United States Department of the Interior
National Park Service

1173

DEC 08 2010

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form.* If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Charity Hospital of New Orleans

other names/site number Big Charity, Medical Center of Louisiana at New Orleans

2. Location

street & number 1532 Tulane Avenue | NA | not for publication

city or town New Orleans | NA | vicinity

state Louisiana code LA county Orleans code 071 zip code 70112-2860

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this _x_ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property _x_ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

__national __x__ statewide __local

Phil Boggan, Deputy State Historic Preservation Officer 12-2-10
Signature of certifying official/Title Date

Louisiana Department of Culture, Recreation and Tourism
State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

✓ entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:) _____

Jon Edson N. Beall 1.24.11
Signature of the Keeper Date of Action

Charity Hospital of New Orleans
Name of Property

Orleans Parish, LA
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply.)

- [ ] private
- [ ] public - Local
- [X] public - State
- [ ] public - Federal

Category of Property
(Check only **one** box.)

- [X] building(s)
- [ ] district
- [ ] site
- [ ] structure
- [ ] object

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
3		buildings
		district
		site
2	1	structure
		object
5	1	**Total**

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing)

NA

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions.)

Health Care/Hospital

Current Functions
(Enter categories from instructions.)

Vacant/Not in Use

7. Description

Architectural Classification
(Enter categories from instructions.)

Modern Movement: Modern Classic
Modern Movement/Art Deco
Modern Movement/Streamlined Moderne

Materials
(Enter categories from instructions.)

foundation: Wood pilings
walls: Limestone
roof: Tar and gravel
other:

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

Charity Hospital is located at 1532 Tulane Avenue in the downtown medical district of New Orleans, Louisiana and stands within the superblock of Tulane Avenue, LaSalle Street, Gravier Street, and South Claiborne Avenue. The building was constructed in 1938 and opened for patient care in 1939. Since 1736 six buildings have accommodated the hospital (Figure 4). The current Charity Hospital is a massive vertical building with a heavy steel frame superstructure with limestone cladding, and was an early and profound addition to New Orleans burgeoning downtown skyline (Figure 5). There are also two waiting rooms (separate buildings) at the front of the main structure connected by breezeways. All of Charity Hospital's architecture falls within the Modern Movement. The main structure falls within the Modern Classic architectural style, but as was common with Modern Classic style, and typical of the public structures that most often took its form, like courthouses, post offices, and hospitals, etc., it contains some Art Deco and Streamlined Modern flourishes. The waiting rooms are Streamlined Modern and the breezeways have Modern detailing. (Craig 1995:22, 23 and personal communication) As was common, for Modern Classic styled buildings it also contains significant artwork at its entrances. Architecturally, Charity Hospital embodies historic significance, historic integrity, and historic context. This National Register nomination is for three buildings; the main building and the two waiting rooms (contributing elements); and three structures, the two breezeways (contributing elements) connecting the waiting rooms to the main building, and a small mechanical/HVAC structure at the rear of the hospital (non-contributing element); all on a compact integrated campus (Figure 6). Despite numerous storms, several major hurricanes, settling over eighteen inches soon after its construction, and the required addition of exterior fire exits, a majority of the building is intact, rendering the structure with a high degree of architectural and historical integrity. Thus, Charity Hospital retains its National Register eligibility.

Narrative Description

Located at 1532 Tulane Avenue in the heart of the medical district within the New Orleans Central Business District, Charity served a large statewide indigent population. Charity Hospital was designed by the New Orleans architectural firm Weiss, Dreyfous and Seiferth, and with its waiting rooms, wings, and central tower (see Figure 16) accommodates approximately one million square feet of program space. Its typical concrete floors were formed and poured in place (Figure 7). Its steel frame, where exposed in the interior, is typically encased in terra cotta for fire suppression purposes. The interior is surfaced with hygienic ceramic-faced terracotta tiles and traditional lime plaster walls. The exterior limestone cladding originates from Alabama and varies in thickness from two to five inches. As mentioned, Charity Hospital is an example of Modern Classic architectural style and like many structures from this era it also includes Art Deco and Streamlined Modern detailing.

Exterior

Charity Hospital's façade fronts Tulane Avenue to the (relative) north. Two breezeways turn alongside the waiting rooms, twist along the wings and connect to the main structure as they curve through the courtyard (Figure 8). Although varying stylistically from the Classic Modern core structure, the breezeways are included on the original plot plan with the waiting rooms and the existing railing and trim details clearly delineated in the original plans. Although curving and flowing, echoing the Streamlined Modern waiting rooms, their detail is Modern with angular iron railings interspersed with dual squared vertical stainless steel posts divided by sparse iron detailing (Figure 9). The breezeway roofs are typical flat "built-up" tar and gravel roofs, but edged in a curving, thick, incised aluminum trim. The ceiling for the covered area beneath the breezeway roofs is composed of stucco.

Charity Hospital of New Orleans
Name of Property

Orleans Parish, LA
County and State

8. Statement of Significance

Applicable National Register Criteria
(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

[X] A Property is associated with events that have made a significant contribution to the broad patterns of our history.

[ ] B Property is associated with the lives of persons significant in our past.

[X] C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

[ ] D Property has yielded, or is likely to yield, information important in prehistory or history.

X [ ] Not applicable

Criteria Considerations
(Mark "x" in all the boxes that apply.)

Property is:

[ ] A Owned by a religious institution or used for religious purposes.

[ ] B removed from its original location.

[ ] C a birthplace or grave.

[ ] D a cemetery.

[ ] E a reconstructed building, object, or structure.

[ ] F a commemorative property.

[ ] G less than 50 years old or achieving significance within the past 50 years.

[X] Not applicable

Areas of Significance
(Enter categories from instructions.)

Health/Medicine

Architecture

Period of Significance

1938-1960

Significant Dates

1938-1940, 1939, 1942, 1946, 1949

Significant Person
(Complete only if Criterion B is marked above.)

NA

Cultural Affiliation

NA

Architect/Builder

Weiss, Dreyfous, and Seiferth, Architects

Period of Significance (justification)

The period of significance begins with the construction of the candidate and ends fifty years ago. The hospital actually operated until 2005.

Criteria Considerations (explanation, if necessary) NA

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance and applicable criteria.)

Criterion A – Statement of Significance Summary Paragraph

Charity Hospital of New Orleans is of both statewide and local significance under Criterion A for History, in the area of Health/Medicine. Charity Hospital provided free, state-of-the-art public health services to indigent and low-income patients throughout the state of Louisiana and was the site of vitally important research that advanced health services for New Orleans and Louisiana residents, as well as patients worldwide. The period off significance for the nomination is 1939 (the date the candidate opened) through 1960 (the fifty year cutoff). Charity continued to provide health care for the people of Orleans Parish and Louisiana until its closure in 2005 due to damage from Hurricane Katrina.

Criterion C – Statement of Significance Summary Paragraph

Charity Hospital merits a determination of state significance under Criterion C for three primary reasons. It is an excellent, architecturally intact example of Modern Classic style in Louisiana. It is also as an important example of the body of Public Works Administration (PWA) work constructed in Louisiana. Finally, it was the first skyscraper hospital architectural plan for Louisiana, representing an architectural coming of age for hospitals in Louisiana that resulted in a significant improvement in medical care during Charity's period of significance.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

Historical Background:

In 1718, under a directive from the proprietary Company of the West (later Company of the Indies) that controlled commerce in the Louisiana colony, French governor Jean Baptiste Le Moyne de Bienville selected a site on which to establish New Orleans on the lower Mississippi River. Bienville had first seen the location in 1699 while on an expedition with his brother, Pierre Le Moyne de Iberville. The Biloxi Indian who accompanied the explorers explained how local Indians were able to reach the river by boat, traveling from the Mississippi Sound through Lake Borgne and the narrow Rigolets into Lake Pontchartrain. From Lake Pontchartrain they accessed Bayou St. John, a waterway on the south side of the lake that came within four miles of the Mississippi River, with a relatively easy portage across flat, albeit swampy, ground. Ignoring numerous objections to the site, including its insalubrity, Bienville chose a location that would give the French control of the lower Mississippi River valley, placing the settlement at a sharp crescent of the Mississippi River upon the natural levee near the Bayou St. John portage (McWilliams 1981:57-58).

Health services in the first decade of New Orleans' existence were negligible. The sub-tropical conditions of extreme heat and high humidity were exacerbated by bouts of heavy rainfall, flooding, drought, and hurricanes. Besides environmental factors, epidemic diseases like smallpox, influenza, and yellow fever moved through the population with regularity, as did disease brought about by poor drainage and poorer hygiene. In 1721, the population of New Orleans was 326 whites, 192 enslaved Africans and Indians, and one free person of color. The years 1722 to 1723 proved almost too great a challenge to residents in the fledgling town. A hurricane in 1722, followed by severe flooding in 1723, almost completely eliminated the food supply. German farmers, who had previously supplied the town with meat and produce, were unable to provide provisions; water supplies were compromised and wine–the only potable that could be consumed without fear of illness–was in short supply. Those individuals with conditions like gout, dysentery, pregnancy and childbirth, wounds, scurvy, and

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Developmental history/additional historic context information (if appropriate)

See continuation sheet.

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

See attached Continuation Sheet

Previous documentation on file (NPS): NA

___preliminary determination of individual listing (36 CFR 67 has been requested)
___previously listed in the National Register
___previously determined eligible by the National Register
___designated a National Historic Landmark
___recorded by Historic American Buildings Survey
___recorded by Historic American Engineering Record
___recorded by Historic American Landscape Survey
___Not Applicable

Primary location of additional data:

__x__ State Historic Preservation Office
___Other State agency
___Federal agency
___Local government
___University
___Other
Name of repository: _____

Historic Resources Survey Number (if assigned): NA

10. Geographical Data

Acreage of Property 2.1 acres
(Do not include previously listed resource acreage.)

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

	Zone	Easting	Northing		Zone	Easting	Northing
1	15	781940	3317240	3			
2				4			

Verbal Boundary Description (Describe the boundaries of the property.)

Boundaries are shown on the attached sketch map.

Boundary Justification (Explain why the boundaries were selected.)

Boundaries follow the property lines (which are the same as the curb lines) on the north (Tulane Avenue), east (Lasalle Street) and south (Gravier Street) sides. Because the candidate is one of several medical buildings packed within a large city block, the nomination's western boundary follows the outline of the building in order to omit non-related facilities which stand nearby.

11. Form Prepared By

name/title Jill-Karen Yakubik, Daniel Brown, Dayna B. Lee, Virginia S. Lee, Donna Greer, and Rhonda L. Smith
organization Earth Search, Inc. date Summer and Fall 2010
street & number P. O. Box 770336, 4212 St. Claude Avenue telephone 504-947-0737
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Charity Hospital of New Orleans
Name of Property

Orleans Parish, LA
County and State

Form Edited By

name/title Patricia Duncan, National Register Coordinator

organization Louisiana Division of Historic Preservation date Summer and Fall 2010

street & number P. O. Box 44247 telephone (225) 219-4595

city or town Baton Rouge state LA zip code 70804

e-mail pduncan@crt.state.la.us

Property Owner:

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

name Paul W. Rainwater, Commissioner of Administration, State of Louisiana

street & number P. O. Box 94095 telephone 225 342-7000

city or town Baton Rouge state LA zip code 70804-9095

Additional Documentation

Submit the following items with the completed form:

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

  A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Continuation Sheets**

- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Photographs:

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Charity Hospital of New Orleans
City or Vicinity: New Orleans, Louisiana
County: Orleans State: Louisiana
Photographer: Robert Tucher
Date Photographed: July 2009
Description of Photograph(s) and number: Refer to back of individual photographs
1 of X

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).
Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

DESCRIPTION, continued

A wide central walkway connects the front doors to the city sidewalk paralleling Tulane Avenue and divides a green space of open lawn and landscaping enclosed behind the waiting rooms. The *tout ensemble* mimics the shallow courtyard of the previous Charity Hospital, which contained administration buildings that partially blocked the front façade of the previous main building. (Figures 10 and 11)

The waiting rooms were segregated, with African Americans using the left waiting room building, while "whites" used the right waiting room building. The waiting rooms are identical with a footprint that is vaguely "T" shaped. The crowns of the "Ts" face each other across and perpendicular to the central walkway (Figure 12). The waiting rooms are Streamlined Modern and stylistically diverge from the Modern Classic style of the main structure to such an extent that they appear to be additions, but they were unmistakably included in the original plot plan (Figure 13). The exteriors of the streamlined form waiting rooms are terminated with three bays facing each other across the central walkway with two windows on either side of a central door with a fixed transom. The windows are given the appearance of additional height by recessing the sill and header slightly from the base level to the roof edge, and then vertically incising three thin lines deeply into the limestone blocks. Four additional incised lines, much more tightly grouped, wrap horizontally around the entire building at the rounded parapet, and terminate with a 90 degree turn down into the door header (Figure 14). The courtyard elevation contains modern steel framed plate glass windows and doors that replaced the original double doorways and rows of casement awning windows (Figure 15).

Charity Hospital's outer dimensions of its footprint are approximately 448 feet wide by 318 feet deep and approximately 267 feet high at the central tower (Figure 16). The massive rectangular central tower (A, see Figure 16) rises above the other sections of the building at 20 stories tall. Two identical long rectangular wings (C, see Figure 16), each 12 stories high and approximately 171 feet high and 54 feet wide, are roughly parallel to, and attach to the main structure in two locations on both sides of the central tower (four connecting sections in all). (B and E, see Figure 16). Each wing is terminated at its northerly end with a 14-story tower that is canted to form a façade with the central tower (D, see figure 16). The two forward connecting sections are towers in and of themselves at 14 stories each (B, Figure 16). The two rear connecting sections have a similar footprint but are only two stories in height (E, see Figure 16). These four connecting sections form light wells on either side of the central tower between the wings, with the inclusive footprint of all the interconnected structures roughly forming a "W" (see Figure 16). One of the light wells, the southernmost, has been enclosed to provide mechanical space for air handlers (see Figure 5). With a trapezoidal site, the wings are not technically perpendicular to the core but deflect 12 degrees from perpendicular toward Tulane Avenue, which is instrumental in forming the "W" shape. The shape of the footprint of the main structure has been variously described as an, "H," an "M," and as a "W." The fire escape exit diagram, mounted over the exit doors throughout the structure, clearly displays a "W" shape and most accurately represents the layout (Figure 17). Internally, each of the building's interconnected parts are fundamentally arranged around a central hallway with offices, support areas, wards, services and individual rooms, etc. on both sides of the central hallway. Terracotta tile covers the interior exposed beams for fire protection. In total, the interconnected core buildings compose just less than one million square feet.

To provide support for this massive structure, 18-inch footings covered large groups of wooden piles. In total, eight thousand wooden piles support the 12-inch-thick floor slab and basement walls (Figure 18).

On all elevations, the first and second floor windows are recessed only about an inch back from the surface of the limestone. Above the second floor, the windows are recessed several inches, with a limestone spandrel panel between the header of each window and the sill of the window above it (Figure 19). These recessed bays of windows and spandrel panels create an optical effect that visually projects the surface of the limestone creating the appearance of classical pilasters, an example of the paring down of classical detail, and austerity in general represented in the Modern Classic style.

The front façade of the central tower at eighteen stories is 80 feet wide and 267 feet tall. It transitions at the eighteenth floor with a set back and the upper two floors finish the tower with a large double height gymnasium, storage space, offices, and a mezzanine with a balcony. A crenellated parapet with both alternating decorative and unadorned merlons, and unadorned crenels, cap the set back at the eighteenth floor (Figure 20). The nineteenth and twentieth floors contain five bays of windows nearly seventeen feet high (Figure 21). Each window contains mullions dividing the window into six sections, with two casement windows and two smaller casement awning windows. The gymnasium roof, the apex of the building, is topped with a simple continuous limestone parapet cap.

The main front entrance has full-length replacement sliding glass double doors with aluminum surrounds and a four-pane fixed aluminum transom above it. An original panel of fluted aluminum covers the header between the transom and the grille. The doorway reveals curve between the surface of the doors and the surface of the building. Louisiana artist Enrique Alférez created the aluminum grille (discussed below) over the front door, an Art Deco influence common to Modern Classic style. Art Deco influenced style is also represented in a series of small bas-relief pictures of stylized animals, plants, medical symbols, and common medical devices located in a strip above the main entrance. Under the top of the surround, a late twentieth century addition of a set of aluminum sans-serif letters spell out the name of deceased Louisiana civil rights leader and politician, the Reverend Avery C. Alexander. Between the aluminum lettering and the header of the doorway, the inscription "Charity Hospital of Louisiana" was originally carved on two lines. Alférez used a common Art Deco font with reverse incised lettering (Figure 22).

At the visitor's main entrance, on either side of the elaborate Alférez grill and limestone surround, the bottom two floors are curved into the façade composing an austere Streamlined Modern detail that references the Streamlined Modern aspects of the nearby waiting rooms (Figure 23). Each of the bottom two floors have six double casement windows with fixed glass panels at the top and bottom. The first floor windows are not original, but are filled with fixed glass panels and replaced modern metal sashes (see Figure 23).

The front façade of the connecting section (B, see figure 16) contains 10 bays and 14 stories measuring approximately 196 feet with a plain continuous parapet at the roofline. Each covered breezeway terminates into the facade of the respective connecting section. Each entrance is composed of three replacement doors with full-length glass panels.

The east and north towers (D, see figure 16) terminating the massive wings, have front façades with six bays. Single end bays are located within two-foot setbacks on either side of the four center bays. The facades rise twelve stories. The thirteenth story is set back from the center four bays and contains mechanical equipment. The sides of the towers each have seven bays ending above the twelfth floor with a crenellated parapet with decorative limestone merlons and unadorned crenels over each bay.

In the 1980s, on both courtyard side elevations of the side towers, exterior emergency stairs were installed on each tower at the rear two bays of the wings to provide fire exits for what were dead end corridors (see Figure 16) . The stairs are constructed of, and faced at handrail height, in continuous concrete. Their exterior open sections are strung with steel post-tensioned cables to protect the public. The additional added emergency stairs on the central tower at the rear elevation and at the rear of both wings resemble the stairs on the D towers. The added emergency stairs on all of these structures are obviously later, modern utilitarian additions and are incongruous to the original Modern Classic design. These added essential safety features are the most significant alterations to the buildings (Figure 24).

The outer exteriors of each wing are interrupted by a vertical pavilion composed of Modern detailed sun porches at each floor, with a band of windows stretching around all three sides (Figure 25). Seven bays lead up to the sun porch pavilion, and sixteen bays continue after them to the rear of the building. A modern porte-cochere protects the LaSalle Street entrance from the weather.

Two rear-connecting sections (E, see figure 16) each have twelve bays of windows facing Gravier Street

and rising two stories. The rear elevation of the central tower has eight bays rising twelve stories (Figure 26). The two bays on either side of the central tower match the height of the E wings at two stories, but are set back one foot from the surface of the tower façade. At the rear elevation of the central tower, at the second floor, under the eight bays, the windows differ. Six windows are flanked by a bas-relief sculpture at both ends. These windows mark the location of the auditorium, which also served as a chapel. One bas-relief sculpture depicts two medical personnel in a laboratory setting. The other depicts an historical figure at Charity Hospital, Sister Stanislaus with a doctor and a nurse caring for a patient in distress (Figures 27 and 28). (Sister Stanislaus served at Charity hospital for sixty-three years, from 1883 to 1945, and was its administrator for decades. She was a member of the Catholic religious order, the Daughters of Charity. The Daughters of Charity directed and provided medical care for the Charity system for over 150 years. At the time the sculptures were completed religious charity had been the cornerstone of western nursing care for centuries. Sr. Stanislaus' service was exceptional during her 58 years at Charity Hospital as she directed nursing and continued her order's over 400-year commitment to public service for the poor.)

The emergency department is located directly under the auditorium windows. The ER extends out into both rear connecting sections and both wings (Figure 29). A large concrete ramp connects the street to the first floor. Two large openings previously held a number of casement awning windows; but with the advent of modern HVAC systems, the window frames were infilled with glass block. Two added automatic doors provide for unimpeded entry. Overhead, a concrete canopy covers both doors creating an automobile passageway. An aluminum edge with Art Deco lettering proclaims "EMERGENCY ENTRANCE" at both ends of the canopy.

There is also a small connecting hallway between Charity Hospital and the 1934 LSU Medical School (originally Lapeyre-Miltenberger Convalescent Home also designed by Weiss, Dreyfous, and Seiferth, and decorated by Enrique Alférez). This hallway is original to Charity Hospital and appears in its original plot plan (see Figure 13). It is a simple one-story limestone cladded thoroughfare with a "built-up" tar and gravel roof. The hallway is nothing more than an enclosed breezeway included in the plan to protect people from the elements as they crossed between the hospital and a clearly separate, pre-existing building.

In its 71 years of operation Charity Hospital's roofs have been replaced numerous times. At the time of its construction, the "built-up" tar and gravel roof had for decades been the accepted method of waterproofing a flat roof. Three to five layers of hot tar and felt covered in gravel ballast composed these roofs. (Ching 2001: 8.4). Installed without much slope on flat roofs, they often failed from repeated pooling water. Additionally, the tar and felt degraded over time, requiring the installation of a new roof in approximately ten-year cycles. With the emergence of synthetic plastics, rigid insulation, and other modern products, layering materials improved in the latter half of the twentieth century but the method essentially remained the same. The current roofs date from the mid-1990s (Eddie Williams, personal communication, 16 July 2009). Most of Charity's roofs drain with minimum slope and contain gravel ballast. The roof appears to be intact with no visible water stains in the interior.

Interiors

As previously stated, heavy steel frame construction supported the concrete floors into the foundation with a limestone cladding exterior. Brick formed the middle layer of the exterior walls, and the interior layer of the outer walls was formed with terra cotta tile blocks parallel with the brick wall. Lime plaster and metal lath covered the terra cotta tile layer in addition to a tall wainscot of buff-colored ceramic-faced tile about five feet high protecting and providing a hygienic barrier to the lower walls in high traffic areas. Most hallway floors are terrazzo, cream-colored in the center with a wine or dark gray border at the walls.

Charity Hospital's first floor (Figure 30) is a complex warren of over 200 rooms divided into the basic functions of emergency services, radiological services, orthopedic clinic, walk-in clinic, family clinic, administrative offices, waiting areas, mechanical services, and a loading dock, all interspersed with a myriad of secondary and tertiary services and/or functions. There are three bays of elevators, one in each tower wing and the central tower (see Figure 30). Each contains a small lobby. There is also a service elevator at the rear of the right tower. The

use of these spaces, and sometimes the spaces themselves, changed as various medical services grew, developed new technology, and expanded into the spaces over the years. As a result, it is difficult to associate a function with a space. Each floor of the hospital generally replicates the organic organization of the first floor and a listing of hospital function by floor is attached (Figure 31)

Stylistically, and common to Modern Classic style buildings, the entrance lobby retains Art Deco details, but in the spirit of Modern Classic styling, appears very sober, given the neutral color palette and the simplification of ornamentation (Figure 32). The familiar marble-lined gathering space and circulation hub was lined with paired, tan marble slabs herringbone matched. Three separate groups of marble bands align at a traditional wainscot level, a picture rail level, and a tall doorway level. A simple plaster cornice, visible above the newer dropped ceiling, echoes the rhythm of the marble bands. Over each entranceway a bas-relief depicts a seedling in front of a rising sun (Figure 33). Over the rear doorway leading to the emergency room examination wards, a bronze medallion, in bas-relief, set into the wall illustrates a portrait of Sister Stanislaus, the aforementioned administrator and member of the Daughters of Charity that directed care for Charity Hospital's patients for over 150 years (Figure 34).

Identical to the upper floors, the lobby floors are cream-colored terrazzo with a wine or dark gray border at the walls. The seal of the hospital, located in the center of the lobby floor, consists of the seal of the State of Louisiana surrounded by four concentric rings, formed from stainless steel (Figures 35 and 36). The State seal shows a pelican vulning herself, referred to since the Middle Ages as "Pelican in Piety" and feeding her brood, encircled by the words, "Union, Justice, Confidence." The next outer ring reads, "State of Louisiana 1938." The three outermost rings are inscribed, "In This Harbor Weary Seaworn Ships Drop Anchor," "And New Launched Vessels Start Their Outward Trips," and "Within These Walls Life Begins and Ends." The marble walls stretch around through the elevator lobby, but with only one set of marble bands adjacent to a deeper plaster cornice. On the left of the entrance lobby are mounted the words "WELCOME TO THE MEDICAL CENTER OF LOUISIANA;" and "Where The Unusual Occurs & Miracles Happen" mounted to the right. Both phrases consist of sets of aluminum letters embedded into the marble.

Although there are 11 staircases in the central buildings, only five rise to the roof in each respective building. The other six staircases service only two floors, the basement and the first floor. All stair steps and railings are formed from concrete with lilac-gray-black terrazzo with dark gray borders covering most stairs. Plaster and/or tile cover most stair tower walls and rails. Plain round wooden handrails are fixed to the walls or outer railing.

The two emergency room stairs are a notable exception to the other staircases within Charity Hospital. Running to the basement from either side of the triage block, the staircases are one of the few architectural elements in the interior that contain Streamlined Modern detailing. Built into an adjoining wall, a terrazzo curb provides the base for the safety railing (Figure 37). A flat aluminum rail covers the base, masking the intersections of four aluminum posts. Aluminum clips hold a mesh aluminum grating to two intermediate aluminum rails. Two additional rails terminate the posts at 32 inches high. At the top of the stairs, the railing assembly terminates at a 36-inch-high hollow metal newel post that is painted black and capped with an aluminum plate. A modern added gate, essentially a plate of plexi-glass fixed in an aluminum frame, has been hung at the newel post at the top of the stairs. A railing identical to the first floor railing follows the slant of the stairs to the basement (see Figure 37).

Doctors used medical amphitheatres to demonstrate procedures and concepts on both living patients and cadavers. Located next to the city morgue, Charity's basement amphitheatre permitted observation of autopsies. The graduated levels had a very steep slope and five shallow sitting tiers to provide every person an adequate view at as close a range as possible (Figure 38 and 39). Two similar amphitheatres on the twelfth floor permitted medical students to observe surgery. These were located just down from the medical school's operating rooms.

Charity Hospital contains two venues for both relaxation and non-medical related pursuits. On the nineteenth floor, the gymnasium contains both a double height space and a mezzanine with 17-foot tall windows

(Figure 40). At the rear of the building on the second floor, the architects designed a multipurpose space to serve as both an auditorium and the first chapel (Figure 41). Other than the stage, the plaster cornices are the only existing detail in the room that is architecturally relevant. The cornices hide the concrete substructure, but also contain light channels that provide illumination (Figure 42).

Although mechanical equipment was concentrated in the basement, engineers located numerous HVAC and other air-handling units throughout the building including service closets and rooms. Many were installed in the sunrooms on either side of the wings. In some instances obsolete systems were removed before the installation of new systems, but often the obsolete equipment was left in place. With constant innovation and invention, new and enhanced technical services such as electrical, computer, and anesthetic gas services were added. Modern dropped ceilings conceal numerous systems installed near the ceiling and upper walls. Lamson tubes, commonly referred to as a pneumatic tube system, had been in architectural use since the late 1800s and were an added feature of Charity Hospital's original improved design.

Historic doors would have been aluminum or stainless steel frame with a large fixed piece of glass covering most of the area. Boarded openings make some analysis impossible but most interior doors are institutional replacements with one notable exception; a number of paired wooden doors with round "porthole" windows were observed on the surgery units.

Steel framed most of the historic windows. Depending on the function, casement, tripartite, and jalousie windows were used for air flow before air conditioning. The first floor contains most of the modern replacements. While the replacements are similar to the originals, they are inoperable and contain fixed panes of glass.

Art and Details

As the windows and spandrel panels recess from the surface of the stone façade, the parapet shape echoes this relationship. The parapet crenellates with a merlon topping the limestone section, and a crenel matching the window bay. As decoration, five lines have been incised vertically into the spandrel panel, creating the effect of three overlapping ribbons. The ribbons rise over the coping of the parapet and end on the other side of the wall, with rounded edges.

Enrique Alférez, an artist proficient at sculpture, painting, and metalworking, received most of the artist commissions for Charity Hospital and had completed other commissions for Charity Hospital's architectural firm Weiss, Dreyfous, and Seiferth. During the Great Depression, he worked primarily for public agencies like the Works Progress Administration. His work can be found at City Park and the Shushan Airport in New Orleans, the Palmolive Building in Chicago, and Charity Hospital among numerous other commissions. His work at Charity Hospital includes the bas-reliefs, the decorative aluminum grille above the front door, and the medallions on the exterior of the waiting rooms.

The aluminum grille above the front door covers the transom, jamb and the second story window above it (Figure 43). The artist used the Social Realism style associated with other works of public art in the Great Depression. Alférez cast a low relief screen with individual sections depicting workers in the various industries that sustained the Louisiana economy. At the center reposes a nude man with his hands and forearms raised over his head in heroic style. A stylized tree is depicted behind his head. Most of the smaller figures stand on diagonal lines that start at the center figure, and spread out around him like sunbursts. At the upper left, two men harvest rice while under the rice hide two muskrats. To the right of the harvesters, five figures appear to be working in the oil industry, signified by the oil derrick at the top middle of the grille. On the upper right, men fish the shallows while beneath these men, several fish swim down between two diagonal lines. Below the fish, a couple seem to be running from a hurricane depicted by spiral clouds and lines of rain. The figure of the mother is bent over to protect her infant from a strong wind that has blown her hair horizontal. In the next panel, two men fish with nets. Below that, two men use a crosscut saw to fell a tree. Across the bottom of the grille, six figures illustrate a scene of teachers instructing several students. On the lower left side, two sailors work on a ship while above them two porters carry goods on their backs. In the last outer scene, two men are harvesting sugar cane under a partially

hidden sun. The inner sections portray several recreational scenes including golf, baseball, horseshoes, hiking, and children playing. By the upper right hand of the central figure, a duck flies over the head of the baseball player. The duck is a visual reminder of Huey Long's policy of "dee ducts" – the collection of deductions from state workers' salaries on certain paydays (Leighninger 2007:145).

Alterations, Non-contributing Elements, Deterioration, and Integrity

After 71 years, three major hurricanes, numerous smaller storms, early subsidence, mechanical service additions, and medical- and safety-driven building additions Charity Hospital remains architecturally intact. In 2005, Hurricane Katrina broke numerous windows (Figure 44). As of 2010, original windows, weakened by deferred maintenance, continue to deteriorate. In addition, only the basement received direct damage in the form of sustained flooding. The water damaged or destroyed many HVAC, plumbing, and other support systems located in the basement. Leaky systems introduced water, mold, and mildew to undamaged areas of the building. Moisture intrusion through walls and into the substructure is an ongoing problem. In addition, renovations in many areas used plastic sheeting to cover the original ceramic tile-covered walls. Acting as a vapor barrier the plastic has impeded the movement of moisture out of the walls. The first and second floors have the most moisture intrusion and mold formation. Also, given the ad hoc placement of numerous HVAC units, mold and moisture damage sporadically affects multiple floors throughout the hospital. Without HVAC units operating and removing moisture from the air the walls have begun to deteriorate resulting in peeling paint and the degrading of plaster surfaces. Fortunately the roofs have continued to function and there are no noticeable conditions of moisture intrusion that could rapidly degrade the building. Deterioration in the form of deferred maintenance, and a building that was never formally mothballed, but was only closed-in without providing for air circulation, is creating the greatest physical threat to Charity Hospital.

The hospital also displays wear common to buildings after many decades of exposure to weather. Damage exists sporadically over the exterior envelope. Limestone blocks demonstrate both hairline and larger surface cracks, including the repairs from the foundation settling approximately 18 inches within the first few years after its construction (Figure 45). Some stones show spalling at the parapet coping and building corners (Figure 46). A few blocks show movement in relation to the other blocks around them. In addition, some joints are open or poorly repaired, but overwhelmingly the exterior is intact and displays a high degree of architectural integrity.

The most significant alterations to Charity Hospital are the addition of the required exterior emergency exit stairs to accomplish life safety egress (see Figure 6). These structures are noticeably incongruous but not harshly, and do not overwhelm the basic architectural visual quality of the structure, yet are identifiable as additions. An important level of care was taken to properly integrate them into the exterior and maintain the architectural integrity of the building (see Figure 6).

Other alterations include the replacement of entrance doors throughout the building and sporadic replacement of windows. Remarkably for the interior, a majority of the original interior finished surfaces remain. There has been some reworking of finishes but the original floor layouts and wall locations are virtually intact. As mentioned earlier, re-workings of mechanical and HVAC systems over the years has resulted in the reuse of many spaces but their original layout was not altered. Internally a majority of the doors have been replaced, obviously to meet evolving life safety requirements for fire rated doors and hardware, but some of the original doors do remain in areas that contained non-locking passageway doors such as the emergency rooms.

Two late twentieth century appendages were also added to Charity Hospital to enhance its medical care -- a radiation oncology unit and a hyperbaric wing. (Dating approximately to the early 1980s, both appear on the 1984 and 1994 Sanborn maps). The radiation oncology addition stands at the right of the façade in front of the right wing tower (Figure 47 and see Figure 16). It features Modern styling, with a band of fixed pane windows and limestone cladding to blend with Charity's exterior. The hyperbaric area is added to the rear of the left wing and is another Modern styled composition (Figure 48 and see Figure 16), similarly limestone cladded and fenestrated to match the hospital. Neither addition resulted in any significant alterations to the original building other than

superficial changes to allow basic mechanical connections and egress.

A small limestone cladded masonry maintenance/mechanical structure was constructed in the late twentieth century at the rear of the main building to the immediate left of the emergency room (Figure 26 and see Figure 16). It is separate from the hospital but has added vent shields to bridge the space between the two. For the purpose of this nomination, it is an architecturally non-contributing element.

In the late twentieth century, at the left rear of the hospital, at the loading dock area, fencing, temporary awnings, and a few small storage structures have been added. None of these elements has altered the hospital building.

Charity Hospital of New Orleans displays problems common to a 71-year-old building. While sporadic interior and exterior damage exists, the edifice displays no structural damage in spite of stresses it has borne over its lifetime, but many mechanical and HVAC systems need repair or replacement. At the present time, long term and ongoing neglect present the greatest threat to the building. Given the superficial nature of the damage and the survival of much of the original fabric and details, the property retains it architectural integrity and would clearly be recognized by persons from the historic period. Thus, it is a strong candidate for National Register listing under Criteria A and C.

SIGNIFICANCE, continued

venereal diseases had few options for treatment, and every year saw increases in illness and mortality. The lone hospital funded by the Company of the Indies was intended to serve employees of the company and military personnel; however, it soon became apparent that the general populace and the indigent could not be turned away. The summer of 1723 saw 900 patients admitted, although the hospital could accommodate only 80 patients at a time. The Company was forced to house the overflow patients in a large warehouse. Due to the extreme need for medical services, the Conseil Supérior decreed in 1724 that "all poor persons" were to be admitted to the hospital (Giraud 1987:217-220).

New Orleans never prospered under the French, who struggled with proprietary interference, administrative negligence, and near economic collapse throughout their colonial tenure. An improvement in medical services, however, began with a gift from an altruistic citizen in 1736, when Jean Louis, a former French sailor turned merchant, died in New Orleans leaving the city an endowment of 10,000 *livres* "to serve in perpetuity for the founding of a hospital for the sick of the City of New Orleans,... and to secure the things necessary to succor the sick" (quoted in Sister Henrietta 1939:249). Completed in 1737, *L'Hôpital des Pauvres de la Charité* was located at Chartres and Bienville Streets in the Vieux Carré. It served as both a hospital and an asylum for the poor (only Bellevue Hospital in New York City has a longer institutional history than Charity Hospital, being founded one month earlier in 1736). The hospital was open to all patients in need, regardless of race or income. Mandated by the French Superior Council, the city maintained *L'Hôpital des Pauvres de la Charité*, albeit poorly, on public donations. After a fire in 1743, the public or "charity" hospital, having outgrown its original location, was granted a new site beyond and in the rear of the developed part of the city. The new *Hôpital de St. Jean* was built under the supervision of Père Charles de Rambervilliers, Superior of the Capuchins. It was probably a brick-between-post structure, and was dedicated on 9 March 1752. The hospital at that time fronted on the downriver side of Toulouse Street. By the early 1750s, the subdivided area of the city had expanded to eleven squares wide and six squares deep (as far back as modern Rampart Street), but other than the hospital lot, the area on the lake side of Rampart Street remained the military commons and thus could not legally be developed (Duffy 1958:107; Sister Henrietta 1939:249; Wilson 1987:280, 282).

Medical services under the Spanish colonial administration did not vastly improve. *Hôpital de St. Jean* remained to serve the poor and infirm, but hurricanes in 1778 and 1779 destroyed the structure and the hospital was forced to move into its one surviving outbuilding in which six beds were placed. In 1782, Spanish nobleman and civil notary Don Andres de Almonaster y Roxas donated $114,000 to rebuild, maintain, and administer the hospital at his own expense. Although the Spanish city council–the Cabildo–had done nothing to rebuild the much-needed facility, it did not wish to relinquish control of the hospital and its funds to Almonaster. Nevertheless, Almonaster was finally granted this authority from the Spanish crown in 1795. Under Almonaster's supervision, the new hospital, named San Carlos in honor of King Charles III of Spain, opened in 1785 with 24 beds in four wards, a staff room, pharmacy, and garden. This substantial brick structure also included a chapel, which provided the city with its only standing house of worship at that time. The Charity Hospital of Saint Charles survived until 23 September 1809, when it "went up in the flames of a great conflagration" (Sister Henrietta 1939:250; Vella 1997:46-48).

Almonaster died in 1798 and Louisiana came under American administration in 1803. In 1811 the city and state asked Almonaster's daughter, Baroness Michaela Almonaster de Pontalba, to relinquish her rights to administer the hospital. By act of the legislature, Louisiana incorporated Charity Hospital as an institution of the state in 1813. In 1815, the fourth Charity Hospital was built at the edge of the city on Canal Street. Although this iteration of the hospital provided 120 beds in two large buildings, doctors and patients found the size and design of this hospital to be inconvenient. In the early 1830s, the buildings were sold to Louisiana to be used as a state house; and in 1832, Charity Hospital was constructed on its fourth and current site on Common Street (later

Tulane Avenue) (Figure 49). The 1832 hospital building (Figure 50) was designed by architect H. Hemphill with construction completed in 1833 at a cost of $150,000. The structure contained 45 wards with 400 beds. Initially, this new hospital building occupied only one city block, but throughout the remaining nineteenth and early twentieth centuries, the gradual expansion of patient services and the establishment of medical and nursing schools at Charity required the construction of additional buildings on adjacent properties. Additions included the W.L. Atkinson psychiatric wing, the 600-seat octagonal surgical theatre on Gravier Street, and two, two-story brick administration buildings. The growing number of services and support buildings had transformed the original city block of Charity Hospital and the blocks around it into a burgeoning medical district by the end of the nineteenth century (Fossier 1924:23, 39, 57-59; Salvaggio 1992; Sister Henrietta 1939).

The first governing body of Charity Hospital was established in 1811, when the newly formed legislature for the state of Louisiana assembled a Council of Administration to oversee the organization and management of the hospital. It was composed of nine members, with the governor appointing six members and the City of New Orleans appointing three members. The board was given the responsibility of electing a House Surgeon to manage all aspects of the institution, as well as oversee medical care to patients. The House Surgeon continued to serve as the top authority at Charity until 1834, when the Board of Administrators persuaded the Daughters of Charity to come to New Orleans. The nuns were asked to provide nursing care to the patients as well as assume administrative management duties alongside the House Surgeon. The Daughters of Charity would be instrumental in establishing of the School of Nursing in the 1890s.

Finances proved to be a major problem for the hospital throughout its institutional life. The state contributed only a portion of the funds necessary to run the hospital. For example, in 1849, the State of Louisiana dedicated only $10,000 for maintenance of the facility. As a result, a small tax was levied on Louisiana's citizens to fund the hospital. Additional income came from a $1 tax on all foreigners arriving at the port of New Orleans, license fees for balls, gambling fines, and from the few patients able to pay for services.

Despite its monetary problems, Charity Hospital was on the cutting edge of medical research and training throughout the nineteenth and twentieth centuries. In the nineteenth century, Charity was a center for the treatment and study of infectious diseases, especially yellow fever, cholera, and smallpox, which visited the city at regular intervals causing thousands of deaths per epidemic. It began its long history as a teaching hospital in 1834 when several physicians practicing in New Orleans established the Medical College of Louisiana. The hospital provided "almost unlimited resources" for medical education through its diverse patient population. Many patients were the indigent from New Orleans, but a vast number of patients were citizens of other states or countries who entered the city on ships as either passengers or personnel. The bodies of unclaimed, deceased patients were used in anatomy classes. Students from the Medical College of Louisiana, which became the School of Medicine at Tulane University, as well as the New Orleans School of Medicine, which was situated opposite the hospital's entrance, trained at Charity. The New Orleans School of Medicine closed during the Civil War. It reopened in 1865, but never received requested funding from the state and closed in 1870 (Fossier 1924:15-16; Salvaggio 1992:67-68, 85).

During the Civil War, Charity was converted into a military hospital and medical students temporarily lost access to training; but after the war the student population returned, and nurses' training was also organized. In 1901, the Josephine Hutchinson Memorial Home for Nurses was built; and by 1912, 115 students were enrolled in the school, which offered postgraduate studies in addition to the two and one-half year course of instruction (Sister Henrietta 1939:250-256). In 1931 advanced university courses for nursing graduates were instituted. The Charity Hospital School of Nursing became affiliated with LSU in 1937 and subsequently began to offer a Bachelor of Science Degree in Nursing. Also in 1931, at the request of Governor Huey Long, the Board of Louisiana State University (LSU) in Baton Rouge established the LSU School of Medicine on the grounds of Charity Hospital in New Orleans. Dr. Rigney D'Aunoy established a resident program at Charity in 1937 that provided training in medical specialties. Charity Hospital remained a teaching hospital for interns, residents and nurses until its closure in 2005.

Patient overload was a major problem for Charity throughout its history. In the nineteenth century, yellow fever epidemics caused massive numbers of new patients to overcrowd the wards. Nevertheless, the hospital grew rapidly in its new, Common Street location and additional buildings were added to accommodate up to 1,000 patients at a time (Figures 51 and 52). By 1849, between 10,000 and 13,000 patients were admitted annually. Louisiana's increasing population—between 1832 and 1900 it increased from 215,739 to 1,381,625 persons—increased the overcrowding further.

At the turn of the twentieth century and through its first three decades, increased patient admissions continued to put a strain on the hospital's patient capacity. Since Charity patients came from all across the state, this increased population caused additional overcrowding at the hospital. Furthermore, in the first decades of the twentieth century the general population of New Orleans expanded rapidly, placing even more demands for indigent medical services on an already laboring Charity system. There was not only an increase in the number of those in need of medical attention, but also in the large number of patients who recovered but continued to stay in the hospital because of lack of transportation to take them home (Fossier 1924:23; Salvaggio 1992:99, 125; Sister Henrietta 1939:252).

During the early 1930s, the economic downfall of the Great Depression contributed further to the increased patient load of Charity. Large numbers of recently unemployed persons could not afford the cost of private medical care. By 1932, overcrowding was to the point that two patients were forced to share the same bed, with 2,185 patients occupying only 1,756 beds. Patient overload had not improved by 1935 when patients still were placed two, sometimes three, to a bed; at peak times like Mardi Gras, patients were forced to lie on the floor. The bed capacity that year was 1,814, and more and better space was needed (Fossier 1924:23; Salvaggio 1992:99, 124-125).

In 1933, Charity's Board of Administrators requested funds for a new hospital building from the Public Works Administration (PWA) established under President Roosevelt's New Deal policy. The board requested $9.85 million for the building. The PWA was authorized to fund 30 percent of the cost at that time and it was proposed by the board that a certain number of beds be designated for paying patients in order to meet the other 70 percent. This proposal brought protests from the New Orleans Medical Society and private medical facilities. In December 1933, the PWA rejected Charity's request for funds due to concerns that the hospital would have inadequate financing to meet its portion of the cost (Leighninger 2007:138-148; Salvaggio 1992: 126).

> Three years of arguments ensued between the New Orleans Medical Society and Charity's Board of Administrators over the intention of Charity to designate a number of beds for patients who could pay for their hospital care. The Society was concerned that these proposed fees would deduct from the income of New Orleans' private physicians. During this same time, the political efforts of Senator Huey Long prevailed to keep federal funding out of Louisiana. In early 1935, the legislature passed a law prohibiting the use of any federal money within the state. However, Senator Long was not against the construction of a new hospital and he persuaded lawmakers to establish the Bond and Tax Board that would provide funding for a new Charity Hospital through corporation franchise tax revenue. After the assassination of Huey Long in September 1935, the prohibition of federal funds in Louisiana was repealed and a year later, in September 1936, the PWA approved the third request from Charity's Board of Administrators for the funding of a new hospital. By that time, the total amount of funds PWA provided projects had increased from 30 percent to 45 percent. The initial construction estimate for the new hospital was $8 million, but the actual cost would eventually total $12.5 million. The remaining construction cost was provided by money from the corporation franchise tax revenue that had been accumulating in the bank since 1935 when the Bond and Tax Board was established by Senator Long (Leighninger 2007:138-148).

The contract for the building design was awarded to the architectural firm of Weiss, Dreyfous, and Seiferth, the designers of the capitol building in Baton Rouge. The east and west wings would house patients seen by students and staff from the Louisiana State University (LSU) School of Medicine and Tulane University School of Medicine students and staff, respectively. The middle wing was to contain independent wards for private

physicians not affiliated with either medical school. To reflect the segregation laws of Louisiana, Weiss, Dreyfous, and Seifert incorporated separate entrances to accommodate black and white patients of the hospital. These laws required the separation of black and white patients in all aspects of Charity's operation. The hospital wards for black and white patients were on separate sides of the hospital building: white patients were assigned to the west side of Charity, while blacks were assigned to the east side. These wards were not integrated until one year after the passage of the 1964 Civil Rights Act; with the "C" (colored) ward sign being changed to "E" for East. Yet, regardless of the Civil Rights law, notices were still being posted in the hospital as late as five years later to remind employees that black patients were to be allowed access to all of the hospital's facilities without segregation. In one instance, an admittance director kept white and back patients' files separated and did not merge them until she was threatened with suspension (Leighninger 2007:138-148; Salvaggio 1992:135, 188-191).

The Board of Administrators hired Dr. Rigney D'Aunoy as a medical consultant and liaison to the architectural firm to advise on technical matters regarding design, erection, and equipment for the interior of the hospital. Dr. D'Aunoy did not participate, however, in the architectural, structural, or mechanical details of the building. According to D'Aunoy's "Report on the Planning and Construction of the Charity Hospital of Louisiana at New Orleans" (1940), he designed the floor plans and provided technical advice for the interior arrangement of the new hospital. Dr. D'Aunoy was also responsible for the bidding process for hospital equipment and supplies contracts, as well as some construction contracts. D'Aunoy submitted his construction plans and specifications to the PWA for study and approval, while the various contracts were presented to the Board of Administrators, with contracts awarded to the lowest bidder after the appropriate process (D'Aunoy 1940:1-15; Salvaggio 1992:135).

At the time of its construction, the new Charity Hospital was the largest structure in New Orleans (Figure 53). Due to its size and the underlying swampland of the area, the new hospital soon began to sink into the ground. By 1939 it was nine inches below its starting point, a settling extent that was over twice the normal and expected rate for buildings in New Orleans to settle. In addition, the central component of the building seemed to be sinking faster than the wings. One of the hospital's designers, architect Leon Weiss of the Weiss, Dreyfous, and Seiferth architectural firm, paid for the costs of the damage appraisals. The board of administrators hired Karl Terzaghi, the Austrian "father of soil mechanics" to investigate the problem. After a year of careful monitoring, examination of the soil strata below the structure, and confirmation of the foundation system, Terzaghi deemed the settlement of the building within normal parameters. It was determined that the architectural firm was not responsible for the damages and that longer pilings would not have altered the outcome. Settlement would gradually decrease over time. In June 1944, the building was reported to have sunk a total of 18.92 inches with a decrease in the annual sinking rate. Between 1945 and 1946, the building began to stabilize without any structural damage; and by 1947 there was no mention of the building's sinking in the hospital's annual report. Because of the flexibility of the steel frame, the settling did not visibly affect it like it did the limestone sheathing. For a number of years, the hospital kept masons on hand to repair cracks, fissures, joints, and other problems. These "historic" repairs now need appropriate maintenance (Charity Hospital 1944, 1945, 1946, 1947; Leighninger 2007:138-148).

Throughout its institutional history, Charity Hospital suffered from chronic lack of funding, largely due to disputed responsibilities between the city of New Orleans and the State of Louisiana. Charity Hospital experienced severe reduction in state funding in 1942, when Governor Sam Houston Jones vetoed Charity's appropriations and threatened to close the hospital altogether in the midst of a political and financial struggle with Mayor Robert Maestri of New Orleans. Interns and residents who trained at the hospital threatened to resign en masse and pursue their clinical education at other medical facilities if funding for the hospital was not reinstated.

Jones' plans to close the hospital drew protests from all quarters. The New Orleans Medical Society passed a resolution in special session calling the potential closure "a medical calamity of such magnitude as never experienced before in Louisiana, the South, nor any other section of the country." Public meetings and protests, many initiated by progressive women's clubs, condemned Jones' actions, which they declared would only hurt the "suffering poor." A complete closure of Charity Hospital was avoided after the Legislature passed a sales tax

initiative to provide funds; but three floors of the hospital were closed to inpatient care, and for two months in 1942, the clinics received no outpatients. Sections of Charity remained closed throughout World War II and served as accommodations for student personnel for the duration of the war. Within the first two years of the war, large numbers of physicians, interns, and residents enlisted in the military. This situation affected not only patient care, but also put a strain on the quality of education for medical students due to the lack of faculty and staff at Tulane and LSU medical schools. In an attempt to cope with faculty shortage during the war, Dr. John Adriani, Director of Anesthesiology at Charity, assumed the responsibility of teaching a full-time anesthesiology program at Charity which was opened to medical students from both Tulane and LSU. Charity Hospital did not fully reopen until 1946. From 1942 to 1946, outpatient services were reduced by 27 percent and patient days by 15 percent (Charity Hospital 1951; Salvaggio 1992:143-146).

The current Charity Hospital of New Orleans continued to serve as one of the largest and best-known public hospitals in the nation through the 1950s. The patients of Charity Hospital provided the resources for Tulane and LSU medical school students, interns, and residents to receive uninterrupted education from nationally renowned physicians and researchers for over a century. The major problems of overcrowding, under funding, and political conflicts remained problematic in the management of Charity Hospital until its closure in 2005. However, national trends in clinical research continued to provide the staff of both medical schools increased opportunities to obtain grant money for Charity's medical units like pathology and immunology that were established during the first 16 years of existence of the sixth and current structure to house the institution of Charity Hospital. Throughout its history, Charity Hospital served remained dedicated to the treatment of indigent and low-income patients, offering some of the most advanced patient care available.

Charity Hospital served as the sole provider of treatment for the indigent of all of Louisiana for 140 years, until Shreveport's Charity Hospital was established in northwestern Louisiana in 1876. Between 1832, when the hospital moved to its fourth and present location, and 1937, approximately 1,500,000 patients received treatment at Charity Hospital in New Orleans. In addition, 250,000 children were delivered at Charity during that time period. Since its establishment as a medical institution in 1736, the New Orleans Charity Hospital continuously served for 279 years as the only hospital in the city of New Orleans and the southernmost parishes of Louisiana that was dedicated to the treatment of indigent and low-income patients. This service ended with Charity's closure in 2005 due to damage sustained as a result of Hurricane Katrina (Roberts and Durant 2009:67; The Times-Picayune 1937:3).

Criterion A: Event

Coming of Age of Statewide Public Health Care

As previously mentioned, during the construction of the new Charity Hospital building the Board of Administrators hired Dr. Rigney D'Aunoy as a medical consultant and liaison to the architectural firm to advise on technical matters regarding design, erection, and equipment for the interior of the hospital. Dr. D'Aunoy did not participate, however, in the architectural, structural, or mechanical details of the building. He designed the floor plans, providing technical advice for the interior arrangement of the new hospital. His plans contained elements never before used in hospital construction, including interior ward corridors, a pneumatic tube system that conveyed tissues from operating rooms to the tissue lab, and explosion-proof operating room lights. On 1 July 1939, the new Charity Hospital building opened its doors; and by 4 January 1940, all departments, wards and patients had been moved into the structure, at that time the second largest hospital in the United States. According to his report to the Board of Administrators for the year 1 July 1939 through 30 June 1940, the hospital's director, Dr. Roy W. Wright, declared the new hospital was "the largest and best equipped and capable of accommodating more patients under one roof than any other hospital," with 2,861 beds (Charity Hospital n.d.:19-21). The hospital admitted 63,852 patients that first year: 33,778 from the city of New Orleans, 29,605 from other areas of the state, seven foreign patients, 111 homeless patients, 284 from other states, and 67 of unknown residence. Although five additional state charity hospitals served Louisiana patients by 1940, a result of Huey Long's 1936 establishment of the statewide charity hospital system, 47 percent of the patients from Louisiana who

were treated at Charity in its first year were from outside of Orleans parish, indicating that the level of care at Charity exceeded what was available to them at the state's other charity hospitals. Charity Hospital of New Orleans continued to receive patients from all over the state. From South Louisiana, Jefferson, Tangipahoa, and Terrebonne parishes provided the largest number of non-resident patients admitted to New Orleans Charity, with over 3,000 patients from Jefferson Parish alone (Charity Hospital n.d:26, 76, 90; Roberts and Durant 2009:13; Salvaggio 1992:133).

Charity Hospital was "the latest, most modern hospital for its time" (Salvaggio 1992:135). Several innovative ideas that advanced treatment and services were incorporated into the interior design of the 1939 iteration of the Charity Hospital building. In addition to the pneumatic tube system and explosion-proof operating room lights, a Central Supply Service was initiated throughout the new hospital in 10 units for the purpose of providing efficient service to doctors and nurses. Like other aspects of Charity Hospital, the arrangement of wards was considered superior to contemporary public hospitals. There were only 12 beds to a ward and a nurses' station. Student laboratories, where blood counts and urinalyses could be quickly performed, were placed between the wards. Also between each ward was placed a three-bed ward that allowed more privacy for critically ill or isolated patients. A new clinic appointment system with patient records reflecting both clinic and ward notes was established in the hospital for better efficiency and to lessen congestion in the clinic areas. In its first year of operations, the new clinic at Charity treated 125,277 patients, which exceeded the treatments per year of the previous nine years. New, state-of-the-art x-ray machines took a total of 27,507 x-rays during 1939, also exceeding the previous year's number of x-rays taken. In the Pathological Department alone, 403,024 examinations took place, reflecting less than double the examinations per year of the previous five years. Besides new medical services and equipment to better serve patients, hospital meals improved in nutrition and taste due to an increase in the number of dietitians at the hospital. The newly opened New Orleans Charity Hospital was awarded a full rating by the American College of Surgeons within a year of its opening (Charity Hospital n.d.: 19-21, 25; D'Aunoy 1940:1-15; Salvaggio 1992:135).).

In 1942, a mere three years after the highly touted PWA building opened its doors, Charity Hospital was in dire financial circumstances. In defense of the institution, the *Times-Picayune* newspaper took up the hospital's cause, noting that, as in 1875 when the hospital was a similarly "much embarrassed institution," Charity's financial problems were due to a failure of the state legislature to provide adequate funds to run the much-needed institution, which cared "for the needs of the indigent sick of Louisiana from the marsh country in the south to the red clay hills of the north." Governor Sam Houston Jones portrayed Charity as an over-funded, wasteful institution, complaining that Charity New Orleans received greater allocations than the five other charity hospitals in Louisiana combined. The *Times-Picayune* report refuted Governor Jones, noting that state appropriations for 1940-1941 provided $7,019,424 to Charity New Orleans and $3,181,807 to the other five state charity hospitals, a figure well in line with the number of patients treated. Again, despite the presence of five additional charity hospitals positioned throughout Louisiana, Charity New Orleans treated 61% of all those admitted to state charity hospitals in 1940-1941, underscoring the need for and desirability of the leading edge services offered there. These numbers were in addition to clinic patients from outside of Orleans Parish, justifying its funding at a higher rate. Patients sought services at Charity New Orleans because it had exceptional facilities for the diagnosis and treatment of patients not found at any other state institution, and provided the services of two outstanding medical schools (Bernard 1942, Section 2:3).

The *Times-Picayune* report cited Mrs. Martha G. Robinson, president of the Women's Citizens' Union, who declared that Charity was no more a New Orleans institution than Louisiana State University was a Baton Rouge institution. "Charity New Orleans has always been opened to the poor of all parishes. Orleans Parish, which comprises 25 per cent... of the state's population, does not today nor has it normally ever furnished slightly more than 50 per cent of the patients in this hospital." To support her contentions, Mrs. Robinson cited a 10-year study she conducted for the years 1932 through 1942 that tracked patient services at Charity. Although the decade under consideration included years that predated the opening of Charity New Orleans in 1939, the first three years of its operation were included in the figures. During that period, a total of 328,146 patients from

Orleans Parish and 294,050 from other parishes throughout the state were admitted to Charity. This figure did not include outpatients, almost equal in number to bed patients in the institution, at least one-third of whom came from outlying parishes. Mrs. Robinson disputed Governor Jones' figures of 2,400 patients hospitalized at Charity on a daily basis compared with 10,000 per day in outlying hospitals. Her research indicated that an additional 2,000 patients were seen in Charity's clinics, 150 received emergency treatment, and 500-600 were examined for admission but released, totaling more than 5,000 patients daily receiving care at Charity. Between 1932 and 1942, 32,000 patients from Jefferson Parish, 29,000 from Tangipahoa, 17,000 each from East Baton Rouge and Terrebonne, 15,000 each from St. Tammany and Washington, and 13,000 from Lafourche sought treatment at Charity hospital, as well as 2,308 patients from other U.S. states, 29 foreigners, 563 of unknown origins, and 432 homeless. The report concluded: "Charity hospital of Louisiana at New Orleans is the mother of all Charity hospitals in Louisiana—it belongs to the whole state, educates the whole state, serves the whole state" (Bernard 1942, Section 2:3).

A complete closure of Charity Hospital was avoided after the Legislature passed a sales tax initiative to provide funds; however three floors of the hospital were closed to inpatient care and clinical services were reduced. Following World War II, Charity's facilities gradually reopened. A notice in the *New Orleans States* newspaper (3 March 1947:2) announced that the Charity Hospital clinic "on the white side" had reopened for the first time since 1942, when it was closed due to a shortage of medical personnel and funding. During the war, "white" and "Negro" clinics were held on alternate days, but were both open daily after 1947.

Criterion A: Event

Site of Important Medical Research and Advances

Medical research and innovations at Charity Hospital provided opportunities for patient treatment unavailable at other Louisiana hospitals. Throughout the 1940s, Charity Hospital was the setting for some of the most important medical discoveries, procedures, and accomplishments of the twentieth century. These medical advances were of benefit to people throughout New Orleans and the entire state of Louisiana. Among the major medical milestones that took place at Charity Hospital was the establishment of one of the first blood banks in the United States and the largest blood bank in the South, which opened on 26 October 1942. Dr. John Adriani served as director, at the same time serving as Director of Anesthesiology at Charity Hospital. The Charity blood bank was the first in the South to have the necessary equipment to collect whole blood, recently identified as far superior to plasma. Blood for Charity patients could be collected and stored for their own use, a preferred medical practice. The blood bank supplied patients not only at Charity, but blood supplies were also distributed to hospitals throughout Louisiana and the South. The Louisiana legal system prohibited the exchange of blood between African Americans and whites except in cases of emergency. The donor station for the Charity blood bank was segregated into "colored" and "white" areas and blood was labeled C for "colored" and W for "white." Nevertheless, since quantities of both types of blood were usually low in the blood bank, Charity's directors would regularly call a state of emergency in order to utilize both blood supplies, recognizing the scientific fact that no difference existed between the two blood sources. As a result of the research carried on at the hospital, Charity patients received the most advanced health care available in Louisiana (Charity Hospital 1943:38; 1944:50, 1945:152; Cohn n.d.; Salvaggio 1992:151, 190).

Dr. Adriani was a nationally renowned anesthesiologist who was instrumental in having anesthesiology recognized as a medical specialty. During his tenure at Charity, Dr. Adriani and colleague Dr. David Roman-Vega developed the method of obtaining selectivity and control of saddle block anesthesia, in 1946 publishing the first description of this method. Saddle block anesthesia blocks all impulses to and from the region of the body in the perineal area and does not spread into the thighs and legs, thus keeping the legs mobile. The localization of anesthesia also reduces effects on patient blood pressure during surgery. Also while at Charity, Dr. Adriani developed a carbon dioxide circle filter for the Forregger apparatus, the most common anesthesia apparatus used

at the time. The "Adriani circle filter" was a more efficient filter that allowed a more steady and even flow of the anesthesia and a safer technique for the collection of carbon dioxide emitted by patients during surgery (Adriani 1962:166; Adriani and Roman-Vega 1946:12).

The first research unit in the South, and one of only a few in the country, to study local infectious diseases opened at Charity in 1948. Dr. Lewis Thomas, originally from Harvard, established the new research unit. A major development to grow out of Charity's research unit was the discovery and description of the lung disease bagassosis, a major public health problem in Louisiana. Charity staff physicians Oscar Blitz and Louis Monte were the first researchers to discover and describe bagassosis and associate the disease specifically with sugarcane laborers. Since sugarcane was a major global economic resource, the knowledge of bagassosis would ultimately provide health benefits to people who toiled in sugarcane fields in Louisiana and elsewhere. The research of Blitz and Monte led to the development of methods to prevent the disease (Hearn 1968: 267; Salvaggio 1992:158-159).

Physicians working at Charity with Charity patients between 1939 and 1960 made other significant advances in public health. Doctors working in the infectious disease unit did break-through work with tularemia and leptospirosis, bacterial diseases common to Louisiana and other tropical regions that were spread by animal vectors. Dr. George Burch made diagnostic advances in blood flow throughout the body and gained national recognition for his studies of the effect of climate on cardiac disease and the causes and treatment of cardiomyopathy while at Charity. Dr. Maxwell Wintrobe made major advances in diagnosis of sickle cell and related blood disorders working with patients at Charity Hospital. Drs. Edgar Hull and Richard Ashman discovered the correlation of electrocardiographic findings with heart attack and heart muscle hypertrophy. Dr. Robert Heath was the first to discover and link an absence of the normal pleasure center in the septal region of the brain to schizophrenia. Drs. Gerald Berenson, Jack Strong, and Henry McGill made "milestone contributions to medical knowledge" in studies of the etiology, epidemiology, and natural history of atherosclerotic heart disease (Salvaggio 1992:157-158, 186-188).

Conclusion

As detailed above, the opening of the new, state-of-the-art Charity Hospital in 1939 represented the coming of age of public health care in New Orleans and Louisiana. Despite a critical lack of funding, the hospital provided innovative and highly advanced health care to indigent and low-income patients from New Orleans, the surrounding parishes, and statewide throughout and after the historic period for this nomination. It offered these services regardless of race, income, or residency. Additionally, important medical strides were made there. For these reasons, Charity Hospital of New Orleans merits listing on the National Register of Historic Places at the state level of significance under Criterion A.

Historical note

In 1949, when Dr. Linus Pauling of California initiated the first research effort to find the cause of sickle cell anemia among persons of African descent, African American patients at Charity Hospital provided a third of the blood supply that was used in this initial research. Dr. George Burch, the Chairman of Tulane University's Department of Medicine supervised the details of acquiring and shipping the blood to Dr. Pauling in California (Pauling 2001:1240; Salvaggio 1992:178-9).

World-renowned cardiologist Dr. Michael E. De Bakey, the first surgeon to perform a heart bypass and who also pioneered artificial heart replacement, began his career as an intern and surgery resident in 1931 at Charity Hospital (in the 100-year-old building that preceded the current building). While a student at Charity, he invented the roller pump for propulsion of blood through flexible tubing, which became the main component in the development of the heart-lung machine for cardiac surgery. Dr. De Bakey served as a faculty member of Tulane School of Medicine Department of Surgery from 1937 to 1946, and instructed students at Charity Hospital for a ten-year period that spanned the transition from the previous to the current hospital building. While still on the teaching faculty of Tulane, from 1942 to 1946, Dr. De Bakey served as Director of the Surgical Consultants' Division in the Office of the Surgeon General of the Army during World War II. During this time he helped in the

development of the first Mobile Army Surgical Hospital [MASH] units (Manning et al. 2004:22; Nuland 2008:61-88; Salvaggio 1992: 147-148).

Criterion C: Architecture

Fine Example of Modern Classic Style

Within the Modern Movement, architectural historians identify four styles of architecture, Art Deco, Streamlined Modern, Modern Classic, and Modern. All of these terms are later twentieth century inventions developed by those looking back at these evolving bodies of work and ordering and classifying them. Although the Art Deco style is credited with originating in the 1925 *Exposition Internationale des Arts Decoratifs et Industriels* in Paris, France, the application of the term Art Deco is credited to Bevis Hiller's 1968 exhibit and book released on the subject in Minneapolis (Craig 1995:22, 23 and personal communication).

In the 1930s, the economic hardship of the Depression forged a new expression in architecture, sometimes identified as "Depression Modern" (Craig 1995:79). It reduced Art Deco's flamboyance and adopted modernism's monumentality and simplicity by removing much of the applied ornamentation, leaving classical geometric forms. To stress the verticality of skyscraper designs, surfaces were sheathed in smooth, flat stone or stucco and window fenestration was arranged in vertical bands with spandrel panels between them. Designers abandoned wood and used stainless steel or aluminum trim for windows, details and railings to contrast with the stone surfaces and select bas-relief decorations, just as was done with Charity Hospital. Stepped setbacks also allowed for the creation of implied Classical geometries (Grief 1975:98). This scaling back of detail, massing of form, and a prescient movement towards pure modernism yet retaining some architectural flourishes, are all hallmarks of the Modern Classic style. As with most Modern Classic styled structures Charity Hospital retained these flourishes at important points of egress. It contains Alferez's elaborate aluminum entrance grill (see Part 7) as well as exceptional but limited bas-relief work throughout the structure. Charity Hospital clearly embodies Modern Classic style in its detailing, its form and mass, its aesthetic restraint, and its use of materials. It is also an excellent example with high architectural integrity in its design, setting, materials, workmanship, and feeling. Contextually it falls squarely within the Modern Classic genre thematically and is a textbook example of the Modern Classic architectural movement.

In comparing Charity Hospital stylistically to other important buildings in Louisiana and the South, the Louisiana State Capitol building in Baton Rouge (1932), a National Historic Landmark, and also designed by Weiss, Dreyfous, and Seiferth is arguably the states most important Modern Classic styled structure. Identified as "Classic Modern" by Louisiana architectural historian Karen Kingsley in *Louisiana Buildings* (Poesch and Bacot 1997:330) the Louisiana State Capitol is apparently the stylistic inspiration for Charity Hospital especially, considering that both buildings were designed by the same architectural firm, both were state projects, both were depression era structures, and both share the same Modern Classic design. The State Capitol's skyscraper design was influenced by the Nebraska State Capitol Building and the Empire State building in New York, (Poesch and Bacot 1997:329) which demonstrates Weiss, Dreyfous, and Seiferth's penchant for borrowing popular design from successful projects across the nation. The Louisiana State Capitol's designation as a National Historic Landmark is for its association with Long and not for its architectural work. Still, the Capitol is another textbook example of Modern Classic style and it possesses an exceptional level of architectural integrity and artistry.

Other examples of Modern Classic style across the state include the Lafayette City Hall, 1939 (now the French Cultural Center) designed by Favrot and Reed; the Port Allen Middle School, 1939, designed by Bodman and Murrell; and the St. Landry Parish Courthouse, Opelousas, 1940, designed by Theodore Perrier.

The Lafayette City Hall shares a similar limestone cladding with Charity and its window design is similar. They both share a pared down ornamentation and stepped down geometric massing (Figure 54).

The Port Allen Middle School in many respects looks like a smaller version of the State Capitol with a

shorter tower. It also shares with Charity its massing and stepped geometry and simplification of ornamentation (Figure 55).

The St. Landry Parish Courthouse repeats much of the Lafayette City Hall comparisons with Charity in its cladding, geometry, and ornamentation (Figure 56).

All of these structures share physically ponderous characteristics, a tripartite symmetry, and ornamentation focused at their entrances, all hallmarks of the Modern Classic style.

Charity Hospital also compares to other well-known examples in the South. The work of architects A. Ten Eyck Brown and Burge and Stevens, both in Atlanta, for the Federal Post Office Building, 1933, and the Police Station and Jail, 1935, respectively, are classic examples of Modern Classic style that also contain similar massing, monumentality, scale, and restrained aesthetics and detailing (Figures 57 and 58). Although size is not a qualifier for National Register listing it is important to note the monumentality of Charity and its sheer mass and scale. Except for Louisiana's State Capitol, Charity Hospital dwarfs these other projects even as they share basic aspects of style, geometry, and pared aesthetics. Charity's inclusion of the Alférez artwork establishes it as one of the best examples of its style in the state and sets Charity apart as an especially fine example of Modern Classic style.

Criterion C: Architecture

An Important PWA Project

Charity Hospital is an important project in an important body of work completed by the Public Works Administration (PWA) during the Depression in Louisiana. Under the banner of the "New Deal," new federal organizations funded public works building projects across the country. PWA architects designed many large institutional buildings like courthouses, schools, libraries, local government buildings, military buildings, utility-related buildings, and roads in addition to hospitals. Many received partial funding from the PWA. Some smaller projects, and a few large ones, like Charity Hospital, obtained funding of nearly 100 percent. Robert Leighninger in his book, *Building Louisiana, The Legacy of the Public Works Administration,* documents that 228 PWA projects were built in Louisiana. Only four buildings received an individual chapter in his work: Charity Hospital, the U.S. Marine Hospital at Carville, the French Market, and the Shreveport Incinerator. Also included in Leighninger's book is Enrique Alferez's Art Deco aluminum grill, which is featured as the sole artwork on the book's cover. Charity, with its fine example of style, a style intimately associated with PWA era projects, and recognition as one of the most significant projects in Louisiana from that body of PWA work, merits statewide significance.

Criterion C: Architecture

First Skyscraper Hospital Architectural Plan for Louisiana

In the late eighteenth and early nineteenth centuries, the design of hospitals coalesced into a basic archetype still used, known as the pavilion plan. Later, in the first third of the twentieth century, following European examples, hospitals adapted the pavilion design to the skyscraper and initiated improved ward planning (Thompson and Goldin 1975:196, 197). The grandest of Enlightenment/Beaux Arts examples for palaces, that in the nineteenth century had become the template for hospitals, government buildings, prisons, colleges, and other publicly accessed architecture, was reconfigured -- essentially stacked into the skyscraper with improved ward efficiencies and functions.

> The pavilion ward in its definitive form consisted of a long open hall for patients terminating in a square connected block for services, often of a different width or height—to which the...definition of pavilion can correctly be applied. The term for the part extended to the whole, and this application was probably reinforced by the concept of separateness that had adhered to the pavilion when it was thought of as a pleasure house (Thompson and Goldin 1975:130).

Architects adopted this form because of its hygienic nature (Thompson and Goldin 1975:126). As quoted,

the basic design connected a large central building to pavilions, and the pavilions to the ward wings. A literal far-flung plan reduced the transmission of disease with light wells and the separation of patients.

Charity's plans follow the pavilion archetype with wards emanating from some centralized services but now stacked upon each other with refined ward functioning. This new design greatly reduced the walking necessary in the preceding "far flung" pavilion design and with the narrow tower wards light and air flow requirements were embellished, even absent modern HVAC cooling systems. Efficiencies of scale, communication, and functioning were advanced by this new architecture and allowed for greater service to the indigent. While not the prototype of this design it was the first example for Louisiana and represented an architectural coming of age which provided a significant improvement over the Charity it replaced. "Old Charity" (the 1832-1936 hospital) spread across a campus that contained many buildings from the nineteenth century. Its design was an antiquated pre-pavilion plan of over a dozen one- to five-story structures, creating a campus that in many respects resembled ante-bellum plantation planning. It included a small internal trolley and rail system to facilitate basic hospital functioning on its campus (Figure 59). The "Old Charity" was less efficient, undersized, and had at times experienced the horrors of two to three patients to a bed, while still representing the second oldest public hospital system in the nation, and its essential services to the indigent. The new Charity Hospital swept away the antebellum system and bypassed the pavilion plan to herald the advent of the modern skyscraper hospital.

At Charity the typical ward had 12 beds, six on each side of the room. One side had at least six windows and a built-in nurses' station (Figure 60). For the convenience of staff and patients, a service block contained examination rooms, a doctor's office, the nurses' station, bathrooms, and other support facilities shared by two wards (Figure 61) These plans put doctor, resident, and intern support areas within the program envelope of the hospital. A pneumatic tube system permitted doctors in operating rooms to send tissue samples to pathology laboratories for faster diagnosis (Figure 62). This arrangement of on-call rooms, bathrooms, offices, classrooms, and recreational areas allowed the medical staff to more quickly respond to emergencies and other patient situations.

For Louisiana, Charity Hospital is important for representing a coming of age of modern skyscraper hospital design and the significant improvement that architectural design created for medical care in the state. As mentioned earlier, in Charity architectural design for medical care in Louisiana radically evolved from an archaic eighteenth century plan, bypassing the nineteenth century pavilion plan, and became the first example of skyscraper hospital design for Louisiana. In *New Orleans' Charity Hospital*, John Salvaggio (1992: 135) contends that Weiss, Dreyfous and Seiferth used New York Hospital (NYH, now New York Presbyterian Hospital), built in 1933, as an architectural precedent. New York Hospital's design contains design elements from one of the most celebrated vertical hospitals in the world at that time the Beaujon Hospital near Paris, France. Skyscraper hospital design is thought to have matured in Europe and then expanded to the U.S. (Thompson and Goldin 1975:196, 197) New York Hospital contains some of the same central projecting wards as the Beaujon, (Figure 63) and Charity Hospital shares some of the same scale as New York Hospital (Figure 64). The plans of all three hospitals followed the pavilion paradigm converted to a vertical format. The central tower became the focus of Charity Hospital and NYH. Two long wings flank the side streets of NYH (Charity's paralleling at an angle). Both wings are connected to the central tower with a shorter, perpendicular projection. On Charity, the wings end in pavilions at the façade; on NYH, both wings were evenly studded with a series of four smaller pavilions like the Beaujon. Charity's design also implied pavilions along the side elevations with a stack of sun porches aligned with the projection from the central tower, and Charity and NYH both have central towers oriented from front to back. Charity Hospital's skyscraper design is clearly a coming of age in Louisiana's architectural hospital design, an architectural design that resulted in a significant improvement for medical care in the state, and warrants a state level of significance.

Conclusion

Charity Hospital is a textbook example of its style, and a fine example demonstrated by comparisons statewide and regionally. It is a celebrated work in the body of 228 PWA projects completed in Louisiana. It is significant and seminal in Louisiana for it groundbreaking vertical hospital plan that represents an architectural coming of age that provided a significant improvement for medical care in the state. For these reasons it is a strong candidate for a National Register listing under Criterion C with a state level of significance.

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Robert M. Craig, personal communication, June 30, 2010.

Robert M. Craig, email message, July 1, 2010.

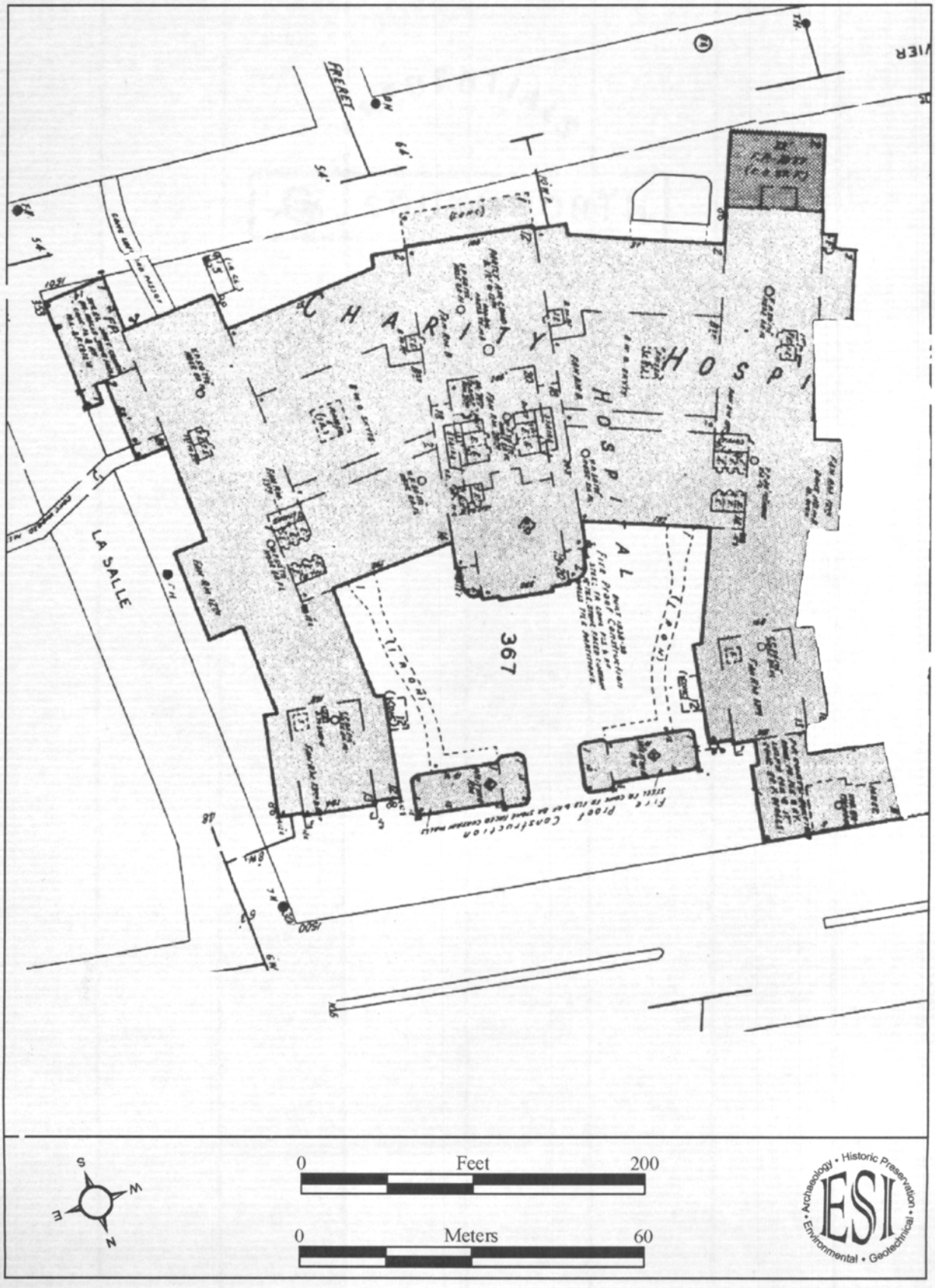


Figure 1. Excerpt from the 1994 Sanborn

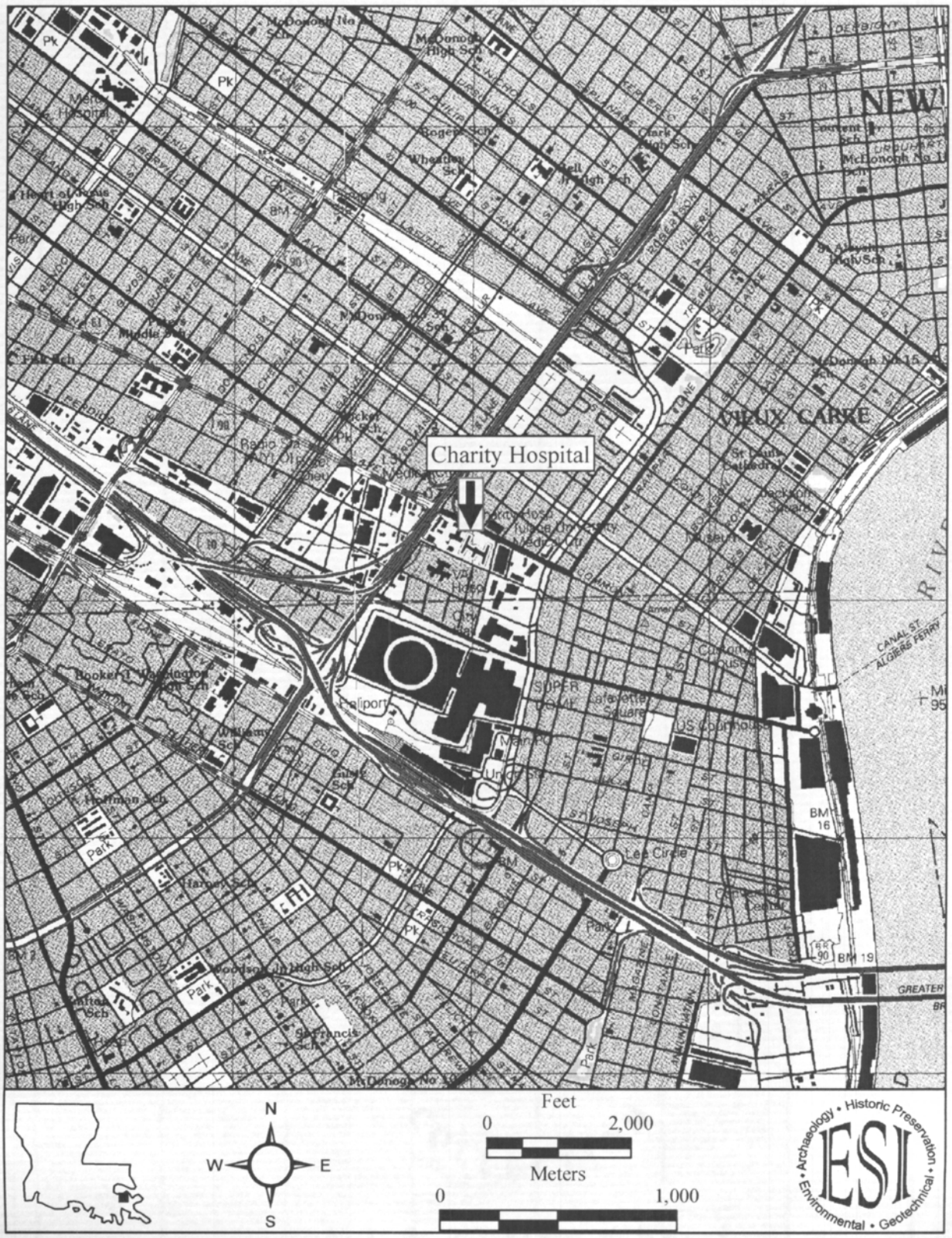


Figure 2. Excerpt from the USGS *New Orleans East* 1:24,000 topographic quadrangle showing the location of Charity Hospital.

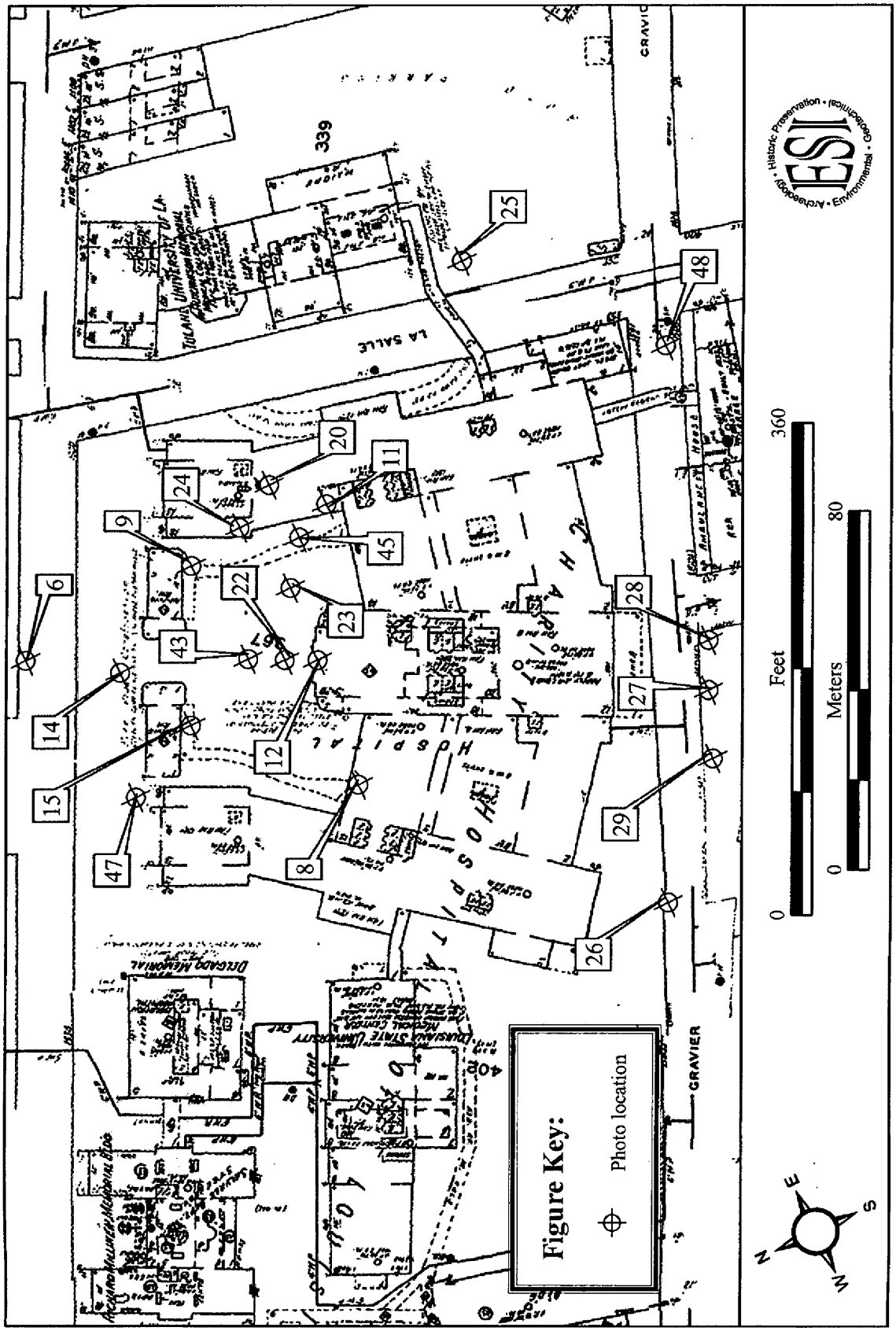
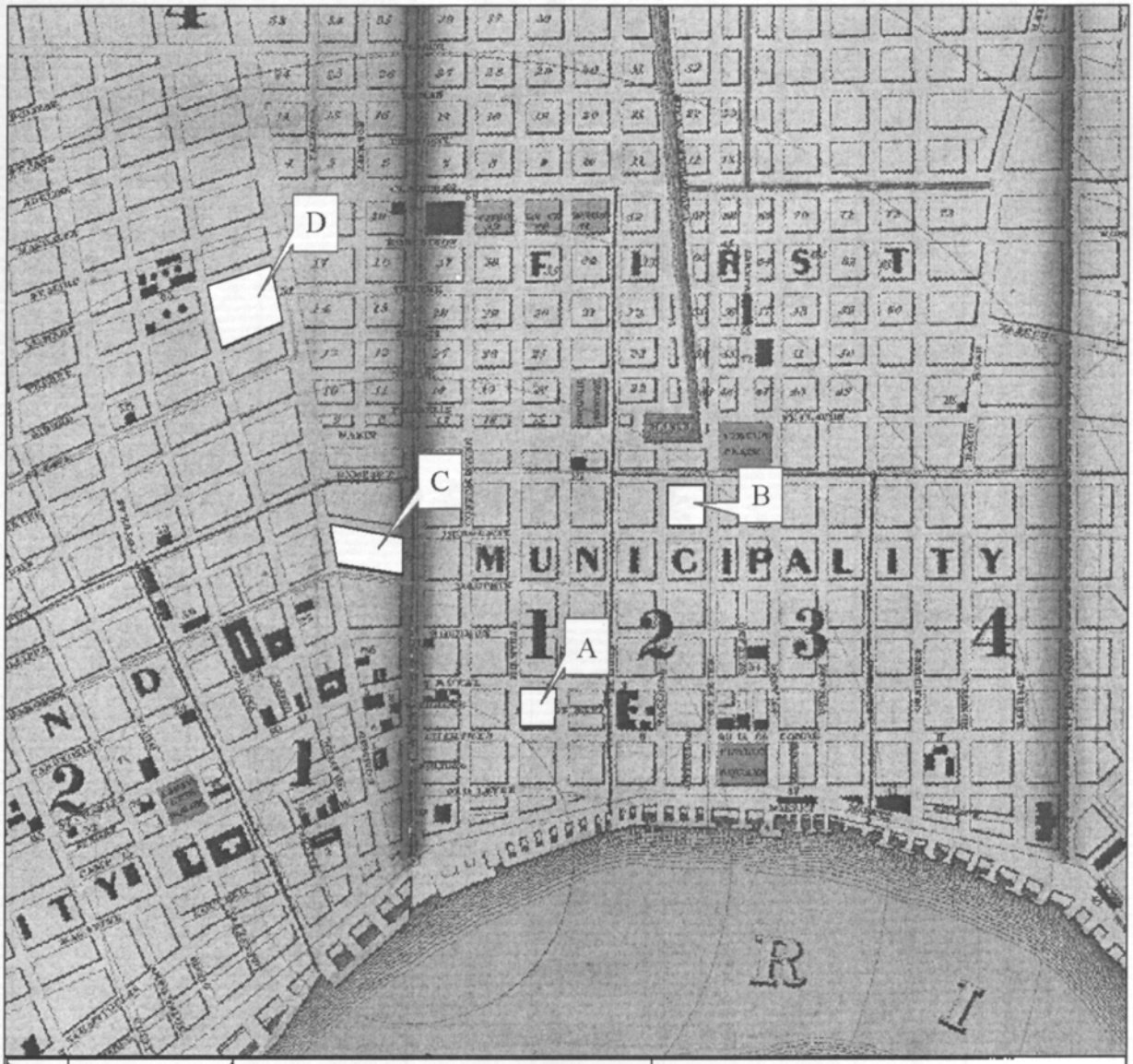


Figure 3. Photo location key. Location numbers refer to the appropriate figure. (Base map is an excerpt from the 1951 Sanborn showing Charity Hospital).



ID	Date	Name of Site	Address
A	1736-1743	L'Hôpital des Pauvres de la Charité	Chartres and Bienville
B	1752-1779	*L'Hopital de St. Jean*	fronted downriver side of Toulouse Street
B	1785-1809	Charity Hospital of St. Charles	fronted downriver side of Toulouse Street
C	1815-1832	Charity Hospital	Canal Street
D	1832-1936	Charity Hospital	Common Street (later Tulane Avenue)
D	1938-present	Charity Hospital	Common Street (later Tulane Avenue)

Figure 4. Excerpt from the 1845 Bauldwin Mollhausen map showing the approximate locations of the historic and modern Charity hospital locations, with a corresponding table (image courtesy of the Library of Congress).

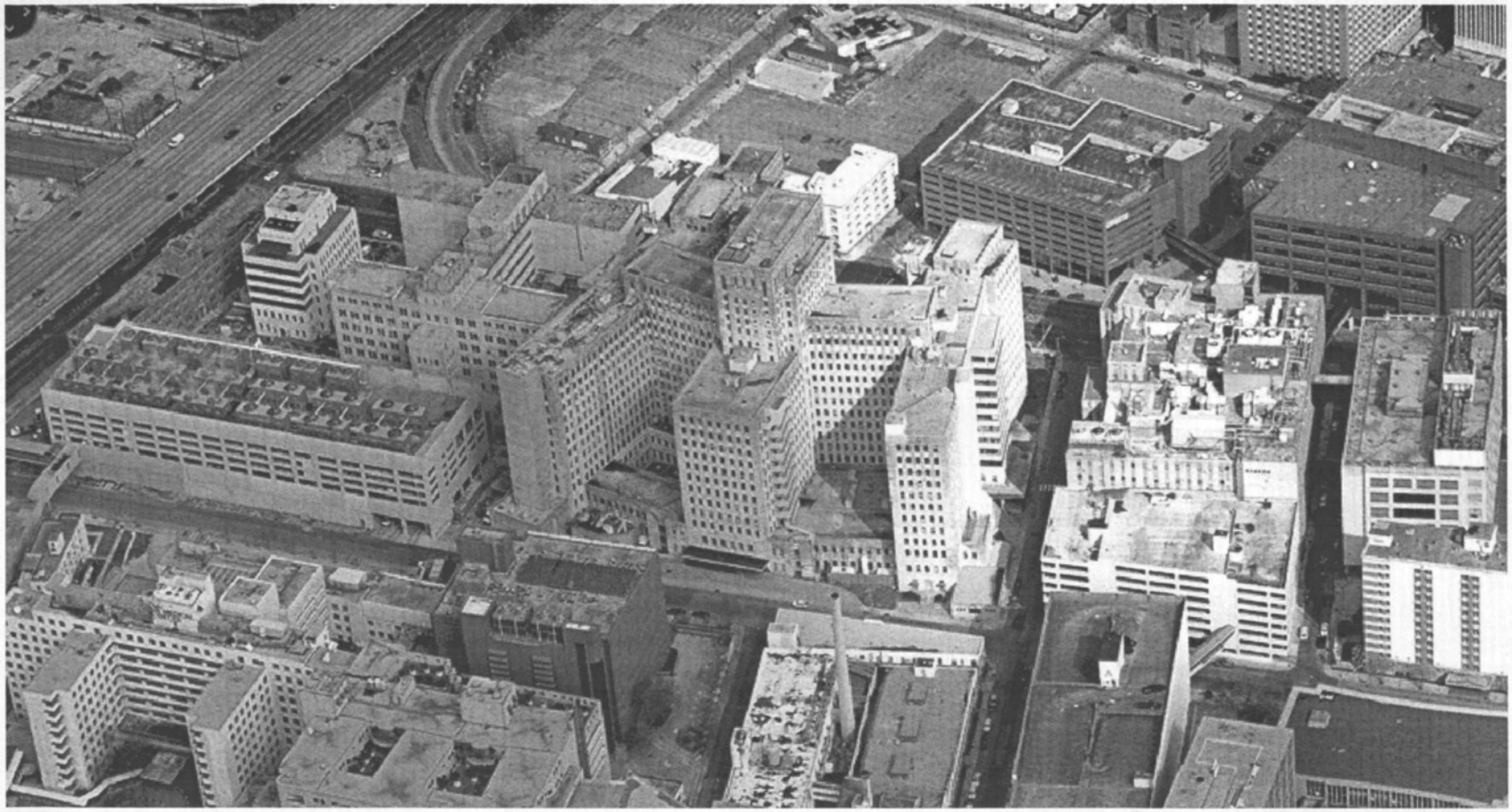


Figure 5. Aerial view of Charity Hospital, Gravier St. (rear) elevation (Bing.com Maps, accessed 20 August 2010).

Figure 6. Charity Hospital, Tulane Avenue façade (Robert Tucher, photographer, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

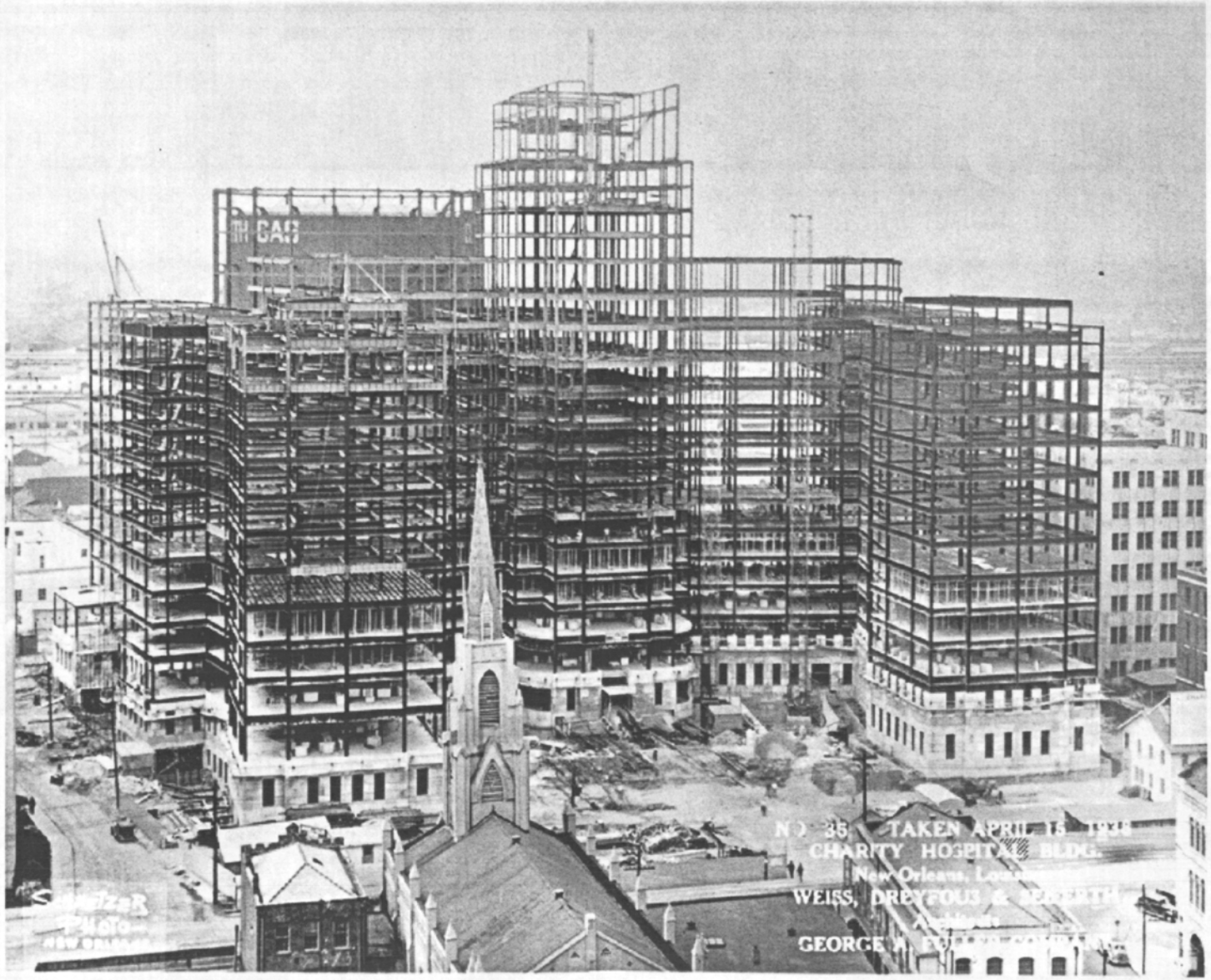


Figure 7. Charity Hospital under construction, 1938 (Tulane University School of Medicine, Rudolph Matas Library).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 8. Charity Hospital courtyard showing the visitor's waiting rooms and the covered walkway. (FEMA).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 9. Charity Hospital, Breezeway through the courtyard from the waiting rooms to the hospital (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 10. The fifth Charity Hospital, Courtyard, late 1800's (Louisiana State Museum).

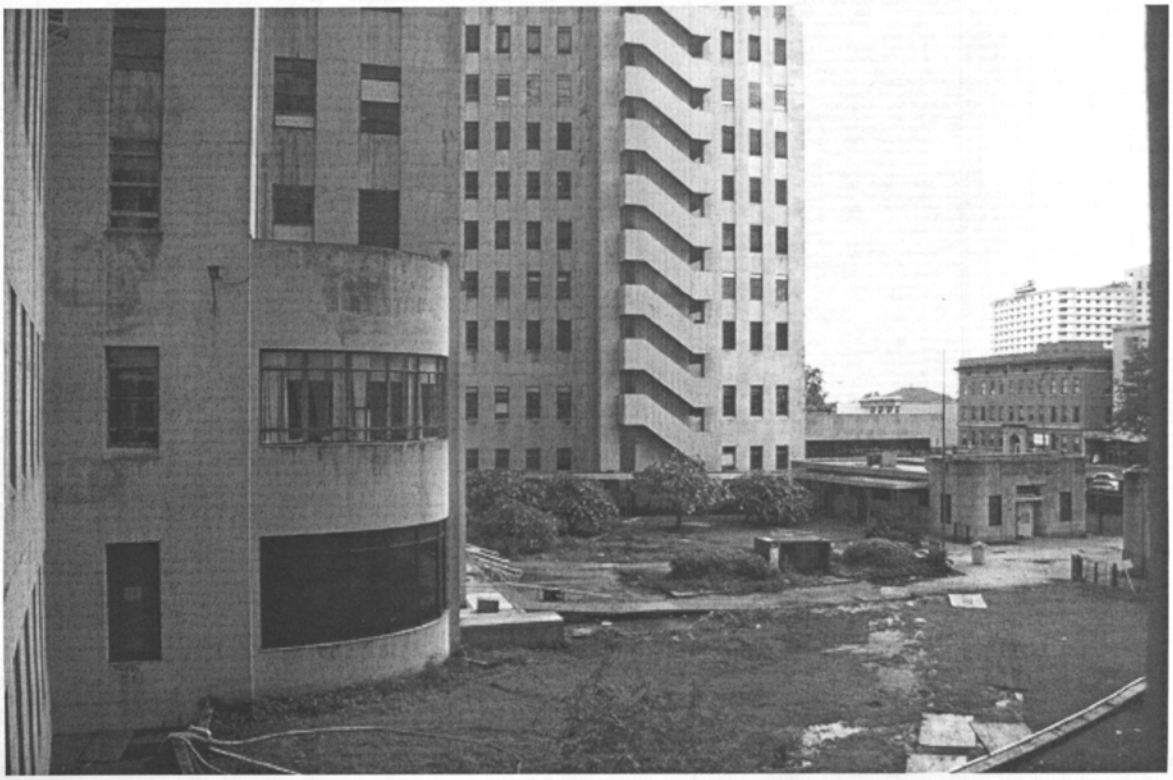


Figure 11. Charity Hospital courtyard, 2009 (Earth Search, Inc., July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 12. Charity Hospital, Courtyard with waiting rooms and breezeways (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

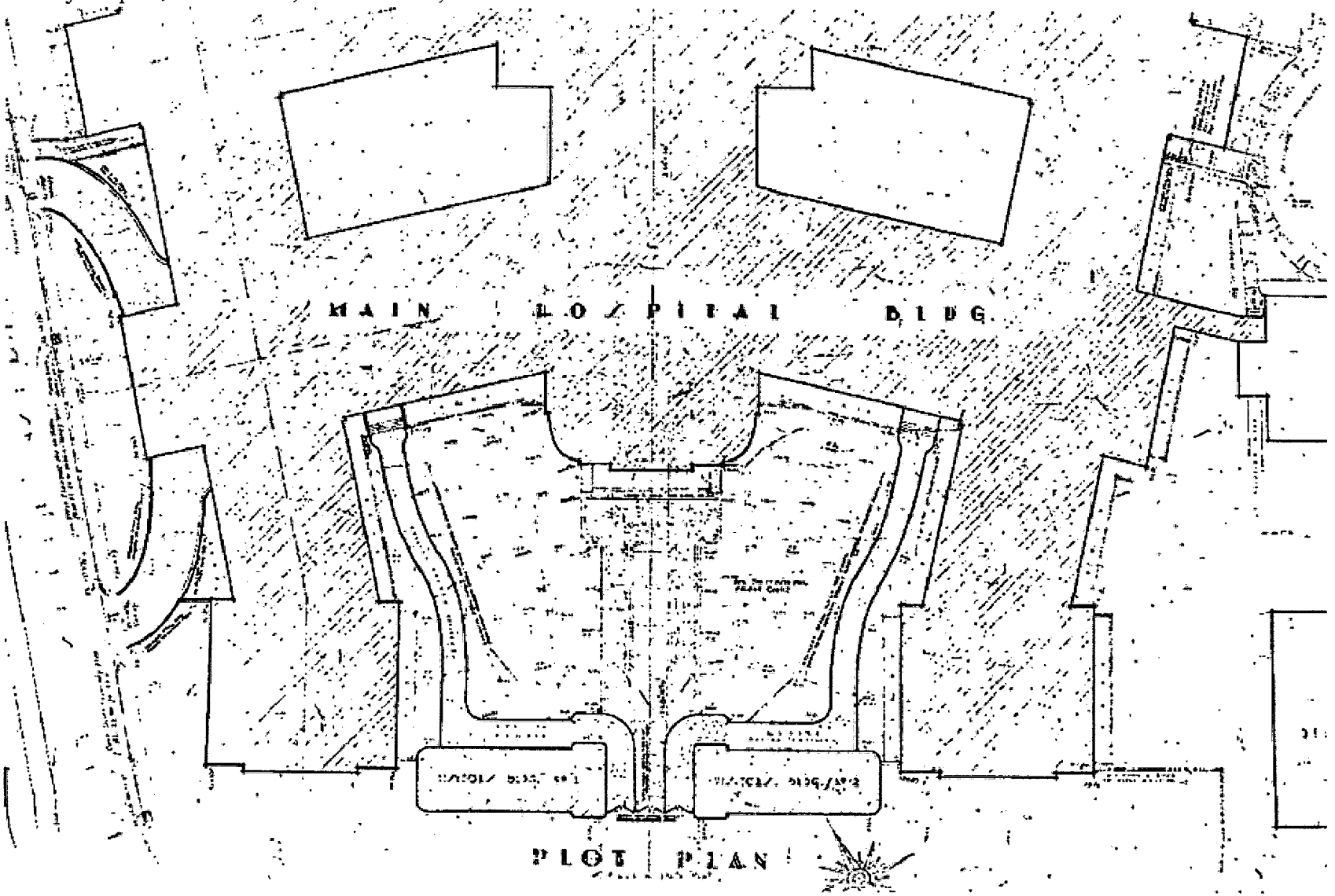


Figure 13. Charity Hospital, Plot (site) plan, 1932 (Charity Hospital Engineering and Drafting Department).

Charity Hospital, New Orleans, Orleans Parish, LA

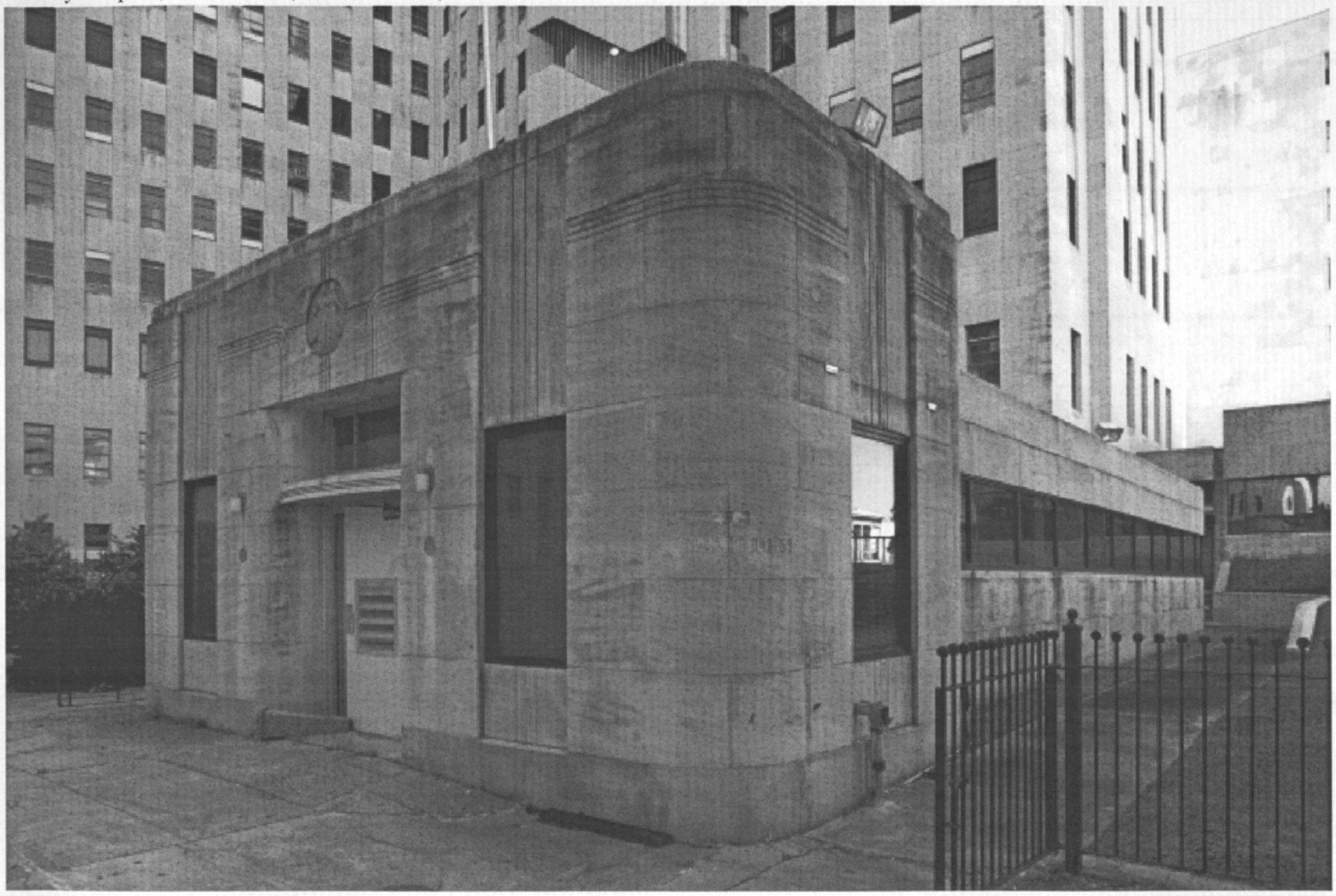


Figure 14. Charity Hospital, Waiting Room at the center walkway (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

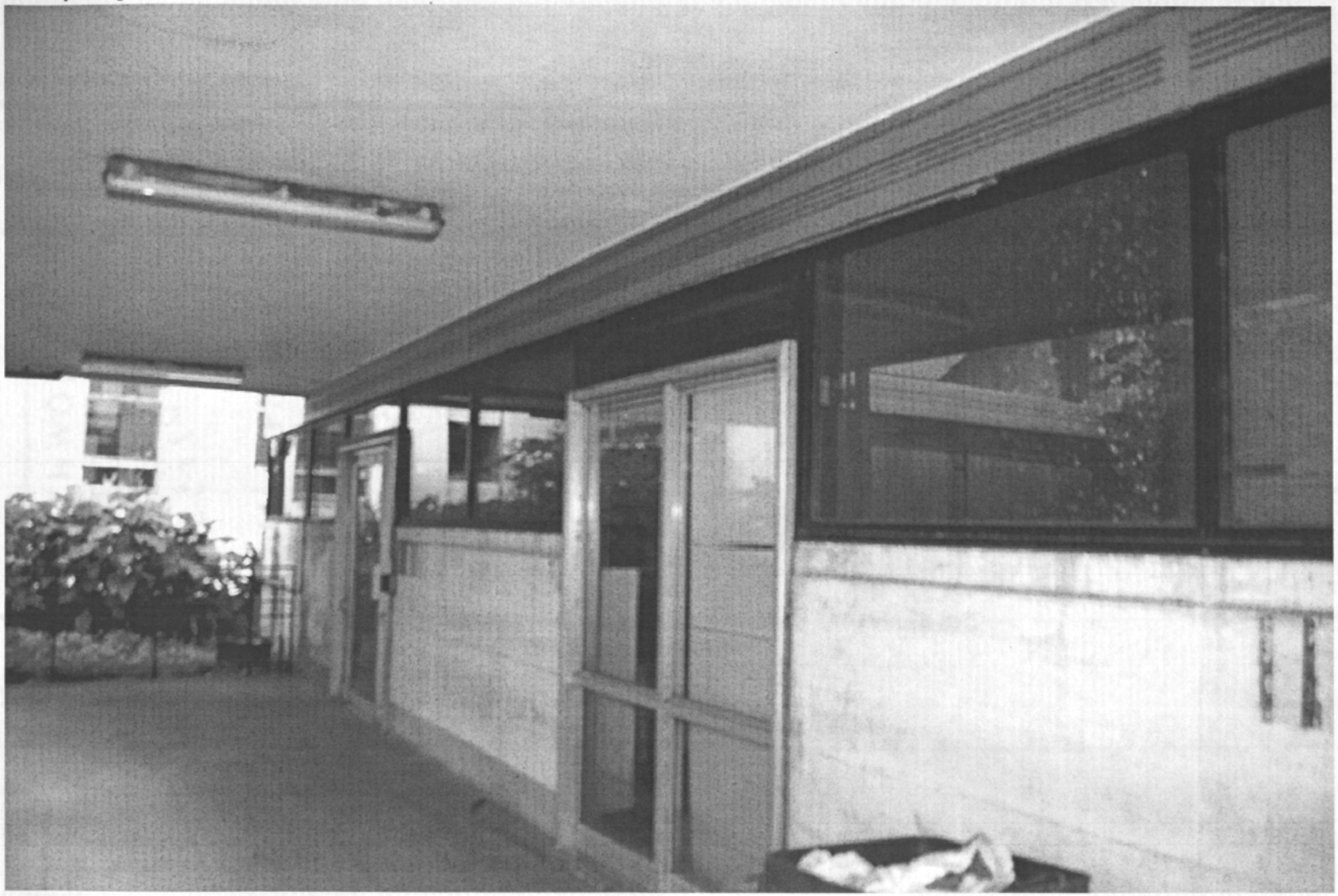
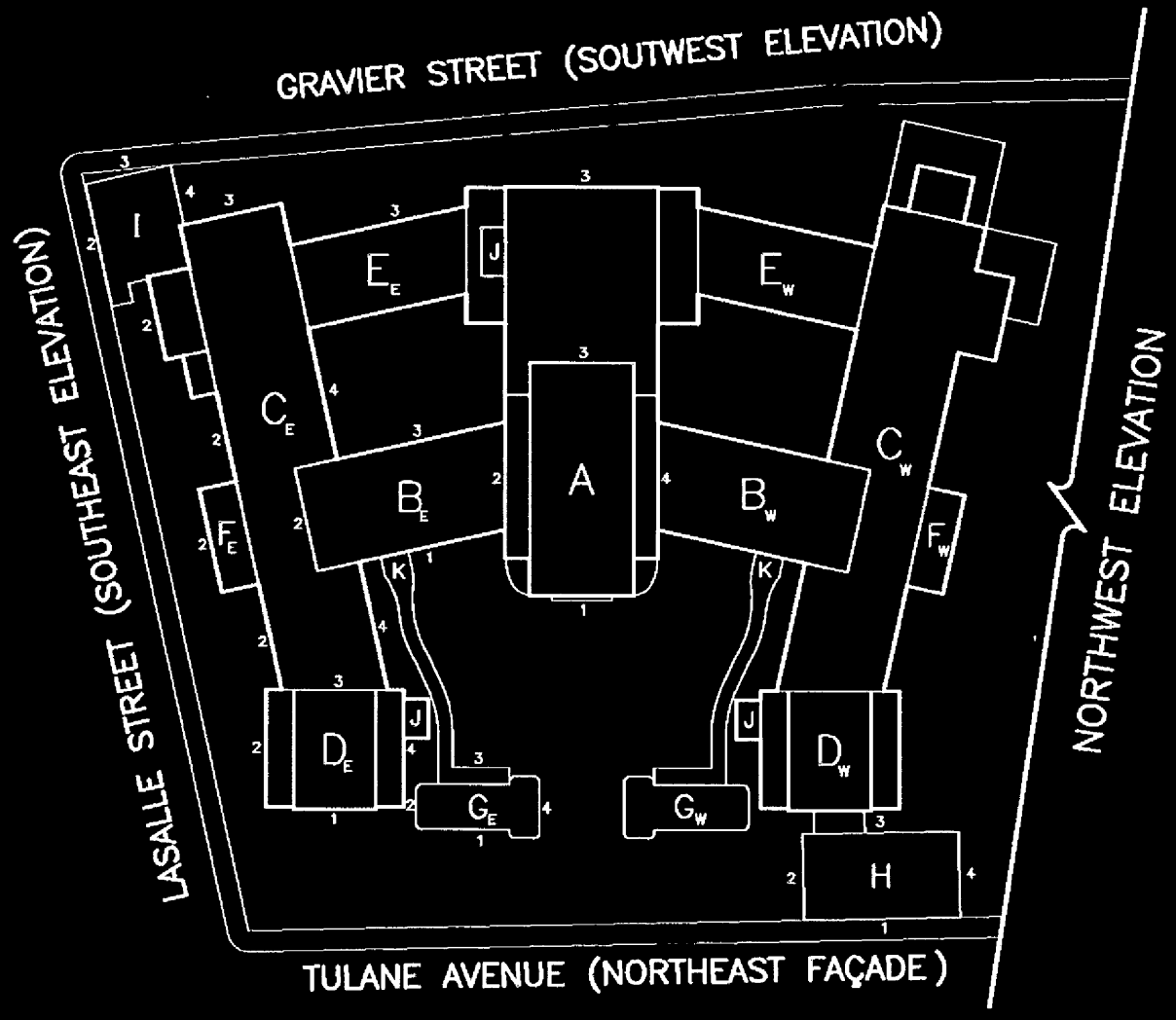


Figure 15. Charity Hospital, Waiting room, Inner courtyard elevation (Earth Search, Inc., July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA



CHARITY HOSPITAL	
A.	CENTRAL TOWER
B.	EAST CONNECTION WING
C.	SOUTHEAST WING
D.	EAST TOWER
E.	EAST REAR WING
F.	SUN PORCHES BLOCK
G.	EAST WAITING ROOM
H.	RADIATION ONCOLOGY WING
I.	HYPERBARIC WING
J.	EMERGENCY STAIRS
K.	COVERED WALKWAY
B.	WEST CONNECTION WING
C.	NORTHWEST WING
D.	NORTH TOWER
E.	WEST REAR WING
F.	EMERGENCY STAIRS
G.	WEST WAITING ROOM

Figure 16. Charity Hospital Elevation Key (Not to Scale)

Charity Hospital, New Orleans, Orleans Parish, LA

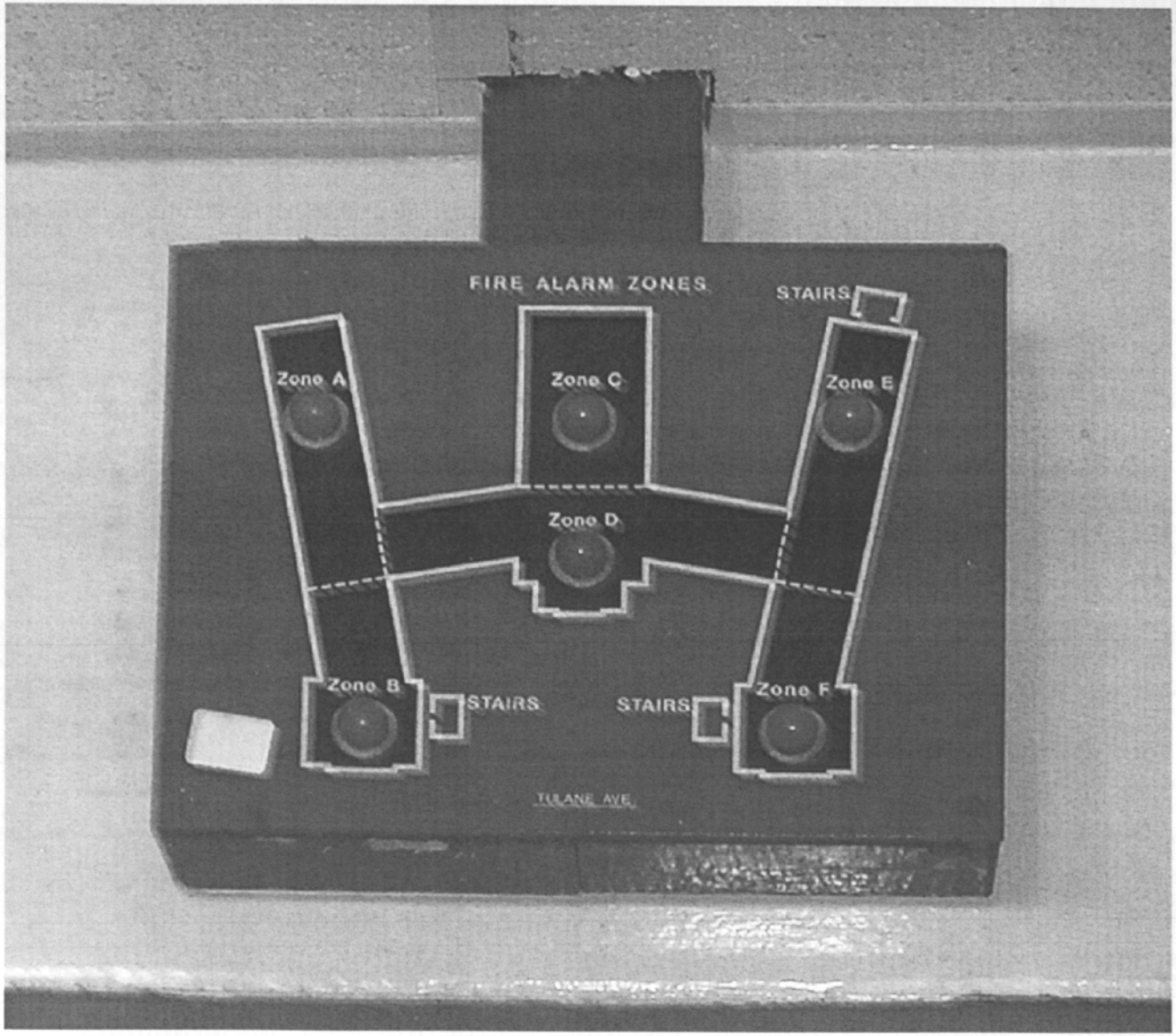


Figure 17. Charity Hospital, Fire alarm station diagrams (Earth Search, Inc., July 2010).

Charity Hospital, New Orleans, Orleans Parish, LA

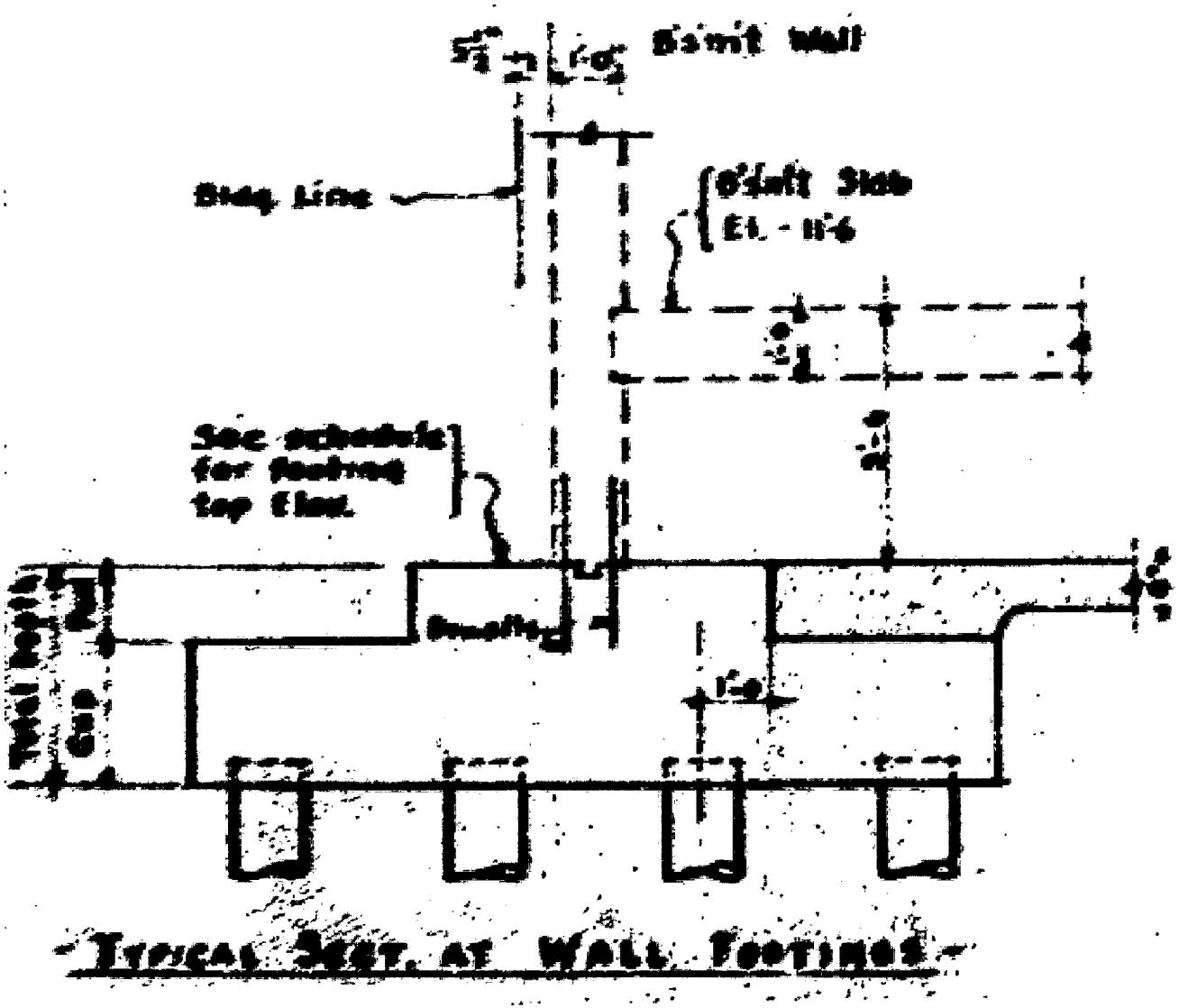


Figure 18. Charity Hospital, Typical basement wall footing with wood piles (National Archive).

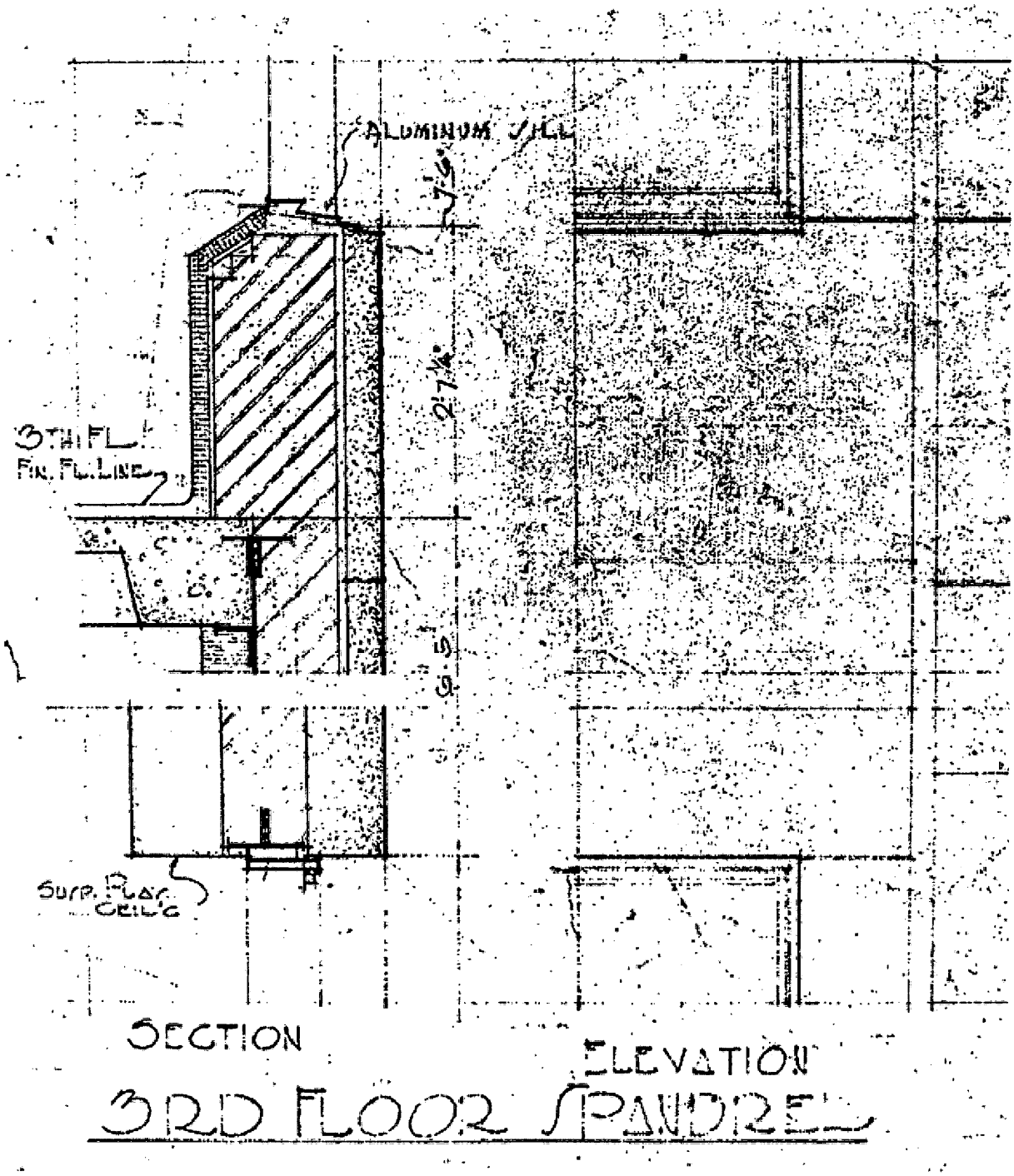


Figure 19. Charity Hospital, Limestone spandrel panel detail (Charity Hospital Engineering and Drafting Department).

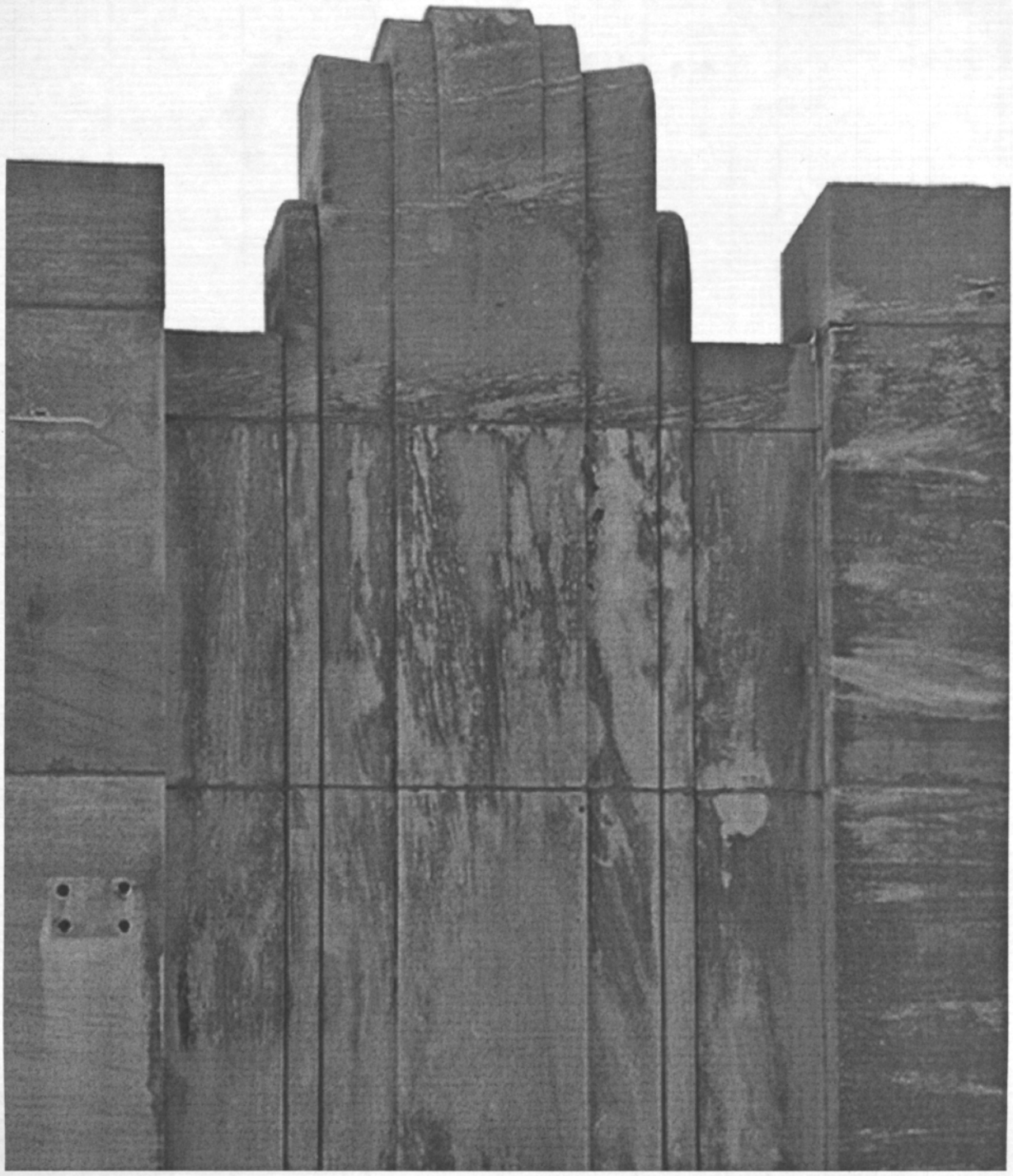


Figure 20. Charity Hospital, Limestone merlon capping on the parapet (FEMA).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 21. Charity Hospital, Gymnasium windows (Charity Hospital Engineering and Drafting Department).

Charity Hospital, New Orleans, Orleans Parish, LA

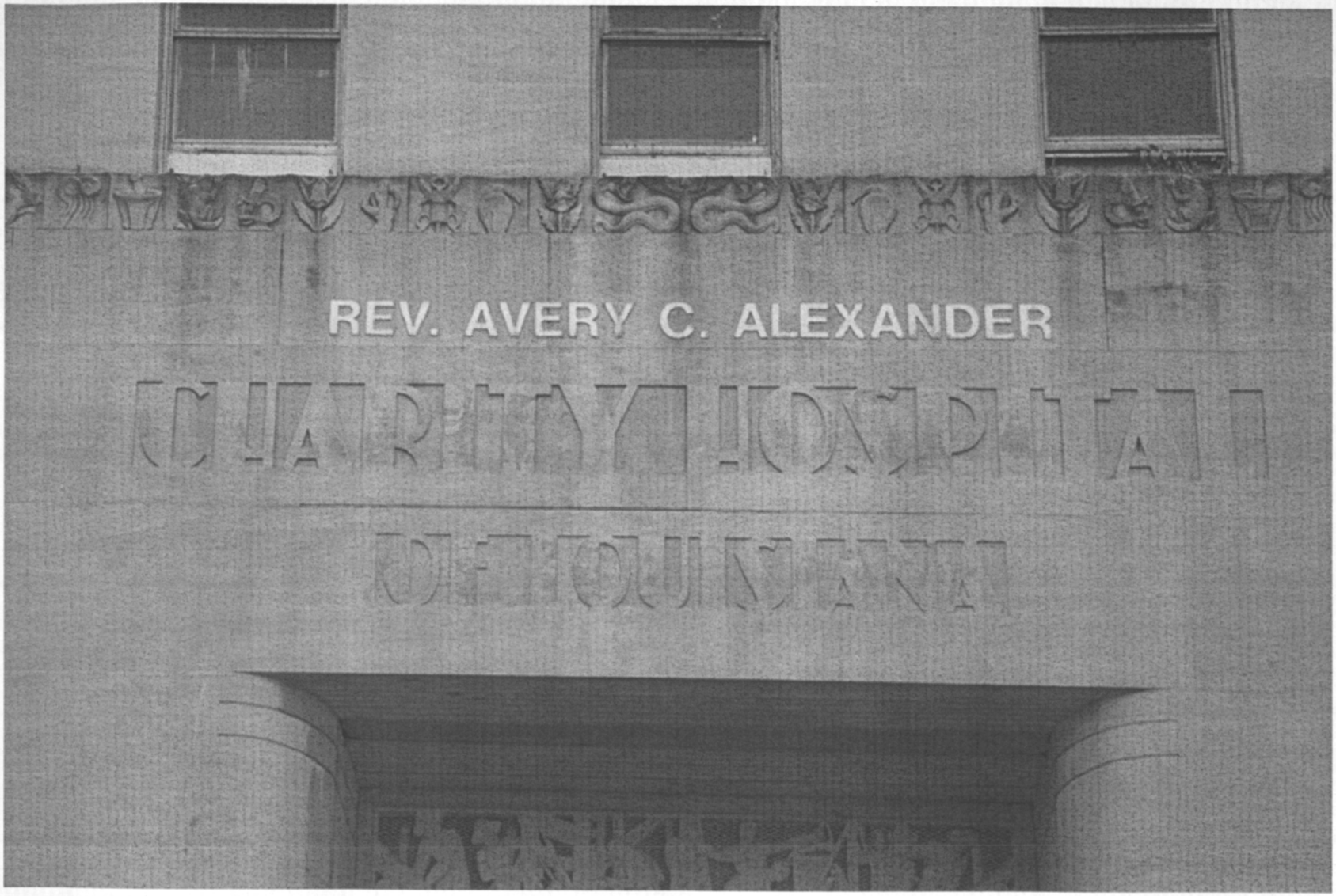


Figure 22. Charity Hospital, reversed incised lettering over main entrance (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

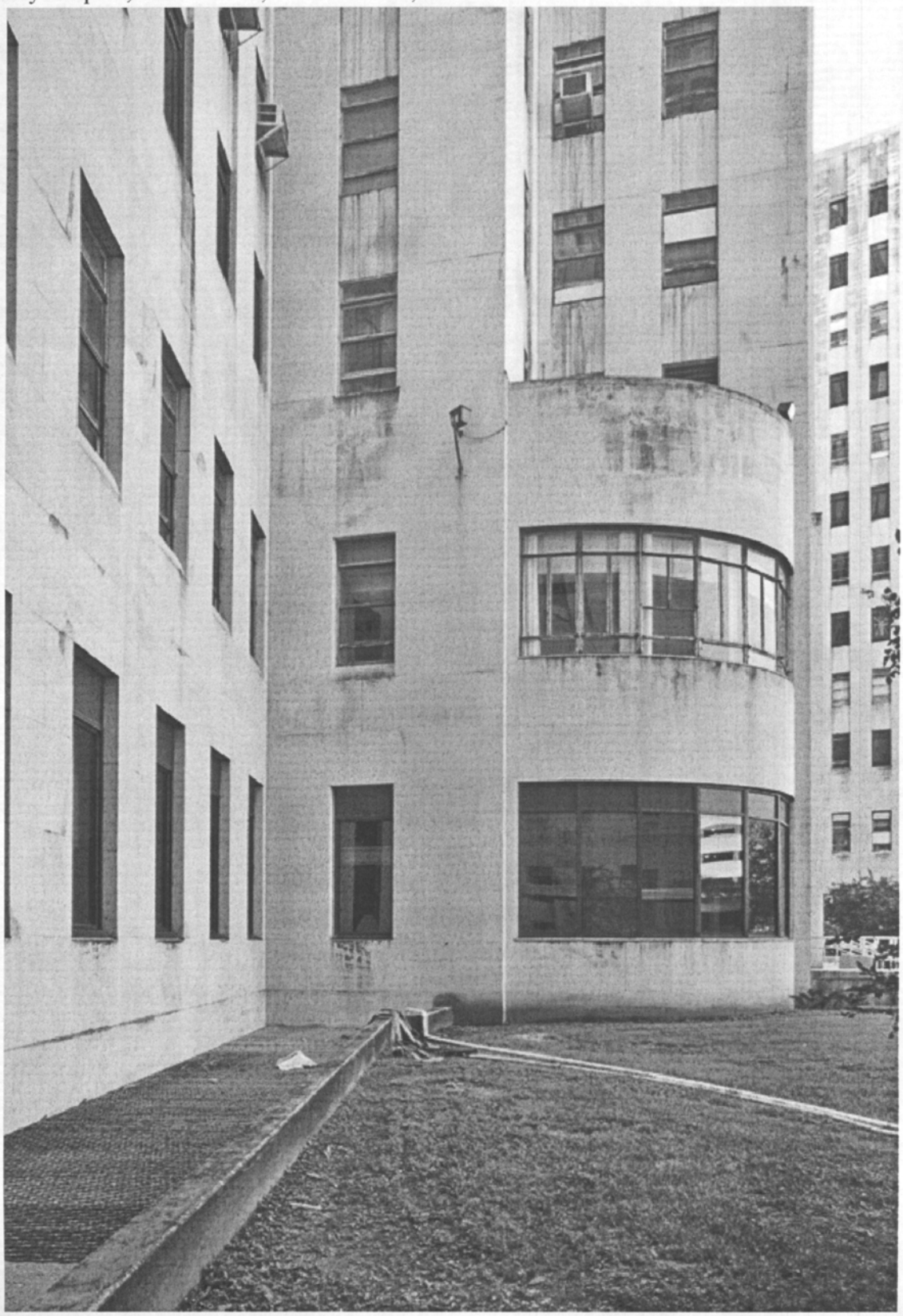


Figure 23. Charity Hospital, The elliptical wall viewed from the courtyard (Earth Search, Inc., July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 24. Charity Hospital, An emergency staircase located in the front courtyard (FEMA).

Charity Hospital, New Orleans, Orleans Parish, LA

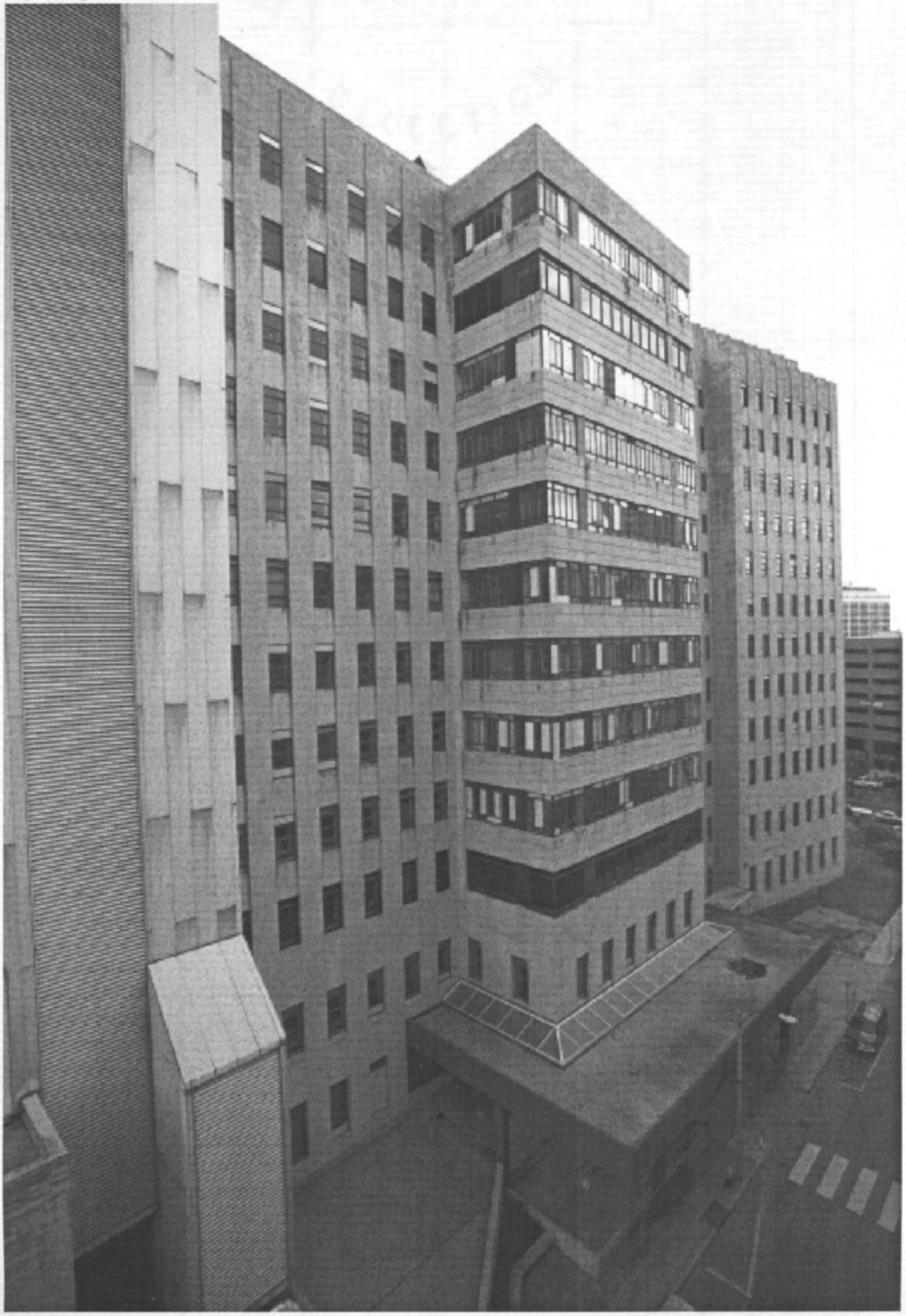


Figure 25. Charity Hospital, Sun porch pavilions (Robert Tucher, July 2009).

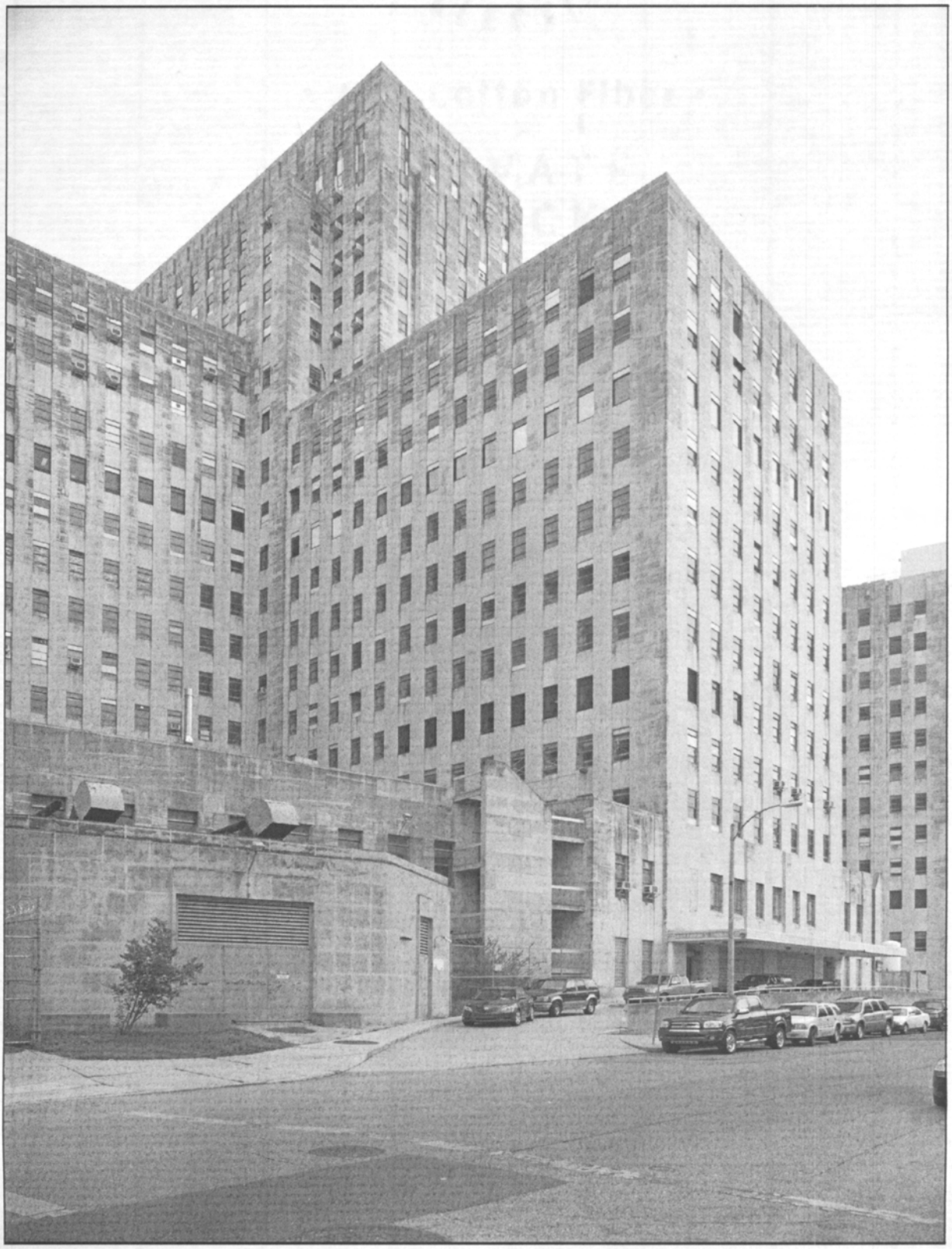


Figure 26. Charity Hospital, Rear elevation at Gravier Street (Robert Tucher, July 2009).

Figure 27. Charity Hospital, Rear elevation, a bas-relief by Enrique Alférez (Robert Tucher, July 2009).

Figure 28. Charity Hospital, Rear elevation, a bas-relief by Enrique Alférez (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 29. Charity Hospital, The emergency room entrance and canopy (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

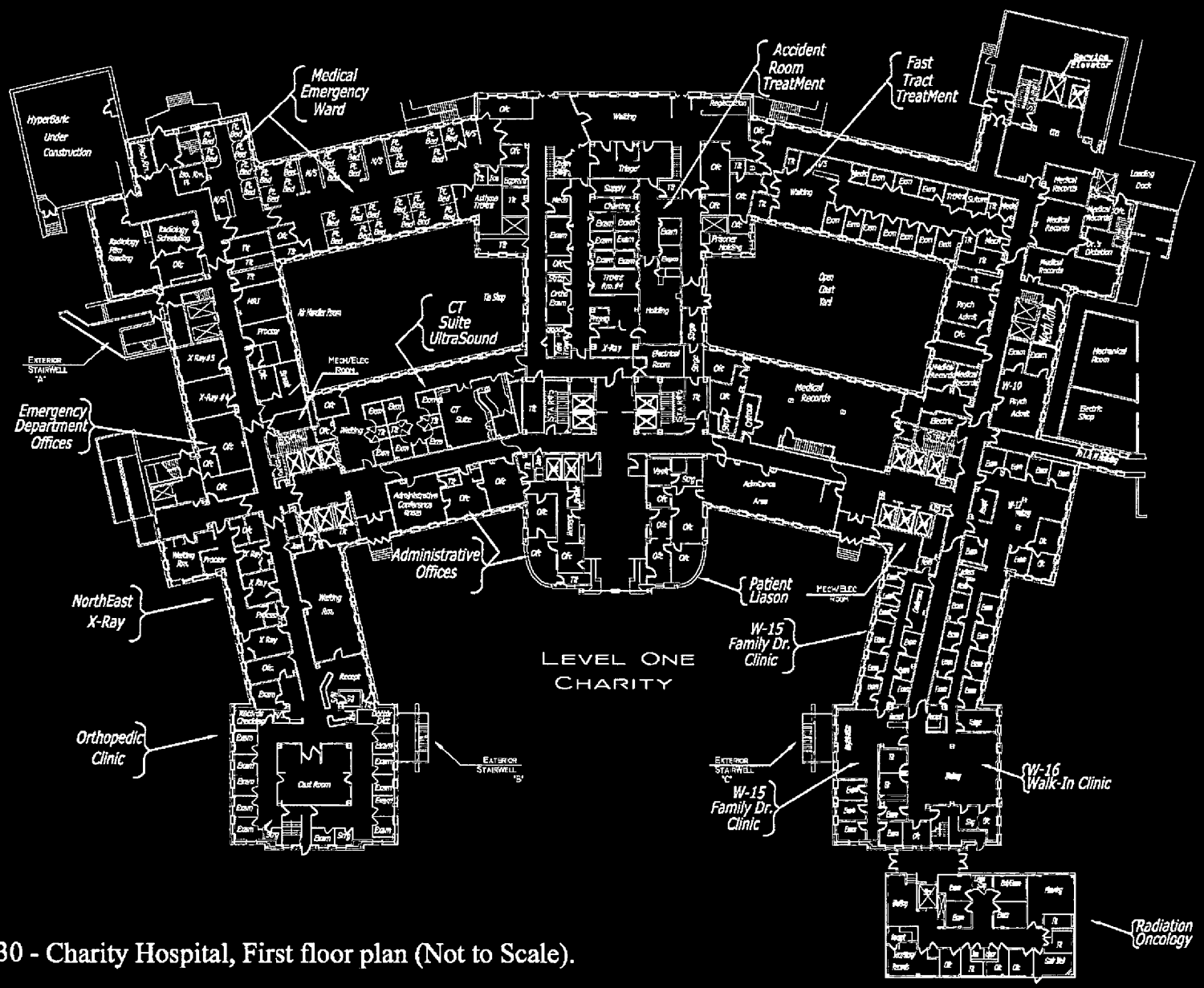


Figure 30 - Charity Hospital, First floor plan (Not to Scale).

Charity Hospital, New Orleans, Orleans Parish, LA

Charity Hospital, Programmatic Arrangement, 2005					
	Service	Floor			
1.	Food Prep and service	Basement	37.	Radiology	Seventh Floor
2.	Dining	Basement	38.	17 Original Wards Replaced by:	Eighth Floor
3.	Radiology Support	Basement	39.	Offices	Eighth Floor
4.	Storage	Basement	40.	Outpatient Surgery	Eighth Floor
5.	Electrical Vaults	Basement	41.	14 Original Wards Replaced by:	Ninth Floor
6.	Elevator Machinery	Basement	42.	Therapy	Ninth Floor
7.	Medical Records	Basement	43.	Classrooms	Ninth Floor
8.	Morgue	Basement	44.	Inflectious Disease Unit	Ninth Floor
9.	Auditorium	Basement	45.	Mental Health Services	Ninth Floor
10.	Pump Rooms	Basement	46.	Offices	Ninth Floor
11.	Emergency Room	First Floor	47.	Oncology Clinic	Tenth Floor
12.	Hyperbaric treatment	First Floor	48.	Neurology Clinic	Tenth Floor
13.	Medical Records	First Floor	49.	Cystology Clinic	Tenth Floor
14.	Hospital admitting	First Floor	50.	Blood Bank	Tenth Floor
15.	Walk-in Clinic	First Floor	51.	Surgery Clinic	Tenth Floor
16.	Administration	First Floor	52.	Ostomy and Wound Care Clinic	Tenth Floor
17.	Clinics and Labs	Second Floor	53.	Pathology	Eleventh Floor
18.	Auditorium	Second Floor	54.	Laboratories	Eleventh Floor
19.	Offices	Second Floor	55.	Vacant	Eleventh Floor
20.	Psychiatric Wards	Third Floor	56.	Delgado OR	Twelfth Floor
21.	Mechanical/electrical	Third Floor	57.	Miles OR	Twelfth Floor
22.	12 Original Wards Replaced by:	Fourth Floor	58.	Eye surgery	Twelfth Floor
23.	Emergency Surgery	Fourth Floor	59.	Two Auditoriums	Twelfth Floor
24.	Detox wards	Fourth Floor	60.	Surgical Intensive Care Unit	Twelfth Floor
25.	Classrooms	Fourth Floor	61.	Offices and Classrooms	Thirteenth Floor
26.	18 Original Wards Replaced by:	Fifth Floor	62.	Resident Quarters	Fourteenth Floor
27.	Rehabilitation	Fifth Floor	63.	Resident Quarters	Fifteenth Floor
28.	Offices	Fifth Floor	64.	Resident Quarters	Sixteenth Floor
29.	20 Original Wards Replaced by:	Sixth Floor	65.	Resident Quarters	Seventeenth Floor
30.	Storage	Sixth Floor	66.	Resident Quarters	Eighteenth Floor
31.	Offices	Sixth Floor	67.	Gymnasium	Nineteenth floor
32.	Physical Therapy	Sixth Floor	68.	Storage	Nineteenth floor
33.	Medical ICU Unit	Sixth Floor	69.	Mechanical/Electrical	Nineteenth floor
34.	Cardiac Care Unit	Sixth Floor	70.	Mechanical/Electrical	Twentieth floor
35.	12 Original Wards Replaced by:	Seventh Floor	71.	Balcony	Twentieth floor
36.	Offices	Seventh Floor			

Figure 31. Charity Hospital, Programmatic Arrangements, 2005

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 32. Charity Hospital, The front lobby (Robert Tucher, July 2009).

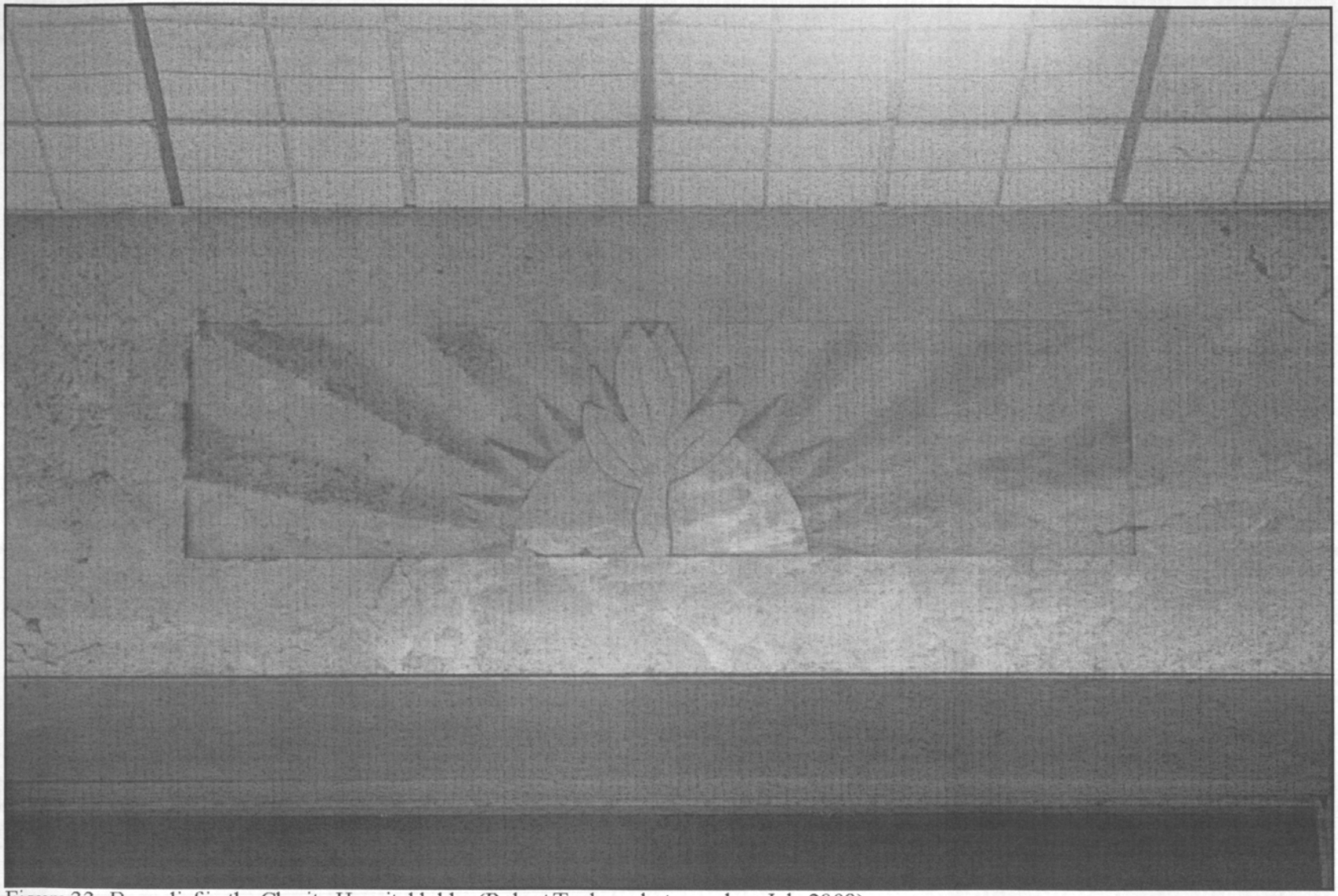


Figure 33. Bas-relief in the Charity Hospital lobby (Robert Tucher, photographer, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 34. Charity Hospital, A bronze medallion portrait of Sister Stanilaus (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

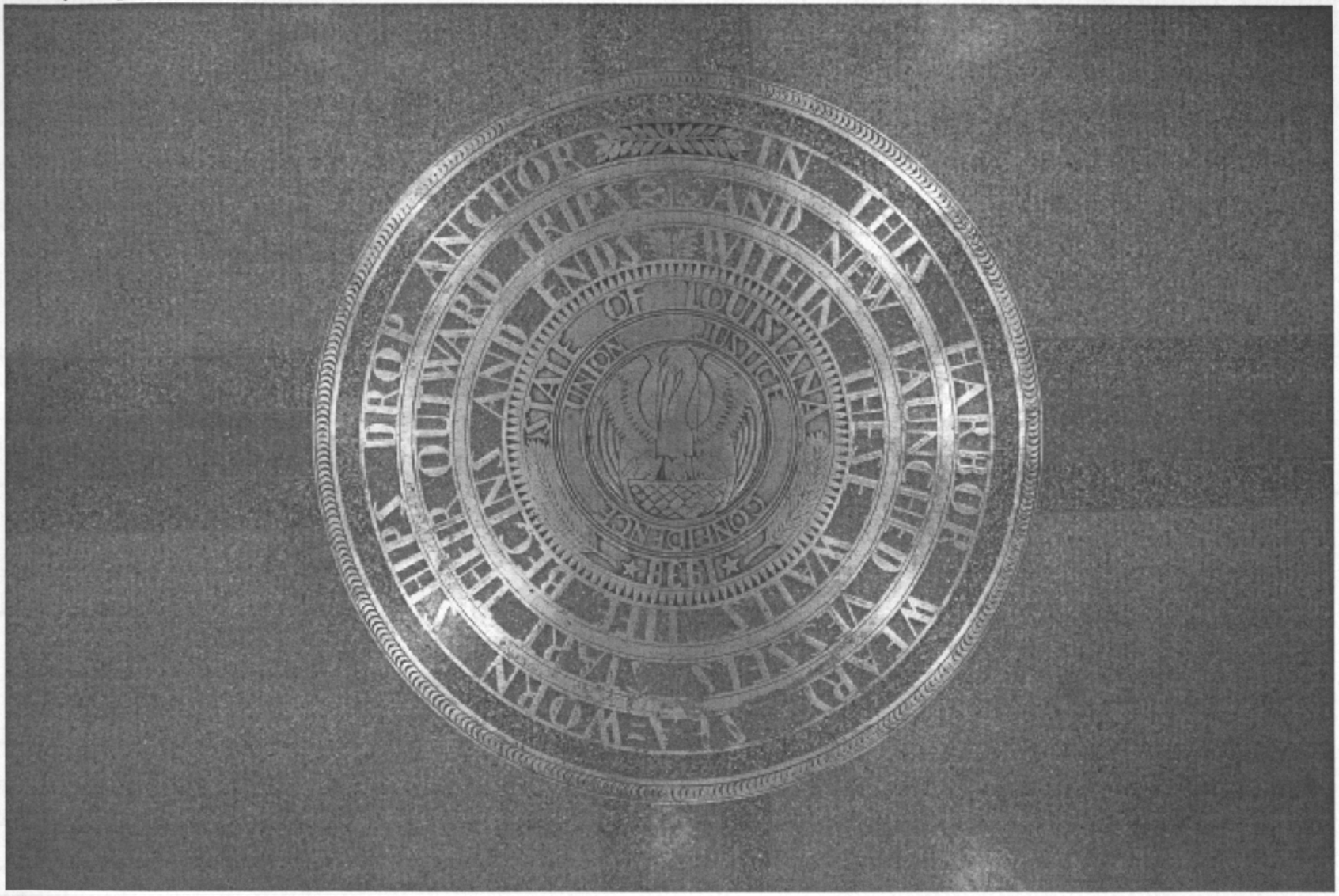


Figure 35. The seal of Charity Hospital. Aluminum inlay in terrazzo located in the front lobby (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

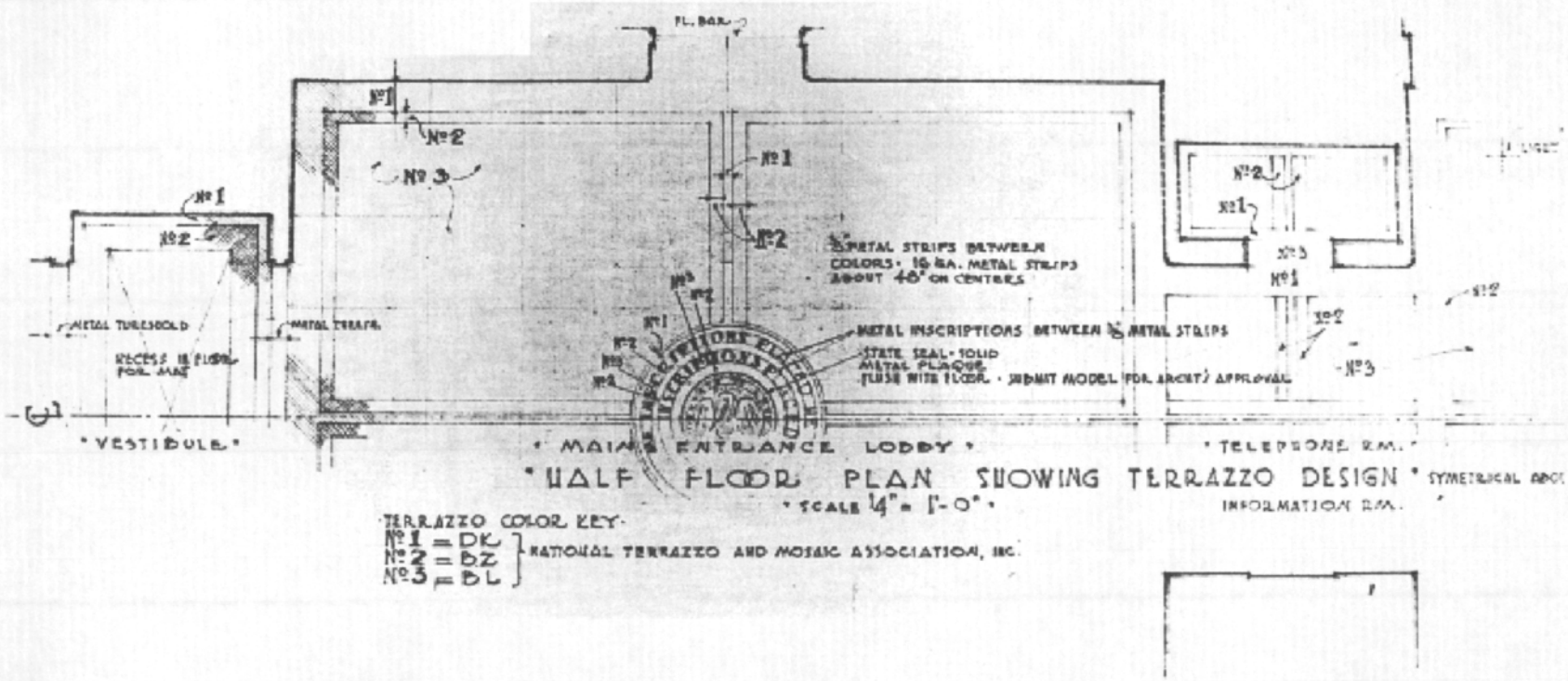


Figure 36. Front lobby plan detail (Charity Hospital Engineering and Drafting Department).

Charity Hospital, New Orleans, Orleans Parish, LA

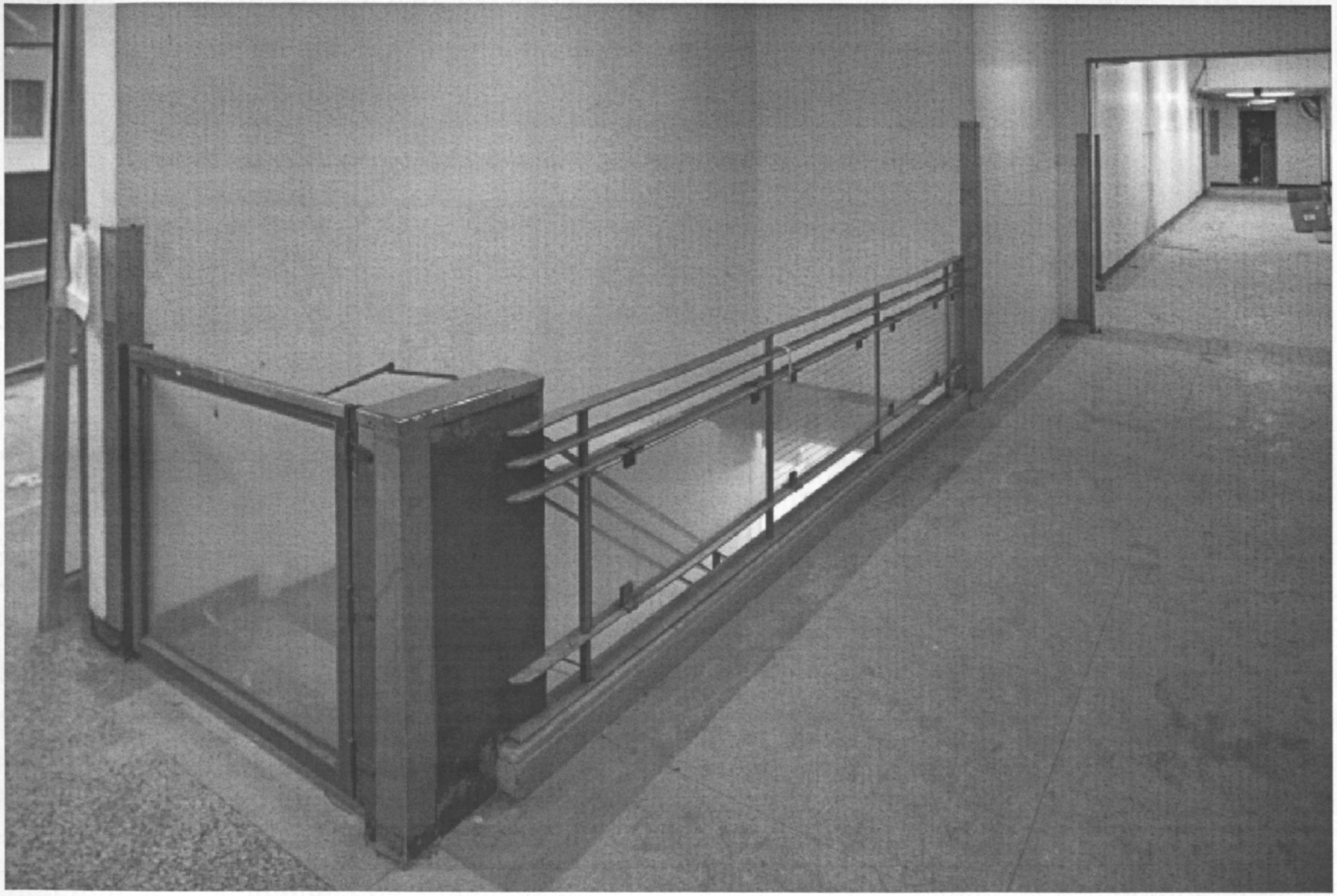


Figure 37. Charity Hospital, Streamline Modern staircase from emergency room to basement (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 38. Charity Hospital, Basement ampitheatre at the morgue (Robert Tucher, July, 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

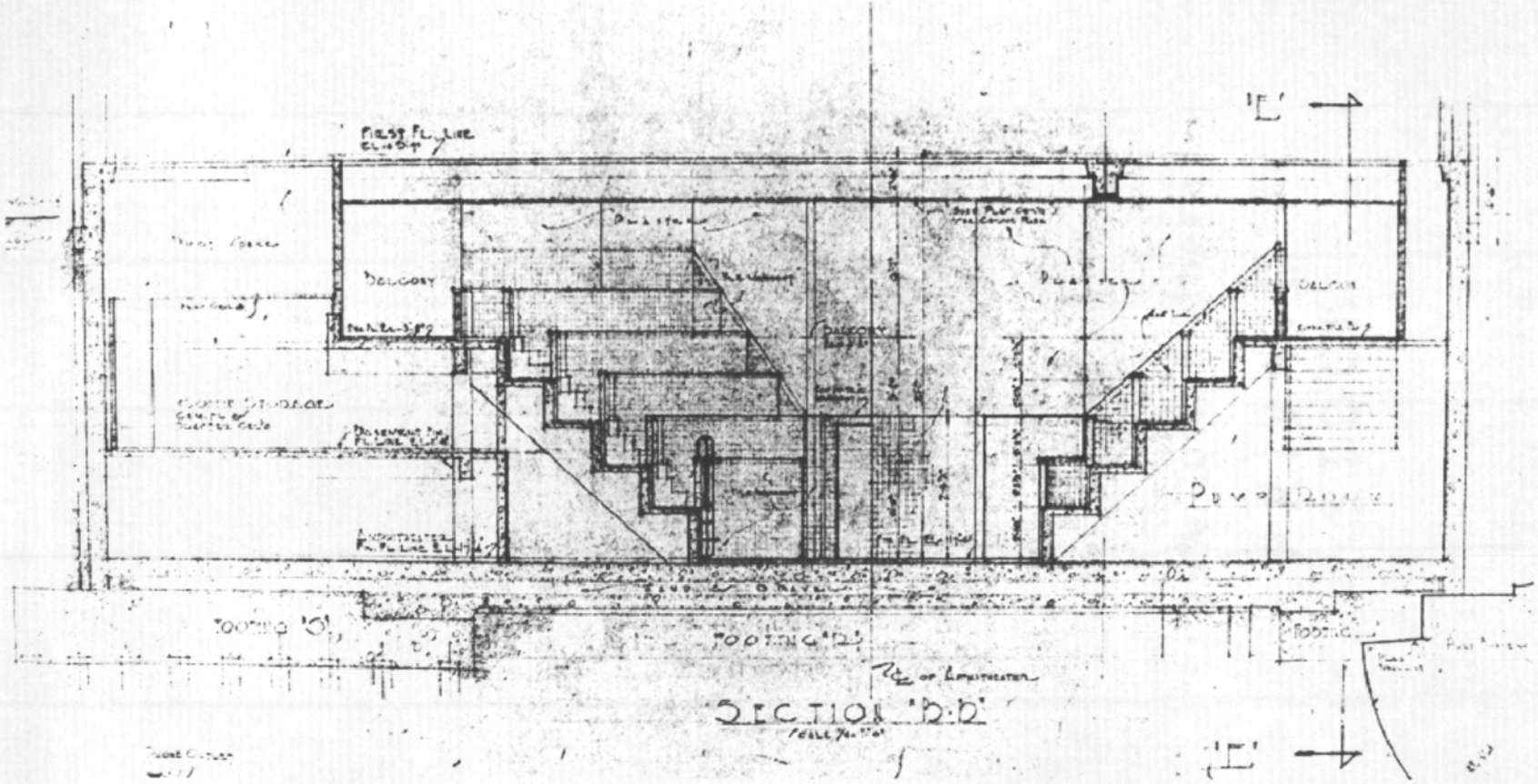


Figure 39. Charity Hospital, Section through the basement amphitheatre (Charity Hospital Engineering and Drafting Department).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 40. Charity Hospital, Gymnasium, nineteenth floor (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

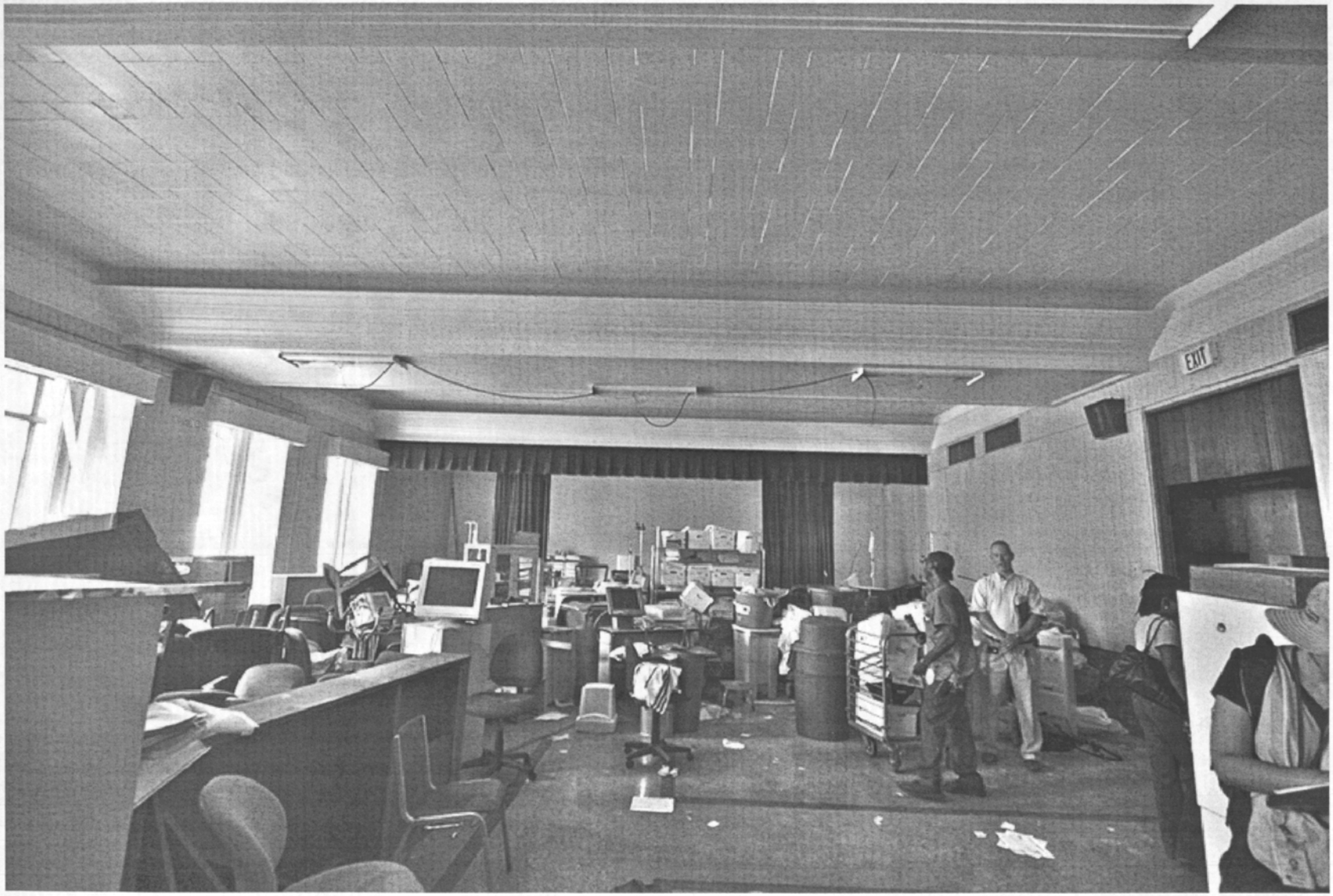


Figure 41. Charity Hospital, Second floor auditorium (FEMA).

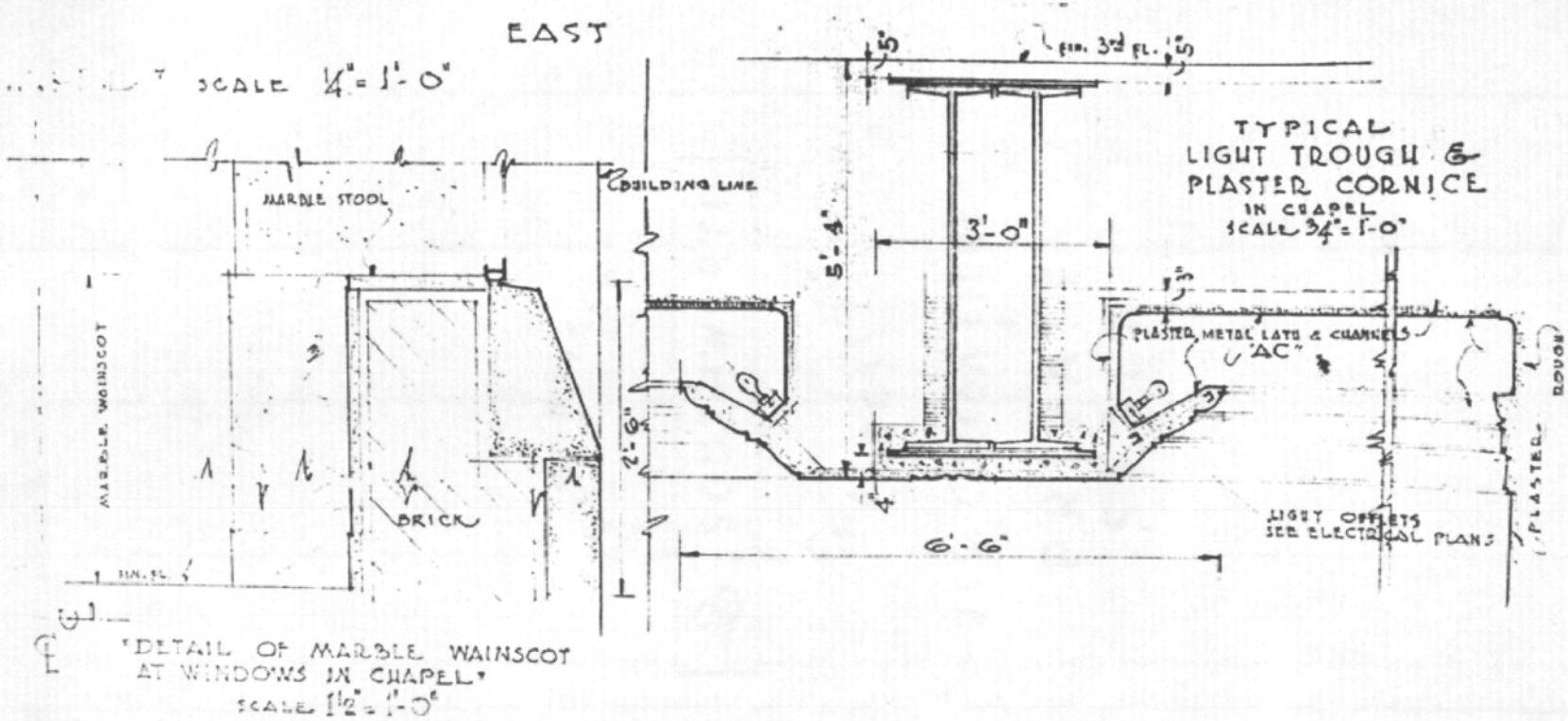


Figure 42. Cornice detail, second floor auditorium (Charity Hospital Engineering and Drafting department).

Charity Hospital, New Orleans, Orleans Parish, LA

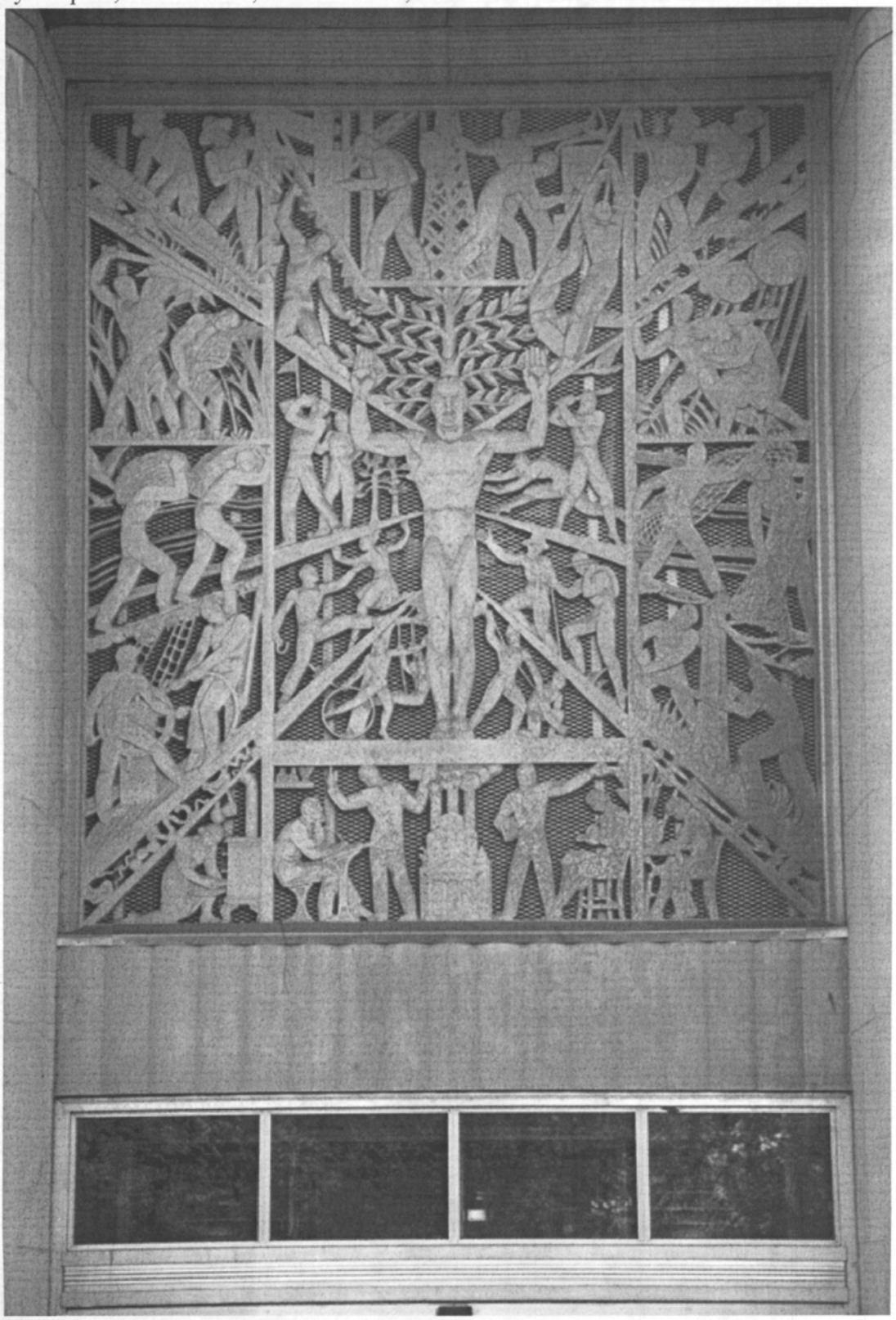


Figure 43. Charity Hospital, Aluminum grille by Enrique Alferez above the front doors. (Robert Tucher, July 2009)

Charity Hospital, New Orleans, Orleans Parish, LA

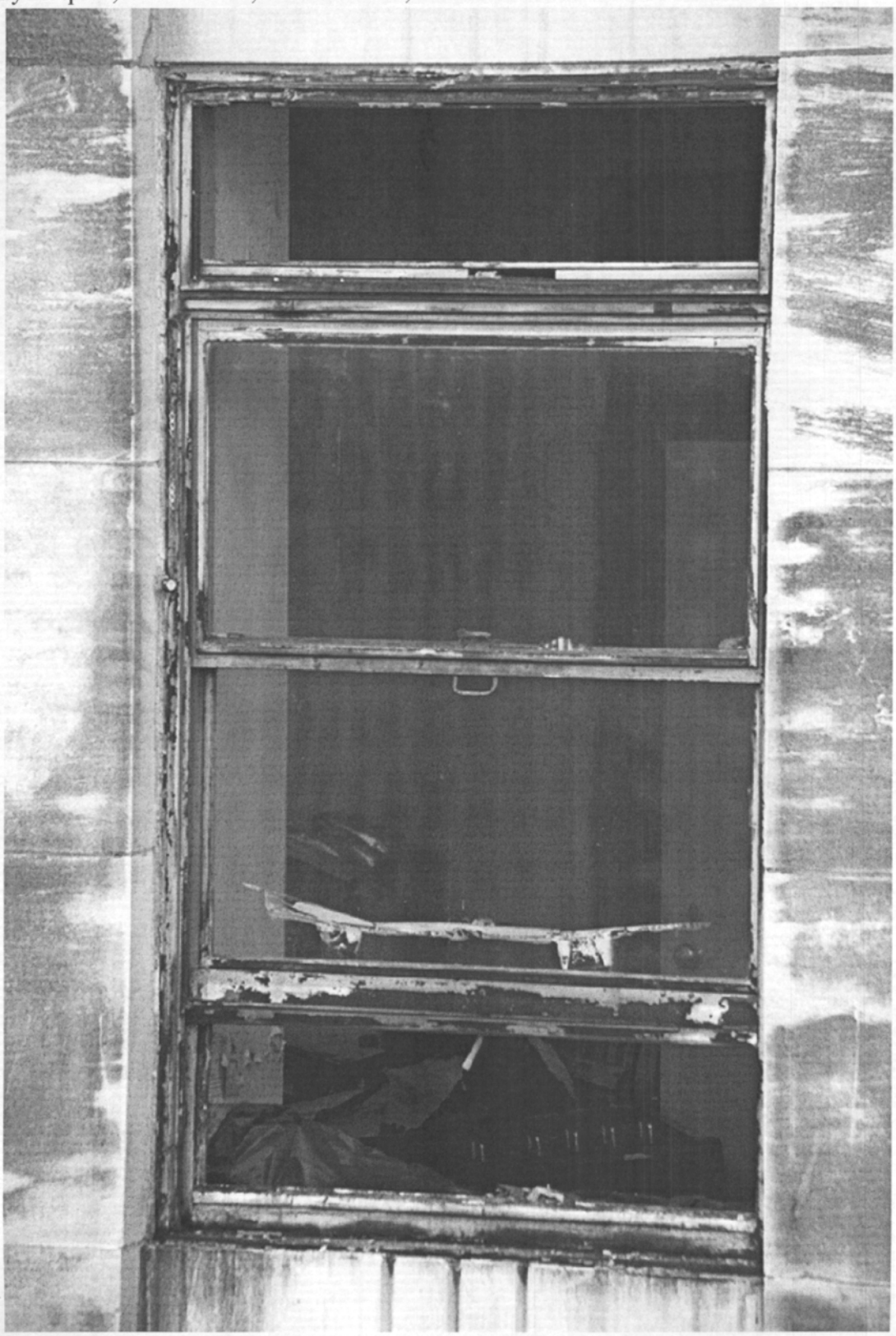


Figure 44. Charity Hospital, Original awning and hopper steel-framed window (FEMA).

Charity Hospital, New Orleans, Orleans Parish, LA

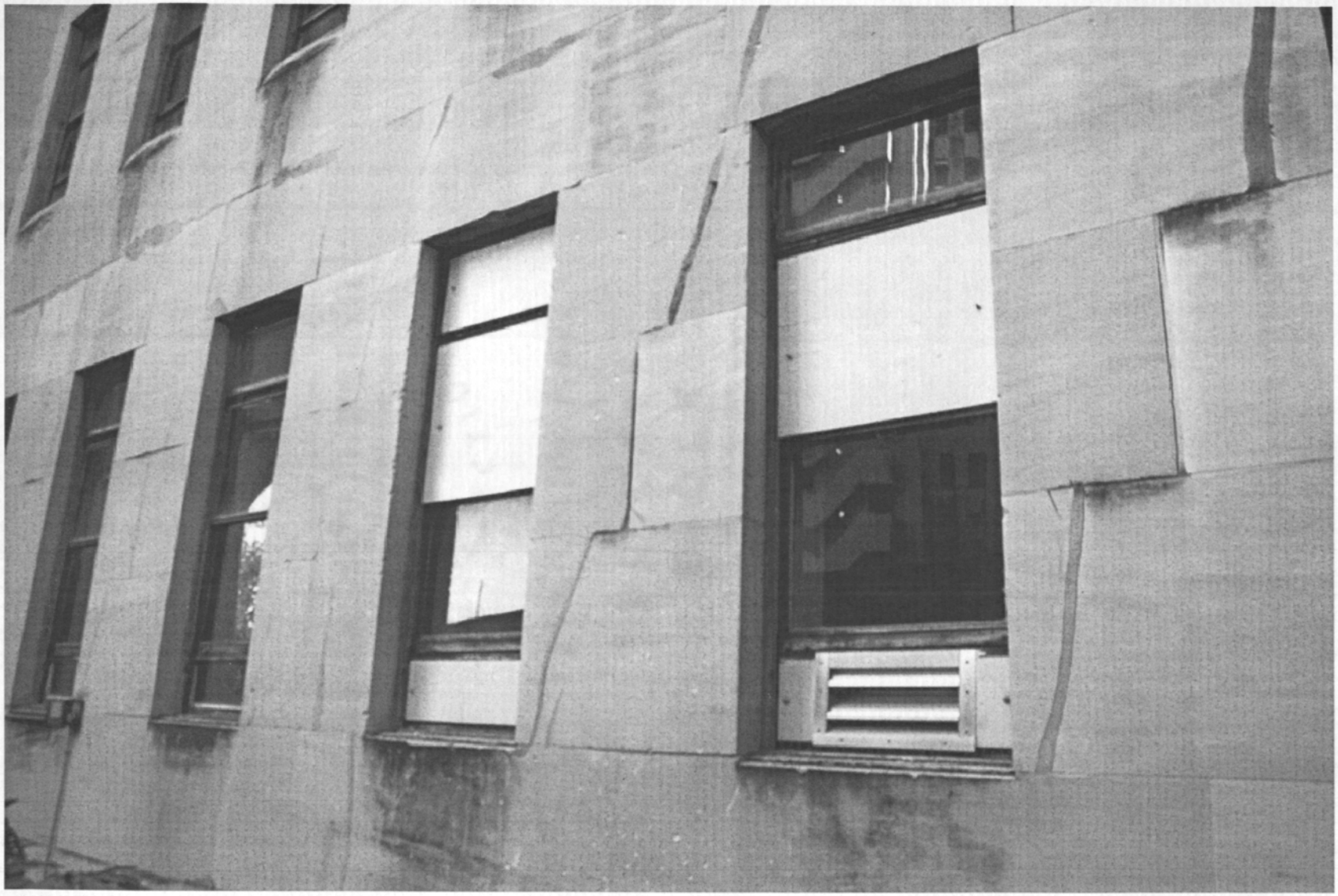


Figure 45. Charity Hospital, Cracks with repairs from settlement. Courtyard (Earth Search, Inc., July 2009).

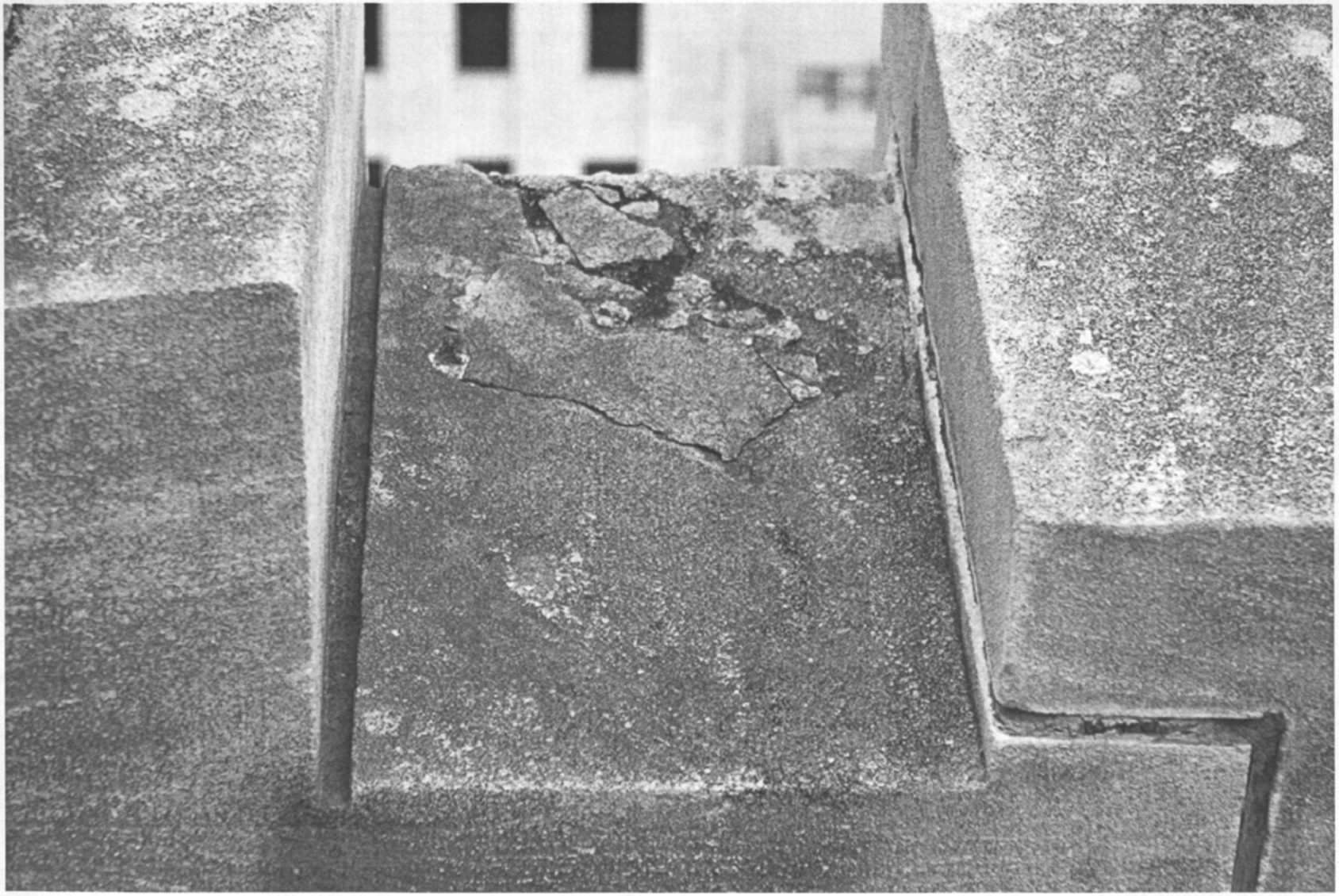


Figure 46. Charity Hospital, Spalling at the parapet (Earth Search, Inc., July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

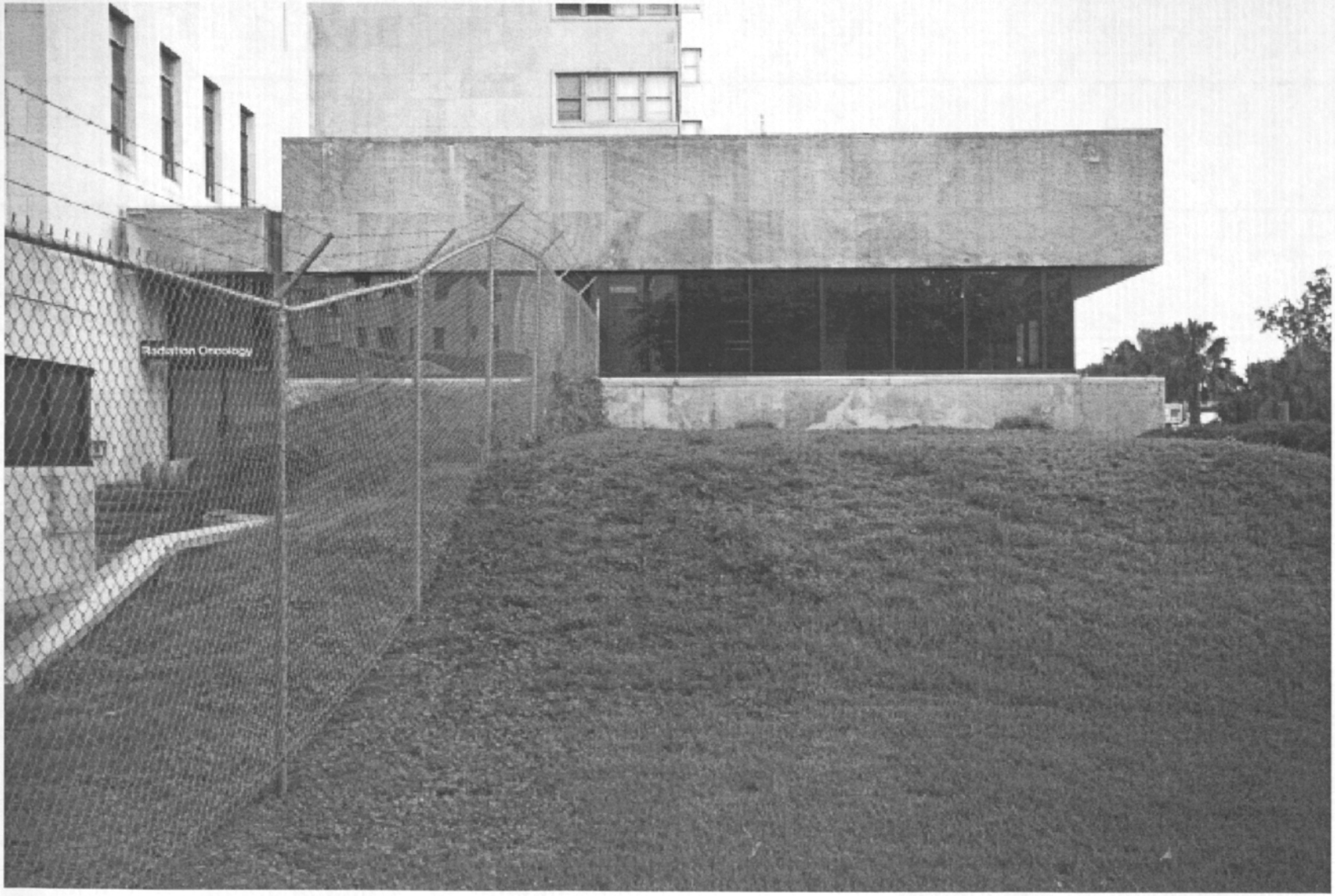


Figure 47. Charity Hospital, Radiationa and Oncology addition, side elevation. Early 1980s (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 48. Charity Hospital, Hyperbaric addition at Gravier St. and La Salle St., 1980s (Robert Tucher, July 2009).

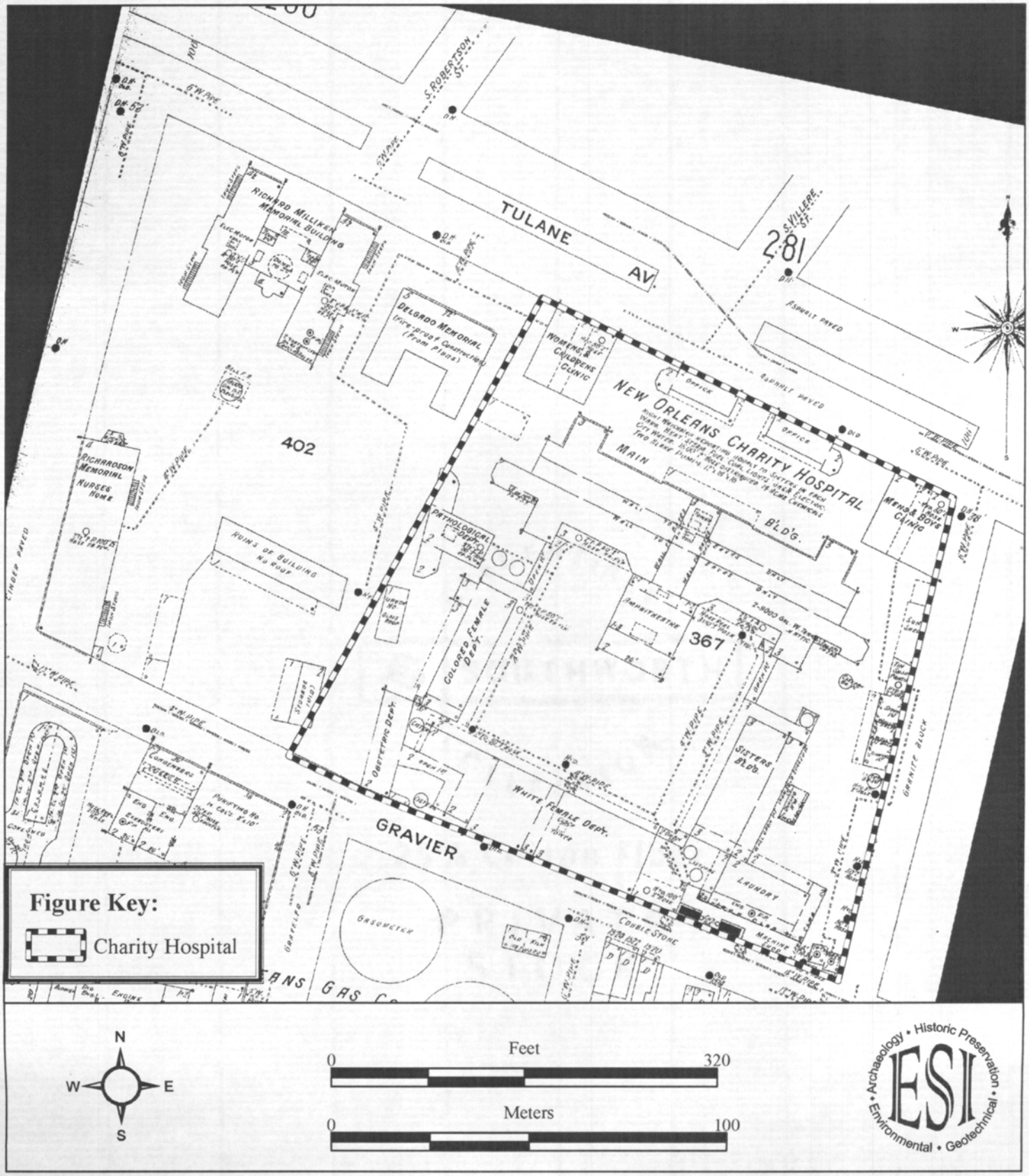


Figure 49. Excerpt from the 1908 Sanborn showing the Charity Hospital location.

Charity Hospital, New Orleans, Orleans Parish, LA

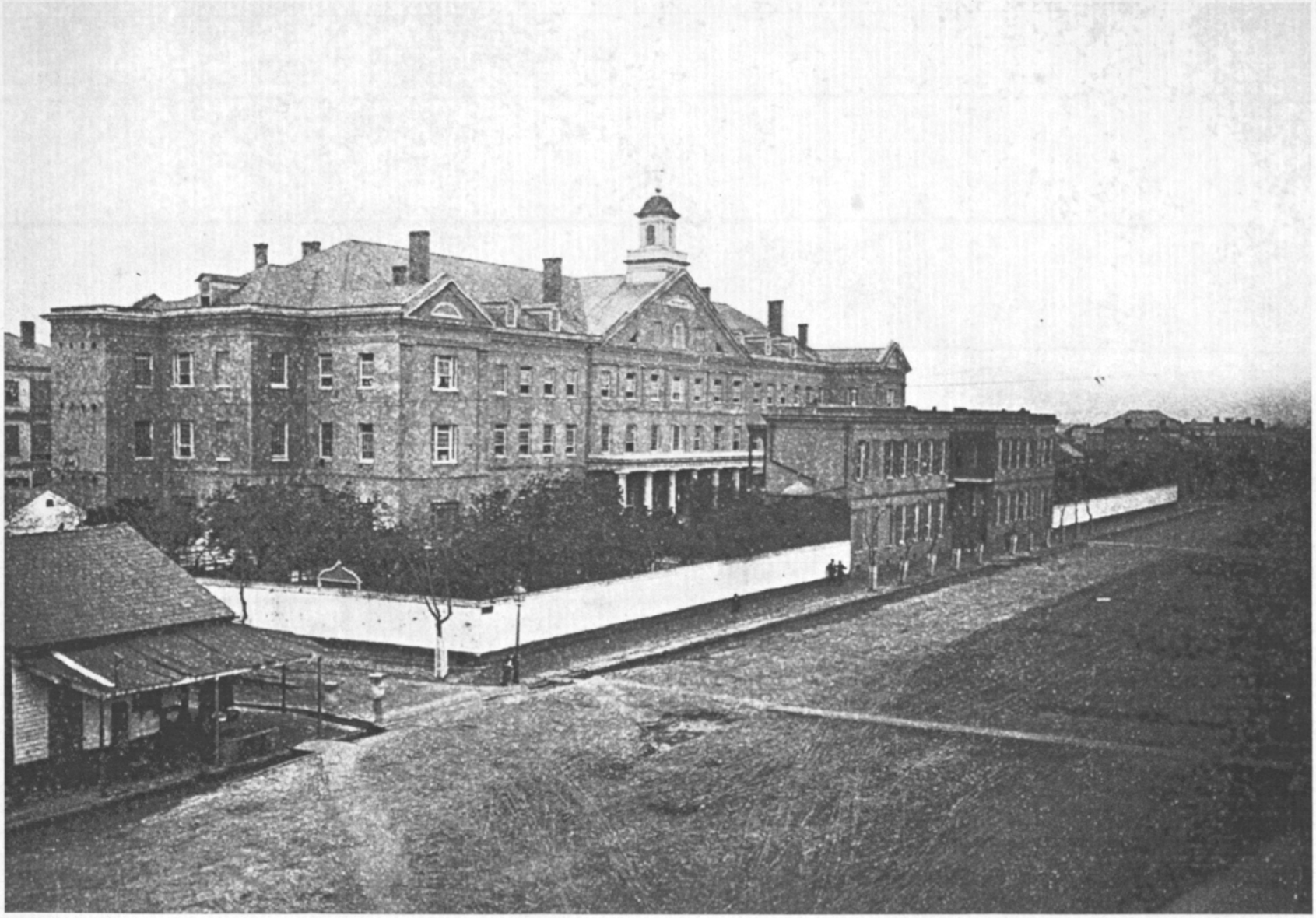


Figure 50. Old Charity Hospital, New Orleans, Louisiana (Theodore Lilienthal, 1867).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 51. Old Charity Hospital, New Orleans, Louisiana, 1921 (Tulane University School of Medicine).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 52. Old Charity Hospital, New Orleans, Louisiana, 1921 (Tulane University School of Medicine).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 53. Charity Hospital, Vintage photograph (Louisiana State Museum).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 54. French Cultural Center, formerly Lafayette City Hall, Louisiana (Flickr.com).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 55. Port Allen Middle School, Louisiana (Leighninger 2007: xxiv).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 56. St. Landry Parish Courthouse, Opelousas, Louisiana (Leighninger 2007: 118).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 57. Federal Office Building, Atlanta, Georgia (Craig 1995: 100)

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 58. Police Station and Jail, Atlanta, Georgia (Craig 1995: 102)

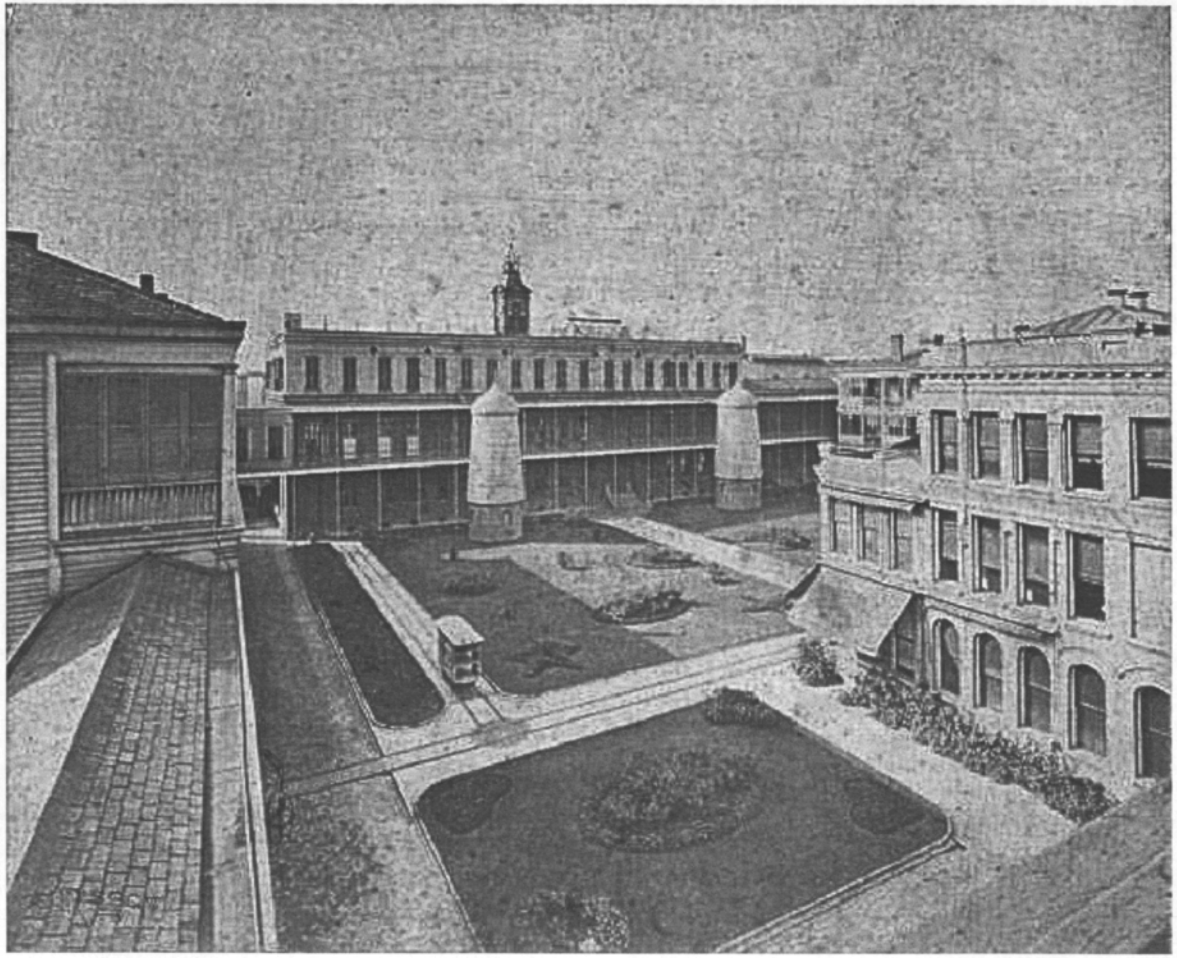


Figure 59. Old Charity Hospital, Rear courtyard with rail transportation system (Louisiana State Museum).

Charity Hospital, New Orleans, Orleans Parish, LA

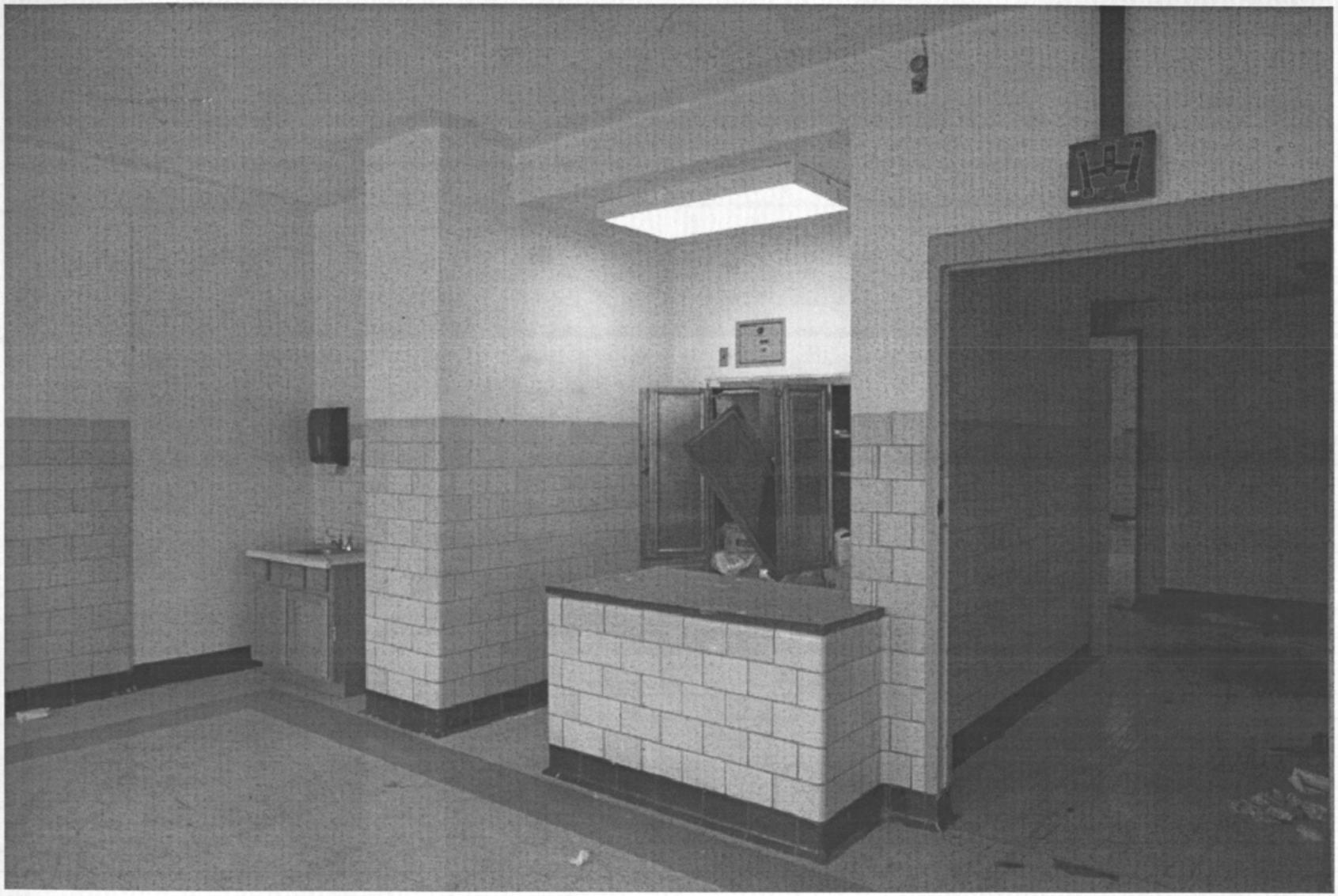


Figure 60. Charity Hospital, Nurses' station, twelve bed ward (Robert Tucher, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

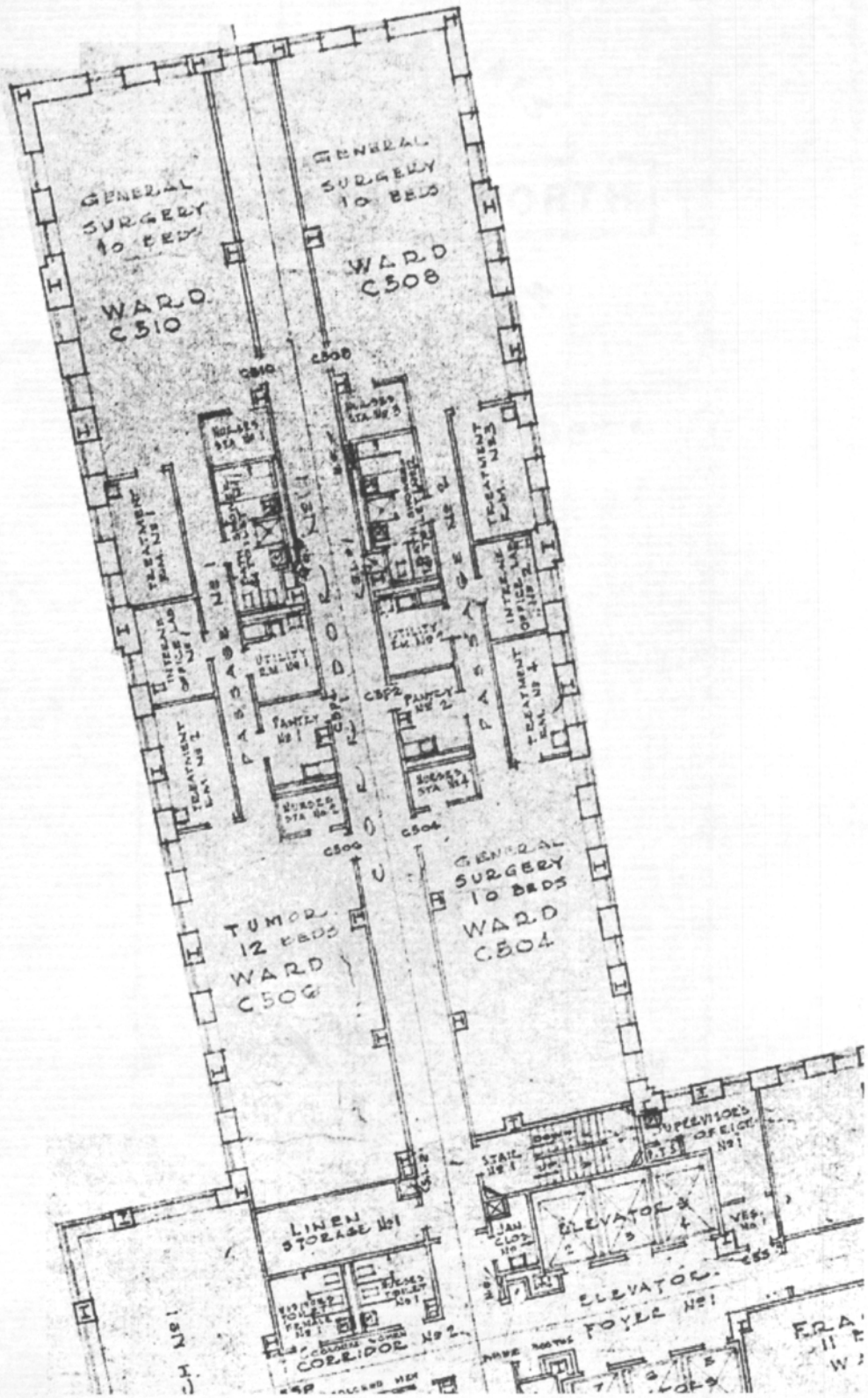


Figure 61. Charity Hospital, Typical ward plans (Charity Hospital Engineering and Drafting Department).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 62. Charity Hospital, Pneumatic tube system central station in the basement (Robert Tucher, photographer, July 2009).

Charity Hospital, New Orleans, Orleans Parish, LA

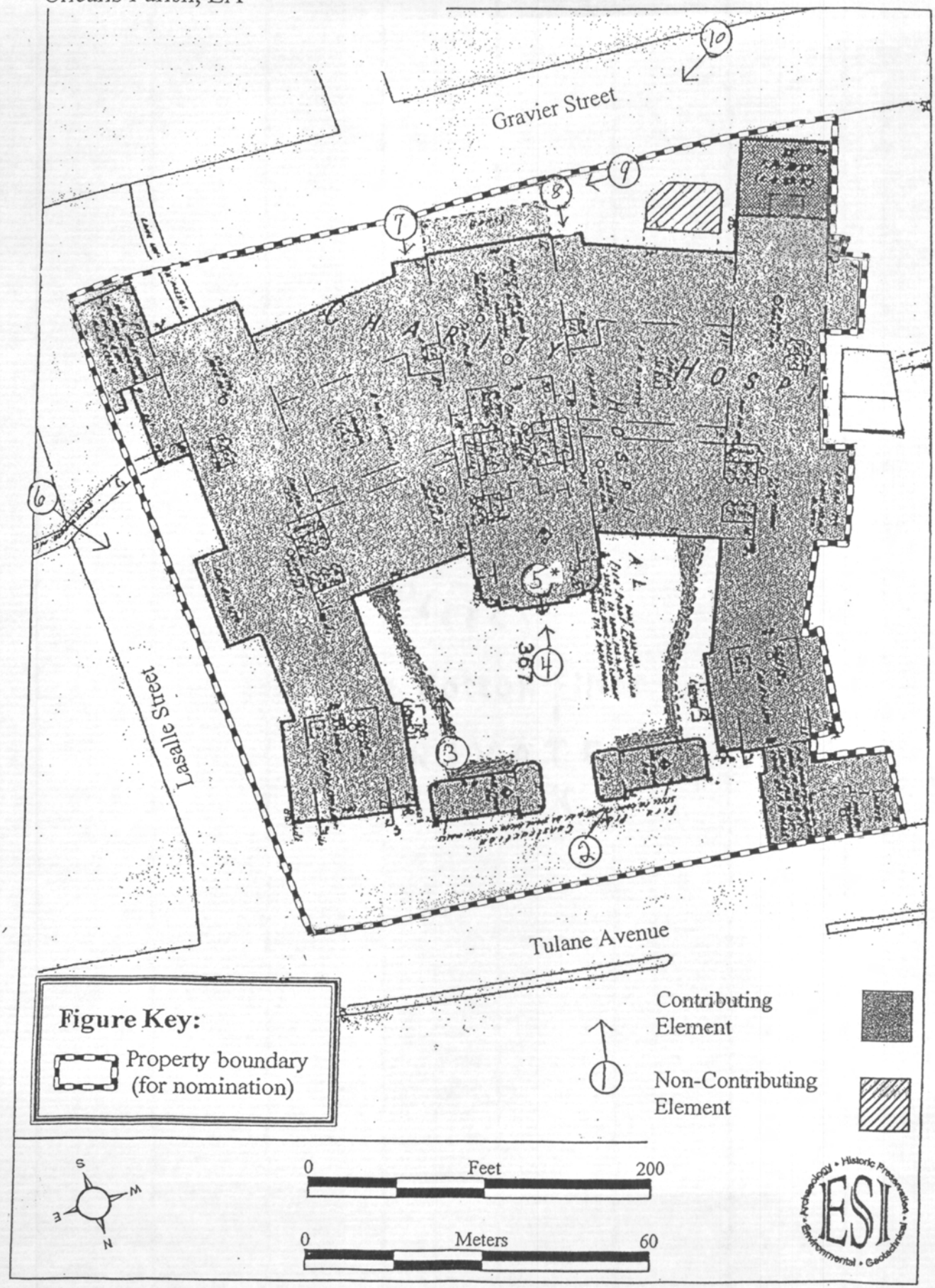
Figure 63. Beaujon Hospital, Clichy, France (Thompson and Goldin: 1975: 197).

Charity Hospital, New Orleans, Orleans Parish, LA

Figure 64. New York-Presbyterian Hospital (Architectural Forum, 1933).

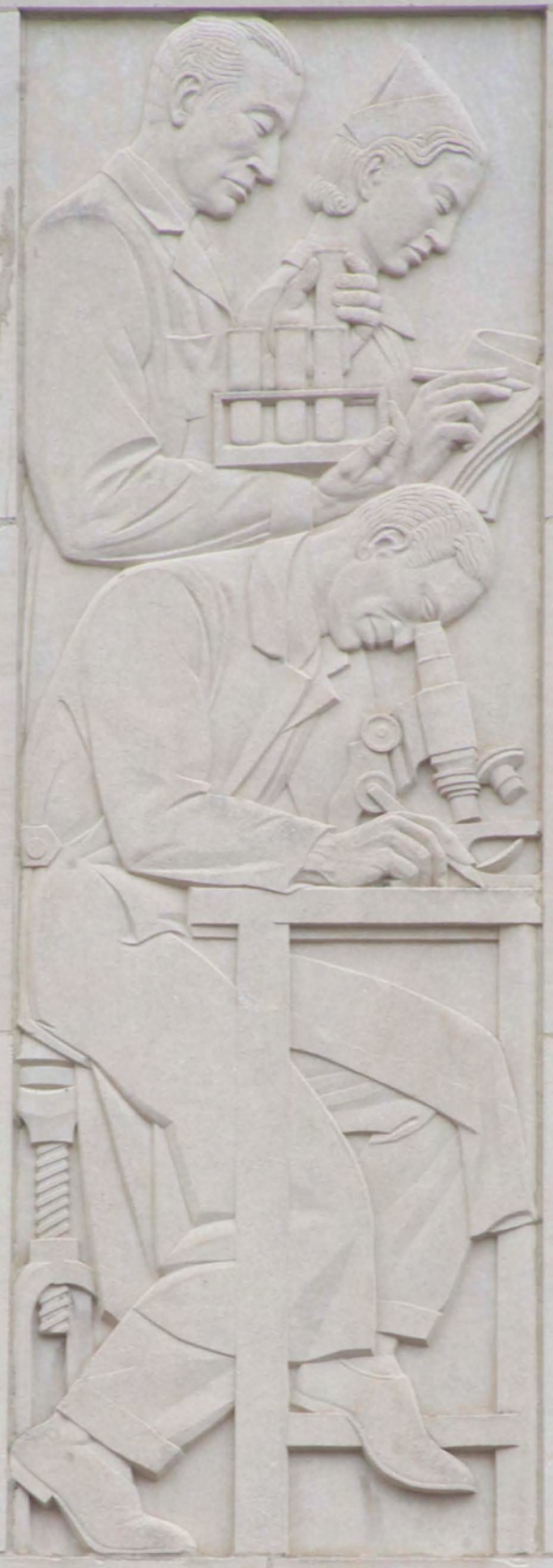
Charity Hospital of New Orleans

Orleans Parish, LA



*The direction for this photo is "down."

VISITORS



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