INDIVIDUAL PROPERTY/DISTRICT
MARYLAND HISTORICAL TRUST
INTERNAL NR-ELIGIBILITY REVIEW FORM

Property/District Name: NIH Historic Core Survey No. :M-35-9-2

Project: Expansion of Building 10 Agency: F/NIH

Site visit by MHT Staff: __ no X yes Name L Bowlin Date various times in 1990s

Eligibility recommended X Eligibility **not** recommended ____

Criteria: X A __B X C __D Considerations: __A __B __C __D __E __F __G __None

Justification for decision: (Use continuation sheet if necessary and attach map)

The NIH Historic Core consists of the following buildings: 1,2,3,4,5 and 6. Building 8 is a non-contributing resource. This complex of Georgian Revival brick buildings is the original medical campus in Bethesda developed by the federal government in the late 1930s and 1940s. With international recognition, NIH is "one of the world's greatest medical research facilities." Housing the first administrative and medical research offices of the Bethesda campus, the historic core is centrally located within the expanded NIH complex. The first buildings were completed by 1936, the last (Building 6) by 1941. The complex is unified by its architectural elements of multipane windows, gabled dormers, flemish bonding, rectangular masssing and classical entrances. When these buildings were constructed, medical research focused on cancer and infectious diseases. During its growth through the last six decades, the research missions considered at NIH have expanded to encompass the full range of human diseases. OPS concurred that the NIH core is eligible for the National Register under criteria a and c.

SEE HABS DOCUMENTATION IN HABS NOTEBOOK FOR BUILDING 3 AND OVER-SIZED NEGATIVE DRAWER FOR CONTACT SHEETS.

Documentation on the property/district is presented in: NIH Historic Resources Inventory Form

Prepared by: Robinson and Associates

Lauren Bowlin — 2/16/00
Reviewer, Office of Preservation Services — Date

NR program concurrence: ___ yes ___ no ___ not applicable

P Kintz — 8/23/00
Reviewer, NR program — Date

Survey No. M-35-9-2

MARYLAND COMPREHENSIVE HISTORIC PRESERVATION PLAN DATA - HISTORIC CONTEXT

I. Geographic Region:

_____	Eastern Shore	(all Eastern Shore counties, and Cecil)
_____	Western Shore	(Anne Arundel, Calvert, Charles, Prince George's and St. Mary's)
__X__	Piedmont	(Baltimore City, Baltimore, Carroll, Frederick, Harford, Howard, Montgomery)
_____	Western Maryland	(Allegany, Garrett and Washington)

II. Chronological/Developmental Periods:

_____	Paleo-Indian	10000-7500 B.C.
_____	Early Archaic	7500-6000 B.C.
_____	Middle Archaic	6000-4000 B.C.
_____	Late Archaic	4000-2000 B.C.
_____	Early Woodland	2000-500 B.C.
_____	Middle Woodland	500 B.C. - A.D. 900
_____	Late Woodland/Archaic	A.D. 900-1600
_____	Contact and Settlement	A.D. 1570-1750
_____	Rural Agrarian Intensification	A.D. 1680-1815
_____	Agricultural-Industrial Transition	A.D. 1815-1870
_____	Industrial/Urban Dominance	A.D. 1870-1930
_____	Modern Period	A.D. 1930-Present

_____ Unknown Period (___ prehistoric ___ historic)

III. Prehistoric Period Themes:

_____ Subsistence
_____ Settlement
_____ Political
_____ Demographic
_____ Religion
_____ Technology
_____ Environmental Adaptation

IV. Historic Period Themes:

_____ Agriculture
__X__ Architecture, Landscape Architecture, and Community Planning
_____ Economic (Commercial and Industrial)
_____ Government/Law
_____ Military
_____ Religion
__X__ Social/Educational/Cultural
_____ Transportation

V. Resource Type:

Category: buildings
Historic Environment: suburban
Historic Function(s) and Use(s):
GOVERNMENT, ADMINISTRATIVE AND MEDICAL RESEARCH LABORATORIES

Known Design Source: Louis Simon Architect of the Treasury and J. W. Woolcott

M: 35-9-2

NIH Historic Resources
Inventory Form

1. Name

Historic Name The NIH Historic Core

Common Name and Building Number Buildings 1, 2, 3, 4, 5, 6, and 8

2. Location

Street and Number 9000 Rockville Pike

City, Town Bethesda

Congressional District 8

State and Zip Code Maryland 20892

County Montgomery

3. Classification

Category	Ownership	Status	Present use (Government)
_X_ District	_X_ Public	_X_ Occupied	_X_ Laboratory
__ Building(s)	__ Private	__ Unoccupied	_X_ Animal Research
__ Structure	__ Both	__ Work in Progress	__ Hospital
__ Site	**Accessible**		_X_ Administrative
__ Object	_X_ Yes: Restricted		__ Support
	__ Yes: Unrestricted		__ Other
	__ No		

4. Owner of Property

Name National Institutes of Health

Street & Number 9000 Rockville Pike

Telephone No. :

City, Town Bethesda

State and Zip Code Maryland 20892

5. Location of Legal Description

Courthouse, Registry of Deeds, etc. Montgomery County Courthouse

Liber# _____ Folio# _____

Street & Number

City, Town Bethesda

State and Zip Code Maryland 20850

6. Representation in Existing Historic Survey

_X_ Yes __ No

Title NIH Master Plan, Phase 1; Task 5, Part II: Cultural Asset Inventory

Date September 17, 1985

__ Federal __ State __ County __ Local

Depository for Survey Records

City, Town

State and Zip

M:35-9-2

7. Description

Condition

X Excellent	__ Deteriorated	__Unaltered	X Original Site
__ Good	__ Ruins	X Altered	__ Moved
__ Fair	__Unexposed		

SEE CONTINUATION SHEETS

Overview

The NIH Historic Core is located in the heart of the NIH campus, southwest of the intersection of Rockville Pike and Cedar Lane in the Bethesda district of Montgomery County, Maryland. Comprised of Buildings 1, 2, 3, 4, 5, 6, and 8, the NIH Historic Core forms the foundation of the National Institutes of Health Bethesda campus. This grouping of Georgian Revival, red-brick structures all date from the earliest phases of construction at NIH. Buildings 1, 2, and 3 were constructed after the first appropriation in 1936 and were occupied by NIH scientists in 1938. Building 6, authorized in 1937 and completed in 1939, followed Buildings 1, 2, and 3. And finally, Buildings 4 and 5, authorized by initiating legislation in June 1938, were fully occupied by May 1941.

The Georgian Revival stylistic vocabulary and the accompanying palette of materials such as brick walls, slate roofs and stone detailing, was carried throughout this historic core of the campus. Particularly notable design features include the dominant full-height portico supported by Ionic columns on Building 1 and the handsome, paired, double-end chimneys on Buildings 2, 3, 4 and 5. The facades are strongly symmetrically balanced beneath hipped roofs.

The focus of the setting is the Administration Building which is flanked on either side by Buildings 2 (the Industrial Hygiene Laboratory) and Building 3 (Public Health Methods and Animal Unit Building). Buildings 4 and 5 are located directly west of Buildings 2 and 3 and complete the symmetrical composition. Building 8 is unsymmetrically introduced into the grouping between Buildings 3 and 5. Building 6 is separated from Buildings 1, 2, 3, 4, 5 and 8 by Center Drive, but it is still visually linked to the NIH Historic Core and tied to it by a similar date of construction.

Linked by paths and surrounded by mature trees and shrubs, this cluster of buildings evokes a strong collegiate atmosphere, clearly appropriate for a facility which encourages and fosters scientists in their research endeavors. Each building in the NIH Historic Core on the NIH Bethesda campus, houses United States Government research into and cure of diseases which afflict this nation. Numerous advances in medical research and science have been undertaken in these buildings and they have evolved to accommodate the changing mission of NIH.

Building Descriptions

Building 1 - Administration Building

The Administration Building (Building 1), a handsome, three-and-a-half-story brick building, is located in a campus-like quadrangle flanked by Buildings 2, 3, 4, 5, and 8 at the core of the NIH Bethesda campus.

Completed in 1938, it is the central feature of the earliest group of buildings, erected between 1938 and 1942, on the grounds of the National Institutes of Health. The conservative Georgian Revival style of the grouping of buildings in this historic core of the NIH campus, signifying stability and dignity, was a style

often employed in academic settings and institutional environments.

Intended as the administration building for the entire NIH campus, it also originally provided for an auditorium and cafeteria, as well as space for the various shops (carpenter, electric, metal, plumbing, and paint) and the central stores operation. Until the completion of the new central Boiler Plant (Building 11), it served as the Boiler Plant for Buildings 1, 2, 3, 4, 5, 6, 7, and 9. No major alterations have been made to the building, although the shop areas have been converted to office space and the central stores area to files storage and locker rooms.

The three-and-one-half-story, U-shaped building is raised on a full basement, and measures 186'x100'. The front elevation is centered by a portico supported by Ionic columns of cut stone; the U.S. Public Health Service seal is the sole ornament in the pediment. A double stair with stone steps and iron railing serves the entrance. The facade is organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frames, cut stone sills, and brick jack arches. The wood panel and glass double doors are classically inspired and are recessed into a shallow arch.

The brick walls are laid in Flemish bond, and a stone belt course wraps the building at basement level. The hipped roof is punctuated by hipped dormers. The simple box cornice is decorated with a denticulated frieze.

The structure is a beam and column system composed of reinforced concrete footings. The floors are concrete slabs and the roof is framed in steel.

The room arrangement on the interior follows a simple plan--straight corridors centered in the plan are flanked by rows of small rooms. The U-shaped plan allows for maximum utilization of space while giving each room at least one window on an exterior wall. The decorative treatment of the interior spaces features plaster walls and ceilings finished with wood cornices and wainscoting.

The Administration Building is a typical example of institutional Georgian Revival design--a style which proliferated during the 1920s and 1930s. The Administration Building is flanked on either side by the Industrial Hygiene Laboratory and the Public Health Methods Building and all three buildings received Congressional authorization at the same time. The complementary siting and design of Buildings 1, 2, 3, 4, 5, and 8 creates a cohesive element within the original central complex at NIH.

Building 1 has undergone several interior alterations over the years, but has escaped full-scale demolition of spaces. Many of the alterations have included upgraded laboratory equipment or conversion of storage space to office space. The floor plan of the building, therefore, remains relatively intact. Renovations to the brick and stucco columns have recently been completed.

Building 2 - Industrial Hygiene Laboratory

The Industrial Hygiene Laboratory (Building 2) is located parallel to and northeast of the Administration Building at the center of the NIH campus. It is sited prominently off Rockville Pike on Center Drive,

part of the historic grouping of Buildings 1, 3, 4, 5, and 8. The Industrial Hygiene Building was erected simultaneously with the Administration Building (Building 1) and the Public Health Methods Building (Building 3), two buildings executed in similar style by the same style by the same government architects. These were the three original structures authorized and executed on the NIH campus. This building is a typical example of institutional Georgian Revival design--a style which proliferated during the 1920s and 1930s. It is complemented by several other buildings in the same style creating a cohesive element within the NIH complex.

Building 2 is a three-and-one-half-story building with a subbasement, basement and attic. It is rectilinear in plan; its dimensions are 150' x 48' 6". The long elevations are organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frames, cut stone sills and brick jack arches. Two sets of four brick Ionic pilasters frame the second and tenth bays and relieve the regular repetition of window openings on the east and west walls. Recessed in a shallow arch is one first-floor window near each end; both have iron railings at floor level .

At either end of the building, paired, double-end chimneys give the building an oversized domestic appearance and provide the cluster of buildings strongest Georgian Revival details. The entrance is located on the south end of the building. Centered in the chimney panel, it is classically inspired in design--wood panel and glass double doors are flanked by sidelights; simple pilasters support a Doric frieze, which in turn supports a fan light. Above the door is the stair hall window situated between floors. Its modified Palladian window is set into a wide arch reflecting the shape of the door.

The structure is a beam and column system composed of reinforced concrete resting on concrete footings. The floors are concrete slabs and the roof is framed in steel. The brick walls are laid in Flemish bond and a stone belt course wraps the building at basement level. The hipped roof is punctuated by hipped dormers, and a penthouse structure crowns the roof. The simple box cornice is decorated with a denticulated frieze.

The room arrangement on the interior follows a simple plan--a straight central corridor with stairs at either end is flanked by rows of small offices and laboratories on either side. The rooms are simple and uniform so that the function could be changed easily with a change in equipment. Each of the laboratories was outfitted with special equipment, designed to furnish each lab with hot and cold water, air, a vacuum, a waste outlet, and electricity. The conduits for these services were contained within precast concrete service blocks, built into the walls. Although supplemented over the years with modern HVAC systems, some of the original laboratory equipment can still be found throughout the building. The decorative treatment of the interior spaces features plaster walls and ceilings finished with wood cornices and wainscoting.

The building has undergone many renovations over the years, most of which have been in the form of upgraded laboratory equipment. Recently, however, Building 2 has recently been competely gutted in order to accommodate a conversion to office space. The only major visible changes to the exterior of the building have been the construction of the fire stair enclosure on the buildings' north face, and the eastward extension of the subbasement. The 1967 stair enclosure resulted in the addition of a gabled bay on the north wall.

The subbasement extension, constructed in approximately 1942, resulted in a concrete block addition (an altitude chamber) that extends from the first to the tenth bay along the east elevation.

Building 3 - Public Health Methods Building

Building 3 (formerly known as the Public Health Methods and Animal Unit Building) is located parallel to and southeast of the Administration Building at the core of the NIH campus. This three-and-one-half-story Georgian Revival, brick building is part of the historic grouping of Buildings 1, 2, 4, 5 and 8. Center Drive is located due east of Building 3. Building 3 was erected simultaneously with the Administration Building (Building 1) and the Industrial Hygiene Laboratory (Building 2) in 1938.

Building 3 is a three-and-one-half-story building with a subbasement, basement and attic. It is rectilinear in plan; its dimensions are 150' x 48' 6". The long elevations are organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frames, cut stone sills and brick jack arches. Two sets of four brick Ionic pilasters frame the second and tenth bays and relieve the regular repetition of window openings on the east and west walls. Recessed in a shallow arch is one first-floor window near each end; both have iron railings at floor level .

At either end of the building, paired, double-end chimneys give the building an oversized domestic appearance and provide the cluster of buildings strongest Georgian Revival details. The entrance is located on the south end of the building. Centered in the chimney panel, it is classically inspired in design--wood panel and glass double doors are flanked by sidelights; simple pilasters support a Doric frieze, which in turn supports a fan light. Above the door is the stair hall window situated between floors. Its modified Palladian window is set into a wide arch reflecting the shape of the door.

The structure is a beam and column system composed of reinforced concrete resting on concrete footings. The floors are concrete slabs and the roof is framed in steel. The brick walls are laid in Flemish bond and a stone belt course wraps the building at basement level. The hipped roof is punctuated by hipped dormers, and a penthouse structure crowns the roof. The simple box cornice is decorated with a denticulated frieze.

The room arrangement on the interior follows a simple plan--a straight central corridor with stairs at either end is flanked by rows of small offices and laboratories on either side. The rooms are simple and uniform so that the function could be changed easily with a change in equipment. Each of the laboratories was outfitted with special equipment, designed to furnish each lab with hot and cold water, air, a vacuum, a waste outlet, and electricity. The conduits for these services were contained within precast concrete service blocks, built into the walls. Although supplemented over the years with modern HVAC systems, some of the original laboratory equipment can still be found throughout the building. The decorative treatment of the interior spaces corresponds to the exterior; the plaster walls and ceilings are finished with wood cornices and wainscoting.

The building has undergone many renovations over the years, but most of these alterations have been in the form of upgraded laboratory equipment, rather than full-scale demolition of spaces. The floor plan of

the building, therefore, remains relatively intact. The only major visible changes to the exterior of the building have been the construction of the fire stair enclosure on the buildings' south face, and the eastward extension of the subbasement. The 1967 stair enclosure resulted in the addition of a gabled bay on the south wall.

Building 6 - National Cancer Institute

Building 6, completed in 1939, is located northeast of the quadrangle formed by Buildings 1, 2, 3, 4, and 5, set off to the side and separated from the main campus buildings. Like Buildings 1, 2, and 3, Building 6 dates from the earliest phases of construction at the NIH campus (authorized in 1937 and completed just after the first three buildings.) Building 6 was erected to house the first of NIH's national institutes, the National Cancer Institute. At the time of its construction, the building was identified as one of the few structures designed solely for research in a specialized field of science, in this instance, cancer research.

Building 6 is a three-and-one-half-story building, similar in its Georgian Revival design to Buildings 1, 2, 3, 4, 5, and 8. It is rectilinear in plan and is raised on a full basement with a subbasement; its dimensions are 225' x 50'. The long elevations are organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frame, cut stone sills, and brick jack arches.

The entrance, centered on the south elevation, is distinguished by a pedimented gable supported by four three-story brick Ionic pilasters. An uncovered porch with concrete stairs and an iron railing serves the entrance door, which is recessed in a shallow arch. It is classically inspired in design--wood panel and glass double doors are flanked by a raised panel surround, and simple pilasters support a Doric frieze.

The structure is a beam and column system composed of reinforced concrete slabs resting on concrete footings. The floors are concrete slabs and the roof is framed in steel. The brick walls are laid in Flemish bond and a stone belt course wraps the building at basement level. The hipped roof is punctuated by hipped dormers, and a penthouse structure crowns the roof. The simple box cornice is decorated with a denticulated frieze. Paired double end chimneys are the building's most distinctive Georgian Revival feature.

The room arrangement on the interior follows a simple plan--a straight central corridor is flanked by rows of small rooms on either side. The rooms are simple and uniform so that the function could be changed easily with a change in equipment. The decorative treatment of the interior spaces features plaster walls and ceilings finished with wood cornices and wainscoting.

Two major additions have been made to the original Building 6. Building 6A was added to the east side in 1976 and Building 6B was added to the north side of the building in 1988. Offset to the symmetry of the original building, these additions are executed in brick in contemporary design.

Building 4

Building 4, completed in 1941, is located parallel to and directly west of Building 2 (separated by a parking lot) and parallel to the main facade of Building 1. Center Drive runs north of Building 4 with Memorial Drive located to the west.

Building 4 is a three-and-one-half-story building. Typical of the institutional Georgian Revival design--a style which proliferated during the 1920s and 1930s--it is complemented by other buildings in the same style in the historic core of the campus (Buildings 1, 2, 3, 5, and 8), creating a cohesive element within the NIH complex. Rectilinear in plan, it is raised on a full basement with a subbasement. Its dimensions are 225' x 50'. As originally designed, the long elevations are organized by equally spaced rows of eight-over-eight double-hung sash windows with wooden frames, cut stone sills, and brick jack arches. In the interstitial spaces are simple brick piers which reinforce the regular repeating of the window openings on the facade. Near each end, recessed in a shallow arch, is a first floor window; both windows have iron railings at floor level.

The simple entrance is centered on the east elevation, facing the parking lot. An uncovered porch with concrete stairs and an iron railing serves the entrance door, which is recessed in a shallow arch. The entrance is classically inspired in design--wood panel and glass double doors are flanked by a raised panel surround, and simple pilasters support a Doric frieze.

The brick walls are laid in Flemish bond and a stone belt course wraps the building at the basement level. The hipped roof, a common Georgian Revival form, is punctuated by hipped dormers, and a penthouse structure crowns the roof. The simple box cornice is decorated with a denticulated frieze. Double-end chimneys give the building its strongest Georgian Revival feature. The structure is a beam and column system composed of reinforced concrete resting on concrete footings. The floors are concrete slabs and the roof is framed in steel.

The room arrangement on the interior follows a simple plan--a straight central corridor is flanked by rows of small rooms on either side. The rooms are simple and uniform so that the function could be changed easily with a change in equipment. The decorative treatment of the interior spaces features plaster walls and ceilings finished with wood cornices and wainscoting.

Building 4 has undergone several major alterations over the last several decades. Full-scale laboratory renovations occurred in 1954, and individual room renovations in 1959. Exterior alterations, including a stairwell addition, similar to the ones in Buildings 2 and 3, occurred in the late 1960s. The stairwell addition created a gabled bay on both the north and south facades (as opposed to the gabled bays on Buildings 2 and 3, which only appear on one facade, the north and the south, respectively).

The most intrusive alteration occurred in 1988, and involved adding projecting shafts enclosing exhaust dusts to both the east and the west facades. On the east elevation, the fourteen shafts are placed symmetrically on the north and the south end of the building, leaving the main entrance and the six window bays free of the shafts which rise a full three stories in height. The west elevation has also had the shafts added, although in a somewhat different configuration. On this facade, the shafts rise like

heavy brick piers four stories high and culminate in a projecting horizontal addition complete with windows and grey slate roofing tiles. Again, the shafts enclosing exhaust ducts are placed symmetrically on either side of the loading dock.

Building 5

Building 5, also completed in 1941, is located parallel to and directly west of Building 8, separated by a parking lot. South Drive runs south of Building 5, with Memorial Drive located to the west.

Building 5 is a three-and-one-half-story building. Typical of the institutional Georgian Revival design--a style which proliferated during the 1920s and 1930s--it is complemented by other buildings in the same style in the historic core of the campus, creating a cohesive element within the NIH complex. Rectilinear in plan, it is raised on a full basement with a subbasement. Its dimensions are 225' x 50'. As originally designed, the long elevations are organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frames, cut stone sills, and brick jack arches. In the interstitial spaces are simple brick piers which reinforce the regular repeating of the window openings on the facade. Near each end, recessed in a shallow arch, is a first-floor window; both windows have iron railings at floor level.

The simple entrance is centered on the east elevation, facing the parking lot. An uncovered porch with concrete stairs and an iron railing serves the entrance door, which is recessed in a shallow arch. The entrance is classically inspired in design--wood panel and glass double doors are flanked by a raised panel surround, and simple pilasters support a Doric frieze.

The brick walls are laid in Flemish bond and a stone belt course wraps the building at the basement level. The hipped roof, a common Georgian Revival form, is punctuated by hipped dormers, and a penthouse structure crowns the roof. The simple box cornice is decorated with a denticulated frieze. Double-end chimneys give the building its strongest Georgian Revival feature. The structure is a beam and column system composed of reinforced concrete resting on concrete footings. The floors are concrete slabs and the roof is framed in steel.

The room arrangement on the interior follows a simple plan--a straight central corridor is flanked by rows of small rooms on either side. The rooms are simple and uniform so that the function could be changed easily with a change in equipment. The decorative treatment of the interior spaces features plaster walls and ceilings finished with wood cornices and wainscoting.

Building 5 has undergone several major alterations over the last several decades. Full-scale laboratory renovations occurred in 1954, and individual room renovations in 1959. Exterior alterations, including a stairwell addition, similar to the ones in Buildings 2 and 3, occurred in the late 1960s. The stairwell addition created a gabled bay on both the north and south facades (as opposed to the gabled bays on Buildings 2 and 3, which only appear on one facade, the north and the south, respectively).

The most intrusive alteration occurred in 1988, and involved adding projecting ventilation shafts to both the east and the west facades. On the east elevation, the fourteen shafts enclosing exhaust ducts are

placed symmetrically on the north and the south end of the building, leaving the main entrance and the six window bays free of the shafts which rise a full three stories in height. The west elevation has also had the ventilation shafts added, although in a somewhat different configuration. On this facade, the shafts rise like heavy brick piers four stories high and culminate in a projecting horizontal addition complete with windows and grey slate roofing tiles. Again, the shafts are placed symmetrically on either side of the loading dock.

Building 8

Completed in 1946 as an office building, Building 8 was remodeled in 1947 to house research operations by the Cancer Institute, and in 1953, 1954, and 1956 to accommodate further research operations and clerical personnel. Building 8 was originally rectilinear in plan and raised on a full basement; its dimensions were 176'9" x 50'. Construction was completed in the middle 1980s when a fourth story with a hipped roof and a large new wing of modern design running east and west at the southernmost end of the original building was added. Also in the 1980s, the interior was completely renovated to accommodate new laboratories.

The building's original conservative Georgian Revival style complemented the other buildings constructed at NIH during the same general period.The long elevations of the original building are organized by equally spaced rows of eight-over-eight, double-hung sash windows with wooden frames, cut stone sills and brick jack arches. The interstitial spaces contain brick pilasters (now raised a full story) that reinforce the regular repetition of window openings on the facade. Recessed in a shallow arch is one first-floor window near each end; each has an iron rail at floor level.

The brick walls are laid in Flemish bond and a stone belt course wraps the building at basement level. The structure is a beam and column system composed of reinforced concrete resting on concrete footings. The floors are concrete slabs and the roof is framed in steel.

The room arrangement in the original interior space followed a simple plan--a straight central corridor flanked by rows of small rooms on either side. The rooms were simple and uniform so that the function could be changed easily with a change in equipment.

M:35-9-2

8. Significance

Period	Areas of Significance			
_Prehistoric	_Archeology-Prehistoric	_Community Planning	_Landscape Architecture	_Religion
_1400-1499	_Archeology-Historic	_ Conservation	_Law	X Science
_1500-1599	_Agriculture	_Economics	_Literature	_Social/Humanit
_1600-1699	X Architecture	_Education	_Military	_Theater
_1700-1799	_Art	_Engineering	_Music	_Transportation
_1800-1899	_Commerce	_Exploration/Settlement	_Philosophy	X Other (Medicine)
X1900-	_Communications	_Industry	X Politics/Government	
		_Invention		

Specific Dates	Architect	Builder	Area

Applicable Criteria:	X A	_B	X C	_D			
Applicable Exception	_A	_B	_C	_D	_E	_F	_G
Level of Significance	X National	_State	_Local				

SEE CONTINUATION SHEETS

M:35-9-2

Overview

The NIH Historic Core represents the beginning of a great new relocation and growth at the Bethesda campus of the National Institutes of Health, an institution which came to be internationally known as one of the world's great medical research facilities. Linked to Luke Ingals and Helen Woodward Wilson's gift of land to the United States for the express purpose of creating such a facility, this district embodies the wave of altruism which swept the country after Franklin Delano Roosevelt's first election to the Presidency of the United States, as well as the rise of this small "experimental station" to a world leader in medical research. This complex of buildings represents the historic core of NIH and symbolizes its significant major medical advances and work covering the entire spectrum of research on human disease over nearly six decades.

Early History

History of the Public Health Service

Section 1 of an Act approved by Congress on August 14, 1914, charged the Public Health Service with studying and investigating the diseases of man and conditions influencing the propagation and spread of such illnesses. The Public Health Service developed into a national health agency in conformity with laws enacted by Congress over several centuries. Such legislation included the following:

- Act of July 16, 1798, creating a Marine Hospital Service
- Act of July 1, 1902, to change the name of the Marine Hospital Service to the United States Public Health and Marine Hospital Service
- Act of February 3, 1905, providing that the Public Health Service and Marine Health Service should remain under the jurisdiction of the Treasury Department unless otherwise specified by law
- Act of August 14, 1912, to change the name of the Public Health and Marine Hospital Service to the Public Health Service ?

Activities of the Public Health Service involved protecting the health of American seamen; examining, mentally and physically, millions of aliens that formed an increasing army of recruits to American industries; investigating women and child labor in the United States; and inspecting working conditions in mills and other industrial environments. To effectively carry out these investigations, the Public Health Service, in 1915, created an Office of Field Investigations into Occupational Diseases. In 1917, the name of this office was changed to the office of Field Investigations in Industrial Sanitation, and when transferred to Washington, D.C., in October 1918, became known as the Division of Industrial Hygiene and Medicine. On July 1, 1919, the name of the division changed again to the Office of Industrial Hygiene and Sanitation.

Field Activities of the Office of Industrial Hygiene and Sanitation involved conducting surveys in industrial plants into occupational health hazards, studies of occupational diseases, and investigations of working conditions in government buildings. Industrial hygiene investigations were prompted by the increasingly high death rates among workers in certain occupations, inquiries regarding the cause of

fatigue, and the effects of constant exposure to dust and other industrial pollutants. In essence, industrial hygiene researchers were charged with keeping the civil population, especially those working in essential industries, in good health.

Public Health Service Requests to Relocate and Expand NIH Facilities in Bethesda and Acquisition of the Wilson Tract

The Public Health Service was located in four buildings in Washington, D.C. Two of the buildings had recently been constructed, while the other two were much older, one having been built in 1901. The buildings were fully occupied, leaving no room for further, necessary expansion. Due to a lack of adequate facilities, the central offices of the Public Health Service, having to do with field research in malaria, industrial hygiene and the like, were located in the Public Health Service Administration Building at 19th Street and Constitution Avenue, N.W., in space originally intended for departmental personnel. Initially, the new campus at Bethesda was meant to be simply one animal unit building, leaving the main research functions ongoing in Washington, D.C.

The philanthropy of Luke Ingals and Helen Woodward Wilson, who made a series of land donations to the federal government between 1935 and 1948, proved the catalyst for NIH's move to Bethesda and its subsequent development at that site into one of the world's leading biomedical research institutes. (See inventory form on "The Wilson Estate" for further detail on the Wilson's role at NIH.)

In politics, Luke Wilson was described as a progressive Democrat, and the New Deal of the 1930s brought a wave of government expansion and corresponding construction to the Washington area. Both Luke and Helen Wilson also had strong philanthropic convictions.[1] During the Depression, in the mid-1930s, the Wilsons expressed an interest in donating a portion of their estate to the federal government, if a worthy use could be found. (An anecdotal story recounts that Luke Wilson's first offer, addressed to the Secretary of the Interior, was ignored, but that a subsequent letter sent directly to President Roosevelt got the desired results.) The Wilsons were directed to the Public Health Service, which was then searching for a farm site on which to raise animals for the National Institute of Health.[2]

The Wilsons considered the proposed use in light of the impact it would have both on their remaining property and on the region. The Bethesda community was almost unanimous in its opposition, long having fought encroachments that would compromise the prestige of the area. Nonetheless, the Wilsons stood by their conviction and in August 1935 donated 45 acres of land, consisting of the southern portion of their estate, to the United States of America.[3] By coincidence, a few days later the Social Security Act was signed into effect providing, among other things, $2 million per year for the "investigation of disease and problems of sanitation." Since the Wilsons' original offer, senior officials at the Public Health Service had held the idea of moving the entire operation of the National Institute of Health out to Bethesda from its limited facilities in Washington, D.C. With the newly expanded emphasis on research

[1]Interview with Catherine Woodward Tyssowski, July 26, 1991.

[2]Pugh, p. 3.

[3]Land Records of Montgomery County.

supported by the Social Security Act and the enthusiasm of the new Surgeon General, Dr. Thomas Parran, approval was gained for a major building program on the new Bethesda campus. Therefore, the strategy and plan for the NIH campus was expanded before a single building had been erected.

Construction of the First Three Buildings by NIH at Bethesda

In 1935, the Wilson tract was expected to only house one animal-breeding building. In an effort to discuss with Luke Wilson the nature of the uses for the donation, John McMullen, the Acting Surgeon General, wrote that, "The immediate use of the ground would be in the development of an Experimental Station for the raising of pure strains of animals used in the control of biologics."[4]

This Experimental Station would be designed in the same style as the surrounding mansions. L.R. Thompson, the Assistant Surgeon General, stated in a letter to Luke Wilson that, "At the present time the idea is that the building would be either field stone or brick, field stone having the first choice. It is our feeling that the building would be quite dignified as well as useful."[5] Later, in an illustration released to the press, the experimental station greatly resembles the Stone House, owned by George Vreeland Peter.[6]

In his letter on March 16, 1935, L.R. Thompson also noted that, "At the present time there will be only the one building. But it is not unlikely that at some time either in the near future or in years to come there will be additional buildings."[7]

A memo to the Secretary of the Treasury, written by the Acting Surgeon General W.F. Draper, stressed that the need for additional space would become even more urgent with the passage of the Social Security Bill, which would provide an annual appropriation of $2,000,000 for further research into the cause and prevention of disease. Mr. Draper's letter also made it clear that the expansion foreseen by Thompson would happen much sooner than anyone realized:

> the site which Mr. Wilson is donating to the Public Health Service comprises 45 acres. Under the authority granted to the Secretary of the Treasury and the Postmaster General in the Emergency Appropriation Act, fiscal year 1935, $100,000 has been set aside for the construction of an animal building. The site, however, is of such acreage as to allow adequate room for the development of laboratory units and quarters for both officers and attendants.[8]

The Public Health Service estimated that it would cost approximately $2,500,000 to construct the

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[4]Letter from John McMullen to Luke I. Wilson, dated December 5, 1934.

[5]Letter from L.R. Thompson to Luke I. Wilson, dated March 16, 1935.

[6] *The Evening Star*, Illustration, dated October 17, 1935.

[7]Letter from L.R. Thompson to Luke I. Wilson, dated March 16, 1935.

[8]Memorandum from W.F. Draper to Secretary of the Treasury, dated May 31, 1935.

complete unit (laboratory and quarters) at Bethesda. The completed project would include an administration building, laboratory buildings, field offices, quarters for officers and attendants, a sewage disposal plant, road construction and necessary landscaping. On February 24, 1936 the Public Health Service submitted a detailed estimate of project costs to the Procurement Division of the Treasury Department, and requested $1,363,000 to cover the costs of an experimental laboratory facility at Bethesda. A supplemental letter sent to the Treasury on May 9, 1936, confirmed that $2,500,000 was required to complete the entire project--an increase of $1,137,000 to the initially requested amount for the first phase of construction.

On June 22, 1936, a total of $1,363,000 was appropriated for the construction of three buildings for the National Institute of Health at Bethesda. The funds were appropriated by the Emergency Construction of Buildings Act of June 22, 1936. Initial architectural sketches and space requirements for the expanded research center were begun within a month, and ground was broken for the new campus in February 1938. The first three buildings included the Administration Building (Building 1), an Industrial Hygiene Laboratory (Building 2) and a Public Health Methods and Animal Unit Building (Building 3). The buildings were occupied by the National Institute of Health by December 1938.

The Architects

The leading architect for this project was Louis Adolphe Simon, at that time acting as Supervising Architect of the United States Treasury Department, an organization with which he was associated from 1896 to 1944. Mr. Simon graduated from the Massachusetts Institute of Technology in 1891, and, in 1894, began his own practice in Baltimore. Mr. Simon was known for his severe and very conservative Colonial Revival-style structures. A biographical sketch of Mr. Simon included in *The South Carolina Architects 1885 - 1935* notes that Mr. Simon's style leaned toward the "starved classical" with the exception of his Art Deco design for a Rockingham, North Carolina, Post Office.

While addressing a dispute over the materials for the columns of Building 1, Mr. Simon relates his other influences, "the intimate Colonial feeling---somewhat in the spirit of the Arlington residence and much of the work at Williamsburg---would be difficult to achieve in a monumental material like limestone but is possible in the work as now designed."[9] At this time, Williamsburg, Virginia, was undergoing a massive reconstruction effort led by Nelson Rockefeller. This comment illustrates Simon's commitment to the understated elegance and conservative style of these Georgian Revival structures.

The Office of the Supervising Architect was established in 1852 under the auspices of the Treasury Department, the division responsible for the construction of federal buildings all over the country. The Supervising Architect designed post offices, federal customhouses, marine hospitals, and federal courthouses. The Office of Supervising Architect produced a considerable number of designs for federal buildings during the time it remained an independent department, but was incorporated into the General Services Administration in 1949.

Out of concern for the unique nature of the site and following the neighbors' protests over the nonresidential nature of the new NIH site in Bethesda, the National Capital Planning Commission

[9]Letter from Louis A. Simon to the Surgeon General, dated March 9, 1938.

involved itself with the design of the buildings. In December 1936, a staff member at the NCPC notes that Irving Root, then Chief Engineer of the Maryland-National Capital Park and Planning Commission, ". . . thinks that the project is important enough to warrant the employment of a consulting architect of the caliber of Paul Cret, for example . . . "[10] Paul Cret, of course, was eventually tapped to design and build the neighboring National Naval Medical Center across the street. Just two days later, Frederic Delano, Chairman of the National Capital Park and Planning Commission, sent a letter in December 1936 to the Supervising Architect of the Treasury requesting that the Treasury Department employ a "high-grade consulting architect" to be in charge of this highly visible and important commission.

To fill this need, the Supervising Architect hired John Winthrop Wolcott as consulting architect. J. W. Wolcott received a B.S. in Architecture from the Georgia Institute of Technology in 1916, and completed a special course in Reinforced Concrete Construction at the Johns Hopkins University in 1921. He was a Consulting Architect with the United States Treasury Department from 1933 to 1937. Mr. Wolcott was an architect with the renowned design firm of Skidmore, Owings & Merrill in 1944, and formed his own practice, Finney, Wolcott & Associates in Baltimore, Maryland, from 1947 to 1955. Mr. Wolcott became a member of the American Institute of Architects' Baltimore Chapter in 1948.

In addition to Wolcott, the Secretary of the Treasury reminded Frederic Delano of the advisory team that would review the project design. The Advisory Committee of Architectural Design included Charles Z. Clauder of Philadelphia as Chairman, Philip B. Mayer of Chicago, Aymar Embury II of New York City, H.R. Shepley of Boston, and Louis A. Simon, the Supervising Architect of the Treasury.

The chairman of this committee, Charles Klauder was a noted architect specializing in collegiate projects. His practice concentrated on large institutional design and some of his noted commissions included campus plans for the University of Colorado, and Pennsylvania State College. Mr. Klauder was considered to be one of the most successful architects of collegiate design.

The only other member of this advisory committee for which information has been located is H.R. Shepley. Shepley was the grandson of H.H. Richardson, the noted 19th-century architect and originator of the Richardsonian Romanesque style, which was a combination of the Romanesque and Byzantine forms. H.R. Shepley's father, George Foster Shepley, was also a noted architect, whose best-known designs centered around institutions, such as government or college buildings.

Building Contractors

The general contractor for Buildings 1, 2, and 3 was the George A. Fuller Company of Bethesda, Maryland. The George A. Fuller Company was a highly acclaimed design and construction company. Other notable projects completed by the firm include: the Evening Star Building and the Willard Hotel in Washington, D.C.; the Frick Building in Pittsburgh; the Fuller Building (Flatiron) in New York; and the Monadnock Building in Chicago. The George A. Fuller Company is now headquartered in Washington, D.C.

[10]Memorandum from John Nolen, Jr., Director of Planning to Frederic Delano, December 7, 1936.

Design of NIH

A great deal of thought was given to the design and style of the first buildings at NIH. Particular concern was expressed by the neighbors of NIH and their view that the exclusive nature of the area would be ruined by the introduction of a scientific laboratory, which was at first expected to be a guinea pig farm.[11] Frederic Delano, then Chairman of the National Capital Park and Planning Commission, expressed his concern in this manner:

> We have refused to make a protest of this use of the land because we believe that if the buildings are properly designed and the work properly policed, it will not be open to objections complained of by residential property owners. In talking with Mr. Irving C. Root, Chief Engineer for the Maryland-National Capital Park and Planning Commission, I find that he is disposed to accept my view of this matter provided the Federal Government - that is, the Architect of the Treasury and the Procurement Division, would consent to placing a high-grade consulting architect in charge of this development.[12]

Mr. Delano later wrote on January 4, 1937 that, "in addition to the architectural problems involved there are difficulties in designing the approaches and fitting the buildings to the topography, which in this locality is quite rough,"[13] and requested the further assistance of a notable landscape architect to assist in the design of the highly visible and important project. Alfred Geiffert of the Landscape Architecture firm of Vitale and Geiffert, Gilmore D. Clarke, was hired to consult on the project. Mr. Geiffert is described as "one of eminent and national consultant capacity,"[14] and apparently was used often by the Supervising Architect of the Treasury as such.

Completion and Dedication of the First Three Buildings at NIH

The Surgeon General of the Public Health Service, Thomas Parran, was heavily involved in the concept and design of the first buildings at NIH. Very early in the process, Thomas Parran reflected on the anticipated use of NIH and the space needed. Initially, there were no plans for a separate Administration facility. Instead, each institute would have a set amount of laboratory and office space. Included in this estimate were the Industrial Hygiene Laboratory (with most space planned for labs), which was to be Building 1; Building 2 would contain Child Hygiene, Dental Studies, Heart Disease, Malaria, Milk and Dermatoses units, which would require an equal amount of laboratory and office space; and finally, Building 3 was necessary for Epidemiology, Public Health Methods and the Statistics division, which

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[11] *The Evening Star*, "Where U.S. Will Raise Laboratory Animals," August 13, 1935.

[12] Letter from Frederic Delano to the Secretary of the Treasury, dated December 9,1936.

[13] Letter from Frederic Delano to Wayne C.Taylor, dated January 4, 1937.

[14] Notes by H.M. Boudier, dated February 13, 1937.

had a unique need for consolidated "tabulating space."[15]

By October 1936, the decision on the use of the buildings had changed to an Administration and Field Studies Building (Building 1) and the Industrial Hygiene Laboratory (Building 2). Parran requested that the proposed animal house (Building 3) be combined with the proposed power plant (Building 4).[16]

A final inspection of buildings 1, 2, and 3 took place in November 1938, facilitated by W. J. Kackley, an Inspection Engineer for the Treasury Department. Overall, Mr. Kackley found the workmanship and design to be of superior quality, while finding fault with certain details such as the size of the brick used in the buildings. Kackley wrote, "this non-uniform size brick is difficult to lay in Flemish bond. The joint width is naturally quite uneven."[17] Mr. Kackley also stated that in reference to buildings 2 and 3, "The exterior terra-cotta pilaster caps look peculiar and do not add to the appearance of the building."[18]

The cornerstone of Building 1, laid in 1938, names the following individuals responsible for the building's construction:

Franklin D. Roosevelt
President of the United States
of America

Henry Morgenthau, Jr.
Secretary of the Treasury

Thomas Parran
Surgeon General

Christian Joy Peoples
Director of Procurement

W. Englebert Reynolds
Assistant Director for
Public Relations

Louis A. Simon
Supervising Architect

Neal A. Melick
Supervising Engineer

In addition, a plaque in the entrance hall of Building 1 names J. Winthrop Wolcott, Jr., as Consulting Architect.

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[15]Letter from Thomas Parran to the Supervising Architect, dated July 14, 1936.

[16]Letter from Thomas Parran to Louis Simon, dated October 3, 1936.

[17]Letter from W. J. Kackley to the Supervising Engineer, dated November 26, 1938.

[18]Ibid.

Two letters were enclosed in the cornerstone. The first, from President Roosevelt, was addressed to Mr. Luke I. Wilson, Esq., and expressed gratitude on behalf of the United States government for the gift of land he made to the government for the site of NIH. The second, signed by L.R. Thompson, Director of NIH, outlined the development of NIH from 1930 to 1938. The following paragraphs of that letter describe the authorization of funds and ground breaking:

> A letter was prepared for the President [Roosevelt] and jointly signed by the Secretary of the Navy and the Secretary of the Treasury, recommending the construction of a new National Institute of Health at Bethesda. This plan met with the President's approval. Authorization was then obtained from the Appropriations Committee of the House for $1,363,000 to begin the construction of three new buildings which were to house the new work of the National Institute of Health. It was understood, however, that an additional $1,137,000 would be needed to duplicate the buildings of our present Institute [at 25th and E Streets, N.W.].
>
> Although the authorization had been obtained, there seemed little chance of obtaining the funds, as Dr. Cumming, the Surgeon General, considered other building programs of the Service of more importance. However, shortly after this time he retired and was succeeded by Thomas Parran.
>
> Dr. Parran was greatly interested in the research work of the Service and immediately placed the building program of the National Institute of Health at the head of the Service construction program. As he was also a personal friend of the President and the Secretary of the Treasury, he prevailed on them to have funds made available in the sum of $1,363,000 to begin construction. On January 1, 1938, he dug the first shovel-full of earth for the three authorized buildings.

Construction of Subsequent Early Buildings

Building 6 was authorized as a separate appropriation in August of 1937, when legislation was passed commissioning the construction of the National Cancer Institute. Using the land donated by Helen Wilson, construction on Building 6 was begun soon after the funds were approved. The National Cancer Institute building was occupied by NIH staff in 1939 and has continued to accommodate some activities of the National Cancer Institute into the present time.

In June of 1938, just six months into the first phase of construction at NIH, legislation was passed authorizing the construction of two additional buildings and the Officers' Quarters at NIH. Buildings 4 and 5 were completed in 1941, just in time for intensive research into the diseases which plague soldiers during wartime. Building 4 initially housed the research activities of the predecessors to the National Institute of Arthritis and Metabolic Diseases while Building 5 housed the divisions which would later become the National Institute of Allergy and Infectious Diseases. Currently, Building 4 houses the National Institute of Allergy and Infectious Diseases and Building 5 accommodates the National Institute of Diabetes and Digestive and Kidney Diseases.

Building 8, completed in December 1946, was erected to house the expansion of the National Cancer

Institute staff, and over the years appears to have served as overflow space for every Institute at the NIH Bethesda campus. Presently, the National Institute of Diabetes and Digestive and Kidney Diseases is located there.

Each of these buildings has the same very distinct design of institutional, brick, Georgian Revival, architecture. Buildings 2 and 3 are identical brick structures. Buildings 4 and 5, are also identical and were created with nearly the same design as Building 6, to obtain a contractor for Buildings 4 and 5 as soon as possible.

Each new building established on this site illustrated a further commitment to medical research and national involvement in the health field. The modern laboratories, and additional space, assisted in recruiting some of the best medical researchers in the country. Meanwhile, the discoveries in these laboratories fostered the efforts in curing diseases such as malaria, rocky mountain spotted fever, as well as numerous treatments for cancer. This central core of buildings represents the chosen design of the campus which creates a collegial atmosphere in which to work.

Individual Building Histories

Building 1 - Administration Building

The Administration Building was the first of three buildings erected in 1938 to accommodate the growing needs of the Public Health Service, which was operating out of crowded office building space in downtown Washington. The Administration Building evolved in concept from a small experimental laboratory in 1936 to a distinguished building designed in the Georgian Revival style by the Office of the Supervising Architect of the Treasury.

The U.S. Surgeon General Thomas Parran was particularly concerned with the design of the Administration Building. Parran sent memos to the Assistant Director of the Treasury Department frequently, requesting changes or alterations to its plan. Unfortunately for Parran, the Office of the Supervising Architect was working within a budget and could not incorporate all the desires of the Surgeon General. Parran, however, kept close watch over the progress reports and attempted to supplement the building's design, whenever money seemed to be available.

In this regard, on December 28, 1937, the Assistant Surgeon General L.R. Thompson wrote requesting that the columns on the front of the Administration Building be changed from painted stucco to cut limestone.[19] The Surgeon General later backed up this request and added a few of his own to the growing list. For example, Parran requested that the storage space under the front steps of the basement be fitted to accommodate a photographic laboratory, and that an underground chemical storage vault be located in the north wing of the sub-basement. Mr. Parran made a strong case in changing the columns on the front of the Administration Building from stuccoed columns to limestone.[20] In reply, Louis Simon

[19]Letter from L.R. Thompson to the Supervising Architect of the Treasury, dated December 28, 1937.

[20]It is interesting to note here that the Mellon Institute, visited by J. Winthrop Wolcott as a basis for the design of the NIH laboratories, has monolithic, cut limestone columns which created a sensation when they were

informed Mr. Parran that:

> Study has been given to your request and an estimate indicates that this change would involve an additional expenditure of about $10,000. In view of the fact that it is considered that a satisfactory and pleasing result will be obtained with stucco as now specified and that additional changes have been proposed which may be considered of a more mandatory nature, this change is not recommended[21].

Louis Simon prevailed, and indeed, the columns were made of brick and stucco.

All details for the Administration Building were afforded a great deal of consideration by a number of different agencies. As already noted, Parran exerted his influence on the design, while the Office of the Supervising Architect worked toward accommodating these requests. When a competition was announced in the winter of 1939 for a mural to be located in the auditorium of the Administration Building, the Section of Fine Arts within the Works Projects Administration included itself in the discussion regarding its location. Apparently, a significant amount of money had been appropriated for this project, and the most suitable placement of the mural was critical. Inslee Hopper wrote in a letter dated February 7, 1939 that, ". . . if the murals were installed on either side of the stage in the auditorium they would divert attention from the platform and would also be less architecturally suitable than other spaces in the room."[22] Instead, Hopper recommended his preferred location for the mural, flanking the entrance doors opposite the stage, which would "make a more satisfactory decoration in the room."[23]

Over the decades, Building 1 endured as the main administrative facility on the NIH campus. Each of the Directors of NIH as well as the Associate Directors have operated out of Building 1. Additionally, the directors of various ministerial departments such as Construction, Engineering, and Maintenance were located in Building 1. The Administration Building's continuity of use is a tribute to the vision of the Directors of NIH in keeping the campus running smoothly and supporting the research efforts of the scientists in the laboratories.

Building 2 - Industrial Hygiene Laboratory

As one of the three earliest buildings erected on the NIH campus, Building 2, completed in 1938, contributes to the early history of the institution as a center for the study of disease.

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erected in Pittsburgh in 1937. The prestige associated with the Mellon Institute columns could explain Parran's interest in limestone columns. The columns at the Mellon Institute (today the Carnegie Mellon University) are very similar in size to the columns at the Administration Building, but the Mellon Institute columns are topped with volutes of the Greek Ionic order while the columns at NIH have Roman Ionic volutes.

[21]Letter from Louis Simon to the Surgeon General, dated January 31, 1938.

[22]Letter from Inslee Hopper to Dr. Thomas Parran, dated February 7, 1939.

[23]Letter from Inslee A. Hopper to Dr. Thomas Parran, dated February 7, 1939.

Building 2 or the "Industrial Hygiene Laboratory" as it was initially called, is one of the original laboratory buildings built for the National Institute of Health (NIH) in Bethesda, and the first laboratory built solely for the study of industrial hygiene in the nation.[24] The Division of Industrial Hygiene of the United States Public Health Service was concerned primarily with maintaining the health of industrial workers across the country, and investigating the causes and effects of occupational accidents and diseases. The research conducted by NIH scientists in the Industrial Hygiene Laboratory produced dramatic improvements in working conditions and in the overall health of the civil population. These developments proved crucial to meeting the challenge of keeping the American people healthy during World War II, preventing disease, and providing military personnel with the finest medical care in history.

Studies in industrial hygiene, examined specifically the hazards of industrial operation in factories across the country. With new facilities and better laboratory equipment, the Industrial Hygiene Laboratory began intensive investigations into some of the most serious threats. One of the dramatic studies involved the hazard of toluene, the first ingredient of TNT. After six months' work with laboratory animals and human beings, new devices were created and standards enforced to protect munitions workers from its toxic vapors. Similar standards were developed to reduce the hazards of other gases, dusts, fumes, vapors, and mists that pollute factory air. Important contributions to basic medical knowledge were made on the spread of contagious diseases, the effects of metal poisons, the gains of preventive medicine, and the effects of ventilation and lighting on worker's health.

Some of the outstanding contributions to come out of the Industrial Hygiene Laboratory (Building 2) were directly related to the war effort. During World War II, scientists and researchers at the National Institute of Health, Industrial Hygiene Laboratory, were charged with conserving the health and strength of America's "rearguard" — the fifty million workers, machinists, welders, and riveters doing the jobs that were considered so "vital to victory." Scientists used white mice and guinea pigs to make preliminary studies of gas fumes, dust and any other substances that could affect "efficiency at the machine." One of the most fascinating war-related experiments was undertaken in the division's pressure chamber, a temporary unit once contained with the sub-basement extension of Building 2. In this chamber, the temperature and pressure of different altitudes could be reproduced so that, on solid ground, the effects of flight and thinning air on the airplane pilot could be observed — and answers found to the dangers of sudden climbs to high levels and swift dives.

The value of this research, and the significance of improvements in industrial hygiene, was recognized as crucial to the success of American servicemen — and the nation — during World War II, as summarized in an article that appeared in *Popular Mechanics* in September 1942. The author closed his review of the tasks and accomplishments of the Industrial Hygiene Laboratory with the following statement: "So the great battle goes on, for victory over industrial hazards means victory elsewhere."

According to Howard F. Brubach, construction occurred at the onset of World War II, to create an altitude chamber. Brubach remained an employee of NIH for over 40 years, retiring in the mid-1970s. The chamber was used to conduct tests on how human beings and mechanical equipment would function

[24]For additional information on Building 2, See HABS Documentation prepared by Robinson & Associates, Inc., for NIH, August 1994.

at high altitudes. (The areaway extension preceded a temporary building that was constructed on the lawn, east of the building, and adjacent to the earlier chamber. Construction of the temporary building was necessary, as the earlier chamber did not have a refrigeration unit and scientists were unable to simulate "high flight" without this system.)

In 1950, the Industrial Hygiene Laboratory was absorbed into the National Institute of Arthritis and Metabolic Diseases, and became the Laboratory of Physical Biology, which still exists today. In 1956, the National Institute of Dental Research was formed and accommodated in Building 2 until 1962, when the entire building was given to the National Institute of Arthritis and Metabolic Diseases (NIAMD). This institute included the Laboratory of Molecular Biology, the Laboratory of Physical Biology, and the Laboratory of Chemical Physics. The last tenant to occupy Building 2 was the National Institute of Diabetes and Digestive and Kidney Diseases.

Building 3 - Public Health Methods and Animal Unit Building

Located perpendicular to the Administration Building at the center of the NIH campus, Building 3 was originally constructed for laboratory research, offices and animal breeding, but soon after construction had taken on several functions. The Public Health Methods Building housed child hygiene and work in chronic diseases, while also providing cage space for the inoculation of animals which aided in the development of vaccines.

In 1948 the National Heart Institute was established in Building 3, following the passage of legislation signed by President Truman on June 15 of that year. The National Heart Institute was developed to further the research into cardiac surgery and apparently succeeded in doing so. According to DeWitt Stetten, cardiac surgery required a multi disciplinary approach, which is what NIH was most adept in fostering.[25]

The National Heart Institute also conducted serious research into the causes and treatments of congenital heart disease. Specifically, the National Heart Institute focused on expanding and perfecting cardiac operative techniques. According to Dr. Charles McIntosh, the National Heart Institute is credited with reference observations in operative treatment for a number of delicate cardiac surgeries relating to congenital heart defects.[26]

Building 3 has always had the National Heart Institute (now the National Heart, Lung and Blood Institute) as its main tenant. However, throughout the years, several other divisions have been located in Building 3. In 1950, Building 3 also housed the Microbiological Institute, the Experimental Biology and Medicine Institute, the Laboratory of Biochemistry and Nutrition, and finally the Laboratory of Tropical Diseases, which was primarily involved with malaria research. And, from 1954 to 1972, Building 3 was also a location for the National Institute of Arthritis and Metabolic Diseases (which was also located in Buildings 2 and 4 at roughly the same time). In 1977 the National Heart, Lung and Blood Institute was

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[25]DeWitt Stetten, Jr., ed. *NIH: An Account of Research in its Laboratories and Clinics*, (Orlando: Academic Press, Inc., 1984), p. 481.

[26]Ibid.

the sole occupant, and it has remained the primary occupant into the present day.

Design of Buildings 2 and 3

The new laboratories at NIH were the subject of much thought, and so the Assistant Surgeon General requested in May of 1937 that J. Winthrop Wolcott, accompanied by Dr. R.E. Dyer, visit several new laboratories of modern design. Wolcott and Dyer were to collect information regarding the equipment, arrangement, and functions of these other labs. They started their tour at the Mellon Institute in Pittsburgh, Pennsylvania, continued on to the Eli Lilly Laboratory in Indianapolis, Indiana, and finally ended their tour at the State Department of Health Laboratory in Lansing, Michigan.

In their account of the trip, Wolcott and Dyer appeared most impressed with the Mellon Institute. On May 24, 1937, Wolcott wrote, "This laboratory is the last word in laboratory construction,"[27] and goes on to describe the room sizes as well as the unique equipment employed at the laboratory. He ends his section on the Mellon Institute by stating that, "Both Dr. Dyer and I think so well of the flexibility and arrangement of this Laboratory that we feel that in so far as possible these features should be incorporated in the laboratories at the National Institute of Health."[28]

Wolcott also remarks on the desirable features of the other laboratories, although with much less enthusiasm than that expressed for the Mellon Institute.

Arriving in Lansing, Michigan on May 12th, Wolcott and Dyer proceeded on a tour of the Michigan State Department of Health Laboratories. Nothing of real interest was found here, although Wolcott recommended the use of the same kind of copper tubing in the National Institute of Health as that utilized in Lansing, due to its ability to be changed easily and with a minimum of labor.

Building 6 - The National Cancer Institute

When Building 6 was completed in 1939, it housed the National Institute of Cancer--the first of the National Institutes which NIH continued to develop. At the time of its formation, the National Cancer Institute was believed to be the only structure in the world designed specifically and solely for research in specialized fields of science. Stylistically, it complements the conservative Georgian Revival style of Buildings 1, 2, 3, 4, and 5, and is sited to their northwest.

History of the National Cancer Institute

Helen and Luke Wilson played a critical role in the inception of the National Cancer Institute. Early in 1937, Luke I. Wilson was diagnosed with cancer, and he died in July of that year. That same summer the

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[27]Letter from J. Winthrop Wolcott to W.E. Reynolds, dated May 24, 1937.

[28]Ibid.

Bone-Magnuson Bill was passed creating the National Cancer Institute.[29] Helen Wilson had lost both her mother and husband to cancer, and had a personal interest in medical research. In two bequests, in June and September of 1938, she gave NIH an additional 25 acres of land, intended as a site for the Cancer Institute.

The passage of the Bone-Magnuson Bill and the donation of the land for the Institute began an era of cancer research on a large scale. According to Vincent DeVita, Jr. and Abraham Goldin in the book, *NIH: An Account of Research in its Laboratories and Clinics*, the new Institute was critical to the fight against cancer and paved the way for treatment by chemotherapy. Initially, drug screening and evaluation was a primary effort at the National Cancer Institute since all clinical research was undertaken at locations other than the Bethesda campus.

Thomas Parran lauded its creation in a speech to the Third International Cancer Congress in September 1939. In this speech, Parran discussed the implications of federal funds to private institutions for medical research. This was, he said, "a new venture in government policy."[30] The creation of the National Cancer Institute also provided for a National Advisory Cancer Council to be responsible for the review of research applications for grants-in-aid to conduct cancer research. The Advisory Council was charged with making any findings publicly available, in order to educate the citizens about the symptoms and early detection of cancer.

As had been the case with Buildings 1, 2, and 3, the National Capital Park and Planning Commission was intimately involved with the design of Building 6. Frederic Delano wrote Louis Simon expressing his concerns regarding the conservative design which was again implemented for the National Cancer Institute, "We have no objection to the location proposed on the plan but believe that the building itself is rather severely plain and in need of planting to break up the long facade."[31] Referring to an architectural link to the Naval Hospital planned for the other side of Rockville Pike, Delano also noted that , "The most important question is the matter of coordination of the Public Health Service with the Naval Hospital which is to go across the Rockville Road to the east."[32]

In response to these concerns, Louis Simon rejected the concept of linking the National Cancer Institute with the neighboring Naval Hospital, "would it not seem questionable whether any close relationship could be established between two buildings located in the character of terrain prevailing at Bethesda and separated by the space which will exist between the Cancer Institute and the proposed Naval Hospital?"[33] However, Simon did concede that he was in agreement with Delano regarding the planting which would serve to break up the repetitive facade.

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[29]Pugh.

[30]Speech given by Thomas Parran to the Third International Cancer Congress, dated September 13, 1939.

[31]Letter from Frederic A. Delano to Louis A. Simon, dated August 6, 1938.

[32]Ibid.

[33]Letter from Louis A. Simon to Frederic Delano, dated August 13, 1938.

An article in the June 17, 1940 issue of *LIFE* magazine described the ongoing efforts of the scientists in the recently completed Building 6. At that time, 87 scientists and assistants labored to stem the tide of cancer-related deaths in the United States. The article states that radiation therapy, cancer inducement in mice, as well as the filming of the multiplication of cancer cells was ongoing and under study. The research staff met once a week to exchange ideas and share recent discoveries in the quest to find a cure for this deadly disease.[34]

Building 6, like Building 1, has maintained a continuity of use since its inception. The National Cancer Institute has always been headquartered there, while expanding activities and staff into Building 8 and the Clinical Center, Building 10, upon its completion in 1955. Building 6 expanded with the completion of wings 6A and 6B, which were used to house research activities and the keeping of laboratory animals for research. Over the years, Building 6 and the National Cancer Institute have furthered the efforts in cancer treatment and pinpointing the causes of cancer (although the National Cancer Institute operations are now located throughout the campus).

Building 4

Building 4 is part of the early National Institutes of Health campus and contributes symbolically to the institution's early history. Building 4 was completed in May 1941 to be used as laboratory research space. During the early years, Building 4 became the headquarters of a new institute called the Institute of Experimental Biology and Medicine. This institute was created in 1948 to more easily coordinate research functions between the Division of Physiology and the Pathology and Chemistry Laboratories. The first Director of this institute, Dr. William Sebrell, was also the Associate Director of the National Institute of Health.

In an oral interview taken in 1964, Dr. Francis Arnold, Jr., a former scientist located in Building 4, discussed the progression from the Division of Physiology to another institute housed in Building 4, the National Institute of Dental Research. In Dr. Arnold's account, he was initially located in Building 5, which then housed the Infectious Diseases branch of the NIH. Dental research into the effects of fluoride prompted the move to the Division of Physiology and then, later, to a separate institute, the National Institute of Dental Research.[35]

Building 4 was the primary location of the National Institute of Dental Research until 1961, when it moved to a separate facility. In 1954, the title of Experimental Biology and Medicine Institute was dropped in favor of the National Institute of Arthritis and Metabolic Diseases, which later evolved into the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases. Building 4 is presently used as laboratory space by the National Institute of Allergy and Infectious Diseases.

Building 5

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[34]"Cancer: Exploration of its Nature and Cause Will Be Organized in National Research Center," *LIFE* 8(1940):35-8.

[35]Interview of Dr. Francis Arnold, Jr. by Dr. Wyndham Miles, dated December 1964.

Building 5 was erected almost simultaneously with Building 4, and their identical designs complement the other buildings behind which they sit. Constructed to house researchers in infectious diseases, Building 5 merited unique design considerations. L.R. Thompson, Director of the National Institute of Health requested that the design of the building reflect its singular use. Thompson wrote in 1938, "it would be greatly appreciated if this building be designed so that all of the air put into the building be completely exhausted instead of being returned and reused."[36] Thompson also requested that the rooms have a centrally located shut-off apparatus that would allow the rooms to be sealed off from the heating system whenever the rooms required "dead air."

The architecture of Building 5 would come to be of critical importance in 1945 when an outbreak of "Q Fever" beset many of the scientists and assistants who worked there. In the *American Journal of Public Health*, one of the scientists recounts in detail the relation of the spread of the fever to the design of Building 5:

> These buildings are centrally grouped in a 90 acre plot of partially wooded land. There are no connections between the buildings except outdoor walks and driveways. Building 5 consists of three floors equipped for laboratory work, an attic used as storage space but containing several animal rooms, a basement largely devoted to cleaning of glassware and preparation of bacteriological media, and a sub-basement given over to storage, supplies, and maintenance equipment.[37]

Forty-seven people and two guinea pig colonies were stricken with Q fever between December 1945 and May 1946. Each outbreak of the fever occurred in people who had been in Building 5 28 days before the onset of the illness. The spread of the fever was interesting at the time due to several workers who had previously been inoculated against Rocky Mountain spotted fever, who did not contract the fever. This discovery led scientists to believe that the Rocky Mountain spotted fever vaccine had components which would prevent Q fever in patients.

Other research ongoing in Building 5 included research into typhus fever, the already mentioned Rocky Mountain spotted fever and tularemia (an infection carried by rabbits, mice, etc., and transmitted through bites to humans where it creates symptoms similar to toxemia).

Building 5, while called the infectious disease building, was home to the Microbiological Institute before becoming formally known as the National Institute of Allergy and Infectious Diseases in 1957. The National Institute of Allergy and Infectious Diseases was a constant occupant, except during a brief time when it was housed the Division of Computer Research and Technology, the Fire House and a Garage in 1978. This was a temporary measure, however, since in 1979 the National Institute of Allergy and Infectious Diseases was again residing in Building 5.

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[36]Letter from L.R. Thompson to the Assistant Director, Procurement Division, Treasury Department, dated September 16, 1938.

[37]Robert Huebner, "Report of an Outbreak of Q Fever at the National Institutes of Health," *American Journal of Public Health* 37 (1948): 431-39.

Design of Buildings 4 and 5

The history of the design of Buildings 4 and 5 is interesting to note. In keeping with the tradition begun at NIH by Dr. Thomas Parran, the acting Surgeon General in 1938, Robert Olesen, provided specifics regarding the design of this structure. Surgeon General Olesen wrote in that year:

> The size and general plan of the two new buildings are similar to the drawings now prepared for the new Cancer Institute. Buildings similar to the Cancer Institute were selected for the reason that evidently some of the drawings for the cancer building could be applied to these two buildings thereby expediting the placing of the job on the market.[38]

In the autobiography of Norman Topping, a former employee of NIH, Topping writes that the appropriation for Buildings 4 and 5 were tied to a time limit and therefore the expenditures would be forfeited if not spent by a certain time.[39] This explains the need to copy Building 6 in order to get the job into the bidding process as soon as possible.

The Charles H. Tompkins Company of Washington, D.C., was awarded the contract to erect Buildings 4 and 5 as well as the Officers' Quarters (see The Officers' Quarters NIH Historic Resources Inventory Form). Their winning bid amounted to $1,386,100. The Charles H. Tompkins Co. were commended for their previously completed construction projects for the National Zoological Park and the Government Printing Office Annex located at 710 North Capital Street, N.W. Coincidentally, Louis Simon was the architect responsible for this project, a Government Printing Office Warehouse, completed in 1926.

Building 8

Completed in 1945 as office space for the National Cancer Institute, Building 8 has served in that capacity for its entire history. Although laboratory space has been added over the years, Building 8 has primarily handled the overflow from other institutes on campus.

For example, in 1955, along with the National Cancer Institute staff, Building 8 accommodated the National Institute of Neurological Diseases and Blindness. From 1958 to 1960 the National Cancer Institute was located elsewhere, and the National Institute of Allergy and Infectious Diseases (overflow from Building 5) moved in. The year 1958 also saw the Division of Biologics Controls occupying space within Building 8. By 1961, the National Cancer Institute again occupied space in Building 8. It does not appear that Building 8 has ever been the primary location for any major institutes and today houses research functions of the National Institute of Diabetes and Digestive and Kidney Diseases.

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[38]Letter from Robert Olesen, acting Surgeon General, to Director of the Procurement Division, dated August 5, 1938.

[39]Norman Topping, *Recollections* (Los Angeles: University of Southern California Press, 1900), p. 69.

M:35-9-2

9. Major Bibliographical References

SEE CONTINUATION SHEETS

10. Geographical Data

Verbal Boundary Description

The proposed historic district encompasses the land and buildings bounded by South Drive to the south, Center Drive to the east and north, Memorial Drive running on the west side of Buildings 4 and 5, the east side of Building 6 and the service road which surrounds Building 6 on its north, west and south sides.

11. Determination of Eligibility to be Included into the National Register

_X_ Eligible __ Not Eligible

SEE CONTINUATION SHEETS

12. Form Prepared by

Name/Title Regina L. Arlotto, Architectural Historian

Organization Robinson & Associates, Inc. Date December 20, 1995

Street & Number 1909 Q Street, NW Suite 300 Telephone 202/234-2333

City or Town Washington State District of Columbia 20009

Approved by the NIH Federal Preservation Officer

Concurrence of State Preservation Officer

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Determination of Eligibility

Buildings 1, 2, 3, 4, 5, 6, and 8, the "NIH Historic Core," has significant architectural and historical associations as outlined below and justified in the discussion that follows. As a cluster of buildings, intact in its landscape, that conveys these associations, **the property appears to be eligible for listing in the National Register of Historic Places as a historic district, under Criteria A and C at the national level of significance.**

The relevant National Register criteria, taken from the *National Register Bulletin 16* (U.S. Department of the Interior, National Park Service, Interagency Resources Division), read as follows:

> A district derives its importance from being a unified entity, even though it is often composed of a wide variety of resources. The identity of a district results from the interrelationship of its resources, which can convey a visual sense of the overall historic environment or be an arrangement of historically or functionally related properties.
>
> The quality of **significance** in American history, architecture, archeology, and culture is present in districts, sites, buildings, structures, and objects that possess integrity of location, design, setting, materials, workmanship, feeling, and association, and:
>
> **A. that are associated with events that have made a significant contribution to the broad patterns of our history; or . . .**
>
> **C. that embody the distinctive characteristics of a type, period, or method of construction or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; . . .**

The NIH Historic Core, as a cluster of buildings unified by its common design, as well as its present symbolism of the status of NIH as a premier research institution, is eligible as a district. (See also "Contributing and Noncontributing Buildings" below.) Located at the core of the NIH campus, this district symbolizes the dawn of a new age in American history, where the government was dedicated to the health and welfare of its citizens and creating a first-class research facility was the first step towards that goal. The Administrative Complex is eligible under Criteria A and C as follows:

Criterion A - Historical Association

The National Institutes of Health is a significant national institution, one of the world's largest and most productive institutions devoted entirely to research in medical and related sciences. Founded earlier on a small downtown site, the move to the Bethesda site both precipitated and allowed for the growth of the internationally known facility which exists today. The buildings that represent the NIH most appropriately would be those which were constructed for the express purpose of the NIH at Bethesda, have the same basic design, and those that were constructed during the same early time period. This cluster of buildings represent all of those characteristics. These buildings represent the first major phase

of building construction at the new site, i.e., that Georgian Revival grouping constructed prior to the U.S. involvement in World War II. They form a symbolic and visual core for the NIH campus and represent the important early functions of the institution (administration, research, and the first of the national institutes).

The buildings which comprise the NIH Historic Core fall into the National Register's "Health/Medicine" category, as this cluster of buildings were the first constructed for the express purpose of a national consolidated medical research facility. "Politics and Government" is another appropriate category since the NIH Historic Core represents the first effort of the United States Government in advanced medical research. And finally, the NIH Historic Core has contributed innumerable scientific advances, which also makes it eligible under the "Science" category of the National Register.

Criterion C - Design Significance

These buildings are resources which represent a significant and distinguishable entity, although some of their individual components do not achieve significance individually. The NIH Historic Core derives historical significance in the National Register's "Architecture" category as these buildings are excellent examples of the federal architectural style as proliferated by various architects in the Office of the Supervising Architect of the Treasury. The buildings reflect the institutional Georgian Revival design favored by the Supervising Architect of the Treasury in the late 1930s and 1940, and are similar in design and materials as expressed above. They are the work of noted architects and builders including Louis Simon, J. Winthrop Wolcott, the George A. Fuller Company and the Charles H. Tompkins Company.

In addition to the Treasury Department, the design of the NIH Historic Core illustrates the involvement of the National Capital Park and Planning Commission, and their influence over NIH as a major installation in a suburb of the Nation's Capital. Obvious care was taken to make the buildings harmonize with their surroundings, and the setback from Rockville Pike was meant to be in accordance with the setback of the neighboring Peter estate. The buildings' relationship to each other is another plan executed with much forethought to create a complex which would encourage the free exchange of ideas and recent discoveries.

Integrity

The National Register defines seven "aspects of integrity" that have been considered in analyzing whether the NIH Historic Core (the "proposed historic district") in their present state, convey their historical significance. The proposed historic district lies at the heart of the NIH site, and does possess the integrity required by the National Register.

Location	The proposed historic district maintains its original location, relevant to the historical development of NIH. Each building in this district remains as sited in the initial construction period.
Design	The design of the proposed historic district is completely visible today and remains in the same configuration as when it was first planned in the

late 1930s. The alterations made to Buildings 4, 5, and 8 have affected their original design, however, these buildings still convey a sense of time and place and do not obscure the historic nature or compromise the district's overall integrity substantially.

Setting — The campus-like setting of the proposed historic district has not been compromised by the construction of more modern research facilities around this district. Attention to landscaping and the use of the rolling topography of the site has shielded the district from buildings which would detract from its historic nature. All of the buildings are linked by common sidewalks and walkways, supporting their interrelationship and enhancing the campus-like setting, which was a goal of the NIH building plan and original landscape architect. Additionally, each of these first seven buildings were constructed within the same area for a linkage of the administrative and research functions.

Materials — All of the original exterior materials and many of the important interior elements from the property's period of significance survive. Additionally, all of these buildings used the same building materials, albeit in different configurations, which created a continuity of features as required by historic districts.

Workmanship — The workmanship evident in the primary buildings of the proposed historic district is typical of that employed by the Supervising Architect of the Treasury in the late 1930s. The Georgian Revival, conservative details are of a type used frequently for federally owned buildings. Distinctive examples of workmanship include the use of red brick in a Flemish bond, the hipped roofs, double-end chimneys, and the flattened pilasters and capitals.

Feeling — The feeling of the proposed historic district created in the late 1930s is still conveyed within the site. The circulation system introduced onto the site enhances the feeling of an important federal institution dedicated to research activity. When viewed collectively, the buildings convey a "visual sense of the overall historic environment" of the early NIH campus.

Association — Each building in the proposed historic district was built during the initial phase of construction (1938-46) to develop an expanded campus for the National Institutes of Health. Therefore, this proposed district is directly linked to the significant historical context of NIH.

Contributing and Noncontributing Buildings

Building 1 - Administration Building

The first building completed on the site of the present NIH campus, this building has maintained its original design, as well as maintained a continuity of use as an Administrative facility. Building 1 is significant for its association with the greater understanding of the federal government's contributions in the fields of health and medicine, and its representation as the earliest establishment of the government presence on the site. This building is the centerpiece of the NIH Bethesda campus and is considered **contributing**.

Building 2 - Industrial Hygiene Laboratory

This building was part of the first phase of construction at the NIH campus and functioned as the Industrial Hygiene Laboratory, an important research facility. Its mission of keeping workers healthy became critical during World War II and, at the time it was built, it was the first laboratory erected solely for the study of industrial hygiene. As part of the original building scheme at NIH, this building is considered **contributing**.

Building 3 - Public Health Methods Building

Constructed at the same time and in the same identical style as Building 2, Building 3 was initially designated as the Public Health Methods and Animal Unit Building. For its scientific role and as the final piece of the initial construction at NIH, this building is deemed **contributing**.

Building 6 - National Cancer Institute

Building 6 followed closely after the construction of Buildings 1, 2 and 3, and was occupied in 1939. Although additional wings have been added to the building, it has always maintained its status as the location for the National Cancer Institute. At the time of its construction, Building 6 was thought to be the first structure in the world designed for research in a specialized field of science, and it has continued as a premier cancer research facility. Due to all of the preceding conditions, Building 6 is considered to be **contributing**.

Buildings 4 and 5

Buildings 4 and 5, part of the early construction efforts at NIH and designed in the same vein as the other buildings in the complex, and in spite of their exterior renovation, have maintained the architectural integrity necessary to be included as a contributing building in this district. Extensive exterior renovations (prominent ventilation shafts applied to the east and west facades as well as the projecting fire stair additions on the north and south facades) have masked the original character of the buildings, but the original design is still distinguishable. Buildings 4 and 5 have also maintained a consistent historical function at NIH and several significant research functions have been housed in these buildings. Buildings 4 and 5 add to the district in a very specific way, as the western boundary,

and although they have a different facade, they still compare favorably with the other contributing structures. For all of the aforementioned reasons, Buildings 4 and 5 are considered **contributing**.

Building 8

c. 1980s, INTERIOR GUTTERS TOO

Building 8 was initially constructed as a two-and-one-half-story building with a flat roof which evolved into a three-and-one-half-story building with a hipped slate roof. Additional wings were also added, creating a building with no discernable entrance or character. Building 8 does not appear to have been the sole location for any institute, serving as overflow space for a number of different tenants over the years. For these reasons, Building 8 is considered **noncontributing**.

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NIH Historic Resources Inventory
The Administration Co
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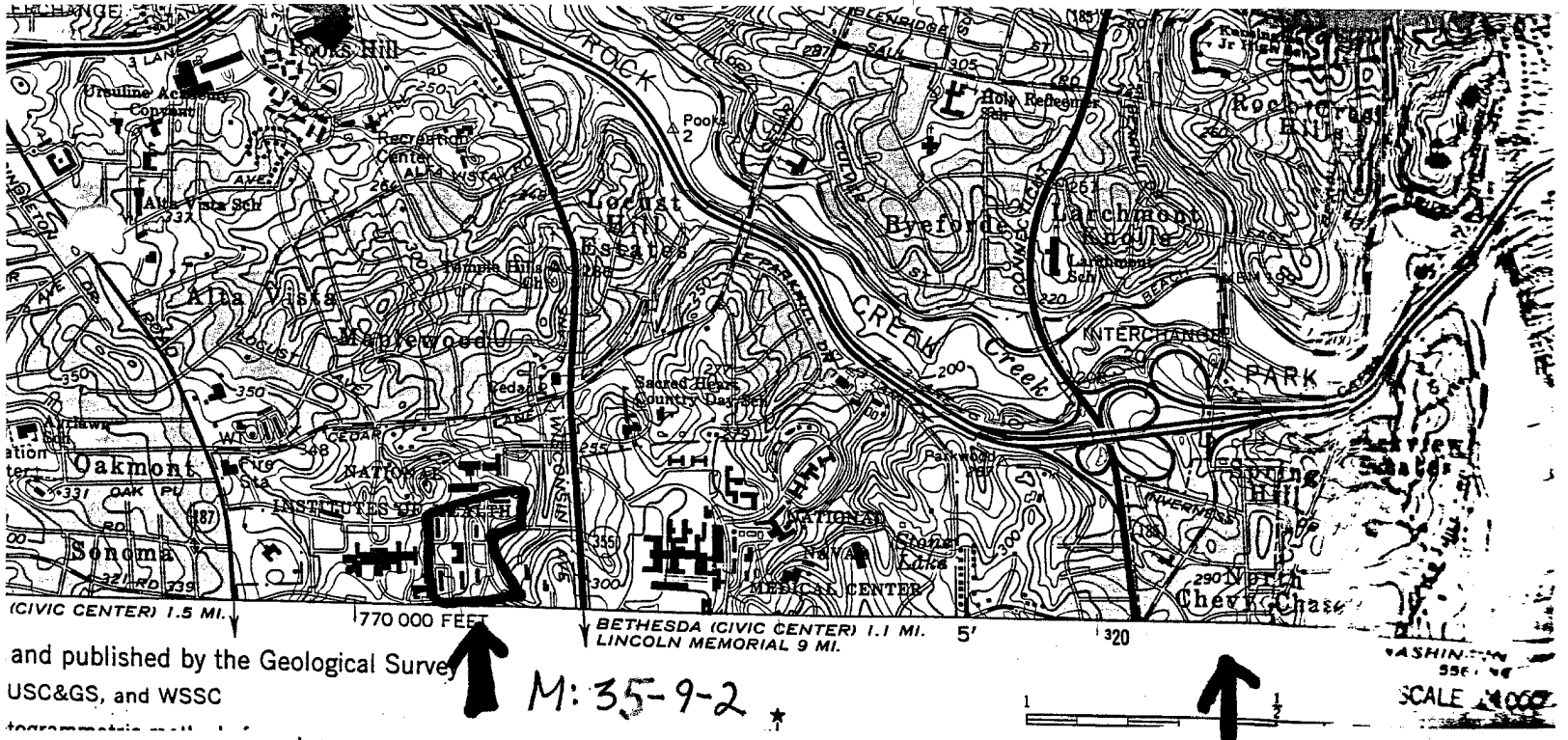
Site Plan
Adminstration Complex Historic District



and published by the Geological Survey
USC&GS, and WSSC

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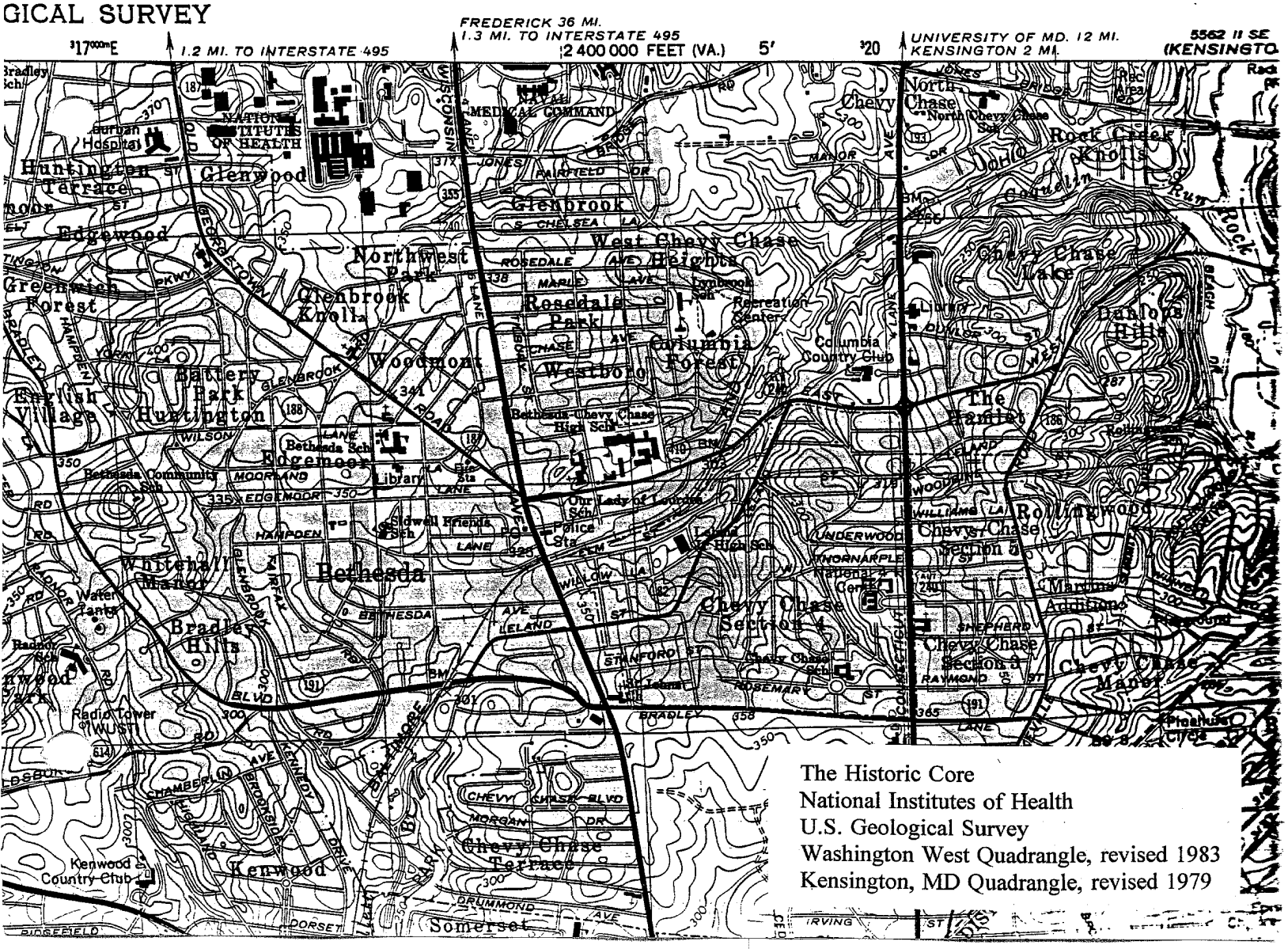
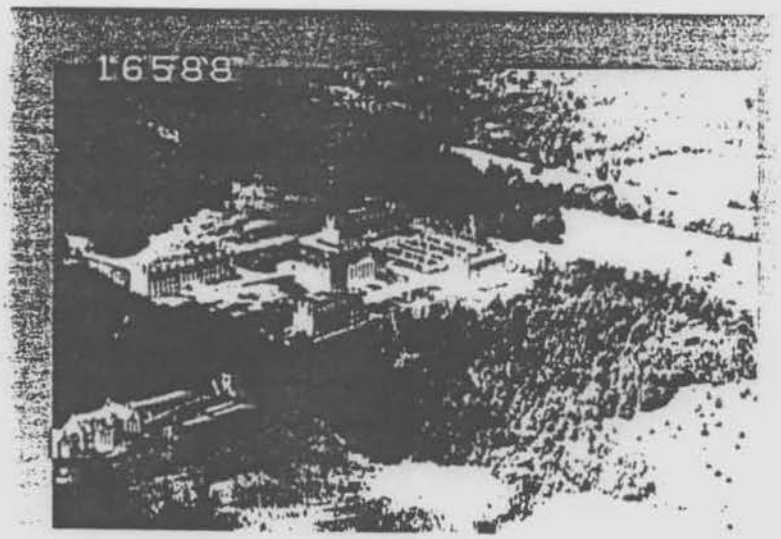


The Historic Core
National Institutes of Health
U.S. Geological Survey
Washington West Quadrangle, revised 1983
Kensington, MD Quadrangle, revised 1979



NLM SIDE: A B

Figure 1.

NIH Campus
National Institutes of Health
Montgomery County, MD
National Library of Medicine Photo Collection, No Date
Aerial View of Campus, Looking Northwest.

Figure 2.

Building 1
National Institutes of Health
Montgomery County, MD
National Library of Medicine Photo Collection
Cornerstone Dedication, Building 1.

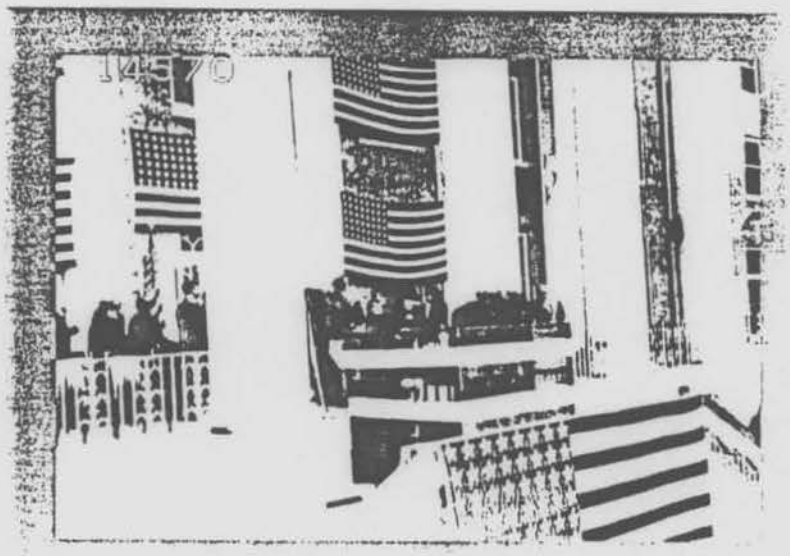


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Figure 3.

Building 1
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
Dedication Ceremony, Building 1

NLM SIDE: A B

Figure 4.

Building 1
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
View of Main (East) Facade.

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Figure 5.

Building 1
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
Negative at MD SHPO
Current View of Main (East) Facade

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Figure 6.

Building 1
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
View of Central Portion of West Facade.

Figure 7.

Building 2
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
View of West Facade, Looking Northeast.

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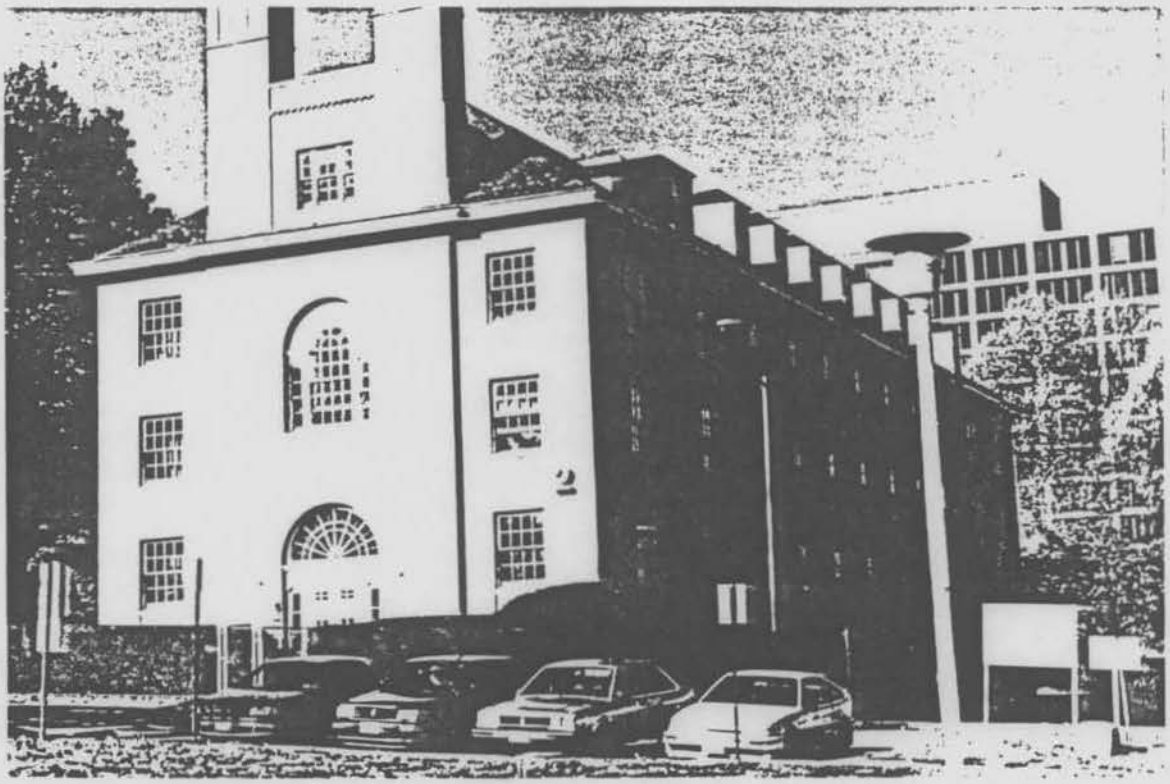

Figure 8.

Building 2
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of South and East Facade, Looking Northeast.

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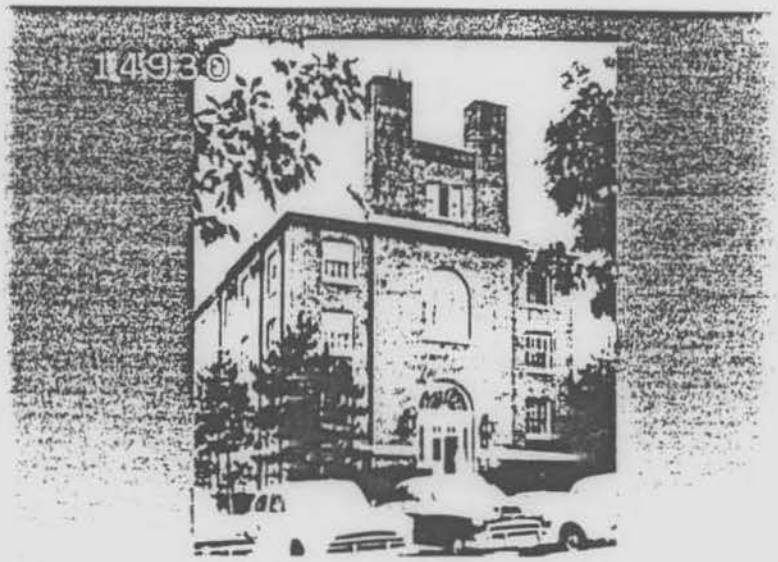
Figure 9.

Building 2
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
View of East Facade.

NLM SIDE: A B

Figure 10.

Building 3
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
View of Main (East) Facade. Looking Northwest.



NLM SIDE: A B

Figure 11.

Building 3
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
View of North Facade, As Built.

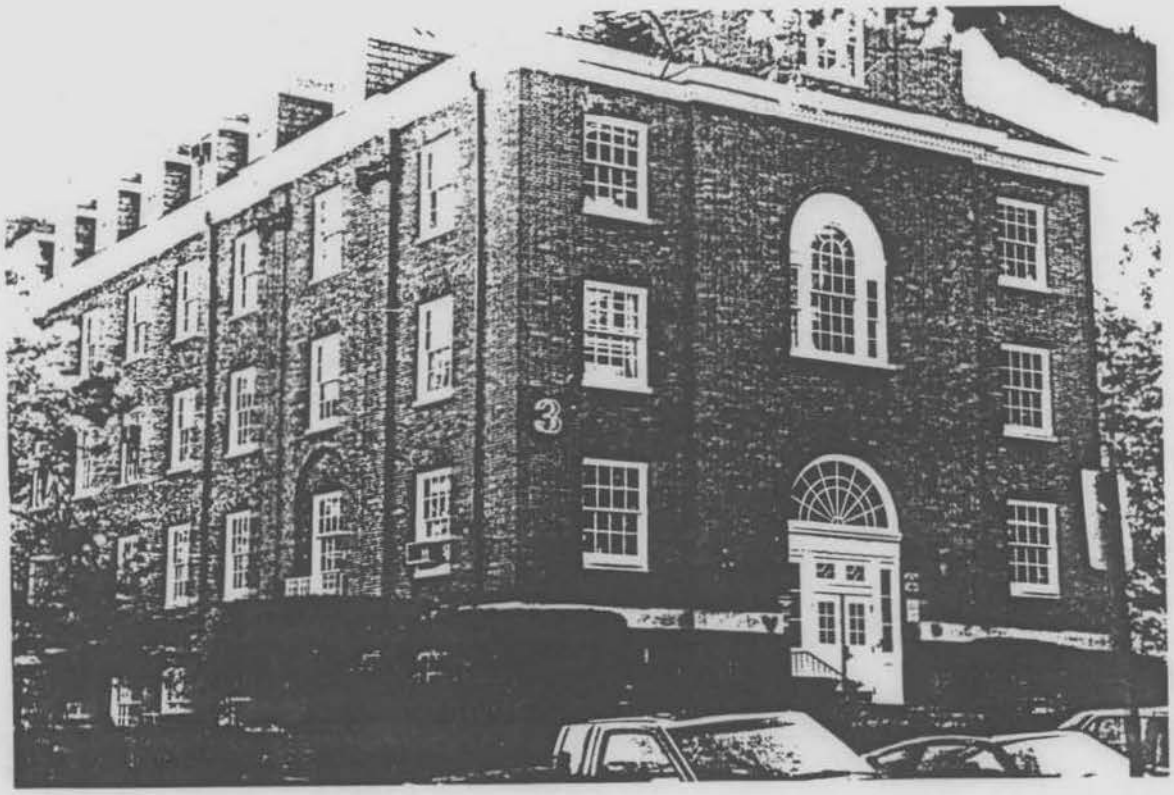


Figure 12.

Building 3
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
Current View of North Facade.

Figure 13.

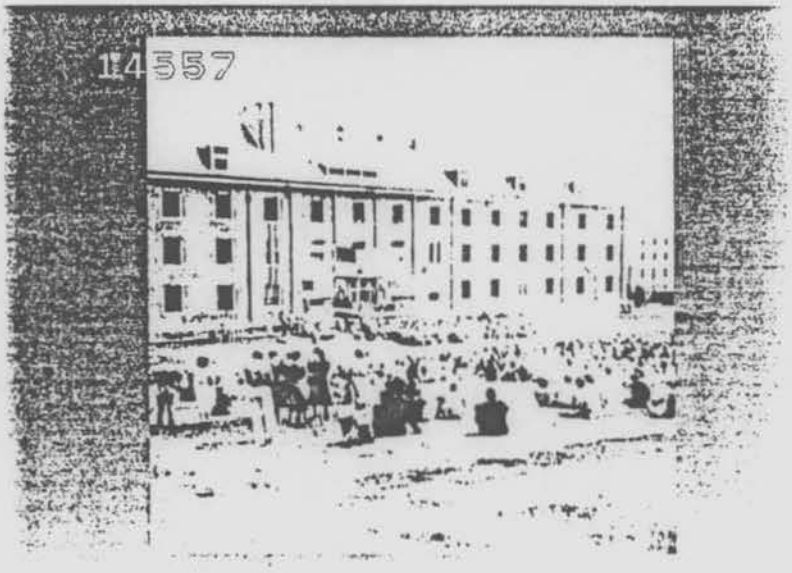
Building 3
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of South Facade, Showing Stair Extension, and West Facade, Looking Northeast.

NLM SIDE: A B

Figure 14.

Building 4
National Institutes of Health
Montgomery County, MD
National Library of Medicine Photo Collection, No Date
View of Main (East) Facade, As Built.

M: 35-9-2



NLM SIDE: A B

Figure 15.

Building 4
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
Bond Rally Behind Building 4, Showing West Facade.

M: 35-9-2

Figure 16.

Building 4
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
Current View of West Facade.

M: 35-9-2

Figure 17

Building 4
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
Looking Southwest, a view of the Main (East) Facade, Showing Air Shaft Additions and Stair Extensions.

Figure 18.

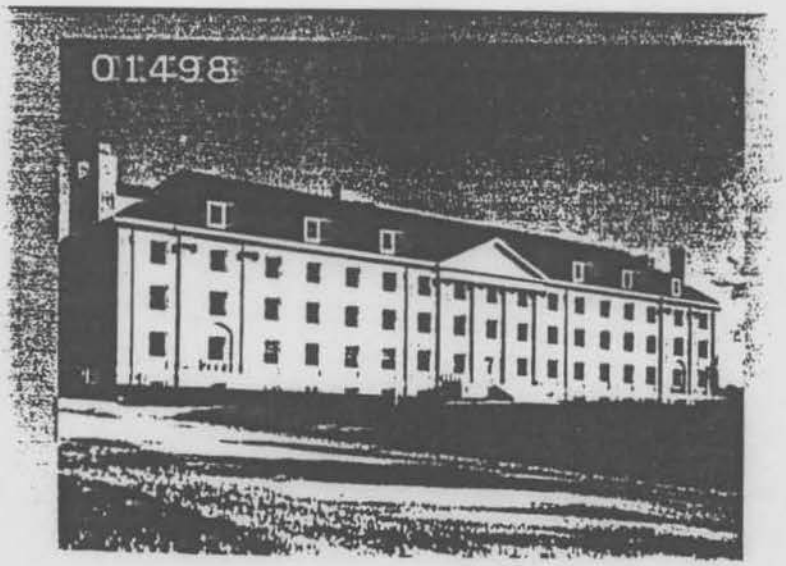
Building 5
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
Partial View of Main (East) Facade, Looking Northwest.

M:35-9-2

Figure 19.

Building 5
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of West Facade Showing Air Shaft Addition and Additional Room, Looking Northeast.

M:35-9-2

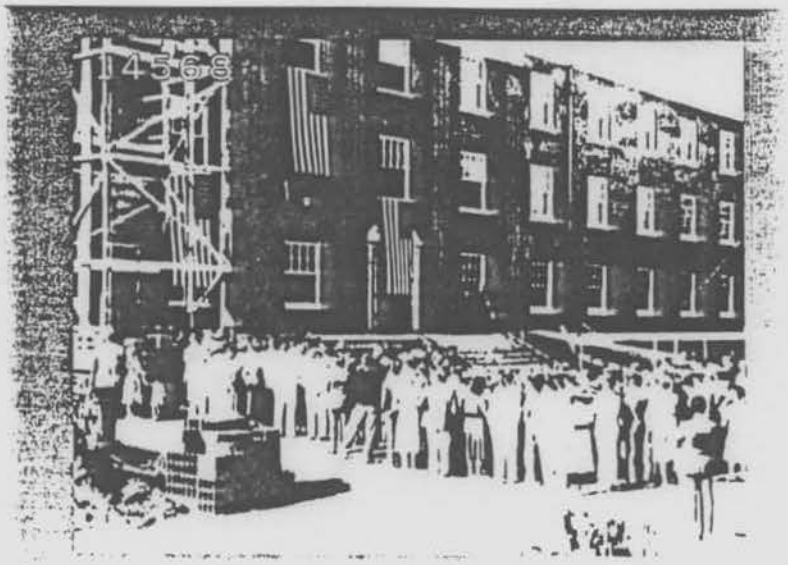


NLM SIDE: A B

Figure 20.

Building 6
National Institutes of Health
Montgomery County, MD
National Library of Medicine Photo Collection, No Date
View of Main (South) Facade.

M:35-9-2



NLM SIDE: A B

Figure 21.

Building 6
National Institutes of Health
Montgomery County, Maryland
National Library of Medicine Photo Collection, No Date
Dedication of Building 6.

M: 35-9-2

Figure 22.

Building 6
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
Current View of Main (South) Facade.

M: 35-9-2

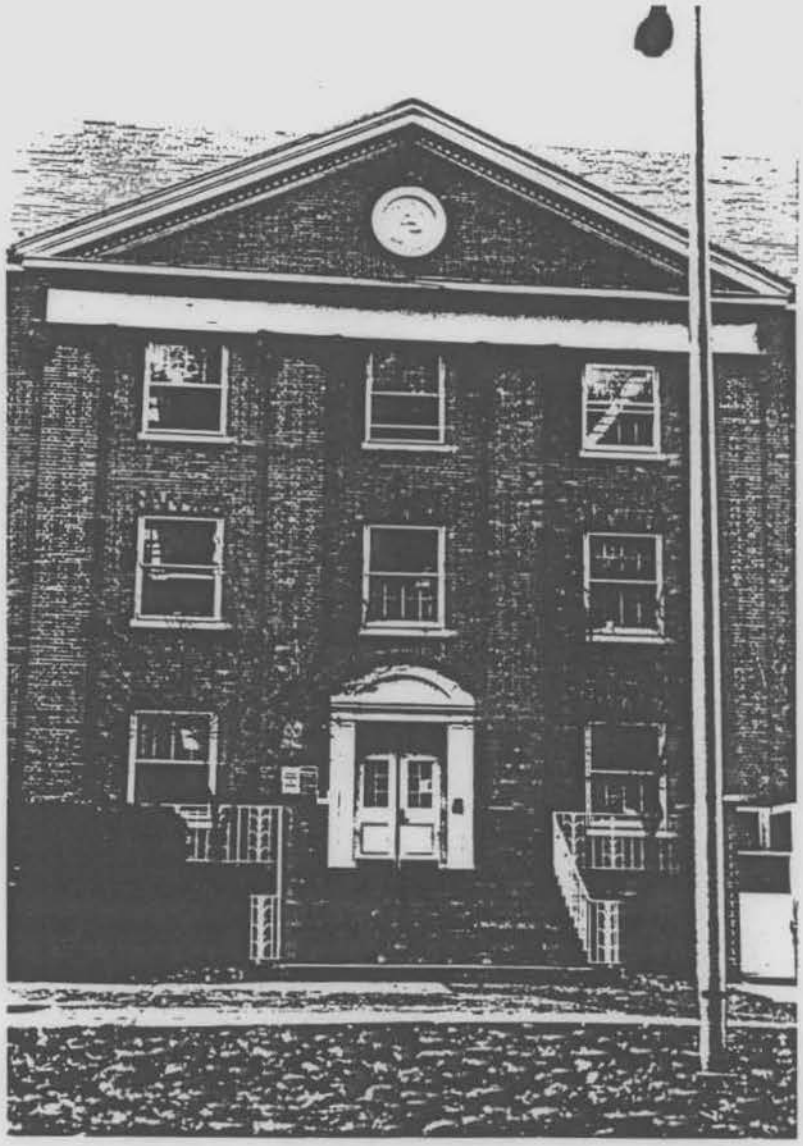


Figure 23.

Building 6
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
View of Main Entrance, East Facade.

M: 35-9-2

Figure 24.

Building 6
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
View of North (Rear) Facade, Showing Buildings 6B (West Facade) and Partial View of 6A.

M: 35-9-2

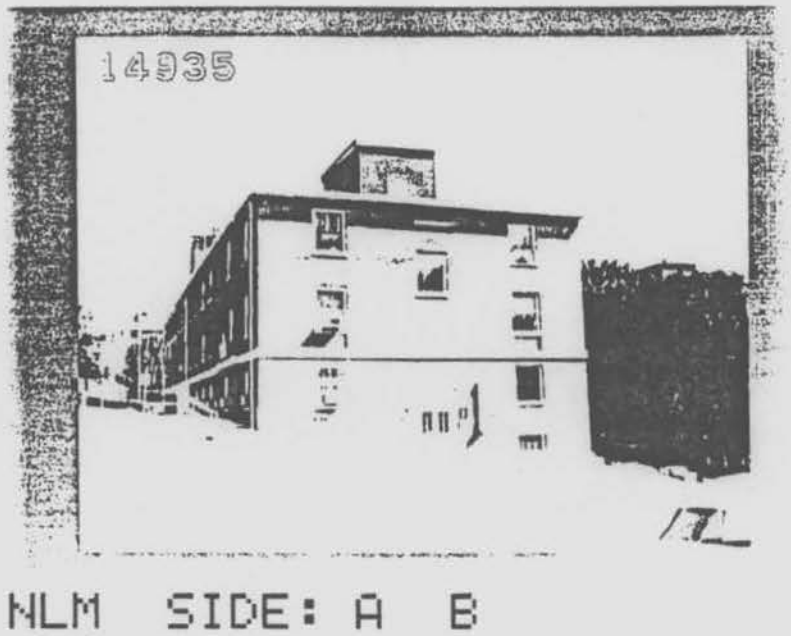


Figure 25.

Building 8
National Institutes of Health
Montgomery County, MD
National Library of Medicine Photo Collection, no date.
View of South Facade, As Built, Looking Northeast.

M: 35-9-2

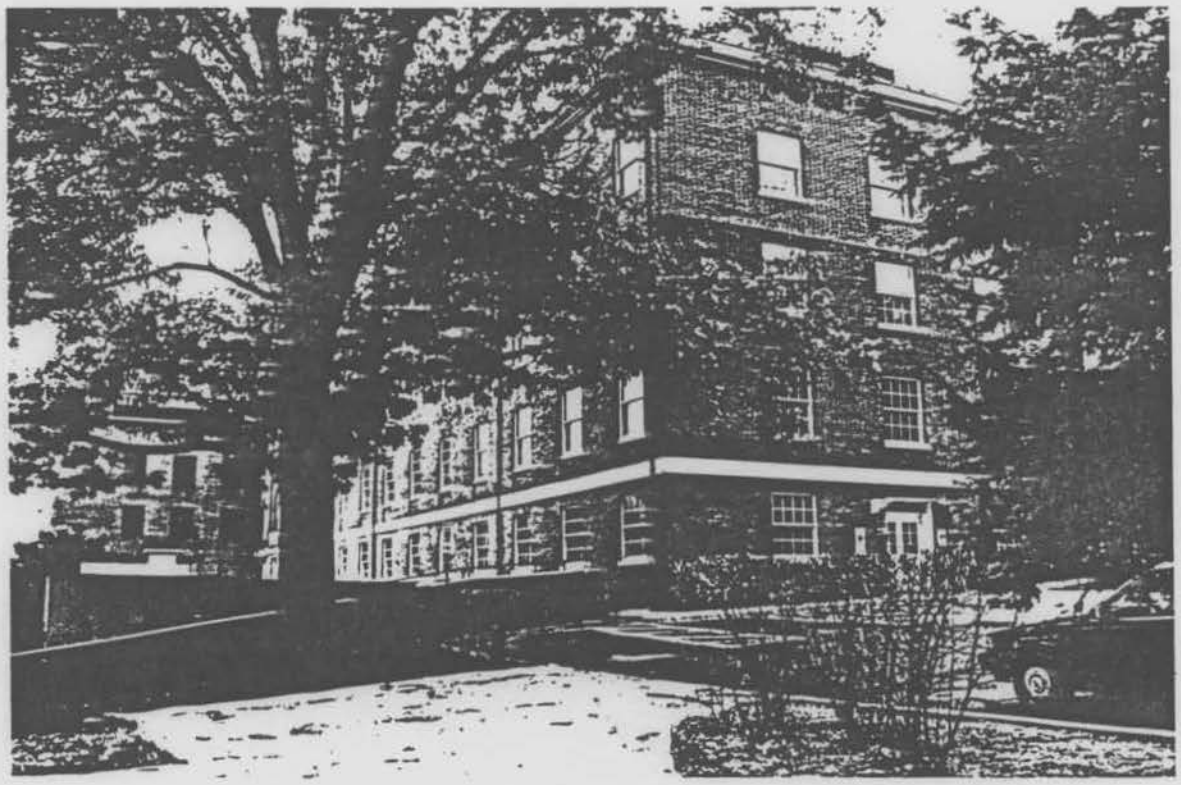


Figure 26.

Building 8
National Institutes of Health
Montgomery County, Maryland
Regina L. Arlotto, November 1995
Partial View of North and East Facade, Looking Southwest.

M: 35-9-2

Figure 27.

Building 8
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of East Facade with 8A in Foreground, Looking Northwest

M: 35-9-2

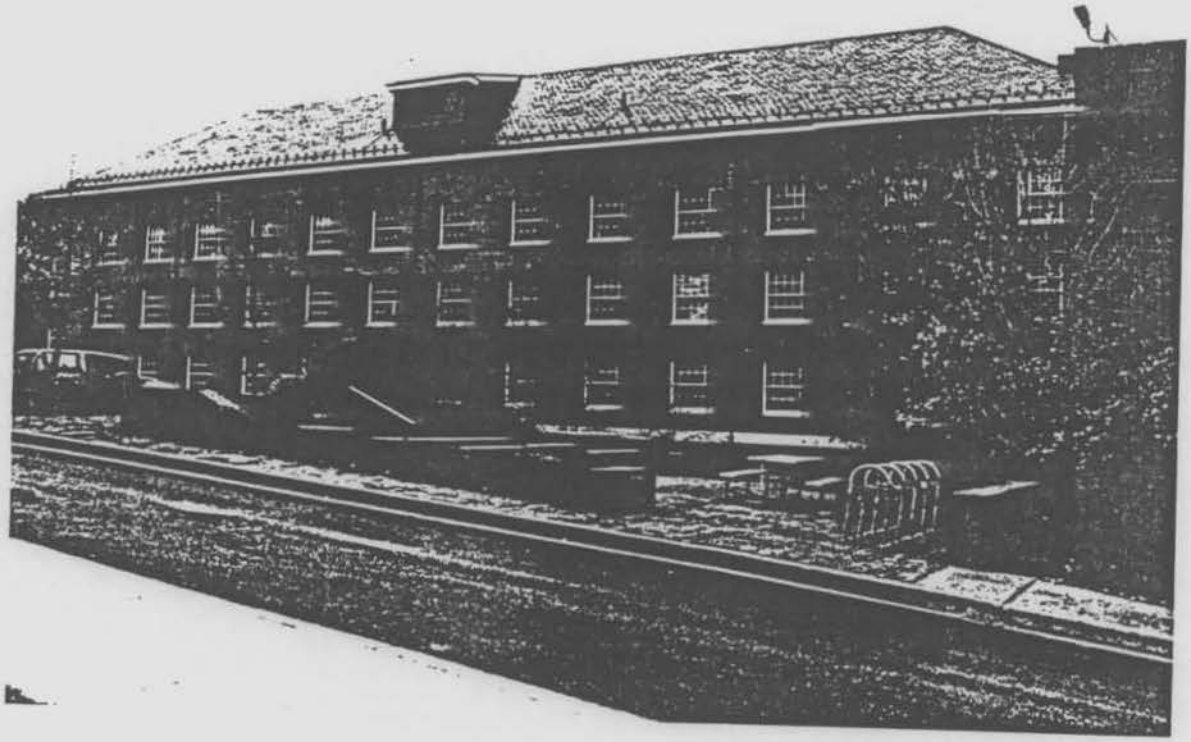


Figure 28.

Building 8
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of West Facade, Looking Northeast.

M: 35-9-2

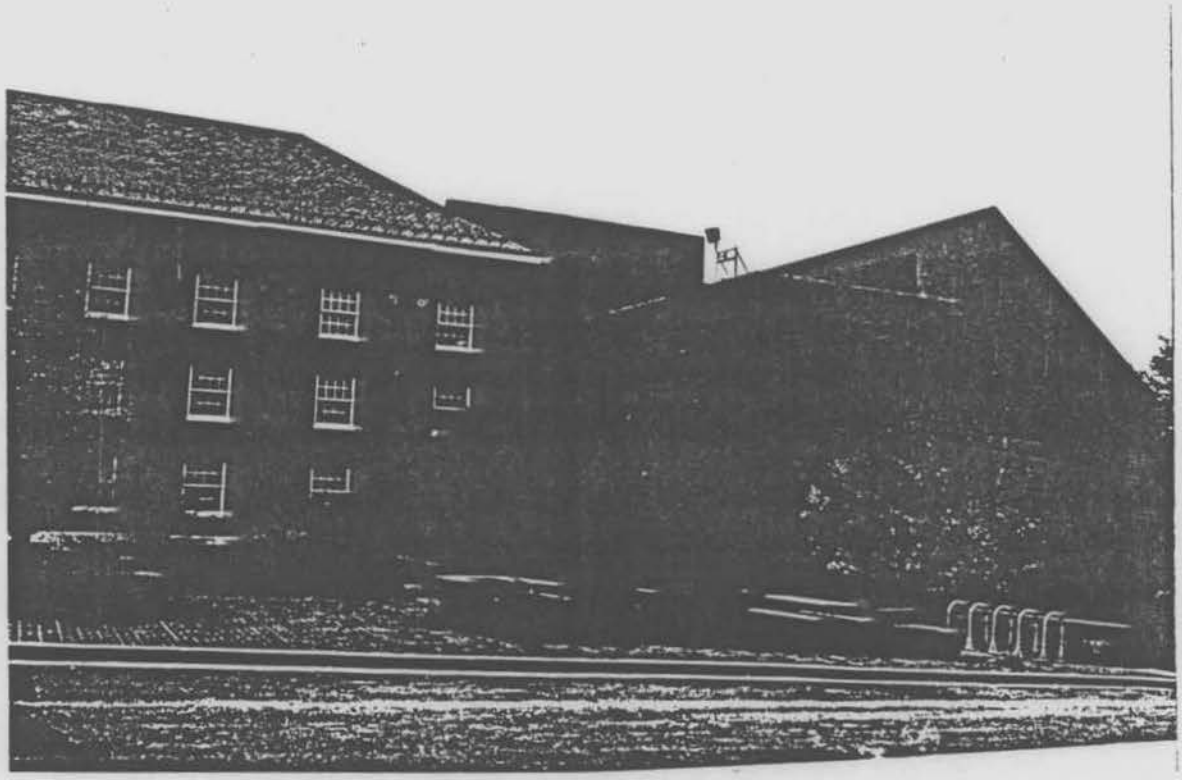


Figure 29.

Building 8
National Institutes of Health
Montgomery County, MD
Regina L. Arlotto, November 1995
Negative at MD SHPO
View of West Facade, Looking Southeast.