## NPS Form 10-900 United States Department of the Interior National Park Service National Register of Historic Places Registration Form

#### 1. Name of Property

Historic Name: Big Spring Hospital Other name/site number: Hall-Bennett Memorial Hospital Name of related multiple property listing: NA

#### 2. Location

Street & number: 810 Goliad St. City or town: Big Spring Not for publication: 
Vicinity:

State: Texas

County: Howard

#### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this important on the notion 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 the documentation does not meet the National Register criteria.

I recommend that this property be considered significant at the following levels of significance: □ national □ statewide ☑ local

Applicable National Register Criteria: D A D B D C D

Signature of certifying official / Tit

State Historic Preservation Officer

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Date	- C		

Texas Historical Commission State or Federal agency / bureau or Tribal Government

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

Signature of commenting or other official

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

## 5. Classification

## **Ownership of Property**

Х	Private		
	Public - Local		
	Public - State		
	Public - Federal		

## **Category of Property**

Х	building(s)
	district
	site
	structure
	object

## Number of Resources within Property

Contributing	Noncontributing	
1	2	buildings
0	0	sites
0	0	structures
0	0	objects
1	2	total

Number of contributing resources previously listed in the National Register: 0

## 6. Function or Use

Historic Functions: Health/Medicine

Current Functions: Vacant

7. Description

Architectural Classification: Lates 19<sup>th</sup> and 20<sup>th</sup> Century Revivals: Jacobean Revival

Principal Exterior Materials: Brick, Limestone

Narrative Description (see pages 7 through 11)

## 8. Statement of Significance

## Applicable National Register Criteria: A

### Criteria Considerations: NA

Areas of Significance: Health/Medicine

Period of Significance: 1929-1946

Significant Dates: 1929

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

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

Architect/Builder: Peters & Haynes

Narrative Statement of Significance (see pages 12 through 17)

#### 9. Major Bibliographic References

## **Bibliography** (see page 18)

#### Previous documentation on file (NPS):

- x preliminary determination of individual listing (36 CFR 67) has been requested. (Part 1 approved 1-27-2022)
- \_ 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:

- <u>x</u> 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

## **10. Geographical Data**

Acreage of Property: 2.066 Acres

**Coordinates** (either UTM system or latitude/longitude coordinates)

Latitude/Longitude Coordinates

Datum if other than WGS84: NA

1. 32.248768° -101.469944°

Verbal Boundary Description: The legal description recorded in the HowardCAD records is: "Acres 2.066, ALL BK 75 ORIGINAL TOWN 600X150 1056 2.066 ACRES ACQ 03172022"

**Boundary Justification:** The legal description of the property corresponds to the historical limits of the property as originally designed and constructed.

## 11. Form Prepared By

Name/title: Jay Firsching, Senior Historic Preservation Specialist Organization: ARCHITEXAS – Architecture, Planning & Historic Preservation, Inc. Street & number: 1907 Marilla City or Town: Dallas State: Texas Zip Code: 75201 Email: jfirsching@architexas.com Telephone: 214-748-4561 Date: July 26, 2022

## Additional Documentation

Maps (see Maps, pages 19-20)

Additional items (see pages 21-28)

Photographs (see Photographs, pages 29-58)

### **Photographs**

Big Spring Hospital Big Spring, Howard County, Texas Photographed by Jay Firsching, June 2021 All photos reflect the appearance of the building at the time of the nomination's submission to the NPS.

Photo 1 Aerial

Photo 2 View from southwest with original parking in foreground

Photo 3 North elevation, facing south

Photo 4 North entrance bay, facing south

Photo 5 North entry detail, facing north

Photo 6 North entrance detail, facing southeast

Photo 7 North elevation, facing southwest

Photo 8 North elevation, facing southwest

Photo 9 East elevation, facing west

Photo 10 Southeast corner, facing northwest

Photo 11 Southeast corner, facing northwest

Photo 12 South wing, facing west.

Photo 13 Penthouse, facing northwest

Photo 14 South side, facing north Photo 15 Southwest corner, facing northeast

Photo 16 Southwest corner, facing northeast

Photo 17 Northwest corner, facing southeast

Photo 18 First floor, main waiting room/reception, facing west

Photo 19 First floor corridor, facing west

Photo 20 First floor typical room at west wing, facing south.

Photo 21 Second floor corridor, north wing, facing south

Photo 22 Second floor, typical floor finish

Photo 23 Second floor, typical patient room at west wing with ochre walls, facing southeast

Photo 24 Second floor supply room, north wing, facing west

Photo 25 Second floor, west operating room, facing northeast

Photo 26 Second floor surgical scrub room, north wing, facing east

Photo 27 Second floor east surgical room, north wing, facing northwest

Photo 28 Basement corridor with stair, north wing, facing northwest

Photo 29 Basement kitchen, facing north

Photo 30 Basement emergency room, facing northwest

**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.

## Description

Big Spring Hospital sits on a 2-acre hillside block bound by Nolan, Eight, Goliad, and Ninth streets, southeast of downtown. The two-story building faces south, is T-shaped in plan, and includes a basement under its rear northern wing. The building reflects its original footprint with a series of additions, beginning in 1947 at its southeast corner, having been destroyed by fire in 2013. Two utilitarian buildings to the north and northwest of the main building were constructed in the last quarter of the 20<sup>th</sup> century and are considered non-contributing. Institutional in its form, the hospital is of a simplified Jacobean Revival style with dark brown brick and buff limestone ornamentation. The building retains a high degree of integrity and, with the loss of its additions, clearly conveys the historic significance of the building for the period 1929 to 1946.

Big Spring Hospital, later Hall-Bennett Memorial Hospital, sits on a full city block bounded by E 9<sup>th</sup> Street on the north, S Nolan Street on the west, E 8<sup>th</sup> Street on the south, and S Goliad Street on the east. The building faces north on a hilltop site southeast of downtown, an orientation that afforded the facility cooling breezes in the summer and warmth from the sun in winter. Near the edge of town when it was constructed, the surrounding neighborhood is generally residential with modest homes. The old Big Spring High School sits three blocks to the southwest.

The site was purchased by Drs. G. T. Hall and M. H. Bennett after they founded the Big Spring Hospital Corporation in 1927. Hall had purchased the city's second and only hospital at the time from the Sisters of Charity in about 1925. Operated in the Birdwell House, the hospital was located on the block immediately to the east of the new hospital site.

Even after completion of the hospital, Big Spring Hospital's staff physicians offered their clinical services from the Hall & Bennett Clinic in the then newly constructed Petroleum Building downtown at W 2<sup>nd</sup> and S Scurry Streets. In 1946 the five doctors in the practice opened the new Hall & Bennett Clinic in a two-story building adjacent to the southeast corner of the Big Spring Hospital. Three Physicians located their clinical offices to the new building while two remained in the offices downtown. Descriptions of the addition from 1947 indicate that it shared some details with the main hospital including dark brick with light stone trim, and on the inside terrazzo floors and plaster walls in pastel colors. This building was at some point directly connected to the terminal end of the hospital's east wing. The entire clinic wing was destroyed by fire in 2013.

#### Site

The hospital sits at the center of the site facing south toward E  $9^{th}$  Street. Adjoining  $9^{th}$  Street is an original parking lot in the shape of an Isosceles trapezoid. The lot has about a dozen head-in spaces facing the hospital and is separated from the hospital grounds by a sidewalk and low seat-wall. The sidewalk and seat wall have been modified to extend the lot to the west.

From the parking lot a concrete sidewalk leads to the centrally placed entrance of the building. Planting beds on either side of the sidewalk are bound on the east and west with gently curving concrete garden edges. Both the garden plantings and the turf of the front lawn are gone and have been overtaken by weeds. Secondary sidewalks run parallel to the building face leading to the east and west ends of the building. These are apparently later additions because the building originally had no entrances to the east and west. A fire escape and steep ramp were added to the west side of the building at some point, and the east end was modified to accept the connection to the clinic wing.

A wide, contemporary public sidewalk adjoins Goliad Street on the east, and is separated from the hillside site by a concrete retaining wall topped with a pipe guardrail. Other than the sidewalk, the east and west portions of the site are unimproved with thick growth of nopal cactus and mesquite scrub.

Behind the hospital on the north the site is almost entirely paved with asphalt. Patterns in the pavement show that the north site included service drives to the rear of the building, and the pavement was later expanded to accommodate additional parking and building access. This paved area is bordered by a 6-inch concrete curb on the east and west. Historically a drive that ran from 8<sup>th</sup> Street, and along the west side of the rear wing of the building, led to a small parking area with access to the emergency room. A secondary entrance to the building on the west wall of the rear wing is accessed by a staircase. This door aligns with the intermediate landing of the interior basement stair.

On the west side of the site adjacent to the west wing is a one-story building of brown brick. The building appears relatively contemporary and was built as a materials management/purchasing office. It is not character-defining and is considered non-contributing. A similar site addition was constructed at the rear of the hospital to house the mechanical plant. This, too, is considered non-contributing.

Concrete areaways on the north and east sides of the building provide light to basement windows. The south side also includes a stairway down to the basement mechanical room.

## Exterior

In plan the hospital is symmetrical and takes the form of an inverted "T." The wide front portion of the building contains double-loaded corridors dedicated to patient rooms and public waiting areas. The rear wing contains hospital support functions, exam rooms, laboratories, surgical rooms, and the basement mechanical room. Exceptions to the building's symmetrical arrangement are the elevator penthouse which projects above the roofline to the east of center, and the incinerator stack which historically rose along the east side of the rear wing.

All elevations of the building are of dark brown scratch-faced brick with ornamentation of dressed light cream limestone. Windows are 1-over-1, wood double-hung, and all were originally fitted with screens in wood frames. All façade planes are quite flat with the only projections being the decorative stone surrounds at the front entrance, and simple cornices at the head of first-floor windows and the base of the parapet line. The ornamentation is vaguely Jacobean with irregular quoins at building corners and paneled brick ornamentation along the parapet line. Finials along the parapet line and a scrolled cartouche on the parapet over the main entrance, now missing, were an additional reference. There is a hierarchy of ornamentation on the building planes. Bays that project from the main body of the building, for example, the main entry bay and bays at the east and west terminal ends, are more heavily ornamented. Common features to all exterior elevations are the stone windowsills, continuous stone cornice at the parapet line, and stone parapet coping. At the brick parapet on every elevation are equally spaced sets of five recessed brick panels. The panels take the form of vertically elongated Greek crosses of stacked bond brick.

The front elevation is dived into five bays. The central bay projects forward of the main building plane, is the most heavily ornamented, and includes the main entry at its center. A waterfall staircase leads up to the slightly raised first floor. The single-leaf entry door, now replaced with an aluminum frame with transom, includes a decorative carved stone surround. On either side of the door, the stone takes the form of squared, and paneled pilasters supporting a simple entablature. Between the capitals of the pilasters is a diamond shaped medallion and at the center of each entablature a Greek cross. The margins of the stone surround are keyed into the brick in a pattern similar to the quoins, a theme repeated at select doors and windows around the building. Between the entablature and the second-floor sill line is a limestone spandrel. At its center is "Big Spring Hospital Corp" carved in relief. On either side are inlaid brick panels taking the form of vertically elongated Greek crosses. At the second floor, three windows mirror the rhythm of the first floor with a wider central opening and two narrower side openings that align with the paired pilasters below. This surround also features keyed margins and has at its head a flat segmental arch. The geometry of this arrangement with its wider central section flanked by narrower side sections, and the elongated Greek crosses at the spandrels, creates a forced perspective that, when viewed from a distance, reads as a projecting bay composition. There are four windows, two per floor, on either side of this stylized bay. All the windows included keyed margins and simple limestone sills with the first-

floor sills being incorporated into a belt course. Instead of spandrels between floors there are simple limestone frames around decorative stack-bond brick panels. There is a brick soldier course near the top of the second-floor windows, and a simple continuous projecting cornice just below the parapet. I-shaped limestone details, one at each corner and two above the entry, ornament the parapet, and served as the bases for the now-missing finials.

The symmetrical bays on either side of the central bay are much simpler. Aside from the quoins, sills, and cornice, and coping common to all façade plans, the only other ornament is the simple projecting cornices at the first-floor window heads. Fenestration is equally spaced and regular with four windows per floor per bay. The only exception to this is that the third window on the second floor of each bay has a raised sill.

The outer bays on each end are the narrowest and are set back slightly from the main building plane. One wide opening per floor encloses paired windows. Here the limestone details surround the windows in a pattern matching the entry bay.

The elevator penthouse is visible from the front of the building and is also of brown brick with limestone trim. The corners of the parapet originally included decorative stone finials. The base of the parapet has a brick soldier course. The south elevation of the penthouse has three tall and narrow windows that step up from left to right. This window arrangement is repeated on the north side. The east has a door to the roof, and the west two narrow windows that are not stepped.

The detailing of the end bays wraps around to the east and west ends of the hospital but with three sets of paired windows per floor. At the west side, a window at the center of the second floor has been modified into a doorway to access a metal fire escape. A similar door added to the first floor is accessed by a steep concrete ramp. Modifications are more severe on the east side where the connection to the former addition resulted in the removal of the central windows on each floor resulting in heavy damage to the stonework. Smoke and fire damage is apparent at several of the window openings. On the first floor, concrete steps and a ramp lead down to remnants of the addition's terrazzo floor.

The rear section of the hospital including the north elevations of the main wing, and all elevations of the rear El, lack window ornamentation except for limestone sills. Window patterns and sizes on these elevations are far more irregular, reflecting the interior function of the rooms they serve. For example, second floor windows of the rear El included laboratory spaces that required higher and smaller windows. Surgical rooms on the same floor featured much larger windows that provided more natural light and ventilation. The north terminal bay of the El is widened. This section of the building included a variety of functions including lab space in the basement and first floors, and surgical rooms at the second. Another distinguishing feature of the rear El is its incinerator stack. Engaged with the El's east wall, it is constructed of brick and stone matching the hospital and is octagonal in shape. It originally rose high about the parapet line and was topped with a limestone cornice. At the northeast inside corner where the El intersects the main hospital wing there is a second-floor brick addition supported by a steel tower. This small one-room addition lacks distinguishing features.

## Interior

The interiors of the hospital share some common characteristics on each floor. Each includes central double loaded corridors. A finished analysis revealed that all the interior spaces were decorated with a color-integral plaster, also called marmino, and woodwork with clear tinted shellac. The marmino colors varied from room to room and included rich pastel shades of ochre in public areas, white in clinic/medical areas, and ochre, blue, green, and pink in patient rooms. Plaster ceilings throughout the building, now missing except in some areas of the basement, were white. All plaster was a smooth sand finish except for the first-floor reception and waiting area which had a knock-down texture. Except for the concrete floors with integral tinted baseboards in the basement, the building has terrazzo floors and stairs in shades of brown and gold with perimeter bands, and base in darker brown shades. Wood doors were finished with clear tinted shellac. Only the lobby trim was of the same finish with all other woodwork in the building being painted off white. Most corridor doors

and trim were removed in a past renovation to widen the openings. The metal frames of the new doors remain, but the doors are missing.

In general terms, most staff areas were in the rear El of the building, and the more public patient areas in the main section. Most patients' rooms are on the second floor. Large rooms, and the east and west ends of the first and second floors, had large windows, and were dedicated to sunrooms for patients, though most were subsequently subdivided to create additional patient rooms.

In plan, the first floor had a large central reception and waiting area at the main entrance. A reception counter, now missing, at the east side of the room separated it from the administrative area with vault. Originally the main corridor and the waiting area were connected by two single-leaf wood doors at each end of the space. This was later modified with a large opening added to the north wall of the room. Rooms along the corridors on the first floor are irregular in shape and size, reflecting a variety of functions being present. The wide main staircase is in the west corridor. A secondary staircase dedicated primarily to staff use is in the rear El and connects only to the basement. A large elevator is located at the central corridor intersection.

The second floor is lined with patient rooms all of which include a small closet. Four rooms also have a private bath. On the south side of the corridor a centrally placed room appears to have been a waiting room dedicated to the surgical wing. This has been slightly reconfigured with a door added at the corridor, and the wall on the east side removed to create a single large patient room. The north end of the rear El has two large surgical rooms. Floors slope to floor drains, and walls are covered in high wainscots of white subway tile. The operating rooms are divided by a scrub room, also with white tile. The remainder of the El appears to have housed various support functions for the operating rooms.

The basement of the building was dedicated to the hospital kitchen, radiology department, maintenance, and the mechanical/boiler room. The kitchen includes a dumb waiter that connects all floors. An interesting feature of this floor is the arrangement of the emergency room. Located below the main stairs, the room is at an intermediate level between the basement and first floors. Outside, the grade slopes gradually to double doors for receiving emergency patients. Inside the room is accessible only through the double-sided elevator where patients were located for transfer to the other floors.

## Summary of Changes

The Big Spring Hospital retains a remarkable degree of integrity. The site remains largely clear of added buildings, and the original parking area and adjoining wing wall, though modified, remain. Two small outbuildings exist on the north and northwest sides of the hospital and are not considered character defining.

The clinic building, constructed in 1947, and later directly connected to the east end of the building, was lost to fire in 2013, and only remnants of the first-floor slab remain. The loss of the addition revealed damage to the central windows and masonry on that elevation that were made to create a continuous corridor. There is also some fire damage to the masonry in that area.

The west end has also been modified, but the changes are much less severe. Damage is limited to the modification of a single window per floor to doors for fire egress. Other notable exterior changes include the loss of decorative finials and a cartouche along the parapets, the replacement of the entrance door, the removal of the top of the incinerator stack, and the construction of a second-floor addition on top of a structural steel tower on the east side of the El. Even with these changes the building looks much as it did on the day it opened. Most of the windows are covered with plywood but remain intact and in fair condition.

The interior reflects changes made to modernize the function of the hospital, most of which appear to have been made after 1960. The patterns of the terrazzo floors show that few changes have been made to the floorplan, most of them having been the addition of walls to create more rooms. Exceptions include the removal of a wall at the original waiting

room on the second floor, and a wall with doors separating the first-floor corridor from that of the rear El. The most obvious interior changes include the introduction of a wide opening between the first-floor lobby and main corridor, the widening of most interior doors except at closets and other secondary areas, and the removal of ceilings as part of air conditioning upgrades.

### **Statement of Significance**

Big Spring Hospital opened in June 1929 as the county's first purpose-built hospital. Rapid growth in Big Spring brought on by the West Texas oil boom, increased public trust in hospital institutions, and technological advancement all played a part in the hospital's construction. Doctors M. H. Bennett and G. T. Hall established the Big Spring Hospital Corp. in April 1927 to fund the construction of the \$75,000.00 private institution, which contained 35 patient rooms, examination rooms, and nurses' quarters. They hired the Lubbock architectural firm Peters and Strange to prepare the plans. The latest technology included an X-ray room, pathology lab, and modern surgical rooms. The Big Spring Clinic Building was added to the hospital site in 1947 to provide additional room for doctor's offices on the first floor, and a nurse's dormitory on the second. This allowed for the addition of patient rooms in the hospital. The clinic building was later expanded but was eventually lost to fire in 2013. In 1966 the hospital was renamed Hall-Bennett Memorial Hospital in honor of its founders, and at the time of its closure in 1989 it was the longest continuously operating hospital in the region. It has been entirely vacant since 1991. Big Spring Hospital is locally significant under Criterion A in the area of Health/Medicine for the institution's vital role in providing modern medical care to Big Spring and the West Texas region for over half a century. The period of significance is 1929, the date of the building's construction, to 1946. This end date was chosen due to the loss of post-1946 additions to the building after a 2013 fire.

#### Settlement and Establishment of Big Spring

Big Spring, centrally located, and the county seat of Howard County, is in West Texas forty miles northeast of Midland. The town was named for a now-inactive nearby spring located in Sulphur Draw at the base of the Caprock Escarpment.<sup>1</sup> Prior to settlement, the spring was a popular watering place for buffalo herds and other wildlife, and for Comanche and Shawnee tribes who used it as a stopping point on seasonal raids to the south.<sup>2</sup>

Big Spring was initially established near the spring as a buffalo camp, utilized by hunters in the 1870s in the near complete extermination of bison herds, followed by the sale of bison bones to eastern markets for use as fertilizer. The Texas Pacific Railway Company laid out its southern trans-continental line along the Marcy Trail, and construction passed a few miles north of the spring in about 1882.

The new town of Big Spring was quickly established on the south side of the tracks. A small commercial district was constructed along with a depot and Texas and Pacific Hotel. The railroad located shops in the new town further boosting the economy and establishing the community as a trading center for crops and livestock. The Texas and Pacific established Big Spring as a midway point of significance owing to the abundant source of water offered by the springs which was critical to the operation of its steam engines.<sup>3</sup>

## **Early Development**

Howard County was formed from Bexar County in 1876 and was officially organized in 1882 with Big Spring as the county seat. With the elimination of the Bison, removal of the threat from Native Americans, and establishment of the railroad, the area became open to settlement. Early settlers established vast ranches to take advantage of the rich grazing land. Between 1880 and 1900, the era of the great ranches, the county population grew from 50 to 2,525. This period of development was short lived. Overgrazing, periods of drought, the loss of grass, low cattle prices, and additional

<sup>&</sup>lt;sup>1</sup> Claudia Hazlewood and Mark Odintz, "Big Spring, TX," *Handbook of Texas Online*, accessed March 12, 2018, https://www.tshaonline.org/handbook/entries/big-spring-tx.

<sup>&</sup>lt;sup>2</sup> Frank W. Johnson, A History of Texas and Texans (Chicago: American Historical Society, 1916), 958.

<sup>&</sup>lt;sup>3</sup> Hazlewood and Odintz, "Big Spring, TX," Handbook of Texas Online.

homesteading brought by the Four Section Act of 1901 served to bring the era of the great ranches to a close, and a corresponding increase in corn and cotton farming.<sup>4</sup>

During the state's years of expansion and settlement the practice of traditional medicine was the norm. Outside of the military, heath care often included home remedies, folk healers, midwives, and local druggists, the latter often selling dubious proprietary medicines. Where doctors were available, they traveled miles attending to patients at home, and using only what they could carry in their saddle bags.<sup>5</sup> Such was the situation with heath care in Big Spring into the early 20<sup>th</sup> century. This would have been difficult for any agricultural community on the edge of the frontier, but with the dangerous working conditions of Texas & Pacific shops it was even more so in Big Spring. Dr J. C. Hurt served as the official T&P physician with a territory ranging from Baird on the east to Toyah on the west.<sup>6</sup>

The closest thing to a hospital in many communities was a pest house. Usually situated in a sparsely popular area of town, and with few doors and windows, those with highly contagious diseases such as smallpox were quarantined from the public and received little in the way of care. Advancements in sanitation and public health, care for chronic illness, and the establishment of medical schools for the education of doctors and nurses were among the factors that increased public confidence in the medical profession. Hospitals or sanitariums were established for the more comprehensive treatment of patients, and the controlled sanitary conditions improved patient outcomes.

Doctors' offices in Big Spring were in commercial buildings downtown with many in the Ward Hotel and Office Building at Main and Second<sup>7</sup>. The city's first community medical facility was a pest house located near Eighth and Goliad Streets. The first hospital, Wright-Campbell Sanitarium<sup>8</sup>, opened in about 1910 in a two-story wooden structure at the northeast corner of Second and Nolan. This building burned in 1915.

A major reason for the shift to hospital care was related to technological advancements. Large equipment like X-ray machines meant that dedicated facilities were necessary because doctors could no longer carry their equipment with them. As transportation improved, the ability of patients to go to such facilities was enhanced. The Sisters of Charity established the city's second hospital in about 1920 in the Birdwell House at 9<sup>th</sup> and Goliad. The sisters had come to West Texas in 1894 to take over the operation of a Catholic school in Stanton, later expanding to operate schools in Big Spring, Pecos, Menard, Fort Stockton, and Slaton.<sup>9</sup>

The Birdwell House was a substantial sandstone structure, and the sisters kept it well equipped. Dr. Granville T. Hall, who had been practicing medicine in Big Spring since 1907, was hired as the hospital's surgeon. After about five years the sisters sold the hospital and its equipment to Dr. Hall and Dr. M. H. Bennett.

<sup>&</sup>lt;sup>4</sup> Christopher Long, "Howard County," *Handbook of Texas Online*, accessed August 15, 2022, https://www.tshaonline.org/handbook/entries/howard-county.

<sup>&</sup>lt;sup>5</sup>Chester R. Burns, "Health and Medicine," *Handbook of Texas Online*, accessed October 04, 2021, https://www.tshaonline.org/handbook/entries/health-and-medicine.

<sup>&</sup>lt;sup>6</sup> "City, County Have Never Lacked for Organizations." Big Spring Herald, July 4, 1975, 3-E.

<sup>&</sup>lt;sup>7</sup> Destroyed by fire in 1930.

<sup>&</sup>lt;sup>8</sup> While commonly known in Big Spring as Wright's Sanitarium, it is shown on the 1914 Sanborn Map as Wright-Campbell Sanitarium.

<sup>&</sup>lt;sup>9</sup> "History of the Carmelite Monastery." Martin County Convent Foundation, Inc. https://www.hcmstanton.org/history/sisters-ofmercy

<sup>&</sup>quot;Two Hospitals Stand High on the list of Big Spring's; Equipment at Institution is Complete." *Big Spring Daily Herald*. April 26, 1936: 64.

## The Oil Boom and Establishment of Hospitals

The discovery of oil in the 1920s brought a period of dramatic change to Howard County. The state's oil economy was already booming with major plays in east, north, and south Texas, but no successful strikes of commercial quantities of oil had been made in the Howard County area. Finally, in 1924 major strikes in the Big Lake Oil Field to the south brought increased exploration to the Permian Basin.<sup>10</sup> In 1925 oil was discovered in the Howard-Glasscock field, followed in 1926 by a major strike at Otis Chalk No. 1 to the south of Big Spring. A massive strike on Dora Roberts ranch the following year came in at over three thousand barrels a day. The resulting oil rush led to unprecedented growth, and an increase in the population of Big Spring to almost 14,000 by 1930.<sup>11</sup>

As oil continued to be discovered and extracted, area farmers and ranchers soon found themselves holding unexpected fortunes, and the city of Big Spring was booming.<sup>12</sup> The town developed a reputation as one of the best places in Texas for a young doctor to begin a practice, and with oil operations came another dangerous set of occupations and an increased need for high-quality medical care. Drs. Hall and Bennett chartered the Big Spring Hospital Corporation in the spring of 1927 for the purpose of constructing a new hospital facility.<sup>13</sup> The partners chose a site one block to the west of their operations at the Birdwell House. Perched on a hill above the city, the location offered cooling summer breezes.<sup>14</sup> Hall and Bennett hired Lubbock firm Peters & Haynes to furnish the plans, who were simultaneously designing Big Springs' Petroleum Building (NR 2021) for the Petroleum Building Corporation, of which Hall was president.<sup>15</sup> The new Big Spring Hospital began serving its first patients in April of 1929, and when it formally opened with an open house in June it boasted 35 beds, a state-of-the-art pathological laboratory, an X-ray room, two operating rooms, an obstetrical department, and nurses' quarters.<sup>16</sup> The facility also became the area contract hospital for the Texas and Pacific Railroad.

The oil boom spured the development of a second private hospital soon after Hall and Bennett chartered the Big Spring Hospital Corp. In August 1928 Dr. Charles Bivings and Dr. James Barcus announced they too would be building a new hospital. Their two-story building, also designed by Peters & Haynes, was constructed at the corner of Ninth and Main and opened at about the same time as the Big Spring Hospital.<sup>17</sup> Initially much smaller than its competitor, the nine-bed Bivings and Barcus Hospital was staffed by the two doctors. Barcus sold his interests to his partner in 1931 and Bivings ran the operation on his own before selling it to Drs. J. E. Hogan and P. W. Malone in 1938. The hospital was renamed Malone-Hogan Hospital after Malone won a coin toss to determine naming rights. With the goal of creating a hospital staffed by specialists, Malone and Hogan rapidly built up their practice, and expanded the facility in 1940 to include a total of fifteen beds, offices, and laboratory space. When the creation of Big Spring Army Bombardier School in 1942 dramatically increased demand for medical care, the War Production Board certified a major expansion to the facility, boosting it to 75 beds, and adding state-of-the-art operating, examination, and treatment rooms. Upon completion in 1945 it was the city's largest hospital.<sup>18</sup> Cowper Hospital-Clinic and Medical Arts Hospital and Clinic, both small private

https://www.tshaonline.org/handbook/entries/oil-and-gas-industry.

"Petroleum Building, Big Springs, Howard County, Texas," National Register of Historic Places nomination, 2021.

<sup>&</sup>lt;sup>10</sup> Roger M. Olien, "Oil and Gas Industry," Handbook of Texas Online, accessed March 12, 2018,

<sup>&</sup>lt;sup>11</sup> Long, "Howard County," *Handbook of Texas Online*; Bryan Mealer, *The Kings of Big Spring: God, Oil, and One Family's Search for the American Dream* (St. Martin's Press, 2018), 43.

<sup>&</sup>lt;sup>12</sup> Hazlewood and Odintz, "Big Spring, TX," Handbook of Texas Online.

<sup>&</sup>lt;sup>13</sup> "Texas Charters," Wichita Daily Times. March 18, 1927: 15.

<sup>&</sup>lt;sup>14</sup> Big Spring Daily Herald. April 26, 1936.

<sup>&</sup>lt;sup>15</sup> "Prospective Work." Texas General Contractors Association Monthly Bulletin, June 1928 (vol.9), page 20; Jay Firsching,

<sup>&</sup>lt;sup>16</sup> Big Spring Daily Herald. April 26, 1936.

<sup>&</sup>lt;sup>17</sup> The exact opening date of these hospitals is unclear but locals credit Big Spring Hospital as the first.

<sup>&</sup>lt;sup>18</sup> In 1963 the Hogan-Malone Foundation constructed a new 28,000 square foot building and parking structure on Main Street between 9<sup>th</sup> and 10<sup>th</sup>. This modernist 2-story building accommodated twenty doctors and is now home to the State National Bank. The former Molone-Hogan Hospital building at 811 S. Main was demolished after 1965.

hospitals, opened in 1940, and 1949, respectively. There is no indication of where the African American residents of Howard County could get hospital care during the period of significance, but it is highly unlikely that any of the private hospitals were integrated. The African American population of Howard County made up less than 4% of total population between 1930 and 1950.<sup>19</sup>

In 1937 the Texas legislature established Big Spring State Hospital as a psychiatric facility, and the first buildings were completed a few miles northwest of the city in 1939. The hospital provided care in a vast and underserved area of West Texas. Originally eight buildings, the complex has grown to forty-three. Once housing 1,100 patients the hospital now averages 324 and operates outreach clinics throughout West Texas.<sup>20</sup>

Despite competition from other private hospitals, the Big Spring Hospital remained profitable. By 1946 the hospital was operated by the five physicians of the Hall & Bennett Clinic which had offices in the Petroleum Building downtown. That year Dr. Hall sold his interest in the hospital to focus on the clinical practice, and the building was renamed the Bennett-Thomas-Strauss Hospital.<sup>21</sup> Dr. Hall then joined with Bennett, and Dr. G. H. Wood to establish the new Hall & Bennett Clinic. Built immediately adjacent to the hospital to the northeast the clinic provided office space to the hospital's practicing physicians while Drs. Hall and Wood remained to run a separate clinical practice at the Petroleum Building. The new clinic building included a lobby and examination rooms on the first floor, and nurses' quarters on the second. It shared stylistic details with the hospital building including dark brick and limestone trim on the exterior, terrazzo floors, and pastel-tinted walls on the interior.<sup>22</sup> The building was expanded again at some point and directly connected to the hospital at its east end. This was the last expansion to the hospital building itself, but small support buildings including a mechanical plant and a materials management building were constructed on the north and northwest sides of the building in the 1970s or 80s.

The Veterans Administration Hospital (now Big Spring Veterans Administration Hospital) was established in southern Big Spring in 1950 and currently provides both primary and secondary health care for former service men and women in one New Mexico county, and forty-six West Texas counties.<sup>23</sup> By the time of the establishment of the VA hospital, Big Spring boasted a total of seven operating hospitals. In October 1951, the physician-owners of the Big Spring Hospital transferred operations to a new non-profit corporation, the Howard County Hospital Foundation.<sup>24</sup> After the deaths of the hospital's founding physicians the board voted to rename it Hall-Bennett Memorial Hospital. In addition to honoring Hall and Bennett the change removed "Howard County" from the foundation's name which had given the misleading impression that it was a county hospital.

<sup>&</sup>lt;sup>19</sup> According to U.S. Census records, the percentage of Howard County's Black population was 2.3% in 1930, 2.8% in 1940, and 3.33% in 1950. City directories, newspapers, and fire insurance maps through 1948 produced no evidence of African American doctors nor medical facilities in Big Spring.

<sup>&</sup>lt;sup>20</sup> Lorene Burns Barbee, "Big Spring State Hospital," *Handbook of Texas Online*, accessed September 30, 2021, https://www.tshaonline.org/handbook/entries/big-spring-state-hospital.

<sup>&</sup>lt;sup>21</sup> "Dr G. T. Hall Sells Hospital Interest." *Big Spring Daily Herald*, Feb 11, 1946: 1.

<sup>&</sup>lt;sup>22</sup> "Hall Bennett Dissolved, Group Moves into New Building." Big Spring Herald, March 30, 1947: 3.

<sup>&</sup>lt;sup>23</sup> The VA hospital was listed in the NRHP in 2022.

<sup>&</sup>lt;sup>24</sup> "Foundation Takes Over Operation of Hospital." *Big Spring Daily Herald*, October 28, 1951: 3.

## Peters & Haynes<sup>25</sup>

In 1928, the Lubbock architecture firm of Peters & Haynes designed the Big Spring Hospital, as well as the 9-bed Bivings and Barcus Hospital. Blum Haynes formed a partnership with Lubbock architect Noah L. Peters in 1922. Peters and Haynes hired William T. Strange in 1925, bringing him on as a full partner in 1928 to form the firm of Peters, Haynes, and Strange. Shortly thereafter, Haynes dissolved his interest in the firm and started his own practice in 1928. Haynes and Peters had invested heavily in properties around the newly established Texas Technical College. Poor returns and the related financial challenges apparently put a strain on their relationship, precipitating the dissolution. Peters and Strange immediately brought on Weldon Bradshaw as new partner to form Peters, Strange, and Bradshaw and the firm oversaw construction, opening a branch office in the building soon after its completion. That partnership would go on to design Lubbock High School (NR 1985) among other notable commissions. However, the Great Depression and the associated lack of new commissions resulted in the firm dissolving in 1934. Peters started anew in Longview, and then California. Bradshaw remained in practice in Lubbock.<sup>26</sup>

William T. Strange oversaw the firm's branch office in Big Spring located in the Petroleum Building. He renewed his partnership with Haynes in 1937 as Haynes and Strange Architects. In 1942 they started a new partnership with Gordon Parkhill, Herbert Voelcker and Jesse Dixon, a firm known unofficially as "We the People." This partnership lasted less than two years, again leaving Haynes and Strange as the only remaining partners. In 1946, the firm promoted long-time draftsman Laverne Kirby to full partner to form Hanes, Strange and Kirby. Strange retired to California in 1947. Haynes and Kirby continued their practice until Haynes' retirement in 1964.<sup>27</sup>

Prior to being awarded the Petroleum Building contract, Peters and Haynes had enjoyed modest careers designing small Lubbock homes and a variety of relatively modest school buildings in Lubbock and surrounding communities. This pattern continued with the addition of Strange to the partnership.<sup>28</sup> The process by which the firm was selected for the Big Spring project is not clear, but the commission was unlike any they had undertaken before. When compared to their previous projects, the Petroleum Building was larger in scale, employed higher-quality materials, and of a higher style than any they had enjoyed before.<sup>29</sup>

## **The Modern Era**

The success of Malone and Hogan Hospital marked a major turning point in Big Spring's medical industry when in 1973 it was sold to Hospital Corporation of America (HCA). HCA's purchase included a promise to expand the hospital to 150 beds with room for future expansion. The Main Street site was deemed inadequate, and the entire hospital was relocated to a new facility at Scenic Mountain. The clinic, whose patients received treatment at the hospital, opted to relocate to the new site in 1975. The old hospital was demolished in February 1977.<sup>30</sup> Webb Air Force Base, along with its hospital, was deactivated that same year. The Medical Arts Hospital closed in 1979, but the building still stands, and is occupied by Affordacare.<sup>31</sup> Cowper's Hospital closed in 1985 and was later demolished.<sup>32</sup>

<sup>&</sup>lt;sup>25</sup> Adapted from Jay Firsching, "Petroleum Building, Big Spring, Howard County, Texas," National Register of Historic Places nomination, 2021.

<sup>&</sup>lt;sup>26</sup> Smith, Gary Wooten. Sylvan Blum Haynes: The Dean of West Texas Architects. Thesis is Architecture Tech University, August 1993.

<sup>&</sup>lt;sup>27</sup> Ibid.

<sup>&</sup>lt;sup>28</sup> Ibid.

<sup>&</sup>lt;sup>29</sup> This is based on a review of extant buildings by the firm as listed in the Smith thesis.

<sup>&</sup>lt;sup>30</sup> "A Disappearing Landmark." *Big Spring Herald*, February 6, 1977: 18.

<sup>&</sup>lt;sup>31</sup> "Medical Arts Hospital Closing." Big Spring Herald, December 2, 1979: 24.

<sup>&</sup>lt;sup>32</sup> "Cox joining Staff of Hall-Bennett." *Big Spring Herald*, May 8, 1990: 1.

A series of financial troubles hit the hospital and its operating foundation in the 1980s. Decreases in Medicare payments and two malpractice lawsuits crippled the operation, and it was forced to close its doors as an acute care facility in December 1989. Only the radiology department and clinic remained open, operated by two staff physicians.<sup>33</sup> Still, the aging facility was operating at a loss of \$5,000.00 per month, and believing the situation to be hopeless the foundation board moved to completely close the hospital as of March 10, 1990. After a petition drive and public outcry, the board was forced to resign and a new one was quickly put in place.<sup>34</sup> The new board created a three-phase plan for restructuring hospital operations. The first phase was to return to fiscal solvency followed by two phases of physical improvements to the building and the purchase of new equipment. The operation of the facility as a full-service hospital was abandoned in favor of reopening as a clinic and ambulatory surgical center offering primarily outpatient services. The foundation undertook a local fundraising campaign that extended into the spring of 1991.<sup>35</sup> In March the staff of the facility posted an ad in the Big Spring Herald claiming, "We are Dozin', not Clozin'," but it was not meant to be. The foundation failed to reach their fundraising goals, and the hospital closed for good.

Hall-Bennett Memorial Hospital has remained closed for 30 years. The southeast wing of the building, including the 1947 clinic building, was lost to fire in 2013. In 2021 it became the focus of a project to rehabilitate it for use as offices, but at the time of nomination, the project has not commenced.

<sup>&</sup>lt;sup>33</sup> "Fate of Hall-Bennett Hospital in Question." Big Spring Stanton Herald, March 8, 1990: 1.

<sup>&</sup>lt;sup>34</sup> "Hospital Gets New Directors." *Big Spring Herald*, March 12, 1990: 1.

<sup>&</sup>lt;sup>35</sup> "Fund-raiser Gives Hope." *Big Spring Herald*, November 1, 1990: 8.

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## Howard County, Texas



Google Earth Map, accessed November 1, 2022



## Area map (Google Maps)

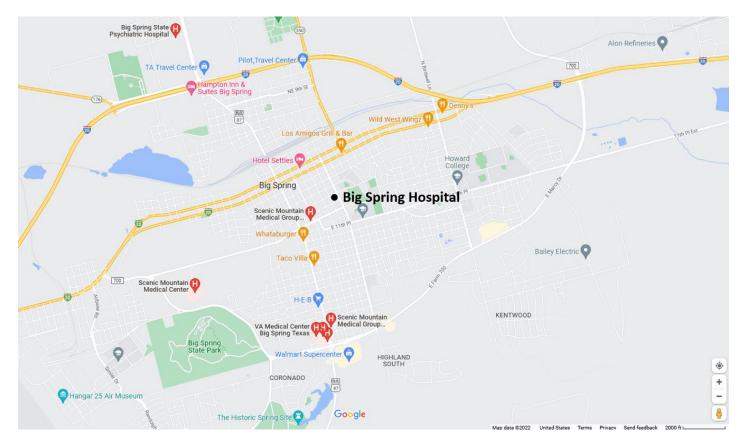


Figure 1 - Image from Big Spring Daily Herald, June 7, 1930.



Figure 2 - Hospital from the southeast c1930

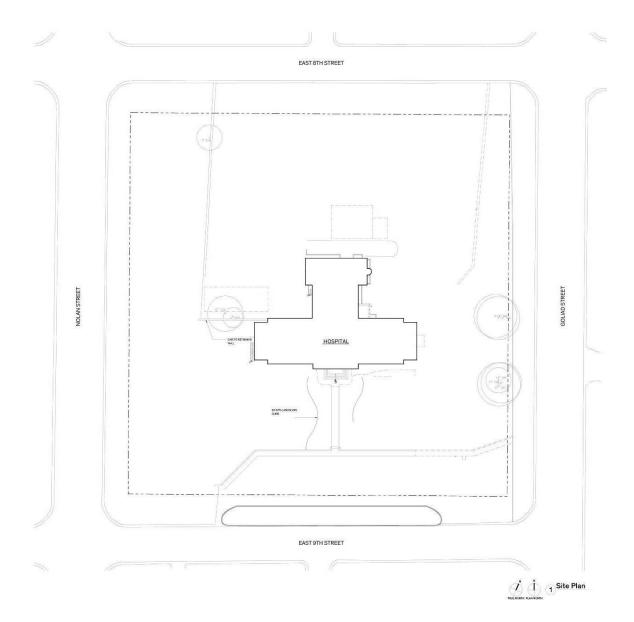


Figure 3 - Hospital from the south c1935



Figure 4 - Clinic wing on fire, 2013

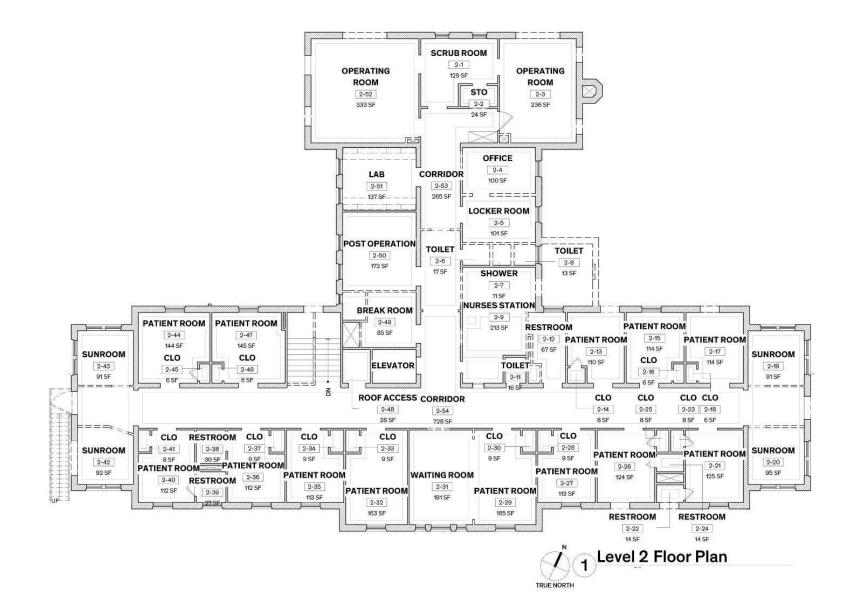




Plans - Page 25







## Big Spring Hospital, Big Spring, Howard County, Texas

Photos by Jay Firsching, June 2021.

All photos reflect the appearance of the building at the time of the nomination's submission to the NPS.

Photo 1 Aerial





## Photo 2 View from southwest with original parking in foreground



Photo 3 North elevation, facing south



Photo 4 North entrance bay, facing south



Photo 5 North entry detail, facing north



Photo 6 North entrance detail, facing southeast

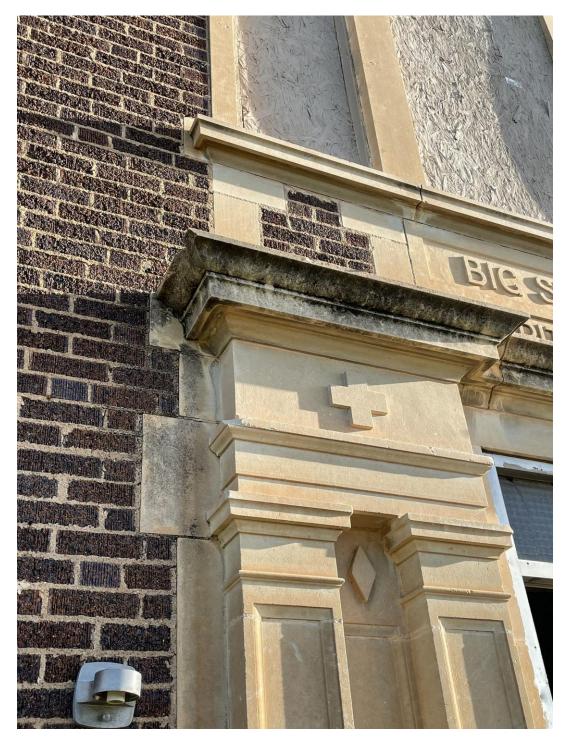


Photo 7 North elevation, facing southwest



Photo 8 North elevation, facing southwest



Photo 9 East elevation, facing west



Photo 10 Southeast corner, facing northwest



Photo 11 Southeast corner, facing northwest



Photo 12 South wing, facing west.



Photo 13 Penthouse, facing northwest



Photo 14 South side, facing north



# Photo 15 Southwest corner, facing northeast



Photo 16 Southwest corner, facing northeast

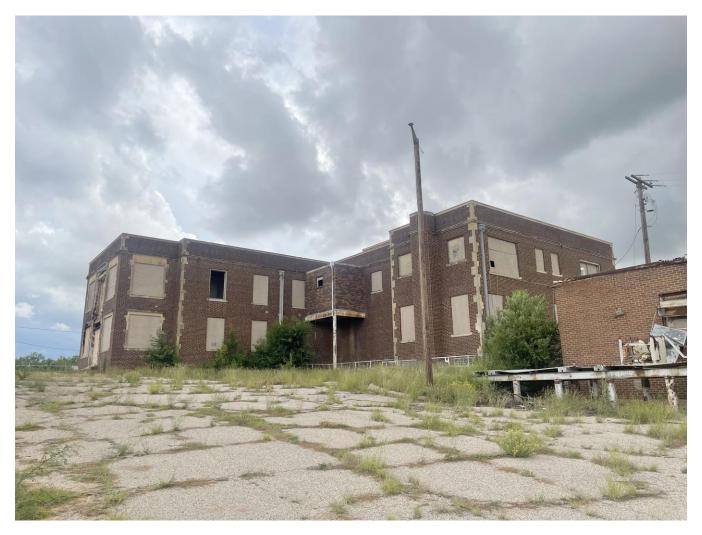


Photo 17 Northwest corner, facing southeast



Photo 18 First floor, main waiting room/reception, facing west



Photo 19 First floor corridor, facing west

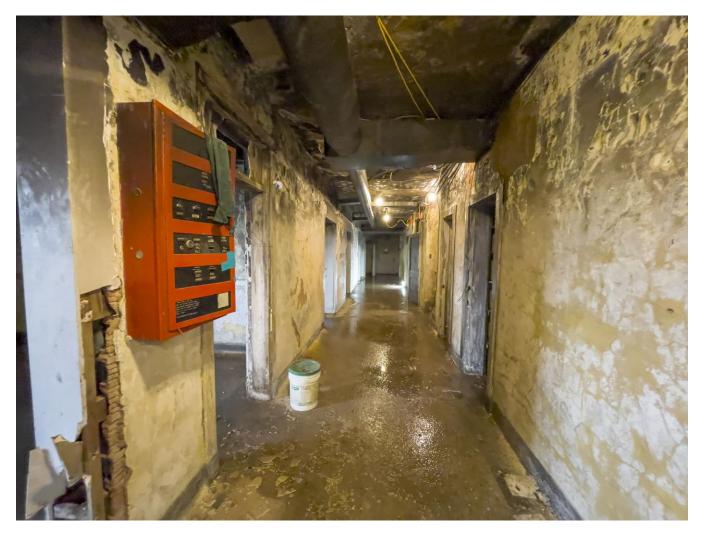


Photo 20 First floor typical room at west wing, facing south.



### Photo 21 Second floor corridor, north wing, facing south

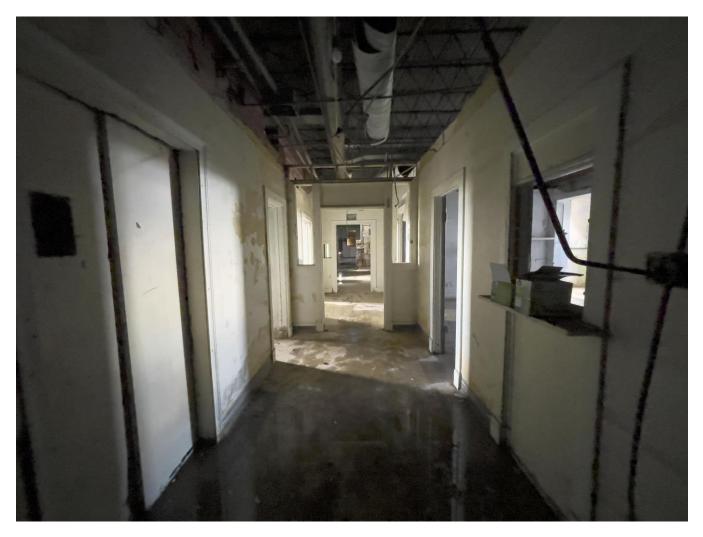
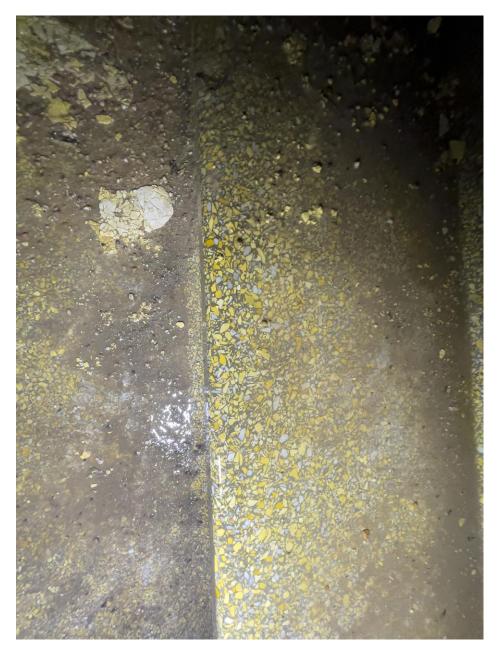


Photo 22 Second floor, typical floor finish



# Photo 23 Second floor, typical patient room at west wing with ochre walls, facing southeast



## Photo 24 Second floor supply room, north wing, facing west



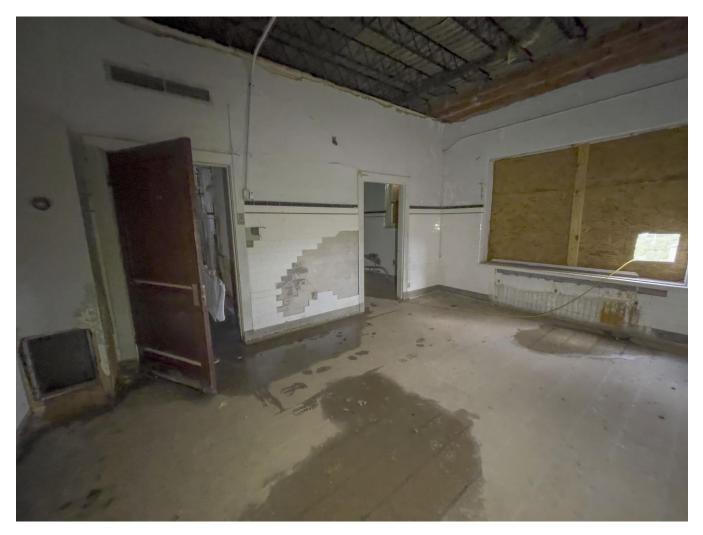
# Photo 25 Second floor, west operating room, facing northeast



## Photo 26 Second floor surgical scrub room, north wing, facing east



### Photo 27 Second floor east surgical room, north wing, facing northwest



## Photo 28 Basement corridor with stair, north wing, facing northwest



# Photo 29 Basement kitchen, facing north



## Photo 30 Basement emergency room, facing northwest



- end -