RALEIGH HISTORIC LANDMARK DESIGNATION APPLICATION

This application initiates consideration of a property for designation as a Raleigh Historic Landmark by the Raleigh Historic Districts Commission and the Raleigh City Council. It enables evaluation of the resource to determine if it qualifies for designation. The evaluation is made by the Research Committee of the Raleigh Historic Districts Commission (RHDC), which makes its recommendation to the full commission. The historic landmark program was previously administered by the Wake County Historic Preservation Commission but has been transferred back to the city; procedures for administration by RHDC are outlined in the Raleigh City Code, Section 10-1053.

Please type if possible. Use 8-1/2" x 11" paper for supporting documentation and if additional space is needed. All materials submitted become the property of the RHDC and cannot be returned. Return completed application to the RHDC at 133 Fayetteville St. Mall Suite 100, Raleigh NC. 27601 or mail to:

Raleigh Historic Districts Commission
PO Box 829 Century Station
Raleigh, NC 27602

1. Name of Property (if historic name is unknown, give current name or street address):

Historic Name: Mary Elizabeth Hospital (ME) and the Medical Arts Building (MAB)

Current Name: N/A

2. Location:

Street Address: 1100 Wake Forest Road and 1110 Wake Forest Road

City/Town/Jurisdiction: Raleigh

NC PIN Number: (can be obtained from http://imaps.co.wake.nc.us/imaps/)

1704933944 and 1704944164

3. Legal Owner of Property (If more than one, list primary contact):

Name Mary Elizabeth, LLC

Address PO Box 12929

City/State/Zip Code Raleigh, NC 27605

Email fgailor@hedgehogholdings.com **Telephone** 919-755-2250

4. Applicant/Contact Person (If other than owner):

Name Carrie Ehrfurth

Address PO Box 12929

City/State/Zip Code Raleigh, NC 27605

Email cehrfurth@hedgehogholdings.com **Telephone** 919-755-2250

5. General Data/Site Information:

A. **Date of Construction and major additions/alterations:** ME constructed 1920, small additions 1975-1986, and remodeled 1986. MAB constructed 1960

B. **Number, type, and date of construction of outbuildings:** .N/A

C. **Approximate lot size or acreage:** 2.5 acres

D. **Architect, builder, carpenter, and/or mason:** ME designed by Dr. Glascock, built by Eldrige & Kennison, MAB constructed by Chambers-Caviness, Inc

E. **Original Use:** local hospital

F. **Present Use:** office building for North Carolina Partnership for Children

6. Classification:

A. **Category (check all that apply):**

Building(s) ☒ **Structure** ☐ **Object** ☐ **Site** ☐

B. **Ownership**

Private: ☒
Public: ☐ **Local** ☐ **State** ☐ **Federal** ☐

C. **Number of contributing and non-contributing resources on the property:**

	Contributing	Noncontributing
Buildings	2	____
Structures	____	____
Objects	____	____

D. **Previous field documentation (when and by whom):** Mary Elizabeth Hospital included in the Survey of Raleigh Architecture, 10/10/1991 added to the Study List, field documentation completed by Helen Ross.

E. **National Register of Historic Places status:**

Check one:

Entered ☐ **(date** ____**)** **Nominated** ☐

Determined eligible ☐ **(date** ____**)** **Determined not eligible** ☐ **(date** ____**)**

Nomination not requested ☒ **Removed** ☐ **(date** ____**)**

7. **Reason for Request:** Preservation of a Raleigh community landmark

8. **Is the property income producing?** Yes ☒ No ☐

9. **Are any interior spaces being included for designation?** Yes ☐ No ☒

10. **Supporting Documentation** **(Attach to application on separate sheets. Please type or print):**

A. **Photographs/Slides:**
At least two sets of current exterior black and white photographs of all facades of the main building and at least one photo of all other contributing and non-contributing resources. If interior spaces of the property are being considered for designation, please include two sets of black and white photos for these features. One set of color slides of these items should also be included. PHOTOGRAPHS MUST BE LABELED IN PENCIL OR ARCHIVAL-APPROVED PHOTO PEN ON THE BACK WITH NAME OF STRUCTURE, ADDRESS, AND DATE. Any additional exterior or interior views and views of other structures on the property (color, black and white, or slides) will be helpful.

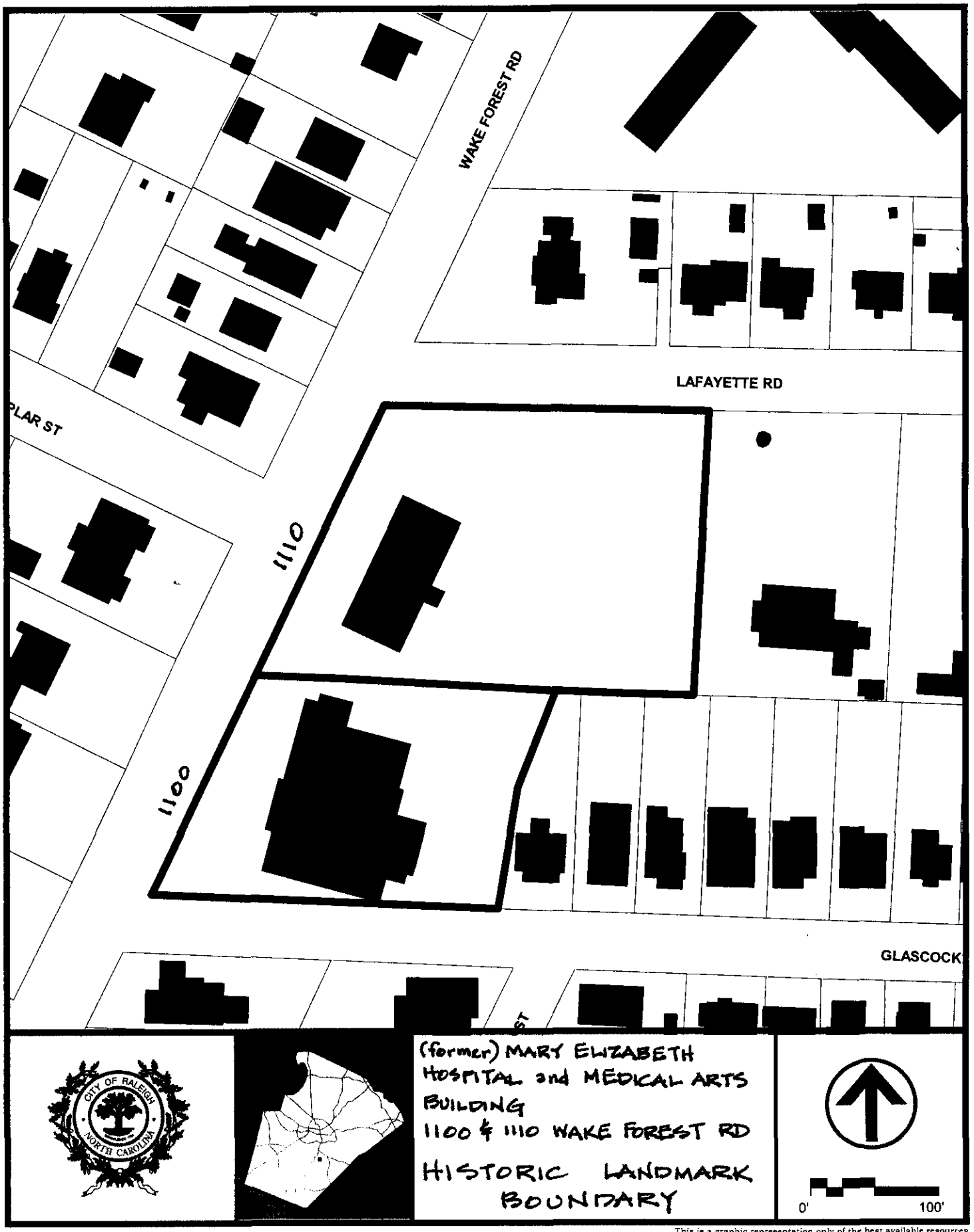
B. **Map:**
Please include a map showing the location of the property. A tax map with boundaries marked is preferred, which can be found at http://imaps.co.wake.nc.us/imaps/. A sketch map is acceptable, but please note street names and number. Any other structures on the property should also be shown. Please include a "North" arrow. Map should be no larger than 11" x 17".

C. **Architectural Significance:**
Describe the property, including exterior architectural features, additions, remodelings, and alterations. Also describe significant outbuildings and landscape features. If the owner is including interior features in the nomination for the purpose of design review protection; describe them in detail and note their locations. Include a statement regarding the architectural significance of the property.

D. **Historic Significance:**
Note any significant events, people, and/or families associated with the property. Include all major owners. Note if the property has ever been recorded during a historic building survey by the City of Raleigh or by the NC State Historic Preservation Office. If so, who and when? (See application item 6.D.) Please include a bibliography of sources. Information regarding prior designations can be found by contacting the Survey & Planning Branch of the NC State Historic Preservation Office at 919/733-6545 or http://www.hpo.dcr.state.nc.us/spbranch.htm.

FOR OFFICE USE ONLY Date Received: 8/3/06 Received by RDB

SECTION 10-B



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Architectural Significance

Mary Elizabeth Hospital

The Mary Elizabeth Hospital building, located at 1100 Wake Forest Road, survives as Raleigh's first private hospital and as an excellent example of small community hospital architecture of the early twentieth century. As the need for hospitals became more and more apparent to communities and medical professionals, architects, too, began to discuss the problems faced in hospital construction. Architectural trade journals published articles discussing the topic of designing hospitals, sponsored hospital design contests to motivate architects to create standard hospital designs that hospital boards could adapt, and published specific hospital plans to illustrate good hospital design.[1] In the early 1920s, a consensus was reached in the medical and architectural professional community that it was impossible to create a standard community hospital plan. There were too many variables that could alter the design of each individual hospital such as size, lot, budget, etc. The professional communities did, however, agree that there were general overriding principles that could be applied to all hospital designs.[2]

The architectural style of any hospital exterior "should be more or less monumental in character." Architects who practiced in the early 1900s were told to recognize that patients approaching the hospital often did so with trepidation and fear so every effort should be "architecturally made to combat these mental hazards."[3] Dr. W. S. Rankin, Director of the Duke Endowment, published a book in 1928 about hospital design and planning called The Small General Hospital meant to help communities build well-designed hospitals. Rankin wrote that "the exterior should be a dignified, frank and logical expression of the plan and should impress by its proportions, symmetry of fenestration, nicely chosen contrasts of materials, and refinement of detail, rather than by elaborate ornament, or introduction of features which do not express the plan and are simply put on to catch the eye." Rankin suggested either the Colonial or the Italianate styles for hospitals.[4]

Much thought was also given to the layout of hospitals that was meant to make for the most efficient working atmosphere. Hospitals were often laid out with a central section with multiple wings that housed patient recovery rooms. One plan that was particularly popular was the "H"-type plan. This plan was used by the United States Treasury Department in the building of veteran hospitals and was easily adapted for other hospitals. The "H"-type plan had two end wings for patient rooms connected by the center wing where the administrative offices were located along with the kitchens,

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[1] Architectural Record (Hightstown, NJ: McGraw-Hill Companies, Inc., 1916-1925) and Architecture, (New York, NY: VNU eMedia, Inc., 1916-1925).

[2] Frank E. Chapman, "A Few Fundamentals in the Development of a Community Hospital," Architectural Record, LII: 1, (Hightstown, NJ: McGraw-Hill Companies, Inc., 1922) 41.

[3] Ibid.

[4] W. S. Rankin, The Small General Hospital. (Charlotte: Trustees of the Duke Endowment, 1928) 14.

laboratories, utilities, X-ray rooms, and other offices.[5] The arrangement of the long parallel wings connected by a center wing had the advantage of giving patient rooms a window that could be opened for fresh air and an outside view. Both of these features were considered vital to a recovering patient who needed fresh air and a pleasant view.

The Mary Elizabeth Hospital building was actually designed and built specifically to be a hospital. Designed by Dr. Harold Glascock, the Chief of Staff and Head of Surgery and hospital founder, the two-story tapestry-brick building represents a simplified Colonial Revival style. It was not unusual during the early twentieth century for hospital administrators and medical professional to play a large role or the main role in the hospital design process. In an article written for Architectural Review, the chancellor of the University of Pittsburgh observed, "Few architects realize the importance of sound study of hospital problems in connection with hospital construction."[6]

Dr. Glascock designed the building to look and function as a modern facility that was also homey and welcoming to patients who had to come stay. The layout and design of Mary Elizabeth Hospital has many of the hallmarks of 1920s hospital design. The hospital building is an adaptation of the "H"-type plan. A long wing, which includes the front elevation of the hospital, is connected to a shorter rear wing by a central wing. The long narrow area between the front and rear wing once acted as an ambulance entrance and loading zone and later became a small courtyard. The roof of the hospital was covered in green ceramic tiles, some of which still survive on various surfaces of the roof. Exposed rafter tails on the wide eaves of the hipped roof give the building a residential flare reminiscent of a Craftsman bungalow; it is a feature that helps to balance the formality of the rest of the building. Two rows of single-pane sash windows run symmetrically along the front façade adding to the monumental quality of the building while also letting in a good deal of light to interior rooms. The front entrance is located in the center of the main two-story wing. It steps out from the main façade to indicate the main entrance. An elliptical arch provides the frame of the main entrance which is augmented by a three-light transom, sidelights, and flanking Doric columns.

Like other hospitals built at the time, such as the 1937 Rex Hospital building located on the corner of Wade Avenue and St. Mary's Street, the Mary Elizabeth Hospital building has been altered to add office and storage space in the rear. For instance, the 1937 Rex Hospital building, now used as the Employment Security Commission, still has the dominant front hospital elevation with the prominent protruding main entrance, symmetrical fenestration, and decorative, yet understated architectural features like the crenellated roofline. This Rex Hospital building has grown since it was built. The once distinct hospital wings which extended back from the front façade have been built up to a point so that they are no longer separate from one another. Additionally, a massive addition now extends from the South end of the front façade. Despite the multiple additions made for an ever-growing hospital (Rex Hospital outgrew this building and

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[5] Louis A. Simon, "On the planning of certain government hospitals recently constructed by the Unitied States Treasury Department," Architecture, XLIX:2, February, 1924. (New York, NY: VNU eMedia, Inc.) 41, 46.

[6] Frank E. Chapman, 39.

opened a hospital on Lake Boone Trail in 1980), this building still reads as hospital architecture.

On a much smaller scale, the Mary Elizabeth Hospital building also exhibits rear additions and alterations. Plans for proposed alterations to Mary Elizabeth Hospital created in 1960 by F. Carter Williams shows new designations of room functions and a more central elevator and stair well between the front wing and the back wing. Over the course of 1985-1986, the occupants of the building, the United Way, restored and renovated the building adding small rear additions. Despite these additions, the building remains intact and retains its architectural integrity especially regarding the façade and the footprint of the building which marks it as an early twentieth century hospital. The most significant architectural features that identify the Mary Elizabeth building as an early twentieth hospital building are the symmetrical fenestration, use of large windows to let in light, prominent main entrance, the impressive front elevation, and the two distinct parallel wings. These features, including the two distinct wings, remain intact and are the most visible elements from the road and sidewalks.

Mary Elizabeth Hospital was built at a time when medical and architectural professionals were grappling with the problem of creating a design for multi-use building that would function as a boarding house for nursing students, short-term residence for recovering patients, school, administrative center, treatment center, and laboratory and diagnosis center. Science had made possible a new kind of medical care, but the new type of care required a new and better kind of facility – a facility that was specifically designed for a unique purpose, not a large house that was adapted for use as many hospitals were in the early 1900s. Architecturally, Mary Elizabeth Hospital represents a unique period in both architectural and medical history.

Medical Arts Building

Hospital buildings in the first half of the twentieth century were unable to accommodate doctors' offices and space for the associated administrative staff. Instead, doctors often had their offices elsewhere. As with the Mary Elizabeth doctors, groups of doctors would form a clinic so as to pool their resources and expertise, thereby providing better health care. Many clinics practiced in pre-existing office buildings or sometimes in converted residences. As hospitals grew, many would add on administrative buildings or construct separate buildings nearby to house administrative staff and the doctors' offices.[7] As a successful hospital, Mary Elizabeth, too, needed more space for its doctors.

The 1960 two-story brick and glass Medical Arts Building stands adjacent to the hospital building as evidence of Mary Elizabeth Hospital's growth. While the hospital building was done in a traditional style, exhibiting both Craftsman and Colonial Revival features, the Medical Arts Building has a mid-century modern design that relies heavily on the International Style of architecture. In 1960 Raleigh was enjoying its reputation as North Carolina's modern architecture center due to the several prominent architects working in the modernist style of architecture. Many of these architects, including William H. Deitrick, F. Carter Williams, John Holloway, Albert Haskins, and Leif Valand, were

[7] "Medical Office Buildings," 132.

practicing in Raleigh before the highly influential North Carolina State University School of Design was established in 1948 with Henry Kamphoefner as its dean. Dean Kamphoefner brought on several modernist architects as faculty members, including George Matsumoto, Milton Small, Edward W. Waugh, James W. Fitzgibbon, and Eduardo Catalano, and he brought in multiple internationally renowned modern architects as visiting professors and guest lecturers.[8]

Designing in a style strongly influenced by Mies van der Rohe, Walter Gropius, and Frank Lloyd Wright, the faculty members were encouraged to continue their private architectural practices in conjunction with their faculty positions so that their students would be exposed to real architectural situations. Many of the faculty members designed their own residences and other residences in Raleigh between 1948 and 1970 which increased public awareness of modernist architecture. As acceptance of this new style grew in Raleigh, more commercial and public buildings were designed in the modernist style.

Raleigh's modern commercial architecture appeared mainly in the form of insurance firm offices and banks.[9] Smaller commercial architectural buildings were generally one and two-story brick buildings with little architectural ornament which sat on well-landscaped lots.[10] The 1960 Medical Arts Building is an excellent example of a Raleigh office built in the modernist style. Like its contemporaries, the building draws heavily on the International Style with such features as the ribbon windows, form repetition, smooth solid surfaces of glass and brick, cantilevered entrance overhangs, flat roof, integration into the site, and total simplification of form with complete absence of ornamentation.

Rather than repeat the outdated style of the hospital building, the Medical Arts Building, with its modern style of architecture, announces itself as a cutting-edge facility. The ability of modern architectural style to project the progressive and modern approach to business made it a popular style preference for Raleigh commercial buildings.[11] A modern style for the medical office building at that time is also appropriate. Literature on medical office building design states, "an updated design that blends with the old can actually improve and modernize the appearance of the whole hospital campus."[12]

F. Carter Williams, a prominent Raleigh architect, is thought to have designed the Medical Arts Building, as his firm was known to be involved with hospital renovations while the Medical Arts Building was under construction. Williams, whose firm planned over 600 buildings ranging from residential to commercial, from total design to renovation, was influential in making Raleigh a center of Modern Architecture activity. Some of his more well-known projects in Raleigh include the 1954 addition to the North Carolina State University School of Design (Brooks Hall) designed in conjunction with

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[8] M. Ruth Little, The Development of Modernism in Raleigh, 1945-1965 (draft), Report for Raleigh Historic Architecture Survey Update, August 2006, 16.

[9] Ibid,11.

[10] Ibid, 37.

[11] Ibid, 40.

[12] Toland and Strong, 162.

Matsumoto and the 1965 North Carolina National Bank tower in downtown Raleigh. Williams also probably designed his Hillsborough Street office in 1962.[13] His work was so prevalent and important to the streetscape of Raleigh, the AIA Triangle chapter named its highest honor, the Gold Medal, for him.

Williams, in his modern addition to the classical Brooks Hall at the School of Design, demonstrated his ability to wed a classical style building to a modern building in a sensitive manner. He faced the same challenge with the Medical Arts Building and the Mary Elizabeth Hospital and produced a modern building that adds to rather than detracts from the physical presence of Mary Elizabeth, illustrating the continued growth of a hospital that was constantly pushing to be progressive. Despite the fact that the hospital has classical elements and medical office building is a rejection of the classical styles, these both represent the doctors' intentions to have the most modern facilities in which to practice. The Medical Arts Building stands as part of Mary Elizabeth Hospital's history and as a part of its evolution into Raleigh Community Hospital and later into Duke Health Raleigh Hospital. It also represents a unique architectural trend in medical history, that of physicians increasingly associating their practices with hospitals and thereby creating the need for new buildings to accommodate their office needs.

[13] Little, 38.

Historical Significance, Mary Elizabeth Complex

Summary Statement of Significance

Mary Elizabeth Hospital, located at the intersection of Wake Forest Road and Glascock Street, Raleigh, North Carolina was constructed in 1920. It is an excellent example of a small community hospital built in the Colonial Revival Style with Craftsman features. Designed, constructed, owned, and operated privately by a group of Raleigh doctors including Drs. Harold Glascock, Ivan Procter, and P.G. Fox, it holds significance as the city's only surviving privately owned hospital building from the early twentieth century. At the time of Mary Elizabeth Hospital's construction, most general hospitals in North Carolina were privately owned and operated by local physicians because local governments were unable to fund the construction and operation of modern medical facilities. In 1960, the Medical Arts Building opened next door. Operated by the doctors of Mary Elizabeth who moved their offices to the Medical Arts Building, this building is a prime example of the mid-twentieth century trend in medical architecture of separate yet hospital-based medical office buildings. These small hospital campuses evolved to serve their communities until they were no longer practical and could not compete with the larger newer hospitals of the late 1960s and early 1970s. Mary Elizabeth Hospital's doctors were quite progressive, and many of the area's medical firsts happened in this building including the first blood transfusion given in North Carolina and the first dose of penicillin administered in Wake County.

Hospital Context

The construction of Mary Elizabeth Hospital, completed in 1920 took place during a time of transition in the field of medicine and medical care. At the time of Mary Elizabeth Hospital's construction, more and more medical schools were being established across the nation, which lead to more standardized medical education and training. Doctors who graduated from these medical schools were taught to value modern equipment and techniques in modern hospital facilities. The field of medicine made remarkable advances during the late 1800s and early 1900s. The use of radium, X-rays, and laboratories to make diagnoses transitioned from experimental practices to standard procedures. Medical science advancements changed the practice of medicine, and it also changed the way in which hospitals were designed, constructed, and utilized.

In addition, local governments, community leaders, doctors, and medical professionals recognized the need for regulations to govern the practice of medicine and reduce the number of fraudulent or untrained doctors. In North Carolina, the state's medical society was incorporated in 1799 by an act passed by the General Assembly of North Carolina. The society lapsed in the early 1800s, and was re-formed in 1849.[1] Ten years later in 1859, the Board of Medical Examiners of the State of North Carolina was established. North Carolina was the first state in the union to have a Board of Medical Examiners.[2]

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[1] http://www.ncmedsoc.org/pages/about_ncms/about_ncms.html, January 11, 2006. North Carolina Medical Society.

[2] Dorothy Long, Medicine in North Carolina; essays in the history of Medical Science and Medical Service, 1524 – 1960. (Raleigh, NC: North Carolina Medical Society, 1972).

The certification of doctors by the Board of Medical Examiners was contingent, in part, on proper training at an accredited medical school. Medical schools were placing more and more emphasis on scientific advances that were leading to new diagnostic techniques and the use modern equipment in the hospital setting. Science was out-pacing local medical care which had, up until the late 1800s, been comprised mostly of country doctors making house calls or treating patients in their offices. New hospitals, across the United States, were being conceptualized as community centers for health care where modern equipment, laboratories, and operating rooms could be used by a number of doctors in the area.

Hospital buildings, however, were expensive and difficult to build. The North Carolina General Assembly passed legislation allowing counties to establish general hospitals in 1913, but few counties actually proceeded to do so. Instead, many hospitals were built and privately owned by groups of doctors who were looking for a place to establish their practice where they could use the modern facilities. In the 1920s, more than eighty percent of the hospitals in North Carolina were still privately owned and operated, and most of these hospitals were owned and operated by local physicians. Dr. Glascock, co-founder of Mary Elizabeth Hospital, commented during an annual meeting of the North Carolina Hospital Association, "The counties and cities have been slow to build hospitals and our physicians have said 'We shall go forward.' Every private hospital represents a magnanimous gift to the community by some philanthropic physician."[3]

State and Local Hospital Historical Background

Until the late 1870s, there were no general hospitals at all in North Carolina. The first hospitals in North Carolina were affiliated with churches. St. Peter's Home and Hospital in Charlotte opened in 1876, St. John's Hospital in Raleigh opened in 1878, and the Good Samaritan Hospital opened for blacks in Charlotte in 1891.[4]

A few years after Mary Elizabeth Hospital was opened, North Carolina still only had 153 hospitals located in 59 of the 100 counties. Of the 153 hospitals, 88 were general hospitals; the other 65 were specialized hospitals such as mental institutions or tuberculosis hospitals. The distribution of doctors to patients was a problem of concern to the North Carolina general public, especially in regards to the lack of doctors in rural regions. This lack of doctors in rural areas was a direct result of country doctors retiring and the next generation of doctors locating their practice near pre-existing hospitals. There were 11,997 hospital beds for 2,812,000 people.[5] In 1926, the University of North Carolina *News Letter* reported that the ratio of doctors to patients was one doctor to 1,500

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[3] North Carolina Hospital Association. North Carolina Hospital Association Annual Report, 50th Anniversary (Raleigh, NC: North Carolina Hospital Association, 1968), 7.

[4] Memory F. Mitchell, "A Half-Century of Health Care: Raleigh's Rex Hospital, 1894-1944," The North Carolina Historical Review, Vol. LXIV, Number 2, April 1987, (Raleigh, NC: North Carolina Division of Archives and History, 1987) 163.

[5] News Letter, July 7, 1926, vol. XII, no. 34 (Chapel Hill, NC: University of North Carolina, 1926).

people.[6] Wake County was ranked fifth of North Carolina counties in 1928 for a high ratio of doctors to patients. At that time, there was one doctor to every 896 patients in the county.

Compared to other areas in the early twentieth century, Raleigh had a high number of hospitals. Raleigh had four general hospitals at that time: Rex Hospital, which had taken over St. John's Hospital; St. Agnes Hospital for blacks affiliated to St. Augustine College, established in 1896; and Leonard Hospital for blacks, located on the Shaw University campus, which operated from 1885 to 1914, and Mary Elizabeth Hospital which opened in 1914. Out of Raleigh's early general hospitals, Rex is the only hospital that presently continues to operate under its original name.[7] St. Agnes Hospital closed in 1965 when it was folded into Wake Memorial Hospital (now Wake Medical Center), and Mary Elizabeth Hospital became Raleigh Community Hospital in 1973 and was later folded into the Duke Health system. Mary Elizabeth Hospital holds its place in Raleigh's history as Raleigh's first private general hospital, opening in 1914. The 1920 Mary Elizabeth Hospital building can still be seen on Person Street, a monument to local physicians' generosity to and concern for the community.

Historical Background of Mary Elizabeth Hospital

The first Mary Elizabeth Hospital, opened in Raleigh in 1914, was located at the corner of Halifax and Peace streets in a building that contained fifteen patient rooms, an operating room, an anesthetizing room, the superintendent's room, a kitchen, a dining room, reception area, and office. The owner of the building, David Wright, an engineer for Seaboard Railroad, came to an agreement with Dr. Harold Glascock that the building would serve as a hospital until a new building would be constructed. Upon which time, the old hospital building would revert to a double apartment house. The hospital was named for the mothers of the founding doctors, Dr. Glascock and Dr. Anthony Reynolds Tucker, and their wives. Both Dr. Tucker and his wife each had a mother named Mary, and Dr. Glascock and his wife each had a mother named Elizabeth.

Both Dr. Glascock and Dr. Tucker started their careers in Raleigh as osteopaths in 1904. They were students of Dr. A. T. Still, the man who developed the medical practice of osteopathy in 1874. Dr. Still's philosophy of medicine was based on the idea of looking at the whole body and stressing preventative medicine rather than treating specific symptoms.[8] After practicing osteopathy in Raleigh for a few years, the doctors both returned to medical school, studying at Southern College of Medicine and Surgery in Atlanta. Dr. Tucker earned his degree in 1912, and Dr. Glascock went on to take his senior year at Chicago College of Medicine and Surgery where he earned his degree in 1913. This action, on their part, helped to legitimize their standing as doctors in the community. By Glascock's own account, an osteopath was poorly received by the local medical professionals, and even after earning his degree, it was several years before he

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[6] News Letter, May 5, 1926, vol. XII, no. 25 (Chapel Hill, NC: University of North Carolina, 1926).

[7] Memory F. Mitchell, 163.

[8] http://www.ncoma.org/PublicInfo.htm, December 14, 2005. North Carolina Osteopathy Medical Association.

was accepted into the Wake County Medical Society[9] despite the fact that he had a thriving and well respected medical practice.[10]

In an era when much of the population viewed hospitals with distrust and trepidation, or worse, saw hospitals as a last resort to death, Drs. Glascock and Tucker emphasized warm and tender patient care when they started Raleigh's first private hospital in 1914.[11] Dr. Glascock's goal was to run a facility that was progressive and up-to-date with all modern medical technology, yet he insisted on a comfortable and homey atmosphere for his patients. This led him to open a nursing training school in 1914 shortly after the hospital opened. Rather than having nurses "of the battle-ax type," he and Dr. Tucker made the decision to train nurses in a manner they saw fit.[12]

By 1918, the original hospital and its nursing school had outgrown the building at Peace and Halifax streets. The 1918 Mary Elizabeth Bulletin, released by Dr. Glascock and his staff, made the announcement that the new hospital site has been purchased. The site was described as, "A very handsome lot. It is located in the best part of the city in a splendid residential section. It is large enough to give plenty of space and parking about the building." The lot, located on the unpaved Wake Forest Road (at that time still referred to as Person Street), was, in 1918, across the street from a large cotton patch and surrounded by only a few houses.[13]

The construction of the new hospital building brought a parting of the ways for Dr. Glascock and Dr. Tucker because the two doctors chose to conduct their practice of medicine in different ways. While Dr. Tucker preferred to continue with a mainly osteopathic approach, Dr. Glascock chose to continue practicing only accepted medical methods. A new partnership was formed between Dr. Glascock, Dr. Ivan Marriott Procter, and Dr. Amzi Ellington in order to open the new Mary Elizabeth Hospital.[14] Dr. Glascock and Dr. Procter were the driving forces behind the new hospital building construction.

Like a number of Raleigh physicians, Dr. Glascock and Dr. Procter had their offices in the Masonic Temple Building in downtown Raleigh. Dr. Procter, in 1919, had just returned to Raleigh after serving his internship in Philadelphia and finishing his post-graduate degree at the University of Pennsylvania. In Dr. Glascock, he found an energetic, progressive, and forward-thinking doctor, and they naturally started consulting each other on various cases. At the beginning of November, 1919, only a month after Dr. Procter had started his practice in Raleigh, he was notified that the Wake County Medical

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[9] Mary Elizabeth Nurses Alumnae Association. Mary Elizabeth Hospital, School of Nursing Scrapbook. Includes letters from and photos of nursing alumnae, newspaper clippings, and a letter from Dr. Glascock. North Carolina State Archives.

[10] Robert Winfield, Plow and Scalpel: A Biography of Clemson MacFarland, M.D., (New York: Vantage Press, Inc., 1953.) 202.

[11] "Mary Elizabeth fulfills doctor's dream," News and Observer, April 26, 1942

[12] Ibid.

[13] Mary Elizabeth Nurses Alumnae Association. A Historical Sketch of Mary Elizabeth Hospital. (No date or publication information, published post-1950).

[14] Ivan Marriott Procter, The Life of Ivan Marriott Procter, M.D., F.A.C.S. (Raleigh, NC: Edwards & Broughton Company, 1964) 64.

Society, of which he was a member in good standing, had pressed charges against him for associating and consulting with physicians practicing "sectarian medicine."[15] In other words, because Dr. Glascock had once been a practicing osteopath, the other members of the medical community saw him in a bad light.

Dr. Glascock had been subject to rejection from all of medical societies since he first started his practice in Raleigh in 1904 despite the fact that he had returned to school and earned his medical degree from the Chicago College of Medicine and Surgery and was a regular licensed doctor of medicine in the state of North Carolina. Dr. Procter was suspended from the Wake County Medical Society for two years while the members of the Society looked into the matter. Dr. Procter was highly respected by the statewide network of doctors for his obstetric and gynecological work. The matter was resolved when the North Carolina Medical Society, the governing body of the Wake County Medical Society, issued a directive that stated, "The Wake County Medical Society is hereby directed to reinstate Dr. Ivan Procter to full membership at once or its charter will be cancelled."[16]

The Wake County Medical Society eventually accepted both of the doctors (Dr. Procter became president of the Wake County Medical Society in 1936[17]), but Drs. Glascock and Procter were still at odds with the Raleigh Academy of Medicine, an older and more insular institution than the Wake County Medical Society. The conflict hindered the doctors' medical practice because membership to the Raleigh Academy of Medicine was a prerequisite to having professional access to the hospital facilities at Rex, the other modern medical facility in Raleigh. Finally in 1939, two years after Rex opened its new larger facility located on the corner of Wade Avenue and St. Mary's Street, the Rex board of trustees changed its policy about hiring doctors. The board agreed that doctors would be elected from the pool of doctors who were members of the Wake County Medical Society rather than the Raleigh Academy of Medicine, thus enabling Rex to hire doctors who worked at Mary Elizabeth Hospital and doctors practicing in the area surrounding Raleigh.[18] By that time, however, the doctors at Mary Elizabeth had constructed their own modern facility.

The lot for the new Mary Elizabeth Hospital, at 1100 Wake Forest Road was purchased from Gavin Dortch for $6,000 in 1918. It was Dortch who decided that the new street being cut from Wake Forest Road along the edge of the lot (Glascock Street) be named after the progressive Dr. Glascock.[19] Dr. Glascock drew the plans and made the blueprints himself, and he and his partners hired Charley Eldrige and Dick Kennison to construct the building.[20] The building was designed to have a modern and pleasing appearance that would put patients at ease when they came to stay, to be up to date with the medical practices and technology, and most importantly, be fireproof. Brick for the building was bought from E. C. Hillyer for $16.00 per thousand, and the tapestry brick

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[15] Ivan Marriott Procter, 62.
[16] Ibid, 63.
[17] http://www.wakedocs.org/past_presidents.html (July 10, 2006).
[18] Memory Mitchell, 197.
[19] "Mary Elizabeth fulfills doctor's dream" News and Observer, April 26, 1942.
[20] Mary Elizabeth Nursing School Scrapbook, Letter from Dr. Glascock to ME Nursing Alumni Association, May 31, 1956.

for the exterior walls of the building was bought from Jim Thompson and John S. McDonald for $35.00 per thousand.[21]

To save money on building and operating costs, hospital staff, doctors, and nurses, pitched in "to help complete the new hospital. Doctors and nurses spent their spare time painting, scraping woodwork, and cleaning windows."[22] In his autobiography, Dr. Procter recounts the difficulty he had in acquiring a loan to pay off the contractors. Eventually, his father bought $30,000 of Mary Elizabeth Hospital preferred stock as a favor to his son. In fact, Dr. Procter's father thought that the hospital stock would not amount to much, saying to his wife, "Lucy, if I am gone and hard times come, the hospital stock will not be much help, but my interest in the Citizens Bank and other companies will take care of you."[23] As it turned out, Dr. Procter wrote, during the Depression, the Citizens Bank went bankrupt, and it was interest on Mary Elizabeth Hospital preferred stock that "carried Mother through America's worst depression without debt or embarrassment."[24] This anecdote is a testament to the successful administration of the small privately owned hospital, even in the face of financial adversity.

The hospital was still under construction when it opened in 1920, and it was not until 1926 that the unfinished portion of the second floor was completed and set up as a modern obstetrical unit.[25] The modern gynecological and obstetrical service offered by the Mary Elizabeth doctors, particularly Dr. Procter, was well known throughout the community. Dr. Procter has been called "the father of modern obstetrics in North Carolina."[26] When he started his practice in 1919, he found the obstetric and gynecological practices in a "deplorable state of affairs," and he worked throughout his entire career to educate patients, medical students, and nursing students about good medical practice in this field. Dr. Procter was the first physician in the state to restrict his practice to gynecology and obstetrics, the first North Carolina doctor to be certified by the American Board of Obstetrics and Gynecology, the first president of the North Carolina Obstetrics and Gynecology Society, and he made significant contributions to the medical literature in this area.

The warm and caring atmosphere combined with Dr. Procter's expertise made Mary Elizabeth Hospital a desired location for women to give birth. The Mary Elizabeth Hospital staff, doctors, and their families celebrated the births of all the babies at the hospital with an annual party and reunion of the Mary Elizabeth Babies. The first party was held in 1923. Mrs. A. Francisco was the first baby born in the old Mary Elizabeth Hospital, and Willis Earle Marshall was the first baby born in the new Mary Elizabeth Hospital. Doris Procter, the daughter of Dr. Procter was the first baby to be born in the new obstetrics unit.[27] These parties are still well remembered by Raleigh residents for

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[21] Ibid.
[22] Mary Elizabeth Nurses Alumnae Association.
[23] Ivan Marriott Procter, 64.
[24] Ibid, 65.
[25] Mary Elizabeth Nurses Alumnae Association.
[26] North Carolina Medical Journal, Vol. 17, No. 8, 355-366.
[27] One of Raleigh's prominent citizens, Madeline Doris Procter was the wife of Judge George Bason (recently deceased). The two met in first grade and were married for fifty-seven years during which

their excellent food and drink. Elizabeth Norris remembered the parties from her childhood, "There was delicious cake, ice cream in Dixie Cups, and a balloon for each child."[28]

In addition to the modern science employed at Mary Elizabeth, the hospital had a reputation for warm and personal care. This philosophy of good service was fostered by the doctors, and carried out, in large part, by the nurses. The hospital building included classrooms for the nursing students who attended school and worked at the hospital. The training school was small so that each student would receive individual supervision and instruction. One hundred and forty six nurses graduated from the program, many of whom served during the Second World War in the Army or Navy. In 1950, the Joint Committee on the Standardization of Nursing ruled that nursing training schools should be connected to a hospital that averaged fifty patients a day. Mary Elizabeth Hospital had 49 patient beds, and thus did not meet the requirement and closed in September 1950.

Upon Dr. Glascock's retirement in 1945, Dr. Procter took over as President and Chief of Staff at the hospital until 1946 when he was forced to retire due to coronary heart disease. Dr. Powell G. Fox Sr., who had joined the staff in 1921, took up the reins of the hospital, guiding it into its next and last phase at its 1100 Wake Forest Road location.

Medical Arts Building Context and Historical Background

The health service industry, in the first half of the twentieth century, was shaped by a number of factors including new scientific and technology discoveries, greater complexity of care, the trend towards physician specialization, the new emphasis placed on preventative medicine, experiences had by physicians during both World War I and World War II, and greater involvement by the federal government in the health of its citizens.[29] These factors all contributed to the move of physicians toward a medical group practice. The group practice concept, popularized by the Mayo brothers in Rochester, Minnesota in the early 1900s, was a new system of healthcare whereby physicians with specialized practices came together to form a group or clinic that offered a broad range of specialized health care.[30] The Mayo Clinic served as a model for this type of practice, although it was not until the mid-1950s to early 1960s that the concept became the norm. Physicians who operated independent practices initially viewed the group concept with skepticism, resisting formal organization because they feared service to the patient would suffer. In fact, in 1932, the *Journal of the American Medical Association* referred to group practices as "medical Soviets."[31] With the growing body of medical knowledge and new technology, it became more and more apparent, however,

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time, Judge Bason was the Chief Judge of the 10th Judicial District (Wake County) from 1968-1991. Judge Bason was inducted into the City of Raleigh Hall of Fame in the summer of 2006.

[28] Elizabeth Norris, "Mary Elizabeth and Me." The Raleigh Reporter, June 19, 2004.

[29] Drexel Toland and Susan Strong. Hospital-Based Medical Office Buildings (Chicago, IL: American Hospital Association, 1981), 4, 161. Center for Research in Ambulatory Health Care Administration. The Organization and Development of a Medical Group Practice (Cambridge, MA: Ballinger Publishing Company, 1976), 4, 7, 8.

[30] Daniel D. Gage, "Recent Building Trends: The Small Personalized Medical Clinic," Architect and Engineer, Vol. 169, April 1947, 8. and http://www.mayoclinic.org/tradition-heritage/group-practice.html.

[31] Center for Research in Ambulatory Health Care Administration, 7.

that physicians would need to focus on one area of medical knowledge and rely on the specialized knowledge of their colleagues. Medical education also changed to accommodate and enforce the group practice method.[32]

The formation of the group practices inspired new medical facilities often referred to as Medical Arts Buildings, medical-dental buildings, or medical office buildings. Construction of Medical Arts Buildings started in the late 1920s and 1930s and many were built in connection to hospital buildings, thereby creating a medical campus. One of the first on-campus medical office buildings was the 1928 medical office building connected to the Baptist Memorial Hospital in Memphis, Tennessee.[33] During the Depression, hospitals saw a decrease in patient use, causing hospital rooms to remain empty and unused. To fill the space in an economical and efficient manner, many physicians moved their private offices into the empty hospital rooms.[34] "For the first time, substantial numbers of physicians began to locate their private offices on hospital campuses."[35] World War II interrupted the development of healthcare and healthcare facilities, but the post-war era brought many changes to hospital campuses and medical facilities. Hospitals needed to accommodate returning doctors whose wartime experiences had taught them the value of group practice, the population growth of that period, and the increasing complexities of health service.

While many group practices located their offices in suburban residential areas, after the Second World War and through the 1960s, physicians increasingly began locating their group practices on the medical campus. This was the major trend in medical practice during the second half of the twentieth century.[36] The hospital-affiliated medical buildings were more efficient and convenient for the physicians and patients. "It saves time for doctors and patients, improves the scheduling of many hospital functions, from ward visits to operations, and gives the assurance of quick attention to patients in the hospital."[37] A report written in 1953 by the United States Department of Health, Education, and Welfare's Public Health Service recommended the use of on-campus medical office buildings saying "such a combination avoids duplication of certain clinical facilities necessary to both... and increases the possibility of continuity of medical care."[38]

The Medical Arts Building, adjacent to the Mary Elizabeth Hospital at 1110 Wake Forest Road, was built in 1959 by Chambers-Caviness, Inc., and it opened in 1960. At the time of its construction, the trend of on-campus medical office buildings was just beginning. "Between 1929 and 1959, slightly more than 100 on-campus medical office buildings were developed," and by the 1980s, there were over 1,300 on-campus medical office buildings.[39] It is thought that F. Carter Williams, a prominent Raleigh architect and one-

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[32] Ibid, 8-9.
[33] Tolard and Strong, 3.
[34] Ibid.
[35] Ibid.
[36] Ibid, 1.
[37] "Medical Office Buildings," Architectural Record, Vol. 108, December 1950, 118-145.
[38] Public Health Service, U.S. Department of Health, Education, and Welfare, Design and Construction of General Hospitals. FW Dodge Corporation: New York, New York, 1953, 78.
[39] Toland and Strong, 5.

time North Carolina State University School of Design faculty member, designed the building.[40]

The building was operated by the Mary Elizabeth physicians but as a separate entity from the hospital. Previously, in 1927, the physicians had formed a clinic and had rented offices in the Masonic Temple Building in downtown Raleigh. As their patient load increased, the two main stockholders of Mary Elizabeth Hospital in the mid-1950s, Dr. Powell G. Fox and Dr. George Paschal Jr., decided that it would be more efficient and convenient to have their clinic offices closer to the hospital building.[41] The physicians rented office space there rather than owning the Medical Arts Building. Drs. P.G. Fox, P.G. Fox Jr., George Paschal Jr., Ed Pierce, A.C. Broughton, Robert Williams, and D.W. McCalluly, the dentist, all had their private offices in the new building. For out-patient services, regular check-ups, and examinations, patients now visited the doctors' offices in the Medical Arts Building. Additionally, the doctors were able to refer their patients to other Mary Elizabeth doctors who had offices in the same building. If use of the hospital facility was necessary, patients and doctors had but to walk a short distance to Mary Elizabeth. To accommodate the increasing presence of the automobile, the Mary Elizabeth Hospital medical campus, after the completion of the Medical Arts Building, had seventy to ninety parking spaces.[42]

This building, much like Mary Elizabeth Hospital, was built to be a highly modern facility for the doctors and patients and was modern in both style and function. A Raleigh Times advertisement shows Carolina Power and Light pointing to the Medical Arts Building as a place utilizing the new technology of electric heating and cooling saying that it was the "modern way to 'climatize' the atmosphere."[43] Air conditioning was thought to be especially important in medical buildings because it diminished the need for operable windows which were not considered conducive to keeping a sterile environment necessary in the pharmacy or laboratories.[44]

The Medical Arts Building and the Mary Elizabeth Hospital made up the Mary Elizabeth medical campus. The campus consisted of more than the hospital and doctors' offices, however. The Medical Arts Building held a pharmacy and coffee shop on the first floor called The Prescription Shop that was owned and managed by H.W. Breze and Joseph Zanbito. On Saturday, March 26, 1960, the Medical Arts Building had an open house for the Raleigh community, and the pharmacy served hot chocolate and milk shakes at half-price to entice new customers and show off their new facility. The Prescription Shop boasted two booths and a lunch counter with eight stools.[45] The inclusion of this coffee and gift shop helped the medical campus to maintain its homey and friendly atmosphere.

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[40] Mr. Caviness, builder of the Medical Arts Building did not remember who the architect of the Medical Arts Building was for certain, saying it might have been F. Carter Williams or perhaps Charlie Davis (Phone conversation, August, 18, 2006). Plans showing proposed alterations to Mary Elizabeth Hospital in 1960, on file at the State Historic Preservation Office, were also done by F. Carter Williams. These pieces of information suggest Williams as the architect of the Medical Arts Building.

[41] Both Dr. Fox and Dr. Paschal served as presidents to the Wake County Medical Society in 1944 and 1948 respectively. http://www.wakedocs.org/past_presidents.html (July 10, 2006).

[42] "Medical Arts Building to Open," Raleigh Times, March 25, 1960.

[43] Ibid.

[44] Toland and Strong, 166.

[45] Ibid.

The Medical Arts Building was only used by the Mary Elizabeth doctors for a short time because by the late-1960s, the doctors were realizing that while they had modern offices, the hospital building was no longer the modern facility it had once been. Despite its short life of eighteen years, it represents the growth and development of Mary Elizabeth Hospital, and it illustrates the desire of the Mary Elizabeth doctors to give their patients the most modern and up-to-date yet personal, friendly community health care. The Medical Arts Building also has its place in an important medical practice architectural trend to have hospital associated office buildings.

Transition from Mary Elizabeth Hospital to Raleigh Community Hospital

By the late-1960s, the doctors knew that with the growing Raleigh population, the hospital's 49 beds would not be enough and that Mary Elizabeth Hospital was no longer the modern facility that it once had been. New and sophisticated technologies and medical advances combined with Raleigh's growing population created the need for a larger hospital building with better equipment and much more space. The doctors of Mary Elizabeth, always striving to give the best service to the surrounding community, decided that it was necessary to build a new hospital on a new site that would accommodate future expansion.

The hospital was sold in 1970 to Charter Medical of Macon, Georgia, and a year later, the wheels were set in motion to build a hospital that would accommodate 150 patient beds. Legal battles with Rex and WakeMed Hospitals that tried to block Mary Elizabeth's expansion plans, went all the way to the Supreme Court, delaying the construction of the new hospital for six years. Charter Medical was unable to afford the delays, and after five years, Mary Elizabeth Hospital was sold to Hospital Corporation of America. Finally, the new hospital was built on a site farther up on Wake Forest Road in 1978. On June 10, 1978 the doors to the new hospital officially opened, and Mary Elizabeth Hospital was officially closed. Mary Elizabeth Hospital's Application for Certificate of Need for the construction of a health facility stated, "Mary Elizabeth Hospital has served the residents of Raleigh and Wake County and surrounding areas continuously since 1914. Services have been provided to the total of approximately 84,500 patients."[46] The new hospital was named Raleigh Community Hospital to reflect the past and future community role of the hospital. Many of the doctors and staff members made the transition to Raleigh Community Hospital that later merged with Duke Health to become Duke Health Raleigh Hospital.

Mary Elizabeth Hospital is still remembered fondly by many Raleigh residents. Some know it as their birthplace, others think of it as the site of baby reunion parties, and some recall it as a nursing training school alma mater. Mary Elizabeth Hospital is also recognized by the community as the site for the number of "firsts" that happened there. The first blood transfusion in North Carolina was given at Mary Elizabeth, the first pathological frozen section was handled there, the first doses of penicillin in Wake County were given there, the area's first modern obstetrical unit was started at the

[46] Mary Elizabeth Hospital, "Application of Certificate of Need for construction of Health Facility," September 19, 1971.

hospital by Dr. Procter, and the first radium treatments in Raleigh were administered by Dr. Robert Noble at Mary Elizabeth Hospital.

When the hospital closed in 1978, the United Way took up residence, using the old building as its local headquarters. Currently, the hospital building is used by the North Carolina Partnership for Children, and the Medical Arts Building is used by the North Carolina Prisoner Legal Society. The Mary Elizabeth buildings transitioned from medical facilities to office space, but as one of the few remaining early twentieth-century small community hospital complexes in Raleigh and the surrounding area, the Mary Elizabeth medical campus continues to be a community landmark.

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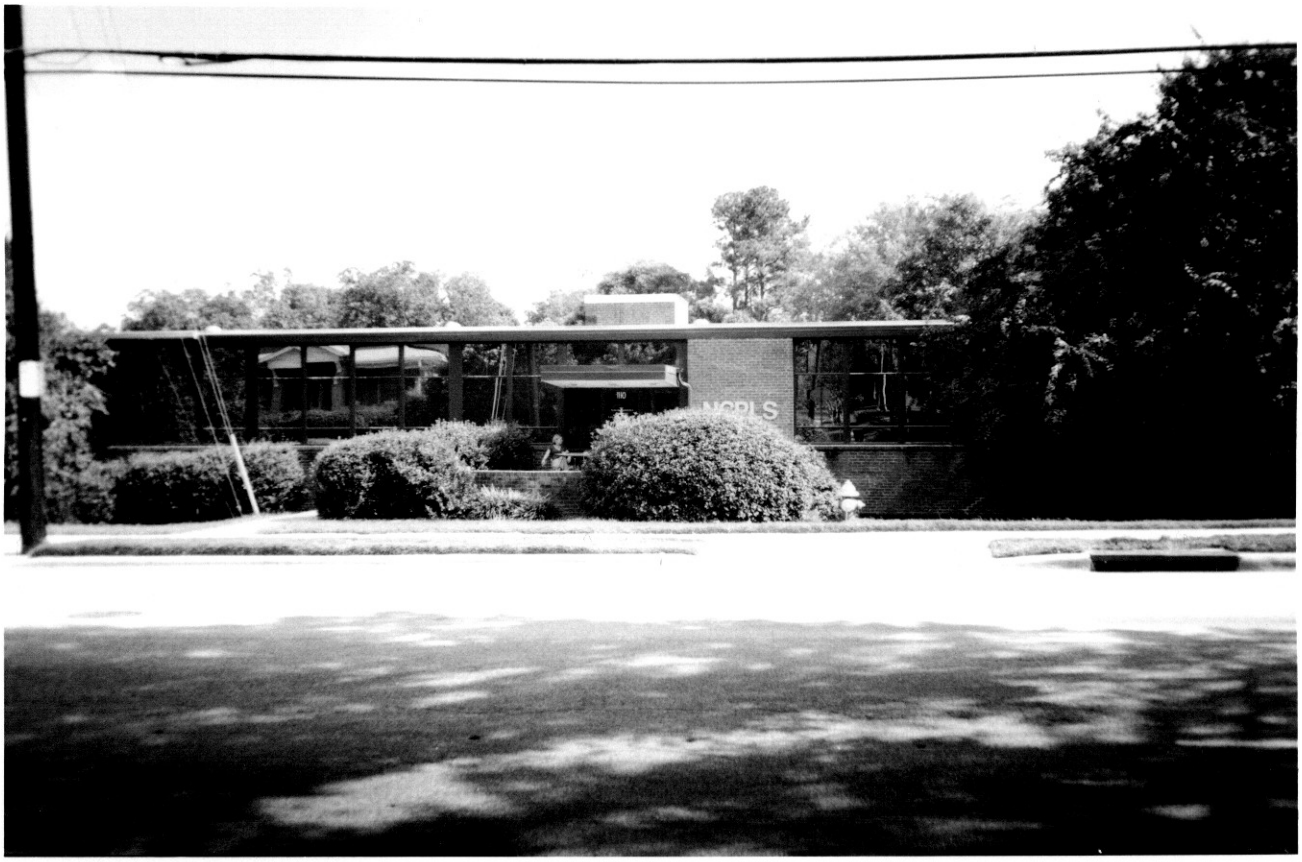
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