

Naval Medical Center Portsmouth

THE SERENDIPITOUS HISTORY OF DISCOVERY AND DEVELOPMENT
SURROUNDING THE "HOSPITAL POINT" AREA AND ITS NAVAL HOSPITAL
IN PORTSMOUTH.

(1558 - 2000)

1558 - 1575

In 1558, [Philip II of Spain](#) commanded the Viceroy of New Spain to explore and settle the Atlantic coast from Florida northward to Bahia de Santa Maria, now known as the Chesapeake Bay.

In 1566, [Don Pedro Menendez](#), the founder and governor of Saint Augustine, entered the picture by sending out colonists to settle the Bay area. Failing to locate the Bay, they sailed for Spain instead of returning to Florida. Undaunted by failure, Menendez waited until 1570 and dispatched five Jesuit priests and four laymen as an exploring party. Planning to claim the Bay area as a Spanish province, a Spanish Jesuit Mission was thus established in September on what became either Queen's or King's Creek, near the present site of Yorktown. This was only a few miles north of Jamestown which was to be established 37 years later.

In 1571, according to the only survivor, 14 year old Alonzo de Olmos, a group of Indians killed the Spaniards with their own axes. In return, a year later Menendez led a punitive expedition to Ajakan (Virginia), retrieved the boy, and ended any further attempts to establish a permanent stronghold in the area.

1576 - 1600

In 1585, the first effort to establish an English colony in the "New Found Land of Virginia" was attempted by [Sir Walter Raleigh](#) and 108 men. Their settlement of [Fort Raleigh](#) was built on [Roanoke Island](#). From this stronghold, a small group of metallurgists explored the coastal portions of North Carolina, and the area eventually becoming Virginia Beach-Norfolk-Portsmouth. Fear of the Spaniards to the south, and unstable relations with local Indians caused the effort to be abandoned after 10 months.

A fleet commanded by [Sir Francis Drake](#) arrived in June, 1586, and returned the survivors to England. Within days of this departure, but with no contact, a second group of settlers arrived at the Fort. They also abandoned the effort, but left behind 15 men. None of these men could be found by a third group of 117 settlers (91 men, 17 women, and 9 children) who, under the leadership of [John White](#), put ashore on 22 July 1587.

Originally, this last group had been instructed to land and explore the innermost shores of the Chesapeake Bay, but the sailors refused to take them there and landed instead at Roanoke Island.

On 18 August, White's granddaughter, [Virginia Dare](#) become the first English child to be born and christened in the New World. White returned to England for supplies, and by the time he returned in 1590, everyone had either died, been captured by the Spanish, or assimilated by local Indian tribes. Thus the name, "[The Lost Colony](#)"

1601 - 1625

An English presence returned to Hampton Roads in 1603, when Bartholomew Gilbert, on behalf of King James I, explored "the great water". This was the Indian phrase for K'tchisipik which Gilbert translated as Chesapeake.

In December of 1606, the [Susan Constant](#), [Godspeed](#), and [Discovery](#) set sail from England for the New World. This expedition of 144 passengers were to become the first permanent English colonists intent on starting a new life in what was for them an unexplored wilderness. The ships companies included respectively: [Captain Christopher Newport](#)/71 settlers; [Captain Bartholomew Gosnold](#)/52 settlers; and [Captain John Ratcliffe](#) (aka. Sicklemore) /21 settlers.

On 26 April 1607, Captain Newport, in his flag ship the Susan Constant, arrived off Cape Henry, the first actual anchoring being near the Ocean View beach in Norfolk. The landing sailors were met with hostility from local Indians. Being concerned that the site provided too little protection from the ocean, the ships sailed up a wide tributary on the north side of the bay. That river was later named the James. There, on a swampy peninsula, after 2 weeks of exploration, the first permanent English colony in the New World was founded. Located on a deep water anchorage with good defensive position, construction began at the settlement on 14 May. (This was 13 years before the pilgrims landed at Plymouth in Massachusetts.) The [London Company of England](#) financed the colonizing expedition as a business venture, and specified that the colony be named Jamestown, after James I.

More settlers came, and of the first 1,600 colonists to arrive, about 1,000 died and 300 returned to England. The majority of the deaths were attributed to typhoid which was carried from England by the first Anglican clergyman, [Reverend Robert Hunt](#). Despite setbacks, the colony grew and there became an increasing English presence and expansion into surrounding areas. Also in 1607, the palisade triangular [James Fort](#) built in Jamestown was immediately followed by Fort Monroe, which was located on 63 acres at Old Point across from Ocean View. It was at this time that [Captain John Smith](#) was temporarily captured by the Powhatan Indians. It might be of interest to know that despite the legend, there

was no mention in Smith's journals, or by any of his contemporaries, that he had been saved by Powhatan's daughter, [Pocahontas](#).

In January, 1608, the settlement was almost destroyed by fire. This calamity caused the loss of many provisions and the need for greater community cohesiveness. Consequently, Captain Smith deposed Captain Ratcliffe as the colonial council president, and Captain Gabriel Archer, who were intent on returning to England. Becoming the colony's new leader, Captain Smith established his "No work, No food" policy. Even the Captain spent time during exploration by adding to the larder. While gigging fish at the mouth of the Rappahannock River, he impaled a stingray with his sword. The fish proceeded to imbed its barbed tail spike about 1.5 inches into his wrist. The inoculated poison ran its course, the Captain suffered and survived, and the place of occurrence became known as Stingray Point.

During this time, Captain Newport, having gone back to England, returned in a ship named John-and- Franics, bringing what was known as the [First Supply to Virginia](#). It was this trip, his third, that brought the first women to the colony.

The colonists, while exploring acreage along the Elizabeth River, found fertile land, clean water, and an abundance of fish and game. But in the Fall of 1609, Captain Smith was injured by burning gunpowder and returned to England. By the Spring of 1610, after a winter of starvation, everyone was ready to return to England. Fortunately, one of the original ships (Godspeed), Captained by Newport on this last of five voyages to Virginia, also returned with supplies and more colonists. Among the new settlers were [Thomas West](#) (Lord Delaware), and [Sir Thomas Dale](#). Sir Dale was appointed high marshall and deputy governor of Virginia in 1611, and held the position until 1616.

In 1612-13, [John Rolfe](#) (the future husband of Pocahontas) successfully harvested tobacco along the banks of the James River, thus establishing presence of an item of trade with England.

Over a 15 year period, disease, famine, Indian attacks, and other obstacles took a heavy toll. Of 14,000 settlers who arrived at the colony between 1607 and 1622, 13,000 died. The survivors increased trade with England to include timber, furs, tobacco, and other goods, and by 1614 the first sustaining shipment of trade goods was exported.

Within 15 years, two other historically significant events occurred: In 1619, the colonists formed the first New World representative ruling assembly; and the first black slaves arrived. This year also marked the first westward movement of English settlers, as the community of Pasbehay was founded near the confluence of the James and Chickahominy Rivers.

In 1622, John Porgy, the first speaker of the Jamestown Assembly, resigned to return to England aboard the Discovery. That ended a 15 year period in which the ship had been used for local trading and exploring. Also, on 22 May of that year, Indians massacred 347 of the Jamestown residents.

The colony was taken over by the British crown in 1624, and Captain Smith wrote his General History of Virginia.

1626 - 1650

In 1634, the spreading colony was divided into eight shires (counties), four of which (Elizabeth, Nansemond, Norfolk, and Princess Anne) covered the area known as South Hampton Roads. Because the land on the eastern banks of the Elizabeth River was the principle settlement of the Chesapeake Indians, it was not until later that the area was developed as an English settlement. Powhatan (actually Wahunsonacock), had been the ruling Chief of this tribe, which was one of thirty in the Powhatan Confederacy of Algonquins.

In 1636, 100 acres of land on the western bank of the river, and known as the "Point", were purchased with tobacco by Captain (Sir) Thomas Willoughby, a member of the Virginia House of Burgesses. This land extended 400 feet further into the Elizabeth River than it does today, and was adjacent to what was to become the city of Portsmouth. Later, the land reverted back to the colony and was then purchased by Robert Glasock.

In 1639, the Grand Council at York drafted fifteen men from Lower Norfolk County (including Portsmouth) to march against the Nanticoke Indians. The Colonial Indian Wars were off and running, with soldiers being supplied with 40 pounds of biscuits and a half bushel of dried peas. In 1644, a military district had been formed, consisting of Isle of Wight, and Upper and Lower Norfolk Counties. By the 1645 war, eighty men were ready to fight the Nansemonds, driving them beyond the Roanoke River.

1651 - 1675

The number of ships coming to Portsmouth and Norfolk gradually increased to the point that in the 1650's, large bonfires were lighted at Cape Henry to guide them safely from the Atlantic into the Virginia Capes.

Aware of the trend towards shipping, in 1659 Captain William Carver, ship owner and master mariner, patented lands where Portsmouth is now located.

England ruled Virginia until the Revolutionary War, but the elected representative assembly provided local law. In 1660, to encourage trade, King Charles II decreed that port cities would be established in the colonies.

By law, tobacco could only be exported from designated ports, with Norfolk being one of the first of these. But emphasis on tobacco farming in the area led to production in 1666-67. The legislature suspended planting, even though new tobacco warehouses had been built in Portsmouth, Norfolk, and Great Bridge.

A serious blow to trade and the port of Norfolk came in 1667. After a very wet summer, a hurricane with its torrential rains and "tornado-like" winds flattened the fields of corn and tobacco, and blew down thousands of houses. (That is why there are only a few 17th century houses in the area today.)

In 1675-76, Captain Edward Wiggins and forty men again declared a general war on the Indians of the area.

1676 - 1700

Land development in the area literally came about in several ways. Continuing to expand his land holdings, Captain Willoughby established a primary home in what is now the Ocean View section of Norfolk. Near it, in 1680, a hurricane deposited an additional 217 acres of sand which became known as Willoughby Spit.

From 1664-67 and 1672-78, the Dutch Wars over tobacco raged. The English would either anchor their tobacco fleet near the unincorporated community of Norfolk, or be bottled up in Lynnhaven Bay. To avoid attack in the latter, it became imperative to establish a fort for protection. Immediately across from the point Fort Nelson would be built on 100 years later, was the ideally situated Four Farthing Point (sic. Fort Point). The barricades of the fort were in a semicircle, thus it was completed and named Half Moon Fort on 28 August 1680. In June, the Assembly had passed an act designating Norfolk as a town. Then, on 7 October, the county surveyor was instructed to lay out the nucleus of what is presently Norfolk.

In 1690, the 100 acres purchased by Glascock again reverted back to the colony. In the late 17th or early 18th century, for 5 English shillings, Joshua Curle of Elizabeth City County purchased 153 acres of land which included the "Point". A second patent (mortgage) on the land was purchased for 2 pounds of tobacco per acre. The southern boundary of this property was a stream (now filled) called Island Creek, and later known as Gas House Creek. The property also included part of the present-day Parkview section.

Since that time, the land has historically been referred to as "The Point", "Tucker's windmill Point", "Fort Point", "Fort Nelson", and eventually "Hospital Point".

Upriver, Jamestown continued as the center of Virginia's political and social life until 1699 when the seat of colonial government moved to Williamsburg (sic).

Middle Plantation). Williamsburg was an outpost village at the midpoint of the peninsula between the James and York rivers. With ideally suited ports and thriving trade, the colonies prospered and spread rapidly.

1701 - 1725

An act which listed, trained, and armed a local militia was passed in 1705. Some of the officers included Captains Adam Thorogood, George Mason, John Portlock, John Willoughby, Thomas Talbot, John Halstead, William Clayborne, and others. In 1716, part of Captain Caver's land, adjacent to Fort Point, was granted to Lieutenant Colonel William Crawford, a wealthy merchant, ship owner, and presiding justice of the Norfolk County court, high sheriff, member of the House of Burgesses, and commander of the county militia. This land eventually formed part of the hospital grounds boundary.

Captain Carver, a supporter of Nathaniel Bacon, had been hung by the Governor, Sir William Berkeley, for his part in Bacon's Rebellion of 1676.

In 1718, Robert Tucker Jr. bought the Curle property, including the point, for 105 pounds sterling. It was described as a tenement tract and plantation, and the land was then held by the Tucker's for three generations.

Sea trade to the area increased significantly and with it, the responsibility for the government to provide safety. In the Fall of 1718, Virginia Governor Alexander Spotswood organized a military expedition to patrol the mouth of the Chesapeake Bay and south to Ocracoke Inlet. This led to a marine battle and face to face fighting between LT Robert Maynard, HMS, and Edward Teach (aka. Blackbeard the Pirate) who had sailed south from his hideout ashore at Cape Henry. Teach was beheaded and secured his infamous place in history.

1726 - 1750

In 1728, Colonel William Byrd II, participating as a Virginia commissioner to the survey party marking the line between North Carolina and Virginia, recorded the geographic landmarks of the area. The "Point" was one of them.

1751 - 1775

In the 1750's, the Tucker land contained a bake house, and windmills operating at the point gave it the name - Tucker's Windmill Point.

In 1752, Colonel Crawford had 60 acres of his plantation surveyed to become the settlement of Portsmouth. Laid out on a checkerboard grid, streets were at right

angles and oriented north and south, and east and west. Only 74 lots were sold before he died in 1762.

Most of Portsmouth's early land owners were merchants or craftsmen in maritime trade. Their houses were of wood, with the more expensive ones of brick, and separated by wide grass covered avenues.

In 1754, the local militia, mentioned earlier, was called to participate in the French and Indian Wars.

At the time of his father's death in 1767, Robert Tucker III inherited all of the land holdings, including the Point. By this time, and as early as at meetings held in 1765, the colonists had already expressed disillusion with English rule. Rebellion had become inevitable.

In 1771, Virginia's last royal governor, John N. Murray (Fourth Earl of Dunmore) arrived from New York. He initiated hostile action against the revolutionaries on 15 October 1775, by sending British troops to Kempsville to destroy a cache of firearms. In the process, Captain Thomas Mathews of the Virginia minute men of the Continental Army was captured and became Virginia's first prisoner of war. A month later, on 16 November, Lord Dunmore defeated the local militia which was marching to join colonial troops. However, the tide began to turn when Virginia riflemen defeated the British grenadiers at the Elizabeth River bridge and causeway in Great Bridge. Dunmore's English troops then plundered Hampton and occupied Norfolk which was still loyal to the Crown.

1776 - 1800

At the outbreak of the Revolutionary War in 1776, Lord Dunmore lived at the Point and established an entrenched post there until May of that year. Eventually, rebellious troops chased Lord Dunmore onto the frigate Fowey, which was anchored in the Elizabeth River. Then, on New Year's Day, during a 50 hour naval bombardment, the Norfolk wharves were burned. To prevent the rest of the town from becoming an English shelter, colonial troops burned the remaining part. Only St. Paul's church survived, and even now an English cannonball remains embedded in its southeastern wall.

Portsmouth and surrounding areas, being in strategic military locations, were also shelled and burned. In late 1776, the point property was occupied by the Virginia Revolutionary government. General Benedict Arnold established his English defense headquarters there and commenced to build Fort Nelson. The earthen fort, started in 1776, was part of the harbor defense, even though the land was still owned by the Tucker family. Militarily, from this point on the Elizabeth river there was an excellent view of any vessel approaching the Norfolk-Portsmouth area from Hampton Roads. It was garrisoned with a 150-man force.

The war dragged on, with inconclusive victories and defeats for both sides. When British General Charles Cornwallis decided that by occupying Virginia the war could be won, an imperceptible shift in fortunes became decisive against the "Americans". By 11 May 1779, Fort Nelson was outflanked by a British fleet and landing party, and it was evacuated. Much of the parapet of the fort was demolished by the British. After that, Suffolk was occupied and burned, and about 100 ships were destroyed at Norfolk and Gosport. In October, 1780, Brigadier General Leslie landed at Portsmouth with 3,000 soldiers, destroyed a number of ships, and sailed for Charleston.

By November, Captain Mathews had been released as a prisoner and promoted to the rank of lieutenant colonel in the 4th. Virginia regiment. In 1793, he also served as a brigadier general of the Virginia militia.

Winter became an adversary for both sides during 1779-80, when cold spell caused both the Elizabeth River and Chesapeake Bay to freeze. The Atlantic ocean out from the Bay was frozen to the 40-fathom line and ice, piled 20 feet high along the Atlantic seaboard, remained there until mid-May. Carts were used to transport shipping goods to shore, and the Bay was so thickly frozen that teams of oxen were crossing from shore to shore as far down as Cape Henry. During this weather, the war basically came to a halt.

Through the summer of 1781, the English army raided towns and villages as it marched from North Carolina to new quarters in Yorktown. En route, the English built another fort on the same site as Half Moon Fort, to protect Norfolk's inner harbor from surprise attacks by American naval forces.

In August of 1781, General George Washington received word in New York that a large French fleet would soon arrive off the Virginia coast. American troops covertly moved towards Virginia, and by the end of September the army numbered 16,000. As expected, the fleet of Comte Francois de Grasse in the 110-gun Ville de Paris arrived. After defeating Admiral Graves in the Battle of the Virginia Capes, the Chesapeake Bay was successfully blockaded. This sea battle effectively determined the end of the war because the British troops were trapped. For 3 weeks they were tirelessly bombarded by Washington's American and the French troops. After a devastating night battle on 14 October, General Cornwallis admitted defeat. Five days later, the English surrendered in a battlefield near Yorktown which became known as Surrender Field.

By 1788, slave trade stopped, but the practice of slavery had become an economic institution that would later be defended during the Civil War.

With more foreign Navy and commercial ships coming to the Hampton Roads, the need for more safety became evident. In 1791-92, the original 72 foot tall sandstone lighthouse with a whale-oil beam was built at Cape Henry. It was the first to be commissioned by Congress.

In 1790, the State of Virginia erected the first marine hospital in the United States. It was located at Washington Point in Berkley/Norfolk, and served as the forerunner of the future Portsmouth Naval Hospital.

In 1794, as the size of foreign navies increased, and ships were needed to control the Barbary pirates, Congress authorized building six ships. One of these was the Chesapeake, built at the Gosport shipyard, and one of the first naval vessels to be constructed by the United States government. That same year, George Washington directed that Fort Norfolk be built on the point directly across from what is now Pinners Point near the midtown tunnel. It would provide protection for both Half Moon Fort and Fort Nelson.

Also in 1794, Colonel Thomas Newton was granted title to the Portsmouth land including the point.

Four years later, in 1798, the Navy Department was created, and on 9 March, the first physician was commissioned into the Navy. However, it was another 29 years before there would be a naval hospital to practice medicine in.

In 1799, the 18 acres of Fort Nelson were acquired by the U. S. Government for 500 pounds sterling and the new fort was completed. A diagrammatic map of this land shows not only a proposed angular outline of the Fort, but also a building referred to as the "New House". It is believed that this was the first plantation house for this section of land.

Towards the end of the 17th century. Anglicanism, the dominant religion in the immediate area, began to decline. In its place, Baptist, Methodist, and Mennonite congregations became established. (Both of the first two denominations divided into northern and southern branches in the mid 19th century, but none of the ante-bellum churches survived.)

1801 - 1825

In 1801, the federal government took over the Norfolk Marine hospital, and in 1803, the Norfolk County seat was moved to Portsmouth from the Berkeley section.

In 1811, Navy surgeon William P. Barton was tasked by the Secretary of Navy to submit recommendations for operating hospitals and other healthcare institutions. This appears to be the beginning of seriously considering developing a program for Navy medicine and eventual establishment of the Portsmouth hospital.

The War of 1812 was relatively uneventful for the Portsmouth area, with much of the action directed towards the gathering of provisions. Among the associated forays, one of the more significant was by the crew of the British sloop Moselle

which ventured up the James River in 1813 to loot the Denbigh Plantation, located in what is now Newport News.

The only military action was the Battle of Craney Island. In June, 1813, a British squadron blockaded the harbor and attacked the island that guarded the entrance to Portsmouth. Approximately 750 state militia, regulars, and seamen from the frigate *Constellation*, defeated the 2,600 British troops. During this battle, the Portsmouth light artillery played a significant role.

Between 1800 and 1810, Fort Nelson was expanded as shown in. From undated U. S. Engineering Department records, it was determined that the walls of the fort, constructed of dirt with the interior of the batteries lined with brick, encompassed two traverses, two barracks, a magazine, and a storehouse. Also, there was a building in the southeast corner that appears to be the same "New House" that was adjacent to the unexpanded fort in 1799. In 1806, this house was described as being two-stories, with two rooms per floor. The building shown at the rear appears to be the kitchen and smokehouse connected by a covered walk or connecting hallway. In 1852, this same structure was identified as the Surgeon's house following construction of the hospital.

As an aside, it should be noted that because of congressional legislation on 4 April 1818, "Old Glory" with its 13 colonial stripes was officially flown over the hospital.

In the mid-1820's, use of Fort Nelson was discontinued, and Fort Norfolk and Fort Monroe were expected to assume responsibility for marine defense in the area.

1826 - 1850

In 1826, a Board of Commissioners was selected to again review the need for medical care within the Navy, and to establish a Naval Hospital Fund. The need for a hospital in the Norfolk area was established, and after looking over several sites, Fort Nelson was selected. The Fund, established to finance building, was patterned after a similar British Naval custom which was a tax on pay levied on every officer, seaman, and marine in the Navy. The assessment was 20 cents per month, which in some cases amounted to 10% of an individual's pay. Money collected from disciplinary fines was also added to the fund. As the amount of money grew, the Commission purchased the original 18 acres of Fort Nelson from the Federal Government.

In 1827, Thomas Nelson Jr. sold the remainder of the 61 acre tract to the Navy for \$9K. This land was adjacent to the remainder of the Tucker Estate, and property already purchased by Navy agent Miles King, in 1826. On 2 April, architect John Haviland of Philadelphia, began construction of the first Naval hospital building (Bldg. 1). Fort Nelson and adjoining buildings were torn down

and 570,000 bricks from the fort were cleaned, renewed, and used in the new structure. Some buildings of the fort were used as workshops and housing for the craftsmen and laborers.

The initial building was a massive granite structure built around a court. It was four stories high, with a basement 12 feet deep. In a "U" shape, it was 172 feet across the front and 192 feet in depth. The two ward wings were 160 feet long, 50 feet wide, and enclosed two sides of the court. The open end was bridged by a wooden structure that contained heads and bathing facilities. There were open wooden porches on each side of the wards to provide some fresh air and ventilation. The building's lower front wall was 4.5 feet thick, and the entire front was chisel dressed Virginia freestone, with a doric portico of 10 columns fronted by 20 steps 92 feet wide.

The hospital had become the most imposing structure in the area. With its graceful design, lighted at night, and surrounded by a pine forest, it was described by some as the "Grand Ornament" of the harbor. The grounds were called "Fort Woods".

Internally, the structural ward arrangement on the upper floors was a series of alcoves which did not lend themselves to patient care. This appeared to have been the most serious defect in the building design. Daylight was minimal in the wards, and air circulation was not satisfactory.

On the wards, there were no toilet or washroom facilities, quiet rooms, diet kitchens, or dumbwaiters to raise prepared food to the wards.

Adequate surgical facilities were nonexistent. A small room on the third floor of the "E" wing was designated as the Operating Room. It was small, poorly ventilated, lacked any artificial lighting, but did have an instrument sterilizer that was eventually gas operated.

There was no emergency room. All patients entering the hospital were sent directly to the wards where admission procedures were done. Initially without an elevator, this at times caused problems. Patients with communicable diseases were not isolated. Administrative spaces, located on the second floor were arranged haphazardly in relation to one another. A small space was designed as the "Dispensary", a rough equivalent to today's pharmacy. It also was on the second floor. The third floor contained the laboratory, which was considered inadequate even at the time the hospital began operation.

Quarters for the staff were also mainly located on the third floor. (This was also considered to be a major flaw in the original building.) Originally, the architect had planned to construct two quarters in front of the hospital. One was to have been for the Superintendent who, for the first 12 years of the hospital, was a line officer. The second was planned for the senior medical officer, then known as the

Senior Surgeon. Instead, the plantation house acquired with the original property was renovated and used for the Superintendent. After 12 years it became the Senior Surgeon's quarters.

The galley was located on the first floor next to the laundry. The location of these two working areas undoubtedly contributed to the discomfort of the hospital's occupants during the hot summer months because of the heat and humidity generated. (The laundry equipment was operated by a steam engine.) In the winter, coal stoves and fireplaces in each office also provided heat.

Food storage spaces were also poorly arranged and were constantly subjected to flood waters. There was a general mess hall located on the first floor, with no separate mess facilities for the apprentices (today's hospital corpsmen). These personnel ate their meals on the wards with the patients, a custom which was common in many hospitals until the end of World War II. Next to the mess hall was a space known as the "Smoking Room", and another referred to as the "Library".

The source of hot water for the hospital was the kitchen range boiler. There was never enough during the day, and at night when the galley fires were out, there was none. The water supply consisted of water collected from roof runoff stored in cisterns. Also, there were three wells from which water was pumped into the cisterns for use during dry periods.

Initially, lighting was provided by kerosene lamps and candles. When they became available, illuminating gas lights were installed.

In 1829, lack of funds halted work on the building. However, in July, 1830, Surgeon Thomas Williamson, the newly appointed Senior Medical Officer, was ordered to open the hospital for patient care. The first patients, previously housed in a Naval Shipyard warehouse in what was then the town of Gosport, were transported the 2 miles and placed in what is now the "F" wing of building #1. The staff also lived in the building, with quarters on the 3rd. floor ("I" section) which currently consists of conference rooms. For their off-duty use, a small porch above the main entrance was built.

Eventually, the government had acquired 102.5 acres of land by deed or purchase and building resumed in 1831. By 1832, \$270K had been spent. Another \$30K was appropriated and the hospital was completed to its initial phase, which is shown in a tracing of the compound in 1852

Ownership of part of the land on the western side of the compound was contested by a Barnard O'Neil in 1832. The government did not agree with the claim so he was prevented from taking possession of an using the property.

Regarding the oldest marked grave in the cemetery, is that of a sailor who died after a fall from a yardarm of the frigate Constitution ("Old Iron-sides") on 1 August 1838. Initially, the dead were buried on private land back towards Scotts Creek. After complaints from the owner were received, as many bodies as could be recovered were reinterred at the site of what was to become a National Cemetery on the hospital compound.

A southern physician, Surgeon Blacknell was Medical Officer in Charge at the hospital from 1839 to 1842. Surgeon Williamson, as Senior Medical Officer, was succeeded by Surgeon William P. C. Barton, who in 1842 became the first chief of the newly established Bureau of Medicine and Surgery.

By 1845, due to its location relative to sea trade, Norfolk had been rebuilt and incorporated. Elsewhere, the Mexican War had erupted and spread from California into Mexico. In 1847, from this war the hospital received its first combat casualty patients.

1851 - 1875

By 1852, the hospital's western boundary had been determined and a fence had been constructed along that side of the property. For access, "Hatton's Road" or Fort Lane was the main road to the compound. After entering the gate, it led directly to the hospital. (Fort Lane eventually became blocked by construction of Portsmouth General Hospital.

The hospital, originally designed to accommodate between 300-500 patients, in the early days seldom had more than 40 aboard at one time. However, in June of 1855, the first major medical evolution the hospital was called to respond to was a yellow fever epidemic. The mosquito borne virus had been brought to the Portsmouth-Norfolk area by an infected individual sailing from St. Thomas in the Danish West Indies on the ship "Ben Franklin". During the voyage, two deaths occurred among the ships passengers. Upon arrival in port, the ship was quarantined, but a viremic patient was bitten by indigenous mosquito vectors and the infection spread. Shortly after start of the quarantine, another member of the crew died and was buried on shore near the anchorage. During the next several weeks, a number of yellow fever deaths occurred in the Portsmouth-Norfolk area. By mid-July, a major epidemic swept the area. Portsmouth, which had a population of about 5,000 was heavily exposed, and within 3 months 1,000 people had died and another 100 were seriously ill. On 28 July, the Common Council of Portsmouth called upon the Secretary of Navy for help. The Chief of the Bureau of Medicine and Surgery gave consent to the Surgeon in Charge, Lewis W. Minor, to use the hospital to assist in this epidemic. During the next 3 months, 587 civilian patients were admitted. Of those, 208 died and 379 recovered and were eventually discharged. For the hospital's efforts, and as an expression of gratitude for "heroic service", the City of Portsmouth made and presented Surgeon Minor and Surgeon James F. Harrison gold medals

containing an imprint of the hospital. The epidemic killed over 10% of the area population, including the youngest son of Surgeon Minor. The boy was one of the hospital's fatalities.

Also in 1855, gas lines were extended onto the base.

After the epidemic, the hospital staff had a year to catch their breath before being subjected to winter weather even worse than that at Hospital Point 77 years earlier. The bad weather set in on New Year's Day, 1857, but got serious on 17 January. By the 19th, the hospital was buried under 20 foot snowdrifts and the Elizabeth River was a solid sheet of gray ice. The hospital was shut off from virtually all transportation, and the Hampton Roads rivers were ice-bound for more than 2 weeks. The only entertainment was to walk to the obviously temporary Anchor Bar built on the ice in the middle of the river. Hot toddys and mint juleps were available while watching skating parties on Norfolk's inner harbor.

Also in 1857, funds were appropriated to construct Quarters A for the Commanding Officer. (A stately Italianate-style building, these quarters went through numerous renovations and additions over the years.) These quarters eventually became known as "The Myrtles" because of the large crepe myrtle bushes surrounding it. With completion of these quarters, the "Surgeons House" was dismantled in about 1859.

On 1 March 1858, the City of Portsmouth was chartered.

With Fort Lane being the only road entering the hospital grounds, the "Porter's Lodge" was built next to it in 1860. This building provided accommodations for the first civilian employees who were referred to and served as "Porters".

With tension in the air, Portsmouth's and Norfolk County's delegates to the Virginia State Convention were initially against secession. However, to stay in the Union, they soon learned of the requirement to provide troops and supplies for the fight against southern states which had seceded. So, on 17 April 1861, the State Convention reversed an earlier decision and voted to join the confederacy. Richmond eventually became the capital of the Confederate States of America.

Having seceded, but prior to joining the confederacy, the Third Virginia Regiment, which included several rifle companies from the area, and under the command of Colonel Roger A. Pryor, took control of the hospital on 20 April. Hospital Point was renamed Fort Nelson, and Surgeon Samuel Barrington was forced to resign in a rather unceremonious manner. Being of stout heart, he apparently not only declined the opportunity to gracefully vacate his office, he refused to leave his chair. Consequently, as the story continues, several soldiers picked him up, chair and all, carried him down the grand stair case, out the front door, and deposited him in the road in front of the building. Subsequently

Surgeon Blacknell who had previously served as Medical Director (1839-1842) was reinstalled as Medical Officer in Charge.

Also on the 20th., Federal forces abandoned and burned the Navy shipyard and 11 ships. The next day, troops sympathetic to the confederacy, occupied the shipyard. In retaliation, Union troops burned most of the Confederate strongholds in Portsmouth, but by November of 1861, there were as many as 20,000 confederate troops in the area.

The political turmoil prior to secession from the Union necessitated elections at the local level, including Portsmouth. Troops from the local rifle companies mentioned above had been permitted to leave their encampments in groups of 15, to go vote. Later, when they were deployed at Fort Nelson, it was discovered that a number of them had voted to remain in the Union. Colonel Pryor proceeded to lock up these individuals in the hospital storage space referred to as the "Dungeon". When this information was relayed to Richmond, the response was to release them because they had only voted their convictions.

Militarily, the strategic benefits of controlling the shipyard were recognized. The Confederates converted the hull of the Union frigate, USS Merrimac, into the world's first ironclad battleship renamed CSS Virginia. On 8 March 1862, the naval battle of Hampton Roads began near Sewell's Point. Commodore Franklin Buchanan, the first Superintendent of the U. S. Naval Academy, was appointed Captain of the Virginia which attacked ships of the North Atlantic Blockading Squadron. The Union's USS Cumberland and Congress were destroyed, and the Minnesota was left grounded on a sand bar in the James River.

On 9 March, for 4 hours, at a range of 40 yards, the Virginia engaged the Union's ironclad USS Monitor. Although neither ship endured much damage, the Virginia had damaged or sank enough other vessels that Union ships were blocked from the James River for 2 months. Another victim of these naval battles was the glass projecting lens in the Cape Henry lighthouse.

Most of the wounded from all of these battles were transferred to the Naval hospital for treatment. Included among these patients was the Captain of the USS Monitor who was blinded in the ironclad battle. Commodore Buchanan had been hit by a mini-ball in the upper left thigh during the Virginia's engagement with the USS Congress, and relieved by his second in command, Catesby Jones. While convalescing here, he wrote detailed accounts of the Virginia's sinkings of the USS Cumberland, Congress, and other Union ships. Among the narrative details were the involvement of hospital associated personnel.

- Surgeon Dinwiddie B. Phillips, who was assigned to the hospital at the war's beginning, became Ship's Surgeon for the CSS Virginia. It was he

- who convinced Commodore Buchanan to leave his ship for the hospital, and receive care for his wound.
- Assistant Surgeon Francis Galt, assigned to the hospital in 1859 and 1860, became Ship's Surgeon on the infamous CSS Alabama.
 - Surgeon Charles Martin, Ship's Surgeon for the USS Congress, survived the sinking of his ship, and from 1875 to 1880, became the Surgeon in Charge of the hospital.

The Commodore remained a patient at the hospital until he was forced to evacuate to Richmond because of Union military activity in the area. When the Union forces finally attacked Norfolk, the Confederates were forced to burn their own vessels.

On 21 January 1862, Surgeon Blacknell died and was buried in Portsmouth's Cedar Grove Cemetery.

During the period of Confederate occupancy, General William B. Taliaferro had fortified the hospital grounds with cotton bales earthworks, and sixteen heavy field guns. These armaments were heavily manned by troops from all of the southern states and a standoff had developed with Union forces from Fort Monroe on the north side of the bay.

On 10 May 1862, General John Wool occupied Norfolk and Portsmouth. This action was in conjunction with General George B. McClellan's Union Army drive north during the Peninsula Campaign. The hospital was once again evacuated as it changed hands. Navy Surgeon Solomon Sharpe was placed in charge of the hospital from September, 1862, until 1864.

The hospital had its first chaplain assigned in 1863.

The Secretary of War directed that all military property captured from the Confederates be placed under Army control. Consequently, the Army refused to give the hospital back to the Navy. With the concurrent Peninsula Campaign, the Army needed the hospital to care for its own sick and wounded. The Navy was thus forced to care for its patients at Fort Nelson which was located across the channel from Hospital Point. Finally, after much correspondence and many appeals by Admiral Louis M. Goldsborough, Commander of the James River flotilla, the Navy reacquired its hospital from the Army on 1 October 1864. At that time, the Navy redesignated Hospital Point. (The Navy hospital was actually an Army hospital for about 4 months.)

A gunboat, the "Young Rover", was anchored off the "Point" to protect the hospital from raiding parties and to evacuate patients if necessary. However, it should be pointed out that while often surrounded with the fighting of the Civil

War, there appears to be no evidence that a hostile shot from or received by the hospital ever occurred.

At the beginning of 1864, there were 195 inpatients registered. By the end of the year the number had dropped to 37.

The Civil War caused much confusion with personal allegiances, and this was no less true at the hospital. Surgeons Minor and Harrison, of prominence because of the 1855 Yellow Fever epidemic, were forced to choose sides like everyone else. Surgeon Minor was so admired for his medical skills that he first became Fleet Surgeon for the Union Navy, and then the Confederate Navy. Surgeon Harrison also eventually served the Confederacy. At death, they were both buried in the hospital's cemetery, and Minor is the only Surgeon in Charge to be buried there.

The cemetery contains numerous other reminders of the Civil War. One memorial commemorates 337 crewmen of the Cumberland and Congress who lost their lives in the battle of Hampton Roads. From these ships, and next to one another are two of Queen Victoria's subjects. One is Thomas Fay, an Irishman from the Union's Cumberland, and the other is William Robinson, an Englishman from the Confederate CSS Beaufort. Both were also killed at Hampton Roads. Many of the cemetery's tombstones record the names of sailors and soldiers, as well as the ships and states these individuals served. Among the buried Confederates, 45 are unknowns, mixed among those who served here from Georgia, Louisiana, and both Carolinas.

In January, 1865, Ensign Robley Evans (aka. Fighting Bob Evans) was brought to the hospital after being seriously wounded in both legs during the battle of Fort Fisher. Upon arrival, the attending surgeon determined that both legs should be removed. The Ensign stated that he would rather die than agree to the amputations. To emphasize his point, he kept a gun under his pillow and threatened to shoot anyone who came near. The wife and daughter of the attending surgeon befriended him and nursed him back to health. Some 30 years later, the Ensign became Captain of the USS Iowa, commanding the ship in the battle of Santiago Bay during the Spanish-American war.

With the Civil War ending, in 1866 there was an appropriation of \$20K for building roads and grounds beautification the hospital. Eventually a park like setting was established. Then, in 1867, the average patient load at the hospital had dropped to 20, and during the next 6 years all naval hospitals fell into disrepair.

At the same time, the local fathers were looking ahead and Portsmouth and Norfolk raised money for construction of more schools, some of which are still standing. Unfortunately, Portsmouth's overall economic recovery from the war lasted for several decades.

1876 - 1900

By 1877, the number of personnel in the Navy was at its lowest, and appropriations were not sufficient to pay officer salaries ashore or afloat. Obviously, no funds were available for medical support, except in emergencies.

In 1879, \$3,999 was designated by Congress to repair damage to the building by an August hurricane. With completion of repairs there was enough left to install steam heat and replace the fireplaces. This storm also washed away a small lighthouse that had been located at the end of the Point.

The average number of patients began to increase, reaching 26 during 1883. In April, one patient receiving care for measles was 4 year old Malcolm MacArthur, 15 months senior to his younger brother Douglas. The boy died after 4 weeks of a complication from the original infection, while the children were vacationing with their maternal grandparents, Mr. and Mrs. Thomas A. Hardy, at "Riveredge" in the Berkley section of Norfolk. Their father became a General and Congressional Medal of Honor recipient during the Spanish-American War, and Douglas received the same honors during WW II.

In the early 1880's, shipping activity in Scotts Creek inlet on the northwest side of the hospital increased, and loading piers were built on both the north and south sides of the water. On the north side, the precursor of the Portsmouth Marine Terminals developed and on the south, ship loads of supplies were unloaded directly onto the hospital compound.

The plight of both staff and patients was changed in 1866, when an "esteemed brain tonic and intellectual beverage", CocaCola, became available from the local community. The fact that "Coke's" early recipe included small amounts of cocaine might be mentioned.

By 1889, water mains from Portsmouth were extended across Gas House Creek and its marsh to the hospital. This permitted replacement of the rain water cisterns which had been the only source of drinking /washing water. This event was of such significance that the Navy Surgeon General came from Washington to sign the construction contract. With the good news came the bad, and in mid-April a wind storm hit the hospital with winds clocked at Cape Henry at 100 mph. Damage to hospital buildings was reported to be about \$5,000.

Patient population temporarily increased in 1890 when an outbreak of "Russian Grippe" with influenza -like symptoms spread through the area. The infections took their course while a causative "germ entity" was debated.

In 1892, after the advent of electricity, wires were installed by stringing them along the ceiling, and the gas lamps were converted. The Medical Officer-in-Charge had lights mounted in every space where they would be available for use

in emergency surgery. It was fortunate to have the lights installed because of the overly dreary winter which set a record of 17.7 inches of snow on 19 December.

By 1894 the average number of patients, coming from throughout the area, had reached 34.

In the late 1880's, patients would frequently be brought to the hospital via a shuttle boat between the Point and a fleet landing at the foot of York Street in Norfolk. The boat crews lived in the corpsman barracks.

Because of increased military activity, during 1896 and 1897, all Naval hospitals were restored to good repair. At this hospital, laboratories were added, and the military's first X-ray machine was installed on the 4th. floor. Invented in 1895, it was powered by wet cell batteries.

At the approach of the Spanish-American War in 1898, the need to expand medical capabilities was foreseen. As a result, the south wing of the hospital was quickly made usable and 90 new beds were set up at the cost of \$21,324.58. The staff was increased through volunteer efforts of 6 nurses and 5 Sisters of Charity from Norfolk, and several local physicians. Eventually, the preparations paid off. The hospital ship "Ambulance Ship Solace" arrived in Portsmouth with 55 sick U. S. Navy sailors and 48 wounded Spaniards. Among the latter patients was Captain Concas, Chief of Staff of the Spanish squadron. This war was notable in terms of its low casualty rate.

In 1898, a James Avery became the first Congressional Medal of Honor (CMH) recipient to be listed as buried in the hospital's cemetery. He had been commended for saving crew members of a Union ironclad ship during the Civil War. Another Civil War CMH individual was basically buried and forgotten until 1990 when hospital personnel made arrangements to have him listed in the CMH national registry.

The hospital grew and continued to be improved when on 17 June, 1898, President William McKinley signed authorization establishing the Hospital Corps.

In 1899, the hospital's pharmacopoeia was expanded to include the newly discovered pain medication - aspirin.

Also in 1899, funding was approved for re-shelling (with oyster shells) ten thousand feet of compound roads.

1901 - 1925

By 1901, Gas House Creek and its marsh had been filled in, the Green Street (later aka. Effingham Street) bridge was removed, and the Surgeon General

reported that funding had been made for sowing grass in the areas at the end of the Gas House bridge.

On 11 August 1902, the Navy's first formal courses of instruction (Table 1) for the Hospital Corps was established in the north wing of the hospital as the "School of Instruction, Hospital Corps, U. S. Navy." The initial period of training was 3 months, and the first class of 28 members graduated on 15 December. For the corpsmen, until 1916, there were only three ratings: Hospital Steward (= chief petty officer) - \$60/month; Hospital Apprentice first class (= petty officer third class) - \$30/month; and Hospital Apprentice - \$20/month.

Table 1. The first formal Hospital Corps curriculum.

Course	Instructor
Nursing & Ward Management	Hospital Steward J. Winterbottom
Cooking	Not listed
Elementary Anatomy & Physiology	Surgeon S. G. Evans, USN
Bandaging	Pharmacist E. May
First Aid	Surgeon S. G. Evans, USN
Elementary Hygiene	Surgeon S. G. Evans, USN
Materia Medica & Pharmacy	Pharmacist E. May
Clerical Work	Pharmacist E. May

With staff and patient load expansion, 1904 brought an appropriation of \$20K to construct Quarters B and C for the Executive Officer and Chief of Surgery. These quarters, completed in 1906, were on Williamson Drive on the western shore facing the Elizabeth River. These Georgian Revival-style residences were quite fashionable at the turn of the twentieth century. Quarters B and C subsequently were considered eligible for listing on the National Register of Historical Places.

The living spaces in Building #1, vacated by the move of staff personnel, to Quarters B and C, were converted into enlisted patient care wards.

Also in 1904, the U. S. Army Corps of Engineers undertook the widening of the Elizabeth River at Hospital Point. This included removal of over 400 linear feet of

land. The project also included construction of a new wharf at the Point, and a boat house.

In 1906, the city engineer requested to lay and maintain a 24 inch city sewer line through the hospital grounds. (It still exists.) Also in 1906, on 9 May, the Fort Nelson chapter of the Daughter's of the American Revolution, in final commemoration of the Fort, restored and suitably mounted an original cannon facing the Hampton Roads from the Point's lawn. Later in the month (Memorial Day), President Theodore Roosevelt came to the hospital to unveil the Army-Navy Union Memorial in the cemetery. The memorial commemorated those killed during the Spanish-American War 8 years earlier. School children from Portsmouth sat on the front steps of building #1 to view the presidential motorcade.

In 1907, the southern boundary of the compound, along the old Gas House Creek, was jointly established by representatives of the Navy Bureau of Yards and Docks and the Portsmouth City Engineer.

Then, on 1 October, the order came from the Navy Department to vacate Building #1. It was to be refurbished for an appropriated \$200K. The Hospital Corps School was relocated to Washington, DC, and with only 10 days notice, the 69 patients were relocated to four tents (14'X64') with floorboards. The initial encampment was located 750 feet to the rear of the hospital. The enlisted staff were also required to vacate quarters and they also moved into the tents. Before the first winter had ended, the number of tents increased to 54, with an average patient load of 150. Patients were treated through two bitterly cold winters, at times with gales tearing the tents to shreds.

Several months were spent stripping much of the building, with basically only the outer walls left standing. Tons of bricks and debris were removed, steel girders were lifted into place, and for the first time, fire protection for the building was included within the original walls. Much of the material from the original structure was salvaged for reuse. The doors, wood trim, marble mantles, and fireplaces were retained. The front portico was left untouched, being as perfect as on the day it was originally constructed. Of special significance were the addition of stairwells and elevators. It should be noted that the first elevators were not large enough to accommodate a stretcher, and could thus not be used for transporting litter patients to the upper floors. However, exterior stairs no longer had to be used to move patients to the upper floors for operations. The first sanitary sewers, with indoor toilets and washroom facilities on each ward, were also installed. The remodeling was finally completed in 1908, and the patients were transferred back out of the tents in February, 1909. The 16 month period of renovation had seen nearly 1,400 patients treated in the temporary facilities.

On 13 May 1908, the Navy Nurse Corps was established. Less than a year later, on 17 April 1909, the first 3 female nurses arrived in Portsmouth to organize a

nursing program. On 12 June, 4 more arrived. By October, there were 35 nurses in the entire Navy, and 7 of them (1 chief nurse and 6 ward nurses) were at Portsmouth. These nurses were quartered in what were then referred to as the Waverly Apartments, located in the first block of Court Street. Messing was provided at a restaurant in the building. The apartment building was later converted into a private hospital known as Parrish Memorial.

Another significant event in 1909 was compulsory immunization against typhoid fever. This effort eliminated the disease from the Navy, but prior to this time, the hospital reserved two wards for the infection. When exposed, at least half of the staff became infected, with some dying as a consequence. Eventually, a small building known as "Cubicle Two" was constructed at the back and north of building #1, for the purpose of housing patients with communicable and infectious diseases.

In 1910, the north and south extensions of the building were finally completed to provide more ward space, and a 5th. floor rotunda was added to accommodate more updated surgical facilities. Physical therapy equipment was also introduced, ventilating equipment was installed, and new galley equipment was provided. Also, during the time the main building was being renovated, the power plant with its tall chimney, and a water tower and storage tank were built. Next to the power plant was the new laundry building.

In 1910, housing for the porters was discontinued and at a cost of \$1,432.97, the building was converted into barracks for a twenty member Marine Guard Unit.

Expenditures for rebuilding on the compound since 1905 totaled \$500K.

On 14 November 1910, the course of naval warfare and subsequently the requirements for Navy medicine changed forever when a Curtiss pusher biplane first flew off a wooden ramp constructed on the deck of the Navy scout cruiser USS Birmingham. The pilot, Eugene Ely, flew about 5 miles from the ship, anchored off Old Point Comfort, landing near beach houses at Willoughby Spit.

With the start of WW I in 1914, construction of a number of temporary wooden buildings began. Among the first to be constructed were eight new 40 bed barracks type wards in a circle behind the hospital, and two subsistence buildings. Six semi permanent barracks were then constructed at the northwest corner of the compound and designated the contagious unit. Patients housed there included even those with mumps and measles. Separate subsistence buildings were used to prepare their food.

Recognizing the importance of the Norfolk harbor, the Navy established the U.S. Naval Operating Base and Training Station on 474 acres in 1917. With the attendant buildup of personnel in the area, by March of the same year, the average number of patients being treated at the hospital reached 1,405. Also in

that year, the Hospital Corps School, which had been divided into four separate but equal schools, was transferred. One of the schools was opened in Norfolk as part of the Training Station.

During the winter of 1917-18, the weather again got cold enough to freeze the Elizabeth River all the way to Lamberts Point.

In March, 1918, the hospital was reassigned from being a Unit of the Navy Yard to being under the Fifth Naval District located at the Naval Base in Norfolk. The hospital continued to grow, with a monthly patient admission rate increasing from 2,000 in January to a record high of 2,257 by October. The medical staff caring for this patient load included 60 physicians, 80 nurses, 250 hospital corpsmen, and 30 yeomen. For the nurses, one of the "H" shaped ward buildings was converted into quarters with a self contained dining facility.

The most costly battle of the war, in terms of casualties, was the battle against influenza. A worldwide estimate of mortalities was 20 million in 1918. Cases in the Hampton Roads area were first reported in September, and on 4 October, the hospital issued an official statement "to clear up exaggerated rumors." The hospital staff had treated 919 influenza patients since 15 September. Of these, 350 were discharged, and 158 (17.2%) developed pneumonia, and 46 (5%) died. Navy wide, 30% of all admitted cases developed pneumonia with a 28.6% fatality rate. The overall death rate was 18.3/1000. For this disease, the total number of deaths in the Navy in late September and early October reached 5,300. This was nearly double the number of combined casualties for the Navy and Marines during the entire war.

In the surrounding towns, despite public health education efforts, there was mass confusion. A rumor had started that whiskey could bring about a cure, but due to prohibition in Virginia since 1916, the police had confiscated all of it. Finally, the Commonwealth Attorney ordered the police to sell their supply at \$1.29/qt with a prescription. Hundreds of sick people mobbed police headquarters for their "medicine".

In 1916, The Army and Navy agreed to construct a site for aviation research on 1,660 acres and Langley air base was begun. This was followed by Fort Story in 1917, and the Yorktown Naval Weapons Station in 1918.

At the hospital in 1918, the main road on the compound that led from Fort Lane to Building #1 was named Williamson Avenue. The other main road actually was a curving lane which skirted the creek/marshlands, intersected Effingham, and was known as "The Drive". The Parkview Gate was also established at this time. Now there were 6 miles of roads, and all were paved with oyster shells which showed "most beautifully" on moonlit nights.

The increase in patients caused a need for more activities, and the first recreational library was located in a small room on the 3rd. floor. It was later moved to a small building behind the hospital and remained there until the "Red Cross Building" was constructed during the war. In 1919, the first librarian was assigned to the hospital and paid by the American Library Association. When the Association stopped this support, she became an employee of the Navy.

Construction of permanent support buildings began in earnest in 1919. Among the buildings were a medical supply storehouse, 12 ward buildings with a patient capacity of 746, more nurses quarters, a garage, an enlarged powerhouse, and a "Bag Room". The first separate corpsmen quarters were also built in an area where the parking lot next to the indoor swimming pool currently is.

To save thousands of dollars per year, and to eliminate problems with truck transport of fuel and other freight, a railroad spur was built across Scotts Creek to the hospital. Service was provided by the Atlantic Coastline, Pennsylvania railroad, and Southern lines.

In 1921, the first veterans were admitted to the hospital. This was facilitated by passage of a new Veteran's Benefits bill which liberalized medical care and hospitalization. This increase in patients coincided with the Hospital Corps School being moved from Norfolk back to its original site in Portsmouth.

Also in 1921, the first basal metabolism instrumented equipment was installed.

Air activity picked up again between 1921 and 1923, when Brigadier General William "Billy" Mitchell, while flying out of Langley, demonstrated the effectiveness of air attacks on naval forces. This experimentation was followed by development of lighter-than-air balloons, and more patients.

1926 - 1950

In 1926 the hospital's first electrocardiograph, invented in 1903, was put into service as an additional step in improving patient care. Then, despite all of the activity on board, on 2 March, 1927, access to the hospital was brought to a temporary halt by a storm that dumped 11 inches of snow. Gale winds of 50 mph piled it into 15 foot drifts.

Started in 1926 and completed in 1928, five new sets of officer quarters of Colonial Revival-style residential architecture, were built by the Portsmouth Lumber Corporation. These included Quarters D (Chief of Medicine), E (Chief of Urology), and F, G, and H for Commissioned Chief Warrant Officers (i.e., Chief Pharmacists). (Pharmacist Mates were hospital corps petty officers.) All of these quarters were demolished in 1991 to make way for the new critical care facility.

In 1929, the name of the corps school was officially changed to Hospital Corps School, and at that time about 300 men were graduated annually from the 16 week program. By this time, nurses had been incorporated into the staff of instructors. The school itself had moved from the hospital building, and became established in thirteen two-story buildings at the northwest corner of the compound.

Between 1926 and 1930, all wooden hospital buildings were reoved with the exception of barracks #31 thru 36, and the recrea tion building. The Ship's Store (e.g. Exchange) was located about where the outdoor swimming pool was later constructed. This building housed tailor and barber shops, and a small retail outlet.

Starting in 1919, per diem at \$0.886 gradually dropped to \$0.125. In 1930 it was further reduced to \$0.05, making \$0.25 cover all expenses.

In 1931, the "Boat House" (Bldg. #97) was constructed to house the shuttle boat crews at a cost of \$6,111. It continued to be used for that purpose until the downtown tunnel opened on 23 May 1952. Since then, Building #97 has been refurbished and kept in continued use first as a VIP Guest House, and then designated as Visiting Officers Quarters.

On 22 August 1933, another natural calamity isolated the hospital when a hurricane ripped through the area at high tide. The grounds were fairly well flooded by 13 inches of rain backed by 80+ mph winds.

Patient morale received a boost when regular entertainment was begun in 1936. The Navy Relief Society purchased a 5-tube radio which was installed in a small room designated as the "Radio Room" at the end of the main hall on the 5th. floor. There were six sets of extension headphones for each ward. When he remember ed to, an operating room technician turned it on at 1300 and off at 2100. The technician was also responsible for choosing which of two Norfolk stations would be listened to. (Portsmouth's first station began broadcasting in 1942.) The patients listened to what was turned on. The favorite at the time, and usually chosen by Hospital Corpsman Theodore H. Conaway Jr., was the radio soap opera - "As the World Turns". Mr. Conaway continued in the Navy, becoming a Captain in the Medical Service Corps.

In 1937, the hospital began to establish itself as an advan ced medical training center with initiation of three internship programs. Patients for these programs were partially drawn from a personnel and dependant buildup associated with the stationing of B-17 Flying Fortress' at Langley this same year.

The "Red Cross Building", referred to earlier, was so named because it also housed the Red Cross field director. It was de molished about 1940. Also, in early 1940, and incidental to mobi lization for WW II, on 328 acres of swampland,

the Oceana Master Jet Base was established. While indirectly related to these flight activities, construction also began on the two outer four story wings of the hospital. These additions were put into service on 26 September 1941, and this was considered the third phase of the Building #1 life cycle.

During WW II, staff enlisted personnel numbered over a thousand. Some were quartered with limited space in double-decked bunks in buildings built during WW I. The more senior personnel lived mainly at their own expense within the community. It was during this period that Congress authorized the first BAQ (\$37.50/mth.) for Navy and Marine Corps E1 thru E7 personnel. In 1942, Building #126 was constructed to provide the first male bachelor officers quarters. The second deck contained the bedrooms, and common restroom facilities, and the first deck was the Officers Club. Building #105, constructed at a cost of \$686,797, became the male bachelor enlisted quarters for both Chief Petty Officers and junior personnel. When it was completed, the "1907" quarters were vacated. Also, Building #104 was put into service as a barracks, as was a temporary building next to it. Since then, Building #104 has been refurbished and converted into a detachment of the Naval School of Health Sciences. Quarters for female corpsmen (sic. WAVES) were in a building at the main gate and to the west of the current Officers Club.

Also in 1942, Building #107 was built to accommodate the Transportation, Security, and Fire Departments. The marines from the old "Porter's Lodge"/Marine barracks building were quartered on the second deck, as were Fire Department personnel. The barracks were then converted into Quarters I and J, becoming family quarters for junior officers.

In 1942-1943, a new recreation building housing the auditorium, welfare offices, and offices and equipment of the American Red Cross, was constructed.

From 1943-1944, CAPT G. E. Thomas, MC, was in command, and supervised completion of a 1.5 million dollar construction program. Projects included a chapel, dental clinic and ward, bachelor officer quarters, Ship's Service, a bank, wards B-14, 16, 17, and C-1 thru 6. The remaining wooden barracks (#31-36) were moved to about where the present enlisted club is located, and renovated to accommodate the library (#36), occupational therapy, and educational services. As new buildings were constructed, they were painted white to match the older structures.

Contrasting statistics of 1944 with those earlier in the hospital's history, the patient load for a single day in August was 2,997, with a bed capacity of 3,441. The staff of 3,055 consisted of medical officers (113), nurses (359), "cadet" nurses (24), hospital corpsmen (701), hospital corps students (1,125), hospital corps staff (46), Marine Corps staff (30), civilians (374), American Red Cross (33), Waves (163), Wave Officers (8), and other personnel (79).

With WW II raging, the medical staff was also charged to establish Medical Discharge Boards, verify Veterans Administration medical benefits, and participate in conducting discharge physicals. In September, 1945, based on "points" compiled for months in combat (1,228 hours flying time, 126 carrier landings, and 58 missions) and a Distinguished Flying Cross, a young naval aviator living in Virginia Beach, George H. Bush, received his physical examination here and was discharged.

Also in 1945, residency programs were established in general surgery and obstetrics/gynecology, and by 1948, there were ten intern programs.

Up to and through WW II, the hospital had gone through many changes, with more to come. In 1948, the first Army and Air Force personnel and their dependents were provided inpatient care.

1951 - 1975

In 1953, RADM Sterling S. Cook assumed command at Portsmouth, becoming the first flag officer to command a naval hospital.

As the military establishment of all services continued to expand in the Hampton Roads area, the need for a new and larger building to accommodate patient demands became evident. This created a need for space, so in 1955, various buildings were demolished, and on-board nurses housing was discontinued. On 6 June 1956, site preparation for the second major patient care building (Bldg. 215) began. This included removal of the original Quarters A. Construction began in 1957, and the building was dedicated on 22 April 1960. Transfer of patients from the original building was completed in June of that year. With the new bed capacity of 778, the Naval hospital complex became the major medical facility in the area.

Since that time, the original hospital building has been renovated and has continued to be used for patient care.

In 1970, the "new" female BEQ, building #239, was put into service and the quarters across from the Officers Club were demolished. A year later, in 1971, housing for officers in Building #126 was discontinued.

At the close of the Viet Nam conflict (1973), many American prisoners of war were released and returned to the United States. Twelve of them were brought to this hospital (Table 2), quartered on Ward 12-C, Bldg. #215, and received all dental and medical care required. The Ward lounge contains a picture of each man, and a plaque of dedication which states:

"THIS WARD IS DEDICATED TO TWELVE OF OUR NATIONS MOST COURAGEOUS NAVAL OFFICERS. HERE THESE HEROIC OFFICERS WERE UNITED WITH THEIR FAMILIES AND RETURNED TO FULL HEALTH."

Table 2. American prisoners of war receiving medical and dental care at this hospital.

Name/Promoted Rank	Period of North Vietnam Captivity	Dedicated Ward-Room
J. A. Denton, Jr., RADM, USN	1965 - 1973	12-24
A. C. Brady, CAPT, USN	1967 - 1973	12-23
K. L. Coskey, CAPT, USN	1968 - 1973	12-28
J. A. Mulligan, Jr., CAPT, USN	1966 - 1973	12-29
J. H. Fellowes, CDR, USN	1966 - 1973	12-39
E. B. McDaniel, CDR, USN	1967 - 1973	12-34
E. A. Shuman, III, CDR, USN	1968 - 1973	12-19
M. D. Christian, LCDR, USN	1967 - 1973	12-14
R. S. Fant, Jr., LCDR, USN	1968 - 1973	12-18
P. E. Galanti, LCDR, USN	1966 - 1973	12-44
W. M. Tschudy, LCDR, USN	1965 - 1973	12-35
R. I. Randall, LT, USN	1972 - 1973	12-40

Commanding the hospital from 1972 to 1974, RADM Willard P. Arentzen went on to become a Navy Surgeon General.

1976 - 2000

During the Winter of 1979-80, 45 inches of snow essentially brought the tidewater area, including the hospital, to its knees. On 6 February there were 11.8 inches of snow, and again on 2 March snow fell to accumulate in 8 foot drifts. Only emergency care was provided, and everyone not on board stayed home. Those already here stayed to provide service until the streets could be opened.

After removal of Quarters A, commanding officers occupied Medical Officer's Quarters C, the former residence of the Chief of Surgery. With elevation of the commanding officer billet to the rank of rear admiral in 1959, all occupants of Quarters C up to 1983 (except 1978) held that rank. It might be noted that it was Captain John N. Rizzi, MC, in 1983, "who became so disturbed by the fact that a

Commanding Officer should occupy a quarters designated C, that he directed it should henceforth be known as Medical Officer's Quarters A."

In July of 1989, a Slava class cruiser (Marshall Ustinov) and a destroyer (Otlachny) became the first Soviet Naval ships to visit the Norfolk Naval Operating Base under the new "perestroika" program. On the 24th., when the opportunity arose, a contingent of officer and enlisted staff became the first American military medical personnel to formally visit these ships and participate in a tour of the Ustinov's medical spaces.

On 16 January, 1990, as part of the continual effort to improve service to the ever increasing patient population, the Navy's first predesigned drive-thru satellite pharmacy was opened near the hospital's current exchange.

On 4 June, ground was broken for the first phase of MILCON project P-002 to build a new 1 million plus square foot acute care facility, a 2,370 car parking garage, and a number of ancillary support facilities. Upon completion, the entire project is estimated to cost \$330 million.

During the planning stages of project P-002, steps were taken to safeguard the more historic structures via a Memorandum of Agreement with the Virginia State Historical Preservation Office, and the State Advisory Council on Historical Preservation.

The agreement will be coordinated with the State Historical Officer and the National Park Service. To accomplish this, an Historic District including all significant structures to be affected (Table 3) was established within the Command perimeter.

Related to the Historic District, an archaeological dig was conducted in the area that the original Surgeon's House occupied. Included among the many artifacts recovered were:

- Aboriginal pot shard, Earthenware mug shards,
- Cut and wire nails,
- Bricks from the wall of Fort Nelson and the house (hand/ machine made),
- 19th. century pearlware ceramic fragments,
- Bottle glass fragments (amber, aqua, green, and clear),
- Oyster shells and animals bones,
- Single/multiple(?) grave(s) near the adjacent magnolia tree.

This will be the site for relocation of Quarters C, which will again be occupied by the Commanding Officer.

Table 3. Designated historical district buildings/structures associated with construction of the new critical care facility.

BUILDING NUMBER	YEAR BUILT	ORIGINAL USE	ALTERNATE USE (1990)	PLANNED ACTION
1	1827	HOSPITAL	SAME	REMODEL
20	1908	ELEC./HEATG.	HEATING	REMODEL
20A	1943	FUEL TANK	SAME	REMOVE
20B	1954	FUEL TANK	SAME	REMOVE
20C	1943	FUEL TANK	SAME	REMOVE
20D	1943	FUEL TANK	SAME	REMOVE
20E	1943	FUEL TANK	SAME	REMOVE
51	1943	SERVENTS QTRS.	GARAGE	REMOVE
97	1931	VISIT.OFF.QTRS.	SAME	LEAVE AS IS
103	1942	P.W.SHOPS	STORAGE	REMOVE
107	1942	REPAIR FACIL.	FIRE/POLICE	LEAVE AS IS
109	1943	GYMNASIUM	SAME	REMOVE
112	UNKNOWN	LAUNDRY	STORAGE	REMOVE
139	1937	BATHHOUSE	SAME	REMOVE
139A	1937	SWIM.POOL	SAME	REMOVE
143	1935	TANK TRK.FACIL.	OIL STOR.TANK	REMOVE
144	UNKNOWN	UNKNOWN	UNKNOWN	REMOVED
146	1938	GARAGE	SAME	REMOVE
153	1907	GAZEBO	TOOL SHED	MOVE
169	1944	TENNIS CT.	SAME	REMOVE
206	1939	MED.WARD (A)	MED.PHOTO	REMOVE
207	1939	MED.WARD (B)	STAFF EDUC.	REMOVE
208	1939	MED.WARD (C)	PHARM/MMPO	REMOVE
214	1956	ELEC.SUBSTAT.	SAME	REWORK
216	1943	TRANSFORMER	SAME	REWORK
218	1943	TRANSFORMER	SAME	REWORK
219	1943	TRANSFORMER	SAME	REWORK

220	1943	TRANSFORMER	SAME	REWORK
223	1955	TRANSFORMER	SAME	REWORK
224	1955	TRANSFORMER	SAME	REWORK
225	1956	ELEC.DIST.BLDG.	SAME	REWORK
227	1956	ELEC.DIST.BLDG.	SAME	REWORK
228	1956	ELEC.DIST.BLDG.	SAME	REWORK
230	1949	FILLING STAT.	SAME	LEAVE AS IS
231	1940	VEH.FUEL STOR.	SAME	LEAVE AS IS
232	UNKNOWN	OXY.CYL.STOR.	SAME	LEAVE AS IS
235	UNKNOWN	UNKNOWN	UNKNOWN	REMOVED
238	1878	CEMETERY	SAME	LEAVE AS IS
CO'S QRTS	1906	QUARTERS	SAME	MOVE
XO'S QRTS	1906	QUARTERS	SAME	REMOVE

In late August of 1990, in response to an Iraqi invasion of Kuwait, the multinational military operation (Desert Shield) was initiated. The hospital was tasked with providing personnel for deployment on the Navy hospital ship, USNS Comfort (T-AH 20), the USS Iwo Jima (LPH 2), USS Nassau (LHA 4), and other ships. Other personnel were dispatched to the 1st. Marine Division, 2nd Force Service Support Group, and the 2nd Marine Air Wing.

Also, the platform of Portsmouth personnel for Fleet Hospital #5 (FH-5) became involved.

In September, the Psychology Department began its intern program in clinical psychology with three participants.

After a 7 year period, the position of Commanding Officer for the hospital was again designated to be filled at the rank of Admiral. On 14 December, RADM Daniel B. Lestage, transferring from the position of Bureau of Medicine and Surgery Inspector General, took command. During the Change of Command ceremony, the Naval Hospital, under the leadership of Captain Charles M. Reinert, was awarded its first Meritorious Unit Commendation by the Secretary of Navy. The substance of the awarding citation stated:

"For meritorious service in support of the United States Atlantic Command, Atlantic Fleet and supporting Shore Establishments from 1 October 1988 to 31 December 1989. During this period, Naval Hospital, Portsmouth, Virginia, through its superb performance and exceptional professionalism, distinguished itself by providing the highest level of health care services to personnel of the Navy and Marine Corps, their dependents, and retirees and their dependents in Hampton Roads. Through implementation of progressive management programs and embrace ment of an attitude of accountability and ownership, the hospital reestablished its patient referral base and promoted a high standard of excellence in Graduate Medical Education. Additionally, job satisfaction for the staff was restored and the hospital strengthened its position as a major health care institution in the com munity. These actions contributed directly to the high state of readiness for both the operational and shore based units operating from Hampton Roads."

In June, 1991, Building #123, the original gym nasium, and the outdoor swimming pool was demolished. Then, following site preparation in 1991-92, actual work began on a 6 story 800,000 sq. ft. parking structure (\$21.5M), a replacement clinical investigation building (\$4.3M), a new public works facility (\$3.5M), and an ultra modern gymnasium (\$2.7M).

In 1992-93, work on a central energy plant (\$12M) began, as did that of the first of four phases of the new acute care facility (\$181M).

In 1993-94, hyperbaric chambers was installed, and in 1994-95, buildings #249 and #250 (\$4M) was rehabilitated.

In 1997-98, renovation of clinical buildings #1 (\$15.5M) and #215 (\$13.5M) began.

The Naval Hospital in Portsmouth was the first in the Navy medical system. Under its roof, sick and wounded from all wars the United States has been involved with have received care. It was therefore fitting that in 1966, the original hospital building was registered as a Virginia Historical Landmark.

Through any period of time, this hospital and its legion of medical personnel have been at the forefront of where the action is. Thus, the motto "First and Finest" is certainly appropriate and well deserved.

Readers Note: The information presented has been gathered from various sources that would have, through time, unfortunately been lost. A number of facts and anecdotes were shared by CAPT Theodore H. Conaway Jr., MSC, USN-R, and Mr. Allen P. Cutchin. It should be apparent that this compilation of information augments that contained in the following references.

Butts, M. 1971. Portsmouth Under Four Flags. 242pp. Ports. Hist. Assoc. and Friends of the Ports. Naval Shipyard Mus.

Holcolm, R. C. 1930. A Century With the Naval Hospital in Portsmouth. 543pp. Printcraft Publ. Co., Ports.

Now, even with this effort, much remains to be added. Particularly with regard to the recent past.

Very Respectfully,

R. M. GARRIGUES III
LCDR, MSC, USN