Phase II and Phase III Archeological Database and Inventory

**Site Number:** 18AP77  
**Site Name:** Site 3  
**Other name(s):** Porter's Folly

**Brief Description:** Late 19th-early 20th century military hospital

**Site Location and Environmental Data:**
- **Latitude:** 38.9932  
- **Longitude:** -76.5053  
- **Elevation:** 20 m  
- **Site slope:** 0-5%

**Physiographic province:** Western Shore Coastal  
**Maryland Archeological Research Unit No.:** 7

**Nearest Surface Water:** Severn River

**SCS soil & sediment code:**
- Terrestrial site ✔  
- Underwater site

**Topography:**
- Floodplain
- Hilltop/bluff ✔ Rockshelter/ cave
- Interior flat
- Upland flat
- Ridgetop
- Terrace
- Low terrace

**Ownership:**
- Private
- Federal ✔
- State of MD
- Regional/ county/city
- Unknown

**Minimum distance to water is:** 335 m

**Temporal & Ethnic Contextual Data:**
- **Paleoindian site:** Woodland site
- **Archaic site:** MD Adena
- **Early archaic:** Early woodland
- **Middle archaic:** Mid. woodland
- **Late archaic:** Late woodland

**Unknown prehistoric context**

Contact period site ✔ ca. 1820 - 1860  
ca. 1630 - 1675
ca. 1675 - 1720
ca. 1720 - 1780 Post 1930

**Ethnic Associations (historic only):**
- Native American
- Asian American
- African American
- Unknown
- Hispanic

**Y=Confirmed, P=Possible**

**Site Function Contextual Data:**

**Historic Urban/Rural?** Urban
- Domestic
  - Homestead
  - Farmstead
  - Mansion
  - Plantation
  - Row/townhome
  - Cellar
  - Privy

**Industrial**
- Mining-related
- Quarry-related
- Mill

**Transportation**
- Canal-related
- Road/railroad
- Wharf/landing
- Maritime-related
- Bridge
- Ford

**Educational**
- Church/mtg house
- Ch support bldg

**Military**
- Battlefield
- Fortification
- Encampment

**Church**
- Christian
- Jewish

**Other context**
- Slave related
- Non-domestic agri
- Recreational
- Midden/dump
- Artifact scatter

**Burial area**
- Cemetery
- Sepulchre
- Isolated burial

**Tavern/inn**
- Post-in-ground
- Frame-built

**Soil samples taken**

**Interpretive Sampling Data:**

**Prehistoric context samples**
- Soil samples taken
- Flotation samples taken

**Historic context samples**
- Soil samples taken
- Flotation samples taken

**Other samples taken**

**Flotation samples taken**

**Other context**
- Other context

**Site setting**
- Site Setting restricted
- Lat/Long accurate to within 1 sq. mile, user may need to make slight adjustments in mapping to account for sites near state/county lines or streams

**Ethnobotany profile available**

**Maritime site**

**Site slope:** 0-5%
**Phase II and Phase III Archeological Database and Inventory**

**Site Number:** 18AP77  
**Site Name:** Site 3  
**Other name(s):** Porter's Folly  
**Prehistoric**  
**Historic**  
**Unknown**

**Brief Description:** Late 19th-early 20th century military hospital

### Diagnostic Artifact Data:

<table>
<thead>
<tr>
<th>Projectile Point Types</th>
<th>Prehistoric Sherd Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clovis</td>
<td>Koen-Crispin</td>
</tr>
<tr>
<td>Hardaway-Dalton</td>
<td>Susquehana</td>
</tr>
<tr>
<td>Palmer</td>
<td>Vernon</td>
</tr>
<tr>
<td>Kirk (notch)</td>
<td>Piscataway</td>
</tr>
<tr>
<td>Kirk (stem)</td>
<td>Calvert</td>
</tr>
<tr>
<td>Le Croy</td>
<td>Selby Bay</td>
</tr>
<tr>
<td>Morrow Mtnn</td>
<td>Jacks RI (notch)</td>
</tr>
<tr>
<td>Guilford</td>
<td>Jacks RI (pent)</td>
</tr>
<tr>
<td>Brewerton</td>
<td>Madison/Potomac</td>
</tr>
<tr>
<td>Otter Creek</td>
<td>LeVanna</td>
</tr>
</tbody>
</table>

### Prehistoric Features

- Mound(s): Storage/trash pit
- Midden: Burial(s)
- Shell midden: Ossuary
- Postholes/molds: Unknown
- House pattern(s): Other
- Palisade(s): Heath(s)
- Heath(s): Lithic reduc area

### Lithic Material

- Jasper: Chaledony
- Chert: Ironstone
- Rhyolite: Argillite
- Quartz: Steatite
- Quartzite: Sandstone
- Fer quartzite: Sil sandstone
- European flint: English Brown
- Eng Dry-bodie: Normanton
- Rhenish: Wt Salt-glazed

### Historic Sherd Types

- Ironstone: Staffordshire
- Jackfield: Tin Glazed
- Mn Mottled: Whiteware
- North Devon: Porcelain
- Pearlware: English Brown

### Historic Artifacts

- Tobacco related: Activity item(s)
- Pottery (all): 3
- Glass (all): 23
- Architectural: Faunal material
- Furniture: Misc. kitchen
- Arms: Flora material
- Clothing: Misc.
- Personal items: 1

### Historic Features

- Privy/outhouse: Depression/mound
- Foundation: Well/cistern
- Cellar hole/cellar: Sheet midden
- Hearth/chimney: Planting feature
- Postholes/molds: Road/walkway
- Paling ditch/fence: Wheel pit

### Radiocarbon Data:

- Sample 1: +/− years BP  
- Sample 2: +/− years BP  
- Sample 3: +/− years BP  
- Sample 4: +/− years BP  
- Sample 5: +/− years BP  
- Sample 6: +/− years BP  
- Sample 7: +/− years BP  
- Sample 8: +/− years BP  
- Sample 9: +/− years BP

Additional radiocarbon results available
**External Samples/Data:**

- Additional raw data may be available online

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**Summary Description:**

Site 18AP77, also known as Porter’s Folly or Site 3, consists of the archaeological remains associated with a late 19th to early 20th century military hospital onboard Naval Support Activity Annapolis at the US Naval Academy (USNA). The site is situated atop an inland hill above the Severn River. The site area is part of the USNA campus and included open land with a tree line to the west and a stand of planted trees and shrubs to the south. The core of the site is a water treatment plant complex, including the main plant building, several treatment and storage tanks, a water tower, a parking lot, a driveway, a generator building, and other buildings. The complex has grassy fields and a perimeter fence. Soils at the site are Collington and Wst sandy loams, as well as human transported soils.

Because of continuing tensions with England in the first part of the 19th century, Fort Severn was built in 1808 to strengthen the defenses of Annapolis and the Severn River. In 1845 the United States Naval Academy was established at the site of Fort Severn. The academy was founded by Brahim George Bancroft, Secretary of the Navy, who aimed to formalize and professionalize Naval training. When Fort Severn was transferred to the Navy Department, among eight buildings that were transferred was a hospital. Despite the existing facility, construction of a new hospital near the Superintendent’s house began in 1846. The new hospital was a small bungalow with five rooms on the first floor and three above it. A new larger hospital was completed in 1853.

The Naval Academy was abandoned for the duration of the Civil War, its temporary home made by permission of the Army at Newport, Rhode Island. Those who returned to Annapolis in the summer of 1865 found the grounds and buildings in a state of neglect. Admiral David Porter, the newly appointed Superintendent of the Academy, initiated a period of expansion and reconstruction.

The decision to build a new hospital dates to the Civil War, when both the Naval Academy and St. John’s College were used as hospitals by the Union Army. Annapolis’ small-town atmosphere, mild climate, and clear air provided a restful setting for sick and wounded soldiers brought north by steamers from the battlefields. By November of 1864, the US Surgeon General was preparing plans for a large military hospital in the area, that would include extensive acreage for outdoor exercise with elaborate walkways, open spaces, and trees and shrubs. Construction of the proposed hospital was postponed until after the war ended, undertaken by Porter as one of his favorite projects. The site chosen for the hospital was a plateau at 63 ft asl that overlooked the Severn River. It was purchased for $19,000 in July 1868, 67 acres of a tract known as Strawberry Hill. The Pittsburgh Gazette reported on November 19, 1868 that “a large hospital for the use of the Academy is soon to be built”. The following year, another 46 acres were purchased for $15,218.75. The newly acquired land was used to lay out a cemetery, a park, and the new, larger hospital. Land was also used as a farm, becoming known as “Government Farm” and providing produce for midshipmen at the Academy.

Contemporary reports on the new building emphasized that it was “airy and well-lighted”. The hospital was constructed after the “pavilion plan” for hospital design, which sought to address inadequate ventilation and poor planning as the cause of high mortality rates in hospitals. The originator of the principal, British surgeon John Robertson, believed that plentiful air and separation would clear “bad air” and “miasmas” though, at the time, to be responsible for disease. Separation was achieved by constructing hospitals that were in effect separate, usually parallel, buildings attached by a single arcade or corridor. Windows on each pavilion could be opened to allow cross-ventilation and maximum exposure to fresh air to dispel miasma. Several French hospitals were built along the lines of the pavilion plan from 1820 to 1850. The first British pavilion plan hospitals were the Blackburn Infirmary and the Royal Marine Barracks Hospital, Woolwich. The most important examples of the plan were the Herbert Hospital, Woolwich (begun in 1861), and the new St. Thomas’ Hospital begun in 1868. Soon after, pavilion plan facilities were being built across the US and became the universally accepted hospital design for the remainder of the century.

The plan for the new hospital was a modification of the pavilion plan with its wings angled rather than perpendicular to the main block of the building. This plan allowed the separation of patient wings but constructed the building in the shape of an anchor, at Admiral Porter’s suggestion. Completed in 1871, it stretched 93 m (305 ft) from one end of the anchor to the other, and 19.8 ft (65 ft) from front door to back.

Maps from 1889 and 1893 depict the layout of the building and photographs of the structure exist as well. The four-story brick hospital was constructed in the Second Empire style, with a mansard roof covering the main block of the hospital and hipped roofs covering the two wings. A cupola adorned the top of the building, allowing a commanding view of the Severn River, Annapolis, and the surrounding area. A one-story five-bay porch with paired columns sheltered the main entrance at the center of the building. Secondary entrances flanked both sides of the porch, reached by flights of steps. Octagonal observatories divided the ornately decorated main block of the building from the undorned hipped roof wings on either side. A large fountain was placed in front of the building with a circular drive and walks. Detailed descriptions of the interior are also available in the full site report.

The duration of the building’s use as a hospital was brief, from 1871 to 1876. The Surgeon General recommended closing the facility because several physicians and attendants had contracted malaria, probably caused by mosquitoes breeding in areas with poor drainage near the hospital. Other reasons for its closure included a lack of patients and the expense of upkeep for the building. When the new hospital at 18AP77 was closed, the old hospital (used as a dispensary from 1871 to 1876) was enlarged and altered, resuming its previous use as the Academy’s hospital.

For the remaining years of its existence, the former hospital was used as a storage building, dubbed by locals “Porter’s Folly”. During that time, several attempts were made to reuse the building. The Maryland legislature sought to have the building transferred to the state for use as a trade school for “coloured males”, but the Secretary of the Navy maintained that it might be useful at a future time of war or epidemic. The Army and Navy Journal reported in March of 1894 that it was to be renovated and used as quarters for officers stationed at Annapolis, but the plan never came to fruition.

In the late 1890s the Board of Visitors recommended the improvement of the Academy grounds. In 1898 Congress appropriated the sum of $500,000 and authorized $1,000,000 to begin improvements. Two years later, it appropriated $8,000,000 and in 1903 the sum of $10,000,000 was appropriated, $200,000 of which was to go into a new Naval hospital. During planning, Captain Bronson, Superintendent of the Academy, made an effort to remodel the former hospital or have the new hospital built on the same site. Despite Bronson’s efforts to save the building, the decision was made to build a new hospital, now known as Bancroft Hall east of Porter’s Folly. In 1912 Porter’s Folly was razed.

The site was first investigated archaeologically in 1996 during the course of a Phase I survey of USNA grounds for cultural resource management planning. Shovel test pits (STPs) were excavated on a grid at 20 m intervals to cover the hillslope on which the former hospital was sited. Soils were screened through...
Hardware mesh and STPs were dug at least 10 cm into sterile subsoil. Elements of a former foundation were identified in shovel tests, suggesting potentially intact features, and 20 artifacts were identified. The majority of the artifacts were architectural, with the exception of two fragments of modern bottle glass (discarded), 1 redware sherd, and 2 melted fragments of non-machine-made bottle glass. The assemblage also included 3 machine cut nails, 1 wire nail, 4 window glass fragments, 1 bracket, and 2 pieces of iron. Several pieces of concrete and mortar were also recovered but were discarded as modern after analysis. The machine cut nails date the assemblage no earlier than the middle of the 19th century.

The site was examined in much more detail in 2011, during the course of a Phase II study onboard what was by that time known as Naval Support Activity Annapolis. The survey was conducted as part of compliance efforts for Sections 106 and 110 of the National Historic Preservation Act, as amended. At the time, the Navy was proposing to expand a water treatment plant, and parts of Site 18AP77 would be impacted by the proposed construction.

Mechanized backhoe trenches were the primary means of investigating the former hospital building site and were excavated along the perimeter of the structure location. Three trenches were excavated at the site. The trenches measured approximately 1.83 X 6.1 meters (6 X 20 ft) in plan but were expanded as needed to explore structural features. Mechanical excavations were continually and carefully monitored by archeologists, with small vertical sections removed at a time and periodic pauses in excavation for direct archeological inspection. The depth of the trenches varied, but they were generally excavated until natural subsoil was encountered. One trench (Trench 3) revealed a series of intact foundation walls, and the exposure of features made it impossible for deep excavation. After excavation, scaled stratigraphic profiles and plan views were prepared, and digital photographs were taken for documentation. At the conclusion of excavation and documentation, the trenches were backfilled. Artifacts were selectively collected from the trench excavation, and temporally diagnostic artifacts and samples of brick and plaster were retained. Systematic screening of trench sediments for artifact recovery was not conducted.

Shovel testing was also carried out to investigate the landscape around the hospital building site and to investigate the locations of 19th century outbuildings. In all, 13 shovel tests were excavated. Shovel test were placed judgmentally in the surrounding grounds or yard areas, with three excavated to the west, four to the north, two to the east, and four to the south, which would have been the front of the hospital. Historical maps from the 19th century indicated the presence of two outbuildings north of the hospital building in the rear yard. A single shovel test was excavated at each outbuilding site. No close-interval (radial) shovel tests were excavated as part of the investigation.

Each shovel test measured approximately 36 cm (1.2 ft) in diameter and extended to either a minimum of 10 cm (4 in) into subsoil, or where thick fills were present, to a depth of 45.7 cm (1.5 ft) below ground surface. All soil from the shovel tests was screened through hardware cloth for the recovery of artifacts. Artifacts post-dating 1950 were noted and discarded in the field. Brick and coal was sampled, with most of the material discarded in the field. Pieces of oyster and other marine shell recovered from fill deposits were not retained.

Shovel tests and backhoe trenches were recorded on standardized field forms, which include a schematic soil profile with information on soil texture, color, and inclusions. Shovel test and backhoe trench locations were recorded on field maps and were also recorded using a survey-grade GPS device (Trimble GeoXT). Digital photographs were taken to document general site conditions.

The trenches determined that the hospital's foundation has been preserved in some areas and completely destroyed in others. No cellar remains or builder's trenches were identified. The former yards of the hospital yielded no information on the lives of the patients or workers at the hospital and no evidence of former outbuildings.

A number of features were identified. A dense deposit of demolition debris (Feature 1) was found on the north side of the former hospital site in an area that is now a lawn. A nearby trench (Trench 3) found intact stone and brick foundation walls (Feature 5) from the northern ell of the hospital structure. Gas lights and other architectural items were found in and among Feature 5. The southwestern extent of the former hospital was examined through trench excavation (Trench 1), and two support piers were identified (Features 2 and 3). The two piers were made of mortared stone. The upper portion of the piers appears to have been truncated during building demolition, but the piers were relatively well preserved. No cellars or other features were found near the support piers. Feature 4 was a metal pipe set into concrete found in Trench 2.

Artifacts recovered during the course of the Phase II work at 18AP77 included 1 piece of a redware flowerpot, 11 cut nails, 1 wire nail, 2 unidentified nails, 1 piece of brick, 1 piece of plaster, 1 piece of architectural marble, 6 fragments of slate (likely for roofing), 13 pieces of window glass, a section of metal drain pipe, a hard paste porcelain sherd, a soft paste porcelain sherd, 1 whiteware sherd, 10 pieces of bottle glass, 5 fragments of metal can, a fragment of mirrored glass, and 3 pieces of unidentified metal.

Based on the findings of the Phase II study, it was determined that Site 18AP77 had compromised integrity and no significant information potential. The site offers no significant information on the lives of the hospital patients or staff, and no significant information on the workers who constructed the hospital. No refuse deposits were found that might illuminate life in the hospital, and the evidence suggests that such deposits are likely not preserved at the site. The site does contain intact structural remains in some areas, but the building details are reasonably well known from plans and photographs. The Phase II investigation of the site did yield previously unknown details on the building foundation, and on architectural elements of the building, but this information is not historically significant.

External Reference Codes (Library ID Numbers):
95001618, Site Files