

The boundaries of the Carville Historic District encompass the historic campus of the United States Public Health Service Hospital No. 66. Now known officially as the Gillis W. Long Hansen's Disease Center, it is the national leprosarium of the United States. Popularly known as Carville after the nearby hamlet of the same name, the hospital is located on the Mississippi River in rural Iberville Parish. Today's campus is largely the product of a massive building program begun in 1939 and completed in '41. Almost all of the major buildings are in the Classical Revival style. Although the buildings have received some changes over the years and there has been some new construction, the campus easily retains sufficient integrity from its 1941 completion.

The proposed historic district is remotely located down a dead end road next to a high levee near the end of Point Clair, a tongue of land a mile and one-half wide and about five miles long along the east bank of the Mississippi. The facility is located on the site of a nineteenth century sugar plantation called Indian Camp. The aesthetically pleasing complex is particularly noteworthy for its well-groomed, wooded grounds.

The anchor for the Carville Historic District is Indian Camp Plantation House, designed and built by noted New Orleans architect Henry Howard (and perhaps his partner Albert Diettel) in 1859 for sugar planter Robert C. Camp. It is a raised stucco over brick transitional Greek Revival-Italianate mansion featuring a central mass with a hexastyle double gallery and flanking two story wings. Fluted Corinthian columns over heavily rusticated pillars support the gallery. Column capitals are correctly fashioned from double rows of acanthus leaf carvings with volutes or scrolls springing from the centers. Rather thin, molded and decorated abacus blocks supply the transition from columns to architrave.

The facade is well detailed with Italianate features, including rows of brackets, segmental openings, and panels. Above the gallery is a busy entablature with a bracketed, dentiled frieze under a projecting cornice and a segmented, paneled parapet. The bracket and dentil motif of the principal frieze continues around the returning entablature to terminate at the juncture of the house and gallery, only to reappear in a modified form of elongated brackets spaced across the wings, down the sides, and onto the rear. Meanwhile, the square, post and lintel fenestration of the central block contrasts with segmental openings in the wings. These features, together with the deep rustication of the central pillars and the heavy cast-iron gallery railings, impart a heavy sculptural quality to the facade. From every angle, front and rear, a certain dynamism emerges from broken up surfaces and contrasting motifs.

Indian Camp Plantation entered into its present use in 1894, when the state operated Louisiana Leper Home was founded there. The State of Louisiana operated a leprosarium there until 1921, when the facility was taken over by the United States Public Health Service. As noted previously, most of the present facility dates from a major construction program completed in 1941, although there are nineteen buildings from earlier federal building initiatives. There are no buildings remaining from the campus constructed by the state. All that survives from Indian Camp's days as a sugar plantation is the "big house."

The centerpiece of the '39-'41 rebuilding program is a double quadrangle formed by eighteen patients quarters linked by two story walkways called ambulatories or perambulators. (Please refer to map.) The double quad is set perpendicular to the river. The patients quarters are located along the long sides of the quads. Each end is formed by a continuous ambulatory punctuated by a handsome pavilion.

Dividing the two quadrangles are the infirmary, old cafeteria, and recreation building. The infirmary and cafeteria were built in 1934 and 1923 respectively (#s 37 & 33 on enclosed map). The double quads in effect were built around them and the 1924 power plant (#1 on enclosed map). Outside of the quadrangle but attached by ambulatories are a laundry (#7), the Sisters of Charity quarters (#11), and the medical records building (#12), all part of the '39-'41 building program. Ambulatories were also built in '39-'41 extending from the double quad to provide access to the facility's two chapels (1924 and '34, #s38 & 39) and a small isolation building for unruly patients (1936, #16A). Other historic buildings include a gatehouse, a water treatment facility, a handsome Classical Revival Training Building, four miscellaneous support buildings and ten staff quarters from the 1920s and '30s located along two shady lanes to the west of the main campus. The staff quarters area also retains one historic frame garage. Carville's historic buildings are finished in stucco, with the exception of the wooden staff quarters and Training Building and a couple of small support buildings.

The ambulatories are perhaps the most interesting component of Carville. They provide patients, particularly those in wheelchairs, the ability to move easily from building to building

regardless of the weather and give them a sense of privacy. Also, power lines are buried underneath them. From an architectural standpoint, the ambulatories link the various buildings to create a unified whole.

The style of Indian Camp Plantation House set the tone for the federal government's building programs. Almost all of the major buildings are in a Classical Revival style evocative of the columned grandeur of antebellum plantation houses (or at least someone's perception of it.) They include the double quad with its patients quarters and recreation building, the infirmary and the Training Building. With its segmentally arched windows, columns, and rusticated piers, the Recreation Building clearly mimics Indian Camp. Rusticated piers are also found on some of the patients quarters and the gatehouse. Most of the ten staff quarters, constructed in the 1920s and '30s, are in a vernacular Colonial Revival style. Utilitarian buildings are unstyled, although they blend in very well, being well-proportioned and of the same stucco finish as the facility's major buildings.

The two chapels are in some respects the most noticeable buildings at Carville because they do not continue the basic neo-classical character of the campus. The Catholic Chapel, constructed in 1924, is a red brick Gothic Revival building, while the white stucco Protestant Chapel (1934) is in the Mission Revival style.

Carville's medical and patients quarters combine and recombine Classical Revival themes in successive variations or repetitions. For example, the south quadrangle, with its numerous chaste white patients quarters linked by perambulators, presents a succession of pedimented facades projecting from the horizontal linkage of the arcaded walkways. Beneath the pediments one finds successive combinations or alternations of the classic orders of columns, which are also occasionally featured in antis between piers. One building may feature an upper gallery of Corinthian columns set over an arcaded basement, while the succeeding building may feature colossal box columns beneath a pediment. The third building may present the viewer a combination of fluted Doric columns set over rusticated pillars, and the fourth building may again feature two story box columns. Each building projects decidedly from the horizontally linking walkways, producing an effect of projecting porticoes with varying details but with identical raking cornice lines against the sky.

The south quadrangle perambulators present their own variations on a theme. All are of equal height and about equal width, consisting of two story walkways raised about four feet off the ground. The footings sometimes rise into a continuous arcade and at other times terminate as piers supporting the base of the walkway. Openings at the upper levels may be elongated windows, or may be full-length bays between columns.

North quadrangle perambulators are more regular than those of the south. Their raised footings support full-length pillars that are generally unvarying except for being doubled every three bays. Bays are invariably three windows wide and are defined by pillars.

The largest and most centralized of the buildings is the infirmary, set at the head of a tree lined boulevard. This very long galleried building has a central projecting portico. The pediment features the signature oculus and decorative cornucopia found throughout the patient area.

#### Non-contributing Elements/Contributing Elements:

A contributing element is defined as any building within the boundaries that is over fifty years old. There are no instances in which a historic building has been so altered that it is non-contributing.

As explained in Part 8, certain buildings contribute to Carville's architectural significance -- i.e., those in the Classical Revival style and Indian Camp Plantation House. The entire campus as it existed in 1942 (the fifty year cutoff) is significant in the history of medicine (see Part 8).

#### Integrity

There are fifteen non-historic buildings within the district boundaries. Eight are small brick ranch houses that serve as staff quarters. One of these is located within the main complex near the Catholic chapel. The other seven are located in a row in the middle of the historic staff quarters to the southwest of the campus core. Because they are low in scale compared to the largely two story historic staff quarters, the visual impact is not as great as it might be otherwise. Their visual impact is further lessened by the presence of numerous large trees throughout the area.

There are four relatively small quonset huts located behind the recreation building. This is in the area between the two quads (see map). They are about ten feet high and are roughly forty feet long and twenty feet wide. Although visually unpleasing, they are small in scale compared to the surrounding buildings, and very importantly, are in an out-of-the-way place.

The only large modern building on the campus is the new cafeteria built in a corner of the south quad. At least it is in the corner and is of a comparable building material (stucco finish). Also, it is not visually unpleasing and blends in fairly well. Although one wishes it were located elsewhere, there really was no choice given the needs of the patients and the existing site plan.

The remaining non-contributing elements are a small trailer located to the rear of the infirmary and a very small building to the side of the old cafeteria. Because of their location and size, the visual impact on the campus is negligible.

Within the last year, five athletic areas have been added in the north quad. These were added by the Bureau of Prisons, which is using this portion of the campus on a temporary basis. (At the time the work was done, BOP was going to be a permanent user of the space.) They include paved basketball courts, handball courts, and a weight lifting area. Although they have compromised the previously open character of the quad, at least they can be removed easily and have caused no permanent damage.

In terms of the integrity of historic buildings, the most noticeable modification has been the enclosure of the porches on some of the patients quarters. The portico porches were screened originally. In the 1960s and/or '70s some of them were enclosed and windows inserted (in varying stages of sensitivity). Although unfortunate, this alteration does not pose too serious of an integrity problem. The character defining Classical Revival features of the porticoes in question are still in place and are visually dominant.

During the past few months the Bureau of Prisons has glazed in some of the porches in the north quad. This was done behind the piers and columns, has had a minimal visual impact, and was approved through the Section 106 process.

The Public Health Service's work on the infirmary is currently in progress. Old photos show that the building's portico and galleries were originally screened using heavy framing members between the columns (creating an almost enclosed look). The portico had for some time been enclosed, and the screening on the galleries removed. The Public Health Service is currently erecting screening like the original and enclosing the galleries behind it. The overall effect will be similar to the original appearance of the galleries and has been approved through the Section 106 process.

Finally, the most serious exterior alteration to Indian Camp has been at the rear (doubling the original rear wing).

#### Explanation of -the Contributing/Non-contributing Count

Note: The numbers/letters referenced below and elsewhere in this submission are those used by the Public Health Service in identifying buildings at the facility. They are used on the accompanying map.

The non-contributing count is straightforward -- eight modern staff quarters (S3-S10), four quonset huts (H1-H4), one modern dining hall (33A), one trailer (169), and one very small garbage can sterilizing building (156), for a total of fifteen.

The number of contributing elements given in Section 5 is artificially low because of instructions provided by Marilyn Harper of the National Park Service. Ms. Harper instructed the State Historic Preservation Office to count the 1939-41 double quad and any 1939-41 building connected to it by ambulatories as one building. The reasoning was that all of these buildings connected by ambulatories were constructed at the same time as a unit. The five earlier buildings linked to the double quad by ambulatories in 1939-41 were to be counted individually, according to Ms. Harper.

The above yielded the following breakdown for contributing elements:

--1939-41 double quad with 1939-41 buildings (laundry, medical records building, and sisters quarters) linked to it by ambulatories

- former dining hall (33)
- infirmary (37)
- 2 chapels (38 & 39)
- isolation building for "unruly" patients (16A)
- power plant (1) (structure)
- water treatment facility (structure) (Although given three numbers by Carville, 4-6, it is in fact one structure.)
- greenhouse (158)
- a small building believed to be either a greenhouse or supply house (155)
- Indian Camp Plantation House (13)
- gatehouse (127)
- Training Building (34)
- two unstyled buildings of unknown historic use (10 and 35)
- 10 staff quarters (128-132, 135, 145, 147-150)
- 1 garage (135)

TOTAL OF 26  
(earlier buildings linked to double quad by ambulatories)

Significant dates	1941	(health/medicine)
	1859	(architecture)
	1934, 1939-41	(architecture)
Architect/Builder	Architect: Neill P. Thompson (1939-41 construction) Henry Howard, Architect, Indian Camp Plantation House	
Criterion A & C		

The Carville Historic District is of national significance in the history of medicine and of state architectural significance. The facility has served as the United States' national leprosarium since it was taken over by the U. S. Public Health Service in 1921. In the forefront of research on leprosy, Carville made medical history in 1941 with the introduction of a successful treatment program for the disease. The 1941 "miracle at Carville" is considered to be the seminal event in the history of treating leprosy, or Hansen's Disease, as it is known now. Also, a major publication concerning leprosy, with worldwide distribution, was founded at Carville in 1941. The institution is of state architectural significance as an outstanding example of a twentieth century eclectic complex. Finally, the Henry Howard designed Indian Camp Plantation House is of state significance because it is one of Louisiana's grand River Road mansions and is the work of a master.

#### MEDICINE - NATIONAL SIGNIFICANCE

Carville's medical history began in 1894 when, responding to the urgent prodding of Tulane Medical School Dean Dr. Isadore Dyer and the Orleans Parish Medical Society, the State of Louisiana opened the nation's first state-operated leprosarium (the Louisiana Leper Home) there. Louisiana's pioneering effort in founding the Leper Home bore rich fruit in 1921 when the United States government purchased the complex as a U. S. Public Health Service Hospital. Carville then

became the United States' national leprosarium where all citizens afflicted with the disease were urged to seek treatment. Carville has continued to function as a Public Health Service run leprosarium from that day to the present. In 1985, the name was officially changed to the Gillis W. Long Hansen's Disease Center in honor of Louisiana Congressman Gillis W. Long. The disease is now treated on an outpatient basis, but long-time residents of Carville who wish to remain there are allowed to do so.

It was at Carville in March 1941 that the most important single medical advance in the treatment of Hansen's Disease occurred. This discovery and implementation was the culmination of a systematic pattern of events that included the housing and treating of leprosy victims and the conduct of many years of vigorous research and clinical trials to find a cure for or control of the disease. Before the great breakthrough came, Carville physicians had tried many medical courses and techniques on willing patients. They injected them with a variety of drugs, proteins, glandular extracts, and vaccinations. They tried heat and X-ray treatment, fever therapy, fat-free diets, milk and blood plasma injections, and reconstructive surgery. They employed dentists, ophthalmologists, orthopedists, and physical therapists, in addition to research chemists and bacteriologists.

The greatest breakthrough of all time in the treatment of leprosy occurred at Carville in March 1941 when Dr. Guy Faget, Chief Medical Officer in Charge, administered the first sulfone drug (promine) to volunteer patients. Over a matter of months, promine brought noticeable improvements to suffering victims of the disease. Intensive testing continued, and within six years, health organizations around the world had declared promine the treatment of choice for Hansen's disease. The best selling and appropriately titled book Miracle at Carville (1949) recounted the spine-tingling story of a married couple at Carville who experienced these events. Since their time, hundreds of patients have been pronounced able to return to a normal life after treatment with sulfones and multi-drug therapy. In short, the world had moved from a time when those suffering from the disease were considered "unclean" and hidden away to a time when the affliction was brought under control and its sufferers were able to receive treatment on an outpatient basis and lead normal lives.

Another important event occurring at Carville in 1941 was the founding of The Star by patient Stanley Stein. Still in publication, The Star is the most widely distributed periodical on Hansen's Disease in the world, with a circulation of over 50,000. It has been published continuously at Carville from its inception in September 1941.

The period of significance under medical history focuses upon the 1941 breakthrough described above, which is the foundation of Carville's national significance. Although implementation of this "miracle" treatment occurred over the next few years, the period of significance for this nomination ends in 1942 to correspond with the fifty year cutoff for significance. The same reasoning applies to the period of significance for The Star.

#### ARCHITECTURE - STATE SIGNIFICANCE (COMPLEX)

The Carville Historic District is of state significance in the area of architecture because it is a landmark in Louisiana's early twentieth century eclectic ("period") architecture.

The trend toward reviving historic styles for use in modern design has its roots in the French Beaux Arts system. In the nineteenth century, students at the Ecole des Beaux Arts were taught to work in a variety of historical styles with a fair degree of accuracy. Quotation from well known monuments of the past in new designs was taken as a sign of cultivation rather than poverty of invention. This spirit of learnedly imitating the past came to America in the later nineteenth century in the form of academic schools of architecture, professional publications, and a more discriminating clientele. Increasingly, clients were demanding designs in this or that particular historical style.

The greatest tour de force eclectic architecture could achieve was a large and evocative complex of buildings unified and distinguished by, a consistent "period" treatment. Examples include World's Fairs, academic campuses, governmental complexes, hospital complexes, etc. Louisiana has about a dozen or so of these large complexes, in styles including Classical Revival, Italian Renaissance, and French Revival. The Classical Revival buildings at Carville are particularly impressive as a cohesive whole because of the pattern of pedimented porticoes in the double quads and the arcaded ambulatories linking the buildings. It is a quite grand and handsome "period" architectural statement.

The period of significance for the complex corresponds to the dates of the Classical Revival buildings (the 1934 infirmary and the 1939-41 buildings).

#### ARCHITECTURE: STATE SIGNIFICANCE (INDIAN CAMP PLANTATION HOUSE)

Indian Camp Plantation House is of state architectural significance because it is one of Louisiana's grand Great River Road plantation houses. Built by immensely wealthy sugar planters, these mansions lined the River Road between Baton Rouge and New Orleans on the eve of the Civil War. However, many more have been lost over the years than have survived.

The earliest generation of great houses along the River Road were in the French Creole style, although almost all of these were replaced or modified as the immensely popular Greek Revival swept all before it. Then in the 1850s a handful of major plantation houses were built in the Italianate style, including Indian Camp and three other Henry Howard designs, Belle Grove (demolished), Belmont (demolished) and Nottoway. No one will ever know the exact number of monumental "Gone With The Wind" plantation houses built along the Mississippi, but available evidence demonstrates that they once were quite numerous. Many of the grandest examples were destroyed in the twentieth century and are well documented in photographs. Today, only about fifteen major plantation houses remain on the River Road.

Indian Camp is also significant as the work of a master. Henry Howard is regarded as one of New Orleans' most important nineteenth century architects, along with James Gallier, Sr. and James Dakin. Born in Cork, Ireland in 1818, Howard learned the building trade from his father, a builder in Cork, and later studied architecture in New Orleans as an apprentice or draughtsman to the more experienced James H. Dakin. Through a long career that lasted until his death in 1884, Howard designed numerous important homes, courthouses, warehouses, commercial buildings, and schools. Many of his finer works have been destroyed over the years. Of the six plantation houses he designed, three, Woodlawn, Belmont and Belle Grove, no longer exist. The survivors are Madewood, Nottoway and Indian Camp.

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