1. NAME OF PROPERTY

Historic Name: **UNITED STATES MARINE HOSPITAL, LOUISVILLE, KENTUCKY**

Other Name/Site Number: N/A

2. LOCATION

Street & Number: 2215 Portland Avenue Not for publication:N/A

City/Town: Louisville Vicinity:N/A

State: KY County: Jefferson Code: 111 Zip Code: 40212

3. CLASSIFICATION

Ownership of Property		Category of Property	
Private:	___	Building(s):	x
Public-local:	x	District:	___
Public-State:	___	Site:	___
Public-Federal:	___	Structure:	___
		Object:	___

Number of Resources within Property

Contributing	Noncontributing
3	1 buildings
___	___ sites
1	___ structures
___	___ objects
4	1 Total

Number of Contributing Resources Previously Listed in the National Register: 3

Name of related multiple property listing: N/A

4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this ____ nomination ____ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property ____ meets ____ does not meet the National Register Criteria.

_____

_____

Signature of Certifying Official Date

_____

State or Federal Agency and Bureau

In my opinion, the property ____ meets ____ does not meet the National Register criteria.

_____ _____

Signature of Commenting or Other Official Date

_____

State or Federal Agency and Bureau

5. NATIONAL PARK SERVICE CERTIFICATION

I, hereby certify that this property is:

____ Entered in the National Register
____ Determined eligible for the National Register
____ Determined not eligible for the National Register
____ Removed from the National Register
____ Other (explain):

_____

_____ _____

_ Signature of Keeper Date of Action

6. FUNCTION OR USE

Historic: Health Care Sub: Hospital

Current: Vacant/not in Use Sub:

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: Mid-19th Century/Greek Revival

MATERIALS:
Foundation: other/hydraulic cement
Walls: brick
Roof: metal/tin, asphalt
Other: brick, wood, metal/cast iron

Describe Present and Historic Physical Appearance.

The United States Marine Hospital, built between 1845 and 1852, sits on an eight-acre site bounded by Portland Avenue on the south, 23rd Street on the west, Northwestern Parkway on the north, and Carter (22nd) Street on the east. The site is located in Portland, once an independent city, but since its 1852 annexation, a Louisville neighborhood. The proposed designation includes the contributing 1852 building, another hospital built in 1933 and designated a non-contributing building, two additional contributing buildings consisting of a stable built in 1893 or 1894 and a 1911 laundry building, and, finally, a handsome cast-iron fence with several gates that dates to about 1900 and which surrounds the majority of the site and has been designated a contributing structure.

The 1852 marine hospital is a three-story brick building designed with suggestions of Greek Revival styling. It has a block plan laid out in the form of a modified H-plan. Recessed three-story verandas are located between the legs of the H on both the front and rear facades. The roof has a very slight pitch. It originally was finished with copper and tin but has recently been cleaned and covered with asphalt. An original octagonal cupola has been removed from the center of the roof within the last fifty years. A string of one-story wood-framed garages has been added at the southwest corner, and a one-story concrete-block wing has been added to the east side to house a heating plant installed in the building in the 1930s. An industrial scale smokestack rises from the roof of this addition. Despite these changes, the marine hospital's retention of its original massing and detailing allows it to maintain nationally significant historic associations with the growth of the federal government in providing for the health care of this nation's former merchant seamen.

The building is constructed of brick laid in common bond. It has been painted white since at least the early years of the 20th century, but was probably originally red brick with white trim. The foundation, below a limestone water-table, is finished with hydraulic cement. On the south side the full basement level of the building is exposed by a brick moat. The building is finished at the roofline with an entablature combining two raised bands of brick below a plain wide wooden frieze. This detailing is closely approximated in wood along the verandas. A 1928 photograph clearly shows that a wide boxed overhanging cornice to the roof was bracketed. This overhang and the brackets have been removed.

The windows and doors have limestone sills and lintels, and the windows presently have two-over-two double hung sash. An 1859 engraving of the hospital and an early photograph document that these are later replacements of original six-over-six sash. Exterior shutters, indicated in the engraving and in early photographs, have been removed. Small cameo windows that light interior water closets are located on the east and west facades where the corner blocks project slightly outward. Originally, the central entrances on all three floors of the front and rear facades were treated in a Greek Revival style. Doors were surrounded by sidelights and overlights on the first two floors and similarly treated windows were located on the third. On the north facade these wide single openings were replaced on each floor by two openings when an elevator was added in 1924: a blind, brick-filled opening and an adjacent single unadorned door. On the south facade, the first floor doors and surrounds have been replaced by modern doors. On the second and third floors the original detailing remains in place. In addition, some of the original four-panel exterior doors capped with their narrow transoms remain in the corner blocks of the building where the doors open out onto the

verandas and, on the first floor, to the east and west of the building.

The hospital verandas on the north and south facades are supported by brick piers finished with stone bases and caps. On the first floor these piers are massive 36" squares detailed on all sides with tall narrow recessed panels. Smaller piers without the recessed panels rise uninterrupted from the second floor to the roofline. These verandas were originally all open, with wooden floors and ceilings and cast-iron railings detailed with an anthemion and modified Greek key design. Beginning in 1928, portions of the verandas were closed in and the railings removed, but on the original front (north) facade, the majority of the verandas are still open. An exterior stair, which rises from the ground level to the third floor, on this facade is probably not original. Early 1900s photographs of the building show a somewhat ornate porte-cochere-like structure extending out from the center of the south facade. This is probably the "covered porch erected on the south side" which is mentioned in the Surgeon General's Annual Report for 1899. At present a metal marquee is located in this same spot.

On the interior the H-plan of the hospital breaks down into a large rectangular central block with four small corner blocks. A central hall runs through the building from north to south and, in the four corner blocks, smaller circulation corridors run east to west with doors leading onto the verandas and, on the first floor, to the outside. A wide straight-run staircase climbs from the first floor to the attic level in the main stair hall. Secondary dog-leg stairs are indicated on the plans in each of the four corner halls; only two of these (in the southeast and northeast corners) remain. The central block of the building was divided into four principal spaces that were further subdivided by sliding doors and wooden partitions. Each of the corner blocks contained two small rooms and a tiny water closet. Four interior chimneys rising through the brick walls separating the main spaces and a chimney rising through the outside wall of each corner block provided fireplaces in every room.

Numerous changes have been made to the interior plan and finishes to implement changes in medical practice and to maintain the structure for the more than seventy-five years that the hospital was in use. One major change was made in 1924, when an elevator was constructed at the north end of the main hall. Additional changes were made in the 1930s when the hospital was converted to staff housing for the new adjacent hospital and a heating plant that served both facilities was installed in a portion of the building.

There are some areas of the building that still retain much of their original plans and finishes. Particularly intact are the west rooms on the first floor which served for many years, and perhaps originally, as housing for the hospital's chief medical officer. Here original pedimented door and window surrounds, paneled door reveals, four-paneled doors, and paneled Greek Revival style mantels are still in place.

The hospital is centrally sited near the north boundary of its eight-acre grounds. It was designed with its front entrance facing north towards the Ohio River, but it seems that in later years after a streetcar line was located along Portland Avenue, the hospital was probably approached more frequently from its virtually identical rear. In 1898 or 1899 the present brick stable and tool shed, located along the west edge of the property were built, replacing an earlier deteriorated stable that had been demolished. These outbuildings, originally discrete structures, are now joined together with later frame infill. In 1911 a brick building housing a laundry and quarters for staff was constructed immediately to the east of the hospital. This

one-story structure has a handsome entrance detailed with double paneled doors capped by a semi-circular fan light, arched windows, and a side-facing gable roof with stepped parapets. The residential wing to the rear has segmentally arched window and door surrounds.

Until the second marine hospital was built in 1932-1933, the remainder of the grounds functioned to support the hospital, and later the community, with vegetable gardens, greenhouses, a tennis court and rows of shade trees among the landscape elements mentioned in various annual reports and indicated on old plats and maps. An undated photograph of the view looking south from the third floor of the old hospital shows lawns intersected by a number of paths lined with young shade trees. The new hospital, designed by Louisville architect, D.X. Murphy, was built almost directly to the south of the original facility, but on an axis parallel to Portland Avenue rather than Northwestern Parkway. Spacious lawns still stretch out to the south of the 1933 hospital and on the north and west sides of the old hospital, but black-topped parking lots have encroached on some of the property. The grounds are enclosed on much of their periphery by a high cast-iron fence which is handsomely detailed at various points with gates and gate posts displaying the insignia of the U.S. Marine Hospital Service. Available annual reports suggest that this fence was installed shortly after 1900.

8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:
Nationally: X Statewide:___ Locally:___

Applicable National Register Criteria: A x B__ C__ D__

Criteria Considerations (Exceptions): A__ B__ C__ D__ E__ F__ G__

NHL Criteria: 1

NHL Theme(s): I: Peopling Places
2. health, nutrition, and disease

V: Developing the American Economy
4. workers and work culture
7. governmental policies and practices

VI: Expanding Science and Technology
4. effects on lifestyle and health

Areas of Significance: Maritime History; Health/Medicine

Period(s) of Significance: 1845-1912

Significant Dates: 1845, 1852, 1898, 1911

Significant Person(s): NA

Cultural Affiliation: NA

Architect/Builder: Mills, Robert; Lawson, Dr. Thomas (Surgeon General of the Army); Fuller, Charles A.(Army Corps of Engineers, Louisville); Sawyer, Joseph (Cincinnati); Murphy, D.X. (Louisville)

NHL Comparative Categories:
V. Political & Military Affairs, 1783-1860
K. The Army and Navy
XIII. Science
F. Medicine
1. Clinical Specialities
XXXI. Social and Humanitarian Movements
K. Emergency Aid and Health Care

State Significance of Property, and Justify Criteria, Criteria Considerations, and Areas and Periods of Significance Noted Above.

The United States Marine Hospital at Louisville, Kentucky, built between 1845 and 1852, meets National Historic Landmarks Criterion 1 as a building with national significance in the areas of maritime history and public health. It is an extremely significant landmark in the history of inland maritime development in the United States. The Marine Hospital Fund, established in 1798 by an Act of Congress, provided the first Federal health care and social welfare initiative for United States sailors and was one of the earliest manifestation of Federal involvement in the area of public health. By 1912 the Marine Hospital Fund had evolved into the United States Public Health Service. The marine hospitals that were built with monies provided by this fund are the principal remaining tangible evidence to document this nationally significant Federal maritime and health care initiative. The Period of Significance selected for the United States Marine Hospital at Louisville begins with its 1845 construction and ends with the establishment of the Public Health Service in 1912. It reflects the activity of the federal government to treat the health of U.S. sailors as a separate issue, until that provision became part of the more general treatment of public health.

The hospital built on this property in 1933 is evaluated as not contributing to this nomination, because its construction falls outside of the period of significance. When the theme of Public Health is explored for the nation, during the years through the end of the Great Depression, the significance of the 1933 U.S. Marine Hospital may also be seen as nationally significant. (This 1933 building was not listed in the National Register at the same time that the 1845 building was, because at the time of the listing the later building was less than 50 years of age. The later building should be considered eligible for National Register listing).

The United States Marine Hospital at Louisville is one of eight remaining marine hospitals from a group of approximately thirty that were built before the Civil War [See Appendix 1] to serve the merchant marine and, for a short time, Navy officers and seamen. It is the only one remaining of a group of seven hospitals authorized by Congress in 1837 for construction on the "Western Waters" [See Appendix 1]. The authorization for and subsequent construction of these seven hospitals represents the first Federal acknowledgment of the need for facilities for sailors on the inland waters of this country which, by the early 19th century, had become vitally important as trade and transportation routes. It is one of only two pre-1900 marine hospitals remaining on the inland waters. The other, at Galena, Illinois, completed in 1859, is a later, smaller, and historically less significant facility that functioned as a marine hospital only from 1861 until 1865. In 1868 the Galena facility was sold and adapted as a school.[1] The Louisville hospital, in use almost continuously from 1852 until 1933, was one of the longest functioning and most heavily used of the facilities. At the time of its opening in January 1852, Louisville was the eleventh largest city in the United States and one of its principal inland ports.[2] This building is an extremely significant landmark in the history of inland maritime development in the United States.

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[1] John M. Woodworth, M.D. *First Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States for the Year 1872* (Washington, D.C.: Government Printing Office, 1872), p. 20.

[2] *The Seventh Census of the United States: 1850* (Washington, D.C.: Government Printing Office), p. 111.

The plans and elevations of the group of seven hospitals authorized in 1837 are based on plans developed for the Federal government by Robert Mills that year and amended in 1845 by Dr. Thomas Lawson, Surgeon General of the Army.[3] According to the *First Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States For the Year 1872*, the block hospital laid out by Mills in these plans became the prototype for nearly all the marine hospitals constructed by the government from 1837 up until the 1870s.[4]

Available information suggests that between fifteen and twenty buildings utilized variations on this Mills/Lawson format. The hospitals constructed just after the Louisville hospitals during the period that Ammi B. Young served as Supervising Architect for the United States Treasury (1852 - 1862) nearly all received Young's characteristic Italianate style cast-iron verandas and a reorientation of the front facade to a leg of the "H". Of these, two hospitals are extant, at Chelsea, Massachusetts (built 1855-1858), and Portland, Maine (built 1855-1859). Plans of the Chelsea and Portland buildings document that the interior layout of each building has been changed considerably. The facility at Louisville is therefore the one best able to represent the important Mills/Lawson hospital concept. It is the oldest extant hospital with the Mills/Lawson plan as well as the only remaining of the original seven designated for this design.

Health Care for U.S. Sailors on the Atlantic Seaboard, 1742-1840

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 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.[5] 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.[6] 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.

Even before American independence, many of the colonies had individually addressed the problem of medical care for sick and disabled seamen. These men raised a particularly pressing health and welfare problem because of their itinerant occupation and likely encounters in foreign ports with debilitating diseases such as cholera, small pox, and yellow fever. The Boston Marine Society was established in 1742 to promote an interest in navigation and to aid unfortunate seamen and their families. In 1768 "The Marine Society of the City of

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[3]Gale Shipman Alder, "Robert Mills and United States Marine Hospitals" (Master's Thesis presented to the University of Missouri, 1974), pp. 44-47.

[4]Woodworth, p. 11.

[5]John D. Thompson and Grace Goldin, *The Hospital: a Social and Architectural History* (New Haven: Yale University Press, 1975), p. 87.

[6]Dr. Ralph Chester Williams, *The Public Health Service, 1798-1950* (Washington, D.C.: Commissioned Officers Association of the United States Public Health Service, 1951), p. 24.

New York in the Province of New York, America" was established along similar lines.[7] Even before the Federal government took action to establish facilities for the care of seamen, several of the states, including Virginia in 1780 and North Carolina in 1789, had established hospital funds.[8]

The young Republic of the United States, strategically situated along the Atlantic seaboard from Georgia to what is now the state of Maine, and extremely dependent on the use of sea transport for its commerce, realized the importance of developing and nurturing a strong merchant marine. Indeed at the opening session of the First Congress of the United States in 1789 a committee was appointed "to bring in a bill or bills providing for the establishment of hospitals for sick and disabled seamen...."[9] Nine years later, in 1798 "An Act for the relief of sick and disabled seamen" was signed into law by President John Adams. In 1799 the law was amended to include Naval officers and sailors, and Navy personnel remained covered under the plan until 1811 when a separate Naval Hospital Fund was established.[10]

As with its English antecedent, the American act provided for the collection of funds through a monthly deduction from sailors' wages, a fee set for many years at a rate of twenty cents a month. The act was less explicit about the services to be provided, but it did call for the appointment by the President of "directors of the marine hospital of the United States" to direct the expenditures from the funds and to provide for the accommodation of the needy seamen at ports deemed appropriate.[11] It fell to the Treasury Department to administer the program, and with a bow to expediency and economy the local "directors" became the customs collectors who were already in place at most of the ports that were to be served by the hospital fund.

In the early years of its operation the Marine Hospital Fund operated in varying ways in different port cities. Funds were generally insufficient to meet demand. In the majority of places funds were paid over to local hospitals or boarding houses for the care of the sailors. In a few cities hospitals were purchased for operation by the Federal government or actually built by the government. The first hospital operation in which the government was involved appears to have been in the Boston area where, in 1799, a temporary hospital was established in a barracks on Castle Island in Boston Harbor. [See Appendix 1 for footnotes documenting construction and demolition dates of various marine hospitals.] In 1801 the Federal government purchased from the State of Virginia a marine hospital erected several years earlier near Norfolk. This building was demolished in 1933. In 1803 the first permanent facility, designed by Asher Benjamin, was completed for the Marine Hospital Service at Charlestown, near Boston. This building was demolished in 1825 and replaced with a larger facility at nearby Chelsea in 1827 which has also been destroyed. Before 1804, services were also in place at Newport and Charleston. A hospital designed by Robert Mills was built in

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[7]Ibid., p. 25.

[8]Ibid., p. 27.

[9]Ibid., p. 28.

[10]Ibid., p. 31.

[11]Ibid., p. 30.

Charleston, S.C. in 1832-1833, although in this unusual arrangement the city paid for the construction of the building in exchange for a Federal agreement to fund its operation. This building is still standing and is a National Historic Landmark. These are the only early facilities documented to have been owned by the government prior to 1840. In other large port cities such as New York and Philadelphia the government rented space in existing facilities.

Marine Hospitals on the Western Waters, 1836-1858

In 1837, following years of lobbying by states and communities up and down the Mississippi and Ohio rivers, Congress acknowledged the desperate need for medical facilities for the seamen who plied the inland waterways that had become such a vital part of the nation's transportation and commercial network. Serious outbreaks of cholera on the Great Lakes in 1832 and in the lower Mississippi valley in 1833, as well as frequent steamboat accidents caused by steam engine explosions created a constant outcry for facilities.[12] In 1836 the General Assembly of the State of Ohio passed a resolution calling for assistance from the Federal government. Based on the findings of a medical committee established in the state to determine appropriate means to address the cholera problem, it asked for the establishment of hospitals at fourteen cities along the inland waters; and Federal subsidies were also requested for the care of seamen in hospitals already in place. The report stated "that the location, erection, and support of these hospitals properly and constitutionally belongs to the General Government" and that the State of Ohio "is entitled to the same fostering care of the Federal Government as that of the Atlantic States for which similar provision has been already made."[13]

Also in 1836 a group of citizens from Louisville appealed in a memorial to Congress "praying that adequate provision be made by the Government of the United States for the relief of sick and disabled seamen on the Western waters." In this they declared "emphatically" that Louisville, situated at the Falls of the Ohio, was "the head-quarters of western navigation" and that immense numbers of sick and destitute seamen were annually discharged there without any adequate means of assistance. They pointed out that "in the whole line of Western river navigation, embracing more than double the distance of our whole seacoast, and navigated by two-thirds as many men as are employed at sea, contributing in the same

proportion to the support of these munificent establishments . . . not a solitary hospital, supported or maintained by the General Government can be found."[14]

Bowing to public pressure, in December 1836, Secretary of the Treasury, Levi Woodbury, sent a letter to Martin Van Buren, at that time President of the Senate, recommending five sites for new marine hospitals. These included Louisville, St. Louis, Buffalo, Portland, Maine, and

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[12]William Scott, "The Louisville Marine Hospital" (Louisville, Kentucky: Unpublished manuscript in the collection of the Portland Museum), p. 3.

[13]Bess Furman, *A Profile of the United States Public Health Service, 1798-1948* (Washington, D.C.: U.S. Department of Health, Education and Welfare, National Institutes of Health, National Library of Health, 1973), pp 67-68.

[14]U.S. Congress, "Memorial for the Citizens of Louisville, Kentucky," Senate 227 (24-1) 281.

Washington, D.C.[15] Finally on March 3, 1837 an act was approved authorizing the Secretary of War to appoint three Army medical officers to select sites for marine hospitals at New Orleans, Mobile, and at seven sites along the Mississippi and Ohio rivers and on Lake Erie, that were most in need of hospital facilities. Interestingly, in the instructions sent to the committee members concerning the criteria for selection, (the healthfulness of the immediate spot and the resources of the Country around it, a location within the reach of the greatest mass of the mariners, etc.) Louisville was suggested as one of the most important sites.[16]

The "Report of (the) Medical Board of Marine Hospitals" submitted in November 1837 made ample justification for the proposed hospitals. "The steady and rapidly increasing commerce of the west is, perhaps without parallel in the history of the world," it stated. It cited figures giving the number of steamboats in service on the rivers as having risen from 262 in 1834 to 638 in 1837. Locations selected for hospitals were at Natchez, Mississippi, Napoleon, Arkansas (at the mouth of the Arkansas River), St. Louis, Missouri, Paducah and Louisville, Kentucky, Wheeling, West Virginia, and Cleveland, Ohio. An explanation of the selection process reveals that the key sites of Natchez, St. Louis, and Louisville were chosen and then the other locations were selected to provide fairly even coverage along the rivers. Again it is insightful to read the conclusions about the importance of the Louisville site:

> In selecting the sites on the Ohio, Louisville, from its position at the falls, being a place of deposit and transfer, is, in great degree, the central point of trade on the river. These facts being considered indisputable, there could be little hesitation as to the propriety of selecting that place as the central location on the Ohio for the establishment of a hospital.

The Wheeling site was replaced before construction began by a site outside Pittsburgh. Along with these site recommendations, two sets of hospital plans and estimates prepared by Robert Mills for hospitals of 50 and 100 beds respectively were sent to Congress in December 1837 by the Army committee.[17] Mills had been appointed "Architect and Engineer" for the Federal government in 1836.[18]

Facilities were completed at Mobile in 1843 and New Orleans in 1849, but funding for purchase of sites and the construction of the seven hospitals for the Western Waters was not authorized until 1842. Even then appropriations from Congress came slowly in bits here and there and actual construction did not begin at various sites until dates ranging from 1845 until

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[15]Levi Woodbury to Martin Van Buren, President of the Senate, Letter Sent, R.G. 90, National Archives, Washington, D.C.

[16]Thomas Lawson to B.F. Harney, Letters Sent, Records of the Surgeon General, R.G. 112, National Archives, Washington, D.C.

[17]Alder, p. 42.

[18]Henry Withey and Elsie Rathburn Withey, *Biographical Dictionary of American Architects* (Los Angeles: New Age Publishing, 1956), p. 422.

1850. The Louisville, Cleveland, Pittsburgh, and Paducah facilities were completed in 1851, the hospital in Natchez in 1852, at Napoleon in 1853, and in St. Louis in 1858.

The Robert Mills/Thomas Lawson Hospital Plan, 1837-1860

As previously mentioned, the seven buildings constructed on the western waters were all based on the 1837 Robert Mills plans that in 1845 was substantially amended by Dr. Thomas Lawson, Surgeon General of the Army. A 1974 Master's Thesis by Gale Shipman Alder, "Robert Mills and United States Marine Hospitals," explores in detail the relationship between the original Mills plans and the working plan, accepted in 1845, by the Secretary of the Treasury, with Lawson's changes.

The Mills plans for 50 and 100 bed facilities, while not ground-breaking, clearly addressed the newest thinking in hospital planning, a science still very much in its infancy in the 1830s. They definitely fall into the category of "designed" rather than "derived" hospital buildings, a distinction pointed out by John D. Thompson and Grace Goldin in their study, *Hospitals: A Social and Architectural History*.[19] They can be described as "block" plan structures deriving their form from a central mass with wings. This was the customary form for most hospitals until the pavilion plan began to gain acceptance in America in the second half of the 19th century.[20] Indeed Robert Mills, who prided himself on his attention to function, paid particular attention to the most up-to-date medical thinking about proper hospital design which, at the time, focused on the importance of adequate ventilation and light.[21] In a letter accompanying the transmission of his plans to the Government he stated:

> In arranging these plans, reference has been made to several essential points connected with the hospitals: ample space, free ventilation, separation of patients by classes into distinct wards, and extensive galleries on the level of each floor, as well for shelter and exercise.....
>
> The openings in the wards are so disposed, that all the beds receive the benefit of free ventilation, without subjecting the patients to injury by the air blowing directly upon them. Not more than eight beds are placed in each ward, which allows five feet for each bed and space between, in their width, and a passageway between the foot of the beds of nearly eight feet. All these passages lead, one way, into spacious corridors, and the other into wide piazzas; beside this, every ward is capable of being ventilated over head. Provision is made, also, for diffusing a current of warm air in winter throughout the wards, and in summer a current of cool air, so that every disagreeable vapor may be dissipated.[22]

Alder makes a cogent argument for a strong influence on Mills' designs by the architect,

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[19]Thompson and Goldin, p. xxvii.

[20]Ibid., pp. 108-113.

[21]Ibid., p. 124.

[22]U.S. Congress, "Marine Hospitals." House of Representatives 124 (28-2) 468.

Benjamin Henry Latrobe (Mills' teacher), and Dr. William P.C. Barton, a Navy surgeon. In a document published by Barton in 1814 entitled *A Treatise Containing a Plan for the Internal Organization and Government of Marine Hospitals in the United States*, he discussed the plans for the marine hospital in Washington, D.C. designed for the Navy between 1808 and 1812 by Latrobe after consultation with Barton.[23] This hospital was never built, but certain aspects of its design are reflected in Mills' marine hospital plans.

The principal features of Mills' designs included a central block with flanking wings that projected at the 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 facade was finished in a Classical style, the 50-bed facade 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 had 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.

Alder located a plan titled "U.S. Marine Hospital" in the National Archives (Figure 2) which she convincingly argues is the Lawson update of the Mills plan.[24] Various correspondence documents that this was the plan used for the hospitals at Cleveland, Pittsburgh, and Louisville. Its most significant deviation from the 100-bed Mills plan comes in the orientation of the main hall and the access to the wards. Lawson's plan removed the longitudinal hall and emphasized the central hall. Secondary corridors in the four corners of the wings provide the only access to the end wards. Small wards were paired and separated by sliding pocket doors, allowing for the creation of larger wards when desirable. The plan is in some ways less satisfactory than the Mills plan, a fact that was acknowledged in some correspondence at the time of its implementation at the Pittsburgh hospital, but the government appears to have been locked into it, for these seven buildings at least.[25] Many of the changes appear to have been made with economy in mind, and indeed the amount of space given over to circulation in the Mills plan does seem to have been extremely generous. Within the same square footage Lawson was able to squeeze additional beds.

The United States Marine Hospital at Louisville

The Louisville hospital, although it reflects a number of changes resulting from its long use as a hospital, still documents many of the features of the Mills/Lawson plan. The central hall remains with its main stair in place. The corner passages in the wings are all in place, and two retain their original staircases. The first floor west end rooms retain the sliding pocket doors that were called for in the Lawson plans. The tiny water closets wedged into a slight projection in the corners of the projecting wings are still in place on the west side of the

[23] Alder, pp. 23-33.

[24] Alder, pp. 44-48.

[25] Ibid., pp. 46-47.

building. The recessed galleries, an important feature of both the Mills and Lawson plans, remain in place and in most areas are still open.

Following the commencement of construction at Cleveland of the first of the seven hospitals, building was put in the hands of the Department of the Army, and officers from the Army Corps of Engineers, then called the Bureau of Topographical Engineers, actually superintended the building of the remaining hospitals. Colonel Stephen J. Long, an influential Army engineer, already headquartered at Louisville while he oversaw the construction of snagboats for the clearing of the Ohio and Mississippi, was put in charge of hospital construction at Louisville, Paducah, Natchez, and Napoleon. Charles A. Fuller, Long's assistant in the Louisville office, executed drawings that reflect some changes from the Lawson plan and elevation that were recommended by Long.[26] On the exterior the height of each floor was lowered, and an octagonal cupola was added. Pediments called for on the wings and a balustrade at the roof line of the central section were removed. On the interior Fuller shifted staircases and fireplaces and opened up horizontal circulation on each floor by creating doorways between the two pairs of wards on each side of the central hall.

Finally, Joseph Sawyer, an architect from Cincinnati, was hired for a short time from December 1848 to March 1849 to work on all four of the hospitals under Long's supervision.[27] Only his detailed drawings for the Louisville hospital have been located (Figures 3 and 4). [These are located in the Cartographic and Architectural Branch of the National Archives, R.G. 77, Cons. 43.] These indicate that a few more changes were made, the most significant being the alteration of the gallery supports from columns to plain square brick piers. The final execution of the Louisville hospital must be looked at as an amalgam of the ideas of Robert Mills, Robert Lawson, Stephen Long, Charles Fuller, and Joseph Sawyer, although the basic concept derives quite clearly from the Mills/Lawson prototype. The seven hospitals based on this plan all varied slightly, reflecting the ideas and execution of the officials who were placed

in charge of actual construction, the availability of various local building materials, and the amount of money, based on marine hospital fund revenues, available for construction at each site.

The United States Marine Hospital at Louisville was located in what at the time of its construction was the separate community of Portland. Portland, fronting on the Falls of the Ohio, and after 1830, the location of the important Portland Canal, was a major center of early Louisville's maritime activity. The eight-acre site for the hospital was purchased in November 1842 from George Gwathmey and his wife, Sophie, for $6,000. Excavation for the foundation began in 1845.

The construction history of the hospital has been taken from an unpublished report entitled "The Louisville Marine Hospital" that was prepared in the 1980s by William Scott for the Portland Museum in Louisville. Scott noted:

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[26]Scott, p. 12.

[27]Ibid.

The construction history must be traced both through Long's reports to his superior, J.J. Abert, as well as in his exchanges with Lawson. By July 24, 1845, Lawson had in hand the drawings done by Charles A. Fuller. . . . By October 3, 1845, Long was able to report an estimate of $16,666, 2/3 for the Louisville hospital. In June of 1846 Lawson received drawings from Louisville reflective of additions and alterations and again praised the design but questioned the expense of the 'embellishments.'[28]

Construction was halted in 1847 due to lack of continued Congressional appropriations. The war with Mexico generally curtailed all government building activity except the most essential. When Long wrote his annual report on June 30, 1847, the foundation contracts were partially fulfilled and he had on hand 100,000 bricks and timber for the superstructure.[29]

Early in 1848 citizens of Louisville, anxious for the completion of the hospital, called upon their Representative, W. Garnett Duncan, to intercede on their behalf in Washington. The Surgeon General's office suggested that the isometrical view prepared in Long's office in Louisville by Charles Fuller dated 1846, and seen by Lawson on his way to Mexico, be exhibited before various committees of Congress in order to elicit further appropriations.[30] Construction was recommended in the winter of 1848.

By September 1, 1849, contracts had been let for 100,000 bricks, timber for all the doors, door and window frames, and all the trim, as well as for copper and tin for the roof.[31] In the year of major construction, June 1849 to May 1850, $19,267.75 was expended. The master carpenter was John Card, who was paid $3 per day. . . .[32]

By September 1, 1851, plastering of the interior was completed and all of the mantles and iron railings were in place. All of the interior finishing - archives, doors and windows, glazing, and painting were completed. The 24-foot flag-staff topped by a 6-foot long weather vane 'fashioned in the likeness of an alligator gar' was placed above the cupola.[33] The hot air furnaces, an enclosure

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[28]Thomas Lawson to Stephen J. Long, Letters Sent, R.G. 112, National Archives, Washington, D.C., as cited in Scott.

[29]"Fifth Annual Report on the Western Waters Improvements, June 30, 1847, R.G. 77, National Archives, Washington, D.C., as cited in Scott.

[30]R.G. 112, National Archives, Washington, D.C., as cited in Scott.

[31]Ibid.

[32]R.G. 5, National Archives, Washington, D.C., as cited in Scott.

[33]Lt. Col. S.H. Long, Topographical Engineers, to Col. J.J. Abert, Chief Topographical Engineers, September 1, 1851, U.S. Congress, Ninth Annual Report: House of Representatives No. 2(32-1) 634, pp. 430-432, as cited in Scott.

> fence, and grading and paving were yet to be done. The hospital was not yet furnished. The building was finally completed . . . .at a total cost of $61,939.44.[34]

The hospital opened its doors to patients on January 1, 1852. From May 1863, until the end of the Civil War, it was used as a military hospital and then remained vacant for a few years.[35] In 1869 it was reopened as a marine hospital and functioned in that capacity until it was replaced in 1933 by a new modern Public Health Service hospital on the same site. At that time the old hospital was adapted for staff quarters, and a portion of the building became the boiler room for the new facility. The building was declared "surplus" to the needs of the United States Public Health Service in 1949 and sold to the City of Louisville in 1950. The 1933 hospital continued to operate in the 1950s and 1960s, first as the Louisville Memorial Hospital and later as the Louisville Hospital for the Treatment of Chronic Illness. During this time the first marine hospital was used primarily for offices. In 1975 ownership of the property was transferred to the Louisville and Jefferson County Board of Health which opened a new family health center there the following year. This is still in operation in 1997. The old marine hospital continued to be used for offices and storage until 1979 when the last offices were removed from the building. Since then it has been used exclusively for storage with the exception of a three month period in 1991 when the west half of the first floor housed a museum exhibit developed by the Portland Museum: "River Reaches: Portland and Shippingport at the Falls of the Ohio."

Other 19th Century Marine Hospitals and the Development of the Marine Hospital Service

Following the 1837 decision to fund the seven marine hospitals on the Western waters, Congress continued a somewhat reluctant commitment to build marine hospitals at various ports throughout the country. These were funded through a combination of seamen's funds, still collected at the rate of twenty cents a month, and additional appropriations from Congress. Some of the hospitals were located at increasingly important shipping points such as Chicago (completed 1852), San Francisco (completed 1853), and Detroit (completed 1857); others were sited at much smaller and somewhat questionable locations such as Burlington, Vermont (1858) on Lake Champlain and Burlington, Iowa (1858) and Galena, Illinois (1859) on the upper Mississippi River. At the latter sites predicted demand for services never materialized and the facilities were sold for other purposes after the Civil War.[36]

As Dr. Fitzhugh Mullan points out in his book, *Plagues and Politics*, "the care of merchant seamen, as it was organized, was not a system in any contemporary sense of the word but, rather, a loose entitlement managed largely by customs collectors and politicians." Many of

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[34]U.S. Congress, "Report on the Finances," Senate No. 2 (34, 1-2) 814, p. 242, as cited in Scott.

[35]Surgeon W.H. Long "History of U.S. Marine Hospital #11, Louisville, Kentucky" (Louisville, Kentucky: Unpublished manuscript in files at Portland Museum, 1880) p. 1.

[36]Woodworth, pp. 19-20.

the marine hospitals were pork barrel projects, but even in places where there was a real need for facilities, hospitals were poorly run. As early as 1849, complaints about the hospitals led to the appointment of a commission to examine both existing hospitals and those under construction. The resulting report was uniformly negative and made the strong recommendation that a chief surgeon, with his office attached directly to the Treasury Department, should be appointed to oversee all the hospitals and bring some uniformity of operation to the system.[37]

At the outbreak of the Civil War, 27 marine hospitals built (25) or operated (2) by the Federal government were standing in communities stretching from Portland, Maine to Key West, Florida and from Ocracoke Island, North Carolina to San Francisco.[38] A facility located at Lahaina on the Island of Maui, Hawaiian Islands, a whaling port frequented by American boats, may or may not have been constructed by the government. Many of these hospitals were taken over for use as military hospitals during the war by both the Union and Confederate armies, and by the end of the war only eight were still functioning as marine hospitals.[39]

In 1869, following more years of criticism about how the Marine Hospital Service had been administered, the Secretary of the Treasury, George S. Boutwell, appointed two doctors, Dr. W.D. Stewart, a Marine Hospital physician, and Dr. John Shaw Billings, the Army's authority on hospitals, to inspect and report on the condition of the marine hospitals throughout the country. Although the actual report has been lost, the conclusions and recommendations of these two men are summarized in the Secretary of the Treasury's 1869 Annual Report and referred to in the 1882 *Annual Report of the Supervising Surgeon General of the United States Marine Hospital Service*. Stewart and Billings were highly critical of the hospital service which they reported to be "upon the whole in an unsatisfactory condition." They pointed out that a number of the facilities had been built at points where, in 1870, they were no longer needed, and that many of the most important ports in the country, including New York, Philadelphia, and Baltimore had no accommodations for sick and disabled seamen. They concluded that a number of the hospitals should be sold and that new ones should be erected in the above mentioned cities.[40]

In 1870, more than twenty years after it had first been recommended, Congress finally authorized the position of Supervising Surgeon of the Marine Hospital Service, and in 1871 the Secretary of the Treasury made his first appointment, Dr. John Maynard Woodworth. Independently of the Stewart-Billings report, but no doubt prompted by this same criticism of the Service, Woodworth prepared a 103-page report on the agency at the end of his first fiscal year. The *First Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States for the Year 1872* contained the first in-house chronicle of the Service up to that date. A general sketch of its history as well as a brief history of each facility ever built or

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[37]Dr. Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, Inc., 1989), p. 19.

[38]Furman, p. 107.

[39]Ibid.

[40]Ibid., p. 115.

owned by the Hospital Service was included as well as recommendations for the disposal of useless facilities (at Natchez, Ocracoke, New Orleans, Pittsburgh, and San Francisco) and for the erection of new hospitals (at New York, San Francisco, and Pittsburgh). Woodworth, a proponent of the pavilion plan hospital which was gaining favor nationally during this period, made a strong plea for the construction of all new hospitals of wood and for destroying them after ten or fifteen years, both as "sanitary and economical measures."[41]

Woodworth quickly organized the loose affiliation of marine hospitals into a true service and annually published a report on operations that in Mullan's words were "crisp, candid and informative." According to Mullan "he moved to close poor facilities, improve contract and outpatient care, and establish nonpolitical, centralized administration of the Service."[42] He was responsible for the creation of a professionally trained corps of physicians who were no longer subject to the political influences that had played such a negative role in the functioning of the hospitals up to this date. Over the next thirty years, approximately ten more hospitals were built, at least four of them, at Cairo, Illinois (1885), Memphis, Tennessee (1885) and replacement hospitals at San Francisco (1875) and Evansville, Illinois (1891), utilizing the pavilion plan recommended by Woodworth. Other facilities such as the tuberculosis sanitorium at Fort Stanton, New Mexico (1898) and a leprosy facility at Carville, Louisiana (1917) were sites purchased with preexisting structures on them that were adapted as marine hospitals.

During this thirty year period gradual strides were being made in the area of public health, fueled by a new understanding of the causes and prevention of communicable diseases. The first permanent state public health department was established in Massachusetts in 1869. The American Public Health Service was established in 1872. By the mid 1870s there was increasing acknowledgment that the Federal government should play a bigger role in the area of public health, an arena that up until this time had been strictly controlled by the states. The Marine Hospital Service was engaged in a struggle to maintain its identity and to gain a role at the center of the emerging concern for public health policy. In 1878 the Marine Hospital Service won the right to administer the newly enacted Quarantine Act, but a year later a newly constituted National Board of Health received the mandate to administer all quarantine functions. By 1883 the Board of Health had foundered, and the Marine Hospital Service had regained quarantine control. In 1887 the Service established a "Hygienic Lab" in one room of its hospital on Staten Island. As its importance was acknowledged and its functions expanded it was moved to larger quarters at the Marine Hospital Service headquarters in Washington, D.C. and in 1904 to a new up-to-date facility built specifically for its needs.

In 1902, recognizing the growing demand for a national health department, the Marine Hospital Service successfully lobbied to become the Public Health and Marine Hospital Service. Provisions of the 1902 Act that mandated this change also created substantive changes that placed the Surgeon General at the head of the public health movement and strengthened the ties between federal and state public health efforts. Ten years later, in 1912,

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[41]Woodworth, p. 26.

[42]Mullan, *Plagues and Politics*, p. 20.

the agency's name was again changed to the **P**ublic Health Service, marking the end of the transition from the Marine Hospital Service into the Public Health Service.

The hospital program continued to be one of the principal focuses of the **P**ublic Health Service through the 1930s. A small number of new hospitals were built during the 1910s and 1920s, and during the 1930s the building program was accelerated with new facilities constructed at Cleveland, Detroit, New Orleans, Seattle, San Francisco, Louisville, Galveston, St. Louis, and Boston. Throughout this time, the merchant marine continued to be the principal patron of the hospitals although the public health service's clientele was expanded at various dates from 1917 to 1940 to include Coast Guard officers and seamen, officers and seamen of the Lighthouse Service, aliens detained in hospitals of the **P**ublic Health Service, federal prisoners, etc. On a paying basis the hospitals also accepted United States Army officers and enlisted men, foreign sailors, patients of the Veteran's Administration, and people working for the Civilian Conservation Corps.[43] In 1935 merchant seamen still made up 64% of hospital patients and 52% of out-patients served by the hospitals.[44]

The United States Marine Hospital at Louisville is of enormous significance in the area of maritime history. The marine hospitals collectively represent one of the first health care and social welfare initiatives for sailors in the country. Together with lighthouses and life saving stations, the marine hospitals document the principal federal presence in the country's maritime-related built environment. With the exception of the Galena, Illinois hospital, a later and less historically important structure, the Louisville facility is the only building remaining to document the Federal government's commitment to the merchant seamen of the inland waterways of this country, the transportation routes that played, and continue to play, such a vital role in the country's commerce.

Clearly the early hospitals built by the marine hospital fund were the first tangible effort of the Federal government in the area of public health. The Louisville hospital, as one of only eight pre-Civil War marine hospitals remaining, most certainly has national significance in the area of public health. As exploration of the theme "**P**ublic Health" is undertaken for the entire country, the 1933 expansion of the marine hospital in Louisville may also be seen as significant.

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[43] S.L. Christian, *Marine Hospitals and Beneficiaries of the Public Health Service*. (Reprint No. 1755 from the *Public Health Reports*, Vol. 51, No. 25, June 19, 1936). (Washington, D.C.: Government Printing Office, 1936), pp. 5-6.

[44] Ibid., p. 13.

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Annual Report of the Surgeon-General of the Public Health and Marine- Hospital Service of the United States. Washington, D.C.: Government **P**rinting Office. For the fiscal years 1903 and 1904.

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U.S. Congress, "Ninth Annual Report: Lt. Col. S.H. Long, Topographical Engineers, toCol. J.J. Abert, Chief Topographical Engineers, September 1, 1851." House of Representatives No. 2 (32-1) 634, pp. 428 - 37.

U.S. Congress, "Report from Lt. Col. S.H. Long, Topographical Engineers to Col. J.J. Abert, Chief Topographical Engineers." House of Representatives No. 1 (32-2) 674, pp. 224 - 229.

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Previous documentation on file (NPS):

___ Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
_X_ 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
_x_ Local Government
___ University
_x_ Other (Specify Repository): The Portland Museum
2308 Portland Ave.
Louisville, Ky. 40212

10. GEOGRAPHICAL DATA

Acreage of Property: eight acres

UTM References:	Zone	Northing	Easting
A	16	4236 310	606 370

Verbal Boundary Description:

The nominated property consists of an 8-acre site bounded by Portland Avenue on the south, 23rd Street on the west, Northwestern Parkway on the north, and Carter (22nd) Street on the east. (This constitutes Lot 30 of Block 5-G in the City of Louisville.) The boundary is indicated on the accompanying site plan labeled "United States Marine Hospital, Louisville, Kentucky, Louisville, Jefferson Co., KY, SKETCH MAP."

Boundary Justification:

The boundary includes the 8-acre site historically and presently associated with the 1852 marine hospital. The entire property has been nominated to document the extent of the original site at the time the hospital was constructed and to encompass some historically significant support buildings and landscape features, including a stable, laundry, and a cast-iron fence that surrounds much of the property.

11. FORM PREPARED BY

Name/Title: Carolyn Brooks, Historic Preservation Consultant

Org.:

Street/#: 1288 Bassett Avenue

City/Town: Louisville

State: Kentucky

ZIP: 40204

Telephone: (502)456-2397

Date: March 15, 1994

NATIONAL HISTORIC LANDMARKS SURVEY
December 8, 1997

APPENDIX A

UNITED STATES MARINE HOSPITALS BUILT BEFORE 1900

Name	Date Authorized	Dates Constructed	Extant/ Demolished	Date Demolished

1. Castle Island, Boston Harbor, Mass. 1799 1799 D
   Temporary site in rebuilt barracks at Fort Independence. Hospital located here until Charlestown facility completed in December, 1803.

   Source:
   Thurm, Richard. *For the Relief of the Sick and Disabled: The U.S.Public Health Service at Boston, 1799 - 1969*, pp. 41-43.

2. Norfolk, Va. 1801 D 1933
   In 1801 Federal government purchased existing two-story brick building constructed by State of Virginia shortly before. Not used for hospital purposes after Civil War.

   Source:
   Williams, Dr. Ralph Chester. *The United States Public Health Service, 1798 - 1950*, p. 37 - 38.

3. Charlestown, Mass. 1802 1802-1803 D 1825
   First permanent marine hospital constructed by Federal government. Designed by Asher Benjamin. Masonry brick building.

   Source:
   Thurm, Richard, pp. 59 - 65.

4. Chelsea, Mass. #1 1825 1826-1827 D 1908
   Hospital sold at auction in 1857 to City of Chelsea. Used as a school until destroyed by fire in 1908.

   Source:
   Thurm, Richard, pp. 213, 419.

5. Charleston, S.C. 1805 1832-1833 E
   Gothic Revival style stuccoed-brick building designed by Robert Mills. In unusual arrangement U.S. government constructed building and City of Charleston managed it. Sold at public auction after Civil War. In 1938 front section restored and two rear wings demolished. National Historic Landmark.

Source:
Alder, Gale Shipman. "Robert Mills and United States Marine Hospitals." Master's Thesis presented

to the University of Miissouri, 1974, pp. 83 - 85.

6. Lahaina, Maui, Hi. 1840 pre-1843 E
Two-story building with verandas across its front. May not have been built by Federal government but served as a marine hospital for some years beginning shortly before 1843. Still standing, although heavily altered, in 1996.

Source:
Furman, Bess. *A Profile of the United States Public Health Service,1798-1948*, 1973, pp. 79 - 81.

7. Mobile, Ala. 1837 1839-1843 E
Plans designed by Frederick Bunnell and R. Barnes. Greek Revival stuccoed-brick building with pedimented portico. Wings added to east and west of front facade in 1907, 1908. Remodeled in 1930s and again in 1960s?.

Sources:
Alder, pp. 96-97.

Sledge, John, Architectural Historian for City of Mobile. Letter to Joe Brent, Kentucky Heritage Council, with accompanying copy of undated restoration plans for Mobile Marine Hospital. September 26, 1991.

8. Key West, Fla. 1842? 1844-1845 E
Designed by Robert Mills, but with only a few similarities to his design for hospitals on Western waters. Site located on Key West Naval Station. Extensively remodeled during WWII for Navy family housing. Galleries enclosed and large wings added. Building bears little resemblance to its original form.

Source:
Alder, pp. 91 - 94.

9. New Orleans 1802,1804, 1837, 1838-1848 D 1861
Site across river from city at McDonaghville. Hospital designed by Robert Mills with plan similar to those of hospitals on Western waters. Gothic Revival styling. Design modified by Mondelli and Reynolds, contractors for building. Used only from 1848 - 1858, when the grounds were inundated by the Mississippi. Building destroyed in 1861 explosion. Site engulfed by river by 1866.

Sources:
Alder, pp. 87 - 90;

Furman, pp. 68 - 69.

10. Cleveland, Ohio 1837 1845-1851 D c. 1930
Mills/Lawson design. One of group of seven hospitals designated for Western waters. First of seven to commence construction. Two-story sandstone building with elaborate domed cupola. Sold to Pennsylvania Railroad in 1930 and demolished soon after.

Source:
Alder, pp. 102 - 104.

11. Louisville 1837 1846-1851 E
Mills/Lawson design. One of group of seven hospitals designated for Western waters. Col. S.H. Long of Army's Bureau of Topographical Engineers in charge of construction. Brick building with cupola. Opened for patients in January, 1852. Used as military hospital during Civil War. Closed in 1933 and adapted for staff quarters when new Public Health Service Hospital on same site opened. Sold to City of Louisville in 1950s.

12. Pittsburgh, Penn. 1840 1846-1851 D c. 1875?
Mills/Lawson design. One of group of seven hospitals designated for Western waters. Site at Allegheny City near Pittsburgh. Brick building. In 1872 described as "dilapidated" and in an unhealthy location between a blast furnace and an iron rolling mill. By June, 1875 the building and grounds had been sold. Almost certainly the hospital was demolished soon after. There is no record of the building in the files of the Pennsylvania Historical and Museum Commission or the Pittsburgh History and Landmarks Foundation office.

Sources:
First Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States For the Year 1872, p. 13.

Annual Report of the Supervising Surgeon General of the Marine Hospital Service of the United States for Fiscal Year 1875, p.11.

13. Paducah, Ky. 1837 1849-1851 D 1868
Mills/Lawson design. One of seven hospitals designated for Western waters. Col. S.H. Long of the Army's Bureau of Topographical Engineers in charge of construction. Same plan and detailing as Louisville hospital. Built on site of Fort Anderson. Burned in 1862.

Source:
Alder, pp. 109.

14. Natchez, Miss. 1837 1849-1852 D 1984
Mills/Lawson design almost identical in plan and exterior finish to the Louisville hospital. One of seven hospitals designated for Western waters. Col. S.H. Long of the Army's Bureau of Topographical Engineers in charge of construction. Sold in 1876 and again in 1884. Became Natchez city hospital. Burned to the ground in 1984.

Source:
Shoemaker, Mary McCahon. "United States Marine Hospital," Natchez. National Register Nomination, May 17, 1978.

15. Napoleon, Ark. 1837 1850-1855 D 1858
Mills/Lawson design. One of seven hospitals designated for Western waters. Located on the Mississippi River at the mouth of the Arkansas River. Site was deemed unsuitable from time of its

1849 acquisition, and hospital collapsed into the river in 1858.

Source:
Alder, p. 111.

16. St. Louis, Mo. 1837 1850-1858 D 1959
Mills/Lawson plan. One of seven hospitals designated for the Western waters. Came closest in appearance to plans of Dr. Lawson. Brick with limestone foundation; corner blocks detailed with corner pilasters and pedimented gables. Demolished in 1959.

Sources:
Alder, p. 113.

"Start of Demolition at Old Marine Hospital," *St. Louis Globe Democrat*, August 10, 1959.

17. San Francisco, Ca. 1850 1852-1853 D late 1920s
Located at Rincon Point. Brick building with Italianate style cast-iron verandas. Expanded version of Mills/Lawson plan. Damaged in 1868 earthquake and abandoned. Leased to city in 1879 for Sailors' Home. Demolished in late 1920s.

Sources:
First Annual Report of the Supervising Surgeon...For the Year 1872, p. 17.

Furman, pp. 89 - 92.

18. Ocracoke, N.C. 1842 1846-1847 ?
Wood-framed building. Used only for a few years due to lack of patients.

Source:
First Annual Report of the Supervising Surgeon...For the Year 1872, p. 15.

19. Chicago, Ill. 1845, 48? 1848-1852 D 1871
Mills/Lawson plan. Hospital and grounds sold in 1864. Burned in Chicago fire of 1871.

Source:
First Annual Report of the Supervising Surgeon...For the Year 1872, p. 16.

20. Pensacola, Fla. 1845, 1854 never built

Source:
First Annual Report of the Supervising Surgeon...For the Year 1872, p. 18.

21. Vicksburg, Miss. 1850 1854-1856 D 1870s?
Mills/Lawson plan with Italianate-style cast-iron verandas typical of the marine hospitals built while Ammi Young was Supervising Architect of the Office of Construction for the Treasury Department (1852 - 1862). Hospital sold in 1870 in very deteriorated condition. It was demolished long ago,

probably shortly after it was sold.

Source:
"Cholera By Steamboat Built Marine hospital," *Vicksburg Evening Post*, April 13, 1959.

22. Evansville, Ind. 1850 1850-1856 D c. 1912
Mills/Lawson plan with cast-iron verandas on front facade and prominent cupola. Sold in 1867 and reorganized in 1872 as St. Mary's Hospital. Demolished about 1912.

Source:
Evansville, Indiana 1812 - 1962.

23. Chelsea, Mass. #2 1855 1855-1858 E
Mills/Lawson "H" plan with changes in orientation and interior layout made by Ammi B. Young. Italianate-style building with cast-iron verandas on three sides. Located on grounds of U.S. Naval Hospital. Sometime after 1866 a fourth floor and a new Mansard roof were added to the building. Presently adapted as apartments.

Source:
Thurm, Richard, pp. 418 -421, 499-502.

24. Detroit, Mich. 1856-1857 D c. 1931
Mills/Lawson "H" plan with changes in orientation and, probably, interior layout made by Ammi B. Young. Brick building with Italianate-style verandas on front facade which is located on leg of "H." Probably also verandas along sides. Demolished about 1931.

Sources:
Farmer, Silas. *History of Detroit and Wayne County and Early Michigan*, Detroit: Silas Farmer and Co., 1890; Republished: Gale Research Co., 1969, p. 923-924.

Jaros, Squire, Survey Coordinator, Michigan Bureau of History, State Historic Preservation Office. Letter to Carolyn Brooks, 5/14/93.

25. Burlington, Iowa 1854 1856-1858 D 1868?

Only a few marine patients were ever treated at this hospital. Hospital was closed in 1865 due to lack of patients and sold in 1867. The hospital was demolished at an unknown date.

Sources:
First Annual Report of the Supervising Surgeon ... For the Year 1872, p. 19.

Division of Historic Preservation, Iowa State Historical Department, "Draft Report: Historic Sites Survey of Burlington, Iowa, 1977.

26. Burlington, Vt. 1855 1857-1858 D 1893
Two-story brick building with Second Empire styling and Mansard roof. Smaller than Mills/Lawson plan hospitals. Used as military hospital during the Civil War, but never used as marine hospital due to lack of patients. Sold in 1866 to the Home for Destitute Children. Destroyed by fire in 1893.

Sources:

Auld, Joseph. *Picturesque Burlington; A Handbook of Burlington, Vermont and Lake Champlain.* Burlington, Vt.: Free Press Assoc., 1894, pp. 79-80.

Vermont stereoviews, No. B21.74. Special Collections, Bailey/Howe Library, University of Vermont.

27. New Orleans, La. #2 1856-1860 D never completed
Cast-iron structure. Site selected was swamp "back of city" which created enormous construction problems. Unfinished building had been used for military hospital during Civil War. Building had not been completed in 1872, and it was recommended that no further money be put into building. In the late 1870s it was leased to the city for use as an insane asylum for African-Americans.

Sources:

First Annual Report of the Supervising Surgeon...For the Year 1872, p. 12.

Annual Reports of the Supervising Surgeon-General...For the Fiscal Years 1876 and 1877, p. 18.

28. St. Mark's, Fla. 1854 1854-1859 D
Operated briefly as marine hospital before Civil War. Transferred to the War Department after the war. Demolished many years ago. Museum was constructed on its foundation in 1960s by Florida Division of Recreation and Parks.

Sources:

First Annual Report of the Supervising Surgeon...For the Year 1872, p. 20.

Thurston, William, Florida Division of Historical Resources. Letter to Carolyn Brooks, May 25, 1993.

29. Portland, Me. 1852 1855-1859 E
Mills/Lawson "H" plan with changes in orientation and interior layout made by Ammi B. Young. Brick building with ornate Italianate-style cast-iron verandas on front (leg of H as at Detroit) and along both sides. Functioned as a marine and public health Service hospital until 1952. Presently, the offices of the Portland Public Schools are located in the building.

Sources:

Shettleworth, Earle G., Jr. "Marine Hospital," Portland. National Register Nomination, June, 1974.

Plans for building provided by the Portland Public Schools.

30. Galena, Ill. 1859 E
Ammi B. Young design. Small two-story brick building with wrap-around cast-iron porches on both ends and prominent central cupola. Operated as hospital only from 1861 - 1865. Facility sold in 1868 to German Methodist Episcopal Church for school. Later a private residence.

Sources:

First Annual Report of the Supervising Surgeon...For the Year 1872, p. 20.

Wodehouse, Lawrence. "Ammi Burnham Young," *Journal of the Society of Architectural Historians*,

Vol. XXV, No. 4, Dec. 1966, p. 278.

31. Cincinnati 1856-1860 D
Ammi B.Young design. Used as military hospital during Civil War. Sold in 1866. Later became Good Samaritan Hospital. Demolished at unknown date.

Source:
First Annual Report of the Supervising Surgeon...For the Year 1872, p. 19.

32. Wilmington, N.C. 1858-1860 ?
Sold in 1870 having never been used as a marine hospital. Later must have been repurchased or leased by government. 1898 annual report mentions opening of new hospital and removal of patients from "the old wards in the executive buildings."

Sources:
Annual Report of the Supervising Surgeon General ...For the Fiscal Year 1898, p. 60.

First Annual Report of the Supervising Surgeon...For the Year 1872, p. 20.

33. Chicago, Ill. #2 1867-1873 D
Mills/Lawson "H" plan, probably with changes to interior plan. Four- story addition made in 1935. Still in operation in 1950.

Sources:
First Annual Report of the Supervising Surgeon...For the Year 1872, pp. 11, 16, 17.

Williams, p. 53.

34. Pittsburgh, Penn. #2 1874- ?
Located on site of Allegheny Arsenal. According to the Pittsburgh History and Landmarks Foundation office, a three-story brick "H"-formation marine hospital dating from the early 20th century still stands on this site. Whether this is the 1870s building is unclear. Hospital closed in 1949.

Sources:
Kidney, Walter, Pittsburgh History and Landmarks Foundation. Telephone conversation with Carolyn Brooks, March 16, 1994.

Williams, p. 55.

35. San Francisco #2 1875 ?
Pavilion plan, wooden buildings. Replaced by new hospital in 1931.

Source:

Annual Report of the Surgeon General...For the Fiscal Year 1925, pg.214.

36. Cincinnati #2 1882 1882-1884 D
An old mansion was purchased for an executive building and wooden pavilion plan wards were built adjacent to it. In 1913 it became a laboratory for the study of stream pollution.

37. Memphis, Tenn. 1883-1885 ?
Pavilion plan hospital with executive building, two wards, and kitchen/laundry. Majority of buildings wood-framed. A new surgical ward was constructed in 1934. Still in operation in 1950.

Sources:
Annual Report of the Supervising Surgeon General...For the Fiscal Year 1883, p. 23.

Williams, p. 54.

38. New Orleans, La. #3 1882 1885 D c. 1931
Wood-framed construction, pavilion plan, designed to be temporary structure. Hospital functioned until replaced by new facility completed in 1931. Over 27 buildings were on site in 1930, all of which were moved to clear site for new hospital, and, soon after, demolished.

Sources:
Annual Report of the Surgeon General of the Public Health Service of the United States For the Fiscal Year 1925, p. 212-213.

Annual Report ....For the Fiscal Year 1930, p. 259.

Annual Report ... For the Fiscal Year 1931, pp. 250-251.

39. Cairo, Ill. 1882 1885 D
Wood-framed pavilion plan facility. Little information available.

40. Evansville, Ind. #2 1889-1891 D 1980s
Pavilion plan hospital with brick office building, laundry, and boiler house and wood-framed wards (2), medical officers' quarters, tank house, dead house, and stable. Hospital closed in 1947. Demolished in early 1980s.

Sources:
Annual Report of the Supervising Surgeon General... For the Fiscal Year 1981, p. 26.

Marchand, Joan, Historic Preservation Services, City of Evansville. Telephone conversation with Carolyn Brooks. May 15, 1993.

41. Delaware Breakwater, Del. 1894 ?
No information about facility. Closed in 1903.

Source:
Williams, p. 55.

42. Vineyard Haven, Mass. 1895 ?
Small thirty-bed facility still in operation in 1950.

Source:
Williams, p. 54.

43. Port Townsend, Wash. 1895 ?
No information about facility. Closed in 1933.

Source:
Williams, p. 55.

44. Fort Stanton, N.M. 1898 E
Sanitorium. Acquired from Army with buildings already on site. Other buildings later constructed.

45. Ellis Island, N.Y. 1898 E
Still in operation in 1950.

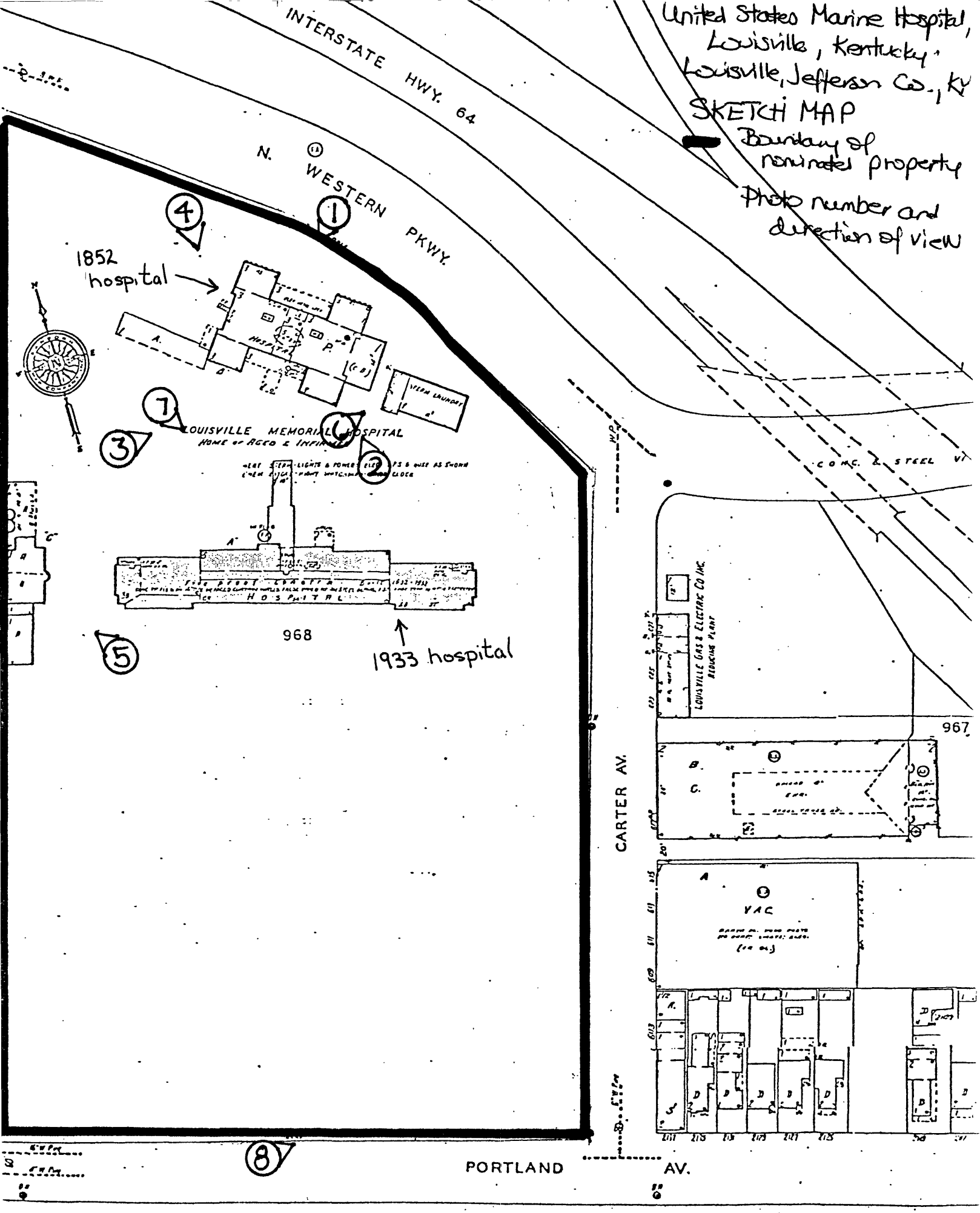
Source:
Williams, p. 54.

United States Marine Hospital,
Louisville, Kentucky.
Louisville, Jefferson Co., Ky

SKETCH MAP

Boundary of nominated property

Photo number and direction of view



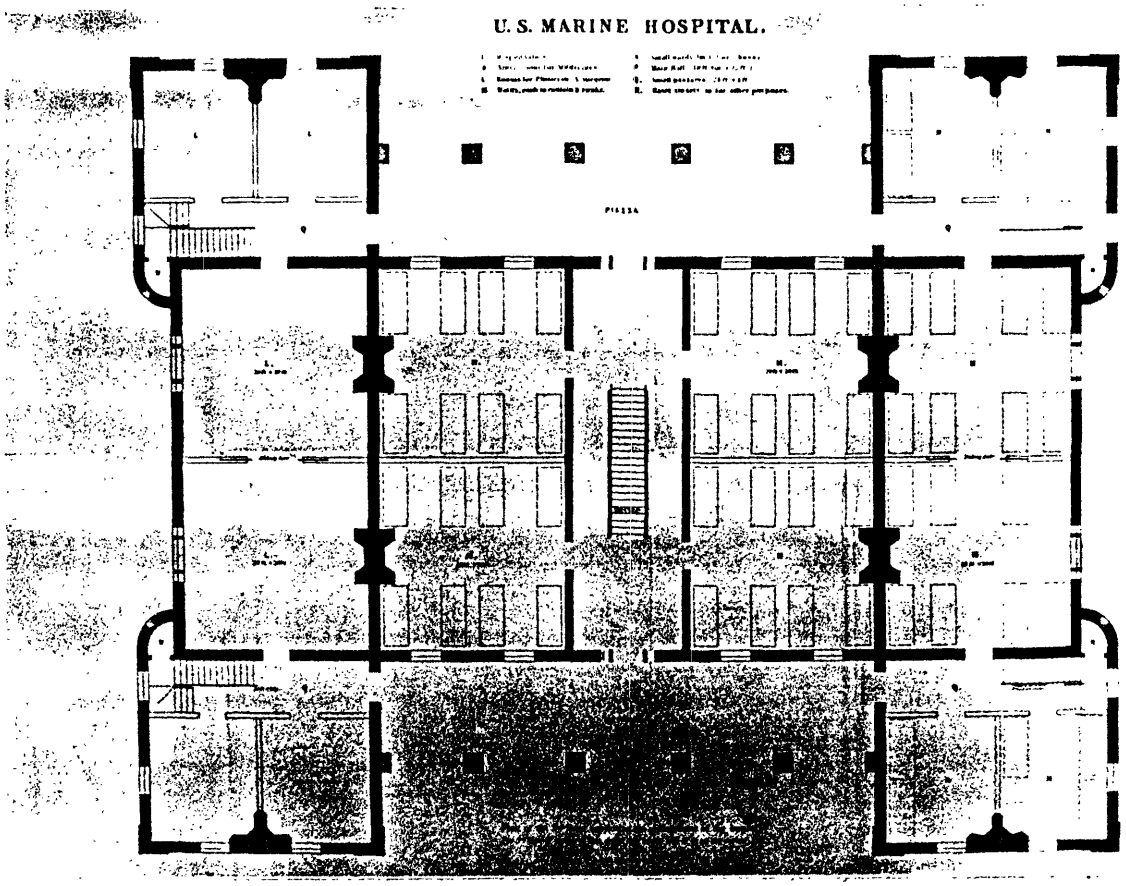


Fig. 2. "U.S. Marine Hospital," plan of the second floor (records of the Office of the Chief of Engineers, RG 77, National Archives, Washington, D.C.).

From: Alder

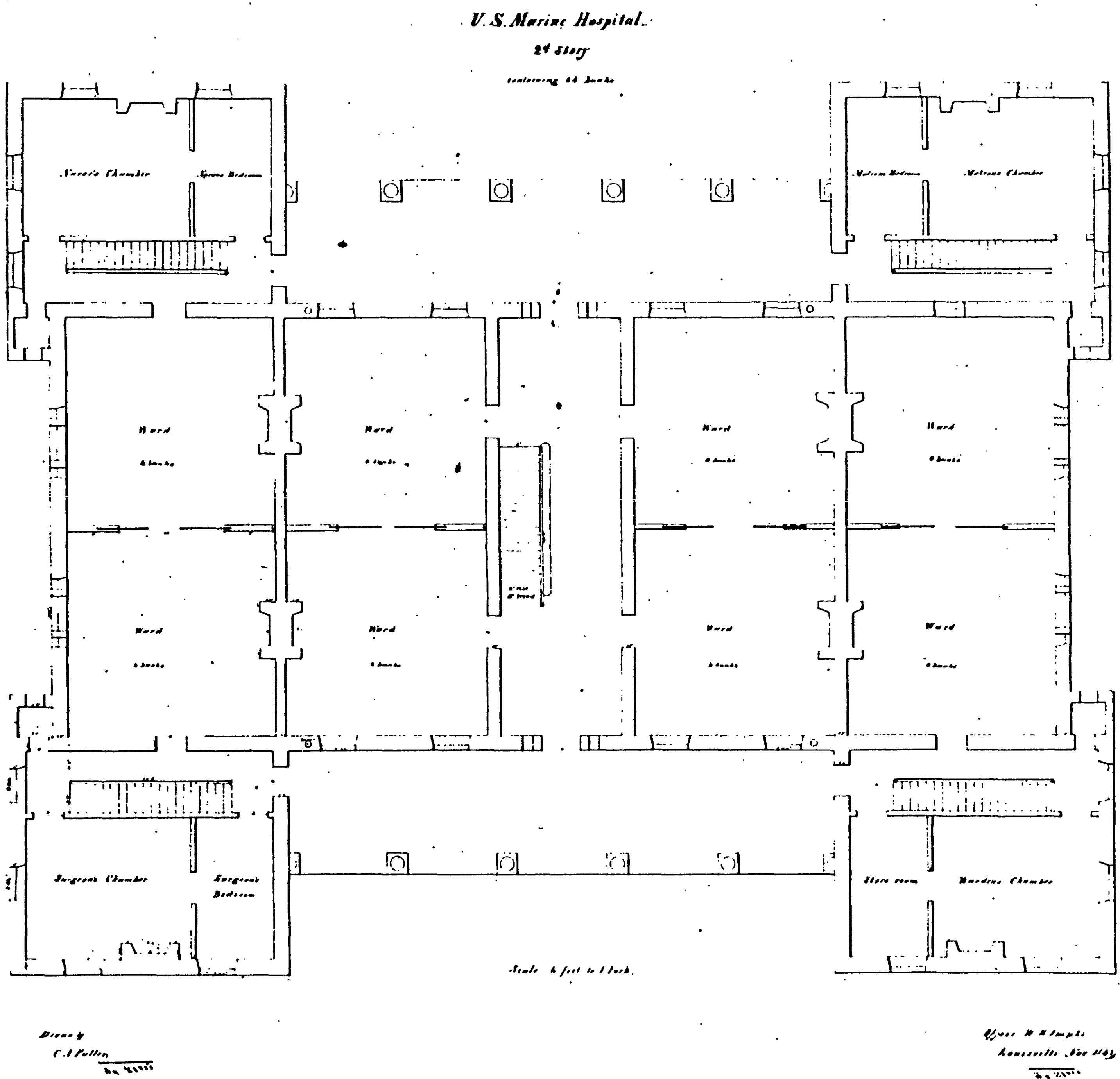

V. S. Marine Hospital.
2d Story
Nurse's Chamber
Matrons Chamber
Ward
Ward
Ward
Ward
Ward
Ward
Ward
Ward
Surgeons Chamber
Surgeon's Bedroom
Store room
Wardens Chamber
Drawn by
C. A. Fuller
Louisville

Figure 3

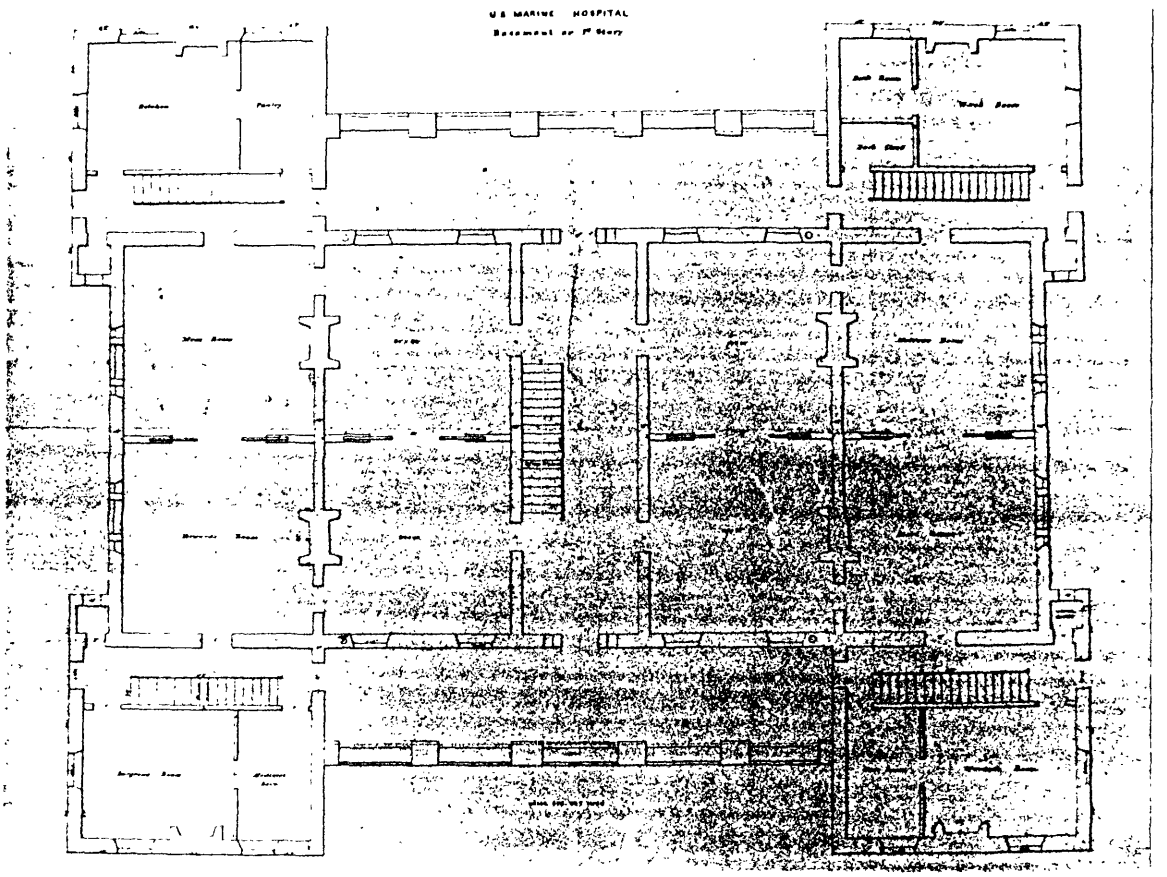
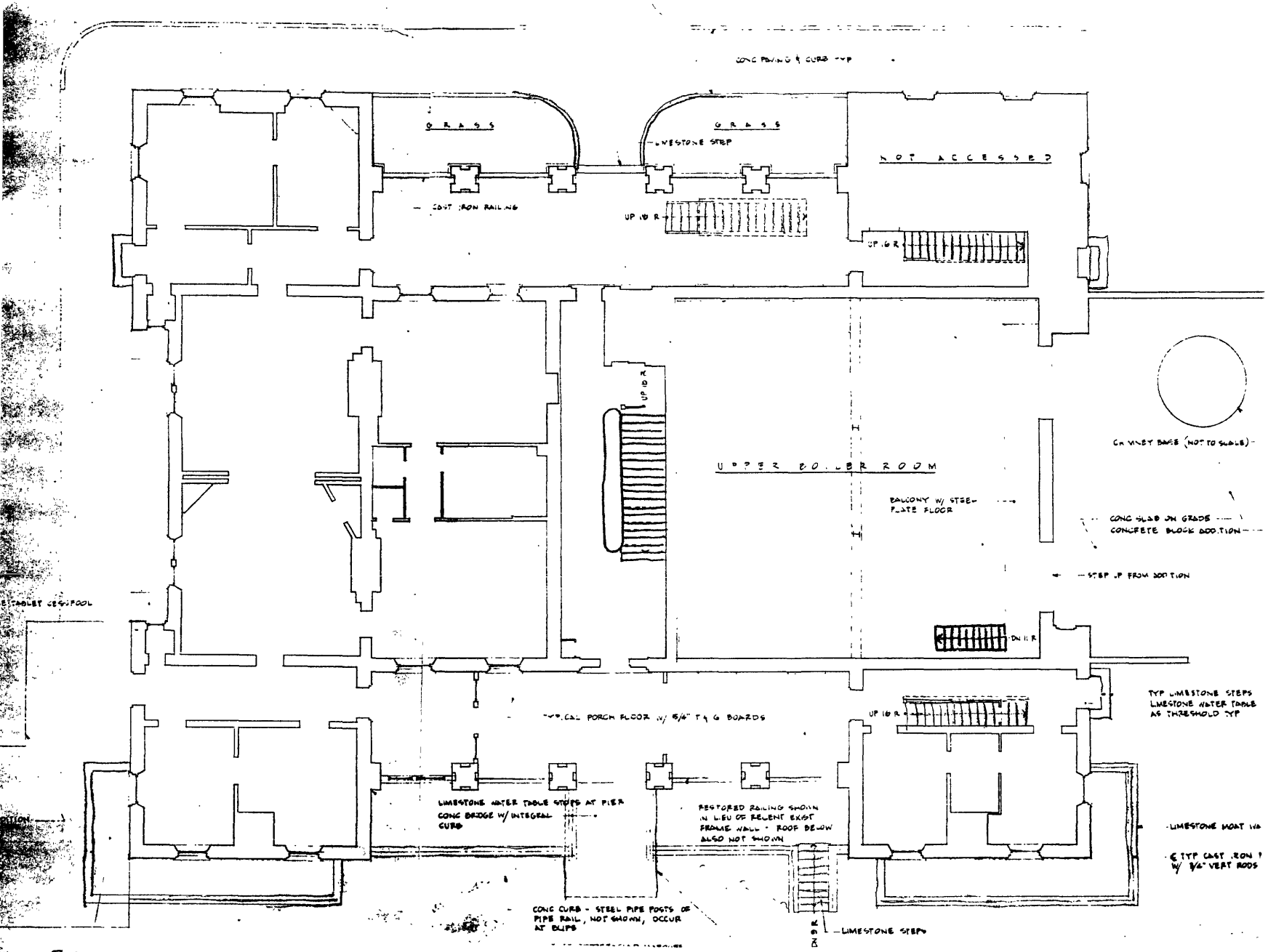
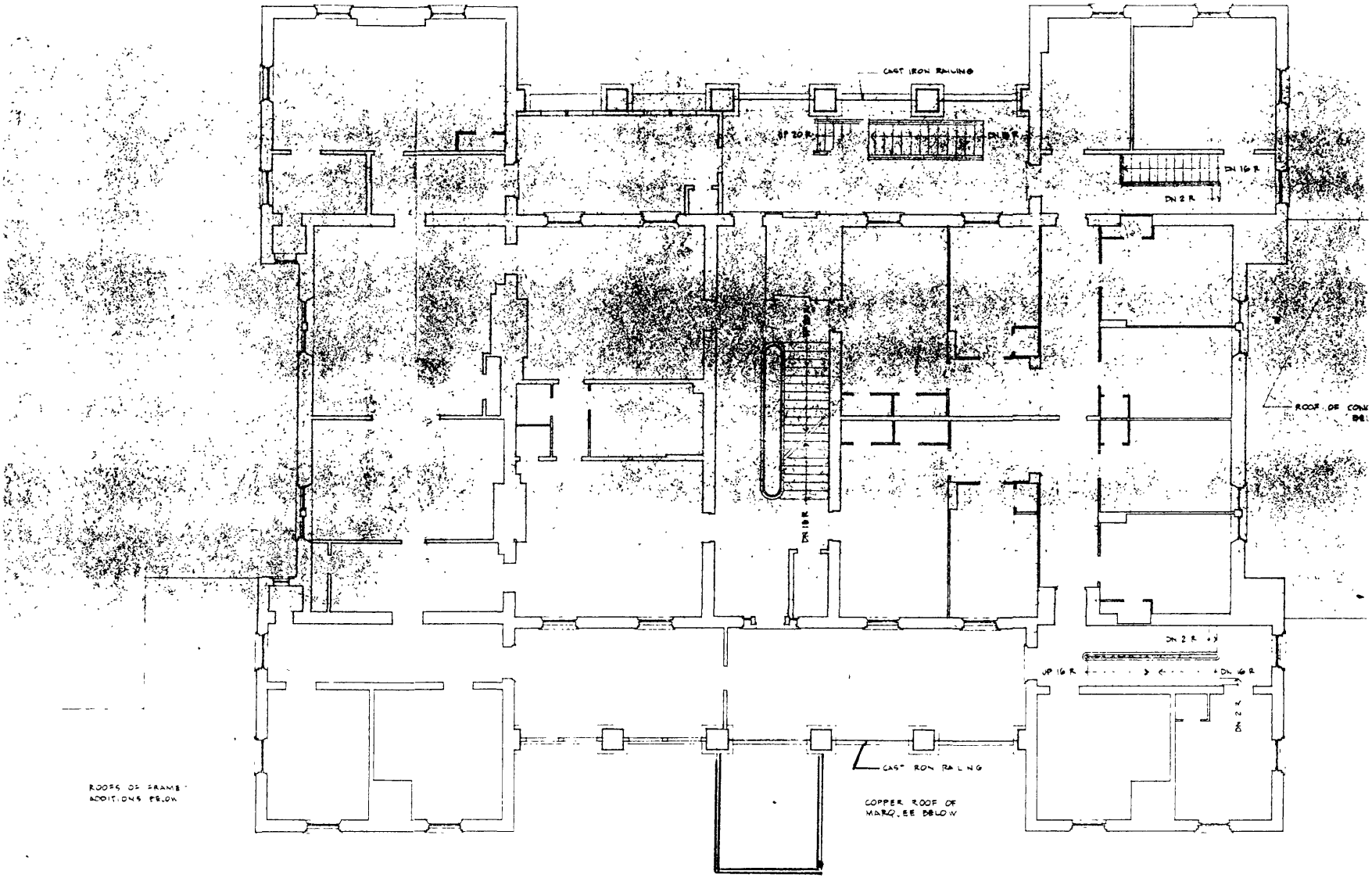


Fig. 4. U.S. Marine Hospital, Louisville, Kentucky, basement or first story, "Drawn by C. A. Fuller, Office W.R. Impts, Louisville, Nov. 1848" (records of the Office of the Chief of Engineers, RG 77, National Archives, Washington, D.C.).



FIRST FLOOR PLAN - 1993



SECOND FLOOR PLAN

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FRONT VIEW OF U.S. MARINE HOSPITAL
LOUISVILLE, KENTUCKY.

Drawn by

Office U. S. Supts
Louisville, Jan. 1855

ISOMETRICAL VIEW

OF THE

3. MARINE HOSPITAL

AT LOUISVILLE.