

NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS,
MARION BRANCH, BUILDING NO. 22
(South Wing of Hospital)
1700 East 38th Street
Marion
Grant
Indiana

HABS IN-306-C
IN-306-C

PHOTOGRAPHS

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ADDENDUM TO:
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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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ADDENDUM TO NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS – MARION BRANCH, BUILDING No. 22 (Hospital South Wing)

HABS No. IN-306-C

- Location:** 1700 East 38th Street, Marion, Grant County, Indiana
Within the hospital complex, Building No. 22 is on the east side of Steele Circle and oriented north to south. The building is southeast of the main entrance gate on 38th Street.
- The coordinates for Building No. 22 are 40.520484 N, -85.633027 W. These coordinates were obtained in December 2011 and with, it is assumed, NAD 1983. There is no restriction on the release of the locational data to the public.
- Present Owner:** U.S. Department of Veterans Affairs, Northern Indiana Healthcare System
- Present Use:** Vacant, scheduled for demolition
- Significance:** Building No. 22 is one of two nearly identical flanking wings (with Building No. 21) for the original main hospital at the Marion Branch of the National Home for Disabled Volunteer Soldiers (NHDVS), established in 1889. The NHDVS was a federal institution authorized by Congress in 1865 and charged with caring for Civil War veterans disabled by their military service. By 1930 the system had eleven branches and became part of the new Veterans Administration. Congressman George Steele of the 11th Indiana Congressional District successfully promoted the creation of this Branch in Grant County with the promise of an on-site natural gas well for free heating and lighting. Founded in 1889 as the seventh NHDVS branch, the Marion Branch featured a picturesque campus of winding avenues and red brick Queen Anne buildings with wide porches and ornamental balustrades. The original buildings were designed by the Dayton, Ohio architectural firm of Peters and Burns.
- Building No. 22 sits to the south of the multi-part hospital structure and is connected by a narrow corridor. This two-story Queen Anne structure housed patient wards, staff and service spaces. Its largely domestic decorative mode belied the institutional nature of its function, as did its pastoral location within a picturesque designed landscape. In 1921, the Marion Branch became the Marion National Sanitarium, a facility dedicated to the treatment of World War I neuropsychiatric cases, including what was then called shell shock and other mental disorders.

The emphasis throughout the NHDVS had been shifting from residential campuses to more sophisticated medical care for veterans. The hospital and numerous other buildings were renovated at this time.

After 1930 the Marion Branch continued to specialize in psychiatric care as part of the Veterans Administration. The original hospital and many of the barracks were still used for patients until new psychiatric facilities were built on the west side of the site. Since vacated during the 1980s, Building No. 22 has fallen into severe disrepair and is slated for demolition in 2012.

Historian: Lisa Pfueller Davidson, 2011

PART I. HISTORICAL INFORMATION

A. Physical History:

1. **Date of erection:** 1890-91
2. **Architect:** Peters and Burns, Dayton, Ohio
3. **Original and subsequent owners, occupants, uses:** Building No. 22 was built as the south wing of the main hospital of the Marion Branch, National Home for Disabled Volunteer Soldiers. In 1921 the Marion Branch became a National Sanitarium dedicated to neuropsychiatric care. Building No. 22 is now part of Marion Campus of the VA Northern Indiana Health Care System. The building was used for patient care until the 1980s and now stands vacant, awaiting demolition.
4. **Builder:** William Saint
5. **Original plans and construction:** Original drawings have not been located but field inspection indicates that the original Queen Anne exterior appearance is largely intact. It is possible that the rear ell is a very early addition but documentation has not been located to confirm that field observation.
6. **Alterations and additions:** The Hospital South Wing experienced a number of alterations over the years. In 1895 the attic was remodeled into a staff dormitory. In 1904 the two-story connecting corridors were rebuilt in brick. In 1920-21 renovations were undertaken for the conversion to a National Sanitarium. The exact nature of these renovations is unknown. It is likely that the floor plan was reconfigured to remove the center entrance and porch on the west side and install the current diet/service kitchen and dining room suite on each floor. Added Colonial Revival exterior details such as elliptical arch windows in this location seem to date to this period and are not in place in a c. 1916 photograph. Additional window openings were added when the chimneys were removed, by c. 1963.

B. Historical Context: See overview historical context HABS No. IN-306 for additional information on the Marion Branch and the NHDVS.

The National Asylum for Disabled Volunteer Soldiers (renamed National Home for Disabled Volunteer Soldiers in 1873) was established by an Act of Congress signed by President Lincoln in March 1865. Federal officials recognized the growing need to care for Union soldiers injured during their Civil War service and subsequently unable to support themselves. This unprecedented federal effort paralleled many state and local initiatives to care for disabled soldiers as the wounded filtered back North after years of fighting. The initial legislation did not specify where the Asylums would be located, but the general understanding was that several sites in different parts of the northern states would be needed. By 1930 when the National Homes were incorporated into the new Veterans Administration, the system had grown to include veterans of multiple conflicts cared for at eleven campuses located around the country. The historic National Home sites are still part of the vast system of hospitals and other veterans' benefits managed by the Department of Veterans Affairs (the Veterans Administration was converted into a cabinet-level agency in 1989).

The Marion Branch was established in 1889 as the seventh branch of the NHDVS during a period of rapid growth for the system. In 1884 there was a major expansion of the eligibility requirements for the NHDVS branches. Previously proof had to be provided that one's disability was a direct result of military service. Now any honorably discharged Union veteran was eligible for admission, as well as veterans of the War of 1812 and the Mexican War. As previously self-sufficient veterans became disabled due to various causes, including the long term effects of their military service or simply old age, the demand for Soldiers' Home admission grew rapidly.¹ This area of east central Indiana was experiencing a natural gas boom and the new federal facility was welcomed as another marker of local prosperity.

The growth of the region assisted Congressman George Steele's efforts to attract a branch of the National Home to his district. The promise of free heating and lighting via an on-site natural gas well drilled by local land owners and officials was instrumental to his ability to broker the deal. Legislation proposing a new branch in Grant County, Indiana was introduced during the spring of 1888.² The Military Appropriations Committee approved the bill in April, causing much excitement in Marion and the local press.³ President Grover Cleveland signed the bill creating of a new branch in Steele's district on July 23, 1888, with a \$200,000 appropriation for initial construction, and stipulations that a 200-acre tract be found with an on-site natural gas

¹ Patrick Kelly, *Creating a National Home: Building the Veterans' Welfare State, 1860-1900* (Cambridge: Harvard University Press, 1997), 128; Judith Gladys Cetina, "A History of the Veterans' Homes in the United States, 1811-1930" (Ph.D. dissertation, Case Western Reserve University, 1977), 171, 167. Disabled veterans of the Mexican War and War of 1812 were first eligible in 1871, but there was some confusion regarding how to interpret the law requiring proof of service-related disability.

² Nancy J. Hubbard, "Marion Branch, National Home for Disabled Volunteer Soldiers Historic District," Grant County, Indiana. National Register of Historic Places Registration Form, 1999. (U.S. Department of the Interior, National Park Service, Washington, D.C.), 13-14.

³ "A Soldiers' Home," *Marion Weekly Chronicle*, 6 April 1888, 8.

well drilled at local expense.⁴ After some trial and error, a 216.84 acre site south of Marion was purchased in the spring of 1889.⁵

On May 2, 1889, General Harris demonstrated the new gas well at the site for a visiting delegation from the Board of Managers. Architect Silas R. Burns was also present to walk the grounds and consider building siting. Burns was a principal in the Dayton, Ohio firm of Peters and Burns. This firm was familiar to the NHDVS Board as the architects for several new barracks built at the Central Branch in Dayton. Typically local architects were hired by the Board of Managers to design Branch buildings. As a quasi-independent Congressional board, the NHDVS operated outside of the normal system for federal building managed by the Supervising Architect of the Treasury. Local managers served as liaisons to the board and oversaw construction. Silas R. Burns (1855-1940) was educated at MIT and practiced architecture in Dayton, Ohio until the turn of the twentieth century. He seems to have been the lead architect on this project. His partner in Dayton was Luther Peters.⁶

In the 1889 *Annual Report*, NHDVS Board of Managers President General Franklin requested \$191,000 for construction at the Marion Branch, stating that the site has “been purchased, drawings and estimates for the structures have been made and the buildings have been contracted for.”⁷ Work began during summer 1889 on clearing the land, creating topographic maps, planning sewerage and utilities, and site planning for the buildings. The first construction priority was six nearly matching brick barracks – now designated Buildings No. 1-6. The buildings were complete except for water service by June 30, 1890 and 299 members were in residence. The branch had officially opened on March 15th and some veterans, including a work detail from the Central Branch, had already been living on site.⁸ General Arthur F. Devereux, a Union Army veteran from Massachusetts, was appointed as the Marion Branch’s first Acting Governor.⁹

⁴ NHDVS Board of Managers, “Letter from the President,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1888* (Washington, DC: GPO, 1889), 2-3.

⁵ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1889* (Washington, DC: GPO, 1890), 68-69; Hubbard, 14. The National Register nomination indicates that Grant County gave additional funds to cover the higher purchase price of the final site.

⁶ “Burns, Silas R.” entry in Henry F. Withey and Elise R. Withey. *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennesey & Ingalls, Inc. 1970), 100-101. Pacific Coast Architecture Database [<https://digital.lib.washington.edu/architect/architects/188>] says he married a Louise Devereux in 1891. It seems likely that this was the same Louise Devereux who was the daughter of the Marion Branch’s first governor. Around 1900 Burns moved to Los Angeles and spent the rest of his career in practice there. His *Los Angeles Times* obituary (11 August 1940) lists him as the architect of buildings at the Pacific Branch of the NHDVS in West Los Angeles and Central Branch in Dayton, in addition to his work on the Marion Branch.

⁷ “Letter from the President,” *Annual Report 1889*, 2.

⁸ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1890* (Washington, DC: GPO, 1891), 161.

⁹ Matthew D. Rector, “The Early Development, Design, and Construction of the Marion Branch of the National Home for Disabled Volunteer Soldiers,” (M.A. Thesis, Ball State University, 2002), 27.

The first report of the Branch by Governor Devereux in June 1890 indicates that construction and management were still quite incomplete in spite of the official opening date a few months earlier. Initially Devereux had to do all the officers duties, with help from his daughter Louise. The branch lacked a surgeon until late May when Dr. A. D. Kimball arrived to take charge of the temporary hospital housed in part of Barrack no. 4. Poor drainage around the ongoing construction site resulted in numerous cases of malaria. There was only a pre-existing farmhouse on site for the officers, which Devereux assessed as too small, in poor condition, and not readily adaptable. He lamented the fact that his surgeon and treasurer drove the three-and-a-half miles back and forth from rented quarters in Marion and were not available on site after hours.¹⁰ Perhaps due to the ongoing difficulties of establishing a new Branch, General Devereux resigned and was replaced as Branch Governor by Captain Justin H. Chapman of Connecticut, previously the Branch Treasurer.

In January 1891 Marion Branch member N. A. Hunt wrote that “the foundation is laid for very large and very fine hospital.”¹¹ The hospital was prominently sited facing the central circle (Steele Circle) and surrounded by curving avenues. Building No. 22, the south wing of the hospital was built concurrently with the new hospital administration building (No. 19) and its kitchen and dining hall ell (Building No. 20) (Figure 1). Governor Chapman wrote in June 1891:

Notwithstanding this department [hospital] has been conducted under unfavorable circumstances from the fact that we have been obliged to use one of the barracks buildings for a hospital, with the conveniences so necessary, yet the sick have been well cared for and the death rate is low. In a short time we will move into our spacious hospital, the administration building, kitchen and dining room, and one wing being about completed.”¹²

By mid-1892, Governor Chapman was able to report “we now have a fully equipped hospital, where everything needed by the sick is furnished.”¹³

While the first round of permanent construction of the Marion Branch was complete by fall 1891, the Branch still lacked proper officers’ quarters, a permanent mess hall, and recreational facilities. Much work also remained to be done beautifying the grounds.¹⁴ For the next several years, the Marion Branch continued to build additional buildings and experience

¹⁰ NHDVS, *Annual Report 1890*, 161-62.

¹¹ Typescript of Letter, N. A. Hunt, (1 January 1891), Marion & Grant County File, Marion Public Library.

¹² NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1891* (Washington, DC: GPO, 1892), 202.

¹³ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1892* (Washington, DC: GPO, 1893), 167.

¹⁴ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1891* (Washington, DC: GPO, 1892), 201-02.

seasonal overcrowding and temporary admissions closures.¹⁵ A nearly matching north wing for the hospital (Building No. 21) was built in 1893, at a cost of \$25,000 (the original three buildings cost \$53,000).¹⁶ The general trend in the NHDVS, especially since the broadening of eligibility requirements in 1884, was an increased emphasis on medical care for aging Civil War veterans. The Marion Branch was well equipped to address this need.

Building No. 22 was primarily two floors of patient wards and support spaces. It was connected to the administration building and its rear kitchen/dining room annex via a narrow enclosed corridor. The form of the Marion Branch hospital was a hybrid of domestic architecture and the pavilion plan becoming popular for hospital architecture. In scale and detailing the hospital referenced Queen Anne residential architecture, particularly the administration building (Building No. 19). However the form of the side wing wards – Buildings No. 21 and 22 – recalled the precepts of pavilion hospitals. These long, horizontal structures were attached only on one side to the rest of the complex, in order to maximize healthful light and ventilation.

The development of the Marion Branch and particularly construction of its hospital as a key feature of its original plan and layout speaks to contemporary trends in hospital design. Like the NHDVS itself, new attention to public health and the construction of hospitals emerged from the aftermath of the Civil War. Many doctors were eager to apply the lessons of the recent military conflict, both positive and cautionary, to improved medical techniques. Scientific understanding of disease and contagion was developing rapidly in the period as well, with the first, imperfect understanding of germ theory starting to coexist with older ideas of contagion by miasma or contaminated air. The discussion in the United States also benefitted from intense interest in this topic in Europe and Great Britain, begun a decade earlier in the 1850s by the Crimean War. Motivated by the unsanitary conditions in military field hospitals and her earlier study as a nurse, Englishwoman Florence Nightingale became a champion of hospital reform through her work in war relief and public policy, and her writings.¹⁷

Led by Nightingale's work, hospital architecture was increasingly seen as a key element in patient care during this period. Proper ventilation, sanitation, light, and equipment were essential to healing both surgical and medical cases and avoiding cross infection. The details of ventilation, finish etc. were much debated by the medical profession and their collaborating architects, but the overriding concept of a large hospital divided into freestanding or semi-

¹⁵ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1894, 16; NHDVS Board of Managers, "Marion Branch Report," *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1897* (Washington, DC: GPO, 1898), 151. The Inspector-General's Office began conducting annual inspections of all NHDVS branches in 1894.

¹⁶ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1897), 78.

¹⁷ For example, Nightingale's *Notes on Nursing* (1st American edition, 1860) and *Notes on Hospitals* (1st edition, 1859; 3rd revised edition, 1863). For an overview of hospital development see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), esp. 155-70 on Nightingale wards.

attached pavilion wards dominated hospital design for the next fifty years.¹⁸ Although not a classic pavilion plan with parallel rows of rectangular ward buildings, the arrangement of the four-part Marion Branch hospital with long side wings and connecting corridors was indicative of a pavilion approach to hospital design, particularly concern with maximizing ventilation and avoiding cross contamination. According to medical historian Charles Rosenberg, ideas about contagion were changing by the 1870s, but the older idea of infection through miasma or fermentation of bad air was too embedded and seemingly logical to be quickly dismissed.¹⁹

It was in this period of changing medical understanding and standards that the NHDVS was developing its own medical facilities. Each Soldiers' Home branch had some sort of hospital facilities from its earliest stage of development. The most elaborate of this early group of hospitals was the three-story hospital with pavilion-type wings and numerous towers built at the Central Branch in Dayton, Ohio in 1870.²⁰ Hospital care was still rather unusual for a large percentage of the American public since those with any means or family were typically treated at home with the assistance of a visiting physician. Limited medical technology meant that most treatments could be done in a domestic setting, without the added risk posed by exposure to other illnesses in the hospital. Most existing hospitals were for indigent or dependant populations. In the case of disabled veterans, a lack of family and funds brought them to the Home. These circumstances, along the lingering injuries and ailments of wartime service, made developing hospitals for the NHDVS a logical step even in a period when hospital care was still unusual for the general population.

Writer Elizabeth Corbett included a perceptive assessment of the relationship between the Home members and the hospital in her memoir of her childhood at the Northwestern Branch in Milwaukee between 1891 and 1915:

The old soldiers disliked and distrusted the Hospital, though they had the attention there not only of a staff of surgeons and male orderlies but of very competent and personable trained nurses. It is easy to understand their slant. They knew that in the long run they would die in that hospital, and to enter it seemed to them the first step to the cemetery. Moreover, they had not been used to hospital care in their lives before they entered the Home; and many of them had a rooted idea that the doctors did strange things to their patients for their own amusement.²¹

Corbett's description of the skepticism of the soldier patients echoes other contemporary accounts of mistrust of doctors and hospitals, chiefly because the concept was so unfamiliar to

¹⁸ Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London and New York: Leicester University Press, 1997), vii.

¹⁹ Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987), 130.

²⁰ Suzanne Julin, "National Home for Disabled Volunteer Soldiers – Assessment of Significance and National Historic Landmark Recommendations." 2008. (U.S. Department of the Interior, National Park Service, Washington, D.C.), 45 [hereafter Julin, NHL Overview]. The Northwestern Branch built a brick pavilion plan hospital in 1879.

²¹ Elizabeth Frances Corbett, *Out at the Soldiers' Home: A Memory Book* (New York: D. Appleton Century Company, 1941, reprinted in 2008 by Acta Publications and the West Side Soldiers Aid Society), 140.

most. However increased medical needs were inevitable for these aging veterans. In 1895, J. C. Breckenridge with the Inspector-General's Office noted that "it will be but a question of time when these Homes will be converted into vast institutions for helpless and feeble old men."²²

By the 1890s the older method of having more robust veterans help care for their ill counterparts was becoming impractical. During the mid-nineteenth century it was quite common for ambulatory patients in hospitals to be expected to help out with cleaning or nursing. Most ward patients were indigent and medical care was more basic, creating an expectation that those receiving charity could assist with simple tasks. In the National Homes, there was by the 1880s a general shortage of veterans able to perform the necessary work, due to age and increased infirmity. The Board of Managers minutes include frequent references to the growing need to hire paid civilians to perform many duties previously handled by resident veterans.

For the Soldiers' Home hospitals, the big change was the introduction of female nurses into an all-male institution. Initially promoted by Florence Nightingale, trained female nurses had made inroads into hospital work in the post-Civil War years. Previously nursing was equivalent to domestic service, with male or female employees only handling patients of the same sex. With more training and professionalism came the growing appreciation for the civilizing influence of middle class women in hospitals.²³ The first nursing schools in the United States were founded in 1873, making the profession of nursing acceptable for respectable women.²⁴

The transition to predominantly female nurses was slower for an overwhelming male place like the Soldiers' Home hospital, beginning with a successful trial at the Northwestern Branch in Milwaukee. Not only was conventional wisdom shifting in favor of nursing as work best done by women, but the inexpensive labor of female nurses relative to their male counterparts appealed to administrators. The Board of Managers President W. B. Franklin commented favorably on the early experiments with employing female nurses:

The time has nearly arrived when the service in the hospitals must be done by civilian employees. The same remark holds good as to all the service at the Home hitherto performed by members. . . , but it is more painfully apparent in the hospitals. The experiment of the employment of women nurses is going on at the Central, Northwestern, and Western Branches. So far the results have been excellent. The wards are neater, the patients are more kindly treated, the service is more refined, the surgeons find that their instructions are more faithfully observed, and the patients highly appreciate the change.²⁵

The Marion hospital opened just as the transition to female nurses was fully embraced, so this branch had female nurses from the beginning. Governor Chapman praised the "kindly and skillful nursing" of the female nurses who arrived April 1, 1891 from the

²² *Inspection Report*, (1895), 8.

²³ Rosenberg, 212.

²⁴ *Ibid.*, 216.

²⁵ NHDVS Board of Managers, *Annual Report 1891*, 11-12.

Cincinnati Training School for Nurses.²⁶ An early interior photograph shows the nurses along with their patients in a plain and clean open ward at the Marion Branch. Perhaps this image shows the main ward of Building No. 22 or 21 prior to the addition of the corridor, diet kitchen, and dining room in this space (Figure 2).

An inspection report written after a September 8, 1896 visit provides a useful look at the operation and layout of the hospital in this period. It noted that the Marion Branch hospital included an administration building, ward wings on each side, and a rear kitchen/dining room ell, with a total capacity of 224 patients. Convalescent patients were housed in wards 1 and 2 of the hospital and in barracks no. 4. The attics contained dormitories for hospital employees (completed 1895). The employees included 37 members and 15 civilians. Members served as ward master, barber, hall cleaner, gravedigger, or nurse, as well as meat cutter, cook, or dishwasher in the hospital kitchen. The civilian employees included nurses, the matron, assistant surgeons, and the druggist. The basements were used for storage, heating equipment, or a scullery below the kitchen. The hospital had four bathtubs – one on each floor in each wing. Ambulatory patients were required to have a bath upon admission and weekly thereafter.²⁷ The report also noted that: “Facilities to care for the insane are reported insufficient, and the violently insane are confined in cells in the guardhouse and cared for by the guard. All others are cared for by the nurses in hospital.”²⁸ This ad hoc treatment of mentally ill veterans was typical throughout the NHDVS. Since 1882, the policy was that once a branch had several members considered permanently afflicted with a “disordered mind,” the group would be sent to the Government Hospital for the Insane in Washington, DC (known as St. Elizabeths). The Marion Branch sent seven members to St. Elizabeths in 1896.

The Marion Branch hospital experienced frequent remodeling and changes from its earliest years. In addition to remodeling the attics into staff dormitories in 1895, a second story was added to the wood connecting corridors in 1897.²⁹ By 1904 these corridors were rebuilt in brick. A passenger elevator was added at the same time, probably at the location of a more modern elevator in Building No. 20, the service ell.³⁰ The bathrooms were upgraded several times as well, with “new lavatories with tile floor and wainscoting” in place for a 1900 inspection.³¹ Other new floors were installed in 1905.³² Additions to the hospital bathrooms

²⁶ NHDVS Board of Managers, *Annual Report 1892*, 167.

²⁷ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1896), 57.

²⁸ *Ibid.*, 57-58.

²⁹ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1897* (Washington, DC: GPO, 1898), 152. This report also notes that concrete floors were put in the basement.

³⁰ NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1904* (Washington, DC: GPO, 1905), 165-66.

³¹ Inspector-General’s Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1896), 62.

³² NHDVS Board of Managers, “Marion Branch Report,” *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1905* (Washington, DC: GPO, 1906), 170.

costing \$6,000, of an unknown nature, were approved in 1907.³³ By 1915, requests were made to replace the floors and wood wainscot in the hospital bathrooms with a more durable tile, probably the existing quarry tile. A photograph taken from Steele Circle shows the south hospital wing during this period along with the adjacent hospital administration building (Figure 3).

At the turn of the twentieth century, the NHDVS received an influx of younger Spanish American War veterans. Overall the medical services began to take on greater importance, particularly because of Spanish-American veterans suffering from acute conditions. The hospital at Marion treated patients for a wide range of ailments, but most commonly chronic diseases such as myalgia (muscle pain), hemiplegia (stroke paralysis), and gastritis and acute diseases including malaria, influenza, and pneumonia.³⁴ According to historian Jeremy Taylor, this period saw a number of major advances in medical understanding and technology – for example, germ theory and the concept of asepsis in avoiding infection were fully accepted by the early twentieth century. Anesthetics were now universally applied and there was an increasing sophistication in specialized medical equipment, such as the nebulizer for lung conditions and the X-ray.³⁵

Like the other NHDVS branches, several souvenir booklets were published featuring photographs of the Marion Branch staff, buildings, and grounds. The earliest one that has been located for Marion dates to circa 1908. The majority of the booklet contains photographs of various buildings at the Branch with staff or members posing in front. The handsome brick structures are surrounded by manicured lawns and plantings. Features which are no longer extant such as awnings, porches, dormers, and chimneys are visible. Another booklet from 1911 reiterates the praise for the Marion Branch's complete facilities and beautiful grounds, calling the NHDVS "a special tribute of a grateful nation to the courage, valor, and patriotism of its soldiers, volunteers in time of war."³⁶

The aging of the member population and the steady decrease of their numbers presented a particular challenge to the NHDVS. More costly medical care was needed, increasing per capita costs. However general interest in expansion and maintenance of the existing buildings was waning. Major W. H. Gordon noted in his 1912 *Inspection Report*:

The matter of larger appropriations for the maintenance of the medical department of the home, including special diet, and for increasing the facilities for the care of the very aged and convalescents, is recommended for consideration, in view of the fact that the time is now at hand when for the majority of its membership the

³³ NHDVS Board of Managers, "Marion Branch Report," *Annual Report of the Board of Managers of the National Home for Disabled Volunteer Soldiers for the Fiscal Year Ending June 30, 1907* (Washington, DC: GPO, 1908), 246.

³⁴ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1901), 68.

³⁵ Taylor, 8.

³⁶ W. Swift Wright, *Souvenir Photographs – National Home for Disabled Volunteer Soldiers Indiana – Twenty-First Anniversary*, (Marion, IN: W. Swift Wright, 1911), Marion VAMC files.

home must be regarded as a hospital rather than a barrack, and a rapid increase in the number of members requiring medical care and assistance must be expected.³⁷

This situation persisted until the advent of World War I. Now rather than slowly becoming obsolete through age and deferred maintenance, the Homes would need to serve a new generation of disabled veterans.

World War I and the Growth of Veterans' Health Care

World War I brought a great influx of new veterans, many young men with acute medical or psychiatric conditions that tested the capacity of the entire federal veterans' benefits system. At this time the NHDVS and the Bureau of Pensions were the two federal entities serving veterans.³⁸ World War service men were admitted to the NHDVS via an Act of Congress on October 6, 1917. There was a growing realization that meeting new demands for more sophisticated medical care would require substantial reorganization. In 1919 Colonel R. C. Humber reported that the current "perfunctory and routine manner" of medical care in the NHDVS hospitals would not suffice to treat the ailments of the newer veterans.³⁹

Changes in the needs of veteran patients were accompanied by major advances in medical treatment over the previous twenty years, including an increase in surgical treatment and other specialties, such as psychiatry. Psychiatric care was rapidly evolving during the early twentieth century, however the specialty was still in its infancy, with precise diagnoses of conditions such as schizophrenia, manic-depression, and post-traumatic stress disorder still years away. In the immediate aftermath of the World War, treatment of combat-induced mental illness was complicated by debate over the causes of "shell-shock" or "war neuroses." Shell-shock, by definition, was seen as fundamentally a neurological problem, with the mental illness caused by the concussion of high explosives. Patients considered to have war neurosis exhibited largely the same symptoms as shell-shock, but the cause was viewed as a more complex blend of neurological and psychiatric issues brought on by trauma.⁴⁰

The prior policy of periodically transferring the most severely disturbed NHDVS members to St. Elizabeths was clearly no longer viable. In September 1920 the NHDVS Board of Managers passed an official proposal to convert the Marion Branch into a neuropsychiatric facility dedicated mainly to World War I veterans with nervous or mental conditions. Other members were transferred, usually to Milwaukee or Danville. Civil War veterans suffering from psychiatric conditions, typically dementia, were cared for at the Southern Branch in Hampton,

³⁷ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1912), np.

³⁸ Julin, "NHL Overview," 34-35.

³⁹ Inspector-General's Office, *Inspection Report – National Home for Disabled Volunteer Soldiers* (Washington, DC: GPO, 1919), 11.

⁴⁰ Paul Wanke, "American Military Psychiatry and Its Role Among Ground Forces in World War II," *Journal of Military History* 63, no. 1 (January 1999): 128. The prevalence of mental conditions among World War I veterans was discussed, but the prevailing concern seemed to be more effective admission screening and avoiding loss of man power on the front to "nervous conditions." See Thomas W. Salmon, "The Future of Psychiatry in the Army," *Military Surgeon* 47, no. 2 (August 1920): 200-207.

Virginia.⁴¹ The *Marion Daily Chronicle* described proposed changes at the Marion Branch, noting that “plans for the conversion of the buildings and equipment of the Marion branch of the National Military Home into a national psychopathic sanitarium include the expenditure of several thousand dollars in the remodeling and enlarging of practically all of the present buildings.”⁴² Local architect Harry G. Bowstead was preparing working drawings and would oversee the remodeling. His plans were developed in consultation with NHDVS officials, the Bureau of War Risk Insurance, and the Rockefeller Foundation. The Rockefeller Foundation representatives included experts in mental hospital design such as New York State architect Lewis Pilcher and Dr. Thomas Salmon, well-known psychiatrist and medical director of the National Committee for Mental Hygiene of the Rockefeller Institute. On January 1, 1921, the branch name officially changed to Marion National Sanitarium.⁴³

Colonel William MacLake served as Medical Director and Superintendent of the Marion National Sanitarium. During fiscal year 1922, the sanitarium cared for 1,215 patients. Most of the patients were Army veterans of the recent German War, as it was called, but ten Spanish American War veterans were treated, along with 24 Marines and 66 Navy veterans.⁴⁴ The main hospital, including Building No. 22, was part of the “Treatment Hospital” for the most severe cases. Building No. 22 housed wards no. 3 and 4, including small dining rooms and “diet kitchens” on each floor where meals could be served to groups of 30 patients.⁴⁵ In 1924, NHDVS Chief Surgeon B. F. Hayden noted that not only was the sanitarium filled to capacity, but the nature of the institution was changing due to a larger number of psychotic patients, rather than milder cases he termed “psychoneurotic.” The limited treatment options of rest, electric shock therapy, or counseling could not help many severely traumatized veterans. Several cottages, as the barracks were called in this period, needed to be converted to closed wards with strict supervision and metal radiator and window guards were installed in the hospital and other buildings.⁴⁶ Medical staff in this period included fourteen assistant surgeons, two dentists, a bacteriologist, a laboratory technician, 45 female trained nurses, 150 male

⁴¹ Inspector-General’s Report – NHDVS (1925) published in *Construction at Soldiers’ Homes, Hearings Before the Committee on Military Affairs*, House of Representatives, 69th Congress, 1st Session (Washington, DC: GPO, 1926), 17.

⁴² “Making Preparations for Change at Marion Soldiers Home,” *Marion Daily Chronicle*, 17 August 1920, 7.

⁴³ Hubbard, 15; “Marion Sanatorium is Among Leaders,” *Marion Leader-Tribune*, 19 December 1925.

⁴⁴ NHDVS Board of Managers, “Marion Branch Report” *NHDVS Annual Report* (1922), 3, typescript in VACO Library. Colonel William MacLake, Medical Director and Superintendent, submitted the branch report.

⁴⁵ NHDVS – Board of Managers, *Annual Report* (1925) published in *Construction at Soldiers’ Homes, Hearings Before the Committee on Military Affairs*, House of Representatives, 69th Congress, 1st Session (Washington, DC: GPO, 1926), 169.

⁴⁶ NHDVS Board of Managers, “Report of the Chief Surgeon,” *NHDVS Annual Report* (1924), 3, typescript in VACO Library. For more on military psychiatry in this period see Eric T. Dean, Jr., *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge, MA: Harvard University Press, 1997), esp. Chapter 2 – “Every Man Has His Breaking Point”: War and Psychiatry. Post-Traumatic Stress Disorder (PTSD) was not officially recognized until 1980.

attendants, six physiotherapists, a director of athletics and eleven occupational therapy aides.⁴⁷

Given the steady demand for the specialized treatment provided at the Marion Sanitarium, the Board of Managers started lobbying Congress in 1925 for funds to expand.⁴⁸ Marion did receive another 200-bed barracks in 1929 and a 75-bed hospital annex in 1930 (Building No. 25), but requests for further expansion were denied because the Veterans' Bureau planned a large neuropsychiatric addition to its hospital in Chillicothe, Ohio. In June 1930, Marion was the third largest branch in the NHDVS with over a thousand patients and the largest civilian staff of 486 employees. However, big changes were underway for veterans' care and the NHDVS.⁴⁹ In July 1930, the NHDVS was combined with the Pension Bureau and the Veterans' Bureau to form the new Veterans Administration. Several other branches had constructed new hospitals or barracks before the shift and in 1931 the Marion Branch was now the third smallest NHDVS branch while still treating an average of 1,200 patients. The Branch continued to specialize in neuropsychiatric care, with Building No. 22 remaining part of the "Treatment Hospital" with 68 beds.⁵⁰

After World War II, there was again a large increase in the number of veterans, but the trend was toward outpatient rather than residential care. In 1950, the Marion VA Hospital housed 1,700 patients – 1,300 World War I veterans considered chronic psychiatric cases and 400 World War II veterans. Supposedly three out of four of these younger veterans would be discharged within a year, having received the benefits of modern treatments such as electric and insulin shock therapy, pre-frontal lobotomies, or narco-synthesis, a truth serum treatment. Less drastic therapies included occupational and physical therapy as well as counseling. The view was that World War I veterans were generally institutionalized, due to limited medical options, but new patients could be cured by advanced methods.⁵¹ Early drug therapies and other treatments were becoming available but psychiatric care for veterans remained a difficult issue.

Floor plans of Building No. 22 last revised by the VA in 1963 show the use of various spaces and some alterations (Figure 4). An enclosed wood passage at the second floor connected the south end of the building to Building No. 60, functioning as a hospital laboratory and support building at this time. The large end porches had been removed but the inset porches on the west façade remained. The rear ell contained, in addition to a stairway and bathrooms, a room for the clothing clerk on the second floor and a clothing storage room and nurse's room on the first. The large room at the south end of the wing was labeled "ward" on the second floor and "day room"

⁴⁷ NHDVS – Board of Managers, *Annual Report (1925)* published in *Construction at Soldiers' Homes, Hearings Before the Committee on Military Affairs*, House of Representatives, 69th Congress, 1st Session (Washington, DC: GPO, 1926), 164.

⁴⁸ *Ibid.*, 37.

⁴⁹ NHDVS Board of Managers, "Letter from the President," *Annual Report for the Fiscal Year 1929* (Washington, DC: GPO, 1930), 5; *Construction at Soldiers' Homes, Hearings Before the Committee on Military Affairs*, House of Representatives, 71st Congress, 2nd Session (Washington, DC: GPO, 1930), 4, 11.

⁵⁰ Typescript, Marion VA Hospital Inventory (29 April 1936), Marion and Grant County File, Marion Public Library.

⁵¹ Richard S. Simons, "Veterans Are Not Forgotten," *Indianapolis Star Magazine*, 21 May 1950, 6-7.

on the first. Both diet kitchens at the center of west side of the wing were intact, but the adjacent dining rooms were labeled lounge on the first floor and bed ward on the second.

By 1975, the Marion Veterans Administration Hospital included 97 buildings on 120 acres.⁵² Many of the historic buildings were still used for their original purposes, including Building No. 22. In 1978 the complex was renamed the Marion VA Medical Center. The hospital north wing was listed as vacant in 1987. In 1995 Marion was combined with Fort Wayne VA Medical Center to create VA Northern Indiana Health Care System (NIHCS). Marion continues to provide psychiatric and long-term care while general medical cases are handled in Fort Wayne. A new 240-bed geropsychiatric hospital was completed in 1997.

During the late 1990s, the Marion Branch was surveyed and added to the National Register of Historic Places as a historic district with 78 contributing historic buildings, indicating a concern for documenting and preserving the site. However many vacant historic buildings on the east side of the campus, including the original hospital, Buildings No. 10, 11, 18 and 7, and Building No. 60 (the original barracks no. 7) quickly deteriorated. Efforts to find new uses or work with developers have not been successful, including a 2007 proposal to turn several barracks into affordable senior housing.⁵³ Historic Landmarks Foundation of Indiana put the Marion Branch on its list of 10 most endangered landmarks in 2004, 2005, and 2006.⁵⁴ Building No. 22 was slated for demolition at the time this report was prepared in 2011.

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. **Architectural character:** Building No. 22 is an asymmetrical wing connected to the rest of the hospital by narrow corridors at its north side. It is a two-and-a-half story brick building with simplified Queen Anne/Colonial Revival detailing. It has several characteristic Victorian features such as wide porches (some no longer extant), an irregular footprint and roofline, decorative brick patterns, and large windows. The Colonial Revival influence can be seen in the near symmetry of the west façade – its projecting center and end pavilions with connecting hyphens suggest a five-part Georgian plan – and the elliptical arch windows which were added c. 1921.
2. **Condition of fabric:** Poor. Building No. 22 has widespread water infiltration causing extensive damage to wall and floors, major structural cracking, and extensive evidence of animal infestation.

B. Description of Exterior:

1. **Overall dimensions:** approximately 60 feet by 150 feet

⁵² Typescript, "Veterans Administration Hospital, Marion, Indiana – Historical Notes," Marion VAMC files.

⁵³ Andrew Neel, "VA Considers Senior Housing," *Chronicle-Tribune* [Marion, IN], 5 August 2007. 1.

⁵⁴ Sean F. Driscoll, "VA Remains Endangered," *Chronicle-Tribune*, 6 February 2005.

2. **Foundations:** The exterior foundation walls are approximately three feet high and constructed from gray or tan local limestone, known as riverstone, lightly dressed with a rusticated face and laid in regular courses. The foundation is topped by a course of more smoothly dressed stones and/or a projecting brick water table. Interior foundations consist of limestone exterior walls and brick piers with occasional metal posts. At the connecting corridor and the end bay (originally concealed by a porch) the foundation walls are brick with a limestone water table. The foundation wall is occasionally pierced by a small rectangular ventilation opening with a decorative cast iron grille featuring pointed arch motifs.
3. **Walls:** The red brick walls are laid in a running bond. Building No. 22 has some decorative brick detailing such as the stepped courses of projecting bricks under the center window of the end pavilions on the front, or west façade. Additional brick detailing appears directly above in the pedimented cross gable. A narrow band of corbelled brick rises to the metal cornice and then continues in the pediment as vertical bands of projecting brick – two thicker sections on the outer edges and two thinner inside. These projections terminate in two narrow round arch recesses above an additional cornice. These details are the remnants of chimneys in these locations and correspond to a shallow projection of the stone foundation wall. The wall surface also steps back to accommodate two porches on the west façade. There is a shallow recess at the center bay of the center pavilion, in the former location of a doorway. There is a thin string course of applied metal molding near the top of the walls.
4. **Structural system, framing:** Building No. 22 has a common rafter roof with a nailed ridge board and wood truss supports. Structural supports in the basement include brick piers supporting a large wood summer beam.
5. **Porches and stoops:** Building No. 22 had a series of two-story wood porches intended for use by patients. The wraparound porch at the south end bay has been removed, but traces of paint and other evidence are still visible. Another two-story porch was located at the center pavilion on the west façade. Remaining two-story inset porches are located on the west façade filling the space at the two wall recesses. These porches were later screened in, but still have fluted square decorative posts and bead board ceilings under a continuous shed roof. A low stair and wood frame screen door are located on each porch at the side closest to the center pavilion.

There is a concrete stoop sheltered by a shed roof overhang at the east façade near the connecting corridor. This stoop is accessed via a straight run of five stairs with metal pipe railings on either side. There is an enclosed shed roof one-story porch on the east façade of the connecting corridor. This porch sits on a tall concrete foundation and appears to be a converted loading dock. The wood walls include almost continuous windows and a doorway at its north end that now lacks access stairs. There is a small stoop facing south at the southwest corner with metal pipe railings and a straight run of five concrete stairs. The second floor above this area used to

have an enclosed corridor extending over the road and connecting to the second floor of Building No. 60.

6. **Chimneys:** The original brick chimneys have been removed and the openings capped. Historic images show at least eight brick chimneys on various parts of the roof. There is a metal ventilator in the center of the rear ell roof.

7. Openings:

- a. **Doorways and doors:** Building No. 22 has several exterior entrances rather than a main formal entrance; originally there was a center entrance porch with doorways on the west façade. It is likely this porch was removed and the doorway closed when the diet kitchens/dining rooms were installed in this area, c. 1921. Current doorways are located at each porch on the front, or west, façade. Once on the porch, there are four openings with a fixed round arch transom – the center two openings have fixed sash and the end two of have sixteen light wood single leaf French doors. These doors/window sashes are set directly into the brick wall and the round arch top is framed by three courses of header brick. The round arch transom section is unequally divided into twelve lights with two curved muntins following the line of the round arch and a center vertical mullion dividing the pattern into mirror image halves.

Additional doorways include one at grade level into the ell stairway on its north facade. Another doorway is located at the south end pavilion stoop. These doorways have a wide limestone lintel with early twentieth century wood panel doors set directly into the brick wall. The doors have glazing in the top half divided into nine lights. The south end pavilion doorway has a large six light transom.

Another doorway was located in a modified round arch window opening at the second floor on the south façade – this opening is now bricked closed. This doorway provided access to the Building No. 60 elevated connecting corridor that is no longer extant.

- b. **Windows and shutters:** Building No. 22 has two typical window openings in the main wing - rectangular on the first floor and a round arch opening on the second floor. The first floor openings have a narrow, smoothly dressed limestone sill and a wider limestone lintel. The second floor's round arch windows are outlined by four courses of header brick with the outermost course projecting slightly, and also have a narrow limestone sill. Each of these openings is filled with two-over-two light, double-hung wood sash set directly into the brick wall. The openings and sash are larger at the location of the former porches on the south bay end – two-over-four lights.

In addition, there are three large elliptical arch windows across the center pavilion on both the first and second floor levels. The openings have been altered from an original set of typical windows flanking a doorway at a two-story porch, probably c. 1921 to accommodate the new interior plan with diet kitchens and dining rooms in this location. These windows have rather squat proportions, with a large elliptical fan light in the upper half. The lower half holds a three part window divided by thick mullions with fixed sidelights and a two leaf casement at the center. Each sidelight has one-over-one wood sash and the each casement leaf has three-over-three lights. These windows have a limestone sill and the elliptical arch is framed by three courses of header bricks, with an additional projecting fourth course on the second floor windows.

The two small front gables at the center pavilion each have a horizontal oval window outlined with two courses of header bricks. Two additional courses of header bricks appear on the upper half of the oval opening. The wood sash is divided by web-like muntins and pivots vertically from side hinges.

Smaller variations on the rectangular two-over-two light wood sash appear in the gables and at the rear ell. On the ell these windows also sometimes appear in pairs with a shared lintel, or are four light wood casements. The front gables on the west façade of the end pavilions have paired four-over-four double hung wood sash; here each light is a horizontal rectangle. The basement window openings are in the foundation walls and feature awning windows with a three-light wood sash.

8. Roof:

- a. **Shape, covering:** Building No. 22 has a complex roof form with both hipped and cross gable shapes. The main north/south roof area is hipped with large cross gables at each end pavilion and a steeply pitched mansard section at the center pavilion. Two smaller cross gables are located at the west façade of the center pavilion. At the dayrooms on the south end there is a modified conical roof attached to main hip. The rear ell has a hipped roof with a smaller cross hip roof at the projections on the north side. The cross gables have a slight flare near the eaves. Originally sheathed with slate, the roof now has asphalt composite shingles in an advanced state of deterioration.
- b. **Cornice, eaves:** Building No. 22 has a pressed metal box cornice forming shallow eaves. These cornices appear to have integrated gutters; pipe downspouts connect to cast iron leaders at various corners. Areas of the connecting corridor also have corbelled brick cornices. The end pavilions have full pedimented gables. The west façade of the end pavilion gables have an additional projecting metal cornice creating a smaller triangular pediment in its top section, a detail typical of Queen Anne Victorian architecture.

- c. **Dormers:** Building No. 22 originally had a number of hipped roof dormers that have since been removed.

C. Description of Interior:

1. **Floor plans:** Building No. 22 is basically a T-shaped structure with a double loaded corridor running along the main wing and the rear ell. The main wing includes several multi-bed wards, a serving kitchen, and bathrooms. Large day rooms for patients were located at the south end, one on each floor. It is possible that the central hall/serving kitchen area of the main wing originally was one large open ward and changed c. 1921. Such large open wards were falling out of favor by the second half of the twentieth century, especially for psychiatric care. The ell generally contains spaces for staff or support functions such as supply closets, offices, and storage. Building No. 22 is connected to the rest of the hospital structure at its north end, and formerly to Building No. 60 via an elevated corridor on its south end.
2. **Stairways:** Building No. 22 has two enclosed stairways that both extend from the basement to the second floor. One is located near the north end of the structure. The other is located partially in a small projection at the north side of the rear ell. Both stairways are dog leg stairs with halfpace landings. Both stairs were entirely rebuilt during the 1920s or 30s out of terrazzo. The concrete stair carriage has terrazzo finish of white marble in a dark gray base on the stair risers, tread, string, and landings. The final flight down to the basement on the main stair is a short run of three stairs. The main stairway on the north end continues to the attic with a straight run wood stair located behind a door frame. The stairwell walls are simple plaster. Each stair has a plain wall-mounted wood handrail on one side.
3. **Flooring:** Building No. 22 has resilient linoleum tile over tongue and groove wood flooring in most areas. The bathrooms and some of the treatment and support spaces in the ell – such as the utility closets and clothing storage rooms- have a six-inch red quarry tile floor. The basement has concrete floors. The attic floors are wood.
4. **Wall and ceiling finish:** The walls and ceilings are plaster throughout the building. In the bathrooms, and some of the support spaces in the ell, the walls have a white subway tile wainscot or, in the case of the first floor clothing room, subway tile on the entire wall. In some areas of the bathroom the wainscot has square white ceramic tiles rather than subway tile, probably indicating later renovations. The ceilings in the main hallways have decorative cornices and beams formed from plaster over metal mesh, probably installed c. 1921. There are six-inch applied baseboards in the areas with resilient linoleum tile floors; the baseboard is quarry tile in the quarry tile floor bathrooms and other spaces.
5. **Openings:**

- a. **Doorways and Doors:** The typical doorway in Building No. 22 has a simple metal frame and wood door that is either solid with wood veneer, has a small porthole window (either round or diamond-shaped), or has divided lights in the top half. All of the doors are set directly into the masonry wall with no applied interior trim, just a rounded edge at the plaster wall.

There are two-leaf French doors with wire glass and faux divided lights at either end of the main hall and at the connecting corridor. The porches each have two single leaf French doors for access from the main hallways. Each wide door has wire glass divided into sixteen lights in a four by four pattern and a Yale brand auto closer. These doorways have tall round arch transoms above. There are two leaf French doors near the center of the hall at the west wall leading to the dining area and to the kitchen. Each door is divided into eight lights filled with wire glass. These doorways are flanked by sidelights with four lights arranged vertically and topped by an elliptical arch fixed transom divided into a sunburst-like pattern of twenty-six lights. Two curved muntins in the transoms follow the line of the elliptical arch.

There two doorways in the wall between the service kitchen and dining area. The solid wood veneer doors are swing in opposite directions, creating “in” and “out” passageways for serving meals. There are round arch openings at the hall in the rear ell that are finished with plaster or filled in by later partitions and typical rectangular doors. At the north wall of the each day room there is evidence of two doorways to connecting rooms that have been closed up. There are small doorways with wood panel doors for access to the pipe chases at each end of the main hallway on the east wall.

- b. **Windows:** The window interiors are segmental arch openings filled with either rectangular or round arch two over two wood sashes. The bottom sashes have curved corner projections at the meeting rail. Many windows are set directly into the masonry wall with a moderate reveal and no applied trim, simply a rounded edge at the plaster wall. The wood sills project slightly, extend beyond the edges of the window, and have stepped bands on the apron trim below.

The elliptical arch window in the service kitchen does not have a sill, just a rounded plaster edge. There is also a large elliptical arch window opening at the east wall of the dining room looking into the main hall. This opening is plastered with a double sided wood sill and no sash. There are plastered window openings with no sash at the south wall of the day rooms leading to the window bay area. These openings also have a double sided wood sill.

There are two over two metal sash windows at the connecting corridor on the north. The casements and smaller sash windows in the ell have wide frames and sills that project beyond the window edges with wide flat aprons below. Many of these windows have opaque privacy glass. Metal wire security grates were

installed on the inside of many windows throughout Building No. 22. These security grates were installed for the safety of mentally ill patients.

6. **Decorative features and trim:** Building No. 22 does not have any additional decorative features or trim, probably due to the need to have sanitary, utilitarian spaces for hospital interiors. There were fireplaces in the day room bays that have been removed and closed over.
7. **Hardware:** The typical door hardware in Building No. 22 is a fixed metal lever handle that curves outward. Simple round metal doorknobs are also present. The extant hinges are generally plain pin hinges. The clothing room at the east end of the first floor ell has clothing hanging bars with numbered wood tags and shelving intact. There are wall-mounted stainless steel hand railings along most of the corridors that appear to be late twentieth century additions. The elliptical arch windows in the serving kitchen/dining area have a brass lever latch and a finger pull lock on the top edge.
8. **Mechanical equipment:**
 - a. **Heating, ventilation:** Building No. 22 had radiant heat served by a central heating plant. A heat exchanger in the basement would regulate steam access to the building's radiators. This system is no longer functional, but most of the cast iron radiators are still intact. The typical radiator has plain, rounded fins. Metal radiator covers that match the shower stalls are located in the four patient bathrooms. There are some wall-mounted radiators in the corridor leading to the rest of the hospital and in the clothing room on the east end of the rear ell. Ventilation originally would have been provided by natural air flow aided by fireplaces and then electric fans. There are a few surviving ventilation ducts in the bathroom walls with metal grilles.
 - b. **Lighting:** Given the local prevalence of the natural gas at the time of construction, this building would have originally utilized gas lights. No evidence of gas lighting seems to remain. Existing lighting includes both incandescent and fluorescent ceiling fixtures. Round call lights are located above the patient room doors on the hall side. A square box near the center of the hall with a grid series of colored light bulbs seems to be a central unit for the call light system. There are toggle light switches throughout Building No. 22.
 - c. **Plumbing:** Building No. 22 has plumbing fixtures that appear to date from the second quarter of the twentieth century in its six bathrooms. Large communal patient bathrooms are located in the main wing near the day rooms on the south and in the north half of the main corridor. These bathrooms have three wall-mounted porcelain-coated cast iron sinks with mixer faucets, two vitreous china toilets with pinkish tan marble stall dividers, a wall-mounted vitreous china urinal, and a metal shower stall with a terrazzo base. Each bathroom also has a

large free-standing porcelain-coated cast iron tub standing on a base (this tub and some other fixtures have been removed from the second floor north end bathroom). These tubs may have been used for therapeutic “continuous baths” popular for calming mental patients during the first half of the twentieth century. The faucets for the tub appear to be c. 1960s while the tubs themselves appear to be c. 1920s.

The remaining two “nurses’” bathrooms are smaller and located in the rear ell. These bathrooms have only wall-mounted sinks and toilet stalls with marble and brass surrounds, and no bathing facilities.

Utility sinks are located in the utility closets on each floor. There is a wall-mounted, porcelain-coated cast iron sink in each service (or diet) kitchen with an integrated drain board. These sinks have c. 1960 mixer faucets.

- d. **Dumbwaiter:** There is a manual dumbwaiter located in the serving kitchen, traveling between the first and second floor.

D. Site:

1. **Historic landscape design:** The Hospital South Wing is part of the key structure in the picturesque Marion Branch landscape design. The hospital faces Steele Circle, the center point of a curvilinear series of roadways. Mature trees on the surrounding lawns are remnants of the plantings intended to enhance the campus landscape and its therapeutic appearance.

PART III. SOURCES OF INFORMATION

- A. **Architectural drawings:** Original or early architectural drawings for the Marion Branch buildings have not been located. The PLIARS database preserves many floor plans that serve as a record of existing conditions and change over time – the earliest of these drawings date to the 1930s. Engineering Services at the Marion VAMC has extensive flat files, but very little early material. Most of these drawings date to the second half of the twentieth century.
- B. **Early Views:** The best sources of early views are the published souvenir books from 1908, 1911, and c. 1916. The Indiana Room at the Marion Public Library also has a collection of early views, mainly postcards, of the Marion Branch. This collection also has the earliest image of the Branch that has been located, a photograph of the hospital under construction, c. 1891.

C. Selected Bibliography:

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PART IV. PROJECT INFORMATION

Documentation of selected buildings at the former Marion Branch of the National Home for Disabled Volunteer Soldiers was undertaken in 2011 by the Historic American Buildings Survey (HABS) of the Heritage Documentation Programs division of the National Park Service, Richard O’Connor, Chief. The project was sponsored by the Department of Veterans Affairs (DVA), Office of Construction and Facilities Management, Kathleen Schamel, Federal Preservation Officer. Project development was coordinated by Catherine Lavoie, Chief, HABS and by Douglas Pulak, Deputy Federal Preservation Officer, DVA. The field work was undertaken and the written histories were produced by Lisa P. Davidson and Virginia B. Price, HABS Historians. The large format photography was undertaken by HABS Photographer Renee Bieretz; an initial photographic survey was completed by HABS Photographer James Rosenthal in 2008. Valuable assistance was provided by James A. Broyles, Project Engineer, Engineering Services, Marion Campus, VA Northern Indiana Health Care System.

PART V. ILLUSTRATIONS



Figure 1: Excerpt of Topographic Map Showing Hospital, Marion Branch, December 1890
Source: Engineering Services Drawing Files, Marion VAMC



Figure 2: Interior view of Marion Branch hospital ward, c. 1900
Source: Marion VAMC files



Figure 3: Fire Department with Hospital Administration and South Wing, c. 1908
Source: *National Military Home Indiana*, c. 1908, Marion VAMC files

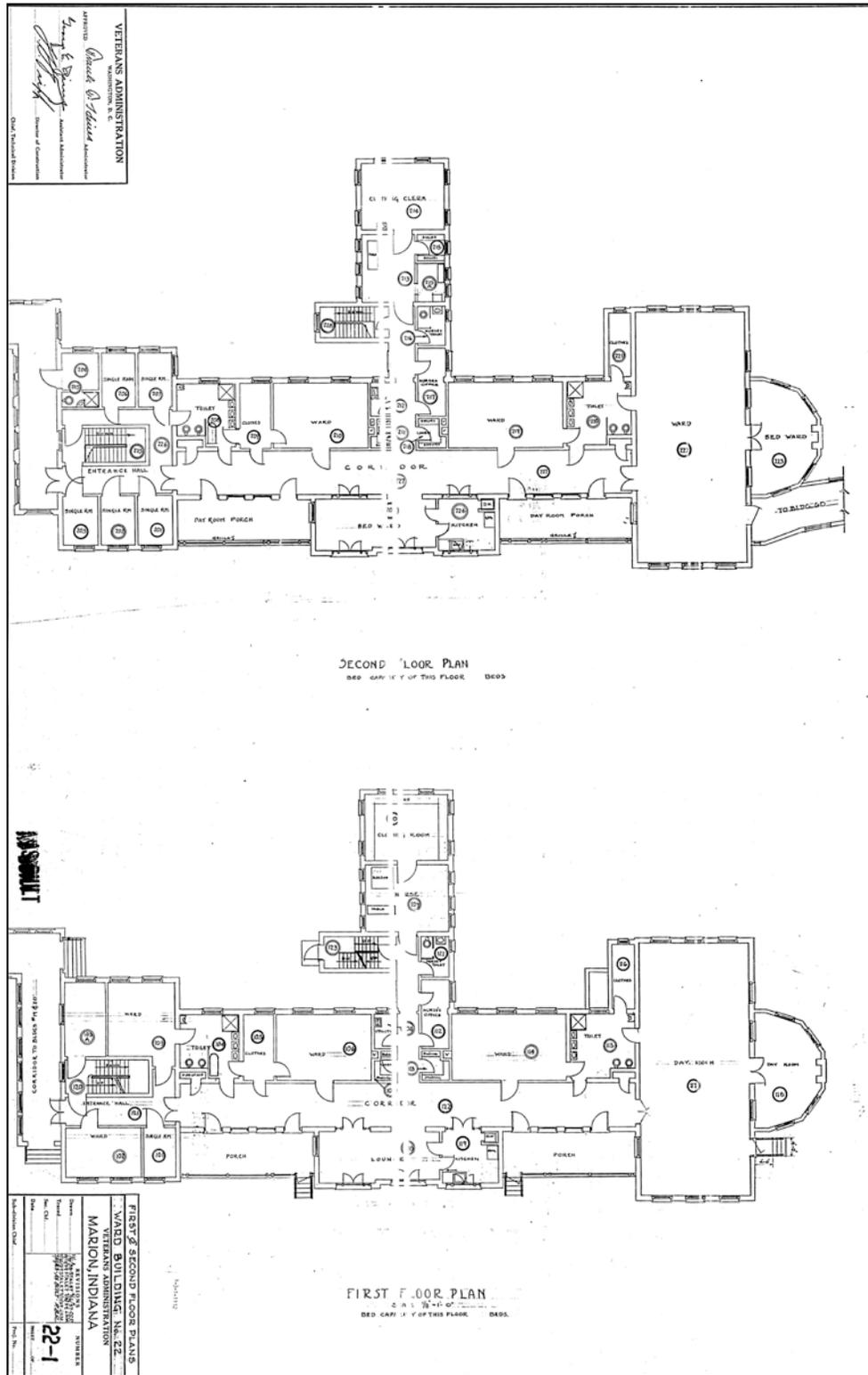


Figure 4: Hospital South Wing Floor Plans, c. 1963
 Source: PLIARS database, VACO