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OMB No. 1024-0018

(Rev. 10-90)1
NPS Form 10-900

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 Pine Camp Tuberculosis Hospital
other names/site number 127-0829

2. Location

street & number 4901 Old Brook Road not for publication N/A
city or town Richmond vicinity N/A
state Virginia code VA county Richmond City code 760 Zip 23227

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this X 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 X meets does not meet the National Register Criteria. I recommend that this property be considered significant nationally statewide X locally. (See continuation sheet for additional comments.)

[Signature] Date 2/12/03
Signature of certifying official

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:

☒ entered in the National Register

☐ See continuation sheet.

☐ determined eligible for the

National Register

☐ See continuation sheet.

☐ determined not eligible for the National Register

☐ removed from the National Register

 other (explain):

[Signature]
Signature of Keeper

Date of Action

4/4/2003

U. S. Department of the Interior
National Park Service

Pine Camp Tuberculosis Hospital
Richmond City, Virginia

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

 3 1 buildings
 0 0 sites
 0 0 structures
 0 0 objects
 3 1 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/MEDICINE Sub: Hospital

Current Functions (Enter categories from instructions)

Cat: VACANT/NOT IN USE Sub: _____

GOVERNMENT Office _____

7. Description

Architectural Classification (Enter categories from instructions)

LATE 19TH AND 20TH CENTURY: Classical Revival

Materials (Enter categories from instructions)

foundation CONCRETE
roof ASPHALT; STONE: Slate
walls STRUCTURAL TILE; Stucco

U. S. Department of the Interior
National Park Service

Pine Camp Tuberculosis Hospital
Richmond City, Virginia

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)

- ☒ X_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.
- ☒ X_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.

Areas of Significance (Enter categories from instructions)

☐ ARCHITECTURE _____

☐ MEDICINE _____

Period of Significance _1909-1957_____

Significant Dates _1909 (founding of institution)_____

 _1914 (acquisition by the city)_____

 1934 (construction of Central Building)

Significant Person (Complete if Criterion B is marked above)

 ____N/A_____

Cultural Affiliation __N/A_____

Architect/Builder Carneal and Johnston (architects); John T. Wilson (builder)

U. S. Department of the Interior
National Park Service

Pine Camp Tuberculosis Hospital
Richmond City, Virginia

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: ☐ Library of Virginia, Richmond, Virginia _____

10. Geographical Data

Acreage of Property ☐ approximately 110 ☐

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

	Zone	Easting	Northing		Zone	Easting	Northing
1	18	283783	4164238	2	18	284758	4163872
3	18	284576	4163807	4	18	283834	4163821

☐ See continuation sheet.

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

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

11. Form Prepared By

name/title: Gibson Worsham, principal

Organization: Gibson Worsham, Architect

date May 15, 2002

street & number: 3145 Yellow Sulphur Road

telephone (540) 552-4730

city or town Christiansburg

state VA

zip code 24073

U. S. Department of the Interior
National Park ServicePine Camp Tuberculosis Hospital
Richmond City, Virginia

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets**Maps**

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

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

Photographs

Representative black and white photographs of the property.

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

Property Owner

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

name ____ City of Richmond _____

street & number ____ 900 East Broad Street _____ telephone ____ (804) 646-5608 _____

city or town ____ Richmond _____ state ____ VA ____ zip code ____ 23219 _____

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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.

Section 7 Page 1

7. Summary Description:

The Pine Camp Tuberculosis Hospital consists of a group of three buildings that survive from a larger historic tuberculosis hospital complex. The complex is composed of the two-story Central Building and the one-story, Bungalow-style Administration Building, both constructed of structural tile covered with plaster, and a one-story, stuccoed masonry laundry and garage building. It is located in an approximately 110-acre grove of pines and oaks in the northern suburbs of the city of Richmond. The property borders the educational complex containing Henderson Middle School and John Marshall High School on the south, and with them, occupies the old 167-acre City Farm property. To the west and north are residential subdivisions and apartment complexes that are separated from the property by Azalea Avenue on the north and Old Brook Road on the west. The flat topography of the site changes to the east where a wooded ravine forms a border. The property is accessed by a drive entering off Old Brook Road from the west in line with Watkins Street. The drive passes in an easterly direction beside the Administration Building. It then crosses in front of the Central Building before entering a large parking lot. To the south of the parking lot stands the recently constructed Pine Camp Recreation Center. The small Laundry/Garage Building stands to the north of the Central Building. Narrow concrete walks connect the Administration Building and the Central Building. The three historic structures on the property are contributing, while the modern Recreation Building is noncontributing.

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Narrative Description (continued)

Prehistory (to 1607)

European Settlement to Society (1607-1752)

Colony to Early National Period (1753-1830)

Antebellum Period (1831-1860)

Civil War (1861-1865)

No standing or below-ground sites from the Civil War Period or before have been documented within the boundaries of the property.

Reconstruction and Growth (1866-1916)

City Farm (1866-1909)

The larger 167-acre property in which Pine Camp is set served as the City Farm in the late nineteenth century. An 1875 map shows the property at the corner of two county roads. A house, probably the original farm dwelling, is shown at the center of the property near a small cemetery. The house and cemetery are reached by a drive from the south. The city utilized the farm house and the cemetery in the early twentieth century as an isolation ward, known as the pest house, for those with highly contagious diseases, especially smallpox. Neither the pest house site nor the cemetery is part of the nominated property. A small tract at the southeast corner of the intersection was reserved for use as a schoolhouse lot, but any archaeological remains there have not been accessed.

Private Tuberculosis Camp (1910-1916)

The City Farm was well outside the city of Richmond when Pine Camp was opened in 1910 by the Tuberculosis Camp Society. The first buildings were a hospital "pavilion" and an administration building, apparently followed by an infirmary. The buildings appear to have been arranged around an east-facing court. All of the buildings associated with this period of the history of Pine Camp were demolished in the 1960s, after the closing of the tuberculosis hospital.

Section 7 Page 3

Narrative Description (continued)

Modern Tuberculosis Hospital (1917-1956)

The surviving Pine Camp Buildings were constructed in this period. The Laundry/Garage Building in the center of the site is the oldest structure, constructed in 1922. The principal structure, the Central Building, was built in 1932. The Administration Building was built at the same time near the entrance. This building appears to have supplemented the office function of the demolished ca. 1922 main administration building.

LAUNDRY/GARAGE BUILDING

The Laundry/Garage Building is a one-story, stuccoed masonry building with a gabled, asphalt shingle roof. An exterior chimney is in the center of the west gable end. The chimney is flanked by large, glazed, double doors. Single-leaf doors on the north and south also give access to the interior. A low shed-roofed wing projects to the east with a door on the south and two louvered openings on the east. The open-plan interior is characterized by plain detailing and a cement floor.

CENTRAL BUILDING

Exterior

The Central Building is a two-story, three-part hospital structure characterized by special design criteria dictated by contemporary tuberculosis treatment. The exterior form of the flat-roofed building expresses the interior layout and function. The Central Building is built of structural tile rendered with a smooth plaster finish on the exterior and plastered on the interior.

The four facades of the Central Building are topped by a molded stucco classical cornice and a stuccoed parapet. The poured concrete foundation is capped by a molded water table. A south-facing central three-bay pavilion with a raised section of parapet anchors the building with long wings extending to east and west. The wings are faced by two-story galleries that served as open-air sleeping and living rooms for the patients. The wooden windows and frames on the porches appear to have been added at an early date because they are not metal like the building's other windows and because they partly interrupt the flow of fresh air so important to the treatment of tuberculosis in that period. However, they may be original. Each of the seven large

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Narrative Description (continued)

openings on both floors of the wings is filled with three, twelve-light, horizontally sliding sashes.

The central bay of the central section holds a double-leaf entry with wood doors with glass upper panels and a tall transom sheltered by a pedimented hood. There are inset panels between the first and second-floor openings. The parapet is ornamented with a stucco treatment over each bay consisting of a diamond shape in a cross form. The entry is reached by a brick stoop and stair with brick flanking walls.

The north or rear façade features irregularly spaced windows corresponding to the interior layout. The central pavilion projects on this side as well, and the three-bay section has a central single-leaf door with a carefully designed bracketed hood. The door is reached by an early concrete ramp with a pipe railing. The ends of the east and west wings contain off-center, grade-level exit doors and asymmetrically-placed windows on each floor. A first-floor door from the original central corridor at the east end is reached by a concrete handicapped ramp added in the mid-1950s. The ends and rear façade are equipped with six-over-six metal sash windows. An areaway and subsurface stair giving access to a central basement is found at the east side of the rear central section.

Interior

The interior was subdivided into treatment and residential sections. The front of the central section housed a living room with fireplace on both floors. The rear of the central section contained a food preparation area on the first floor and an operating room on the second floor. The patients lived in rows of four wards in each wing of both floors. Each ward housed four patients who had a small closet and shared a toilet room with another ward. A wide screened porch opening off the living rooms gave access from the south to the wards on each floor. The porches were probably the principal way that visitors reached patients and that patients moved around on their own. A wide, central, longitudinal corridor provided service access to the wards from the north and to a series of double patient rooms (quiet rooms), treatment rooms, and baths to the north. The wards were provided with an awning window and a door with a transom on both the north corridor and the porch on the south to maximize fresh air circulation through the entire building. Circulation between the floors was provided by a central staircase opening off the corridor behind the living room, by a centrally located elevator, and by enclosed fire stairs at each end of the building.

Section 7 Page 5

Narrative Description (continued)

On the interior, the main public rooms are distinguished by carefully designed architectural details. The living rooms on both floors are equipped with wire-cut brick mantels with jack arches over the firebox and bracketed shelves. The main stair has refined classical details executed in cast iron, including a pilaster newel and a molded rail. While the patient rooms and treatment areas are plainly and functionally detailed, they include decorative tile floors in the toilet rooms and molded window sills. Windows throughout are set in the walls with simple plaster reveals. Wards have glass panel wood doors and transoms. The interior is entirely plastered, including the porches, which were given stucco walls and ceilings.

ADMISTRATION BUILDING

Exterior

The Administration Building is a one-story, gabled Bungalow-style dwelling with a complex plan and roofline. The main body of the building is a rectangular structure facing Old Brook Road from the east. Entrance to the building is through a small, gabled, projecting pavilion offset to the south. The entrance is treated with a classical frontispiece in which paneled pilasters support a full entablature. A rear wing projects to the east opposite the entrance. The main section is narrower where it projects on the south end from the entry pavilion and the east wing. The roof eaves of the main section are higher there as a result, and the variation in height creates a picturesque building profile from the south and west. A wide cross wing extends across the north end. The building is lit and ventilated by paired and single double-hung sash windows. There are three evenly spaced windows in the south and east gable ends. The cross-gable wing has a single window in the west end and a door and window for each of the two public toilet rooms in the east end.

The structural tile building is covered with stucco. It stands on a poured concrete foundation topped by a beveled water table. The open eaves are treated with decorative, curved, exposed rafter ends and projecting brackets. The roof is covered with slate. The garret is ventilated by semi-circular vents in the gables (now boarded up). The plastered interior has been altered to accommodate modern offices.

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Narrative Description (continued)*Recreation Center (1957-present)*

The site was reduced dramatically following conversion for use as a recreation center in the early 1960s. Most of the buildings were removed by the following decade, except the Central Building, the small Administration Building, the Laundry/Garage Building, and the Superintendent's Residence. Eventually the Superintendent's Residence was demolished leaving three buildings standing today in the grove of mature trees. All three have been little altered since the camp was closed as a hospital. The site has a different appearance since the quadrangle formed by the hospital buildings north of the Central Building has been replaced by a park with playground equipment and a baseball/soccer field. The Administration Building is maintained in fair-to-good condition as a parks department office with public toilets on the east side. A large and architecturally attractive modern recreation center was built southeast of the Central Building in the late 1990s. It harmonizes effectively with the wooded site and does not detract from the rural and institutional character of the setting. Today the Central Building is under-maintained. The interior is kept heated and lighted by the city with the intention of preserving it for reuse. The exterior is in fair condition. The Laundry/Garage Building is in very poor condition with holes in the roof.

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Statement of Significance

Pine Camp Tuberculosis Hospital is eligible for listing in the National Register of Historic Places under criteria A and C as an historic hospital complex exhibiting the progressive, highly regimented, early-to-mid-twentieth-century treatment of tuberculosis. The historic significance of this wooded tract of land begins in the late nineteenth century when the property was part of a 167-acre city farm. The farm was located in elevated countryside to the north of the city center. The fresh air and well-drained land in that section were considered assets by planners of the nearby streetcar suburbs of Barton Heights and Ginter Park. A wooded tract at the northern end of the City Farm was provided to the Richmond Tuberculosis Camp Society for development of a tuberculosis sanatorium that opened in 1910.

The surviving buildings represent the period of secondary development at Pine Camp from 1917-1952. In 1916 control of the camp was turned over to the city, and the first buildings were augmented by more substantial and medically sophisticated structures, all designed by the Richmond architectural firm of Carneal and Johnston. A significant date is 1932 when the principal surviving structure, the Central Building, was put into service.

Although Pine Camp became a recreation center for the northern section of Richmond in the early 1960s and many of the less substantial structures have been demolished since then, the property maintains its character as a wooded rural "camp" dominated by the bulk of the two-story Central Building and the cottage-like form of the Administration Building. Although a new recreation center has been built on the southeastern edge of the property, and a playground, exercise course, and baseball/soccer field now share the ground beneath the mature tree canopy, the open, wooded appearance of the property retains its integrity.

Section 8 Page 8

Statement of Significance (continued)**Historical Background***European Settlement to Society (1607-1752)**Colony to Early National Period (1753-1830)**Antebellum Period (1831-1860)**Civil War (1861-1865)*

During the periods up to the end of the Civil War period, the site of Pine Camp was part of the agricultural land north of the city of Richmond.

*Reconstruction and Growth (1866-1916)*City Farm (1866-1909)

This farm, located outside the city in Henrico County, appears to have been used to produce food for city institutions, such as the jail and the city almshouse. It was called the City Jail Farm in a 1951 plan for a cannery filed with the city's Department of Public Works and was identified as the City Farm in a plat of 1875. A house and cemetery were shown near the center of the tract on this plat. The city also utilized the farm in the early twentieth century as an isolation ward for those with highly contagious diseases, especially smallpox, and it was popularly known as the pest house. A frame house was built about 1905 to accommodate white smallpox patients and the keeper's family. An older house was used for the African-American patients. Those of either race who died were buried in the cemetery. The older building had fallen down by 1916, and the black and white patients were housed together in the ca. 1905 building.¹ A one-acre schoolhouse site at northwest corner of the property had been subdivided from the farm earlier in the century.

Private Tuberculosis Camp (1910-1916)

Tuberculosis was one of the world's most feared and difficult diseases until the mid-twentieth century. The extremely contagious character of the disease was proved in 1865. Tuberculosis attacked the white blood cells. Often infection was effected by inhalation, in which case the lungs became the seat of a slow-moving, spreading infection. The lungs began to dissolve and death was painful and protracted. The tubercle bacillus was isolated in 1882. Since it was

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Statement of Significance (continued)

contagious, isolation in pleasant surroundings was one of the first parts of treatment. A principal treatment developed among mainstream medical practitioners consisted of rest. They suggested that if the lungs were allowed to rest the tubercle bacillus would be isolated. The lung tissues would toughen and form pockets in which the infection would be confined. A popular surgical treatment involved the collapse of one lung to give it further time to heal. Fresh air was thought to be an effective treatment as well. A massive campaign of public awareness was waged for many years, advocating strict hygiene, fresh air, and modern forms of treatment. A system of public and private sanatoriums was developed across the country where patients often lived for years under a strict regimen of isolation and complete or moderate inactivity.

While the effectiveness of the treatment has never been established, death rates from tuberculosis declined dramatically as the twentieth century progressed. From 1904 to 1919, the death rate fell 33%. Penicillin, recognized in 1929, was of no help in fighting tuberculosis. In contrast, the use of antibiotics like Streptomycin and Isoniazid after the mid-1940s proved very useful, and by the mid-1950s tuberculosis treatment consisted of a three-month course of medication.²

The beginnings of the Pine Camp Tuberculosis Hospital can be dated to a request by Richmond's public health officer for \$10,000 from the city to combat what was known as the 'White Plague.' No money was appropriated and private citizens took up the cause. The Tuberculosis Camp Society was founded in 1909 in the midst of widespread awareness of the contagious character of the disease and the latest methods of treatment which included fresh air and rest. Frances Branch Scott, member of a prominent and wealthy Richmond family, convened a meeting in her home in November of 1909 to discuss the founding of a charity hospital for urban victims of the disease. Frances Scott was then president of the Sheltering Arms Hospital, Richmond's premier charity hospital, and she and others were concerned about the lack of treatment available for tubercular patients at that institution. She and her brothers, Frederick W. and Thomas B. Scott, were the first officers of the society.³

At the request of the Tuberculosis Camp Society, the city set apart a 1,000-foot by 1000-foot tract of wooded land at the northwest corner of the city farm on which the society built an administration building and a "pavilion" where 20 patients could rest, receive treatment, and avoid infecting others.⁴ Undoubtedly the elevated and rural character of the site and the previous and ongoing use of another part of the farm for treatment of contagious diseases suggested the site. It was also readily accessible near the end of the Ginter Park streetcar line. The original purpose of the camp, in this time of strict segregation, was to serve white patients only.⁵

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Statement of Significance (continued)

The “Piney Camp Home” opened in November of 1910. A tuberculosis conference, held in Richmond at the Virginia Methodist Institute, was timed to coincide with the opening. Sessions on “Tuberculosis in the Cities” and “Open-air Treatment of Tuberculosis” were designed to promote the progressive concepts around which the camp was founded. An article in the newspaper announced the dedication. The camp was to accommodate twenty persons at first, but plans were made to augment patient numbers as funding was found. Giles B. Cook was to serve as chief physician and Miss Florence Black as chief nurse. “The object of the camp is to prevent the spread of the disease as well as to cure the afflicted and patients will be taken regardless of the advanced stage of the malady.”⁶

The construction and maintenance of the camp was funded privately at first. Later, the city contributed to the operating expenses.⁷ The Pine Camp Tuberculosis Hospital Association (as the society was renamed) turned over the property of the society at Pine Camp to the city in 1916 to be operated as a branch of the City Home (another name for the city’s almshouse). According to an ordinance approved by the city council, the buildings, improvements, and equipment were deeded to the city because the association could no longer finance and operate the hospital.⁸ Frances Branch Scott is said to have called on each member of the city council in advance to ascertain that they would appropriate sufficient funds to continue operation.⁹

The first buildings were an administration building and a pavilion or hospital where patients lived largely in the open air the year around and received other medical treatment. It appears that by 1916 when the city took over the property, there were three buildings that formed a court with the administration building at the west end, an infirmary on the north, and a pavilion on the south. The buildings appear to have been of frame construction.

Modern Tuberculosis Hospital (1917-1956).

When the Richmond Department of Public Health took over operation of Pine Camp in 1916, the facilities remained very limited. Tuberculosis continued to be recognized as a serious threat to public health. The city experienced 277 deaths from consumption or pulmonary tuberculosis in 1916. Of these, the majority (167) were black.¹⁰ However, by the early 1920s, the hospital had a capacity of only thirty-six white patients and no facilities for black sufferers who were sent to a state hospital or cared for at home. Laura Park was the hospital’s first superintendent. Nina C. Ramsey was the hospital’s superintendent after 1920.¹¹

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Statement of Significance (continued)

The city began plans for a major expansion of the institution, hiring the firm of Carneal and Johnston, a prominent Richmond architectural firm, to prepare a master plan and to design the individual buildings. William Leigh Carneal (1881-1958) and James Markham Ambler Johnston (1885-1974) formed their commercial and institutional practice in the early twentieth century. The firm was known primarily for its academic, hospital, and industrial buildings that displayed stylistic competence and functional practicality. It is likely that the earlier Pine Camp buildings were also designed by the firm.

It is not clear whether the master plan, visible on a map prepared by Carneal and Johnston in 1925, was developed first or the first new buildings adapted into the plan. The new plan incorporated the three original buildings at its west end. A new central north-south axis was created by siting the large administration building just east of the infirmary. A new pavilion and infirmary were added in mirror form to the east of the new administration building, creating a narrow quadrangle. The original administration building closed the quadrangle at the western end.

The entire complex was ringed by a service road. A central drive left this road, entered the quadrangle from the south, and formed a circle in front of the administration building. The grounds were laid out in paths and landscaped because outdoor recreation and walks were an integral part of the treatment of the less serious or more improved cases. Three single-family houses were located at a short distance from the quadrangle by this time. These were residences for the medical director, the assistant medical director, and the resident physician.¹²

The city council approved a bond issue of \$75,000 for the expansion of the camp in 1921.¹³ This was followed a year later by an appropriation of \$50,000. Among the first of the new buildings constructed in 1922-23 was the large, one-story, hip-roofed, stuccoed administration building. This was accompanied by a new infirmary of 24 beds, a new pavilion of 24 beds, a heating plant, and a garage/laundry. The original pavilion was remodeled and the frame administration building was rehabilitated as a nurses' home. The newly enlarged camp with a capacity of eighty-four opened in November of 1923. According to the newspaper, the camp was "the most up-to-date" tuberculosis treatment center in the nation and a "monument to civic progress".¹⁴ Treatment was still not provided at this site to non-white patients.

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Statement of Significance (continued)

The residential buildings were each of a single story owing to the need for ease of movement by wheelchairs. These took a similar shape and reproduced the form of the earlier buildings built by the private hospital association. Stuccoed structural tile was chosen for the new buildings as it was a material known for its permanence and fire-resistant qualities. A narrow, central section was flanked by long wings with front porches. As shown in a newspaper photograph, the new pavilion had a clipped-gable central section and long screened porches on each side.¹⁵

By 1930, increased demand for institutional treatment of tuberculosis stimulated a need for more beds at Pine Camp. There was a waiting list to get into the hospital that could then accommodate 100 patients. Awareness of a need for special treatment for children and to extend the treatment program to black citizens gave impetus to a decade of expansion. A state fund for public treatment of the disease was available to the city of Richmond.¹⁶ The head of the city's Department of Public Health, Dr. W. B. Foster, urged the city to use this money to build a new hospital building at Pine Camp.¹⁷ The city council approved an appropriation of \$80,000 in June of 1931. Drawings for the "new 50 bed pavilion" later known as the Central Building were prepared by Carneal and Johnston by mid-August.¹⁸

John T. Wilson's firm won the contract to build the new hospital with a bid of \$68,500. The new hospital building was to be completed in six months time and the new administration building in three months.¹⁹ The hospital building was larger and more substantial than the preceding structures at Pine Camp. The two-story building was placed in the center of the south front of the complex, opposite the 1922 administration building and in advance of the two one-story pavilions. With the completion of the Central Building in 1932, the capacity of the camp increased to 150.

The still-extant Administration Building was built at the same time, probably to supplement the 1922 administration building that was labeled "dining room/kitchen" in the 1940s. It first shows up on a the revised master plan of 1935 as a secondary building labeled "administration" along with the larger Administration Building.²⁰ It was labeled "office" in 1949 when the Richmond Department of Public Works mapped the property.

A 1936 survey indicated that there were 1,797 tubercular cases in the city, of which 420 were among the African-American population. Although there were an estimated 2,333 new cases that year across the state, the five state and local sanatoriums could house less than 1,400 patients. Of these, only the Burkeville Sanatorium was designated for blacks. Richmond took care of its

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Statement of Significance (continued)

indigent black tubercular patients at the City Home, where contagion was a significant problem. Many black patients chose instead to stay at home under the care of a doctor.²¹

The next project for the hospital was provision of a separate unit for black sufferers of the disease. In keeping with segregation laws and practices at the time, a new weatherboarded frame Negro infirmary was built several hundred yards to the east of the Central Building at a cost of \$25,000.²² This building that opened in 1936 and housed 56 patients cost less than half that of the new main building designed for a similar number of whites.²³ Costs were undoubtedly lower since the labor was provided by the Depression-era Works Progress Administration. The master plan of 1934 shows a quadrangle identical to the white complex to be located on the site of the “colored infirmary,” but the “separate but equal” promise was never fulfilled at Pine Camp.²⁴ A wing with sixteen additional beds was added in 1938 and funded by the city. Photographs from that period show a nearly identical layout to that of the frame pavilions in the main area.²⁵

By the 1940s, demand had again risen for admittance to Pine Camp. In 1941, the Mayor announced plans to add 30 beds to the Negro unit.²⁶ The *News Leader* reported that it took from six to nine months to get in as only the death of an inmate released a bed.²⁷ The *Times-Dispatch* at the same time said that while space was available for whites it was not so for black patients.²⁸ A new forty-bed enlargement of the African-American infirmary was dedicated in 1943.²⁹

By 1950, the capacity of the hospital stood at 220. There were said to be “fourteen neat white-painted buildings in a pine-scented grove.” Photographs from 1956 show neatly kept lawns, foundation plantings, many trees, and drives lined with white-painted rocks. A view of one of the porch interiors (the building east of the main administration building) shows rows of white-painted iron beds and wooden chairs lined up facing the exterior view.³⁰

Two of the older buildings were renovated and the entire facility rededicated in 1950.³¹ The functions of the buildings are shown in a comprehensive map of 1949. The Central Building fronts on the present entry road as it does today. The 1922 administration building is labeled “Dining Room/Kitchen.” The building to its east is called the Women’s Infirmary. The building to its west (the oldest infirmary) is named the “Herbert Hall Nurses Home.” The pavilion to the east is called the “Nurse’s Quarters,” while the similar building to the west (the oldest pavilion) is labeled “Nurses and Recreation.”³² The latter two are probably the same structures referred to in an article of 1950: a new rehabilitation center for white patients combined with a residential facility for black nurses in one and a white nurses’ home and recreation hall in the other.³³

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Statement of Significance (continued)

In 1950, the tuberculosis treatment system across the nation stood on the brink of a revolution derived from the replacement of the long-term open-air treatment with the newly developed panacea represented by antibiotics. Pine Camp published a brochure that outlined the traditional treatment pursued there for forty years. Entitled *Your Stay at Pine Camp*, the publication was designed to allay the fears of patients, to promote the use of the open-air treatment, and to prepare patients for the treatment program. The purpose of hospital treatment as opposed to home care was to provide rest, medical and nursing care, and education about the disease and for life after the cure. The writer asserted that black and white patients were given the same care.

Patients were organized into grades from A to H. Grade A, the most serious condition, required flat bed rest at all times, with only radio and reading allowed for recreation. Patients given a grade of B were allowed a bed bath, sitting up for meals only, and handwork and classes at the bedside. Those rated a C were permitted to have tub baths, sitting beside the bed for meals, and knitting. Grades D through F were gradually allowed a range of movement from brief walks, "social room or lawn privileges," and classroom visits to near complete freedom of movement. Treatments included surgical interventions and medication. Patients were provided with a central radio system with headsets, a wood shop, a photography room, and movies.³⁴

There was a dramatic decline in admissions in 1954. The patient load dropped from 228 to 181.³⁵ Alternate treatments largely based in antibiotics resulted in a drop in average length of stay from 608 days to 307 days. State hospitals had drawn off most of the white patients from Pine Camp and admissions of white patients had ended several years earlier. Completion of a new state hospital in Richmond for black patients would draw most of them away as well in the near future.³⁶

In early 1955, Pine Camp requested and received accreditation as a general hospital, with the intention of converting beds to alternate use. A forty-bed unit for rehabilitation of indigent, chronically ill patients was started in the first floor of the Central Building. Movable partitions were constructed to separate patients due to the continually changing racial makeup of patients and the populations of male and female patients. The ramp at the east end of the building was added in 1955 to allow access of patients from the Central Building to the rehabilitation building.³⁷

By early December 1956, the city began considering the closing of either the City Home or Pine

Section 8 Page 15

Statement of Significance (continued)

Camp Hospital.³⁸ Late in the same month the city announced the closure of Pine Camp.³⁹ By the end of 1957, the last patients were transferred to the City Home.⁴⁰

Recreation Center (1957-present)

After closing in 1957, the camp was left unused for several years until the decision was made to rehabilitate it to serve as a recreation center for the city's northern section. The city considered a variety of proposals for reuse, including rehabilitation as a juvenile detention center, work on which was actually begun.⁴¹ One church group wanted to develop the tract to house the elderly.⁴² City council considered selling it as surplus property but decided not to part with so large an open tract in the city.⁴³ Finally, a consensus developed that the property should be used as a community recreation center.⁴⁴ Most of the buildings dating from the early twentieth century were demolished, including the four pavilions, the Negro Infirmary, the Power Plant, and the doctors' and nurses' residences. Only the Central Building, the small Administration Building, the Laundry/Garage Building, and the Medical Director's Residence and the Resident Physician's Residence remained by the 1980s.

The Central Building was altered for reuse as the main recreation center. Physical evidence suggests that some of the partitions at the rear of the building were removed as part of a major renovation in the early 1960s to form larger meeting and activity rooms, while in several cases the wards were altered by removing partitions to form larger rooms. Further renovations in the 1980s added dropped ceilings and dance floors in the rear range of rooms. For the most part, however, the building kept its character, finishes and details were retained, and the exterior was maintained intact.

The Administration Building was used as a Department of Recreation and Parks office building with public toilets for the extensive new park and playground facilities that were added on the site of the demolished buildings. Low city funding of the facility ensured that it was not further altered except by the demolition of the two doctors' houses in the 1990s. The Laundry/Garage Building was used for storage and gradually allowed to deteriorate until it reached its current poor level of condition.

A new recreation center was built in the late 1990s and the Central Building was left vacant.

Section 9 Page 16

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Verbal Boundary Description

The approximately 110-acre site being nominated is identified as parcel number NO18-0200\001 on the tax parcel maps for the City of Richmond, Virginia.

Boundary Justification

The boundaries were selected to include all of the remaining structures and property historically associated with the Pine Camp Tuberculosis Hospital.

Section photos Page 20

Photographs

All photographs are of :

Pine Camp Tuberculosis Hospital

Richmond, Virginia

Photographer: Gibson Worsham

Date of photograph: April 2002

Location of negative: Virginia Department Historic Resources

1. VIEW OF:

South front of the Central Building
from the southwest

PHOTO 1 of 10

Neg. No. 19976

2. VIEW OF:

West end of the Central Building

from the northwest

PHOTO 2 of 10

Neg. No. 19976

3. VIEW OF:

North front of the Central Building
from the northeast

PHOTO 3 of 10

Neg. No. 19976

4. VIEW OF:

Interior of first-floor lobby looking north

PHOTO 4 of 10

Neg. No. 19976

5. VIEW OF:

Interior of second-floor east porch looking east

PHOTO 5 of 10

Neg. No. 19976

6. VIEW OF:

West front of the Administration Bldg.
from the west

PHOTO 7 of 10

Neg. No. 19976

7. VIEW OF:

West front of the Administration Bldg.

from the northeast

PHOTO 8 of 10

Neg. No. 19976

8. VIEW OF:

West end of the Laundry from the
southwest

PHOTO 9 of 10

Neg. No. 19976

Section __End Notes__ Page __21__

Notes

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- ² Caldwell, Mark. *The Last Crusade: The War on Consumption, 1862-1954*. (New York: Athenaeum) 1988: 3-15.
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- ⁴ Survey of Jas. T. Redd. *City Farm* (11 May 1875, Revised to Show Pine Camp site) microfiche L-13953-A, City of Richmond, Department of Public Works.
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- ⁶ "Piney Camp Home is opened today. Tuberculosis conference here this week," *Richmond News Leader* (28 Nov. 1910) p. 8.
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- ¹¹ "Formal Opening Today at Pine Camp Hospital," *Richmond News Leader* (17 Nov. 1923).
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- ¹⁹ "John T. Wilson gets Contract for \$65,000," *Richmond News Leader* (3 Oct. 1931).
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- ²¹ "Gives quarters for 56 patients: need for facilities indicated in recent tuberculosis survey," *Richmond News Leader* (4 August 1936).
- ²² "New \$25,000 Negro unit completed," *Richmond News Leader* (22 Oct. 1936).
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- ²⁵ "Pine Camp Opens New Pavilion," *Richmond News Leader* (5 March 1938).
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- ²⁹ "New 40-bed Negro unit to be dedicated," *Richmond News Leader* (17 Sept 1943).
- ³⁰ "Pine Camp- After 40 years service to city—may be heading for moth balls," *Richmond News Leader* (29 Dec. 1956) p.1.
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U. S. Department of the Interior
National Park Service

Pine Camp Tuberculosis Hospital
Richmond City, Virginia

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- ³² Department of Public Works, Richmond, Virginia, *Plan of Pine Camp Showing Existing Improvements* (3 Feb. 1949) microfiche P-9466, City of Richmond, Department of Public Works.
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- ⁴⁰ "Patients Transferred to City Home." *Richmond News Leader* (13 Nov.1957).
- ⁴¹ "Pine Camp Site Urged for Home," *Richmond Times-Dispatch* (1 Jan 1959) p. 2 and "Old Pine Camp: Recreation Area Proposed," *Richmond Times-Dispatch* (28 May 1962).
- ⁴² "Virginia Church Assoc. seeks to buy Pine Camp for Housing Project for the Aged," *Richmond Times-Dispatch* (18 Jan. 1960).
- ⁴³ "Council votes 6-3 to sell as surplus property," *Richmond Times-Dispatch* (5 May 1960) and "Old Pine Camp: Recreation Area Proposed," *Richmond Times-Dispatch* (28 May 1962).
- ⁴⁴ "Planning Commission backs use for recreational and educational purposes," *Richmond News Leader* (3 April 1962) and "Old Pine Camp: Recreation Area Proposed," *Richmond Times-Dispatch* (28 May 1962).

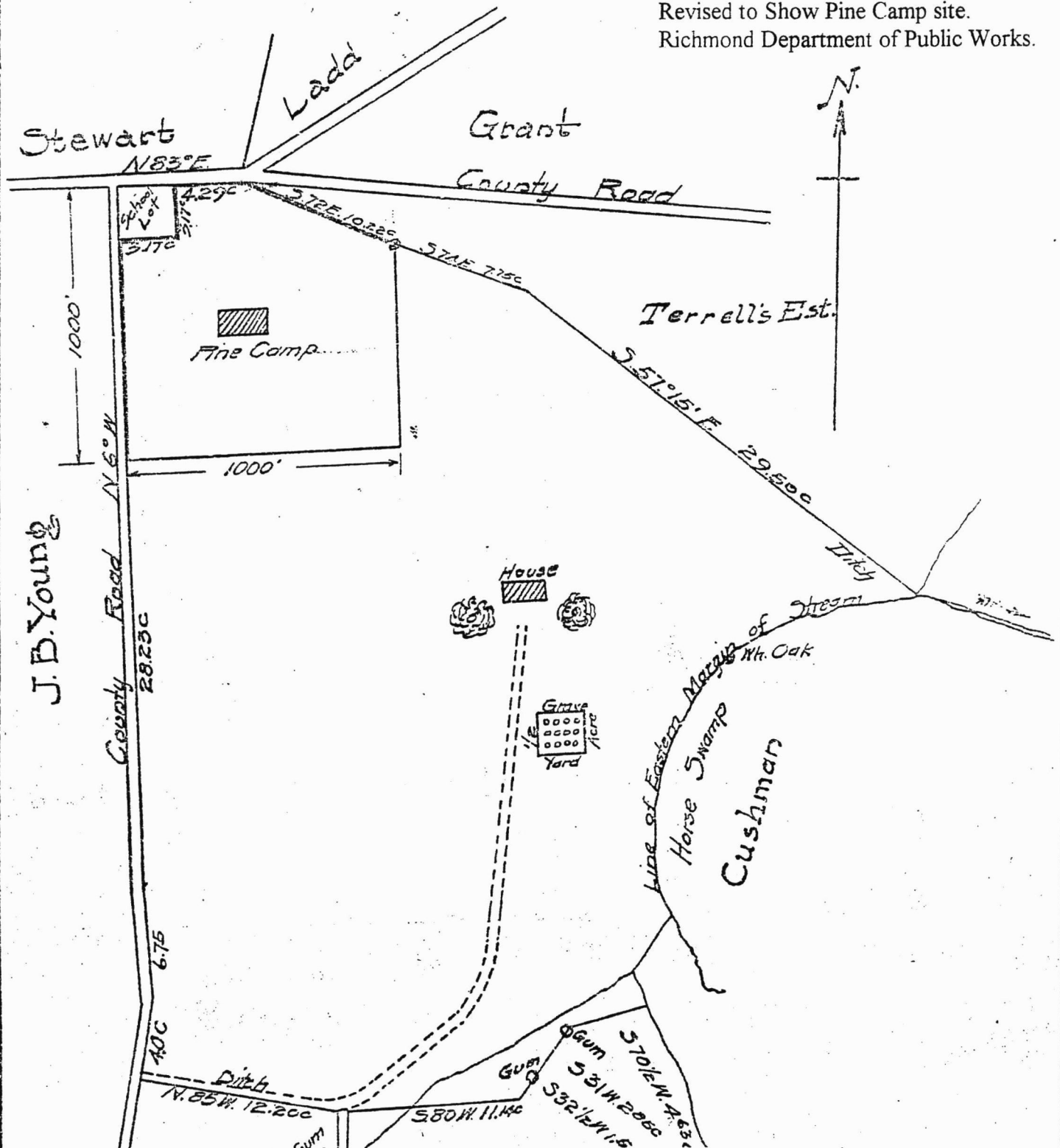
Section Maps Page 23

Survey of Jas. T. Redd. City Farm.

11 May 1875.

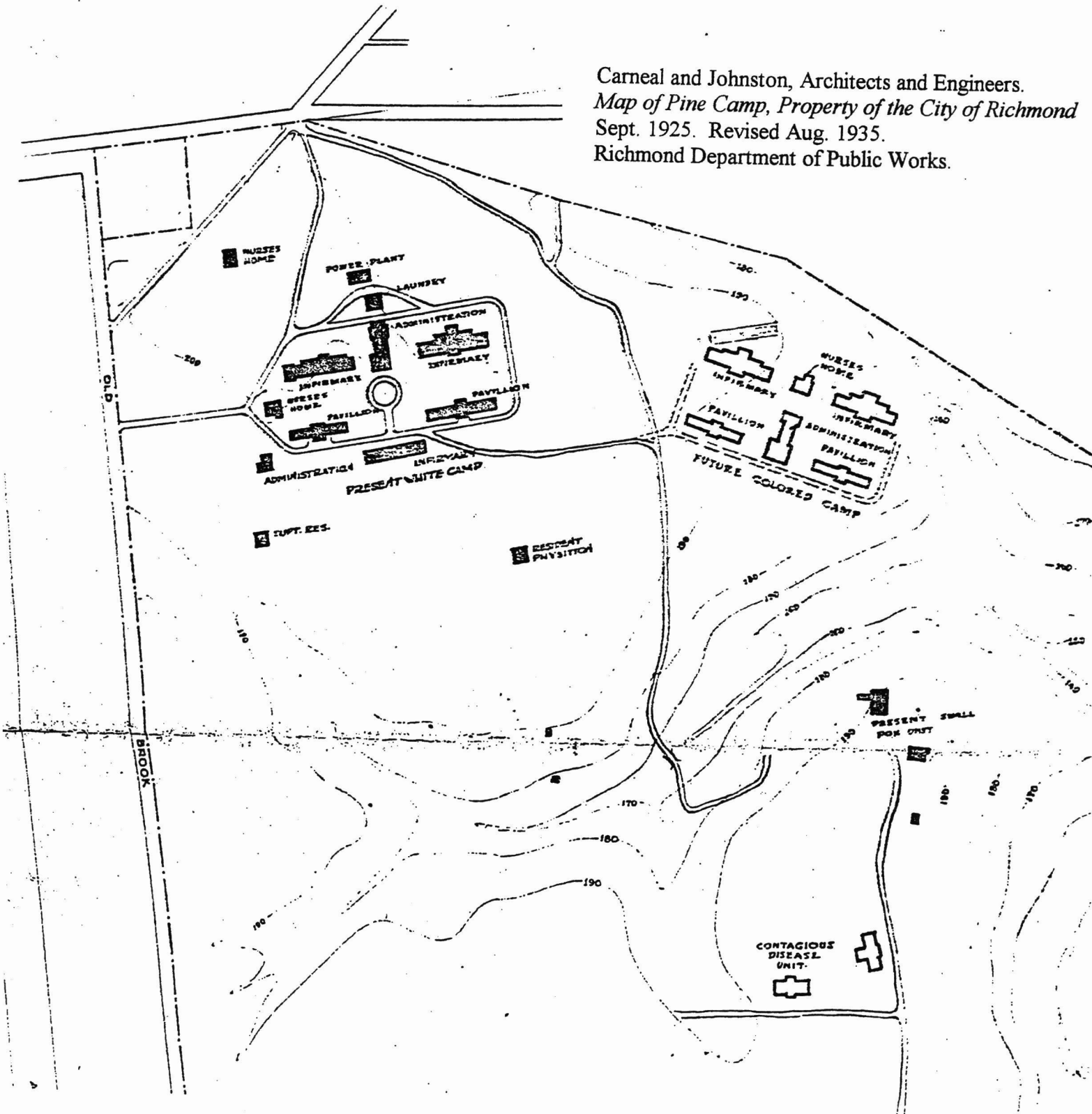
Revised to Show Pine Camp site.

Richmond Department of Public Works.



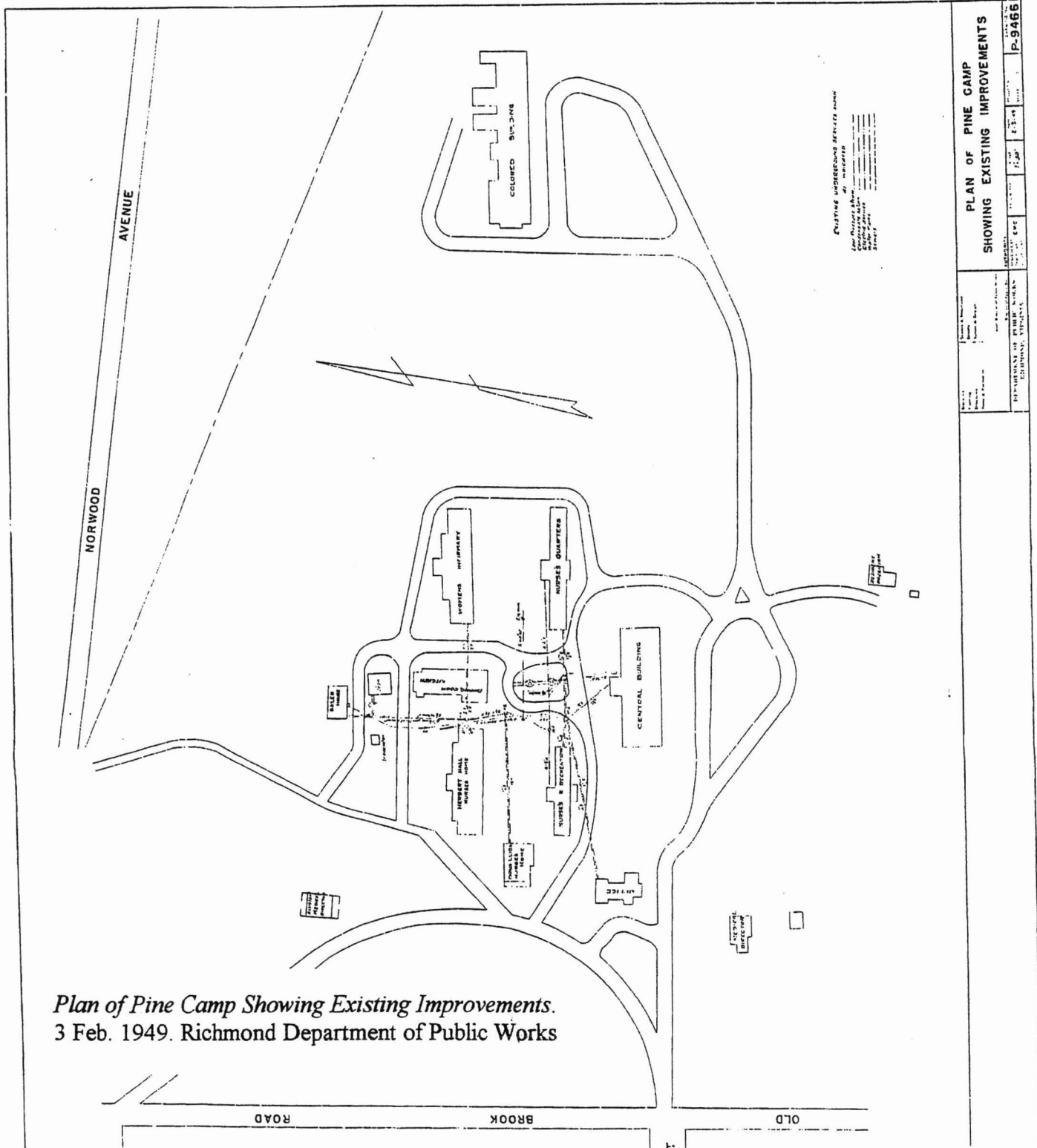
Pine Camp Tuberculosis Hospital
Richmond City, VirginiaSection Maps Page 24

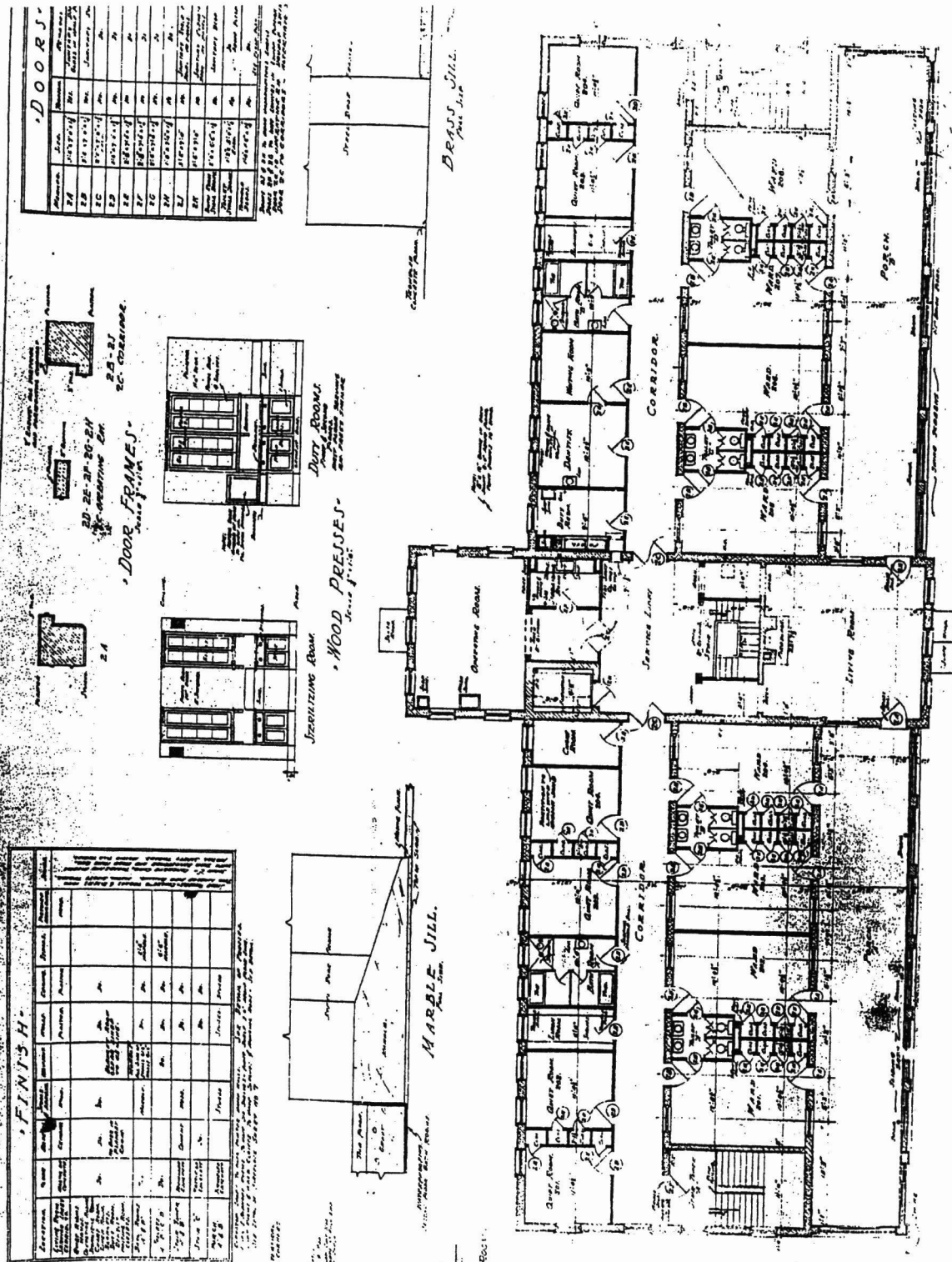
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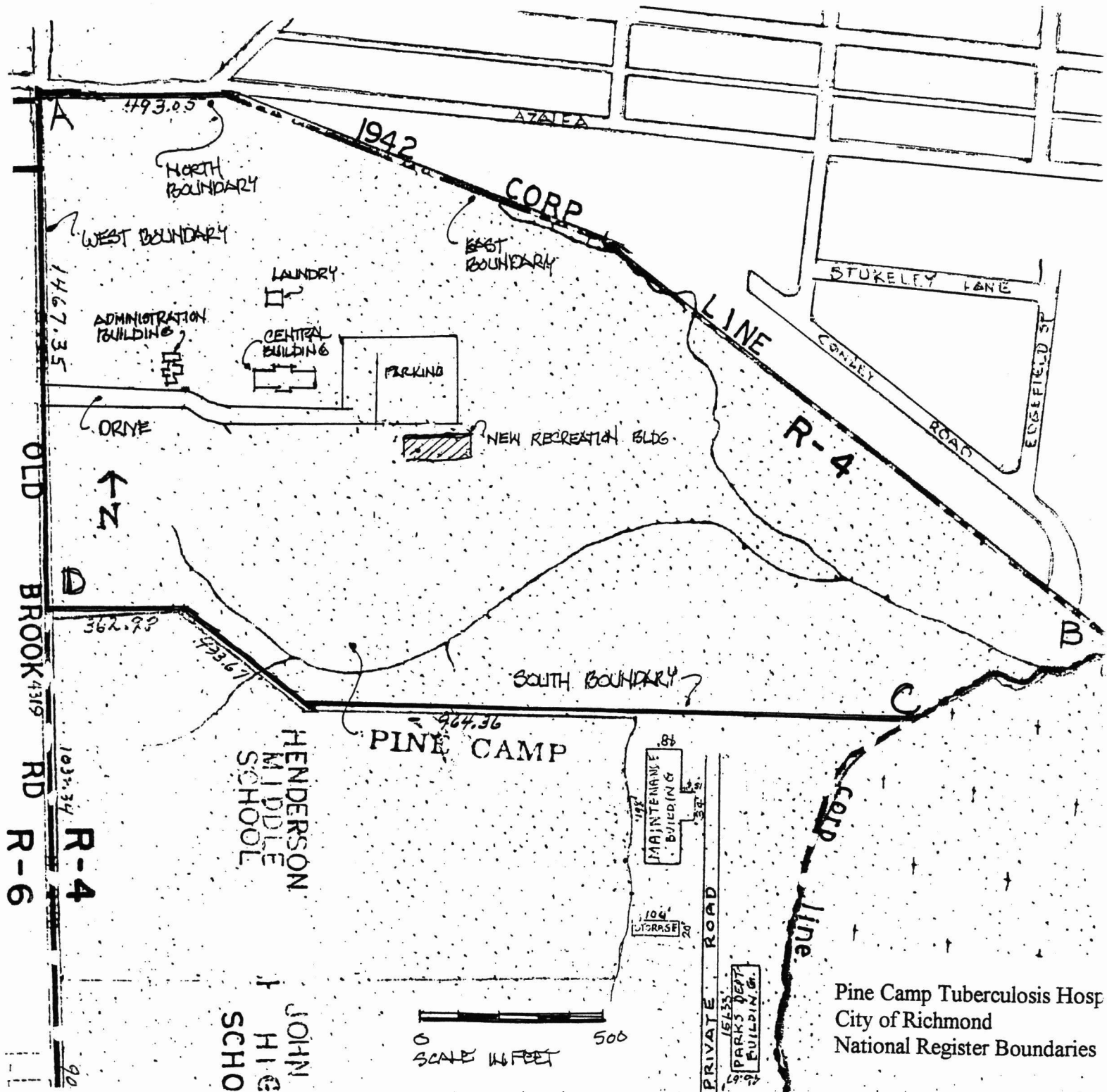
Pine Camp Tuberculosis Hospital
Richmond City, Virginia

Section Maps Page 25





Section Maps Page 27



Pine Camp Tuberculosis Hosp
City of Richmond
National Register Boundaries

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

**National Register of Historic Places
Continuation Sheet**

Section number _____ Page _____

SUPPLEMENTARY LISTING RECORD

NRIS Reference Number: 03000190 Date Listed: 4/4/2003

Property Name: Pine Camp Tuberculosis Hospital County: Richmond State: VA

Multiple Name

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

Patrick Andrews
Signature of the Keeper

4/4/2003
Date of Action

=====

Amended Items in Nomination:

This SLR amends the Period of Significance to begin in 1917, the date of construction of the oldest extant building on the hospital grounds.

DISTRIBUTION:

**National Register property file
Nominating Authority (without nomination attachment)**

Pine Camp Tuberculosis
Hospital
City of Richmond

Zone 18

UTM References:

E N
1) 283783 4164238

2) 284758 4163872

3) 284576 4163807

4) 283834 4163821

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OILVILLE 18 MI.

