

ELLIS ISLAND, PSYCHOPATHIC WARD  
(U.S. Immigration Station)  
Statue of Liberty National Monument  
New York Harbor  
New York  
New York County  
New York

HABS NY-6086-U  
*HABS NY-6086-U*

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

## HISTORIC AMERICAN BUILDINGS SURVEY

### ELLIS ISLAND, PSYCHOPATHIC WARD (Ellis Island, Wards 9 and 10)

HABS No. NY-6086-U

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

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

Present Use: Vacant

Significance: The Psychopathic Ward was added to the Ellis Island U. S. Immigration Station hospital complex in 1906-07. The rest of the general hospital on Island 2 was built between 1901 and 1909. Adding this modest two-floor ward pavilion indicated recognition of the need for specific facilities for the observation and treatment of mentally ill immigrants. Revisions to the federal immigration law in 1907 were even more stringent about listing immigrants with mental disorders including “idiots, imbeciles, epileptics, the feeble-minded, [and] insane” as “Class A” or subject to mandatory exclusion. The Psychopathic Ward, later Wards 9 and 10, was used for extended observation of suspected cases, holding the acutely ill until return transport was possible, and detention of immigrants awaiting deportation for mental disorders that manifested with a few years of entering the country. The structure was designed by the New York office of the U. S. Public Buildings Service. This branch of the Office of the Supervising Architect of the Treasury was working for the Immigration Bureau of the Department of Commerce and Labor in consultation with the U. S. Marine Hospital and Public Health Service (USMHPHS) surgeons assigned to Ellis Island (after 1912, the U. S. Public Health Service or USPHS). The Psychopathic Ward was partially modeled on Pavilion F of the Albany Medical College. Built in 1902, Pavilion F was an early and influential example of a psychiatric ward attached to a general hospital.

The Psychopathic Ward is a two-story brick building with a flat roof and a rectangular footprint. Each floor housed either male or female patients in private rooms or small wards, with a dayroom and enclosed veranda, office and bath for a nurse, and a pantry/serving kitchen. The exterior materials and detailing blend with the Georgian Revival hospital buildings that flank it, but the Psychopathic Ward has a distinct profile as the only flat roof building in the complex. It is attached to the corridor connecting the Island 2 hospital complex buildings on its north façade.

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. In November 1952 the Coast Guard converted the interior of Ward 10 (second floor) into a brig facility. 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.

Historian: Lisa Pfueller Davidson, HABS Historian, 2010.

## PART I. HISTORICAL INFORMATION

### A. Physical History:

1. Date of erection: September 1906 - October 1907.
2. Architect: Chief Engineer and Supervisor, U.S. Public Buildings Service, New York, NY
3. Original owners: U. S. Department of Commerce and Labor, 1906-1912  
Subsequent owners: 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. Public Health and Marine Hospital Service (after 1912, U. S. Public Health Service)
5. Contractor: William F. Holding, New York
6. Original plans and construction: On August 23, 1906, the Chief Engineer of the U.S. Public Buildings Service New York City office completed drawings for a "Proposed Alteration of Hospital Corridor to Provide for the Accommodation of Insane Aliens." This drawing set includes elevations, floor and foundation plans, and a section (Figures 1-3).<sup>1</sup>
7. Alterations and additions: A number of alterations were undertaken on the Psychopathic Ward during the 1930s. First in late 1930 a vacuum pump room for the Island 2 heating system was added at the northeast corner of the building, with an entrance from the main corridor. This change included bricking over the window at the stair closet of the Psychopathic Ward. Then in

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<sup>1</sup> Original drawings for Ellis Island buildings are digitized and available from the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of the Interior at <http://etic.nps.gov>.

mid-1935, the connecting corridor at the north façade of the Psychopathic Ward was rebuilt with a gable roof. This change included a new roof for the adjoining pump room, filling the transom and installing a smaller door at the first floor, and converting the second floor door into a window. In 1936, the entire building was renovated and many of the changes still evident today were executed. The exterior porches on the south façade were removed and metal fire escapes installed (only the brackets for these remain). The center bay doors on both levels of the south façade were replaced at this time as well, with the openings reduced in size. The day rooms at the south ends of the building were divided into two rooms by adding structural terra cotta walls to extend the center hall the length of the building. The dormitory rooms on the east side of each floor were divided into two by a structural clay tile wall. The original single hall door into the dormitory was infilled and a new door added for each new room. The interior connecting doors between rooms on the west side of the hall were also infilled. Tall interior doorways throughout were redone to contain shorter metal doors. Acoustical tile was added to the hall ceilings and new marble toilet enclosures installed on each floor. Many of the wall mounted sinks were probably installed at this time as well. The granite steps at the north corridor entrance were replaced by a concrete ramp.<sup>2</sup>

In 1951 the U.S. Coast Guard Port Security Unit was using Wards 9 & 10 as a sick bay facility without any major changes. In November 1952 the second floor (Ward 10) was converted into a brig facility and various detention features were added such as the metal grate door across the center hall and security grilles on the doors, windows, radiators and light fixtures of selected rooms. Additional toilets were added in individual rooms.<sup>3</sup>

## B. Historical Context:

The United States Immigration Station at Ellis Island was perhaps the 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. 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.<sup>4</sup> This time federal officials sought to create a more permanent and distinguished structure.<sup>5</sup>

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<sup>2</sup> "Heating System Island #2 Pump House and Foundations Drawing No. D1153," (5 November 1930) NPS Drawing 462/42963, Sheet 1 of 2; "Drawing Showing Conditions South Pavilion D," (21 June 1935), NPS Drawing 462/42978, Sheet 1 of 1; "Wards 9 and 10 Plans, Drawing No. 10-3," (24 April 1936), Treasury Department, Public Works Branch, all accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center.

<sup>3</sup> "Sick Bay – Island 2 Existing Conditions, Drawing No. NY-1475," (July 1951), NPS Drawing No. 462/42992, Sheet 8 of 8; "Installation of Brig Facilities," Drawing No. NY-1553," (21 November 1952), NPS Drawing No. 462/42997, 3 Sheets, all accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center.

<sup>4</sup> 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.

<sup>5</sup> 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, *Historic American Buildings Survey (HABS) No. NY-6086, "Ellis Island,"* 2009. Prints and Photographs Division, Library of Congress, D.C..

The Office of the Supervising Architect of the Treasury quickly began planning a new facility.<sup>6</sup> In September, the 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.<sup>7</sup> The New York firm of Boring and Tilton won the competition. Their plan called for a monumental complex on “Island 1” with three, primary, “fireproof” buildings—an 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. Additionally, Boring & Tilton proposed a new island to the south across a ferry slip as the site of an imposing Georgian Revival hospital complex.<sup>8</sup> Both revival styles stood firmly within the Beaux Arts approach popular in late nineteenth century America. Each island was a discrete unit with Island 1 containing public spaces for immigrant inspection and processing, immigrant dormitories and related functions and Island 2 devoted to the more private, and quiet, needs of a hospital complex. Each island also had its own food preparation, laundry and sanitary facilities.

The Main Immigration Building on Island 1 opened December 17, 1900, processing 2,251 immigrants the first day.<sup>9</sup> Although the 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. Construction of the hospital buildings on Island 2 began in March 1899. Included in the new complex were the Hospital, the Hospital Outbuilding and the Surgeon’s House. Like the plan for Island 1, the hospital plan for Island 2 also placed the buildings on a linear, southwest-northeast axis. 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.

Uniformed medical officers of the U. S. Marine Hospital Service, part of the Department of the Treasury and predecessor to the Public Health Service, were integral to federal immigration policy from the start.<sup>10</sup> 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

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<sup>6</sup> 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 *Historical 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.

<sup>7</sup> 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.

<sup>8</sup> Stakely, 38.

<sup>9</sup> Stakely, 40-41.

<sup>10</sup> 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.

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.<sup>11</sup>

The work of the Marine Hospital surgeons continued to increase as the number of immigrants seeking entry through the Port of New York grew. In 1900, the eight medical officers inspected 448,572 immigrants.<sup>12</sup> The first section of the hospital opened in March 1902. However it was immediately deemed too small and requests were made for more funding to add the remaining portions of the original design.

The U.S. Public Health 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. As expressed by documentary filmmaker Lorie Conway in her account of the Ellis Island hospitals:

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.<sup>13</sup>

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 (1<sup>st</sup> and 2<sup>nd</sup> 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).

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 *Annual Report* for 1903, Williams particularly mentions that the facilities for medical inspection should be increased and the “medical force doubled, so as to reduce to a minimum the

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<sup>11</sup> As quoted in Unrau, *Historic Resource Study, Volume II*, 581 from *Annual Report of the Commissioner General of Immigration* (1898).

<sup>12</sup> Unrau, *Historic Resource Study, Volume II*, 583.

<sup>13</sup> 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.

possibility of insane aliens, or aliens with any kind of a contagious disease, entering this country.”<sup>14</sup> It is striking how the law and rhetoric placed mental illness on par with dangerous contagious diseases when seeking to exclude immigrants.

Screening for insanity was part of the standard medical inspection at Ellis Island, but clearly it was an imperfect process. Psychiatric care was rapidly evolving at the turn of the century, with an interest in supposedly scientific methods purported to cure acute cases. However the specialty was still in its infancy, with precise diagnoses of conditions such as schizophrenia and manic-depression still years away. The chronically insane or severely developmentally disabled still faced institutionalization with few options for care, without drug therapy or even controversial later methods such as electroshock therapy.<sup>15</sup> The professionalization of psychiatry brought changed terminology, with “madness” or “lunacy” falling out of favor and instead descriptive phrases such as “mental alienation” or “nervous disorder” gaining currency. The name “alienist,” derived from the phrase “mental alienation,” was commonly used to refer to a doctor specializing in mental illness. Later the term came to have a more narrow definition of a psychiatrist specializing in the legal aspects of mental disorders; that refined definition still seems apropos to the role of Ellis Island doctors in enforcing immigration law.<sup>16</sup>

Prior to the addition of a dedicated Psychopathic Ward to the Ellis Island hospital, suspected “mental cases” were observed in special male and female detention rooms in the Main Immigration Building or placed among the general hospital population in the open wards. Neither makeshift arrangement was considered effective for screening prospective immigrants for mental illness or dealing humanely with those clearly needing treatment.<sup>17</sup> Section 20 of the Immigration Act of March 3, 1903 specifically called attention to screening for mental “defects.” However the State of New York apparently perceived that the number of insane persons being admitted through Ellis Island to be a growing and dire problem. On March 14, 1904, New York State Assemblyman Fish introduced a bill entitled “An Act to Amend the Insanity Law, Providing for the Examination of Immigrants at the Port of New York to Ascertain their Condition.” Correspondence in the Bureau of Immigration files at the National Archives indicates great concern among the federal officials regarding this bill. Frank P. Sargent, Commissioner General for the Bureau of Immigration, submitted a memorandum noting his position that a state could neither enact immigration law, nor operate a review board at a federal immigration station.<sup>18</sup> Secretary of Commerce and Labor George B. Cortelyou asked New York

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<sup>14</sup> As quoted in Unrau, *Historic Resource Study, Volume II*, 223.

<sup>15</sup> Conway, 121.

<sup>16</sup> See “Appendix A Note on Terminology,” in Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 161-62. Yanni’s important study focuses on the nineteenth century Kirkbride-plan insane asylum.

<sup>17</sup> Beyer Blinder Belle/Anderson Notter Finegold. *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 1[Psychopathic Ward]*. (U.S. Department of the Interior, National Park Service, 1986), 94.

<sup>18</sup> Memorandum, F. P. Sargent (6 April 1904), File 52320/11, 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].

Governor B. B. Odell, Jr. to send of a copy of the bill for review by the Commerce Department solicitor.<sup>19</sup>

In a detailed response, Special Assistant to the Attorney-General W. M. Collier, acting as solicitor for the Secretary of Commerce and Labor, examined whether the state law was justified or valid. He wrote:

The proposed New York statute provides for the inspection and examination of all immigrants coming to the port of New York for the purpose of ascertaining whether any of them are “insane, idiotic, imbecile, or epileptic.” In the enumeration of classes intended to be embraced by the measure the New York bill covers substantially the same ground as the Federal law, except that it does not go quite as far.<sup>20</sup>

Collier explained that the state law might be justified under police power, if there was no federal law affording these protections. Because these federal laws did exist, the state law was invalid. He elaborated:

The bill is evidently based upon the assumption that the immigration laws, so far as they relate to the examination and exclusion of persons of unsound mind, are not effectively administered. If that be the case the State of New York should seek relief through its representatives in the Federal Government.<sup>21</sup>

In spite of warnings that a State review board would not be permitted to operate at the federal immigration station, and that the bill was in conflict with federal immigration law, it was passed and ratified by the Governor.

Later that year the conflict came to the attention of President Theodore Roosevelt. After receiving a letter from Governor Odell, he asked his staff to seek a report from the Department of Commerce and Labor. On December 14, 1904, B. F. Barnes, Acting Secretary to the President, sent a letter to Secretary of Commerce and Labor V. H. Metcalf seeking an explanation of reported friction between federal authorities at Ellis Island and the New York State Board of Alienists.<sup>22</sup> A response explained the background of the state bill and the ruling by the federal solicitor in April. It went on to state:

Although the bill has become a law notwithstanding the facts above recited, yet, so far as the Department knows, no application has been made by the State Board of Alienists, provided for therein, for permission to inspect alien arrivals at Ellis

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<sup>19</sup> Telegram (6 April 1904), File 52320/11, Entry 9, RG 85, NARA I.

<sup>20</sup> Letter, W. M. Collier, Spec. Asst to the Attorney-General, (14 April 1904), File 52320/11, Entry 9, RG 85, NARA I.

<sup>21</sup> Letter, W. M. Collier, Spec. Asst to the Attorney-General, (14 April 1904), File 52320/11, Entry 9, RG 85, NARA I.

<sup>22</sup> Letter, B. F. Barnes, Acting Secretary to President Theodore Roosevelt to Secretary V. H. Metcalf, Department of Commerce and Labor, (14 December 1904), File 52320/11, Entry 9, RG 85, NARA I.

Island, and as a consequence no friction or disagreement of any kind has occurred between the Commissioner at said port and the said Board.<sup>23</sup>

Ellis Island Commissioner William Williams provided additional information and detailed opinions to the Bureau of Immigration on this matter a few days earlier. Apparently the only contact made by the State Board of Alienists was an informal conversation with Chief Surgeon George Stoner. Stoner promised normal professional courtesy, but said he was not authorized to grant any formal recognition to state officials. Williams noted that it “would be quite impracticable to provide at Ellis Island for joint examination of arriving aliens with reference to insanity in which both the Federal surgeons and the State surgeons would take part. Experience shows that no good could come from any such joint action, nor is there any occasion therefor.”<sup>24</sup> Williams further stated that while there was no doubt that the care of the insane was an increasing burden for the State of New York, it was not due to lax medical inspection at Ellis Island.

In January 1905, Robert Watchorn became commissioner 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.<sup>25</sup> The number of mental cases identified rose steadily from 29 in 1900 to 128 in 1905 to 273 in 1906.<sup>26</sup> 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.

During this time Assistant Surgeon Thomas W. Salmon asserted himself as an authority on mental health issues. He arrived at Ellis Island in 1904, a country doctor from upstate New York with no previous training in psychiatry. He was assigned to the mental defect portion of the line inspection and sensed a professional opportunity.<sup>27</sup> According to Salmon, enhanced methods of detecting insanity among immigrants were essential to controlling this problem throughout the country. He asserted that “it is a fact that foreign immigration is alone responsible for the high rate of insanity which prevails in the United States,” citing various statistics to prove this “fact.”<sup>28</sup> He described the difficulty of diagnosing insanity during the line inspection, even for experienced alienists. He contended that even the best surgeons, versed in the peculiarities of different nationalities, could only indentify cases in need of further examination. Several weeks of observation might be needed for a proper diagnosis. To that end Salmon recommended the construction of a psychopathic pavilion for the hospital, as mixed open wards in the general hospital were not appropriate for these cases. Such a dedicated

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<sup>23</sup> Letter, James Rudolph Garfield, Acting Secretary, Department of Commerce and Labor to B. F. Barnes, (27 December 1904), File 52320/11, Entry 9, RG 85, NARA I.

<sup>24</sup> Letter, William Williams to Commissioner General – Bureau of Immigration, (23 December 1904), File 52320/11, Entry 9, RG 85, NARA I.

<sup>25</sup> Unrau, *Historic Resource Study, Volume II*, 235.

<sup>26</sup> Beyer Blinder Belle/Anderson Notter Finegold. *Historic Structures Report Units 2, 3 and 4, Volume 4, Part I [Psychopathic Ward]*, 95.

<sup>27</sup> Vincent J. Cannato, *American Passage: The History of Ellis Island* (New York: HarperCollins, 2009), 241. Cannato’s history includes an interesting account of the shift from screening simply for mental illness to intelligence testing.

<sup>28</sup> Thomas W. Salmon, “The Diagnosis of Insanity in Immigrants,” *Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service for the Fiscal Year 1906* (Washington, DC: GPO, 1906), 272.

pavilion “would provide adequate facilities for the observation of suspected cases of insanity; make it possible to give humane and efficient treatment to . . . victims of acute mental disorders; and afford a suitable place for the temporary detention of those awaiting deportation under Section 20...”<sup>29</sup>

Salmon’s report to the Surgeon General mentions including a plan for such a pavilion, but it is not clear whether he is referencing a sketch or perhaps an early architectural drawing for the Psychopathic Ward. He is looking to European models of “special wards for the observation of suspected cases and the treatment of acute, curable psychoses,” and also “Pavilion F” at the Albany Medical College Hospital in upstate New York. This two-story wing connected to the main hospital by a corridor was reportedly the first psychiatric ward in the United States attached to a general hospital. Dr. Jesse Montgomery Mosher was Clinical Professor of Insanity and Nervous Diseases at Albany Medical College. He established Pavilion F in 1902 after an 1895 trip to study hospital care in London, Berlin, and Vienna. Intended to offer moral treatment based in the latest scientific findings, Pavilion F was a national model for acute psychiatric care in teaching hospitals. The New York State Commission on Lunacy even requested that this ward be featured in an exhibit at the 1904 Louisiana Purchase Exposition in St. Louis.<sup>30</sup>

Salmon notes that the proposed Ellis Island psychopathic ward was intended to provide the “simplest and least costly structure” combining features of Pavilion F with other observation wards. In general, the pavilion should “conform to the architecture of the main hospital” and have an interior that meets modern hospital standards. Male patients would be on the first floor and female on the second. Salmon suggested a mix of two small wards (three or four patients each) and then four private rooms, given the nature of observation and diagnosis needed at Ellis Island. This recommendation seems to have been scaled back on the actual Psychopathic Ward, but others were implemented. Salmon suggested two rooms at one end of each hall for “maniacal cases” with a small bath in between for treatment by “continuous baths.” A double thick wall and the hall were intended to soundproof these rooms from the rest of the ward. These features appear on the plans. Also a service kitchen for each floor included an icebox and sink for serving meals delivered from the main hospital kitchen. Additional rooms mentioned by Salmon and incorporated into the design are nurses’ rooms and water closet, day rooms, and enclosed verandas for each floor.<sup>31</sup>

In 1906 New York State officials were still raising the issue of insane immigrants entering via Ellis Island at the highest levels. Following a meeting at the White House, Secretary of Commerce and Labor V. H. Metcalf proposed a solution to the problem. He began making inquiries to the Secretary of the Treasury and the Surgeon General as to whether there would be any objection to appointing the State of New York medical representatives to be acting assistant surgeons in the USPHS. This “simpler and more expeditious way of accomplishing the object in view” would assist the Government doctors and avoid the trouble of seeking legislation.<sup>32</sup> The

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<sup>29</sup> Salmon, 276.

<sup>30</sup> Irwin N. Hassenfeld, M.D., “Images in Psychiatry: Jesse Montgomery Mosher, M.D., 1864-1922,” *American Journal of Psychiatry* 160, no. 10 (October 2003): 1757. Accessed online at <http://ajp.psychiatryonline.org>

<sup>31</sup> Salmon, 276-77.

<sup>32</sup> Letter, V.H. Metcalf, Secretary of Commerce and Labor to Secretary of Treasury, (7 February 1906), File 52320/11, Entry 9, RG 85, NARA I.

State alienists would receive a token dollar per year and have the same uniforms and authority as the other Ellis Island doctors, thereby removing the complications of multiple jurisdictions conducting inspections. Dr. Alexander Lambert, representing the State Lunacy Commission, readily agreed, but USPHS officials must have balked at this loss of authority.<sup>33</sup> Surgeon General Wyman instead relayed to Ellis Island Chief Surgeon Stoner a new plan to invite three state alienists “as individuals to be present as often as they choose to witness the examination of immigrants at Ellis Island and that courtesies be extended them so that if they have reason to think that any immigrant who has been passed by the examiners may be insane they may invite your attention to the fact and you will give the matter further considerations.”<sup>34</sup> Stoner’s response was not located, but it is likely that he agreed to this arrangement in lieu of giving State doctors equal status with his medical staff.

The political pressure of local alienists and state officials, as well as Salmon’s recommendations, did serve to change psychiatric care at Ellis Island. Plans for adding a “psychopathic” ward to the Island 2 hospital complex were prepared just a few months later by the Public Buildings Service New York office. A two-story pavilion would be attached to the south side of the corridor on Island 2 between the main hospital and its laundry outbuilding. The first version of this building is a hipped roof design shown in drawings dated June 11, 1906. For unknown reasons, this design was replaced by a flat-roof scheme dated August 23, 1906. Female patients would be housed on the first floor and male on the second. Bids for the construction contract opened on August 20, 1906 and it was awarded to William F. Holding of New York on September 19, 1906.<sup>35</sup> Also arrangements were made during fiscal year 1906 to allow USPHS surgeons to receive training at the U. S. Government Hospital for the Insane in Washington, DC (St. Elizabeths) and for St. Elizabeths staff to come to Ellis Island for temporary duty. This measure was intended to “ensure a competent core of alienists at the Ellis Island or other immigration station.”<sup>36</sup>

Between November 1906 and August 1907 Assistant Surgeon General H. D. Geddings conducted three inspections of the Ellis Island medical procedures and facilities and produced detailed reports. In his November 16, 1906 report to the Surgeon General, Geddings noted that a “small insane pavilion” was under construction.<sup>37</sup> In his description of the line inspection process of the medical officers, he stated:

While upon the line, there has been a scrutiny for the detection of mental disorders, discoverable by appearance, demeanor or action. Two officers skilled in the detection and diagnosis of mental or nervous disorders have been on duty at various points on the lines, and when the suspect reaches the examination rooms,

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<sup>33</sup> Letter, Alexander Lambert, MD to V.H. Metcalf, (16 February 1906), File 52320/11, Entry 9, RG 85, NARA I.

<sup>34</sup> Letter, Surgeon General, USPHS to Surgeon George W. Stoner, (1 March 1906), File 52320/11, Entry 9, RG 85, NARA I.

<sup>35</sup> Beyer Blinder Belle/Anderson Notter Finegold, *Historic Structures Report*, 97.

<sup>36</sup> *Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service* (1906), 61 as cited in Unrau, *Historic Resource Study, Volume II*, 597.

<sup>37</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix)*, 665.

which are specially reserved for this class of cases, these two are joined by a third, and a searching inquiry is entered into.<sup>38</sup>

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. In Geddings' view, Dr. Salmon had "attracted to himself the support of certain acting assistant surgeons associated directly with himself in the mental examination of arriving aliens and their attitude is one of aloofness and superiority to officers engaged in the routine duty of line examination."<sup>39</sup> Apparently Salmon's ambitious pursuit of an alienist specialty at Ellis Island caused problems within the bureaucratic hierarchy of the Public Health Service and caused some to view him as insubordinate.

Geddings' third report, dated August 19, 1907, focused on the handling of mental cases as this continued to be a contentious issue. Arriving aliens with suspected mental disabilities were detained in two rooms in the Main Building – one for women and one for men – for further observation and examination. He observed that "purely psychopathic treatment is not entered into, but emergency treatment of any nature whatsoever is always promptly rendered, and there is no suffering from the absence of such treatment."<sup>40</sup> Regarding the new psychopathic pavilion currently under construction, Geddings felt that in spite of the contractor's assurances, it would not be completed until October at the earliest. Apparently the work was delayed by repeated strikes, material delivery problems, and the contractor's efforts to recoup losses by working as cheaply as possible. The two-story structure would accommodate approximately ten female patients on the first floor and up to eighteen male patients on the second. Geddings praised the planned appointments and fixtures:

The fittings and appliances, to my mind, show a full appreciation of the modern methods of the treatment of the insane, and I am informed by Surgeon Stoner, are largely based upon so-called Model Pavilion B [sic.], at Albany, New York. This pavilion is not intended as a permanent hospital, but for the temporary treatment of the mentally affected, pending return or transference to contract sanatoria.<sup>41</sup>

Geddings' assessment of the delays was accurate. Apparently the problems with the contractor had prompted Robert Watchorn to authorize their completion using supplies and fittings on hand

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<sup>38</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix)*, 673.

<sup>39</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix)*, 688.

<sup>40</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix B)*, 700, original document in General Subject File 2855, RG 90 – Records of the U.S. Public Health Service, National Archives and Records Administration II, College Park, MD [hereafter RG 90, NARA II].

<sup>41</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix B)*, 702, original document in General Subject File 2855, RG 90, NARA II.

at Ellis Island to make them “at once available.”<sup>42</sup> The Psychopathic Ward first received patients in November 1907. The final cost of the building was approximately \$28,300.<sup>43</sup>

Geddings also noted that when the new ward was completed specialized medical staff would be available to provide care for mental cases. Two male nurses with experience at the Manhattan State Hospital for the Insane and several female nurses with insane hospital training were already on staff, awaiting transfer to the new pavilion. Assistant Surgeon Marshall C. Guthrie, a PHS doctor who had received training at the Government Hospital for the Insane in Washington, DC would be placed in charge. Geddings concluded that once all of the current plans were completed, “the care of aliens detained for mental causes [would be] in every way creditable to the Government, and remedying every cause of criticism and complaint which have not been wanting from outside sources in the past.”<sup>44</sup>

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.<sup>45</sup> Commissioner Robert Watchorn’s 1908 *Annual Report* noted:

It is also a pleasure to be able to report that the pavilion for the treatment of insane aliens, which was placed in commission in November 1907, has met all the purposes for which it was designated, and has served to correct a condition relating to that unfortunate class of aliens which, to say the least, placed the Government on the defensive.<sup>46</sup>

Future New York City Mayor Fiorello H. LaGuardia worked as an interpreter at Ellis Island during these peak immigration years, and his observations about medical inspections are worth quoting here:

The physical requirements for immigrants were very high, and a large percentage were excluded for medical reasons. In addition to trachoma, cases of favus and other scalp diseases were common. I always suffered greatly when I was assigned to interpret for mental cases in the Ellis Island hospital. I felt then, and I feel the same today, that over fifty percent of the deportations for alleged mental disease were unjustified. Many of those classified as mental cases are so classified because of ignorance on the part of the immigrants or the doctors and the inability of the doctors to understand the particular immigrant’s norm or standard.<sup>47</sup>

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<sup>42</sup> Letter, Robert Watchorn to F. P. Sargent, Commissioner General, Immigration Bureau, 23 January 1908, File 51451/8B, Entry 9, RG 85, NARA I.

<sup>43</sup> Beyer Blinder Belle/Anderson Notter Finegold, *Historic Structures Report*, 97.

<sup>44</sup> As reproduced in Unrau, *Historic Resource Study, Volume II (Appendix B)*, 705, original document in General Subject File 2855, RG 90, NARA II.

<sup>45</sup> Unrau, *Historic Resource Study, Volume II*, 600.

<sup>46</sup> As quoted in Unrau, *Historic Resource Study, Volume II*, 602 from *Annual Report of the Commissioner General of Immigration* (1908), 233-35.

<sup>47</sup> Fiorello H. LaGuardia, *The Making of an Immigrant: An Autobiography, 1882-1919* (Philadelphia, 1948), as quoted in Unrau, *Historic Resource Study, Volume II*, 249.

With psychiatric care limited in this period, and a general distrust of many immigrant groups, it is not surprising that miscommunication led to improper diagnoses. 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.”<sup>48</sup> However he was concerned about the practice of holding suspected cases in the Psychopathic Ward pending several days of observation, noting in a letter to the Bureau of Immigration Commissioner General that it would be better to have new detention facilities on Island 1 strictly for this purpose.<sup>49</sup>

Immigration decreased quickly after the outbreak of war in Europe in 1914. 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.<sup>50</sup> 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. Mullan published several accounts of their inspection process for “mental defects” in these years, such as “Mental Examination of Immigrants” in *Public Health Reports*. The first identification took place during the line inspection, where physicians questioned “inattentive or stupid-looking aliens.” If they failed to answer appropriately, through an interpreter if necessary, an X was marked on the clothing to indicate a need for further examination. An X with a circle indicated what the inspector saw as definite signs of mental illness and these immigrants were sent directly to the Psychopathic Ward. A wide variety of behaviors or mannerisms were also considered cause for additional scrutiny, including great calmness, sullenness, suspicious attitude, or silly laughing. Certain behaviors or mannerism were expected from various “racial types” and considered as part of the evaluation. A second inspection took place in the holding room as each immigrant approached the desk and performed counting, addition, and a puzzle test. Those thought to need more evaluation were held overnight. Mullan estimated that nine out of 100 immigrants were pulled out of the first line inspection for review, and one or two of these held for extended observation – for a day or two in the detention rooms to a week in the hospital. He carefully explained that a diagnosis of “feeble-minded” was not rendered for failing a test, but instead for a “common knowledge, learning capacity, and general reaction are severally and distinctly below normal,” impairing the ability to earn a living and survive independently.<sup>51</sup>

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<sup>48</sup> Unrau, *Historic Resource Study, Volume II*, 254.

<sup>49</sup> Letter, William Williams to Commissioner General, (21 April 1910), File 52,519/18B, Entry 9, RG 85, NARA I.

<sup>50</sup> Quoted in Unrau, *Historic Resource Study, Volume III*, 746.

<sup>51</sup> E. H. Mullan, “Mental Examination of Immigrants: Administration and Line Inspection at Ellis Island,” *Public Health Reports* 32, no. 20 (18 May 1917): 733-46. Reproduced in Unrau, *Historic Resource Study, Volume III (Appendix)*, 865. Prominent psychologist Henry H. Goddard, was invited to conduct intelligence testing at Ellis Island, using his translation of Binet’s famous French method. His work contributed to the contemporary study of

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.<sup>52</sup> Crews of German and Austrian ships were seized and detained at Ellis Island in the Baggage and 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. In March 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.

The hospitals were returned to the USPHS on June 30, 1919.<sup>53</sup> They became USPHS Hospital No. 43 on September 1. Care for immigrants remained a priority, but beds were also reserved for other USPHS beneficiaries including seaman and discharged military personnel. Medical procedures continued to keep pace with the times, including extensive laboratory work, x-ray apparatus, and occupational therapy.<sup>54</sup>

Medical inspections for immigrants took place on ship until March 16, 1920, when the inspection of steerage passengers resumed on Ellis Island. 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.<sup>55</sup>

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

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eugenics and its now distasteful views on racial superiority. See Conway, "Chapter 4 – Rejecting the 'Riff Raff,'" esp. 123-125.

<sup>52</sup> Unrau, *Historic Resource Study, Volume I*, 7.

<sup>53</sup> Unrau, *Historic Resource Study, Volume III*, 787, 796.

<sup>54</sup> Unrau, *Historic Resource Study, Volume II*, 620-22.

<sup>55</sup> See Williams, esp. 15-16.

immigrant processing to assembly, detention, and deportation.<sup>56</sup> 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.<sup>57</sup>

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). Virtually all the patients being detained in the psychopathic ward were to be deported, in strict compliance with the immigration law. The 1924 report lists measures taken to protect patients from self-inflicted harm such as iron grilles installed over the radiators in 1923 and the use of “humane restraints.” Severely disturbed patients were placed in isolation rooms under twenty-four-hour surveillance. Food was served to ambulatory patients at tables in the day rooms with spoons only. Tube-feeding and “hydrotherapeutic measures” were employed when necessary.<sup>58</sup>

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.”<sup>59</sup> 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:

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.<sup>60</sup>

He mentions one sad case of an insane woman who had been detained in the Psychopathic Ward for ten months while her friends mounted a legal fight to stop her deportation:

That she was mentally deranged was painfully obvious. Yet there she had remained for ten months in an environment not unsuitable for an insane person detained for a few days, but wholly unsuitable for long-continued residence with a view to cure or recovery.

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<sup>56</sup> Unrau, *Historic Resource Study, Volume III*, 896.

<sup>57</sup> Letter, Billings to Surgeon General, (30 July 1925) General Subject File, 1850.15, RG 90 – Records of the Public Health Service, National Archives and Records Administration, quoted in Unrau, *Historic Resource Study, Volume III*, 919.

<sup>58</sup> Unrau, *Historic Resource Study, Volume II*, 644, 646-48.

<sup>59</sup> Unrau, *Historic Resource Study, Volume II (Chapter 4 – Appendix Q)*, 563.

<sup>60</sup> Unrau, *Historic Resource Study, Volume II (Chapter 4 – Appendix Q)*, 569.

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.<sup>61</sup>

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."<sup>62</sup> These efforts were sensationalized by the press and roused anti-immigrant sentiment among the general public. In 1931, perhaps as a counter action to the xenophobia displayed by some American authorities, the press, and a portion of the public, Edward Corsi became Ellis Island's new Commissioner of Immigration, remaining in that post until 1934. 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. His desire to humanize the Ellis Island experience and to make the facility an "inspiration" to both Americans and to immigrants led to improvements in infrastructure and social service programs.<sup>63</sup>

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. Known as the New Deal, these 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. Corsi worked closely with the committee and many of his ideas were incorporated into the Committee's report to the Secretary of Labor.

The Committee's report listed many recommendations. Among those implemented were adding lawn and shelters in the infill area between Island 2 and Island 3, construction of a New Immigration Building, Ferry Building, and Recreation Building and Shelters, alterations to the main immigration building and other related buildings to better segregate immigrants from deportees.<sup>64</sup> In the hospitals, New Deal funding was used for much needed repairs and renovations. Immigrant patients continued to become a smaller percentage of the hospital cases,

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<sup>61</sup> Stakely, 77.

<sup>62</sup> Unrau, *Volume I*, 1984, 9.

<sup>63</sup> Williams, 17-18.

<sup>64</sup> 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 [hereafter RG 79, NARA – NE Region]. 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).

with Marine Hospital beneficiaries (merchant seaman eligible for government health care) or alien seaman occupying many beds. According to the Surgeon General's *Annual Report* for 1930, the facilities for the mentally ill were strained by overwhelming demand:

The neuropsychiatric service has operated under severe handicap because of large numbers of insane patients and the difficult character of warrant cases detained temporarily before deportation. Tubs equipped for continuous baths have been installed, and some other improvements made in the general facilities of these wards.<sup>65</sup>

A number of alterations were undertaken on the Psychopathic Ward during the 1930s, initially small and then more extensive as New Deal funding became available. First in late 1930 a vacuum pump room for the Island 2 heating system was added at the northeast corner of the building, with an entrance from the main corridor. This change included bricking over the window at the stair closet of the Psychopathic Ward. In 1933, selected plumbing fixtures were replaced, including faucets, toilet seats, and toilets.<sup>66</sup> Then in mid-1935, the connecting corridor at the north façade of the Psychopathic Ward was rebuilt with a gable roof. This change included a new roof for the adjoining pump room, filling the transom and installing a smaller door at the first floor, and converting the second floor door into a window.

In 1936-37, the entire building was renovated and many of the changes still evident today were executed. The exterior porches on the south façade were removed and metal fire escapes installed (only the brackets for these remain). The center bay doors on both levels of the south façade were replaced at this time as well, with the openings reduced in size. The day rooms at the south ends of the building were divided into two rooms by adding structural terra cotta walls to extend the center hall the length of the building. The dormitory rooms on the east side of each floor were divided into two by a structural clay tile wall. The original single hall door into the dormitory was infilled and a new door added for each new room. The interior connecting doors between rooms on the west side of the hall were also infilled. Tall interior doorways throughout were redone to contain shorter metal doors. Acoustical tile was added to the hall ceilings and new marble toilet enclosures installed on each floor. Marble shower and toilet stalls replaced the original bathtubs and stalls; these enclosures are clearly indicated on drawings from April 24, 1936 (Figure 4).<sup>67</sup> Many of the wall-mounted sinks were probably installed at this time as well. The granite steps at the north corridor entrance were replaced by a concrete ramp.<sup>68</sup> Contractors Albert & Harrison of New York completed these renovations as part of a \$123,000 contract (with

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<sup>65</sup> *Annual Report of the Surgeon General of the Public Health Service* (1930), quoted in Unrau, *Historic Resource Study, Volume III*, 954.

<sup>66</sup> Typescript – Specifications, File 140 – All Buildings Island No. 2: Replacements for Plumbing Fixtures, 1933, Box 7, RG 79, NARA – NE Region. The contractor was A. Blaustein, Bronx, NY and the work was completed on August 9, 1933.

<sup>67</sup> “Details of New Marble Enclosures, USPHS Marine Hospital,” (24 April 1936), Public Works Branch, Drawing No. 10-14, NPS Drawing No. 462/43953, accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

<sup>68</sup> “Heating System Island #2 Pump House and Foundations Drawing No. D1153,” (5 November 1930) NPS Drawing 462/42963, Sheet 1 of 2; “Drawing Showing Conditions South Pavilion D,” (21 June 1935), NPS Drawing 462/42978, Sheet 1 of 1; “Wards 9 and 10 Plans, Drawing No. 10-3,” (24 April 1936), Treasury Department, Public Works Branch, all accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center.

\$6,001.92 additional) signed on October 8, 1936.<sup>69</sup> The renovations were “99.3” percent complete by January 1938, although requests for damages by both parties delayed the final closing of the contract.<sup>70</sup> Wards 9 and 10 were among the last to be renovated under this contract, probably due to the need to have someplace to move the psychiatric patients and equipment. The work here was done in late 1937. The Inspection Engineer noted in his report that the work was done well, but “the money would have been used to a better advantage if spent in building new up-to-date structures.”<sup>71</sup>

The 1936-37 renovations were part of a large effort to expand the “neuropsychiatric” facilities at Ellis Island, first initiated in 1935. The Surgeon General of the USPHS proposed to expand the capacity at Ellis Island in lieu of including a psychiatric ward at the new Marine Hospital under construction at Stapleton, Staten Island. The Surgeon General’s rationale was conveyed by the Department of Labor in making a \$125,000 procurement request to the Treasury Department Branch of Public Works for necessary renovations. Labor Department official Turner Battle wrote:

Because of the neuropsychiatric work required for immigration cases as well as for merchant seaman, Coast Guardsmen, Employees’ Compensation Commission cases, and other beneficiaries, the Public Health Service must maintain a competent neuropsychiatric clinic in the Metropolitan area of New York. Moreover, the Immigration Service has imperative need for the services of such a clinic at Ellis Island, and in order to conserve Government funds, prevent duplication of effort and at the same time, by reason of greater experience with more clinical material, provide better services for all beneficiaries, the neuropsychiatric clinic now in operation at Ellis Island should be further developed and houses according to modern ideas governing such work rather than attempt to provide a separate clinic in the new Marine Hospital now under construction at Stapleton, S.I. by so doing, the needs of all beneficiaries will be better served and such a clinic will serve as a clearing house for neuropsychiatric cases arising in nearby marine hospitals and provide training facilities for young physicians and nurses who are engaged in neuropsychiatry at Ellis Island and other field stations of the Public Health Service.<sup>72</sup>

In addition to renovating Wards 9 and 10 – the original Psychopathic Ward – on Island 2, various wards on Island 3 were to be modified and dedicated to different types of psychiatric patients.<sup>73</sup>

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<sup>69</sup> Letter, Turner W. Battle, Executive Assistant to the Secretary to W.E. Reynolds, Assistant Director of Procurement, (28 September 1936), Box 5873, Entry 31C, RG 121, Box 5873, NARA II.

<sup>70</sup> Progress Report, (January 1938), Box 5872; and see correspondence regarding claims by Albert & Harrison for extensions and damages and a \$10,000 lawsuit against the contractor by the government in Boxes 5871 and 5870, Entry 31C, RG 121, NARA II.

<sup>71</sup> Letter, H. R. Dillingham, Inspection Engineer to Supervising Engineer, Procurement Division, (3 November 1937), Box 5871, Entry 31C, RG 121, NARA II.

<sup>72</sup> Letter, Turner W. Battle for Secretary of Labor to Rear Admiral C.J. Peoples, Director, Procurement Division, Branch of Public Works, Treasury, (22 March 1935), Box 5877, Entry 31C, RG 121, NARA II.

<sup>73</sup> Letter, H.S. Cumming, Surgeon General to Director of Procurement, Treasury (W.E. Reynolds), Box 5877, Entry 31C, RG 121, NARA II. In July 1937, the Chief Medical Officer trying to straighten out problems with doors and locks for the additional wards. The intention was for one master key to open all locks, for the safety of patients and

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. In 1949-50, a number of other wards in the Island 3 Contagious Disease Hospital – Nos. 13, 14, 17, 18, and 23 - were being used for the mentally ill.<sup>74</sup> 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. 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.<sup>75</sup> 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 the hospitals' status as obsolete. However, the Public Health Service maintained a small infirmary for detainees in the main immigration building.<sup>76</sup> After the USPHS vacated the hospitals on March 1, 1951, they were occupied by the Coast Guard. The Coast Guard used Wards 9 and 10 as a sick bay facility without any major changes at first. In November 1952 the second floor (Ward 10) was converted into a brig facility and various detention features were added such as the metal grate door across the center hall and security grilles on the doors, windows, radiators and light fixtures of selected rooms. Additional toilets were added in individual rooms.<sup>77</sup>

On November 12, 1954, both immigration and Coast Guard operations ceased on Ellis Island. Equipment and fixtures, including plumbing, were removed from many buildings and distributed to other federal entities including border patrol offices, federal prisons, the Public Health Service, the military, and the General Services Administration.<sup>78</sup> From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease the property.<sup>79</sup> 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.<sup>80</sup>

## PART II. ARCHITECTURAL INFORMATION

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staff. The use of the wards was delayed by the need to fix the key issue. See Letter, M.C. Guthrie, Medical Director, Acting Chief Medical Officer, USPHS to Director of Immigration and Naturalization, Ellis Island (16 July 1937), Box 5872, Entry 31C, RG 121, NARA II.

<sup>74</sup> Unrau, *Historic Resource Study, Volume III*, 968

<sup>75</sup> Unrau, *Volume I*, 1984, 11; Williams, 20.

<sup>76</sup> Stakely, 92.

<sup>77</sup> "Sick Bay – Island 2 Existing Conditions, Drawing No. NY-1475," (July 1951), NPS Drawing No. 462/42992, Sheet 8 of 8; "Installation of Brig Facilities," Drawing No. NY-1553," (21 November 1952), NPS Drawing No. 462/42997, 3 Sheets, all accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center.

<sup>78</sup> Unrau, *Volume III*, 1984, 1002.

<sup>79</sup> U.S. Senate, 89<sup>th</sup> Congress, 1<sup>st</sup> Session, *Report No. 306. Disposal of Ellis Island* (Washington, D.C., U.S. Government Printing Office, 1965).

<sup>80</sup> Unrau, *Volume I*, 1984, 11; Williams 20.

A. General Statement:

1. Architectural character: The Psychopathic Ward is a two-story brick building with a flat roof and a rectangular footprint. The materials and detailing blend with the Georgian Revival hospital buildings that flank it, but the Psychopathic Ward has a distinct profile as the only flat roof building in the complex. It is attached to the corridor connecting the Island 2 hospital complex buildings on its north façade.

2. Condition of fabric: Poor. The Psychopathic Ward exhibits partial structural failures and considerable deterioration of interior plaster and trim. The south sections of the building are supported by interior and exterior wood bracing and a series of wires and tie rods stabilizing major cracking at the southwest corner of the façade. Water damage has destroyed the interior plaster, windows, and wood trim in numerous areas. Metal features and fixtures are heavily rusted.

B. Description of Exterior:

1. Overall dimensions: The Psychopathic Ward is a rectangular structure with three bays on the north and south facades and five bays on the east and west.

2. Foundations: The foundations consist of a series of footings and pilings, with concrete foundation walls. These walls are approximately two feet high on the side, or east and west elevations. Only a few inches of concrete foundation are visible on the south façade, while the connecting corridor covers most of the exterior north wall.

3. Walls: The walls are red brick laid in a Flemish bond with limestone quoins. There is a shallow brick water table that projects slightly at the bottom of the wall and is eleven courses of brick high. There is another projection – a modest three brick wide string course - at the first floor window sill level. Another brick string course – this one five courses wide - is located at the top of the walls just below the cornice. The brick is spalling and mortar crumbling in many areas.

4. Structural system, framing: The Psychopathic Building is supported by metal I-beams and load bearing masonry. The load-bearing masonry is a combination of brick and structural hollow clay tile.

5. Porches, stoops, balconies, bulkheads: The Psychopathic Ward was designed with a two story metal porch across the south façade. This porch was removed in 1936 and replaced with a metal fire escape. Only the support brackets for the later fire escape system remain. The floor inside the connecting corridor slopes upward to the first floor north doorway. This ramp replaced the original granite steps in 1936.

6. Chimneys: None.

7. Openings:

a. Doorways and doors: The exterior doorways are located in the center bays of the south and north elevations. Original plans show doorways at the second floor level as well, leading to the upper level of the porch on the south elevation and the roof of the passageway on the north elevation. The north opening was altered into a window in 1935. The first floor door and framing on the south elevation are gone and the opening covered by a temporary plywood replacement. The opening has a brick hood with a limestone keystone at the center. Originally both first floor doors were wood panel with glazing and a transom above. Currently the north first floor and south second floor doorways have single wide metal doors in a simple metal frame. The upper half of these doors is glazed with nine square lights. These doors were added during the 1936 renovations. The second floor one originally led to the fire escape added in 1936 and its windows are covered with heavy metal wire.

b. Windows: The typical window opening is a tall and rectangular with a limestone sill. There are sets of paired windows at the end bays of the east and west elevations, but most are single windows topped by a limestone lintel extending wider than the opening and overlaid with a brick jack arch and a limestone keystone. On the first floor the paired window openings are topped by a curved hood of alternating stepped sections of brick and limestone, with a limestone keystone at the center. Originally drawings show two over wood folding casements were set directly into the brick wall and topped by a three light transom. On the first floor the transom had a curved upper rail. These openings are still intact, but filled with plywood so any surviving windows are not visible on the exterior. The few surviving windows visible on the interior are two over two double hung wood windows, either without transoms, or with a two light variations. These may be (date?) replacements. The typical first floor window is a segmental arch opening with a two over two double hung wood sash and a two light transom. The typical second floor window is a two over two rectangular double hung wood sash with no transom. There is a blind opening on the east elevation at the location of the interior stair, intended to maintain the symmetry of the façade.

#### 8. Roof:

a. Shape, covering: This structure has a flat roof surrounded by a brick parapet approximately three feet high with limestone coping. The roof is surfaced with a modern rubber membrane. The parapet is pierced by rectangular openings filled with a circular motif iron grate, in sections of two or three circles depending on the width of the window bay below. A large section of the parapet and cornice is missing at the southeast corner.

b. Cornice, eaves: The limestone cornice includes a section of wide ogee molding with closely spaced dentils below. Some historic copper gutters are partially in place while other areas of gutter have been retrofitted with pvc piping.

c. Dormers, cupolas, towers: None.

#### C. Description of Interior:

1. Floor plans: The Psychopathic Building floor plans are nearly identical on the first and second floor. Both levels have a central double loaded hallway flanked by a series of small rooms, including bathrooms. Original plans show a single large "day room" at the south end of

each floor, but this space converted into two rooms in 1936.<sup>81</sup> Other larger rooms were subdivided and connecting doorways filled in also in 1936, but the basic character of the plan is consistent with the original layout. The new dividing walls were built using structural clay tile. The second floor was converted into a Coast Guard brig facility in late 1952 and the metal grille hall door, window grilles, and other security measures were added at this time.

2. Stairways: A single dogleg stairway is located near the northeast corner of the building to provide access between the first and second floors. It is a closed stair with a metal carriage and risers and wood treads and landing. The risers each have a decorative rectangular panel with raised edges. The treads are covered with linoleum and have a metal strip at the edge. The bottom step at the first floor hall is wider and has curved edges. There are wall mounted wood stair railing on the inside edge of each run. The lower rail appears to be older and is a thick rod with ball ends. The upper rail has a molded hand grip shape and flat ends.

There is a metal wall-mounted ladder that provides access to the roof level from the second floor closet near the stair.

3. Flooring: The floors are gray terrazzo with gray and white accents. The second floor hallway and northwest corner room has a square ceramic tile baseboard.

4. Wall and ceiling finish: The walls are plaster over structural clay tile and brick. The plaster has fallen off many areas. In more intact areas, there is a baseboard of square white ceramic tiles that appears to be a later replacement. A few areas have what appears to be an older plain wood baseboard with a quarter round toe molding. There are also some remnants of a wood picture rail in the north end of the hall on the first floor. The bathrooms, toilet room, and service kitchen on each floor have a tall wainscot of white ceramic subway tile. The tub in the first floor bathroom and shower in the second floor bathroom each have a wall surround of white marble with light gray veining, added in 1936. The plaster ceilings are damaged or removed in many areas, revealing the hollow clay tile. The ceilings are high and slightly coved at the top, a detail that would have assisted ventilation and keeping the area clean. The second floor hall ceiling has the remnants of glue that would have held the acoustic tiles installed in 1936.

5. Openings:

a. Doorways and doors: Each room has a single doorway leading to the hallway. Connecting doorways between rooms indicated on the early plans were infilled in 1936. Most of the hall doors are single leaf metal replacements in plain metal frames with a shallow reveal. Each door has a rectangular transom above. Second floor rooms used as a Coast Guard brig in 1952 have heavy metal wire over the transom and a small square fixed glazed opening in the top half of the door. Other doors for what were probably staff areas have no opening, or nine square lights in the top half. Many doors are missing, particularly on the first floor. Deteriorated plaster in the first floor hall exposes the original brick revealing arches for taller openings. Structural clay tile was used to reduce the size of the opening for the metal doors in 1936.

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<sup>81</sup> "Sick Bay – Island 2 Existing Conditions, Drawing No. NY-1475," (July 1951), NPS Drawing No. 462/42992, Sheet 8 of 8, accessed via <http://etic.nps.gov>, Technical Information Center, Denver Service Center.

A heavy metal wire barrier with an integrated door was added across the hall on second floor, placing the southern two thirds of the rooms behind an additional locked barrier for use of this floor as a Coast Guard brig in 1952. There is a door at the top of the staircase, with a doorbell outside the door at the top of the stair. There are a few wood doors on the second floor that may be older located at the private bathroom in what used to be the nurses' room, at the top of the staircase, and the hall closet. These openings do not have transoms. The doors have four recessed horizontal rectangular panels and simple metal doorknobs. The stair door has three solid panels and glazing in the upper section that was later covered by a metal grate. These openings, as well as the nurses' bathroom on the first floor (the door is gone here) have flat, plain wood molding. At the stair the upper section of molding is half of an arch, with the other section formerly extending over the adjacent closet door.

b. Windows: The typical window in the Psychopathic Ward is a two over two double hung wood sash with a two light movable transom above. The wood trim is applied molding, with beads on the outer and inner edge and a tapered profile. The wood sill projects slightly out and also beyond the width of the opening while the entire window has a shallow reveal. On the first floor the inner edge of the upper molding is curved to match the top of the transom. Many window openings are filled just with plywood, with the sash and trim now deteriorated or completely removed. A transom-less version is located at the second floor level in the stair case, as is a partial window at the north wall of the staircase. This partial window is mostly visible in the closet north of the stair, with the top right corner projecting into the stairwell. A brick wall at the exterior now blocks any borrowed light from this opening. On the west side of each floor, the wall between the nurses' private bathroom and adjacent patient bathroom cuts through a window opening at an angle, dividing it into two narrow windows with otherwise typical wood sash and transoms. These windows, and some of the bathroom door transoms, have an opaque privacy glass.

It is unknown when the surviving double hung windows were installed. The 1906 drawings show what appears to be a two over two folding casements with a three light transom. The window at the north end of the second floor hall is a 1935 modification of the original French door, with a rough wood panel filling the lower section and a two over two sash portion above.

6. Decorative features and trim: The large linen closets at the northeast corner of each floor near the stair have wood shelving with decorative metal brackets for support. Turned wood spindles provide additional support between the shelves on the first floor – these look like pieces repurposed from something else. There are a few simple stenciled signs attached to various doors with white letters on a black background – “BATHROOM,” “TOILET,” and “10.” The “10” sign is on wood on the stair side of the second floor door, to indicate the designation of this floor as Ward 10.

7. Hardware: The small amount of surviving hardware is fairly simple and utilitarian. The wood doors have plain metal knobs and escutcheons with a keyhole. The metal first floor door from the north end of the hall to the hospital passageway has a similar knob and escutcheon with a keyed dead bolt lock above, kick plate and door closer. The other metal doors have a fixed metal door pull on the hall side with a keyed dead bolt, kick plate, and door closer. The room

side has a small twist hinged pull. The hinges are pin style. Several first floor doors have “Yale” self closer mechanisms mounted at the top.

8. Mechanical equipment:

a. Heating, ventilation: There are at least two generations of cast iron radiators located in the Psychopathic Ward – an early twentieth century model with ornate scrolls on the fins and a plainer one, c. 1930. All of the radiators are heavily rusted and no longer functioning. This system would have been connected to the boilers for the rest of the Island 2 hospital complex. In some rooms the radiators have been removed but the connection pipes are still extant. Extant radiators in the secure areas on the second floor are bolted to the walls with large metal bars. Ventilation would have been provided by windows and the wall mounted fans still extant in many rooms near the door.

b. Lighting: The Psychopathic Ward was built with electric wiring and fixtures. The extant fixtures appear to date to the 1930s. These include white porcelain wall sconces with an electric socket and pull chain switch and metal flush mounted ceiling fixtures, some with closed “schoolhouse” style opaque glass shades and others with open glass shades. Some of these ceiling fixtures are served by exterior metal conduits. The secure patient rooms on the second floor have metal fixtures mounted high in the corner behind a triangle of heavy metal wire. The former nurses’ room on the first floor has a pendant style ceiling fixture hung from a chain and a few other rooms have pendant style ceiling lights with metal poles. Other conduits cut into the masonry walls throughout the building indicated a major renovation of the electrical system after construction. The existing toggle light switches often occur in pairs and have a plain metal switch plate cover. Electrical junction boxes and fire alarm apparatus are located in the hall near the stair.

c. Plumbing: There are at least two generations of plumbing fixtures in the various bathrooms, toilets, and service kitchens in the Psychopathic Ward. The small private bath in the original nurses’ room on the each floor has a white porcelain coated cast iron wall mounted sink with a single turned leg for support. These appear to be the oldest plumbing fixtures, probably c. 1907. The ceramic toilets here are an older model with wood seats. Most patient rooms have a ceramic wall mounted sink probably installed during the 1936 renovations, some with surviving wall mounted metal soap dishes. The sinks have simple chrome mixing faucet with X shaped handles. The secure second floor patient rooms also have ceramic toilets added for the use as a Coast Guard brig facility in 1952. There are surviving fixtures or evidence of connection pipes in every room. The communal bathroom on the first floor has a c. 1936 ceramic tub with a white marble surround on three sides with a metal shower curtain rod across the opening. The tub has lower mounted chrome faucets at one end, and a higher shower fixture with separate faucets mounted at middle of the side wall. On the second floor this room has a shower stall with a marble surround. Each has a wall mounted metal soap dish. One toilet and one wall mounted white ceramic utility sink were in each of these rooms. The communal toilet rooms across the hall have two white marble stalls with ceramic toilets. The first floor has two wall mounted sinks c. 1936 outside the stalls. The second floor has one wall mounted ceramic sink that appears to be an earlier model. The upper edges have a scrolled curve and the metal faucet is non-mixing with separate hot and cold taps. This sink has a single metal support leg with a

turned design. The service kitchen on the second floor has a large porcelain coated cast iron drain board sink; only the pipe connections are extant on the first floor.

d. Dumbwaiter: There is a dumbwaiter running between the service kitchens on the first and second floor. It was accessed via an opening with varnished wood trim, but no evidence of a door. The dumbwaiter had several shelves for trays and operated via a rope and pulley system. All of the pieces appear to be in the shaft but are broken and partially dislodged.

e. Icebox: Next to the dumbwaiter in each service kitchen was a built-in icebox with thick insulated wood paneled doors on decorative exterior paumelle hinges with a stylized double curve. The lever handles remain in the first floor kitchen, but they are gone in the second floor one. A smaller top door provided access to a metal tray for the ice with a piped drain at the center. The larger lower area had several metal shelves for food storage; these shelves are missing in the first floor icebox. The interior walls and ceiling of the icebox are covered with white subway tile.

#### D. Site:

1. Historic landscape design: The Psychopathic Ward was part of the Island 2 hospital complex and attached to the connecting corridor on its north elevation. The limited space around the building is a utilitarian mix of sidewalks, volunteer foliage and gravel; historically there may have been some plantings, but no formal landscape design directly adjacent to this structure.

### 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>. The drawings most useful in preparing this report were:

“Proposed Alteration of Hospital Corridor to Provide for the Accommodation of Insane Aliens, U.S. Immigrant Station, Ellis Island, NYH,” (23 August 1906), U.S. Public Buildings, New York City, (D-303), NPS Drawing No. 462/42,951, Sheets 1 - 7 [original elevations, plans, section, alternate elevation].

Site Plan/Floor Plan – Island 2, (1 June 1916), NPS Drawing No. 462/42,957, Sheets 1-3.

“Heating System – Island #2 Pump House and Foundations,” (5 November 1930), Immigration Service, Ellis Island, Drawings No. D 1153-54, NPS Drawing No. 462/42,963, Sheets 1-2 [addition and changes for pump room at northeast corner].

“Drawing Showing Conditions South Pavilion D,” (21 June 1935), Clyde Key, Construction Engineer, NPS Drawing No. 462/42,978, Sheet 1 of 1, [changes to north connecting corridor and elevation].

Floor Plans – Ward No. 9 and No. 10, (24 April 1936), Drawing No. 10-3, Procurement Division, Treasury Department, [floor plans annotated with changes].

“Sick Bay, Port Security Unit, Ellis Island” (July 1951), Drawing No. NY-1475, Civil Engineering – U.S. Coast Guard, NPS Drawing No. 462/42,992, Sheet 6 of 8, [existing conditions floor plans].

“Installation of Brig Facilities, Port Security Unit, Ellis Island” (21 November July 1952), Drawing No. NY-1553, Civil Engineering – U.S. Coast Guard, NPS Drawing No. 462/42,997, Sheets 1 - 3, [floor plans, details].

#### B. Early Views:

Still Picture Branch, National Archives and Records Administration, College Park, MD (NARA II), has two record groups which include historic images of Ellis Island:

Record Group 90-G, Records of the Public Health Service (general views including aerials)

Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954 (construction photographs of various buildings)

The Psychopathic Ward has rather sparse early photographic documentation and seems to mainly appear in the background of other building views.

#### C. Bibliography:

*See notes for a listing of relevant archival materials from:*

- *Record Group 79 – Records of the National Park Service, National Archives and Records Administration – Northeast Region, New York, NY.*
- *Record Group 85 – Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC.*
- *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 Psychopathic Ward and other selected structures on Ellis Island (Phase II) was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP) during 2010. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and HABS Architects Daniel De Sousa, Alexander Matsov, and Anne E. Kidd. HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Julia Sienkewicz (University of Illinois, Urbana-Champaign) and HABS Historian Lisa Pfueller Davidson served as project historians. HABS Photographer James Rosenthal completed large-format photographs

during fall 2010. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), Don Fiorino (Historical Architect), and Kathleen Sullivan (Project Manager).

V. Supplemental Material – Illustrations:

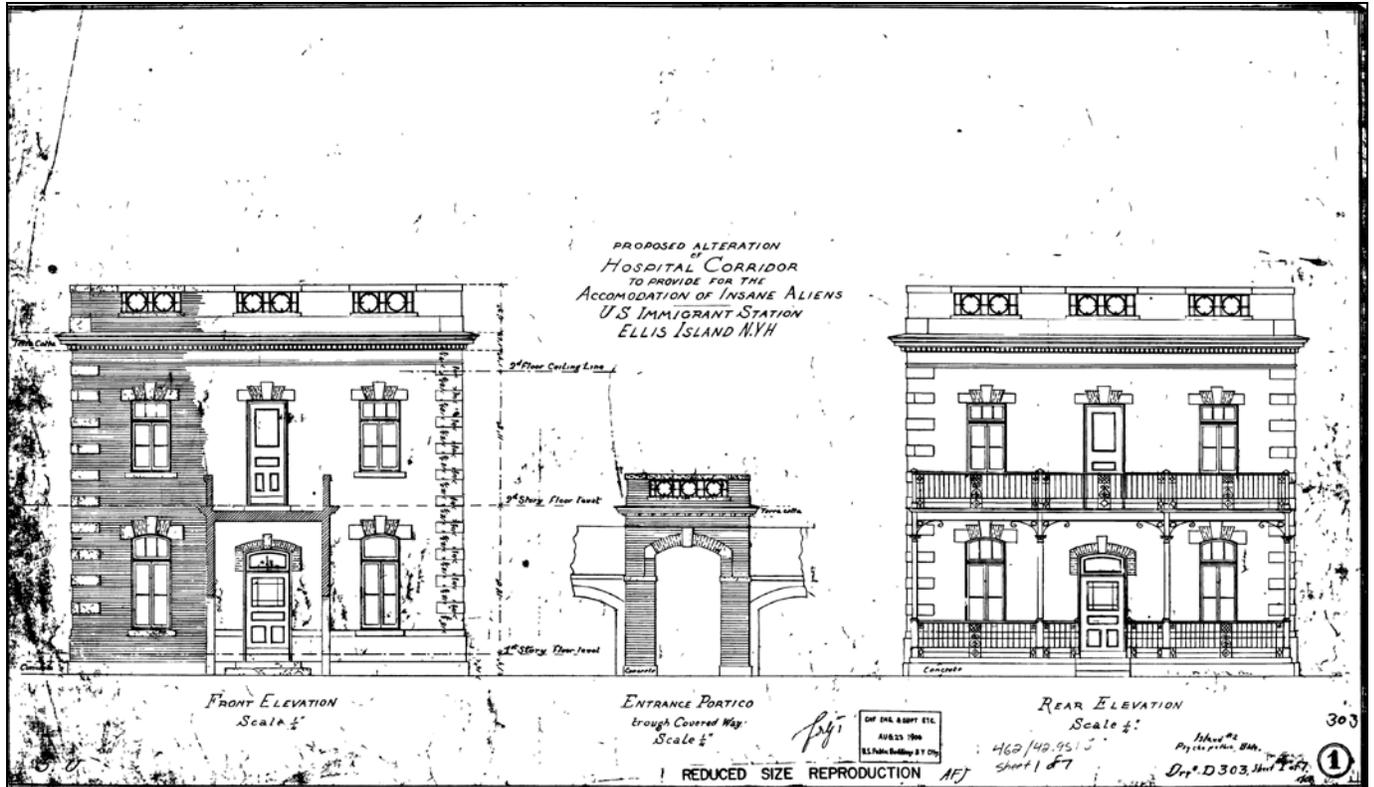


Figure 1: U.S. Public Buildings, New York City, “Proposed Alteration of Hospital Corridor to Provide for the Accommodation of Insane Aliens,” (Elevations) (23 August 1906)  
(NPS Drawing No. 462/42,951, Sheet 1 of 7)

Source: Technical Information Center, Denver Service Center, National Park Service



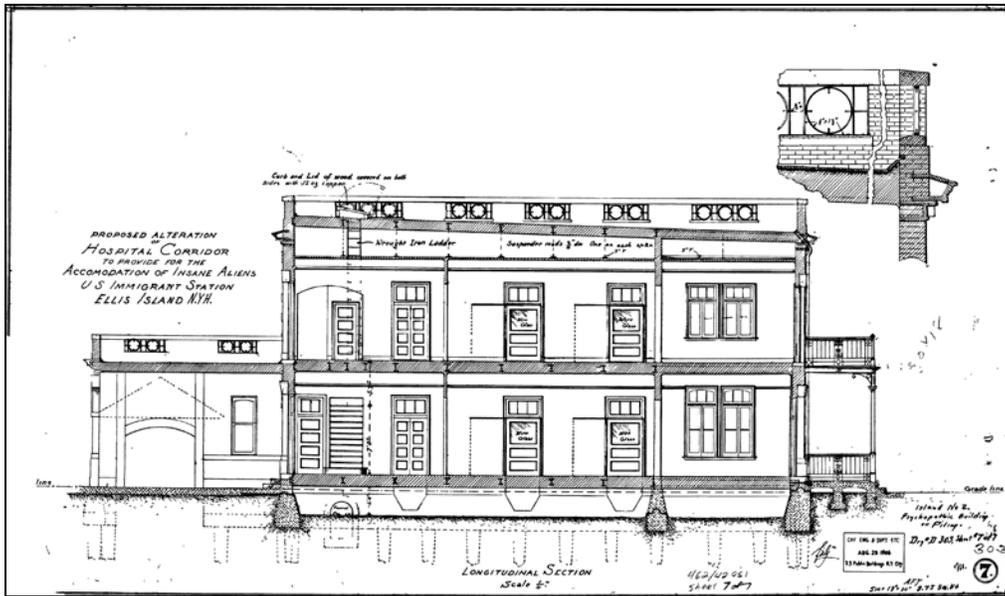


Figure 3: U.S. Public Buildings, New York City, “Proposed Alteration of Hospital Corridor to Provide for the Accommodation of Insane Aliens – Longitudinal Section,” (23 August 1906) (NPS Drawing No. 462/42,951, Sheet 7 of 7)

Source: Technical Information Center, Denver Service Center, National Park Service



Figure 4: Aerial View of Ellis Island, ca. 1930 (Photograph No. 90-G-90-16)  
[note flat roof of Psychopathic Ward near left side of Island 2]

Source: Record Group 90-G – Records of the Public Health Service, Historic Photograph File, Still Picture Branch, National Archives and Records Administration, College Park, Maryland

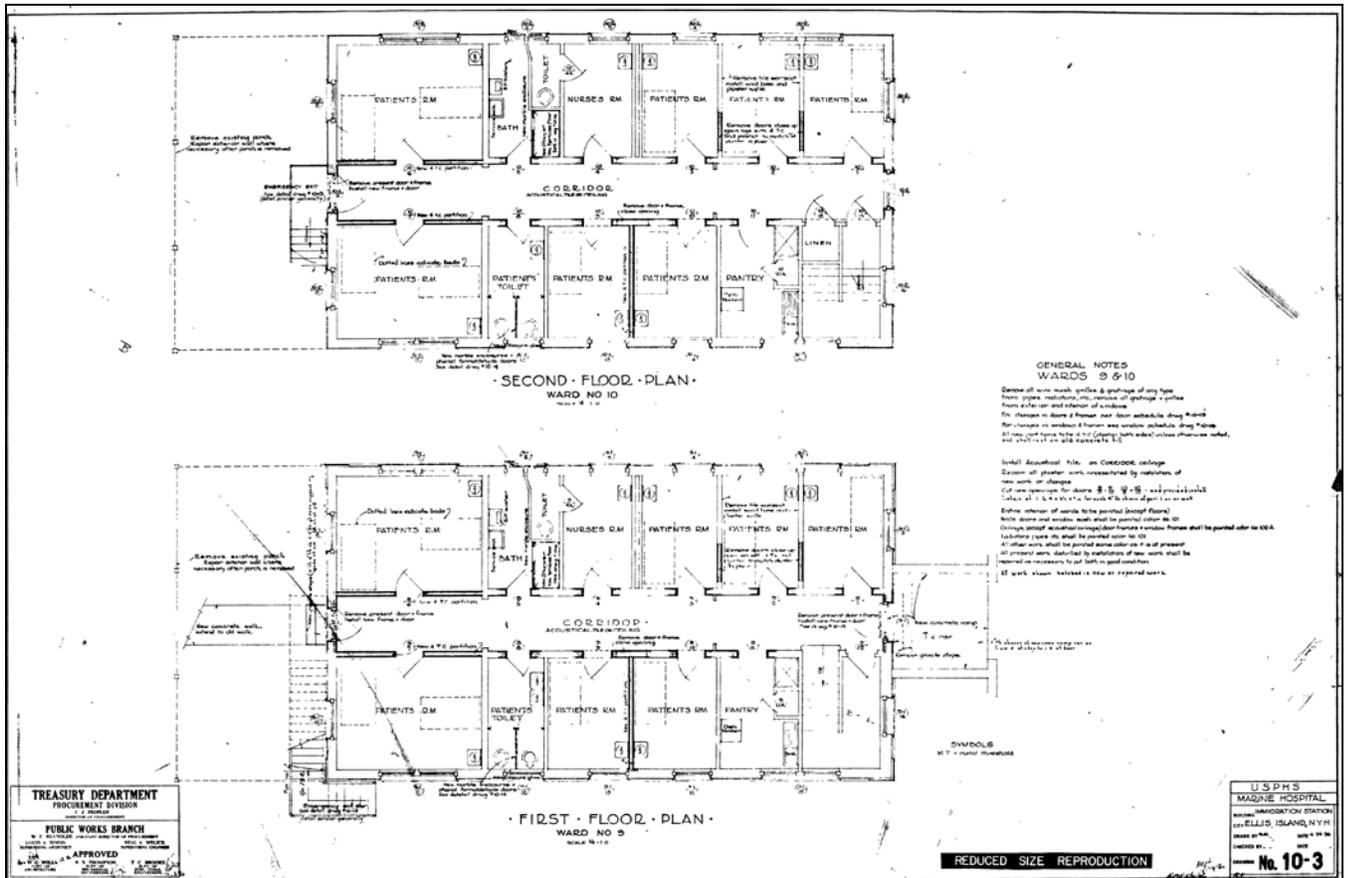


Figure 5: Public Works Branch, USPHS Marine Hospital – Ward No. 9 and 10, (24 April 1936)  
(Original Drawing No. 10-3)  
Source: Technical Information Center, Denver Service Center, National Park Service