

VLR - 9/15/99  
NRHP - 12/9/99

United States Department of the Interior  
National Park Service

### NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM

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

#### 1. Name of Property

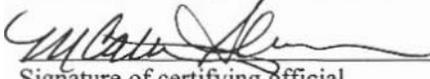
historic name Lynchburg Hospital  
other names/site number Tinbridge Manor DHR File No. 118-5160

#### 2. Location

street & number 701-709 Hollins Mill Road not for publication   
city or town Lynchburg vicinity \_\_\_\_\_  
state Virginia code VA county \_\_\_\_\_ code 680 Zip 24504

#### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, 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.)

 10/18/99  
Signature of certifying official Date

Virginia Department of Historic Resources  
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 commenting or other official Date

\_\_\_\_\_  
State or Federal agency and bureau

#### 4. National Park Service Certification

I, hereby certify that this property is:  removed from the National Register  
 entered in the National Register  other (explain): \_\_\_\_\_  
 See continuation sheet.  
 determined eligible for the National Register  
 See continuation sheet.  
 determined not eligible for the National Register  
\_\_\_\_\_  
Signature of Keeper

**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**

Contributing	Noncontributing
<u>  2  </u>	<u>  3  </u> buildings
<u>  0  </u>	<u>  0  </u> sites
<u>  0  </u>	<u>  1  </u> structures
<u>  0  </u>	<u>  0  </u> objects
<u>  2  </u>	<u>  4  </u> Total

Number of contributing resources previously listed in the National Register   0  

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

N/A

**6. Function or Use**

**Historic Functions (Enter categories from instructions)**

Cat: Health Care Sub: Hospital

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**Current Functions (Enter categories from instructions)**

Cat: Vacant Sub: Not In Use

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**7. Description**

**Architectural Classification** (Enter categories from instructions)

Classical Revival \_\_\_\_\_  
 Colonial Revival \_\_\_\_\_  
\_\_\_\_\_

**Materials** (Enter categories from instructions)

foundation \_\_\_\_\_  
roof \_\_\_\_\_  
walls  Brick \_\_\_\_\_  
 Stucco \_\_\_\_\_  
other  Wood \_\_\_\_\_  
\_\_\_\_\_

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

**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.)

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

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**Areas of Significance** (Enter categories from instructions)

Health/Medicine; Politics/Government  
 Architecture

**Period of Significance** 1911-1949

**Significant Dates** 1911

1916  
1939

**Significant Person** (Complete if Criterion B is marked above)

N/A

**Cultural Affiliation** N/A

**Architect/Builder** J.M.B. Lewis; Stanhope Johnson;  
S. Preston Craighill

**Narrative Statement of Significance** (Explain the significance of the property on one or more continuation sheets.)

**9. Major Bibliographical References**

**Bibliography**

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

**Previous documentation on file (NPS)**

preliminary determination of individual listing (36 CFR 67) has been requested.

previously listed in the National Register

previously determined eligible by the National Register

designated a National Historic Landmark

recorded by Historic American Buildings Survey # \_\_\_\_\_

recorded by Historic American Engineering Record # \_\_\_\_\_

**Primary Location of Additional Data**

State Historic Preservation Office

Other State agency

Federal agency

Local government

University

Other

Name of repository: \_\_\_\_\_

**10. Geographical Data**

**Acreage of Property** 4.419

**UTM References** (Place additional UTM references on a continuation sheet)

Zone	Easting	Northing	Zone	Easting	Northing
1	17	663190	4	14	2860
3			4		

**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.)

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**11. Form Prepared By**

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name/title: Ashley Neville and Adrienne Cowden

Organization: Gray & Pape, Inc. date 6/22/99

street & number: 1705 E. Main Street telephone 804-644-0656

city or town Richmond state VA zip code 23223

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**Additional Documentation**

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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)

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**Property Owner**

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

name Tinbridge Manor Limited Partnership

street & number 2700 Wycliff Road, Suite 312 telephone 804-353-4163

city or town Raleigh state NC zip code 27607

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**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 the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

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### 7. Summary Description:

The former Lynchburg Hospital consists of the main hospital building, the nurse's home, an office building, a picnic pavilion, a storage building, and a boiler building. It stands on the corner of Federal Street and Hollins Mill Road northwest of the city's downtown area and the Garland Hill neighborhood on the edge of a late-nineteenth and turn-of-the-century residential area known as Tinbridge Hill. Sited on the edge of a ridge that slopes north down to the Blackwater Creek, its grounds have been terraced to accommodate the steeply sloping topography. A number of mature trees including oak, maple, and pine are located on the grounds as well as a small flower garden east of the hospital building. Additional landscaping involves terracing and a stone retaining wall near the nurse's home and open expanses of lawn between the various buildings. The property has two paved parking lots – one west of the main hospital building and another north of the nurse's home. A series of sidewalks provides access from one building to another as well as to the parking lots. There are two contributing buildings - the main hospital and the nurses's home; three non-contributing buildings – the office, boiler house, and the storage building; and one non-contributing structure – the picnic pavilion.

### Architectural Analysis

#### *Main Hospital Building*

Designed by Lynchburg architect John Minor Botts Lewis, the original hospital building was built in 1911 by the City of Lynchburg to serve as the city's municipal hospital. As designed, the original hospital was divided into two sections, a main block and a rear annex, and it featured Georgian Revival detailing. Standing three stories tall, the main block featured a one-story entry porch flanked by two-story sun porches on its main (south) façade. The rear annex, a much smaller two-story fireproof structure faced with brick, was located north of the main block. A two-story frame hyphen connected the two buildings. By 1932, a two-story addition with an L-shaped plan had been built onto the northwest corner of the main block (Sanborn Map Co. 1907). The addition wrapped around, but was not attached to, the rear (north) annex. It was connected to the rear block by a frame two-story hyphen, creating a small enclosed courtyard area. Designed to be as fireproof as possible, the steel joist construction building had load-bearing brick walls, concrete floors, a concrete roof and concrete block partition walls. Despite these alterations to its design and configuration, the original Georgian Revival appearance remained largely intact until a major remodeling effort was

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undertaken in 1939. The alterations designed by S. Preston Craighill, another local Lynchburg architect, involved a stylistic "face-lift" to update the building's appearance. Both sun porches on the main (south) façade were enclosed while the one-story entry porch was entirely removed and replaced with a two-story Neo-Classical Revival-style portico. The exterior brick facing was coated with a textured stucco, presumably to achieve a smoother, more uniform surface. Cartographic research also indicates the renovation involved substantial alterations to the pre-1932 addition as well as the demolition of the original 1911 rear block. The two-story addition was enlarged to include a third story and was extended east approximately 50', covering the site of the newly demolished rear block. A new brick hyphen was constructed to connect the main block with the new wing.

As it stands today, the 1911 portion of the hospital building is a three-story, nine-bay wide Neo-Classical Revival style building. Stucco covers the original brick facing as well as the foundation. Sections of the foundation are capped by a molded watertable with an inverted ovolo profile, and a narrow beltcourse delineates the third story. The dominant feature is a two-story portico in antis centered on the main (south) façade. A wide flight of steps with an intermediate landing extends in front of the portico, and four parged concrete columns with Composite capitals rest on the intermediate landing. This design is carried onto the exterior walls on either side of the portico which are visually divided into three bays by a series of four pilasters, each with a square shaft and a Composite capital. A central entrance is sheltered under the portico and it features a fluted surround, a pair of glazed paneled wood doors, sidelights and a transom. A wide label molding crowns the entryway. Two windows are located on either side of the entry and the same label molding can be seen above these openings. On the second story of the portico, a tripartite window is centered above the main entrance. It has a large central eight-over-eight light double-hung wood sash window flanked by slender four-over-four double-hung wood sash windows. On either side of this opening are two six-over-six double-hung wood sash windows. A series of coffers elaborate the portico ceiling and a simple metal chandelier is suspended from the central panel. The two-story section of the building, including the portico, is capped by a molded cornice, a narrow frieze embellished with a wave motif and a pebble-faced solid balustrade. The original balustrade, located behind this more modern feature, is still extant.

In stark contrast to the main (south) façade, the side and rear (north) elevations are quite plain. Window and/or door openings are regularly spaced on these elevations, reflecting a formal symmetry characteristic of both Georgian Revival and Neo-Classical Revival designs. The first floor has nine-

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over-nine light double-hung wood sash windows while the second and third floor openings have six-over-six double-hung wood sash. The windows are slightly recessed into the exterior walls, and each opening has a simple sill. In addition, rectangular grills, presumably for climate control or ventilation, are located below many of the window openings.

The massive three-story addition, built prior to 1932 and altered in 1939, wraps around the west and north elevations of the main block. In 1981, an elevator shaft was built onto the south elevation of the addition. It is faced in a buff-colored brick laid in a common bond, and abuts a one-story office building to the south. Otherwise, the exterior of this addition has not been altered since its construction. Overall, this portion of the hospital has an extremely simple design with few purely decorative elements. The exterior walls are entirely sheathed with a buff-colored brick veneer laid in a common bond. The raised foundation is capped by a wide cast stone beltcourse, and the roof is obscured by a solid brick parapet wall with a flat cast stone coping. The emergency ambulance entrance, recessed on the east side of the building, is articulated by a brick flat arch. Similar to the original portion of the hospital, the addition also features nine-over-nine light wood sash windows on the first floor with six-over-six light on the second and third floors.

The main hospital entry provides access into a small foyer separated from the main east-west corridor by an interior entrance with multi-paned sidelights, a transom and a paneled wood door surround, possibly remnants of the original 1911 building. There are two staircases to the upper floors located in enclosed stairwells on the west side of the passage between the original building and the 1939 addition to the rear. While this is the original location for the stairs in the original building, the existing dogleg staircase probably dates to the 1939 remodeling and has been slightly reconfigured. The hospital stairs also match those found in the nurses's quarters which was constructed at the same time of the 1939 hospital remodeling campaign. The stairs are metal with a nicely ramped handrail, paneled newel post, and plain balusters. On each floor of the main hospital building, individual rooms are located on either side of a wide central hallway. While the majority were set aside for the treatment of patients, the first floor rooms in the 1911 section of the hospital provided office space for the staff. The rear (north) rooms have parquet floors and plaster and lathe cover the ceilings and walls. However, two rooms located at the east end the floor, exhibit more elaborate detailing. Decorative elements include paneled wood wainscoting with a gougework pattern, paneled walls, a crown molding and a reeded frieze. The larger of the two rooms is also lined with bookcases. The bookcases extend from floor to ceiling and are capped by a cornice with a dentil course. Cabinets line the base of the bookcases. In addition to the main floor space, there

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is an exterior rooftop patio located on the north side of the 1911 portion of the hospital. Single multi-paned glass doors with a transom provide access to this rooftop space, and they may be remnants of the building's original interior woodwork.

Guided by an emphasis on durable, low-maintenance surfaces that could be easily cleaned for sanitation purposes, the building's interior is largely utilitarian. Polished terrazzo with a decorative diamond motif covers the foyer floor, and terrazzo slabs with a simpler design also cover the corridor floors throughout the building. The fact that the terrazzo has been laid in large monolithic slabs without brass or metal divider strips suggests the terrazzo is the original flooring material (Jester, ed. 1995:234). Similarly, most of the bathrooms have ceramic tile floors while individual rooms have concrete floors covered with either linoleum or sheet vinyl. Bathroom and select corridor walls have a ceramic tile wainscoting, but the majority of the interior walls are plaster-and-lathe. Simple metal pipe handrails are found on all corridor walls. The individual hospital rooms generally were designed for two beds although there were wards with from three to five beds. Each room had at least one sink and most had one for each bed or patient. Most rooms had a minimum of one closet for the patients with the larger wards having two or more.

*Nurses's Home*

Designed by S. Preston Craighill and built in 1940, the nurse's home provided additional living quarters for the nurses at Lynchburg General Hospital. The original nurse's home, a two-story frame building, was situated west of and adjacent to the new dormitory. Located to the north behind the main hospital building, the nurse's home is a simple but massive fireproof construction building. The irregular footprint is comprised of two L-shaped sections connected by three-story hyphens to a square central block. Since the hyphens are only one-bay wide and one-bay deep, they are recessed from the exterior walls of each section on both the main (north) façade and rear elevation. As a result, the nurse's home appears to be a series of three rather than one building when viewed from certain angles. Despite this, the building exhibits a striking visual symmetry and rectangular massing.

Overall, the nurse's home is quite plain with only modest detailing. The first story of the building appears to be constructed of poured concrete, and due to the sloping topography, the building is banked into its site, entirely or partially obscuring the basement story on the rear (south) and side elevations. A narrow watertable separates this first level from the two stories above which are

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covered in a common bond brick veneer. A sawtooth brick cornice unifies the entire composition while a standing metal seam hipped roof crowns each section. Window and/or door openings are spaced regularly if not evenly across each elevation. The majority of windows are six-over-one double-hung wood sash although there are a handful of four-over-one double-hung wood sash as well. Rectangular grills, presumably for climate control or ventilation, are located below the window openings on the main (north) façade and rear (south) elevation.

Among the only distinguishing features are the porches located on the main (north) façade and the west elevation. A two-story partial-width porch is centered on the main (north) façade of the building. Two tall brick piers support a second floor balcony sheltered by a hipped roof. Raised metal seam covers the roof and three square columns are clustered at the two front corners of the balcony; a simple open railing with square spindles extends between the columns. An exterior entrance flanked by a pair of narrow four-over-one double-hung wood sash windows opens onto the balcony. It has a glazed wood door and a three light transom. There is no entrance to the porch on the first story and no physical evidence of any other means of exterior access to the porch. A second partial-width porch is found on the southwest corner of the west elevation. This one-story frame porch has plain wooden posts, a simple railing with square balusters and a hip roof. It appears that the major entrance to this building was through the west end porch with a secondary entrance on the east end at the basement level. The land west of this elevation is terraced, and an original red brick sidewalk leads up to this porch. Manufactured in Lynchburg, the pressed brick pavers are red in color and incised with a circular motif. This is the only brick sidewalk on the hospital grounds. All the other sidewalks are poured concrete.

The interior of the Nurses's Home is utilitarian and fairly spartan. It consists of a hallway on each floor oriented on an east/west axis with rooms opening off each side. The walls were plastered and the hallways now have a dropped acoustical tile ceiling. Each room featured plastered walls and hardwood floors. Two closets flank the doorway into each room which appears to have been designed for two people. Four single bathrooms with ceramic tile detailing are located on each floor. The exception to this plan is a slightly larger room on the north side which provided access to the porch. An enclosed stairwell is located at each end of the building on the rear. The metal stairs are very similar to those found in the main hospital with ramped handrail, paneled newel post, and plain balusters.

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*Associated Outbuildings*

Three associated outbuildings and one structure are located on the hospital grounds including an office building, a storage building, and a boiler building. The picnic pavilion is the single structure. All are non-contributing resources due to their having been constructed less than fifty years ago. Built about 1950, the office building is a one-story frame structure situated near the southwest corner of the main hospital building. Raised seam metal covers the gabled roof, and vertical wood boards sheathe the exterior walls. The building rests on a concrete block foundation. Originally, the office was not connected to the main hospital building. However, by 1955 a frame one-story hyphen connected the two buildings, and they are now connected by an entrance cut into the south exterior wall of an elevator tower added to the main hospital building in 1981.

The other three buildings stand west of the main hospital building and northwest of the office building. The post-1955 picnic pavilion consists of brick piers which support a raised metal seam gabled roof. Although the buff-colored brick of the piers matches that of the 1939 addition to the hospital building, the structure does not appear on the Sanborn Map that has been updated to 1955. Decorative wrought-iron railings extend between the piers on the north and south elevations while solid brick parapet walls extend between the piers on the east elevation. The pavilion is set on a concrete slab which extends north of the building to connect with a concrete sidewalk. A one-story concrete block storage building is located a short distance north of the picnic pavilion and appears on the 1953 Sanborn Map as an addition to the City Almshouse (now demolished). It has a flat roof and the roofing material is not visible. The main entrance to the building is located on the east elevation and it is sheltered by a full-width porch. The porch has a raised seam metal roof supported by slender metal poles. The boiler building or "heater room" stands approximately 80 feet west of the main hospital building. Constructed of tan brick laid up in a common bond pattern, this one-story building once provided steam heat for laundry facility and perhaps portions of the hospital complex as well. A flat roof crowns the building and there is a single square brick stack. The building has a concrete slab foundation.

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### Statement of Significance

The old Lynchburg Hospital is eligible for listing in the National Register of Historic Places under Criterion A for its significance in the areas of Health/Medicine and Politics/Government as the municipal hospital of the City of Lynchburg. This hospital, built in 1911, was the first publicly funded and run hospital in Lynchburg. It was established by the city to meet the health care needs of its citizens particularly those who could not afford one of the private hospitals located in the city or were not allowed access to those facilities due to racial discrimination prevalent during the period this hospital operated. In addition, this property is eligible under Criterion C for its significance in the area of architecture. Three noted Lynchburg architects, J.M.B. Lewis, Stanhope Johnson, and S. Preston Craighill contributed to its original design and subsequent remodelings. Its architectural evolution from a Georgian Revival-style building to the Neo-Classical represents the changes in popular style and tastes in Lynchburg as well as the proclivities of the architect.

### *Narrative Statement of Significance*

Lynchburg, founded by Charles Lynch in the mid-eighteenth century as a trading center on the James River, gained prominence as a regional tobacco center. The arrival of the James River and Kanawha Canal and later several railroad lines made Lynchburg a transportation hub that contributed to its status as one of the wealthiest cities in the state and the South before the Civil War (Anonymous 1985:198). During the war, Lynchburg became a major transportation and hospital center for the Confederacy. Unlike other Virginia cities, Lynchburg's physical facilities survived the war relatively unscathed and tobacco briefly regained its pre-war role as the economic mainstay of the city after the war. Once again, Lynchburg's location as a transportation center played a major role in the resurgence of its economic base as tobacco declined in importance to the city. Cotton, textiles, shoes, and wholesale goods replaced tobacco as the economic base of the city. Lynchburg became a major jobbing center and large quantities of shoes and other manufactured goods moved through Lynchburg (Loyd and Mundy 1975:18). The city's manufacturing plants created jobs for hundreds of skilled and unskilled laborers. By 1910, Lynchburg had a population of 29,494 (Loyd and Mundy 1975:25). As the population increased, the city was more frequently called upon to provide services to its residents. In addition to police and fire protection, Lynchburg had a municipal water system since 1828. As Lynchburg leaders recognized the need to "take care of their own" as one put it, the city moved in the early twentieth century to create a health care system that included for the first time a health

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department and hospital that were open to all its citizens regardless of their race or their ability to pay for medical care.

Lynchburg had been a hospital center in Virginia during the Civil War exceeded only Richmond. Some seventeen warehouses were converted to hospitals while the wounded were also cared for in churches, tents, meeting halls, and private homes (Anonymous 1985:198). Unfortunately, the experience gained during the Civil War did not immediately translate into the establishment of hospitals for Lynchburg citizens. All closed at the end of the war.

It was not until 1886 that a hospital opened in the city. Lodge No. 39 of the Lynchburg Masons began a hospital that year in a donated home at the corner of Church and Washington streets. In an era when most people were treated by physicians at home and the medical community had little success in stopping the spread of infection, hospitals were places to be avoided unless there was no choice. Hospitals were characterized as "dingy, foul-smelling places where the poor, the aged and the mentally ill were isolated from society" (Laurant 1997:316). The Mason's hospital was initially called the Home and Retreat to avoid the use of the word hospital which they thought would scare potential patients away. The fact that the hospital moved into larger quarters two years later is a testament to the success of this venture. By 1907, a wing was added to accommodate patients but it was not until 1921 that it changed its name to Marshall Lodge Memorial Hospital (Laurant 1997:316).

Marshall Lodge was a private hospital. There would be no public hospital for another twenty-six years. The closest thing the city had in the way a public health institution was the city almshouse situated on a hill on Hollins Mill Road above Blackwater Creek. It consisted of several frame and masonry buildings (Sanborn 1907). Dr. Elisha Barksdale, a Lynchburg surgeon, characterized the almshouse in 1907 "as a forsaken rathole for paupers and Negroes who had no medical care" (Houck 1986:136). Indeed, the yearly *Official Reports of the City of Lynchburg* routinely cited the need for improvements to the almshouse (*Official Reports of the City of Lynchburg*). Dr. Barksdale proposed a public hospital to care for the city's indigent and is largely credited with the establishment of Lynchburg's first public hospital (Scruggs 229).

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The Lynchburg City Council began discussing a city hospital about 1908 and finally authorized in 1910, by a vote of three-to-two, the construction of a city funded and run hospital at the site of the Almshouse (Scruggs 229; Anonymous 1985:176). When Lynchburg Hospital opened in 1912, it operated under the auspices of the City Council and the Health Department, which was established the same year that the hospital was authorized. Mosby Perrow, the first director of the Health Department, articulated the purpose of the city hospital when he acknowledged the reality of the situation: "Preference is given to charity cases except for [the] colored in which no distinction is made, there being no other hospital in the city for colored patients" (Laurant 1997:317). Lynchburg was a segregated city in the segregated south and for many years Lynchburg Hospital was the only medical facility in the city that admitted African Americans. It would not be until 1966 that all hospitals in the city integrated under the threat of loss of federal Medicare funding (Anonymous 1985:177).

The Lynchburg Hospital undoubtedly was also the setting for the battle over self-determination of ethnicity and race that was waged in Virginia by Dr. W. A. Plecker, State Registrar of Vital Statistics. During his tenure as the head of the vital statistics department from its creation in 1912 to 1946, Plecker waged a war against the perceived evils of "race mixing". As head of Vital Statistics he vigorously enforced the 1924 "Act to Preserve Racial Integrity" which essentially created two racial categories: white and everyone else (Smith 1993:59). Plecker went so far as to "correct" the birth certificates of those he felt has been misidentified. Plecker was particularly vigilant in his crusade against Virginia's Indian population particularly in Amherst County, which lies just north of Lynchburg. Indians were not allowed to be described on their birth, marriage, or death certificates as Indian or mixed but according to Plecker had to be listed as Negro. In a letter Plecker wrote:

We have instructed physicians, local registrars and midwives to see that all persons of mixed descent in Amherst and Rockbridge Counties are correctly reported and that they be not reported as white. If any have done so in the past, the cards should be returned and the corrections made on the certificates (Smith 1993:91).

In the Lynchburg/Amherst County area, women of the Monacan tribe who gave birth in the Lynchburg Hospital would not have been allowed to stipulate on their baby's birth certificate that they were Indian.

John Minor Botts Lewis (J.M.B. Lewis) (1869-1950) designed the new hospital. Lewis was a native of Culpeper County and received his education in both architecture and civil engineering from the University of Virginia. He was a civil engineer and architect for the Chesapeake and Ohio Railroad

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for seven years prior to establishing his architectural practice in Lynchburg in 1896 (Chambers 1981:344; Wells and Dalton 1997:256). His major commissions in Lynchburg date from the late 1890s to the late 1910s. Lewis was adept at executing architectural designs in the Georgian Revival style, which was then very popular in Lynchburg. His designs include office and commercial buildings, and schools in addition to residential architecture. In 1901, he designed Avoca, the Thomas Fauntleroy home in Altavista. Between 1909 and 1912, the time during which the hospital was designed, Lewis was associated with William R. Burnham as Lewis & Burnham. During this period, he continued to produce residential designs as well as commercial, industrial, and institutional works. Among others, he is credited with the designs for the Elk's Home Building, a factory, several schools, a fire station and a number of commercial buildings in Lynchburg. In 1910, he designed renovations and additions to Oak Ridge, the Thomas Fortune Ryan estate, in nearby Nelson County (Wells and Dalton 1997:256). In 1925, Lewis was appointed postmaster of Lynchburg and served until 1934 (Chambers 1981:359).

The hospital was built by the construction firm of C. W. Womack & Company on the grounds of the city Almshouse that was composed of at least three separate buildings. The almshouse occupied the western portion of the lot (now the parking lot) and some of its buildings survived into the 1970s. The hospital opened on April 5, 1912 and had a patient population for the year of 532 patients (*Official Reports of the City of Lynchburg*, 1912).

Only four years later, Stanhope Johnson and the architectural firm of McLaughlin & Johnson were engaged to make alterations to the hospital. Johnson (1882-1973) became a prominent Lynchburg architect and during his long career ran one of the most important and successful architectural firms in central Virginia in the first half of the twentieth century (Brownell et al. 1992:356). He designed buildings in Virginia, Georgia, Florida, and North and South Carolina. He began his architectural career in 1899 at the age of seventeen working for Lynchburg architectural firm of Frye and Chesterman. In 1909, he became a partner in the firm of McLaughlin, Pettit & Johnson. This firm seems primarily to have produced residential designs (Wells and Dalton 1997:289). The McLaughlin & Johnson firm dissolved the year following the hospital renovations and Johnson began an independent architectural practice. Between 1925 and 1932, he was in practice with Ray Brannan in Lynchburg. Brannan had joined Johnson in 1917, the year Johnson entered private practice, as office manager and became a partner in 1919 (Brownell et al. 1992:376).

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Stylistically, Johnson's early work followed the American Renaissance Classicism as practiced in Virginia and by the early 1920s favored forms of Colonial, Georgian, and Jefferson Revivals. He also became fluent in the Art Deco and Art Moderne of the 1920s and 1930s. One of his most notable executions is the Allied Arts Building in Lynchburg which was built 1929-1931 and symbolized Lynchburg's enterprising character. Until 1973, it was the city's tallest building in the city (Brownell et al. 1992:376). The design for this building has been compared to those of Hugh Ferriss and Eliel Saarinen (Wells and Dalton 1997:228). Johnson also designed buildings at the Virginia Baptist Hospital, Randolph-Macon Woman's College, Lynchburg College, and numerous schools, among others (Wells and Dalton 1997:228).

The plans for the 1916 renovations provide the earliest information on the layout and design of the hospital. At this time the hospital consisted of two blocks situated one behind the other and connected by a frame passageway. The main block was three stories while the rear block was only two. Private rooms occupied most of the first two floors with large wards occupying each of the four corners of the third floor. The operating room was also located on the third floor to take advantage of natural lighting provided by a skylight. The basement held the nurse's dining room, kitchen, morgue, and other storage rooms. The rear building (now demolished) contained wards, a few private rooms, and a kitchen (McLaughlin & Johnson 1916). A notable feature of the hospital at this time was the two story sun porches on the front of the building that flanked the one-story entry porch. A picture of the hospital in a 1924 publication shows a very different building from today's structure with these multiple porches and breaks in the façade.

By 1932, the Sanborn Map shows a two-story addition to the west end of the hospital. It was deep enough to reach the rear block creating a U-shaped building. Standing behind the hospital were two frame dwellings, one of which was used to house nurses.

In 1939, the city embarked on an ambitious rebuilding and remodeling campaign for both the hospital and the City Home as the almshouse was then called. The city, like other parts of the country, was just beginning to recover from the depression. The Mayor noted in his annual address at the end of the year there had been more building activity in Lynchburg in 1939 than in any year since 1931. Other projects also underway in the city included the construction of both football and baseball stadiums as well as a school for African American children. Both the hospital project and the stadium were constructed with financial assistance from the Public Works Administration and the Works Project Administration (Annual Report 1939).

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The hospital project, which was begun in January 1939, was expected to cost \$199,555.00 but the city eventually paid \$229,239.16 for the hospital project alone (Building Permit #8421). The construction of the Nurses's Home cost another \$34,840 (Building Permit #8945).

S. Preston Craighill was the architect for both projects and it is his Neo-Classical remodeling of the original hospital that has survived. Craighill (1881-1957) studied architecture at the Philadelphia School of Industrial Arts and at the *Ecole des Beaux-Arts* in Paris. He also worked at the Tiffany Studios in New York before beginning his architectural practice in Lynchburg in 1914. He briefly formed a partnership with J. Bryant Heard and John Robert Cardwell between 1917 and 1918. From 1919 to 1934, Craighill was associated with fellow architect Bennett Cardwell and the two were known for their execution of period design houses in Lynchburg (Chambers 1981:452). They also designed several schools and churches in Lynchburg and nearby localities and in 1930 designed the second unit at the Marshall Lodge Memorial Hospital (Wells and Dalton 1997:101).

This building campaign significantly changed the appearance of the hospital and resulted in the structure standing today. The 1939 rebuilding replaced the rear building with a three story section and consolidated it with the larger western addition shown on the 1932 Sanborn Map. The western section was also raised from two stories to three creating the buff-colored section as it stands today. The original frame passage between the front and rear blocks of the original hospital was replaced with the present passage. The most striking change, however, was the complete obliteration of the original façade. The classically trained Craighill chose a Neo-Classical-style façade for the hospital. The two-story sun porches were incorporated into the building, the one-story front porch removed, and a two-story, one-level, classical portico created.

During this period of renovation, patients were housed in rented quarters on Church Street. During the year it took to rebuild/remodel the hospital, hospital patients were limited to charity and emergency patients although the city did run a dispensary. On December 20, 1939, the newly renovated hospital was open for inspection by the citizens of Lynchburg and some 2,000, along with other city dignitaries, toured the facility that day (The News 12/20/39:8). The following day fifty patients were transported from the rented quarters on Church Street to the new facility and by the following week the hospital had 75 patients (The News 12/28/39). The new facility had a 150-bed capacity. The Nurses's home, which was also constructed during this period, was built to house the enlarged nursing staff (Annual Report 1939).

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Along with the new style of the hospital came a new name. Previously known as just Lynchburg Hospital, its name was changed to Lynchburg General Hospital with the 1939 renovations. The city was proud enough of its new hospital that the building graced the cover of the city's Annual Report. In the mayor's annual message to city residents at the end of 1939, he listed the completion of the hospital renovations as one of the significant accomplishments of Lynchburg. The hospital remained at this location until 1956 when it moved to new quarters. The hospital was used until the early 1990s as a city nursing home and as offices for the city's Social Services Department.

For forty-four years Lynchburg Hospital was the only city hospital that dispensed care to all comers regardless of their race or ability to pay. It was not until 1966 that the private hospitals in the city were integrated. The hospital also evolved from primarily providing indigent care and gained its reputation as the "emergency" hospital in Lynchburg (Houck 1986:136). The evolution of its buildings reflect the changing tastes and needs of a city that prided itself on its position as a modern city and on its ability to care of its own citizens.

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The News

1939 "About 2,000 Visit New City Hospital on Inspection Day." *The News*, Lynchburg, Va. 20  
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1939 "Hospital's Staff is Hard Pressed." *The News*, Lynchburg, Va.  
28 December 1939.

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**Verbal Boundary Description**

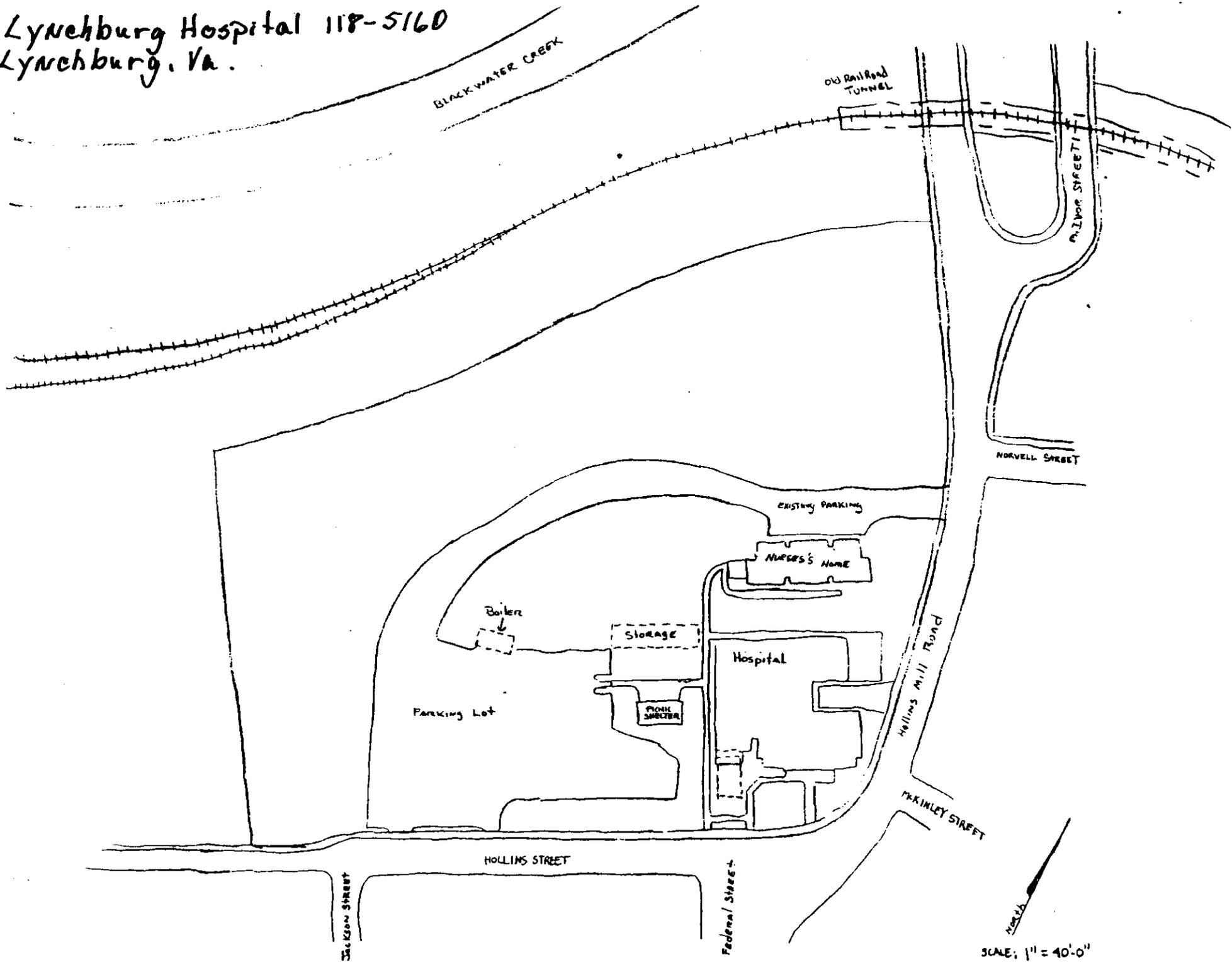
The boundaries for the Lynchburg Hospital include all of the following tax parcels as shown on the attached cadastral map of the City of Lynchburg:

Tax Parcel No.: 009-02-024 through 009-02-031 inclusive.

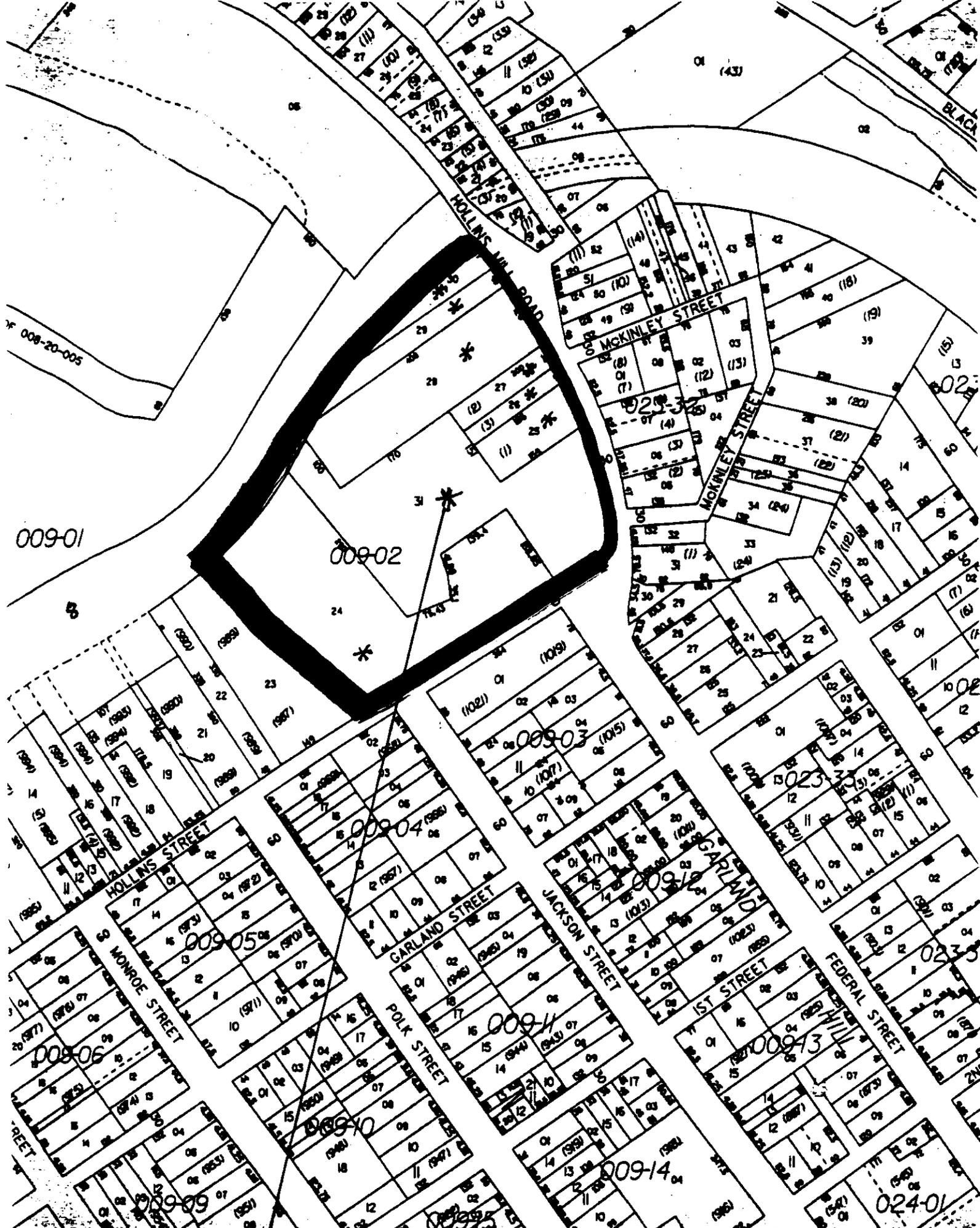
**Boundary Justification**

The boundaries for the Lynchburg Hospital include the hospital buildings, the parking lots, and grounds. They include all the parcels that comprise the hospital grounds.

Lynchburg Hospital 118-5160  
Lynchburg, Va.



SCALE: 1" = 40'-0"



009-01

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009-04

009-05

009-06

009-09

009-10

009-11

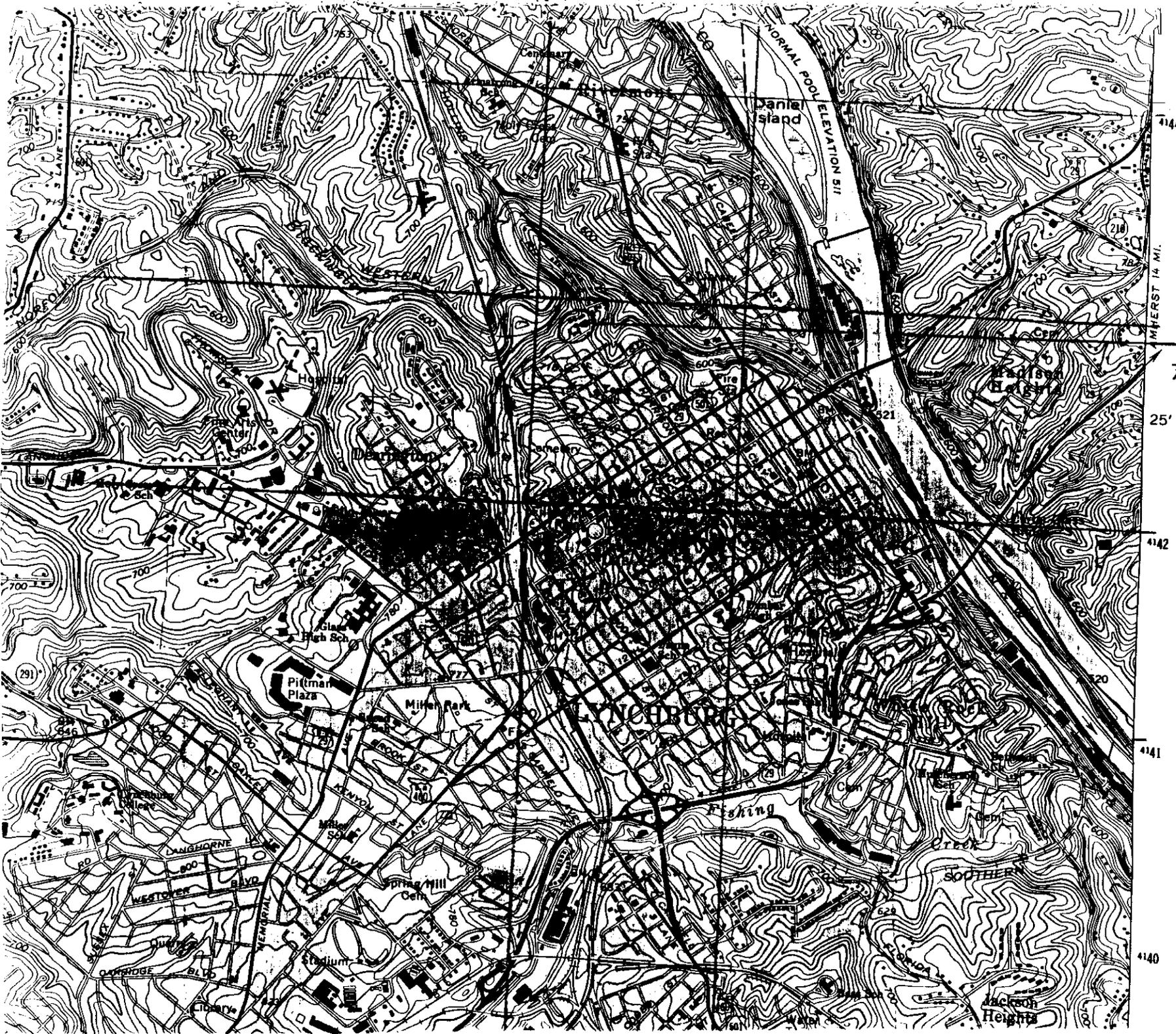
009-14

009-13

024-01

E 11292,000

Lynchburg Hospital Property E 11295,000



118-5160  
Zone 17  
1. East: 663190  
25' North: 4143860