

NEW JERSEY STATE TUBERCULOSIS SANATORIUM, HABS No. NJ-1230-A
CHILDREN'S UNIT
(New Jersey State Tuberculosis Sanatorium,
English Pavilion)
Pavilion Road, .4 miles west of intersection with
Sanatorium Road
Glen Gardner vicinity
Hunterdon County
New Jersey

HABS
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PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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

NEW JERSEY STATE TUBERCULOSIS SANATORIUM,
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Location: Pavilion Road, .4 mile west of intersection with Sanatorium Road,
Glen Gardner vicinity, Hunterdon County, New Jersey

USGS Quadrangle: High Bridge, New Jersey
Universal Transverse Mercator coordinates: 18.506640.4504440

Present Owner: State of New Jersey

Present Occupant: Vacant

Present Use: Vacant

Significance: The Children's Unit brings together under one roof the typical tuberculosis sanatorium design features and functions usually located in multiple buildings in sanatoria throughout the United States during the 1920s and 1930s. In the design of sanatoria, specific activities and levels of patient health were separated and organized into distinct areas in the campus. For example, patients with incipient cases of tuberculosis were located in a separate area from the more advanced cases, and administration activities were located in a distinct area from the wards and from the recreation areas. The separation of cases and activities was considered important in maintaining order at the sanatorium. This separation was not possible with regard to the treatment of children because they comprised a smaller percentage of patients than did the adults, and because it was believed that there should be as little interaction between juvenile and adult patients as possible. The Children's Unit is significant because it brought together all facets of a child's treatment into one building, creating a microcosm. Patient wards for incipient and for advanced cases, administration rooms, school rooms, recreation areas, and kitchen and dining areas, were all combined under a single roof. The order usually applied to the campus was imposed on the design of a single building.

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PART I: HISTORICAL INFORMATION

A. PHYSICAL HISTORY

1. Date of erection: 1925-1928. (Engineering Department Report).
2. Architect: New Jersey Department of Institutions and Agencies, Department of Architecture and Construction. Structural Engineer: Charles Hurlbut, 101 Park Avenue, New York, New York.
3. Original and subsequent owners: State of New Jersey.
4. Builder, contractor, suppliers: Unknown.
5. Original plans and construction: The Children's Unit largely retains its original exterior appearance, despite extensive interior deterioration due to water damage. Microfilm copies of the original drawings are on file at the State Department of Building Construction, 50 Barrack Street, Trenton, New Jersey.
6. Alterations and additions: As per Engineering Office Report,
1927 One-story Kitchen addition, 510 s.f.
1952 Helio Deck quarry tile floor replaced with mastic tile
1954 New operating suite layout and addition of air conditioning and emergency lighting for operating room
1956 Metal and glass partition fire walls at stairwells
1962 New floor covering in patients' rooms
1963 New roof and gutters, replacing rounded terra cotta tiles with asphalt shingles.
unk. Enlargement of dining room through removal of private dining room and classroom partition walls and replacement of rubber tile floor (undated floor plan, Division of Building Construction.)

B. HISTORIC CONTEXT

A 1922 report following a site visit to the sanatorium by representatives of the National Tuberculosis Association recommended "that a distinct unit be developed for about 200 children, somewhat west of the present children's pavilion. This should include infirmary, open air pavilions, recreation and school room facilities; also facilities for the treatment of surgical tuberculosis." It also recommended that a separate dining room for the children be constructed. "We do not deem it first-class practice to feed children in the same dining room, at the same time, as adults," stated the representatives, as was then the practice at the complex (Pattison: 27).

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The building was opened in the fall of 1928 with a capacity of 114 children, ranging in age from five to fourteen years (*Legislative Manual* 1929: 99). With the opening of the new building, children were transferred from a small ward building on the grounds (*Legislative Manual* 1929: 99).

The Children's Unit incorporates guidelines presented in the sourcebook for sanatorium design, Thomas Carrington's 1911 book *Tuberculosis Hospital and Sanatorium Construction*. Because children were to be separated from adult patients, many of the elements that would be usually spread out over the sanatorium campus in separate buildings were condensed into a single structure. Carrington provided an example of a building that combined administration activities and patients' quarters. This combination form is located on the first and second floors of the Children's Unit. These buildings have a center service area that contains a kitchen and dining room, offices, work rooms, storage rooms, and transverse wings in which the wards and porches are located. They are, in effect, an oversized pavilion. (The lean-to shacks that characterized early tuberculosis treatment and endured throughout the sanatorium era, were only a single story and had a center service area with flanking lean-to patient wings that were open to the elements on the leeward side. In the 1920s these shacks were seen as too harsh and uncomfortable, and the new buildings, while still open-air, were partially enclosed and more comfortable. With the design changes came the change in name to "pavilions.")

In addition to the patients' quarters, the building also incorporated considerations for more advanced cases that, in the adult population, would have been sent to the infirmary building. Carrington's examples of hospitals for advanced cases contain forms found in the Children's Unit. These patients were typically too weak to live in the wards with the other patients and disturbed each other with their coughing. Carrington stated, "patients in the last stages of the disease are very annoying to each other, and should therefore be housed in separate rooms instead of wards. They are easily affected by disturbances, and any excitement, such as grief, anger, or worry, is usually followed by a fit of coughing and depression," (Carrington: 192) and further, "the psychological tendency of a private room is to make patients more contented, and also to increase their self-respect" (Carrington: 92). The individual rooms on the third floor of the Children's Unit provided privacy for the patients.

Heliotherapy decks were also commonly found in sanatoria. A therapy that was being given "increasing attention" in 1924, (Kidner, "Fundamentals...": 3) and was considered cutting edge at the time of construction of the Children's Unit, heliotherapy required patients to sun bathe in the nude. According to the design requirements, "For natural heliotherapy by the sun's rays, open decks are necessary. The decks must be so located that patients taking a sun bath cannot be overlooked from any quarter, and screens to protect them from cold winds must also be provided. A covered space should adjoin the deck, so that a patient's cot can be wheeled into the shade and so allow of graduating the period of exposure according to the physician's prescription" (Kidner,

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"Fundamentals...": 3). The helio decks on the third floor of the Children's Unit fit these specifications. The bed shelters described above are also located on the third floor. These shelters are composed of three walls of small panes of glass from floor to ceiling and a fourth wall composed of overhead-suspended doors on the leeward side. The Children's Unit also provided for artificial heliotherapy in the lamp rooms on the third floor. The only design requirements for this treatment were the presence of electrical outlets into which quartz lamps would be plugged (Kidner, "Fundamentals...": 3).

The tuberculosis specialists believed the creation of distinct spaces within a sanatorium was important (Kidner, "Sanatoria for Tuberculosis": 4). As described in 1921, "as the virulence of the disease abates, and the patient begins to progress toward recovery, he also progresses in a physical manner, so to speak, from one part of the sanatorium to another" (Kidner, "Sanatoria for Tuberculosis:" 4). Using the Children's Unit as an example, the patient would progress from the third floor individual infirmary rooms, to two- or four-bed wards, and then on to the multiple-bed open sleeping porches. This progression served as an incentive for patients to follow the regimen and improve their health.

In the 1950s, the building was converted into an adult facility and renamed the Samuel B. English Pavilion, after the original medical director of the sanatorium (Legislative Manual 1960: 126). At this time, sixteen beds were retained for children within the building (Legislative Manual 1960: 126). The building has been vacant since 1977 (Karschner: 1).

PART II: ARCHITECTURAL INFORMATION

A. GENERAL STATEMENT

1. Architectural Character: The structure was constructed in the Spanish Mission style which was popular nationwide from 1890-1920. Use of this style was extremely unusual in this rural location. The Spanish Mission-style was not used in construction of other sanatoria in New Jersey, which were more often of a classical revival design.

The building is a good example of the style because it contains many of the style's representative features, including a shaped parapet, a Mission-like tower, a smooth stucco wall surface, an original red tile roof, and an arcaded entry porch with shallow relief panels.

2. Condition of Fabric: The building is in overall poor condition and suffers from extensive water damage. No maintenance has been undertaken since the building was abandoned in 1977.

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B. DESCRIPTION OF EXTERIOR

1. Overall dimensions: The two- and three-story building is constructed in a T-plan with a three-story, five-bay hipped-roof center section and two two-story wings with two three-story gable-roof connectors, creating five sections on the facade. The building has a total square footage of 41,453 s.f., increased from its original 40,943 s.f. The top of the "T", the ward and treatment areas, measures 248'-6" along the south elevation and 41'-2" in width. This portion has forty-nine bays (sixteen bays of porch openings) along the south facade and four bays along the east and west elevations. The stem of the "T", containing the service areas, is located perpendicular to the ward area and measures 92'-0" in length and 43'-0" in width. This portion has nine bays along its east and west elevations. Two stories of screened porches are located along the south facade. The structure has a partial basement under the stem of the "T" that contained storage and service areas and a play room. The area beneath the wards is unexcavated. A concrete ramped walkway leading from the basement to the rear loading dock, later enclosed, is located along the eastern edge of the stem of the "T." A tower containing mechanical equipment rises an additional story above the stairwell at the intersection of the "T."
2. Foundations: The foundation is constructed of reinforced poured concrete. Poured concrete footings are placed an average of 15' on center throughout the foundation. The footings are 10" in depth and 2'-1" wide, and support the 1'-1" wide walls. The reinforcing rods within the body of the walls are 3/8" in diameter and are placed 18" on-center. 2'-6" and 4'-3" vents with metal louvers are centered between the footings. The first floor is located approximately three feet above grade at the main entrance with a water table 16" above grade on the south elevation.
3. Walls: The walls are constructed of cream-colored cement-finish stucco over hollow 8" terra-cotta blocks that infill steel I-beams. The exterior wall treatment is minimal, with only recessed panels beneath the first floor porch openings and a beltcourse between the second and third floors. There is no frieze.
4. Structural systems, framing: The masonry walls are load-bearing with steel I-beam columns anchored to each concrete footing. There is steel I-beam framing for each floor level and reinforced concrete floors. Not including the porches, the first and second floors have a 10'-3" floor-to-ceiling height and the third floor has a 9'-11" floor-to-ceiling height. The roof is wood-frame. Partitions walls are terra cotta or gypsum boards.

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5. Porches, stoops, sun decks: The main entrance is marked by a seven-foot wide concrete stair with a concrete stoop.

The first floor porches that line the south elevation are semi-enclosed with solid parapets and piers constructed of stucco over hollow terra cotta blocks. They are described as "covered" on the architectural plans. Screens are located in the segmentally-arched openings. The concrete floors have terra cotta drainpipes that pierce the parapet and drain to the front of the building. The first floor porches are accessed via the wards. Each ward room on the first floor has two wide floor-to-ceiling triple-hung sash windows through which a patient on a cot could be wheeled.

The second floor has semi-enclosed porches on the twelve bays at the east and west ends of the south elevation. The porches are similar in access and in construction to those on the first floor, with the substitution of rectangular-shaped openings for the arched openings below. The remaining bays at the center of the second floor have access to an "open" porch with a concrete floor. The open porch is enclosed only by a stuccoed parapet at the building edge and by the walls of the covered porches at either end of the elevation.

The third floor porches differ in access and in construction from the first and second floors. On each side of this center section is located a "bed shelter" and a "helio deck" accessed via a hallway to the center hallway. No doors or windows lead directly from the rooms to the porches. The bed shelters are enclosed by walls composed of small glass panels on three sides and by four overhead-suspended doors on the lee wall. The doors open out to the helio deck which has a gravel bedding. The deck is enclosed by a high stuccoed parapet.

6. Chimneys: One concrete chimney with two flues leads from the waiting room in the first floor and from the living room on the second floor.

7. Openings:

- a. Doorways and doors: The main entrance is decorated in the Mission style with a wood double door beneath a shaped parapet with terra cotta coping and a detailed terra cotta transom and surround. The doors contain glazing in the top half and are covered with wrought iron grilles. Additional wrought-iron details include an overhead lighting fixture and bracket and the stair railing. The doors no longer retain their hardware.

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The remaining exterior doors are unadorned hollow metal industrial-type doors. The doorways are similarly unadorned with flush stuccoed openings. The doorway to the kitchen loading dock is a rolling wood door suspended from an overhead track.

- b. Windows: On the facade and on the third floor are located double- and triple-hung wood sash windows with eight-over-eight-(over-eight) lights. Paired four-over-four light double-hung wood sash windows are located throughout the building with an occasional triple four-over-four light window. On the first floor porch elevation, double-hung four-over-four windows alternate with triple-hung eight-over-eight-over-eight windows. Openings are flush with the wall with no applied trim. Sills are only shallow projections in the stucco and are painted gray. There are no shutters. The screens have wood frames and have remnants of red paint.

8. Roof

- a. Shape, covering: The hipped roof is covered with red asphalt shingles. The connectors between the wings and the center section have flat, seamed metal roofs. There are also seamed metal pent eaves at the bed shelters.
- b. Cornice, eaves: Throughout the building, there are slightly overhanging eaves with no cornice detail. The only exceptions are the connectors on the south elevation, where the pent roof has a boxed cornice with a larger overhang supported by Mission-style brackets and at the kitchen addition where the stucco has been covered at the cornice. Copper box gutters are located on all elevations.
- c. Dormers, tower: A four-story tower is located at the northwest intersection of the "T"-plan. This additional story contains mechanical equipment. The tower has paired eight-light windows. There are four shed-roof dormers on each of the wings, and three similar dormers on the center section of the building. A gable dormer is centered over the entrance on the south facade. The dormer walls are constructed of copper.

C. DESCRIPTION OF INTERIOR

- 1. Floor plans: Please see graphic documentation for sketch floor plans.

The building is separated into distinct areas, distinguished by use and design. The three areas are: the wards and the examination rooms; the formal area which includes the

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director's office, the living room, and the waiting room; and the service area which includes the kitchen and the operating suite. The girls' wards are in the west wing and the boys' are in the east wing. The wards line the south (exterior) side of the hallway to allow maximum ventilation. The north side of the hallway contains the many activities relating to the day-to-day personal health of the children, including examination rooms, washrooms and toilet rooms, and attendant's rooms, and, at the end of the halls, locker rooms for the children's belongings.

2. Stairways: There are three metal fire stairways enclosed with chicken-wire glass fire partitions and simple steel railings. The central stair reaches the third floor; the east and west stairs reach the second floor.
3. Flooring: Linoleum squares and tongue and groove wood flooring are visible. The floor in the third floor operating suite and in the toilet and wash rooms is ceramic tile. The bed shelter floor is terra cotta tile. Additional flooring types may be present but were not visible through the debris.
4. Walls and ceiling finish: Walls throughout the public, service, and ward areas are smooth, painted plaster over metal lathe. The walls and ceiling have sustained extensive water damage that has caused much of the material to slough off the walls. Mint green ceramic tile is located in the instrument rooms in the wards, in the toilet rooms and wash rooms, and in the operating suite.

Black rubber baseboards are located throughout the building. Scattered acoustic adhesive ceiling tiles are visible. Deterioration has made it difficult to determine the extent of the use of these tiles in the building.

5. Openings:
 - a. Doorways and Doors: Doorways in the center, public area have Mission-style treatments such as shallow, pointed archways and rectangular openings with wood brackets. Doorways in the ward areas have simple wood trim with a multi-light transom above and are widened to permit cot access. Hallway fire doors have glazing in the top half of the door and are double-hinged to swing in both directions. Doors to the wards have a single panel below and a single, translucent light above. The wood doors in the operating suite are double-swinging doors and their design is consistent with the 1950s construction date of that suite.

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- b. **Windows:** Windows throughout the building have minimal decorative treatments. The windows are set into the plastered walls and have only simple wood sills and casings.

6. **Decorative features and trim:** The interior of the building is largely unadorned, out of a concern for cleanliness and sanitary conditions. There is no crown molding and the baseboards are black rubber. The public areas, however, do have decorative features in the Mission-style. The Waiting Room has a fireplace on the north wall of the room, with a cast stone surround and a bracketed wood mantel. On the south wall, a clerestory opening to the hallway is screened with a turned wood balustrade. The Director's office has a rough-brick fireplace on the north wall of the room with a cast-stone mantel.

7. **Hardware:** The hardware throughout the building is of simple design and of original construction.

8. **Mechanical Equipment:**
 - a. **Heating, air conditioning, ventilation:** Cast iron steam radiators are located throughout the building. Temperature is controlled by means of hand valves on each radiator. The Operating Suite has a central air conditioning unit with temperature control but no humidity control.

 - b. **Lighting:** Electricity to the building was powered by underground high-voltage distribution from the powerhouse to transformers in the building. Incandescent lighting is located in public and in ward areas. Fixtures are translucent white glass suspended from the ceiling and are consistent with fixtures in use in the 1920s. Additional conical metal fixtures are located in the wards as over-bed lighting. Fluorescent fixtures are located in the offices and in the dining, kitchen, instrument rooms, and X-ray rooms. Large, movable, multiple-lamp fixtures are suspended from tracks in the operating suite ceilings.

 - c. **Plumbing:** The building has indoor plumbing and cast-iron pipes. Hot water for personal use and for steam heating was delivered via underground mains that connect to the power house.

 - d. **Elevator:** A modern, replacement elevator is located beside the center fire stair.

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D. SITE

1. General setting and orientation: The building is located near the peak of Mt. Kipp at the end of Pavilion Road. The Employee Dormitory (HABS No. NJ-1230-B) is located immediately east of the building and the Schoolhouse is located immediately southeast of the building. The building is oriented southward toward the valley. (See HABS No. NJ-1230 for a more extensive description of the site).
2. Historic landscape design: A concrete walk is located alongside the south facade and leads to the Schoolhouse and to walking paths further up the mountain. A second concrete path leads south from the main entrance to a short flight of stairs leading to Pavilion Road. A line of mature cedar trees is located along the south facade and various shrubs and ornamental trees are located beside the main entrance and in the grassy area behind the building to the north.

PART III: SOURCES OF INFORMATION

A. ARCHITECTURAL DRAWINGS

Microfilms of original architectural drawings are located at the State Department of Building Construction, 50 Barrack Street, Trenton, New Jersey.

B. HISTORIC VIEWS

Two undated photographs of the building under construction are located at the Engineering Office of the Hagedorn Gero-Psychiatric Hospital. A circa 1968 photograph of the building is reproduced in a report prepared that year by that office. This report is located at the Engineering Office of the Hagedorn Gero-Psychiatric Hospital.

C. INTERVIEWS

No interviews were undertaken as part of this documentation.

D. BIBLIOGRAPHY

1. Primary and unpublished sources:

Engineering Department Garret W. Hagedorn Gero-Psychiatric Hospital, "English Pavilion Report," Garret W. Hagedorn Gero-Psychiatric Hospital, ca. 1968.

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Memorandum to Judith Winslow Blood from Terry Karschner, New Jersey State Department of Environmental Protection, April 15, 1980, regarding "supplemental structures in the Center for Geriatrics, Glen Gardner, Hunterdon County."

New Jersey Legislative Manual 1929, 1960.

2. Secondary and published sources:

Carrington, Thomas Spees. Tuberculosis Hospital and Sanatorium Construction. New York: The Association for the Study and Prevention of Tuberculosis, 1911. Avery Architectural Library, Columbia University.

Kidner, T.B. "Fundamental Principles in Planning a Modern Tuberculosis Sanatorium." Reprinted from The Modern Hospital, March 1924, Vol. XXII, No. 3 in "Hospitals for Tuberculosis" by T. B. Kidner, n.p., n.d.. Bound article reprints. Avery Architectural Library, Columbia University.

Kidner, T.B. "Sanatoria for Tuberculosis." Reprinted from Architectural Review, January 1921 in "Hospitals for Tuberculosis" by T. B. Kidner, n.p., n.d.. Bound article reprints. Avery Architectural Library, Columbia University.

Pattison, Harry Archibald. "The Tuberculosis Problem in New Jersey." New York: Department of Institutions and Agencies, National Tuberculosis Association. 1922.

E. LIKELY SOURCES NOT YET INVESTIGATED

Sanatorium meeting minutes are located at the business office of the Hagedorn Gero-Psychiatric Hospital.

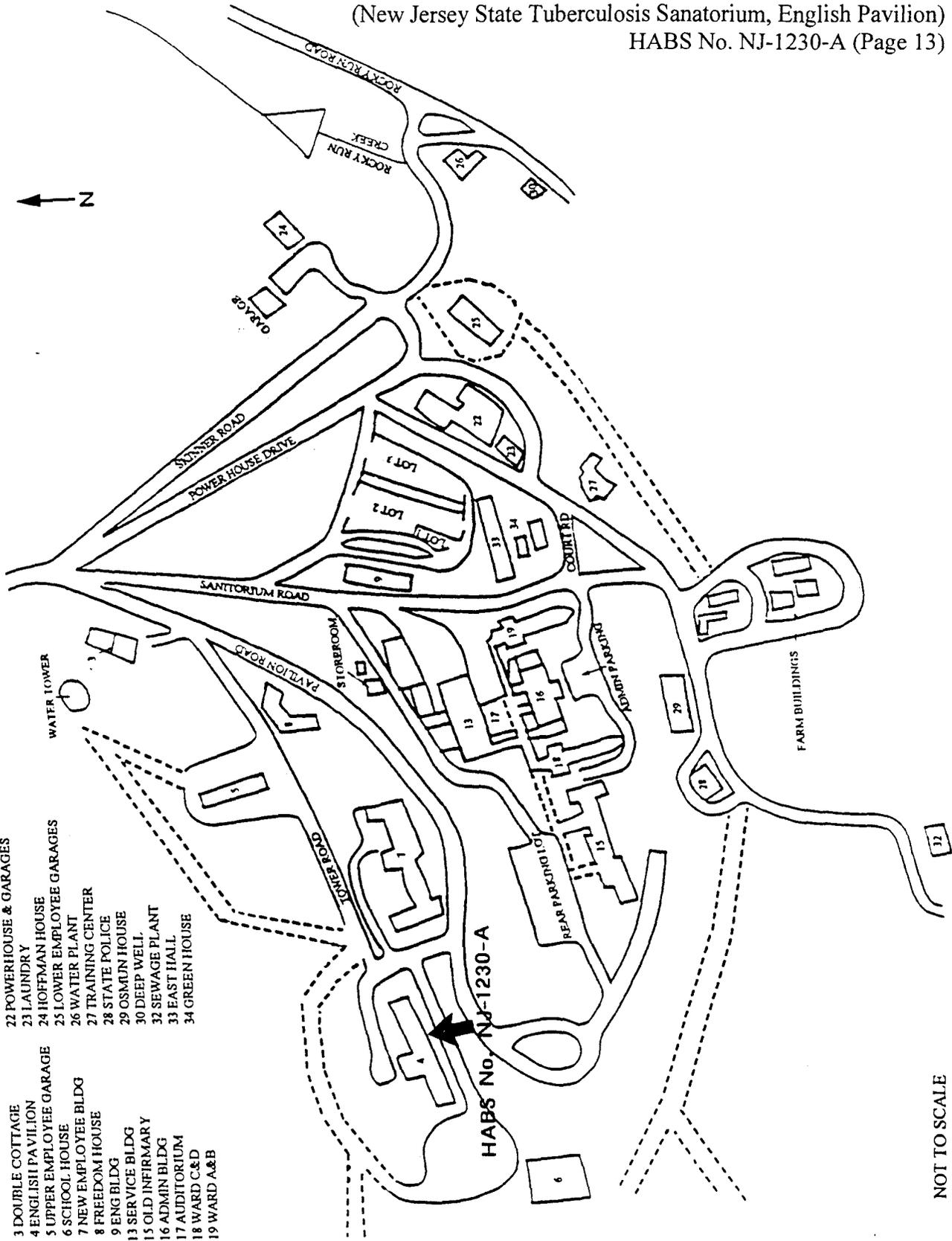
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PART IV: PROJECT INFORMATION

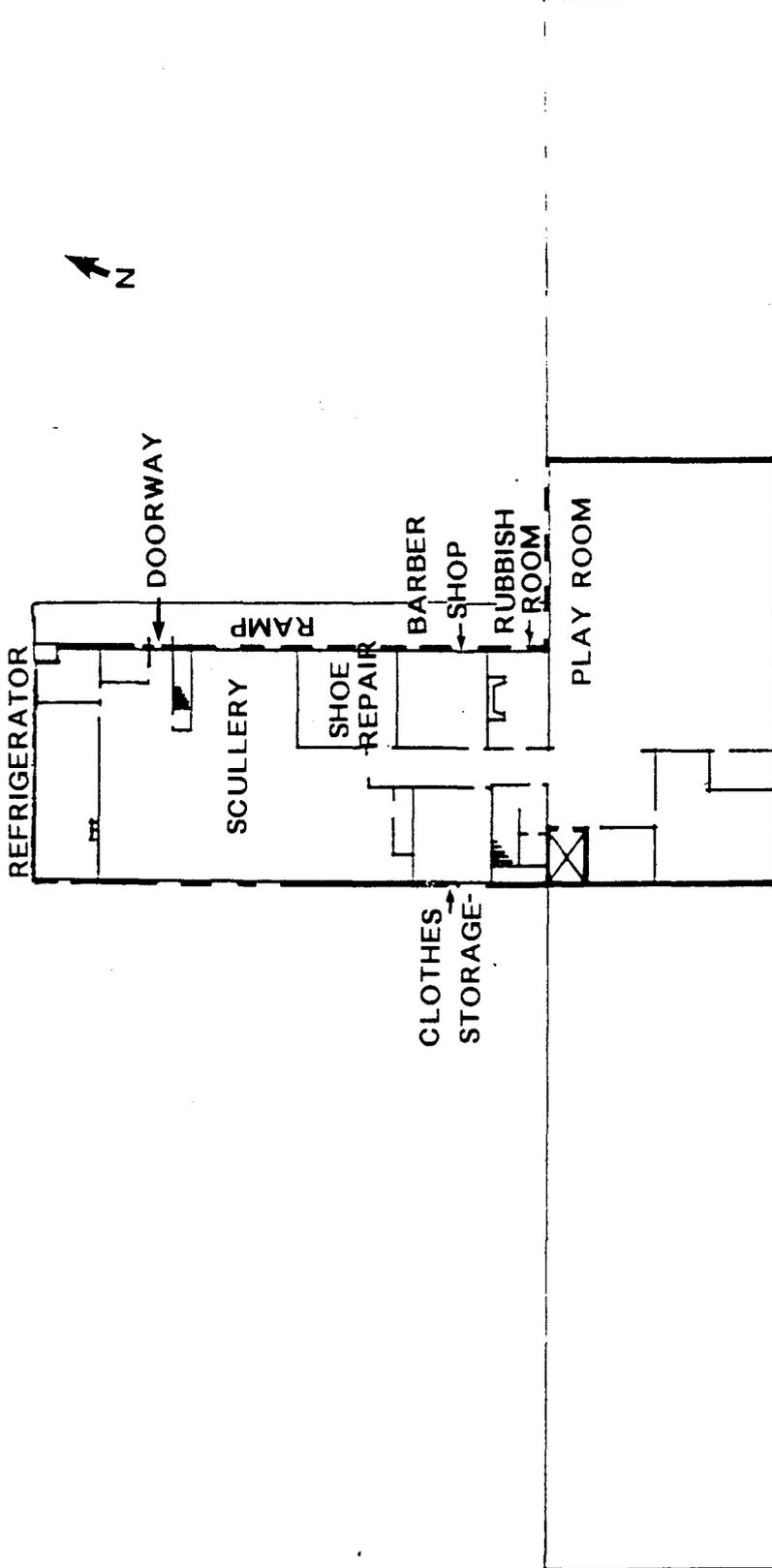
This documentation was undertaken as part of recommendations made in a Memorandum from the New Jersey Deputy State Historic Preservation Officer to Mr. William E. Ward, Jr. Chief, Bureau of Real Estate, State of New Jersey. Recommendations included HABS documentation prior to demolition of the structure to make room for a new 100-bed hospital building.

Prepared by: Stacy E. Spies
Title: Architectural Historian
Affiliation: Richard Grubb & Associates
Date: January 1997

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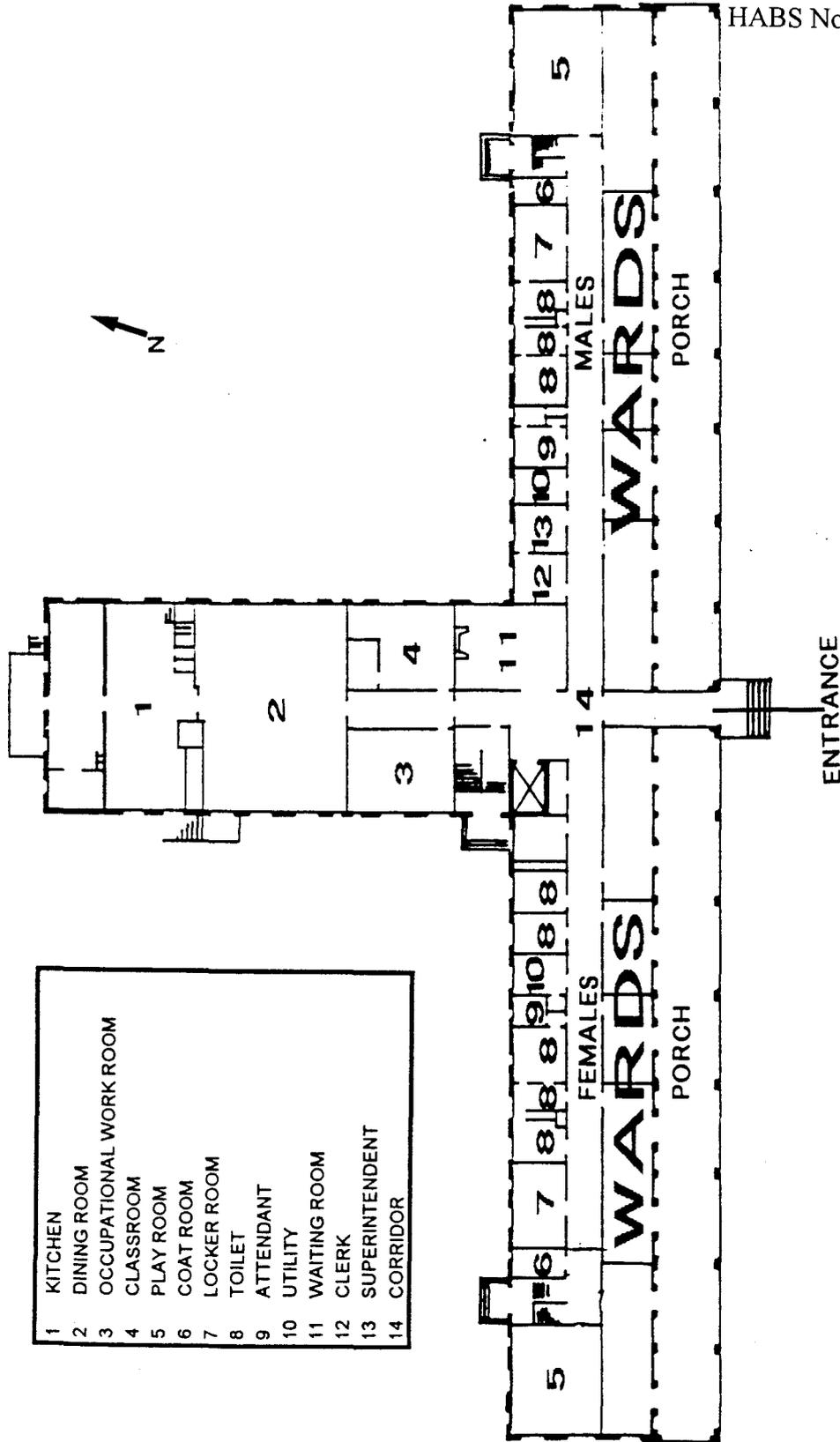
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BASEMENT
ENGLISH PAVILLION



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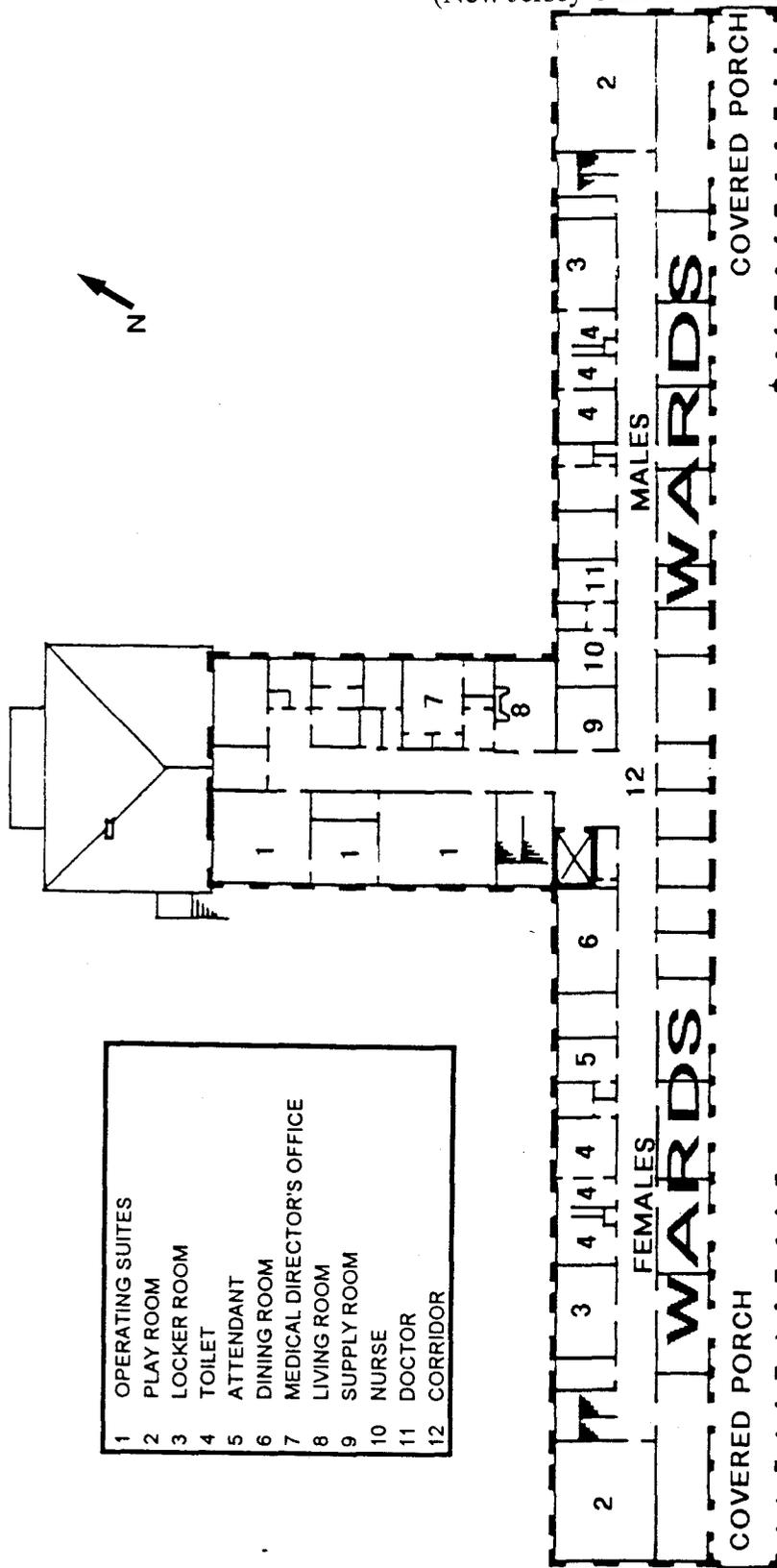


- | | |
|----|------------------------|
| 1 | KITCHEN |
| 2 | DINING ROOM |
| 3 | OCCUPATIONAL WORK ROOM |
| 4 | CLASSROOM |
| 5 | PLAY ROOM |
| 6 | COAT ROOM |
| 7 | LOCKER ROOM |
| 8 | TOILET |
| 9 | ATTENDANT |
| 10 | UTILITY |
| 11 | WAITING ROOM |
| 12 | CLERK |
| 13 | SUPERINTENDENT |
| 14 | CORRIDOR |

FIRST FLOOR
 ENGLISH PAVILION



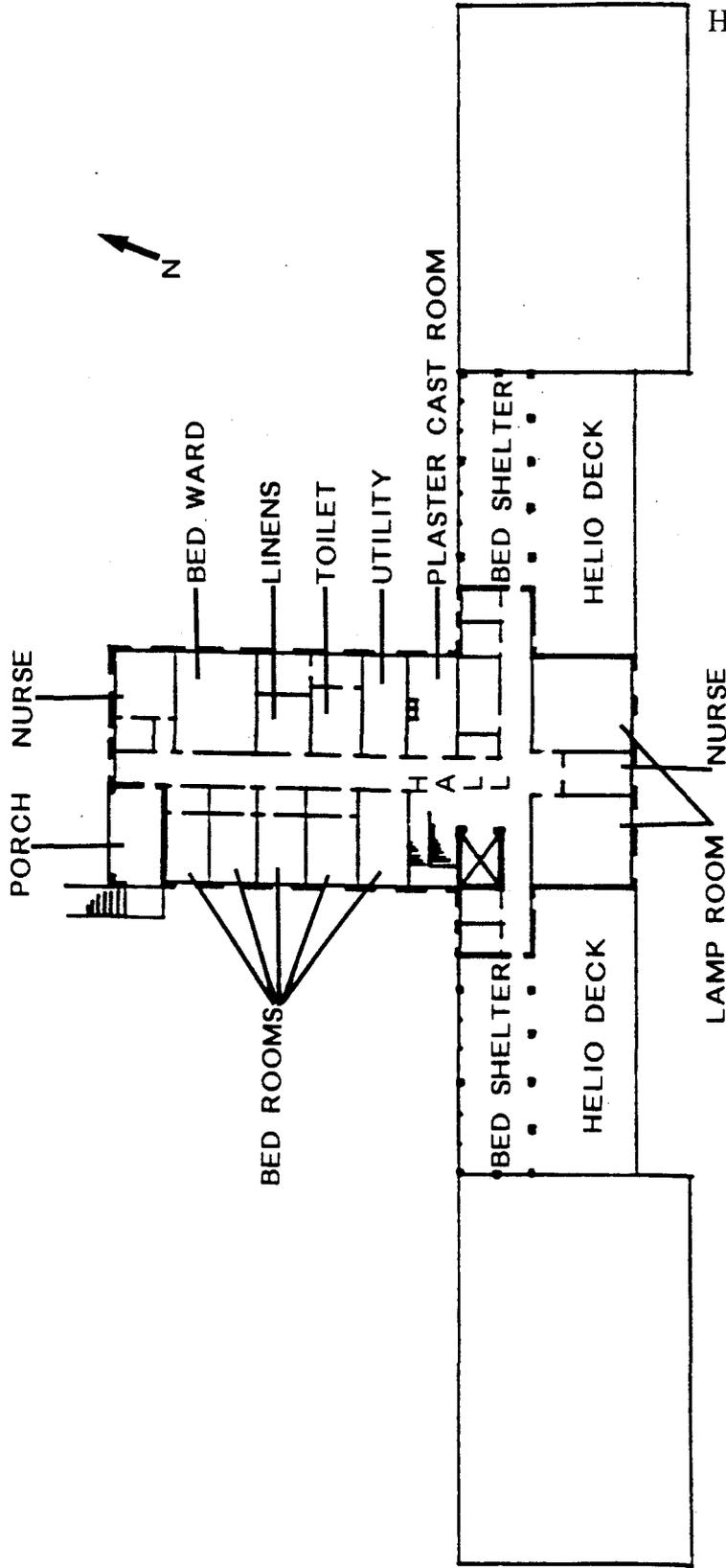
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- | | |
|----|---------------------------|
| 1 | OPERATING SUITES |
| 2 | PLAY ROOM |
| 3 | LOCKER ROOM |
| 4 | TOILET |
| 5 | ATTENDANT |
| 6 | DINING ROOM |
| 7 | MEDICAL DIRECTOR'S OFFICE |
| 8 | LIVING ROOM |
| 9 | SUPPLY ROOM |
| 10 | NURSE |
| 11 | DOCTOR |
| 12 | CORRIDOR |

SECOND FLOOR
 ENGLISH PAVILION





THIRD FLOOR
ENGLISH PAVILION

