

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Biltmore Hospital

other names/site number Biltmore Hospital Extension; Battle Wing; Memorial Mission Hospital;
Imperial Life Insurance Company

2. Location

street & number 14 All Souls Crescent not for publication N/A
city or town Asheville vicinity N/A
state North Carolina code NC county Buncombe code 021 zip code 28803

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this nomination/ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register Criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Jessie Crow SHPO 7/13/05
Signature of certifying official Date

North Carolina Department of Cultural Resources
State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of commenting or other official Date

State or Federal agency and bureau

4. National Park Service Certification

I, hereby certify that this property is:

Signature of the Keeper

Date of Action

entered in the National Register

See continuation sheet.

determined eligible for the
National Register

See continuation sheet.

determined not eligible for the
National Register

removed from the National Register

other (explain): _____

5. Classification

Ownership of Property
(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property
(Check only one box)

- building(s)
- district
- site
- structure
- object

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

Contributing	Noncontributing	
1	0	buildings
0	0	sites
2	0	structures
1	0	objects
4	0	Total

Number of contributing resources previously listed
In the National Register

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

Biltmore Village Historic Resources

N/A

6. Function or Use

Historic Functions
(Enter categories from instructions)

HEALTH CARE/hospital
TRANSPORTATION/road related
LANDSCAPE/sign

Current Functions
(Enter categories from instructions)

DOMESTIC/multiple dwelling
TRANSPORTATION/road related
TRANSPORTATION/pedestrian related
LANDSCAPE/sign

7. Description

Architectural Classification
(Enter categories from instructions)

Late 19th and 20th Century Revivals
Other: Tudoresque

Materials
(Enter categories from instructions)

foundation Concrete
roof Synthetics/rubber
walls Brick
 Stone
other

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

8. Statement of Significance

Applicable National Register Criteria

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

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

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

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

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

Criteria Considerations

(Mark "X" in all the boxes that apply.)

Property is:

_ A owned by a religious institution or used for religious purposes.

_ B removed from its original location.

_ C a birthplace or a grave.

_ D a cemetery.

_ E a reconstructed building, object, or structure.

_ F a commemorative property.

_ G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

Architecture

Health/Medicine

Period of Significance

1930-1951

1953

Significant Dates

1930

1951

1953

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Ellington, Douglas, architect

Geary, John M., builder

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

___ preliminary determination of individual listing (36 CFR 67) has been requested.

___ previously listed in the National Register

___ previously determined eligible by the National Register

___ designated a National Historic Landmark

___ recorded by Historic American Buildings Survey

___ recorded by Historic American Engineering

Record # _____

Primary Location of Additional Data

X State Historic Preservation Office

___ Other State agency

___ Federal agency

___ Local government

X University

X Other

Name of repository:

D. H. Ramsey Library Special Collections, University of North Carolina at Asheville

Pack Memorial Library, Asheville, NC

Biltmore Hospital
Name of Property

Buncombe County, North Carolina
County and State

10. Geographical Data

Acreage of Property 1.89 ac

UTM References

(Place additional UTM references on a continuation sheet)

1 17 360320 3936540
Zone Easting Northing

2 _____

3 _____
Zone Easting Northing

4 _____
_____ See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Clay Griffith

organization Edwards-Pitman Environmental, Inc. date May 6, 2005

street & number 825-C Merrimon Ave., #345 telephone (828) 281-3852

city or town Asheville state NC zip code 28804

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

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

A **sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

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

name Crescent Investors of Asheville, LLC

street & number 46 Third Street NW telephone (828) 322-5535

city or town Hickory state NC zip code 28601

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain

a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 7 Page 1

Biltmore Hospital, Buncombe County, NC

Section 7. Narrative Description

The Biltmore Hospital stands at the southeastern edge of Biltmore Village, a picturesque manorial village planned by George Washington Vanderbilt at the entrance to his Biltmore Estate. The building occupies a flat site with mature trees and a gravel and asphalt driveway and parking areas. Village Brook, a small stream that empties into the Swannanoa River to the north, forms the northwest border of the property, which adjoins a modern commercial property to the west. The property is bounded by Lula Street to south and Reed Street to the east. Between Reed Street and Village Brook, the northeast border adjoins the property containing the Clarence Barker Memorial Hospital, which was the original structure of the Biltmore Hospital. When the new building, originally known as the Battle Wing, was completed in 1930, the old hospital building was converted into a nurses' home and training school.

Biltmore Village served the practical purpose of housing workers at Vanderbilt's estate but also functioned as a model community designed by renowned landscape architect Frederick Law Olmsted and architects Richard Morris Hunt and Richard Sharp Smith. The fan-shaped street plan was laid out in 1896, with a central axis linking All Souls Church and the railroad depot, both designed by Hunt. After Hunt's death in 1895, his son, Richard Howland Hunt, and Smith continued designing the numerous residences and commercial buildings in the village following the Tudor Revival style established with the principal buildings. The cohesive architectural character of the village derives from the use of rough pebbledash walls, red brick, and half-timbering. Smith's design for the original Clarence Barker Memorial Hospital, standing at the eastern edge of the village on land donated by Vanderbilt, followed this vocabulary of forms and materials.

Within a few years following Vanderbilt's death in 1914, the village property and buildings were sold out of the family. Though incompatible infill building through the mid-twentieth century eroded the cohesiveness of the village's architectural character, the character of the village remains intact and multiple resources within Biltmore Village are listed on the National Register of Historic Places (NR, 1979), including All Souls Episcopal Church, the Southern Railway Passenger Depot, Biltmore Estate Office, Clarence Barker Memorial Hospital, and two groupings of cottages.

Biltmore Hospital 1929-30; 1953 Contributing building

Designed by local architect Douglas Ellington and constructed between September 1929 and July 1930, the Biltmore Hospital is a four-story, flat-roof, brick and stone building thirteen bays wide by three bays deep. In 1953, Ellington was hired to design a two-story wing for the building to the east and connected by a corridor

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 7 Page 2

Biltmore Hospital, Buncombe County, NC

over the original porte-cochere. The rectangular plan main building features a symmetrical façade (north) with stone veneer across the first story and vertical panels of decorative stone and brickwork over the three end bays of the façade. The façade is capped by a tall parapet of dog-tooth patterned brick framed by a pink granite cornice and coping. At the rear center of the building the stairwell and elevator shaft projects above the roof line with an access door opening onto the roof. Enclosed towers projecting from the end bays originally contained sun porches and a secondary stair on the east end. A small one-story, flat-roof block at the northwest corner of the building was also added by Ellington in 1953. Windows throughout the four-story block of the building are original two-over-two and narrow one-over-one double-hung wood sash, except for three windows on the rear façade that were replaced with new sash of the same configuration.

The façade stone work combines regularly-coursed, thinly cut stone and randomly-placed stone blocks to artistic effect. The various natural hues exposed in the stone—rose, pink, yellow, orange, and other subtle shades—complement the buff colored brick used elsewhere on the building. The first floor stone work is topped by a brick water table with pink granite corner blocks. A projecting entrance bay is marked by a stepped pink granite water table and segmental arch opening with stone voussoirs. The brick-lined entrance bay shelters a replacement single-leaf glazed door with sidelights and an arched transom. At each end of the façade two panels of stone veneer extend upward to the cornice on the first and third bays from the corners and frame a single brick bay, which is subdivided into two slender panels by projecting, angled brick pilasters with narrow one-over-one, double-hung windows. The center section of the façade consists of seven bays on the three upper stories rendered in plain brick.

The west end elevation of the building features a one-story block at the northwest corner (added in 1953), the projecting tower of enclosed sun porches, and a modern brick stair tower at the southwest corner. The flat-roof, one-story block has a single square window in its west end and a single-leaf door opening onto a stone patio. Windows in the north bay of the elevation are original two-over-two sash, with replacement one-over-one windows flanked by sidelights in the center tower. A replacement single-leaf glazed door with a transom opens from the tower onto the stone patio. The windowless modern stair tower is constructed with a lighter colored brick than the rest of the building and is capped with a textured concrete coping designed to emulate the granite coping of the original structure.

The rear elevation (south) is covered with plain brick veneer and does not replicate the decorative surface textures of the front façade. Windows openings are irregularly spaced and are typically two-over-two sash with a few small one-over-one windows interspersed. The center rear entrance contains a replacement single-leaf glazed door with sidelights. Recently constructed three-tier metal balconies, two bays wide, with thin balusters and square corner posts flank the center bay. A projecting brick shaft near the west end of the rear façade contained flues for the furnace, which was located in the basement. The dog-tooth brick pattern in the front and side parapets do not continue across the rear and is replaced with a plain brick surface. Four raised

United States Department of the Interior
National Park Service

**National Register of Historic Places
Continuation Sheet**

Section number 7 Page 3

Biltmore Hospital, Buncombe County, NC

pilasters, however, appear on the rear parapet above the cornice line and are the location of scuppers and downspouts.

The east end elevation includes a projecting tower containing original fire stair and enclosed sun porches over the center and south bays. Windows in the north bay of the end elevation and rear of the tower are original two-over-two double hung sash, with replacement one-over-one windows flanked by sidelights in the center tower bay. A thin pilaster composed of three bands of angled brick rises from the water table above the first story stone veneer to the cornice line. The porte-cochere and added second-story corridor cover the first two stories of the center section. The original entrance under the porte-cochere has been partially filled with brick and contains and replacement single-leaf metal door.

The original porte-cochere was a one-story, one-bay projection on the east end of the hospital, possibly to shelter ambulances and facilitate entrance into the hospital emergency room that was located in this part of the building. Constructed of brick, large segmental arch openings allowed access through the porte-cochere, which also included stone corner posts and a cornice band of brick header courses. In 1953, the Imperial Life Insurance Company of North Carolina hired Ellington to design a separate two-story addition that connected to main building through the porte-cochere. A second-story corridor was also added above the porte-cochere with access to the second floor of the main building. The connecting structure, which is constructed of multi-colored brick of the same hues as the original brick and stone work, is angled slightly to align with the south wall of the 1953 block. The corridor is topped by a narrower parapet with dog-tooth patterned brick and a pink granite coping. A replacement single-leaf glazed door with sidelights and a tall transom opens from the porte-cochere into the connector on the first floor.

The two-story, rectangular block added in 1953 for the Imperial Life Insurance Company closely resembles the original detailing of the main building although subtle differences allow the addition to be distinct. The 1953 block is seven-by-six bays finished in a multi-colored brick veneer that blends with the hues of the main building's brick and stone work. The elevations are enlivened by a simple brick water table with granite blocks at the corners and a narrow parapet of dog-tooth patterned brick with a pink granite coping. At the southeast corner of the building a projecting bay with a concrete coping contained a secondary entrance to the building, but the doorway has been filled with brick and a single window unit. Windows throughout the 1953 block and connector are replacement sash that replicate the original horizontal muntin configuration of the original metal frame windows. Modern glazed doors with transoms that open onto stone patios have been added to the north, east, and south sides of the building.

A projecting entrance bay on the west (front) elevation of the 1953 block mimics the entrance bay of the main building with stone veneer, brick-lined segmental arch opening, and stepped pink granite water table. The entrance bay contains a replacement single-leaf glazed door with sidelights and original ceramic tile

United States Department of the Interior
National Park Service

**National Register of Historic Places
Continuation Sheet**

Section number 7 Page 4

Biltmore Hospital, Buncombe County, NC

mural set in a painted concrete transom. The oval mural consists of sixteen glazed tiles depicting a mountain scene with a winding road, and is signed "UNIQUES '53."¹

The interior of both sections of the building have been altered over the years and are currently being rehabilitated according to the Secretary of the Interior's Standards. The original sixty-five-room layout of the hospital was modified when the building was purchased and remodeled by the Imperial Life Insurance Company of Asheville. Imperial Life Insurance required large open floors for rows of desks where employees processed paperwork by hand, and many of the walls dividing the smaller patient rooms and offices appear to have been removed, leaving the entrance hall, lobby, stair, and large sections of the central corridor in place. Computer equipment for accounting later occupied the third floor, where non-load bearing walls were removed and the space opened up to accommodate the large machines. The original interior layout of the 1953 block consisted of open plans on both floors with offices along the north and east sides of the building. An open metal stair in the southeast corner of the 1953 block provided the only internal access between the two floors of the building. The interiors of both sections were repartitioned into smaller rooms in the 1970s for use as an elderly care facility.²

The interior retains its primary circulation systems including the central axis between the front entrance and stair and sections of the main corridor. The lobby displays the rose-colored marble wainscot and framed openings to the reception area on the west side and the information desk on the east side. The original terrazzo floors, which are gray with red borders, remain intact in the hall and lobby. The central metal stair, rising the full four stories to the roof, retains its original terrazzo treads, iron balusters, and brass handrails. The original elevator stands to the west of the stair corridor. The basement, which lies beneath the western half of the building, also remains largely intact with exposed concrete block and structural clay tile walls, poured concrete floors, structural steel frame, and metal fireproof doors. The only original interior features surviving in the 1953 block are original terrazzo flooring in the entrance vestibule and the open metal stair in the southeast corner of the building.

¹ The emblem appearing on policies issued by the Imperial Life Insurance Company depicted a view of Mt. Pisgah as seen from the Asheville School under the slogan "Solid as the Mountains." According to city directories, Uniques was a small artist studio consisting of Evelyn N. Caldwell and Priscilla Lewis, which operated in the late 1940s and early 1950s.

² Information pertaining to the alterations made by the insurance company primarily comes from Hal F. Starnes, interview with author, June 17, 2004. Mr. Starnes went to work for the Imperial Life Insurance Company in the mortgage loan department after serving in the Navy during World War II. Mr. Starnes's grandfather, J. P. Starnes, was a founding partner, and his father, O. E. Starnes, began working for the company in 1908, eventually becoming president in 1951.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 7 Page 5

Biltmore Hospital, Buncombe County, NC

Interior rehabilitation in the main building consists of eight condominium units, two on each floor, that follow a repeating floor plan. On each floor, the units are entered from an enclosed central vestibule served by the stairs and elevator. A single-leaf door opens into each unit with open living and dining rooms extending from the front wall of the building to the rear. The kitchen adjoins the dining area with access to a utility room beyond and a glazed door opening onto the rear balcony. A wide central hallway retains sections of the original interior walls and conveys a sense of the hospital corridors. At the end of the hallway, doors open into a large master bedroom suite, with a walk-in closet and spacious bathroom, on the front side of the building; a bathroom toward the rear; and a bedroom and walk-in closet at the rear corners. The master bedrooms open into the enclosed sleeping porches at the ends of the building, with secondary access to the end stairwells.

The interior rehabilitation of the 1953 block created three two-story condominium units. The main entrance and vestibule currently enter into two mirror-image units with living spaces on the first floor and two bedroom suites on the second floors. The third unit is similarly divided spatially, but it is entered from the porte cochere and utilizes the original metal stair for access to the second floor bedrooms. A sunroom extends from one bedroom into part of the corridor above the porte cochere. The other part of the corridor functions as a sunroom for the second floor unit in the main building.

At the time the rehabilitation of the Biltmore Hospital began a detached one-story, concrete block laundry building stood at the southeast corner of the property. Dating from the late 1960s or early 1970s, the laundry appears to have been constructed for the elderly care facility that opened after the Imperial Life Insurance Company sold the property. It does not appear on maps or plans from the time of the hospital and was not needed by the insurance company. The laundry building was torn down during the renovation project.

Culvert #1

Ca. 1953

Contributing structure

A culvert located to the west of Village Lane carries a roadbed (no longer in use) over Village Brook. The concrete-lined arched culvert consists of two stone end walls with low parapets topped by flat stone caps. In the center of each parapet is a square stone base with conduit for electric lamp posts. The culvert openings are faced with stone voussoirs. The structure was likely part of the entrance drive to the building when it was owned and occupied by the Imperial Life Insurance Company, which owned the entire frontage along All Souls Crescent between Village Lane and Hendersonville Road during the 1950s and 60s.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 7 Page 6

Biltmore Hospital, Buncombe County, NC

Sign

Ca. 1953

Contributing object

Located on the southwest side of Village Lane approaching the hospital, the sign consists of two stone piers approximately eight feet tall and connected by a low stone wall and a metal gate on which a wooden sign was hung. The piers, which match the stone work of the main building, are corbelled at the top and surmounted by a pyramidal concrete cap.

Culvert #2 end wall

Ca. 1953

Contributing structure

Located immediately adjacent the sign is the visible end wall (west) of a brick-lined arched culvert that carries Village Lane over Village Brook. The end wall is constructed of stone work matching the main hospital building. The culvert extends approximately 100 feet to the northeast and outside of the property boundary. The east end wall of the culvert differs in style and appears to have been reconstructed using brick and pebbledash.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 7

Biltmore Hospital, Buncombe County, NC

Section 8. Statement of Significance

Summary

Designed by renowned Asheville architect Douglas Ellington and built between 1929 and 1930, the Biltmore Hospital meets National Register Criterion A for health and medicine and Criterion C for architecture. The locally-significant hospital expanded the modern health care facilities available in Asheville and surrounding communities. Biltmore Hospital was one of the largest medical facilities in Asheville and later consolidated with three other hospitals to form Memorial Mission Hospital of Western North Carolina. Ellington's design for the hospital displays his unique architectural vocabulary in a blend of Beaux-Arts formalism, modern functionalism, and natural materials. While not as exuberant as his well known Art Deco civic buildings, the Biltmore Hospital stands as a significant example of Ellington's fully developed, and often contradictory, modernistic architectural style. The period of significance for the hospital extends from its completion in 1930 to the closing of the hospital in 1951. In addition, 1953 was a significant year when the Imperial Life Insurance Company of North Carolina, who purchased the property from the hospital, hired Ellington to design additions to the building and site that augment his original scheme and expand upon his architectural vision. The property relates to the Biltmore Village Historic Resources nomination (NR, 1979), and despite the lack of documentation of resources built after 1930, the nomination establishes the historical context for formation of the village and the closely associated Clarence Barker Hospital.

Historical Background

The origins of Biltmore Hospital begin in 1899, when the Clarence Barker Memorial Hospital and Dispensary (NR, 1979) was opened in Biltmore Village. George W. Vanderbilt, owner of the expansive Biltmore estate (NR, 1966), established the small manorial village for workers, artisans, and servants just beyond the front gate of his property. Planned by noted landscape architect Frederick Law Olmsted in cooperation with principal estate architect Richard Morris Hunt and supervising architect Richard Sharp Smith, the village is comprised of a fan-shaped arrangement of streets with a central axis linking All Souls Church (NR, 1979) with the Southern Railway Depot at Biltmore (NR, 1979), both designed by Hunt. Vanderbilt provided the hospital with both a site and \$20,000 as a partial endowment. The hospital was chartered as an adjunct of All Souls Church, whose rector, vestry, and wardens, along with "one or two physicians," comprised the hospital's Board of Directors.³

³ The two physicians on the board were Dr. S. Westray Battle, medical director for the hospital, and Dr. L. F. Holmes. Marie Louise Boyer, *Early Days of All Souls' Church and Biltmore Village* (Biltmore, NC: The Women's Guild of All Souls' Church, 1933), 18. H. McKelden Smith, "Biltmore Village Historic Resources," National Register of Historic Places Nomination, 1979.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 8

Biltmore Hospital, Buncombe County, NC

George Vanderbilt and two cousins, Mrs. Adele B. Schmidt and Mrs. Virginia B. Bacon, founded the hospital as a memorial to Clarence Barker, brother of the cousins. The facility received its first patients on September 6, 1900. The original building, a rambling one and one-half story frame and pebbledash structure designed by Richard Sharp Smith, accommodated ten patients—eight in wards and two in private rooms. Two years later Vanderbilt retained William H. Lord, a prominent local architect, to design a six-room south wing for the building. The new wing included an operating room and modern surgical equipment. In 1916, Lord was again asked to design an addition to the building, including six private rooms with connecting baths and two six-bed porches. Mrs. Edith Vanderbilt, George's widow, and Mrs. Alfred Vanderbilt funded the expansion.⁴

In 1919, following the death of Reverend Rodney R. Swope, first Rector of All Souls Church, the hospital became an entirely separate and distinct institution no longer affiliated with the church. As a result the name was changed to Biltmore Hospital and a new Board of Directors installed. A fire in January 1921 destroyed the center section of the hospital building. A second fire in March 1921 further damaged the structure. Charles E. Waddell, president of the Board of Directors, issued a prospectus later that year for rebuilding and enlarging the hospital on a new site donated by Mrs. Vanderbilt. The new plan called for a modern, 100-bed hospital complex of nine buildings "of the pavilion type" designed by William H. Lord in consultation with Edward F. Stevens of Stevens & Lee, a Boston architectural firm. The building campaign failed to raise the remaining \$40,000 needed to begin construction on the new hospital complex and simply rebuilt and repaired the existing building.⁵

By the end of the 1920s, with Asheville's population continuing to grow, the need for expanded hospital facilities was evident, and local architect Douglas Ellington was retained to design a modern wing for Biltmore Hospital. With several important and successful projects either recently completed or under construction, including the First Baptist Church (NR, 1976), Asheville City Building (NR, 1976), and Asheville High School (NR, 1996), Ellington was the foremost architect in Asheville at the end of the 1920s. Ellington designed the building known as the Battle Wing, which was named in honor of Dr. S. Westray Battle, the hospital's first medical director, and endowed by the Duke Foundation. The Battle Wing was a modern, four-story, fireproof, brick and stone structure with sixty-five rooms and fifty hospital beds. A one-story brick porte-cochere with segmental arch openings and stone corner posts extended from the east end of the hospital. The John M. Geary Company, Asheville contractors, constructed the building, which cost

⁴ Issac N. Northup, *The Story of a Church: All Souls in Biltmore* (Biltmore, NC: All Souls Church, 1979), 20. *Asheville Citizen* (February 28, 1954).

⁵ Prospectus in clippings file at North Carolina Room, Pack Memorial Library, Asheville, NC.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section number 8 Page 9

Biltmore Hospital, Buncombe County, NC

\$125,000, between September 1929, and July 1930. The old hospital building was renovated for use as a nurses' home and training school.⁶

The Battle Wing of the hospital was described in newspaper accounts as “an innovation in its particular type of structure.” The first floor contained a reception area, information desk, and telephone exchange off the lobby, while the emergency room, X-ray room, kitchen, dietician's office, and general administrative offices were located along the central corridor. Operating rooms and wards for men and women, containing twenty beds, were located on the second floor. The obstetrical unit, delivery room, nursery, and private maternity rooms were located on the third floor. The fourth floor housed private patient rooms. An enclosed sun porch was located at the end of the corridors on each of the upper floors. Ellington's color schemes for the building were designed to “provide an atmosphere of cheerfulness and color to every ward and department.”⁷

At the time the Battle Wing opened to patients, Dr. J. M. Lynch served as the hospital's Chief of Staff, overseeing a large corps of physicians and surgeons. Many of Asheville's most prominent doctors were affiliated with Biltmore Hospital. Dr. A. B. Craddock, a respected internist, succeeded Lynch as Chief of Staff at Biltmore Hospital in 1939, and that same year the hospital building received new equipment, thirteen new beds, and was redecorated. Thirty-three young women were enrolled in the training school, twenty of whom were first year students. In the late 1930s the hospital board also adopted a new policy regarding funding for the institution, which had operated as a self-supporting, non-profit organization whose only charitable contributions came from the Duke Endowment. The new plan, made in agreement with a local bank, allowed patients without hospital care insurance or available cash to pay in installments over a twelve-month period or possibly longer in some extreme cases. The new system was received favorably and seen as an improvement.⁸

Despite the economic difficulties brought by the Great Depression of the 1930s, Biltmore Hospital continued to offer high quality medical care albeit on a limited scale. In 1947, the Board of Trustees for Biltmore Hospital presented a consolidation plan to Asheville's Mission Hospital board calling for centralized management of the two facilities while maintaining the separate identity of each hospital. The plan sought greater economy and efficiency for the two institutions. The following year, the Biltmore Hospital building

⁶ *Asheville Citizen* (July 6, 1930).

⁷ Quoted from *Asheville Citizen* (July 6, 1930). Also see *Asheville Citizen-Times* (February 19, 1939).

⁸ *Asheville Times* (January 12, 1939) and *Asheville Citizen-Times* (February 19, 1939). Also see Dr. William S. Justice Oral History (June 11, 1979), D. H. Ramsey Library Special Collections, University of North Carolina at Asheville (hereinafter cited as Justice Oral History).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 10

Biltmore Hospital, Buncombe County, NC

was converted to a women's unit for obstetrics and gynecology. The obstetrical service at both Mission and Biltmore hospitals was operating below full capacity and the reorganization was expected to free beds at Mission Hospital for other types of patients. As a result of the change Biltmore Hospital became the only hospital in North Carolina to specialize in obstetrics and gynecology and contained a neonatal intensive care unit.⁹

The Biltmore unit of Memorial Mission Hospital was closed in February 1951, and its patients and facilities were moved to the Victoria unit of the hospital. Like the Biltmore Hospital, the Victoria unit had been a separate institution until it was consolidated into the Memorial Mission Hospital at the beginning of 1951. In September 1952, Memorial Mission Hospital sold the Biltmore Hospital property, including the Battle Wing and nurses' home, to the Imperial Life Insurance Company of North Carolina for \$78,000.¹⁰

The Imperial Life Insurance Company was formally organized in October 1905, by five Asheville businessmen, who raised \$5,000 and sold the 300 policies necessary to form an insurance company. Originally formed as the Imperial Mutual Life and Health Insurance Company, the firm enjoyed steady growth during its first decades and survived the flu epidemic of 1918, when numerous sickness and death claims cut into the company's reserves. The company reorganized in 1920, and the name was changed to the Imperial Life Insurance Company of North Carolina. The firm, which was the third oldest life insurance company in the state, erected a new three-story home office on College Street in Asheville in 1925. With assets nearly doubling every five years, Imperial Life was among the five largest insurance companies in North Carolina in 1952, with insurance in force totaling \$121,000,000. The home office staff had grown to sixty-four employees when it purchased the Biltmore Hospital building in 1952.¹¹

Following the purchase, the Imperial Life Insurance Company contacted Douglas Ellington, then based in Charleston, South Carolina, to remodel and design additions to the building. Since Ellington was the architect of the original structure, company officials figured he would be the best qualified to renovate the structure. Among the changes required by the company were a new two-story wing to house the mortgage loan and accounting departments and the removal of some non-load bearing walls in the original building for large open work rooms. At the time, the company utilized a punch card accounting system to process claims and premiums. The home office held multiple rows of desks with business machines attended by female employees. The printing department, which published the award-winning "The Imperial Indicator," was

⁹ *Asheville Times* (January 24, 1947) and *Asheville Citizen-Times* (March 20, 1950).

¹⁰ *Asheville Times* (January 27, 1951, and September 16, 1952) and *Asheville Citizen* (January 30, 1951).

¹¹ Robert F. Campbell, "Imperial Life Enjoys Remarkable Growth," *Asheville Citizen-Times* (February 10, 1952).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 11

Biltmore Hospital, Buncombe County, NC

located on the first floor of the new building, with a new one-story block added to the northwest corner of the building. Ellington designed all of the additions and site-specific structures to closely match the architecture of the original building.¹²

The Imperial Life Insurance Company owned the building until 1957, when the company and its assets were sold to the Western and Southern Life Insurance Company of Ohio. Western and Southern remained in the building until the early 1970s and eventually sold to an elderly care facility. The building was operated by a series of elderly care facilities until it was sold to the present owners, Crescent Investors of Asheville, LLC, in 1999.

Health/Medicine Context

The practice of medicine in Buncombe County has been an important component of the local culture dating back to the early nineteenth century. In the 1790s and first decades of the nineteenth century, few trained doctors served in the region, and the earliest practitioners traveled throughout the county dispensing crude medical assistance. Several of the first doctors to practice in Asheville came to the region due to their own poor health and after a period of recovery elected to stay in the region. George D. Phillips and J. F. E. Hardy both came to Asheville in the 1820s for health reasons and stayed on to practice medicine. Dr. John Dickson, who studied medicine and divinity at Yale, arrived in Asheville in 1836, and opened a school. One of Dickson's students, Elizabeth Blackwell, a native of England, later became the first woman in the United States to complete a course of study at a medical college and receive a medical degree. In 1867, the first of several attempts was made to organize the Buncombe County Medical Society, with Dr. J. F. E. Hardy as president. The region also gained recognition for the collection and distribution of medicinal roots and herbs found in the southern Appalachian and for its healthful climate, which offered relief from various pulmonary illnesses.¹³

Before the arrival of the first railroad connection to Asheville in 1880, visitors were already finding their way to the region, which was gaining a reputation as a vacation and health resort. Within a few years, Asheville would become the largest and most famous center for the treatment of tuberculosis, the most dreaded disease in the world and the leading cause of death in the United States. The White Plague, as it was sometimes called, was especially severe in crowded, densely populated cities and relatively uncommon in rural areas, especially the thinly populated mountain regions of Europe and the United States. Studies

¹² Starnes interview.

¹³ Gaillard S. Tennent, *Medicine in Buncombe County down to 1885; Historical and Biographical Sketches* (Reprinted from *Charlotte Medical Journal* (May 1906), Charlotte, NC), 5-24.

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 8 Page 12

Biltmore Hospital, Buncombe County, NC

conducted by physicians in Germany and Switzerland determined that patients placed at rest and exposed to cool mountain air began to recover from the effects of tuberculosis and that their pulmonary lesions began to heal. In the eastern United States, Asheville was found to have the best combination of altitude, atmosphere, and climate then considered essential to treating lung disease, and as a result a number of trained pulmonary specialists established their practice and research studies in Asheville during the 1870s and 1880s.¹⁴

Dr. H. P. Gatchell, a German professor of medicine, established the first tuberculosis sanitarium in the United States in Asheville in 1871. The Villa, as it was known, survived only a few years, but it was followed by others including Dr. Joseph W. Gleitsmann's Mountain Sanitarium for Pulmonary Diseases (1875-1990) that cemented Asheville's reputation as a leading tuberculosis treatment center. In 1885, Dr. S. Westray Battle arrived in Asheville and opened a private practice specializing in the treatment of pulmonary diseases, primarily tuberculosis. Dr. Battle, who came from a prominent Southern family, received his medical training in Virginia and New York, and through his connections, he attracted several wealthy important patients to Asheville, including George W. Vanderbilt and Edwin W. Grove. Battle founded North Carolina's first chapter of the Red Cross, served as the state's Surgeon General in the 1890s, and acted as the first medical director of the Clarence Barker Memorial Hospital. In contrast to Battle's highly-visible civic activities, Dr. Karl Von Ruck, a reclusive and controversial research physician, established the Winyah Sanitarium in 1888. Winyah Sanitarium was one of the most successful in the city and initiated the sanitarium era in Asheville. Despite his aloof personality, Von Ruck trained several of the leading tuberculosis specialists including his son, Silvio, Chase P. Ambler, William L. Dunn, and Charles L. Minor, who established other sanatoria and sustained the city's reputation through the early part of the twentieth century.¹⁵

Although the specialized treatment of pulmonary disease advanced rapidly in the late nineteenth century, the general practice of medicine in Asheville developed at a different pace. The first hospital in Asheville was opened in 1885, and was founded by members of the Flower Mission of Asheville. The Flower Mission has its origins as a department of the Women's Christian Temperance Union, a national organization, with each state having its own superintendent. Anna Woodfin of Asheville had been chosen as the superintendent for the Flower Mission in North Carolina, which first met in 1884. As the name suggests the purpose was to offer flowers to the sick, poor, and incarcerated as a measure of Christian ministry. In addition to flowers, Flower Missioners occasionally brought food or "sweet ministrations of song and reading." Through its

¹⁴ Irby Stephens, "Asheville: The Tuberculosis Era," *North Carolina Medical Journal* (September 1985), 455.

¹⁵ Stephens, 455-61. Also see "Kenilworth Inn" National Register of Historic Places Nomination, 2001.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 13

Biltmore Hospital, Buncombe County, NC

work, members of the Flower Mission quickly recognized the need for a community hospital and began considering forming such an institution.¹⁶

In October 1885, the Flower Mission admitted its first patients to a five bedroom house on South Main Street (now Biltmore Avenue) that served as the hospital and received ten dollars per month in funding from Buncombe County. Dr. W. D. Hilliard agreed to be medical director for the first three months. “For the sake of brevity and euphony” it was called Mission Hospital. The hospital grew rapidly, moving to another rented house on Haywood Street in 1886, and incorporating in 1888. With generous financial assistance from T. W. Patton and L. Pulliam, Mission Hospital purchased a house on Charlotte Street in 1887, but erected a new facility in 1892. The building, which contained twenty beds in two wards and six private rooms, was considered to be the first building built in North Carolina for general hospital purposes. Mission Hospital remained the largest hospital in Asheville through the early twentieth century and around mid-century began a process of consolidation with other local facilities to become the Memorial Mission Hospital of Western North Carolina.¹⁷

In 1899, George Vanderbilt, who had assembled a large estate to the south of Asheville, established the Clarence Barker Memorial Hospital and Dispensary along with two of his cousins as a memorial to their brother. The hospital was formed to serve the estate workers and servants living in the planned village of Biltmore, located just outside the estate. Vanderbilt directed landscape architect Frederick Law Olmsted, estate architect Richard Morris Hunt, and supervising architect Richard Sharp Smith to design the village from the ground up. Among the village’s amenities, the hospital originally contained beds for ten patients—eight in wards and two private rooms—and no facility for surgery. The building was expanded in 1902 and again in 1916, as were its services. The hospital, which had functioned under the auspices of All Souls Church, was reorganized in 1919 as Biltmore Hospital, an independent institution. In 1930, a modern four-story hospital building, known as the Battle Wing, was completed, and the old hospital building was converted into a nurses’ home and training school. Though its fifty beds made it less than half the size of Mission Hospital, which contained 125 beds in 1935, the Biltmore Hospital was a significant and progressive institution with a large staff of highly respected physicians.¹⁸

The Biltmore and Mission hospitals were part of a group of small hospitals that existed around Asheville, not including the numerous sanatoria that were prevalent through the 1910s and 1920s. The smaller hospitals

¹⁶ Anna C. Aston. *The Flower Mission, Asheville’s Associated Charity Organization*. Annual Report (May 1894), 4, 14-15.

¹⁷ Aston, 15. *Asheville Citizen* (February 28, 1954).

¹⁸ *Asheville Citizen* (February 28, 1954).

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 8 Page 14

Biltmore Hospital, Buncombe County, NC

included Aston Park Hospital near downtown, Blue Ridge Hospital for African Americans on Clingman Avenue, Gardner's Hospital in West Asheville, and Highland Hospital in the Montford neighborhood. Norburn Hospital, also located in Montford, was opened in 1928 by two brothers, Charles and Russell Norburn. Russell Norburn was married to the daughter of Reuben Robertson, president of the Champion Fibre Company in Canton, and through this connection Norburn Hospital treated all of the accident cases from the Champion mill. To the east of Asheville, at Oteen, the United States Army opened a hospital for soldiers in 1918, and after World War I it became the veteran's hospital specializing in tuberculosis and other respiratory diseases. From 1924 to 1930, the Veteran's Bureau rebuilt and enlarged the complex to include Georgian Revival style hospital buildings and dormitories and a row of Colonial Revival style doctor's residences.¹⁹

By 1940, only Mission Hospital allotted beds for the treatment of African-Americans. In 1941, Dr. Mary Frances Shuford opened a clinic for African-Americans in an eight-room house on College Street. The following year the clinic, which was endorsed by the Buncombe County Medical Society, was incorporated as Asheville Colored Hospital with a board of directors comprised of white and black citizens. A campaign was launched to acquire the two-story, ten-room residence of the late Dr. R. H. Bryant at the corner of Biltmore and Southside avenues. The new hospital facility opened in October 1943, and remained active until Asheville Colored Hospital was consolidated with Mission Hospital in 1951.²⁰

Among the many medical advancements introduced in Asheville during the early twentieth century, one of the most significant was the establishment of a pathology department at Biltmore Hospital in 1932. Prior to that time doctors had no protocol for handling or disposing of materials removed during surgery. Dr. William Justice and Dr. Julian Moore were instrumental in organizing the pathology lab at Biltmore Hospital. Justice, who was educated at Harvard and trained in Boston, was appalled by the lack of supervision for doctors in Asheville when he arrived in 1931. Once established, the pathology department analyzed surgically-removed materials which resulted in more accurate diagnosis and treatment of patients. With doctors at Biltmore Hospital responsible for sending everything through the pathology lab, Mission Hospital was forced to follow suit and establish a pathology department. In Justice's opinion the creation of the pathology labs led to a reduced number of unnecessary surgeries and improved the quality of care that patients received.²¹

¹⁹ Asheville City Directories; Dr. Russell Lee Norburn Oral History and Dr. John P. Holt Oral History, D. H. Ramsey Library Special Collections, University of North Carolina at Asheville; and "Oteen Veterans Administration Hospital Historic District" National Register of Historic Places Nomination, 1985. The buildings that housed both Highland Hospital and Norburn Hospital are contributing resources in the Montford Area Historic District (NR, 1977).

²⁰ Dr. Mary Frances Shuford Oral History, D. H. Ramsey Library Special Collections, University of North Carolina at Asheville.

²¹ Justice Oral History.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 15

Biltmore Hospital, Buncombe County, NC

With the collapse of the Central Bank and Trust Company in 1930, many of Asheville's fortunes disappeared and the resulting economic depression had a tremendous impact on the later development of the city. Members of the medical profession were not immune to the economic hardships of the 1930s with fewer patients coming in for treatment and fewer patients able to pay for their doctor's services. In 1939, Biltmore Hospital made arrangements with a local bank to offer a payment plan to patients without insurance or available cash for medical expenses. The installment plan allowed patients up to twelve months after they left the hospital to pay for the care they received, and in extreme cases the payment term could be extended. Members of the hospital board heard many positive comments about the plan from patients.²²

In January 1947, the Biltmore Hospital Board of Trustees advanced a plan to transfer all of its assets and property to Mission Hospital for reasons of economy and efficiency. With 170 beds between the two hospitals (over two-thirds were at Mission), the merger proposed centralizing the management and administration while retaining separate identities and operation of the two hospitals. Biltmore Hospital officials recognized that their business plan was financially disastrous. The hospital offered excellent care but on a limited scale. Because of its limited capacity and increasing personnel and equipment costs, it became apparent that the operation was not sustainable and the board initiated the first step to consolidating Asheville's hospitals into a regional medical center.²³

The organization of the Asheville Hospital Association in 1945 further promoted the consolidation of the area's hospitals. The association was formed to put forward the concept of a Western North Carolina Memorial Hospital. Following the merger of the Biltmore and Mission hospitals, the two hospitals joined the Asheville Hospital Association in 1948 to form a new corporation, Memorial Mission Hospital of Western North Carolina. The new hospital was planned as a memorial to the 1,358 men and women from western North Carolina who died in the two World Wars. J. Fuller Brown, president of the Asheville Hospital Association, noted that the merger "will hasten the day when we can have adequate hospital and clinical facilities to serve Asheville and Western North Carolina for which we have been laboring so long."²⁴

The formation of the Memorial Mission Hospital corporation led to the consolidation the remaining private hospitals in Asheville during the 1950s. The Biltmore unit was converted to a women's and maternity

²² Justice Oral History, Norburn Oral History, and Shuford Oral History. *Asheville Citizen-Times* (February 19, 1939).

²³ *Asheville Times* (January 24, 1947). Also see Justice Oral History.

²⁴ *Asheville Citizen* (March 7, 1948).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 16

Biltmore Hospital, Buncombe County, NC

hospital, and specialized in that area until the facility was closed in 1951 and moved Victoria unit. The Victoria unit was established in 1946, when the Norburn brothers bought the thirty-two-acre site of Asheville College between Biltmore Avenue and McDowell Street and erected a new 125-bed facility. Victoria Hospital was consolidated into the Memorial Mission Hospital in 1950, and the Asheville Colored Hospital was added in 1951. The merger with Victoria paved the way for a modern, regional medical center to be built at the prominent thirty-two-acre site where the Victoria Hospital stood. In 1951, the Asheville architectural firm of Six Associates prepared plans for the first new building campaign of Memorial Mission Hospital, which continues to update and expand its facilities at the site.²⁵

Architecture Context

Douglas Ellington, a renowned Asheville architect, designed the main four-story block of the Biltmore Hospital in 1929. A Clayton, North Carolina native, Ellington was born in Johnston County in 1886 and educated at Drexel Institute and University of Pennsylvania in Philadelphia and at the Ecole des Beaux-Arts in Paris. In 1911, he won the Paris Prize from the Society of Beaux-Arts Architects in New York City, a prize that allowed for study at the Ecole, and while a student in Paris Ellington won the Prix de Rougevin, the top honor for decorative competitions at the Ecole. He returned to the United States during World War I and served in the Navy developing camouflage schemes. Ellington also held teaching positions at Drexel, Columbia University, and Carnegie Institute of Technology, all programs based in the Beaux-Arts tradition. He established an architectural practice in Pittsburgh in 1920 before relocating to Asheville in 1926 after securing a commission to design the new First Baptist Church at Woodfin and Oak streets.²⁶

Ellington's work in private practice, beginning in Pittsburgh and continuing through his first projects in Asheville, show a rapid evolution from the classical vocabulary of the Beaux-Arts to the modern aesthetic of Art Deco. His work in Asheville combined Beaux-Arts fundamentals with a unique personal style of decoration that reflected both a modern sensibility and naturalistic influences. Ellington's designs for the Asheville City Building (1927), Asheville High School (1929), and S&W Cafeteria (1929; NR, 1977) not only rank among the finest Art Deco buildings in North Carolina, but also consciously relate to the city's mountain setting in their massing, coloring, and materials. With the economic depression of 1930, Ellington, like many other architects, turned to the federal government for work. Ellington sold his home in Chunn's Cove in 1932 and relocated to Washington, DC, to collaborate with Reginald Wadsworth on the federally-sponsored design for the new town of Greenbelt, Maryland. Ellington moved to Charleston, South Carolina,

²⁵ *Asheville Citizen* (February 28, 1954).

²⁶ Clay Griffith, "An Inventory of Douglas Ellington's Architectural Work in Western North Carolina," in *May We All Remember Well*, Volume II, edited by Robert S. Brunk (Asheville, NC: Robert S. Brunk Auction Services, Inc., 2001), 91.

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 8 Page 17

Biltmore Hospital, Buncombe County, NC

in 1937 to supervise the reconstruction of the historic Dock Street Theater for the Works Progress Administration, and eventually re-established a private practice in Charleston. Though Ellington never lived in Asheville again, he returned frequently to visit family and worked on a number of residential designs in the area. Ellington died in 1960 and is buried near his former home in Chunn's Cove.²⁷

Though Ellington is best known for several high-profile civic projects including Asheville City Hall and Asheville High School, as well as First Baptist Church and the S&W Cafeteria, which are notable for his idiosyncratic interpretation of the Art Deco style, his work also shows great variety and adaptability to changing design conditions. The Biltmore Hospital is a good example of Ellington's responsiveness to the budgetary and functional requirements of his clients. While the design of the hospital differs from his more expressive Art Deco work, the building contains elements that make it unmistakably Ellington's design.

The Biltmore Hospital design originates from a formal Beaux-Arts plan and form, with a simple rectangular form and mass, cross-axial circulation, and symmetrical façade. Vertical circulation throughout the building is contained within the central stair and elevator shaft, located at the rear, and small end towers containing sun porches and a fire stair. The construction, however, is thoroughly modern with brick and stone veneer over a steel and concrete structural frame, and from this straightforward platform, Ellington applies his artistic sensibility to the arrangement of materials, patterns, and details to achieve a multi-layered decorative effect. The overall style of the Biltmore Hospital does not adhere to any particular vocabulary of forms and details, but appears to contain highly stylized Tudoresque elements in keeping with the overall character of Biltmore Village. The arched stone openings and granite copings, although not found in the Biltmore Village, are common to a number of Tudor Revival residences in Asheville. The dog-tooth patterned brick parapet suggests the rough texture of pebbledash, which is found throughout the Biltmore. The combined effect of the surface textures, between the brick and stone veneer and vertical brick banding, also suggests the effect of half-timbering set against stucco or pebbledash, albeit a highly stylized interpretation. As noted in newspaper articles at the time, the light colored brick and variegated stone, along with the interior color scheme, were intended to "provide an atmosphere of cheerfulness..." and a sense of rugged simplicity.²⁸

The last two elements are the most distinct characteristics of Ellington's work throughout Asheville: the importance and artistic application of color on a building and the use of materials that suggest rugged simplicity. These qualities are found in nearly all of his most significant buildings created during the brief period from 1926 to 1931. From painterly effects of the roof tiles on the dome of First Baptist Church to the restrained highlights of the otherwise monolithic Asheville High School, Ellington's artistic background

²⁷ Griffith 2001, 91-2.

²⁸ *Asheville Citizen* (July 6, 1930).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 18

Biltmore Hospital, Buncombe County, NC

always surfaced in his buildings. His most colorful building, the S&W Cafeteria, is also his most exuberant example of Art Deco. The rugged simplicity of Ellington's materials is conveyed in the textured brick work of First Baptist Church and Fire Station No. 4 (NR, 2000) and in the stone work of the Lewis Memorial Park Office. The Asheville City Building, however, presents the best combination of these facets of Ellington's unique style. The design of the City Building is both a thoroughly modern Art Deco edifice and homage to the mountainous backdrop that frames the principal views of the building.

The additions to the Biltmore Hospital designed by Ellington in 1953 for the Imperial Life Insurance Company represent a rare example of the architect amending his own original work. The later work largely matches the original construction, which was likely dictated by the client, but the new two-story block also contains enough subtle differences to clearly distinguish it as an addition.

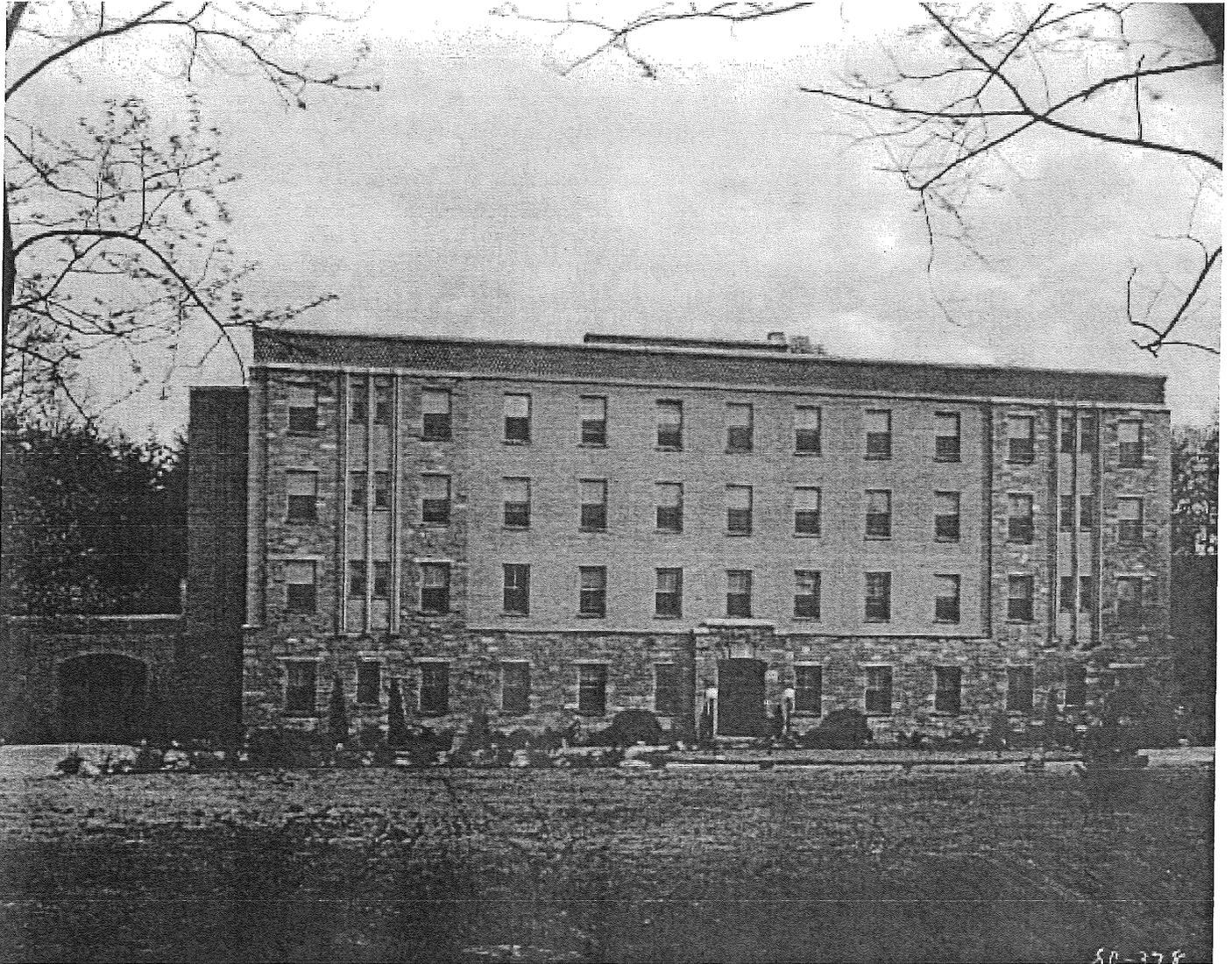
The Biltmore Hospital is the most intact hospital building remaining in Asheville. While the interior has been renovated multiple times since it was sold to the Imperial Life Insurance Company in 1952, the exterior remains largely unchanged with the obvious exception of additions designed by Ellington in 1953. A modern stair tower added in the late twentieth century is located at the southwest corner of the building and not visible from any of the principal entrances to the building. The adjacent Clarence Barker Hospital retains a similar degree of integrity and conveys a strong sense of its historic character on the exterior while the interior has been renovated for use as offices. Other hospitals surviving in Asheville include the Aston Park Hospital and original Mission Hospital at the corner of Charlotte and Woodfin streets. Both of these buildings have undergone interior and exterior alterations. The Veterans Administration Hospital at Oteen (NR, 1985) has also seen substantial new construction at the hospital complex, which is listed in the National Register as a historic district. Many of the early buildings at the VA Hospital are no longer used and in poor condition. The other two surviving hospital buildings are houses that contained the early Norburn Hospital in Montford and the Asheville Colored Hospital on Biltmore Avenue.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 8 Page 19

Biltmore Hospital, Buncombe County, NC



Biltmore Hospital, ca. 1930. *E. M. Ball Photographic Collection (1918-1969)*, D. H. Ramsey Library, Special Collections, University of North Carolina at Asheville.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 9 Page 20

Biltmore Hospital, Buncombe County, NC

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United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 9 Page 21

Biltmore Hospital, Buncombe County, NC

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Dr. John P. Holt

Dr. Michael F. Keleher

Dr. Russell Lee Norburn

Dr. William S. Justice

Dr. Mary Frances Shuford

O. E. (Oscar Edwin) Starnes, Jr.

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United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 10 Page 22

Biltmore Hospital, Buncombe County, NC

Section 10. Geographical Data

Verbal Boundary Description

The nominated property is shown on the accompanying Buncombe County tax map (PIN No. 9647-07-0116).

Boundary Justification

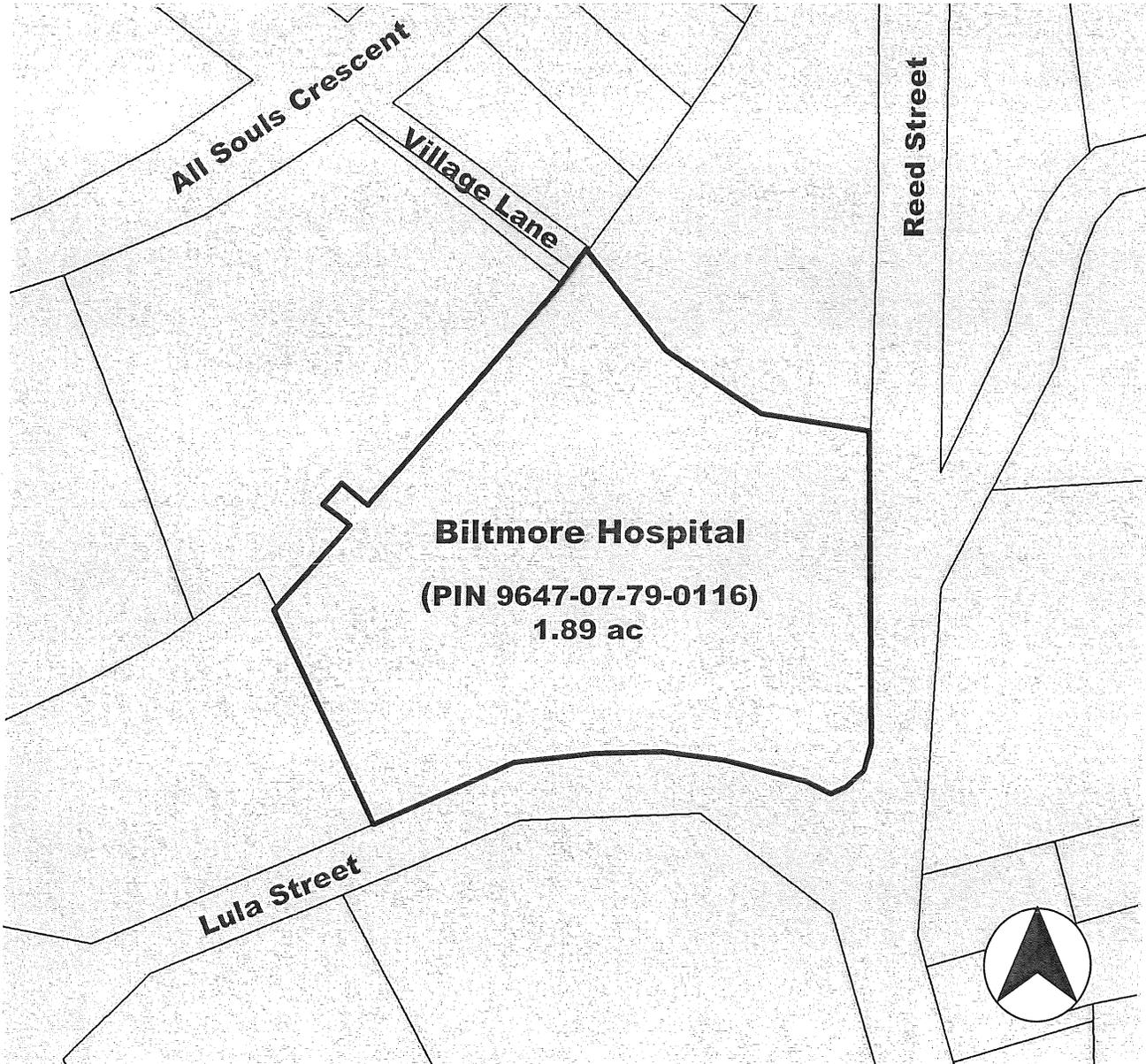
The nominated property includes the entire 1.89-acre residual parcel historically associated with the 1930 Battle Wing of Biltmore Hospital. The property includes the four-story building (originally known as the Battle Wing) designed by Douglas Ellington for Biltmore Hospital in 1929-30 and the two-story addition and site amenities constructed for the Imperial Life Insurance Company in 1953. The Clarence Barker Memorial Hospital, which was the original Biltmore Hospital building and later used as a nurses' home, stands on an adjacent parcel to the north and is individually listed in the National Register of Historic Places.

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number 10 Page 23

Biltmore Hospital, Buncombe County, NC



Biltmore Hospital Tax Map – PIN No. 9647-07-79-0016 (Source: Buncombe County Land Records Office, Asheville, NC)

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

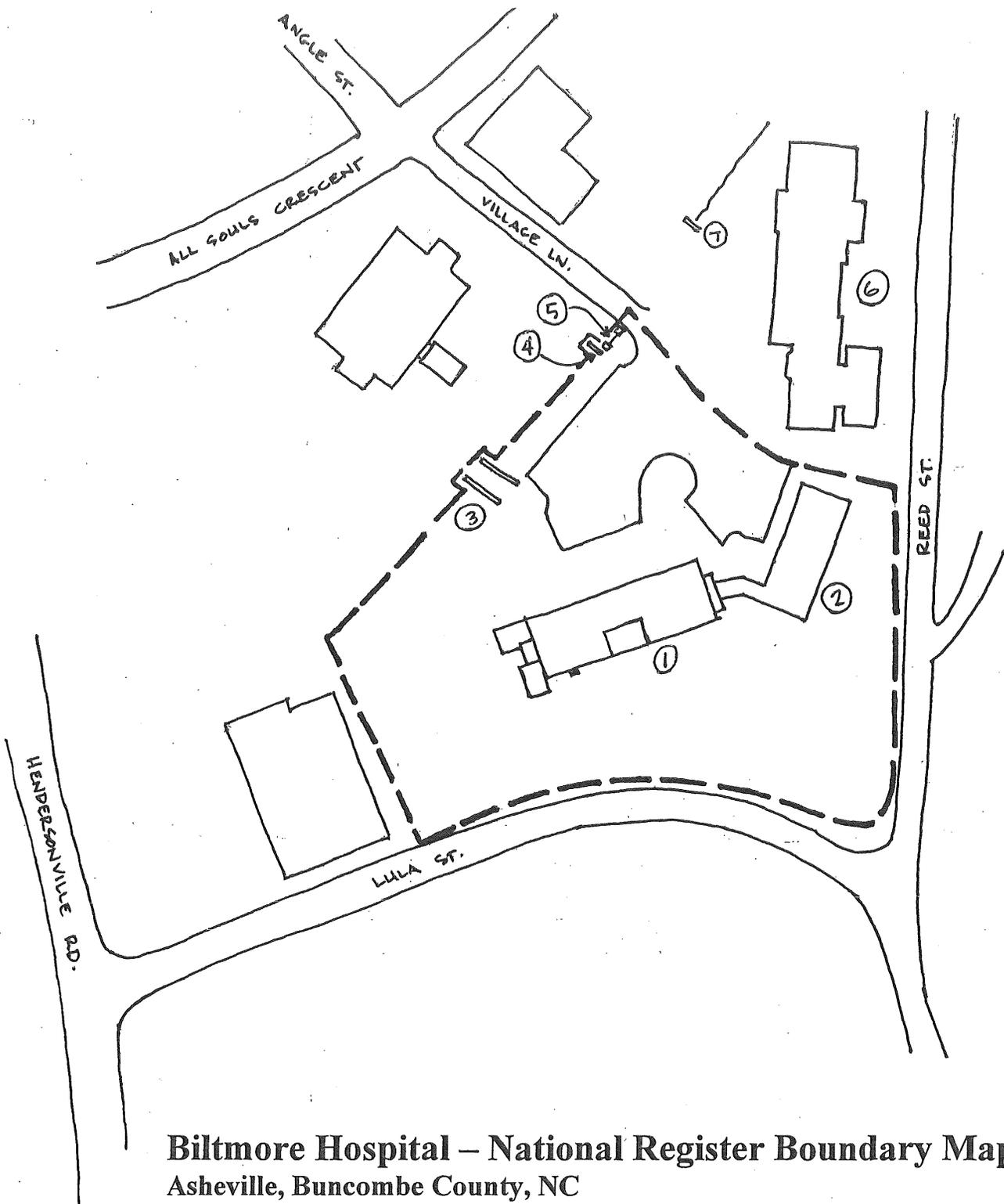
Section number Photographs Page 24

Biltmore Hospital, Buncombe County, NC

Photograph Index

All photographs of Biltmore Hospital at 14 All Souls Crescent in Asheville by Clay Griffith of Edwards-Pitman Environmental, Inc., May 2005. Negatives are kept at the North Carolina Office of Archives and History Western Office in Asheville, North Carolina.

1. Oblique front view, looking southwest
2. East end elevation and porte cochere, looking south
3. Oblique rear view, looking west
4. Oblique front view, looking east
5. Front entrance detail
6. Overall view of hospital and annex, looking southwest
7. Oblique front view of annex, looking northeast
8. Interior – main stair, hospital building
9. Interior – living room, condominium unit in annex



Biltmore Hospital – National Register Boundary Map
 Asheville, Buncombe County, NC

Scale: 1" = 100' (approximate)

KEY:

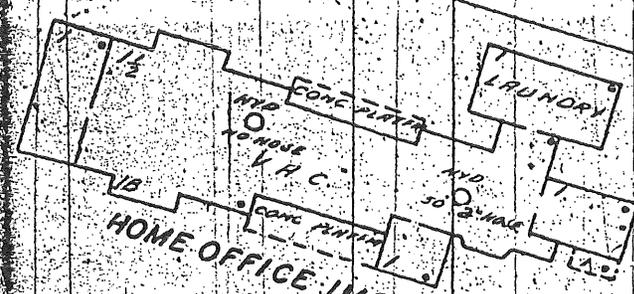
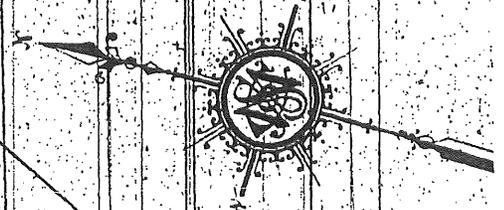
- 1. BILTMORE HOSPITAL (BATTLE WING)
- 2 ANNEX
- 3. CULVERT #1
- 4. CULVERT #2 (WEST END)
- 5. SIGN
- 6. CLARENCE BARKER MEMORIAL HOSPITAL
- 7. CULVERT #2 (EAST END)



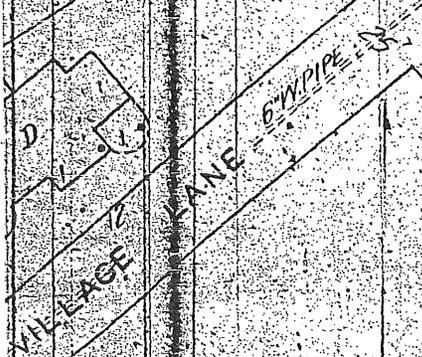
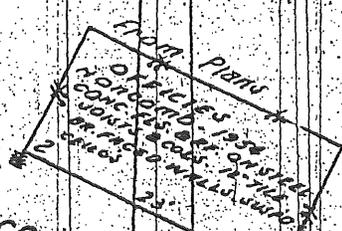
87

REED

WARREN



HOME OFFICE IMPERIAL LIFE INS. CO.



22



(METAL JOIST CONSTR)
STONE BRICK & TILE WALLS
CONC. FIS & RF ON METAL JOISTS
EXCEPT CEILING OVER HALLS
RM. WHICH IS TILE & CONC.
- BUILT 1930

