

Ellis Island, Hospital
Statue of Liberty National Monument
New York Harbor
New York
New York County
New York

HABS No. NY-6086-G

HABS
NY
31-ELLIS
18

PHOTOGRAPHS

Historic American Buildings Survey
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ADDENDUM TO:
ELLIS ISLAND, MAIN HOSPITAL
(U.S. Immigration Station, Island 2 Hospital)
Statue of Liberty National Monument
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PHOTOGRAPHS

COLOR TRANSPARENCIES

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FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
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HISTORIC AMERICAN BUILDINGS SURVEY

ADDENDUM TO

ELLIS ISLAND, MAIN HOSPITAL
(U.S. Immigration Station, Island 2 Hospital)

HABS No. NY-6086-G

Location: Ellis Island, New York Harbor, Jersey City, Hudson County, New Jersey;
and New York City, New York County, New York

The Main Hospital on Ellis Island is located at latitude: 40.698306,
longitude: -74.041264. This point represents the center of the
Administration Building and was obtained in 2014 using Google Earth
(WGS84). There is no restriction on its release to the public.

Owner: U.S. Department of the Interior, National Park Service

Present Use: Vacant

Significance: The Main Hospital on Island 2 was built for the Immigration Bureau of the Department of Commerce and Labor in consultation with the U. S. Marine Hospital and Public Health Service (US-MPHS) surgeons assigned to medical inspection at the Ellis Island U.S. Immigration Station. Although constructed in three phases between 1900 and 1909, the Main Hospital presents a coherent and monumental Georgian Revival ensemble with tall hipped roofs and three distinct block plan sections connected by hyphens containing stairways and passages. The sections include Hospital Building No. 1 (built as the New Hospital in 1900-1901), the Administration Building (built 1905-07), and Hospital Building No. 2 (built as the New Hospital Extension in 1908-09). A covered corridor at the west end of Hospital Building No. 1 connects the Main Hospital to the rest of the Ellis Island facilities.

The first section of the Main Hospital was designed by the New York firm of Boring and Tilton, the same architects as the Main Immigration Building and associated structures on Island 1. It included two-story rear ells to house the large open wards standard for patient care in this period. The Administration Building was added next in 1905-07 and Hospital Building No. 2 at the east end was built in 1908-09. These later sections were designed by the Office of the Supervising Architect of the Treasury, under Supervising Architect James Knox Taylor. Like Hospital Building No. 1, Hospital Building No. 2 has two-story wings projecting from the rear corners containing large open wards. The multi-story linear form of

the Main Hospital is an example of what was known as a block plan hospital in this period, a floor plan favored for efficient general medical care. In contrast, the Contagious Disease Hospital on Island 3 (built 1906-09) used a pavilion plan of many low wings connected at one narrow side to an external corridor.

Immigrants arriving at Ellis Island needing general medical attention were treated here, as well as groups eligible for USPHS care such as merchant seaman. The Main Hospital included a maternity ward, operating rooms, an x-ray laboratory, and later a dental clinic. Wartime use as a military hospital and declining immigration after the 1920s increased the proportion of non-immigrant patients at the Ellis Island hospitals. The USPHS vacated the hospital facilities on March 1, 1951 and the U.S. Coast Guard Port Security Unit at Ellis Island expanded to occupy additional Island 2 and 3 buildings as barracks, mess halls, and related functions. The Ellis Island U. S. Immigration Station ceased operation on November 12, 1954 and the complex was largely unoccupied until it was made part of the Statue of Liberty National Monument in 1965, under the administration of the U. S. Department of the Interior, National Park Service. The original double-loaded transverse corridor extending through the Main Hospital was modified by inserting office space for the National Park Service into the Administration Building basement, first, and second floors during the early 1980s. Currently vacant, many historic features of the Main Hospital survive in deteriorated condition.

Historian: Lisa Pfueller Davidson, Ph.D., HABS Historian, 2014-15

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: New Hospital (Hospital Building No. 1):
February 1900 - March 1901
Administration Building:
Summer 1905 - February 1907
New Hospital Extension (Hospital Building No. 2):
Summer 1908 - May 1909 (opened June 1910)
2. Architect: New Hospital - Boring & Tilton, New York, NY
Administration Building and New Hospital Extension - Office of James Knox Taylor, Supervising Architect of the Treasury
3. Original owners: U.S. Department of Treasury, 1892-1903
Subsequent owners: U. S. Department of Commerce and Labor, 1903-1912
U. S. Department of Labor, 1913-1940

U. S. Department of Justice, Immigration and Naturalization
Service, 1942-1954
U. S. General Services Administration, 1954-1965
U. S. Department of the Interior, National Park Service, 1965-
present

4. Original occupant: U. S. Marine Hospital Service (name change to U. S. Public Health and Marine Hospital Service in 1903, and U. S. Public Health Service in 1912)
5. Contractor: New Hospital - Daniel A. Garber, NYC
Administration Building - Northeastern Construction Co., NYC
New Hospital Extension - New York State Construction Co., NYC
6. Original plans and construction: The original plans for the first section of the Main Hospital (now Hospital Building No. 1) were prepared by Boring & Tilton in conjunction with their designs for the rest of the U.S. Immigration Station at Ellis Island. Their revised original drawings show a three-story brick structure on a raised basement, with a tall hipped roof. This design largely matches what was built and informed the architecture of the two later sections. When the Administration Building was added in 1905-07, Supervising Architect of the Treasury James Knox Taylor's office prepared the design. The Administration Building, also three stories, has a taller profile than the flanking hospital buildings and a smaller footprint. For the final section of the hospital, the Office of the Supervising Architect largely followed Boring & Tilton's design for the first hospital. However the New Hospital Extension, or Hospital Building No. 2, did feature some modifications, such as simplified exterior detailing executed in terra cotta instead of limestone. Like its counterpart, Hospital Building No. 2 has two-story wings projecting from the rear corners that house the large open wards required for patient care. A complete set of original drawings is not available for the entire Main Hospital, but many historic drawings are located in the eTIC collections at the National Park Service's Denver Service Center.
7. Alterations and additions: The Main Hospital retains its original form as a series of three Georgian Revival blocks connected by hyphens containing stairways and passages. Much of the original fabric and decorative exterior details remains in a deteriorated condition. Repairs and limited interior modifications were completed over the decades, including repairs to windows and skylights after the Black Tom wharf explosion in 1916, upgrading many plumbing and lighting fixtures during the 1930s, and modifications for Coast Guard use during the early 1950s. Most significantly, the original double-loaded corridor along the main spine of the buildings has been interrupted by inserting office and workshop space for the National Park Service into the Administration Building basement, first, and second floors during the early 1980s. Other examples of interior modifications such as adding or removing walls and openings are noted below in the architectural description.

B. Historical Context

The United States Immigration Station at Ellis Island was by far the largest and probably most well-known of the federal immigration facilities established at the end of the nineteenth century. The Immigration Act of 1891 formalized federal control of immigration in reaction to uneven state regulation and a growing influx of immigrants. The Bureau of Immigration was created within the Department of the Treasury, and then transferred to the newly formed Department of Commerce and Labor in 1903. The original immigration station on Ellis Island opened January 1, 1892 and processed 700 people that first day. On June 15, 1897, fire swept through the complex, largely destroying its wood structures. During their tenure, more than 1,500,000 immigrants were processed through these buildings.¹

The Office of the Supervising Architect of the Treasury quickly began planning for a new facility.² This time federal officials sought to create a more permanent and distinguished structure.³ In September, Supervising Architect James Knox Taylor sought designs in an architectural competition under the terms of the Tarsney Act, only the second time this had been done. Passed by Congress in 1893, the Tarsney Act authorized private sector architects to submit designs for federal projects.⁴ The New York firm of Boring and Tilton won the competition. Their plan called for a monumental complex on “Island 1” with three “fireproof” buildings—a French Renaissance Revival immigration building roughly on the site of the burned structure, a kitchen and laundry building, and a powerhouse – arranged along a northeast/southwest axis. The Main Immigration Building on Island 1 opened December 17, 1900, processing 2,251 immigrants the first day.⁵

Although the Main Immigration Building was the centerpiece of the project and the first priority, a hospital facility remained a key component of the U.S. Immigration Station. Boring and Tilton proposed a new island to the south across a ferry slip as the site of an imposing Georgian Revival hospital complex.⁶ Each island would operate as a discrete unit, with Island 1 containing large spaces for immigrant inspection and processing, immigrant dormitories and related functions and Island 2 devoted to the more the private and quiet needs of a hospital complex. Each island also would have its own food preparation, laundry and sanitary facilities.

¹ Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume I of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey*, (U.S. Department of the Interior, National Park Service, 1984), xix.

² Between 1890 and 1892, immigrants arriving at New York were processed through Castle Garden and then through a building called the Barge Office. According to Unrau’s *Historic Resource Study, Volume II*, 215-216, between 1897-1900 an annex to the Barge Office was turned into an inspection station for steerage passengers and two large houses on State Street fronting the Battery were leased for detention and hospital uses.

³ J. Tracy Stakely, *Cultural Landscape Report for Ellis Island Statue of Liberty National Monument: Site History, Existing Conditions, Analysis* (Brookline, MA: National Park Service, Olmstead Center for Landscape Preservation, 2003), 29. See also Diane Elizabeth Williams, “Ellis Island,” HABS No. NY-6086, Historic American Buildings Survey, 2009. Prints and Photographs Division, Library of Congress, D.C..

⁴ Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect’s Office* (New York and Oxford: Oxford University Press, 2000), 201.

⁵ Stakely, 40-41.

⁶ Stakely, 38.

Uniformed medical officers of the U. S. Marine Hospital Service (after 1912 the U.S. Public Health Service) were integral to federal immigration policy from the start.⁷ The Immigration Act of 1891, in addition to federalizing immigration control and creating Ellis Island and the other U.S. Immigration Stations, included a provision for medical examination of arriving aliens. Those with dangerous or contagious diseases, or mental problems were identified by the Marine Hospital Service surgeons. Initially the hospital facilities on Ellis Island were more limited, and the most contagious and dangerous cases were sent to New York Health Department hospitals. After the fire in 1897, a variety of rented spaces were used to handle hospitalized immigrants and inspections, including a docked steamship. According to Chief Surgeon Joseph H. White in 1898:

The present arrangement for the care of sick immigrants in contract hospitals under the care of a medical officer of this service is the best method possible under existing circumstances, but it has many disagreeable and unsatisfactory features, which cannot be eliminated. It is there earnestly hoped that for the best interests of the service the building of the new hospital on Ellis Island be pushed to completion with all practicable speed.⁸

The work of the Marine Hospital surgeons continued to increase as the number of immigrants seeking entry through the Port of New York grew. The 1899 *Report of the Commissioner-General of Immigration* reiterated the importance of medical inspections to prevent entry of diseased immigrants. The previous fiscal year (July 1, 1897-June 30, 1898) 348 immigrants were turned away for medical reasons, mainly from New York “where the great bulk of immigrants land and where the medical service is more thoroughly organized.”⁹ Nearly 300 of these were refused admittance because they had trachoma, a contagious eye infection that could lead to blindness.

The U.S. Marine Hospital Service filled many roles associated with the Immigration Station, including cabin inspections, line inspections in the Main Immigration Building, and staffing the various hospital wards. After state quarantine officers boarded a ship and removed any quarantine cases (cholera, smallpox, yellow fever, typhus and plague), the federal medical officers inspected cabin passengers (1st and 2nd class). Steerage passengers were inspected in the Immigration Building by lining up for scrutiny by medical officers. Those who were identified as having physical or mental “defects” or needing closer examination were shown to medical detention rooms. Those needing more treatment would then be taken to the Island 2 hospital or transferred to a contract hospital (in the case of contagious diseases prior to construction of Island 3). As expressed by documentary filmmaker Lorie Conway in her account of the Ellis Island hospitals:

⁷ The U.S. Marine Hospital Service was founded in 1798 to provide medical care for merchant seamen. In 1903 the name was changed to the U.S. Marine Hospital and Public Health Service to reflect its growing role in national public health issues. In 1912 the name was shortened to U.S. Public Health Service.

⁸ As quoted in Unrau, *Historic Resource Study, Volume II*, 581 from 1898 *Annual Report of the Commissioner General of Immigration*.

⁹ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1899* (Washington, DC: GPO, 1900), 30.

Diseases that scarcely get passing notice today were life-threatening in 1900. . . . The PHS physicians at Ellis Island were “guardians of the gate” – the nation’s first line of defense against immigrant-borne illness. . . . Growing opposition to immigration led Congress to expand the authority of the Public Health Service, requiring it to weed out the weak and the unemployable as well as the sick.¹⁰

The immigration numbers continued to increase sharply each year, making the need for new medical facilities increasingly pressing. In 1900, the eight medical officers inspected 448,572 immigrants.¹¹

The initial Act of Congress authorizing new buildings for Ellis Island Immigration Station was passed on July 19, 1897 and included construction of Island 2 to house the hospital facilities.¹² Boring & Tilton’s plans for the new Ellis Island facilities were published in *Inland Architect & News Record* in 1898.¹³ Here their proposed hospital building is a three-part structure of thin, rectangular buildings placed on a linear, southwest-northeast axis, like the Island 1 buildings. Another Boring & Tilton site plan, probably done shortly after the one published in *Inland Architect*, includes the Hospital Outbuilding for a laundry, crematory and other functions, and a Physician’s Residence located at the east end of Island 2 (Figure 1). The hospital complex is connected to the Island 1 immigration buildings by a covered walkway across end of the dock basin, in an arrangement later characteristic of the Ellis Island facilities. A small elevation of the hospital shows a center pavilion with a hipped roof and two lower flanking wings with roof gardens on a flat roof between hipped corner towers. Another set of undated Boring & Tilton drawings, probably from early 1899, gives a more detailed picture of the elevation. This scheme had had more robust window surrounds and quoins than the eventual design (Figure 2). The center building and one wing were drawn in detail, with the other indicated as “Future Addition.” A 20-bed ward is oriented laterally at the center the flanking building, with a men’s ward on the first floor and women’s on the second. In this plan these two wards occupy almost all the floor space of the hospital wing but appear to give much less space than the subsequent hospital as built with rear ward ells. In this early plan there are a series of smaller “special wards” on the west end of the wing building and an operating room on the third floor of the northeast side of the wing.

Congress appropriated \$150,000 for these two adjoining hospital structures on March 3, 1899. When the bids were opened in August 1899, the lowest was \$177,579.¹⁴ Boring & Tilton were told to revise the plans and specifications to bring the building in line with the appropriated

¹⁰ Lorie Conway, *Forgotten Ellis Island: The Extraordinary Story of America’s Immigrant Hospital*. (New York: HarperCollins, 2007), 35. This book is a companion piece to a television documentary.

¹¹ Unrau, *Historic Resource Study, Volume II*, 583.

¹² Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument: Historic Structure Report Units 2, 3 and 4, Volume 4, Part 1* (U.S. Department of the Interior, National Park Service, 1986), 114 [hereafter BBB/ANF, *Historic Structure Report*].

¹³ Plate - U.S. Immigrant Station, Ellis Island, *Inland Architect and News Record*, 31 no. 3 (April 1898).

¹⁴ “Synopsis of Bids for the Construction (Except Heating and Ventilating Apparatus and Electric Work) of the Hospital Building for the U.S. Immigrant Station, Ellis Island, New York Harbor, Advertisement Dated July 11, 1899,” Box 442, Entry 26 – General Correspondence, Letters Received, 1843-1910, Record Group 121 – Records of the Public Buildings Service, National Archives and Records Administration II, College Park, MD [hereafter Entry 26, RG 121, NARA II].

amount. They devised entirely new plans, this time for a single building.¹⁵ The Hospital was located at the west end of Island 2, which allowed room for later additions. This new design, which was ultimately used for the New Hospital, eliminated the contagious disease wards in the earlier plan, but providing four large general wards housed in two rear ends of a U-shaped building. The first phase of Island 2 construction included what would later be known as Hospital Building No. 1, and a Hospital Outbuilding and Surgeon's House designed by the Supervising Architect of the Treasury. A new general plan showed the revised plans for Island 2 as well as the first phase of Island 1 building set in a formal landscape with lawn, paths, and allees of trees laid out in geometric patterns (Figure 3). The buildings in the hospital complex featured Georgian Revival elements such as red brick walls detailed with quoins, limestone window and doorway details, and hipped red clay tile roofs. Chief Surgeon L. L. Williams noted the change to the scope of the original plan in his July 1900 report:

These changes were necessarily made on account of the insufficiency of the appropriation, but as a result the ward space has been seriously curtailed and when the hospital is opened it will probably be necessary to use, for the accommodation of patients, some of the space now allotted for the quarters of medical officers and nurses. The hospital as now project is therefore likely to be somewhat crowded and I would respectfully urge, in view especially of a possible increase in immigration, that steps be taken to procure the erection as soon as possible of an additional wing or pavilion for the accommodation of patients.¹⁶

Although the revised design seemed to have more large wards, Dr. Williams is likely reacting to the reduced scope of the original construction from two sections to one, and the elimination of small wards.

An advertisement for construction bids was released on December 19, 1899 and the proposal opened on January 31, 1900. Daniel A. Garber of New York City was the low bidder of the eight bids received, promising to complete the work in 10 months for a price of \$116,867.¹⁷ The contract signed on February 20, 1900 included all aspects of the job except electrical, heating and ventilation, and elevator, which were handled in separate contracts. Garber immediately began to clash with officials over repurposing planks and other materials he

¹⁵ Copies of the Boring & Tilton floorplans, sections, and some details for the first section of the hospital are located in the eTIC collections. However the copy quality is so poor that the dates and other details are difficult to determine. The BBB/ANF, *Historic Structure Report* gives November 14, 1899 as the date for the basement and first floor plans, and April 19, 1900 as the date for the second and third floor plans. Some detail drawings labeled as revised have clear dates of February 16, 1900 and March 5, 1900. See Drawing File 462/42945 (or STLI_356_42945), Boring and Tilton, U.S. Immigrant Station, Ellis Island NY Harbor, Hospital," 18 sheets, eTIC, Denver Service Center, NPS.

¹⁶ Dr. L.L. Williams "Report of the U.S. Marine-Hospital Surgeon at the Port of New York," in *Report of the Commissioner-General of Immigration for Fiscal Year Ended June 30, 1900* (Washington, DC: GPO, 1901), 50.

¹⁷ "Synopsis of Bids for the Construction (Except Heating and Ventilating Apparatus and Electric Work) of the Hospital Building for the U.S. Immigrant Station, Ellis Island, New York Harbor, Advertisement Dated December 19, 1899," Box 442, Entry 26, RG 121, NARA II.

found around the island.¹⁸ Progress did move along swiftly. A letter sent to Supervising Architect James Knox Taylor on March 31 reported that the pile driving was nearly completion and seventy-five percent of the excavation was done.¹⁹ Just two weeks later the piles were finished and foundation work twenty percent underway.²⁰ Photographs from June 30, 1900 show the first floor walls being erected (Figure 4). A letter from this date to Taylor from his on-site construction superintendent described the progress, noting that the first story beams are in place and the first floor walls in various sections of the building complete to a height of between four and eleven feet.²¹

By the end of the year some problems had arisen. An inspection by Boring & Tilton on December 11, 1900 reported that a number of items were incomplete. A follow up inspection in January 1901 revealed additional incomplete or incorrect items.²² Corrective action and subsequently release of final payment dragged on until April 1901. Photographs from 1901 show that the new Hospital was treated as a fully articulated structure, in spite of the intention to add sections to the east (Figure 5). A covered brick arcade connected a one-story entrance pavilion at the west end of the building with Hospital Outbuilding. A view from the rear, prior to construction of Island 3 and any of the additional Island 2 hospital structures shows the porches at the ends of the ward ells as well as the connecting corridor on the west (Figure 6).

A report submitted by Head Surgeon George Stoner on August 11, 1901 described the “new immigrant hospital” as “nearing completion” but “not afford[ing] sufficient ward space for the service.”²³ He renewed the request from his predecessor the year before for construction of an addition. Dr. Stoner also recommended that separate officers’ quarters be built since the influx of patients would mean that spaces designated for staff quarters in the hospital would have to be used for patient care. The Hospital was not actually put into service until March 1, 1902. The reasons for this delay are unclear, but likely due to several factors including construction of the Hospital Outbuilding and Surgeon’s House, which continued until mid-1901, and completion of additional work in 1901 including electrical fixtures and installation of an Otis elevator. Perhaps most problematic was the basement flooding that occurred at high tide. Repairs to mitigate this issue were contracted for in October 1901 and completed in January 1902.²⁴

A rendering of the newly improved Ellis Island published in the *Brickbuilder* in July 1902 shows the new Hospital Building on Island 2 in an idealized landscape with allees of trees,

¹⁸ Harlan D. Unrau, *Historic Structure Report, Ellis Island Historical Data—Statue of Liberty National Monument, New York/New Jersey* (U.S. Department of the Interior, National Park Service, Denver Service Center, May 1981), 419-420.

¹⁹ Letter, H. R. P. Hamilton, Superintendent of Construction to Supervising Architect of the Treasury James Knox Taylor, (31 March 1900), Box 442, Entry 26, RG 121, NARA II.

²⁰ Letter, H. R. P. Hamilton, Superintendent of Construction to Supervising Architect of the Treasury James Knox Taylor, (16 April 1900), Box 442, Entry 26, RG 121, NARA II.

²¹ Letter, Ed Roberts, Superintendent of Construction to Supervising Architect of the Treasury James Knox Taylor, (30 June 1900), Box 442, Entry 26, RG 121, NARA II.

²² Unrau, *Historic Structure Report*, 420

²³ U.S. Department of Commerce and Labor, *Report of the Commissioner-General of Immigration for Fiscal Year Ended June 30, 1901* (Washington, DC: GPO, 1902), 40.

²⁴ Unrau, *Historic Structure Report*, 439-442.

rows of light standards, and formal paths with a flagpole at the center (Figure 7).²⁵ Photographs accompanying an article in *Architectural Record* later that year are focused closely on the new buildings, presumably because of the still raw condition of the landscape. Here the author praised the Beaux Arts grandeur of the Main Immigration Building, particularly its vast main hall. He compared the design problem here to a major railway station, with the need to accommodate large and sudden crowds of travelers. The newly opened Main Hospital on Island 2 was praised as “as plain as a charity hospital ought to be, . . . and the dignity that should attach to [its] ownership.”²⁶ The new immigration station was pronounced a “very distinct architectural success. The immigrant who gets his first notion of the New World from it will not get an unfair one, and the architects and our Uncle, their client, are alike to be congratulated.”²⁷

Among the staff at Ellis Island, reviews were more critical. The fiscal year 1902 *Annual Report of the Commissioner of Immigration* lamented the failures of the new facilities, stating:

It was assumed when the handsome structure recently erected on Ellis Island, in New York Harbor, was completed and turned over to its custodian, to be used for the accommodation of aliens pending the final determination of the admissibility under the provisions of our immigration laws, that the needs of the service at that port had been intelligently and liberally provided for, and that thereafter might be taken up in appropriate order consideration of the requirements for a similar object at other ports. It is with deep regret, therefore, that the Bureau feels impelled by a sense of duty to report that the Ellis Island structure has in many respects failed to justify the reasonable expectations based upon the liberal expenditure made and the evident purpose of Congress to furnish an ideally perfect building. . . .²⁸

The report criticized both the poor interior layout, which resulted in unhealthful crowding, and the defective materials and construction, which needed immediate repairs. The fiscal year 1902 *Annual Report* also noted a growing percentage of “diseased immigrants,” attributing this problem to a handful of “races” including Poles, “Hebrews,” Italians, Japanese, Syrians, and Slovaks. The Commissioner-General of Immigration urged passage of stricter penalties on steamship lines failing to conduct effective medical inspections at the port of embarkation.²⁹ An accompanying report from the Medical Service at Ellis Island filed August 8, 1902 noted 3,727 aliens were admitted to a hospital during fiscal year 1902 (July 1, 1901-June 30, 1902). Nearly 2,000 of these were treated at Long Island College Hospital, with another 839 contagious

²⁵ Plan, “Immigration Station for the U.S. Government, Ellis Island, New York Harbor,” *Brickbuilder* 2, no. 7 (July 1902): 149.

²⁶ “Architectural Appreciations – No. III – The New York Immigrant Station,” *Architectural Record* 12, no. 7 (December 1902), 733.

²⁷ *Ibid.*

²⁸ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1902* (Washington, DC: GPO, 1903), 52.

²⁹ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1902* (Washington, DC: GPO, 1903), 37. He noted that the current penalty of requiring the steamship line to cover return passage was so insignificant as to constitute an incentive to violate the law and charge as many immigrants as possible for their initial passage.

cases sent to the City Health Department Hospital. The Ellis Island hospital was only able to treat 913 cases during this same time period:

The new immigrant hospital at Ellis Island was opened for the reception of patients March 1, 1902, but owing to the large number of immigrants requiring hospital accommodations upon arrival it was necessary to continue the contract with the Long Island College Hospital during the fiscal year, the ward space in the new immigrant hospital being at times barely sufficient for half the number requiring care and treatment exclusive of those suffering from the acute contagious diseases sent to the hospital of the city health department.³⁰

Head Surgeon George Stoner went on to request that “the present ward space of the hospital proper be duplicated, and a separate pavilion constructed for isolation and observation wards.” As expected, it was immediately apparent that the Hospital was too small and requests were made for more funding to add the remaining portions of the original design.

A major change in administration also occurred at Ellis Island in 1902. William Williams, a young New York City attorney with government experience, was chosen by President Theodore Roosevelt to become Commissioner of Ellis Island and clean up corruption among the staff and concessionaires. Williams acted swiftly and decisively, instituting a number of procedural reforms and disciplining ineffective employees. In his submission to the Commissioner-General of Immigration’s *Annual Report* for 1903, Williams particularly mentions that “the Ellis Island hospital facilities are utterly inadequate,” the facilities for medical inspection should be increased and the “medical force doubled, so as to reduce to a minimum the possibility of insane aliens, or aliens with any kind of a contagious disease, entering this country.”³¹

In spite of the challenges, the Public Health Service doctors stationed at Ellis Island continued to work diligently to inspect and treat the growing wave of immigrants seeking entrance at the Port of New York. Surgeon General Walter Wyman praised the new federal emphasis on public health signaled by the recent name change to U.S. Public Health and Marine Hospital Service and the cooperation between state and federal officials.³² A *Book of Instructions for the Medical Inspection of Immigrants* issued in early 1903 reiterated and clarified the goal of excluding undesirable “aliens” laid out in the 1891 legislation federalizing immigration processes. In addition to restrictions on “paupers, or persons likely to become a public charge,” and openly racist regulations limiting admission of Chinese laborers, the government medical staff was to identify “all idiots, insane persons, . . . persons suffering from a loathsome or a dangerous contagious disease.”³³ Therefore the Bureau of Immigration officials, who were now employees of the new Department of Commerce and Labor, were required to

³⁰ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1902* (Washington, DC: GPO, 1903), 61.

³¹ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1903* (Washington, DC: GPO, 1904), 68.

³² Walter Wyman, “The U.S. Marine Hospital Service,” *Science* 18, no. 453 (4 September 1903): 289-295.

³³ U.S. Department of the Treasury, Bureau of Public Health and Marine-Hospital Service, *Book of Instructions for the Medical Inspection of Immigrants* (Washington, DC: GPO, 1903).

work closely with the U.S. Public Health and Marine Hospital Service assigned to Ellis Island. The lead official at Ellis Island was always the Immigration Commissioner, but the Head Surgeon commanded respect and had a large degree of responsibility for the hospital portions of facilities.

The first section of the Main Hospital, later Hospital Building No. 1, served as the only medical facility on Ellis Island for nearly six years during a period of record high immigration levels. It included four large open wards, a doctor's dining room with a fireplace, an operating room, a laboratory and a number of small rooms for offices or staff quarters. This original hospital was designed for 125 patients but often accommodated up to 500. Overcrowding was rampant, even with many patients being sent to Long Island College Hospital. Commissioner Williams noted that until all hospital cases could be accommodated on Ellis Island, there were opportunities for immigrants to escape from local contract hospitals.³⁴ In an effort to address the need for a larger hospital, \$100,000 was appropriated for an addition on March 3, 1903. This new pavilion would sit to the east of the first hospital building and serve as the Administration Building. Even before construction began on the Administration Building it was determined that additional appropriations and construction would be required to meet the growing medical needs. On January 4, 1904, an additional \$200,000 was requested for a second addition, the New Hospital Extension, later known as Hospital Building No. 2.³⁵ Both of these sections of the Main Hospital were designed by the Office of the Supervising Architect of the Treasury, as opposed to Boring & Tilton. Issues with the design and execution of both the Main Immigration Building and the first phase of hospital construction seem to have inspired a return to using government architects.

In January 1905, Robert Watchorn became Immigration Commissioner at Ellis Island after Williams resigned to return to his law practice. Watchorn was an experienced Bureau of Immigration official, with time spent as an inspector at Ellis Island.³⁶ Immigration through Ellis Island was nearing its historically highest level and Watchorn worked diligently to manage the influx and expand the physical plant as much as possible. After some delays due to legal questions regarding ownership of the island, work began on the Administration Building in summer 1905. Supervising Architect James Knox Taylor's design team employed the same architectural motifs and materials as Boring & Tilton's Hospital Building No. 1. The drawings for "Extension to Hospital, U.S. Immigrant Station, Ellis Island, NYH," are dated July 15, 1905 and show the Administration Building largely as built.³⁷ The Administration Building was taller than Hospital Building No. 1, but had a smaller, nearly square, footprint with short rear ells. A narrow hyphen connected the addition to the existing hospital building. The original plans indicate that a number of rooms on the first and second floor, particularly the spaces in the short rear ells, were designated as wards (Figures 8 and 9). The maternity ward was to be located on the third floor, as well as several staff dormitories (Figure 10).

³⁴ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1903* (Washington, DC: GPO, 1904), 68.

³⁵ Unrau, *Historic Structure Report*, 442-443. This initial request for funds for Hospital Building No. 2 was not approved.

³⁶ Unrau, *Historic Resource Study, Volume II*, 235.

³⁷ U.S. Public Buildings Service, "Extension to Hospital, U.S. Immigrant Station, Ellis Island, N.Y.H.," (15 July 1905), 9 sheets, File No. 462/42949, eTIC, DSC, NPS.

The construction contract went to the Northeastern Construction Company for \$98,700 on October 4, 1905.³⁸ Construction proceeded through 1906 and into 1907. While the Administration Building was being constructed, other expansions to the medical facilities included building the Psychopathic Ward, attached at a corridor on the west side of the Main Hospital, and the first pavilions of a new Contagious Disease Hospital on newly built Island 3.³⁹ A photograph taken shortly after the Administration Building was completed shows a simple wood or metal exterior stair at the east side elevation (Figure 11). The Psychopathic Ward is just visible between the west side of Hospital Building No. 1 and the Hospital Outbuilding. A construction hoist is visible in the background on Island 3 and perhaps the lower walls of one of the Contagious Disease Hospital pavilions.

In late 1906 as the Hospital Administration Building was nearing completion, President Theodore Roosevelt requested that James Bronson Reynolds, a social worker who conducted several special investigations for the Present, look into complaints about the care of the mentally ill at Ellis Island. Reynolds' report was scathing, describing the mixing of men and women in the detention rooms for the "mentally defective" as "scandalous." He found the number and management of staff trained to care for the insane to be completely inadequate, noting an example where one of the few trained doctors was pulled away for line inspections, leaving the mentally ill cases without supervision. Reynolds noted that the Psychopathic Ward was under construction but criticized its lack of both an examination room and temporary observation wards.⁴⁰

In response to Reynolds, Assistant Surgeon-General H. D. Geddings conducted three inspections of the Ellis Island medical procedures and facilities and produced detailed reports between November 1906 and August 1907. In his November 16, 1906 report to the Surgeon General, Geddings described the hospital (currently just Hospital Building No. 1) as "of modern construction, on the block plan, . . . architecturally very handsome." Geddings went on to state:

The general plan of the building is a central portion for executive and administrative purposes, with wings containing large and small wards. The hospital is provided with an operating room of modern construction and equipment, on the upper floor of the building, well lighted by windows and a skylight, has an adjoining room for sterilizations, and is seemingly well equipped with all necessary instruments and appliances. On the same floor with the operation room, is a room equipped for x-ray work.⁴¹

³⁸ Unrau, *Historic Structure Report*, 444. This company would also build the Contagious Disease Hospital complex on Island 3.

³⁹ See U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1907* (Washington, DC: GPO, 1908).

⁴⁰ Letter, James Bronson Reynolds to Theodore Roosevelt, (28 November 1906), File 51467/1, Box 65, , Entry 9 – Subject and Policy Files, 1893-1957, Record Group 85 – Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC [hereafter Entry 9, RG 85, NARA I].

⁴¹ As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix B)*, 666.

He also noted that a system of mechanical ventilation had been provided, but was not in use because it had never worked properly and the natural ventilation was sufficient. While he praised the conduct of the staff and organization of the storerooms, Geddings criticized the ongoing issues with high tide encroaching into the basement, making these rooms unsuitable for storage. Geddings' third report, dated August 19, 1907, focused on the handling of mental cases as this continued to be a contentious issue. He expressed optimism that when Psychopathic Ward was completed the conditions would improve, but cautioned that because these were only to be temporary quarters, comparisons to long term sanitariums was incorrect.⁴²

The Administration Building was largely complete in February 1907, but not opened to patients until April 1907. As expected, the demand for medical facilities still exceeded the capacity of the enlarged complex. In 1907, 1,123,842 aliens and 146,833 U. S. citizens received medical inspections by the Ellis Island surgeons. Of the aliens, 9,293 were detained in hospitals for treatment and 3,605 deported for medical problems.⁴³ In an article for *Outlook*, Commissioner Watchorn praised the recent legislation which imposed a fine on steamship companies who transport a passenger with a contagious disease, as well as an expanded definition of "inadmissible aliens."⁴⁴ Still the immigration volume reached record levels that year. In the 1907 *Annual Report of the Commissioner-General of Immigration* it was noted:

The extension of the immigrant hospital was opened for the reception of patients in April last, but the accommodations are inadequate for the requirements of the service. In order to provide sufficient hospital accommodations at Ellis Island, an additional wing, corresponding in general construction to that of the original hospital building, is an absolute necessity.⁴⁵

Congress approved \$250,000 for the project, called the New Hospital Extension (later Hospital Building No. 2) in an Urgent Deficiency Act passed on February 15, 1908. However construction did not begin until June 1908.⁴⁶ Commissioner Watchorn attempted to expedite construction of the hospital extension by making plans to issues a separate call for bids on excavation and foundations while the rest of the specifications were being prepared.⁴⁷ Commissioner-General of Immigration Frank Sargent denied this request, advising him that complete specifications and plans needed to be prepared and all the bids requested at the same time to assure that the project could be built with the \$250,000 appropriation.⁴⁸

⁴² As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix B)*, 705. His second report was dated May 22, 1907 and contained detailed accounts of conflict among the Ellis Island medical staff. Geddings observed a rift among the staff between those who respected the authority of Chief Medical Officer Stoner and those who followed the lead of Assistant Surgeon Salmon in questioning policy regarding psychiatric cases.

⁴³ Unrau, *Historic Resource Study, Volume II*, 600.

⁴⁴ Robert Watchorn, "The Gateway of the Nation," *Outlook* 87, no. 17 (28 December 1907).

⁴⁵ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1907* (Washington, DC: GPO, 1908), 78.

⁴⁶ Unrau, *Historic Structure Report*, 448-449.

⁴⁷ Letter, Commissioner Robert Watchorn to Commissioner-General Frank Sargent, (12 March 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁴⁸ Letter, Sargent to Watchorn, (17 March 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

While the design for the “New Hospital Extension” would closely follow that of the original hospital building, some key changes needed to be addressed before drawings could be finalized. The basement of the original section of the Hospital routinely flooded during high tide and required costly repairs almost immediately. The Administration Building featured a higher raised basement to address this issue, with ramps in the connecting hyphen to address level changes between the two buildings. However because the new extension would match the first section there was concern about a creating a uniform façade regardless of the height change. Alfred Brooks Fry, Chief Engineer with the New York office of the Public Buildings Service, pointed out that continuing the cellar and floor levels of the Administration Building into the final section would make the building forty inches higher than the “old” hospital.⁴⁹ Placing it on the same level would avoid an “unsightly” exterior, but make the basement ceiling only about five feet high, too low for practical use of the space. Fry solicited various opinions on the matter and then presented the issue to Commissioner-General Sargent:

It will be noted that the Supervising Architect considers that it is very desirable to maintain the sill and roof lines of the proposed addition to the present hospital at the same height as are said lines in the original building. I myself incline to this view. The Chief Medical Officer at Ellis Island opposes it, caring less for external architectural effects than for the desirability...of having floors on the same level and the cellar more than a pipe cellar, although it is worthy of note that up to the present time no material use has ever been made, except for storage purposes, of the cellar either under the original Ellis Island hospital building or the addition thereto.⁵⁰

Doctor Stoner had indeed strongly stated his opinion that the final section of the hospital have a functional basement, particularly given the fact that the original basement was essentially unusable and the Administration Building basement would be occupied by a kitchen and storage room for that section of the hospital.⁵¹ He also, at Fry’s request, marked up a copy of the floorplan for the original hospital with suggested changes for the new pavilion.⁵²

The issue of the floor level and basement height of the new section persisted into the spring. Joseph Murray, Acting Commissioner of Ellis Island, strongly supported Dr. Stoner’s position that the internal functioning of the hospital was more important than minor impacts on the external appearance. Along with concern about the need for proper basement storage space, Murray reiterated Stoner’s plea for avoiding inconvenient changes in levels between buildings:

Experience has indicated that it is impossible to convey food from one wing to another up these inclines. It is likewise inconvenient and even dangerous for patients who are in a weakened condition to be compelled to ascend or descent

⁴⁹ Letter, Alfred Brooks Fry to Supervising Architect (James Knox Taylor), (28 March 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁵⁰ Letter, Fry to Commissioner-General, (10 April 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁵¹ Letter, Stoner to Fry, (9 March 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁵² Letter, Stoner to Fry, (24 March 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I. Dr. Stoner references this drawing in his letter but a surviving copy has not been located.

such inclines. This condition also prevails in transferring patients on stretchers from one ward to another.⁵³

Murray also joined Stoner in calling for a panel of architects and hospital experts to be convened to assess the problem. Finally Supervising Architect James Knox Taylor settled the matter by agreeing with Stoner that the floor levels of the Administration Building and New Hospital Extension be kept the same. He proposed that any exterior inconsistencies would be minor, since the water tables on all three sections were at the same height. Taylor suggested a slight change in the pitch of the addition's roof line to deal with the 40-inch discrepancy in elevation height.⁵⁴

With this question finally resolved, plans for the addition were quickly prepared. A set of elevation and plan drawings dated May 25, 1908 shows the "New Hospital Extension" largely as constructed (Figures 12-14). Acting Ellis Island Commissioner Murray informed Commissioner-General Sargent a few days later that the plans and specifications for the addition were complete. They would solicit bids to be opened on June 15, 1908.⁵⁵ New York State Construction Company was chosen as the general contractor on June 29, 1908 with a bid of \$151,301. There was a brief dispute between Northeastern Construction (contractors for the Contagious Disease Hospital) and New York State Construction Company over who was really the low bidder if the specifications were followed correctly. Commissioner Robert Watchorn recommended that New York State Construction not be given the contract due to delays with their work on the Baggage & Dormitory Building. Ultimately Sargent would direct that the contract go to New York State Construction in spite of Watchorn's objections.⁵⁶ Separate contracts were let for heating, and elevator, electrical, and for plumbing, tile, and marble.⁵⁷

In the Commissioner-General's *Annual Report* for 1908 it was noted that the extension to the general hospital on Island No. 2 was "well advanced" and expected to be complete by March 1, 1909.⁵⁸ Much construction was taking place at Ellis Island in this period, including completion of the Baggage & Dormitory Building on Island 1, renovations to the Main Immigration Building, construction of 12 buildings of the Contagious Disease Hospital and additional renovations to the Kitchen & Laundry Building. Later in 1908 there was a flurry of correspondence about the composite floors and baseboards to be used in all the rooms except

⁵³ Letter, Murray to F. P. Sargent, Commissioner-General of Immigration, (13 April 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I. Sargent requested that Murray have drawings done of each version of the hospital elevation. These were prepared and sent on April 17, 1908, but surviving copies have not been located. See correspondence in same folder as above citation.

⁵⁴ Letter, James Knox Taylor to Commissioner-General of Immigration, (25 April 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁵⁵ Letter, Murray to Sargent, (28 May 1908), Folder 51453/34, Box 48, Entry 9, RG 85, NARA I.

⁵⁶ See correspondence and copies of bids and contracts in Folder 51453/36, Box 48, Entry 9, RG 85, NARA I.

⁵⁷ The subcontractors were Evans, Almirall & Co., NYC, 1 July 1908, heating system, \$20,936; Otis Elevator Co, NYC, 1 July 1908, electric elevator, \$2,585; Commercial Construction Company, NYC, 3 July 1908, electrical conduit and wiring, \$10,940; T. J. Cummins Plumbing Co, NYC, 16 July 1908, \$25,250. Bids and specifications for these aspects of New Hospital Extension construction can be found in Folder 51453/37-40, Box 48, Entry 9, RG 85, NARA I.

⁵⁸ U. S. Department of Commerce and Labor, *Annual Report of the Commissioner-General of Immigration for the Fiscal Year Ended June 30, 1908* (Washington, DC: GPO, 1909), 231.

those finished with tile such as the bathrooms, operating room and sterilizing room. These composite floors were to be a combination of asbestos and ground granite or silica that produced a surface that was “non-porous, non-absorbent, moisture-proof and elastic to the tread.”⁵⁹ Efforts were made to install these floors over the winter of 1908-09 but cold weather and insufficient heat in the unfinished building delayed this work until April 1909. By fall 1909 the Hospital Extension was nearly complete, with the contractor and the client arguing over several charges in the final bill. The U.S. Government rejected New York State Construction’s request for an extra \$2,069.34 for laying the composition flooring in the hallways. The Government’s contention was that these spaces were originally included in the specifications despite the use of the term “room.”⁶⁰

When the New Hospital Extension was completed, \$27,000 remained. These funds were used to add a kitchen to the basement of the Administration Building. At this time the only kitchen for Island 2 was in the original hospital and it was too small and inconveniently located to serve the needs of the expanded facility. A contract on June 10, 1909 to Bramhall-Deane Company provided for new equipment and one on September 10, 1909 authorized Northeastern Construction Co. to make the necessary alterations to the space. One alteration was adding an eight foot concrete ramp to ease access from the outside.⁶¹ Finally in June 1910 the New Hospital Extension was opened to patients. This wing immediately became the main patient treatment area, to allow for cleaning and repair in the first building that had been impossible due to extreme crowding.⁶² The New Hospital Extension completed the three-part ensemble of the Main Hospital on Island 2. The east end elevation of the newest section included a brick and stone stair leading to a pergola covered pathway for the Surgeon’s House (Figure 15). The subtle differences in design between the first and final pavilion were not immediately apparent on the front elevation but rather the finished ensemble presented the appearance of a singular Georgian Revival institutional building. The plans were also very similar, with the main interior variations being in finish materials. For example, Hospital Building No. 2 had a third floor operating room with skylights and an adjacent sterilizing room, just like Hospital Building No. 1, but featured white subway tile wainscot and hexagonal tile floors for a more modern looking and sanitary interior finish. Also Hospital Building No. 2 had composite flooring and veneer doors without recessed panels, features that were becoming preferred in hospital construction, in contrast to the wood floors and paneled doors of Hospital Building No. 1.

The layout of the now complete Main Hospital placed it within the tradition of block plan hospital design, in this case with three interconnected sections. At the turn of the twentieth

⁵⁹ Letter, Murray to Sargent, (22 October 1908), Folder 51453/36, Box 48, Entry 9, RG 85, NARA I. Period sources recommended composite flooring for general hospital use, due to the sanitary seamless construction and durability. See John Hornsby, M.D. and Richard E. Schmidt, *The Modern Hospital: Its Inspiration, Its Architecture, Its Equipment, Its Operation* (Philadelphia and London: W. B. Saunders Co., 1913), 66.

⁶⁰ See correspondence in File 51,453/36A – New Hospital Construction, Folder 51453/36, Box 48, Entry 9, RG 85, NARA I.

⁶¹ BBB/ANF, *Historic Structure Report*, 146-47.

⁶² U.S. Department of the Treasury, *Annual Report of the Surgeon General of the Public Health and Marine-Hospital Service of the United States for the Fiscal Year 1910* (Washington, DC: GPO, 1911), 168.

century, there were two common types of hospital plan – block and pavilion.⁶³ Both had origins in the sanitary reforms and the development of germ theory in the second half of the nineteenth century. The block plan hospitals were a compact, multi-story structures, often with patient rooms along double-loaded corridors. The block plan often placed administrative and dietary functions on the lower floors and laboratories and operating rooms on the uppermost.⁶⁴ This arrangement was particularly favored in urban settings with limited land available and was thought to offer advantages in efficiency for general medical care. The pavilion plan, in contrast, would typically rise to no higher than two-floors, with many low wings offering maximum access to light and air in large open wards. While the ventilation advantages of the pavilion plan were undisputed, the typically sprawling plan of a hospital built in this manner made efficient movement a challenge. Thus the two types coexisted in this period, with pavilion plan favored where containing contagion was a primary concern and block plan often chosen for medical facilities with a broader range of diagnostic and treatment concerns. This was the precisely the approach chosen for the two Ellis Island hospitals.

At the Ellis Island Main Hospital the block plans of the three sections were supplemented by the rear ward ells. These two-story wings offered the cross-ventilation of a pavilion plan, with window openings on three sides. In his 1904 series *Hospital Planning*, Boston architect and hospital design specialist Bertrand E. Taylor offered several examples of “adoption of the pavilion idea to the block plan.”⁶⁵ The U-shaped footprint of his examples recalls the Ellis Island Main Hospital, particularly the long ells of Hospital Buildings No. 1 and 2. This approach was recommended “when the number of beds required is large and are of available land is small.”⁶⁶ Although Boring and Tilton did not have demonstrated expertise in hospital design, the pattern they established for the Island 2 medical facilities seems to fit with contemporary recommendations for hospital design. The highly comprehensive period publication *The Modern Hospital* also promoted use of a “semi-pavilion block plan” for hospitals with about 250 beds and limited land.⁶⁷ In the 1920s and 1930s, as artificial lighting and ventilation became more effective, and elevators less expensive and more efficient, the block plan became more prevalent for new hospital construction than the pavilion. A shift away from large open wards to smaller semi-private rooms for the growing numbers of middle class patients treated at hospitals also influenced the movement to block plan for new hospitals.⁶⁸

⁶³ One commentator asserted in 1895 that in spite of the advances in antiseptic precautions, the pavilion plan was still better for treating contagious patients. See J.O.S. “Pavilion v. Block Hospital,” *The British Medical Journal* 1, no. 1794 (18 May 1895): 1123-1124.

⁶⁴ Isadore Rosenfield, *Hospitals, Integrated Design* 2nd edition (New York: Reinhold, 1951), 42. This source also asserts that by the post-World War II period, both the pavilion and block plan were out of favor.

⁶⁵ Bertrand E. Taylor, “Hospital Planning IV,” *Brickbuilder* 13, no. 4 (April 1904): 68. One of Taylor’s partners Edward F. Stevens, went on to be a well-known hospital architect and write numerous articles on hospital planning and design in the early twentieth century. For example, see “The American Hospital Development Part I,” *Architectural Record* 38, no. 6 (December 1915): 641-661 (Part II – January 1916) and “What the Past Fifteen Years Have Taught Us in Hospital Construction and Design,” *The American Architect* 132, no. 2534 (5 December 1927): 701-708.

⁶⁶ Taylor, “Hospital Planning IV,” 68.

⁶⁷ John Hornsby, M.D. and Richard E. Schmidt, *The Modern Hospital: Its Inspiration, Its Architecture, Its Equipment, Its Operation* (Philadelphia and London: W. B. Saunders Co., 1913), 36. Hornsby was a former U.S. Army Surgeon and Schmidt was an architect.

⁶⁸ Adams, 113. For a more background on the pavilion plan and how it was used for the Ellis Island Contagious Disease Hospital, see the HABS report, Lisa Pfueller Davidson, “Ellis Island, Contagious Disease Hospital Measles

With the completion of the Island 2 hospital and construction of the pavilion-plan Contagious Disease Hospital on Island 3 underway, it appeared that the medical service at Ellis Island was finally equipped with adequate facilities. William Williams was reappointed Commissioner in 1909 and continued to generate controversy with strict enforcement of immigration law, particularly regulations to determine whether an immigrant was likely to become a public charge for financial or other reasons. His “Notice Concerning Detention and Deportation of Immigrants,” issued March 18, 1910, included special mention of the need to exclude all aliens having a “mental or physical defect being of a nature which may affect the ability of the alien to earn a living. This new provision is in addition to that excluding the insane and persons with loathsome or dangerous contagious diseases.”⁶⁹ In his 1911 *Annual Report* Williams also renewed his request for \$40,000 to repair the interior of Hospital Building No. 1. Congress had not approved these funds the previous year and Williams noted that the original hospital building “had hard usage at the hands of immigrants, many of them with filthy habits, for a period of eleven years. It was not now in use, for its present interior fittings would be condemned by the New York Board of Health.” The other two sections of the Island 2 hospital were described as “in perfect condition and models of what an immigrant hospital should be.”⁷⁰ The opening of the Contagious Disease Hospital to patients on June 20, 1911 also improved the ability of the government surgeons to treat patients in the controlled landscape of Ellis Island rather than in hospitals all around the metropolitan area.⁷¹

The ongoing public debate about immigration inspired a steady stream of newspaper and magazine articles about the procedures at Ellis Island. In 1912-13, Dr. Alfred Reed, one of the USPHMHS Assistant Surgeons assigned to Ellis Island wrote a series of articles for *Popular Science Monthly*. In the first article, Reed lamented that the “great mass of popular literature on the subject of immigration is singularly deficient in discussion and analysis of its medical features.”⁷² He described the three aspects of medical inspection for immigration – the hospital for treatment of acute illnesses, the boarding division for on ship inspection of first and second class passengers, and the “line” in the Ellis Island Main Immigration Building for inspection of steerage passengers and others requiring additional scrutiny.⁷³ In his second article, Dr. Reed noted the unusual variety of conditions encountered by the medical officers at Ellis Island:

This hospital is excellently conducted and every method of most approved diagnostic, surgical and medical technique is practiced. A rare variety of diseases is seen. Patients literally from the farthest corners of the earth come together

Ward A,” HABS No. NY-6086-T, Historic American Buildings Survey, 2010. Prints and Photographs Division, Library of Congress, D.C..

⁶⁹ Unrau, *Historic Resource Study, Volume II*, 254.

⁷⁰ William Williams, *Annual Report of the Commissioner of Immigration for the Port of New York with reference to Ellis Island Affairs for the Year Ended June 30, 1911* (Washington, DC: Government Printing Office, 1911), 5.

⁷¹ U.S. Department of the Treasury, *Annual Report of the Surgeon General of the Public Health and Marine-Hospital Service of the United States for the Fiscal Year 1911* (Washington, DC: GPO, 1912), 207. Also in early 1911, new facilities for medical line inspection were added to renovated first floor space in the Main Immigration Building.

⁷² Dr. Alfred C. Reed, “The Medical Side of Immigration,” *Popular Science Monthly* 80 (April 1912): 383.

⁷³ Reed, “The Medical Side of Immigration,” 385. Dr. Reed’s also expressed strong opinions about the need to exclude “undesirable” races and classes.

here. Rare tropical diseases, unusual internal disorders, strange skin lesions, as well as the most frequent cases of a busy general city hospital present themselves. The variety of contagious diseases is unusual and extreme diagnostic skill is required of the physicians in charge.⁷⁴

Reed's summary captures a common theme regarding the medical service at Ellis Island. While in some respects a "charity hospital" (although steamship lines would be responsible for payment for anyone arriving ill), the facilities at Ellis Island represented the state of the art medical practices for the time and the government doctors working here were highly skilled and experienced. Another article by Dr. Milton Foster described this "general hospital for all nations" as "modern in every respect and well equipped."⁷⁵ The hospitals included "excellent facilities for the scientific treatment of patients...including an X-ray plant, four operating rooms, and a complete laboratory where all the complex and difficult examinations required by modern medicine are daily made."⁷⁶

In his *Annual Report* for fiscal year 1912, Commissioner Williams continued to request funds for interior renovations to Hospital Building No. 1 and also for a covered way connecting the two hospital islands instead of the existing open gangway.⁷⁷ These repairs, including "new floors and modern and sanitary plumbing" were completed during fiscal year 1914.⁷⁸ The final words of the 1912 report also indicates the increasingly hostile climate toward immigrants, in spite of the professionalism of the staff at Ellis Island: "The time has come when it is necessary to put aside false sentimentality in dealing with the question of immigration, and to give more consideration to its racial, social and economic aspects, and in determining what additional immigrants we shall receive, to remember that our first duty is to our own country."⁷⁹ Immigration remained at record high levels until decreasing rapidly after the outbreak of war in Europe in 1914. Initially less volume meant that more intensive medical inspections could take place, particularly for "feeble-mindedness." The Surgeon General noted in his 1916 *Annual Report* that Surgeon Eugene Mullan and USPHS officers at Ellis Island had developed standardized tests for feeble-mindedness and almost completed a manual of guidance for identifying mental diseases in aliens.⁸⁰ These efforts were an outgrowth of the contemporary interest in intelligence testing, as well as eugenics and other discriminatory quasi-scientific methods of categorizing racial types.

⁷⁴ Dr. Alfred C. Reed, "Going Through Ellis Island," *Popular Science Monthly* 82 (January 1913): 11. Reed's final article provides a rather thorough history and context for the work of the U.S. Public Health Service. See Reed, "United States Public Health Service," *Popular Science Monthly* 82 (April 1913): 353-375. Other articles focusing on the medical inspection at Ellis Island include E. H. Mullan, M.D. "The Medical Inspection of Immigrants at Ellis Island," *Medical Record* 84, no. 26 (27 December 1913): 1167.

⁷⁵ Milton H. Foster, "A General Hospital for All Nations," *The Survey* 33, no. 22 (27 February 1915): 588.

⁷⁶ Ibid.

⁷⁷ U.S. Senate, 62nd Congress, 3rd Session, *Ellis Island Affairs: Annual Report of William Williams, U.S. Commissioner of Immigration for the Port of New York, In Reference to Ellis Island Affairs for the Year Ended June 30, 1912*, (Washington, DC: GPO, 1913), 14.

⁷⁸ U.S. Department of Labor, Bureau of Immigration, *Annual Report of the Commissioner General for Immigration to the Secretary of Labor for the Fiscal Year Ended June 30, 1914* (Washington, DC: GPO, 1915), 225.

⁷⁹ *Annual Report of William Williams* (1912), 16.

⁸⁰ Quoted in Unrau, *Historic Resource Study, Volume III*, 746.

On July 30, 1916, the Main Hospital sustained extensive damage from an explosion at the Black Tom Wharf just a short distance away in Jersey City. A large shipment of munitions, powder and shells was stored in the warehouse and on fourteen barges around the wharf was detonated by German saboteurs, causing a massive concussion that shook Ellis Island. Many doors and windows were destroyed and the total repairs to Ellis Island structures cost \$400,000.⁸¹ After the United States entered World War I in April 1917, immigration slowed even more. The number of people arriving at Ellis Island in 1915 was 178,416, but by 1918 only 28,867 immigrants passed through the facility's doors.⁸² Crews of German and Austrian ships were seized and detained at Ellis Island in the Baggage & Dormitory Building on Island 1. The USPHS was responsible for their medical care and prisoners were relocated to the hospital facilities when necessary. The mix of groups being treated at the hospital became more complicated as various detained groups needed to be accommodated along with immigrants, servicemen, and others entitled to care. The Immigration Act of 1917 further increased the duties of the depleted Ellis Island USPHS staff by requiring medical examination of the crew of every merchant ship, in addition to the usual inspection of passenger vessels. On March 1, 1918, the Ellis Island hospitals were temporarily turned over to the U.S. Army for processing and treating returning servicemen. They were designated "Debarkation Hospital No. 1." Immigrant patients were sent to hospitals throughout the region during the Army occupation, causing a strain on the immigration medical service as they struggled to administer the care of patients in many far flung hospitals in addition to their new duties.⁸³

The hospitals were returned to the USPHS on June 30, 1919.⁸⁴ During the months they were under War Department control, the first covered way between Islands 2 and 3 was built. The Ellis Island hospitals became USPHS Marine Hospital No. 43 on September 1 as a result of an agreement between the Department of Labor and the USPHS, rather than a Bureau of Immigration facility staffed by USPHS. Care for immigrants remained a priority, but beds were also now reserved for other USPHS beneficiaries including seaman and discharged military personnel. In fiscal year 1920, 5,320 immigrants were treated and 758 USPHS beneficiaries.⁸⁵ Medical procedures continued to keep pace with the times, including extensive laboratory work, x-ray apparatus, and occupational therapy.⁸⁶ Medical inspections for immigrants took place on ship until March 16, 1920, when the inspection of steerage passengers resumed on Ellis Island. A major project to rebuild the seawall with granite-faced concrete was underway at this time, which included enclosing and gradually filling the ferry slip between the hospital islands (Figure 16).⁸⁷

⁸¹ Unrau, *Historic Resource Study, Volume III*, 767-769. Another New Jersey wharf explosion on February 1, 1911 also damaged the Main Hospital. See BBB/ANF, *Historic Structure Report*, 117-118.

⁸² Unrau, *Historic Resource Study, Volume I*, 7.

⁸³ U.S. Department of the Treasury, *Annual Report of the Surgeon General of the Public Health Service of the United States for the Fiscal Year 1918* (Washington, DC: GPO, 1919), 232.

⁸⁴ Unrau, *Historic Resource Study, Volume III*, 787, 796.

⁸⁵ U.S. Department of the Treasury, *Annual Report of the Surgeon General of the Public Health Service of the United States for the Fiscal Year 1920* (Washington, DC: GPO, 1921), 193.

⁸⁶ Unrau, *Historic Resource Study, Volume II*, 620-22.

⁸⁷ U.S. Department of Labor, Bureau of Immigration, *Annual Report of the Commissioner General for Immigration to the Secretary of Labor for the Fiscal Year Ended June 30, 1919* (Washington, DC: GPO, 1920), 32; U.S. Department of the Treasury, *Annual Report of the Surgeon General of the Public Health Service of the United States for the Fiscal Year 1920* (Washington, DC: GPO, 1921), 188.

However the increasingly restrictive immigration laws began to alter Ellis Island's function. Officials at Ellis Island were charged with implementing changes in immigration law established by the Immigration Act of 1917, which included additional categories for exclusion of immigrants such as illiteracy and more extensive medical examinations. The anti-foreign concerns of the war years were replaced by fear of communism and expressed in the "Red Scare," a period of hysteria in which suspected alien communists, anarchists, socialists and radicals were targeted for deportation. The Quota Act of 1921 changed the general tenor of immigration control in the United States to a more restrictive policy, limiting the numbers of newcomers by nationality percentages from the 1910 Census. Prior to 1921, immigrants were assumed to be eligible for admission barring specific evidence to the contrary. The new shift to a quota-based system reflected a public mood against Southern and Eastern European immigration and instead preemptively barred entry based solely on nationality.⁸⁸

After the Immigration Act of 1924 tightened the quotas even further to be based on the 1890 census, a period prior to the more recent influx of Southern and Eastern Europeans, the flow of new immigrants continued to taper off. According to Harlan Unrau in his *Historic Resource Study* of Ellis Island, the 1924 law changed the principal function of Ellis Island from immigrant processing to assembly, detention, and deportation.⁸⁹ Most inspections took place on ship or prior to departure through U.S. consulate employees. Chief Medical Officer William C. Billings wrote to the Surgeon General regarding the changes in Ellis Island medical inspection and care after the Immigration Act of 1924, noting that the hospital now cared for a mix of aliens and U. S. citizens who were Marine Hospital system beneficiaries.⁹⁰

A 1924 Surgeon General's report lists the types of patient care undertaken in each ward, providing a snapshot of the Ellis Island hospitals in this period. Typically the medical staff of a large hospital was divided into specialties such as medical, surgical, and eye, ear, nose and throat services. Here the categories were modified to meet the special needs of Ellis Island – female medical, male medical, genito-urinary (including venereal), psychopathic, eyes and scalp, acute contagious, American seaman (medical and surgical). Approximately 50 to 60 operations, minor and major, were completed every month in the Main Hospital. Rehabilitation services included physiotherapy – such as massage, hydrotherapy, electrotherapy, thermotherapy and exercise – occupational therapy and academics.⁹¹ It is also interesting to note the patient designations for each ward of the Main Hospital in this period.⁹² The numbering started on the first floor with Ward No. 1 on the east end of Hospital Building No. 2 and the ward directly above on the second floor as No. 5. Wards No. 1 and 2 (first floor Building No. 2) were used by female/pediatric and female obstetrical patients and Wards No. 3 and 4 (first floor Building No. 1) as an admitting ward for women and children and a "mental" ward. The second floor contained Wards No. 5 and 6 in Building No. 2 for male patients and "less serious cases" and Wards No. 7 and 8 in

⁸⁸ See Diane Elizabeth Williams, "Ellis Island," (HABS No. NY-6086, Historic American Buildings Survey, 2009), esp. 15-16. Prints and Photographs Division, Library of Congress, DC.

⁸⁹ Unrau, *Historic Resource Study, Volume III*, 896.

⁹⁰ Letter, Billings to Surgeon General, (30 July 1925), quoted in Unrau, *Historic Resource Study, Volume III*, 919.

⁹¹ Unrau, *Historic Resource Study, Volume II*, 644, 646-48.

⁹² "Ward and Use Capacity, U.S. Marine Hospital # 43, Ellis Island, NY, January 1924," quoted in Unrau, *Historic Resource Study, Volume II*, 640.

Building No. 1 (the former for PHS beneficiaries and latter temporarily closed). The exact type of patient assigned to each ward was often changed, in response to immediate needs and developments in medical care.

An undated photograph of the “Woman’s Ward” at Ellis Island likely shows one of the first floor rear ell wards in Hospital Building No. 2 during this period (Figure 17). Rows of iron beds line the walls between the windows while a nurses’ desk and additional bed sit in the center of the room. Early incandescent light fixtures are still in place, including scrolled wall sconces. The room is open and simple, with no decorations to collect unsanitary dirt except for a clock mounted on the wall near the porch door and a potted fern in a basket. Another similar but probably later view appears to show a female/pediatric ward, probably Ward No. 2 in Hospital Building No. 2 (Figure 18). The iron grilles over the porch are visible in the rear windows and the ceiling light fixtures have been replaced while some of the wall sconces remain. The ward is more crowded with several beds and cribs arranged in the center aisle.

Dr. Foster had asserted in his 1915 article in *The Survey* that the hospital managed just fine without regular interpreters, making due with staff language skills and borrowing an interpreter from Island 1 occasionally.⁹³ However by the mid-1920s there was a “Hospital Service” staff charged with this duty. Reports show that the small Service staff performed a number of important functions in the hospital, for both immigrant and beneficiary patients. For example, in the month of December 1925, 47% of the 939 hospital patients were assisted in a variety of ways, including providing information in their native language and interpreting medical histories or examinations. The Hospital Service also facilitated visits, provided Roman Catholic and Protestant church services every Sunday, organized a weekly visit from a rabbi and also a chaplain from the Seaman’s Church Institute, and supplied children with picture books and toys. With help from charity organizations, they provided a Christmas tree for every hospital ward, small gifts for all the patients, and multi-language Christmas program of including music and a visit from Santa Claus. In other months very popular motion picture showings were arranged.⁹⁴

British Ambassador Sir Auckland C. Geddes also visited Ellis Island in this period and criticized its shortcomings. “My general criticism of the buildings is that they are too small. Further, the immigration laws have been altered since they were built, and . . . they do not quite meet the present requirements.”⁹⁵ He seemed pleasantly surprised that the separate administration of the Immigration Station by the Department of Labor and the hospital by the Department of the Treasury did not cause problems. He generally praised the quality of the hospital and the medical care:

⁹³ Foster, 588-589.

⁹⁴ Typescript, Zdenka A. Polakova, “Hospital Service Narrative Report December 1925 – U.S. Marine Hospital No. 43, Ellis Island,” (6 January 1926), Box 520, Entry 10 – Central Files, 1897-1944, RG 90 – Records of the U.S. Public Health Service, National Archives and Records Administration II, College Park, MD [hereafter Entry 10, RG 90, NARA II].

⁹⁵ Unrau, *Historic Resource Study, Volume II (Chapter 4 – Appendix Q)*, 563.

The hospital has to deal with every sort of disorder, ranging from slight injury to obscure tropical diseases. It is at once a maternity home and an asylum for the insane.⁹⁶

Overall Geddes was impressed with the medical care at Ellis Island, but he correctly noted that the buildings needed maintenance. The biggest change to the hospital areas in this period was gradual infill of the lagoon between Islands 2 and 3 in order to provide more recreation space for patients and staff. After repeated funding requests, work did begin, although it would not be completed until the 1930s.⁹⁷

The Main Hospital was in need of numerous repairs in the post-war period after over two decades of hard use. For example, a list of requested projects from 1925 included rebuilding the deteriorated porches on the rear elevation, exterior and interior painting, repairs to plumbing, lighting and grease traps, and work on the elevators. The Main Hospital had three elevator shafts, one in each block, but the repair report indicated that only the elevator in Hospital Building No. 2 was working. The Administration Building elevator did not have a functioning cab and the Hospital Building No. 1 elevator was inoperable due to basement flooding. The approved proposal was to repurpose the cab from Building No. 1 to reinstitute elevator service in the Administration Building.⁹⁸ A similar list of required repairs was submitted in October 1926, including screens for the windows and a replacement dumbwaiter in the Administration Building.⁹⁹ According to Public Health Service records, the need for repairs to the Ellis Island hospitals continued to grow during the late 1920s. In July 1928, Dr. Sprague wrote:

The physical condition of the hospital is worse than at the beginning of the year. The work that will be done from the \$117,000 appropriated will be of considerable improvement, but a sum 5 times the amount of the present appropriation is needed to renovate the entire plant. Unless steps are soon taken to recondition Island 2 as well as Island 3, it is not believed that the hospital will be habitable much longer.¹⁰⁰

Heavy use combined with inadequate appropriations seems to have continually impacted the condition of the hospitals, in spite of many repairs being executed.

After the stock market crash in October 1929, economic opportunities in the United States were limited, and President Herbert C. Hoover instructed American consuls to strictly apply rules preventing the immigration of people likely to become public charges. Further, Secretary of Labor William N. Doak organized "...a national roundup of illegal aliens for prospective deportation and transferred many of them to Ellis Island."¹⁰¹ The increase in

⁹⁶ Unrau, *Historic Resource Study, Volume II (Chapter 4 – Appendix Q)*, 569.

⁹⁷ Stakely, 77.

⁹⁸ Letter, D. C. Trott, Inspection Engineer to Surgeon General (1 July 1925), Box 591, Entry 10, RG 90, NARA II.

⁹⁹ Letter, Commissioner to Commissioner-General of Immigration (25 October 1926), Box 516, Entry 10, RG 90, NARA II.

¹⁰⁰ Typescript, Report Ellis Island, NY (December 1929), Box 516, Entry 10, RG 90, NARA II. This report included excerpts from several earlier ones noting desperately needed repairs.

¹⁰¹ Unrau, *Historic Resource Study, Volume I*, 9.

deportations, combined with reduced immigration, changed the patient population being treated on Ellis Island. Now many of the “aliens” were detainees who had become ill while awaiting deportation proceedings. Dr. F.A. Troie, Executive Officer in Charge of the Hospital, noted in his report to the USPHS for fiscal year 1931:

The hospital continues to assume more and more the aspects of a real marine hospital, its immigration activities who steadily a marked decline with an increase in the admission and treatment of regular beneficiaries. The character of immigration work has changed somewhat due to the fact that there has been more restriction with regard to incoming aliens and a much larger number of deportations.¹⁰²

Dr. Troie included statistics showing that of the 2,475 immigrant patients that year, 1,251 were “warrant cases,” i.e. those awaiting deportation, and 431 were alien seaman needing medical attention. The “old line” USPHS beneficiaries such as merchant seaman and Coast Guard totaled 3,376.¹⁰³

A number of much needed repairs to lighting, roofs, plumbing and exterior and interior painting were finally funded in fiscal year 1931. Dr. Troie remarked that “the general equipment of the hospital and its betterment continued during the year, and at the present time I think it may be safely said that we have a fairly well equipped hospital which presents a satisfactory appearance, in spite of its age and its need for remodeling.”¹⁰⁴ He was hopeful that \$120,000 available to the Immigration Service for these hospital repairs would be used for that purpose in the coming year. Much of this work was done during fiscal year 1932 and 1933, and was extensive enough that Chief Medical Officer Lavinder complained to his superiors about the disruption caused by the contractor.¹⁰⁵ In spite of his great interest in having the repairs completed, accommodating the contractor was difficult in an already crowded hospital. Plans of the Island 2 hospital dated 1932 correspond to the completion of some of this work and illustrate the minor interior changes which had taken place over the years (Figure 19).¹⁰⁶

It is also interesting to note the growth of the number of specialties and sophistication of medical care being offered in this period. The previous fiscal year the administrative structure of the Ellis Island hospital had been reorganized in a manner closer to most general hospitals. The current departments were Medical; Psychopathic; Ear, Nose and Throat; Staff Conference (or in-house training); Tuberculosis (and

¹⁰² Typescript Report, Dr. C. H. Lavinder, Chief Medical Officer to Surgeon General, (20 July 1931), Box 520, Entry 10, RG 90, NARA II.

¹⁰³ Typescript Report, Dr. C. H. Lavinder, Chief Medical Officer, to Surgeon General, (20 July 1931), Box 520, Entry 10, RG 90, NARA II.

¹⁰⁴ Typescript Report, Dr. C. H. Lavinder, Chief Medical Officer, to Surgeon General, (20 July 1931), Box 520, Entry 10, RG 90, NARA II.

¹⁰⁵ Memorandum, Lavinder to Surgeon General (6 March 1933) Box 516, Entry 10, RG 90, NARA II. See also his report for fiscal year 1933 in Box 520.

¹⁰⁶ In addition, specifications for plumbing repairs in 1932 are located in Box 7 of the Ellis Island records, RG 79 – Records of the National Park Service, Northeast Region – National Archives and Records Administration, New York, NY [hereafter RG 79, NE Region – NARA].

Contagious); Venereal and Urological; Surgical; Clinical Laboratory; Dental Clinic; Educational Program for Beneficiaries; Social Service Department; Physiotherapy; Occupational Therapy; X-Ray; Dietetic; and Out-Patient. The correspondence in this period also contains frequent mentions of cooperation with U.S. Marine Hospital on Hudson St. in Manhattan and the new facility for the U.S. Marine Hospital in Stapleton, Staten Island. The U.S. Quarantine Hospital on Hoffman Island is also mentioned as a source of overflow beds and support, particularly while the new Stapleton hospital was still being constructed.¹⁰⁷

With the election of President Franklin D. Roosevelt in 1932, new programs and new funding sources were established to create jobs, construct public buildings, support social and economic development, and find humane approaches to solving local, regional and national issues. His New Deal programs included funding under the National Recovery Act from sources such as the Public Works Administration (PWA) and the Works Progress Administration (WPA), and studies of conditions at federally-owned facilities. Under the leadership of new Secretary of Labor Frances Perkins, a fifty-two-member nonpartisan citizen committee was formed to analyze the conditions, operations, and facilities at Ellis Island. The goal was to improve the physical plant and the immigrant experience and evaluate immigration law with a view toward fairer and more effective rules. Ellis Island Commissioner Edward Corsi (1931-34) worked closely with the committee and many of his ideas were incorporated into the Committee's report to the Secretary of Labor. Corsi was himself an immigrant who had come through Ellis Island in 1907. His professional life involved extensive social service work among New York City immigrants and he desired to humanize the Ellis Island experience.¹⁰⁸

The Ellis Island Committee's report praised the USPHS efforts at Ellis Island, stating "the character of the medical care in the diagnostic treatment and administrative disposition of alien patients is at present of a high and creditable quality, equal to the best obtainable in modern general hospitals."¹⁰⁹ It also listed many recommendations. Among those implemented were construction of a New Immigration Building, Ferry Building, and Recreation Building and Shelters, and alterations to the Main Immigration Building and other related buildings to better segregate immigrants from deportees.¹¹⁰ For the Main Hospital, a major improvement recommended by the Committee was adding pathways, lawn and shelters in the infill area between Island 2 and Island 3 to create a recreation courtyard for hospital patients (Figure 20). These improvements to the landscaping were being called for by the hospital administrators at least since 1932.¹¹¹ The Committee noted that it could not fully assess the hospital needs at Ellis

¹⁰⁷ Typescript Report, Dr. C. H. Lavinder, Chief Medical Officer, to Surgeon General, (20 July 1931), Box 520, Entry 10, RG 90, NARA II. See additional reports in the same location.

¹⁰⁸ Williams, HABS No. NY-6086, 17-18.

¹⁰⁹ U.S. Department of Labor, *Report of the Ellis Island Committee* (New York: Ellis Island Committee, March 1934), 37.

¹¹⁰ Report on the Sub-Committee on Buildings, Grounds, and Physical Equipment for Ellis Island (13 September 1933), 1. The report was located in Folder 330 – WPA Projects 1933-37, Box 16, Record Group 79 – Records of the National Park Service, National Archives and Records Administration (NARA), Northeast Region, New York City. The full report was published in March 1934. See U.S. Department of Labor, *Report of the Ellis Island Committee* (New York: Ellis Island Committee, March 1934).

¹¹¹ Typescript Report, Dr. C. H. Lavinder, Chief Medical Officer to Surgeon General, (20 July 1932), Box 520, Entry 10, RG 90, NARA II.

Island by just looking at the immigration side of things. The report recommended that the Surgeon General consult with other federal agencies to determine the full scope of the federal hospital service and needs in the New York area, and what the role of Ellis Island and new Stapleton Marine Hospital should be.¹¹² Two specific improvements to the immigrant/detainee medical care were mentioned. One was the need for more small wards of two to eight beds, which reflects the shift away from large wards like those in the Main Hospital. The other was the importance of a secure outdoor recreation area for detainees admitted to the hospital.¹¹³

Immigrant patients continued to become a smaller percentage of the hospital cases, with many of these being deportation warrant cases; Marine Hospital beneficiaries or alien seaman occupied many beds. In spite of improvements during the 1930s using New Deal public works funding, in 1938 Chief Medical Officer Marshall questioned whether additional spending on repairs would be prudent “in view of the fact that the hospital buildings at Ellis Island run in age form about thirty to thirty-five years, and that they represent a type of hospital structure not now regarded as modern, or up-to-date, and in view of the further fact that they are much in need of repairs in many respects, that nurses’ and attendants’ quarters are insufficient and inadequate.”¹¹⁴

During World War II, various buildings on Ellis Island were again used by the military and as a training facility by the U.S. Coast Guard Port Security Unit. The hospital complexes housed wounded servicemen, and detainees, and the Main Immigration Building housed suspected enemy aliens. Following World War II, Ellis Island again processed and treated sick or injured immigrants. For a time following the passage of the Internal Security Act of 1950, Ellis Island housed as many as 1,500 detainees, who also needed access to medical care. Under that act, aliens who had been members of Communist or Fascist organizations were excluded from entry into the United States. However, the government soon realized that many people from Eastern Europe, Italy and Germany seeking entry to the United States had been forced to join Communist or Fascist youth groups.¹¹⁵ The law was modified and thereafter many former detainees were allowed to enter the United States.

On March 1, 1951, the U.S. Public Health Service closed the hospitals on Island 2 and Island 3 due to the declining number of patients, and growing obsolescence of the hospital facilities. However, the Public Health Service maintained a small infirmary for detainees in the Main Immigration Building.¹¹⁶ After the USPHS vacated the hospitals on March 1, 1951, they were occupied by the Coast Guard. The Coast Guard repurposed many of the wards as barracks and installed new galley facilities for an expanded mess hall.¹¹⁷

On November 12, 1954, both immigration and Coast Guard operations ceased on Ellis Island. Equipment and fixtures were removed from many buildings and distributed to other

¹¹² U.S. Department of Labor, *Report of the Ellis Island Committee* (New York: Ellis Island Committee, March 1934), 38.

¹¹³ *Ibid.* 38-39.

¹¹⁴ Typescript Report, Dr. E. R. Marshall, Chief Medical Officer to Surgeon General, (12 July 1938), Box 520, Entry 10, RG 90, NARA II.

¹¹⁵ Unrau, *Historic Resource Study, Volume I*, 11.

¹¹⁶ Stakely, 92.

¹¹⁷ Unrau, *Historic Structure Report*, 501.

federal entities including border patrol offices, federal prisons, the Public Health Service, the military, and the General Services Administration.¹¹⁸ From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease the property.¹¹⁹ After several unworkable proposals, the island was placed under the jurisdiction of the National Park Service and on May 11, 1965, President Lyndon B. Johnson issued Proclamation 3656 adding the island to the Statue of Liberty National Monument.¹²⁰ Until the mid-1970s the Island remained largely untouched as officials tried to determine how best to use the space. Work began in 1976 with a focus was on restoring the Main Immigration Building, although clearing of overgrown foliage and other debris was conducted on the hospital islands too.

Several thorough historical and structural studies of the Main Hospital were prepared during the early 1980s. The basement, first, and second floors of the Administration Building section were renovated for use as National Park Service offices and the exterior stabilized during the restoration of Island 1 buildings. The Main Immigration Building was formally dedicated as the Ellis Island Museum of Immigration in 1990. Finding the money and capability to preserve the hospital complexes has been more challenging. The Main Hospital is currently vacant, after the last NPS workshops housed in the building were flooded during Hurricane Sandy in 2012.

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural character: The Main Hospital on Island 2 is a long Georgian Revival institutional building oriented roughly northwest to southeast. For the purposes of clarity in this description the front elevation (facing Island 1) will be referred to as north rather than northeast. The three complimentary sections are joined by recessed hyphens and visually read as a single ensemble, in spite of some small differences in material and execution between the first (1901) and last (1909) sections.¹²¹ The Administration Building at the center has a smaller footprint, with a single, tall, five-bay pavilion and short ells one bay deep at each rear corner. Each of its flanking hospital buildings exhibits a five-part plan, with a three-and-a-half story, hipped roof five-bay center pavilion flanked by lower two-bay wings attached by recessed one-bay wide hyphens. Each hospital building has a U-shaped footprint with two-and-a-half story wings for large wards to the south. Although more subdued in architectural ornament than the French Renaissance Main Immigration Building located just across the ferry slip, the Main Hospital is executed in a complimentary historical mode popular for institutional buildings in this period. The sophisticated Georgian Revival composition, in addition to the symmetrical, multi-part plan and elevation, includes a

¹¹⁸ Unrau, *Historic Resource Study, Volume III*, 1002.

¹¹⁹ U.S. Senate, 89th Congress, 1st Session, *Report No. 306. Disposal of Ellis Island* (Washington, D.C., U.S. Government Printing Office, 1965).

¹²⁰ Unrau, *Historic Resource Study, Volume I*, 11.

¹²¹ Hospital Building No. 2 sits on a higher basement than No. 1. The treatment of the basement windows and rear porches also differs between the two buildings. The cornice details of Building No. 2 are executed in terra cotta instead of limestone.

lively wall surface of red brick laid in a Flemish bond pattern and accented with limestone quoins and limestone door and window surrounds.

2. Condition of fabric: Poor. The Main Hospital has sustained damage from long term water infiltration, animal infestation, and deferred maintenance. Flooding from Hurricane Sandy in October 2012 damaged historic fabric in the basement, broke skylights, and removed protective covering over various openings. While some of the staircases are no longer usable, the building appears to be structurally sound.

B. Description of Exterior:

1. Overall dimensions: 421 feet, 11 5/8 inches long by 88 feet, 9 inches wide (including the ward ells)
2. Foundations: The typical foundation for all three sections starts with a large course of rusticated granite (approximately two feet high). A one foot high course of smoothly dressed limestone sits on top of the granite and includes a cavetto molding. A section of Flemish bond red brick is topped by a smoothly dressed limestone watertable with a congee curve section on the top that also serves as the sills for the first floor windows.
3. Walls: The exterior walls throughout the Island 2 Hospital are dark red brick laid in a Flemish bond. The brick is a darker red at Building No. 2. A wide, smoothly dressed limestone belt course is located across the bottom and near the top of each window opening. The corners of each section of the multi-part elevation are accented by limestone quoins, including the edges at the recessed hyphens.
4. Structural system, framing: All three sections of the Main Hospital have load-bearing brick and structural clay tile walls with some structural steel beams and steel roof trusses. The granite exterior foundations rest on concrete pilings. The floor and ceiling structure is structural clay tile.

The roof trusses in Building No. 1 are composed of fairly light, thin members in a king post configuration with purlins and diagonal struts. A steel I-beam serves as the ridge board. In the center attic of the Administration Building the steel trusses are in a Howe configuration with three vertical members joined by two diagonal ones, with steel gussets at each joint. A pair of L-beams serves as the ridge and purlins provide additional support for the heavy tile roof. In Building No. 2 the attic over the south ward features a wider variation on the Howe truss, with a wide bottom chord and thin truss members. The truss includes five vertical members connected by four diagonal ones as well as an I-beam ridge and purlins.

5. Porches, stoops: The front elevation of the Main Hospital facing the Main Immigration Building on Island 1 has three stoops, one leading to the center entrance of each building section. Each stoop consists of eleven granite steps with granite knee walls topped by peaked coping. The substructure of each stoop is brick.

The rear elevation of Hospital Building No. 1 has the remnant of a stoop at the center entrance. Only the metal stringers remain of the stairs here, which led to the doorway at the center of the main pavilion. The rear elevation of Hospital Building No. 1 also has two-story porches at the end of each ward ell. The flat roof of the first floor porch serves as the open second floor level. The floors and ceilings are reinforced concrete and the posts, balustrades, and stairs are iron. The balusters are thin and squared, with more elaborate square column newel posts for the stair. The posts rest on a rusticated granite block and start as square before transitioning to round above. Most of the flared capitals are missing, but evidence of one remains. The top of the posts also have some remaining scrolled decorative brackets. The stairs for the east ell are gone except for a slate base. Both porches have a fixed metal ladder on one side. The west ell porch has woven metal grates covering the entire first floor opening.

The rear elevation of the Administration Building has a granite stoop at the center entrance with a rusticated base, five steps, and knee walls with thick coping and square column newels.

The rear elevation of Hospital Building No. 2 has a three-story porch across the center block. The porch is supported on a rusticated granite foundation and consists of a reinforced concrete floor and ceiling structure with tall brick piers. The concrete floor is scored in a checkerboard pattern of large squares with a wide border. The flat roof of the second floor porch serves the open third floor level. Each porch level has a brick balustrade with bricks laid in a perforated pattern and topped by a concrete rail. The porch is accessed at the center bay by a brick and concrete straight run stair with 14 steps. Sections of elaborate wrought iron grilles with a curved design remain at the basement level.

The rear elevation of Hospital Building No. 2 also had two-story brick porches at the ward wings. These porches have been removed, with only the granite foundations remaining. Scarring on the wall surface indicates the presence of attached porch elements.

The end elevation of Hospital Building No. 2 has a large stoop of brick and concrete. The 13 concrete steps rest on a granite foundation and have brick knee walls with concrete coping. A shallow recessed stairwell is situated perpendicular under this stoop to provide direct access to the basement. An opening cut into the side of the upper stair structure allows for borrowed light.

6. Chimneys: The Main Hospital has ten internal chimneys, each oriented perpendicular to the main elevation. Six are located on the main block of each section, flanking the roof ridges. The other four are located between the hyphens and side wings of Hospital Buildings No. 1 and 2, on the south roof slope. The brick chimneys have limestone belt courses and concrete caps with decorative brackets. With the exception a connection to the fireplace on the first floor doctor's dining room in

Building No. 1, these chimneys do not reach below attic level. They are false chimneys that serve as roof ventilators for the ventilation ductwork running from various rooms below. Currently the chimney openings are covered with plywood.

7. Openings: The Main Hospital has consistently spaced openings in a logical hierarchy of size and ornament. The largest and most decorated openings are located on the first floor front elevation while basement and attic level are more modest. The rear elevations have a similar, but plainer treatment.
 - a. Doorways and doors: The main exterior doorways are located on the front elevation at the center bay of each of the three sections. These openings share a Georgian Revival architectural vocabulary but they are not identical. The Building No. 1 doorway has a segmental arch opening with a smoothly dressed limestone surround including quoins and a high relief face in the keystone. The face appears to be male, with a slightly frowning expression and long hair and a helmet or fitted cap. The inner edge of the doorway has an inset ovolo molding. The wood, two-leaf door has two recessed panels in the lower half and a single pane of glazing above. It has a large eight light movable transom above with a curved top rail and evidence of a two-leaf screen door that is no longer extant. The door knob is a simple round metal knob and plain rectangular escutcheon with a keyed dead bolt above. The Building No. 2 front door has a similar limestone surround and molding with the Classically-inspired male face offering a happier expression. The wood, two-leaf door is also similar, with two recessed panels below a larger section of single light glazing, approximately two-thirds of each door. The two-light transom has a curved top rail.

The Administration Building front door has a similar limestone surround with the additional embellishment of a console at the limestone keystone and raised quoins along the sides. The two leaf wood door has a movable two-light transom with a curved top rail following the segmental arch of the opening. The inset door frame has a thick bead and an ovolo curve molding. Each leaf has two recessed panels in the lower third; the rest is glazed with wire glass. This glass and the hardware including pintle hinges and round metal knobs with a plain escutcheon appear to be later modifications. There is a keyed lock above the knob in the escutcheon.

The doorway at the center bay of the rear elevation of the Administration Building is a simplified version of the one on the front elevation. The door is a two-leaf wood door with three recessed panels in the lower section and opaque wire glass in the upper third. The transom has a curved top rail. The metal knob and escutcheon hardware is the same as the front door. The opening has a metal threshold.

Another doorway is located at the basement level on the front of the Administration Building at the northwest side of the projecting center block. This doorway is accessed via a shallow well with two granite and one slate steps down to a concrete floor. The doorway leading to the former NPS Carpentry Shop also

located at the basement level of the Administration Building rear elevation. This is a modified window opening with a plywood shed-roof shelter over it near the southwest corner.

Additional basement level doorways accessed via recessed wells are located at the inner corners of the rear elevation of Building No. 1. These wells are covered with plywood structures with corrugated metal roofs. They are deeper with seven slate steps. The doors here are wood with two recessed panels on the bottom section and glazing the top third. They have auto-closers and a round metal knob and rectangular escutcheon.

The major exterior doorways at the rear of Hospital Buildings No. 1 and 2 are located at the porches across the center block of each building. Each level of the two-story porches at the ends of the Building No. 1 ward ells has two doorways. The doors here are narrow two-leaf French doors with a solid wood panel in the lower third. The doorways are topped by a large two light transom. The door lights are filled with wire glass while the transom lights are clear.

Each level of the three-story porch at the rear of Building No. 2 has three doorways, each flanked by windows. Each door and window group shares a limestone lintel and is separated by engaged brick piers. The outer frame of each group is alternating blocks of brick and limestone. The doorways do not have additional applied trim and have been filled with plywood, with the doors and frames removed. There are also doorways at the ell porches located at the center of each ward end wall on both the first and second floors. These openings have also been filled with makeshift plywood doors. Another door at the basement level of the west ell of Building No. 2 has a concrete ramp that comes out of the building then turns 45 degrees to the east with an additional section of six inch white glazed square tile.

The large stoop at the center of the east end elevation of Hospital Building No. 2 includes doorways at the basement and first floor levels. The basement level opening is a large rectangular opening with a brick jack arch. The door is no longer extant and only one side of the door frame remains. The first floor door opening is set into the brick wall with a flat limestone course at the upper corners and top with a keystone at the center. This decoration is continuous with the belt course and the matching decoration over the window openings. The door here is also gone and the opening filled by a temporary door and surround fashioned out of plywood.

The west end elevation at Hospital Building No. 1 has a doorway inside the covered corridor at the basement and first floor. This corridor was rebuilt in the 1930s but this was an original exterior opening with a smaller shelter. The rectangular openings here have a simple brick jack arch. The basement opening door has been removed, with only pieces of the wood frame remaining. At the first floor there is a two-leaf wood door with recessed panels in the lower half and

glazing above. It has round metal knob like the other extant exterior doors. It is topped by a large four light transom covered on the exterior with an early wire grate.

- b. Windows: The Main Hospital features regularly spaced fenestration with window opening sizes and shapes varied by floor. The first floor has large segmental arch openings at the center blocks of each building section. The second floor has rectangular openings, while smaller square openings appear at the third floor. The typical basement opening is rectangular and outlined by a thick rusticated granite surround on the front elevation and a limestone surround on the rear. The first floor openings at the center block of each section are most highly ornamented with a surround of limestone blocks alternating with sections of brick. Each opening has a plain limestone keystone. The windows have limestone lug sills; at the second floor the window sills are continuous with a belt course. Another belt course near the top third of these windows traces across the top of the opening in the appearance of a window hood. A brick jack arch and limestone keystone continues the pattern of alternating brick and limestone at the top of the second floor window openings for the center blocks of Hospital Building No. 1 and No. 2. On the third floor, the Administration Building has rectangular window openings outlined with a limestone surround with shallow quoins on the sides. The belt course serves as the sill and the limestone fascia as the lintel. The third floor window openings of Hospital Buildings No. 1 and 2 have a similar treatment, except with alternating limestone and brick on the sides. These openings are smaller and squarer. The lower side wings of Building No. 1 and No. 2 have rectangular openings on the first and second floor with flat limestone sills and lintels integrated into the belt coursing and no ornamentation on the sides. This window opening treatment continues around the side elevations and rear ells of each building.

The typical window sash are double hung wood, with a two over two lights. The larger openings also have movable transoms. The smaller sash at the third floor and basement are usually one over one light without transoms.

Sets of three windows appear at the third floor rear elevations of the hyphens at Buildings No. 1 and 2. These four window groupings correspond to the location of the operating rooms and laboratory. The rear of the center block of Building No. 1 and the Administration Building also have windows spaced unevenly with the rest of each floor; this bay corresponds to the location of stairwells.

The basement level windows on the rear of Building No. 2 are rectangular openings with brick segmental relieving arches and rusticated slate sills. The rear elevation window openings on the first and second floors at the porches are rectangular brick jack arch.

8. Roof:

- a. Shape, covering: The Main Hospital has hipped roofs covered with flat red terra cotta tiles and copper ridge seams and accents. At the Administration Building the roof has a high pitch with a flare closer to the eaves. The center pavilions of the two flanking buildings have the same roof configuration at a slightly shallower pitch. The wings to the rear of all the sections have cross hip roofs, with the hip continuing to the front wings on Buildings No. 1 and 2. Small sections of gable roof are over the connecting hyphens between the Administration Building and each hospital section.
- b. Cornice, eaves: The Main Hospital has a shallow box cornice with thick dentils alternating with sections of ogee molding, a flat fascia, and shallow eaves. The cornices are limestone on the Administration Building and Building No. 1. Building No. 2 has the same cornice design executed in buff-colored terra cotta, which has deteriorated more than the limestone versions. The Main Hospital has copper gutters crowned with a repeating pattern of stylized accretion and circular motifs. The gutters now drain into external PVC piping.
- c. Dormers: The Main Hospital features several types of dormers. The most common are small bulls-eye dormers sheathed with copper. The original round wood sashes have been replaced by plywood. The original sash was attached at the sides and pivoted open horizontally. These dormers appear on each side of the four wings on Hospital Buildings No. 1 and 2 (eight each wing - one front and back, three each side), on the sides of the Administration Building roof (three each) and on the main roofs of Buildings No. 1 and 2 (two on front and back and one on each side).

A larger gable roof dormer appears at the center of the front and rear roof slopes of each of the three building section center blocks (six total). These dormers have brick sides with alternating sections of brick and limestone on the front and copper roof sheathing. On Buildings No. 1 and 2 these larger dormers are placed between bulls-eye dormers described above. On the Administration Building there is a third type of dormer to either side of these dormers. This type is a small gable roof dormer sheathed with copper on the roof and sides.

- d. Skylights: The Main Hospital has a variety of skylights were used to illuminate treatment areas on the third floor and to light the stairwells from above. The six stairwell skylights are located at the hyphens, both between building sections and at between the center blocks and side wings of Buildings No. 1 and 2. They feature tall tiled sides with a clerestory of windows below the pyramidal top. They are oval in shape and a mix of movable and fixed lights filled with wire glass. The sets of three movable lights on the sides are operated by a bar and gear mechanism. Historic photographs indicate that originally the clerestory had a pattern of crossed muntins. Smaller rectangular or square skylight openings found throughout the third floor of Hospital Buildings No. 1 and 2 are covered with a pyramidal structure. Most of the glass is wire glass and only a few of the skylights have mechanisms to open parts of the sash. From the interior the

skylight openings in Building No. 1 tend to be sheathed with varnished bead board. In Building No. 2 the openings are often plastered. Noteworthy spaces with skylights include the original operating rooms in Building No. 1, and the later operating room, sterilizing room, and laboratory in Building No. 2.

C. Description of Interior:

1. Floor plans: The original floor plans of the Main Hospital consisted of long double-loaded corridors of offices, patient, service, and staff rooms at the basement through third floors, with large wards located on the first and second floor in the rear ell wings of Buildings No. 1 and 2. The first two building sections, New Hospital (Hospital Building No. 1) and Administration Building also had a center hall going from the front to rear. This floor plan is still largely intact, except for changes to the Administration Building. Renovations for National Park Service office space in the 1980s changed the layout of the first and second floor. Earlier changes altered some of the original room configurations, adding or subtracting walls, particularly on the third floor of the Administration Building and Building No. 2.
2. Stairways: The Main Hospital has nine stairways; six of these travel from the basement to third floor. These six main stairways are located at the north side of the Building No. 1 and 2 hyphens between each center block and its side wings, and at the south side of the center hall in Building No. 1 and the Administration Building. The center stair of the Administration Building continues to the attic.

The two hyphen stairways in Building No. 1 have wide open wells and a double-L configuration with ninety degree turns at the landings. They have a metal structure, with steel posts supporting the inner edges and steel stringers, balustrades, and newel posts with drops. The Building No. 1 stairs have slate treads and landings, and wood handrails along the inner edge, in addition to woven iron grates. At the east hyphen the stair well contains a metal cage elevator shaft.

The two hyphen stairways in Building No. 2 are similar open well stairways, in this case with half pace landings. These stairs also travel from the basement to the third floor, although the east one is heavily deteriorated. They have a metal structure with wrought iron stringers, square column newel posts with decorative drops, and a balustrade of thin square rods set between horizontal rods. A curved metal rod attached to the outside of the string with a round medallion provides additional support to the metal handrail base at regular intervals. The outsides of the strings and landings are also ornamented with raised panels filled with thin fluting. The handrails, treads and landings are wood, with a non-skid plastic covering the treads.

The stair at the south side of the center hall of Building No. 1 is a narrower open well with half pace landings. The section between the basement and first floor is a separate straight run stair located directly below. It has a metal structure with decorative newel posts and drops, slate treads, and wood handrail that ramps before connecting to a newel post. The metal balusters are thin with scrolled sections at the bottom.

A double-L open well stair is located at the rear of the Administration Building center hall, traveling from the basement to the attic. An elevator is located in the well and the stair makes ninety degree turns at each landing. The stair has a metal structure with slate treads and no handrails. There is a curved curtail step at the bottom of the section leading from the third floor to the attic.

The connecting hyphen between Building No. 1 and the Administration Building has another open well stair traveling from the first to the third floor along the south wall. The unusual form of this stairway relates to the change in level between the original section of the hospital and the Administration Building. It is cantilevered from the wall and curves around in a combination of straight run, half pace landings (west side), and steep sections of winder stairs (east side). This stair has a metal structure and balustrade, with slate treads and molded wood handrails. A curved wrought iron bracket is located at the base of the posts, in a manner similar to the exterior porches at the south end of the Building No. 1 wards. The newel posts have a decorative drop at each ceiling level. At the first floor the newel post is angled to create a slight curve in the balustrade and the bottom step.

Another stairway is located at the north side of the Building No. 2 center hall to provide access between the third floor and center attic. This open well stair has a half pace landing and metal structure and balustrade with thin metal balusters. The stairs and hand rail are wood; most of the stairs are heavily damaged making the stairway unusable.

A small straight run of wood stairs is located in the connecting corridor at the west end elevation of Building No. 1. This stair starts with two stone steps leading to a wood landing, travels along the north wall, and ends at a large wood landing across the first floor. It has a large turned wood newel post and turned wood balusters with a molded hand rail.

There are short flights of stairs leading from the entrance foyer to the center hall in each building section. In Building No. 1 and 2 these stairs are marble. In Building No. 2 they appear to be slate. They are now covered with a wood floor added when this entrance was closed and the foyer incorporated into a dental clinic.

Wall-mounted metal ladders located inside closets at the west end of Building No. 1 and the east end of Building No. 2 provide access to the roof via hatches.

3. Flooring: The Main Hospital has several different types of flooring, with a mix of wood and concrete subfloors. A common floor treatment in the hallways of Building No. 1 and the Administration Building is a checkerboard pattern of tan and black linoleum squares with a black border. The center hall of Building No. 1 and the front entrance foyer of the Administration Building have white marble in a similar pattern. In many of the rooms sheet linoleum has deteriorated to reveal wood subfloors. Another common floor surface for Hospital Building No. 2 is a red composition

material of asbestos and ground granite, with a continuous baseboard of the same material. Some areas of the second floor of Building No. 2 appear to have original wood tongue and groove floors.

Original bathrooms throughout the Main Hospital have white two-inch hexagonal tile floors, often with drains. The areas with hexagonal tile also have marble thresholds. Several rooms on the third floor of Building No. 1 have floors of ten-inch marble squares with marble baseboards. The kitchen and mess hall areas of the basement have six-inch red quarry tile floors. Concrete floors scored into a pattern of large checkerboard squares with a border are located in the Administration Building.

4. Wall and ceiling finish: Walls and ceilings through the Main Hospital are plaster on structural clay tile or brick. There appears to be three generations of structural clay tile - a red 12 by 6 inch structural tile, a more common and later 16 inch square red variation, and a large white plaster type used in some added interior walls. Much of the finish plaster has crumbled and fallen on the floors. Hospital Building No. 1 has wood picture and chair rails in most rooms, including the stairwells. The chair rails have a bolection profile and are generally placed fairly high on the walls. Typical baseboards are either tall wood (throughout center block of Building No. 1) or the asbestos composite material found throughout Building No. 2. Some of the rooms appear to have a slight curve at the corners and cove, but this sanitary measure would have been counteracted by the presence of baseboards, chair rails, and picture rails. Original bathrooms and specialized treatment rooms such as the operating rooms have white subway tile wainscots of varying heights with cove molding at the bottom. Areas of the Administration Building modified by the National Park Service during the 1980s have drywall mounted on two by four wood studs inside the original walls. The entrance foyer of Building No. 1 has shallow niches on each side with a round arch top.
5. Openings:
 - a. Doorways and doors: The typical doorway between sections of the hall and into the wards is a rectangular two-leaf opening. The many doorways along the double loaded corridors usually have rectangular single-leaf openings. Each of the building sections has a fairly consistent typical wood door and molding, with some later variations. Connecting doorways between rooms and closets also exhibit the doors and molding typical for each building. Periodically metal doors with small square fixed wire glass lights appear in the hallways; these are probably replacements from the 1940s/early 50s. Most interior doorways have movable transoms to facilitate ventilation.

Building No. 1 generally has solid wood doors with five recessed panels trimmed with molding and topped by a movable transom. The typical door trim here is a wide dark brown varnished wood with mitred corners and a thick ovolo molding on the edges. The doorways have marble plinths at the bottom. Exceptions are the wide single leaf wood veneer door replacing the original two leaf doorway at

the second floor hall between the center block and hyphens. The remainder of the doorway opening space was filled with wood panels.

The renovated sections of the Administration Building's basement, first, and second floor have c. 1980s hollow core doors and simple mitred trim. On the unmodified third floor of the Administration Building the typical door is a five panel solid veneer door, sometimes with transoms. The door frame has trim, but all additional molding has been removed, with the ghosts visible in the plaster.

Building No. 2 generally has solid wood doors covered with veneer. The brown varnished trim here is flat with mitred corners and a three-inch wide recess in the center. Often spaces originally outfitted as bathrooms in this section have flat marble trim, six inches wide around the inside of the doorway, with typical wood trim on the hall side of the opening.

Several notable plastered openings without doors are located inside the Main Hospital. A large arched opening is located at the rear of the center hall on each level of Building No. 1. Smaller round arched plastered openings are located on the third floor of Building No. 1 and the Administration Building.

- b. Windows: The interior window molding is removed or damaged in many areas, but there is enough surviving fabric to characterize this feature. In Building No. 1 the typical interior window trim is a wide dark brown varnish with a thick ovolo molding on the edges, like the doorways. The original bathrooms in this section have marble window sills. The renovated sections of the Administration Building have built-out window trim while the third floor typical has untrimmed windows with wood sills and wide aprons. In Building No. 2 the typical interior window trim is dark brown varnish or painted with a three-inch wide recess in the center, like the doorways. The windows here have a shallow sill and flat wide apron. In original bathrooms the window trim is flat six-inch wide marble with a marble sill.

At the west end of the second floor hall for Building No. 1, the window opening was altered when the brick covered corridor below was rebuilt. The current window is a now a six-light wood sash French window with a four-light transom.

6. Decorative features and trim: There is a glass and wood paneled partition across the north side of the center foyer in Building No. 2. This feature was added to create a dental clinic and laboratory in this area c. 1930.

A fireplace was located in Building No. 1 at the room directly to the east of the rear center hall, which was built as a doctor's dining room. The fireplace appears to have been functional but primarily used for atmosphere, not heating. The wood mantel is gone, with only the brick firebox and hearth remaining.

7. Hardware: The hall doors in Building No. 2 have large double spring hinges with a catch mechanism. More typical pin hinges are used in other areas of the building.

The typical door knobs throughout are a round metal knob with a plain rectangular escutcheon. The ward doors in Building No. 2 have metal push plates. There are a metal fire hose holders located at the stairwells in Building No. 1 and No. 2.

8. Mechanical equipment:

- a. Heating: The Main Hospital was heated via cast iron radiators linked to a central steam boiler located in the Island 3 Powerhouse. There are several generations of radiators still extant although they are no longer functional. The oldest appear to be those in Building No. 2, which tend to be taller with a wide tube, rounded at the top. Building No. 1 has radiators throughout that appear to be c. 1920s replacements. These are typical radiators of the period with slimmer tubes that are squared off at the top. Wall-mounted radiators occasionally appear in bathrooms and the areas of the Administration Building modified in the 1980s have electric baseboard heaters.
- b. Ventilation: A system of gravity fed ducts and air intakes helped circulate fresh air through the Main Hospital and out of the chimneys. This system is most elaborate in Building No. 1, which has twenty-four ducts venting through the two chimneys in its central attic. Each of these ducts appears to be linked to one room within the hospital; avoiding sharing air and germs between rooms was a medically recommended building practice in this period. Each of the four large wards in Building No. 1 has evidence of four vents located in the south wall. Rooms on the north side of the hall also have evidence of vents in a variety of wall positions (high and low).

In addition the west attic of Building No. 1 has a large duct on its north side which gathers seven separate ducts. These ducts go up over the bathroom near this corner to vent through the closest chimney.

The ducts seem to have been shared in the Administration Building, with numerous vents gathering in large outtakes at each of the two chimneys in the attic. A motor drive fan that appears to date to the 1930s was attached to the east ducts. It is marked "ILC Self Cooled Motor Fan, Chicago, 30 in." The west duct has been disconnected and pipes run through its main stack.

Building No. 2 seems to have a smaller number of rooms with dedicated ventilation ducts, perhaps because of the construction of the Contagious Disease Hospital on Island 3. There is one large duct running to the east chimney in the center attic. Evidence of multiple intake vents is visible at the north wall of each ward, at both the ward and hall sides. Additional ducts run to the side wing chimneys from the operating and sterilizing room on one side and the laboratory on the other.

Wall-mounted electric fans appear throughout the Main Hospital, often on top of plastered-over vents.

- c. Lighting: The Main Hospital was built with electrical service although the surviving light fixtures probably date to the 1920s and 30s. Pendant-style incandescent ceiling fixtures hanging on chains are common. The shades include open porcelain coated metal, and closed opaque glass shades in several simple shapes. One notable ceiling light shade found in a number of Building No. 2 rooms has gold decorative motifs on the white opaque shade. Ceramic wall sconces are also found throughout the Hospital, particularly between each window in the large wards.
- d. Plumbing: Numerous bathrooms throughout the Main Hospital exhibit a number of styles of plumbing fixtures, mainly dating from c. 1900 up to the 1930s. Sinks are also located in many rooms used either for medical examinations or as employee quarters. The oldest fixtures are porcelain coated cast iron and typically have chrome or nickel faucets with separate hot and cold service. One common style of sink has a single turned leg. Ceramic or vitreous china sinks, toilets, and tubs dating to the 1920s and 1930s are the most numerous type of plumbing fixture. The toilets are often a tankless type. Various styles of ceramic urinals are also found. Early shower stalls in several bathrooms have a terrazzo base and marble sides. Later shower stalls have composite cement or metal bases and metal sides.
- e. Elevators: There are three elevators in the Main Hospital; these elevator shafts were included in the original construction of each section and the machinery altered or renovated several times over the years. An elevator is located in the center of the Administration Building stairwell and travels from the basement to the third floor. The machinery and counterweights are visible in the Administration Building attic. The cab has a sliding solid metal door. Another elevator was located at the east hyphen stairway in Building No. 1. The cab and machinery have been removed although the cage shaft remains in the stair well. A third elevator was included in Building No. 2. The shaft runs through rooms near the center of the south side of the building. The elevator door opens at the transverse hall with a hinged metal door with a small fixed wire glass light. A metal sconce with a metal arm extends into the hall with an opaque white closed glass shade. Housing for the machinery is located in the center attic of Building No. 2.
- f. Dumbwaiter: A dumbwaiter was located at the north hall wall of the Administration Building. The ghost of the now plastered dumbwaiter opening is visible on the third floor. The top of the shaft and some rope and pulling are still located under a wood hatch in the attic floor. Part of the bottom section of the shaft is visible near the electrical room in the basement.
- g. Refrigerator: A large walk-in refrigerator is located in the Administration Building basement, in the former location of the kitchen.

D. Site:

1. Historic landscape design: The limited land area around the Main Hospital on Island 2 was improved with lawns and flower beds after completion of the three-part building. A tennis court and pergola covered walkway was located between Hospital Building No. 2 and the Surgeon's House on the east end of the island (Figure 21). After the ferry basin between Islands 2 and 3 was filled in during the 1920s, the landscaping around the Main Hospital was again in need of improvement. The recommendations in the 1934 *Report of the Ellis Island Committee* for improvements to be funded by New Deal public works programs included landscaping of the new hospital recreation courtyard in the former ferry basin. These 1934 recommendations prompted the 1939 Planting Plan, which included planting the rows of London plane trees (*Plantanus acerifolia*) still surrounding the Main Hospital.¹²²
2. Outbuildings: The Hospital Outbuilding was built concurrently with Hospital Building No. 1 and housed various functions over the years including a laundry and staff quarters. See documentation HABS No. NY-6086-K for complete information including measured drawings, photographs, and a historical report.

PART III. SOURCES OF INFORMATION

- A. Architectural drawings: A computerized Drawings Index System for all types of Ellis Island architectural and engineering drawings is located at the Technical Information Center (TIC), Denver Service Center, National Park Service. Original drawings are digitized and available at <http://etic.nps.gov>. Specific drawings are cited in the footnotes for reproduced below as applicable.
- B. Early Views: The most useful sources for historic views of the Ellis Island hospitals are listed below. Specific images are cited or reproduced in this report as appropriate.

Still Picture Branch, National Archives and Records Administration, College Park, MD
RG 18-AA – Army Air Forces, Aerial Photographs
RG 90-G – Records of the Public Health Service - Historical Photograph File,
1880-1943
RG 121-BCP Records of the Public Building Service - Photographs of the
construction of Federal Buildings, 1885-1954

William Williams Collection, New York Public Library, New York, NY

Terence V. Powderly Photographic Collection, Catholic University of America,
Washington, DC

¹²² U.S. Public Buildings Service, Ellis Island Planting Plan, (October 1939), Drawing File No. 462/43968A, eTIC – DSC, NPS. For more information on landscape development at Ellis Island see documentation completed for the Historic American Landscapes Survey (HALS No. NY-9).

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Record Group 90 – Records of the U.S. Public Health Service, National Archives and

Record Group 121 – Records of the Public Buildings Service, National Archives and Records Administration II, College Park, MD.

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PART IV. PROJECT INFORMATION

Documentation of the Ellis Island Main Hospital (Ellis Island Island 2 Hospital) was undertaken in summer 2014 by the Historic American Buildings Survey (HABS), Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP). The project (part of Phase III of Ellis Island HDP documentation) was

sponsored by Statue of Liberty National Monument (STLI), John Piltzecker, Superintendent. Project planning was coordinated by Robert Arzola (HABS Architect) and by Diana Pardue (Chief, Museum Services, STLI). Field recording and measured drawings were completed by Paul Davidson (Project Supervisor and HABS Architect), Daniel De Sousa (HABS Architect), Dana Lockett (HAER Architect), as well as student architects Ruben Melendez (Polytechnic University of Puerto Rico), Diana Serrano (Polytechnic University of Puerto Rico), Emily Warren (University at Buffalo) and Laura Worrell (Clemson University and the College of Charleston). Lisa P. Davidson (HABS Historian) served as project historian. Contract photographer Joe Elliott completed large-format photographs during spring 2015.

PART V. ILLUSTRATIONS:

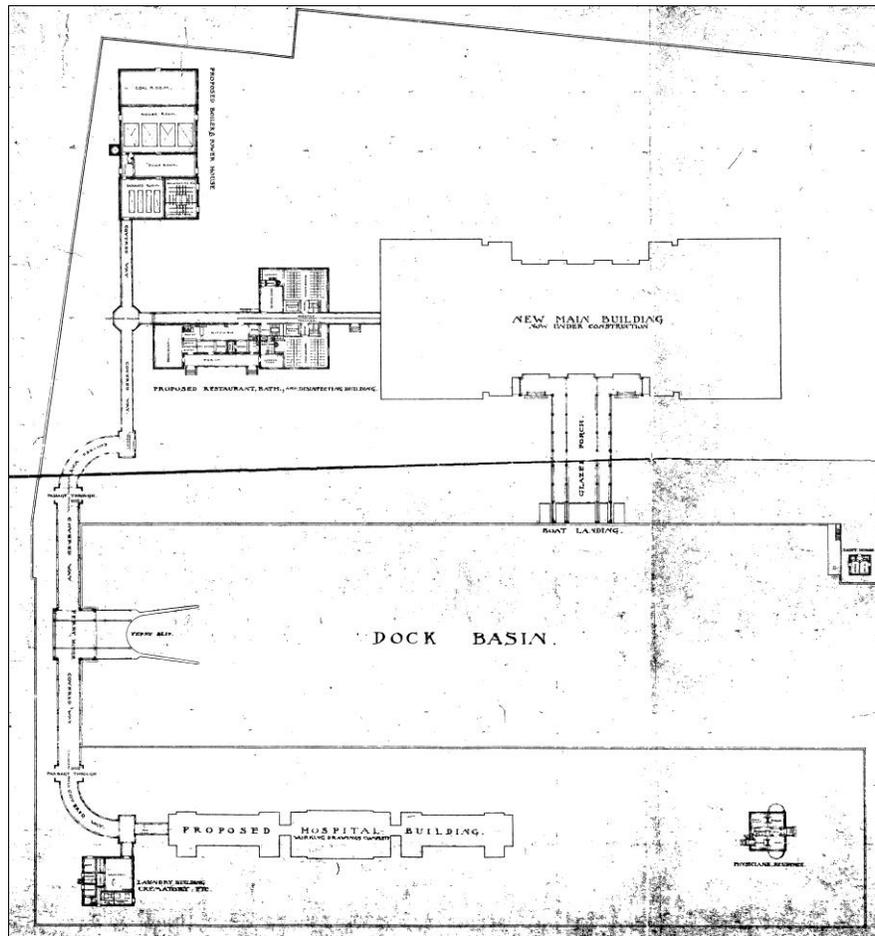


Figure 1: Original Site Plan with Proposed Hospital Building, Boring & Tilton, c. 1898.
Source: eTIC, Denver Service Center, National Park Service.



Figure 4: New Hospital (Hospital Building No. 1) Under Construction, 30 June 1900.
Source: Image 121-BCP-37D-19, Still Picture Branch, NARA II.



Figure 5: New Hospital (Hospital Building No. 1), 30 June 1901.
Source: Image 121-BCP-37D-4, Still Picture Branch, NARA II.



Figure 6: Rear View of Hospital Building No. 1, c. 1903.
Source: Image 416784, William Williams Collection, New York Public Library.

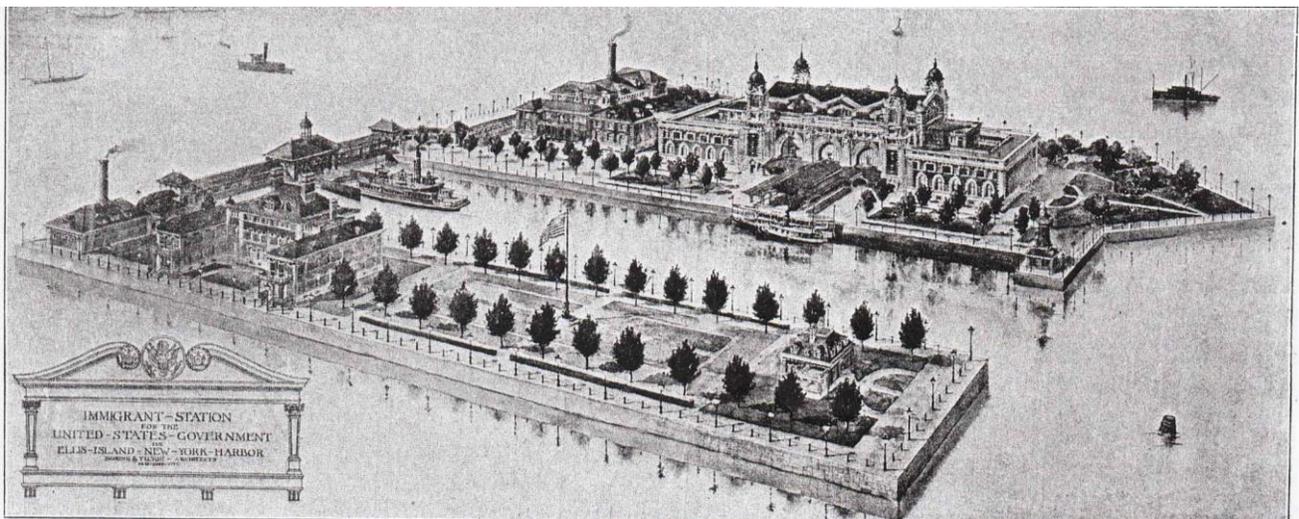


Figure 7: "Immigrant Station for the United States Government on Ellis Island, New York Harbor,"
Source: *Brickbuilder* 2, no. 7 (July 1902), 149.

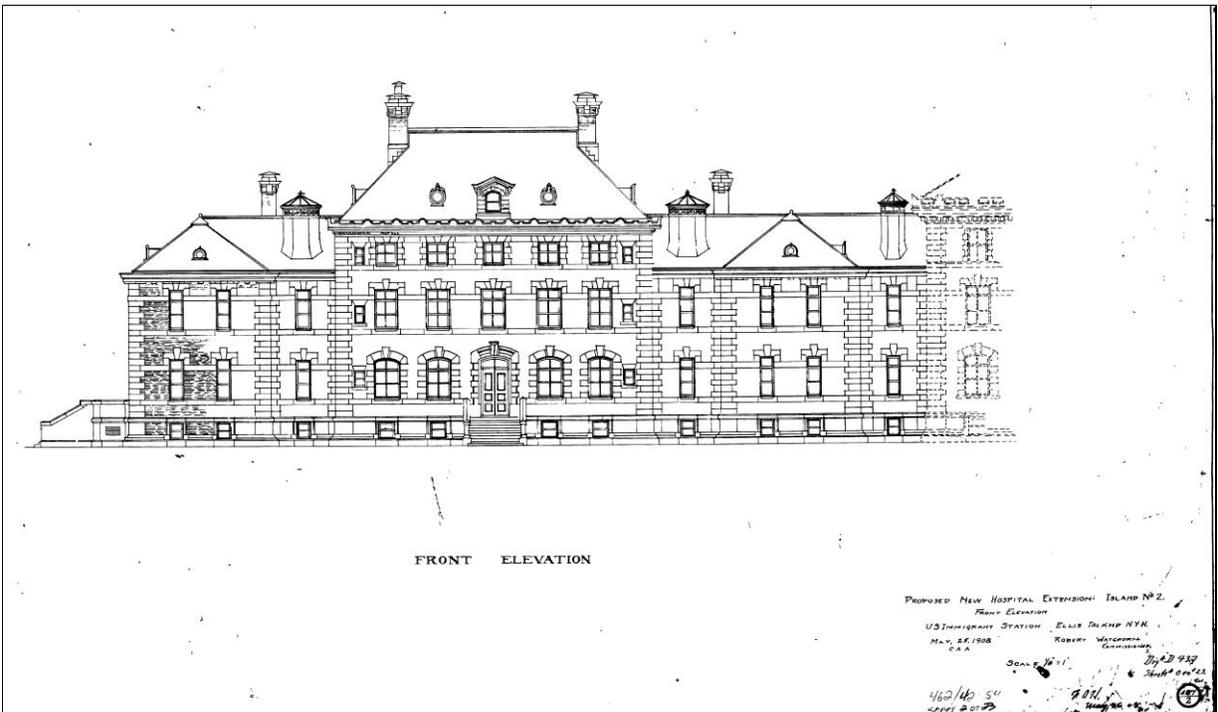


Figure 12: Front Elevation, Proposed New Hospital Extension (Hospital Building No. 2), 25 May 1908.
Source: eTIC, Denver Service Center, National Park Service.

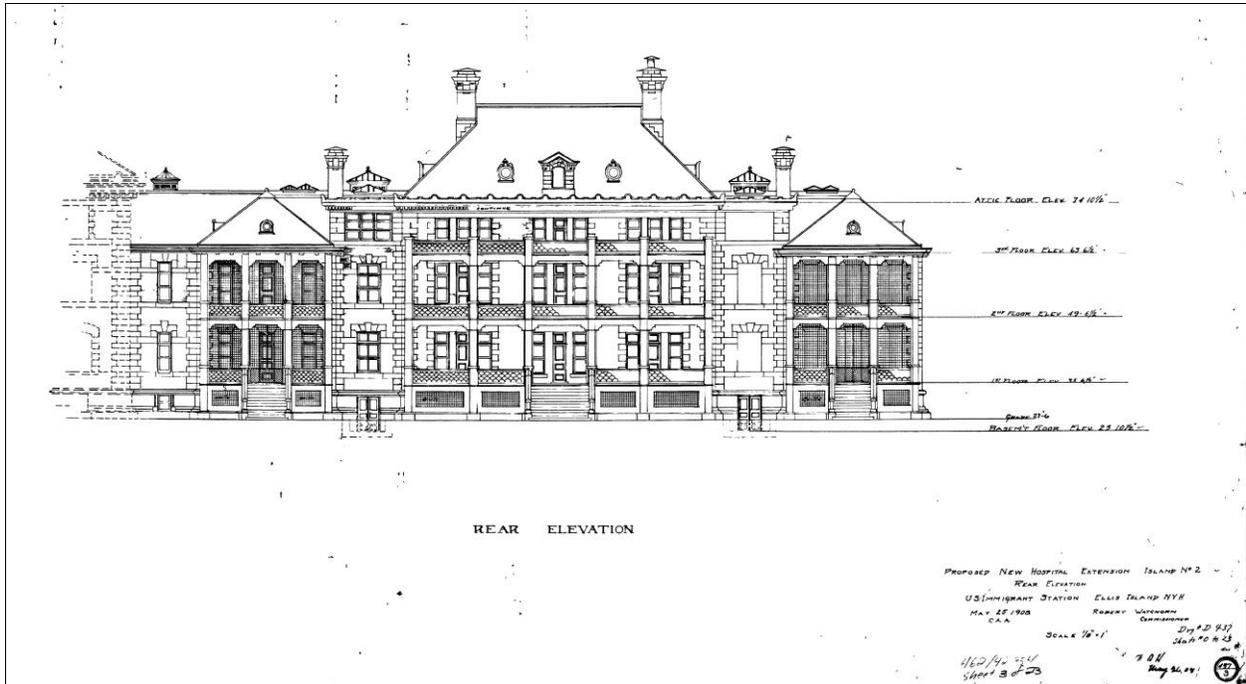


Figure 13: Rear Elevation, Proposed New Hospital Extension (Hospital Building No. 2), 25 May 1908.
Source: eTIC, Denver Service Center, National Park Service.

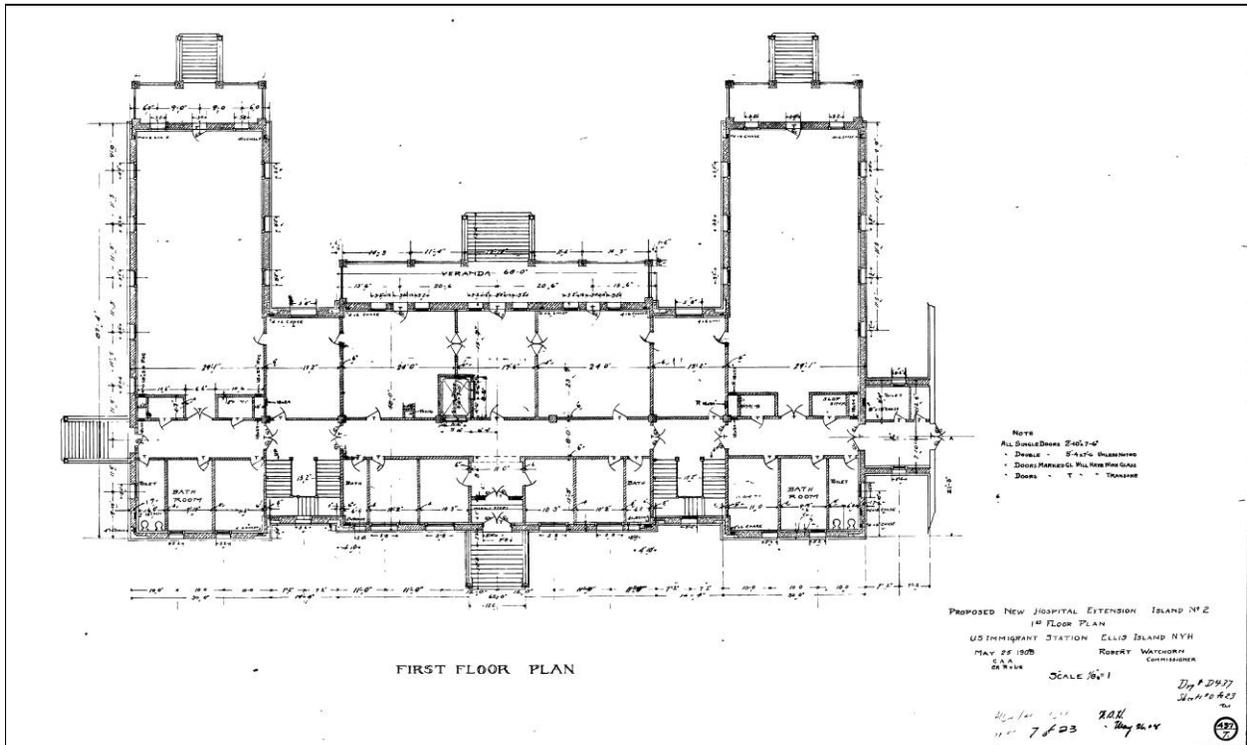


Figure 14: First Floor Plan, Proposed New Hospital Extension (Hospital Building No. 2), 25 May 1908.
Source: eTIC, Denver Service Center, National Park Service.

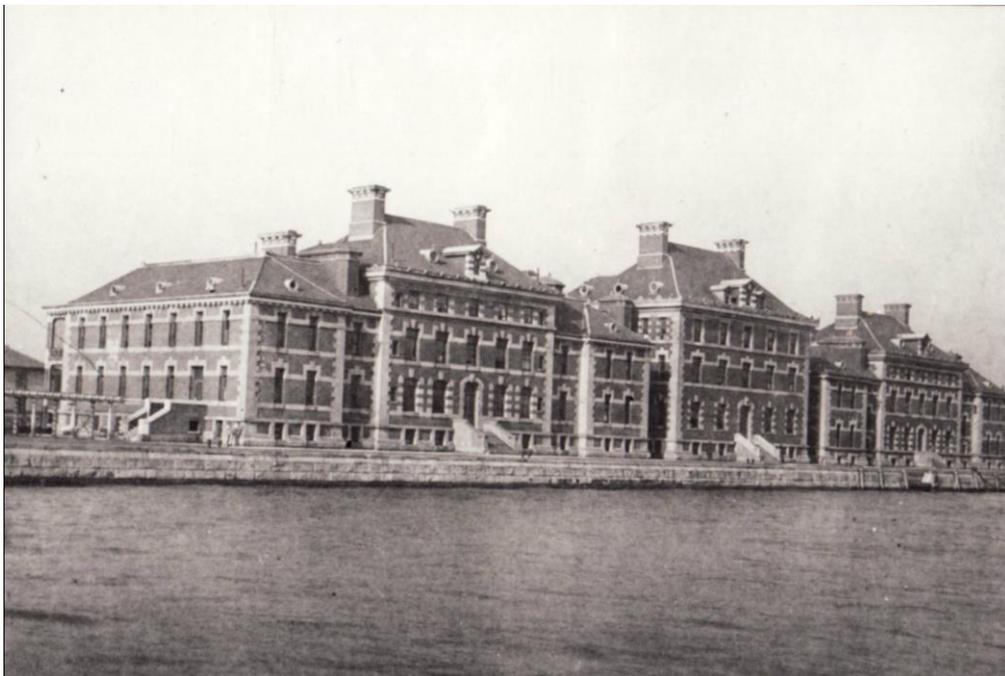


Figure 15: Main Hospital, Island 2, c. 1911.
Source: Image 90-G-90-1, Still Picture Branch, NARA II.



Figure 16: Seawall construction to fill the Hospital Ferry Basin, 20 October 1920.
Source: Image 18-AA-93-61, Still Pictures Branch, NARA II.



Figure 17: "Women's Ward," Main Hospital, c. 1925.
Source: Image 90-G-90-14, Still Pictures Branch, NARA II.



Figure 18: Female/Pediatric Ward, Main Hospital, c. 1930.
Source: Image 90-G-90-24, Still Pictures Branch, NARA II.

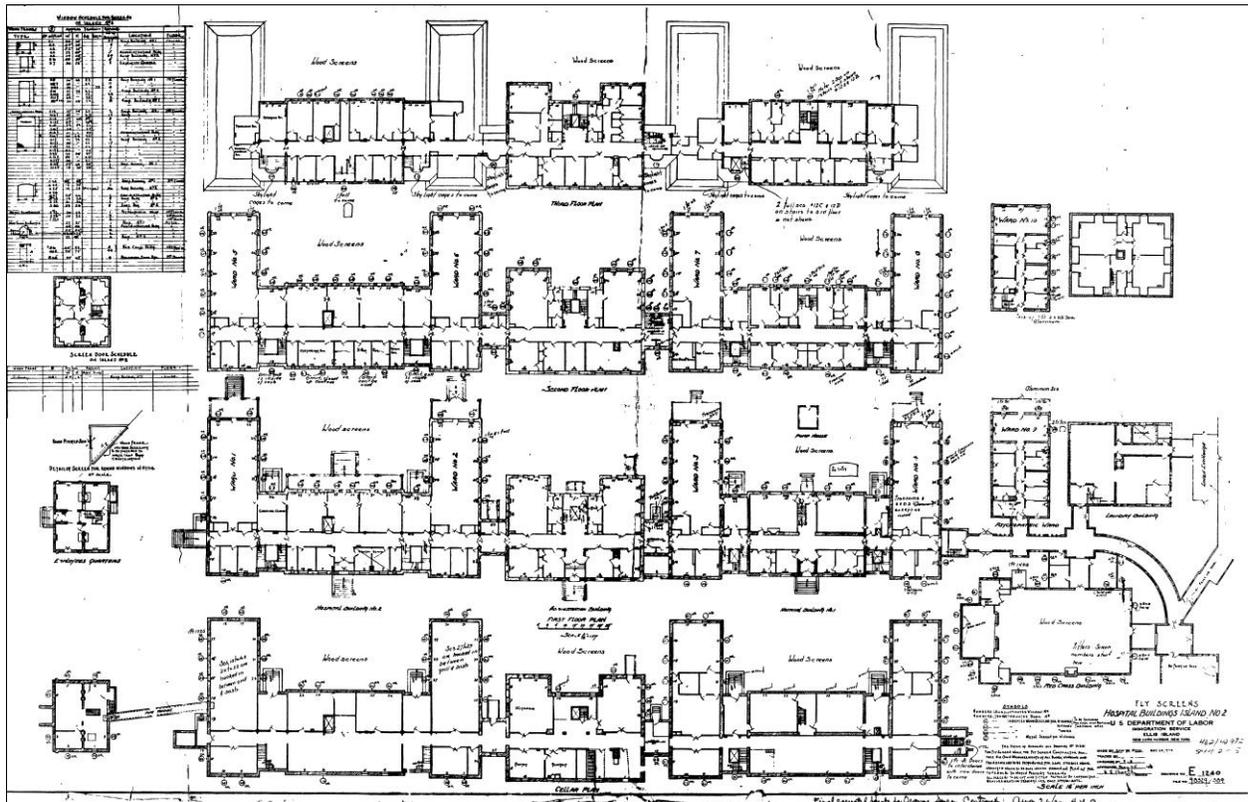


Figure 19: Main Hospital Floor Plans, 1932.
Source: eTIC, Denver Service Center, National Park Service.



Figure 20: Aerial view Showing Landscaping of Hospital Recreation Courtyard, 11 March 1940.
Source: Image 18-AA-93-58, Still Pictures Branch, NARA II.



Figure 21: Landscaping between Main Hospital and Surgeon's House, c. 1913.
Source: Image 416769, William Williams Collection, New York Public Library.