NATIONAL INSTITUTES OF HEALTH,
NATIONAL CANCER INSTITUTE
(National Institutes of Health,
Building 6)
9000 Rockville Pike
Bethesda
Montgomery County
Maryland

HABS No. MD-1102-B

HABS
MD
16-BETH,
3B-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
Northeast Region
Philadelphia, Support Office
U.S. Custom House
200 Chestnut Street
Philadelphia, PA 19106

HABS
MD
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3B-

HISTORIC AMERICAN BUILDINGS SURVEY

NATIONAL INSTITUTES OF HEALTH, NATIONAL CANCER INSTITUTE
(National Institutes of Health, Building 6)

HABS No. MD-1102-B

Location: 9000 Rockville Pike, Bethesda, Montgomery County, Maryland.

USGS: Kensington, Maryland Quadrangle
Universal Transverse Mercator Coordinates:
18.318100.4319050

Present Owner: United States Government. Department of Health and Human Services.

Present Occupant: National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institute of Child Health and Human Development, National Institute of Diabetes and Digestive and Kidney Disease, National Eye Institute.

Present Use: Laboratory Research and Development (Medical)

Significance: Building 6 was constructed in 1939 specifically to house the newly established National Cancer Institute (NCI), the very first institute of the federal research center referred to at the time as the National Institute of Health (NIH). The NCI was created through the National Cancer Institute Act, approved by Congress on July 23, 1937, and signed into law by President Franklin Delano Roosevelt on August 5, 1937. The mission of the new NCI, as stated in the Act (P.L. No. 244) was to "conduct research, investigations, experiments, and studies relating to the cause, diagnosis, and treatment of cancer; assist and foster similar research activities by other agencies, public and private; and promote the coordination of all such researches and activities and the useful application of their results." The NCI would assist in the development and widespread use of the most effective methods of prevention, diagnosis, and treatment of cancer on both a national and international level.

Creation of the NCI was significant to the overall history of NIH as its principles set forth the authorization of other research-specific institutes, leading eventually to the collective formation of the National Institutes of Health in 1948. Building 6 was the fourth building authorized for construction by the Public Health Service at the new NIH Bethesda site.The research conducted within this facility led to advancements in the early detection of cancer, methods for eradicating cancer cells through chemotherapy and radiation, improving environmental conditions to control preventable cancers, and identifying genetic factors that can determine the likelihood of developing this disease. The work conducted by the National Cancer Institute was instrumental in the establishment of the 1971 National Cancer Act, a $1.6 billion federal crusade against cancer. The NCI and the National Cancer Act provisions can claim responsibility for reducing the incidence, suffering, and death from cancer across the nation and worldwide.

PART I. HISTORICAL INFORMATION

A. Physical History:

1. **Dates of erection:** The original building plans for Building 6 date to July 1938. The cornerstone was laid on June 24, 1939. According to articles and records on file in the NIH Historical Office and Museum, the building was officially opened in January of 1940. Personal accounts of the operations of the NCI indicate that scientists and researchers began occupying the building as early as October 1939.

2. **Architect**: The building was designed by the Treasury Department, Procurement Division, Public Buildings Branch, with Louis Adolphe Simon acting as supervising architect. Louis A. Simon (1894-1958) graduated from the Massachusetts Institute of Technology in 1891 and established an office in Baltimore in 1894. Mr. Simon accepted a position with the office of the supervising architect of the United States Treasury Department in 1896 and remained with that office through 1944. Simon was the chief of the architectural division from 1905 to 1933, after which he was appointed supervising architect. In this capacity, Simon directed designs for post offices, courthouses, customs houses, mints, assay offices, hospitals, and federal office buildings across the nation. It was during this period as supervising architect for the Treasury that Simon completed the National Cancer Institute.

   Simon was President of the Washington Architectural Club from 1905 to 1906 and was a member of the Cosmos Club. In one study, *South Carolina Architects 1885-1935, A Biographical Dictionary*, Louis Simon is listed as having completed 14 projects throughout the state of South Carolina, 13 of which were post office facilities. Louis Simon is known to have been involved in the design of additional facilities at the NIH in Bethesda and to have played an active role in the design of Washington National Airport.

3. **Original and subsequent owners**: The owner of the property since the building's construction has been the United States Government, Department of Health and Human Services.

4. **Builder, contractor, suppliers**: The general contractor for the building was the George A. Fuller Company of Bethesda, Maryland. According to an article that appeared in the *Evening Star* on September 7, 1938, the contract, in the sum of $597,000, was set to be completed within 270 days. The George A. Fuller Company was a highly acclaimed design and construction company. Other notable projects completed by the firm include: the Evening Star Building and the Willard Hotel in Washington, D.C.; the Frick Building in Pittsburgh; the Fuller Building (Flatiron) in New York; and the Monadnock Building in Chicago. The George A. Fuller Company is now headquartered in Washington, D.C.

   While there are no specific records detailing the individual contractors/suppliers associated with the original construction of Building 6, it is likely that the Fuller Company, having

constructed the first three facilities (Buildings 1, 2, and 3) at NIH may have used the same contractors for consistency purposes. (The list of contractors associated with the construction of Building 2 are detailed in the Historic American Buildings Survey documentation prepared for this facility, HABS No. MD-1102-A.)

5. **Original plans and construction:** Building 6 was the fourth building constructed at NIH, built immediately after the first three original structures that formed the early campus. Building 6 is a rectangular, Flemish-bond-brick, three-story, hipped-roof structure with a sub-basement, basement, and attic. It is straightforward in its execution, with a regular fenestration pattern along its long (north and south) walls. At either end of the building, two, double chimney "pents" recall early Colonial Maryland architecture. Six, hip-roofed dormers line the attic story along both the south and north facades.

The building features an elegant, recessed entrance marked by a round-arched wooden pediment. The south entry is further articulated by the full-height framing of the main entrance bay and its two flanking bays by capped, brick pilasters. A modified frieze above these pilasters originally featured raised letters that read "NATIONAL CANCER INSTITUTE." This three-bay composition was articulated by a gabled, dentiled pediment. At the center of this pediment was a circular, raised plaque that featured a caduceus insignia (universal symbol for medicine) overlapping an anchor. These symbols were surrounded by an inscription reading "U.S. PUBLIC HEALTH SERVICE 1798."

The east and west (side) elevations of the original building were three bays wide and continued the regular fenestration pattern seen along the south and north (front and back, respectively) elevations. At the first floor level, the central bay of the side elevations and the second and sixteenth bays of the south and north elevations were recessed and framed in an arched brick niche that echoed the treatment of the arched main entryway. The central bay of the each side elevation has since been concealed by a stair hall addition. The eighth, ninth, and tenth bays of the north elevation feature a suspended canopy that extends out over the rear entrance loading dock. Also along the north elevation, the attic story features a central, projecting, brick elevator machine room that is punctuated along its north elevation by three, operable, oculus window bays. In addition, the second, seventh, eleventh, sixteenth, and seventeenth bays of the south and north facades are all framed by capped, brick pilasters.

Today, the "NATIONAL CANCER INSTITUTE" letters have been removed from the building's south elevation, and the side elevations have been obscured by fire-stair additions. The east elevation of Building 6 has been further altered by the addition of Building 6A, a three-story research laboratory wing constructed in 1979. Continuing to the north, Building 6A is now connected to Building 6B, a three-story research facility constructed in 1988 to house laboratory animals used in research. Both laboratory additions feature Flemish-bond brick, slate roofs, dentiled cornice details, and proportions complementary to and reflective of Building 6.

The interior plan of Building 6 is based upon a main, central corridor that runs the length of the building. This east-west corridor is crossed at its center by an entrance corridor that runs the width of the building and divides it into two distinct wings (east and west). The entrance corridor contains a front and rear foyer and an open main lobby area. Immediately inside the rear foyer is a passenger elevator and stair hall, to the east and west, respectively. To either side of the main corridor are offices and laboratories.

Information on the original appearance of the building is derived primarily from original drawings, housed on an Integraph microfilm computer system at the National Institutes of Health, Design Construction and Alteration Branch, and from construction photographs, also available at NIH through the History of Medicine Division of the National Library of Medicine, and in the Historical Office and Museum. It should be noted that, although original floor plans and detail drawings exist for Building 6, computer records do not include original elevation drawings.

6. **Alterations and additions**: The building has undergone numerous renovations over the years, the majority of which have concerned the upgrading of laboratory equipment, rather than the full-scale demolition of interior spaces. It appears from on-site inspection of the building that the majority of laboratories have been divided, by temporary and permanent partitions, into multiple, separate laboratories. In some cases, original, one-room laboratories now contain three individual research areas. These additional laboratories, however, continue to share the same entry door(s) from the main corridor; no new doors appear to have been cut in the original corridor fabric.

While the footprint of the original building is still clearly identifiable, the floor plan for Building 6 has been altered by the addition of two fire stairs at each end of the building and the construction of Building 6A to the east. Building 6A does not penetrate or alter the original central corridor configuration of Building 6, but rather extends it, in a perpendicular fashion through this new wing. The wing is clearly identifiable, physically and visually, as a later addition. The only major visible changes to the exterior of Building 6 has been the addition of the fire stair enclosures along the east and west elevations and the construction of Building 6A to the east. The 1964 stair enclosure resulted in the addition of gabled bays on both the east and west walls. A minor alteration to the building's south elevation involved the construction of a brick-enclosed wheelchair elevator unit and concrete ramp placed alongside the easternmost side of the front step railing.

B. Historical Context:

1. Summary History of Cancer Research Internationally and within the United States

References to recorded incidences of cancer date to the early 18th century, with cancer of the breast and scrotum being apparently two of the most common forms of the disease.

Injection of juice from a human breast cancer into a dog by Bernard Peyrilhe in 1776 is often selected as the opening event in cancer research.[1] German scientist, Johannes Muller, ushered in the histologic period of oncology in 1838 having examined cancers through a new achromatic microscope. Though others had viewed cancers microscopically before, Muller was able to identify the abnormalities and disorganized characteristics of these diseased cells. This identification process fueled scientists and a surge of microscopic pathologists — able to diagnose and define cancers and other allied diseases sparked from abnormal cellular development — soon flooded the medical field. By 1867, the techniques of antiseptic surgery were applied to cancer, at least those cancers that were readily identifiable and not already beyond treatment. One of the earliest cancer laboratories in the United States, made possible through State appropriations, is believed to have been in Buffalo, New York. Concentrating solely on the bacterial origins of cancer, this laboratory struggled to establish itself in the as-yet undefined cancer research arena.

While options for treating cancer through surgery were available by the late 19th century, the impact of this option was little felt. These results were not on account of the fact that surgical techniques were inadequate, but rather a consequence of the notion that cancer was a shameful and loathsome disease. This belief was generated from recognition of the more common cancers, which at the time were those of the breast and uterus, generative organs considered private. All too often, medical attention came too late to combat the effects of this hidden, and often ignored, disease.

Recognizing the tragedies of neglected cancer, physicians in Europe and the United States began speaking and writing about this disease in the early 20th century. These efforts were undertaken as part of a public education process aimed at informing citizens of the symptoms and warning signs of cancer, and options for early detection and treatment. As a result of these initiatives, professional medical organizations began to encourage and promote the systematic development of educating the public about cancer.[2] By 1904, German physicians had formed cancer committees and launched a cancer journal, all in an effort to get people involved and interested in combating this disease.

In 1910, the annual report of the U.S. Hygienic Laboratory in Washington, D.C., included a section on the study of cancer. Even in its earliest stages, the Hygienic Laboratory was progressive in its thinking, claiming that the solution of the cancer problem could be found through "the intensive biological studies of cell life."[3] Also in the United States, the American Society for the Control of Cancer (ASCC) (predecessor to the American Cancer

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[1]Michael B. Shimkin, *As Memory Serves—An Informal History of the National Cancer Institute, 1937-57*, p.561.

[2]Ibid.

[3]Shimkin, p.562.

Society) was established in 1913; the Society was formed by a prominent group of surgeons and a statistician from an insurance company familiar with the alarming rates regarding the incidences of cancer deaths.

The ASCC took responsibility for producing pamphlets, brochures and other publications crucial to dispelling the rumors about cancer and exclaiming the truths and benefits of early diagnosis and treatment. These publications were part of a tremendous public awareness campaign that sought and eventually gained governmental participation and support. In 1926, the State of Massachusetts passed a Cancer Act, ordering the Department of Health to set up a cancer hospital, purchase radium, and establish cancer clinics for treatment and dissemination of information. Research, however, was not a major component of this legislation, left rather to the limits of statistical investigations.

Despite the lack of coordinated research efforts in established institutions, cancer experiments continued — on a case-by-case basis — across the world. In 1903, Danish veterinarian, Carl Jensen, marked a permanent place in cancer history by transplanting tumors in mice; in 1915, Japanese investigators, K. Yamagiwa and K. Ichikawa, described the induction of cancer on rabbit ears painted repeatedly with tar; in 1919, Peyton Rouse of the Rockefeller Institute suggested that cancer developed in chickens was a result of virus-induced sarcomas. Support for continued medical research into the causes and cures of cancer were made possible, in large part, by private donations and endowments granted by wealthy individuals, such as Baltimore merchant, Johns Hopkins, and oil baron, John D. Rockefeller.

By 1915 approximately 10 institutions in the United States were conducting cancer research; the more prominent ones included the Rockefeller Institute, Cornell University, and Columbia University in New York; Harvard University in Boston; the University of Pennsylvania in Philadelphia, and the Skin and Cancer Hospital in St. Louis, Missouri. Among the European centers were the Imperial Cancer Research Fund in London, the Imperial Board of Health in Berlin, Ehrlich's laboratory in Frankfort, the Pasteur Institute in Paris, and the Veterinary and Agricultural School in Copenhagen.

The ASCC is credited with recognizing early on that the eventual solution to the problem of cancer was likely to be found through research. It was the ASCC that urged the general public and medical communities to seek out alternative solutions to the debilitating and deadly effects of the disease. In pursuit of a solution, the organization founded The Jackson Laboratory in Bar Harbor, Maine, which would later become the world leader in genetic research on cancer. In 1936, Yale University received $3.5 million from the Childs family, the largest private donation received solely for the purpose of cancer research. By this point, the war on cancer had begun. Nationwide awareness programs had generated interest on behalf of the general public, prominent citizens, the state and federal governments, as well as the professional medical and scientific communities.

In the late 1930s, the federal government became increasingly interested in the cure and prevention of all diseases afflicting the American population, including cancer. Dr. Michael Shimkin, Professor of Community Medicine and Oncology, Department of Medicine, University of California at San Diego, and former associate at the National Cancer Institute, credited three factors for continued and increased federal involvement: 1) the change in attitude concerning the role of the federal government and medical research during the Franklin Roosevelt administration, 2) the dynamic sponsorship of medical research by professional and public figures able to rally responsive members of Congress, and 3) the preparedness of two associated research activities that had functioned as part of the U.S. Public Health Service since 1922, one in Boston and one in Washington, D.C.

By 1937, two activities of the U.S. Public Health Service had been working for over 15 years in cancer research; it would be these two units that would construct much of the early history of the emerging National Cancer Institute. These two activities were comprised of the "Boston Group," and the "Washington Group," researchers affiliated with the School of Medicine at Harvard University and the U.S. Hygienic Laboratory at the National Institute of Health, respectively.

The Boston Group, headed by dedicated cancer research scientist, Dr. Joseph W. Schereschewsky, was officially referred to as the Office of Cancer Communications. With over two dozen scientists on its staff, the Office of Cancer Communications performed extensive experiments designed to identify the origin(s) of various cancers. Activities of this particular office included cell and tissue investigations, the examination of the growth and control of tumors in mice, the study of the role of the environment in breast cancer, the consideration and analysis of potential genetic links to cancer, the development of experimental cancer chemotherapy, and the publication of an extensive series of papers on the findings of each of these endeavors.

One of the more significant studies undertaken by a member of the Boston group involved the identification of the effects of various levels of radiation on laboratory and human subjects. Dr. Egon Lorenz realized the potential damaging effects of radiation and, through a series of extensive and expensive studies, developed partial shielding solutions that would protect against these damaging effects. He also discovered that low doses of total-body irradiation had a synergistic effect in the radiation treatment of experimental lymphosarcoma in mice — a discovery that eventually led to the use of low doses of radiation to attack specific cancer cells.

The Washington Group, headed by Dr. Carl Voegtlin, consisted again of over two dozen research scientists working within the Division of Pharmacology at the U.S. Hygienic Laboratory (later the National Institute of Health) in Washington, D.C. Experiments by this group were also aimed at identifying the cause and cure of cancer. Similar in respects to the Office of Cancer Communications in Boston, this group studied cancerous tumors,

pioneered in the use of electron microscopes, conducted extensive tissue culture investigations, and devised complicated methods for determining how normal, healthy cells convert to cancerous cells. One of the more compelling discoveries of the Washington Group was made by Dr. Helen M. Dyer. Amongst various other accomplishments, Dr. Dyer identified and compiled an index of chemicals that could be used as chemotherapeutic agents against cancer.

With a shared mission and skilled staff dedicated to advancing the achievements of cancer research, the two groups joined forces in 1939 as the first administrative and professional research staff of the newly created National Cancer Institute (NCI). The NCI, headquartered in its new purpose-built, state-of-the-art research facility, was located on the grounds of the developing campus of the National Institute of Health in Bethesda, Maryland. The collaboration of these groups, the establishment of the Institute, and the construction of its new building were all triggered by passage of the National Cancer Institute Act of 1937.

2. The National Cancer Institute Act of 1937

The legislative history of the National Cancer Institute Act (NCI Act) dates back roughly ten years prior to its actual introduction and passage. On March 7, 1928, Senator Matthew Neely of West Virginia first introduced a bill (S.3554) to "authorize the National Academy of Sciences to investigate the means and methods for affording federal aid in discovering a cure for cancer and for other purposes."[4] Despite his grave concern and substantiated claims concerning the ever-increasing cancer mortality rate, Senator Neely's efforts went unrewarded. It was not until April of 1937 that legislation was once again introduced to Congress requesting federal appropriations for cancer research. This later bill (S.2067) was introduced by Senator Homer T. Bone of Washington, with specific language "to authorize the Surgeon General of the Public Health Service to control and prevent the spread of the disease of cancer."[5] In addition to identifying the Public Health Service as the administrator of these efforts, the bill proposed an annual appropriation of $1 million for this undertaking. On April 12, 1937, Congressman Warren G. Magnuson of Washington presented the identical bill (H.R.6100) to the House that Bone had presented before the Senate. No action was taken on this proposed legislation.

On April 29th, just a few weeks later, Congressman Maury Maverick of Texas introduced the "National Cancer Act," once again giving the Surgeon General a broad array of duties relating to research, training, and the collection and dissemination of information

[4]National Cancer Institute Fact Book 1974, (Legislative Highlights), p.1.

[5]Vertical files, NIH Historical Office and Museum.

concerning the causes and potential treatments of cancer.[6] This bill also proposed that the Surgeon General be granted authorization to purchase radium and fund research grants. Unlike previous bills, the Maverick legislation provided for the establishment of a National Cancer Advisory Council. On July 8, 1937, a revised bill, entitled "The National Cancer Institute Act," incorporating aspects of the three bills previously submitted, was unanimously approved by the Senate; in the House, only one representative spoke out against the bill. The National Cancer Institute Act was signed into law by President Franklin D. Roosevelt on August 5, 1937.

Following is Section 1 of the text of the National Cancer Institute Act (NCI Act), as approved on August 5, 1937, creating the National Cancer Institute:

Public—No.244—75th Congress
Chapter 565—1st Session
S.2067

AN ACT

> *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That for the purposes of conducting researches, investigations, experiments, and studies relating to the cause, diagnosis, and treatment of cancer; assisting and fostering similar research activities by other agencies, public and private; and promoting the coordination of all such researches and activities and the useful application of their results, with a view to the development and prompt widespread use of the most effective methods of prevention, diagnosis, and treatment of cancer, there is hereby established in the Public Health Service a division which shall be known as the National Cancer Institute.

In addition to authorizing the establishment of the National Cancer Institute, the NCI Act authorized the Surgeon General of the Public Health Service to conduct, assist, and foster researches, investigations, experiments, and studies relating to the cause, prevention, and methods of diagnosis and treatment of cancer. The Surgeon General was also granted responsibility for promoting and coordinating research, procuring radium, providing training and securing consultation services for the Institute from the U.S. and abroad. In an effort aimed at collaboration, the Surgeon General was also instructed to cooperate with state health agencies in the prevention, control, and eradication of cancer. The NCI Act established a six-member National Advisory Council to review research projects, collect information regarding ongoing cancer studies, and review grant-in-aid research applications for individuals, universities and other organizations.

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[6]Bayard H. Morrison, M.D., *NCI History*, unpublished manuscript on file in the NIH Historical Office and Museum, pp. 16-17.

Critical to its continued mission was the Act's provision allowing the Secretary of the Treasury to accept gifts to support the study, investigation, research, and prevention of cancer; this provision included *the authority to accept the acquisition of grounds "for the erection, equipment, and maintenance of premises and buildings for the Institute."*[7] Taking this authority a step further, the Act authorized the appropriation of $750,000 for the erection and equipment of "a suitable and adequate" building and facilities for the use of the Institute in carrying out the provisions of this Act. The Act instructed the Secretary of the Treasury *"to acquire...a suitable and adequate site or sites in or near the District of Columbia for such building and facilities, and to erect thereon furnish, and equip such buildings and facilities when funds are made available."*[8] Accompanying the appropriation for facilities was an authorized appropriation of $700,000 for each fiscal year, officially beginning on June 30, 1938.

According to Surgeon General, Thomas Parran, passage of the National Cancer Institute Act marked the first time that a national government had made such a large appropriation for the conquest of a single disease. Dr. Parran believed that such appropriations would enable the NCI to form the nucleus of cancer research in the United States.[9] At the time of the signing of the NCI Act, the Public Health Service was the largest investor in cancer research in the United States. This investment was most likely sparked by the recognition of cancer as one of the most urgent health problems in the nation. At the time of its signing, cancer was the second most frequent cause of death in the United States; 140,000 people in the United States died of cancer in 1936. The increasing age population correlated to the increase in cancer deaths annually: In 1900, cancer caused 64 deaths; between 1900 and 1910, there was a 57% increase in cancer deaths; 1910-1920, a 39% increase, and a 41% increase between 1920 and 1930. Cancer was seen not only as a public health problem, but, by reason of the long periods of disability that it causes, viewed as a national economic problem.[10]

The NCI was set up administratively as part of the National Institute of Health, headed at that time by Dr. L.R. Thompson. Dr. Carl Voetglin a pharmacologist who had directed cancer research previously undertaken by the Public Health Service as part of the U.S. Hygienic Laboratory, was appointed Chief of the Institute. Dr. Roscoe R. Spencer, noted

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[7]National Cancer Institute Act [Public No. 244—75th Congress][Chapter 565—1st Session][S.2067], text of the Act of August 5, 1937, creating the National Cancer Institute and authorizing an appropriation therefor, Sec.6. Copy of the NCI Act copied from the vertical files of the NIH Historical Museum and Office.

[8]National Cancer Institute Act, Sec.7.

[9]Article entitled "Parran Rates Cancer Institute Biggest Advance of the Year" that appeared in the *Evening Star* on January 10, 1938.

[10]75th Congress, 1st Session, House of Representatives, Report No. 1281: U.S. Congress House Committee on Interstate and Foreign Commerce, "The National Cancer Institute Act." A copy of this report was obtained from the vertical files of the NIH Historical Office and Museum.

for earlier contributions to the investigations of Rocky Mountain Spotty Fever, was named as the Institute's first Executive Assistant.

Just four days prior to the signing of the NCI Act, Luke I. Wilson, philanthropist and recent donor of 45 acres dedicated for the construction of the new National Institute of Health in Bethesda, died of cancer. It is reasonable to believe that Wilson's death, particulary of this incurable disease, may have expedited the actual signing of the NCI Act. According to an article that appeared in the *Evening Star* on July 25, 1937, Wilson had arranged previously with Dr. L.R. Thompson, Director of the National Institute of Health, to donate an additional tract of land from his Bethesda estate if the government committed to establishing this new institute. The article claimed that Wilson decided to donate this land to science in the hope that his gift would help save others from this fate. Wilson left the actual selection of the site for the new Cancer Institute up to the Public Health Service. Helen Wilson oversaw the transfer of a tract of land adjoining the parcel donated earlier. The land was officially transferred to the Public Health Service on May 28, 1938.

3. Construction of the National Cancer Institute

Plans for the new National Cancer Institute were begun almost immediately after the signing of the NCI Act and the authorization of federal appropriations for construction. The design of the building was generated by the U.S. Treasury Department, Procurement Division — the division also responsible for the design of the first three buildings at NIH. The Treasury Department supervising architect for this project was Louis A. Simon. The site selected for the new National Cancer Institute was within close proximity of Buildings 1, 2, and 3, still under construction at the time the site was chosen, across the newly formed Center Drive. The National Cancer Institute was to be positioned, in a perpendicular fashion, to the immediate northeast of this early grouping. Final architectural drawings for the new and first official Institute of the NIH were prepared within a year. The project was reviewed by the Fine Arts Commission (known today as the Commission of Fine Arts) and the National Capital Park and Planning Commission.

In a letter sent to Louis Simon on August 6, 1938, Chairman of the National Capital Park and Planning Commission (NCPPC), Frederic A. Delano, presented the Commissions current view of the project. He indicated to Simon that, although the plans for the proposed new building were on the Commission agenda several weeks ago, the NCPPC was extremely busy with other matters and that little opportunity had been given for comment. Delano recognized that the project was going before the Fine Arts Commission and made the following statement:

> We have no objection to the location proposed on the plan but believe that the building itself is rather severely plain and in need of planting to break up the long facade. The most important question is the matter of coordination of the Public Health development with the Naval Hospital which is to go across the Rockville Road [sic] to the east.
>
> Letter to Louis Simon
> From Frederic A. Delano
> August 6, 1938

Delano recommends that a meeting between the NCPPC, the Fine Arts Commission, the Navy, and Simon be held to coordinate these developments. Simon quickly forwards the following reply to Delano:

> The cabinet sketch for the Cancer Institute was approved by the Secretary of the Treasury and the Surgeon General on May 24. Reproductions were sent your [sic] Commission and the Maryland Park Commission on June 22, 1938. Meantime, this office has been working under pressure with a view to providing urgently needed facilities for the Public Health Service at the earliest possible moment. The drawings and specifications are completed...Any change in the design of the Cancer Institute at this time, therefore, would create a very serious problem; and would it not seem questionable whether any close relationship could be established between two buildings located in the character of terrain prevailing at Bethesda and separated by the space that exists between the Cancer Institute and the proposed Naval Hospital?
>
> Letter to Frederic A. Delano
> From Louis A. Simon
> August 13, 1938

Simon further indicates in his letter to Chairman Delano that his office is in agreement regarding the plantings around the Cancer Institute and that a careful study is being undertaken as part of the scope of work. The NCPPC did not proceed with its request for a meeting between parties and the Cancer Institute project went ahead as scheduled. A general contractor, the George A. Fuller Company, was selected in September 1938 and groundbreaking ceremonies were held in October of the same year.

Ceremonies for the laying of the cornerstone for the National Cancer Institute were held on June 24, 1939; in addition to representatives of the NCI staff and NIH officials, the service was attended by Mrs. Luke Wilson; Henry Morgenthau, Jr., Secretary of the Treasury; Dr. Thomas Parran, Surgeon General; and Louis A. Simon, Supervising Architect, among many others. A series of historic photographs mark this momentous occasion. Records of the NIH Historical Office and Museum revealed the contents of the NCI cornerstone. According to a speech made at the ceremony, this time capsule includes the following items:

- Highlights of past and current cancer research to date.
- Highlights of recent political activities worldwide.
- List of publications on cancer issued by the Public Health Service to date.
- List of Members of the National Advisory Cancer Council
- Brief statement regarding the donation and transfer of lands to NIH.
- Copy of a report prepared by a committee of scientists appointed to formulate the fundamental aspects of the cancer problem and suggest various lines of work which merit investigation. (Report apparently left so that the progress of cancer research within the next 100 years could be measured against it.)
- List of physician trainees selected to be skilled in this specialty.
- Educational literature prepared as part of cancer education initiatives.
- Summary of "Cancer Control Activities of State Health Departments and State Cancer Commissions."
- List of proposed grants for research under the NCI Act.
- Brief record of the preparation for the laying of this cornerstone, along with the list of individuals invited to attend, and a copy of the formal invitation.

The three-story, brick, Georgian Revival structure (later to be referred to as Building 6) was completed by the fall of 1939 and officially occupied in January of 1940 by the newly established NCI staff. The National Cancer Institute was the fourth building constructed on the NIH property, with the construction of Buildings 4 and 5 following on the heels of its completion. Together, these first six buildings, along with Building 8 (constructed later in 1946) would form the historic core of the NIH campus at Bethesda. (For more detailed information on the NIH historic core, see HABS No. MD-1102.) The architectural character of the building exhibited the stylistic detailings of Buildings 1, 2, and 3, to include slate, hipped roofs, Flemish-bond brick patterns, continuous fenestration patterns, double chimney pents at either end and simple dormers at the attic level. The building exhibited the academic and institutional nature of this new federal research complex and featured state-of-the-art research laboratory facilities.

The quality of design and construction of Building 6, along with its three institutional neighbors, is attested to in a letter sent to W.E. Reynolds, Assistant Director of the U.S. Treasury Department's Procurement Division from Dr. L.R. Thompson, NIH Director.

> ...The outlining and drawing of plans for laboratory buildings is naturally much more difficult and numerous than for ordinary office buildings, and in addition, time was limited, especially on the cancer job and the two buildings for which drawings are now being made, in which to assemble and complete the information and other necessary material.
>
> I wish to take this opportunity to thank you and your associates for the splendid cooperation that has been given me in working out the many problems and for completing and placing the jobs on the market. I

> believe that these buildings embody the most up to date principles and design for laboratory structures. You and your staff have made this possible by wanting to understand our problems and designing the space for this purpose.
>
> Letter to W.E. Reynolds
> From Dr. L.R. Thompson
> October 5, 1938

4. Achievements in Cancer Research at Building 6

Cancer research — even on an international scale — in 1940 was such a modest endeavor that the formation of the National Cancer Institute, again the first official Institute of the National Institute of Health, was viewed as a quantum-leap in the expansion of these investigations. Its mission was considered so vital to the health and productivity of the nation that, even during the war years, officials of the Public Health Service received instructions to disturb research as little as possible. At the time the cornerstone was laid for the National Cancer Institute, the latest findings in the treatment of cancer included a technique whereby the body temperature was lowered, in some instances down to 89 degrees; another involved early radiation treatments that sent neutron rays through the use of a cyclotron.

Investigations within the National Cancer Institute (Building 6) involved the examination and study of a wide variety of tumors and viruses, an often controversial area of cancer research. Leukemia, mammary cancers, and preventive therapies against breast cancer were all major Institute initiatives. Research studies often went outside the laboratory to document the potential environmental effects acting as carcinogens; these efforts included a survey of the incidence of cancers in ten metropolitan centers throughout the country. By 1941, the NCI had published an article on the Papanicolaou vaginal smear (referred to commonly today as the "Pap" smear) procedure, a newly developed method for detecting truly early cervical cancer cells. This proven procedure promised to be effective in reducing the mortality rate from this particular cancer disease. Revolutionary at its time of discovery, this life-saving procedure was not broadly accepted among clinicians and pathologists for years.

A major advance in the prevention of lung cancer was made by the NCI in 1957. Exhaustive studies into the effects of tobacco resulted in the definition of tobacco as a major health hazard in the Western world, a finding scientists believed paralleled the discovery of the effects of contaminated water supplies nearly a century earlier. Radiobiology was another target of NCI research and contracts accepted by the Institute were eventually identified with the Manhattan Project and the culmination of the atomic bomb. Specific to cancer research, the advances made by the NCI focused on the long-term effects of low doses of radiation, both as an effective means for destroying cancer

cells and for its potential as a carcinogenic inhibitor. Determining the precise levels of radiation to cure the disease was the challenge eventually accomplished by the Institute. Today, radiation therapy is a common, yet controlled, cancer treatment procedure.

Considerable interest was also given to the relationship between nutrition, exercise, and cancer. Dr. Carl Voegtlin, head of NCI, published a report on the connection between amino acids and growth. The report described growth as a process of cell division, a process similar to that of the spread of cancer. Dr. Voegtlin found that two amino acids, tryptophane and methionine, slowed up tumor increases. The result of this finding concluded that a diet of a certain protein, casein, the chief protein constituent of milk and the principal material in cheese, could slow the growth of malignant tumors considerably. The NCI, in cooperation with the American Cancer Society (formerly the ASCC), developed guidelines for a healthy lifestyle, including diets low in fat and exercise programs aimed at increasing the physical activity levels of all Americans.

The addition of formally trained geneticists strengthened the NCI research program in the 1940s. Early investigations into the links between genetics and cancer led to the continued and expanded studies of the potential heredity nature of this disease. Most recently, these early efforts have contributed to innovative techniques for identifying genetic alterations in tumors and, in particular, the discovery of a unique alteration associated with some very common hereditary cases of colon cancer. These findings have led to the development of early detection procedures aimed at identifying the likelihood of cancer cells and prohibiting their future growth. In 1946, NCI reorganized to reflect the Institute's growing commitment to fundamental science. Six new units were formed: biology, biochemistry, biophysics, chemotherapy, epidemiology and pathology. A further reorganization in 1948 produced three NCI units: 1) cancer control activities, 2) intramural research, and 3) extramural research.

By 1948 the National Institute of Health had gained several new Institutes and changed its name to the National Institutes of Health. By 1950, the original divisions of NIH, accommodated within Buildings 2, 3, 4, and 5 had been renamed as the National Microbiological Institute, and the National Institute of Neurological Diseases and Blindness and the National Institute of Arthritis and Metabolic Diseases had been formed. The two decades between the 1940s and the 1960s were a golden age for biomedical research in the United States. During this period, the budget for the National Cancer Institute grew from $14 million in 1948 to $48 million in 1957.[11] The majority of these funds were designated for extramural research and other cancer activities. Increased funding enabled the NCI to expand, creating the NCI Clinical Center in 1953 and the National Cancer Chemotherapy Program in 1955. The Clinical Center enabled the NCI to embark on a new level of intramural research, while the Chemotherapy Program devoted

[11]Shimkin, p.587.

itself to the testing of chemicals that might be effective against cancer. By 1957, the first malignancy, a choriocarcinoma, was cured at NCI using chemotherapy.

With continued and increasing federal appropriations, the NCI began to outgrow its original home. During the mid-1960s, the need for new and updated laboratories for additional research personnel was clear. In order to successfully carry out its mission, it was determined by the directors of NIH and the NCI that new headquarters would need to be constructed. In 1963, initiating legislation was introduced requesting the authorization of funds for new NCI facilities. By 1965, Building 37, designed to provide new and adequate laboratory and office space for the NCI[12], was under construction. This new facility brought great changes to Building 6, as the NCI, its main tenant for nearly 30 years, vacated the premises. (For information on later tenants in Building 6, see Section 6 of this report.)

During the 1960s, new avenues of cancer research were opened. Viruses, for example, had long been suspected of causing certain types of cancer, but until powerful microscopes were developed, these microbes could not be seen and studied. In the 1960s and 1970s, viral oncology became one of the most fertile areas of cancer research due in large part to a major NCI virus program. In the late 1960s, the goal of the conquest of cancer motivated a public and private campaign to create a national program. Two days before Christmas 1971, President Richard Nixon signed the National Cancer Act of 1971, giving NCI increased authority and responsibilities, initiating a National Cancer Advisory Board, and a three-member President's Cancer Panel. Among its provisions, the new legislation authorized the establishment of 15 new cancer centers and established cancer control programs to cooperate with state and other health agencies in the diagnosis, treatment and prevention of cancer.

5. The National Cancer Act of 1971

In May 1971 Massachusetts Senator, Edward Kennedy, proposed the establishment of an independent National Cancer Authority to be modeled after the National Space Agency. Introduced as a bill, this proposal called for the removal of cancer research from NIH in its entirety, allowing only the cancer-cure program to remain. The NIH cancer-cure program would be given an independent budget, allowing the NCI director to bypass NIH and the Department of Health, Education and Welfare (successor to the Public Health Service) bureaucracy. Opposed to Kennedy's proposed legislation, President Richard Nixon introduced legislation that would give the ongoing NCI cancer research program independent financing and a director responsible directly to the President. This proposal would keep all cancer research efforts within the NIH. In addition, the President asked

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[12]*NIH Almanac 1997*, National Institutes of Health, Office of the Director, p. 127. A copy of the *NIH Almanac 1997* was obtained from the NIH Office of Cancer Communications, Building 31.

Congress for an additional $100,000,000 in federal funds for additional cancer research for the 1972 fiscal year.

In November of 1971, the House of Representatives approved a stepped-up fight against cancer as part of the government's integrated health research program, rather than through an independent agency as had been proposed by Senator Kennedy. The House authorized $1.5 billion over the next three years for cancer research. The scientific community was elated, not only because federal appropriations went far beyond those requested by Nixon, but on account of the fact that they feared independence would have fragmented medical research.

In December 1971, President Nixon signed into law the $1.6 billion National Cancer Act. While keeping the cancer fight within the National Institutes of Health, this new national cancer program gave the President special responsibility for finding new research and treatment methods against a disease that, in 1971, killed 325,000 Americans a year. The National Cancer Act directed the NCI to "plan and develop an expanded, intensified, and coordinated cancer research program encompassing the programs of the Institute, related programs of other research institutes, and other federal and non-federal programs."[13] The NCI progressed from a budget under $1 million in 1938 to an annual investment approaching $1 billion in 1977. The reauthorization of the Cancer Act in 1985 continued the momentum created by the 1971 Act. The NCI remains as the Federal Government's principal agency for research on the causes, diagnosis, treatment, prevention, and control of cancer.

Basic research under the National Cancer Program has led to an unparalleled understanding of the cancer cell. The cancer death rate is decreasing among whites under age 65 and among the general U.S. population under age 55. The NCI is working to continue to decrease mortality in minority and older cancer patients as well. Colon cancer death rates for all ages are decreasing despite an increasing incidence rate. Survival statistics also reflect progress with a five-year relative survival rate of 59% for cancer patients under age 55, and 50% for cancer patients of all ages. Scientists and researchers believe that these statistics reflect the benefits of advances in cancer treatments and earlier detection.

6. Current Building 6 Tenants: Missions and Milestones

Tenants currently occupying laboratory and office space within Building 6 include: the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); the National Institute of Child Health and Human Development (NICHD); the National

[13]National Cancer Institute Fact Sheet, 1974. Fact sheet copied from the vertical files of the NIH Historical Office and Museum.

Institute of Diabetes and Digestive and Kidney Disease (NIDDK); and the National Eye Institute (NEI). The space occupied by each of these individual institutes varies by the needs of the Institute. In most cases, if not all, Building 6 does not accommodate the entire Institute, only specific laboratories and/or divisions.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases was established on April 8, 1986. Its mission is to conduct and support basic, clinical, and epidemiological research and research training, and disseminate information on many of the most debilitating diseases affecting the nation's health. Many of these diseases are chronic. They afflict millions of Americans causing tremendous human suffering and costing the U.S. billions of dollars in health care and lost productivity. These diseases include the many forms of arthritis and numerous diseases of the musculoskeletal system and of the skin. The Institute also conducts and supports basic research on the normal structure and function of joints, muscles, bones, and skin. Since its establishment, NIAMS has occupied laboratory space within Building 6. This Institute also maintains laboratory and office space within Building 10.

In 1973, efforts by NIAMS (then the National Institute of Arthritis and Metabolic Diseases) encouraged Senator Alan Cranston to introduce legislation that would eventually lead to the creation of the National Arthritis Act. The act established the National Committee on Arthritis and Related Musculoskeletal Diseases to study the problem of arthritis in depth.

The National Institute of Child Health and Human Development was established in February 1963. The mission of NICHD is to seek to assure that every individual is born healthy, is born wanted, and has the opportunity to fulfill his or her potential for a healthy and productive life unhampered by disease or disability. The NICHD conducts and supports laboratory, clinical, and epidemiological research on the reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain the health of children, adults, families, and populations. The research of this Institute is aimed at realizing major advances in the conquest of those chronic conditions such as mental retardation and other congenital defects. The NICHD has occupied space in Building 6 since 1967 and currently maintains laboratories and offices in Buildings 6A, 6B, 10, 18T, 31, 32, 32T, 32T1, and 49.

Among the significant contributions of NICHD are the following: progress in the prevention of mental retardation by early identification of certain metabolic disorders through routine screening of newborns; diagnosis and treatment of male infertility; and the management of multiple medical problems of infants born prematurely or of low birth weight. NICHD-supported research can also claim major advances in developing effective systems of evaluating neonatal intensive-care treatments. In 1989 NICHD established the country's first research centers to combine the biomedical and behavioral sciences to focus specifically on learning disabilities.

The National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) was established in August of 1950 as the National Institute of Arthritis and Metabolic Diseases. The name of the Institute was changed in 1980 to reflect its expanding mission. NIDDK conducts and supports research on many of the most serious diseases affecting the public health. The Institute supports much of the clinical research on the diseases of internal medicine and related sub-specialty fields as well as many basic science disciplines. The Institute's Division of Intramural Research encompasses the broad spectrum of metabolic diseases such as diabetes, inborn errors of metabolism, endocrine disorders, mineral metabolism, digestive diseases, nutrition, urology and renal disease, and hematology.

In 1990, NIDDK scientists marked the most important discovery in Cystic Fibrosis (CF) research since the disease was first identified. NIDDK-supported scientists identified the gene that is defective in CF, the most common lethal genetic disease in Caucasians. It is hoped that, through this discovery, knowledge may lead directly to methods for bypassing the defective chloride ion channel regulation mechanism. Ultimately, research may lead to drugs that could alter the defective CFTR protein molecule, or to gene therapy to replace the erroneous gene and resultant abnormal protein with a normal molecule.[14] NIDDK currently occupies laboratory and office space within Buildings 5, 6, 8 and 10.

The National Eye Institute was established on December 26, 1968. The mission of the NEI is to conduct, foster, and support basic and applied research, including clinical trials related to the cause, natural history, prevention, diagnosis, and treatment of disorders of the eye and visual system, and in related fields through research, research grants, collaboration with other professional organizations, the collection and dissemination of ongoing research information, and the cooperation and collaboration with domestic and international organizations in the worldwide prevention of blindness. The NEI moved into Building 6 in the spring of 1972 and currently occupies laboratory and office space in Buildings 6, 10, 31, and 49.

In 1983, the NEI received national recognition for its leadership in clinical ophthalmology and research on eye diseases and disorders. The Institute had demonstrated the effectiveness of laser treatment in preventing or retarding sight loss. Using workshops, the Institute trained medical personnel across the country in understanding and administering these treatments. In addition, the Institute made remarkable breakthroughs, including: the diagnosis of retinitis pigmentosa, a hereditary form of blindness, and the development of a surgical procedure used to restore vision obstructed by diabetic effects to the eye.

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[14]NIDDK vertical files reviewed in the NIH Historical Office and Museum.

PART II. ARCHITECTURAL INFORMATION

A. General statement:

1. **Architectural character:** Building 6 is a Georgian Revival structure constructed originally as the National Cancer Institute, the first official institute of the National Institute of Health. It draws upon Colonial Maryland domestic architecture for its red-brick walls, hipped roof, and once prominent, end-wall, double chimneys.

2. **Condition of fabric:** The overall condition of the building is good. The exterior has been well maintained and appears much as it did when first constructed, with the exception of two fire stairs constructed along both the east and west facades. The interior of the building has received numerous alterations, particularly within the laboratory spaces. Extensive electrical and mechanical upgrades and other HVAC additions have introduced obtrusive and exposed systems throughout the building's laboratories, corridors, lobby spaces, and utility areas. The building's interior is in fair condition, with many areas in need of repair and/or general maintenance.

B. Description of Exterior:

1. **Overall dimensions**: The building is 50'-0" wide by 225'-0" long (or, three bays wide by 17 bays long). The building is comprised of three full stories above ground, an attic story, a sub-basement, and a raised basement. Rectangular in shape, the building features offices and laboratories laid out along a central corridor plan. There is one primary entrance to the building, located on the south wall. A loading platform with a suspended, metal canopy is centrally located within bays 8, 9, and 10 along the north elevation.

2. **Foundations**: The foundation of the building consists of reinforced concrete spread footings.

3. **Walls**: The building is composed of red-brick, Flemish bond walls with both brick and cut limestone trim. A belt course running between the basement and first floor levels, and all of the window sills, are constructed of cut limestone. Jack arches are composed of red brick. The long north and south elevations are relieved at bays 2, 7, 8, 9, 10, 11, and 16 by three-story-high, brick pilasters that frame each bay. The pilasters are capped with painted Ionic capitals at bays 2, 8, 9, 10, and 16. Original drawings identify the capitals as constructed of cast stone. Shallow brick recessed spandrels can be found beneath the first-floor windows.

   Original brick projections that once framed the central bay along the east and west walls have been obscured by fire stair construction. Added in 1964, these three-story additions obscure the original projections and the more distinguishing lower, single-bay portion of the original pent chimneys; only the double chimney stacks still remain visible. The fire

stair additions feature windows at each floor level and a boxed cornice gable with a oculus window at the apex. The cornice line of the original building continues along the fire stair addition to wrap the corners of its eastern and westernmost elevations. Each stair addition features a single door at the first floor level along the south elevation. A brick and concrete stair has been added to allow access to each of these doors.

As mentioned earlier, one the most substantial changes to Building 6 was the addition of a two-story wing to the east, recognized as Building 6A. Connected along the former exterior wall of the 1964 east stairwell addition, this 21,720 square foot facility was set perpendicular to Building 6 at its eastern edge. All floors of this building were aligned with and connected to the existing floors of Building 6, allowing access between these otherwise distinct facilities. Set on caisson foundations, Building 6A featured a concrete floor and was faced with brick. Also in keeping with Building 6, this later addition featured a steel-framed, slate-covered roof. Building records, also on file with the Design, Construction and Alteration Division, indicate that the building, classified as a "laboratory health research" facility, is occupied primarily by the National Institute for Child and Human Development (NICHD).

The second major alteration to Building 6, though somewhat removed from the original building fabric, was the continued extension of Building 6 in 1990. To meet further research and development demands, Building 6B, a 51,142 square foot facility, was constructed parallel and just north of Building 6. All three facilities (Building 6, 6A, and 6B) were interconnected by a series of walkway connecters. Building 6B was attached to Building 6A along its north elevation by a glass-enclosed walkway that connected the buildings at the second and third floor levels. Building 6B was set on a concrete foundation, faced in brick, and featured composition roofing. Building records indicate that Building 6B was constructed to serve as an Animal Holding Facility and Research laboratory. Building 6B was designed by AEPA Architects of Washington, D.C.

4. **Structural system, framing**: The building is framed in reinforced concrete beams and columns. The roof is framed in structural steel. The floors are reinforced concrete slabs.

5. **Porches, stoops, balconies, porticoes, bulkheads**: There are two shallow, cast- and wrought-iron balconies at the second and sixteenth bay windows of the first floor, on the south facade. These balconies feature foliate detailing, and extend the full width of the shallow brick niches that frame the windows.

The building originally featured areaways along all four elevations. Construction of fire stair additions along the east and west facades have covered these areas. Original drawings indicate that the areaway along the north elevation ran virtually the full length of the building but was interrupted at bays eight, nine, and ten to accommodate a loading and service platform. This areaway was accessed via a concrete stair that actually continued to the sub-basement level. The areaway along the south elevation was interrupted at bays

eight, nine, and ten by concrete walls supporting the entrance stair and terrace above. Original drawings do not show any doors leading to this area. The areaway along the south elevation remains intact. The areaway along the north elevation has been infilled within its eastern half and now functions as a housing area for HVAC equipment. This area has been extended to the north and a brick wall has been constructed to block the visibility of these systems. The original iron rail that once lined this section of areaway has been placed atop this later brick wall. The areaway along the south elevation remains guarded by its original cast- and wrought-iron rail.

The building's main entrance, along the south elevation, features a series of granite steps leading to a flagstone terrace. The base of the terrace is clad in brick and trimmed in cut limestone. The building's cornerstone is set in the brick facing of the entrance terrace, just west of the central stair. Both the stair and terrace are guarded by decorative cast- and wrought-iron railing with decorative foliate detailing, identical to that seen on the south facade, first-floor balconies.

A concrete loading platform lines the rear service entry along the north elevation. A suspended, metal canopy that extends out from the second floor level to protect the loading platform does not appear on original drawings, though this element is believed to have been added shortly after the building's construction. The area to the immediate east of the loading platform, beneath the metal canopy, has been enclosed by brick, aerated walls. This area is used as a temporary storage facility. The loading platform is accessed via a service drive that continues around the rear of Building 6.

6. **Chimneys**: There are four brick chimneys contained within two end-chimney "pents." A 20th-century adaptation, these massive chimney forms are based upon 18th-century, Colonial Maryland precedents, such as those found in Charles and Calvert Counties. At Building 6, the chimneys located along the east and west walls of the building are part of central, projecting wall elements which rise through the cornice and above the hipped roof in the form of two chimneys connected by a parapet wall. The parapet wall features a window and a decorative, corbelled brick band. The chimney stacks are decorated near their caps with three narrow brick niches on their outer faces and shallow brick panels on their sides. A single, unadorned brick chimney rises along the building's north slope to the immediate west of the central elevator shaft. The chimneys are capped in cast-in-place concrete.

7. **Openings**:

   a. **Doorways and doors:** The building's main entrance is centrally located along the south elevation and is comprised of a set of elegant, recessed, metal entrance doors capped by a multi-light transom. The doors, which appear to be original, are divided into multi-light panes in the upper half with molded metal panels below. The entrance appears identical to a photograph taken outside the National Cancer

Institute in the mid 1940s. Flush with the building facade, the main entrance is marked by flanking, fluted pilasters surmounted by a modest entablature. A semi-circular, round-arched, wooden pediment with a simplified fan motif completes this composition. An open, flagstone terrace and central granite stair line the front entry.

The service entrance is centrally located along the building's north elevation, aligned with the main south elevation entrance. This entrance features a single metal door featuring a single, glass pane in its upper half with an inset metal panel below. This later door is equipped with panic hardware. Original, double-leaf doors, similar to the main entrance doors, appear to have been replaced on account of the heavy delivery traffic and busy nature of this service entrance. Two additional service doors are located at the sub-basement level along the north elevation. These doors are accessed by a series of concrete steps that lead from the north elevation areaway. A single-leaf door leads from this stair into a transformer vault located beneath the service platform. A second, single-leaf door leads from this stair into the main mechanical equipment room, also at the sub-basement level.

Two new, metal fire doors are located along the south elevation with each fire stair addition. These doors feature a nine-pane window arrangement above and inset metal panels below.

b. **Windows and shutters:** The original windows remain intact and are eight-over-eight light, double-hung sash with wood frames. (Viewed during the month of January, the majority of the windows had one-over-one exterior storm windows placed over the original windows.) The first-floor windows in the second and sixteenth bays are distinguished by their placement within round niches and by the shallow cast- and wrought-iron balconies that guard them. The original center-bay windows of the east and west elevations were removed to accommodate the fire stair additions. The west elevation of the west fire stair features a single, eight-over-eight light, double-hung sash, wood frame window at each of the three floor levels. A single, multi-light oculus window is centered within the apex at the attic story. This treatment was identical along the east elevation of the east fire stair until Building 6A was constructed to adjoin this wall. The north and south elevations of each fire stair feature a single, narrower, six-over-six light, double-hung, wood sash window at each floor level, with the exception of the first-floor level along the south elevation which features a single, fire door. The dormer windows are six-over-six light, double-hung sash, with a wood frame. As mentioned above, two of the south elevation dormers, east of the main entrance pediment, feature ventilation louvers.

8. Roof:

a. **Shape, covering**: The hipped roof of the main structure is clad in slate. The roof structure attaching the main roof to the end chimneys, the elevator machine room, and loading platform canopy all feature composition roofing.

b. **Cornice, eaves**: The boxed wood cornice features a denticulated frieze. Original drawings indicate that the downspouts and gutters are metal.

c. **Dormers, cupolas, towers**: There are six hipped dormers with a six-over-six-light sash on each of the long slopes of the roof. The sides of the dormers are faced with slate. Two dormers, east of the main entrance pediment, feature ventilation louvers.

Another rooftop feature is the elevator machine room centrally situated on the north slope of the roof. It is a rectangular, flat-roofed unit clad in brick and containing three round, operable, oculus windows along its north face. Along the south slope, a gabled pediment with a boxed, dentiled cornice projects above the building's main entrance.

C. Description of Interior:

1. **Floor plans**: The interior of Building 6 is based upon a main, central corridor plan that runs the length of the building. This east-west corridor is crossed at its center by an entrance corridor that runs the width of the building and divides it into two distinct wings (east and west). The entrance corridor contains a front and rear foyer and an open main lobby area. The front and rear foyers are separated from the main lobby by a set of glass-paned and metal-paneled doors. Immediately inside the rear foyer is a passenger elevator and stair hall, to the east and west, respectively. An industrial-size utility elevator is located along the north wall, immediately inside the east end corridor. The main east-west corridor is lined to either side by offices and laboratories. According to 1938 floor plans for Building 6, original laboratories throughout the building were used for biochemical, spectometry, biophysics, electrobiology, hormone, chemotherapy, pharmacology, and immunological purposes. Support facilities included administrative offices, x-ray laboratories, animal rooms, storage facilities for carcinogenic agents, a dark room, glass washing room, and sterilizer room.[15] Each of the laboratories within Building 6 was outfitted with special equipment, designed to furnish each lab station with hot and cold water, air and gas jets, a vacuum, a waste outlet, and electricity. The conduits for these

[15]No specific discovery or achievement of the National Cancer Institute has been attributed to any of these, or later laboratory facilities. Due to the ever-changing nature of the building, frequent upgrades in laboratory equipment, and common partitioning of laboratory spaces, it has not been possible to draw such a specific association. A review of original and later renovation drawings indicate that the room numbers throughout the building have also been changed several times over the course of its history, making it even more difficult to chart specific spaces to respective achievements.

services were contained within precast concrete service blocks, built into the walls. Although the majority of the original laboratory equipment has been supplemented over the years with modern systems, remnants of the original systems can still be found throughout the building.

Building 6 has received numerous alterations throughout its history, primarily along its interior. Common interior alterations include ongoing room and laboratory renovations, improvements in laboratory equipment and room conversions. It appears from a record of construction drawings, on file with the Design, Construction and Alteration Division of NIH, that major lab renovations were undertaken in 1954. The attic story has also undergone major transformations since the building's original construction. Designated on original drawings as storage space for animals, feed grinding, and storage, the attic has been renovated to accommodate reading rooms, laboratories, and office space.

The "cold storage rooms" which appear on several floors of the building (Rooms 236 and 330, for example) do not appear on the original 1938 drawings and appear to have been added later as part of one of the major facility upgrading campaigns. These rooms are vault-like in character and are recessed and sealed from the central corridors by heavy metal doors.

Altering the building's exterior appearance were the two fire-stair additions constructed in 1964. In addition to providing required fire escape stairs, these full height additions added an additional room to each floor. Records also indicate that second floor "Animal Rooms" were converted in 1966. Later improvement efforts include the renovation of all floors of the building in 1969 and the upgrading of laboratory facilities in 1970.

Construction records for Building 6 indicate that alterations to this research facility are common and frequent. It appears that improvements in laboratory equipment, offices, and other rooms is ongoing and implemented on a continuing basis in an effort to modernize and maintain facilities that accommodate the latest technological advances in medicine.

2. **Stairways**: The original, central stair hall is straightforward in its design. The enclosed hall features a set of double-run stairs guarded by its original iron railing. The iron railing is capped by a wood banister. The central stair continues from the sub-basement level, where it features concrete flooring, to the elevator machine room at the attic level. The stair hall is lit at its uppermost level by a single oculus window that exists as part of the elevator machine room projection.

3. **Flooring:** The main lobby, front and rear foyer, first floor corridor, and original stair hall are finished in terrazzo tiles, separated by brass dividing strips. The original stair hall treads are terrazzo. The laboratories, bathrooms, and remaining upper and lower corridors are finished in linoleum tile. The "cold rooms" and 1964 stair hall additions feature concrete flooring.

4. **Wall and ceiling finish:** The walls in the building's main lobby, front and rear foyers are plaster with substantial wood moldings. These areas also feature continuous marble wainscoting that is a light grey-brown in color. The stair hall, elevator, and all the doorways in the lobby area feature a heavy wood entablature, complete with architrave trim, a simple frieze and molded cornice. The walls in the building's offices are finished in plaster with wood trim. Corridor and laboratory walls feature rectangular salt-glazed clay tiles that are golden in color. Walls within the attic story are faced with fluted terra-cotta tiles. Walls surrounding the cold-storage areas are concrete block. The 1964 stair hall additions feature concrete block. Original stair hall walls are finished in the same salt-glazed clay tiles featured in the laboratories and corridors. Bathroom walls are faced in ceramic tile wainscoting with plaster above. Original bathroom partitions were marble, some of which still remain.

   The ceilings throughout the building feature primarily suspended metal framing with acoustical panels, or painted concrete.

5. **Openings:**

   a. **Doorways and doors:** Original drawings indicate that all doors throughout the building, unless otherwise specified, were metal. Eleven door variations were designed for use throughout the building. These included: a single-leaf door with an obscure glass panel above and louvers below; a single-leaf door with an obscure glass panel above and a metal panel below; a single-leaf door with metal panels above and below; a double-leaf door with metal panels above and below; a double leaf door with multiple, divided plate-glass panels above and metal panels below; a single-leaf door with a clear glass panel above and a metal panel below; a single-leaf door with a metal panel above and louvers below; a double-leaf door with louvered panels above and below; a single-leaf, flush metal panel door; a single-leaf, 3-ply metal covered door; and a single-leaf door with louvered panels above and below.

      Original doors within the main lobby area include those facing the front and rear foyers; these are double-leaf doors with multi-pane, clear glass above, with metal panels below. Aluminum kick plates have been added to these heavily utilized doors. Doors to the fire stair, which appear to be original, but not included within the 1938 door specifications, feature metal panels above and below with a single, square, wire-glass window panel in each upper half. While doors that originally separated the main lobby from the central corridor areas have been removed, all remaining laboratory and office doors appear to be original. Today, the metal doors are painted an institutional green in color. Aluminum-framed door plates on the doors themselves appear to be original or early fixtures.

b. **Windows:** The original windows, which operate on a chain system, are framed on the interior in wood. The molding is not decorative, but a simple surround. Many of the windows throughout the building still display their original blinds and many feature solid, "black-out" shades common to laboratory areas.

Three operable oculus windows can be found along the north face of the elevator machine room at the attic level of the north elevation. These oculus windows are also framed in wood. A single, wood-framed, oculus window can also be found with the gabled apex of each of the 1964 stair hall additions.

6. **Decorative features and trim:** As mentioned within Section 4 above, the main lobby area is faced with a marble wainscoting that is a light grey-brown in color. Within the front and rear foyer areas, recessed iron radiators are shielded by decorative, cast-iron panels featuring a diamond-shaped pattern. These radiator covers are currently hidden by stored mechanical equipment/furnishings and/or have been removed from within the foyer wainscoting to allow access to the radiators.

Unlike the typical tile flooring seen in Building 2 (Industrial Hygiene Laboratory/HABS No. MD-1102A), the flooring in the main lobby, foyer areas, and first-floor corridors is terrazzo. Essentially off-white in color, the terrazzo tiles are separated by brass divider strips and each tile features a rotated square at each corner. The rotated squares and borders are a pale-blue in color. This pattern is repeated throughout the main lobby and foyer areas only.

The only decorative trim of note is the architrave trim that frames each of the doorways within the main lobby and foyer areas (see Section 4 above).

7. **Hardware:** The majority of hardware throughout the building appears to be original and consists of chrome and brass doorknobs, door plates, and window fixtures. Within the main lobby and foyers areas, in particular, additional "push" hardware has been added along the double-leaf doors to protect the multi-light, glass panes.

8. **Mechanical equipment:**

a. **Heating, air conditioning, ventilation:** The building featured a fully integrated mechanical system related to its laboratory equipment. Precast concrete service blocks, located within the walls of the laboratories, made it possible to pipe in air, gas, vacuum, cold and hot water, and to pipe out waste. At the base of some of the cabinetry units were ventilator panels.

Ventilating fume "hoods" were located throughout the laboratories of the building. These fixtures featured a wire-glass-faced hood set above a steel cabinet. Along a front, side panel, they contained an air or electrical switch, and five remote-control valves for hot water, cold water, gas, air, and vacuum services.

Correspondence records for Building 6, on file with the NIH Historical Museum and Office, suggest that the building was equipped with air conditioning capabilities at the time of its construction. There are no air conditioning units visible along the building's exterior. Improvements to HVAC equipment is evidence by the more recent exposed piping and ductwork that runs throughout the building's interior. These later mechanical additions have been extremely intrusive and damaging to original fabric and the overall appearance of the building's main lobby and corridors.

b. **Electrical:** Located within the building were a series of original electrical distribution systems set within rectangular salt-glazed wall units. These systems have been continuously replaced and upgraded throughout the life of the building. Exposed electrical conduits crowd the corridors and main lobby, running along all the walls and ceilings of the building.

c. **Lighting**: On the interior, all early light fixtures appear to have been removed, and the primary light source consists of recent fluorescent fixtures suspended from later dropped ceilings. (Historic photographs of NCI laboratories, included in this report, illustrate the types of fixtures that originally appeared within these spaces.)

d. **Plumbing:** The original plumbing consisted of a variety of laboratory sinks integrated within the steel cabinetry. Emergency eye wash units, one of which remains within the east end of the first floor corridor, were placed throughout the building. Toilet and other bathroom fixtures were standard.

9. **Original furnishings**: The laboratory cabinet fixtures located throughout the building appear primarily to be replacements, with a limited selection of original fixtures remaining. According to records of the NIH Design Construction and Alteration Division, major renovations to laboratory equipment in Building 6 took place in 1954, 1966, and again in 1970; improvements also appear to be ongoing. The original drawings show steel cabinets with both soapstone (1¼" thick) and cement asbestos bench tops, and drawers of various sizes below. Glazed cases with sliding doors affixed to wall surfaces also appear to be original in several locations (Room 104, in particular), as are wooden shelves with metal brackets tap-screwed into wall channels. Original cabinetry and a ventilation fume hood appear to remain in Room 237. Examples of an original soapstone bench, sink, and accompanying shelving unit also appear to remain in Room 203.

D. Site:

1. **Historic landscape design**: As the first institute, and the fourth building constructed for the National Institute of Health in Bethesda, Building 6 is an integral part of this national research center. In 1938, in an effort to provide better facilities for the National Institute of Health, the Public Health Service designed a group of buildings to serve as the core of the institute. The structures, erected simultaneously, included an Administration Building (Building 1), the Industrial Hygiene Laboratory (Building 2), and the Public Health Methods & Animal Unit Building (Building 3). The three buildings were sited prominently off the Rockville Pike on Wilson Drive and clustered around a central, landscaped square. The central Administration Building, having a frontage of 186 feet and a depth of 100 feet, was flanked on either side by the Industrial Hygiene Laboratory and the Public Health Methods Building. The later two buildings were identical in size and design, 150 feet long and 48 1/2 feet wide. Along with two additional buildings (Buildings 4 and 5), constructed shortly thereafter, this grouping constituted the earliest quadrangle of laboratory facilities at the National Institute of Health.

   These core buildings were joined to Building 6 by interior roadways, primarily Center Drive, that wound around the central core and later through to the entrance of Building 6. A circular drive was set on center with the main entrance to Building 6. This drive featured a landscaped island at its center. A new road was constructed perpendicular and to the west of the building allowing access to the rear service, loading, and parking area. Early correspondence between the project supervising architect, Louis Simon, and Frederic Delano, Chairman of the National Capital Park and Planning Commission reveals that a landscape study had been undertaken as part of the design and planning process. The details of this landscape plan were not discussed, nor a part of early correspondence records. Several large trees, which appear to match those pictured in historic photographs of the building shortly after its completion, and privet hedges currently line the building's south elevation.

   The majority of the original cast- and wrought-iron railing which encircled the building in 1940 remains. Sections removed to accommodate the 1964 fire stair additions have been reincorporated along the fire stair entries and along the east elevation of Building 6A. The railing features an "X" motif with rosettes and alternates between narrow bays with circles and wider bays with a central vertical spear. Today, the railing is painted an off-white.

2. **Outbuildings**: There are no outbuildings.

PART III. SOURCES OF INFORMATION

A. **Architectural Drawings:** The only extant copies of original drawings are located at the National Institutes of Health on Integraph computer microfilm. These drawings can be printed out on a Computer Aided Design (CAD) system. They are accessible through the Design Construction and Alteration Branch of the National Institutes of Health.

B. **Early Views:**
From the National Library of Medicine/Prints and Photographs Collection:

- "National Cancer Institute." Undated. Photograph of Building 6. Videodisc Frame No. 17811.
- "Views of NIH Buildings and Grounds." Ca. 1940. Photograph of Building 6. Videodisc Frame No. 01498.
- "National Cancer Institute." Undated. Photograph of staff in front of main entrance to Building 6. Videodisc Frame No. 17823.
- "Views of NIH Buildings and Grounds." Undated. Photograph of main entrance to Building 6. Videodisc Frame No. 16604.
- "Dedication of National Cancer Institute." June 24, 1939. Videodisc Frame No. 14568.
- "Cornerstone Dedication." June 24, 1939. Videodisc Frame No. 14542.
- "Dedication of National Cancer Institute." June 24, 1939. Photograph of laying of cornerstone. Videodisc Frame No. 14547.
- "National Cancer Institute." Ca. 1940. Photograph of main lobby. Videodisc Frame No. 17812.
- "National Cancer Institute." Ca. 1940. Photograph of stair. Videodisc Frame No. 17814.
- "National Cancer Institute." Ca. 1940. Photograph of typical laboratory prior to equipment installation. Videodisc Frame No. 17815.
- "National Cancer Institute." Ca. 1940. Photograph of typical laboratory prior to equipment installation. Videodisc Frame No. 17817.

- "National Cancer Institute." Undated. Photograph of laboratory equipment. Videodisc Frame No. 17818.
- "National Cancer Institute." Undated. Photograph of laboratory equipment. Videodisc Frame No. 17820.
- "National Cancer Institute." Undated. Photograph of tissue culture research. Videodisc Frame No. 24021.
- "National Cancer Institute." Undated. Photograph of cancer research laboratory. Videodisc Frame No. 17860.
- "National Cancer Institute, Cancer Research Album 1." Undated. Videodisc Frame No. 19974.
- "National Cancer Institute, Cancer Research Album 4." Undated. Videodisc Frame No. 20018.
- "National Cancer Institute, Cancer Research." Undated. Videodisc Frame No. 17885.
- "National Cancer Institute." Undated. Photograph of cancer research laboratory. Videodisc Frame No. 17850.
- "National Cancer Institute." Undated. Photograph of cancer research laboratory. Videodisc Frame No. 30063.

C. Interviews: None.

D. Bibliography:

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Vertical Files from the NIH Historical Office and Museum. (Located at NIH, Building 31.)

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"Cancer Center: Opening Delayed Until Mid '72." *Frederick Post.* December 1, 1971.

"Cancer Institute Job Awarded to D.C. Firm." *The Evening Star*. October 1, 1938.

"Cancer Institute Site at Bethesda." *The Evening Star*. July 25, 1937. A1.

"Contract Let for Three National Institute of Health Buildings." *The Washington Star*. December 15, 1937. A2

"Detrick Conversion Presents Problems." *The Washington Star*. November 7, 1971.

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"Parran Launches Health Institute." *The Evening Star*. January 11, 1938. A2.

"Parran Rates Cancer Institute Biggest Advance of the Year." *The Evening Star*. January 10, 1938.

"Proposed Buildings for the National Institutes of Health." *Science NS* 86 (1937): 216 S.3.

"Plans to Convert Ft. Detrick Rejected." *The Washington Post*. December 12, 1970.

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"Surgeon General T. Parran Rates Cancer Institute Biggest Advance of the Year." *The Evening Star*. January 10, 1938. A6.

"Three New Buildings Planned By National Health Institute." *The Washington Star*. August 26, 1937. B1.

"Tract for Cancer Institute Near Bethesda Donated by Late Luke Wilson." *The Washington Star*. July 25, 1937. A1.

"Treasury Officials Begin Study of Public Health Plant Near Bethesda." *The Evening Star*. June 27, 1936. A3.

"U.S. Campaign to Find Cancer Cure is Launched with Nixon's Signature." *The Washington Post*. December 24, 1971.

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"Work To Start Soon on New Buildings of Health Institute." *The Evening Star*. February 10, 1939.

"Work Will Begin Soon on Project on Rockville Pike." *The Washington Star*. August 25, 1936.

E. Likely Sources Not Yet Investigated: None.

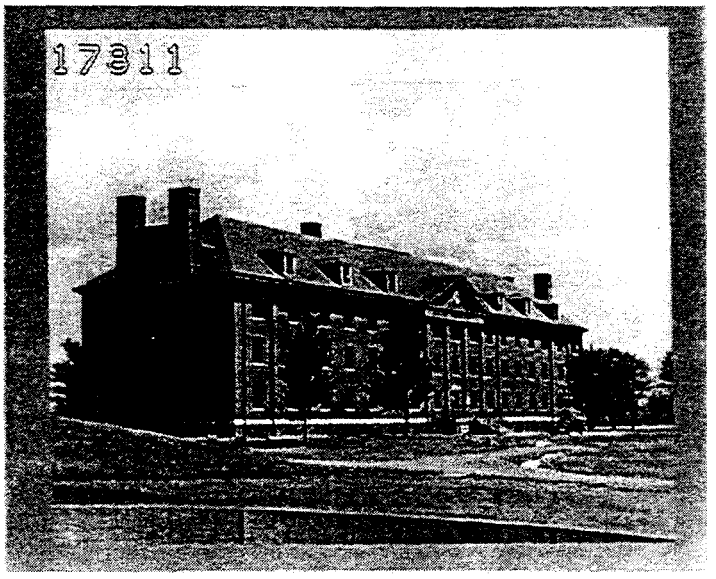
F. Supplemental Material: None.

PART IV. PROJECT INFORMATION

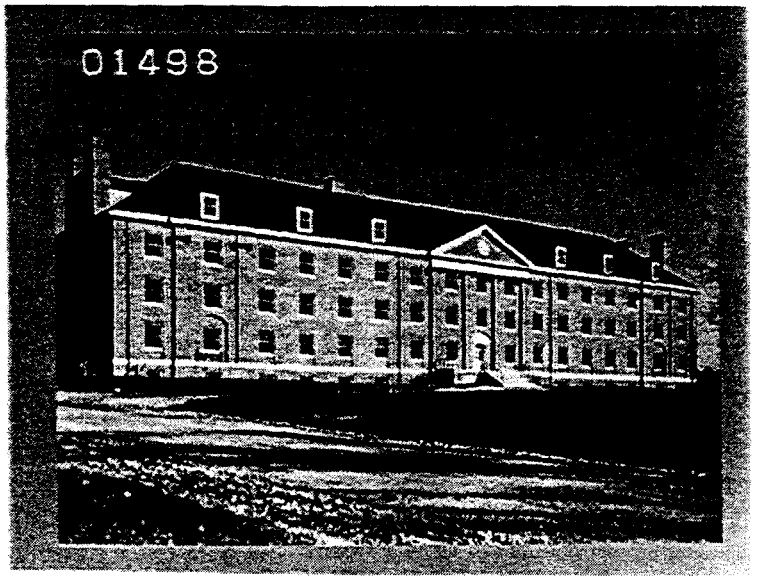
Building 6, constructed in 1939, was built to house the National Cancer Institute, the first official institute of the National Institute of Health. According to the Maryland State Historic Preservation Office (SHPO), Building 6 is eligible for listing in the National Register of Historic Places in accordance with the criteria set forth in 36CFR 60.4. The building is currently occupied by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Child Health and Human Development, the National Institute of Diabetes and Digestive and Kidney Disease, and the National Eye Institute.

The interior of Building 6 is scheduled to be demolished to make way for a new HVAC distribution system and new state-of-the-art biomedical laboratories. NIH has consulted with the Maryland SHPO in accordance with Section 106 of the National Historic Preservation Act of 1966, as amended, and determined that the proposed demolition and rehabilitation is an adverse effect on the National Register-eligible Building 6, in accordance with 36 CFR 800.9(b)(1). To mitigate the adverse effect of the proposed undertaking, a Memorandum of Agreement (MOA) has been prepared. The MOA requires that Building 6 be recorded to Historic American Building Survey (HABS) standards as specified by the National Park Service.

This project was completed in 1998 for the National Institutes of Health by architectural historians, Joan M. Brierton (historical research and author), Justin B. Edgington (historical research and bibliography), Laura L. Bobeczko (graphics), and Judith H. Robinson (project manager and editor) of Robinson & Associates, Inc., Washington, D.C., in association with Oudens + Knoop, Architects, P.C., Walter Smalling, Jr., provided all photography.



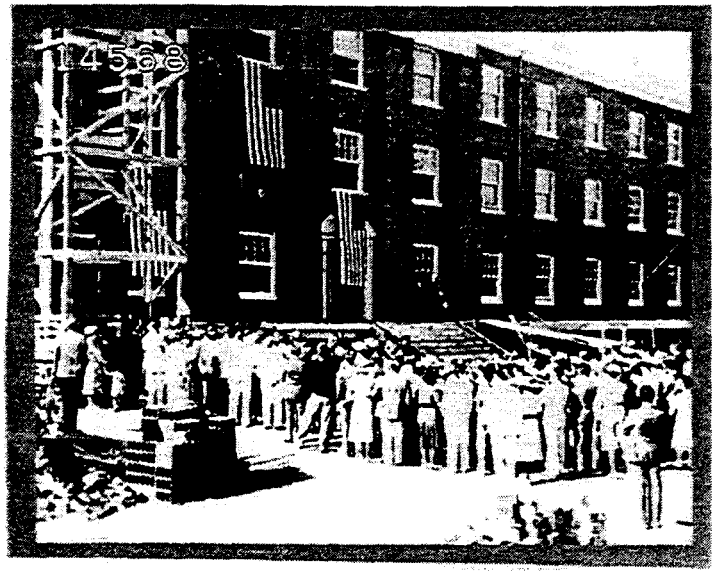
National Cancer Institute, view looking northeast. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



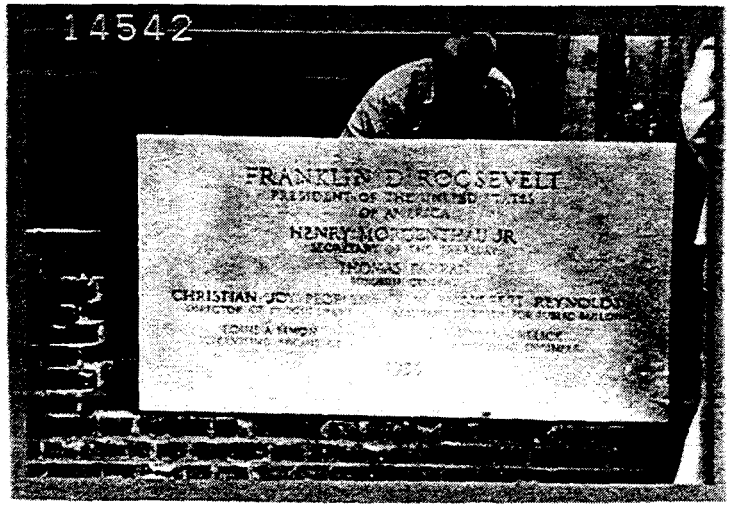
National Cancer Institute, south facade, ca. 1940.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.

National Cancer Institute, staff photo taken in front of main entrance. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.

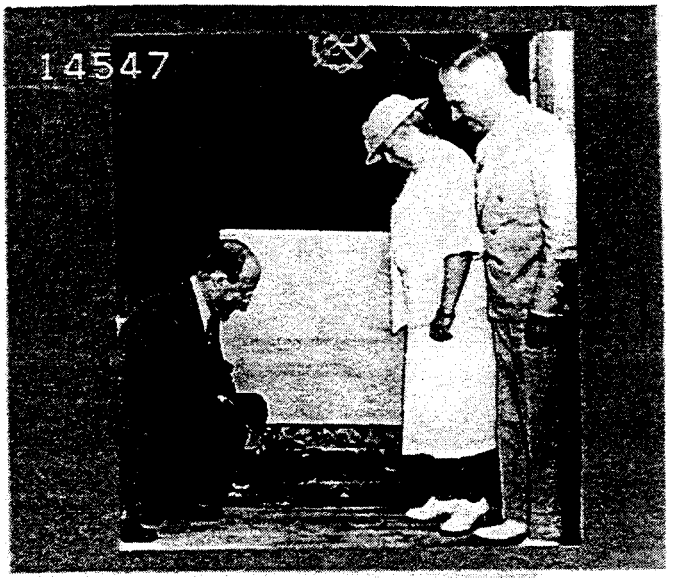
National Cancer Institute, view of main entrance. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



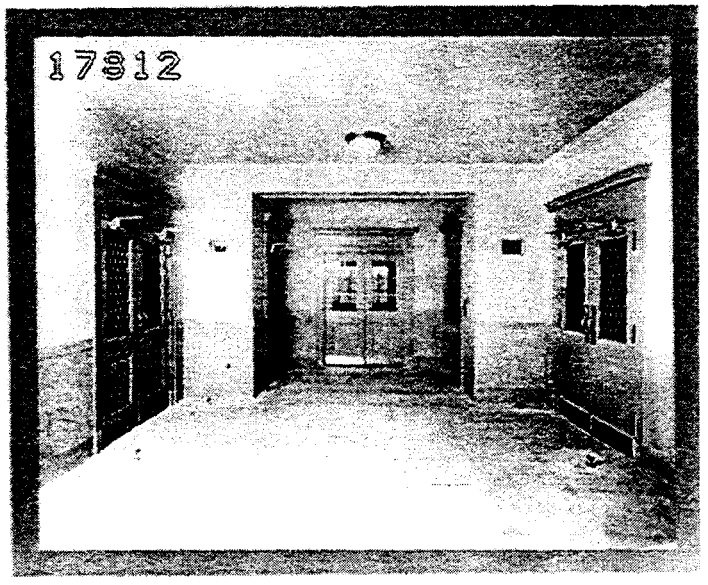
Dedication of National Cancer Institute, June 24, 1939.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



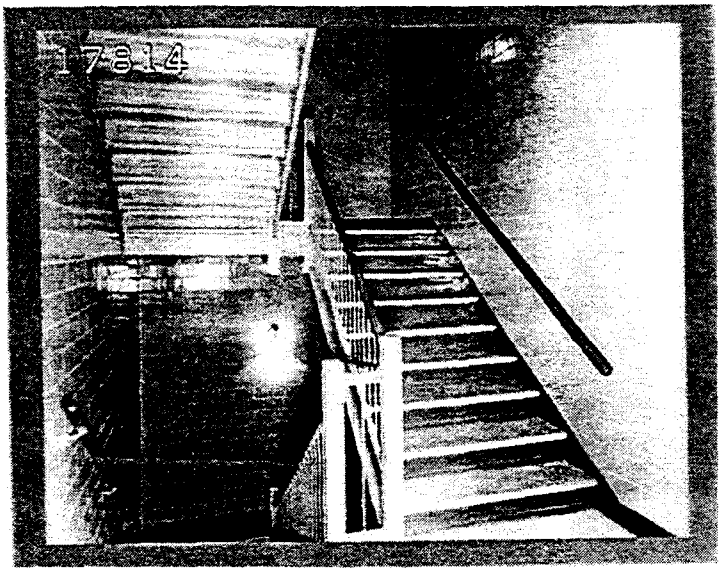
Dedication of National Cancer Institute, laying of the cornerstone, June 24, 1939.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



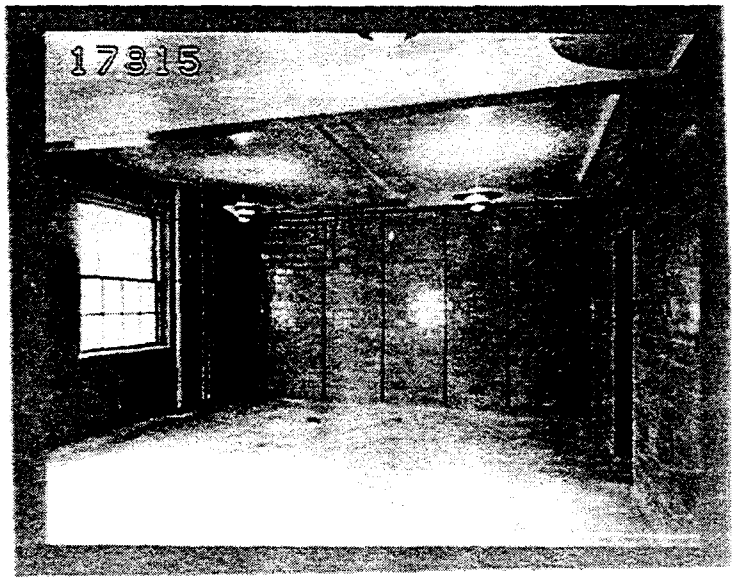
Dedication of National Cancer Institute, laying of the cornerstone by Surgeon General, Thomas Parran, Mrs. Luke I. Wilson, and Mr. Henry Morgenthau, Jr., Secretary of the Treasury, June 24, 1939.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



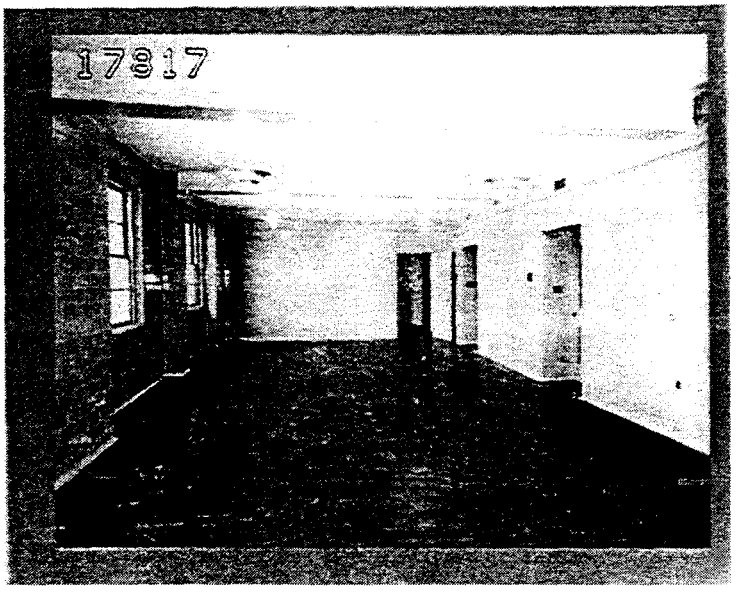
National Cancer Institute, main lobby looking east from entrance, doors to east and west corridors to the right and left, respectively, ca. 1940.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



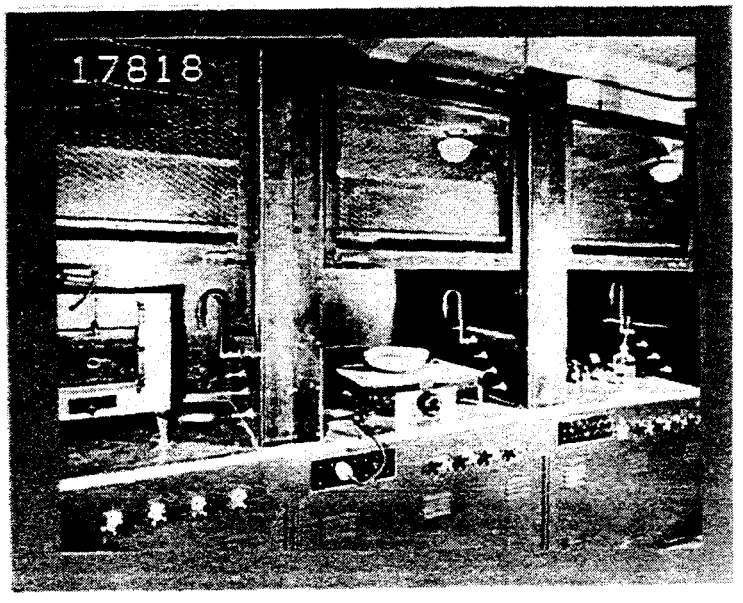
National Cancer Institute, stair detail, ca. 1940.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



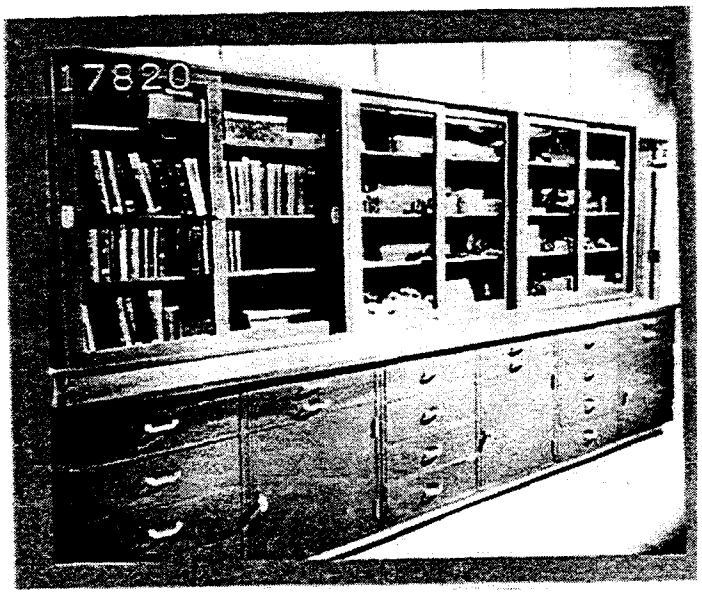
National Cancer Institute, typical laboratory (prior to equipment installation), ca. 1940.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



National Cancer Institute, typical laboratory (prior to equipment installation), ca. 1940.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



National Cancer Institute, detail of laboratory equipment. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



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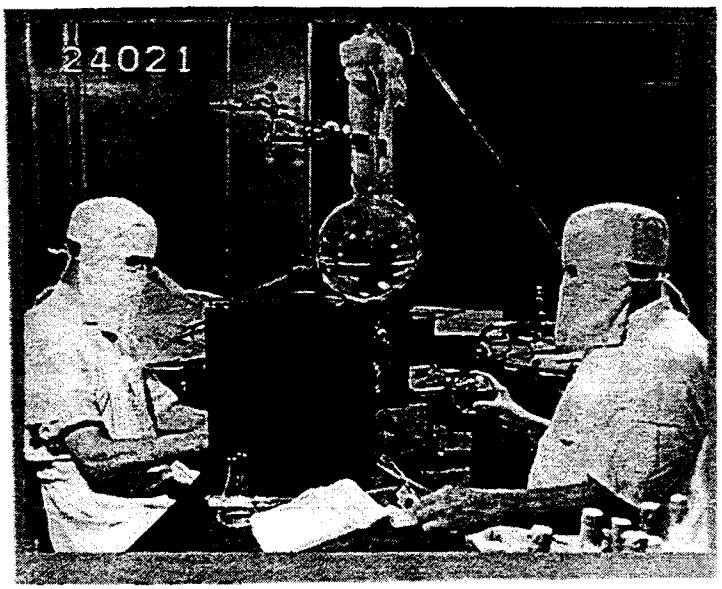

National Cancer Institute, tissue culture research. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.

National Cancer Institute, cancer research laboratory. No date.
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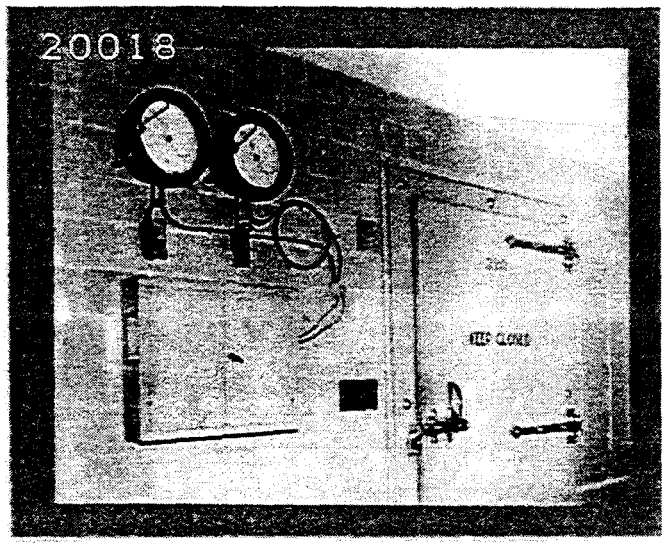
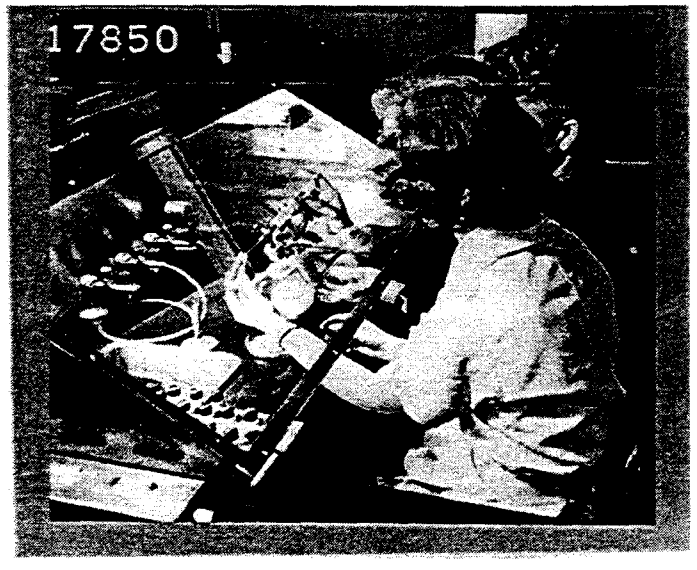
National Cancer Institute, Research Album 1. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



National Cancer Institute, Research Album 4. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.

National Cancer Institute, cancer research laboratory. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.



National Cancer Institute, cancer research laboratory. No date.
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division.

National Cancer Institute, cancer research laboratory. No date.
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