
- B** Property is 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 last 50 years.

Areas of Significance

(Enter categories from instructions)

Health/Medicine

Architecture

Period of Significance

1895-1945

Significant Dates

1895

1921

1925

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Harry B. Ball

Robert Coit (additions)

Narrative Statement of Significance

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

9. Major Biographical References

Bibliography

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

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National 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:

Portsmouth Cottage Hospital
Name of Property

Rockingham, NH
County and State

10. Geographical Data

Acreage of Property approximately 4 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1

1	9	3	5	7	1	4	0	4	7	6	9	9	4	0
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Zone Easting Northing

3

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Zone Easting Northing

2

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4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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 Lynne Emerson Monroe and Kari Ann Federer

organization Preservation Company date May 1996

street & number 5 Hobbs Road telephone (603) 778-1799

city or town Kensington state NH zip code 03833

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 City of Portsmouth

street & number 1 Junkins Avenue telephone (603) 431-2000

city or town Portsmouth state NH zip code 03801

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing for 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 Budget, Paperwork Reduction Projects (1024-0018), Washington, DC 20503.

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Portsmouth Cottage Hospital
Rockingham County, NH

7. Description

The Portsmouth Hospital complex is located on Junkins Avenue in Portsmouth's South End, just outside of the downtown area. The 9.2 acre property (of which approximately four acres is being nominated) encompasses a prominent knoll above the south side of the South Mill Pond, over which Junkins Avenue passes on a causeway, and is oriented toward the pond and the city beyond. The front lawn (north) slopes to the water, while in the rear the ground slopes with a series of flat paved parking areas to South Street.

The focal point of the complex is the original Portsmouth Cottage Hospital built in 1895 (with additions from 1921, 1925, and the 1950's), located in the northwest corner of the property. The Cottage Hospital is located on the highest point of the knoll, and dominates the view of the complex from the street and from downtown Portsmouth. The long, narrow building is oriented laterally to the pond, with its narrow end to Junkins Avenue. To the south is the 1921 Power House and a small wood frame garage which, together with the hospital, comprise the nominated buildings. Immediately east of the east end of the Cottage Hospital, though not part of the eligible grouping, are the 1928 Nurses Home (also known as the Administration Building) and the 1934 Seybolt Maternity Building, which are connected to each other by a short wing, forming along narrow building at a right angle to the Cottage Hospital. Connected to the north end of these buildings, filling the northeast corner of the lot, is the large 1962 Hospital Building. (These buildings now serve the city as a municipal complex, containing City Hall, the police department, social services.)

The 1895 Cottage Hospital is a three-story brick structure, consisting of a three story, five bay central block, with short three-story passageways projecting from each side and connecting to two three-story, 5 X 2 bay pavilions. The central block and pavilions have hip roofs and the ridge of the central block is topped by a cupola. A square brick elevator shaft with a pyramidal hip roof is located on the front of the eastern connector. Projecting from the east end of the building is a three-story wing, the upper two stories of which are glass-enclosed solariums. A similar three story extension projects from the rear (south) elevation. The building is essentially symmetrical with the central section balanced by two identical pavilions on either side. The entire structure is of brick with contrasting light trim including brick corner quoins (currently painted yellow); all roofs are slate.

The existing Cottage Hospital building is the result of four building campaigns. The building's footprint, the lower two stories of the central block and the ground floors of the pavilions date from the building's construction in 1895. The original sections are indicated in the variations in the brickwork of the upper and lower stories. The elevator shaft dates from 1900 (Kimball-Chase 1994:Fig. 2). The upper two stories of both the eastern pavilion and the connection to the main block were added in 1921, and were originally topped by a cornice and parapet around a flat roof. The full third story of the central block and the second and third stories of the western pavilion and connections date from 1925. All sections received hip roofs at this time, including the east pavilion

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Portsmouth Cottage Hospital
Rockingham County, NH

7. Description (continued)

(Kimball-Chase 1994:Fig. 3). The ground floors of the eastern and southern projections were also built in 1925 as operating suites. The second and third story solariums were added to both in the 1950's.

The central block is five bays wide with entries centered on both north and south elevations. The lower two stories retain their 1895 materials and their essential appearance. The original 2¹/₂ story central building had a high hip roof with dormers topped by a balustrade, with pairs of brick chimneys on each end wall. The full third story, hip roof and the crowning octagonal cupola with dome roof date from 1925. At that time, the emphasis on the building's central axis was reinforced by changes to the central bay of the facade. The original entry porch was moved to the rear and replaced, the windows in the flanking bays were made narrower, and the central second and third story windows were dropped below the others. An original two story open porch was also removed from the rear (south) elevation at that time.

This portion of the building is supported by a high brick foundation. Basement windows have six panes and splayed brick lintels. The bearing walls are brick with interior concrete columns and beams (Whitman and Howard Inc. 1987:II-1). The brick walls are defined by quoins, which are painted bricks. These are original and were extended to the upper story in 1925. Above the foundation is a painted water table. A limestone drip course surrounds the building under the third story windows. The first story windows on both north and south elevations are set in slightly recessed arched panels, framed by painted brick trim (original to 1895). Within the arches, the windows have limestone sills and splayed brick lintels with keystones. All windows have wooden double-hung sash, mostly 6/6. The windows flanking the front entry are narrower with 4/4 sash, while above the rear (south) entry is a paired window with 4/4 sash. The window in the stair hall above the front entry is dropped below the others, as is the tall arched window above (these date from 1925). The existing front entry porch (1925) is a simple wooden porch with a flat roof with projecting cornice above and entablature supported by four fluted Ionic columns, two of which are engaged on the wall. The columns are supported on brick parapets, which form the side walls of the marble steps. One side of the porch is enclosed with a railing of turned balusters; these are missing from the other side (they are stored inside the building). The entry contains double panel doors glazed with rectangular lights. The original entry porch, moved to the south elevation in 1925, has a pedimented gable roof, above a frieze with dentils, supported by paired Doric columns. The porch is supported by a brick base and has brick steps with iron railings. This rear entry has a door with two horizontal panels topped by four large horizontal lights. Currently large rectangular brick chimneys, project from various places on the roof.

Projecting from both sides of the central block (east and west) are short connecting wings, which are three stories high and three bays long. These connections were originally one story "breezeways," with glass roofed sun porches on the rear. These solariums were filled in and raised to three stories when their respective pavilions were

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Portsmouth Cottage Hospital
Rockingham County, NH

7. Description (continued)

enlarged. On the front of the east wing is the 1900 elevator tower, a four-story, square brick structure with pyramidal hip roof. The windows in the single bay, trimmed like those on the main block, decrease in size from bottom to top. This structure also has brick quoins, but they are no longer painted. An entry located on the east side of the elevator's base, in a recessed area sheltered by a flat hood on wooden brackets. The brick steps leading to this entry have collapsed. The west wing, expanded in 1925, has windows with double-hung 6/6 sash and splayed brick lintels.

The facades (north elevations) of the east and west pavilions are identical, though only the ground floors date from the same building campaign (1895) when both pavilions were one story with hip roofs. The upper two stories of the west pavilion were made to match those of the east when they were added in 1925, and the hip roof added to the east pavilion at that time created a uniform, symmetrical appearance. Both pavilions are supported by rubble masonry foundations, with brick above grade. The ground floor windows (1895) on the pavilions have brick sills and lintels, without keystones. The upper windows (1925) imitate those on the central block, with splayed brick lintels and keystones. On the exterior of the west end wall is a three story metal fire escape.

One story operating suites were added to the end of the east wing and to the rear (south) elevation in 1925. In the 1950's two additional stories of solariums were added on top of each. Both now have flat roofs covered with tar and gravel (Kimball-Chase 1994:Fig. 2; Tappé 1994). The eastern operating suite is of brick construction on the lower two stories and wood frame on the third. The first floor (1925) is a plain rectangular brick structure, with a large plate glass window on the facade and a large multi-pane glass block window on the rear, to provide light to the operating room. The second story (1950's) is brick with large segmental arched openings with decorative brick work at the lintels. Rows of vertical eight pane casement sash provide light in the solariums. The third story is wood frame construction with panelled parapet, wide corner posts and a projecting cornice under the roof. The walls are enclosed by rows of vertical eight pane casement windows with pairs of lights above each. Inside the solarium area, on the east end wall of the main pavilion is a metal fire escape between the third and second stories. The southern operating suite projects from the south elevation of the connecting wing between the main block and east pavilion. The first story (1925) is brick with corner quoins and windows with 6/6 sash. The upper floors (1950's) are solariums with continuous brick piers at the corners, with wooden panels between. The windows have eight and six pane casement sash with pairs of lights above each, like those on the eastern solariums.

The main entry (north) leads through a short entry hall to an octagonal center hall with a domed roof. The architectural details are simple. Original engaged columns mark each corner of the octagon and support molded cornices under the ceiling. The ceiling has been covered with acoustic tiles. Original glazed doors are intact in doorways with segmental arch or transomed tops. Some of the combination gas and electric fixtures are intact, as are early radiators. Modern lighting fixtures are currently in use. Walls are painted plaster (exact composition was not identified), trim is minimal, metal strips at the

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Portsmouth Cottage Hospital
Rockingham County, NH

7. Description (continued)

baseboard. Floors are carpeted and scrapings were unable to identify the surface. Wall and floor surfaces are extremely solid and impenetrable, according to sanitation dictates. If they have been changed from the original, no records can be found. Rooms are located in each corner, opening off of the octagon, separated by the cross formed by the front and rear entries and the main corridors leading east and west. The original reception room was to the left (east) of the front entry, in the northeast corner. The eleven by twenty-one foot room had three windows, a handsome fireplace with tile facings against a brick backing, and oak trim. The walls were painted a delicate pink. (Dodge and Dodge 1896) The fireplace is intact, but not the tile facing. In the corner of this room, facing the lobby is a small triangular room, which served as the dispensary. The southwest corner of the main block contains the two rooms, which were originally the superintendent's quarters, consisting of an office and bedroom. Both rooms are extant. One of the original fireplaces remains, but its surround has been removed, leaving only the brick opening. The two apartments in the northwest corner retain none of their original 1895 quartered oak trim, open brick fireplaces or folding walls (Dodge and Dodge 1896).

The eastern wing of the hospital, known as the "Bilbruck Pavilion," originally contained an eight-bed men's ward. The room originally had eight windows, eight ventilators, an open fire place, three radiators and two chandeliers (Dodge and Dodge 1896). This area is no longer open as a ward, but has been divided into smaller office spaces. There is no evidence of the original appearance or function of the other rooms originally housed in this wing, including two private rooms and the ward pantry (Dodge and Dodge 1896).

The western wing was known as the "Kimball pavilion." It originally included the women's sun room, the woman's ward, a single private room, the 16' x 22' operating room, the doctors' office, a bath room and water closet, linen closet and the ward pantry (Dodge and Dodge 1896). The arrangement of these rooms appears intact, but no details survive. The stair hall to the upper stories, with original metal staircase intact, is located to the west of the main entrance, lit by the Palladian windows above the entry. On the second floor, at the head of the stairs, was a three-bed women's ward, the children's ward, and more private rooms. The children's room is not recognizable, but the ward pantry intact, with its cabinets and counters, and dumb-waiter.

The third floor of the main block now contains some of the most intact single rooms, each containing a closet and original light fixtures. Although there were five nurses rooms under the dormered roof of the original 1895 building, these rooms probably date from the 1925 remodelling, when the third floor was raised and the roof changed. The third story of the west pavilion contains two large ward rooms, complete with air shafts, which date from the 1925 remodelling. The original elevator remains intact, with the car located on the basement level, presently used for storage. A brass plate on the car indicates that the elevator was manufactured by the F.S. Payne Co. The machinery for operating the elevator is also extant nearby, including the electric relays.

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Portsmouth Cottage Hospital
Rockingham County, NH

7. Description (continued)

Service areas in the basement, which originally included the kitchen, dining and sleeping rooms for the help, the laundry room and drying chambers, and storage closets, are intact, though their original functions are not clear. A tunnel extends from the east end of the 1895 Cottage Hospital basement, to the basement of the Seybolt Maternity Building, and was apparently built along with the latter in 1934.

The boiler house (1921) is a two-story, brick, hip-roofed building capped by a monitor. Modern equipment in the building continues to heat the complex. The yellow brick boiler stack has been repointed and is in good condition. It is topped by lightning rods (Whitman & Howard, Inc. 1987:II-8). The three-bay, wood-frame garage with hip roof, immediately south of the boiler house was also built in the early 20th century.

A terraced front lawn extends from the front of the Cottage Hospital down to the shore of the millpond. The western edge of the property along Junkins Avenue is also lawn, with a mortared stone retaining wall (1895) along the street. Mature plantings are scattered around the site, along with more recently planted trees and shrubs. Except for the lawn above the mill pond and around the west end of the Cottage Hospital, those areas of the parcel not occupied by buildings have been paved for parking and/or access. Parking lots are located on the flat ground along the front and rear of the Cottage Hospital. Additional parking on the parcel extends toward South Street. A driveway leads in from Junkins Avenue, along the hillside in front of the Cottage Hospital, with forks curving up hill to the parking lot, and continuing across the front of the 1962 Hospital to the service area in the far northeast corner of the property. To the rear (south) of the Cottage Hospital another driveway leads up the slope and curves into the parking lot. Additional parking lots on broad terraces extend toward South Street. In the corner of the Junkins Avenue-South Street intersection in the far parking lot was the helicopter pad; the paint is still visible.

8. Statement of Significance

The Portsmouth Cottage Hospital is eligible for the National Register under Criteria A and C. It possesses integrity of location, design, setting, materials, workmanship, feeling and association for the period from 1895, the date of original construction, to 1945, the fifty-year cut-off date. The property is historically significant in the area of Health and Medicine. The Portsmouth Cottage Hospital was built early in the development of the hospital movement, through philanthropic endeavors by Portsmouth residents. It served as the primary medical facility in the city for over fifty years, from 1895 through the first half of the 20th century. The Portsmouth Cottage Hospital is architecturally significant as a Georgian Revival style, pavilion form hospital facility. The design was influenced by the work of local physician Dr. Arthur Heffenger, a regionally recognized expert on modern hospital building, however his ideas were modified due to cost constraints. Subsequent additions to the building included the elevator tower (1900), the expansion to

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Portsmouth Cottage Hospital
Rockingham County, NH

8. Statement of Significance (continued)

three stories, and the addition of operating rooms (1921 and 1925). These alterations made during the period of significance, reflect the developments in the field of health care; the resulting property documents the growing demand for hospital care, changes in nursing, surgical procedures, and patient care.

Historical Background and Significance:

The historical development of the Portsmouth Cottage Hospital was very much a part of the larger national trends in health care. The Portsmouth Cottage Hospital was established in 1884, and moved to this site in 1895, when the first building of the existing complex was constructed. It was one of two hospitals that opened in New Hampshire in 1884, the first in the state.

The modern hospital developed out of the almshouse tradition, and from conditions created by life in the growing cities, with the earliest hospitals representing "the convergence of long-established local traditions of public and private philanthropy for the sick" (Estes and Goodman 1986:203).

The earliest hospitals, dating back to ancient Greece, were military institutions, providing a necessary function in times of war. Later, monasteries and other religious institutions included medical facilities for their members as well as for the poor. By the 18th century, public health care was provided to the poor, to veterans, to prison inmates, and also to people afflicted with disease in epidemics, while other hospitals housed the insane and others who could not care for themselves (Estes and Goodman 1986:149). The earliest hospitals in America, the Pennsylvania Hospital established in 1755, the New York Hospital of 1791, and the Massachusetts General Hospital of 1821, were public-supported institutions for the sick poor and people without families. Smaller hospitals, known as cottage hospitals, developed in England and then elsewhere after the mid-19th century; these facilities were usually established in a pre-existing building or home, organized by local charities and physicians volunteering their services (Estes and Goodman 1986:196).

The concept of staying at a hospital for surgery or illness was not attractive to those who had a choice; they preferred the comfort of their own home and feared contact with other hospital patients. Those who could afford it received their medical care at home from their physician and family members. The poor and indigent were the patients of the earliest charitable hospitals, and sick wards were also located in local almshouses for the care of residents. Portsmouth's almshouse (which housed 250 people) was located on the Poor Farm established in 1833. After the Rockingham County Farm was established in Brentwood in 1869, Portsmouth's poor were sent there and the acreage of the City Poor Farm was gradually sold off over the next thirty years (Estes and Goodman 1986). Care was also provided at the Seamen's Home, operated by the American Seamen's Friend Society beginning in 1835, at the Chase Home for Children established on Court Street in 1877, and by the

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Portsmouth Cottage Hospital
Rockingham County, NH

8. Statement of Significance (continued)

Relief Club of St. John's Church, which assisted local families in their homes. Other health care facilities in Portsmouth and elsewhere were generally affiliated with the military, including the hospital operated in the Yard Lieutenant's House of the Portsmouth Navy Yard in Kittery beginning in 1834, with new facilities constructed in 1890 and 1913 (Estes and Goodman 1986:190).

In 1873 there were only 180 hospitals in the United States, but the country's experience with hospital care for the sick and wounded on a massive scale during the Civil War would soon be felt. This was one of a number of factors in late 19th century urban life that contributed to the hospital movement. City apartments did not provide adequate space for families to care for or isolate their sick. Increasingly, city residents included single people, immigrants and others attracted to the city to work, who did not have families to care for them in times of ill health, and had no room for recovery in the boardinghouses in which they often lived. Philanthropists were concerned that people of modest income who were sick and without aid would end up in the poor house. At the same time, doctors began to recognize the advantages of hospital care for all their patients. By consolidating their patients in one place, they could treat more of them with less travel and could have greater control over their care. A cleaner environment allowed for a greater survival rate for surgical patients, and as surgery techniques became more advanced, they could not be conducted in the home. The development of the nursing profession begun during the Civil War, with nursing schools established soon after, allowed relief for family members, and doctors recognized that their patients would be under better care. These ideas caught on quickly and the number of hospitals in the United States increased more than twenty-fold, to over four thousand by 1910 (Estes and Goodman 1986:193-195).

The Cottage Hospital represents philanthropic acts by Portsmouth residents at the end of the 19th century. The creation of the hospital was an outgrowth of voluntary charitable organizations who helped the sick poor who were not poor enough to utilize the city-supported almshouse or later the County Farm. It has always been run by a board of trustees and (until 1921) a board of directors who directed the charitable work, supported by donations, endowments, volunteer help and later patient fees.

The Portsmouth Cottage Hospital, which opened in 1884 in a house at 51 Court Street, was one of the first two hospitals in the state along with the Margaret Pillsbury General Hospital in Concord (Estes and Goodman 1986:203). Its founding force, Miss Harriet Kimball (1834-1917), was the daughter of a Portsmouth pharmacist, and a deeply religious member of the Episcopal church. Her interest in the hospital grew out of her work for the St. John's Church Relief Club and as a Trustee of the Chase Home for Children. The Chase Home had opened several years earlier at 51 Court Street (now known as the Thomas Bailey Aldrich House in Strawberry Banke museum), which was sold to the Chase Home trustees by wealthy local resident George Bilbrick for one dollar. When this building proved to small, the home was moved nearby to the Chase House. Because the deed from Bilbrick had

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Portsmouth Cottage Hospital
Rockingham County, NH

8. Statement of Significance (continued)

stipulated the building must serve a charitable purpose, it was turned over to the newly-established hospital.

Miss Kimball solicited donations from Portsmouth residents (a gift of \$200 would fund a bed for a year), held fund-raising events, and sought donations of goods (such as soap and supplies) through newspaper articles. Some funds (\$500-800) were received from the City of Portsmouth, which would save money by sending its sick poor to the Cottage Hospital rather than the County Farm (Estes and Goodman 1986:191-193). The Cottage Hospital was staffed by a matron and several nurses, with doctors attending on a volunteer basis on a rotational schedule. The building on Court Street was soon inadequate for the hospital. The 18th century house had only eight rooms and needed many repairs and improvements. When the beds were full, there was no place for the Matron or nurses to sleep during night shifts. The building's poor drainage, ventilation and heating systems, in addition to the overcrowding, went against all recommended hospital practices (Estes and Goodman 1986:205).

In 1889, when wealthy Portsmouth businessman Frank Jones was approached for a donation, he declined to give any money for the old building, but offered \$5,000 to be used for construction of a new one, if an additional \$20,000 could be raised. This offer provided the impetus for a building fund established by the Cottage Hospital Board of Directors (Estes and Goodman 1986:202, 205). Land off of South Street in the southern part of the city was purchased for \$1,860 from Reverend Alfred Langdon Elwyn of Philadelphia (despite protest by local doctors who felt this would be too far from their offices) (Estes and Goodman 1986:206). Fund raising began with a fair and solicitations in the Portsmouth Chronicle. It proceeded slowly, however, until the death of Mrs. Ann M. Oliver brought a bequest of \$2,000. George Bilbrick, who had donated the original Court Street building, added \$10,000 to the fund to meet the requirements of Frank Jones' matching gift (Estes and Goodman 1986).

Plans for the new Portsmouth hospital were a compromise between what was considered best for the patients and what the Trustees could afford. Advice was provided by local physician Dr. Arthur Heffenger, the locally recognized an expert on modern hospital buildings, who had made a study of the evolution of hospitals and consulted with Massachusetts General Hospital about their proposed new building, culminating in the publication of "The Pavilion in Hospital Construction" in Boston Medical and Surgical Journal in 1886. His ideas were implemented only in a modified form, however, due to cost constraints.

Heffenger approved of the site outside of the crowded city center, adjacent to the newly-created Elwyn Park on the south side of the South Mill Pond (Estes and Goodman 1986:213). The project included ornamental landscaping between the building and the shore of the South Mill Pond (Anthony Tappé and Associates, Inc. 1994:Intro-2). To improve the hospital's setting, the city worked to clean-up the malodorous, polluted pond by diverting

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8. Statement of Significance (continued)

sewer directly into the Piscataqua (Estes and Goodman 1986:150).

The actual plans for the hospital were by Portsmouth native Harry B. Ball, of the Boston architectural firm of Ball and Dabney (Dodge and Dodge 1896; Candee 1992:95). His design was modified slightly based on recommendations from the doctors of the Portsmouth Medical Association (Estes and Goodman 1986:213).

The construction of the building was detailed in the Chronicle as follows:

...the contractor was Mr. W. W. Ireland of Manchester; the brickwork was by Leard & Merrill of Manchester; the plastering by William J. Fraser of Portsmouth; the plumbing, steam heating and piping, by Willard E. Paul of this city; the woodwork painting, by Dolan of Manchester; the wall tinting by Boynton of Portsmouth and Tebbets of Manchester; the electric work and speaking tubes by George B. Chadwick of our city; the gas fixtures, by Edwards of Boston; the metal screens, by the New England Screen Co. of Boston; the grading of the grounds, by Joseph R. Holmes of Portsmouth (Dodge and Dodge 1896).

The total cost, including the land purchase, totalled \$35,158.99 (Estes and Goodman 1986:216). The first patient was admitted to the new Portsmouth Cottage Hospital on October 1, 1895 and the building was officially opened to the public on November 25 (Urban Land Institute 1986:4). By the end of January 1896, there were thirteen patients in the hospital (Estes and Goodman 1986:218).

The Portsmouth Chronicle described the new hospital as follows:

The building crowns the height of the land on the farther shore of the South pond and is a very handsome structure of red brick consisting of a two-story main building with two one-story wing pavilions, of the Colonial style architecture, and with its broad terraces and noble front forms a strikingly-pleasing object from every point of view and particularly from the portion of the city that it faces.

The original structure consisted of a 2¹/₂ story central section flanked by two one-story wings with terminal pavilions. The first floor of the main block contained the reception room, an office and a bed-sitting room for the superintendent, the dispensary, two ward rooms, and a spacious bathroom and adjoining water closet. The east pavilion, named for George Bilbrick, the hospital's most generous donor, included a ward for eight male patients and two private rooms. A ward pantry, connected to the kitchens in the basement, and a dining room for the nurses completed the wing. The west wing, was the Harriet

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8. Statement of Significance (continued)

McEwen Kimball pavilion, 'named in honor of the deep and abiding interest taken by this lady in the establishment and welfare of the hospital.' It contained one small two-bed ward, one private room, a pantry, an office for the doctor on duty, and the operating room, 'a model of light and convenience.' It was the only room in which the oak beams and woodwork had been painted, to reflect the light, and it boasted a gas chandelier with four bracket arms. The second floor of the central block contained another three-bed ward for women, five more private rooms, a children's ward with three beds, and a pantry. Each room was individually decorated, usually by its donor. Communication was facilitated by speaking tubes that ran through the structure converging in the superintendent's office. These were soon made obsolete by the installation of telephones.

The dormered attic story of the central block contained five rooms for nurses, as well as the hospital's linen closets. The kitchen, dining and sleeping rooms for the help, the laundry and drying chambers, a trunk storage closet, and a wine closet were located in the basement. On the roof were a cupola and two ventilators for airing the water closets on the upper floors. Both gas and electricity were used to light the entire hospital, which was especially important in the corridors because they were painted a dark 'Pompeian red' (apparently a favorite color of architect Harry Ball) (Estes and Goodman 1986:215-216).

The first addition to the building was made in 1900 when an exterior elevator tower was added to the front and east of the main block, donated by a hospital trustee. This facilitated transporting passengers to and from the second story. The four story high tower may have anticipated the addition of a third story at a later date (Kimball-Chase 1994:Fig. 2; Estes and Goodman 1986:261).

By 1901 there were sixteen hospitals in the state. Half of these received no public funds; several were run by Catholic orders. Of all the non-sectarian hospitals, Portsmouth received the least tax support, receiving about four and a half percent of its income from the city, which supported two beds (Estes and Goodman 1986:203). Endowments, on-going fund raising and donations continued to provide most income. A volunteer Board of Trustees (all male) handled the hospital's financial affairs, while women volunteers formed the Board of Directors responsible for the management of the hospital, until the Trustees took over all operations in 1921 (Estes and Goodman 1986:260). Over forty percent of patient days were free to the patients through endowed beds. City funding ended in 1903. After that date, the first paying patients were admitted, for a charge of \$10 per week, which provided sixty-seven percent of the hospital's budget at the time. Overall, the Portsmouth hospital averaged 197 admissions a year, and the length of hospital stays averaged one month (Estes and Goodman 1986:218). Doctors were concerned that the hospital did not have an isolated pavilion for infectious diseases. As a result, these patients were excluded from admission, and the city continued to house them in separate locations (Estes and Goodman 1986:213).

In the first decade of the twentieth century, nursing began to achieve a sharply-defined

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8. Statement of Significance (continued)

role in the American hospital. Trained nurses (almost always single women) replaced their predecessors who had been primarily domestics. The number of trained nurses in the country grew from about 560 in 1880, to 11,804 in 1900, to 82,327 by 1910 (Estes and Goodman 1986:241). The first hospital-based training school for female nurses had opened at Johns Hopkins in Baltimore in 1873 (Thompson and Goldin 1975:175). By 1900, about a quarter of all hospitals had instituted training programs for nurses. Doctors and hospital administrators recognized the budgetary benefits of the students' unpaid, or poorly paid, labor (Estes and Goodman 1986:241). A training program for nurses at the Portsmouth Cottage Hospital had been established in 1891, by long-time Matron Lizzie J. Woods, herself a graduate of the Massachusetts General Hospital Training School for Nurses. The two year, non-diploma course, instituted at the Court Street hospital, was continued at the new facility, where five nurses rooms were provided on the third floor of the hospital building. In Portsmouth, as at most hospitals, student nurses provided the bulk of the staff. After graduation, most went on to serve as private nurses, while the hospital retained only a few trained graduates as supervisors. However, with no one to continue Woods' program after her resignation in 1897, trained nurses were hired for about a decade.

In 1908-09, the hospital established a new nurses' training program, a three-year program which became the Portsmouth Hospital Training School. Additional housing was soon needed. In 1913, a fourteen room house (built c.1863 on the southeast corner of Pleasant and Court Streets as part of the Langdon Mansion) was donated by Woodbury Langdon and was moved to the hospital grounds to house the nurses (Estes and Goodman 1986:248; Anonymous 1913). This building stood on South Street near the corner of Junkins Avenue until the 1960's when it was torn down by the hospital to expand the parking lot (Garvin 1988).

Portsmouth had to compete with other local hospitals in the early 20th century, including the County Farm, which was even doing surgery (Estes and Goodman 1986:264). However, other medical facilities in Portsmouth were short-lived. St. Lukes Hospital and Dispensary in the second story of the parish hall on Madison Street had an operating room and seven beds. It operated from 1913 to 1924, and served primarily incurable and infectious disease patients who were not admitted to the Portsmouth Hospital. The Mark Wentworth Home for Chronic Invalids was located on Pleasant Street. In 1941, an unsuccessful attempt was made to operate the Graymoor Hospital at the corner of Union and South Streets (Estes and Goodman 1986:227, 276).

During this period, progressive hospitals changed and evolved in response to the changes in technology and health reform, and the Portsmouth Cottage Hospital followed this trend. The Hospital's major inadequacies were emphasized by the wartime growth of the city's population. "...not until 1916, long after it had become standard equipment in other general hospitals, was an X-ray machine installed" (Estes and Goodman 1986:264). Shortcomings were finally addressed by the Trustees in the years around 1920. A bequest of \$45,000 was received in 1919 from John J. Pickering, who had been President of both the

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8. Statement of Significance (continued)

Rockingham Bank and the old Portsmouth and Concord Railroad. Later there was an anonymous gift of \$100,000. In 1921, a two-story addition to the east pavilion opened, increasing its capacity to fifty beds. Also added were an emergency operating room, a new delivery room, and new maternity and nursery wards. A new heat and power plant, laundry and boiler facility was built at the rear of the property. These improvements were probably also inspired by the American College of Surgeons (ACS) "Minimum Standards for Hospitals," published in 1919 as the minimum criteria for accreditation (Estes and Goodman 1986:264, 292; Portsmouth Herald 1926).

Further expansion occurred in 1925. During this major construction, the entire hospital operations were moved to the Army and Navy Home on Daniels Street, which was donated for the purpose by the Army and Navy Association. The building was deemed suitable for use, the only alteration needed being the converting of two rooms into one for an operating room. Operations were moved in March of 1925 and remained on Daniels Street until the patients were returned to the Cottage building on January 3, 1926 (Estes and Goodman 1986:292; Portsmouth Herald 1925 and 1926).

The architect for the enlarged building is reported to have been Robert Coit of Boston. Coit was best known for his designs for early 20th century suburban houses, but was also responsible for numerous public buildings, including the Atlantic Heights School in Portsmouth, also built in 1925 (Anderheggen 1993). The construction work was done by H.P. Cummings Construction Company of Ware, Massachusetts, who was the low bidder for the project, and was just completing work on the new Granite State Insurance Co. building in Portsmouth. Two stories were added to the west pavilion and a third story added to the central block for a cost of \$75,000 (Estes and Goodman 1986:292). Two additional wings were constructed to the east and south; the east wing contained a new operating room. The total project was expected to cost \$100,000 (Portsmouth Herald 1925).

The "new" hospital opened to the public on January 1, 1926 for a dedication and celebration. The construction, "built over and around the old" hospital, cost \$162,000, and made "a complete change in the entire building with the exception of the east wing" (Portsmouth Herald 1926). Besides the addition of floors to the main block and west wing, and the construction of two projections, one including the operating room, \$10,000 was expended for new equipment in the x-ray room and the operating room.

The operating room, a large well lighted sanitary room is isolated from the hospital at the end of a series of smaller rooms, known as the operating suite which includes sterilizing room, warming closet, ether room, recovery room, doctor's dressing rooms and shower baths. In the operating room is to be found a large plate glass shield near the operating table which prevents dust and drafts on the patient yet provides plenty of light for the operating doctor (Portsmouth Herald 1926).

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8. Statement of Significance (continued)

The entire third floor was converted into a maternity ward, including "sun room, work room, sterilizing room, delivery room, nursery, isolated nursery, diet kitchen and two maternity wards" (Portsmouth Herald 1926). The electric elevator was enlarged to a size able to accommodate hospital beds; new "Simmonds beds, the latest in mechanical hospital appliances" were also purchased (Portsmouth Herald 1926).

The Portsmouth Nursing School was expanded in 1922 to conform with New Hampshire Board of Education requirements for accreditation. The need for nurses had also increased with the new expansion of the hospital. In 1928 a new Nurses Home (now known as the Administration Building) was constructed west of the main hospital at a cost of \$50,000. It provided thirty rooms for student nurses and five for trained nurses, along with a reception room, living room, library, breakfast room, and class room. Between 1927 and 1933, the school had an average of twenty-two women enrolled. The nurses worked twelve hours a day and had every other Sunday off. Nursing schools were almost too successful, and due to a saturated market, about a third of the programs in the country closed in the 1930's; the Portsmouth Nursing School graduated its last class in 1934. In 1933 nine new registered nurses were hired, and by 1934 there were eighteen full-time nurses on the staff. Trained nurses cost the hospital somewhat more, but they worked for very low pay, because of the difficulty of finding work. Housing remained important as they continued to work long hours, and in 1940 the Nurses Home was enlarged (Estes and Goodman 1986:243-248).

In order to free beds for medical and surgical services, a separate Maternity Building was constructed in 1934, adjacent to the Nurses Home. The new building was completed in 1935 for a cost of \$75,000, all of which was borrowed. It contained twenty-five beds arranged in a series of two bedrooms with two-fixture (lavatory and water closet) toilets between each pair. The building was named for Edward Seybolt, owner of the Portsmouth Gas Company and President of the hospital's Trustees (Estes and Goodman 1986:292).

An unexpected bequest of \$330,000 by Susie Walker Trask, a former Portsmouth resident, allowed the hospital to pay off the mortgages on the new buildings in the 1930's (Estes and Goodman 1986:293).

In 1953, the Hospital Guild was reestablished by Marion L. Jackson, Hospital Administrator, as a public relations agency. "The work of the Guild and its many donations were prominent in the pages of the Herald throughout the 1950s. For instance, Miss Rosamund Thaxter of Kittery, Maine, one of the founders of the postwar Guild, donated a snack bar to the hospital in 1955, and four years later the Guild itself funded the hospital's recovery room, a facility that had been recommended years ago' according to the paper" (Estes and Goodman 1986:284). In 1959, the first woman was named to the hospital Board of Trustees.

In 1954 the Medical Staff considered the possibility of adding another twenty-five beds in anticipation of the additional patients who were expected with the opening of Pease Air

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8. Statement of Significance (continued)

Force Base, then under construction (Estes and Goodman 1986:276).

The new hospital was constructed near the old between 1962 and 1964 for a cost of about \$1,300,000. All patient care facilities were relocated to the 1962 Building, which was a general hospital building, with patient rooms (100 beds), an operating suite with three operating rooms, a maternity suite including two delivery rooms, a commercial size kitchen and dining room, and various ancillary areas (Whitman & Howard, Inc. 1987; Estes and Goodman 1986:293).

The original Cottage Hospital was occupied by the Portsmouth Mental Health Clinic, established in 1963, and other administrative offices (Estes and Goodman 1986:278). The Nurses Home, which was no longer needed because nurses seldom lived on the hospital grounds, was converted to offices to house the hospital administration functions. The Seybolt Building remained in use as the maternity ward, with forty-eight beds (Whitman & Howard 1987:VI-12). In 1963, a new entrance was built on the Administration Building. The following year, a meeting room addition was built between the Administration Building and the Seybolt Building, joining the two. In 1974, a new third floor was added to this connecting wing (Whitman & Howard, Inc. 1987:II-6).

Various additions were made to the 1962 hospital building in 1975 and 1978. The first included a radiology-nuclear medicine wing off the basement level of the east side of the main building and a small wing on the west side. In 1978, a two story addition was built the east side for receiving and office space (Whitman & Howard, Inc. 1987:III-3).

In 1983, the Portsmouth Hospital was sold to Hospital Corporation of America (HCA), a for-profit hospital owner/operator. A large new hospital facility, the HCA/Portsmouth Regional Hospital, opened elsewhere in the city in 1986. The old buildings were transferred to the newly formed Portsmouth Hospital Foundation. The Foundation planned to use proceeds from the sale of the property to "pursue the non-acute health care needs of the seacoast community, including health promotion, education and training" (Urban Land Institute 1986:4). The hospital complex was soon purchased by the City of Portsmouth. The old City Hall on Daniel Street was sold into private ownership, and the City's offices and moved to the old hospital. The police station on Ceres Street was also sold, and the Portsmouth Police Station was relocated to the hospital, requiring some additions and modifications to the 1964 Building.

The Nurses Home (Administration Building) has been extensively remodelled on the interior to house offices and the entrance to the city hall complex, which extends into the 1962 hospital building. The Seybolt Maternity Building, although not altered on the exterior, was extensively remodelled on the interior and currently contains the offices of several social services agencies. The lower level of the 1962 hospital building houses the Portsmouth Police Department. The Power House still operates, with modern boilers and piping, providing heat for the complex. The Cottage Hospital building is vacant except for

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8. Statement of Significance (continued)

some maintenance offices in the basement, currently used for storage (Anthony Tappé and Associates, Inc. 1994:Intro-1).

Architectural Significance:

The new hospital incorporated many ideas in modern hospital design including ventilation system, steam heat, plumbing and combination gas/electric lighting, an operating room, sun rooms, separate wards for men, women and children, accommodations for staff and service areas in the basement. Many of these components remain intact, while others were modified during later periods to meet the hospital's changing needs. The building was scaled down to fit the needs of a small city with a modest budget, and modifications to the idealized pavilion plan espoused by Heffenger were substantial. The name Cottage Hospital was a carry-over from the first location of the institution in the Thomas Bailey Aldrich House on Court Street.

Plans for the 1895 Portsmouth Cottage Hospital were a compromise between what was considered best for the patients and what the Trustees could afford. Active in planning for the new building was Portsmouth physician Dr. Arthur Heffenger. He was a locally acknowledged expert on modern hospital buildings, having made a study of the evolution of hospitals, consulted with Massachusetts General Hospital about their proposed new building, and authored "The Pavilion in Hospital Construction" published in Boston Medical and Surgical Journal in 1886. Heffenger favored hospitals constructed on the pavilion plan, with wards in semi-detached one- or two-story buildings for the segregation of patients of different categories, connected with narrower wings to a central structure devoted to administrative and housekeeping functions. In 1882 he designed a circular, dome ward which could accommodate twenty-four patients in a room only 67.5 feet in diameter. The dome would, his study led him to believe, facilitate the escape of warm air through vents in the ceiling, so that fresh cooler air would flow in from below, thus enhancing air circulation (Estes and Goodman 1986:213). Heffenger favored the use of the pavilion plan for Portsmouth's hospital. He presented his views to the Trustees of the Portsmouth Cottage Hospital in 1890, but his ideas were implemented only in a modified form due to cost constraints.

New ideas in hospital planning were advancing toward those of the modern hospital by the end of the 19th century. The essential concepts were those of ventilation and the segregation of patients, which developed hand-in-hand during the 18th and 19th centuries (Thompson and Goldin 1975). Patients were separated by sex, and by the nature of their illnesses. There were separate wards for the terminally ill, the contagious, and the insane, as well as for wealthier paying patients.

In addition to segregating patients into separate wards, hospital planning included the concern for preventing contaminated air from being transferred from one ward to another. Florence Nightingale and others advocated the miasma theory of disease causality, that

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8. Statement of Significance (continued)

patients should be exposed only to clean air free from disease (Maddex 1985:91). Sun rooms for recuperation in fresh air became popular in the 19th century. The value of ventilation was proved during the Civil War, when a new hospital arrangement developed, the barracks hospital, which consisted of a large group of individual barracks or tents arranged in a grid or radiating out from a courtyard. The level of ventilation, which resulted in these temporary and separate structures proved beneficial and influenced later hospital planning (Thompson and Goldin 1975: 170).

The pavilion shape was well suited to these concerns, with wards completely separated in semi-detached segments of the building, connected by long corridors. It was said that "the pavilion when used for wards is a sanitary code embodied in a building" (Thompson and Goldin 1975:118). The "Pavilion Plan" hospital came into use in the mid-19th century and continued for about a hundred years. The pavilion in this sense contained a single open ward, ventilated by windows on both long sides of the room. Each pavilion was essentially self contained with service rooms adjacent to the ward, and the pavilions were connected by corridors (Thompson and Goldin 1975:118).

The pavilion hospital utilized a building form that had been in use for the form and exterior design of hospitals for many years. The common form invariably consisted of a central block, with projecting wings and terminal pavilions. Early European hospitals of the 17th and 18th centuries were similar in their architectural style and form. Classical architectural details were utilized on a monumental scale in imitation of contemporary mansions and palaces. As a result, all functions were included within a uniform exterior which did not express the interior use of the building. Hospitals were laid out in a variety of plans - square with courtyard, or in an H, E, or U shape, but a common element was a strong sense of symmetry, with a prominent central building, often with hip roof topped by a cupola, and flanking wings connecting to various pavilions. During the 19th century Gothic Victorian architecture was applied to similar forms, followed by a return to classical architecture in the early 20th century (Thompson and Goldin 1975: 142). At the same time, hospital designers increasingly advocated the use of masonry construction for fire safety, and impermeable interior walls and floors for sanitation (Thompson and Goldin 1975:179).

Late 19th century hospital designers provided for ventilation through vents in the roof in addition to windows, therefore, there was considerable debate over whether the pavilions should be only one story in height or could be more. There was concern that bad air would rise from the lower rooms to those above, but this was soon solved by changes in ventilation systems. It was clearly more economical and space efficient to build in more than one story, and most hospitals soon did so, particularly after elevators came into use at the turn-of-the-century. Multi-story hospitals developed out of a lack of space suffered by many city hospitals. They also allowed hospital staff to better regulate entry and exit of the building, and meant less walking between wards and service areas (Thompson and Goldin 1975: 175).

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d. Statement of Significance (continued)

A nursing ward consists of some arrangement of patient beds, with separate service areas for cooking, medical dispensing, record keeping, and storage of supplies (Thompson and Goldin 1975:3). Changes in sizes of rooms that formed the ward occurred throughout the historical development of the hospital. The earliest hospitals, from the 800's to the 1700's had mainly large open wards with many beds, while hospitals for the insane consisted of smaller separate rooms (Thompson and Goldin 1975:15). Pavilion plan hospitals generally had larger ward rooms each filling a pavilion. However, private rooms had long been provided for paying patients; it was considered important to attract wealthy people to the hospitals so doctors would not have to travel to their homes. Private rooms were also provided for poor patients who needed isolation for various reasons. As concerns for privacy increased in the early 20th century, a shift in hospital design to all private or smaller rooms rather than large open wards occurred (Thompson and Goldin 1975).

The Portsmouth hospital was built in a modified pavilion plan using a central building with two pavilion structures, but without fully separating the functions as in the idealized pavilion hospital, with a combination of larger wards and small single rooms. Heffenger's domed wards were not used because of their cost, though a symbolic domed ceiling was used in the entryway.

The final designs for the new building were provided by architect Harry B. Ball, of the Boston firm Ball and Dabney. Ball was a Portsmouth native, the son of True M. Ball, Esq. He had previously designed other Portsmouth buildings including a massive yellow brick Colonial Revival house on Middle Street in 1891 (now the Masonic Temple). This was the residence of Wallace Hackett, who was a proprietor of the Portsmouth Athenaeum along with Ball's father. The following year, Ball worked gratis on remodelling the Athenaeum Reading Room. Members of the Athenaeum sought an architect to restore the room "as far as possible upon the architectural ideas prevalent at the time." Some of Ball's Colonial Revival decorative work for the room was not executed, including his recommendation for painting the walls a terra-cotta shade, which was probably not considered Classical or Colonial by the Athenaeum (Candee 1992:95; Garvin 1998; Dodge and Dodge 1896).

Ball's design for the layout of the hospital was modified slightly in the end based on recommendations from the doctors of the Portsmouth Medical Association (Estes and Goodman 1986:213). The project included ornamental landscaping between the building and the shore of the South Mill Pond (Anthony Tappé and Associates, Inc. 1994:Intro-2). The contractor was Mr. W. W. Ireland of Manchester. Brick masonry was by Leard & Merrill of Manchester and plastering by William J. Fraser of Portsmouth. The plumbing, steam heating and piping were installed by Willard E. Paul and the electrical work and speaking tubes by George B. Chadwick both of Portsmouth (Dodge and Dodge 1896).

From its construction, the 1895 Portsmouth Cottage Hospital was seen as a significant addition to the city's building stock. It was one of sixteen hospitals built in the state

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8. Statement of Significance (continued)

around that time and reflected a period of public improvements through government and philanthropy. The dramatic hilltop site and park setting were chosen for its restful qualities and for prestige for the city of Portsmouth, as it was visible even from Market Square. The choice of brick as a building material and Georgian Revival as a style also indicated a desire to create a public monument to enhance civic pride. The stylistic elements are reminiscent of earlier significant residences throughout the city. Other public buildings, particularly schools, were also built in Portsmouth during this period, using similar Colonial Revival inspiration and brick construction.

The additions to the hospital that brought it essentially to its present appearance were made in 1925 under the direction of architect, Robert Coit of Boston. Coit was a graduate of Harvard and student of architecture at M.I.T. 1884-1885. After apprenticeships with two important Boston firms, Hartwell and Richardson, and Longfellow, Alden and Harlow, he established his own offices in 1890. The focus of his work was on suburban, upper-middle class, single family residences in the Tudor and Colonial Revival styles, the bulk of which are located in Winchester, Massachusetts where he lived. Coit had worked in Portsmouth previously, designing the John W. Emery House at 338 Middle Street in 1903. In 1924, he designed the Atlantic Heights School, and the following year the additions to the hospital; how he came to receive these commissions has not been determined. These public buildings, followed by a chapel and the public library in Winchester toward the end of his career were among Coit's only non-residential designs (Anderheggen 1993).

The 1895 Cottage Hospital building retains its original footprint and much of its design intent. The wall trim and architectural details are intact, along with elements such as windows and doors. Additions made in 1921 and 1925 reflect the growth and evolution of the hospital, and these portions of the building retain their architectural details and materials. The building has had few alterations since 1925. The only additions were the solariums added in the 1950's. The interior retains components from each of the three building campaigns. The hospital grounds retain their hill top setting, sloping lawns and granite retaining wall, as well as some mature plantings.

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9. Bibliography (continued)

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Historic Photographs

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10. Geographical Data

Verbal Boundary Description:

The Portsmouth Cottage Hospital is located on map U-10, parcel 1 as recorded in the tax records of the City of Portsmouth, New Hampshire. The L-shaped parcel contains a total of 9.16 acres. The National Register eligible property encompasses a rectangular section of the parcel, measuring approximately four acres. The northern boundary is defined by the south shore of the South Mill Pond, which is also the northern lot line of the parcel. The northeast corner of the boundary is the corner of the property at the Junkins Avenue bridge over the pond. The western bound is defined by Junkins Avenue, which is also the western lot line. The eastern bound is an arbitrary line parallel to Junkins Avenue. It begins at the shore of the South Mill Pond, approximately 240 feet from Junkins Avenue, passes between the Cottage Hospital and the more recent hospital buildings, to a corner of the parcel. The boundary then continues along the eastern lot line to a point approximately ten feet southeast of the garage. The southern bound is an arbitrary line from this point to Junkins Avenue.

Boundary Justification:

The boundaries of the National Register eligible property associated with the Portsmouth Cottage Hospital are defined to include the historic structures that contribute to the significance of the property and their immediate setting. Other more recent buildings in the hospital complex are of more recent construction or have lost integrity for the historic period. These are not included in the National Register property; the boundary is defined to exclude them. The lawns to the north and west of the Cottage Hospital provide an associated historic setting, particularly as the site of the hospital was chosen for its location above the mill pond. The lawns, driveways and parking area between the hospital and the boiler plant, while not entirely historic, convey a sense of the historic function of the site.

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Sketch Map and Key to Photographs

