

United States Department of the Interior

National Park Service

National Register of Historic Places Registration Form**1. Name of Property**

Historic Name: Robert B. Green Memorial Hospital

Other name/site number: NA

Name of related multiple property listing: NA

2. Location

Street & number: 903 West Martin Street


City or town: San Antonio State: Texas County: Bexar

Not for publication: ☐ Vicinity: ☐**3. State/Federal Agency Certification**

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 at the following levels of significance:

☐ national ☐ statewide ☒ localApplicable National Register Criteria: ☒ A ☐ B ☐ C ☐ D

	State Historic Preservation Officer	12/27/17
Signature of certifying official / Title		Date
Texas Historical Commission		
State or Federal agency / bureau or Tribal Government		

In my opinion, the property ☐ meets ☐ does not meet the National Register criteria.

Signature of commenting or other official	Date
State or Federal agency / bureau or Tribal Government	

4. National Park Service Certification

I hereby certify that the property is:

- ☐ entered in the National Register
- ☐ determined eligible for the National Register
- ☐ determined not eligible for the National Register.
- ☐ removed from the National Register
- ☐ other, explain: _____

Signature of the Keeper

Date of Action

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

5. Classification

Ownership of Property

	Private
x	Public - Local
	Public - State
	Public - Federal

Category of Property

x	building(s)
	district
	site
	structure
	object

Number of Resources within Property

Contributing	Noncontributing	
2	0	buildings
0	0	sites
0	0	structures
0	0	objects
2	0	total

Number of contributing resources previously listed in the National Register: NA

6. Function or Use

Historic Functions: Health Care/Hospital

Current Functions: Health Care/Clinic

7. Description

Architectural Classification: Commercial

Principal Exterior Materials: Concrete, brick, glass, cast stone

Narrative Description (see continuation sheets 7 through 13)

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

8. Statement of Significance

Applicable National Register Criteria: A

Criteria Considerations: NA

Areas of Significance: Health/Medicine

Period of Significance: 1917-1967

Significant Dates: 1917, 1939, 1954

Significant Person (only if criterion b is marked): NA

Cultural Affiliation (only if criterion d is marked): NA

Architect/Builder: Architects: 1917- Atlee B. Ayres; 1939- Leo M.J. Dielmann; 1954- Ralph H. Cameron & Leo M.J. Dielmann. Builders: 1917- H.N. Jones Construction Company; 1939- Relief Labor; 1954- Walsh & Burney

Narrative Statement of Significance (see continuation sheets 14-28)

9. Major Bibliographic References

Bibliography (see continuation sheet 29)

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:

- ☒ State historic preservation office (*Texas Historical Commission, Austin*)
- ☐ Other state agency
- ☐ Federal agency
- ☐ Local government
- ☐ University
- ☐ Other -- Specify Repository:

Historic Resources Survey Number (if assigned): NA

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

10. Geographical Data

Acreage of Property: approximately 2.9 acres

Coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: NA

1. Latitude: 29.431345° Longitude: -98.502646°

Verbal Boundary Description: The site is comprised of the block originally known as New City Block 290 in San Antonio, Bexar County, Texas. It is bounded on the north by Perez Street, on the south by the former Morales Street right-of-way (now an internal driveway), on the east by North Leona Street and on the west by the old Frio Street right-of-way (now an internal driveway).

Boundary Justification: The site includes the property associated with Robert B. Green Hospital since the first portion of the hospital was constructed in 1917.

11. Form Prepared By

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Date: June 11, 2017

Additional Documentation

Maps (see continuation sheets 30-34)

Additional items (see continuation sheets 35-46)

Photographs (see continuation sheets 47-67)

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photographs

Robert B. Green Memorial Hospital
906 West Martin Street
San Antonio, Bexar County, Texas
Photographed by Maria Pfeiffer
All photographs taken between February and June 2017

Photo 1
South elevation full view looking north

Photo 2
West annex south elevation looking north

Photo 3
West annex, south elevation, southwest corner looking northwest

Photo 4
Central (original) portion south elevation looking north

Photo 5
Central portion, south elevation west wing looking

Photo 6
Central portion, south elevation, cornice detail

Photo 7
Central portion, south elevation looking north, 2013 entrance

Photo 8
East annex, south elevation looking northeast

Photo 9
East elevation looking west

Photo 10
East elevation looking west, entrance detail

Photo 11
East annex, north elevation looking south

Photo 12
North elevation full view looking south

Photo 13
Central portion, north elevation looking west

Photo 14
Central portion, north entrance looking south

Photo 15
Central portion, north elevation looking east

Photo 16
West annex, north elevation looking southeast

Photo 17
West elevation

Photo 18
West elevation, fifth floor detail

Photo 19
Power plant, west elevation looking southeast

Photo 20
Power plant, central portion looking east

Photo 21
Power plant, north and east elevations looking southwest

Photo 22
Power plant, east elevation looking northwest

Photo 23
Power plant, south elevation looking east

Photo 24
Interior, central (original) portion, center hallway looking south

Photo 25
Interior, third floor hallway looking west, vinyl tile detail

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Photo 26
Interior, third floor office looking north, terrazzo detail

Photo 27
Interior, second floor hallway looking south, original marble wall finish

Photo 28
Interior, first floor hallway looking east

Photo 29
Interior, west annex stair tower showing original finishes

Photo 30
Interior, east annex stairway showing original finishes

Photo 31
Interior, fourth floor showing original doors

Photo 32
Interior, fourth floor showing original finishes

Photo 33
Interior, showing original steam heating system

Photo 34
Interior, showing original electrical box

Photo 35
Interior, east annex, showing original cabinetry and flooring

Photo 36
Interior, west annex, fourth floor kitchen showing original cabinetry

Photo 37
Interior, central portion, board room looking south

Photo 38
Interior, power plant, northwest corner

Photo 39
Interior, power plant, northeast corner

Photo 40
Interior, power plant, showing filled windows

Photo 41
Interior, power plant, showing curved wall

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.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

DESCRIPTION

The Robert B. Green Memorial Hospital is a 5-story modified U-plan building with additions, at 903 West Martin Street, in San Antonio, Bexar County, Texas. The hospital's 1- and 2-story power plant stands at the northwest corner of the site. The hospital was constructed in three phases: the original 1917 building, the 1939 east annex, and the 1954 west annex. Architects were Atlee B. Ayres (1917), Leo M.J. Dielmann (1939), and Ralph H. Cameron and Leo M.J. Dielmann (1954). The power plant was also constructed in three phases, the first pre-dating 1932, with additions in 1949 and 1964. Cameron and Dielmann also designed the 1949 power plant addition. The buildings are all of brick construction and have been painted since at least the late 1980s. Though wood sash windows were replaced in the late 1980s, replacement windows reflect the original fenestration pattern. The 1917 U-shaped building with projecting wings is attached by short hyphens to the adjoining annexes that are aligned with the central slab of the original hospital. With the exception of the 1917 building's original Neo-classical entrance, the primary (south) elevation retains its 1954 appearance. The historic entrance which accessed the building's second floor was removed when a clinic addition was appended to the south elevation in 1965. After the clinic's demolition in 2013, the south elevation was restored, with the exception of the entrance. Full restoration proved cost-prohibitive, and a new ground floor entrance with modern doors and a projecting metal canopy was constructed. With one notable exception, the secondary (north) elevation retains its integrity. The sloping ramp that accessed the second-floor patients' entryway was removed at an unknown date and replaced with a ground floor entrance. The hospital's interior has been remodeled and reconfigured many times, though it retains the central north/south and east/west circulation corridors. The extensive remodeling in the early 1950s removed most traces of earlier finishes with the exception of marble wall panels in the former entry lobby. Finishes and features that remain from the early 1950s include terrazzo flooring, some mechanical equipment, cabinetry, doorways and hardware. Since 1917 the surrounding neighborhood has transitioned from a modest, largely residential area to a bustling urban environment of institutional and multifamily buildings. The nominated property contains the two contributing buildings, and parking lot at the northeast corner. Landscaping is limited to the south elevation and entry courtyard.

The Robert B. Green Memorial Hospital is a 5-story reinforced concrete and brick building constructed in three stages to meet Bexar County's growing need to provide public health care to its residents. Both the hospital and its free-standing power plant at the northwest corner of the site are contributing buildings. The following construction data is drawn from official records and Sanborn's maps (figures 1, 2, 3). Research is ongoing to identify unknown architects and contractors.

Building	Date	Architect	Contractor
Central Building	1917	Atlee B. Ayres	H.N. Jones
Central Building- Rear west utilitarian building	1951	Unknown	Unknown
Central Building- Rear east kitchen building	1953	Unknown	Unknown
East Annex	1939	Leo M.J. Dielmann	Relief Labor
West Annex	1954	Ralph Cameron & Leo M.J. Dielmann	Walsh and Burney
Power Plant - 1 st phase - north	Pre-1932	Unknown	Unknown
Power Plant - 2 nd phase	1949	Ralph Cameron & Leo M.J. Dielmann	H.H. Moeller
Power Plant - 3 rd phase - south	1964	Unknown	Unknown

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Additional buildings and a metal smokestack constructed on the site north of the hospital after 1917 have been demolished. The demolitions were approved in August 1988. It is likely that after University Hospital opened in 1968, the decision was made to demolish the Green's outmoded, non-essential buildings on the north portion of the site. The 1965 clinic addition and 1978 Brady Memorial Clinic addition, both appended to the hospital's south elevation, were replaced in 2013 by a new, multi-story clinic building located east of the hospital. The 1965/1978 clinics were then demolished and the site landscaped and used for parking.

Building	Date	Demolition
Nurses Home	1915, 1944, and later	Circa 1988
Nurses Home	1919; 1931;1953	Circa 1988
Storeroom	Circa 1960	Circa 1988
Smokestack	Circa 1949	Circa 1988
Clinic (former office)	Circa 1917	Circa 1988
Chest (TB) Clinic	1949	Circa 1988
Clinic addition	1965	2013
Brady Memorial Clinic	1978	2013

The hospital is an imposing structure, measuring approximately 363 (east to west) X 160' (north to south) at its longest and widest dimensions (photo 1). The primary elevation faces south and the hospital's entrance has been in the original building's center bay since the opening in 1917. There is a secondary entrance on the north side of the original building, as well as a clinic entrance at the southwest corner of the west wing. The clinic entrance in the east wing is no longer used.

Though built in three stages, the hospital reads as a remarkably unified design. The buildings are all 5-stories in height and incorporate the same fenestration throughout. Design elements including the raised base, articulated brick banding, stepped brick string courses, decorative cast stone cornice, and simple cast stone parapet cap all serve to visually unite the three buildings. The hospital's original wood sash windows were replaced in the late 1990s. The replacement windows use the same fenestration pattern. Housings for HVAC and elevator equipment project above the flat roof. The hospital has been painted in its entirety since at least the late 1980s, a treatment likely applied to visually unify the appearance as buildings were added. (The hospital was painted light tan and brown in the late 1980s and today is painted white.) A 1942 photograph shows that the original building was not yet painted. Another photograph shows the power plant unpainted in the late 1960s (figure 4).

The three buildings have functioned together since the west wing's completion in 1954. The following narrative therefore describes the building as a whole, and not as three separate buildings. It begins at the southwest corner of the hospital's primary elevation (the 1954 west wing) and proceeds around the building, examining the south, east, north, and west elevations in sequential order.

Site

The hospital and power plant are situated on land previously known as New City Block (NCB) 290. The block was originally bounded by Perez Street (north), Morales Street (south), Leona Street (east), and Frio Street (west). With the planned construction of a new clinic building in the early 1960s, the Hospital District purchased all of adjoining NCB 289 to the south. In the 1970s, Frio Street was realigned farther to the west to create a sweeping boulevard. With these developments, the old Frio and Morales rights-of-way were abandoned and absorbed into the hospital site. Today however, the rights-of-way are part of the hospital site's internal circulation system. Morales Street, which ran east/west directly in front of the hospital is still used as a main driveway through the parking lot. Frio Street, which ran

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north/south bordering the hospital's west annex and power plant, is also used as an internal drive. Because the abandoned streets are still visible and used for vehicular access, they continue to define the hospital site together with Leona Street (east) and Perez Street (north). With the demolition of the Brady-Green Clinic in 2013, NCB 289 was reconfigured as a parking lot. It is not included in the nominated property (figure 5).

South Elevation

South Elevation - West Annex (1954)

The south elevation of the hospital's west wing, completed in 1954, is uniform in design with the exception of the clinic entrance at the southwest corner of the ground floor (photos 2, 3). The entrance, which has modern metal doors and transoms, projects from the façade and interrupts the regular fenestration pattern. Two-part windows are set on a base that decreases in height from west to east to accommodate the sloping terrain. The base is comprised of vertically set bricks, distinguishing it from the remainder of the horizontally laid (stretcher bond) brick façade. A flat spandrel panel and stepped brick stringcourse separate the ground and second floors. Above the ground floor, the tall, 3-part windows have plain cast stone sills and flat brick headers. An articulated brick stringcourse separates the fourth and fifth floors. As previously mentioned, the building is topped with a brick cornice with molded cast stone decoration (photo 5).

Overall, the south elevation is divided into five bays, each with sets of four windows. The bays are separated by flat brick piers. The previously mentioned brick banding, string courses separating the ground and second floors and fourth and fifth floors, and decorative cornice, all unite the west wing with the adjoining original building to the east. The wing's east facing façade contains no windows. A single-bay hyphen connects the west wing and original building, creating a narrow light well between the buildings.

South Elevation - Original Building (1917)

The original building, which is the central portion of the hospital as it stands in 2017, is U-shaped in plan with projecting wings at the east and west corners (photo 4). Like the west wing, the original building's upper four floors rise from the tall ground-floor base featuring articulated brick banding. Ground floor windows are set on a 3-foot base comprised of vertically set bricks. The previously described design elements—including the brick patterns, string courses, and cornice details—were first used here in the original building and replicated in the 1939 and 1954 buildings 5, 6). The southern bay of the original building's projecting west and east wings are inset slightly from the face of the building. The wings are quite similar, but differ slightly in fenestration pattern.

West Projecting Wing - The ground floor of the west-facing elevation contains a single window in the setback portion, while the second through fifth floor setbacks each have paired windows. The remaining portions of the ground floor and floors 2-4 each have six windows, and the fifth-floor features seven windows. The original interior arrangement dictating this variation is not known. The south facing elevation contains two ground floor windows and sets of five windows on each of the upper floors. The east facing elevation looking into the entry courtyard has paired windows in the setback and five windows on the remaining portion of floors 2-5. The ground floor contains one service door and four windows.

Central Slab - The central slab of the building is divided into five bays (photo 4). The hospital's primary entrance is on the ground floor of the center bay. Above the entrance on floors 2-5 the center bay contains paired windows. On both the ground and upper floors, the center bay is flanked by four single windows and a triple window arrangement at both the east and west corners of the elevation.

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The entrance to the building has been in the center bay since the hospital opened in 1917. Today modern double doors lead into the building on the ground floor. A simple metal awning protects the entryway (photo 7). This entrance treatment dates to the building's recent renovation. Historically, entrance to the hospital was through a Neo-classical portico consisting of banded columns, a tall entablature, and upper balustrade (figure 6). A stairway led to a landing midway between the ground and second floors. Interior stairs led both up and down half levels to the ground and second floors. When the 1965 addition was attached to the hospital's south elevation, the historic entrance was demolished. The interior stairwell was filled and floor plates added. When the intrusive additions were demolished in 2013 and the south elevation restored, budget constraints and the requirement to provide ADA access through the south entrance did not allow for reconstruction of the historic entryway and internal stairway.

East Projecting Wing - The east projecting wing generally reflects the design of the west wing (photo 4). The elevation facing west onto the courtyard contains paired windows in the setback and five windows on each floor of the remaining portion. The south-facing elevation contains three windows on the ground floor and five adjoining windows on each of the upper floors. The east facing elevation of the setback portion has a single window on the ground floor and paired windows on the upper floors. Above the ground floor there are six windows on each floor. A single-bay hyphen connects the original building with the east wing, creating a narrow light well between the buildings. The connecting structure has no ground floor window and one window on each of the upper floors.

South Elevation - East Annex (1939)

The south elevation of the east wing is divided into six bays (photo 8). The fenestration pattern reading from west to east is 2-3-3-3-1. The easternmost bay steps back slightly from the face of the building.

East Elevation

The hospital's east elevation consists of a center entry bay and flanking bays (photo 9). The center bay contains a simple arched entryway set in a 2-story pavilion defined by raised brick pilasters topped with pyramidal caps and half orbs. The word "Clinic" is incised in cast stone above doorway arch (photo 10). The doorway and arch both are covered with louvered panels. Above the doorway are two narrow windows on each floor. The flanking bays contain two, 3-part windows on each floor. The unarticulated base of the east elevation is approximately 4-feet high. Above the base, the brick string courses and cornice that define the west wing and original building continue, wrapping around the building's northeast corner.

North Elevation

North Elevation- East Annex- The setback of the easternmost bay repeats on the north elevation, with a single window on each floor (photo 11). The base of the east wing decreases in height from east to west to adjust for the change in grade. Reading from east to west (left to right), there are two sets of triple windows on each floor; a wide blank bay with delivery door on the ground floor; single windows on floors 2-5; a delivery door on the ground floor; windows on floors 2-5; and windows on floors 2-5 of the remaining three bays. There is evidence that the blank wall once contained windows and that other window openings have been altered. Repairs were made using closely matching brick work. Repairs are further obscured by the painted surface. While the articulated brick base, brick string course separating the fourth and fifth floors, and decorative cornice continues around the entire north elevation, the string course separating the ground and second floors is not complete. It might have been altered when window openings were altered. There is a 1-story infill structure with utilitarian door between the east wing and original building.

North Elevation - Original Building - On the north elevation, the connecting structure between the east wing and original building creates a light well (photo 12). The northeast and northwest corners of the original building are

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defined at the fifth-floor level by the brick string course and decorative cast stone cornice that wrap around the first three bays. Moving to the center of the building from both the east and west corners, are paired windows (photo 12). The remaining center section of the north elevation is partially obscured below the fifth floor level by the 1917 patient entrance. The fifth-floor fenestration is comprised of a 3-2-3 window arrangement.

The secondary entrance to the 1917 building is in the center of the ground floor's north elevation. (photos 13,14). As originally constructed for patient access, the rear entrance was accessed by a built-up, sloping driveway that approached from both the east and west (figures 7. 8). The elevated grade of the driveway placed the entrance at what is today the building's second floor. In 2017, the rectangular windows that flanked the original entry are intact, while the doorway was reconfigured as a center glass block light. The elevated drive was removed at some unknown date and the entrance reconfigured on the building's first floor. This alteration mirrors that of the primary entrance which originally entered on today's second floor. A modern 2-story tall concrete arch now defines the entrance to the second story height. The third floor retains its original paired center windows with a three-window arrangement to either side. A partial fourth floor was constructed in the center of the building to house modern mechanical equipment.

Additions were made to either side of the entrance structure in the 1950s. The 1-story kitchen building (1953) is attached to the east elevation, and a 1-story service building (1951) (photo 13, 15).

North Elevation- West Annex- The north elevation of the west wing is defined by its regular fenestration which varies only slightly on the fifth floor (photo 16). The building's base increases slightly in height with the slope from east to west. The brick stringcourses and cornice replicate those found on the rest of the hospital. From east to west (left to right), the first of the elevation's five bays contains a service door on the first floor and single windows between floors 2 and 3, 3 and 4, and 4 and 5. The remaining four bays on floors 1-4 contain sets of four windows separated by brick piers, reflecting the pattern on the building's south elevation. This pattern is interrupted on the fifth floor where one bay contains only two windows.

West Elevation

The narrow west elevation is defined by the articulated brick banding and string courses that unites it with the rest of the building (photo 17). A center projecting bay houses the stairwell which is lighted by four windows. The stairway structure projects above the roofline and is decorated with raised brickwork (photo 18).

Power Plant

The power plant complex is a free-standing 1 and 2-story building located at the northwest corner of the site. It was constructed in three phases from north to south (photo 19). The northern section was originally constructed prior to 1932 to house the hospital's boiler. It was then expanded to the south and remodeled in 1949 to serve as the boiler plant and laundry (figure 2). The southern part of the building was added as the maintenance shop in 1964. The buildings are interconnected and in 2017 continue to serve as the hospital's power plant (figure 3).

The power plant faces west onto Frio Street. The center, 3-bay building is entered at its southwest corner (photos 19, 20). A ramp with plain pipe metal railing leads to double metal doors. A shallow metal awning protects the entrance. Tall operable metal windows are set in articulated brick frames and the building is topped with raised brick banding. The adjoining 1-story building to the north, which also faces onto Frio Street, is entered through metal doors at the southwest corner. Ventilation louvers form a transom over the doorway. The building has operable metal windows on all elevations. Vehicular access is through an overhead metal door on the north (Perez Street) (photo 21). The east elevation has multiple windows and large double metal doors with to accommodate large pieces of equipment (photo 22). A service drive and utility connections separate the building from the parking lot to the east. Apart from the 4-foot

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tall brick base, the building has no distinctive detailing. The 1964 shop is a plain brick structure that also faces Frio Street. The simple façade has two windows at the northwest corner, a loading dock at the southwest corner and two large ventilation grilles on the south elevation (photo 23).

Interior

Hospital Building

As originally designed, the interior of Robert B. Green Hospital was organized around a central hallway plan with corridors extending both north/ south and east/west, intersecting in the center of the building. The north/south corridor was extended to connect through the rear pavilion to the north entrance to the building. The east/west corridor was extended to connect to the flanking annexes when they were added in 1939 and 1954. Though the hospital's clinic and ward spaces have been completely reconfigured throughout the years, the circulation plan remains intact in 2017 (photo 24). Hallways are floored in a combination of vinyl tile and terrazzo, the latter probably dating to the 1950s remodeling (photos 25, 26). ADA accessibility is through both the primary south entrance and the secondary north entrance.

The elevators for the original portion of the hospital are located at the northwest corner of the north/south hallway. A stairwell is accessed from the west hallway. Stairways and elevators are also located in both the east and west annexes. In 2017, the interior spaces of the hospital building are used as follows:

- Ground Floor - Rehabilitation Medicine; Central Supply; Medication Assistance Program.
- Second Floor - Administration; Family Planning; Environmental Services.
- Third Floor - University Health System Foundation; Alamo Area Resource Center; Women's and Preventative Services
- 4th Floor - Plant Engineering
- 5th Floor - CareLink Administration

The interior of the building reflects many remodeling periods. With one exception, the oldest finishes appear to date to the early 1950s remodeling. Evidence of the 1917 interior is found in only one location—the former second floor lobby that was entered from the stairway leading up from the original entryway. The lobby, which is now a short hallway with windows overlooking the south entrance, is faced with matched white marble paneling (photo 27).

Ceilings throughout the building are suspended acoustical tile. Wall finishes vary, including painted plaster, finished sheetrock, tile, and vinyl coverings. The heavily used ground floor corridors have wooden chair rails and the north/south corridor is faced in tile to a height of four feet (photo 28).

Utilitarian stairwells retain their historic finishes (photos 29, 30). The full-height stairway at the west end of the west annex has a plain railing comprised of metal spindles and a natural oak railing. The metal stairs have terrazzo treads. Other stairways have simple pipe railings and terrazzo stairs. Additional historic finishes are scattered throughout the building, primarily in non-public spaces. These include doors and mechanical equipment (photos 31-34). The clinic laboratory located at the east end of the east annex contains glass and wood cabinetry with period metal hardware. Counters have been refaced in Formica. Walls are painted plaster and the floor is terrazzo. The same cabinetry and hardware is found in a small kitchen on the fourth floor where walls are partially covered in white tile (photos 35, 36).

The second-floor board room located in the original building is lined with dark wood paneling thought to date to the early 1950s remodeling (photo 37). Photographs of notable hospital officials are displayed alongside Robert B. Green

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for whom the hospital is named. Administrative offices on the second, third, and fifth floors all reflect extensive remodeling dating to recent years.

Power Plant

The interior of the power plant was constructed in three phases from north to south. The interior of the plant is strictly utilitarian. The northern portion of the building is divided between two functions-- large boilers (west side) and EMT equipment and breakroom (east side) (photos 38, 39). The EMT portion of the building has operable overhead doors. Windows on the west and north elevations emit light to the mechanical space. The walls are exposed brick and the ceiling concrete beams. Windows on the upper, south wall are filled (photo 40). The center section of the building contains boilers and the southern section electrical equipment and chillers. The southern section of the building was constructed in 1964 and is built of clay tile faced in brick. The curved wall that previously formed the exterior southeast corner of the 1949 center building is still intact (photo 41). Walls throughout are painted brick and clay tile and ceilings are exposed concrete beams. Connecting openings are framed in concrete.

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Statement of Significance

The Robert B. Green Memorial Hospital (also referred to as “the Green”) opened on San Antonio’s near west side in January 1917. Named for a former county judge, district court judge, and state senator, and built on the site of San Antonio’s earlier public hospital, the Green’s completion culminated a long community effort to provide quality care to the county’s indigent residents. The hospital quickly exceeded its capacity as the county’s population increased due in part to the influx of refugees fleeing political unrest in Mexico. Influenza and other infectious diseases also became rampant. During the Depression, local officials were reticent to levy the full hospital tax enabled by the Texas legislature, and shortages of supplies and staff led to reductions in personnel and beds. A much-needed clinic building (east annex) was constructed in 1939 using Works Progress Administration (WPA) funding, but by the mid-1940s, staff was depleted due to war service and the building was again in poor repair. This occurred as the post-war population grew and the polio epidemic continued unabated. With the exception of its polio and children’s wards, the Green closed in 1947. A bond election in 1947 funded construction of the west annex and remodeling of the 1917 and 1939 buildings. The hospital fully reopened in August 1947, and continued to operate as incremental construction and remodeling continued to completion in 1954. Financial shortages and service reductions persisted until a 1955 state-wide constitutional amendment enabled creation of hospital districts with taxing authority. Since June 1955, the Bexar County Hospital District has provided a reliable tax stream to the Green. Clinical services were expanded in 1965 and 1978 when additions were completed adjoining the hospital’s south elevation. Following completion of Bexar County Hospital (today University Hospital) on the city’s far north side in November 1968, hospital services were moved from the Green. Since 1969 the hospital has continued to house clinics and administrative offices. Construction of a new clinic building east of the Green in 2013 allowed for demolition of the south elevation additions, once again revealing the hospital’s historic south elevation. The Robert B. Green Memorial Hospital is eligible for the National Register of Historic Places under Criterion A (local level) in the area of Health/Medicine as the public hospital that has provided indigent health care to Bexar County residents since its opening in 1917. The period of significance is 1917 to 1967.

Health Care in Bexar County Prior to 1885

Early health care in San Antonio was administered largely by private physicians, druggists, and *curanderos*. The first documented treatment facility was a small hospital for Spanish soldiers that operated between 1805 and about 1812 in a renovated portion of the abandoned Mission San Antonio de Valero (the Alamo).¹

Formalized public health care was not discussed in San Antonio until the aftermath of cholera epidemics in 1846 and 1849. Leading this conversation was San Antonio’s George Cupples, who was elected president of both the Texas State Medical Association, organized in 1853, and Bexar Medical Society, chartered in 1853. At the behest of Cupples and other local doctors, the position of county physician was established as early as 1852 with the election of Henry P. Howard. The City of San Antonio also employed a city physician as early as 1854 and established its first board of health on February 12, 1858.²

During the Civil War, the Confederate government operated a small hospital at the corner of Soledad and Houston streets, but it was not until after the war that the discussion of public health care resumed. In January 1866 Bexar County commissioners discussed establishing “a hospital or alms house” that would be jointly funded by the city (2/3)

¹ Dr. Patrick Ireland Nixon, *A Century of Medicine in San Antonio* (San Antonio: privately published, 1936) 15-28. The first public health initiative was begun when City Council passed a resolution in 1849 urging compulsory small pox vaccinations for school children (Nixon, 92-93).

² Nixon, 89-91; Bexar County Commissioners’ Minutes (Commissioners’ Minutes), multiple entries, Volumes 1-A & 2-A; Nixon, 113. The city’s Board of Health apparently lapsed and was re-established on May 23, 1873. Doctors Cupples, Schaffter Howard, Hoffman and Weiselberg were charter members of the Bexar Medical Association.

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and county (1/3). The facility would be under the “immediate direction and joint supervision of the mayor and county judge.”³ Though a joint committee was appointed in January 1868 to confer on expenses and a site for the proposed facility, little progress was made on this proposal and the hospital did not come to fruition.⁴

The first civilian hospital was established in San Antonio in October 1869 when the Sisters of Charity of the Incarnate Word, who came to San Antonio from Galveston, opened a small charity hospital on Military Plaza. The area grew congested and in 1874 the sisters moved the hospital to the corner of Zavala and North Concho streets west of San Pedro Creek.⁵ In the decade after the Sisters of Charity’s arrival in San Antonio, the city’s population grew from 12,256 (1870) to 20,550 (1880). The need for public health care was raised again on April 16, 1881, when Mayor James French recommended in his annual report that the city establish a public hospital. He noted that the city and county, though “through necessity,” had neglected “to provide properly for the indigent sick.” French called this “a disgrace to the civilization of the age.” “I have no doubt that very satisfactory arrangements can be made whereby the county will unite with us in carrying out any plan that may be agreed to...” While optimistic, the mayor, county judge, and their successors would labor for many years to develop a joint, workable solution.⁶

The City Hospital: 1885-1914

While discussions of Mayor French’s recommendation for a joint hospital were ongoing, a smallpox epidemic led the city to allocate funds for a two-room hospital in January 1883. It was not until 1885 that a joint city/county committee was appointed to study the idea of building a city hospital with the county’s participation. Various committees composed of Mayor James French, his successor Bryan Callaghan, County Judge Charles Wurzbach, and select members of the city council and county commissioners’ court discussed the location, funding, and operations of a joint hospital. It was estimated that 100 beds were needed and that the facility would cost \$30,000. Annual operating expenses would be approximately \$15,000 and the hospital would be built by the city on city-owned land. The city advertised for architects in early August 1885, and the local firm of Wahrenberger and Beckmann was hired to design the new hospital.⁷

The cornerstone was laid for the hospital on February 11, 1886, before a large crowd of public officials. Mayor Bryan Callaghan remarked, “It is an institution which will be the means also of the county and city both saving a great deal of money that they now pay out for their maintenance. It will also, I hope, tend to unite the city and county administrations closely and enkindle among them a kindly feeling.”⁸ Upon completion, the local press observed the “appointments of this large establishment are very complete and of the most modern type. It will at present accommodate eighty persons.”⁹ (figure 9) The city contracted with the Sisters of Charity of the Incarnate Word to run the hospital under the direction of the city physician and a board of management. The hospital was transferred to the sisters on September 15, 1887, but later taken over by the city.

The facility was fraught with problems from the outset. Shortly before its completion, a storm damaged the roof. A spring opened in the building’s basement and lack of proper drainage damaged the structure’s walls. Even before it was occupied, walls were braced, and by April 1889 the building was pronounced to be in “very bad condition.” It is

³ Commissioners’ Minutes, 2-A, 153, January 10, 1868.

⁴ Ibid.

⁵ Nixon 113.

⁶ City Council Minutes (Council minutes) E: 247, April 16, 1881. It is assumed that establishment of a public hospital was precluded due to financial necessity.

⁷ Council Minutes E: 402-403, January 20, 1883; *San Antonio Daily Light*, April 3, 1885, 2; *San Antonio Light*, July 25, 1885, 1; *San Antonio Light*, August 7, 1885, 4.

⁸ *San Antonio Daily Express*, February 12, 1886, 5.

⁹ *San Antonio Daily Express*, August 18, 1887, 5.

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clear from later accounts that these deficiencies were never adequately addressed.¹⁰ Beyond management and structural issues, hospital finances were an ongoing concern. Hospital operations depended on the city assuming responsibility for patients who lived in San Antonio for less than six months, while the county cared for those of longer residency. The city was responsible for “acute and contagious” cases found within the city while those from outside the city limits were the county’s responsibility. To isolate contagion, both entities also maintained separate “pest houses” remote from the general population.¹¹ This complicated patient treatment arrangement and budgetary shortfalls resulted in periodic closings and contributed to the hospital’s deterioration. By 1906, the local press published a photograph of deteriorated walls and described water damage, falling plaster, and infestations of bats. “The City Council and Mayor are willing to build a new hospital, but the city is short of finances because other expenditures have drained the treasury.”¹²

By 1911, Dr. J.N. McCormack, visiting San Antonio on behalf of the American Medical Association, pronounced, “The city hospital is the most antiquated place for the cure of the sick that I have ever seen. I went through every ward and I found patients afflicted with all sorts of diseases thrown together in the same rooms—typhoid fever, erysipelas, confinement, malaria and numerous others.” McCormack recommended that “it should be condemned before next week” but went on to say that “the doctor in charge seems to be doing all he can under the circumstances.” He urged a newly formed citizens’ committee to tour the mayor and city health officer through the hospital so that they could see firsthand the “almost unheard of conditions.”¹³

Public officials responded to these criticisms. They declared, “It is a disgrace for Bexar County not to have a modern sanitary hospital to take care of the sick and afflicted. The county at present has no means for aiding the sick, except in acute cases, and these are cared for at the city hospital characterized by many physicians as a ‘rat hole.’” The goal was to construct an up-to-date hospital where the county’s indigent patients could receive care rather than relying on charitable individuals and organizations. The taxpayers’ “burden of maintenance” would be shifted to the county.¹⁴ Prevailing thought in the early 1900s was for the city and county to build separate hospitals, each governed by appointed boards rather than share funding of a single hospital as had been the case since the late 1800s. The city continued to operate the city hospital with some support from the county, and the county had built a new “detention hospital” south of town, where consumptives were treated. The city cared for emergency and acute cases among the indigent, and the county cared for chronic cases.¹⁵

In March 1913, the Texas Legislature approved H.B. 355 authorizing commissioners’ courts to establish county hospitals. The legislation provided for bond elections and bond issuance to erect these facilities, as well as the assessment and collection of taxes to maintain and operate the hospitals. A Board of Managers appointed by commissioners would provide supervision for the hospital and hire staff. H.B. 355 carefully spelled out details of hospital operation, management, staffing and billings. Citing the existence of tuberculosis throughout the state and the dangers from meningitis and other epidemic diseases, the House rules requiring additional readings were suspended. Approved by the House on March 1 and the Senate on March 26, and bill went into effect in 90 days.¹⁶

¹⁰ San Antonio *Daily Light*, April 12, 1886, 4; San Antonio *Daily Express*, August 21, 1886, 1; San Antonio *Daily Light*, September 14, 1886, 1; Council Minutes, G:318, April 25, 1887; San Antonio *Daily Express*, April 27, 1887, 3; Council Minutes, H:179-180, April 15, 1889.

¹¹ “New Hospital A Result of Bond Issues,” San Antonio *Light*, Special Section, 4; San Antonio *Daily Express*, October 21, 1886, 4; San Antonio *Daily Light*, June 1, 1887: 1; City Council Minutes, H:179-180, April 15, 1889.

¹² San Antonio *Daily Express*, January 18, 1906.

¹³ San Antonio *Light*, June 15, 1911, 5; June 18, 1911, 5. McCormack spoke to an audience of over 1,000 at Travis Park Methodist Church.

¹⁴ San Antonio *Light*, October 26, 1913, 2.

¹⁵ San Antonio *Light*, November 26, 1916, 4; San Antonio *Light*, November 22, 1913, 7.

¹⁶ Acts 1913, 33rd R.S., ch. 39, General Laws of Texas.

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At the time that H.B. 355 became law, there was still discussion of the two-hospital theory. Both the city and county held bond elections in November 1913. Each ballot contained a proposition for \$125,000 to build a new hospital, and both propositions were approved by voters. However, the question remained as to whether it was more advisable for the city and county to combine their resources to construct a single hospital. Mayor Augustus Jones, during whose tenure the city's hospital bonds were approved, died in office in April 1913, and on June 1 Clinton G. Brown became the city's new mayor.¹⁷

Both Mayor Brown and County Judge James Davis favored construction of a joint hospital, but concerns were raised about whether such an institution would withstand future political differences. Doubters worried about a time when "the two systems of government are at loggerheads."¹⁸ At a city council meeting in early March 1914, Brown, when questioned about whether design had already begun on the new city hospital, stated, "I expect we will have another proposition before us as to whether we will combine with the county in this matter."¹⁹ In the meantime, in early March 1914, the county entered into an agreement to purchase the privately owned Physicians and Surgeons Hospital located on the northern edge of downtown. The P&S, as it was commonly known, was opened by a consortium of local doctors in 1903. By 1914, the P&S, Santa Rosa, and old city hospital were San Antonio's only purpose-built hospitals.²⁰

Discussions continued and in April 1914 the county abandoned its plans to establish a hospital at the P&S site, declaring the previous agreement null and void. Finally, after months of discussion and study, on November 5, 1914, the city council and county commissioners approved the establishment of a joint county and city hospital. Architects Atlee B. Ayres and Reuter and Harrington were selected to design the facility, with the city's architect, Henry T. Phelps as an advisor. In preparation for his work, Ayres was authorized to visit hospitals throughout the country to study floorplans. It is not known which hospitals, if any, Ayres visited.²¹

On June 15, 1915, city and county commissioners met in a joint session to approve plans and specifications for the Robert B. Green Memorial Hospital, named for the esteemed county judge, district court judge, and state senator who led the reform of county government. The old hospital would be demolished and the new hospital built on its site. A temporary, frame structure was built to house patients during construction.²²

The city and county bonds were used to construct the new hospital (\$200,000), furnish it (\$25,000), and enlarge and equip the county's detention hospital, ten miles south of the city on Southton Road (\$25,000). Prominent local businessman Alexander Joske also donated \$22,000 to equip operating, clinical, and X-ray rooms. It was agreed that a board appointed by county commissioners, including at least two practicing physicians and one woman, would manage the hospital. Because state law at that time required that the hospital be fully funded by the city and county, the county paid 64% of the costs and the city 36%. The care of indigents was the priority, but it was determined that the hospital could also accept patients for fees. The agreement would remain in force for 40 years.²³

¹⁷ San Antonio *Light*, November 26, 1916, 4; Heusinger, 80.

¹⁸ San Antonio *Light*, November 22, 1913, 7.

¹⁹ San Antonio *Light*, March 10, 1914, 3. The city had already voted to sell its \$125,000 in bonds in August 1913 (Council Minutes, V:722-730).

²⁰ Commissioners' Minutes, T:90, February 20, 1914; T:97-98, March 3, 1914.

²¹ San Antonio *Light*, "New Hospital a Result of Bond Issues," Special Section, 4.

²² San Antonio *Light*, November 26, 1916, 4; City Council Minutes W: 160-161; X 711; San Antonio *Light*, February 2, 1917, 9. Robert B. Green (1865-1907) was also judge of the 37th Judicial District from 1894-1900, and was elected to the Texas Senate in 1906. He died in office on December 1, 1907. Robert Berrien Green was born in 1865 and died in 1907.

²³ San Antonio *Light*, November 26, 1916, 6; San Antonio *Light*, September 3, 1916, San Antonio *Light*, February 9, 1917, 7.

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Health Care in San Antonio in the Early 1900s

The decision to construct a new city/county hospital offered hope for improved health care to San Antonio's indigent poor who generally relied on the inadequate 1886 facility and Santa Rosa Hospital which also cared for charity patients. Most patients who could pay for care sought treatment at the P&S and other small hospitals and sanatoriums operated by local doctors and nurses.²⁴ These facilities remained the city's only health care options until new hospitals opened in the mid-to-late 1920s. The Medical and Surgical Hospital opened just across the street from P & S in 1924, followed by the Medical Arts Building Hospital (1924), the Eye, Ear, Nose, and Throat (ENT) Hospital (1925), and the Nix Hospital (1929). With economic hardship during the Depression, the ENT and Medical and Surgical hospitals merged in 1931, narrowing health care options for the local population. In 1945, the Medical and Surgical Hospital acquired the P&S Hospital, and was in turn purchased by the Baptist Memorial Hospital which constructed a modern facility on the site.²⁵

Architects of Robert B. Green Hospital: 1915-1916

Atlee B. Ayres (1873-1969) was born in Hillsboro, Ohio. In 1879, he moved with his family to Houston where his father operated an ice cream parlor. They moved to San Antonio in 1888. Ayres studied architecture from 1892 until 1894 at New York's Metropolitan Museum School of Art, a subsidiary of Columbia University. He returned to San Antonio and established his own firm, practicing in Texas and Mexico City. Ayres founded the firm of Coughlin and Ayres in San Antonio in 1900 with C.A. Coughlin. After Coughlin died in 1905, Ayres continued his practice and went on to become one of the state's leading architects of the early-to-mid 20th century. He was a charter member of the Texas Society of Architects and when the state began to license architects in 1937, Ayres received license #3. Robert M. Ayres (1898-1977) joined his father's practice in 1921 and they continued their work together until the elder Ayres died in 1969 at the age of 94.²⁶

Atlee Ayres early designs include numerous homes for prominent San Antonio residents in the Monte Vista National Register Historic District (NRHP 1998). He was also the architect of courthouses in Cameron County (1912; NRHP 1980), Jim Wells County (1912; NRHP 1978), Kleberg County (1914; NRHP 2010) and Refugio County (1917; NRHP 2002). Together with his son, Atlee Ayres designed two of San Antonio's most iconic landmarks—the Smith Young Tower (1929; NRHP 1991) and Randolph Field's Administrative Building, known as Building 100, and more commonly, the "Taj Mahal" (1931; NRHP 1996). In collaboration with architects Emmett Jackson and George Willis, Ayres designed San Antonio's Municipal Auditorium (1926; NRHP 1981).²⁷

²⁴ San Antonio City Directory, 1915; San Antonio *Daily Express*, January 19, 1910, 9; BCDR 423:387-389 (Farmer to Ochs et al, September 12, 1913); BCDR 477:148-149 (Ochs et al to Grace Lutheran Sanatorium, February 16, 1916). *Grace Lutheran Hospital, 1913-1963*, brochure, collection of Maria Watson Pfeiffer. Private care facilities included Baylor Hospital, Barker's Sanitarium, Kenney's Sanitarium, and Moody's. The Southern Pacific Railroad also operated a hospital. Dr. W.C. Farmer's San Antonio Tent Colony treated tuberculosis patients in tent cottages on the city's west side. After he sold his property to the Lutheran synod in 1913, it continued as a tuberculosis treatment facility before being developed into a complete hospital.

²⁵ "P&S Finished," San Antonio *Daily Light*, April 23, 1903, 8; Sam Woolford (ed.). *San Antonio...A History for Tomorrow* (San Antonio Light, 1963) 26; BCDR 11:489-490 (Physicians & Surgeons Hospital Corporation to Medical & Surgical Memorial Hospital, June 29, 1945); BCDR 12:170-171 (Medical & Surgical Memorial Hospital to Baptist Memorial Hospital, March 29, 1948). Both the Nix and Medical Arts Building hospitals served patients of doctors with offices in those high-rise buildings.

²⁶ Alexander Architectural Archive, "Biographical Sketch of Atlee Bernard Ayres," <http://www.lib.utexas.edu/taro/utaaa/00041/aaa-00041.html>, accessed May 15, 2017. Following his father's death, Robert Ayres continued the firm of Ayres and Ayres. He died in 1977.

²⁷ Ibid; Texas Historical Commission, Monte Vista Residential District National Register nomination, <https://atlas.thc.state.tx.us/>, accessed May 15, 2017; Mavis P. Kelsey, Sr. and Donald H Dyal, *The Courthouses of Texas* (College Station: Texas A&M University Press, 1993) 61, 155, 167, 226.

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Lou Harrington (1872-1950) was born in Paw-Paw, Michigan. He graduated from Northern Indiana College and went on to receive his degree in civil engineering from Purdue University in 1903. He moved to Chicago, and worked as a bridge engineer for the Santa Fe Railroad, the Big Four Railroad, and Mineral Point Bridge Company and also with the American Zinc Company. Harrington came to Texas with the Santa Fe Company in 1906, and designed many bridges spanning rivers throughout the state. Settling in San Antonio in 1909, Harrington worked for four years with the firm of Sanguinet and Staats as superintending architect on the Gibbs Building (1908, Alamo Plaza NRHP District) and Rand Building (1913, Main/Military Plaza NRHP District). In 1913 Harrington formed a partnership with H.A. Reuter.

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Herman Andrew (H.A.) Reuter (1885-1933) was born in Illinois, and later moved to Texas where he partnered in 1910 with J. Flood Walker before establishing the practice with Lou Harrington in 1913. In addition to the Robert B. Green Hospital, Lou Harrington worked with Reuter as designing engineer on the Travelers' Hotel (1914, NRHP 2015). Reuter and Harrington dissolved their partnership in mid-1916 at about the time they and Atlee B. Ayres were awarded the Robert B. Green project. Harrington continued his very successful career, designing over 300 buildings in San Antonio and throughout South Texas before his death in 1950. After dissolving his partnership with Harrington, Reuter practiced alone. His work includes the 1917 Real County Courthouse in Leakey, Texas. Reuter and his wife subsequently moved to California where, in 1920, he became the head of the architecture department of the Foss Designing and Building Company, which specialized in bungalows.²⁹

Robert B. Green Hospital: 1917- 1939

The contract to build Robert B. Green Hospital was signed with H.N. Jones Construction Company on October 22, 1915. The building was to be completed in 291 days at a cost of \$200,092. By November 15, a temporary frame hospital had been constructed to house 60 to 70 patients and work was underway to demolish the old hospital. With the exception of delays in procuring flooring material, construction proceeded quickly and the building was completed by late November 1916.³⁰ The Board of Managers of Robert B. Green Memorial Hospital held its first meeting on November 17, 1916 in preparation for the hospital's opening in early 1917. Dr. H. Philip Hill was elected the hospital's first superintendent and in the coming weeks, the board filled staff and committee positions.³¹

Between 4,000 and 5,000 visitors attended the public reception held on February 1, 1917 to celebrate the opening of Robert B. Green Memorial Hospital (figure 10). The consensus was that the hospital was "one of the best and most modern institutions of its kind in the Southwest."³² The 5-story hospital had a minimum capacity of 170 and was able

²⁸ Pfeiffer, Maria, and Michael Jennings. "Maverick Building, San Antonio, Bexar County, Texas." Texas Historical Commission, Maverick Building National Register of Historic Places nomination, <https://atlas.thc.state.tx.us/>; "One of Country's Leading Architects and Engineers, L. Harrington, Who Helps to Build San Antonio," San Antonio Light May 10, 1918; Harrington Rites Pending," *San Antonio Light*, December 2, 1950; AIA Archives, <http://public.aia.org/sites/hdoaa/wiki/AIA%20scans/F-H/HarringtonLou.pdf>.

²⁹ United States Federal Census, 1910, 1920; San Antonio City Directories, various years; "Architect and Engineer of California, May 1910, 97; Julianna Delgado and John G. Ripley, *Pasadena's Bungalow Heaven*, Images of America (Charleston, S.C: Arcadia Pub, 2012) 59, <https://books.google.com/books?id=aDnGo7ZKvY0C&pg=PA59&lpg=PA59&dq=herman+a.+reuter+architect&source=bl&ots=KpnwTUZIOg&sig=Yi0-BpZVWqdnIHVLXCYKC4g354I&hl=en&sa=X&ved=0ahUKEwiR-vCnqOVTAhVS1GMKHcZ-DhoQ6AEINDAE#v=onepage&q=reuter&f=false>, accessed on May 12, 2017. Reuter and his wife Daisy divorced in Oxnard, California in 1933 (*Oxnard Daily Courier*, September 18, 1933).

³⁰ Commissioners' Minutes, V1:177-194; "New Hospital A Result of Bond Issues," San Antonio Light, Special Section, 4. The H.N. Jones Construction Company was originally \$248,800. After negotiations and alterations to the specifications, the bid was reduced to the maximum allocated by the city and county.

³¹ Robert B. Green Memorial Hospital Board Minutes (Hospital Minutes) November 17-December 18, 1916.

³² San Antonio Express, February 2, 1917,7.

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to accommodate at least 200. (It should be noted that in its earliest years the hospital was referred to as having a basement and four stories. This is because the entrance was up a flight of stairs to a landing between the ground and second floors. Today the entrance is on the ground floor.) A secondary entrance was on the north elevation and also located on the second floor. Designed for patients, the rear entrance was accessed by a sloping driveway. A separate driveway accessed the ground floor of the rear entry pavilion which contained a kitchen, refrigeration plant, store rooms and receiving rooms to supply the hospital (figures 7, 8).³³

A 1-story annex to house nurses was located north of the hospital and connected to the hospital by a covered walkway. Sick wards were in the hospital's two projecting wings that opened onto a central courtyard to allow for ventilation. The "basement" contained a pharmacy and adjacent free clinic where eye, mouth, nose and throat ailments were treated, as well as the morgue, X-ray room, and a staff dormitory. A large portion of the hospital's third floor was devoted to children's wards and the part of the fourth floor to contagious disease wards. There were maternity wards, emergency surgical rooms, and separate wards for African Americans. The kitchen was located on the ground floor of the north entrance and two operating rooms were above it on the second floor.³⁴

In the days following the public showing, patients were moved to the new hospital from the temporary facility and the Robert B. Green Hospital began serving the indigent of San Antonio and Bexar County. "These patients, culled from the poorest of the poor, the indigent, the ebb of humanity, will receive the care and treatment, the skilled medical and surgical aid, and the personal attention that would be accorded them in a hospital where a high fee is demanded."³⁵

The hospital's original floorplan was typical of health care facilities in the late 1800s and early 1900s. The hospital was laid out according to the "pavilion plan," which featured open wards with outside walls comprised of large windows. In spite of evolving knowledge of germ theory, designs that allowed the flow of fresh air through the wards were still thought to prevent the spread of contagion. While some hospitals used mechanical ventilation systems, many continued to incorporate operational windows to facilitate air flow. In the case of the Robert B. Green, budget was also likely a factor. Windows dominated the Robert B. Green's primary and secondary elevations and the central courtyard provided for additional airflow. Contemporary thinking did recognize the need for isolation wards for some patients, and at the Robert B. Green, these were located on a separate floor.³⁶

The hospital's design also typified the "group system," a principle used beginning in the late 1900s, whereby fundamental functions such as operating facilities, staff quarters, and isolation wards were grouped together. At the Robert B. Green, administrative functions were concentrated in the central portion of the building and nurses' quarters were located to the rear of the hospital in a separate but connected building.³⁷

Robert B. Green Hospital faced multiple challenges from the outset. Because of World War I, the cost of food and supplies was inflated, and many local doctors and hospital staff members were called to serve their country. Through the generosity of the Chamber of Commerce, the Army established an Aviation unit at the Green where all military aviators from Texas, Oklahoma, and Louisiana were examined.³⁸ In addition to the hardships posed by the war, the influenza epidemic of 1917-1918 killed many San Antonians. Already short of doctors and nurses due to the war, the

³³ "Can Care for 200 Patients in Hospital," *San Antonio Light*, November 16, 1917, Special Section, 2.

³⁴ *Ibid.*, 3; "All Invited to Pay Visit to Hospital," *San Antonio Light*, January 31, 1917.

³⁵ "Move Patients into Memorial Hospital," *San Antonio Light*, February 2, 1917, 9; "Can Care for 200 Patients in Hospital," *San Antonio Light*, November 26, 1916, Special Section, 3.

³⁶ Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008) 9-14.

³⁷ *Ibid.*

³⁸ Hospital Minutes, June 22, 1921.

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Green worked closely with the Sisters of Charity of the Incarnate Word to treat some 600 flu and pneumonia patients resulting in a lower mortality rate than other public hospitals throughout the country.³⁹ While the flu epidemic eventually ran its course, tuberculosis remained a rampant problem in San Antonio for many years. To control contagion, tubercular patients were not treated at the Green, though the Antituberculosis League did operate an outdoor clinic there. Tuberculosis patients were instead treated either at the hospital's extension facility at Southton or the county's poor farm, both of which were under the Green's supervision. The hospital also oversaw the leper colony at Southton and a small pox hospital.⁴⁰

Though the Green weathered the flu epidemic and wartime shortages, pressure on the hospital's staff and budget was further compounded by the rapidly growing population which exceeded 161,000 in 1920. Many of these new residents were refugees who fled political unrest in Mexico during the 1910s and settled in dense neighborhoods near and west of the hospital. While some could afford health care at private hospitals and clinics, many required the indigent services offered at the Green. By 1920, these accumulated factors resulted in many unfunded needs.⁴¹

As early as July 1917 the board of managers had requested an inspection by the county judge and commissioners and mayor and city commissioners to "put clearly before these gentlemen some of the crying needs which have been asked for..."⁴² Adequate facilities to house interns and nurses in training were needed and, like the first city/county hospital at the same site, the Green was experiencing structural settling after only two years. Walls cracked, plaster was damaged, and water entered the building.⁴³

Despite these early challenges, the Board of Managers and staff nonetheless remained committed to the Green's purpose. "Reviewing the part the Robert B. Green Memorial Hospital played in serving the suffering and afflicted and helping preserve the health in this city and county, we cannot but feel proud of its growing popularity."⁴⁴ The hospital, the only source of health care for many residents, was unquestionably popular. Staff cited 2,463 hospital admissions, 9,768 dispensary treatments, and 2,975 emergency room treatments. When other services such as vaccinations and tubercular patients were counted, Robert B. Green Hospital had served 23,214 patients between July 1918 and July 1919.⁴⁵

The hospital's budget presentation to public officials in July 1921 summarized the early financial struggles. "The money allowed for this work has never been sufficient for normal times much less for as trying conditions as have confronted this institution since its beginning." The hospital's deficit was described as "enormous."⁴⁶ Though additional funding was always requested, the hospital's annual budget during the 1920s, including funds for the tubercular colony at Southton, remained at slightly more than \$100,000 with no funds for critical building maintenance. By April 1926, the superintendent reported conditions in urgent need of repair including falling ceiling tiles in the operating rooms.⁴⁷ By August 1927, staff members wrote to the Board of Managers about the deteriorating building. "We wish to call you attention to the need of more funds for maintenance."⁴⁸

³⁹ Hospital Minutes July 31, 1917. The Green's flu mortality rate was estimated at 21%.

⁴⁰ Hospital Minutes April 2, 1917, May 14, 1917, December 17, 1917.

⁴¹ San Antonio's population in 1920 was 161,379.

⁴² Hospital Minutes, July 9, 1917.

⁴³ Hospital Minutes, July 31, 1919.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Hospital Minutes, June 22, 1921.

⁴⁷ Hospital Minutes, April 6, 1926.

⁴⁸ Hospital Minutes, August 1, 1927.

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Though the city had grown by 50,000 residents since the hospital's opening, funding remained stagnant. The entire upper floor was unused due to leaks, new equipment was needed, and patients were being turned away. In spite of these poor conditions, it was not until 1929 that some funds were expended for repairs and remodeling. A new elevator system was installed and the children's ward was reopened.⁴⁹

Faced with the Green's increasing needs and the city's ongoing delays and reductions in hospital financing, San Antonio's legislative delegation introduced a bill to provide for levying a 10-cent tax "for the adequate support and maintenance of the Robert B. Green hospital."⁵⁰ The bill's sponsor stated "the hospital at present does not have sufficient funds in which to properly operate the institution." The new tax model would abandon the city-county funding arrangement, placing the hospital solely in the hands of the county. The tax proposition was endorsed by public officials, and put before voters on July 25, 1929.⁵¹ Writing in support of the proposition, the *San Antonio Express* described Robert B. Green Hospital as "an indispensable institution." The county it said "must maintain a public hospital for emergency cases and for the treatment of persons who cannot afford private hospital care." It was estimated that authorization of the tax would provide \$180,000 a year for the hospital. County voters approved the tax overwhelmingly by a vote of 4,744 to 379, placing the hospital solely under the county's control.⁵²

The optimism over the hospital's future quickly faded. The Great Depression began only three months after voters' approval, and though the tax was levied briefly, it was discontinued after the county attorney declared it unconstitutional. The city did not resume its payments, and by late 1931, was \$23,000 in arrears. County Judge William Wurzbach reported in September 1931 that the county could expend no more than \$125,000 for the hospital in the coming fiscal year and recommended seeking back payments and an additional \$30,000 from the city. This request was refused.⁵³ As the funding crises continued, the hospital's physical and financial condition worsened. Compounding the situation, the patient load increased due to stress-related illnesses attributed to the Depression. The superintendent reported a large increase in outpatient "lunatic cases." Staff recommended a reduction in hospital beds, with priority given to emergency cases.⁵⁴

The county apparently did levy a 2-cent tax to bridge the funding gap. In late 1932 county commissioners proposed levying a 10-cent tax ("an increase of 8 cents") as allowed by voters in 1929.⁵⁵ The tax was questioned by a taxpayers' committee working with commissioners' court to balance the county budget. The committee recommended inclusion of the 10-cents hospital tax, but ultimately an 8¾ cent tax was levied.⁵⁶

The funding crisis grew worse in early 1933. Delinquent tax payments increased with the deepening Depression, reducing funds available for hospital operations. Writing as a body, the hospital board summarized the financial crisis.

⁴⁹ Ibid; Hospital Minutes, December 5, 1929; January 31, 1930; *San Antonio Express*, April 26, 1929, 28. Plans and estimates for proposed repairs and remodeling were prepared by the firm of Phelps and Dewees. A total of \$63,974 was spent on hospital renovation. A list of work is not included in hospital minutes.

⁵⁰ "Bill Asks 10-cent Tax for Upkeep of Hospital in S.A.," *San Antonio Light*, June 4, 1929, 1.

⁵¹ "City-County Employees Endorse Bond Issue," *San Antonio Express*, July 2, 1929, 24; "City Budget to be Completed by Monday," *San Antonio Express*, June 20, 1929, 28. By late June 1929, the city had already reduced its hospital allocation \$50,000 in anticipation of the tax election, and made another reduction of \$35,000. The election also included a \$3.7 million school bond issue and constitutional amendments.

⁵² "Think," *San Antonio Express*, July 24, 1929, 1; "Landslide Carries Tax for Hospital," *San Antonio Express*, July 26, 1929, 1.

⁵³ "Mayor Urges County Commissioners to Revive 10-Cent Hospital Tax, Once Declared Unconstitutional," *San Antonio Express*, September 17, 1931, 24.

⁵⁴ Hospital Minutes, April 6, 1931; September 9, 1931.

⁵⁵ "County to Levy 25-Cent Poll Tax," *San Antonio Express*, August 16, 1932, 14.

⁵⁶ "Special Hospital Tax Questioned," *San Antonio Express*, August 26, 1932, 18; "\$210,239 Saving in County Urged," *San Antonio Express*, August 31, 1932, 18; Hospital Minutes, February 28 (?), 1933.

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They concluded, "When it comes to the care of the indigent sick, everyone must admit that any drastic curtailment of such activities will be both tragic to the individual and menacing to the public health."⁵⁷ In spite of these consequences, the board was "driven to such curtailment owing to a lack of funds." "Some form of curtailment is absolutely necessary for the future conduct of this hospital." The recommendation was made that the hospital serve strictly as an emergency facility with a bed capacity of 100 treating only chronic and acute cases.⁵⁸

Budget cuts were made and the daily patient count reduced to 70. By early April 1933 the entire board resigned, stating they could not bear the responsibility of operating the hospital without adequate funding. In addition to these resignations, the hospital's nurse training program that had operated since the hospital's opening was suspended. A new board was appointed, but the crisis continued and in early 1934, the hospital's superintendent resigned, followed by the subsequent superintendent. In the wake of these developments, the board's medical affairs committee recommended reorganization of the medical staff.⁵⁹

Dr. Frank Paschal, a respected local physician, was appointed superintendent in 1937. Under his leadership the nursing program reopened and by early 1939, had reached full enrollment of 77 students. New services were introduced including a cancer clinic for study, diagnosis and consultation on the disease, and the city opened a clinic for treatment of venereal diseases at the hospital.⁶⁰

Clinic Addition (East Annex): 1939

By the mid-1930s, the hospital's clinics were inadequate to serve the growing number of patients. Out-patient clinic visits had increased dramatically from 63,306 (1935-1936) to 80,373 (1937-1938). The proposal to erect a new clinic building was first discussed on November 1, 1937 by the Board of Managers which authorized Dr. E.R. Lochte to discuss the approximate cost of a new building with architect Leo M.J. Dielmann.⁶¹ Dielmann presented plans for a 3-story, \$50,000 clinic building to the board at its meeting on February 7, 1938. Local attorney Henry P. Drought, who served as the state's Works Progress Administration (WPA) program administrator, was approached about funding for the project, and while the request was being considered, hospital superintendent Dr. F.L. Paschal advertised for bids. Funding was approved in early July and construction began immediately.⁶²

Before the roof was added to the 3-story building, the board explored the possibility of expending another \$49,000 to complete the additional two floors which the foundation was designed to support, bringing the building to equal height with the 1917 hospital. Once again, a request was made to WPA funding, and \$42,600 was granted.⁶³

Though the shell of the 5-story building was completed, WPA funding provided interior finish-out for only the first floor out-patient clinic and the fifth floor for interns' quarters. The second WPA grant finished partitions, plastering,

⁵⁷ Hospital Minutes, February 28 (?), 1933.

⁵⁸ Ibid.

⁵⁹ Hospital Minutes, April 6, 1933; April 14, 1933.

⁶⁰ Hospital Minutes, February 5, 1934; August 6, 1934; January 31, 1937.

⁶¹ "WPA Dimes Clinic in S.A. Hospital Unit Work Starts," San Antonio *Light*, July 10, 1938, 2:6; Hospital Minutes, November 1, 1937.

⁶² Hospital Minutes, February 7, 1938; June 22, 1938; June 13, 1938; "WPA Dimes Clinic in S.A. Hospital Unit Work Starts," San Antonio *Light*, July 10, 1938, 2:6. WPA provided \$42,600 for the additional floors which the county matched with \$11,400. The board approved design of the building's cornerstone on August 1, 1938. No explanation has been found of the change in architectural firms.

⁶³ The first WPA allocation included quarters for interns on the fifth floor and the first floor out-patient clinic. The second WPA grant finished partitions, plastering, and plumbing on the three additional floors. "\$16,000 needed for Hospital Annex Job," San Antonio *Light*, June 23, 1939, 8-B).

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and plumbing on the three additional floors but an additional \$16,000 was needed to complete the interior. Leo Dielmann, who prepared plans for the entire finish-out and supervised completion of the basement, first, and fourth floors, was replaced by firm of Adams and Adams which supervised completion of the second and third floors including installation of the elevator system.⁶⁴

Architect of the Robert B. Green Hospital: 1939

Leo M.J. Dielmann (1881-1969) was born in San Antonio and graduated from St. Mary's College. He first went to work with his father's construction company and then traveled to Germany where he received Classical training in architecture and architectural engineering. He returned to San Antonio in 1901 and rejoined his father's firm, Dielmann Construction Company. Dielmann served from 1909 until 1912 as the City of San Antonio's building inspector and was elected to a two-year term as city alderman. He established his architectural practice and went on to design residences and institutional and commercial buildings, including many churches and schools.⁶⁵

Robert B. Green Hospital: 1940-1954

During World War II, the Robert B. Green participated in the Army's Cadet Nurse's Corps program. With the outbreak of polio in the early 1940s, a polio ward was opened and partially staffed by trained technicians from the National Foundation for Infantile Paralysis at Warm Springs, Georgia. Faced with budgetary shortfalls, additional funds were needed to meet requirements of the Cadet Nurse's program and as well as continue to treat tuberculosis patients.⁶⁶

By the mid-1940s, the Green was again in poor repair and still lacking funds. The heavily used facility required maintenance, repairs, and further construction to adequately serve the community. Adams and Adams assessed the overall condition of the hospital and prepared a \$200,000 budget for necessary repairs, construction, and maintenance. Commissioners' Court approved a contract to prepare plans for essential improvements including a new wing containing a kitchen, emergency wards, and an operating room.⁶⁷ One local radio commentator told his audience, "The Robert B. Green hospital is in a desperate condition. Its staff is underpaid and overworked. Unless added revenue is provided, the entire hospital will be closed in the near future."⁶⁸

The number of personnel was reduced in early 1946, and the adopted budget was \$75,000 less than the requested amount. The hospital was again faced with the possibility of operating only as an emergency facility.⁶⁹ Unable to get relief from county commissioners, in March 1946, the board voted to discuss the hospital's dire condition with the District Judges and District Attorney. "This institution is confronted with the situation that it will have to close down if no way is found to increase the funds to maintain it."⁷⁰ During this crisis, the hospital's superintendent resigned, and

⁶⁴ "Funds Needed to Complete Hospital Annex Placed at \$16,000," *San Antonio Express*, June 23, 1939, 22; Hospital Minutes, September 9, 1940, December 21, 1940. WPA provided \$42,600 for the additional floors which the county matched with \$11,400. No explanation has been found of the replacement of Dielmann with Adams and Adams. Dielmann was still attempting to collect his fee in June 1942.

⁶⁵ Bernice Strong, "Leo Maria Joseph Dielmann," *The Handbook of Texas*, ed. Ron Tyler (Austin: The Texas Stat Historical Association, 1996) 2:639; Leo M.J. Dielmann (comp.), *Dielmann's Review*, privately published, 3; .Leo M.J. Dielmann Collection, D.R.T. Library at Texas A&M University San Antonio.

⁶⁶ "Open House Tuesday Shows Polio Program," *San Antonio Express*, August 8, 1943, 3-A; Hospital Minutes, March 21, 1945, June 29, 1945, November 14, 1945, May 9, 1945.

⁶⁷ Hospital Minutes, November 14, 1945.

⁶⁸ "Joe Sheldon Tells Voters Facts," *San Antonio Light*, July 25, 1945, 5-A.

⁶⁹ Hospital Minutes, February 5, 1946, March 5, 1946,

⁷⁰ Hospital Minutes, March 15, 1946.

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the Bexar County Medical Society and county commissioners conducted surveys of the hospital. As a result, on July 28, 1947, commissioners called a bond election that included \$1,030,000 for “alterations, additions and permanent improvements” at the Bexar County Hospital. The election was held on August 23, and the bonds were approved by a narrow margin.⁷¹

The bond election did not provide operating funding for the hospital, and most of the wards and clinics, with the exception the 32-bed ward for polio victims and wards for other bedridden, closed in late 1947. The old board resigned at the end of the year, a new board took office in January 1948, and the hospital lost its accreditation. Most of the Green’s patients, particularly the maternity and emergency cases, were directed to Santa Rosa Hospital.⁷²

After the new board took office in January 1948, reorganization of the hospital and medical staff began. Various wards, including maternity, reopened. In the subsequent months, the county, city, and suburban entities worked together to provide additional funding and secure federal support. In July 1948, the superintendent reported that “The hospital is actually not closed as there is an average of 80 or more patients being served each month...” The children’s ward was full and the polio ward open. As conditions improved, accreditation was restored later in the year.⁷³

While efforts continued to return the hospital to full service, the 5-year expansion and remodeling program began. Work began immediately to construct a new drainage system to alleviate conditions that had caused the west end of the building to settle eight inches. Plans were drawn for a new boiler plant, converting the old plant into a laundry, remodeling the main building at a cost of \$375,000, and \$30,000 for a kitchen addition (figure 11). Another \$130,000 was allocated for a second nurses’ quarters.⁷⁴

In late July 1949, the Board of Managers, hearing that staff was sufficient to take care of 170 beds, voted to entirely reopen the hospital on August 8, 1949. The county once again also entered an agreement with the City of San Antonio for joint operation of the hospital.⁷⁵

Architects Ralph Cameron and Leo M.J. Dielmann were hired by the county to design the Green’s new west annex and presented plans and specifications to the hospital board in May 1950 (figure 12). It was estimated that construction of the new building and remodeling of the existing facility would take two years. With the requirement that the hospital remain in operation throughout the building program, a great deal of coordination was required. The number of beds was reduced, clinics and laboratories were periodically relocated, and some emergency cases were diverted to other hospitals.⁷⁶

The first part of the project to be completed was the west annex that opened in May 1952. The new wing included two emergency rooms at the building’s southwest corner. Staffed around the clock, the emergency room handled cases

⁷¹ “Bond Issue Urged to Aid Hospital,” *San Antonio Light*, June 10, 1947, 1-A; Commissioners’ Minutes, 21:155-168, July 28, 1947; Hospital Minutes, May 9, 1947. The bonds were approved by a vote of 3,132 to 3,100 (Commissioners’ Minutes, December 8, 1947, 21:521).

⁷² Hospital Minutes, August 19, 1947; September 8, 1947; September 24, 1947; January 15, 1948. Minutes specifically state that the emergency room and maternity ward were closed due primarily to lack of personnel. Pediatric wards and two general wards also could not be continued.

⁷³ *San Antonio Express and News*, May 2, 1954, 10; Hospital Minutes, July 13, 1948. A. By 1954, the Green Hospital was serving over 4,000 every month. In 1953, there were over 28,000 outpatient admissions and two emergency rooms handled over 21,000 cases.

⁷⁴ “R.B. Green Slowly Recovering,” *San Antonio Light*, February 1, 1948, 1-B; “3 Bexar County Bond Issues OK’d,” *San Antonio Light*, February 5, 1948, 6-A.

⁷⁵ Hospital Minutes, July 27, 1949.

⁷⁶ Hospital Minutes, May 12, 1950, July 14, 1950, September 7, 1970, November 13, 1952.

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ranging from minor cuts to emergency obstetric cases and victims of wrecks and shootings. Two operating rooms with an observation room on the wing's top floor were lighted by full-height windows. Completion of the west annex, provided space to relocate all hospital functions except the polio and isolation wards while the remainder of the building was remodeled.⁷⁷ By September 1952, the third and fourth floors of the east annex were ready for occupancy, followed by the second floor and then the first. Work that had begun on the central part of the building in June 1952 was delayed by the number of polio cases begin treated at the hospital. The project to expand and remodel Robert B. Green Hospital experienced further delays, but was finally completed in early 1954 and formally reopened on May 10, 1954 (figure 13).⁷⁸

Architects of Robert B. Green Hospital: 1950-1954

Architects Ralph H. Cameron and Leo M.J. Dielmann were hired to design the new west annex and remodel of the remaining portion of the hospital. Leo Dielmann, whose work was previously discussed, designed the Green's 1939 east annex. It was likely for that reason that Dielmann and Cameron were hired as associated architects for the new building.

Ralph Cameron (1892-1970) was born in San Antonio. While still a teenager he worked in the offices of prominent San Antonio architects Alfred Giles and Adams and Adams. He opened his own practice in 1914. After being injured in World War I he stayed in France and attended the Ecole des Beaux-Arts. Returning to San Antonio, Cameron received commissions for numerous significant institutional and commercial buildings. These included the Scottish Rite Cathedral (with Herbert M. Green; NRHP 1997); the Medical Arts Building (1926; Alamo Plaza NRHP District 1976); the Municipal Auditorium (with Ayres and Ayres; NRHP 1981), and the United States Post Office and Courthouse (1937; with Paul Cret; Alamo Plaza NRHP District, 1976). These buildings and his many residential commission reflected popular revival styles. Cameron served again in World War II in the European Theater and retired as a colonel in the Army Corps of Engineers. Cameron was a founding member of the Texas Society of Architects and West Texas Chapter of the American Institute of Architects, as well as a Fellow of the American Institute of Architects.⁷⁹

Robert B. Green Hospital and the Bexar County Hospital District: 1954-1968

In 1949, while the Robert B. Green was struggling to survive, a statewide constitutional amendment to create county-wide hospital districts was put before voters but failed. With completion of the hospital's remodeling in 1954, conditions were greatly improved but financing difficulties continued. The newly renovated Green was operating at half-capacity due to financial constraints, and a committee was appointed to investigate and make recommendations to better fund the hospital. Once again the best option seemed to be formation of a county-wide hospital district.⁸⁰

Local officials continued their efforts to assure passage of a constitutional amendment that authorized the legislature to create county-wide hospital districts in counties with populations over 190,000. The constitutional amendment, which enjoyed widespread support, was approved by Texas voters on November 2, 1954. Negotiations then took place to determine the administrative details of a hospital district should it be approved by Bexar County voters. The Parkhouse bill, as it was known, was approved by the legislature and signed by Governor Allan Shivers on May 18, 1955. The bill stipulated that hospital districts would be governed by an appointed board and designated the county to collect the

⁷⁷ "Emergency Rooms Open," *San Antonio Light*, May 21, 1952, 9-A.

⁷⁸ Hospital Minutes, September 9, 1952, April 14, 1953, November 10, 1953, January 12, 1954, February 9, 1954.

⁷⁹ "Prominent Architect is Dead," *San Antonio Express*, May 6, 1970, 12-A; "Ralph Cameron: An Inventory of his Drawings and Architectural Records, 1914-1970," University of Texas at Austin, Alexander Architectural Archives.

⁸⁰ *San Antonio Light*, May 16, 1954, 7-D; "Green Building Program Nears End," *San Antonio Express*, July 27, 1953, 10.

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hospital tax. County commissioners would set the tax rate. Formation of the Bexar County Hospital District was approved by voters on June 28, 1955. The following day, Bexar County commissioners established the Bexar County Hospital District and appointed its first board of managers.⁸¹

The county's indigent care needs rose as the population continued to increase in the late 1950s, reaching 687,000 by 1960. To address this growth, further additions to the Green were needed. There were also ongoing discussions about expanding the hospital and establishing a state-supported medical school in San Antonio. On January 31, 1961, a large majority of Bexar County voters approved a \$6,500,000 bond package to enlarge the Green and provide \$5 million to match \$10 million in federal funds for construction of a teaching hospital located adjacent to the new medical school (figure 14).⁸²

Following approval of bond funding for the new hospital, discussion of the proposed hospital's location continued for several years. Some advocated for construction adjoining Robert B. Green, while others argued for a site in Oak Hills, northwest of the city limits. The South Texas Medical Foundation was organized and secured 660 acres of Oak Hills land. The foundation offered a portion of its land to the University of Texas Medical School and other property to the hospital district for its planned facilities. The contentious community debate over the location of the school and new hospital continued but was ultimately decided by the legislative requirement that the two facilities be located within one mile of each other. Faced with this constraint, the University of Texas Board of Regents accepted a 29-acre site at Oak Hills for the medical school.

While discussion of the site for the new hospital and medical school was ongoing, work began in August 1963 on the \$2.6 million expansion of the Green (figure 15). The 3-story Brady-Green Clinic addition obscured and damaged the hospital's south elevation. By January 15, 1964, the project was half completed, and the new building was dedicated in May 1965. The ground floor contained clinics designed to increase out-patient visits by 100,000 annually. Pathology and radiological departments were located on the second floor, and the third floor was used for labor and delivery rooms and the nursery, bringing the total delivery rooms to four.⁸³

In December 1965, seven months after dedicating the Green's new addition, the Hospital District signed a contract to construct the \$15 million, 504-bed hospital in Oak Hills. Though site work had already begun for the medical school, an official joint groundbreaking for the school and hospital was held on March 25, 1966. The University of Texas Medical School was the first to be completed, in July 1968. A joint dedication for the school and Bexar County Hospital (today known as University Hospital) was held on November 9, 1968.⁸⁴

⁸¹ Ibid; Constitution of the State of Texas, 1876, Article IX, Section 4; San Antonio Light, October 10, 1954, 12-A; San Antonio Express, May 13, 1955, 5. *Welcome to the Bexar County Hospital*, pamphlet, [Bexar County Hospital District, n.p]. The amendment also included Galveston County. The tax limit was set at \$.75 per \$100 evaluation. The statewide vote on Proposition 9 was 186,245 in favor and 110,448 against. Bexar County voters approved it by approximately a three to one margin (San Antonio Light, November 3, 1954, 2, 8). In addition to the Robert B. Green, the new hospital district also resumed responsibility for the county's poor farm and tuberculosis home. These facilities were upgraded and combined into the Southton Convalescent Sanatoria.

⁸² *Welcome to the Bexar County Hospital*, pamphlet, [Bexar County Hospital District, n.p]; San Antonio Express, February 1, 1961, 1; San Antonio Light, February 1, 1961, 1.

⁸³ "New Green Clinic More Than Half Finished," San Antonio Light, January 15, 1964, 49. It was estimated that there were between 350 and 400 deliveries at the Green per month. The Brady-Green Clinic was named for Lady Brady, a local philanthropist.

⁸⁴ San Antonio Light, March 26, 1966, 14; San Antonio Express-News, March 26, 1966; San Antonio News, July 11, 1968; San Antonio Express, November 8, 1968.

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Robert B. Green Hospital- 1968-2017

Though the role of Robert B. Green Hospital was reduced following the opening of Medical Center Hospital (later named University Hospital) in 1968, the county's indigent population continued to receive treatment at its many clinics. In 1971 the hospital received an unrestricted \$1.1 million bequest from local resident Lady Brady. The bequest was matched with federal funds and used to build an already-planned 63,000 square foot clinic south of the hospital that was named in Lady Brady's honor.⁸⁵ After years of heavy usage, \$3.4 million was allocated in 1988 to renovate the Brady-Green Community Health Clinic and remodel the interior of the historic hospital to serve as doctors' offices and support facilities for the clinic.⁸⁶

With the city's growth and need for increasingly specialized care, in 2010, Bexar County embarked on an \$899 million capital improvements project that included renovation of both University and Robert B. Green hospitals. A 269,000-square-foot, 6-story clinical pavilion was constructed on property east of the historic building (not included in nominated property). After its opening in January 2013, work was begun to remove the outdated and intrusive 1965 and 1978 additions to the hospital, once again revealing the hospital's historic south façade (figure 16). Except for the original Neo-classical entry, the façade was restored to its 1954 appearance. Though the majority of the Green's clinics were relocated to the 2013 building, in 2017, the historic hospital still houses physical therapy, skin, and behavioral health clinics, as well as various administrative offices.

Since its opening on San Antonio's near west side in 1917, the Robert B. Green Hospital has weathered numerous financial crises, wars, epidemics, expansive population growth, and political turmoil. Unwavering community support for this resilient institution has assured that the Green continues to provide Bexar County's indigent population with vital health services 100 years after its founding. The hospital was designated a City of San Antonio Historic Landmark in 1988.

The Robert B. Green Memorial Hospital is nominated to the National Register of Historic Places under Criterion A (local level) in the area of Health/Medicine as the public hospital that has provided indigent health care to Bexar County residents since its opening in 1917. The period of significance is 1917 to 1967.

⁸⁵ "New Clinic Honors Lady Brady," *San Antonio Express*, January 30, 1974. The clinic had previously been designated the Lyndon B. Johnson Memorial Clinic.

⁸⁶ "Historic Review Board OK's Brady/Green improvements," *San Antonio Express*, August 9, 1988, 11-C.

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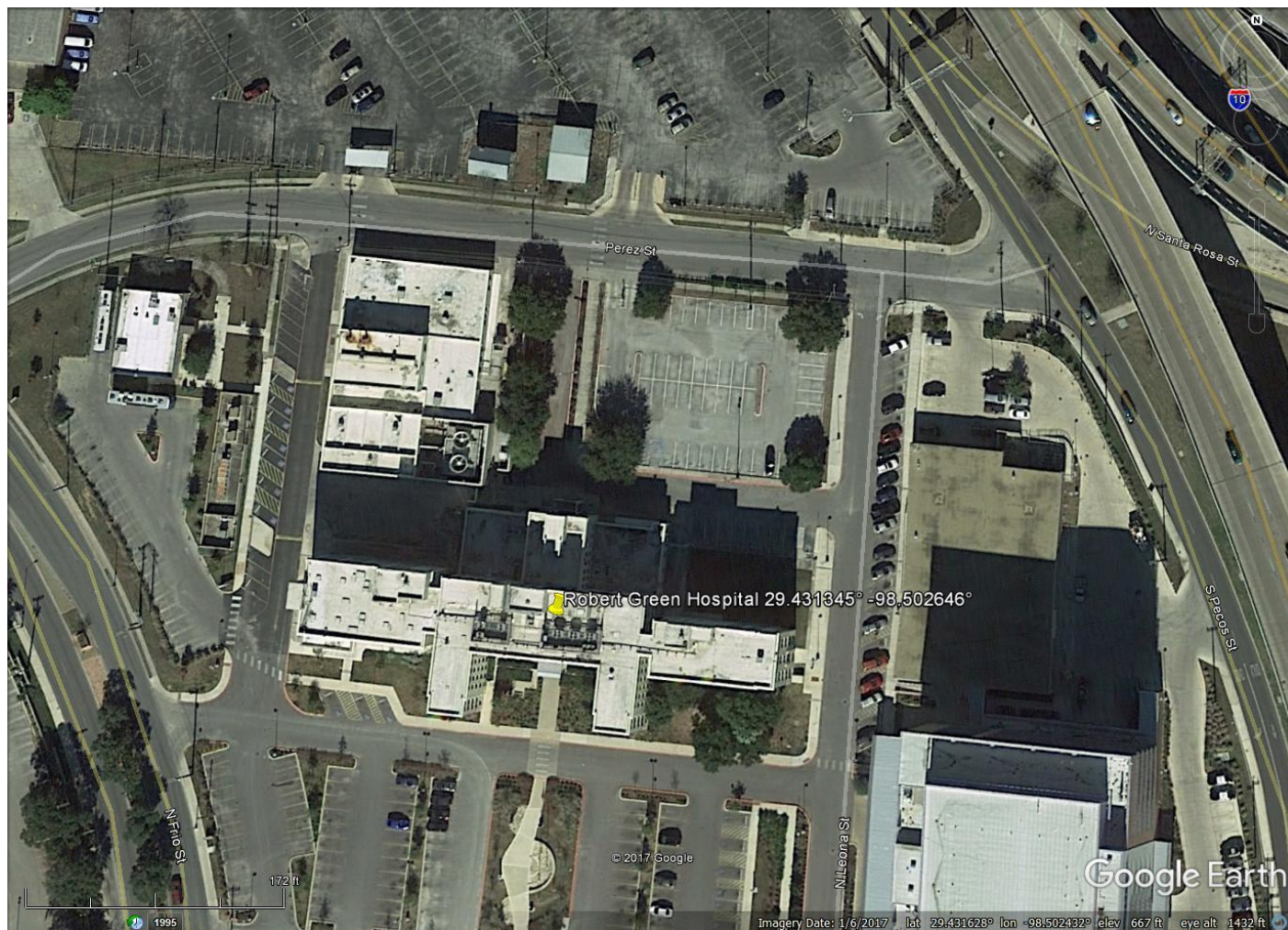
United States Federal Census
Bexar County Texas

University of Texas at Austin
Alexander Architectural Archives
Ayres and Ayres Collection
Cameron Collection

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Location Map

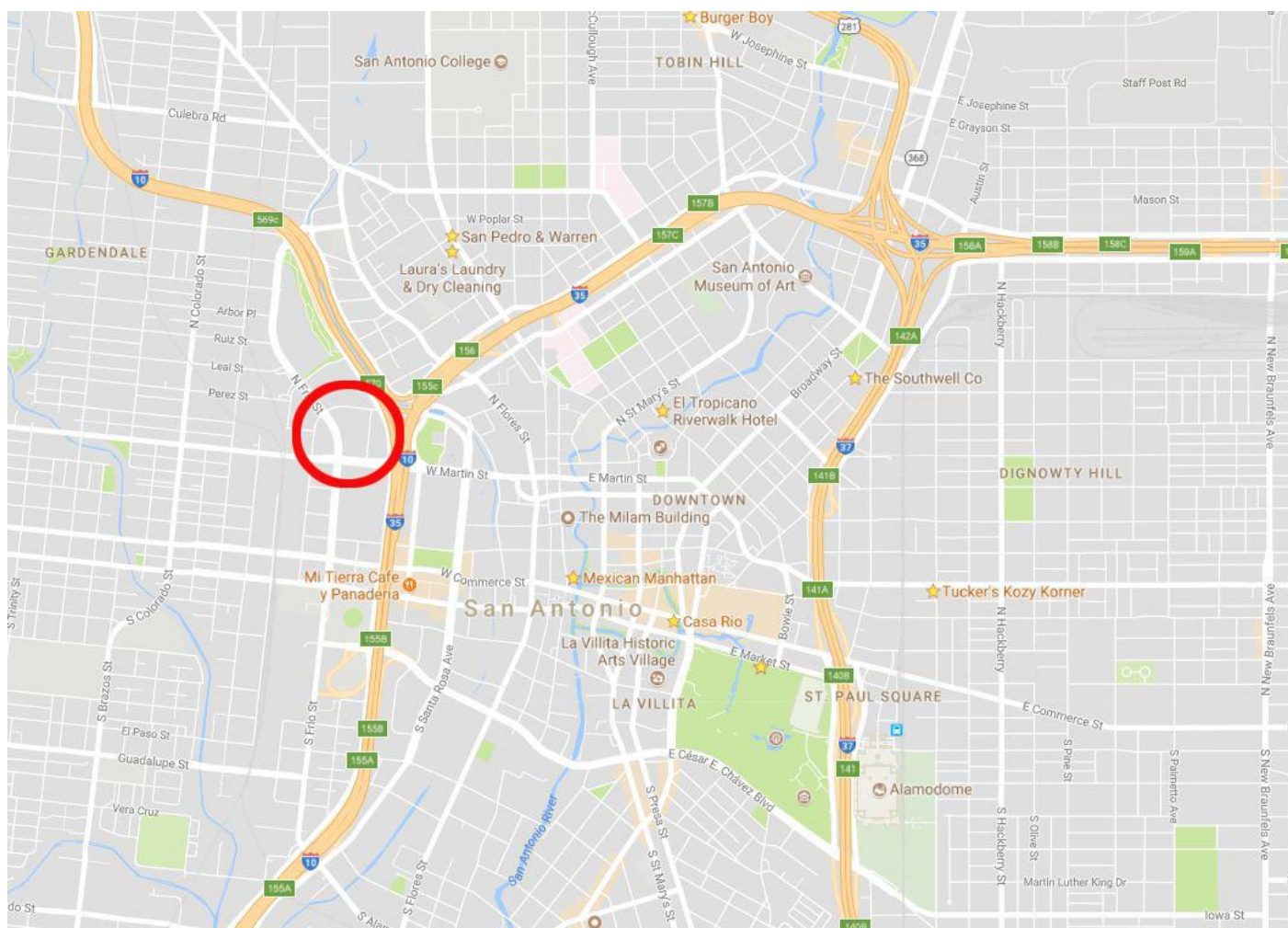
Source: Google Earth, accessed June 13, 2017





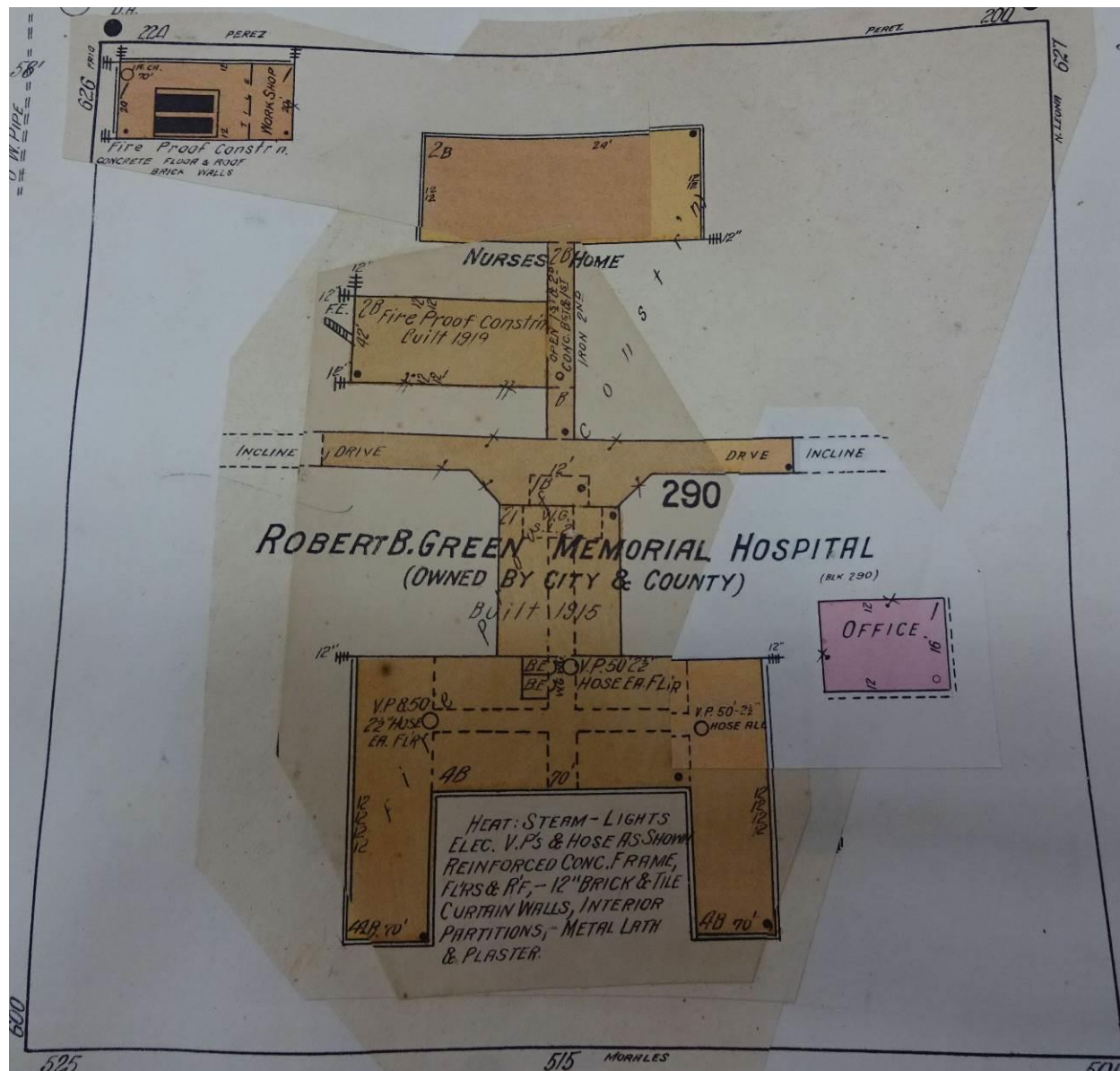
Bexar County, Texas

Location Map (hospital block indicated by circle)



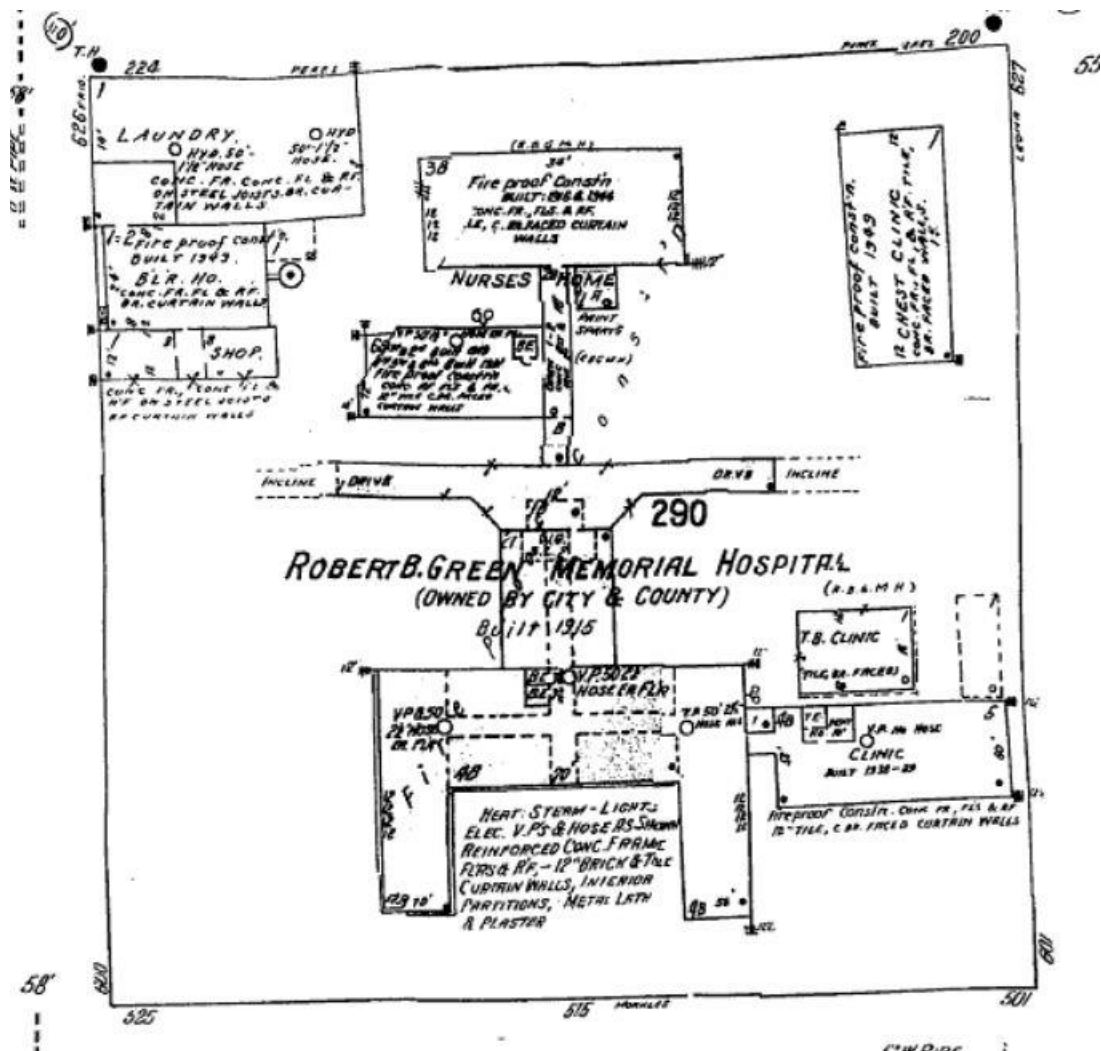
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 1
Sanborn Fire Insurance Map- January 1932



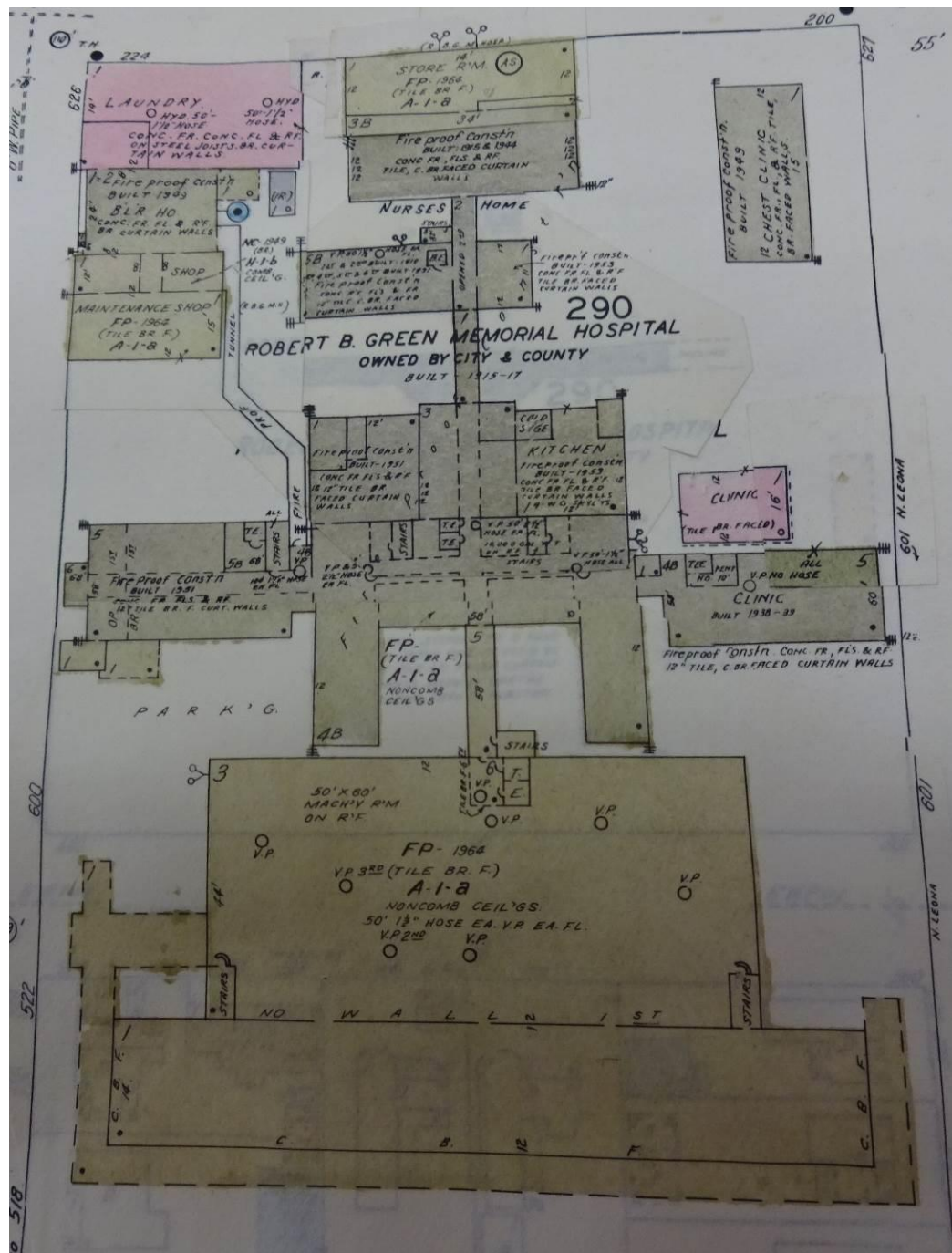
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 2
Sanborn Fire Insurance Map- 1951



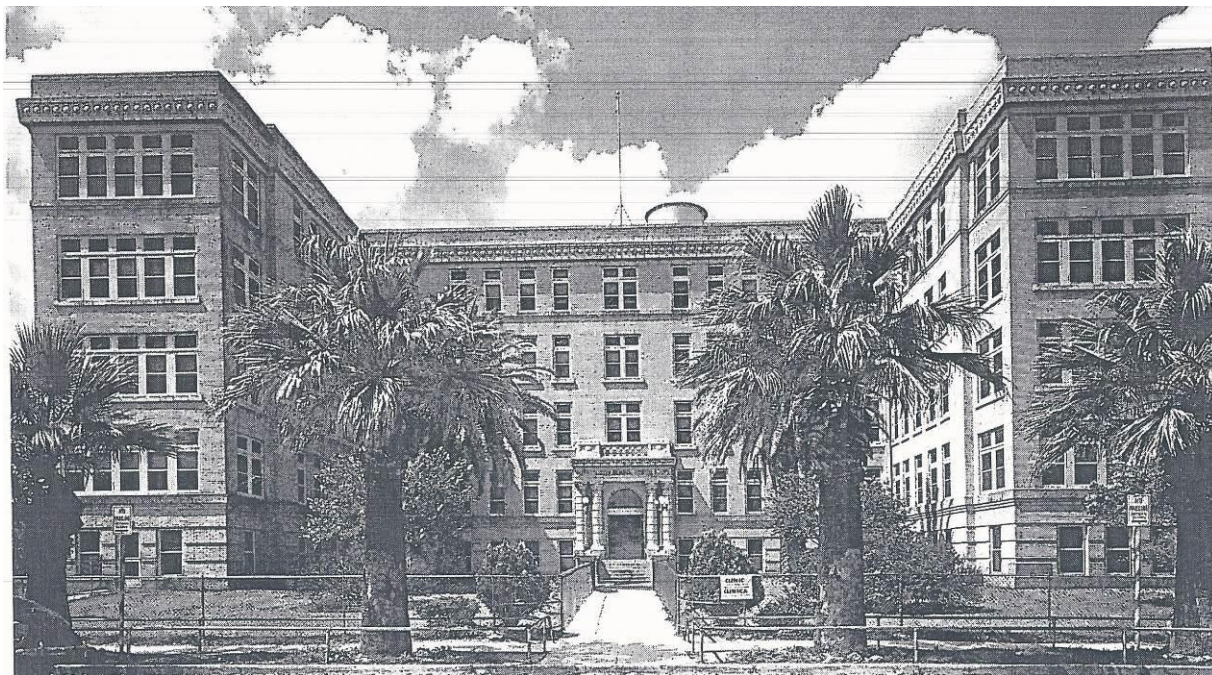
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 3
Sanborn Fire Insurance Map- 1971



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 4
Robert B. Green Hospital, 1942



Robert B. Green Hospital, c. 1968



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 5
Nominated site boundary



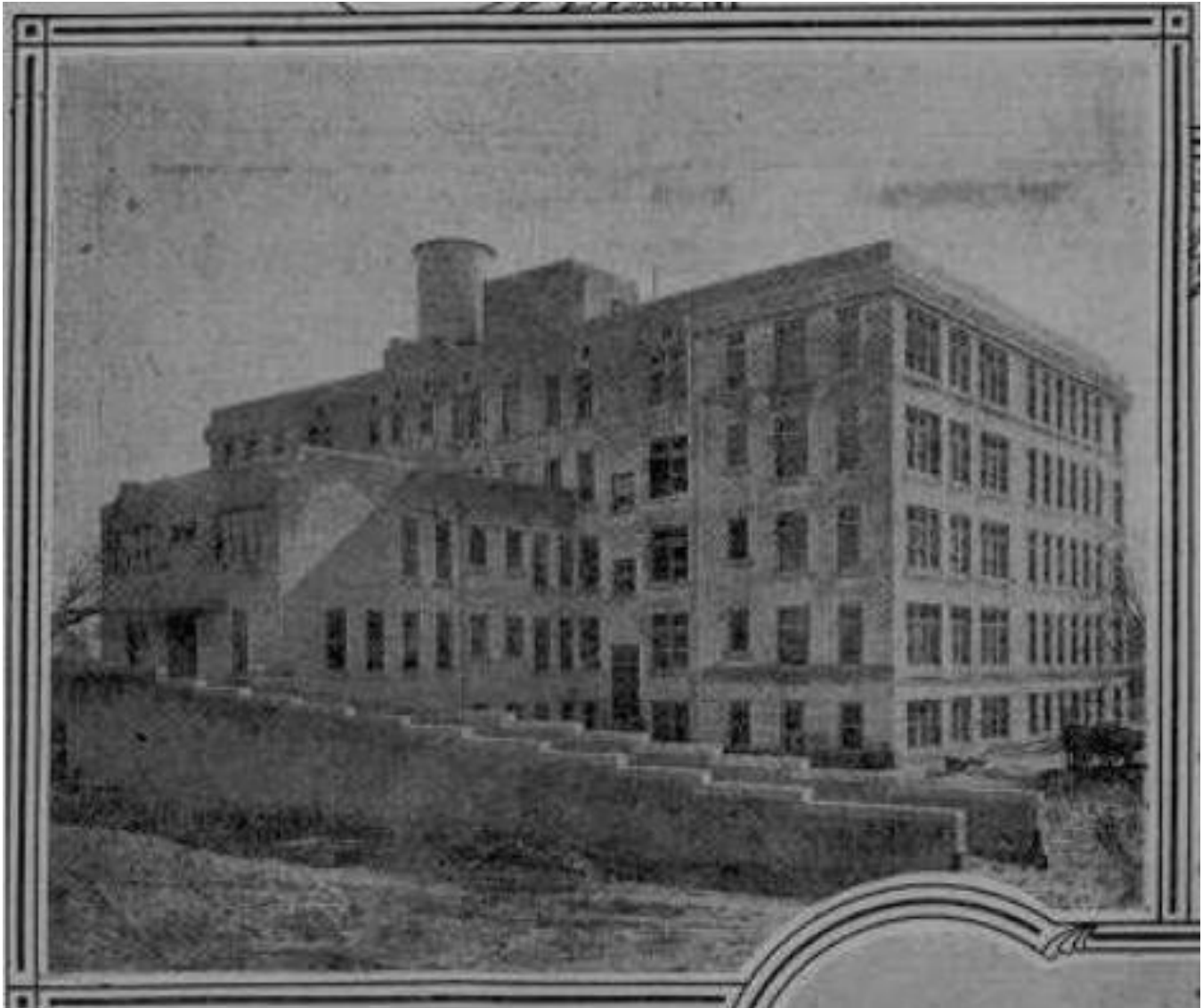
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 6
1946 graduate nurses in front of 1917 Neo-classical entrance



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 7
North elevation in 1917 showing sloping driveway leading to patients' entrance.



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 8
North elevation looking east with sheep grazing in courtyard. Sloping driveway to the left.

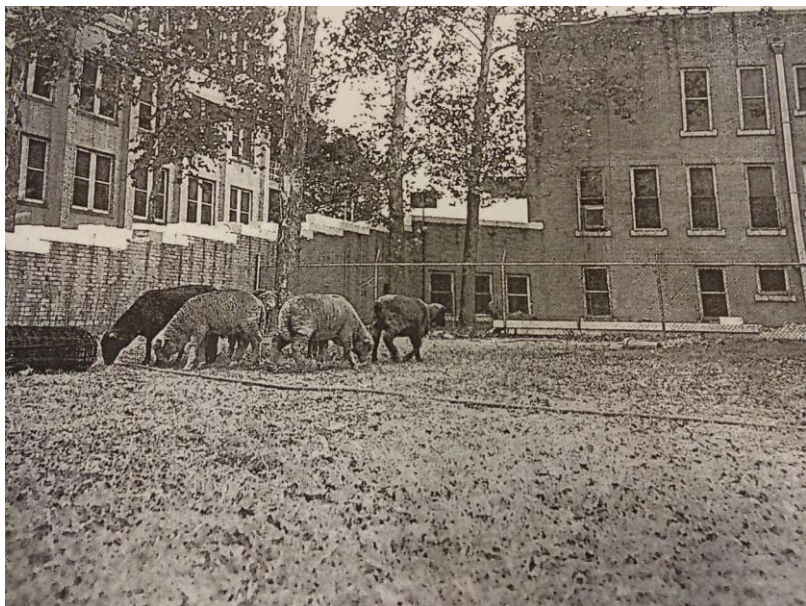
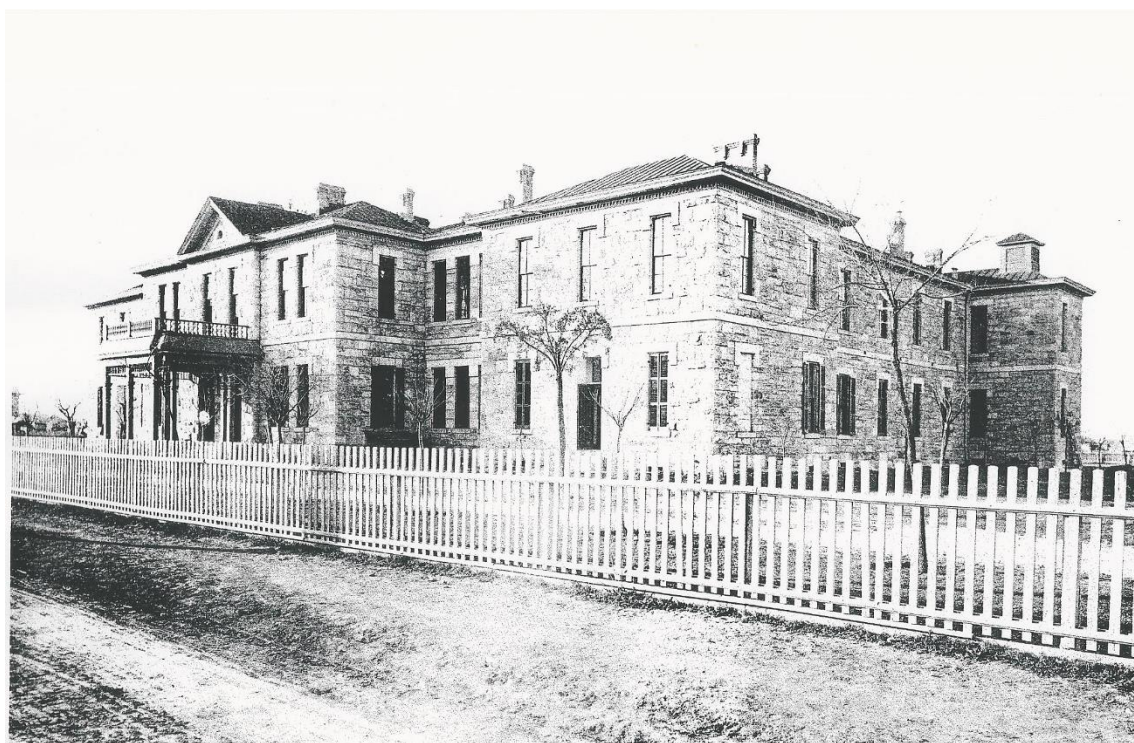


Figure 9
City Hospital circa 1890



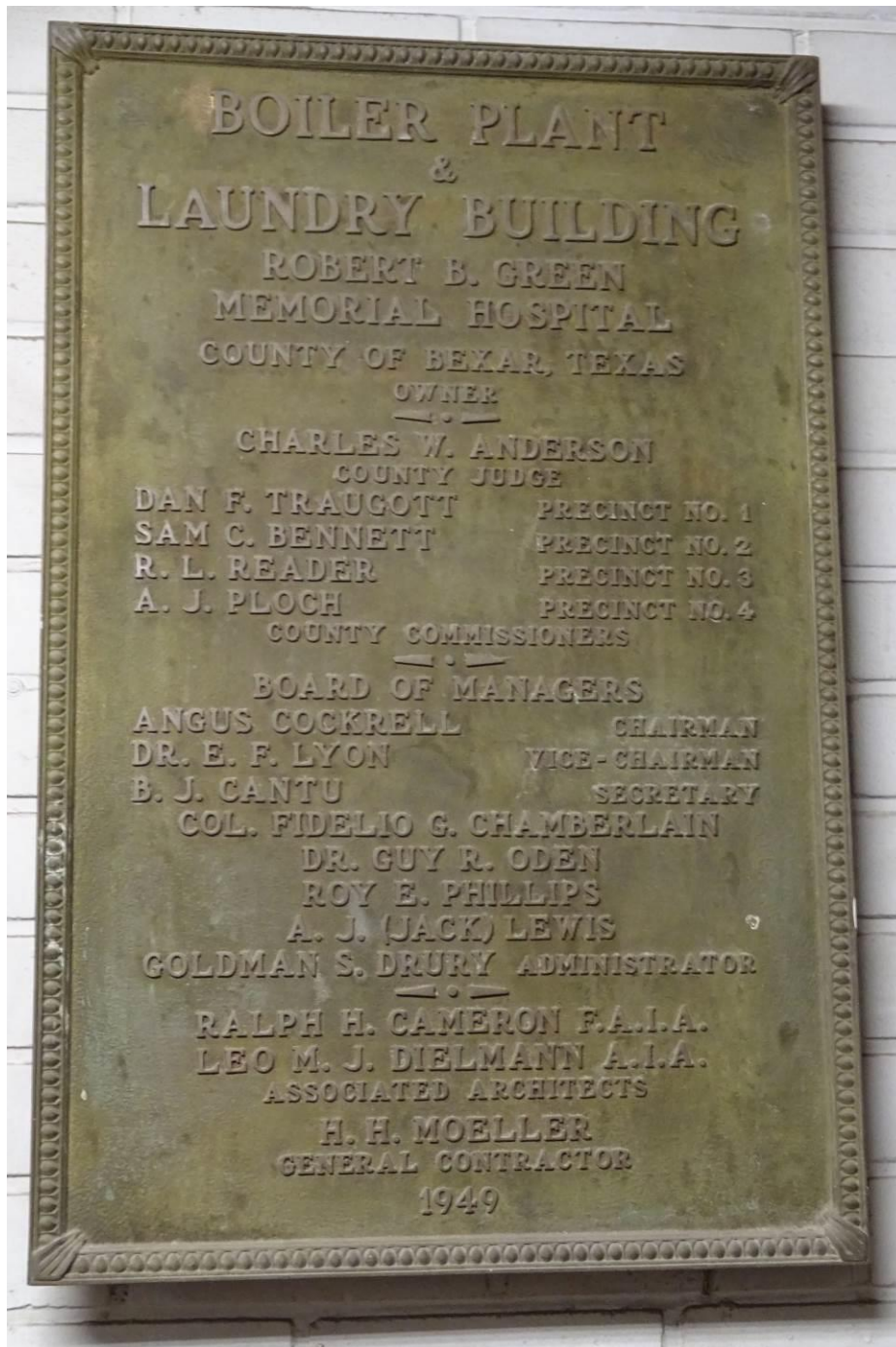
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 10
San Antonio *Light* November 26, 1916.



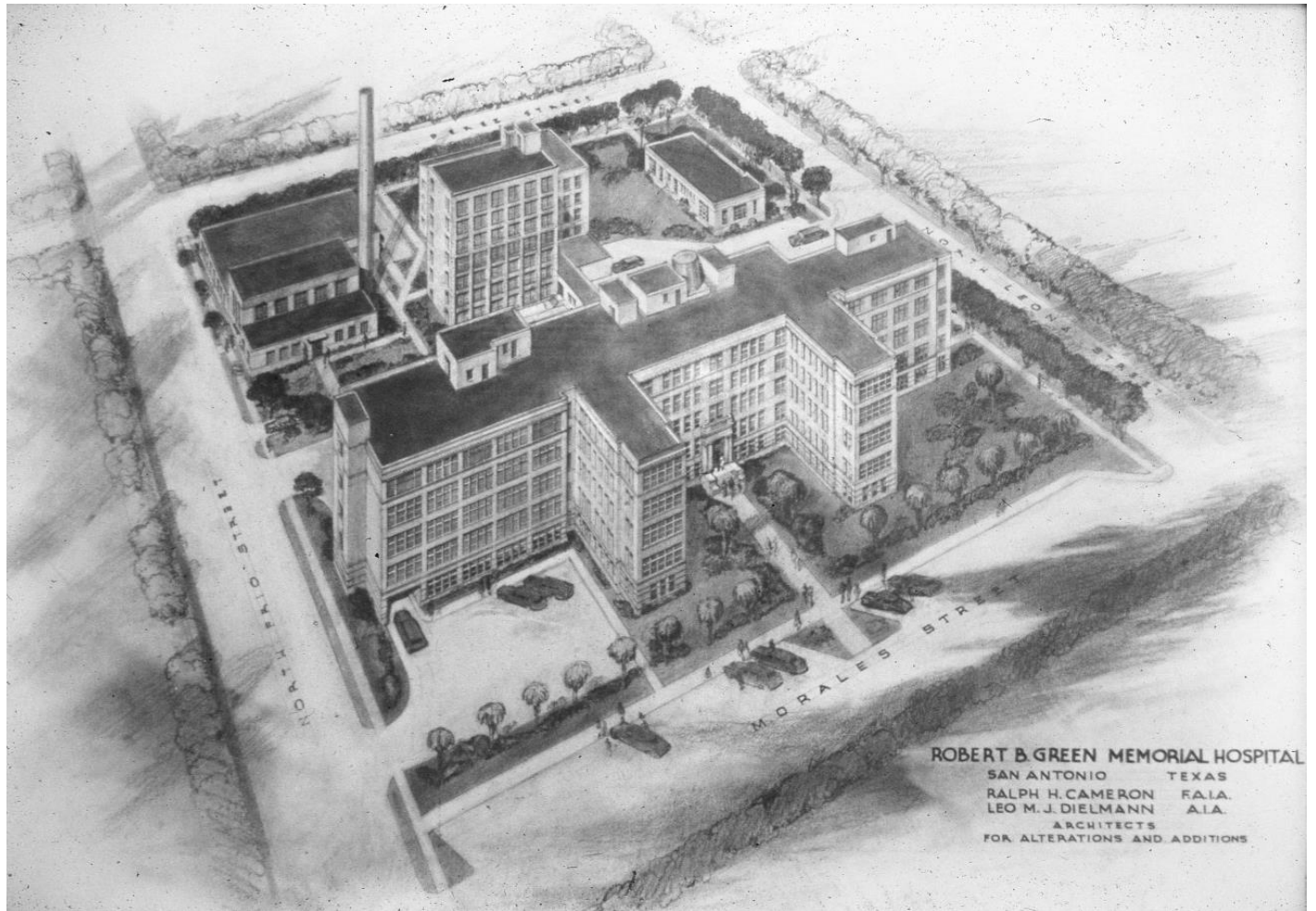
Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 11
Dedication plaque for Boiler Plant & Laundry Building, 1949



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 12
Architects' drawing of alterations and additions to Robert B. Green Hospital
by Ralph H. Cameron and Leo M.J. Dielmann



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 13
Aerial view, circa 1955



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 14
Bond Election Flier,

**For Better
Medical Care
For Yourself,
Your Family
and Loved Ones**

**VOTE FOR
HOSPITAL
BONDS**

TUESDAY, JAN. 31

ASSURE THE MEDICAL SCHOOL FOR SAN ANTONIO

REBUILD ROBERT B. GREEN HOSPITAL

BUILD MEDICAL SCHOOL HOSPITAL

WHO CAN VOTE?
Bexar County property holders who paid their 1958 Poll Tax—the one used in the last Presidential Election. If your precinct has been lost, sign an affidavit at the polls. **YOUR VOTE IS IMPORTANT!** Go to the polls and take your neighbors!

WHAT ARE WE VOTING FOR?
A \$5,500,000 Hospital Bonds issue—to use \$4,000,000 now to rebuild the Robert B. Green Hospital; two revenue bonds \$1,200,000 from the Bexar County Fund—and \$3,000,000 to be used about five years from now to build a needed Hospital for the authorized State-financed Medical School.

UNITED HOSPITAL AND MEDICAL SCHOOL BONDS COMMITTEE

Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 15
Hospital expansion construction sign, 1963



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Figure 16
Demolition of Brady-Green Clinic, 2013



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 1

South elevation full view looking north



Photo 2

West annex south elevation looking north



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 3

West annex, south elevation, southwest corner looking northwest



Photo 4

Central (original) portion south elevation looking north



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 5

Central portion, south elevation west wing looking



Photo 6

Central portion, south elevation, cornice detail



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 7

Central portion, south elevation looking north, 2013 entrance



Photo 8

East annex, south elevation looking northeast



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 9
East elevation looking west



Photo 10
East elevation looking west, entrance detail



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 11

East annex, north elevation looking south



Photo 12

North elevation full view looking south



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 13

Central portion, north elevation looking west



Photo 14

Central portion, north entrance looking south



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 15

Central portion, north elevation looking east



Photo 16

West annex, north elevation looking southeast



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 17
West elevation



Photo 18
West elevation, fifth floor detail



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 19

Power plant, west elevation looking southeast



Photo 20

Power plant, central portion looking east



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 21

Power plant, north and east elevations looking southwest



Photo 22

Power plant, east elevation looking northwest



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

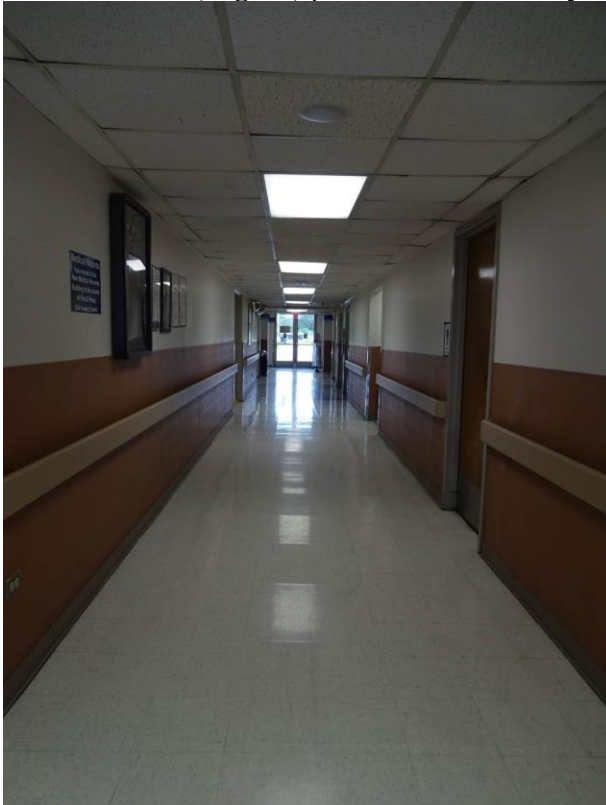
Photo 23

Power plant, south elevation looking east



Photo 24

Interior, central (original) portion, center hallway looking south



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 25

Interior, 3rd floor hallway looking west, tile detail

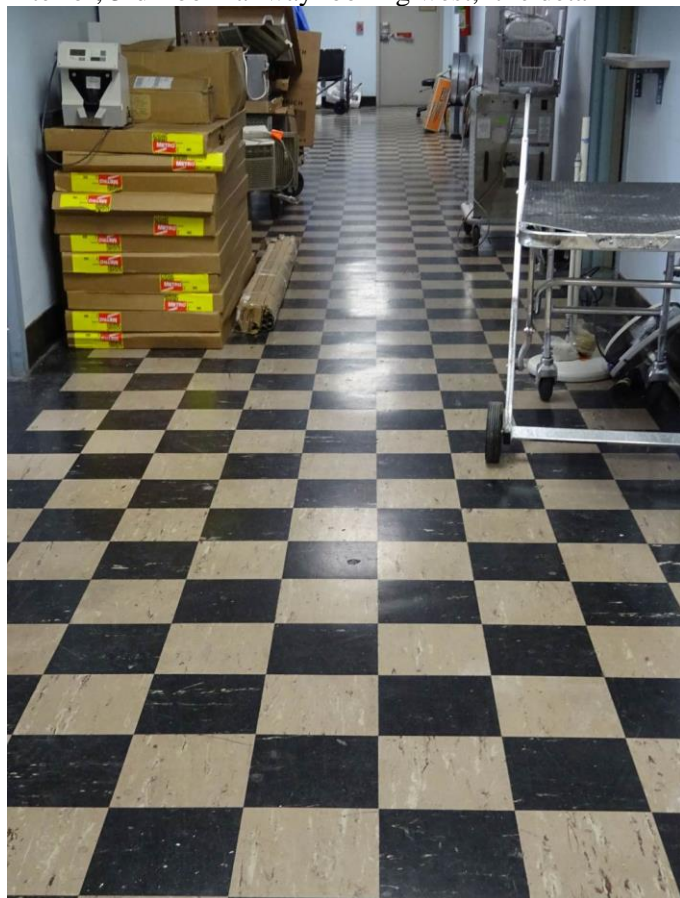


Photo 26

Interior, third floor office looking north, terrazzo detail



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 27

Interior, second floor hallway looking south, original marble wall finish



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 28

Interior, first floor hallway looking east



Photo 29

West annex stair tower showing original finishes



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 30

Interior, east annex stairway showing original finishes



Photo 31

Interior, fourth floor showing original doors



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 32

Interior, fourth floor showing original finishes



Photo 33

Interior, showing original steam heating system



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 34

Interior, showing original electrical box



Photo 35

Interior, east annex, showing original cabinetry and flooring



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 36

Interior, west annex, fourth floor kitchen showing original cabinetry



Photo 37

Interior, central portion, board room looking south



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

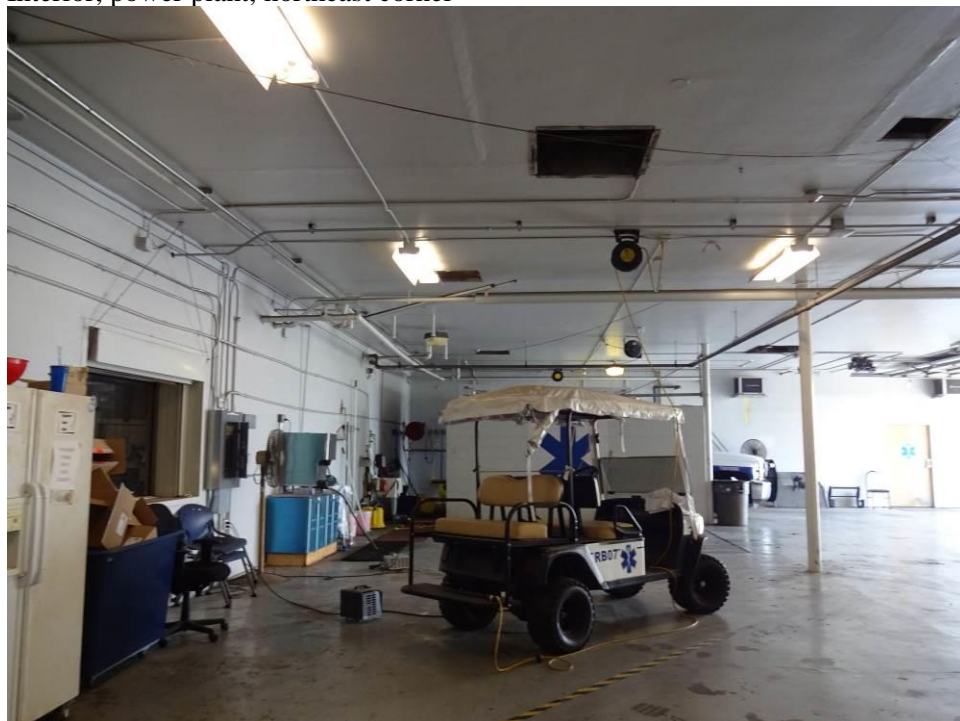
Photo 38

Interior, power plant, northwest corner



Photo 39

Interior, power plant, northeast corner



Robert B. Green Memorial Hospital, San Antonio, Bexar County, Texas

Photo 40

Interior, power plant, showing filled windows



Photo 41

Interior, power plant, showing curved wall



- end -