NORTH CAROLINA STATE HISTORIC PRESERVATION OFFICE
Office of Archives and History
Department of Cultural Resources

NATIONAL REGISTER OF HISTORIC PLACES

Mary Elizabeth Hospital

Raleigh, Wake County, WA3185, Listed 2/5/2009
Nomination by Carrie Ehrfurth
Photographs by Carrie Ehrfurth, July 2008

Front view from street

Side view

NPS Form 10-900 OMB No. 10024-0018
(Oct. 1990)

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.

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1. Name of Property

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historic name: Mary Elizabeth Hospital
other names/site number: N/A

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2. Location

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street & number: 1100 Wake Forest Road not for publication N/A
city or town: Raleigh vicinity N/A
state: North Carolina code NC county Wake County code 183 zip code 27604

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3. State/Federal Agency Certification

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As the designated authority under the National Historic Preservation Act, 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.)

_____ _____
Signature of certifying official Date

North Carolina Department of Cultural Resources
State or Federal Agency or Tribal government

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

_____ _____
Signature of commenting official/Title Date

_____
State or Federal agency and bureau

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4. National Park Service Certification

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I hereby certify that the 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
☐ removed from the National Register
☐ other, (explain)

_____

_____

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5. Classification

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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

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

Number of contributing resources previously listed in the National Register 0

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

N/A

6. Function or Use

Historic Functions (Enter categories from instructions)

Cat:	Sub:
HEALTH CARE	Hospital
	Medical Business/Office

Current Functions (Enter categories from instructions)

Cat:	Sub:
COMMERCIAL/TRADE	Business

7. Description

Architectural Classification (Enter categories from instructions)

Colonial Revival
Bungalow/Craftsman

Materials (Enter categories from instructions)

foundation	BRICK
roof	CERAMIC TILE
	ASPHALT
walls	BRICK
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.

_____ 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.)

____ 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)
_HEALTH/MEDICINE_____
_____
_____
_____
_____

Period of Significance
1920-1958

Significant Dates
1920 _____

Significant Person
(Complete if Criterion B is marked above)
_N/A_____

Cultural Affiliation
__N/A_____

Architect/Builder
Designer: Glascock, Dr. Harold_____
Builders: Eldrige, Charley and_____
Kennison , Dick_____

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

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9. Major Bibliographical References

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(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
___ Other
Name of repository: Wilson Library, North Carolina Collection, University of North Carolina-Chapel Hill

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10. Geographical Data

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Acreage of Property _approx. 2 acres_____

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

	Zone	Easting	Northing		Zone	Easting	Northing
1	17	714050	3963630	3	__	_____	_____
2	__	_____	_____	4	__	_____	_____

Verbal Boundary Description
(See the description of the boundaries of the property on continuation sheet, Section 10.)

Boundary Justification
(See the explanation why the boundaries were selected on a continuation sheet, Section 10.)

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11. Form Prepared By

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name/title _Carrie Ehrfurth/historic preservation specialist_____

organization__Hedgehog Holdings, LLC_____ date_March 28, 2008_____

street & number_PO Box 12929___ _____ telephone_919-755-2250_____

city or town__Raleigh_____ _____ state_NC___ zip code _27605_____

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Additional Documentation

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Submit the following items with the completed form:

Continuation Sheets

See Sections 7, 8, 9, and 10.

Maps

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

Photographs

Representative photographs of the property.

Additional items

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

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Property Owner

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

name _Mary Elizabeth, LLC_____

street & number___PO Box 12929_____ telephone_919-755-2250____

city or town_Raleigh_____ state__NC_ zip code __27605__

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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.). A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to range from approximately 18 hours to 36 hours depending on several factors including, but not limited to, how much documentation may already exist on the type of property being nominated and whether the property is being nominated as part of a Multiple Property Documentation Form. In most cases, it is estimated to average 36 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form to meet minimum National Register documentation requirements. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, 1849 C St., NW, Washington, DC 20240.

Narrative Description

Summary
Located on the corner of Wake Forest Road and Glascock Street in Raleigh, Mary Elizabeth Hospital was designed by Dr. Harold Glascock and built in 1920. The building faces west set back off of Wake Forest Road with a landscaped front lawn and mature trees. The two-story, brick, hospital is a modified-"H"-type plan, a plan that was made popular by government funded hospitals and often adapted for community hospitals in the early part of the twentieth century. The Mary Elizabeth Hospital was built in the Colonial Revival style, but it has some Craftsman features, such as the exposed rafter tails, wide eaves, and hipped roof, which are echoed by the many Craftsman bungalows in the surrounding residential neighborhood. A large parking lot shared with the adjacent Medical Arts Building, accessible off Glascock Street and Lafayette Road, sits at the rear of the hospital building.

Mary Elizabeth Hospital, 1920

The layout and design of Mary Elizabeth Hospital has many of the hallmarks of 1920s hospital design.

The Mary Elizabeth Hospital building is an adaptation of the "H"-type hospital plan. It is not a full "H" in that a long front (west) wing is connected to a shorter rear (east) wing by a central wing. The long narrow open area to the south between the front and rear wings once acted as an ambulance entrance and loading zone. Later it was converted to small courtyard. The building sits on a sloped lot which causes the building to appear to be two stories in the front and three stories in the back. A retaining wall runs along the front of the building allowing light into the below-ground portion of the building.

The roof of the hospital is mainly green asphalt shingles, but some smaller areas such as the roof over the rear entrance, are still covered in green ceramic tile. Exposed rafter tails on the wide eaves of the hipped roof give the building a residential character reminiscent of a Craftsman-style house; it is a feature that helps to balance the formality of the rest of the building. The building has two chimney stacks. One is centrally located in the main block, and the other is on the northern end of the building, near the operating room. Two rows of wooden one-over-one double-hung sash windows run symmetrically along the façade adding to the formal quality of the building while also letting in a good deal of light to interior patient rooms. The front entrance is located in the center of the two-story main block as a projecting central pavilion. A three-centered arched hood frames the main entrance, which is augmented by a three-light transom, sidelights, and is supported by flanking Doric columns. The door is glazed over two horizontal panels and matches the sidelights. Based on earlier photographs of the hospital, it is evident that the current hood and columns replaced an earlier hood and columns. This likely happened during the 1985-86 rehabilitation of the hospital.

The south elevation, where the old ambulance bay is located, has exterior stairs and two-tiered balconies. The upper balcony connects the front and rear wings. The metal railings and brick posts appear to be later additions which replaced the original balcony and rails. The metal railings have a repetitive diamond shape and horizontal line pattern. The angles present in the railing diamond shapes are echoed in the pyramidal concrete column caps that sit atop the brick posts. The original wood, glazed-over-two-horizontal-panel doors, and most of the one-over-one double-hung sash windows are still present. One of the windows on the rear wing was bricked up when the set of exterior metal steps was installed. The front and rear wings are now connected by a partially below-ground hallway which does not obscure the view to the open area between the two wings. The roof over this hallway is covered in green ceramic tiles, and four one-over-one double-hung sash windows are centered on the above-ground portion of exterior wall.

The north elevation is dominated by the one-story operating room which is a lower T-shaped wing. The hipped shingled roof has a large tripartite window and skylight that interrupts the roofline and lacks the eave overhang. This window was designed to maximize the amount of natural light during surgeries. A small two-story addition to the main block, on the northwest corner, was built during the modifications made to the building in 1960. It has a flat tar roof, and was constructed with similar colored brick and grout. A set of concrete and brick stairs leading to a patio, built as a part of the 1985-86 rehabilitation, runs along the north elevation of the operating room and 1960 addition. A four-light transom and a glazed-over-two-horizontal-panel door provide access to this patio from the 1960 addition. This door was added when the patio was constructed; originally, the opening was a window.

The south (rear) elevation is the most altered as it is the side of the building with the most additions. These additions took place in two main phases, in 1960 and in 1985-86. There are four additions built in 1960 as evidenced in plans for the alterations to Mary Elizabeth Hospital created in 1960 by Raleigh architect, F. Carter Williams. On the southeast corner of the original rear wing, a one-story brick addition was built to house the boiler. There are two one-over-one double-hung sash windows on the east elevation, and on the north elevation of this addition, there is a glazed-over-two-horizontal-panel door leading to the parking lot. A gable-roofed second story was added to this addition in 1985-86. The east elevation windows are in the same configuration as the lower-level windows, and the second-story windows on the north elevation are also one-over-one double-hung sash windows.

A new elevator and stair tower was built in 1960 as well. Its gable roof intersects with the rooflines of the front and rear wings. The brick used in this addition is not like the tapestry brick used throughout the rest of the building. It is has no variation in color, and is more orange than the other bricks used in the building. A small one-over-one double-hung sash window opens onto the second-floor stairwell. The last 1960 addition

is nested in a corner to the northeast created by the connection of the original front and rear wings. This flat-roofed, brick, two-story addition housed the new dining room and kitchen. The exterior brick is the same monochrome orange brick used in the elevator and stair tower addition. The north elevation of this addition has two one-over-one double-hung sash window pairs, and the east elevation has one set of the same window type.

Over the course of 1985-1986, the occupants of the building at that time, the United Way of Raleigh, restored and renovated the building to make it an office building. During this time, the previously mentioned connecting hall, second-story to the boiler room, north patio and stair, and south balconies were added. The most prominent 1985-86 rear addition is the covered entryway, tapestry brick entrance, and lobby. This new more formal entrance was added to mark the reorientation of the building. The rear of the building faces the parking lot, and the new entrance became the main entrance. The green ceramic tile roof on this addition is hipped, recalling the original projecting pavilion on the front wing, and it steps down from the interior lobby, to the entry, to the covered exterior entryway. The T-shaped window on the east side of this addition is made up of a six-light transom above a tripartite one-over-one double-hung sash window set.

Other minor alterations can be seen on the rear elevation. On the second floor of the rear wing, a window and door were replaced with a set of sash windows. Similarly, a second-story door opening on the northeast end of the front wing was replaced with a one-over-one double-hung sash window.

The hospital's interior contains the long hallways of the front and rear wings which are connected by the short hallway between the two. These hallways are lined with wood single-panel doors that open onto small rooms with one or two windows. There are only a few large open rooms in the building, and these are located at or near the front and rear entrances. The main entrance on the front wing first floor originally opened onto a large reception and waiting area. This area is currently used as a conference room. The rear parking lot entrance opens onto a lobby that was constructed for the United Way in 1985-86, and the large room constructed in 1960 as the dining room, located adjacent to the rear lobby, was converted into a conference room.

When the building was converted from a hospital to an office complex, the layout of the rooms was basically unchanged. The first-floor front and rear wings housed mainly patient recovery rooms which are now used as offices. The second floor of the front wing contained more recovery rooms, and the second floor of the rear wing was the maternity department with delivery room, nursery, and recovery rooms for the mothers. These rooms are also currently used as offices. The ground floor housed a variety of hospital rooms. The nursing school room, dining room, laboratories, kitchen, x-ray room, and laundry area were all located on the ground floor. These rooms were also

converted to offices and meeting rooms. The center wing functioned as the administrative and supply hub for the hospital staff, and it functions much the same way today. The current occupants use this area as a central office supply area on the first and second floors and as a vending machine area on the ground floor.

The second and first floors are carpeted, and the ground floor has the original broken tile floor. Drop ceilings were installed during the 1985-86 renovation, and sheetrock walls have been added over the original plaster walls in most of the building. Many of the original door frames were replaced during later renovations, but a handful of the original frames, single-panel wood doors, and ball-hinge door hardware still exist on the first and second floors.

Despite the 1960 and 1985-86 additions and alterations, the original hospital building remains intact and recognizable as a hospital. It retains its symmetrical façade, architectural detailing, and interior layout. The main block is largely unaltered, and the additions to the rear were constructed with similar materials and detailing and are only visible from the rear of the building or the neighboring Medical Arts Building.

Summary Statement of Significance

Mary Elizabeth Hospital, located at the intersection of Wake Forest Road and Glascock Street, Raleigh, North Carolina was constructed in 1920. It meets National Register Criterion A in the area of health and medicine, with a period of significance of 1920 to 1958. Designed, constructed, owned, and operated privately by a group of Raleigh doctors including Drs. Harold Glascock, Ivan Procter, and Powell G. Fox, it is significant at the local level as a privately owned hospital built in the early twentieth century which offered modern equipment, techniques, and facilities for the provision of general medical services to the white citizens of Raleigh, including gynecology and obstetrics.

Health/Medicine Context

The construction of Mary Elizabeth Hospital, completed in 1920, took place during a time of transition in the field of medicine and medical care. More and more medical schools were being established across the nation, which led to more standardized medical education and training. Doctors who graduated from these medical schools were taught to value modern equipment and techniques and thus wanted to have access to a modern hospital. The field of medicine made remarkable advances during the late 1800s and early 1900s. The use of radium, x-rays, and laboratories to make diagnoses transitioned from experimental practices to standard procedures. As medical science advanced and changed the practice of medicine, it also changed the way in which hospitals were designed, constructed, and utilized.

During the early part of the twentieth century, the need for hospitals became more and more apparent to communities and medical professionals. Community leaders, medical professionals, and architects came together to discuss hospital design. Architectural trade journals published articles discussing the topic of designing hospitals, sponsored hospital design contests to motivate architects to create standard hospital designs that hospital boards could adapt, and published specific hospital plans to illustrate good hospital design.[1] Hospital planners desired a layout that would lend itself to an efficient working atmosphere. Hospitals were often laid out with a central section with multiple wings that housed patient recovery rooms. One variation of that plan was the "H"-type plan. The "H"-type plan had two end wings for patient rooms connected by the center wing where the administrative offices were located along with the kitchens, laboratories, utilities, X-ray rooms, and other offices.[2] The arrangement of the long parallel wings connected by a center wing had the advantage of giving patient rooms a window that

[1] Architectural Record (Hightstown, NJ: McGraw-Hill Companies, Inc., 1916-1925) and Architecture, (New York, NY: VNU eMedia, Inc., 1916-1925).
[2] Louis A. Simon, "On the planning of certain government hospitals recently constructed by the Unitied States Treasury Department," Architecture, XLIX:2, February, 1924. (New York, NY: VNU eMedia, Inc.) 41, 46.

could be opened for fresh air and an outside view. Both of these features were considered vital to a recovering patient who needed fresh air and a pleasant view. This plan was popularized by the United States Treasury Department in the building of veteran hospitals and was commonly adapted by other hospitals.

Concurrently, local governments, community leaders, doctors, and medical professionals recognized the need for regulations to govern the practice of medicine and reduce the number of fraudulent or untrained doctors. In North Carolina, the state's medical society was incorporated in 1799 by an act passed by the General Assembly. The society lapsed in the early 1800s but was re-formed in 1849[3]. Ten years later in 1859, the Board of Medical Examiners of the State of North Carolina was established. North Carolina was the first state in the union to have a Board of Medical Examiners[4].

The certification of doctors by the Board of Medical Examiners was contingent, in part, on proper training at an accredited medical school. Medical schools were placing more and more emphasis on scientific advances that were leading to new diagnostic techniques and the use of modern equipment in the hospital setting. Science was out-pacing local medical care which had been, up until the late 1800s, comprised mostly of country doctors making house calls or treating patients in their offices. New hospitals, across the United States, were being conceptualized as community centers for health care where modern equipment, laboratories, and operating rooms could be used by a number of doctors in the area.

Hospital buildings, however, were expensive and difficult to build. The North Carolina General Assembly passed legislation allowing counties to establish general hospitals in 1913, but few counties actually proceeded to do so. Instead, many hospitals were built and privately owned by groups of doctors who were looking for a place to establish their practice where they could avail themselves of the most modern equipment and facility. In the 1920s, more than eighty percent of the hospitals in North Carolina were still privately owned and operated, and most of these hospitals were owned and operated by local physicians. Dr. Glascock, co-founder of Mary Elizabeth Hospital, commented during an annual meeting of the North Carolina Hospital Association, "The counties and cities have been slow to build hospitals and our physicians have said 'We shall go forward.' Every private hospital represents a magnanimous gift of the community by some philanthropic physician."[5]

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[3] http://www.ncmedsoc.org/pages/about_ncms/about_ncms.html, January 11, 2006. North Carolina Medical Society.
[4] Dorothy Long, Medicine in North Carolina; essays in the history of Medical Science and Medical Service, 1524 – 1960. (Raleigh, NC: North Carolina Medical Society, 1972).
[5] North Carolina Hospital Association. North Carolina Hospital Association Annual Report, 50th Anniversary, (Raleigh, NC: North Carolina Hospital Association ,1968), 7.

Hospital Context

Until the late 1870s, there were no general hospitals at all in North Carolina. The first hospitals in North Carolina were affiliated with churches. St. Peter's Home and Hospital in Charlotte opened in 1876, St. John's Hospital in Raleigh opened in 1878, and the Good Samaritan Hospital opened for blacks in Charlotte in 1891.[6]

In 1926, just a few years after Mary Elizabeth Hospital had opened, North Carolina still only had 153 hospitals located in fifty-nine of the 100 counties. Of the 153 hospitals, eighty-eight were general hospitals; the other sixty-five were specialized hospitals such as mental institutions or tuberculosis hospitals. The ratio of doctors to patients was of concern to the North Carolina general public, especially in regards to the lack of doctors in rural regions. This lack of doctors in rural areas was a direct result of country doctors retiring and the next generation of doctors locating their practice near pre-existing hospitals. There were 11,997 hospital beds for 2,812,000 people.[7] In 1926, the University of North Carolina News Letter reported that the ratio of doctors to patients was one doctor to 1,500 people.[8] Wake County was ranked fifth of North Carolina counties in 1928 for a high ratio of doctors to patients. At that time, there was one doctor to every 896 patients in the county.

Compared to other areas in North Carolina in the early twentieth century, Raleigh had a large number of hospitals. Raleigh had four general hospitals at that time: Rex Hospital, which had taken over St. John's Hospital (established in 1878) in 1894; St. Agnes Hospital for African Americans affiliated with St. Augustine College (NR 1980, St. Augustine College Campus), established in 1890; Leonard Hospital for African Americans, located on the Shaw University campus (NR 1990, part of East Raleigh-South Park Historic District), which operated from 1885 to 1914; and Mary Elizabeth Hospital which opened in 1914. Out of Raleigh's early general hospitals, Rex Hospital is the only hospital that continues to operate under its original name.[9] Rex Hospital's first building, located on South Street, no longer stands, but its second facility, built in 1935-37, on the corner of St. Mary's Street and Wade Avenue still stands although altered with modern additions. St. Agnes Hospital closed in 1965 when it was folded into Wake Memorial Hospital (now Wake Medical Center), and only the ruinous shell of

[6] Memory F. Mitchell, "A Half-Century of Health Car: Raleigh's Rex Hospital, 1894-1944," The North Carolina Historical Review, Vol. LXIV, Number 2, April 1987, (Raleigh, NC: North Carolina Division of Archives and History, 1987), 163.
[7] News Letter, July 7, 1926, vol. XII, no. 34 (Chapel Hill, NC: University of North Carolina, 1926). The University of North Carolina published a weekly newsletter that addressed current issues of the state including topics such as education, health care, crime, and population growth. Each newsletter discussed only one or two topics in depth with articles that used interviews, analysis of national and state statistics, and research.
[8] News Letter, May 5, 1926, vol. XII, no. 25 (Chapel Hill, NC: University of North Carolina, 1926).
[9] Memory F. Mitchell, 163.

the building built in 1909 remains on the St. Augustine College campus. Mary Elizabeth Hospital became Raleigh Community Hospital in 1973 and was later folded into the Duke Health system. The 1920 Mary Elizabeth Hospital building can still be seen on Wake Forest Road (formerly Person Street), a reminder of the local physicians' generosity and concern for the community.

Historical Background of Mary Elizabeth Hospital

The first Mary Elizabeth Hospital, opened in Raleigh in 1914, was located at the corner of Halifax and Peace streets in a building that contained fifteen patient rooms, operating room, an anesthetizing room, the superintendent's room, a kitchen, a dining room, reception area, and office. The owner of the building, David Wright, an engineer for Seaboard Railroad, came to an agreement with Dr. Harold Glascock that the building would serve as a hospital until a new building could be constructed. Upon which time, the old hospital building would revert to a double apartment house. The hospital was named for the mothers of the founding doctors, Dr. Glascock and Dr. Anthony Reynolds Tucker, and their wives. Both Dr. Tucker and his wife each had a mother named Mary, and Dr. Glascock and his wife each had a mother named Elizabeth.[10]

Drs. Glascock and Tucker each started their careers in Raleigh as osteopaths in 1904. They had been students of Dr. A. T. Still, the man who established the medical practice of osteopathy in 1874. Dr. Still's philosophy of medicine was based on the idea of looking at the whole body and stressing preventative medicine rather than treating specific symptoms.[11] After practicing osteopathy in Raleigh for a few years, the doctors both returned to medical school, studying at Southern College of Medicine and Surgery in Atlanta, Georgia. Dr. Tucker earned his degree in 1912, and Dr. Glascock went on to take his senior year at Chicago College of Medicine and Surgery where he earned his degree in 1913. This action, on their part, helped to legitimize their standing as doctors in the community. By Glascock's own account, an osteopath was poorly received by the local medical professionals, and even after earning his degree, it was several years before he was accepted into the Wake County Medical Society[12] despite the fact that he had a thriving and well respected medical practice.[13]

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[10] Mary Elizabeth Nurses Alumnae Association. A Historical Sketch of Mary Elizabeth Hospital. (No date or publication information. Text located in North Carolina State Archives in Mary Elizabeth Nurses Scrapbook. No page number.)
[11] http://www.ncoma.org/PublicInfo.htm, December 14, 2005. North Carolina Osteopathy Medical Association.
[12] Mary Elizabeth Nurses Alumnae Association. Mary Elizabeth Hospital, School of Nursing Scrapbook. This scrapbook is located in the North Carolina State Archives in Mary Elizabeth Nurses Scrapbook.
[13] Robert Winfield, Plow and Scalpel: A Biography of Clemson MacFarland, M.D., (New York: Vantage Press, Inc, 1953) 202.

In an era when much of the population viewed hospitals with distrust and trepidation, or worse, saw hospitals as a last resort to death, Drs. Glascock and Tucker emphasized warm and tender patient care when they started Raleigh's first private hospital in 1914.[14] Glascock, the driving force behind Mary Elizabeth Hospital, had once been confined to a hospital, and his stay had left a deep impression upon him. He started his own hospital so he would be able to operate it according to his ideals and standards. He wrote of hospitals,

> The hospital is man's greatest friend; it shelters the rich, the poor, the unfortunate, and the suffering. The beggar is operated upon with the same care and technique as the rich. The doctors, nurses, and helpers are ever on duty to administer to the burned child, the broken arm, the emergency, and the accident. It is the community life-saving station and with its concentration of equipment, doctors, and trained nurses, it is one's last hope for life. Therefore, give it your co-operation and respect. Speak well of it. Encourage and support it, in order that it may render the best service at all times. You or your friends may needs its services tomorrow.[15]

Dr. Glascock's goal was to run a facility that was progressive and up-to-date with all modern medical technology, yet he insisted on a comfortable and homey atmosphere for his patients. Rather than having nurses "of the battle-ax type," he and Dr. Tucker made the decision to train nurses in a manner they saw fit by teaching them at an in-house nursing school.[16]

By 1918, the original hospital had outgrown the building at Peace and Halifax streets. The 1918 Mary Elizabeth Bulletin, released by Dr. Glascock and his staff, makes the announcement that the new hospital site has been purchased. The site was described as "A very handsome lot. It is located in the best part of the city in a splendid residential section. It is large enough to have plenty of space and parking about the building." The lot, located on the unpaved Wake Forest Road (at that time still referred to as Person Street), was, in 1918, across the street from a large cotton patch and surrounded by only a few houses.[17]

The construction of the new hospital building brought a parting of the ways for Dr. Glascock and Dr. Tucker because the two doctors chose to conduct their practice of

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[14] "Mary Elizabeth fulfills doctor's dream" News and Observer, April 26, 1942.
[15] Robert Winfield, 202.
[16] Ibid.
[17] Mary Elizabeth Nurses Alumnae Association. A Historical Sketch of Mary Elizabeth Hospital.

medicine in different ways. While Dr. Tucker preferred to continue with a mainly osteopathic approach, Dr. Glascock chose to continue practicing only accepted medical methods. A new partnership was formed between Dr. Glascock, Dr. Ivan Marriott Procter, and Dr. Amzi Ellington in order to open the new Mary Elizabeth Hospital.[18] Dr. Glascock and Dr. Procter were the driving forces behind the new hospital building construction.

Like a number of Raleigh physicians, Dr. Glascock and Dr. Procter had their offices in the Masonic Temple Building in downtown Raleigh. Dr. Procter, in 1919, had just returned to Raleigh after serving his internship in Philadelphia and finishing his post-graduate degree at the University of Pennsylvania. In Dr. Glascock, he found an energetic, progressive, and forward-thinking doctor, and they naturally started consulting each other on various cases. At the beginning of November 1919, only a month after Dr. Procter had started his practice in Raleigh, he was notified that the Wake County Medical Society, of which he was a member in good standing, had pressed charges against him for associating and consulting with physicians practicing "sectarian medicine."[19] In other words, because his partner, Dr. Glascock, had once been a practicing osteopath, the other members of the medical community saw Procter in a bad light.

Dr. Glascock had been subject to rejection from all medical societies since he first started his practice in Raleigh in 1904 despite the fact that he had returned to school and earned his medical degree from the Chicago College of Medicine and Surgery and was a regular licensed doctor of medicine in the state of North Carolina. Dr. Procter was suspended from the Wake County Medical Society for two years while the members of the Society looked into the matter. Dr. Procter was highly respected by the statewide network of doctors for his obstetric and gynecology work. Thus, the matter was resolved when the North Carolina Medical Society, the governing body of the Wake County Medical Society, issued a directive that stated, "The Wake County Medical Society is hereby directed to reinstate Dr. Ivan Procter to full membership at once or its charter will be cancelled."[20]

The Wake County Medical Society eventually accepted both of the doctors (Dr. Procter became president of the Wake County Medical Society in 1936[21]), but Drs. Glascock and Procter were still at odds with the Raleigh Academy of Medicine, an older and more

[18] Ivan Marriott Procter, The Life of Ivan Marriott Procter, MD., F.A.C.S. (Raleigh, NC: Edwards and Broughton Company, 1964) 64.
[19] Ivan Marriott Procter, 62.
[20] Ibid, 63.
[21] http://www.wakedocs.org/past_presidents.html. July 10, 2006.

insular institution than the Wake County Medical Society. This conflict hindered the doctors' medical practice because membership to the Raleigh Academy of Medicine was a prerequisite to having professional access to the hospital facilities at Rex Hospital, the other modern medical facility in Raleigh. Finally in 1939, two years after Rex Hospital opened its new larger facility located on the corner of Wade Avenue and St. Mary's Street, the Rex Hospital board of trustees changed its policy about hiring doctors. The board agreed that doctors would be elected from the pool of doctors who were members of the Wake County Medical Society rather than the Raleigh Academy of Medicine, thus enabling Rex Hospital to hire doctors who worked at Mary Elizabeth Hospital and doctors practicing in the area surrounding Raleigh.[22] By that time, however, the doctors at Mary Elizabeth Hospital had constructed their own modern facility.

The lot for the new Mary Elizabeth Hospital, at 1100 Wake Forest Road was purchased from Gavin Dortch for $6,000 in 1918. It was Dortch who decided that the new street being cut from Wake Forest Road along the edge of the lot (Glascock Street) be named after the progressive Dr. Glascock.[23] Dr. Glascock drew the plans and made the blueprints himself, and he and his partners hired Charley Eldrige and Dick Kennison to construct the building.[24] The building was designed to have a modern and pleasing appearance that would put patients at ease when they came to stay, to be up to date with the medical practices and technology, and most importantly, be fireproof. Brick for the building was bought from E.C. Hillyer for $16.00 per thousand, and the tapestry brick for the exterior walls of the building was bought from Jim Thompson and John S. McDonald for $35.00 per thousand.[25]

To save money on building and operating costs, hospital staff, doctors, and nurses pitched in "to help complete the new hospital. Doctors and nurses spent their spare time painting, scraping woodwork, and cleaning windows."[26] In his autobiography, Dr. Procter recounts the difficulty he had in acquiring a loan to pay off the contractors. Eventually, his father bought $30,000 of Mary Elizabeth Hospital preferred stock as a favor to his son. In fact, Dr. Procter's father thought that the hospital stock would not amount to much saying to his wife, "Lucy, if I am gone and hard times come, the hospital stock will not be much help, but my interest in the Citizens Bank and other companies will take care of you."[27] Dr. Procter wrote that during the Depression, the

[22] Memory F. Mitchell, 197.
[23] "Mary Elizabeth fulfills doctor's dream" News and Observer, April 26, 1942.
[24] Mary Elizabeth Nursing School Scrapbook, Letter from Dr. Glascock to ME Nursing Alumni Association, May 31, 1956.
[25] Ibid.
[26] Mary Elizabeth Nurses Alumnae Association.
[27] Ivan Marriott Procter, 63.

Citizens Bank went bankrupt, and it was interest on Mary Elizabeth Hospital preferred stock that "carried Mother through America's worst depression without debt or embarrassment."[28] This anecdote is a testament to the successful administration of the small privately owned hospital, even in the face of financial adversity.

The hospital was still under construction when it opened in 1920, and it was not until 1926 that the unfinished portion of the second floor was completed and set up as a modern obstetrical unit.[29] When Dr. Procter started his practice in 1919, he found the obstetric and gynecological practices in a "deplorable state of affairs," and he worked throughout his entire career to educate patients, medical students, and nursing students about good medical practices in this field. Dr. Procter was the first physician in the state to specialize, restricting his practice to gynecology and obstetrics; the first North Carolinian doctor to be certified by the American board of Obstetrics and Gynecology; the first president of the North Carolina Obstetrics and Gynecology Society; and he made significant contributions to the medical literature in this area, being one of the first surgeons to publish gynecological pathology findings. [30]

The warm and caring atmosphere combined with Dr. Procter's expertise made Mary Elizabeth Hospital a desired location for women to give birth. The Mary Elizabeth Hospital staff, doctors, and their families celebrated the births of all the babies at the hospital with an annual party and reunion of the Mary Elizabeth Babies. The first party was held in 1923. Mrs. A. Francisco was the first baby born in the old Mary Elizabeth Hospital, and Willis Earle Marshall was the first baby born in the new Mary Elizabeth Hospital. Doris Procter, the daughter of Dr. Procter, was the first baby born in the new obstetrics unit. These parties are still well remembered by Raleigh residents for their excellent food and drink. Elizabeth Norris remembered the parties from her childhood, "There was delicious cake, ice cream in Dixie Cups, and a balloon for each child."[31]

The Mary Elizabeth Clinic, formed in August 1927, operated Mary Elizabeth Hospital which held forty-nine beds. The Clinic was made up of seven doctors who provided specialized medicine at the hospital, and it also employed ten administrative staff members to run the hospital and the nursing school. While the clinic doctors maintained offices in the Masonic Temple Building in downtown Raleigh for outpatient services, they used the new Mary Elizabeth Hospital facility for inpatient procedures.[32] The new

[28] Ibid.
[29] Mary Elizabeth Nurses Alumnae Association.
[30] Dr. Powell G. Fox Jr. Transcript of address given by Dr. Fox, Jr. on the 5th Anniversary of Raleigh Community Hospital opening, 1983, 2.
[31] Elizabeth Norris, "Mary Elizabeth and ME." The Raleigh Reporter, June 19, 2004.
[32] "Mary Elizabeth Clinic Formed." News and Observer. August 16, 1927.

hospital kept up with the medical profession with its inclusion of a clinical laboratory and pathological laboratory.[33] During the late nineteenth century, and continuing into the early twentieth century, the medical community was relying more and more on diagnoses made with chemical tests. Therefore it was felt that modern medical facilities must be equipped with laboratories.[34]

In addition to the modern science employed at Mary Elizabeth, the hospital had a reputation for warm and personal care. This philosophy of good service was fostered by the doctors, and carried out, in large part, by the nurses. The training school was small so that each student would receive individual supervision and instruction. An informational booklet for the nurses at the training school, published in 1928 states, "Each nurse is required during her last year to serve three months in the anesthetizing room, three months in the operating rooms, three months in the diet kitchen, and three months in charge of floors, thus giving her an opportunity to develop initiative and administrative powers, and assume responsibility."[35] One hundred and forty six nurses graduated from the program, many of whom served during the Second World War in the Army or Navy. In 1950, the Joint Committee on the Standardization of Nursing ruled that nursing training schools should be connected to a hospital that averaged fifty patients a day. Mary Elizabeth Hospital had forty-nine patient beds, and thus did not meet the requirement and closed in September 1950.

Upon Dr. Glascock's retirement in 1945, Dr. Procter took over as President and Chief of Staff at the hospital until 1946 when he was forced to retire due to coronary heart disease. Dr Powell G. Fox Sr., who had joined the staff in 1921, took up the reins of the hospital, guiding it into its next and last phase at its 1100 Wake Forest Road location. In 1960, the doctors moved their offices from the Masonic Temple Building and rented space in the Medical Arts Building, a new, more modern building at 1110 Wake Forest Road that was built, owned and operated by an outside company and located adjacent to the Mary Elizabeth Hospital. Dr. Powell G. Fox Sr. and Dr. George Paschal Jr., the two main stockholders of Mary Elizabeth Hospital, decided that it would be more efficient to have the clinic offices closer to the hospital building. The Medical Arts Building was built in 1959 and opened on March 25, 1960. In addition to the space rented to the doctors, the Medical Arts Building held a pharmacy, and a coffee and gift shop.

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[33] Mary Elizabeth Clinic. Mary Elizabeth Hopsital. (Raleigh, NC: Mary Elizabeth Clinic, 1928).
[34] http://www.ncmedsoc.org/pages/aboutncms/about_ncms.html. January 11, 2006. North Carolina Medical Society.
[35] Mary Elizabeth Clinic.

In the mid- to late 1960s, the doctors were realizing that Mary Elizabeth Hospital was no longer the modern facility that it had once been. New and sophisticated technologies and medical advances demanded a larger building with better equipment and much more space. The doctors of Mary Elizabeth Hospital, always striving to give the best service to the surrounding community, decided that it as necessary to build a new hospital on a new site that would accommodate future expansion.

The hospital was sold in 1970 to Charter Medical of Macon, Georgia, and a year later, the wheels were set in motion to build a hospital that would accommodate 150 patient beds. Legal battles with Rex and WakeMed Hospitals, which tried to block Mary Elizabeth Hospital's expansion plans, delayed the construction of the new hospital for six years. Charter Medical was unable to afford the delays, and after five years, Mary Elizabeth Hospital was sold to Hospital Corporation of America. Finally, the new hospital was built farther up on Wake Forest Road in 1978. On June 10, 1978 the doors to the new hospital officially opened, and Mary Elizabeth Hospital was officially closed. The new hospital was named Raleigh Community Hospital to reflect the past and future community role of the hospital. Many of the doctors and staff members made the transition to Raleigh Community Hospital, which became Duke Raleigh Hospital in 1998.

Mary Elizabeth Hospital is still remembered fondly by many Raleigh residents. Some recall that it was their birthplace; others know it as the site of baby reunion parties; and some think of it as a nursing training school alma mater. Mary Elizabeth Hospital has been credited by former Mary Elizabeth Hospital doctors as the site for the number of "firsts" that happened there. The first blood transfusion in North Carolina was given at Mary Elizabeth Hospital, the first pathological frozen section was handled there, the first doses of penicillin in Wake County were given there, the area's first modern obstetrical unit was started at the hospital, and Mary Elizabeth Hospital had the first radium treatments in Raleigh. [36]

When the hospital closed its doors in 1978, the United Way of Raleigh took up residence, using the old building as its local headquarters. The hospital building transitioned from medical facility to office space, but as one of the remaining small community hospitals in Raleigh and the surrounding area which served the medical needs of area citizens, Mary Elizabeth Hospital continues to be a community landmark.

[36] "Mary Elizabeth Medical Firsts." *Raleigh Times*, June 12, 1985.

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Verbal Boundary Description

Mary Elizabeth Hospital is located at the northeast corner of the Wake Forest Road and Glascock Street intersection in Raleigh, North Carolina labeled as PIN#: 1704933944 on the accompanying tax map.

Boundary Justification

The nominated parcel is the land historically associated with Mary Elizabeth Hospital and provides an appropriate setting.

The following information is common to all of the National Register Nomination photographs of Mary Elizabeth Hospital:

Name of Property: Mary Elizabeth Hospital
County: Wake County
State: North Carolina
Photographer: Carrie Ehrfurth
Date of photographs: July 2008

1. Looking west at rear of the building
2. Looking north at southeast corner of the building
3. Looking north at the south elevation of the building
4. Looking northeast at the area between the front and rear wings
5. Looking east at the front elevation of the building
6. Looking southeast at the building's original main entrance
7. Looking west at the surgical wing
8. Looking southwest at the parking lot entrance at the rear
9. Standing on the first floor, looking southwest down the hall of the front wing
10. Standing in the original hospital waiting room, now conference room, looking west.
11. Standing in the doorway of the former operating room, now office, in the surgical wing, looking east
12. Standing on the second floor, in the doorway of a former patient recovery room, now office, looking southeast.