Island Hospital (City Hospital)
Roosevelt Island
New York City
New York County
New York

HABS NO. NY-6285

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PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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HISTORIC AMERICAN BUILDINGS SURVEY
MID-ATLANTIC REGION, NATIONAL PARK SERVICE
DEPARTMENT OF THE INTERIOR
PHILADELPHIA, PENNSYLVANIA 19106

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HISTORIC AMERICAN BUILDINGS SURVEY

ISLAND HOSPITAL (City Hospital)

HABS NO. NY-6285

LOCATION:	South end of Roosevelt Island, New York City, New York County, New York. UTM: 18.587920.4511565 Quad: Central Park, New York.
PRESENT OWNER:	Roosevelt Island Operating Corporation, Roosevelt Island, New York City, New York.
PRESENT USE:	Vacant; closed 1957.
SIGNIFICANCE:	Opened in 1860, Island Hospital was among New York City's largest institutions for treatment of illness among the poor. It occupied a prominent position near the south end of Blackwell's Island, which during the 19th century was extensively developed by New York City through construction of numerous facilities for the criminal, the insane, and the destitute. Designed by James Renwick, Jr., Island Hospital represented the first use of the Second Empire style for public buildings in the United States, and in addition was the architect's first major work in the style.

I. HISTORICAL INFORMATION

A. Physical History

1. Date of erection: Cornerstone laid 22 July 1858; first patients admitted February 1860; toilet towers constructed 1891-2; vacated 1957 (New York Times, 23 July 1858:1; New York City Commissioners of Public Charities and Corrections, Annual Report (hereinafter cited as PCAR) for 1860:259; PCAR for 1875:7; PCAR for 1892:51).

2. Architect: James Renwick, Jr., New York City (PCAR for 1875:7). Island Hospital is one of three extant structures designed by Renwick for New York City's institutional facilities on Blackwell's Island. It was Renwick's first work in the Second Empire style, but was almost immediately followed by his far better known buildings in that style, a mansion for William Corcoran in Washington, D.C. (now Renwick Gallery) (1859) and the main building of Vassar College, in Poughkeepsie, New York (1861-65) (Whiffen and Koeper 1981:212). The relative remoteness of its location and the austerity of its exterior treatment perhaps contributed to Island Hospital's obscurity in the annals of American architectural history, despite its having represented the first use of the Second Empire style in an American public building. Renwick (1818-1895) was the son of an accomplished New York engineer (James Renwick, Sr.) and after graduating from Columbia College embarked upon a career in architecture and engineering which made him among America's most prominent 19th century architects. His inventive use of Victorian architectural styles was demonstrated at Grace Church, New York (1843-46), St. Patrick's Cathedral, New York (1858-79), the Smithsonian Institution's "castle", Washington, D.C. (1847-55), Booth's Theater, Washington, D.C. (1867-69) and, also on Blackwell's Island, the Smallpox Hospital (1854-56).

3. Original and Subsequent Owners:
   1828 Deed, July 19, 1828, Book 239, Page 287
   New York County Hall of Records, New York City, New York
   James Blackwell to the Mayor of the City of New York et al.
   1973 Conveyed to Roosevelt Island Operating Corporation

4. Builder, contractor, suppliers: Superintendent of Construction was D.W.C. Weeks; stone quarried on Blackwell's Island by inmates of the Penitentiary; carpentry contracted to John A. Meyer; ironwork contracted to J.B. and W.W. Cornell; masonwork by employees of the City of New York (PCAR for 1875: 7).

5. Original Plans and Construction: No original drawings or plans have been located. The building has been vacant for 30 years and has suffered several fires; much of the roof and many of the floors have collapsed. Photographs document the early character of the hospital as a symmetrical five-part composition consisting of a 4-story center pavilion connected to 3-1/2 story end pavilions by 3-1/2 story hyphens. Designed in a simplified Second Empire style, the building was surmounted by mansard roofs that were slightly concave on the hyphens and end pavilions, and taller and convex on the center pavilion. On the center pavilion, a stone parapet with incised panels marked the transition from the wall to the mansard above it. Elsewhere, a broad continuous stone frieze below the metal cornice (which served as a gutter) doubled as a lintel for the segmental-arched windows of the top floor. The exterior walls were "constructed of rubble stone masonry and hammer-dressed or pointed corners. The outside walls have an eight-inch air space and four inch inner or furrowing [sic] wall of brick inside of the exterior stone work" (PCAR for 1875:7).

The mansards were extensively dormered to create usable space above the three "full" stories. As described in 1858, the mansards permitted "a gain at small expense of a full hospital story, 16 feet high, lighted by windows below the cornice and dormers above the cornice. The height of the first and second stories is 14 feet, and the third, 16 feet" (New York Times, 23 July 1858:1). The dormers had 2/2 double-hung sash, segmental-arched heads, and were paired on the north and south elevations of the end pavilions. The center pavilion, however, featured a large center dormer, flanked by scarcely smaller round-arched dormers.

The end pavilions and the hyphens were also surmounted by convex-mansard rectangular belvederes which functioned as "foul-air chimneys". Steam coils were located beneath each cupola "for the purpose of increasing the draft in the ventilating flues leading from the wards" (PCAR for 1877:33). According to the 1858 New York Times account, "a general fresh-air conductor, fed by a blower from a raised air-chimney outside of the building, is carried underneath the basement floor. From this vertical supply, tubes diminishing in the area as they rise, distribute fresh air in summer, and heat or fresh air in winter, to each ward, bath-room and closet. The wards are supplied by horizontal tubes, with vertical pedestals; in each ward these pedestals are covered by perforated plates of metal. The foul air is conveyed from over every two beds of each ward by pipes of glazed earthenware, to the top of the wall, where they are conducted to the foul-air chimneys by tubes of metal. The circulation is produced by coils of steam pipes or stoves in the foul-air chimneys.

The heavier gases are taken through openings made around the bases of the room" (New York Times, 23 July 1858:1).

6. Alterations and Additions: From the limited information available, it does not appear that Island Hospital experienced significant structural or architectural alteration during its century of use. The principal addition to the building consisted of four towers, one at each end and two off the south side, constructed in 1891-2 to provide modern toilet facilities. During the first decade of the 20th century, the roof dormers were remodeled, including the large arched dormers in the mansard of the central pavilion. The latter were replaced by a shed-roofed dormer to accommodate sunrooms for the operating suite located within the mansard.

B. Historical Context

The subject of this documentation is a former hospital building, originally known as Island Hospital. It was constructed in 1858-60, replacing an earlier hospital building which burned in February, 1858. Island Hospital was known by several other names during its active life. From 1866 to 1892 it was called Charity Hospital, and after 1892, City Hospital. For purposes of clarity, the building will be called by its original name, Island Hospital, throughout this report. The island in the East River on which the hospital is located was historically known as Blackwell's Island and, less commonly, Welfare Island. It was renamed Roosevelt Island in the early 1970's.

Island Hospital was one of a number of New York City welfare and penal institutions that were established on Blackwell's Island beginning in 1828. Earlier in the 19th century, the City had developed an area at East 26th Street and the East River for similar purposes, constructing hospital facilities, an almshouse, a school and a workshop designed as a penitentiary, officially named Bellevue in 1825 (Zavin 1985:3). In 1826, however, a "Medical Committee of Investigation" recommended the relocation of Bellevue's "penal" facilities to a more remote location. To that end, in 1828, the City purchased from James Blackwell an island, barely 800 feet wide and approximately 2-1/2 miles long, situated in the East River between 47th and 86th Streets (Zavin 1985:3). Over the course of the 19th century, and well into the 20th, Blackwell's Island was one of the city's primary centers for custodianship and treatment of the poor, the sick, the insane and the criminal. The first major institution on the island was a penitentiary, opened in 1832. It was followed by a lunatic asylum in 1835-39, almhouses for men and women in 1847, a workhouse, begun in 1850, and a smallpox hospital (1856).

(The last major institutional building erected by the City prior to redevelopment of the island for residential use was Bird Coler Hospital, at the north end of the island, in 1952.)

Hospital facilities on Blackwell's Island were originally located within the walls of the penitentiary, in "a large room on the top floor, 40 x 60 feet in size, set apart for the treatment of male prisoners" while female prisoners were treated in several "two story wooden buildings" located at the southern end of the island (PCAR for 1875:2). In 1848-49, a separate hospital building was erected near the site of the wooden buildings (subsequently demolished), with accommodations for 600 patients, Over the next decade this hospital treated several thousand patients each year, the greatest number (3734) in 1854, the least (1773) in 1856. Most of the patients were admitted from the island's penitentiary, the workhouse and the almshouse, with syphilis and "delirium tremens" accounting for a significant and increasing percentage of cases (PCAR for 1875:4,5). Despite its stone construction, however, this hospital was soon the subject of complaints, characterized as "a mere shell...erected in the most reckless and the most careless manner...[which] cost as much to keep...in repair as the cost of the original structure" (PCAR for 1875:3). In the morning of February 13, 1858, "during a very severe winter, a violent storm prevailing at the time", the hospital caught fire "and in less than two hours the whole building was in ashes" (PCAR for 1875:4).

The Board of Governors responsible for administration of the City's correctional and welfare institutions promptly applied to the state legislature "to include in the tax levy for the city the sum of $100,000 for the erection of a new building" (PCAR for 1875:7). Equally swiftly, the Governors called upon architect James Renwick, Jr., to design a new hospital, plans for which were formally adopted on March 9. Work was "immediately begun", and the first patients were admitted to the new building, then called Island Hospital, in February 1860 (PCAR for 1875:9; PCAR for 1860:259)

Island Hospital became the nucleus of a hospital facility which in time was second only to Bellevue in the number of patients treated. Soon after its opening, the institution began construction of various "pavilions", wooden (and later, masonry) buildings adjacent to the main building. Like the smallpox hospital built in 1858, these pavilions were for the isolation of persons with communicable diseases, such as typhus, scarlet fever and "relapsing fever", as well as to better meet the specific requirements of epileptic and "paralytic" individuals. By the late 1870's pavilions also served as maternity wards, in this

instance to isolate patients from diseases and in particular to "safeguard against puerperal fever" (PCAR for 1876:x;PCAR for 1877:31).

In general, patients assigned to Island Hospital were "sub-acute and chronic medical and chronic surgical cases," with most "acute medical and surgical cases" assigned to Bellevue (PCAR for 1875:16). Originally receiving patients primarily from the island's penal institutions (the penitentiary and workhouse), the hospital during the 1870's and 1880's increasingly served "the large class of comparatively respectable poor which the stringent times have thrown upon municipal hospitality" (PCAR for 1877:37).

Most of the latter were "received" through the Superintendent of Out-Door Poor, an agency established by the Commissioners of Public Charities and Corrections. The agency had a staff of "visitors" who visited the poor in their homes to investigate "the causes of pauperism, sickness and crime" and "report the same to the superintendent" (PCAR for 1881:18; Richmond 1871:540) who made referrals to the hospital as he found appropriate.

From its first year of operation, Island Hospital admitted, treated and discharged from six to eight thousand patients annually (Richmond 1871:528). During the Civil War, about 2,500 Union soldiers were also treated here, under a contract with the U.S. government for which the city received $1,215, about $.60 per soldier (PCAR for 1875:10). As described in 1871, "The hospital contains 832 beds, but has capacity for 1,200...The eastern wing of the building is occupied by the males, and the western by the females...Wards are set apart for consumptives, for venereal, uterine, dropsical, ophthalmic, obstetrical and syphilitic disorders. Also for broken bones, and the other classes of casualty patients [sic]. Two wards are set apart for the treatment of diseases of the eye and ear, and are in charge of distinguished physicians, who have made the diseases of those organs their special study" (Richmond 1871:528). Wards for treatment of the mouth and throat were established in 1878, at that time primarily to treat "consumptives suffering from painful throat diseases" and those unfortunates exhibiting the "fearful ravages about the nose, mouth and throat" which often accompanied venereal disease (PCAR for 1881:18-19). By the early 20th century, separate facilities also existed for tuberculosis patients, in Blackwell's Island's previously vacated asylum for the insane (Department of Public Charities 1910:8). With the opening of Strecker Memorial Laboratory, a three-story brick building adjacent to the main building, in 1892, the hospital obtained much-needed space for modern pathology, histology and bacteriology laboratories.

Operation of an institution as large and complex as Island Hospital required the assistance of many people apart from the professional medical personnel. Through the 19th century, non-medical services were often provided by workhouse and penitentiary inmates, and in some instances by convalescing patients, both to give such persons something to do and to lower costs (King 1893:497-8, 500). For example, utilization of the skills and labor of convalescents was reported in 1878, in a description of repairs and repainting accomplished during the previous year which included all the building's window sash and frames, "no small undertaking when it is considered that there are 500 windows" in the structure. Special mention for special skills was given to Bent Saunders, a convalescing patient, who "elegantly grained and marbled" the lower main hall and stairways (PCAR for 1877:32). The use of workhouse prisoners to staff the hospital laundry (located in a separate building constructed in 1881), on the other hand, presented certain problems, at least initially. Within the year following opening of the laundry building, hospital management was forced to recommend that a "light fence" be erected around the building, "since, as prisoners of the law, undergoing punishment for their misdemeanors [the workers] are to be distinguished from the hospital patients..." No less important, "the efficiency of [the] working corps [would be] greatly enhanced without the risk of elopements" (PCAR for 1881:36).

The use of "free" labor was not, however, always successful. A notable failure was the hospital's original use of inmates from the workhouse to perform the duties of orderlies and nurses. This arrangement, while undoubtedly cost-effective, within a few years proved unsatisfactory from the point of view of the hospital physicians and the Board of Governors. Thus in May of 1865, five years after the hospital opened, the inmates were "returned to the Work House" and "respectable and competent persons" were "appointed at moderate wages" instead. It was reported that "an instant improvement was observable, the wards were cleaner, turbulence and drunkenness disappeared, and economy and individual responsibility introduced" (PCAR for 1875:9).

In 1872 the medical board of the hospital declined to appoint a woman physician to the hospital staff, citing the preponderance of venereal disease among the patients and fearing "the effect of the presence of a lady physician among the rude and vicious inmates of the hospital in exciting disorder" (Minutes of the Medical Board of Charity Hospital, April 1, 1872:163-6). The hospital, however, could not well function without female nurses. In order to attract "Nurses of a higher grade of intelligence

than it was [at that time] possible to obtain," the Board of Commissioners of Public Charities and Correction opened a training school for female nurses at the hospital, its initial enrollment of 20 students soon fixed at 40 (PCAR for 1877:45). The school, one of only four in the United States (the others were at Bellevue, and in Boston and Hartford, Connecticut), was originally contained within the main hospital building. In 1886, however, the Nurses Training School was relocated to the former smallpox hospital on the island (subsequently renamed Schuyler Hall), which in 1904-5 was expanded with construction of two wings to accommodate dormitory space as well as classrooms (PCAR for 1904:27). As early as 1881, the Commissioners of Public Charities and Corrections were pleased to report that graduates of the training school had "already taken high rank in hospital services and in attendance upon the sick in private families" (PCAR for 1881:43). A school for male nurses was established in 1887; its students were housed in the main hospital building, in quarters created out of former bathroom spaces after erection of the four brick toilet towers in 1891-92 (PCAR for 1891:51). The male nurses' school was discontinued in 1903 after it was decided to replace male nurses in the hospital's male wards with female nurses (King 1893:461; PCAR for 1902:27).

Island Hospital remained in service until 1957, when it was closed and its patients relocated to Elmhurst Hospital in Queens (New York Times, 14 July 1986:B-1). The adjacent Goldwater Memorial Hospital (originally Welfare Hospital for Chronic Diseases), built in 1939, remains in operation on the island as one of the last functional vestiges of the once large complex of municipal welfare and social institutions on Blackwell's Island. The island was renamed Roosevelt Island in the early 1970's. Under the administration of the Roosevelt Island Operating Corporation, the island is the site of a high-density residential community, concentrated north of the Queensboro Bridge.

II. ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural Character: Island Hospital is a massive granite-walled structure of clearly institutional design and intent. Its symmetrical, five-part massing, with prominent center and end pavilions, is representative of hospital and other institutional construction of its time. Originally crowned with dormered mansard roofs, Island Hospital was a monumental, and early, illustration of the authority which could be conveyed through the Second Empire style, and held its own amid the rich variety of picturesque Victorian architectural forms constructed on Blackwell's Island during the 19th century.

2. Condition of Fabric: The hospital has been abandoned since 1957 and has suffered extensive damage from fire and vandalism. Much of the roof has burned or collapsed, as have the floors in the end pavilions and the larger spaces within the wings.

B. Description of Exterior:

1. Overall Dimensions: The hospital is laid out as a long rectangle with the principal elevation oriented roughly to the north. The overall dimensions are 360 feet east-west and about 120 feet north-south. The plan is symmetrically arranged, consisting of a center pavilion originally of four stories, flanked by 3-1/2 story hyphens leading to 3-1/2 story end pavilions. The center pavilion is three bays wide; the hyphens 8 bays long, and the end pavilions two bays wide. The end pavilions project three bays beyond the exterior wall planes of the hyphens on both north and south ends. The building is set on a full basement which is illuminated by windows set below grade in deep stone-lined square wells. The formal entrance to the building, on the north side, is at the second story level. The uppermost story, although partly contained within the mansards of the hyphens and end pavilions, functioned as a full fourth floor, due to the double rows of windows (one row in the wall, one in the lower slope of the mansard) and the height at which the roof trusses were placed. Four 4-story octagonal toilet towers are attached to the building: one each at the east and west ends, and two on the south side, symmetrically arranged off the wings and flanking the central pavilion.

2. Foundations: The building is set on a full basement of loadbearing rubble granite construction.

3. Walls: Exterior walls are of masonry construction, consisting of rubble gneiss granite faced with quarry-faced random ashlar in the same material, and furred on the interior with brick. Cut stone with broad horizontal gouged lines is used for quoining at each corner of each pavilion; smoothly-dressed stone is used for the water table, beltcourses, sills and lintels. The southeast and east toilet towers are of rubble granite with random ashlar facing to the top of the first floor level, above which are brick exterior walls reinforced with tie rods ending in star-shaped anchor bolts. The west and southwest toilet towers are completely faced with random ashlar granite. In all four towers, the inner portions of the exterior walls are lined with hollow clay tile.

4. Structural system: The building has load-bearing masonry exterior walls. All the floors of the central pavilion are carried on load-bearing stone (first and second floors) and brick (third and fourth story) walls. Within the hyphens, the first and second floors are carried on masonry bearing walls, while iron post-and-beam systems carry the third and fourth floors. In the wings, the stairhalls are carried on masonry walls. The floors of the large open wards at the ends of each wing are supported on iron post-and-beam systems. The latter consists of fluted columns with stylized acanthus capitals, decreasing in diameter from first to third floors, which carry I-beams. The wooden floor joists are supported at their interior ends within the flanges of the I-beams, and at their outer ends are set within pockets in the brick lining of the exterior walls. The roofs of the building were carried on large wooden trusses with iron tie rods and thick iron straps. Queen post trusses carried the roof of the central pavilion, while subdivided king post trusses were used in the hyphens and end pavilions.

5. Porches: A granite terrace extends across the north (front) elevation of the center pavilion at second story level, accessed by a double flight of granite dogleg stairs which flank the entrance to the ground level. The stair rails are also of granite, with square balusters featuring chamfered corners and simple chiseled designs on each face.

6. Chimneys: No chimneys exist. The coal-fired boilers that provided steam heat for the building were located in a separate structure southeast of the hospital.

7. Openings:

a. Doorways and Doors: The main entrance is situated at the second story level in the center of the north elevation of the center pavilion. It is framed by a large basket, or three-centered arch, with Gibbs-style surround of large granite voussoirs, the faces of which are gouged in a coarsely stylized rustication. Within this opening are two sets of double-leaf wooden doors, separated by a small vestibule. Beneath a fully glazed fanlight, the outer doors each have 12 lights set over four square panels. The inner doors (which are spanned by a tall four-light transom panel) feature pairs of tall, round-arched windows in molded frames, set above two molded lower panels. The walls and ceiling of the vestibule, as well as the soffit and reveals of the inner doorway, are paneled.

Directly beneath this entrance is the main entrance to the ground level. It, too, is framed with a basket arch, in this case fea-

turing smoothly dressed granite voussoirs arranged in a Gibbs-style surround. The now heavily boarded door is framed by sidelights and topped with a glazed fanlight.

On the south elevation of the central pavilion, the arrangement of superimposed basket-arched openings is repeated, with similar treatment of the surrounds. Only the ground-floor arch, however, contains an entrance (obscured by a wooden vestibule), while the upper arch functioned as a large window.

Secondary entrances are located in the east and west elevations, adjacent to each toilet tower, and, on the north side, flanking the central pavilion; all are spanned by simple granite lintels.

b. Windows: Fenestration is regular and symmetrical. Openings in the central and end pavilions are of a size to have accommodated pairs of window sash, while windows in the hyphens occur singly. All window openings in the walls are spanned by stone lintels on the exterior (although structurally they are formed by shallow segmental brick arches) and have stone sills. Based primarily on a 1909 photograph, plus limited remaining physical evidence, they were fitted with wooden double-hung sash, 2/2 in the basement, 4/4 at first, second and third floors, and 2/2 in the dormers and in the walls directly below the mansards.

8. Roof features:

a. Roof and cornice : The mansard of the central pavilion had convex sides and a flat deck edged with metal cresting, while the roofs of the hyphens and end pavilions were slightly pitched. All appear to have been sheathed with copper, of which little evidence now remains. The metal cornice carried a gutter system for roof drainage.

b. Dormers and cupolas: Dormers were regularly arranged along the lower slopes of windows in the walls below. The window openings appear to have originally had segmental-arched heads; subsequently, the dormers were given triangular pediments and fully rectangular openings.

Three large round-arched dormers centered in the north elevation of the central pavilion were removed and replaced with a single large shed-roofed dormer which contained a solarium associated with the operating rooms constructed within the mansard.

As indicated in section I.A.5 above, four tall cupolas or belvederes were originally positioned atop each end pavilion and hyphen. These structures, which had convex mansard roofs, functioned as vents.

C. Description of Interior:

1. Floor plans: Refer to sketch floor plans for information. The central pavilion was arranged with a double-loaded north-south corridor bisected by a central cross-passage leading to the hyphens. Each hyphen featured double-loaded east-west corridors on the ground and second stories; the upper floors contained two open wards separated by a block of four small rooms (two on each side of a short passage), one of which, on the south side, led into a toilet tower. The end pavilions featured two large, square open wards on each floor, separated by a broad stairhall oriented east-west. Doorways beneath the staircases provided access to the toilet towers at the east and west ends of the building.

2. Stairways: Refer to sketch floor plans. The building contained four staircases. Two were located in the narrow passages between the central pavilion and the hyphens. These featured dogleg iron staircases, with foliate bosses on the balustrades and openwork risers ornamented with fleur-de-lis motifs. The remaining two were located in the east and west pavilions, respectively, and were essentially identical to the others in terms of materials and details, except that the newel posts were fashioned like small fluted columns with acanthus capitals similar to the structural columns in the wards. On each floor, these stairs began as a single flight to a broad landing, from which it split into two flights rising to the next story. A fifth, wooden stair, not original to the building, was inserted at the southwest quadrant of the cross passage in the central pavilion. It had very plain turned balusters and along the wall was edged with a 1-1/2-foot tongue-in-groove wainscot.

3. Flooring: In corridors and stair halls, the flooring appears to be concrete. From remaining evidence, it appears that the ward areas featured narrow tongue-in-groove wooden flooring (Richmond (1871:528) mentions "floors of white Southern pine").

4. Wall and ceiling finish: Walls appear to have been painted over plaster or, for example, in the stairhalls of the end pavilions, a concrete coating. Corners and edges of doorways opening into the halls of the central pavilion were rounded. Corridors of the central pavilion had pressed-metal coved ceilings. The floors of the end pavilion stair halls were carried on shallow brick arches supported on small I-beams. The toilet towers contain one-inch square yellow and tan tile flooring, and the walls are clad with ceramic tile to a height of about six feet, above which is painted plaster.

5. Openings:

a. Doorways and doors: Refer to sketch floor plans for doorway locations. From remaining evidence, it appears that entrance to all ward areas was through double-leaf doors either of cast iron or of heavy wood timber sheathed with sheet metal, probably as a fire-safety measure. The openings containing these doors appear to have been spanned by granite lintels above which were shallow brick relieving arches. Remaining doors to smaller rooms, offices and storage areas (as illustrated in the central pavilion) are of wood, some featuring one large, slightly recessed panel, others unpaneled but with single-light windows centered roughly at eye level. None of the doorways have architrave moldings; the doors are simply set within, or hung from the outer corners of, plain plastered reveals. The single exception of extant features of this type, is a doorway into a room on the second floor of the central pavilion, immediately to the left of the formal entrance. This doorway is framed by a very broad, strongly-articulated architrave molding, within which is an inner frame ornamented with recessed panels and a narrow edge of rope molding. The door for this opening (which has been removed and is on the corridor floor) has a long vertical recessed panel edged with a bead-and-reel molding, within which are five square recessed panels with slightly projected square centers.

b. Windows: From limited remaining evidence, window openings were plainly finished with painted plaster. As noted above, the openings were structurally formed with shallow segmental arches, although this shape was not reflected on the exterior except at the windows directly beneath the cornice. In the east hyphen, all windows of the first, second and third stories were shortened from the bottom by infilling with concrete, brick and hollow clay tile panels above the original sills.

6. Decorative Features and Trim: The few extant decorative elements are described in sections C.2 and C.5 above. As a hospital, the building would have been unlikely to contain many decorative elements or ornamental trimmings, not least because they would be difficult to keep clean and therefore a potential health hazard.

7. Hardware: The building has been stripped of hardware.

8. Mechanical equipment: From the time of its construction, the hospital was furnished with steam heat from coal-fired boilers, and was originally lighted by gas. (See section I.A.5 for a description of the early ventilating system.) Elevators

were later installed in shafts created by constructing hollow clay tile walls across the recesses between the central pavilion and hyphens on the south side of the building. The elevators have been destroyed by fire. The boilers and water pumping apparatus which served the hospital were located in an adjacent structure no longer extant. Openings in the inner surfaces of the exterior walls of the end pavilions still indicate the placement of heating and ventilation ducts. Sanitary facilities were originally supplied by water closets. These were removed when the toilet towers, containing both toilet and bathing facilities, were constructed in 1891-2.

D. Site -

1. General setting and orientation: Island Hospital is situated near the south end of Roosevelt Island, in the East River between the boroughs of Queens and Manhattan. The hospital faces roughly north. Directly to the north, across a paved street, is the multipavilion complex of Goldwater Memorial Hospital. This institution was constructed in 1938-39, its southern section occupying what in the 1920's had been a parking lot flanked by large areas of grass. North of the Goldwater complex are the Queensboro Bridge (1909) and the aerial tramway which since 1976 has provided access to Roosevelt Island from Manhattan. Nearly all of the smaller two- and three- story buildings, including separate wards and the boiler house, which surrounded Island Hospital well into the 20th century have been demolished. Island Hospital, and the remainder of the island to the south, is now set off behind a high chain-link fence, topped with razor wire, for security purposes. The area around and to the south of the hospital is heavily overgrown and filled with building rubble. Near the southeast corner of the hospital, however, is the brick and stone shell of Strecker Memorial Laboratory, and further to the south are the ruins of the 1856 smallpox hospital, subsequently used for the Nurses' Training School and renamed Schuyler Hall. In 1871, the grounds associated with the various institutions then present on the island were characterized as "very inviting", with many trees and shaded walks (Richmond 1871: 530). This quality remains apparent in areas north of the Queensboro Bridge, but is no longer readily appreciable behind the chain link fence. The fine westerly view toward Manhattan, however, includes Sutton Place, and the United Nations Headquarters, the latter visible to the southwest.

III. SOURCES OF INFORMATION

A. Architectural Drawings:

"Changes and Additions to Standpipe System, Main Building, City Hospital, City Hospital District, Welfare Island New York," City of New York, Department of Public Works, Division of buildings, Bureau of Engineering. Drawn 1942, revised May 15, 1950. On file at Roosevelt Island Operating Corporation, Roosevelt Island, New York City.

B. Historic Views

"Charity Hospital, Blackwell's Island," engraved view published in New York and Its Institutions, by J.F. Richmond, 1871.

"Blackwell's Island Institutions," photograph collage published in King's Handbook of New York City, by Moses King, 1893.

"City Hospital, Blackwell's Island," photograph published in Real Estate Owned by the City of New York under Jurisdiction of the Department of Public Charities, by the New York City Department of Finance, 1909.

"City Hospital, Welfare Island," photograph published in the New York City Department of Hospitals First Annual Report, 1929.

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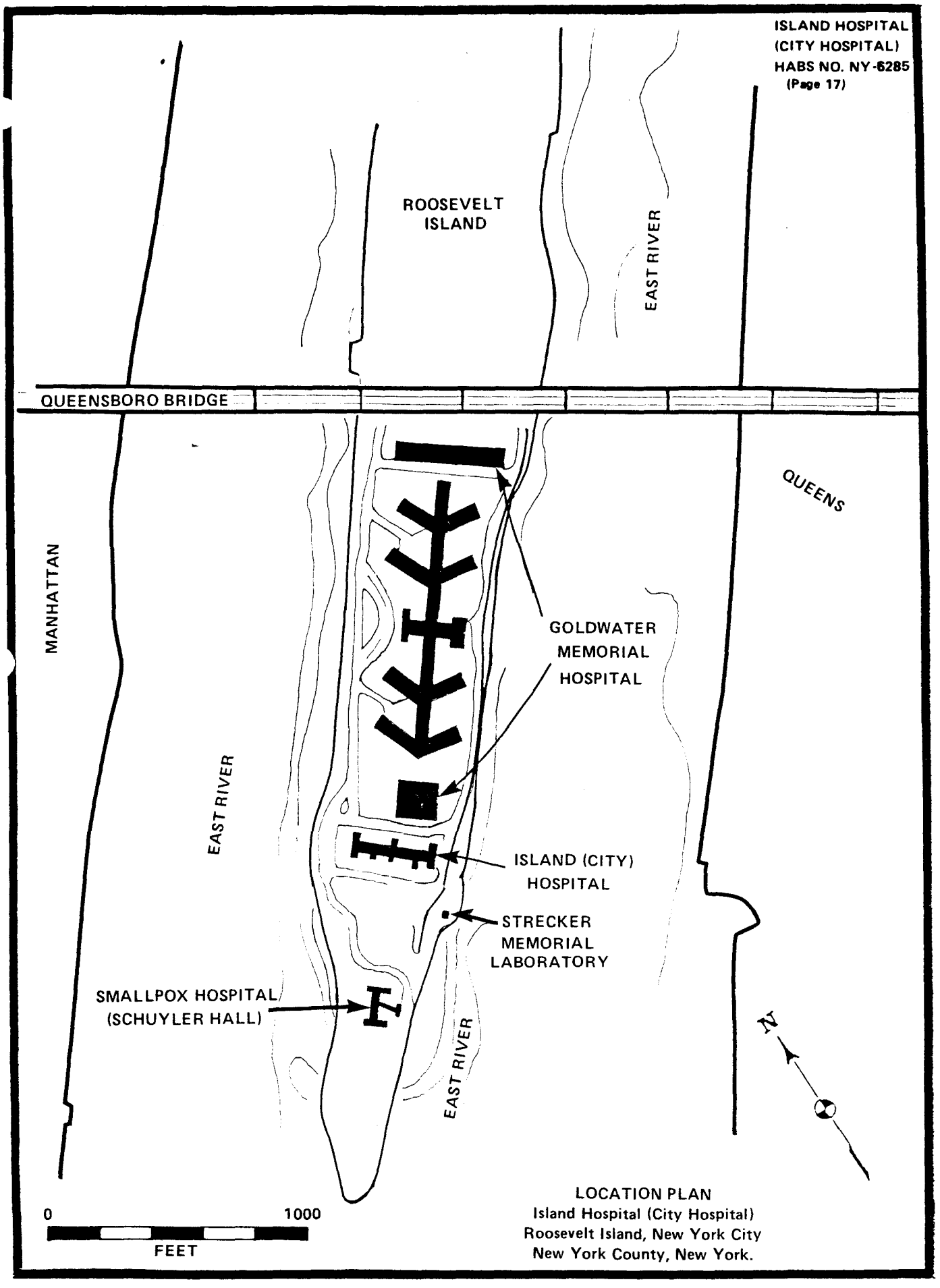
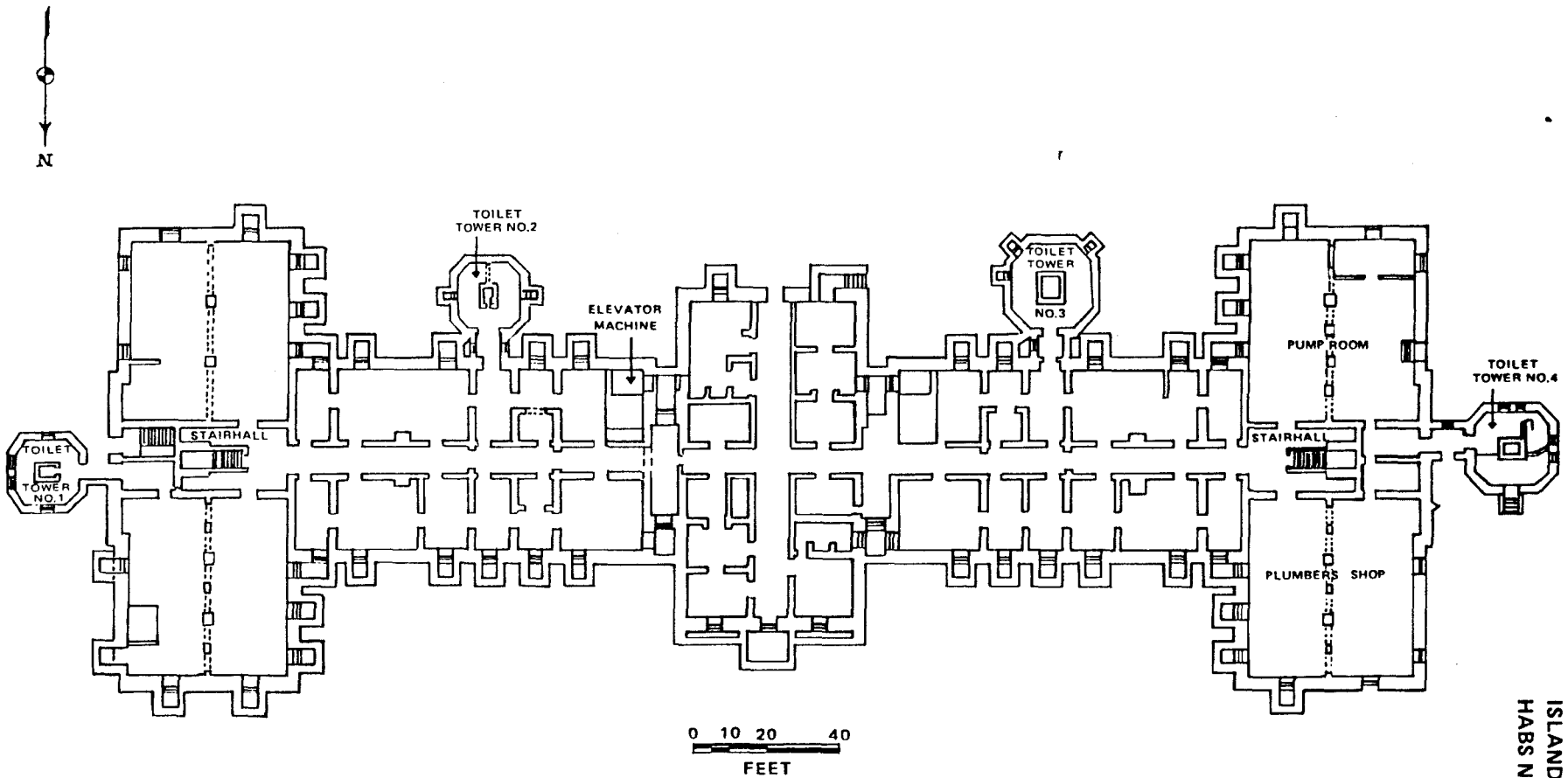
IV. PROJECT INFORMATION

Island Hospital was recorded for the Roosevelt Island Operating Corporation by the Cultural Resource Group of Louis Berger & Associates, Inc., of East Orange, New Jersey, between August 1988 and February 1989. The project team consisted of John A. Hotopp, Ph.D., Director; Martha H. Bowers, Architectural Historian; Rob Tucher and Anthony Masso, Photographers; and Ingrid Wuebber, Research Historian.

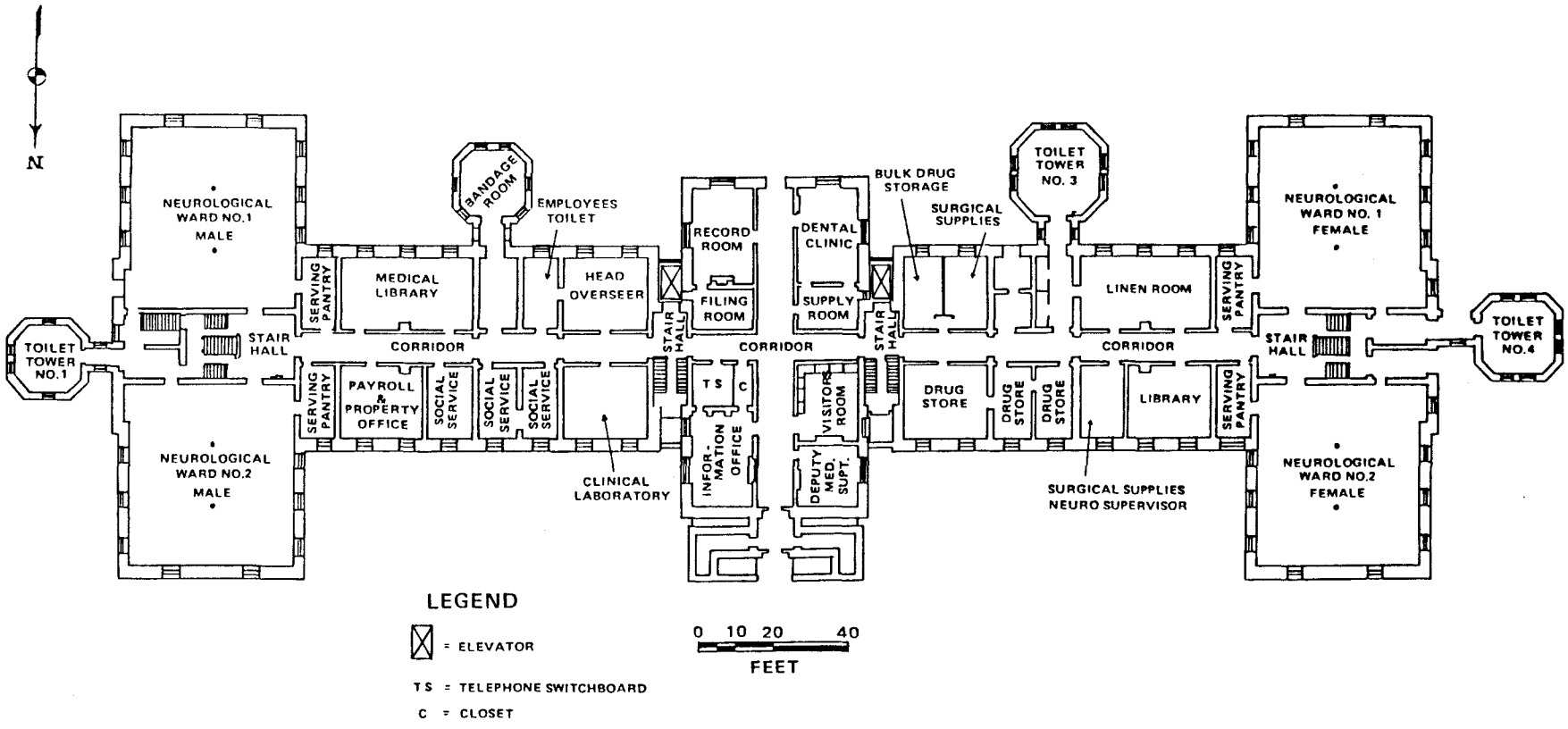


LOCATION PLAN
Island Hospital (City Hospital)
Roosevelt Island, New York City
New York County, New York.



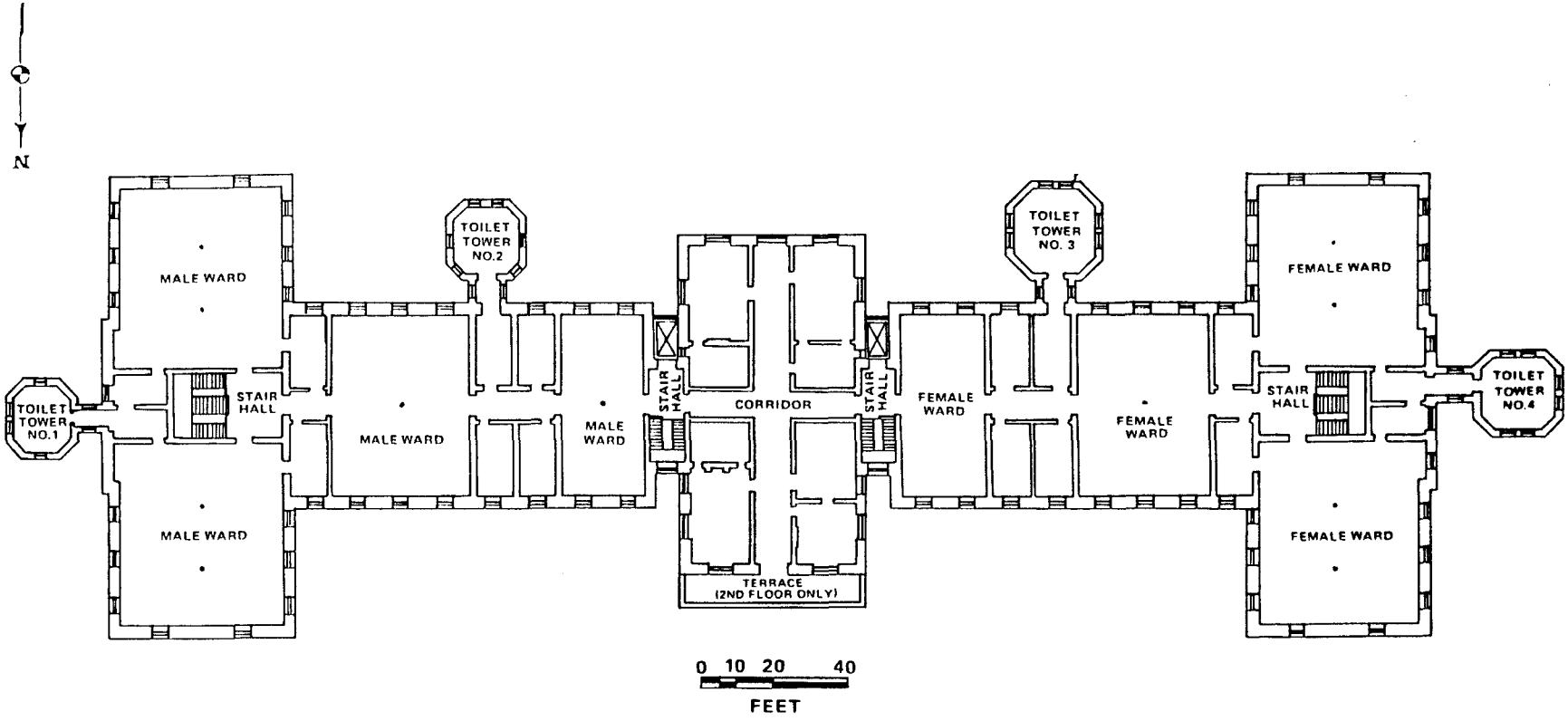
PLAN OF CELLAR

BASED ON: Plans Entitled "Changes and Additions to Standpipe System, Main Building, City Hospital, City Hospital District, Welfare Island, New York." City of New York, Department of Public Works, Division of Buildings, Bureau of Engineering. Drawn 1942, Revised May 15, 1950.



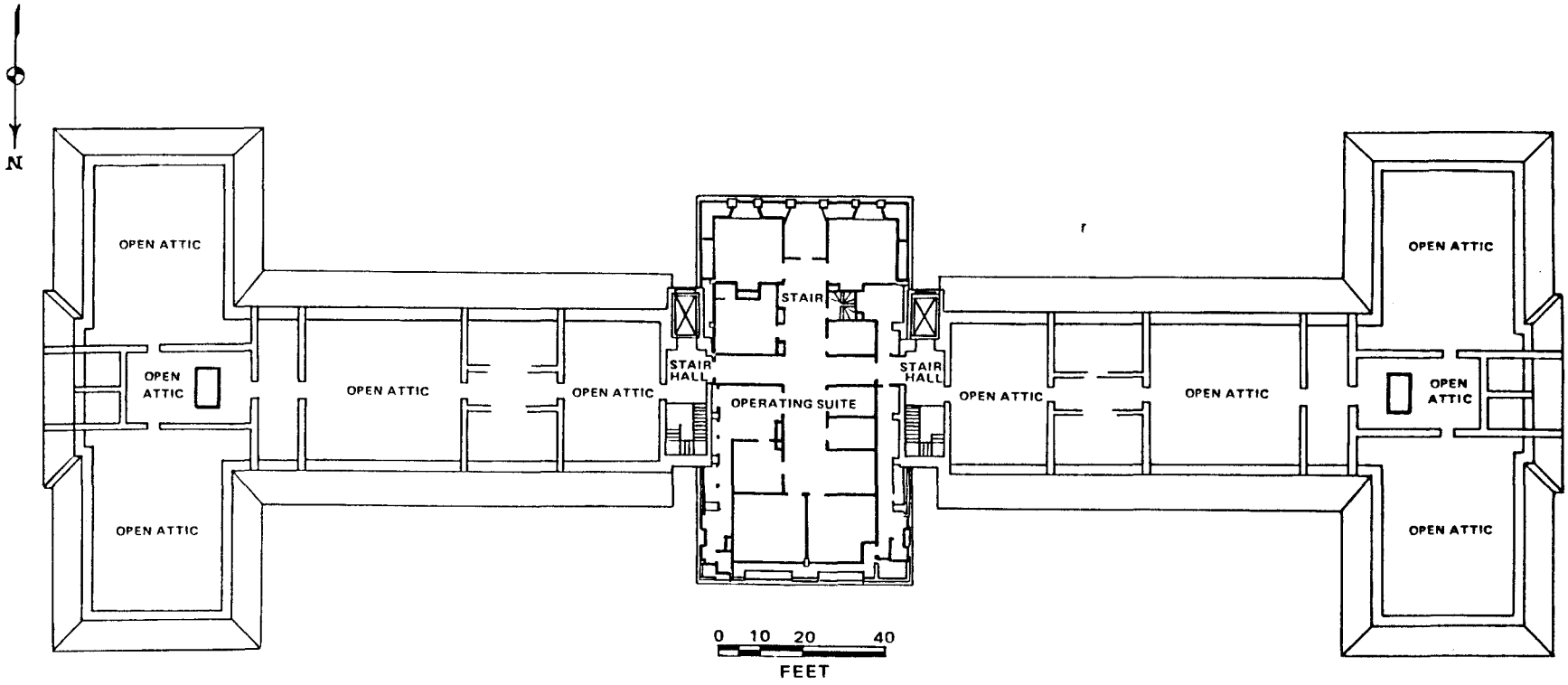
PLAN OF FIRST STORY

BASED ON: Plans Entitled "Changes and Additions to Standpipe System, Main Building, City Hospital, City Hospital District, Welfare Island, New York." City of New York, Department of Public Works, Division of Buildings, Bureau of Engineering. Drawn 1942, Revised May 15, 1950.



TYPICAL PLAN OF 2nd, 3rd, & 4th STORIES

BASED ON: Plans Entitled "Changes and Additions to Standpipe System, Main Building, City Hospital, City Hospital District, Welfare Island, New York." City of New York, Department of Public Works, Division of Buildings, Bureau of Engineering. Drawn 1942, Revised May 15, 1950.



PLAN OF FIFTH STORY & ATTIC

BASED ON: Plans Entitled "Changes and Additions to Standpipe System, Main Building, City Hospital, City Hospital District, Welfare Island, New York." City of New York, Department of Public Works, Division of Buildings, Bureau of Engineering. Drawn 1942, Revised May 15, 1950.

ADDENDUM TO:
ISLAND HOSPITAL
(City Hospital)
Roosevelt Island
New York City
New York County
New York

HABS No. NY-6285

HABS
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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
U.S. Department of the Interior
1849 C St. NW
Washington, DC 20240