

INDIVIDUAL INVENTORY FORM**NHDHR INVENTORY#** MAN 0484**Name, Location, Ownership**

1. Historic name Veterans Administration Hospital, Manchester NH
2. District or area no
3. Street and number 718 Smyth Road
4. City or town Manchester
5. County Hillsborough
6. Current owner Department of Veterans Affairs

Function or Use

7. Current use(s) Medical Center [Hospital]
8. Historic use(s) Hospital

Architectural Information

9. Style Modern Movement
10. Architect/builder James H. Ritchie & Assoc., Boston, MA
11. Source Drawings
12. Construction date 1948-1950
13. Source Drawings, documentary
14. Alterations, with dates: Additions to buildings; buildings added to complex, ca. 1975, 1979, 1988
15. Moved? no yes date: _____

Exterior Features

16. Foundation Concrete
17. Cladding Brick
18. Roof material Membrane
19. Chimney material Brick
20. Type of roof Flat
21. Chimney location On separate boiler house
22. Number of stories 8 on Main Building, Building 1
23. Entry location front, center
24. Windows metal frame industrial, commercial specialized security type; most replaced
Replacement? no yes date: ca. 2007

Site Features

25. Setting City, densely settled residential neighborhood
26. Outbuildings multiple building hospital complex, see description
27. Landscape features: Yes, see description



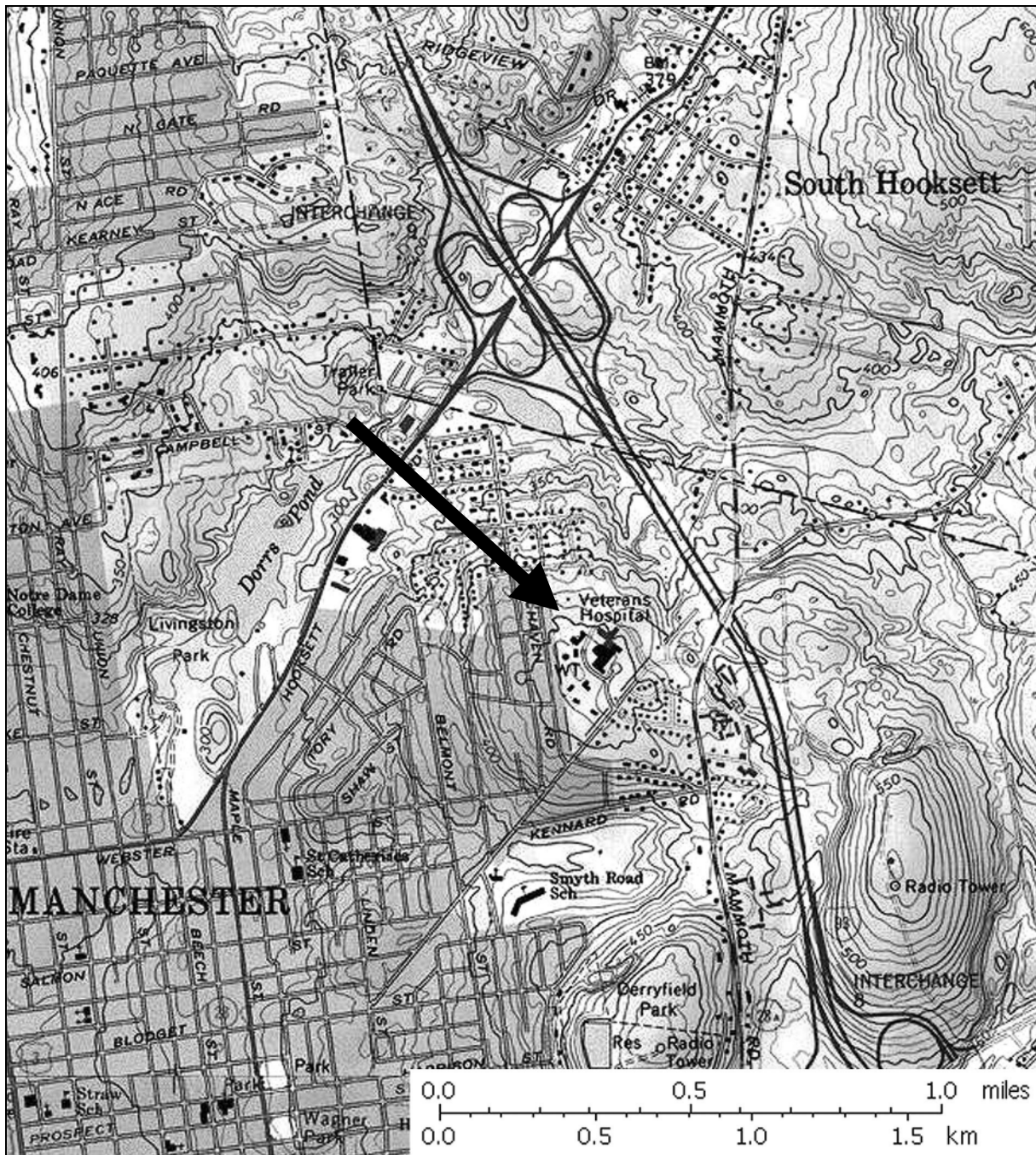
35. Photo #1, Main Building (Bldg. 1) 36. Date 07/01/2010
37. Digital file name : MAN0484-001 Direction: NW
38. Digital files stored at: Manchester VAMC, Manchester, NH

28. Acreage 30.2302 ac.
29. Tax map/parcel # 896-3
30. UTM reference 19.301076.4765069
31. USGS map & scale Manchester North, NH 1985 1/24000
- Form prepared by**
32. Name Richard M. Casella, Martha H. Bowers
33. Organization Historic Documentation Company, Inc. (HDC)
490 Water St., Portsmouth, RI 02871 401.683.3483
34. Date of survey October-December, 2010

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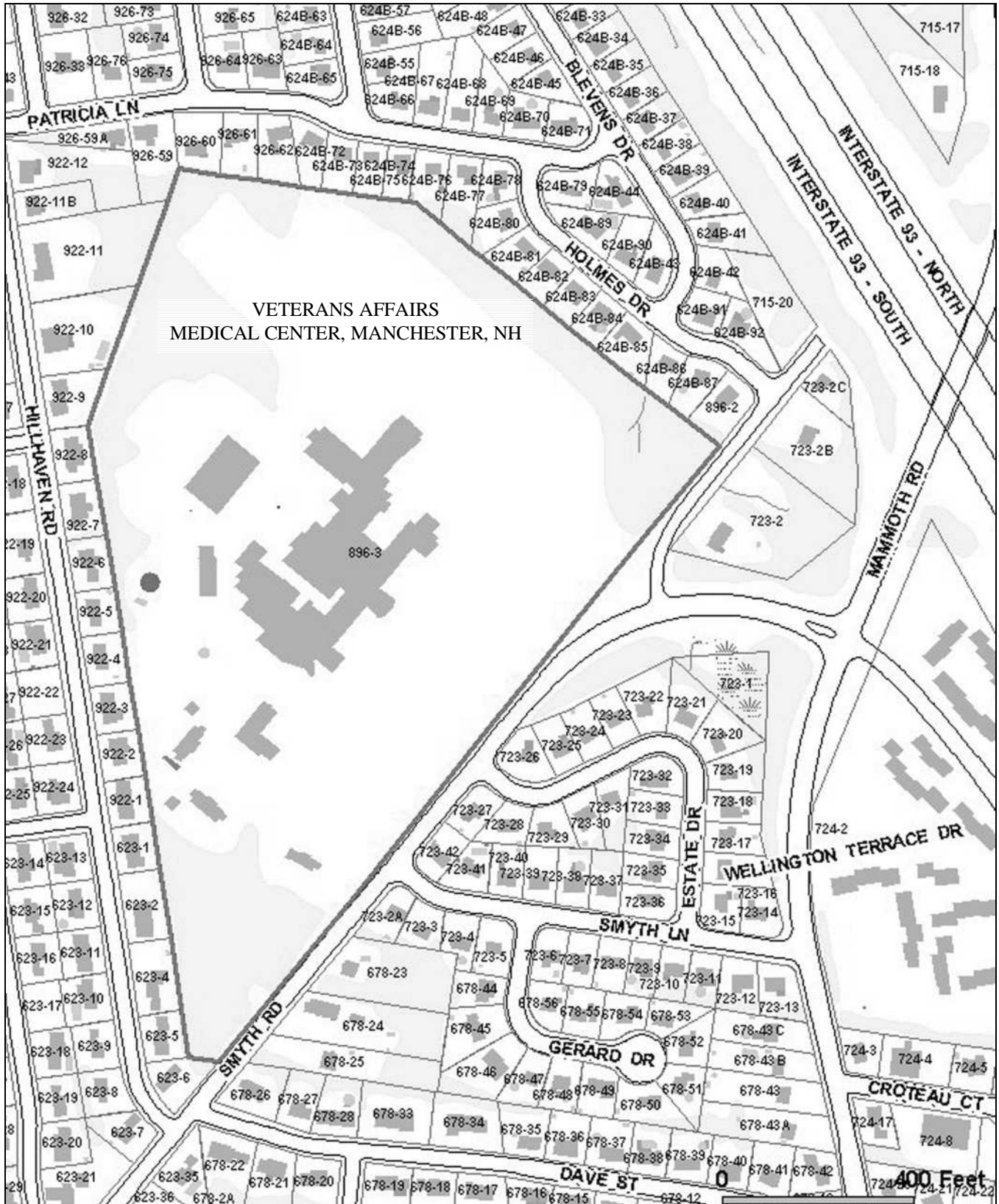
(39) Figure 1: Location Map (USGS 7.5 min. topographic map, Manchester North NH 1985).



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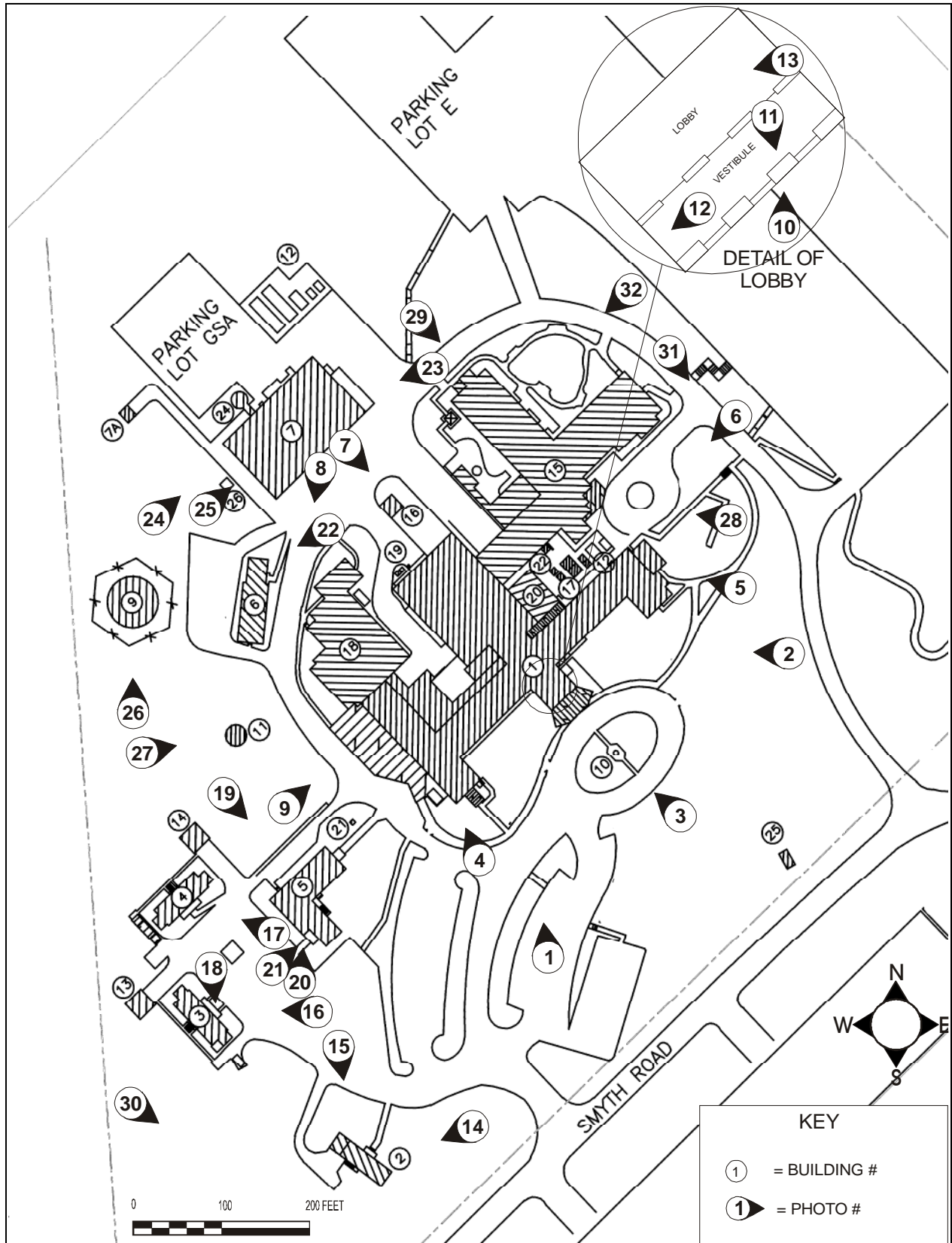
(40a) Figure 2: Project Area Map (Property Tax Map City of Manchester GIS Map, Subject Lot 896-3 outlined)



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(40b) Figure 3: Property Site Plan & Key To Photographs (Refer to List of Buildings, Figure 4, below).
Note: Parking lot areas and configurations have changed since plan was drawn.



INDIVIDUAL INVENTORY FORM**NHDHR INVENTORY#** MAN 0484**Figure 4: List of Buildings, Structures and Resources** (Refer to Site Plan & Key To Photographs, Figure 3, above)

Building Number	Year Built	Name Original	Name Current	Square Feet	NR Eligibility [contributes to District]
1	1948-50	Main Hospital Group	Medical Center	177,040	YES
2	1948-50	Manager's Home	Residence	2,770	YES
3	1948-50	Staff Quarters	A&MM and Fiscal Service	3,910	YES
4	1948-50	Staff Quarters	Human Resources/Quarters	3,730	YES
5	1948-50	Nurse's Quarters	National Guard	5,020	YES
6	1948-50	Male Attendant's Dormitory	Research Service	3,400	YES
7	1948-50	Boiler Plant & Garage	Boiler Plant & Garage	13,050	YES
8	1948-50	Water Supply Valve Housing	same	n/a	YES
9	1948-50	Water Tower	same	n/a	YES
10	1948-50	Flag Pole	same	n/a	YES
11	1888	Smyth Tower	same	650	YES; Listed in NR
12	1990s	Fuel Oil Storage Tanks	same	n/a	NO
13	1948-50	Garage	Storage Building	624	YES
14	1948-50	Garage	Storage Building	624	YES
15	1978	Nursing Home Care Unit	same	58,380	NO
16	1980s	Liquid Oxygen Storage	same	n/a	NO
17	1980s	Primary Switchgear	same	n/a	NO
18	1973	Ambulatory Care Bldg	Primary Care	12,040	NO
19	1980	Transformer 225:500 KVA	same	n/a	NO
20	1970s	Electrical Distribution Vault	same	NA	NO
21	1980s	Transformer 150 KVA	same	n/a	NO
22	1980s	Transformer 500 KVA	same	n/a	NO
23	n/a	no building designated	n/a	n/a	NO
24	1948-50	Stack	same	n/a	YES
25	1948-50	Water Meter Vault	same	n/a	YES
26	1980s	Transformer 500 KVA	same	n/a	NO
n/a	1948-50	Designed Landscape Features	n/a	n/a	YES

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Figure 5: Aerial view of Main Hospital Group and surrounding buildings, looking west

(Source: Microsoft Bing Maps, 2010; actual date of photo unknown)



Note: Parking lot areas and configurations have changed since photograph was taken. Parking lot added adjacent to Building 7.

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Figure 6: Aerial view of Main Hospital Group and surrounding buildings, looking east

(Source: Microsoft Bing Maps, 2010; actual date of photo unknown)

The two main additions to the Manchester VA Medical Center complex, Buildings 15 and 18, are identified with dashed circles below. Also shown: the rear addition to the Boiler Plant and Garage at lower left; the drive-under canopy attached to the east wing of the Medical Center at far right.



Note: Parking lot areas and configurations have changed since photograph was taken. Parking lot added adjacent to Building 7.

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Figure 7: Aerial view of Buildings 2, 3, 4, 5, and 11, looking west
(Source: Microsoft Bing Maps, 2010; actual date of photo unknown)



Note: Parking lots in front of facility have changed configuration since this photograph was taken.

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Figure 8: Aerial view of Buildings 2, 3, 4, 5, and 11, looking east.
(Source: Microsoft Bing Maps, 2010; actual date of photo unknown)



Note: Parking lots in front of facility have changed configuration since this photograph was taken.

INDIVIDUAL INVENTORY FORM**NHDHR INVENTORY#** MAN 0484**41. Historical Background and Role in the Town or City's Development:**

The Department of Veterans Affairs (VA) traces its origin to Plymouth Colony in 1636 when colonist soldiers disabled in the Pequot War were granted support by the Colony under law.¹ During the Revolution the Continental Congress provided pensions to the disabled and in 1811 "the first domiciliary and medical facility for veterans was authorized by the Federal government."² Veteran homes established after the Civil War provided medical and hospital treatment for "indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period as well as discharged regular members of the Armed Forces."³ In 1921 the Veterans Bureau was established by Congress to administer a variety of benefits (insurance, disability, health care) to the nation's veterans. In 1930, the Veterans Bureau, the much older Bureau of Pensions, and the National Home for Disabled Volunteer Soldiers were consolidated as the Veterans Administration. In 1989, the agency became the Department of Veterans Affairs.

The Veterans Bureau's signature action was to address the issue of medical care, which at the end of World War I was variously offered by the Public Health Service and assorted military, contract, leased and Veterans Bureau hospitals. Many of these facilities were in poor condition, and frequently housed patients with many different ailments on a single ward. In 1922, the Veterans Bureau initiated a large-scale construction program to standardize hospital environments and services nationwide. The Bureau developed standard plans that the agency's architects and engineers then clad in architectural styles they deemed appropriate for each site. More than 50 new Veterans hospitals were constructed under this program prior to World War II.⁴

As of 1940, the VA operated 91 hospitals for a veteran population of approximately 4 million. But due to the massive mobilization of World War II, the agency was faced with the prospect of nearly 16 million additional veterans once hostilities ceased and the military services swiftly demobilized. Even by 1944, existing VA facilities were becoming overwhelmed by the numbers of new veterans. In that year, Congress approved the first of a series of large appropriations to fund a crash program of new hospital construction in the Servicemen's Readjustment Act.⁵

Under Gen. Omar Bradley, then Administrator of the VA, construction of the new facilities was divided between the US Army Corps of Engineers and the VA itself. Each agency served as design and construction manager, contracting architectural and engineering services for each hospital to private firms. Of the 56 new VA hospitals built between 1945 and 1954, the VA oversaw 20, the Corps 36, including the VAMC in Manchester, New Hampshire.⁶

Perhaps due to its small population, and despite lobbying efforts that began soon after World War I, New Hampshire had not been among the states selected for a veterans hospital in the initial inter-war construction program. In 1938, the Granite State had mounted a particularly strong effort, in which the governor, members of the New Hampshire Congressional delegation, and other prominent figures in the state government appeared before the VA Hospital Board on behalf of the state's veterans and veterans organizations to plead for a facility. Continuing to press the Hospital Board in subsequent years, New Hampshire finally learned in March, 1945, that the Granite State was among the 56 locations slated to receive a VAMC in the first wave of new construction after the war.⁷

The next step was actual site selection. The VA solicited proposals from communities within the area of planned service, providing criteria the agency would use to determine the most appropriate hospital location. Factors to be considered could include centrality of location to the state's veteran population, good transportation and infrastructure services, and proximity to established university medical schools that could supply specialists, new technology, and a steady supply of interns and nurses. Local development initiatives and political considerations also were taken into account.⁸

¹ See "VA History" on the Department's official website: http://www.va.gov/about_va/vahistory.asp.

² Ibid.

³ Ibid.

⁴ Heberling and Hunter, *Veterans Administration Hospital, University Drive, Pennsylvania*, p. 7

⁵ Department of Veterans Affairs, *Minot VA Hospital Assessment*, pp. 1-2.

⁶ Ibid., 2, 7.

⁷ *Manchester Morning Union*, "History of New Institution Goes Back to World War I," p. 10

⁸ Ibid.; Heberling and Hunter, *Veterans Administration Hospital*, p. 11;

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In New Hampshire, Concord, Franklin, Keene, Nashua, Portsmouth and Manchester all vied for the prize, with Manchester ultimately chosen in March, 1945 to be the host city for the state's 150-bed VA Hospital, now known as the Veterans Affairs Medical Center (VAMC).⁹ Fittingly, the 38-acre site for the new hospital included the 11-acre "Smyth Tower Park", which had been donated to the city by Marion Smyth, widow of Frederick Smyth, New Hampshire Governor from 1865 to 1867. As governor, Smyth was particularly interested in the welfare of the state's Civil War veterans, for whom he may have arranged the conversion of several buildings on Manchester's Elm Street into hospital facilities for local returnees. Smyth's concerns about veterans appear to have resulted in his two-term appointment, beginning in 1866, as one of six managers for the federally-administered National Soldiers Home.¹⁰

The US Army Corps of Engineers' Boston office supervised construction of Manchester's VAMC, which began with an unceremonious ground-breaking on 1 July 1948.¹¹ The Boston firm of James H. Ritchie and Associates, Architects, prepared the plans, with the George A. Fuller Construction Co. (also of Boston) serving as general contractor. The Corps' resident engineer, Robert Chapin, set up in the property's picturesque stone tower that former Governor Smyth had built as a private retreat in 1888. Donated to the city by Smith's widow in 1939, the 40-foot tower was used by local "ham" radio operators and more officially by the city's Civil Defense System during World War II.¹²

Despite discovery of a great deal of ledge that cost an additional \$100,000 to remove, work on the VAMC proceeded expeditiously. Fuller's construction team moved forward on the main hospital building, culminating in the "laying" of the roof slab in April, 1949. Davison Construction, a local firm, received a subcontract to erect the personnel quarters, boiler house and garage, starting work in March of that same year. The hospital's water tower was completed in July, but due to material shortages the staff quarters could not be finished until the spring of 1950.¹³

The Corps of Engineers formally accepted the new VAMC on 1 May, 1950. All the elements key to the hospital's operation were in place, although certain planned amenities including a tennis court, miniature golf course, a band shell, playing fields, archery range, and facilities for badminton, paddle tennis, handball, horseshoes and shuffle board were cut from the contract as a result of earlier "economy moves on the part of the government" that had removed these elements from the overall program.¹⁴ VAMC Manger Dr. George O. Pratt immediately set about staffing, furnishing and equipping the new facility, which accepted its first patients on 28 June. Four days later, on 2 July 1950, Manchester's \$5 million VAMC was formally dedicated with appropriate ceremony.¹⁵

In its first year of operation, the VAMC treated 1921 patients. Most were from New Hampshire, but some came to Manchester from neighboring Vermont, Maine and Massachusetts.¹⁶ The following year, the VAMC became the second such institution (after Albuquerque) to bring VA outpatient services (heretofore under the former Medical Division of the local VA regional office) under its administration, as part of a nationwide trend on the part of the VA.¹⁷ In 1953, the VAMC announced its affiliation with Tufts University Medical College, the first of ultimately more than twenty medical and surgical residencies and other arrangements with New England medical schools, including Harvard University and the New England College of Optometry.¹⁸

The 1970s saw several important developments at the VAMC. A 6-bed intensive coronary unit was opened in the main building in July, 1974. In May 1977, the VAMC dedicated a large addition that would serve as the facility's Nursing Home Care Unit. That same year, a second addition was begun for a new Ambulatory Care Unit, which opened in 1978. This second round of expansion reflected the tremendous demand for, and growth of, the VAMC's

⁹ *Manchester Morning Union*, "History of New Institution Goes Back to World War I," p. 10

¹⁰ Brown, "Smyth Tower," p. 6.

¹¹ Anonymous, "History," n.p.

¹² *Manchester Morning Union*, "Smyth Observatory, New Water Tank, Span Years," p. 12

¹³ Herbert, "History 1950-55," *The Guardian*, pp. 4-5.

¹⁴ *Ibid.*, p. 6; Plan 16-01-01 "Grading Plan" (may 1948), shows all of the recreational features, noting that they are excluded from the contract.

¹⁵ *Ibid.*, 7; *Manchester Morning Union*, "History of New Institution Goes Back to World War I," p. 10.

¹⁶ *Manchester Union Leader*, "VA Hospital Marking 1st Anniversary," (clipping, no page available).

¹⁷ *The Minute Man*, "Manchester One of 2 VA Hospitals to Combine Out-Patient Department," p. 10.

¹⁸ Herbert, "History 1950-55," *The Guardian*, 9; Anonymous, "History," n.p.

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outpatient programs, especially over the previous seven years: in 1970, the VAMC had treated 17,146 outpatients; in 1977, it treated 61,051.¹⁹

Subsequent developments made use of existing space. For example, a 20-bed Psychiatric Service was opened on the hospital's sixth floor in July of 1982. Four years later, the VAMC's operating room was renovated, and a greenhouse was added to the Nursing Home Care Unit. New or expanded programs in 1987 included an 8-bed intensive care unit, an intermediate care service, hospital-based home care, and adult day care.²⁰ Reorganization and reforms within the VA in the 1990s have led to further extension of services at the community level, with VAMC's establishment of Community-Based Outpatient Clinics in Conway, Portsmouth, Somersworth and Tilton. The hospital-based home care program has in recent years been superseded by Home and Community-Based Care which extends primary care to chronically-ill veterans in their own homes.²¹

42. Applicable NHDHR Historic Contexts: 95. Medicine and hospitals in New Hampshire.

43. Architectural Description and Comparative Evaluation:

Site Characteristics (refer to Figures 1-8 and photos)

The VAMC Manchester complex is located at 718 Smyth Road in the northeast corner of the city of Manchester, NH on tax parcel 896-3. The 30.2 acre parcel is an irregular five-sided polygon with the longest side running straight in a northeast-southwest direction along the west side of Smyth Road for a distance of roughly 1300 feet. The four other sides of the property are bounded by the rear lot lines of private residential properties along Holmes Drive and Patricia Lane to the north and Hillhaven Road to the west. The properties abutting the VAMC Manchester complex date from the late 1960s or early 1970s up to the 2000s based on a windshield survey and represent a mix of contractor-designed starter homes that do not appear to possess historically important characteristics individually or collectively.

The VAMC parcel has a rolling topography that varies in elevation roughly 75 feet from the lowest point at the north end where a large parking lot is located, to the highest point midway along the west edge where the stone "Smyth Tower" was built in 1888 atop a small knoll. The entire site was disturbed and the topography substantially altered with the construction of the hospital complex and subsequent expansion of the parking areas. The original site and landscaping plan called for roads, walkways, garden areas and plantings of native trees and shrubs typical of large multi-building development. The landscape and planting plans were drawn by the renowned firm of Shurcliff and Shurcliff of Boston.²² Using the original landscape and planting plans, a walking inspection of the entire grounds was conducted to identify features that remain from the original site improvements. The primary road and walkways and planting islands around buildings and parking areas remain largely intact. Many of the larger "feature" trees and shrubs shown on the plans were identified by their species and remain where they were planted, especially those in the core area near and around the buildings and bordering the original walks and drives. In several instances mature trees that evidently date to the original construction were found "out of place" or of a different species than those shown on the plans; these discrepancies are unexplained. It can also be said that many plantings shown on the plans could not be positively identified. Without "as-built" planting plans (it is not known if any were drawn or exist) it may be impossible to determine exactly what was originally planted. Along the outlying areas of the property boundaries

¹⁹ Anonymous, "History" n.p.; *Manchester Union Leader*, "VA Hospital Wing Ready," undated [1978] newspaper clipping.

²⁰ Anonymous, "History," n.p.

²¹ U.S. Department of Veterans Affairs, "Welcome to Home and Community Based Care," 2011.

²² VAMC Project Drawings: "Grading Plan," No. 16-01-01, May 1948; "Planting Plan," No. 16-10-01, May 1948. Shurcliff and Shurcliff, Landscape Architects, was founded in 1904 by Arthur A. Shurcliff. His son Sidney N. Shurcliff joined the practice in the 1930s. The firm was later known as Shurcliff, Merrill & Footit until it closed in 1975. Arthur A. Shurcliff was one of the leading 20th c. American landscape architects: educated at MIT and Harvard; apprenticed with Frederick Law Olmstead; founded the Harvard School of Landscape Design with F.L. Olmstead, Jr.; consultant to Boston Parks Dept. and chief landscape architect for Metropolitan District Commission; president and fellow of American Landscape Architects; known for many prominent commissions including the landscape design for the recreation/restoration of Colonial Williamsburg. Special Collections, Frances Loeb Library, Harvard Design School holds the following pertinent records: Shurcliff, Arthur A. (1870-1957) and Shurcliff, Sidney N. (1906-1981), Papers, 1900 ca. - 1981: Folder: B071 Correspondence: Veteran's Hospital - Manchester. Date(s): 1947-1948. 35 items. Correspondence, notes, drafts, invoices, estimates and specifications generated by several federal agencies and private firms, related to the comprehensive landscaping plan for the Manchester V.A. Hospital. Includes planting lists, analyses of proposed planting materials, clippings, and reports on soil and site. See: <http://oasis.lib.harvard.edu/oasis/deliver/~des00001>.

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bordering what are now residential areas, are evergreen trees of varying species of Pines and Hemlocks that were identified from the original Shurcliff design. A major grounds and landscape "beautification project" was reportedly undertaken in the 1980s but the exact details of that project were not determined. Younger shrubs and trees are scattered around the property, particularly in the areas of new construction associated with Buildings 15 and 18.

The main hospital building and primary support buildings are clustered in the center of the parcel facing southeast toward Smyth Road. A secondary grouping of four buildings, formerly residential but now all used as office space except for one, is located to the south and west of the main hospital building. Two driveways provide access from Smyth Road and encircle the Medical Center, each branching off to the various buildings and parking areas.

The complex consists of 26 buildings and structures as shown in the List of Buildings (Figure 4). The term "buildings" in this case refers to all buildings that sheltered human activities as well as individual structures built for a specific purpose such as the water tower, flagpole and utility access vaults. This was typical practice for federal facilities. The buildings and structures were also typically numbered consecutively in the order of their completion, or if completed all in one contract, then in the order of their operational priority. Sometimes structures such as the chimney stack were given a separate building number at a later time. Buildings are referred to in this report by their original names or by the building number. Refer to the List of Buildings for their Current Use names.

The thirteen buildings of the Manchester VAMC over 50 years of age constitute the full complement of buildings of the hospital complex as it was originally designed and built. All were built between 1948 and 1950 with the exception of Smyth Tower, a preexisting stone structure on the property that was incorporated into the original plan. At the center of the complex is the Hospital (Bldg 1), also originally called the Main Hospital Group. It is a large eight-story brick building facing southeast toward Smyth Road. The other original buildings are located to the left and rear of the Hospital, well separated from it by landscaped driveways and parking areas.

Of the thirteen buildings less than 50 years of age, only two are major buildings that alter the original design of the complex in any significant way. The Nursing Home Care Unit (Bldg 15) and the Primary Care Unit (Bldg 18) are low one and two story buildings located to the sides and rear of the Hospital. The other eleven "buildings" under 50 years old are mechanical and utility related equipment and structures including electrical vaults and liquid storage tanks.

Two entrances off Smyth Road access the property. The south entrance is the main entrance drive that forks right to a circular drive and drop-off area at the front entrance to the Hospital. The left fork branches off to driveways and linear parking lots serving the other buildings and curves around to the large paved area between the Boiler Plant and Garage (Bldg 7) and the back of the Hospital. The north entrance drive leads to the large parking lot stretching across the north end of the property and to a circular drive and drop-off area in front of the Nursing Home. The drive continues around the Nursing Home to the back lot of the Hospital, thereby forming a loop road around the Medical Center complex.

Building Descriptions:

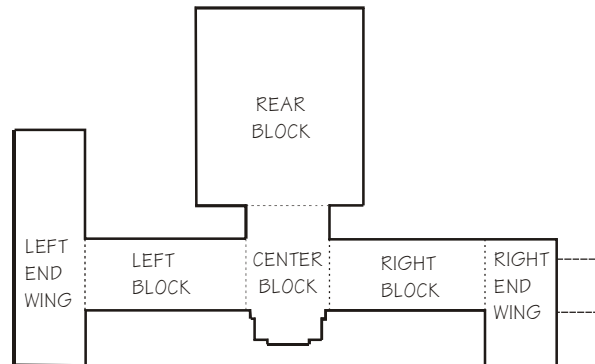
The **Hospital (Bldg 1)** [Figures 5, 6, 9-14; Photos 1-13] is a multi-story brick building based on a front-facing T-plan with projecting blocks and wings of varying stories flanking and to the rear of a main center block. The City Tax Assessor calls the building eight stories in height with a total "living area" of 135,000 square feet (s.f.) and a value of \$25.2 million. The entire VAMC Manchester property is valued at \$42.2 million of which \$6.8 million represents the land.

The VA calls the Hospital six stories in height, not counting the basement level that is fully or partly below grade across the front, or the top floor of the center block that rises one story higher than the rest of the building to house ventilation and other mechanical equipment. It was originally called the fan room and is technically a penthouse not a story. The City counts the basement as the ground floor perhaps because it is fully above grade along portions of the right side and rear of the building, and because the space is air conditioned and regularly human occupied. At the back of the center block above the fan room is a brick penthouse that encloses the elevator machinery room that adds another 12 feet making the overall height of the building from the basement floor just over 100 feet.

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The Hospital is approximately 350' wide overall across the front by 215' deep to the back of the rear block and composed of the following building form elements: a center block eight stories high, 50' wide, 90' deep; right and left blocks, seven stories high, 110' wide, 45' deep; end wings two stories high, 43' wide, 80' deep (right end wing), 150' deep (left end wing). The rear block is 108' wide by 126' deep overall at the basement and first floor level, narrowing to 50' in width at the second floor and above.



The center block is composed of two dominant architectural elements. Primary is the two-story entrance pavilion projecting about 16' from the side blocks and sheathed in contrasting white limestone. The slightly convex façade is pierced with three tall double-door entrance portals and corresponding large square window openings of matching width above. The upper stories are brick, six window bays wide, and project from the side blocks about 4 feet. The upper façade is distinguished by four continuous vertical window openings separated by narrow strips of brick wall. Below the windows are flat-panel spandrels, believed to have originally been mill-finish aluminum, now brown-painted aluminum to match the frames and casings of the replacement windows above. Horizontal belt courses of light limestone are used to wrap the building at the water table, above and below the windows across the front and around the sides. In other locations limestone is used for sills and headers.

The right and left block elevations are meant to equally balance the center block and although there are obvious differences in the width and horizontal placement of the fenestration, visual balance was achieved by distracting the eye to the same continuous vertical window bays with inset spandrels used on the center block. The endwalls also feature the continuous vertical window bays. Nearly all of the original windows in the entire Hospital building have been replaced with insulated glass units of approximately the same type of paired casements with transoms as shown on the original plans. An exception is the original stacked awning security windows located on the top (6th) floor (see Photo 4). These are high strength break resistant laminated glass windows used in certain areas of the psychiatric unit. All doors appear to have been replaced to meet egress and other building codes.

A notable feature evident from the ground is the former Roof Gardens located on the top floor at the ends of the right and left blocks (see Photo 4). The rooms were originally open to the sky with security screens in the window openings and an overhead steel box-beam pergola-type security lattice framework above. Evident from the ground are the projecting "steel tubing outriggers" which were stylistic details reflecting the functional "steel tubing purlins" that actually supported the overhead security lattice. The rooms have since been converted to interior space with the addition of a flat roof and windows. The roof gardens and other features of the "Disturbed Section" of the 6th floor psychiatric unit represent bold advancements in the methods and facilities for treating the mentally ill (see Figure 14).²³

²³ The original plans identify this area of the psychiatric unit as the Disturbed Section. The needs of the great number of servicemen returning with psychological traumas were anticipated by the VA and a special team of doctors was assembled to study and apply "new ideas in construction and design pooled from the best psychiatric and architectural talent in the United States." The result was a complete rethinking of the design of psychiatric hospitals and the incorporation of psychiatric units within general hospitals that were designed in terms of the patient, therapy and their daytime activities, as opposed to the previous practice of designing for "beds, security, crowded dormitories and escape-proof rooms." The sixth floor of the Manchester VA Hospital followed these new plans and incorporated modern features including the open air rooftop gardens, day rooms, and hydrotherapy rooms. See: Haun, Paul, and Z.M. Lebensohn. "New Trends in Hospital Design." *American Journal of Psychiatry*, February 1948, pp. 554-564. (Haun and Lebensohn were members of the VA's Neuropsychiatry Division, Committee on Hospital Planning and Construction; the committee did pioneering work on the design of psychiatric hospitals).

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The T-form of the Hospital, shown in Figure 14, provides an interior floor plan consisting of a continuous center hallway running from end to end and front to back with rooms to either side. The T is a traditional building form that was adapted to modern hospital design as a unit that could be repeated by adding another T to the main stem creating an H with a stem, and so on, to create a spine with many wings depending on the number of beds required. The so-called block-design of hospitals emerged in the early 20th century putting equipment and services in the core with the bedrooms around the perimeter. Many VA and other postwar hospitals combined the block and T or H plans in all sorts of ways in the search for the best combination of patient comfort, service, treatment and nursing efficiency. The rear block of the Hospital with its wide block-form first floor to house kitchen and dining facilities, and the narrow center-hall corridor floors above is an example of the combined forms.

The study of the interior of the Hospital was limited to the public access area in the front lobby and reception area and a few other non-public areas that were toured. As in most hospitals, modernization of the interior to meet the changing needs of patient care and medical technology has been and is an ongoing process. The conversion of some patient and other rooms to storerooms or other uses has been done with very little alteration leaving original fixtures and finishes in place. An inventory of original interior features would be impractical and should be done on a case basis when interior changes are undertaken that will affect original fabric. Notable original interior features are readily visible in the front entrance vestibule and lobby as detailed in Figure 13 and shown in Photos 10, 11, 12, and 13).

The **Manager's Residence (Bldg 2)** [Figure 15; Photos 14, 15] is located at the south end of the property well separated from the other buildings. It occupies its own landscaped area served by a private walkway to the front door and a private driveway around to a rear parking area and garage entrance. The extensive original tree plantings behind the house have matured into a pleasant sun-dappled grove (see Photo 30). The house is a two-story, brick single-family residence with an irregular plan. The roof is a somewhat uncommon hip-on-cross gable of low pitch, with asphalt shingles.²⁴ Plans show the roofing was originally slate. The house measures 60' wide overall by a maximum of 26' deep at the main center block. It has a total living area of 2,021 s.f. Attached to the left side is a one-story wing with a hip roof measuring 12' by 12' that was formerly a screened-in porch but has been enclosed with plywood siding and small awning windows for year-round use. A two-car garage with the entrance at the rear is attached to the right side of the house.

The Managers Residence is architecturally styled in the manner of the so-called indigenous Prairie Style popularized by Frank Lloyd Wright during the early 20th century and then continually adapted in a variety of eclectic forms up through the Modern movement into the mid-20th century.²⁵ Stylistic features include the low hip-with-gablet roofs; the asymmetrical façade and fenestration with large square casement window openings; the horizontal banding using corbelled brick courses and contrasting limestone belt courses; the projecting two-story entrance pavilion and stair hall; the flat cantilevered entrance hood; the narrow entrance door with full glazing of varying rectangular sizes; the broad flat chimney; the hip roofed wings; and the attached garage.

Alterations include the enclosure of the screen porch mentioned and the replacement of all original window sashes. The original narrow paired casement sash have been replaced with single casement sash; the larger openings originally fitted with two narrow casement sash flanking a fixed sash have been fitted with paired casement sash. The result gives the building a more squat appearance due to the loss of verticality in the windows that offset the horizontal effects of the low roof and wall banding. The original openings are intact however and the change is reversible.

Northwest of Bldg 2 and about 300' directly left of the Hospital are Buildings 3, 4, and 5, grouped together around a square parking area that according to plans was originally an oblong-shaped landscaped "green." All of the buildings are brick, have hip-with-gablet roofs and were originally residential in use. Plans indicate the asphalt roof shingle were originally slate. All the windows and doors have been replaced except for two doors, as noted below. They all reflect

²⁴ All of the former residential buildings, Nos. 2-6, have so-called hip on gable roofs, which in this case all have a very low exposed side gables completely filled with triangular louvered vents. The original plans show that all of the roofs on these buildings were originally slate; they are now all asphalt shingle.

²⁵ The extent to which the Prairie style was used by the VA in the postwar hospital program was not determined, nor is it known how and why the style was selected for the New Hampshire site. The style is not evident in the dozens of designs featured in Architectural Record magazine's postwar and 1950s series on hospitals (see bibliography). The more modern International style in its various permutations dominated the hospital architecture news at the time.

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the muted principals of the Prairie style demonstrated by the Manager's residence, but perhaps to a lesser degree because of their simpler forms that follow the repetitive plans dictated by the apartment and dormitory use.

Staff Quarters (Bldg 3) and Staff Quarters (Bldg 4) [Figure 16; Photos 16, 17, 18] are two-story and were originally designed and built as exact duplicates; they have since been altered slightly in exterior appearance and remodeled inside for office use. They are set at right angles to one another and each have a small detached two-car brick garage set back on the right side of the Quarters (**Garage, Bldg 13 and Garage, Bldg 14; see Photo 17 and aerial views Figures 7, 8**). Buildings 3 and 4 measure 67' wide by 26' deep and have a gross area of 3,764 s.f. Plans show they were designed as side-by-side duplex residences, each with a kitchen, dining room and living room on the first floor and three bedrooms and a full bathroom on the second floor. Each individual residential unit was a mirror image of the other, with the front doors located next to each other on either side of the common center wall. The doors open onto a covered porch with a concrete slab floor, 28' wide by 6' deep, centered on the front. The porch roof on Bldg 4 is supported by the original decorative wood screen composed of horizontal bands of offset rectangular openings that are called "wood lattice" on the plans. The porch on Bldg 3 has been altered and enclosed with wood and translucent fiberglass panels and modern entrance doors. Bldg 3 retains its original cement steps; on Bldg 4 a wheelchair ramp has replaced the steps. Attached to each side of the buildings are 10'x14' wings with flat roofs that were originally screened-in porches but have since been enclosed for year-round use.

The buildings have the same details used on the Manager's Residence, including the large square window openings, recessed brick-course banding, contrasting limestone belt-course and opening trim. The original windows and most doors have been replaced in the original openings with the exception of one wood front entrance door on Bldg 3 that is shown on the plans and has four, stacked horizontal lights. The interiors of the buildings have been remodeled to accommodate office space but appear to retain some original room layouts and features such as the stairs and railings.

The **Nurse's Quarters (Bldg 5) [Figure 17, Photos 19, 20, 21]** is a one-story L-plan building with two main facades on the front of each wing. The southwest façade faces the former "square" and Building 3. The northwest facade fronts on the main driveway that continues around to the rear of the Hospital and faces the knoll previously mentioned on which sits Smyth Tower. The building has a gross area of 4926 s.f. and measures 88' across the southwest façade and 81' across the northwest façade. The wings are 33' and 38' deep respectively. There is a 7' setback in the southwest façade where the entrance vestibule and former "social room" is located. This entrance retains its original paired "Prairie-style" wood entrance doors with divided lights of unequal-size. Like the other buildings in the group, the interior has been converted to office use. With the exception of being one-story, it shares the same exterior design, materials and finish as the other buildings in the residential group.

The **Male Attendants Dormitory (Bldg 6) [Photo 22]** is set on the curve of the drive, facing the rear of the Hospital at an angle. It is a one-story rectangular-plan brick building with a gross area of 3070 s.f. It measures 102' by 32' deep overall with a small front and rear setback at the north end where the entrance vestibule and former "social room" is located like the Nurse's Quarters plan. In fact the building plan originally shared many similar interior layout and finish features of the Nurse's Quarters and those details were noted on the plans as applying to both buildings. Bedrooms for the male attendants were smaller and did not share a bathroom. Instead a single large bathroom with multiple sinks and two shower stalls was provided. On the opposite side of the driveway from Bldg 6, originally, was a large green area behind the Hospital; that area is now occupied by Building 18, a modern one story building that houses the Primary Care Facility.

The **Boiler Plant and Garage (Bldg 7) [Figure 18, Photos 23, 24, 25]** is a large one-story rectangular-plan brick building with a flat roof located directly behind the Hospital. It measures 146' wide by 90' deep and has a gross area of 13,140 s.f. The building was designed to house the central steam plant as well as the repair shop and garage bays for maintenance equipment and vehicles. It continues to serve that purpose although to a lesser degree as some original work tasks are now contracted out. The entire area around Bldg 7 and the back of the Hospital is paved to enable service vehicle access to the rear loading docks and service doors of those buildings, to Bldgs 15 and 18, and to the various freestanding liquid and gas storage tanks and electrical equipment. Bldg 7 is utilitarian and industrial in style without architectural embellishment, dominated by a primary façade with eleven garage bays spaced across its entire width. Fenestration and door openings are irregular based on the interior floor plan. The original garage and pedestrian doors have been replaced with the exception of one set of original paired wood doors on the south side of the building.

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One overhead garage door may be original as well. Many of the original steel frame industrial windows with both fixed and operable awning sash, remain in their original openings on the south side. The building was originally L-shape in plan with three boilers located in the rear el that extends back on the left side (south end) of the building. In 1976 the plant was modernized and upgraded with four new and larger gas-fired steam boilers needed to accommodate the heating requirements of the two new Medical Center buildings (Bldgs 15 and 18) completed shortly after. A boiler dedicated to summer operation was located in the old boiler space; the other three boilers were located in a new addition attached to the rear of the building making it rectangular in shape. Other equipment and uses were rearranged in the building.

Behind the Boiler Plant is the **Stack (Bldg 24, Photo 20)**, consisting of a round brick chimney 110 feet in height measuring 10'-10" in diameter at the base and 6'-3" in diameter at the top.²⁶ The stack is connected to the rear of the original el of the building by a large metal flue pipe that carries the exhaust gases from all four boilers as well as an incinerator.

Building 8, the Water Supply Valve Housing, [no photo] is a square flat-roofed concrete access vault extending about 2 feet above ground that provides access to the valve connection to the city water main along Smyth Road. It is located at the southernmost corner of the property about 15 feet in from the street.

The **Water Tower (Bldg 9) [Photos 20, 26]** is located directly behind Bldg 6 on the high ground along the west boundary of the property. It is a riveted steel elevated potable water tank of the suspended-bottom type with cylindrical shell and hemispherical top and bottom. The tower is approximately 157' high and has a capacity of 200,000 gallons. This design type was in common use by the early 1940s.²⁷ The curved bottom gore plates are joined along radial seams and are continuous from the riser pipe connector ring to the balcony girder at the base of the shell. The legs are slightly splayed and consist of channels joined with lacing bars.

The **Flag Pole (Bldg 10) [Photos 1, 3]** is located at the center of a garden inside the circular drive in front of the Hospital. The circle is landscaped with grass areas, garden beds and cement walkways.

Smyth Tower (Bldg 11) [Photo 23] is a reproduction of a Scottish lookout tower built of large cobblestones. It is round, 3 stories in height with a crenellated parapet and has its original 6/6 wood windows and wood entrance door. All exterior woodwork needs immediate repair and paint. New Hampshire Governor Frederick Smyth had the tower built in 1888 on a large parcel of property that he owned on which the VAMC now stands. Smyth Tower was listed on the National Register July 24, 1978. For a full description of the tower, its history and significance see the Smyth Tower National Register of Historic Places Inventory – Nomination Form on file at the New Hampshire Division of Historical Resources, Concord.

Buildings and Additions less than 50 years old:

The **Nursing Home Care Unit (Building 15) [Figures 5, 6; Photos 28, 29]** is a large 2-story brick building with a flat roof and an irregular offset-T plan built in 1978. The Nursing Home is attached to the rear block of the Hospital building and is not visible from most areas in front of the Hospital. The building's scale, location, materials and design are very compatible with the Hospital and its construction and presence does not significantly diminish the integrity of the property as a whole.

The **Ambulatory or Primary Care Unit (Bldg 18) [Figures 5, 6]** is a 1-story brick building with a flat roof and a square plan with one corner removed in a series of stepped setbacks. It was built in 1973 and is attached to the rear of the east end-wing of the Hospital and like the Nursing Home is not visible from areas in front of the Hospital. Built at roughly the same time as the Bldg 15, its scale, location, materials and design are also compatible with the Hospital and its construction and presence does not significantly diminish the integrity of the property as a whole.

²⁶ The stack was built 1948-1950 with the building of the Boiler Plant. It was not determined why it is numbered out of sequence.

²⁷ See Hool and Kinne, 1942, p. 423, for a discussion of elevated tank types.

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A drive-under canopy is attached to the south side of the east end-wing of the Hospital to allow the drop-off of emergency and primary care patients (see Photo 9 and Figures 5 and 6). As Photo 9 shows, it obstructs the first floor side elevations of the Hospital and its thick light-colored aluminum fascia creates an incongruent visual intrusion.

The other "buildings" less than fifty are the utility equipment, vaults and tanks previously mentioned. For the most part these stand alone and read as the necessary mechanical components that they are. Little effort has been made to screen or enclose them, which is usually for the best.

Comparative properties discussion

As the only VA hospital in NH built as part of the VA's post WWII construction program, the Manchester VAMC is a completely unique property type within the state. The special design of the postwar VA hospitals makes them unlike other hospitals of the period because "the operation and function of a veterans hospital differ greatly from those facilities planned for civilians."²⁸ The main differences were due to the length of hospitalization of the patients: the average patient stay in a VA hospital in 1946 was 38 days, compared to 9 days in a civilian hospital. The longer stays required additional dining facilities with storage for 30 days food supply, an auditorium or assembly room, religious and vocational rooms, and recreational and rehabilitation facilities. The hospital layout also considered "the fact that only about two percent of the patients will be female with no obstetrical cases to be handled."²⁹

VA hospitals were also uniquely designed to be self-contained and self-operating complexes on sites of a minimum of 15 to 20 acres up to as large as 150 acres. The cost to build VA hospitals was "considerably higher" than civilian hospitals due to the extra facilities required beyond those in the main hospital building. Most VA hospitals included a "central heating plant, laundry, maintenance shops, station garage, manager's residence, staff quarters (four family apartment or two duplexes), nurses' quarters, outside services, and grounds development."³⁰

The VA hospitals were also designed specially for their primary medical purpose, either as a General Medical and Surgical (GM&S) hospital like Manchester, a Neuropsychiatric (NP) hospital, or a Tuberculosis (TB) hospital. Standard architectural plans for the overall building form, floor plan and interior details for general hospitals as well as other specialized hospital types were developed during the 1940s by Marshall Shaffer, Chief Architect, and staff architects, of the Architectural Section, Hospital Facilities Division, U.S. Public Health Service (PHS). The work was done in anticipation of the huge demand for new post-war hospitals and based on academic studies to insure that the latest knowledge on the rapidly evolving needs of modern medicine and health administration were incorporated in new hospital designs.³¹ These initial plans and others as they evolved were released by the government as they were produced, for publication in *Architectural Record* and similar journals beginning as early as 1942; they were compiled and published in book form as *Design and Construction of General Hospitals* in 1953.³²

Architects designing postwar hospitals utilized the PHS standardized plans extensively, including those contracted by the ACOE in the design of VA hospitals and others engaged in designing the hundreds of other new hospitals getting underway as a result of the massive Hill-Burton Hospital Construction Act enacted in 1946.³³ All plans for federally

²⁸ "Design Criteria for Veterans Hospitals." *Engineering News-Record*, November 14, 1946, p. 120.

²⁹ Ibid.

³⁰ "Unit Costs of Veterans Hospitals." *Engineering News-Record*, March 17, 1949, p. 193..

³¹ Hospital needs and design studies were conducted by several other government agencies besides the PHS including the VA, the Farm Security Administration as well as professional organizations including the American Hospital Association and the American Institute of Architects. See "Hospitals. Architectural Record's Building Types Study No. 195." *Architectural Record*, February 1953, p. 167. The Federal Board of Hospitalization, created in 1921, provided coordination between the activities of all government hospitals including those of the Veterans Administration, Army, Navy, US Public Health Service and others, with the main purpose of "preventing overlapping and duplication of services and overbuilding of facilities." See Office of War Information, *United States Government Manual 1945* (Washington DC, USGPO, 1945), pp. 475-476.

³² Hospital plans by the Public Health Service were published in parts in *Architectural Record* in August 1944 and August 1945. Overall plans for hospitals of various sizes along with detailed floor plans of various elements were presented. In June and July, 1946 a total of 80 separate floor plans were presented covering all the various departments of a General Hospital of 50, 100 and 200 beds. See bibliography.

³³ Simultaneous with the VA Hospital construction program was a \$375 million federal-aid program for construction of non-federally owned hospitals (Hospital Survey and Construction Act, P.L. 725) popularly known as the Hill-Burton Act or Program. In 1950, the year Manchester

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funded hospital projects were subject to approval by the PHS; the designs for VA hospitals prepared by private architectural firms for the ACOE were submitted to the VA's Medical, Medical Services and Construction Services division for approval. The VA had its own staff of over 300 architects that developed plans and further developed the standard PHS plans into complete hospital plans of varying size depending on the needs of specific locations. The VA design standards to be followed by outside architects were developed by F.S. Dryden, VA Assistant Administrator for Construction, Real Estate and Supply, and J.J. Rockefeller, VA Director of Construction.³⁴

The Manchester VA Hospital was one of 29 General Medical and Surgical hospitals put under contract between September 1946 and October 1948 that included four large hospitals of 910 to 1005 beds, eight hospitals of 300 to 500 beds, thirteen hospitals of 200 to 255 beds, and four hospitals of 100 to 162 beds.³⁵ The four smallest hospitals of the group included: Grand Junction, Colorado (152 bed, started 1/47 opened 5/49); Minot, North Dakota (162 beds, started 6/47, opened 7/50); Manchester, NH (151 beds, started 6/48, opened 6/50); and Miles City, Montana (100 bed, started 9/49, opened 8/51). The examination of records of the three other VA hospitals of similar size, date and purpose was not within the scope of this project so direct comparisons are not made, however each hospital was viewed using online aerial imagery.³⁶

44. National or State Register Criteria Statement of Significance:

SUMMARY: The VAMC possesses the necessary significant historical associations and architectural characteristics to be considered eligible for listing in the National Register of Historic Places under Criteria A and C at the levels of Local and State Significance.

Criterion A: Events. Summary of the Property's Association with Events Significant to American History

The VAMC is significant under National Register Criterion A for its direct association with the important expansion of the nation's care of its veterans that took place immediately following World War II. The massive and swift demobilization that began in 1945 raised the veteran population from around 4 million to over 16 million. In anticipation, the VA began planning an extensive program of new hospital construction in 1944.

On 16 February 1946, the Veterans Administration "announced the start of a great hospital building program to provide war veterans with a total of 80 new, permanent hospitals in 39 states at a cost of \$448,000,000."³⁷ The program was designed to add 151,500 beds to the 83,339 beds in the 98 existing VA hospitals. By 1953, 56 entirely new VA hospital complexes were built and 8 new major hospital buildings were added to existing VA hospital properties, adding roughly 49,500 new beds to the VA system.³⁸ The VA's post WWII hospital construction program has been called the "largest and most comprehensive hospital building program in history."³⁹

Over the course of the program, the VA adjusted their plans to adapt to a myriad of rapidly and dramatically changing social, political and technological forces at work in America's postwar environment. Improvements to the plans were made early on resulting from new knowledge on hospital design and changes in demand in the quantity and type of medical care most needed for veterans. Changes in the administration of the design and construction of the hospitals, in the total number of hospitals built, and in the scale and design of individual hospital complexes were imposed by

VA hospital opened, Hill-Burton Act subsidized hospitals amounted to over \$350 million of the \$802 million expended on hospital construction in the U.S. that year.

³⁴ "Private Firms Predominate in V.A Hospital Program." *Architectural Record*, October, 1947, p. 100; "Design Criteria for Veterans Hospitals," p. 121.

³⁵ United States. House Committee on Veterans Affairs, 1953, pp. 8-11.

³⁶ Microsoft Live Search Maps, now called Bing Maps, was used to obtain aerial perspective views of the hospitals.

³⁷ "Large New Hospital Program Planned for War Veterans." *Engineering News-Record*, February 21, 1946, p. 53.

³⁸ United States. House Committee on Veterans Affairs, 1953, pp. 8-11.

³⁹ Paulson, 1949, p. 57; Haun and Leberohn, 1948, p. 555; "VA Hospitals Program Nears End." *Engineering News-Record*, August 28, 1952, p. 27.

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revisions or vetoes of Congressional funding, increased building costs, medical profession labor shortages and other factors.⁴⁰

The Manchester VA Medical Center is therefore associated with a federal undertaking of national importance. It represents a unique property type in New Hampshire that embodies characteristics representative of one of America's most triumphal and important periods of its history. Authorized in 1945 after years of lobbying on the part of New Hampshire residents and politicians, it brought needed health care services to veterans throughout the Granite State and nearby areas of the three adjacent states as well. As a major General Medical and Surgical Hospital with added outpatient services and a residency program for doctors from medical schools across New England, the VAMC has made a significant contributions to the local economy, medical community, and health of the local populace it has served. The Manchester VAMC therefore embodies the necessary historical associations of importance to qualify the property for the National Register as a historic district under Criterion A at both local and state levels of significance.

Criterion C: Design/Construction. Property's Embodiment of Distinctive Characteristics of a Type, Period and Method of Construction.

The VAMC Manchester is significant under National Register Criterion C as a good and intact example of a General Medical and Surgical Hospital, one of the unique and important hospital types built by the Veterans Administration between 1945 and 1954. The design embodies characteristics that reflect the revolution in modern hospital design that occurred immediately following WWII.⁴¹

That revolution in design was mostly driven by two factors: the need for more and larger hospitals to treat the war wounded, and the need to accommodate the dramatic advances in the science and practice of medicine that were occurring. These needs were met primarily through the principals of functional design, which are well represented in the Manchester VA Medical Center. Although it ranks in size among the smaller VA hospitals in the postwar program, it incorporated the same unitized design elements used on the larger hospitals to deliver the new medical technologies and achieve high efficiencies of operation. Features of the specially designed floor plans, operating and treatment rooms and spaces for nurses, patients and new types of equipment remain evident.

In terms of hospital architecture, meaning here those building features that are primarily stylistic or aesthetic as opposed to features pertaining to functional design, VAMC Manchester is significant as an uncommon example of indigenous Prairie Style popularized by Frank Lloyd Wright during the early 20th century and then continually adapted in a variety of eclectic forms up through the Modern movement into the mid-20th century. As previously noted, the extent to which the Prairie style was used by the VA in the postwar hospital program was not determined. The City of Manchester is noted for having two of the few F.L. Wright homes in New England, but otherwise, the style remains rare in New Hampshire.

The Manchester VAMC therefore embodies the architectural and design characteristics representative of a distinct property type, period, and construction, necessary to qualify the property for the National Register as a historic district under Criterion C at both local and state levels of significance.

45. Period of Significance: 1948-1961 (50 year cutoff)

⁴⁰ The great and sudden increase in the number of hospitals opening or scheduled to open in the years immediately following the war "raised new problems of hospital operation" by "making hospital help scarce and expensive." Anticipating that result, postwar hospital architecture adhered to "the principles of functional design" based on careful studies looking for economy in hospital operation and administration (Hudenburg, p. 50).

⁴¹ World War II brought about what has been called "the third revolution" in hospital architecture and design: "hospitals for the masses" (Wagenaar, p. 34). In the postwar United States, the "masses" were the millions of returning servicemen requiring medical attention for which tens of thousands of new hospital rooms were needed. In Europe, the masses also included a very large civilian population ill or wounded by the war.

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46. Statement of Integrity: The VAMC property as a whole possesses a high level of integrity as a planned hospital complex retaining all of the buildings as originally designed, with each building retaining from good to very good integrity of original exterior design and materials.

The architectural integrity of the exterior of each of the contributing buildings has been discussed in Section 43 above. Nearly all buildings retain their original footprints, exterior walls and wall finishes; the exceptions are Bldg 1 and Bldg 7, which have alterations and additions to portions of their rear and side elevations. All of the buildings have been entirely, or almost entirely, refitted with replacement windows and doors; the exceptions are noted in Section 43 above. The replacement windows have been made to fit in the original openings and are compatible in design to the original sash, so that the alteration does not have an adverse effect on the overall stylistic quality of the buildings. Replacement doors, although similar in design in only a few instances, are of simple and modern design that is not incompatible with the overall quality of the design. Therefore, the integrity of the original architectural design of the complex of buildings can be considered very good.

The integrity of the interior floor plans of the buildings is also very good and in many instances the use of the space even remains the same. In Bldg 1 for example, the core features such as corridors, elevators, stairs, most lavatories, the main kitchen and dining rooms, main operating rooms and nearly all original office spaces, are intact. Many of the single-bed rooms on several floors have been changed to office use and exam rooms without alteration of the original primary features. A high percentage of the original partition walls remain, perhaps 90 percent, due to the greater need over time for smaller rooms, which was achieved by subdividing large rooms. The large 16-bed patient rooms located at the south end of the front wing of the hospital on floors 3, 4, and 5 have been subdivided into office, exam and storage rooms, for example. There are relatively few instances of original walls being removed to create larger spaces.

A few other large patient-related rooms throughout the hospital have also been divided for other uses, generally administrative. Alterations on Floor 3, for example, include: the former Patient Library in the rear wing divided into three exam rooms; two visitors bedrooms with a shared bath merged into a single large public bathroom by removal of separating walls; a serving kitchen converted to a storeroom; and the large solarium and 4-bed patient room at the front center of the building converted into exam rooms.

Floor 6 offers additional examples of alterations. The large hydrotherapy room in the front center block has been subdivided into exams rooms and offices, and the open roof gardens at the ends of the front wing have been enclosed and the space divided for offices. The rear wing floor plan is intact except for the subdivision of the conference room into offices and the conversion of a patient dining room into a patient training room.

The individual integrity of the interiors of the current and former residential buildings (Bldgs 2-6) has been briefly discussed in Section 43 above. Like the Main Hospital building, effort has been made to simply reuse the existing spaces for new purposes without extensive alterations. Former bedrooms are used for offices and large common rooms have been partitioned into smaller offices. The significance of these buildings as contributing elements to a historic district however, rests more with the integrity of their exterior appearance, then with the integrity of their interior layout and finish. In that regard, as previously stated, Bldgs 2-6 possess very good integrity.

The construction of new buildings and structures within a district will always diminish the integrity of the district to some degree. The measure of compatibility of the new to the old in terms of location, scale, massing and materials can quantify the relative loss of integrity. The construction of Buildings 15 and 18 are the most prominent additions to the proposed historic district. Both buildings were carefully designed to read as new buildings with similar - but not identical - brick walls and fenestration that matches the original buildings of the complex. They are located to the rear of the main hospital building (Bldg 1) and do not compete with it. They are of lesser scale and mass and unobtrusive.

The other new buildings and structures that have been added to the complex are primarily tanks and electrical vaults located behind the hospital. They are small and industrial or utilitarian in design and typical of those associated with all hospital complexes. They are not individually or collectively incompatible with the feeling and setting expected of the property type.

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The alterations to the original designed landscape features of the proposed district have been few. The majority of original roads, drives and sidewalks are intact and bordered with the original curved granite curbing. Changes have been made in a compatible manner, reusing the stone curbing where driveways and pavement have been added in association with new building and parking area construction. Remarkably, perhaps 75% of the original tree and shrub plantings appear to survive. The expansive new parking areas added to the northeast end of the property have been conveniently located in a low area that makes them unobtrusive, if not entirely out of site, from other areas of the property. This parking area was originally slated for improvement with recreational facilities that were cancelled, so no significant landscaping features were designed or built. The northeast parking area has diminished the overall setting somewhat, but has not lessened the integrity of the designed landscape portions of the property which contribute importantly to the proposed district.

47. Boundary Discussion: The property boundary is defined by the current tax parcel boundary (896-3) consisting of 30.2302 acres as shown on Figure 2, Property Map. The property boundary is the same parcel boundary originally acquired and developed by the VAMC for the hospital complex. The boundary of the identified historic district therefore coincides with the property boundary, with specific buildings and landscape areas identified as contributing or non-contributing features of the district as noted in the text and Figure 4, List of Buildings Structures and Resources.

Surveyor's Evaluation:

NR listed:	individual _____	NR eligible:	individual _____	NR Criteria:	A <u> X </u>
	within district _____		within district <u> X </u>		B _____
Integrity:	yes <u> X </u>		not eligible _____		C <u> X </u>
	no _____		more info needed _____		D _____
					E _____

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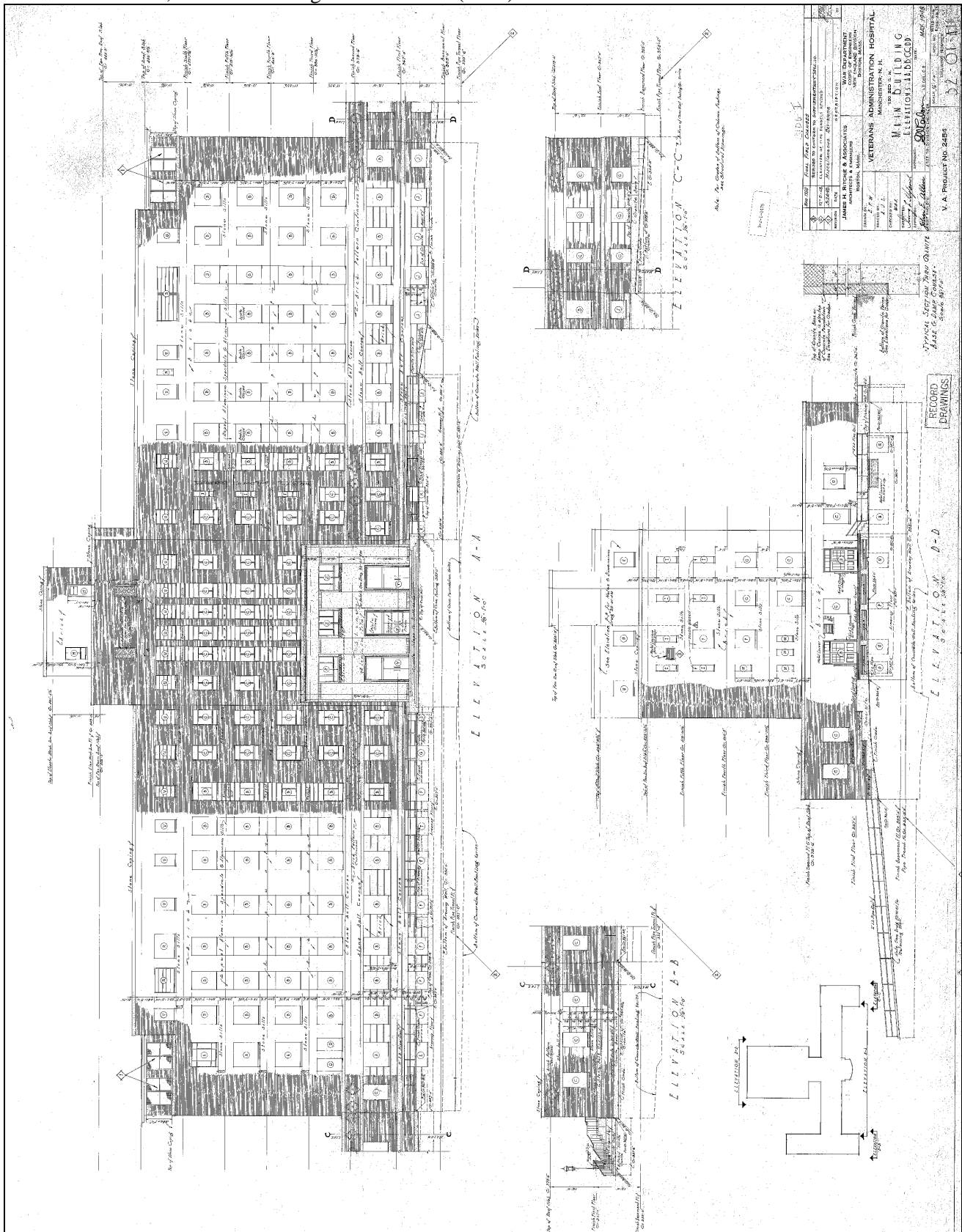
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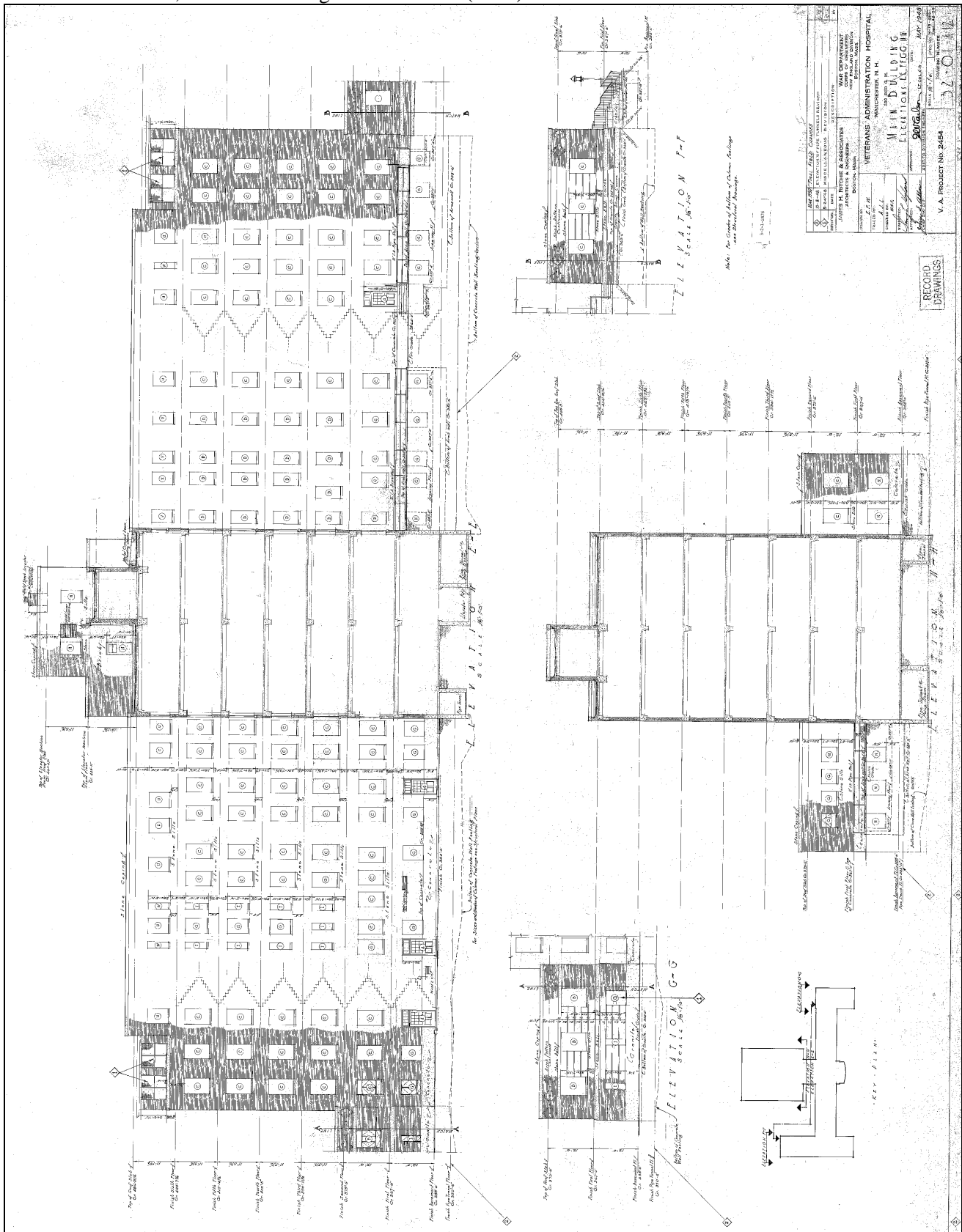
Figure 9: Hospital (Bldg 1) Front & Rear Elevations. Original project Drawing No. 32-01-11, dated May 1948 with final field changes March 1950. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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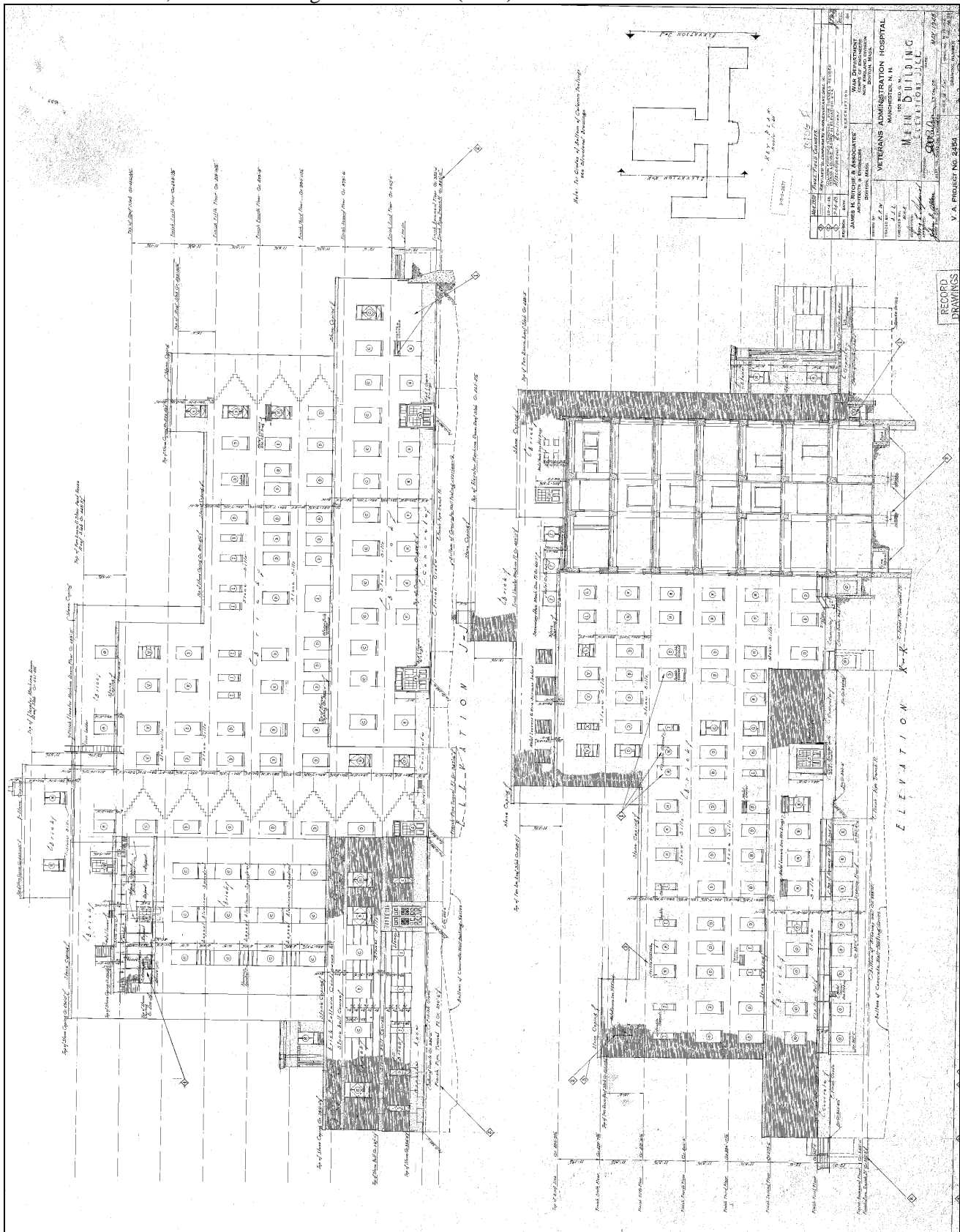
Figure 10: Hospital (Bldg 1) Elevations with sections. Original project Drawing No. 32-01-12, dated May 1948 with final field changes March 1950. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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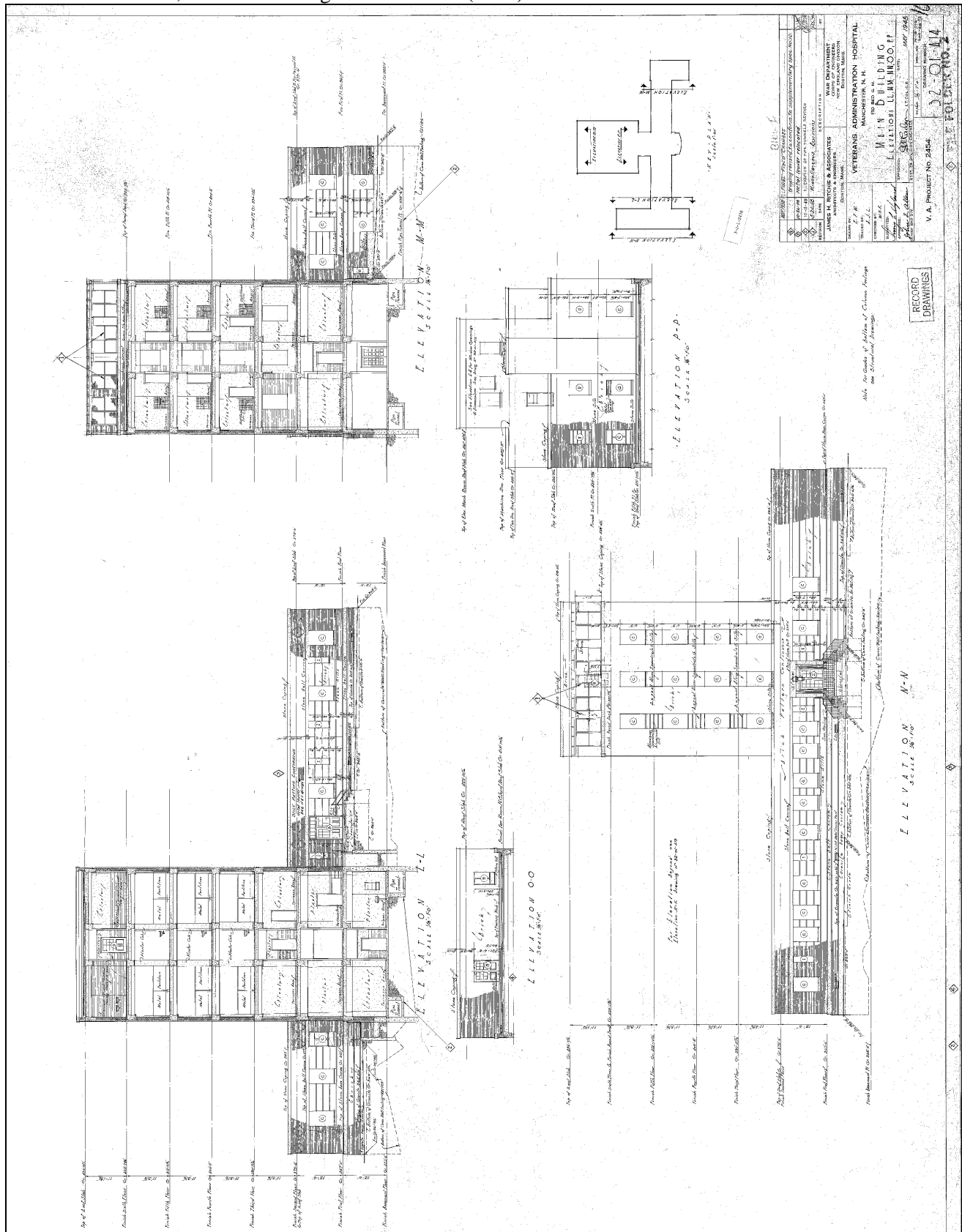
Figure 11: Hospital (Bldg 1) Elevations with sections. Original project Drawing No. 32-01-13, dated May 1948 with final field changes March 1950. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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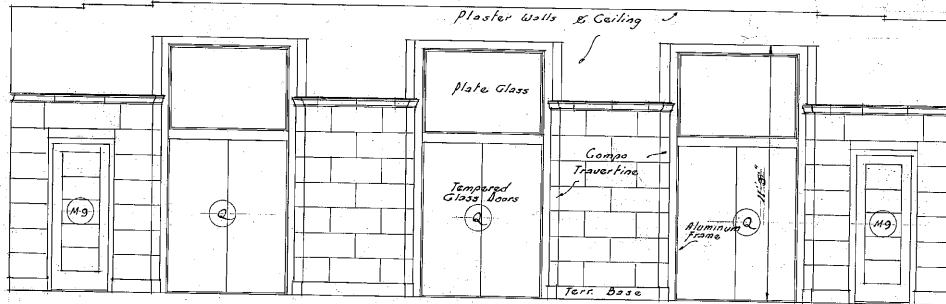
Figure 12: Hospital (Bldg 1) Elevations with sections. Original project Drawing No. 32-01-14, dated May 1948 with final field changes March 1950. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



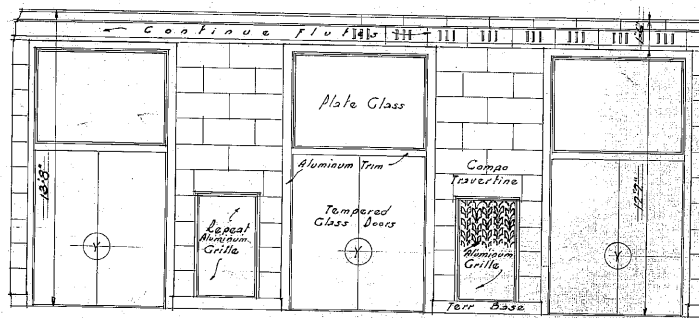
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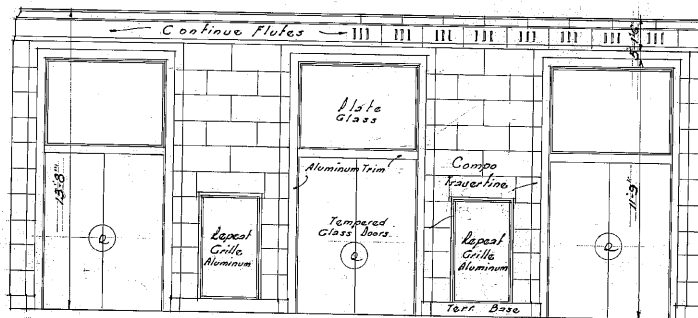
Figure 13: Hospital (Bldg 1) Vestibule and Lobby Details. Clip from original project Drawing No. 32-01-19, dated May 1948. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



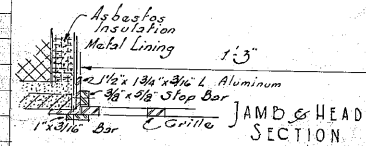
ELEVATION OF LOBBY TOWARD EXTERIOR
Scale 1/4" = 1'-0"



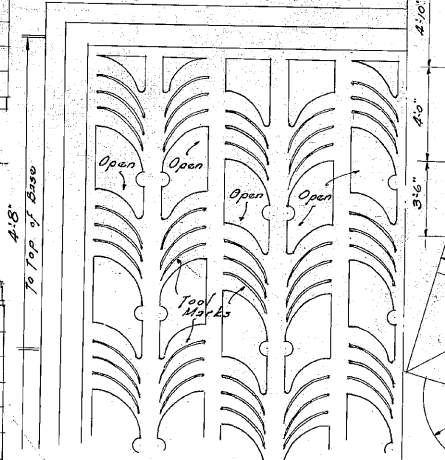
ELEVATION OF VESTIBULE TOWARD EXTERIOR
Scale 1/4" = 1'-0"



ELEVATION OF VESTIBULE TOWARD INTERIOR
Scale 1/4" = 1'-0"



JAMB & HEAD SECTION



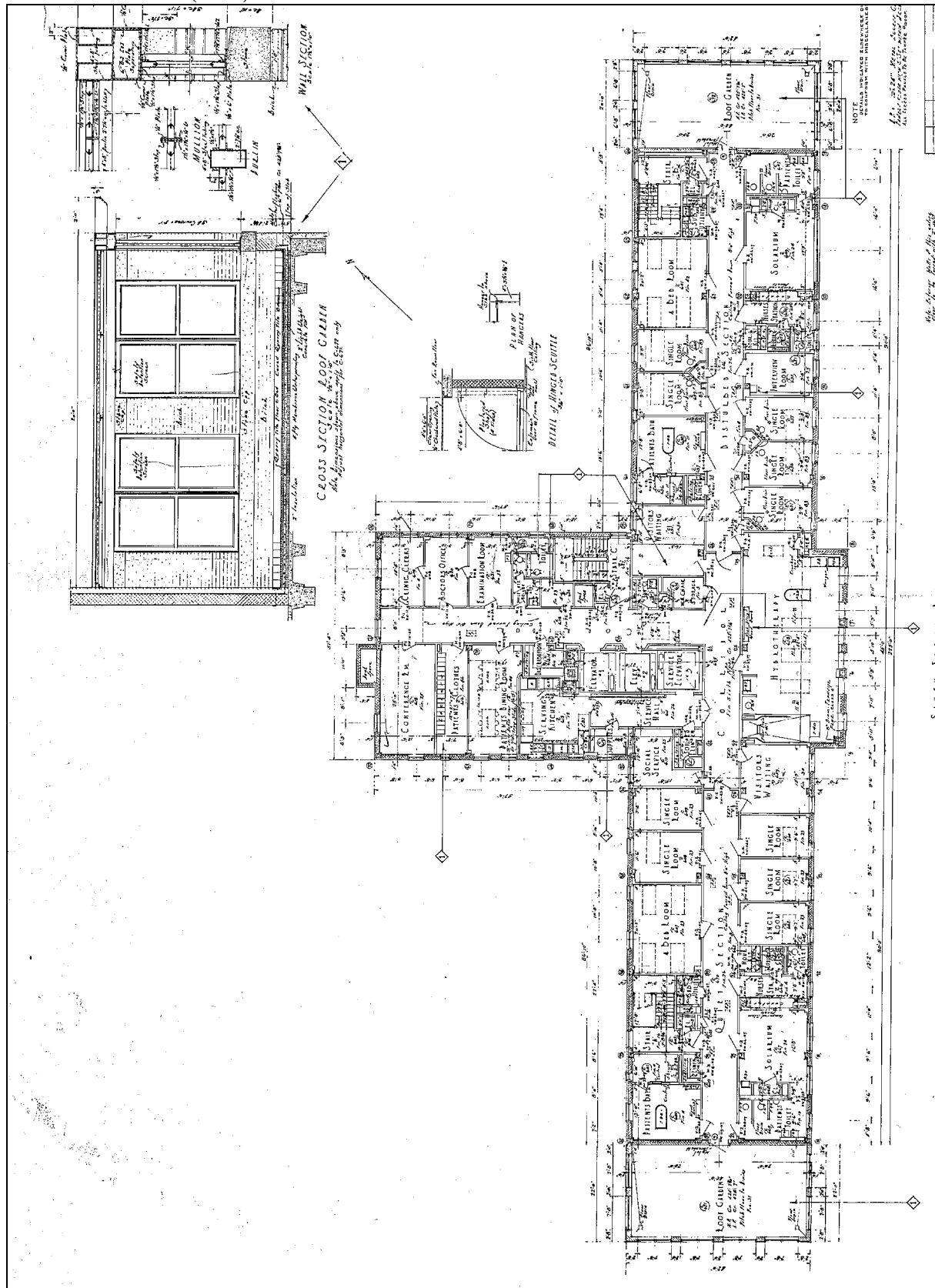
ELEVATION
DETAIL OF METAL GRILLE - ALUMINUM
Scale 3" = 1'-0"
IN VESTIBULE

- This grille to be a stock stamped pattern of similar design to be approved by the Contracting Officer

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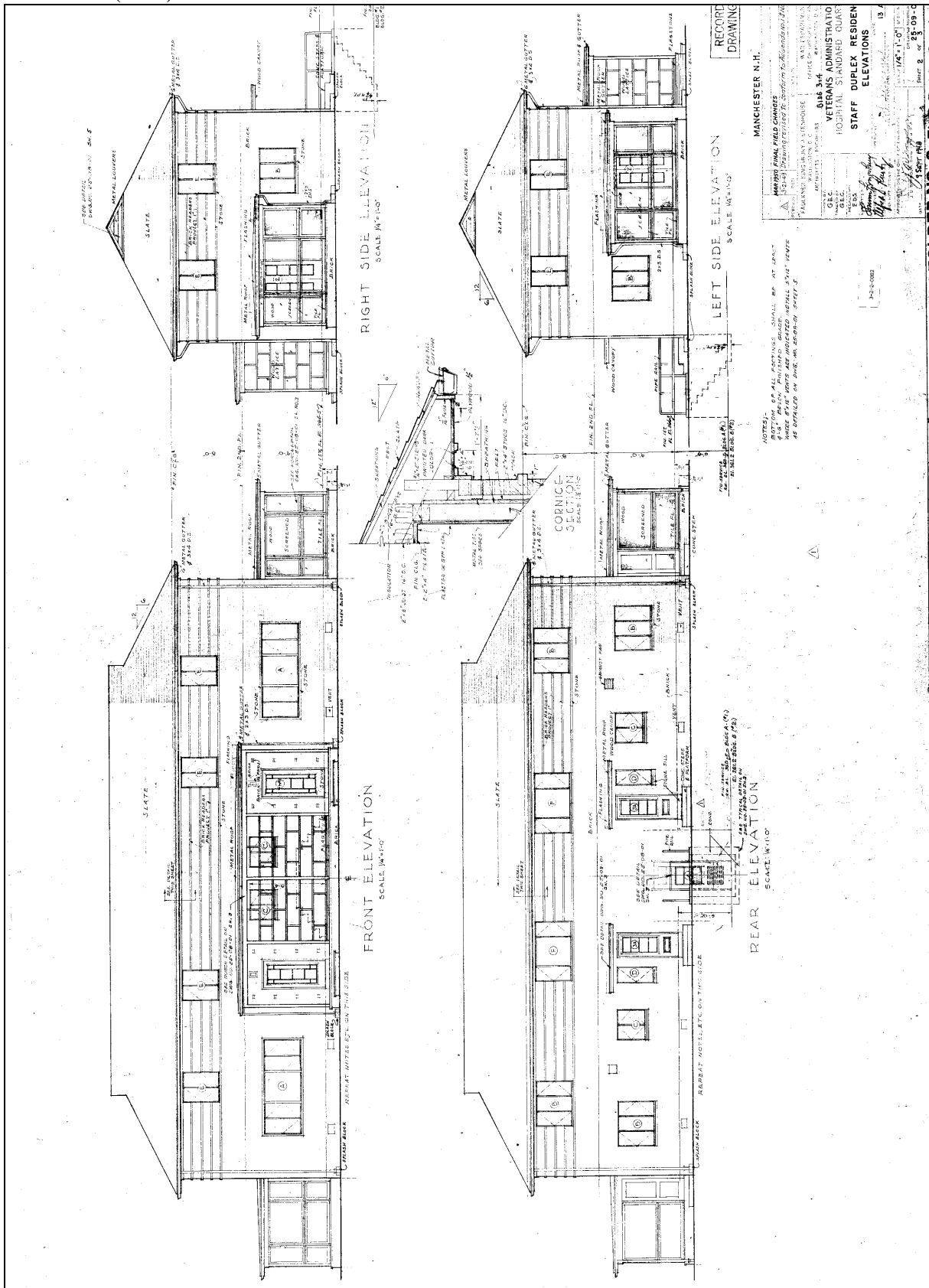
Figure 14: Hospital (Bldg 1) 6th Floor Plan. Clip from original project Drawing No. 32-01-A9, dated May 1948. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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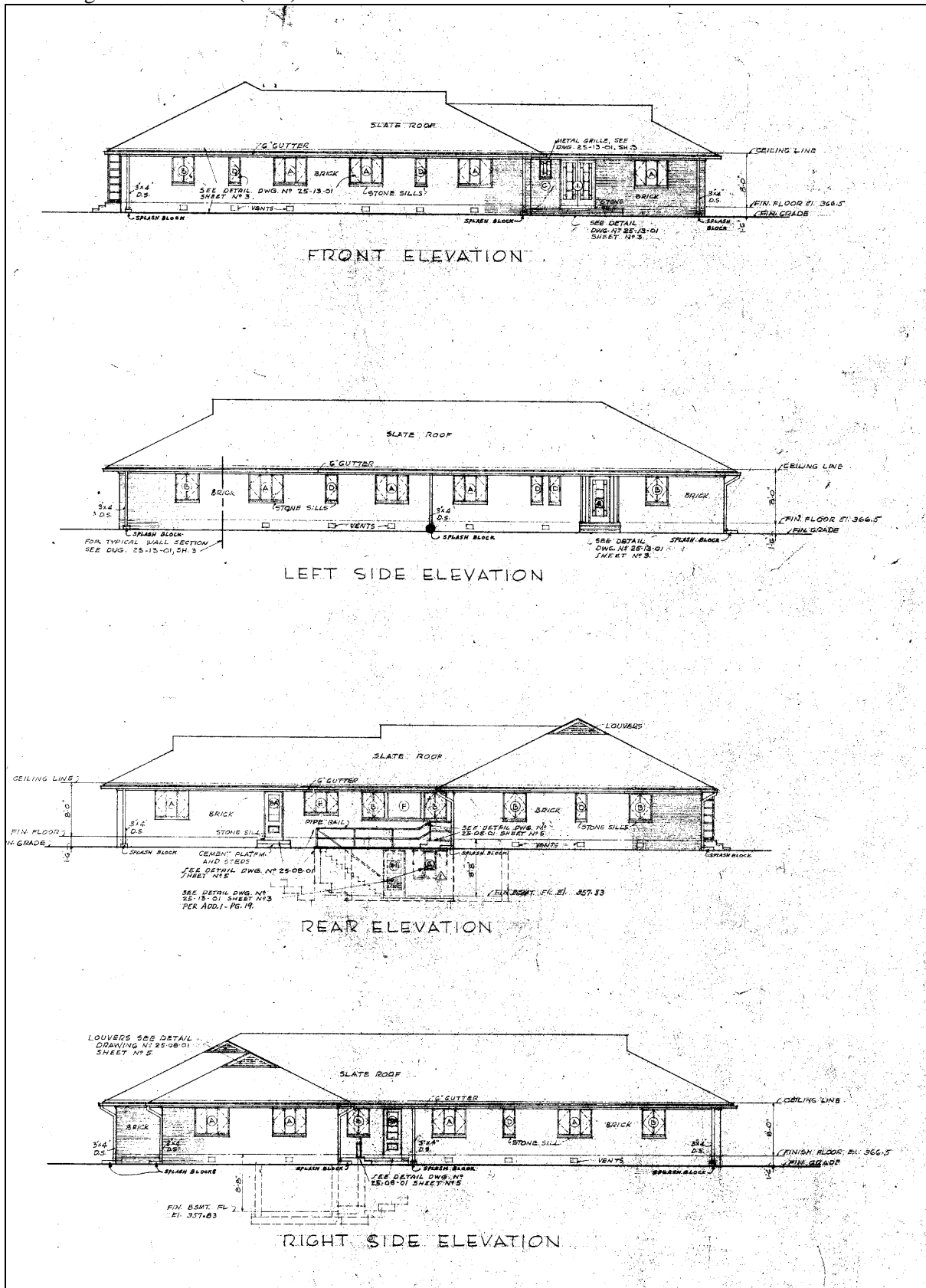
Figure 16: Staff Duplex Residence (Bldgs. 3&4) Elevations. Original project Drawing No. 25-09-01, dated 13 Aug. 1948. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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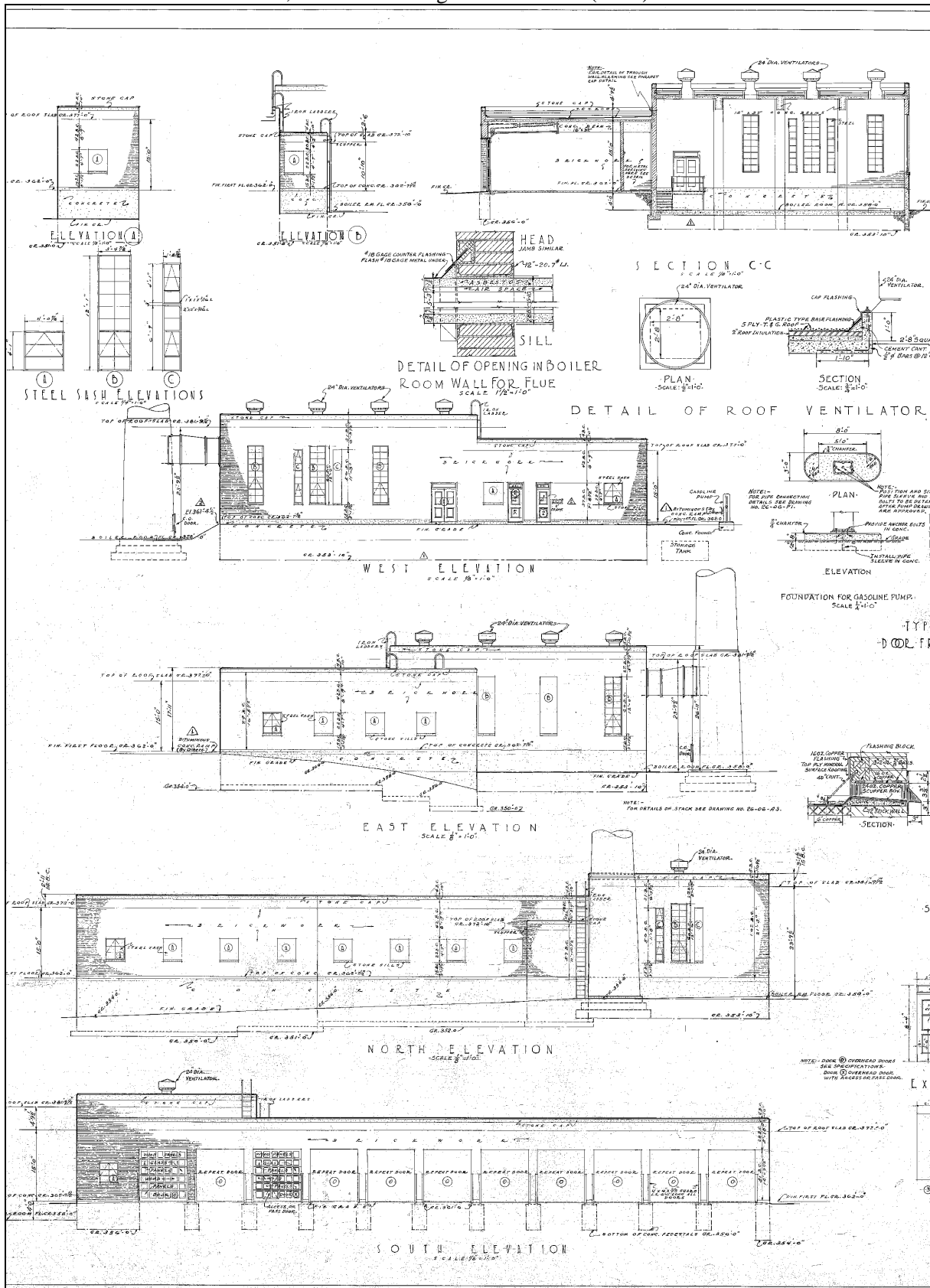
Figure 17: Nurse's Quarters (Bldg 5) Elevations. Clip from original project plans; Drawing No. 25-13-06, dated 13 Aug. 1948. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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Figure 18: Boiler Plant & Garage (Bldg 7) Elevations. Clip from original project plans; Drawing No. 26-06-A2, dated Feb. 1949 with final field changes March 1950. (Source: VAMC-Manchester Project Drawings. Filed at VAMC-Manchester, Facilities Management Services (FMS).



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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #2: Bldg 1, Hospital, front, showing main entrance pavilion.
Direction: W



Photo #3: Bldg 1, main front entrance pavilion, flagpole in foreground.
Direction: NW

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #4: Bldg 1, front, showing top floor corner day room; original stacked awning security windows.
Direction: NW



Photo #5: Bldg 1, right front corner, showing brick details and limestone belt coursing; brick infilled window openings on ground floor; new covered H/C access ramp on right. Direction: SW

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #6: Bldg 1, right side (NE elevation); Bldg 15, Nursing Home Care Unit (1978), at right.
Direction: SW



Photo #7: Bldg 1, rear, showing Bldg 15 attached at left.
Direction: SE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #8: General view of rear driveway, showing rear of Bldg 1 at left, rear corner of Bldg 18, Primary Care Unit (built 1973) at center, and roof of Bldg 6 (1948) visible behind van. Direction: S



Photo #9: Bldg 1, left side (SW elevation) showing later attached drive-under patient drop-off shelter in foreground. Direction: NE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #10: Bldg 1, front entrance, detail showing limestone-faced entranceways and original lighting fixtures. Direction: N



Photo #11: Bldg 1, interior, front entrance vestibule, showing doors and original decorative aluminum grills over ventilation ducts. Direction: S

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #12: Bldg 1, interior, front entrance vestibule, showing original painted concrete walls with form marks and classical decorative details (triglyphs and crown mold) cast-in-place with form liners. Direction: SW



Photo #13: Bldg 1, interior, front lobby, showing original finish including concrete walls and columns, aluminum balustrade, veneer plywood with inlaid aluminum trim paneling. Direction: W

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #14: Bldg 2, Manager's Home (1948), front (NE elevation) and left side.
Direction: W



Photo #15: Bldg 2, Manager's Home (1948), front (NE elevation) and right side.
Direction: S

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #16: Bldg 3, Staff Quarters (1948), front (NE elevation) and left side.
Direction: W



Photo #17: Bldg 4, Staff Quarters (1948), front (SE elevation) and right side, showing Garage (Bldg 14)
at right. Direction: NW

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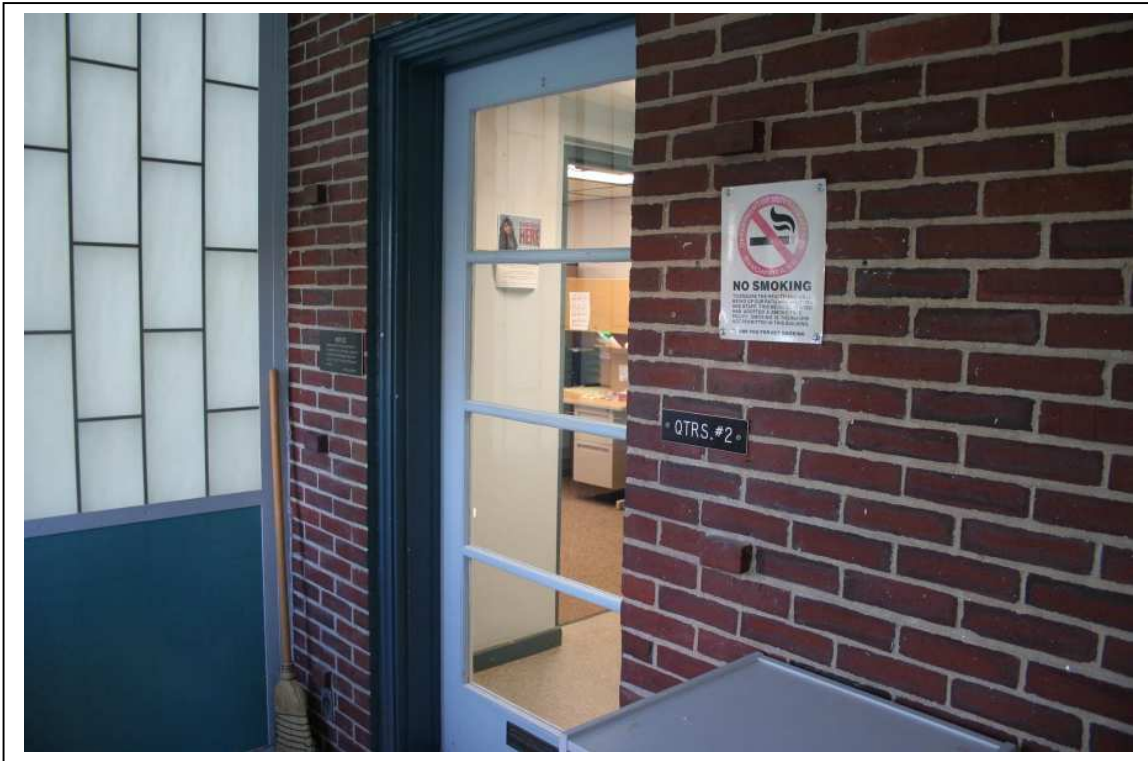


Photo #18: Bldg 3, Staff Quarters (1948), Detail of original wood and glass entrance door inside enclosed front porch.
Direction: S



Photo #19: Bldg 5, Nurses Quarters (1948), NW elevation. Direction: SE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #20: Bldg 5, Nurses Quarters (1948), SW elevation facing square of other quarters Bldgs 2-4
Direction: N



Photo #21: Bldg 5, Nurses Quarters (1948), Detail of original wood entrance doors.
Direction: NE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #22: Bldg 6, Male Attendant's Quarters (1948), front (E) elevation. Direction: W



Photo #23: Boiler Plant & Garage (Bldg 7, 1948) southeast elevation with garage doors facing back of Hospital and northeast side facing camera. Direction: W

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #24: Boiler Plant & Garage (Bldg 7) southwest side elevation, also showing the chimney Stack (Bldg 20).
Direction: NE



Photo #25: Boiler Plant & Garage (Bldg 7) detail or original wood doors on SW elevation; Note shadow of door hood and bracket removed. Direction: NE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #26: Water Tower (Bldg 9, 1948). Direction: N



Photo #27: Smyth Tower (Bldg 11, 1888); Hospital (Bldg 1) visible in background. Direction: E

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #28: Bldg 15, Nursing Home Care Unit, built 1978, attached to rear wing of Bldg 1.
Direction: NW



Photo #29: Bldg 15, Nursing Home Care Unit, rear; Bldg 1, rear, visible at upper right. Direction: SE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #30: Landscaping, behind Bldgs 2 and 3; showing variety of trees planted as part of original (1948) landscaping plan. Direction: SE



Photo #31: Landscaping features along main access drive around Hospital to the northeast, showing concrete stairs, walkways, roadway and plantings part of original (1948) design. Direction: SE

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Address: 718 Smyth Rd. Date taken: Jul-Oct 2010 Digital photo files stored at VAMC Manchester, NH



Photo #32: Landscaping features and garden behind Bldg 15, Nursing Home Care Unit. Direction: SW

Photography Statement:

I, the undersigned, confirm that the photos in this inventory form have not been digitally manipulated and that they conform to the standards set forth in the NHDHR Digital photo Policy. These photos were printed on a HP Photosmart 7850 Pinter with HP Vivera 100 Gray Photo Ink and HP Premium Plus Photopaper. The digital files are stored at Manchester VAMC, Manchester, NH.

Richard M. Casella