

NATIONAL INSTITUTES OF HEALTH  
9000 Rockville Pike  
Bethesda  
Montgomery County  
Maryland

HABS No. MD-1102

HABS  
MD  
16-BETH,  
3-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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

HISTORIC AMERICAN BUILDINGS SURVEY

NATIONAL INSTITUTES OF HEALTH

HABS  
MD  
16-BETH,  
3-

HABS No. MD-1102

- Location:** 9000 Rockville Pike, Bethesda, Montgomery County, Maryland.
- USGS: Kensington, Maryland Quadrangle  
Universal Transverse Mercator Coordinates:  
18.318100.4319050
- Present Owner:** United States Government. Department of Health and Human Services.
- Present Occupant:** National Institutes of Health
- Present Use:** Laboratory Research and Development (Medical)
- Significance:** Begun as a one-room laboratory in 1887, the National Institutes of Health (NIH), an agency of the United States Department of Health and Human Services, today is one of the world's foremost biomedical research centers and the world's single largest supporter of biomedical research. Since 1938, the headquarters of NIH has been in Bethesda, Maryland. The core of the site was donated by Helen and Luke I. Wilson in 1935. Since its establishment, the Bethesda campus has been the location of an extraordinary quantity of basic and clinical medical research. As the administrative center for NIH, it is also the center of the remarkable extramural program that has supported a significant portion of the nation's medical research. Specific medical advancements attributable to NIH's programs include the prizewinning work of 90 Nobel laureates through the extramural program and the work of five Nobel laureates through its intramural program.

## PART I. HISTORICAL INFORMATION

### 1. HISTORICAL CONTEXT

#### History of the National Institute of Health

Today, NIH is one of eight health agencies in the U.S. Public Health Service that, in turn, is part of the U.S. Department of Health and Human Services. The institute was set up to study the cause, prevention, and cure of every disease of man, and to bring together, in the battle against disease, every branch of science connected with plant and animal life. The National Institute of Health had its origin in a small laboratory in New York in 1887, first established to assist in the clinical diagnosis of infectious diseases among immigrants arriving as passengers on ships. In the 1880s, the United States Marine Hospital Service, an agency created in 1798 to provide medical care to merchant seamen, was charged with the additional responsibility of examining passengers on arriving ships and quarantining those who might be sick. Such measures were taken to prevent the outbreak of epidemics.<sup>1</sup>

With leading scientists becoming increasingly interested in the new science of bacteriology, the Marine Hospital Service authorized the establishment of an equipped laboratory in the Marine Hospital in Staten Island, New York. This one-room facility, where examinations focused on the value of bacteria cultivations in providing professional and accurate diagnosis, soon became known as the Hygienic Laboratory. In 1891, this laboratory moved to Washington, D.C., and, in 1901, an Act of Congress authorized \$35,000 for a new laboratory building. This was the beginning of the NIH's early downtown campus -- the predecessor to the Bethesda campus. The authorization formally recognized the significance of the laboratory, which was officially charged with investigating "infectious and contagious diseases and matters pertaining to the public health."

In 1902, as a result of its expanding public mission, the Marine Hospital Service was renamed the Public Health and Marine Hospital Service. At the time of its renaming, the scope of the laboratory's work was increased, establishing new divisions of zoology, pharmacology, and chemistry. After 13 children died in 1901 as a result of receiving a diphtheria antitoxin contaminated with tetanus organisms, the Hygienic Laboratory was charged with developing and enforcing purity standards in the production of vaccines and serum-derived therapies. This tragic incident also prompted Congress to pass the Biologics Control Act in 1901.

By 1912, the name of the Public Health and Marine Hospital Service was shortened simply

---

<sup>1</sup>Details on the history of the National Institute(s) of Health in this section is taken primarily from an article entitled *National Institutes of Health, "Celebrating 100 Years of Medical Progress,"* by Victoria A. Harden, Ph.D., head of the NIH Historical Museum and Office.

to the Public Health Service and, at the same time, new legislation broadened the Hygienic Laboratory's mission to include noninfectious diseases and water-pollution studies. Section 1 of an Act approved by Congress on August 14, 1914, charged the Public Health Service with studying and investigating the diseases of man and conditions influencing the propagation and spread of illnesses. With increasing responsibilities, the Public Health Service developed into a national health agency. The mission of the Hygienic Laboratory was again readapted during World War I to focus on the needs of military personnel. By the 1920s, a policy of federal-state partnerships was beginning to take shape, with states able to request aid on public health problems from Hygienic Laboratory researchers. As a result of expanded interest and inquiries, the scope of the Hygienic Laboratory was widened greatly, and its name changed to the National Institute of Public Health by the Ransdell Act of May 26, 1930. The legislation gave the Institute the property, equipment, and scientific organization of the former Hygienic Laboratory, along with \$70,000 for the construction of additional buildings. This Act also gave the Secretary of the Treasury the authority to accept gifts for the general work of the Institute and for the establishment of fellowships in scientific research. With the government's continued commitment to supporting medical research, the National Institute of Health was officially established, taking over the functions of the Hygienic Laboratory while assuming other added responsibilities. Enactment of the 1935 Social Security Act, which provided \$2 million per year for disease investigations further stimulated interest and initiative in medical research. NIH responded to this initiative by expanding its research efforts and facilities. One indication of the growing importance of medical research was the creation of the National Cancer Institute (NCI) in 1937. The fact that every senator joined in sponsoring the legislation to establish the institute, reflected widespread public concern over this dreaded disease. The inception of the NCI was influential in a number of respects. Not only did it provide a model for the many other disease-specific institutes that were to follow, but its organic legislation included provisions for the support of young researchers and grants-in-aid for research at universities. The latter provision became the precursor to NIH's current far-reaching extramural research program.

In December 1938, NIH moved from its downtown Washington, D.C., campus to its new home on part of the former Wilson estate in Bethesda, Maryland.<sup>2</sup> Scientific and research achievements through World War II—from the discovery of antibiotics to improved surgery, to radar, and the atomic bomb—provided impetus in the postwar era for expanded federal support for scientific and medical research efforts of all types. After the war, NIH's Research Grants Office took over the administration of Office of Scientific Research and Development projects transferred to the Public Health Service. The same office also administered the extramural research grants and fellowship programs.

The war also marked a subtle but vastly important shift in research priorities at NIH. Prior to the war, research at NIH had a distinct Public Health emphasis. However, by the end

---

<sup>2</sup>See Historic American Building Survey Documentation on the Wilson Estate (HABS No. MD-1105).

of World War II it was evident that to make progress in dealing with chronic diseases such as cancer and heart disease, there was a need for expanded basic scientific research, rather than the more traditional applied short-term research. The vital importance of basic research was being voiced in a number of arenas. Particularly influential were a 1945 report prepared by Office of Scientific Research and Development Director Vannevar Bush for President Roosevelt and a follow-up 1947 report by John Steelman. The latter report recommended that the new Communicable Disease Center in Atlanta take over NIH's responsibility for applied research (such as responding to epidemics) and that NIH concentrate its efforts on basic research. These recommendations were followed and as a result NIH became an institution whose charge was entirely related to research.

During the late 1940s and early 1950s Congress authorized five additional institutes: the National Heart Institute (1948); the National Institute of Dental Research (1948); the National Institute of Mental Health (1949); the National Institute of Neurological Diseases and Blindness (1950); and the National Institute of Arthritis and Metabolic Diseases (1950). In recognition of its expanded institutes and research endeavors, the name of the National Institute of Health was pluralized in 1948 to the National Institutes of Health. At this time, the original divisions of the NIH (contained within Buildings 2, 3, 4, and 5 primarily) were renamed the National Microbiological Institute.

The year 1953 proved a watershed year for NIH in two major respects. First, the Public Health Service, and with it NIH, left the New Deal-era Federal Security Agency and became part of the newly created Department of Health, Education and Welfare. Secondly, the new Clinical Center building was dedicated and the first patients admitted to what was, and is, the only hospital dedicated exclusively to research. The Clinical Center for the first time allowed the various institutes of NIH to conduct a broad program of clinical study to complement their laboratory field investigations. Such a facility became increasingly necessary as a significant portion of NIH's work shifted into the area of chronic disease.

The mid-1950s to the mid-1960s have been referred to as the "golden years" of NIH. Under the leadership of Dr. James A. Shannon there were dramatic increases in the NIH budget which went from \$98 million in 1955 to \$1.4 billion in 1967. The number of institutes and funding for additional research continued to increase through the 1960s. In addition, the extramural program, which today constitutes approximately 90 percent of NIH's budget, expanded greatly. During the 1960s, the National Institute of Child Health and Human Development, the National Eye Institute, and the National Institute of Environmental Sciences were all created and, in 1968, the National Library of Medicine-- the world's largest medical library-- also became part of NIH. Also in 1968, under a reorganization of health activities, the National Institutes of Health assumed status as a new operating agency within the Department of Health, Education, and Welfare, which 12 years later became the Department of Health and Human Services.

The 1960s also saw the acquisition of significant off-campus NIH facilities. In 1960, NIH acquired approximately 500 acres for the establishment of the NIH Animal Center,

Poolesville, Maryland. In 1963, NIH was given approximately five acres at the John Hopkins Bayview Medical Center in Baltimore, Maryland for the Gerontology Research Center which is now part of the National Institute on Aging. In 1967, 509 acres were acquired in Research Triangle Park, North Carolina which became the location of the National Institute of Environmental Health Sciences.<sup>3</sup>

In the early 1970s, Congress authorized major initiatives against cancer and heart disease. Recent research has mirrored shifts in health policy and major medical problems. Since 1981, NIH has assumed a leading role in Acquired Immunodeficiency Syndrome (AIDS) research. Other areas of concern have been as varied as women's health, and alternative medicines. One of the major additions to NIH has been the newest institute, the National Human Genome Research Institute which was established in 1989. It was created to lead NIH's contribution to the worldwide effort to determine the location of the estimated 100,000 human genes and to read the entire set of genetic instructions encoded in human DNA. Another recent initiative has been the creation of the Clinical Research Training Program, aimed at promoting clinical research as a field of specialization for medical and scientific professionals.

A small sampling of NIH's achievements includes the following:

- The discovery, during the mid-1940s, of the benefits of fluoride in preventing tooth decay. Fluoridation of the Grand Rapids, Michigan, water supply resulted in the dramatic decrease in cavities among children in that city — triggered similar programs across the country and gave rise to the large number of fluoride toothpastes, mouthwashes, and the like that are now commercially available.
- In 1968, Dr. Marshall Nirenberg of NIH shared a Nobel Prize for his work in elucidating the genetic code, the molecular instructions in the genes of all living things that direct life processes.
- Dr. Julius Axelrod, a 1970 Nobel laureate, expanded knowledge about the chemistry of nerve transmission by demonstrating that an enzyme terminated the action of the nerve transmitter adrenaline—resulting in the eventual production of antidepressant medication.
- In 1976, Dr. D. Carleton Gajdusek became a Nobelist for discovering a new class of infectious diseases caused by “slow viruses.” During the late 1950s, Gajdusek found that slow-acting viruses caused the debilitating disease known as “Kuru,” which struck the Fore people of New Guinea. The new agents, which had a long

---

<sup>3</sup>Other significant off-campus sites include the Rocky Mountain Laboratories of the National Institute of Allergy and Infectious Diseases in Hamilton, Montana. The laboratory was established as a Public Health Service field station in 1921 and was the site of important early research related to Rocky Mountain spotted fever.

incubation period and caused no fever or other symptoms usually associated with infectious diseases, were found to be the potential cause of a number of little-understood, often misdiagnosed and deadly, diseases.

In addition to tremendous gains in basic research which have had broad but general application to medical research, other important advances have included work supported by the National Institute of Arthritis and Metabolic Diseases that led to substitutes for insulin, work supported by the National Heart Institute in the 1950s on the open heart surgery techniques which are now standard operating procedure, (such as the heart-lung machine and blood vessel grafting), and research supported by the National Institute of Allergy and Infectious Disease which led to a measles vaccine.

There have been five NIH researchers who have received Nobel Prizes for their work at NIH: Dr. Marshal W. Nirenberg of the National Heart, Lung and Blood Institute (19968); Dr. Julius Axelrod of the National Institute of Mental Health (1970); Dr. Christian B. Anfinsen of the National Institute of Arthritis, Metabolism, and Digestive Diseases (1972); Dr. D. Carleton Gajdusek of the National Institute of Neurological Disorders and Stroke (1976); Dr. Martin Rodbell of the National Institute of Environmental Health Sciences (1994). Even more significantly, however, NIH has, through grants, supported the Nobel Prize-recognized work of more than 90 researchers.

Today NIH, with 14 research institutes, two divisions and a number of related centers, continues to serve as the steward of biomedical and behavioral research for the nation. The basic mission of NIH continues to be to conduct biomedical research on behalf of the U.S. Government, to train biomedical researchers, to disseminate information, and to advise the public about biomedical research.

## 2. Historical Development of the Site

NIH's presence in Bethesda was the result of a chain of events initiated when prominent local resident, Luke I. Wilson sought out a worthy institution that could benefit from the gift of a portion of his extensive estate along Rockville Pike in Bethesda, Maryland. In 1935, 45 acres of his land were transferred to the National Institute of Health of the U.S. Public Health Service. Building 1 (the Administration Building), Building 2 (the Industrial Hygiene Laboratory), and the Animal Units (Building 3) were constructed soon afterward. Thereafter the site continued to grow continuously in both acreage and number of buildings. Today the site includes 322 acres and approximately 75 buildings.

### Acquisition of the Site<sup>4</sup>

---

<sup>4</sup>Information for this section is based largely upon Historic American Building Survey Documentation on the Wilson Estate (HABS No. MD-1105), prepared by Robinson & Associates, Inc., in August 1997. For additional information on the Wilsons see this documentation.

In 1923, Helen Woodward Wilson purchased 95 acres of land, known as the Bretton farm, on the southwest corner of Rockville Pike and Cedar Lane in Montgomery County. At the time, Bethesda was an emerging wealthy suburb of Washington. The Rockville Pike was being transformed from farmland into a corridor featuring grand 20th-century estates, and several country clubs enhanced the prestige of the area. Rockville Pike was home to many prominent citizens, including Canon Foreland Peter of the Washington Cathedral; Merle Thorp, editor of the "Nation's Business"; and Dr. Gilbert Grosvenor, Director of the National Geographic Society. Luke and Helen Wilson commissioned architect Edward Clarence Dean to design their estate, "Tree Tops," in a style influenced by the English Arts and Crafts Movement. The Wilsons moved into the house in 1926. In the years that followed, a grouping of six other buildings was constructed to the south and west of the main buildings.

Helen Wilson, the former Helen Woodward, was born in 1877, the daughter of Samuel Walter Woodward, a founder of Woodward & Lothrop, one of Washington's premier retail establishments. She was educated at Smith College and later said that it was there that she developed an interest in medical research. It was also there that she met Luke Wilson, the cousin of her college roommate. Luke I. Wilson was born in February 1872 and attended the University of Minnesota until his father died in 1890. Upon returning home, Mr. Wilson joined his uncles in the management of the family firm, Wilson Bros., a business specializing in wholesale and retail furnishings for men. Luke Wilson was in charge of the importing end of the business, a responsibility that involved a great deal of foreign travel. The Wilsons married in 1910 and took up residence in Evanston, Illinois, although Mrs. Wilson maintained strong ties to Washington where most of her family was located. When Luke Wilson retired in 1924 (at age 52) the couple and their young son moved to Washington to the land Helen had purchased in 1923. The parcel was very near land owned by Mrs. Wilson's sister, Irene Woodward Parker, and not far from land owned by her brother.

Luke Wilson was a progressive Democrat who was sympathetic to the social programs of President Franklin Delano Roosevelt and both of the Wilsons had strong philanthropic convictions. In the mid-1930s, the Wilsons expressed an interest in donating a portion of their 95-acre estate to the federal government. The Wilsons was eager to dispose of the land, but made it very clear that they would prefer to vest it in the Federal Government rather than in any state or county agency in Maryland. In January 1933, Luke Wilson further defined this disposition, stating in a letter to Roosevelt's Assistant Secretary, Marvin McIntyre, that he would like "to give away this property for some educational or international purpose."

Suggestions for the use of the Wilson estate, generated by T.C. Jeffers, Landscape Architect with the National Capital Park and Planning Commission, included: an educational center; a convalescent Home for Government Employees; the Woodrow Wilson Foundation "International Center"; a public golf course; a new Naval Hospital or other government department whose work was of a scientific nature. At the time these various uses were being considered, the U.S. Public Health Service (PHS) was looking to

establish a 100- to 150-acre farm on which to raise animals for the National Institute of Health, then located in downtown Washington, D.C. PHS contacted the Wilsons and began encouraging them to donate the property for this use.

In a letter sent to Luke Wilson on December 5, 1934, the Acting Surgeon General John McMullen outlined the proposed use of the property by the Public Health Service. According to the letter, the immediate use of the land was to be in the development of an Experimental Station for the raising of animals used in the control of biologics (biological materials). However, McMullen stated that it was the intention of the Public Health Service (PHS) to eventually enlarge the station to contain the various laboratories necessary to carry out investigative studies connected with malaria, industrial hygiene, milk sanitation, and nutrition. McMullen noted that \$675,000 had been requested from the Treasury Department for the construction of laboratories and quarters, in addition to the \$100,000 that had already been designated for the animal house. The Wilsons apparently had some trepidation relating to bringing an animal farm to their estate. Three months later, on March 16, 1935, Assistant Surgeon General, L.R. Thompson, sent another letter to Luke Wilson, encouraging the transfer, and downplaying the use of the property for an animal farm by assuring Mr. and Mrs. Wilson that the National Institute of Health was fundamentally a research organization dealing with the study of the diseases of man, and that research would always be its function. On March 18, 1935, Luke Wilson notified the Treasury Department, in writing, of his approval of the Public Health Service project.

I wish, therefore, to officially inform you that it is our intention to donate to the Secretary of the Treasury, as a gift to the National Institute of Health of the Public Health Service, a major part of this property, to be used in the development of an experimental station by that Service, the deed or the property to be given to the Government as soon as the exact boundary lines can be determined.

- Letter from Luke I. Wilson to the  
Secretary of the Treasury Department  
March 18, 1935

The Treasury Department officially accepted the Wilson donation on May 15, 1935. And despite opposition from the community, the Maryland-National Capital Park and Planning Commission, and the Board of County Commissioners, the Wilsons deeded 45 acres of land to the United States Government, Department of the Interior, on August 10, 1935.

As mentioned above, throughout the time that the Public Health Service was encouraging the donation of the Wilson tract for use as an animal farm, they were also seeking to move and expand other NIH facilities to the site. At this time, the National Institute of Health was housed in four buildings at 25th and G Street in Washington, D.C. Two of the buildings had been recently constructed, while the other two were much older, one having been built in 1901. Because the buildings were fully occupied, and the site itself had little room for new construction, a new location for NIH was necessary. On December 7, 1933, the Surgeon General of the Public Health Service submitted a memorandum to Assistant

Secretary of the Treasury, L.W. Robert, Jr., containing a list of new construction projects for the Public Health Service. One of the items included on this list was a three-story laboratory building, three sets of officers quarters, and research equipment for the National Institute of Health in Washington, D.C. This request, having gone without response for almost a year, was followed up by the Acting Surgeon General, John McMullen, on November 12, 1934. Given their cramped conditions in Washington, the Surgeon General revised the earlier request by indicating that, although it was originally contemplated to construct the new facilities on the present site of the National Institute of Health in Washington, D.C., representatives of the Public Health Service had been informed of the offer made by Luke Wilson and were very interested in developing the grounds for the headquarters of the National Institute of Health. The request stated that \$100,000 had already been allocated by the Secretary of the Treasury for an animal house, and that it would be of the greatest benefit to the Public Health Service if the new laboratory and quarters could be developed in conjunction with the animal house at the Wilson estate in Bethesda, rather than in the District of Columbia.

Soon after title to the land was transferred, the Public Health Service pushed harder for expanding their facilities on the newly acquired Bethesda site. In a May 1935 letter to the Secretary of the Treasury, Acting Surgeon General, W.F. Draper, stressed that the need for space would become even more urgent with the passage of the Social Security Bill, which would provide an annual appropriation of \$2,000,000 for further research into the cause and prevention of disease.

The Public Health Service estimated that it would cost approximately \$2,500,000 to construct the complete unit at Bethesda. The completed project would include an administration building, laboratory buildings, field offices, quarters for officers and attendants, a sewage disposal plant, road construction and necessary landscaping. On February 24, 1936, the Public Health Service submitted a detailed estimate of project costs to the Procurement Division of the Treasury Department, and requested \$1,363,000 to cover the costs of an experimental laboratory facility at Bethesda. A supplemental letter sent to the Treasury on May 9, 1936, confirmed that \$2,500,000 was required to complete the entire project — an increase of \$1,137,000 over the amount initially requested for the first phase of construction.

On June 22, 1936, a total of \$1,363,000 was appropriated for the construction of three buildings (Buildings 1, 2, and 3) for the National Institute of Health at Bethesda.<sup>5</sup> The funds were appropriated under the Emergency Construction of Public Buildings Act of June 22, 1936. Initial architectural sketches and space requirements for the expanded research center were begun within a month, and streets and roads for the first three

---

<sup>5</sup>For information relating to Building 2, see Historic American Building Survey Documentation, National Institutes of Health, Industrial Hygiene Laboratory (National Institutes of Health Building 2) (HABS No. MD-1102-A), prepared by Robinson & Associates, Inc. in August 1995.

buildings were laid out beginning in November 1936. Ground was broken for the new campus, realized through the Wilsons' donation, in February 1938.

#### Early Development of the Site

Buildings 1, 2, and 3 were constructed after the first federal appropriation in 1936 and were occupied by NIH scientists in 1938.<sup>6</sup> While construction of Buildings 1, 2, and 3 was underway, the Public Health Service announced that the new NIH campus at Bethesda would also be the site for the new National Cancer Institute (NCI). Congress authorized the establishment of the National Cancer Institute in July 1937 and, while negotiations for funding and the final selection of an appropriate location for the NCI were conducted, Buildings 1, 2, and 3 were completed. The new NCI (Building 6) was completed by the late fall of 1939 on a 10.6 acre parcel donated by Mrs. Wilson for the purpose. Authorized by Congressional legislation in June 1938, construction of two additional laboratories, Buildings 4 (Laboratory for the Divisions of Chemistry, Pharmacology and Zoology) and 5 (Laboratory for Infectious Diseases and Biologics Control), had also begun in the spring of 1939. Buildings 4 and 5 were completed approximately one year later in the early Spring of 1940. In 1938, Mrs. Wilson deeded an additional 14.43 acres of land for the erection of fourteen officer housing units which were completed on the northern portion of the site in 1939. Mrs. Wilson went on to donate two additional parcels in 1940 and 1942 of 11.6 acres and 10.9 acres respectively. The latter included the main house on the estate, "Treetops."

The National Institute of Health's first six buildings in Bethesda were dedicated on October 31, 1940. The ceremony, which featured an impassioned address by President Franklin D. Roosevelt, was attended by hundreds of NIH employees and their families, numerous local and federal government officials, as well as residents of the surrounding Bethesda community. Helen Wilson and her son, Luke W. Wilson attended the dedication. Ironically, Luke I. Wilson had died of cancer three years earlier, on July 19, 1937. With the increasing hostilities of World War II as a somber backdrop, Roosevelt's comments emphasized the fact that the National Institute of Health had been dedicated, throughout its history, to furthering the health of all humankind without recognizing limitations oftentimes imposed by international boundaries, race, creed, or color. He went on to say that,

The total defense which this nation seeks involves a great deal more than building airplanes, ships, guns and bombs. We cannot be a strong nation unless we are a healthy nation. And so we must recruit not only men and materials but also knowledge and science in the service of nation strength. And that is what we are doing here.

---

<sup>6</sup>Information relating to the early development of the site is taken largely from portions of the National Institutes of Health - Bethesda Campus Historic Resources Study and National Register Determination of Eligibility, prepared by Robinson & Associates, Inc., for NIH in May 1997.

President Roosevelt acknowledged Mr. and Mrs. Wilson's generosity and compassion for suffering, stating that the government was indebted to them for the "beautiful and very spacious grounds" on which the new NIH buildings were built. In closing he stated:

In dedicating this Institute, I dedicate it to the underlying philosophy of public health; to the conservation of life; and to the wise use of the vital resources of the nation. I voice for America, and for the stricken world, our hopes, our prayers, our faith in the power of man's humanity to man.

#### Later Development

In the postwar years, the NIH campus continued to expand. Most of the land that is now part of the campus was acquired during the late 1940s from a number of sources. In addition to the land donated to NIH by the Wilson family as discussed above, land was purchased from a number of adjacent property holders including the Sisters of Visitation (50.1 acres by condemnation in 1948), the George Freeland Peter family (47.9 acres in 1949), and the Town and Country Golf Club (115.8 acres in 1949).<sup>7</sup> This brought NIH's holdings at Bethesda to 307 acres. With the acquisition of the Peter Estate came the Peter (or Stone) House, a large, 20th-century stone house facing Rockville Pike.

In terms of buildings, Building 9 was proposed in early 1942 to provide temporary space for the care and breeding of animals used in NIH Laboratory experiments. The building was completed in January 1943. Building 8, designed to function as an office facility, and Building 7 (Memorial Laboratory) research space for the National Institute of Allergy and Infectious Diseases were both completed in 1946.

One of the most important new additions to the site came in 1953, with the opening of the massive 1.2 million square foot clinical center. The 500-bed hospital included approximately 1,100 laboratory modules for the use of clinical and basic science investigators and support facilities such as an auxiliary power plant, a laundry, storage buildings, animal buildings, instrument shops, and ground maintenance buildings.

During this era, growth occurred primarily on the southern part of the site where the Support Service and Central Plant (Buildings 11, 12, and 134) as well as the Animal Facility complex (Building 14) were constructed. In the 1960s, NIH continued to expand, with the construction of the National Library of Medicine in 1962 and the construction of several laboratories on the west side of the campus. During the 1970s and 80s, growth slowed somewhat as additional off-site space was rented. The Convent of the Sisters of Visitation was purchased in 1983 and became the Mary Woodard Lasker Center of Health Research & Education. In the 1990s, expansion continued with both additions to existing buildings and new freestanding construction. In 1993, NIH acquired the last remaining

---

<sup>7</sup>For further information on the individual parcels contributed by the Wilsons see Historic American Building Survey Documentation on the Wilson Estate (HABS No. MD-1105), prepared by Robinson & Associates, Inc., in August 1997.

Wilson parcel of land. With this acquisition, and after completing a comprehensive master plan, in 1997 NIH began the construction of an addition to the Clinical Center on the Wilson land. Today, NIH's main Bethesda campus houses some 6,326 employees, or approximately 62 percent of NIH employees.

## **PART II. DESCRIPTIVE INFORMATION**

The main (Bethesda) Campus of the National Institutes of Health is located in southern Montgomery County, Maryland, three miles north of Washington, D.C. The site is bounded by Rockville Pike (Maryland Route 355) to the east, Old Georgetown Road (Maryland Route 187) to the west, West Cedar Lane to the north, and a residential development to the south. Land use in the area surrounding the campus is largely residential -- seven single-family neighborhoods and one multi-family neighborhood adjoin NIH to the north, west, and south. East of Rockville Pike are the combined campuses of the National Naval Medical Center and the Uniformed Services University of Health Sciences.

The NIH campus consists of approximately 75 buildings set on 322 acres in a rolling, wooded, campus-like setting. The character of the site is influenced by significant topography changes. Elevations on the NIH campus range from 232 feet above sea level at the northeast corner of the site, to a high of 384 feet north of Building 37 on the west side of the campus.

### **Landscape/Site Description<sup>8</sup>**

The largest land use on the site is open space. Landscaped wooded and open areas account for approximately 196 acres or 61 percent of the campus. The open space is characterized by natural rolling topography of fairly mature forest cover of even age and density. Along the boundaries of the property there is a landscaped buffer of varying width.

Particularly large open areas are located at the perimeter of the site in four locations: the northwest corner of the campus; along Rockville Pike north and south of South Drive; the southeast corner of the campus near the National Library of Medicine; and the area southwest of the Animal Facility Building 14/28 complex. The four corners of the site provide particularly distinctive natural landscapes. To the northeast, the NIH stream, along with sycamore trees and small footbridges create a quiet, picturesque setting. At the southeast corner of the site the landscape is largely open, with grassy hills and groupings of trees with open vistas into the campus. The southwest corner of the site includes a relatively high area with views to the north. Its distinctive grouping of old sycamores combined with its broad sweep of lawn lend this area a park-like appearance. The

---

<sup>8</sup>Information in this section is based largely upon portions of the December 1995, Master Plan for the National Institutes of Health prepared by Oudens + Knoop, PC and Florance Eichbaum Esocoff King Architects (with Robinson & Associates, Inc.).

northwest corner of the site features a forest of mature tulip poplars. In general, tree cover around the perimeter of the site consists of woodland stands. Predominant species include oak, tulip poplar, sycamore, and maple.

Tree cover around the interior of the site consists largely of formal plantings associated with specific buildings, street trees, and parking lot plantings. Trees in the interior are relatively young in comparison to those in the periphery. Smaller scale vegetation in the interior of the campus is generally associated with individual buildings and consists largely of foundation plantings and other formal decorative plantings near the buildings.

The NIH stream, which runs along the northeast corner of the site, and stream "G" both tributaries of Rock Creek, are the only significant natural water bodies on the site and receive most of the runoff from the campus watershed. (Other parts of these streams are conveyed in a piped drainage system.) Steep slopes cover much of the land along the margins of the NIH stream.

As described above, there are views from the southeast corner of the site into the campus and views from the southwest corners of the site northward. In addition to these, there are also panoramic vistas over the entire campus from the elevated areas in front of the Stone House (Building 16) and behind the Convent Building (Building 60). There is also an axial view across Rockville Pike between Building 1 and the tower of the National Naval Medical Center.

Site furnishings vary throughout the NIH campus. Seating areas range from stone ledges to wood and metal benchers. Public park-type steel picnic benches are located haphazardly throughout the campus. Waste baskets also vary throughout the campus. Sculpture on the site includes a memorial anchor at the intersection of South Drive and Center Drive, a sculpture by Louise Nevelson in front of the entrance to Building 10B, a small memorial behind the Children's Inn (Building 62), and the sculpture in front of Lister Hill National Center (Building 38A).

The second largest category of land use on the site is parking and circulation which consumes approximately 87 acres (27 percent of the site). There are three multi-level parking structures and a number of parking lots on the site that accommodate roughly 10,000 cars. There are five major entrances to the campus, providing access from all but the south side of the site. Most traffic uses Rockville Pike or Old Georgetown Road entrances. Internal circulation is mostly via Center Drive, which runs from the northwest corner to the southeast corner of the site. Other circulation is on Lincoln Drive on the west and South Drive on the east (with a connection via West Service Drive through the center of the campus); Wilson Drive provides access to Center Drive on the east side; and Convent Drive runs north and south on the west side. There is a plethora of smaller service roads throughout the campus providing vehicular access to most buildings on the site. Most roads are 22- to 30-foot-wide two-lane roads. Center Drive, however, varies from 60 feet to 40 feet. Generally in the center of the campus, roads are bounded by sidewalks and formalized plantings while at the peripheries there is less formal

landscaping. Most buildings are set back roughly 150-200 feet from roads. Walkways are concrete and roads are paved with asphalt. Although lighting types vary, roads are generally lit by "cobra" type street lamps.

#### Built Environment

Buildings account for roughly 39 acres or roughly 12 percent of the site. In general, the over 75 buildings on the site are laid out according to an octagonal grid which was established by the placement of the original NIH buildings on the site. Buildings that do not conform to this grid were generally already on the land when it was purchased by NIH. Buildings in this category are the Convent Building (Building 60), the Wilson Estate (Buildings 16 and 16A), and Treetops (Building 15K). Other buildings not on the grid are the officer housing units to the north (Buildings 15 B, D-F, H-I) and the relatively new Natcher Building (Building 45). Significant spatial relationships relating to the buildings on the site include the axial relationship between the central administration building (Building 1) and the tower of the National Naval Medical Center, the orthogonal relationship of the buildings within the historic core, and the axial relationship between the clinical center and the historical core.

Although buildings are distributed throughout the site, the built environment on the campus can be broadly divided up into a number of functional clusters: a residential area to the north of the site, the massive clinical center in roughly the center of the site, the historic core/lab buildings to the northeast, another more modern lab area to the southwest, and a service support/utility/animal facility area to the south and center of the site. In general, lower buildings are located at the perimeter of the campus while taller buildings are located in the center. Of the latter, the Clinical Center (Building 10), Building 31, and the Lister Hill National Center (Building 38A) are the tallest (all being more than 150 feet).

Of the buildings constructed by NIH, the oldest are located in the center of the NIH campus, southwest of the intersection of Rockville Pike and Cedar Lane. This historic grouping, consisting of Buildings 1 through 9, dates from the earliest phases of construction at NIH and was completed between the years 1938 and 1947. In general, the Georgian Revival stylistic vocabulary and the accompanying palette of materials such as brick walls, slate roofs, and stone detailing, was carried throughout these buildings. Linked by concrete walks and surrounded by mature trees and shrubs, the historic core evokes a strong collegiate atmosphere.

The focus of the original NIH grouping is the east-facing Administration Building (Building 1) which is centered between, and set back from, its two flanking laboratory buildings, Building 2 and Building 3. Buildings 4 and 5 were placed directly west of Building 1 and sit in the same parallel, flanking position as Buildings 2 and 3. The placement of these facilities resulted in the formation of a symmetrical and central, five-part core composition, with Building 1 functioning as the centerpiece. The ordered symmetry of this first cluster of buildings was offset in 1946 by the construction of

Building 8 which was placed in a parallel fashion between Buildings 3 and 5. Building 9, built as a temporary structure, was constructed directly behind Building 5 in 1943. Building 7, which has a transitional design with elements of both classical and modern styling, was constructed near Building 9 in 1947. Building 6, located across Center Drive to the northeast of the Building 1 through 9 grouping, was constructed in 1939, shortly after the completion of Buildings 1-3<sup>9</sup>. Although physically separated and set in a fashion perpendicular to the earlier collection of buildings, Building 6 is visually linked to the NIH historic core and tied to it by its similar date of construction, materials, and associated research function. Extensive alterations and additions, particularly to Buildings 4, 5, 6, and 8, have changed — to varying degrees — the interior and exterior appearance of these facilities. The construction of several parking lots in the immediate vicinity of these structures has also compromised their original setting. Despite these changes, the overall composition and physical relationship between these facilities remains readable.

From the same era, Buildings 15B-G located on the northern portion of the site, were constructed as officer quarters. The buildings were begun in December 1938, completed in January 1940, and today are used both for offices and housing. The design of these duplex and detached housing units complements the established NIH Georgian Revival aesthetic, and is typical of mid-twentieth-century suburban house types.

The next oldest NIH-constructed buildings on the campus consist of red brick buildings constructed largely in the 1950s which have more modern stylistic features. Although scattered throughout the site, the greatest concentration of buildings in this category is located in the center and southern parts of the campus. Buildings in this category include the large, utilitarian, Building 14/28 complex, portions of the original clinical center building (Building 10), and assorted smaller buildings. The massive clinical center is the functional heart of the campus and by its sheer bulk (it contains 34 percent of the total campus occupiable gross square feet) dominates the campus. Although completed in 1953, the building has been so heavily altered over its lifespan that very little of the original brick building can be seen on the exterior.

In the 1960s through the 1990s, modern stone, concrete, and brick buildings were constructed throughout the site but are particularly concentrated at the southeast, southwest, and northeast corners. One of the most notable of these buildings is Building 38, the National Library of Medicine. Completed in 1962, it is a low-lying rectangular block topped by a distinctive hyperbolic paraboloid shell, which is elevated on four pillars to provide light to the heart of the building. Many aspects of the design of the building, including the fact that much of it is below-grade, shows the concern paid by the designers for the necessity for nuclear-bomb-blast-proof construction.

---

<sup>9</sup>The placement of Building 6 outside the initial three-building core was dictated by the fact that, although not constructed simultaneously, laboratory Buildings 4 and 5 were *planned* in conjunction with the design of Buildings 1, 2 and 3. Therefore, the areas of ground immediately adjacent and to the west of Building 1 were claimed for this anticipated construction effort.

Although most of the buildings on the site were constructed as offices, laboratories, and patient care facilities for NIH, there are several earlier residential structures that were extant on the land when NIH purchased it and that have been incorporated into the site. In this category are the George Freeland Peter Estate (Stone House), the Convent of the Sisters of Visitation, and Treetops, part of the Wilson Estate.

Tree Tops (Building 15K) is located in the center of the northern portion of the site. The principal residence of Luke and Helen Wilson from 1926 to 1942, the building has been attributed to architect Edward Clarence Dean. The two-and-one-half-story stuccoed masonry house was constructed in 1926 for the Wilsons. The building, with long intersecting gables, decorative use of stone and timbering, and casement windows, shows elements of the English Arts & Crafts tradition as adapted to suit a rustic American setting.

The George Freeland Peter Estate (Buildings 16 and 16A) is located at roughly the center of the east side of the campus, facing, but significantly set back from, Rockville Pike. The estate consists of two buildings, a main house and a smaller caretaker's cottage. The estate served as the home of George Freeland Peter from 1931 until 1949. The Peter House (Building 16 or Stone House) was constructed in 1931. It was designed by Peter's brother, Walter G. Peter, a prominent local architect. It is a well-executed example of the Colonial Revival form popular in the United States during this time. The three-bay, stone, I-shaped building features steeply pitched, slate, gable roofs, and a neoclassical two-story portico (on its east facade). Today the building is the John E. Fogarty International Center, a conference and reception center. The Caretaker's Cottage (Building 16A) is a three-story stone and frame cottage located directly north of the Stone House. Constructed to house the caretaker on the upper two floors and a garage on the ground floor, the building today houses the offices of the Fogarty Center.

The Convent of the Sisters of the Visitation (Building 60), located on the northwest portion of the site, was constructed in 1922-23 as a cloistered monastery for the Roman Catholic Order of the Sisters of the Visitation. It remained in this use until 1982 when the property was transferred to NIH and was renovated and enlarged to become the Mary Woodard Lasker Center for Health Research and Education. The two-and-one-half-story, red brick Convent building is situated within a walled compound that encompassed a largely self-sufficient religious community. The convent is basically E-shaped in plan, with the open end to the southeast and the main part of the building running southwest-northeast. The building's chapel projects out from the northwest elevation and there are two perpendicular secondary wings. The design concept of A.B. Mullet and Company (Marsh and Peter, associated architects) for the Convent building was conservative, based on the Georgian Revival style popular during the 1920s and 1930s. Romanesque elements, with their strong association with the Roman Catholic Church, were used to articulate the chapel wing.

### **PART III. SOURCES OF INFORMATION**

**A. Architectural Drawings:** Original drawings of most buildings on the NIH campus are located at the National Institutes of Health on Integraph computer microfilm. These drawings can be printed out on a Computer Aided Design (CAD) system. They are accessible through the Design Engineering Services Branch of the National Institutes of Health.

**B. Early Views:**

From the National Library of Medicine/Prints and Photographs Collection, History of Medicine Division:

Aerial View of NIH Buildings and Grounds, ca. 1940 (A16586)  
Aerial View of NIH Campus, ca. 1945 (A16594)  
Aerial Views of NIH Buildings and Grounds, ca. 1945 (A16590)  
President Roosevelt Delivers Keynote Address at Dedication Ceremony, 1940 (A14579)  
Aerial View of NIH Campus, ca. 1970 (A28451).  
President Johnson Listens to a Clinical Pathology Staff Member, 1967 (A14671).  
Retiring Dr. James Shannon and Incoming Director Dr. Robert Marston, ca. 1968 (B10660)  
Buildings 35, 36, 37 complex, ca. 1970 (A16668)  
Building 31, ca. 1970 (A16628)

From the National Cancer Institute:

Aerial View of NIH Campus in 1940, Looking Southeast

**C. Bibliography**

**Primary and Unpublished Materials**

Dalton Dalton Newport with Tracerics (Robinson & Associates, Inc.). The NIH Master Plan. Phase 1: Task 5. Part III. Cultural Asset Inventory. Architectural Significance. Final Submittal. September 17, 1985. (Located at National Institutes of Health and Robinson & Associates, Inc.)

National Archives.

Records of the Public Health Service. Record Group 90. General Files, 1924-1935.

Records of the Public Health Service. Record Group 90. General Records, General Subject File, 1924-1935.

Records of the Public Health Service. Record Group 90. General Classified Records, Group IX, 1936-1944.

Records of the National Capital Park and Planning Commission. Record Group 328. 1924-1961. Compiled by Dorothy S. Provine.

National Institutes of Health.

Real Property Records. History of construction authorization and changes from 1936 through 1958.

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

Oudens + Knoop Architects, PC and Florance Eichbaum Esocoff King Architects (with Robinson & Associates, Inc.):

Environmental Impact Statement for the National Institutes of Health, December 1995.

Master Plan for the National Institutes of Health, December 1995.

Robinson & Associates, Inc. (for National Institutes of Health):

Historic American Building Survey Documentation, National Institutes of Health, Industrial Hygiene Laboratory (National Institutes of Health Building 2) (HABS No. MD-1102-A), August 1995.

Historic American Building Survey Documentation, Wilson Estate (HABS No. MD-1105), August 1997.

National Institutes of Health - Bethesda Campus Historic Resources Study and National Register Determination of Eligibility, May 1997.

### **Secondary and Published Materials**

"Bids Opened for National Institute of Health on Site Near Bethesda." The Washington Star. 2 March 1937. B4.

"Commissioners Reserve Vote on Laboratory Plan." The Maryland News. 31 January 1936.

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

Forman, H.Chandlee. Early Manor and Plantation Houses of Maryland. Baltimore: Bodine & Associates, Inc., 1982.

Harden, Victoria A. "Celebrating 100 Years of Medical Progress." Available at the NIH Historical Museum and Office.

Harden, Victoria A. Inventing the NIH. Baltimore: Johns Hopkins University Press, 1986.

"Health Institute and Hospital Bring Boom to Bethesda." The Sunday Star. 7 May 1939.

"Health Institute Moving Time Set." The Washington Star. 7 September 1938. B6.

"Health Service Asks \$1,363,000 for Laboratories." The Evening Star. 7 May 1936. A1.

Koyl, George S. American Architects Directory. Second Edition. New York: R.R. Bowker Company, 1962.

"Layout Planned for Laboratory." The Evening Star. 12 November 1936. B1.

"NIH at 100: Where Big Government Meets Big Science." The Washington Post Health Section. 13 January 1987.

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

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

"The National Institutes of Health, A Bethesda Landmark Celebrates Its Centennial." The Montgomery County Story 30 (February 1987): 247-261.

Thompson, Lewis R. "Contributions to Public Health of the Federal Government." Scientific Monthly 52 (January 1941): 91-94.

"Three New Buildings Planned for NIH." The Washington Star. 26 August 1937. B1.

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

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

**E. Likely Sources Not Yet Investigated:** None.

**F. Supplemental Material:** None.

**PART IV. PROJECT INFORMATION**

Building 6 on the NIH campus, one of a number of National Register-eligible buildings on the site, is scheduled to be renovated under the Round Robin Program, a program that was developed in 1979 to provide major upgrading of older laboratory facilities on the NIH campus. NIH consulted with the Maryland State Historic Preservation Office in accordance with Section 106 of the National Historic Preservation Act of 1966, as amended and determined that the proposed interior demolition and rehabilitation will have an adverse effect on Building 6, in accordance with 36CFR 800.9(b)(1). To mitigate the adverse effect of the proposed undertaking, a Memorandum of Agreement (MOA) was prepared. The MOA required that Building 6 be recorded to Historic American Building Survey (HABS) standards, and that a brief HABS "Narrative Format" summary of the overall National Institutes of Health complex be produced to provide a context for Building 6, Building 2 (which had already been documented), and for any other buildings that may be documented in the future. This document was completed to meet those requirements.

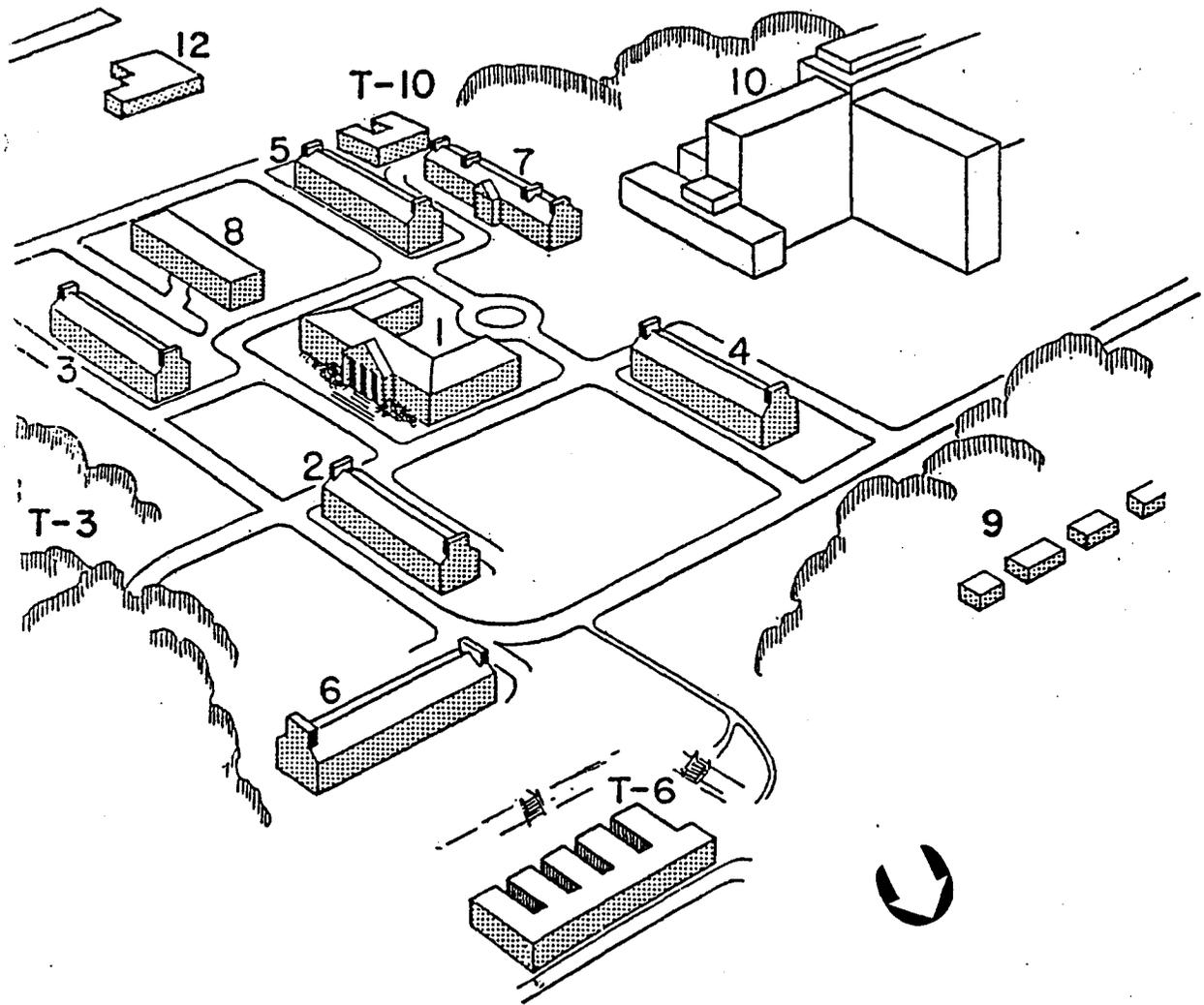
Prepared by: Architectural Historians, Joan Brierton and Carol Hooper (authors) and Principal, Judith Robinson (editor).

Title: As Above

Affiliation: Robinson & Associates, Inc.

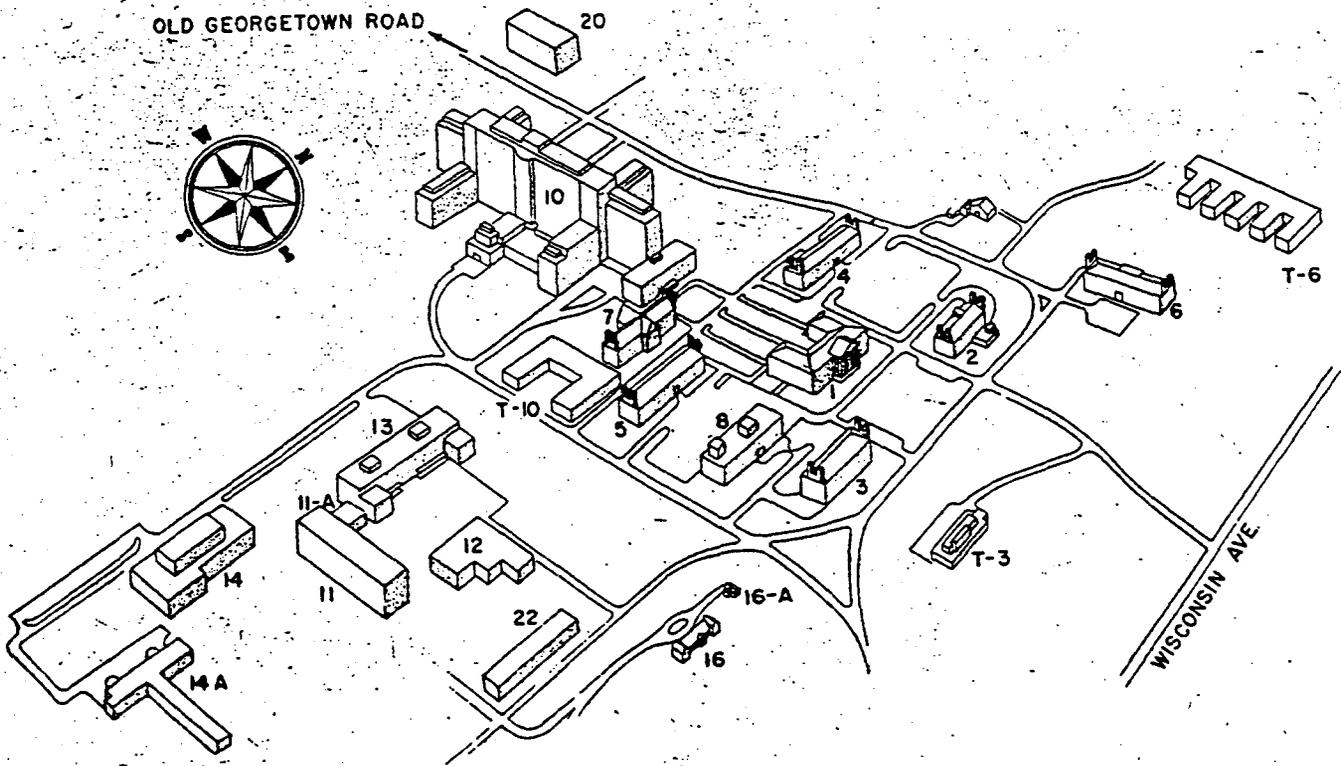
Date: April 14, 1998

# THE NATIONAL INSTITUTES OF HEALTH

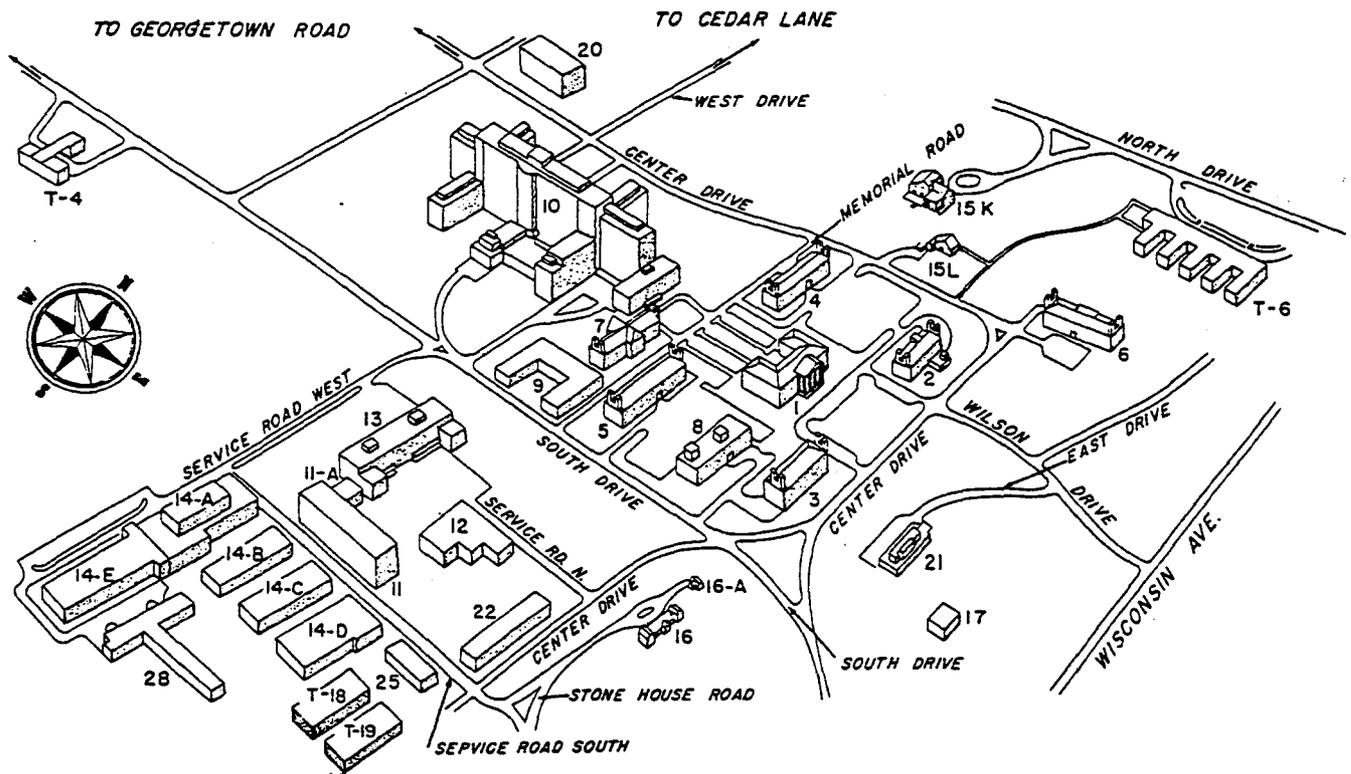


Site Plan: National Institutes of Health, Bethesda, Maryland, 1950.  
Source: National Institutes of Health, Historical Office and Museum.

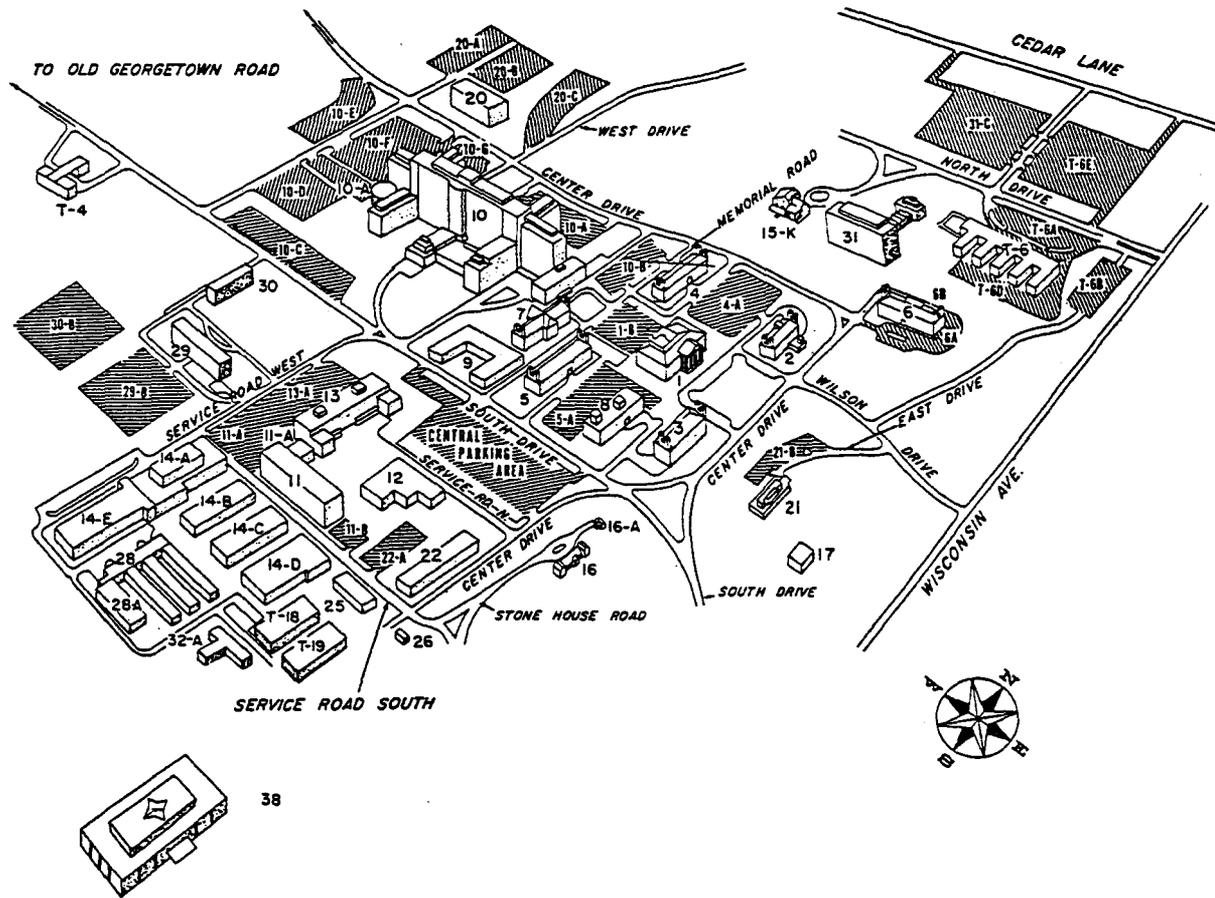
# THE NATIONAL INSTITUTES OF HEALTH



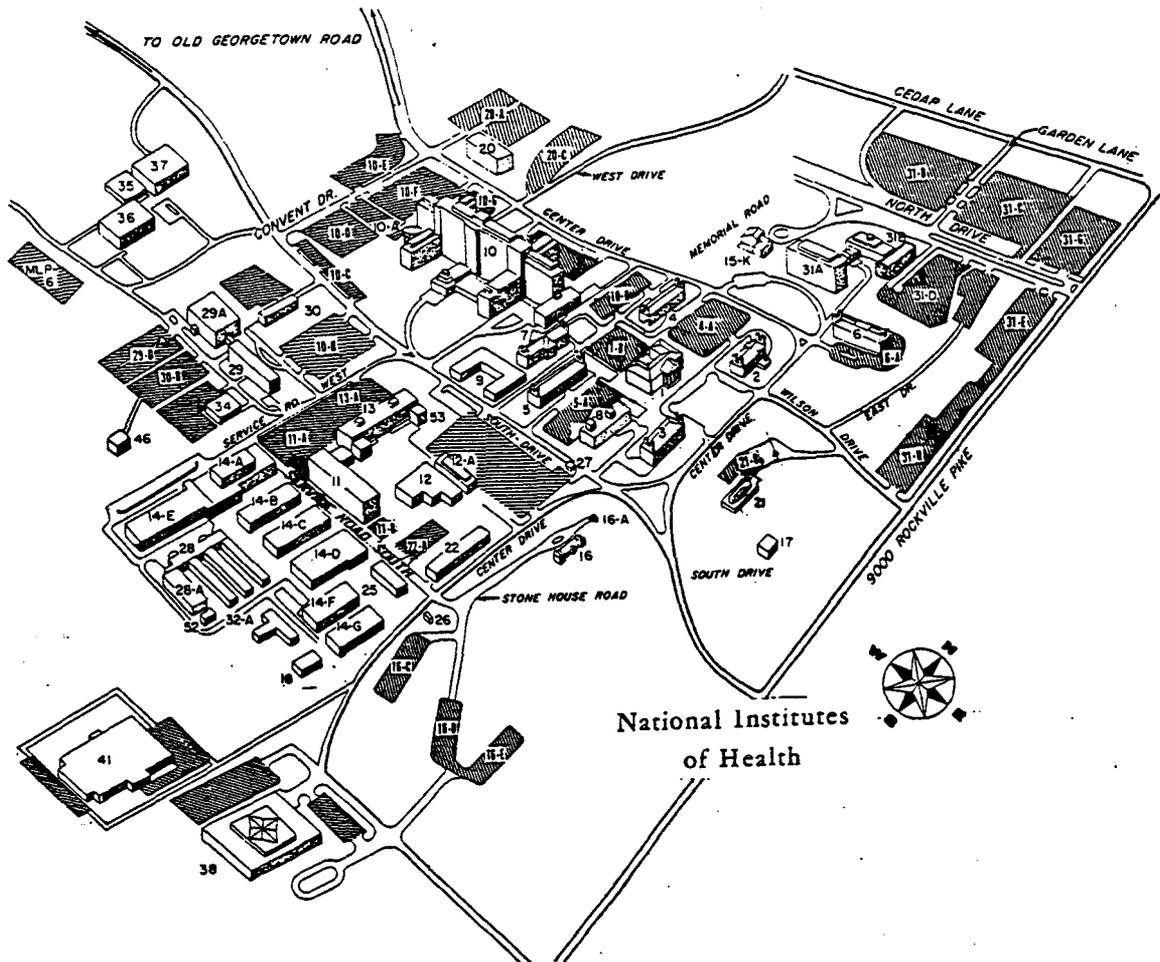
Site Plan: National Institutes of Health, Bethesda, Maryland, 1954.  
Source: National Institutes of Health, Historical Office and Museum.



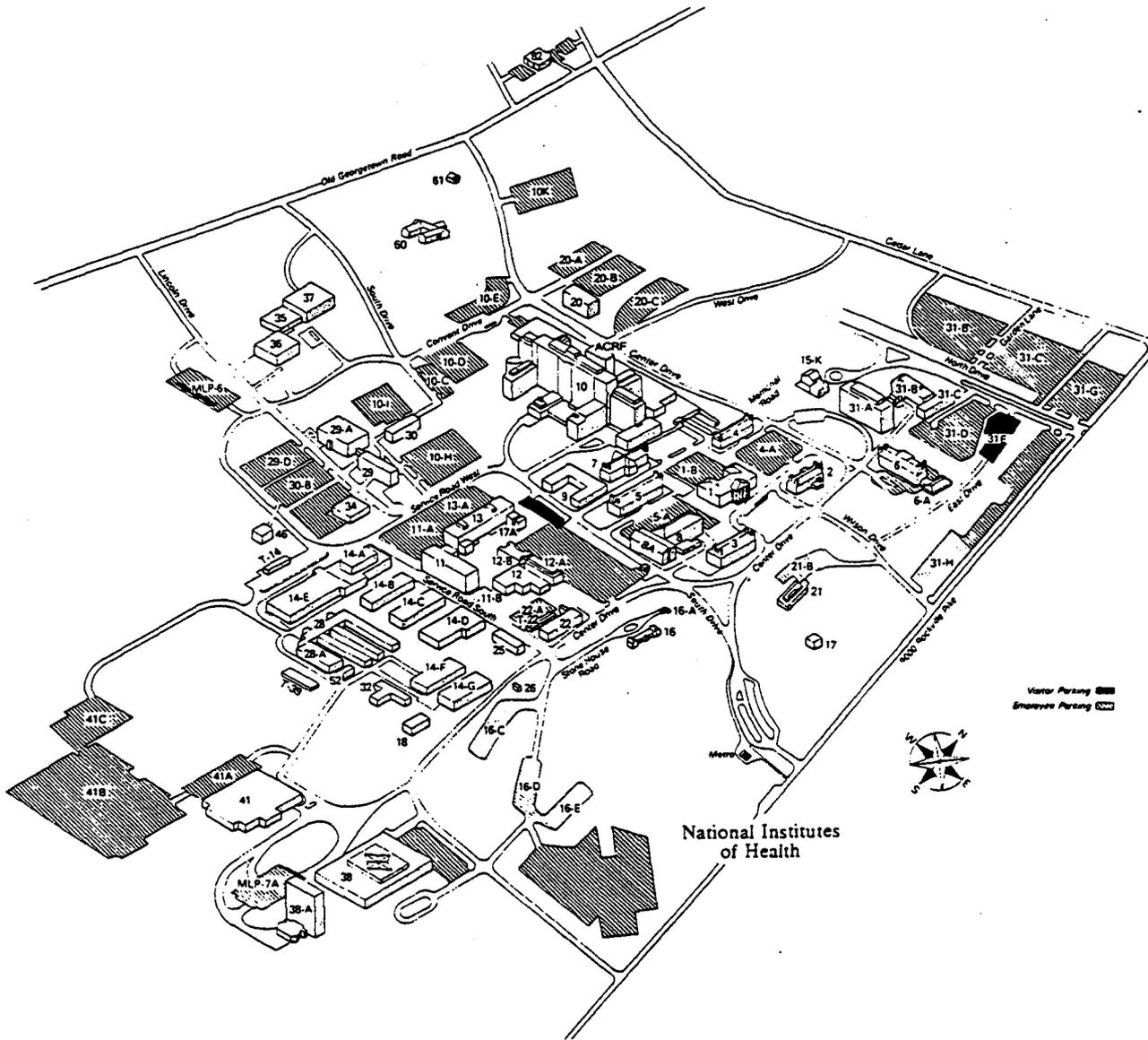
Site Plan: National Institutes of Health, Bethesda, Maryland, 1958.  
Source: National Institutes of Health, Historical Office and Museum.



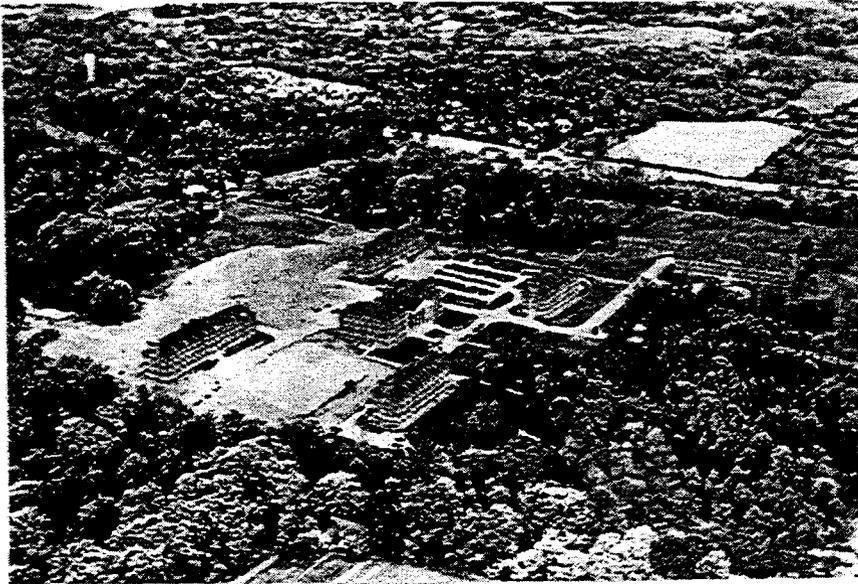
Site Plan: National Institutes of Health, Bethesda, Maryland, 1961.  
Source: National Institutes of Health, Historical Office and Museum.



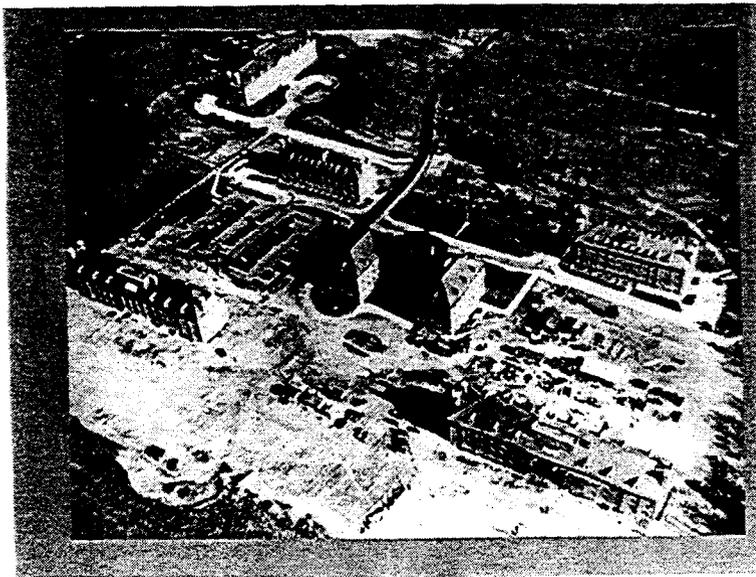
Site Plan: National Institutes of Health, Bethesda, Maryland, 1973.  
Source: National Institutes of Health, Historical Office and Museum.



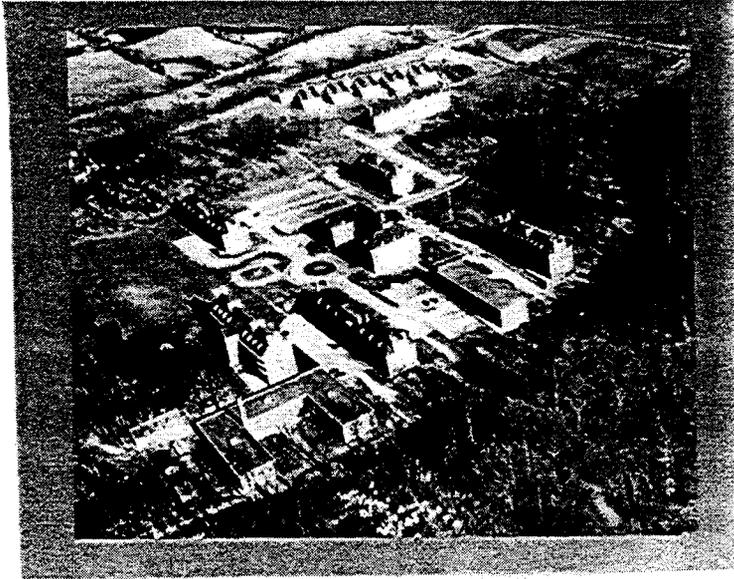
Site Plan: National Institutes of Health, Bethesda, Maryland, 1985.  
Source: National Institutes of Health, Historical Office and Museum.



Aerial View of NIH Campus in 1940, Looking Southeast  
Source: National Cancer Institute

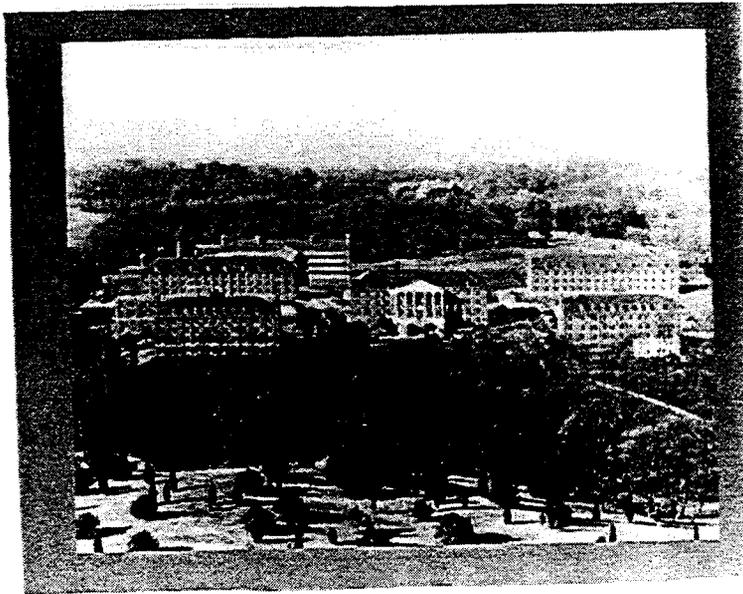


Aerial View of NIH Buildings and Grounds, ca. 1940 (A16586)  
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



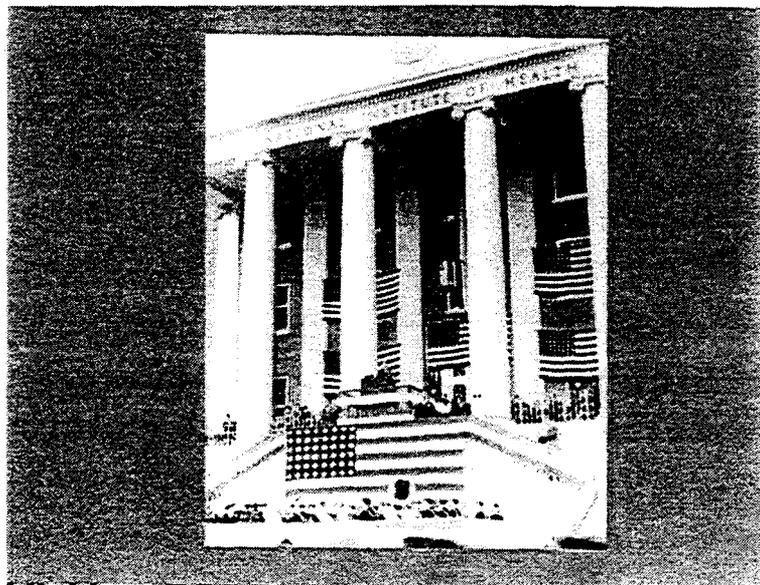
Aerial View of NIH Campus, ca. 1945 (A16594)

Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division

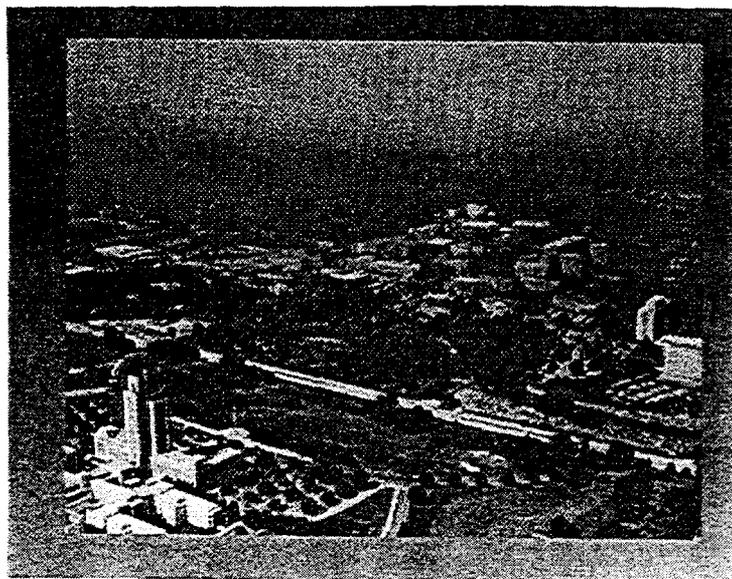


Aerial Views of NIH Buildings and Grounds, ca. 1945 (A16590)

Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



President Roosevelt Delivers Keynote Address at Dedication Ceremony, 1940 (A14579)  
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



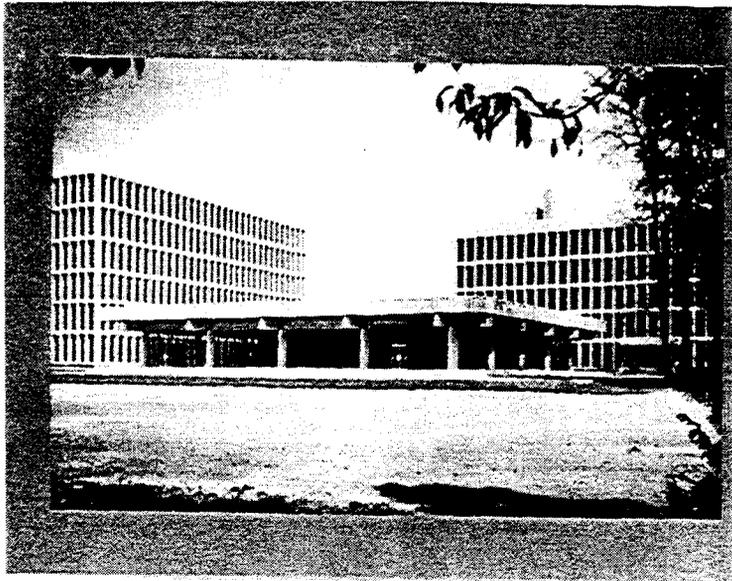
Aerial View of NIH Campus, ca. 1970 (A28451).  
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



President Johnson Listens to a Clinical Pathology Staff Member, 1967 (A14671).  
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division

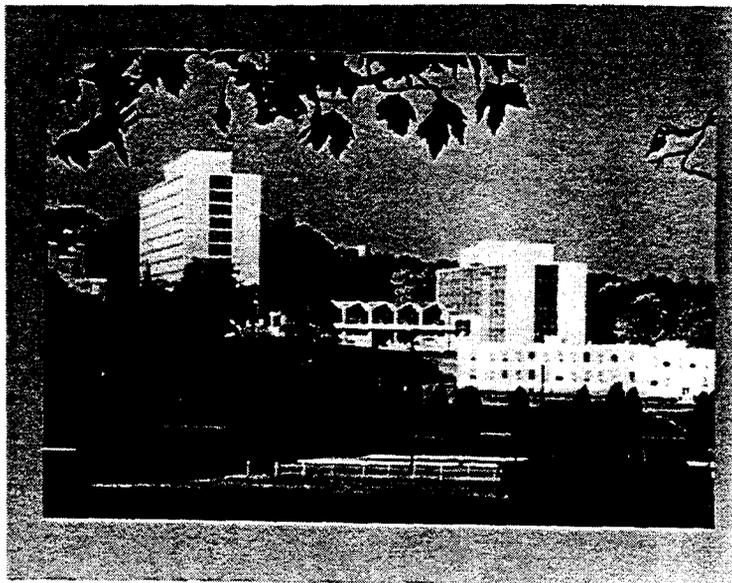


Retiring Dr. James Shannon and Incoming Director Dr. Robert Marston, ca. 1968 (B10660)  
Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



Buildings 35, 36, 37 complex, ca. 1970 ( A16668)

Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division



Building 31, ca. 1970 (A16628 )

Source: National Library of Medicine, Prints and Photographs Collection, History of Medicine Division