NEW YORK CITY FARM COLONY - SEAVIEW HOSPITAL
HISTORIC DISTRICT
DESIGNATION REPORT

1985

CITY OF NEW YORK

EDWARD I. KOCH, MAYOR

LANDMARKS PRESERVATION COMMISSION

Gene A. Norman, Chairman

Elliot Willensky, Vice Chairman

Commissioners

Barbaralee Diamonstein-Spielvogel
Thomas J. Evans
Frances Halsband
Jose Ithier
Joseph Mitchell
Adolf K. Placzek
David Todd
Anthony M. Tung
Barry Williams

Landmarks Preservation Commission
March 26, 1985, Designation List 177
LP-1408

NEW YORK CITY FARM COLONY - SEAVIEW HOSPITAL HISTORIC DISTRICT, Borough of Staten Island.

BOUNDARIES

The property bounded by a line extending westerly along the northern curb line of Eastman Avenue, northerly along the eastern curb line of Colonial Avenue, westerly along the northern curb line of Steers Street, northerly along the eastern curb line of Forest Hill Road, easterly along the southern curb line of Walcott Avenue, northerly and easterly along the eastern and southern curb lines of Brielle Avenue, southerly approximately 725 feet along the fence enclosing the Susan B. Wagner High School site, easterly approximately 860 feet along the fence enclosing the Susan B. Wagner High School site, southerly along the western curb line of Manor Road, and westerly along the northern curb line of Rockland Avenue, to the point of beginning, Staten Island.

TESTIMONY AT THE PUBLIC HEARING

On October 12, 1982, the Landmarks Preservation Commission held a public hearing on this area which is now proposed as an historic district. (Item No. 8). The hearing had been duly advertised in accordance with the provisions of law. Six persons spoke in favor of the proposed designation. There was one speaker in opposition to the proposed designation. The Commission has received several letters in favor of the designation.

The following members of the staff of the Landmarks Preservation Commission contributed to the production of this report:

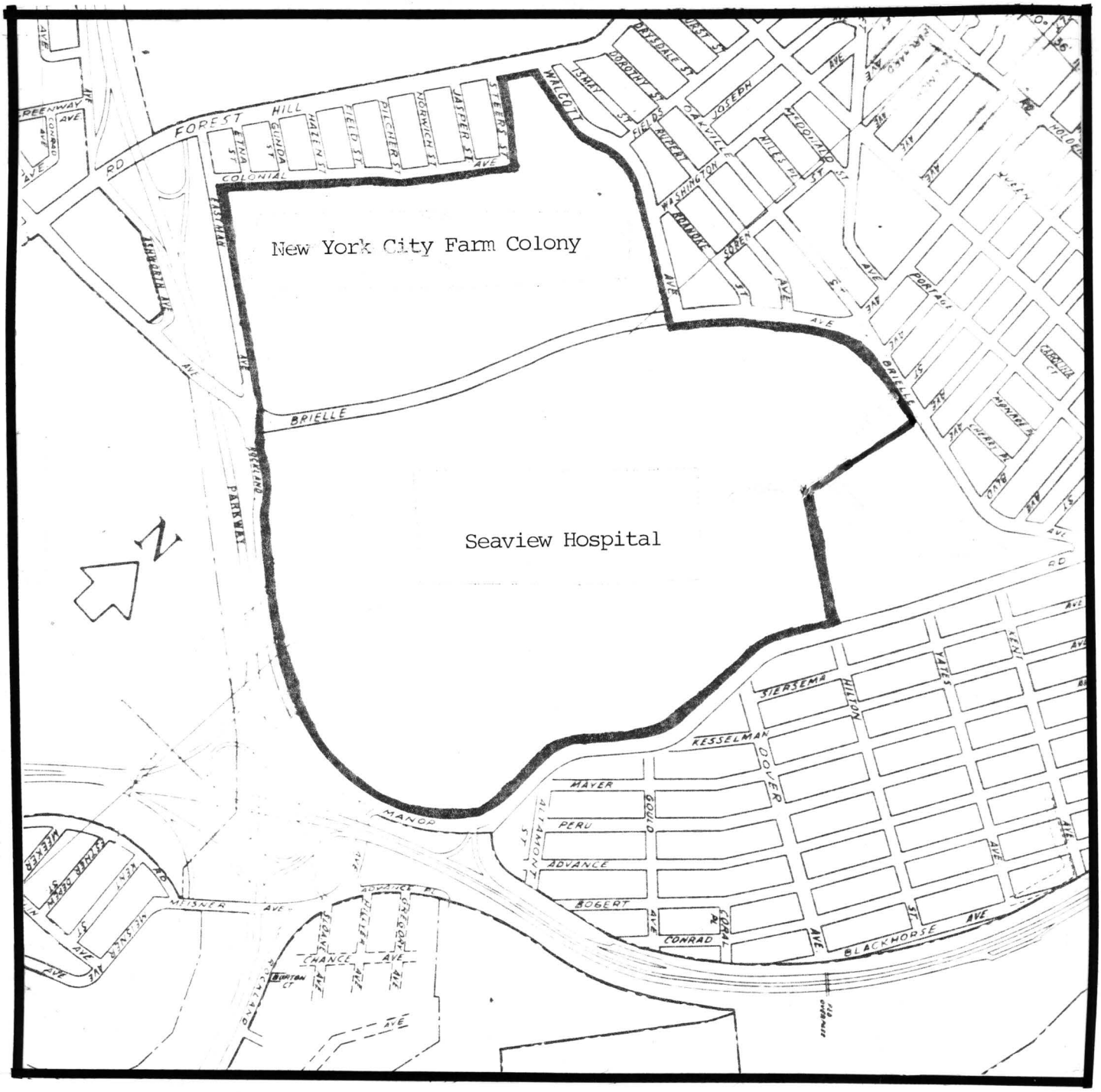
Report prepared by:
Shirley Zavin, Research Department

Editing:
Marjorie Pearson, Director of Research

Typing:
Barbara Sklar

NEW YORK CITY FARM COLONY -- SEAVIEW HOSPITAL HISTORIC DISTRICT

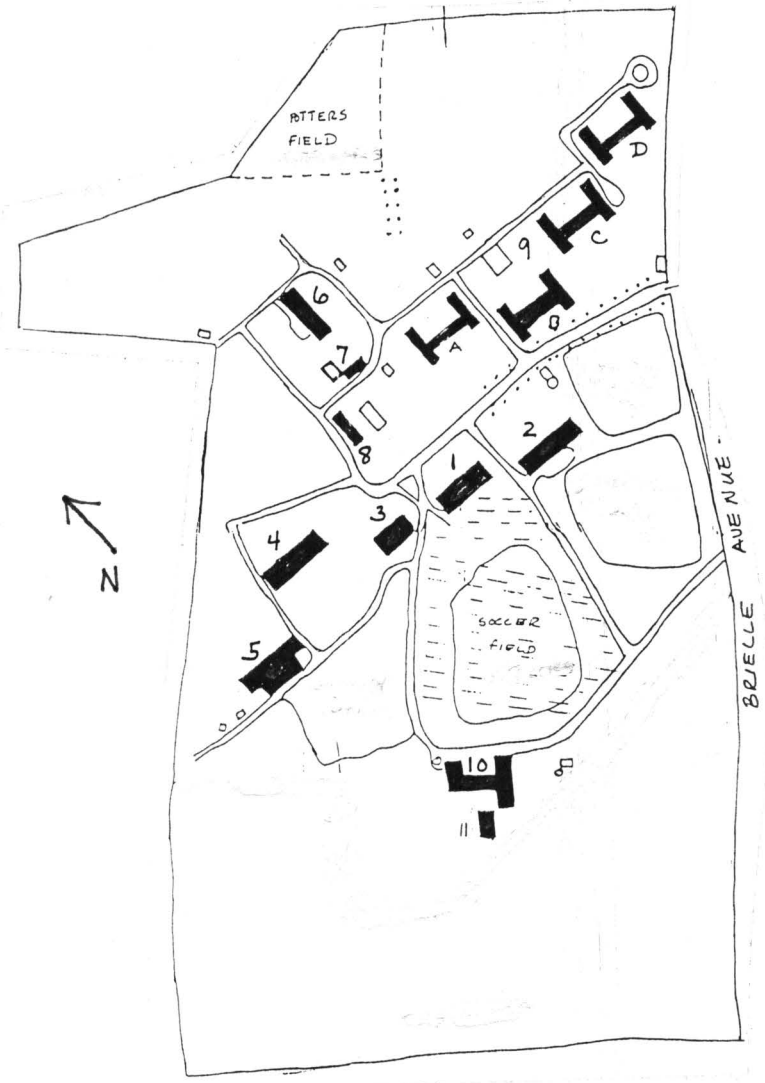
STATEN ISLAND



DESIGNATED MARCH 26, 1985

New York City Farm Colony

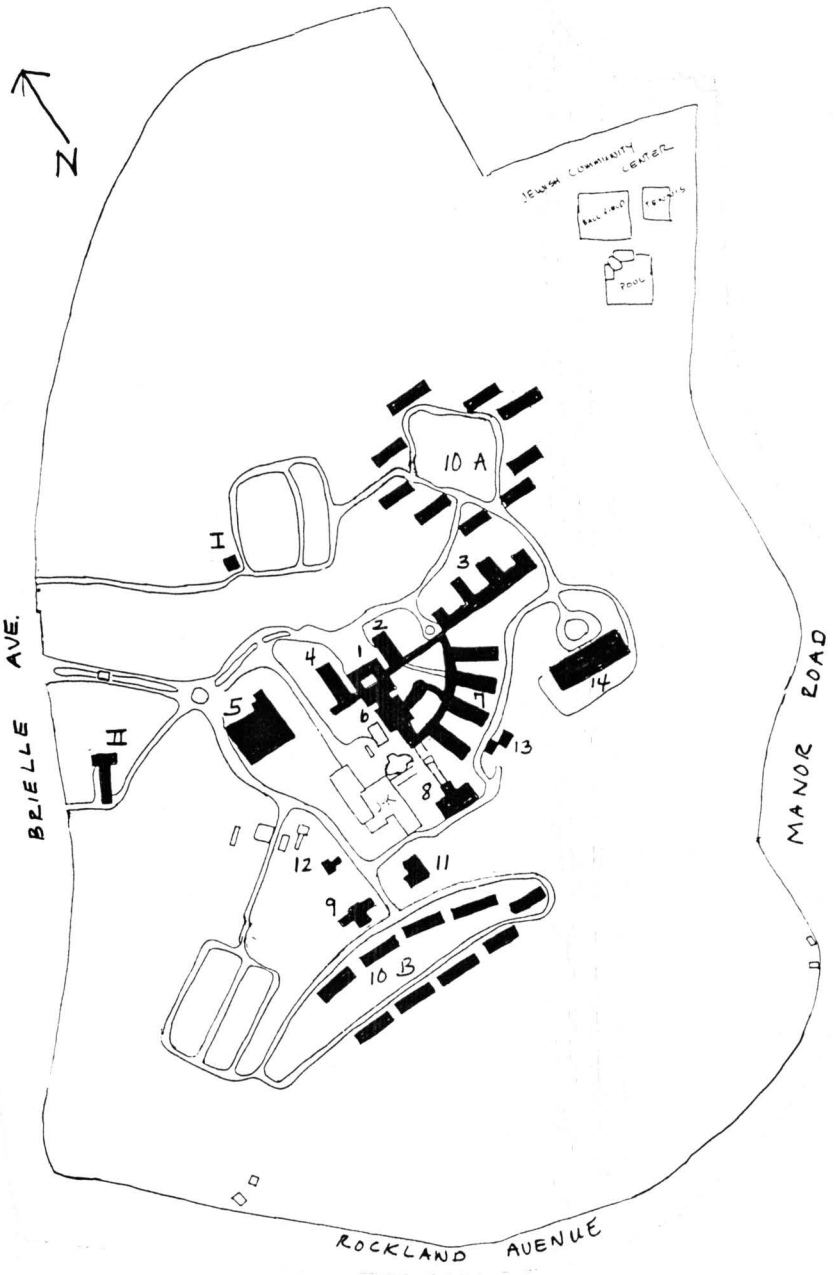
West side of Brielle Avenue



1. Dormitory 1 & 2
2. Dormitory 3 & 4
3. Dormitory for Male Help
4. Dining Hall and Kitchen Building
5. Laundry and Industrial Building
6. Dormitory 5 & 6
7. Insane Pavilion/ Nurses' Residence
8. Shop Building
9. Dormitories A,B,C,D
10. Morgue/Garage Building
11. Board of Health Disinfecting Plant

Seaview Hospital

East side of Brielle Avenue



1. Administration Building
2. Surgical Pavilion
3. Nurses' Residence
4. Staff Residence
5. Power House and Laundry
6. Dining Hall Group
7. Patient Pavilions
8. New Dining Hall Building
9. Group Building
10. Open-air Pavilions
    A - Women's
    B - Men's
11. Catholic Chapel and Rectory
12. City Mission Chapel
13. Pathology Laboratory
14. Children's Hospital

<u>New York City Farm Colony Cottage Community</u>

I. Cottage

<u>Richmond County Isolation Hospital</u>

II. Hospital Building

INTRODUCTION

The history of the New York City Farm Colony/Seaview Hospital Historic District begins with the establishment of the Richmond County Poor Farm on the west side of Brielle Avenue in 1829. However, the district achieves its greatest historical and architectural significance for New York as it reflects the turn-of-the-century commitment made by the City of New York to improve the quality of both the social and health-care services received by members of its dependent community. Today the historic district preserves the pioneering and innovative architectural expression of that commitment. It includes two major building complexes -- the New York City Farm Colony and Seaview Hospital -- the remnants of the Farm Colony Cottage Community, the former Richmond County Isolation Hospital and Staten Island's Potter's Field. The absence on Staten Island of a dominating architectural mode which required conformity from new construction, as was the case on Welfare (earlier Blackwell's) Island, abundant space and a beautiful landscape setting encouraged institutional design which ranks among New York City's finest examples of early 20th-century architecture with social purpose.

Care for Dependents in New York City and on Staten Island From the 17th Century to 1895

A recent history of the American asylum has demonstrated that dependency and deviancy were not perceived as societal problems which posed a threat to the general order until the early 19th century.[1] By then poverty was to some degree regarded as a self-imposed condition, the result in part of moral failure. The emergence of the new republic coincided with the development of large institutional settings which could isolate, shelter and, when necessary, correct human failure in its various manifestations: the indigent, the mentally-ill, the impoverished aged and infirm, the alcoholic, the vagrant, the petty criminal. In Colonial America dependency and deviancy had been more widely accepted as givens. Providentially caused, their remediation provided others an opportunity for redemption. While some institutional care became available during this period, it was of lesser significance than the non-institutionalized, community-based systems of support and censure that had traditionally accommodated disadvantaged groups.

In the early 17th century support of the indigent - either in their own homes, as boarders in the homes of others or in a common facility - was a responsibility assumed by the church which collected and distributed funds for this purpose.[2] Toward the end of the century some public responsibility for their care began to be accepted and is first indicated in New York City by a 1691 allocation from the municipal treasury designed to augment the funds distributed by the church. In 1693 the New York General Assembly approved legislation providing for support of the poor by taxation, the funds to be administered by a clergyman appointed in each parish or precinct. The 1696 Assembly act". . .

to enable the City of New York to relieve the poor and to defray their necessary and public charges," was followed by the appointment of an Inspector of the Poor who distributed the grand sum of one-hundred pounds a year.

Although a tax-supported poorhouse was first proposed in 1713-14, such a facility was not constructed until 1735. A small building, measuring but fifty-six by twenty-four feet, it stood on land now occupied by City Hall. To house the overflow, barracks-like structures were later built to its rear; these also served on occasion as hospitals. In 1796 a somewhat larger almshouse was built on the site where the New York City (Tweed) Courthouse stands today.

Eighteenth-century almshouses sheltered a heterogeneous population under one roof. Crowded together in the 1735 building could be found "...the maniac, the unruly, the poor, the aged and infirm."[3] Foreshadowing the larger institutional complexes of the 19th century, New York City's earliest municipal almshouse, not itself entirely lacking a punitive character, formed part of an ensemble emphasizing correction. The nearby late 17th-century prison remained in use throughout the succeeding century, and in 1776 the Bridewell, a facility for lesser criminals, was constructed just west of the 1735 Almshouse. Portions of this building were reserved for the insane, but the primary population appears to have been composed of "idle and intemperate vagrants."[4] The Bridewell and Almshouse were regarded as related institutions and the adjacent Potter's Field served both. Although the manufacture of nails and construction of a workhouse at the Bridewell are mentioned in the late 1780s, a developing appreciation of the theraputic and corrective value of labor did not yield - as it would in the 19th century - a systematic work program for almshouse residents.[5]

A parallel history may be recounted for Richmond County. The assumption of public support for the indigent residents of Staten Island is first indicated by a 1692 petition to the General Assembly from several local residents seeking permission to use certain funds (the unclaimed legacy of a minister) toward that end.[6] Staten Island historians Leng and Davis suggest the early existence of a county or public almshouse is demonstrated by the County Supervisors' decision in 1710 to build a jail in "Cucklestown" (Richmondtown) near the "County Poorhouse." Other documents cited by the authors reveal that the Island's relatively few publically-supported indigents were maintained in the traditional ways - at home, as boarders and collectively (ten in 1767) at the home of a private individual.

The post-Revolutionary War period of this history on Staten Island begins in 1803 with the County Supervisors' purchase of two acres of land and a farmhouse on Richmond Road near Egbertville and the establishment of the county's original "poor farm," an event which seems to suggest that the presumed effectiveness of required labor as an antidote to poverty had come to

be appreciated. The general expansion of institutional care for dependents which occurs in the 1820s and 1830s is manifested on Staten Island by the acquisition of a much larger facility in 1829, the 91-acre Stephen Martino Farm on the west side of Brielle Avenue. The farm included several outbuildings and a farmhouse to which a two-story dormitory was immediately added. A superintendent was appointed on January 1, 1830, and the new Richmond County Poor Farm opened soon thereafter, an appropriate institution for the still largely rural community. The cholera hospital established on the site in 1832 and housing for the insane introduced in 1837 suggest that this almshouse, by virtue of the relative smallness of the population served, remained an inclusionary facility in contrast to the larger New York City institutions of this period. More typical of the almshouses of this date was the by-now firmly established expectation that residents exchange their labor for shelter and board. In 1837, for example, proceeds from the sale of produce were said to have fed and clothed those who lived there; an additional fruit of their labor was the disincentive it provided to continued residency.

A not dissimilar sequence of events characterizes the history of the New York City Almshouse during the early 19th century. A growing metropolis, the need for enlarged facilities and the perceived desirability of a more remote location than City Hall Park, now intended for other uses, led to the purchase of a six-acre portion of the old Kip's Bay Farm at 26th Street and the East River in 1811. Adjacent lands, the site of hospital facilities for yellow fever victims, had been owned and used by the city for that purpose since 1794. A new, much larger almshouse was completed in 1816. By 1818 the institution that would officially be named Bellevue in 1825 consisted of the almshouse proper, two hospital pavilions, a workshop or factory designed as a penitentiary, and a school.[7]

The subsequent history of the Bellevue site mirrors the general evolution in the provision of social and remedial care during the 19th century. Principal changes include a continuing effort to establish homogeneous populations segregated according to the need addressed, further removal and isolation from the community, and the construction of large-scale institutions and institutional complexes designed to play a significant role in the corrective or ameliorative process.

By the mid-19th century Bellevue had been transformed to a purely medical facility, one designed to provide care to a selected population - those for whom such care would prove most beneficial. This reorganization culminated a process initiated in 1826 when a report of the "Medical Committee of Investigation" recommended that the penal component at Bellevue be transferred to another location. As a result, Blackwell's Island was acquired by the City of New York, in 1828 and a new penitentiary begun.[8] Prisoners were first transferred there from Bellevue in 1836. That same year the hospital's smallpox patients were removed to several small wood buildings located at the south end of Blackwell's Island, however, it was not until 1856 that a smallpox hospital was opened nearby. The new lunatic asylum toward the north end of the island received its first patients in 1839. The last of the "non-medical"

facilities remaining at Bellevue, the Almshouse, was moved to a new complex of buildings occupying the mid-section of Blackwell's Island in 1848.

Administrative reorganization occurred simultaneously. In 1848 the New York State Legislature created the Almshouse Department of the City and County of New York. Its managing body, "The Governors of the Almshouse," was responsible for the Almshouse proper, the Lunatic Asylum, the Nurseries (these were located on Randall's Island acquired by the city in 1835), the Penitentiary, City Prison, Bridewell and the other prisons and houses of detention, and the hospitals related to these institutions, of which Bellevue was the largest. Although it was more accurately retitled the Department of Public Charities and Correction in 1860, it was not until 1895 that the penal and charitable components were finally divided into two separate departments.

Expansion of the Blackwell's Island facilities continued during the second half of the 19th century. Earlier buildings gained new wings and additional institutions were constructed. A large workhouse or Bridewell was built toward the north end of the island in 1852. Hospital facilities serving the Almshouse and Penitentiary were added. When the latter hospital was destroyed by fire in 1858 it was replaced by the vast Charity Hospital, later known as City Hospital. Separate medical facilities for epileptics, paralytics and incurables were introduced. By the end of the 19th century Blackwell's Island was well-populated by a host of agencies and structures many of which in both character and appearance were exemplars of the corrective societal role that had been accorded the institution.[9]

Dependency: Its 18th- and 19th-Century Architectural Setting

The simple requirement of shelter was virtually the only demand imposed upon the earliest public facilities constructed for dependents of various types. The structure itself was not regarded as having any particular corrective or rejuvenating potential and these facilities were not, therefore, readily distinguishable from domestic architecture of the period. An illustration of the 1735 Almshouse on the City Hall site shows it to have been the equivalent of an ordinary contemporary dwelling.[10] Five-bays wide, it was a two-story building of brick set above a tall basement. A hip roof, end-chimneys and a center entranceway were its most prominent features. This type of facility has been described as duplicating (ideally) familial organization, both externally in its appearance and internally in its administration.[11] The second Almshouse of 1796 in City Hall Park was a larger gabled masonry building of three stories. Austerely simple, it suggested an institutional function principally by an increase in scale. The design would appear to vary little from the residential or commercial/residential buildings constructed in New York City at that date, some of which can be glimpsed in the 1825 print depicting this structure.[12]

In contrast, the Almshouse built at the Bellevue site between 1811 and 1816 was clearly an institutional structure. Constructed of "bluestone," it was over three-hundred feet in length and consisted of a taller center-pavilion flanked by lower wings. Multi-storied open porches were attached to the face of the wings.[13] The scale of this structure and its custodial function as expressed by the differentiation of an administrative (and service) center dominating the residential wings confirms the existance of a rather formidable and ordering institution. This design was not, however, one developed specifically for "almshouses." It would appear more closely related to that adopted for institutions regarded as "hospitals." The three large hospitals constructed at the Quarantine Station on Staten Island between 1819 and 1823, for example, repeated this design and included the long attached multi-stories porches as prominent features.[14] In the absence of a readily available prototype, adoption of this design for the Almshouse seems appropriate enough, but it apparently did not yield a structure that could segregate its different categories of inmates. As described in 1833, the Almshouse "... was intended for old respectable poor; but as at the present organized, it has become an asylum for thieves, prostitutes and the worst of the human family."[15]

Differentiation of institutional type and function was more readily apparent in the first structures built on Blackwell's Island. The penitentiary was an intimidating pile constructed of the gneiss quarried on the island; its color and texture conveyed a sterner message than most other building materials.[16] Long multi-storied wings containing rows of countless, closely-spaced windows were attached to a large square administrative block. Crenellations along the rooflines evoked at best a medieval fortress and probably more often a similarly ancient dungeon. The rectilinearity and squareness of all its parts demanded obedience from all who entered there. It was an excellent example of the mid 19th-century concept of architecture as "moral science," a concept defined by the Boston Prison Discipline Society in this manner:

> There are principles in architecture by the observance of which great moral changes can be more easily produced among the most abandoned of our race...There is such a thing as architecture adapted to morals...improvements in morals depend upon the construction of buildings...[17]

Even when not specifically penal, corrective overtones were unmistakeable in much of the institutional architecture dating from this period.

Somewhat less intimidating, for example, in its appearance than the Penitentiary, the Lunatic Asylum designed by Alexander Jackson Davis communicated the institution's intentions no less forcefully, a result in part of a similar grandeur of scale.[18] Emergent theories regarding the treatment of mental illness suggested that the best results could be obtained in an orderly, controlled yet pleasant environment. Provisions in earlier plans for penal institutions which facilitated the monitoring of residents made them the ultimate source for the design of the Lunatic Asylum. The original plan called for two tall octagonal

towers placed at the base of a U-shaped plan; the center of the base was to have been occupied by an administration building. Observation and provision of services to the residents of the two wings extending at right angles from each tower was thus facilitated. (The single octagonal tower finally constructed served as an administration building.) The larger window openings of the Lunatic Asylum and the use of decorative detailing muted the penal overtones and did establish a definite contrast to the Penitentiary.

Although less distinctive architecturally, the almshouse constructed on Blackwell's Island in 1848 had as one of its goals the amelioration of the conditions at Bellevue described in 1833.[19] Initially, at least, it was intended to serve a specific population, the dependent aged and infirm. While the design of the two major structures, the male and female residential quarters, was not significantly different from that of the 1811 Bellevue almshouse, their siting in relationship to each other and the inclusion of service buildings did introduce the concept of a planned, semi-autonomous complex designed to implement a coherently conceived program. Centered on a north/south axis and constructed of the local gneiss, the two major residential structures were located near the center portion of the island. Each consisted of a large four-story projecting center-pavilion topped by a tall cupola and flanked by three-story wings. Multi-level porches running the length of the wings repeated another feature of the earlier almshouse. The exterior stair-towers attached to both faces of the wings - a total of six for each building - were an unusual element. These structures bounded an open space some 650 feet in width. Within that area were located several service buildings including a chapel building toward the west shore and a three-story bakery building, which supplied the needs of the entire island, on the opposite shore. The chapel housed administrative offices in its basement; the bakery's upper floor was taken up by workshops for carpenters, coopers, and shoemakers. The complex was clearly designed to accommodate a more homogeneous and governed population. That intent is summarized in the 1848 Annual Report of the Almshouse Commissioner as follows:

> ...The paupers able to work have been variously employed in the necessary labor of the house, both mechanical and domestic, and in addition thereto, you have probably noticed an extent of grading, adding to the beauty and convenience of the surrounding grounds, and speaking well for the industrial abilities of the inmates, under judicious direction...[20]

Constructed in the early 1830s and in contrast to the Blackwell's Island structures, the first new institutional building at the Richmond County Poor Farm continued the domestic architectural mode employed for the earliest New York City almshouses. Located on the north side of the main entry road leading in from Brielle Avenue, the Poor Farm main building was constructed of rubblestone and covered by a gambrel roof.[21] Two stories tall and five bays wide, its dimensions (approximately 75 feet by 37 feet) were larger than those of the 1735 almshouse in City Hall Park. Other features included a center entranceway, a tall basement story, and prominent end-chimneys. It did not readily suggest anything other than the traditional architecture of rural Staten Island. It was this building together with later lower extensions and various wood outbuildings which served the Richmond County Poor Farm until the end of the century.

New York City Farm Colony

In 1895 the Department of Public Charities, one of the two created by the Division of the Department of Public Charities and Correction, assumed responsibility for all charitable institutions formerly administered by a unified department; they included the charity hospitals, the Almshouse, the Lunatic Asylum, and the Randall's Island facilities. While the 1860 transition from Almshouse Department to Department of Public Charities and Correction brought no significant changes in policies or administration, the 1895 division was followed by a concerted effort to rationalize, reform and improve the delivery of social services. The magnitude of the task was considerably widened by the 1898 consolidation of the outer boroughs with the City of New York. Independently administered institutions needed to be incorporated with the single new department charged with the provision of care to the needy of a much enlarged city, an assignment made somewhat simpler by the 1902 reorganization of Bellevue and the other charity hospitals (Emergency, Gouverneur, Harlem and Fordham) as a separate agency. Although this report focuses upon the impact of consolidation and reform as it affected but one aspect of one city department, it is a history which parallels that shared by all of the City's institutions and agencies at the turn of the century.

As noted in the first annual report of the new Department of Public Charities (1902), one of its early undertakings had been to redistribute the population of the institutions under its charge so that services could be more effectively and coherently targeted to homogeneous groupings, an effort initiated in the 19th century but one that had obviously faltered.[22] One of its newly-acquired properties, the former Richmond County Poor Farm was, for example, designated as an institution for the able-bodied indigent. The Blackwell's Island Almshouse would shelter the infirm. Accordingly, the Poor Farm's infirm residents were sent to more appropriate facilities and the "able-bodied paupers" together with a number of epileptics were transferred to Staten Island from the Brooklyn Almshouse and Blackwell's Island. These institutions were now to be known as Homes for the Aged and Infirm. The Richmond County Poor Farm had also been renamed; its altered pupose and assets were described in 1902 as follows:

> ...as to the New York City Farm Colony...much can be said of its importance to the City. While the inmates at other institutions under the Department of Public Charities look around and have nothing whatever to do, here they pay for their board twofold by their labor, working on the farm raising vegetables, not only for themselves, but for other unfortunates. No healthier spot within miles of Greater New York can be found, situated on the western slope of Todt Hill, the highest land in Greater New York - it being 368 feet above sea level - a beautiful site with its fertile fields, where any kind of vegetable thrives. All it needs is cultivation...[23]

The description of the physical plant was less laudatory:

> ...sixteen buildings in all...they are scattered, no two being on the same line. They are old, all of them dating back to 1829, when they were farmhouses, additions to which have been made without any pretensions to architecture or comfort...[24]

Analysis of the farm by agricultural experts indicated the proper methods of cultivation would yield sufficient produce to feed 3000 persons. A correspondingly ambitious building program was also initiated. Designed in 1902 and begun the following year, dormitory 1 & 2, the earliest surviving building on the site was opened Thanksgiving Day, 1904. Its 200 male residents more than doubled the institution's population.

A long rectangular one-story building, it is constructed, as had been the Richmond County Poor Farm main building some 80 years earlier, of the fieldstone found on the property. The thick sturdy walls are enlivened at many locations by abundant red brick trim. A tall basement and attic story provide additional inhabitable space without disturbing the desired horizontal effect. A gambrel roof, once clad with green slate, is the principal hallmark of the so-called Dutch Colonial Revival style employed for this building.[25]

The design of dormitory 1 & 2 is eminently appropriate for more reasons than one. Set on the south side of a plaza-like area formed by a broadening of the main entry road leading in from Brielle Avenue, its roof profile and fieldstone construction made it architecturally compatible to the early 1830s Richmond County Poor Farm main building fronting on the opposite side of the plaza. The Poor Farm building had evoked the still earlier architectural tradition associated with what was a farming community during the Colonial period; the design of dormitory 1 & 2 perpetuated that evocation. It also announced that the new institution - the New York City Farm Colony - was to continue this tradition.

Despite the persistence of historical associations, the new dormitory may also be cited for its innovative character. Staten Island and the new Farm Colony offered what might be described as "virgin ground," a place where New York City's early 20th-century institutional architecture might evolve without prior constraint. Blackwell's Island, for example, was fairly densely developed and the general design homogeneity there, imposed in part by the local availability of gneiss, probably would have precluded such a structure as this. Not only are its solidity and excellence of construction rebukes to some of the poorly-built structures on Blackwell's Island (many of them brick masquerading as stone by virtue of facings) but its design also provides a response to those 19th-century designs which command order and rectitude from their occupants.[26] While the new dormitory was obviously a collective residence, its style and avoidance of excessive verticality clearly suggested the imagery of domestic architecture. One is struck by the fact that New York City's early 20th-century commitment to the ideal of providing "humane" housing for the disadvantaged returned full circle at the Farm Colony to the point where

this history began - the 18th-century house. Used then by default in the absence of a building type specifically designed for such shelter, the pre-institutional Colonial "house" type was deliberately selected in the early 20th century as creating the environment where the most up-to-date care might be provided.

The design for dormitory 1 & 2 was prepared by the firm of Renwick, Aspinwall & Owen, then apparently serving as the Department of Public Charity's official architects.[27] The successor firm to that of the noted American architect, James Renwick, it was headed by his nephew William W. Renwick after the founder's death in 1895. In addition to providing the Farm Colony dormitory design, the firm was involved with the development of the Farm Colony Cottage Community described in the following section and may also have influenced the plan adopted for Seaview Hospital.

Dormitory 1 & 2, cited by the architect of a later Farm Colony building as "the nucleus around which the institution should grow," furnished the general prototype for all subsequent dormitories and service buildings constructed at the Farm Colony prior to the 1930s. Its orientation on a north/south axis established a precedent followed by virtually all of the later buildings, including those of the 1930s, and it did indeed form the core for the early group of structures constructed on the south side of the Farm Colony building complex, a related and impressive ensemble which, viewed across the surrounding fields suggested then, as it does today, "farmhouses" in a cultivated landscape.

Completed in 1909, dormitory 3 & 4 lies to the east of dormitory 1 & 2. It was designed by William Flanagan, cited in annual reports between 1904 and 1909 as the Department of Public Charities' official architect. Although larger than the Renwick, Aspinwall & Owen dormitory, it introduces but minor variations on the basic scheme. The smallest of the new dormitories, the contemporary dormitory for male help, perhaps designed by Raymond F. Almirall and revised by William Flanagan, makes use of an intersecting center-pavilion rather than the end-pavilions used for the other dormitories.[29] Decorative detailing such as the large Palladian window appearing in its south wall also distinguishes this structure from the others.

Further west there is the large kitchen and dining hall building designed by Frank H. Quimby and completed in 1914. Although it is a multi-storied building, its more northerly location allows it to remain visually integrated with the above-mentioned dormitories. Another service building designed by Quimby, the laundry building (later used for workshops) is the westernmost structure in this early group. Both are of rubblestone and the repetition of the gambrel roof profile links them to the standard design.

To the north of the main entry road dormitory 5 & 6, one of the original pair designed by Almirall in 1907, duplicates almost exactly the model provided by Flanagan's dormitory 3 & 4. Nearby is Almirall's stylistically similar insane pavilion. A small structure, it is now virtually encapsulated by a 1930s addition which incorporated it within a nurses' residence. These

buildings, together with several service buildings - the c.1914 rubblestone gambrel-roofed garage and morgue building toward the south side of the property and a variety of woodframe stables, barns and animal pens - served the Farm Colony until the 1930s when additional dormitories were constructed. The capacity of this institution - often exceeded - was approximately 1,000.

Although the New York City Farm Colony's new physical plant reflected an advanced and reformative approach to institutional housing, its operational methods represented a less dramatic departure from those of the 19th century. The 1902 description of its residents cited earlier - they pay for their board twofold by their labor, working on the farm raising vegetables, not only for themselves, but for other unfortunates - indicates that required labor was still perceived as a corrective for one root cause of indigency. Additionally, both individual and institutional self-support were to be expected from an institution dedicated to housing the "able-bodied." Dedication to this "ideal" but unrealized goal persisted for the next twenty years.

Farm work was the major endeavor and fairly substantial yields were reported; in 1912, for example, the value of produce amounted to $22,887 and considerable excess quantities were sent to the Blackwell's Island institutions. A large variety of other tasks which contributed to the maintenance of the institution and the production of its supplies were also available. The "Occupation of Inmates" section of the 1914 Annual Report outlined the program as follows:

> Every inmate who comes to the Farm Colony, except those who are completely disabled, does something, the different occupations being:
>
> Routine cleaning and keeping up of the Plant.
> Outside work on the farm and grounds.
> Mechanics, laborers employed in construction.
> Mechanics employed in the shops as follows:
>
> | | |
> |---|---|
> | Carpenter Shop | Tailor Shop |
> | Paint Shop | Seamstress |
> | Tinsmith Shop | Broom Shop |
> | Blacksmith Shops | Print Shop |
> | Plastering | Map and Rug Making[30] |

Analysis of the Farm Colony population, however, reveals the discrepancy between the institutional goals and the actual condition of those who were to fulfill them. A 1912 census by age group suggests the dimension of the problem:[31]

	Males	Females
Over 70	254	103
50-70	650	124
21-50	296	43
Under 21	11	3

Slightly more than half - 52% - of the residents were between the ages of fifty and seventy; twenty-four percent were over seventy. The 1912 estimate that 34% of these residents were disabled would, given the average age of the population, seem almost too low.

The Farm Colony's later history may be primarily characterized as one in which the actual physical condition of many residents, and eventually of almost all residents, was recognized and dealt with in a variety of ways - programmatic, administrative, and architectural. The Farm Colony was merged with Seaview Hospital in 1915 and the entire complex became known as Seaview Farms. A single administrator and joint use of a number of facilities (the 1914 laundry building at the Farm Colony, for example, was converted to shops when the Seaview laundry began to service both institutions) probably resulted in improved services for the Farm Colony residents. This consolidation was discontinued in 1924 when the Farm Colony, together with the Blackwell's - by that time known as Welfare - Island Home for the Aged and Infirm and the Municipal Lodging House on East 25th Street, were transferred to a newly-created department, Homes for Dependents. Although the Farm Colony had been described by 1921 as an institution for the dependent infirm, the farm was not officially abandoned until 1925.

Admissions to the Farm Colony in 1926 were ascribed to the following causes of dependency: senility, destitution, paralysis, crippled, epileptic, blind, dumb, deaf, deaf and dumb, and cancer. It was noted that the able-bodied could do some work but not enough to be self-supporting.[32] A major change occurs between this report and that of 1927-28 which notes:

> The City Farm Colony has shops where the inmates work at brushmaking, mat making, painting, shoe making, tailoring, gardening and other light work about the institution. They are not obliged to work but are encouraged to do some work to keep their minds and bodies active and some of the inmates receive small salaries or a profit on the sales of the articles they manufacture.[33]

A new type of insitution had emerged.

Proposal were made in 1926 to double the Farm Colony's capacity with the construction of four new dormitories. In 1929 recognition of the medical needs of the served population resulted in the transfer of the Homes for Dependents facilities - including the Farm Colony - to the newly-formed Department of Hospitals. Plans for the new dormitories were prepared by Charles B. Meyers in 1930 and construction was completed in 1934.

The new Farm Colony dormitories - Dormitories A through D - are sited in a staggered grouping on the north side of the main entry road. They maintain the north/south orientation of the earlier dormitories as well as their generally horizontal character. They are sprawling two-story structures of red brick consisting of a long rectangular block terminated by end-pavilions. The staggered grouping provides each with maximum light and air; large porches on the south faces of the end-pavilions capitalize on the orientation of the structure. These dormitories do suggest their institutional purpose more clearly than the earlier Farm Colony buildings. The horizontal emphasis and use of the Georgian Revival style may be seen as an attempt to mitigate that effect. It was observed in 1936 that the Farm Colony, its capacity now 1428, was a "haven for old people," and its dormitories, "housing that near as possible resembles normal domestic life," a comment which indicates the new dormitories had achieved some success in this regard.[34]

Dormitories A through D were the last major buildings constructed at the Farm Colony but the complex was to remain in use for almost another forty years. The remaining residents were moved to the former Children's Hospital at Seaview in 1975. Since then, geriatric care has been consolidated in the new Seaview J-K Building opened in 1973, concluding the process that began in 1935 when the advent of Social Security provided new options for the ambulatory aged and the Farm Colony population evolved to one dominated by the infirm. In the 1950s a renewed but ultimately unsuccessful effort was made to maintain the Farm Colony as an institution serving the able-bodied; chronically-ill patients were relocated to Bird S. Coler Hospital on Welfare Island. The Farm Colony again became part of Seaview Hospital in 1961 and thereafter until the final closing housed a population much reduced in numbers from the 1,500 to 1,700 persons it had served annually during the 1930s.

New York City Farm Colony: Cottage Community

In their design for Dormitory 1 & 2, Renwick, Aspinwall & Owen had explored the concept of alternative housing types for dependents. It was a concept that reached fruition in their pioneering and innovative cottage community simultaneously developed as a separate component of the New York City Farm Colony. The desirability of maintaining as normal a living situation as possible for the indigent elderly and one which avoided the severing of human relationships imposed by the male/female division of most large institutions had been recognized before the end of the 19th century. In 1893 the Department of Public Charities and Corrections is said to have constructed two woodframe houses at the Richmond County Poor Farm to be used by elderly couples for whom no adequate quarters existed at Blackwell's Island.[35] The Department of Public Charities' annual report for 1902 noted that a former nurses' residences at the island had been converted to apartment-like units for ambulant elderly couples. The Farm Colony cottage community was conceived as a major expansion of these initial efforts, a project described by a contemporary journal as "...a distinct advance... the first municipal undertaking of this sort in America..."[36]

A bird's-eye view of the proposed Renwick, Aspinwall & Owen cottage community was featured in the Department's annual report for 1903. It was noted that the proposal had been displayed at the St. Louis Exposition, "... showing to the world what New York City is doing for its aged dependents."[37] The view depicts a number of woodframe houses sited along curving roads; gardens and wooded areas provided a park-like setting. A grassy "village common" at the center of the complex was to be occupied by an administration building and a chapel.[38] The goal of this development was to eliminate the "old barracks idea for the care of the Poor." In its place there would eventually rise a community comprised of some 30 to 40 cottage residences; the Blackwell's Island Almshouse would be superseded by a "trim little community in the heart of Staten Island in which the deserving poor may end their days in peace."[39] There, as described by the Commissioner of Public Charities, "...the people will lead a more natural life. There will be less of a breaking away from their customary way of living than at present." The old system, he said, blotted out personality; the cottage scheme would provide more opportunity for outdoor life, exercise and the rational employment of its inmates.[40]

Land for the cottage community was acquired in 1903; it was a 30-acre lot located on the east side of Brielle Avenue, directly opposite the New York City Farm Colony. The site, occupying the most elevated area of the Seaview Hospital/Farm Colony complex, is particularly choice. A portion of the planned road system, still intact, was laid out and the first three cottages - for males, females and married couples - were constructed between 1904 and 1906.

Repeating the mode employed for dormitory 1 & 2, the Renwick, Aspinwall & Owens designs for these spacious wood-frame shingle-clad cottages emphasized "Dutch" Colonial Revival motifs -- gambrel roofs, dormers with round-headed windows, gables, and prominent chimneys. Broad verandas were a particularly prominent feature. While dormitory 1 & 2 symbolized "house" the cottages were, in fact, houses for which, as mentioned earlier, the use of the Colonial Revival style was especially apt. Residents either had their own rooms or shared with one other person. Each house was an autonomous unit and included all facilities -- common room, kitchen, dinning room -- needed to create an environment which could accommodate what might be considered an extended family. These cottages apparently functioned in a highly successful manner. The assessment made in early Department of Public Charities annual reports that they represented a "far more humane and satisfactory way of caring for aged dependents" is confirmed by a glowing description of cottage life provided by a displaced resident when the complex was taken over by Seaview Hospital in the 1930s.[41]

It is unfortunate that the cottage colony was never developed on the scale envisioned by Renwick, Aspinwall & Owen. Two additional cottages were constructed in 1916, only one of which -- later used as the Seaview Hospital director's residence -- survives. Both were designed by Charles B. Meyers. Handsome structures, their Jacobethan style and construction materials -- red brick laid in Flemish bond and limestone trim -- contrast with the earlier cottages, but the design perpetuated their significant aspects. Domesticity is the message conveyed by the exteriors and, as the original plans indicate, the interior arrangement provided all the features required for successful congregate living.

Seaview Hospital

In any general history of New York City's turn-of-the-century efforts to improve the delivery of social services to the members of its dependent community, the construction of Seaview Hospital and Sanatorium must be included as an event of major significance. The earlier history of tubercular care and, in particular, the care provided to the needy who suffered in disproportionate numbers from the disease, is a brief one. It was not until 1882 that the cause of the disease -- the tubercule bacillus -- was identified by the pioneering German bacteriologist, Dr. Robert Koch.[42] Discovery of the cure lay 80 years in the future and is a milestone in medical history culminated by research undertaken at Seaview Hospital.

At the turn of the century the only prescribed treatment for tuberculosis was abundant fresh air, lengthy periods of rest, sunshine, and a nutritious diet. A rural environment, preferrably elevated, provided the setting where this cure could best be administered. Such were the available weapons in the early phases of the worldwide campaign against the "white plague," as it gathered momentum in the late 19th and early 20th centuries.

The establishment of the Adirondack Cottage Community in 1885 at Saranac Lake by Dr. Edward L. Trudeau, a follower of Koch and sufferer from the disease, was the first American treatment facility for moderate and low-income persons and is generally regarded as marking the beginning of the fight against tuberculosis in this country. The role played by New York City in the campaign is not inconsiderable. In 1889 the Department of Health declared tuberculosis a communicable disease, the first municipal health department in the country to do so. The Department's informational brochure on the subject was another innovative effort. In 1894 the Health Department instituted required reporting of incidence from all public institutions, together with free diagnosis and home-visitation.

The first municipal hospital for the consumptive poor was established at Cincinnati in 1897, the same year New York City health officials began to require universal reporting, a regulation initially resisted by a number of private physicians and institutions. Consumptive patients in the city's municipal hospitals who up to this time had been integrated with the general hospital population now began to be relocated in separate wards. In 1901 the Board of Health demonstrated the vigor of its commitment by inaugurating compulsory segregation of identified cases, a measure that the absence of facilities made difficult to implement and one subsequently abandoned as too coercive. The Tenement House Law of 1901 was a related endeavor; the adequate ventilation and light it mandated were among the provisions intended to alleviate conditions in the older tenements which contributed to the spread of communicable diseases such as tuberculosis.

On January 31, 1902, the nation's second municipal tuberculosis hospital facility was opened in a portion of the Metropolitan Hospital complex on Blackwell's Island, the former Lunatic Asylum later operated for a time as the Manhattan State Hospital for the Insane and subsequently abandoned as a psychiatric institution. The opening of the Metropolitan Hospital facilities allowed the removal of all patients still remaining in the general wards of city hospitals as well as the consolidation in one location of the tuberculosis wards that had been established at Bellevue, City Metropolitan and Almshouse Hospitals.

Statistics reveal the scope of the problem confronted. In 1900 pneumonia was the leading cause of death in New York City; tuberculosis was a close second.[43] The Charity Organization Society, a philanthropic association which played an important role in both the tenement house reform movement and the campaign against tuberculosis, described turn-of-the-century conditions as follows:

> It is estimated that there are at present about 30,000 persons in the City of New York who are afflicted with tuberculosis and that two-thirds of these are in need of help from sources outside their own families...the facilities for the care of the poor and friendless who are stricken are utterly inadequate. Thus the larger proportion of the victims of tuberculosis are hopeless in sight of the hope that science holds out to all...[44]

Similar sentiments are expressed in the resolution passed by the New York City Board of Alderman in April 1903; it noted that tuberculosis "...is one of the greatest scorges of humanity in this city... that the best and most effective modern scientific methods were out of reach of the poor who are, nevertheless, the greatest sufferers of the disease..."[45] A committee from the Department of Public Charities was therefore charged with preparing a report regarding the establishment of a tuberculosis hospital in the "near neighborhood" of the city.

In 1903 there were no well-established traditions to guide the designers of therapeutic environments for the treatment of tuberculosis. The nature of the disease in its several phases, the available therapy and the scale of the campaign against it presented a number of problems to the architects who addressed this issue; a variety of building types and institutional plans had been developed but a consensus regarding the most appropriate and effective designs had yet to be reached.[46] Incipient cases which were considered curable or arrestable benefited most from long-term periods of rest in sanatorium type establishments which provided maximum exposure to fresh air and sunshine in attractive rural surroundings. Advanced cases required more traditional hospital settings, but even these cases, current medical opinion suggested, would benefit from exposure to fresh air. Complicating the design problem was the fact that sanatorium patients would sometimes worsen and require hospital facilities and, conversely, hospital patients would demonstrate improvement. The existence of both settings in one institution seemed desirable. The scale of the campaign against the disease also demanded treatment facilities larger than any previously designed. For many institutions segregation by economic class was another concern.

In addition to the design of the physical plant, general environmental concerns also needed to be addressed. Some degree of elevation was believed necessary. An appropriate siting for the building complex -- one that would maximize the availability of the therapeutic agents but would also provide protection from hostile weather conditions -- needed to be determined. And, because the length of the treatment period and the necessity for patient serenity, a beautiful "outlook" was considered as important a medical need as fresh air. One medical specialist when asked which was more important in the treatment of tuberculosis, pills and potions or pleasant surroundings, replied, "...There are no pills and potions for tuberculosis; pleasant surroundings are of prime importance."[47]

Summarizing the requirements in 1905 that had led to the selection of the Staten Island site for New York City's new tuberculosis hospital, the Commissioner of the Department of Public Charities made note of the following:

> ...it became primarily necessary to choose a location that would not only meet the requirements of an adequate and healthy site, such as protection by rising ground and woodland from the north, northeast and northwest, good natural drainage with consequent warm soil, extended and diversified views for the distraction of patients - but one that would be easily accessible in the sense of transportation of patients with minimum risk and discomfort to the patients and the community at large; accessible in the sense of proximity, thereby permitting the visiting of friends with the minimum expense of time and money. It further became evident that the site should be one providing the surroundings of the country, naturally protected from encroachment by the growth of the City, permitting of ground extension at reasonable cost and removed from unpleasant and unattractive associations whether sentimental or actual. A careful examination of the City cannot but convince the most sceptical that the site selected offers more advantages than any other and one to which few, if any, valid objections can be offered.[48]

The site chosen was the 25-acre former hilltop estate of Charles Schmidt, known as "Ocean View." Located on the east side of Brielle Avenue, it adjoined the south side of the lands then being developed as the New York City Farm Colony cottage community. Appropriations for the hospital approved by the board of Estimate and Apportionment in 1905 totalled one million dollars, half of the entire sum committed to the project. In response to the demand, "...that a separate group of buildings, commensurate with the magnitude of the evil, be erected to provide exclusively for the proper treatment and care of consumptives and in a manner that will bear the scrutiny of the world...," the Commissioner of Public Charities described the response to be made by the City of New York:

> This proposed new tuberculosis hospital is the logical sequence of the combined agitation of philanthropists, charity workers and the medical profession in general and the co-operation of the municipal authorities to properly care for the tens of

> thousands of tuberculosis poor of the city, and to provide for them in such a manner as will make it practicable to deal with this affliction in a broad, systematic and effective manner.
>
> With the intention that this sanatorium should incorporate the most advanced hygienic and scientific ideas and provide for every comfort and convenience for the poor, the advice of those acquainted with the needs of such institutions and conditions under which they will be operated has been obtained, and the Mayor has taken a deep personal interest in the planning of the work.[49]

The first architectural reflections of the campaign mounted against tuberculosis by the City of New York had been relatively modest. The two buildings at the Department of Public Charity's Metropolitan Hospital complex on Blackwell's Island converted for use as a tuberculosis facility required alterations; window openings were enlarged and interior partitions removed to improve air circulation. For ambulatory patients requiring continuous exposure to fresh air, a number of tents were erected nearby; these were simple canvas-covered wood-frame structures which suggested fairly minimal summer cottages. Other City departments also established tent colonies; there was one at Bellevue Hospital and another operated by the Department of Health on North Brother Island. The large solarium at Metropolitan Hosptial completed in 1902 was the most striking of these early tuberculosis-related facilities. It was a narrow 200-foot-long hipped-roofed building; walls on all four sides were entirely taken up by tiered glass windows. A broad veranda with a handsome rustic balustrade extended around the glazed enclosure.[50]

Renwick, Aspinwall & Owen were the designers of this solarium as well as the contemporary new dining hall for tubercular patients. The firm appears to have been particularly active in the developing field of sanatorium design. Contemporary projects included work at the Adirondack Cottage Sanatorium at Saranac Lake (probably extensive additions to the facility begun in 1885), Stony Wold Sanatorium at Lake Kushaqua, New York, opened in 1903, and participation in studies for a proposed sanatorium in Denver, Colorado. Theirs was one of two plans for a municipal sanatorium presented to the New York City Department of Health by the Charity Organization Society's Committee on the Prevention of Tuberculosis as serious deliberations concerning this project got underway in 1903.[51] Perhaps it was through the firm's on-going work at the Farm Colony that the area was brought to the attention of those responsible for determining the location of the new hospital.

The Renwick, Aspinwall & Owen plan called for a complex symmetrically arranged on either side of a center axis; the major component was an arc-shaped connecting corridor from which eight two-story patient pavilions would radiate. A large chapel and recreation hall was bisected by the center axis and separated the men's and women's pavilions. Within the enclosure created by the connecting corridor, service building flanked the main axis. A large administration building would occupy the center of the line forming the base of the full arch as completed by pathways extending from both ends of the con-

necting corridor. A laundry and laboratory were located at the far ends of this same line. The siting recommended for this complex would be one that provided a southwest exposure and continual sunlight throughout the day for the pavilions, a protecting hill on the northeast, and an elevated location. In order to give a "home-like and cheerful effect," the buildings would employ the Colonial Revival style and were to be constructed of red brick with white stone trim and slate roofs.

Although there are many differences between this plan and Raymond F. Almirall's original plan for the new tuberculosis hospital which was approved in 1905, both share the same general concepts. The use of an arc or arch-shaped connecting corridor and radiating pavilions is uncommon; of the many plans and elevations appearing in a 1904 illustrated manual of treatment facilities in the United States published by the National Tuberculosis Association, there is but one instance of this type - the Massachusetts State Sanatorium, at Rutland.[52] It has not been possible to determine if Almirall's design was independently arrived at or results from an elaboration and refinement of the proposal submitted by Renwick, Aspinwall & Owen. The relationship between the two plans is clouded by interagency rivalry concerning the jurisdiction of the proposed tuberculosis hospital. The Department of Health asserted its mandate over hospitals devoted to contagious diseases and it was for this department the Renwick, Aspinwall & Owen plan had been prepared. The original Almirall plan of 1905 was designed for the Department of Public Charities. Litigation between the departments followed and delayed the beginning of construction by several years. In the interim Almirall substantially revised his original scheme.

Almirall's 1905 plan was considerably closer to the Renwick, Aspinwall & Owen design than what was finally built.[53] In addition to the generally similar arrangement of the complex, such specifics as the absence of intervening buildings between the large administration building and the service buildings located at the terminal points of the arch formed by the connecting corridor may also be cited. The large apsidal-ended and domed recreation hall and chapel building separating the men's and women's pavilions was another feature retained by Almirall. Almirall's version of the radiating pavilion plan, however, produced a more tightly-knit complex. The connecting corridor itself formed a complete arc and the regular distribution of the patient pavilions along its perimeter integrated them more completely with the other elements in the complex. The service structures within the space enclosed by the connecting corridor were elaborated and increased in number; they established a continuous link along the bisecting axis which connected the administration building and the recreational hall/chapel.

Although the major component of the 1905 plan -- the patient pavilions and the connecting corridor, always described by Almirall as elliptical in shape -- was retained as originally designed when construction finally began in 1908; many of the other elements were either redesigned or relocated and additional structures were introduced. The end result of these revisions

accomplished the architect's stated goals, to "...increase efficiency of service and convenience of access."[54] One major element shown in the 1905 plan was omitted. This was the tent colony -- an arc composed of tents clustered in parallel rows alternating with tents grouped around courtyard-like spaces -- which formed a concentric enclosure to the rear of the patient pavilions. Its inclusion in the 1905 scheme indicates that Seaview was conceived as an institution incorporating both a sanatorium and a hospital.

The final plan included other important revisions. The administration building on the north side of the complex was significantly reduced in scale. Flanking structures were added -- the surgical pavilion to its east and a staff residence to its west. The end buildings in this group -- the laundry building and nurses' residence -- were converted from much larger U-shaped structures which extended a considerable distance north of the administration building to smaller L-shaped buildings with their principal facades aligned with those of the buildings flanking the administration building. A more compact grouping on this side of the complex resulted and one that contributed to the enclosure of the area contained within the elliptical corridor connecting the eight patient pavilions. These administrative, service, and residential structures were linked by an enclosed corridor which also provided access to the elliptical corridor. Within the area thus enclosed the kitchen/dining hall complex was expanded and its design significantly changed. The kitchen section was transformed from a low rectangular building to the existing tall octagonal structure; slightly bowed rather than rectangular dining wings project from it. The staff dining hall building to the rear of the Administration Building was enlarged. Almirall's plan for Seaview Hospital as it finally evolved is one that maximizes the potential operational efficiency inherent in the radial pavilion plan.

The style employed by Almirall for Seaview Hospital had been established by the 1905 scheme. A rendering of the entire complex depicts simple low structures; except for the administration building, horizontality is stressed. Wall surfaces are smooth; window openings are unadorned. Red tile roofs appear and contrast with the light gray walls. In the revised plan the original Renaissance Revival facade of the administration building was abandoned and its scale decreased. It as well as the additional structures conformed to the original scheme adopted for the other buildings in the complex and stylistic harmony was achieved. The basic features of this style have suggested "Spanish Mission" to some and there is a relationship to that mode which carried with it, perhaps, allusions to a clean, healthful climate. Comparing Seaview, however, with the other major contemporary exemplar of the style -- the Agnes Memorial Sanatorium in Denver with its abundance of domed corner-towers, central domed cupolas and round-arched colonnades linking the various parts of the complex -- Seaview seems far less definitively "Spanish Mission." Of its style Almirall himself said:

> The architecture is modern and of no historical or geographical style. A consistent effort has been made to express hospital purpose by simplicity, and by light, air, abundant veranda space and cheerfulness...

> Such design may be thought to better emphasize the hospital idea than the apartment house or semi-monumental adaptions that greet us so frequently in this country... To furnish plain wall surfaces and eliminate costly and dirt-harboring rusticated brickwork, projecting stone bands and cornices, which supply the dust to be blown into conveniently located windows; to provide a sufficiency of veranda space on each floor to accommodate every bed of each ward, and to eliminate the oppressive and dismal appearance of the building and its approaches, is perhaps novel, though of great practical advantage...[55]

Insofar as the form of Seaview Hospital does follow its function, Almirall's characterization of its style must be given credence.

To insure maximum realization of function -- treatment of tuberculosis -- the architect was required to address the total therapeutic environment, from distant vistas down to the detailing of innovative mechanical systems. As described by Almirall, the siting chosen for the hospital complex offered "...extended sea and landscapes (of)... unusual visual interest." The view gained even today from the patient pavilions, across the wooded slopes of Staten Island's "Greenbelt" toward the Lower New York Bay and the ocean beyond, is one of the most striking to be found anywhere in New York City. This larger setting was considered as one of the elements contributing to the avoidance of the depression which afflicted those confronted with long periods of confinement, and so too were the more immediate surroundings of the hospital. Of these the architect noted, "The landscape work constituting the approaches has been considered an important physical environment of the buildings and gardens. Plantings of shrubs and trees and the pergolas accentuate the effort made to contribute abundantly from architectural sources to produce surroundings beneficial to the morale of the patients."[56] Early views and plans of Seaview Hospital show numerous gardens. They formed the principal vista from the dining hall, were inserted in the open spaces lying between the patient pavilions, and formed an important part of the landscaping on the north side of the complex. Numerous winding paths led through areas of open lawn and nearby woodlands. Several circular columned and domed gazebos were located in the wooded area to the north of the Administration Building.

Claiming the maximum amount of light and air placed additional demands on the siting of the building complex. Almirall's "Shade and Shadow Table" show the amount of sunlight received by each floor of each pavilion on the longest and shortest days of the year.[57] A schematic diagram shows the shadows cast by and upon each pavilion during those days. By centering the complex on a north/south axis and locating the patient pavilions in a radiating arrangement at the south end of that axis, Almirall was able to insure, as he stated, that "every ward building has sunlight in every ward every day of the year."[58] With their large expanses of door and window openings, solariums and projecting bays, the patient pavilions are indeed extraordinarily light-filled

spaces. Almirall's concern with the admission of light was not confined to the wards. One notes throughout the complex the scale and abundance of window openings and light-wells. Connecting corridors, dining hall and kitchen building, staff residences and other buildings -- all enjoy an abundance of natural light.

Meteorological conditions and their relationship to the circulation of air were additional considerations that affected siting. An elevation on the north, retention of wooded areas, and the introduction of additional plantings protected the complex from adverse weather conditions. The prevailing wind conditions during different seasons of the year were studied. Almirall pointed out that:

> Though the Westerly pavilion is exposed on its Northwesterly side to the prevailing Winter winds, the Northerly walls of the other ward buildings, converging towards the North, actually impede by deflection the entrance of wind into the spaces between the buildings; while obviously, the diverging spaces toward the South, between the ward buildings, permit of the entrance of the maximum of Southerly winds.[59]

The narrow rectangular shape of the pavilions, a configuration employed in a number of early tuberculosis sanatoria and hospitals, was one that permitted maximum cross-ventilation. The admission of air, as well as light, was another determinant of scale and multiplicity of window openings Almirall also introduced various means of regulating ventilation such as the multiple pivoting transoms used in many locations throughout the complex and muslin screens to deflect and control the flow of air in the solarium bays at the south end of each pavilion. Easy access to the multi-storied open-air porches attached to both flanks of each patient pavilion was enabled by door-openings the width of a bed. The porches were of sufficient size to accommodate the hospital's entire patient population at once.

Ornament and decorative detailing had purposefully been de-emphasized by the architect. It is significant that the most striking ornamental element found in the entire complex is the tall mosaic frieze placed below the roofline of the patient pavilions. Figures of physicians and nurses contrast with a gold background; colorful swags and raised scallop shells heighten the decorative effect. It is yet another element which together with the attractive ironwork of the original porch railings, contributed to the creation of a pleasant setting. Concentration of ornamentation at this location was particularly appropriate since the exteriors of the patient pavilions, included as part of the view to be obtained from the open-air porches, constituted no less an important part of therapeutic environment than did the ward spaces within.

Finally, it should also be noted that Almirall introduced a number of innovative mechanical systems designed to achieve operational efficiency. Of particular interest are the parallelling below-ground systems related to

the linking corridor on the north side of the complex and the elliptical corridor connecting the patient pavilions. It was described by the architect as follows:

> From the south side of the power house and laundry building, and beneath the covered corridor connecting this group with the administration building, a road extends for the delivery of supplies to the service building from the courtyard between it and the administration building where the road terminates. Below the elliptical corridor extend two separate tunnels of full horizontal width. In the upper one there will operate the food conveyer, in the lower tunnel are laid the tracks for a flat electrically propelled car for general service on one side, and on the other are arranged vertically the main supplies of water, heat, electricity, and refrigeration. The tunnel for the food conveyor connects by elevators with the ward service pantry of the central kitchen and by lifts with each ward diet kitchen. The lower tunnel connects directly with all buildings with which the enclosed corridor connects, except the staff house, administration building and surgical pavilion...[60]

Seaview Hospital was formally dedicated on November 12, 1913. Its final cost was four million dollars, twice the amount originally allocated. The New York Times accounts of the dedication described Seaview as "...the largest and finest hospital ever built for the care and treatment of those who suffer from tuberculosis in any form..." The Commissioner of Public Charities remarked on that occasion that it "...is a magnificent institution that is vast, ingenious, practical, convenient, sanitary and beautiful... the greatest hospital ever planned in the world-wide fight now being waged against the 'white plague.'" Concluding comments by the Commissioner under whose direction the project had begun noted that, "The opening of this hospital is the most important event of this decade in the effort to save 10,000 lives each year, that being the number in the past that have been lost to New York through the ravages of tuberculosis. This splendid hospital, erected by the City of New York at great cost, will serve a most humane purpose in the comfortable care of those who would otherwise be sufferers from neglect and privation."

Remarks such as these suggest the opening of Seaview Hospital was one culmination of the dream that had animated those who sought the reform of social welfare in the City of New York at the turn of the century. As noted earlier in reference to the development of the Farm Colony, it would appear that the Staten Island site with its abundant space, beautiful landscape and absence of a determining architectural mode was a place particularly hospitable to the realization of that dream. A comparison of Seaview Hospital with Almirall's contemporary design for the large Metropolitan Hospital tuberculosis facility on Blackwell's Island confirms this evaluation.[61] Constricted space

required a more conventional arrangement of patient pavilions around the perimeter of a large rectangular courtyard. The basic design of the pavilions was not unrelated to those of Seaview; both are long rectangular structures (the Blackwell's Island pavilions were somewhat wider) of four stories with a projecting bay near mid-point. The design of the open-air porches attached to both flanks is very similar to those used at Seaview, but the overall effect is quite different. Use of the familiar gneiss cladding produced a more somber appearance and employment of the Renaissance Revival style yielded a structure dominated by rectilinear forms, one more traditionally institutional in character.

Seaview Hospital did not lack its detractors, a result in part of its great cost.[62] The design was staunchly defended, and rightly so, by the architect; pride in his achievement is manifest in Almirall's several articles on the subject.[63] Seaview Hospital can probably be considered the finest of many designs with social purpose provided by this architect to the City of New York.

Seaview Hospital had not been opened for more than a year when the decision was reached to complete the institution as originally planned, one comprised of both a hospital and a sanatorium. In 1915 the City of New York acquired an additional two-hundred acres of land surrounding the Farm Colony cottage community and Seaview Hospital. As a result, these institutions now occupied the center of the large tract bounded by the streets presently known as Brielle Avenue, Manor Road and Rockland Avenue assuring them of a perpetual buffer-zone of woodland, an assurance of particular importance in view of the planned sanatorium addition.

Completed in 1917, the sanatorium was of a more permanent nature than the tent colony presented in Almirall's original scheme. Its design was a collaborative effort prepared by the prolific hospital architect Edward F. Stevens in conjunction with the firm of Renwick, Aspinwall & Tucker, the immediate successors to Renwick, Aspinwall & Owen.[64] The major component of the sanatorium addition was the two rings of open-air pavilions. The women's group containing nine pavilions is located just northwest of the original complex; the men's ring of twelve, on the southeast side of the site, lies diagonally opposite. Both groups are centered on a north/south axis and all principal facades face south. The panoramic vistas and wooded surroundings deemed an important part of the therapy are available to both rings. The pavilions are basically identical long rectangular two-story structures constructed of red brick and covered by green tile roofs. Although the respective contributions of the collaborators have not been determined, it is of interest to note that the Colonial Revival style decorative motifs used for the pavilions repeat the style proposed for the municipal sanatorium by Renwick, Aspinwall & Owen in 1903.

The reason cited for its use then, to provide a "homelike and cheerful effect..." appears not to have been forgotten here. The scale and low horizontal profile of the pavilions, the design of their entryways, and the use of Colonial Revival motifs do contribute domestic overtones.

Two large ancilliary buildings completed the sanatorium addition. The group building to the north of the men's ring provided related services including treatment and recreational facilities, craft shops and a barber. The new dining hall building, intended principally as another facility serving the men's ring, is located to the south of the original patient pavilions. Both employ the Georgian Revival style and both are differentiated from the other Seaview buildings by the construction material used, buff-colored brick laid in Flemish bond. That these were designed with the needs of Seaview patients firmly in mind is evident. Large interior spaces are flooded, as they were in the earlier buildings, with prodigious amounts of light and, as needed, air.

Several of the subsequent components added to the Seaview Hospital complex were included as part of Almirall's original plan but financial constraints had precluded construction. Occupying as it did,the main axis separating the male and female pavilions, a chapel was an important element in both the Renwick,Aspinwall & Owen and Almirall plans. However, it was not until 1928 that Seaview acquired a structure which served a purely religious purpose. Located to the south of the J.K. Building, the Catholic chapel and rectory designed by Robert J. Reily is a small simple structure. Its Spanish Mission style harmonizes readily with that used by Almirall. Designed by Frances DeLancy Robinson, Seaview's second religious structure -- the City Mission Chapel (Chapel of St. Luke the Physician)-- was commissioned by the N.Y. Protestant Episcopal City Mission Society in 1934. Located just north of the group building, its modest dimensions and more ornamental neo-Gothic Revival style suggest a country parish church.

A separate pathology laboratory building in the Almirall plan was to have been part of the laundry building/power house complex. When finally constructed in 1927-28 according to the designs of Charles B. Meyers, it was sited on the steep slope a short distance east of the new dining hall building. Its Georgian Revival style and construction materials -- buff-colored brick and limestone trim -- are very similar to those employed for the earlier new dining hall and group building.

Located at the eastern edge of the building complex, the modernistic children's hospital designed by Adolph Mertin and completed in 1938 was the last major tuberculosis-related facility constructed at Seaview Hospital. Of special interest are the wings flanking the center pavilion with their multi-storied open-air porches and nearly glass-filled walls. Elsewhere exceptionally large window openings appear. The last of the Seaview Hospital buildings was no less light-filled then those constructed at the beginning of the century.

Completion of the children's hospital raised Seaview's capacity to nearly 2000, almost trebling the number accommodated in the original complex designed by Almirall. Included in this total were those housed in the sixteen temporary 1930s woodframe pavilions (now demolished) constructed at the southwest corner of the grounds. During the 1940s Seaview Hospital functioned at full capacity and

often beyond. All forms of the disease were treated including bone and glandular tuberculosis, cases often not received by other institutions. Seaview Hospital was also the first tuberculosis facility to establish a maternity ward. Therapy in the earliest days of the hospital's history consisted principally of the traditionally prescribed fresh air, sunshine, rest and balanced diet. The open-air porches were occupied almost constantly - day and night and in all seasons of the year. Surgical procedures including lung collapse which permitted the self-sealing of tuberculosis lesions became more important beginning in the 1920s. Many physicians who served on the Seaview staff achieved national and international reputations in the field of chest surgery including Dr. Pol N. Coryllos and Dr. Leo Davidoff, later Dean of the Albert Einstein School of Medicine. One observer has claimed that, "All of the famous chest surgeons in the world today were either trained at Seaview or were trained by someone who was at Seaview."[65]

The development of the antibiotic streptomycin by Dr. Selman Waksman at Rutgers University in 1943 marked the opening of what was the new and final phase in the campaign against tuberculosis. Although streptomycin did not eradicate the tubercule bacillus, it was able to inhibit its multiplication. The drug had a number of undesirable side-effects and subsequent research identified other drugs, principally PAS (para-aminosalicyclic acid) which, used in combination with streptomycin, mitigated those effects. The culminating step in this process was the research undertaken at Seaview Hospital by Dr. Edward Robitzek and Dr. Irving Selikoff under the guidance of its most eminent and longest-serving director, Dr. George Ornstein. The result of this research begun in 1951 was described in the Department of Hospital's annual report for the following year:

> The most dramatic medical news of 1952 was unquestionably that concerning the use of hydrazides, of isonicotinic acid in the treatment of tuberculosis. The Department's Seaview Hospital, on Staten Island, was the scene of the first clinical trials of the new drugs and it was from Seaview that earliest reports on the drugs were published...
>
> ...Cases chosen for study were invariably advanced; for them no standard form of therapy seemed likely to achieve benefit....Most exhibited down-hill and potentially terminal courses. Among the early noteworthy effects were prompt control of toxic symptoms including temperature elevation, weight loss, poor appetite, cough, voluminous expectoration and general debility. At the end of the second month, negativity of sputum was achieved in approximately 25 percent of cases....
>
> ...The ultimate place of the hydrazides in the treatment of tuberculosis is still uncertain but it is obvious that they are antituberculosis agents of prime magnitude....[66]

Elsewhere in this same report it was noted that "tuberculosis quantitatively is still the most important disease for which municipal hospitals have to provide care; in 1952 it accounted for 1,818,856 patient days and one in every four patients."[67]

The dramatic success of the new non-toxic drug therapy is predictively captured by this description: "Euphoria swept Seaview Hospital. Patients consigned to death at the hands of the White Plague celebrated their new lease on life by dancing in the halls of the hospital."[68] The phasing out of Seaview as a tuberculosis hospital in 1961 comes as the happy and amazingly swift closing chapter in this part of its history.

The new Seaview J-K Building, a 300-bed hospital for geriatric patients, was opened in 1973. Some of the older Seaview Hospital buildings remain in use and house related service and administrative functions. Others are occupied by various community agencies and civic groups. But many of the "halls" wherein there was once a dance of life lie today abandoned and deteriorating.

New York City Farm Colony/Seaview Hospital Historic District: Other Features.

The former Richmond County Isolation Hospital and Staten Island's Potter's Field are also included within the Historic District. The Potter's Field is located at the northwest corner of the Farm Colony site on the west side of Brielle Avenue. Still in use as of 1905, it is a cemetery which had certainly served the Richmond County Poor Farm as well.[69] Originally the only extensively wooded portion of the Farm Colony property, it contains scattered stones of modest dimensions. Some have been overturned; others remain in their original locations. A long allee of silver maples led toward the cemetery from the south. Part of this approach was destroyed when Dormitories A through D were constructed but a number of the older trees which comprised it still survive. The date when burials ceased here has not been determined.

The use of this site for facilities related to contagious diseases also has a long history. Mention is made of a cholera hospital located at the Richmond Poor Farm in 1837. Following consolidation, three acres of the new New York City Farm Colony were reserved for a complex devoted to contagious diseases.[70] Only one major building - a disinfecting plant - was apparently built. Located just south of the Farm Colony morgue/garage building, it is a simple one-story structure of red brick. Its handsome slate roof is intact and harmonizes with the gray stone trim. It was not until 1938 that the Richmond County Isolation Hospital was finally constructed on the east side of Brielle Avenue a short distance south of the Seavidw Hospital main entrance. It is a one-story Colonial Revival style structure of brick designed by Sibley and Fetherstone. A similar extension was added in 1932.

Architects

Several significant architects and firms, most notably Renwick, Aspinwall & Owen and that firm's successor-Renwick, Aspinwall & Tucker, Raymond F. Almirall and Charles B. Meyers, were the principal contributors to the design of the New York City Farm Colony and Seaview Hospital. Other architects such as William Flanagan, Frank H. Quimby, and Robert J. Reilly, played a more minor role but their designs furnished important compatible components to the larger design schemes established by others.[71]

Raymond F. Almirall

Raymond F. Almirall (1869-1939), a Brooklyn native and graduate of Brooklyn

Polytechnic Institute and Cornell University, studied at the Ecole des Beaux-Arts from 1892 to 1896. He began practice as junior partner to John W. Ingle; their Binghamton, New York, City Hall was designed shortly before 1900. Almirall began independent practice soon thereafter and remained active through World War I. His post-war practice appears to have been principally devoted to restoration projects undertaken at Versailles, Fountainebleau, Trianon Palace and Rheims Cathedral.

Public buildings constituted a substantial portion of Almirall's earlier practice, particularly between 1905 and 1910. In addition to the designs for Seaview Hospital and buildings at the Farm Colony, his work includes the New York City Municipal Lodging House, Public Bath No. 7 in Brooklyn, Fordham Hospital, Harlem Hospital, many structures on Welfare and Randall's Islands and the 1907 design for the main Brooklyn Library as well as a number of branch libraries in that borough.

Almirall worked in a variety of styles. A number of his designs such as Harlem Hospital and the Brooklyn Main Library building are fairly standard versions of the then popular classicizing modes. Departures from the conventional, however, form an appealing component of his oeuvre. The clustered, elongated domes crowning the great tower of his 1905 St. Michael's Roman Catholic Church in Brooklyn suggest the selection of an atypical source, perhaps Perigordian, for this Romanesque Revival structure. Almirall's design for Seaview Hospital paid unusual attention to the admission of light and air; similar concerns determined the distinctive plan of the Emmigrant industrial Savings Bank at 51 Chambers Street, a building which also housed the architect's offices. Unusual decorative motifs appearing in Almirall's work range from the mosaic ornament at Seaview Hospital to the immense spread-winged eagles hovering below the curved roof lines of 51 Chambers Street.

Almirall once described himself as a "lifetime resident of New York City who is jealous of her unparalled civic achievements." His own contribution to that achievement was made both as a public-spirited citizen -- he served, for example, between 1919 and 1921 as the foreman of a grand jury which investigated municipal corruption -- and as an architect.

William Flanagan Jr.

Possibly the son of the prolific Park Slope, Brooklyn, builder-developer, William Flanagan, William Flanagan Jr. is mentioned as the official architect for the New York City Department of Public Charities between 1906 and 1909. His period of service to that department appears to have extended a few years beyond those dates; other designs executed by Flanagan in this capacity include several structures for Metropolitan Hospital on Welfare Island between 1906 and 1911 and the Randall's Island Children's Hospital of 1908-1911.

Adolph Mertin

This architect was in practice during the 1930s, but no specific information has been found.

Charles B. Meyers

A graduate of City College and Pratt Institute, Charles Bradford Meyers (1875-1958) began practice in 1899 following additional training in the office of Arthur Napier. Free Classical style tenement apartments -- a number located in Greenwich Village -- appear to have constituted a significant portion of his earliest work, initiating a career that extended through the 1930s. Beginning in the teens, the design of public buildings emerged as an area of specialization. Health-related facilities form a major constituent of his practice. In addition to his work at the Farm Colony, the Farm Colony Cottage Community, and Seaview Hospital, Meyers designed, either the principal structures or additions to existing complexes at the following hospitals and related institutions between 1911 and the late 1930s: Sydenham Hospital, Randall's Island Children's Hospital, Morrisania Hospital, Metropolitan Hospital and the City Home for the Aged on Welfare Island, Greenpoint Hospital, Bellevue Hospital, Cumberland Hospital, the Hospital for Joint Diseases, Beth Israel Hospital and the Daughters of Jacob Hospital in the Bronx. He also designed the New York City Department of Health Building on Worth Street.

Educational institutions designed by Meyers include the main building of Yeshiva University and participation as associate architect in the design of structures for the Bronx campus of Hunter College. Other commissions ranged from the Family Court Building on Lexington Avenue to the Central Park Boat and Skate House and the 104th Field Artillery Armory in Jamaica. His designs for penal institutions include the Criminal Court and Prison on Foley Square and the innovative New York City Reformatory in Orange County where he introduced the cottage residence system as an alternative to mass custodial housing. Meyers' designs for synagogues include Ohab Zedek on West 95th Street and Rodelph Sholem on Central Park West where he also served as a member of the Board of Trustees. Many of Meyers' later works were executed in relatively severe versions of the Art Deco and Moderne styles; a major exception, the elaborately decorative neo-Byzantine Yeshiva University main building, has been described by one critic as "Near Eastern Art Deco."

Meyers' extensive participation in related civic and professional endeavors includes membership in the New York City Building Code Revision Commission in 1907-08 and 1913, receipt of a gold medal in 1915 for his design of the N.Y. State Building at the Panama-Pacific International Exposition and Chairmanship of the Joint Committee on City Departments from 1925-29.

Frank H. Quinby

Frank Haviland Quinby (1868-1932) was born in Westchester and studied at the Chappaqua Mountain Institute and architecture under private tutors. In 1893 he established a practice in Brooklyn; he was one of the earliest members of the Brooklyn Chapter of the American Institute of Architects, serving subsequently as that chapter's president. A Manhattan office is first listed in 1894 and

beginning in 1895, the partnership of Quinby and (Joseph) Broome. Early works by Quinby and Broome include the Brighton Beach grandstand and Stanford Savings Bank. One of Quinby's earliest works is the 1895 Queen Anne style Unitarian Church of the Redeemer in New Brighton, Staten Island. In addition to his designs for the Farm Colony structures. Quinby's other public buildings include several firehourses in Brooklyn and Queens and the 1916 addition to the Kings County Courthouse. His practice is said to have included both town houses and numerous suburban residences in such locations as Bar Harbor, Tuxedo Park, and Long Branch, New Jersey. He was also noted for his activities in a variety of professional, civic and charitable organizations. They include the City Planning Committee of the Brooklyn Chamber of Commerce, presidency of the New York State Association of Architects, and service on the boards of the Long Island Historical Society, Association for Improving the Condition of the Poor, and Goodwill Industries.

Robert J. Reiley

Born in New York City and a 1900 graduate of Columbia University School of Architecture, Robert J. Reiley (1878-1961) continued his studies in Paris and upon his return established the partnership of Reiley and Steinbeck. In active practice until his death, Reiley's long career is said to have included designs for New York City public schools and private residences in the metropolitan area. A substantial portion of his work consisted of churches, schools, hospitals and other structures for Roman Catholic patrons. Cathedral High School in Manhattan, Keating Hall at Fordham University, the Ladies Chapel alter at St. Patrick's Cathedral, Catholic High School in Brooklyn, Hospital of the House of Calvary on Perry Street, Manhattan, the Knights of Columbus Building, Brooklyn, Our Lady of Solace, Coney Island, and St. Clement Pope Church, Queens, are but a few of his commissions.

Renwick, Aspinwall & Owen; Renwick, Aspinwall & Tucker

After the death of James Renwick Jr. in 1895, his firm -- known since 1892 as Renwick, Aspinwall & Renwick -- was reorganized in 1896 as Renwick, Aspinwall & Owen. Principals in the firm were William Whetten Renwick (1864-1933) and James Lawrence Aspinwall (1854-1936). Although the new junior partner, Walter Tallent Owen, had died in 1902, citations of works executed by this partnership continue through 1904. The 1906-07 Grace Church Neighborhood House is an early work by the successor firm of Renwick, Aspinwall & Tucker.

A graduate of Stevens Institute in 1885 and trained later at the Ecole des Beaux-Arts, William Renwick had entered his uncle's firm as a draftsman and been promoted to junior partner by 1892. The design of ecclesiastical architecture, church interiors, and church furniture appears to have been his dominant interest and his participation in the earlier church-related projects executed by James Renwick, Jr's firm can be assumed. Independently executed works contemporary with the Renwick, Aspinwall & Owen partnership include the 1904 St. Aloysius' Roman Catholic Church on West 132nd Street and the contemporary school for the All Saints' Church complex between East 129th and 130th Streets, the final structure added

to the ensemble which included the firm's rectory of 1889 and church of 1894.

James Lawrence Aspinwall was a distant cousin of James Renwick Jr's wife Anna, daughter of noted Staten Island resident William H. Aspinwall. Reputed to have studied with a French architect and engineer residing in New York City, he entered the Renwick firm -- then Renwick & Sands -- in 1875 as a draftsman and in 1883 became a partner in Renwick, Aspinwall & Russell.

Works designed by Renwick, Aspinwall & Owen range from town and country residences in New York City and its environs to the Renaissance Revival American Society for the Prevention of Cruelty to Animals Building on Madison Avenue. The firm appears to have been particularly active in the then emerging field of tuberculosis-related design. Early projects included additions to Trudeau's Adirondack Cottage Sanitarium at Saranac Lake, the Stony Wold Sanitarium at Lake Kushaqua, New York, and involvement in the planning stages of the Agnes Memorial Sanitarium in Denver. The design for Stony Wold has been attributed to Aspinwall alone and he may have been the partner who assumed principal responsibility for projects of this sort.

The firm was also active in the design of various public facilities, an involvement that continued the tradition established by James Renwick, Jr., with his designs for several Blackwell's Island institutions. Unlike the founder, Renwick, Aspinwall & Owen did serve as the official architects for a municipal agency, the Department of Public Charities. Their development of the Farm Colony cottage community and the design of a prototype for the Farm Colony dormitories were important projects executed while serving in this capacity; their Blackwell's Island projects during this same period include the north wing addition to Jame Renwick, Jr's Small Pox Hospital of 1856. Further indication of the firm's involvement with innovative turn-of-the-century architecture with social purpose are the 1903 designs for six public comfort stations in Manhattan.

Since the Renwick, Aspinwall and Owen plan of 1902 for a municipal tuberculosis sanitorium solicited by the Charity Organization Society foreshadows the general arrangement of the original section of Seaview Hospital, it is particularly appropriate that the successor firm of Renwick, Aspinwall & Tucker participated in the design of the sanitarium addition of 1917. The Carmine Street Public Bath of 1905-1910 appears to have been the only other work executed by the firm for the City of New York. Designs contemporary with the Seaview Hospital project include the Pictorial Review Building, Lawyers Mortgage Company Building, and the Dollar Savings Bank.

Francis Delancey Robinson

A specialist in ecclesiastical architecture, Canadian-born Francis Delancey Robinson (1975-1941) moved to the New York area in the early 1890s. He first studied architecture in the New York City office of Newark architects

Walter and Philip Ward. Entering the office of Charles P.H. Gilbert in 1893, he was appointed office manager in 1899; in 1904 he was promoted to general office superintendent and partnership. He is credited with the design of a number of town and country residences which include the Frank Woolworth House in Glen Cove. Ecclesiastical architecture became his area of specialization after 1914. The House of Mercy, Valhalla, the St. Mary's School, Peekskill, and the Janet Memorial Home for Children, Elizabeth, New Jersey, are among his institutional designs. New York City area churches designed by him include St. Simeon's Church, Church of the Redeemer, and St. Mary's Italian Church. He was the designer of altars for St. Christopher's Chapel and the St. Cornelius Chapel on Governors Island; participation in the restoration of St. Paul's Church is also attributed to him. In addition to the Seaview Hospital chapel, he designed the chapels at Manhattan State Hospital on Wards Island and Metropolitan Hospital on Welfare Island.

page

West Side of Brielle Avenue: New York City Farm Colony

East Side of Brielle Avenue: Seaview Hospital, New York City Farm Colony Cottage Community, Richmond County Isolation Hospital

DESCRIPTION

Introduction

The New York City Farm Colony/Seaview Hospital Historic District is located approximately four miles south of the St. George Ferry Terminal. It occupies a portion of the central serpentine ridge which runs northeast to southwest and divides the northern half of Staten Island. The district includes two large building complexes - the New York City Farm Colony and Seaview Hospital - which together with their surrounding grounds comprise an area of approximately 320 acres.

Although relatively dense residential development has occurred north of the district and along a portion of its western boundary, publicly and privately owned adjacent lands further west and to the south and east remain largely undeveloped. They include the Willowbrook Development Center, Latourette Park and Golf Course, High Rock Conservation Center, Moravian Cemetery, the Richmond County Country Club Golf Course, Kaufman Camp and Pouch Camp. The mapped but unbuilt east/west Willowbrook Parkway abuts the southern edge of the district as does the mapped interchange between it and the mapped but unbuilt north/south Richmond Parkway. These properties and additional lands to their north and west constitute what has informally come to be known as the Staten Island Greenbelt. The future definition, consolidation and management of an officially designated Greenbelt is currently under study.

The district lies between two parallel northeast/southwest through streets - Forest Hill Road on the west and Manor Road on the east. A third parallel through street - Brielle Avenue - divides the district and separates the main Farm Colony building complex from Seaview Hospital.

I. West side of Brielle Avenue: New York City Farm Colony

1. General description of site

Except for the one structure which remains in the cottage colony portion of the New York City Farm Colony situated on the east side of Brielle Avenue, the extant Farm Colony buildings are all located on the west side of the street. They occupy an approximately one-hundred-acre area which slopes downward in all directions - most steeply toward the southwest - from the 250 front elevation along Brielle Avenue.

Excluding the morgue and garage building sited about 400 feet north of the southern boundary of the district - the mapped street known as Eastman Avenue - the Farm Colony structures are concentrated in the northern half of the property and are arrayed from its eastern edge (Brielle Avenue) to a point some 15 feet from the western boundary (Colonial Avenue.)[72] All of the

principal buildings except dormitory 5 & 6 and the morgue/garage building are centered on a north/south axis.

The complex is entered from Brielle Avenue by an east/west roadway which is the principal internal thoroughfare, a purpose it has served since the early 1830s when the original Richmond Country Poor Farm main building was constructed abutting its north side.[73] Most of the subsidiary road giving off the principal roadway would seem to reflect the location of internal routes established for the Richmond County Poor Farm or introduced soon after the property was taken over by the City of New York in 1901.[74] The service road behind dormitories A through D on the north side of the complex, the connecting road between dormitories A and B, and the road leading eastward from the morgue/garage building to Brielle Avenue are more recent. These later roads and all existing pavement, curbing and street-lighting fixtures probably date from the site improvement program undertaken in the 1930s.

Four of the early New York City Farm Colony buildings - dormitory 1 & 2, dormitory 3 & 4, the dormitory for male help, and the laundry/industrial building lie to the south of the main entry road; a fifth - the dining hall/ kitchen building - is aligned with it. The relatively flat land lying between this south group of structures and the morgue/garage building is now devoted to a playing field and community gardens. The absence of tree cover in this area recalls the earlier history of the site when virtually all of the Farm Colony acreage was either under cultivation or given over to meadowland. Woodlands have reclaimed substantial portions of the property, most notably south of the morgue/garage building and north of dormitories A through D.

Although the early Farm Colony buildings were constructed over a twelve-year period and there was not the tightly ordered scheme which governed the construction of Seaview Hospital, the southern group in particular, with its structures sited in relationship to each other and the terrain, forms a related ensemble.[75] The view today of the southern group of buildings from the playing field, as well as the view from the community gardens further west., still suggests "farm houses" in a "farm landscape."[75] Similarly, the view in the opposite direction toward the morgue/garage building suggests a related image. The designer's successful evocation of a rural rather than an institutional environment remains perceptible today.

There are other early Farm Colony buildings located on the north side of the main complex - dormitory 5 & 6, the shop building, and the insane pavilion, later enlarged and converted to a nurses' residence. The dominating presence on this side of the main entry road is, however, the group of large brick dormitories (A through D) constructed in 1931.

The largest concentration of mature trees and the most abundant evidence of ordered tree-planting is to be found in the area roughly bounded by the southern group of buildings and dormitories A through D. The allée demarcating the main entry road and the north/south row of trees east of dormitory 3 & 4 are especially noteworthy. Reminiscent of a very traditional image - the farmhouse sheltered within a grove - some of the older Farm Colony dormitories,

as seen from early photographs, were surrounded by trees and provided with a park-like setting populated by numerous benches. Although overgrown in many areas, that setting has not been lost. Another park-like feature, the octagonal gazebo located approximately 125 feet northeast of dormitory 3&4, was constructed sometime prior to 1917. (It was later enclosed and served - together with the one-story wood frame building added to its north side - as the Farm Colony store.)

Cessation of farming in the late 1920s, construction of dormitories A through D and the related road improvements undertaken in the 1930s also expanded and enhanced the park-like setting. Many of the sidewalks and pathways - some shaded by allées - benches, and wide areas of lawn, including the remnants of those features located in the wooded area to the north of dormitories A - D, would appear to date from this period as well. Existing landscaping thus reflects both phases of the institution's history.

2. Other topographical features: Potter's Field

A cemetery is located at the northern most corner of the site. As indicated on a 1911 topographical map, it was at that time the only densely wooded area on the Farm Colony lands. Still a wooded area today, it is bounded on the north and west by Walcott Avenue and the rear lot lines of houses fronting on that street. Except for the indented western boundary, it is roughly rhomboidal in shape and measures approximately 450 feet x 450 feet.

A narrow roadway leading to it from the south was marked by an allée of silver maples. Although a portion of this approach road was obliterated when dormitories A through D were constructed in 1931, some of those trees remain. The foundations of an early morgue at the north end of the allée (the southern most corner of the cemetery) would appear to remain at a point 450 feet south of the north property line and 450 feet east of the west property line.

This cemetery is a potter's field associated originally with the Richmond County Poor Farm and still in use as late as 1905.[77] Scattered and fallen white marble stones of modest dimensions and others still in their original locations can be found here today.

3. Main complex: south group of early buildings

a. Men's Dormitory (Dormitory 1 & 2)
1903 - 1904
Architects: Renwick, Aspinwall & Owen

The earliest of the major structures to survive at the Farm Colony and the first of the buildings constructed by the City of New York at the former Richmond County facility, dormitory 1 & 2 was designed by Renwick, Aspinwall & Owen in 1902. Like the other early fieldstone structures it embodies the first phase of the Farm Colony's history, the period in which the institution functioned as an active and productive farm and primarily housed the able-bodied indigent. Opened on November 24, 1904, it boasted modern plumbing and

showers for its 200 residents. Providing a prototype for all subsequent construction prior to the 1930s, it is one of the five buildings which form the group oriented toward the present playing field and community gardens.

Constructed of brick and the dark gray fieldstone found on the property, it is a long rectangular building measuring 154 feet x 49 feet. Although the dormitory is only one full story in height, a tall basement and prominent attic level provide it with an imposing scale. The most conspicuous hallmark of the Colonial Revival style employed by the architects is the gambrel roof. Extending the length of the structure the main gambrel was intersected at the east and west ends by gambrel roofed end pavilions. The roof and framing of the east pavilion was destroyed in a recent fire. Asphalt roofing now replaces (or perhaps covers) the original slate.

Five shed dormers take up the lower slopes of the main gambrel between the end pavilions. The paired windows of the four flanking dormers retain much of their six-over-six sash, the arrangement employed for the main floor windows below as well. The center dormer is accentuated by a gabled roof with returned eaves supported by truncated pilasters and the remnants of a Palladian window. Most of the sash and exterior facings are no longer in place. The center opening was converted to a door when a fire escape (now removed) was attached at this location c. 1917. The firewall to the west of this dormer rises above the roof as a stepped gable and was added at the same time.

Although the dark gray fieldstone predominates, brick plays an important articulating role. It is used at the window openings to create keyed surrounds topped by splayed lintels. It establishes a wide band capped by a molded course between the basement and first floor levels. It is also used in simulated quoins to emphasize the angles of the end pavilions by repeating at larger scale the keyed patterns used for the windows.

The principal entry facade is located at the western end of the building. The shape of the main roof gambrel with its returned eaves is a striking feature. It enframes a brick-outlined lunette with louvres set above two elongated attic windows containing transoms and six-over-six sash. They flank a smaller window with four-over-four sash. The entryway is marked by a projecting portico with a triglyph and metope frieze carried on Tuscan columns. The porch roof balustrade has disappeared. Narrow sidelights with thin tracery and slender attached pilasters below a fan light frame the doorway. Two large windows with eight-over-eight sash flank the portico.

The height of the basement story at this end of the building required a double-run stair to reach the main entrance. Lateral runs now flank the platform below the wide flight leading to the main door and replace the original first run which extended westward from the platform. The original wood balustrades have been replaced by pipe railings. The entryway into

the basement is located beneath the portico; it is flanked by tall windows containing eight-over-eight sash. Sills are slate, a usage repeated throughout except for the attic-level dormers.

Although the window arrangement of the first and attic levels at the eastern end of the building is similar to that on the west, the more elevated terrain has resulted in a lower basement and a one-run stair. Because this was a secondary entrance, a projecting portico is lacking; the fan light and tracery-filled sidelights, however, repeat the design of the west doorway.

The northern elevation of the building has been more drastically altered. A three-story fire-stair tower of brick added at mid-point obscures a portion of the stone wall and some of the original window openings. To permit egress from the attic story, balcony-like exterior platforms were let into the roof on both sides of the 1917 party wall. This tower and the very similar fire-stair towers added at the rear of other early Farm Colony dormitories were all designed by Charles B. Meyers and constructed in 1936.

b. Dormitory 3 & 4
1908 - 1909
Architect: William Flanagan

Designed in 1907 as a women's dormitory, but opened as a second facility for males, dormitory 3 & 4 is the easternmost structure in the group which fronts the playing field. It was described by its architect, William Flanagan, as having been modelled "after" the earlier men's dormitory designed by Renwick, Aspinwall & Owen.[78] The first and attic levels originally contained single sleeping rooms; the basement story housed the dining room, kitchen and pantry.

The basic design of the structure - a one-story gambrel-roofed building above a tall basement with gambrel-roofed pavilions at the east and west ends repeats that of dormitory 1 & 2. Building materials are the same - gray fieldstone, brick and slate - and are used in the same manner as well. The most significant difference between the two buildings is an increase in overall scale. Dormitory 3 & 4 measures approximately 187 feet x 50 feet. The returns of the end pavilions are three rather than two bays long. And although the number of bays between the end pavilions was only increased by two narrow window openings, the much greater width of the other windows has substantially elongated this section of the structure. Heights of the main and intersecting gambrels also exceed those of the earlier building.

A number of more minor differences between this and the earlier dormitory may also be noted. Rather than individual dormers, paired windows appear in the continuous dormers located on the lower slopes of the gambrel. Four-over-four sash are used here, as it is throughout, replacing the smaller-paned sash of the model. The skylights at the ends of the dormers are original features. They are placed above narrow first floor windows and basement-level

entry doors leading to the upper floors. Several additional entrances into the basement dining and kitchen areas are located on the main elevations. The nine bays of paired first-floor windows along the elevations repeat at larger scale the four-over-four sash of the dormers. The stepped gable of the fire-wall rising above the present asphalt roofing are alterations contemporary with the similar alterations of dormitory 1 & 2. A more prominent alteration is the three-story brick enclosed fire-stair added at the center of the north elevation in 1936.

In contrast to the entry facade of dormitory 1 & 2, windows in the face of the west pavilion are aligned both vertically and horizontally. The entryway is located at the basement level. The present door enframement - flanking attached pilasters with elaborate impost blocks which support a segmentally arched pediment - seems relatively modern and may have been added when an attached portico giving access to a former main doorway located at the first floor level was removed.[79] Windows occupy the second-story center opening. The east face of the building with its five bays of single four-over-four windows provides a contrast to the three-bay-wide west facade as well as to the Renwick, Aspinwall & Owen model.

c. Dormitory for Male Help
1908 - 1909
Architect: William Flanagan[80]

The dormitory for male help stands some 80 feet west of dormitory 1 & 2. Its main entrance, unlike those of the earlier dormitories, is located on the long side of the structure and faces north. Measuring approximately 30 feet x 100 feet, it is the smallest of the early Farm Colony dormitories.

This dormitory repeats the Colonial Revival style and construction materials of the Renwick, Aspinwall & Owen model, but the variations introduced upon the theme are more numerous then those adopted for the other residential buildings. One important difference is the abandonment of the end pavilions. Instead, the main gambrel roof is intersected by a taller gambrel placed above a projecting center pavilion. Shed dormers flank this gambrel. The use of two full stories represents another departure. The basement story of varying heights in response to the westward sloping terrain - is differentiated by a continuous band of slate which provides sills for the first floor windows as well. A wider band of slate at the basement of the structure further articulates the foundation level.

Another unique motif is the tall Palladian window on the south face of the center pavilion. Extending between the second floor and attic level, it illuminates the main staircase. Some of the original small-paned sash remain in the upper portion of each light. Extending the width of the center pavilion on the north side, a broad projecting porch originally carried on four Tuscan columns marks the principal entrance. The other columns have been replaced by modern piers.

Attached metal balconies and firestairs provide egress from the west end of the building. The existing arrangement is original as are the central doorways located on each floor. A modern brick shed encases the lower portion of the staircase.

Damage to this structure includes the removal of most of the sash and the destruction of a large section of roof on the north side. Early photographs indicate that one-over-one sash were used. The decoratively articulated end chimneys are unique and attractive features that have survived.

d. Dining Hall, Kitchen, Service and Bakery Building
1914
Architect: Frank H. Quinby

The largest of the early Farm Colony buildings, the dining hall and kitchen building was designed by Frank H. Quinby in 1912. Construction was completed in 1914. Located about 150 feet northwest of the dormitory for male help, the dining hall building fronts on a long gentle tree-dotted slope. Paths and the remains of concrete and wood benches are to be found at various locations. Early maps indicate that much of this area was once occupied by a large pond. The dining hall is sited further north than the three dormitories to its east, but a greater height yields a ridge line which is related to that of the earlier structures; together they form the ensemble viewed from the playing field.

The principal links between the dining hall and the early dormitory buildings are its plan, building materials - fieldstone and brick - and the use of decorative motifs drawn from the Colonial Revival style. A long rectangular building measuring 50 feet x 200 feet, it consists of a piano nobile or elevated main floor which was used as the dining area. The story above it is considerably shorter. The lower level of the building, differentiated from the upper stories by a broad brick band, contains a full story above a basement story which is partially or completely above grade depending on the topography. This treatment of the elevation reduces the impact of its height and suggests the floor division employed for the dormitories.

The structure is covered by a gabled roof, but the use of jerkinhead gables at the short ends provides a gambrel-like profile. The copper roof-cladding has been removed, however the original skylights and the gable-shaped skylight structures on the east side ridgeline are still in place. Dormers were not used in this building. Evoking the intersecting gambrel-roofed pavilions of the earlier buildings, a jerkin-headed gable is located on the center axis. While its gambrel profile and returned eaves provide the appropriate design motif, its much smaller scale reduces the prominence this feature assumes elsewhere. This is also true of the small-scale Palladian window placed in the arched area enframed by the center gable. Below it at the piano nobile level there is a three-part window, and below that, a projecting portico (another repeated motif) which featues paired Tuscan columns as its forward supports. The entablature is plain.

A considerable amount of original sash remains. All is small-paned, from the six-over-six windows at the top story, the nine-over-nine sash below pivoting transoms at the piano nobile level, to the nine-over-nine sash used in the upper story of the "basement" level.

The long elevated rampway providing access to the piano nobile through a projecting entryway added at the east end of the building is a major alteration dating from the 1930s; the brick freight-elevator shaft located at the center of the north flank is another. Early photographs show a projecting porch, similar to that appearing on the south facade, to have been located at the original grade-level east entrance.

e. Laundry/Industrial Building
1914
Architect: Frank H. Quinby

Completed in 1914, the one-story fieldstone building located near the western edge of the Farm Colony grounds was designed by Frank H. Quinby for use as a laundry. when the Seaview Hospital Laundry began to service both institutions in 1917, it was converted to shops for printing, carpentry, tailoring, and carpet, mat and broom making. Located approximately 200 feet southwest of Quinby's contemporary dining hall building and on somewhat lower terrain, the laundry building - although aligned with the earlier dormitories - is not as readily visible from the playing field. Designed as a compatible companion to the dining hall, the pair was intended to be seen across the cultivated fields now occupied by the community gardens, a vista that can still be appreciated to some degree today.

The T-shaped plan is formed by the long rectangular rear building and the narrower section attached to its south side. The gabled roof over the rear section is terminated by jerkinhead gables which repeat the gambrel profile used by Quinby for the dining hall building. A hipped roof covers the south section of the structure. The roofs retain their veriegated slate, the only visible instance of original roofing remaining at the Farm Colony. The gabled skylight structure which straddles the ridgeline of the rear section is, like the similar skylight used for the dining hall, an original feature.

The gambrel motif is repeated by the jerkin-headed doorhoods placed above the two wide arched openings on the south or main facade. Returned eaves above large brackets further emphasize the door openings, as do the wide keyed brick surrounds. While the lunettes are now filled with plywood and the doors appear to be modern, the original wide molded lintel is still in place. Given the smaller scale of this building, the brick of the door and window surrounds, angles and water table at the base of the building seems to play a more prominent decorative role then it does in the larger buildings. The original sash survive in some of the openings. Its design is similar to that used for the dining hall windows at the piano nobile level; here, though, the transom is above six-over-six sash.

4. Other early Farm Colony Buildings

a. Women's Dormitory (Dormitory 5 & 6)
1910-1912
Architect: Raymond F. Almirall

Designed in 1902, dormitory 5 & 6 is the survivor of a pair - one for males and one for females -- that was built toward the north side of the Farm Colony grounds between 1910 and 1912. The men's dormitory, the larger of the two, was located just north and approximately 75 feet east of this building. In contrast to the dormitories on the south side of the complex, the long sides of these faced east and west.

Raymond F. Almirall was the architect for these buildings. His design follows almost exactly the format developed by William Flanagan for the slightly earlier Dormitory 3 & 4. Dimensions of the surviving member of this pair appear generally smaller than those of the model. The elevation between the end pavilions, for example, contains seven rather than nine bays. (The demolished dormitory was longer and probably repeated the nine-bay length of dormitory 3 & 4.) The east and west walls of the intersecting end pavilions are narrower than those designed by Flanagan, and because their lines are placed closer to the ridge of the main gambrel, a steeper profile has resulted.

Early photographs of this building suggest that the observatory-like structure of wood set in the valley between the main and north end pavilion roofs is an original feature introduced by Almirall. The stepped fire wall rising above the main gambrel was added c. 1917 between the third and fourth bays of the main section. The fire stair tower at the center of the east flank is similar to those added to the other dormitories in 1936.

The main entrance to the building is located at the north end. The grade was once much higher and, as shown in an early photograph, a projecting twin-columned portico provided access to a main doorway located at the first floor level. At an unknown date the portico was removed, the grade substantially lowered and a new main entrance constructed at the ground floor level. The present door opening is emphasized by a pediment with a dentil molding and flanked by fluted pilasters. The former door-opening above, now has long casement-type windows and is fronted by a low metal grille work panel.

b. Pavilion for the Insane; enlarged and coverted to a Nurses' Residence in 1910
Architect: Raymond F. Almirall
Addition: 1938
Architect: William L. Rouse

The original portion of this building -- the one-story seven-bay long section of fieldstone with brick trim -- was designed by Ramond F. Amirall in 1907.

When completed in 1910 it stood 100 feet directly south of Almirall's dormitory 5 & 6. The distance between the two structures was substantially diminished in 1938 with the addition of a two-story plus basement wing constructed of brick at the northwest corner of the original building. A second story of brick was added to the original pavilion as part of this enlargement. When built the insane pavilion was covered by a gabled roof of green slate. Gabled skylight structures were placed on the ridgeline, a feature later repeated by Frank Quinby for the dining hall and laundry buildings. Separate doorways enframed by sidelights led into the male and female sections. Above them were pent roofs carried on prominent brackets, a motif elaborated by Quinby for the laundry building entrances. Although the roof and porches have been removed, the original masonry remains intact and clearly suggests the form of the 1910 structure.

The style of the nurses' residence addition is utilitarian; ornament is confined to the modest band of corbelling placed along the roofline. Related to a second phase of the institution's history, it cannot be regarded as a sympathetic addition to the original insane pavilion.

c. Shop Building
After 1911 - before 1917
Architect: undetermined

The shop building is a simple one-story gable-roofed structure built of fieldstone. Located 125 feet southwest of the pavilion for the insane, it is similar to the other early 20th-century Farm Colony buildings. The use of brick for door and window surrounds is a characteristic feature. Keyed brickwork, although more rudimentary than that used elsewhere, is another. Stepped party walls dividing the three shops -- printing, tinsmith and plumbing -- rise above the roof. Each shop is provided with a separate entrance; all are on the west elevation of the structure. Documentation regarding the construction of this building cannot be located; perhaps it is one of those designed by staff and constructed by Farm Colony residents.

5. Main complex: later dormitories

Dormitories A-B-C-D
1931
Charles B. Meyers

Constructed on land once part of the Farm Colony's farm, buildings A, B, C and D are identical large dormitories sited in a staggered grouping on the north side of the main entry road. Built to meet an increasing demand, these dormitories also reflect the Farm Colony's gradual transition to a facility devoted principally to the care of the elderly. The northernmost building of

this group-- D — stands approximately 50 feet to the west of Brielle Avenue. C and B lie to its southwest. A-- to the northwest-- is approximately aligned with C. D and C front the grassy slope which descends from the roadway; A and B also face a grassy area but occupy more level ground. Like the earlier buildings fronting the playing fields, dormitories A through D face south.

Their plan -- a rectangular block terminated by end-pavilions -- does bear some relationship to the earlier dormitories. Projecting one-story porches on the southern faces of the end pavilions and two-story extensions to their rear make them more prominent elements and produce a plan that is nearly H-shaped. The construction materials used -- red brick with a surface texture and coloration that suggests burnt brick and trim of concrete and limestone -- provides a major contrast to the earlier structures, as does the use of a Georgian Revival rather than a Colonial Revival style. These differences, combined with an enlarged scale, have produced a dormitory type which diminishes the domestic image conveyed by the earlier dormitories.

The two stories of the flat-roofed main block rise above a basement level demarcated by a cast-stone band course, a course which is carried around the entire structure. Above, the stone entablature, carried around the structure as well, reiterates that horizontal. The brick parapet wall of the main block is repeated for the pavilion extensions to the north. The center section of each block is emphasized albeit minimally, by rows of brick quoins extending between the bandcourse and the entablature. The windows in the two bays they flank are ornamented by keystones. The use of paired window openings in the fourth bay from the eastern and western ends is another articulating device which alleviates monotony in this section. All windows in the main block employ six-over-six double-hung sash.

Hipped roofs -- still copper-clad in 1980 and now stripped -- cover the end pavilions. Gabled sections extend over the enclosed entry portions located at the eastern and western ends of the buildings, an entry location which repeats the pattern established by the earlier buildings. Small segmental-arched dormers are located in the other three slopes of the pavilion roofs.

The pavilion porches are five bays wide and three bays deep and are formed by a tall arcade with panelled wood infill ornamented by applied moldings suggesting fanlight tracery in the upper sections. Below the tympana are casement windows. Openings in the arcade are divided by brick pilasters with linestone bases which rise from a stone bandcourse; they are topped by limestone capitals. A stone entablature with a slightly projecting cornice supports a decorative brick parapet wall divided into sections by truncated pilasters placed above those of the arcade. Stone coping terminates the parapet which serves as an enclosure for the second story open-air porches. Access

from the second floor was through an arched center doorway topped by a tracery-filled fanlight. Flanking the doorway there are large blind -- except for tracery fanlights -- arches.

The entry facades have been partially disfigured by one-story lean to concrete sheds attached to the lower two-thirds of the tall openings obscuring their imposing scale. Engaged pilasters flank these openings; engaged pilasters also emphasize the corners of the portico. Above the molded lintel there is a tall entablature crowned by a dentil course and a substantial cornice. At the second floor level a six-over-six window is enclosed by an arched limestone enframement marked by a keystone. The tympanum is filled with a fluted sunburst; the sill below it extends beyond the enframement and is engaged with the brick wall. There is a metal balcony around the perimeter of the portico roof. In the pediment, there is an oculus with a heavy limestone rim. The brick quoining used at the corners of the projecting portico is relatively prominent. The pavilion end-wall windows flanking the portico contain six-over-six sash; keystones ornament these windows as well.

6. South side of site

a. Morgue and Garage Building
c. 1914
Architect: undetermined
Northwest addition: after 1926, before 1931; architect: undetermined
Southeast garage addition: 1931; architects: Sibley and Fetherstone

Obscuring from view the Department of Health disinfecting plant to its southeast, the morgue and garage building -- a facility that once served both Seaview Hospital and the Farm Colony -- is now a sprawling, seemingly isolated structure located southwest of and somewhat below the grade of the playing field. The dozen or so outbuildings, including the Farm Colony's piggery and related processing facilities, located in the immediate vicintiy of the morgue/garage building have been demolished. Even though two additions and a number of alterations have been made to the original structure, the gambrel profile remains a predominant form and serves as a complement to the group of early buildings located on the opposite or north side of the playing field.

The original gambrel-roofed 150 feet long rectangular block of fieldstone and brick was constructed c. 1914 by Farm Colony residents and now forms the bar of the H-shaped plan created by the additions. The northeast elevation of the structure has been considerably altered, but the northwest facade and southwest side remain intact. There are but few differences to distinguish it from the other early Farm Colony buildings. Window openings, unlike those of the other early buildings, employ a segmental arch. Typically, brick emphasizes the corners of the building, defines a water table and creates the keyed

window surrounds. These appear somewhat wider in relationship to the size of the opening than is the norm. Much of the original six-over-six sash survives. Construction of the northwest addition resulted in the loss of several shed dormers at this end of the building. Nine remain on each of the long sides of the structure; all contain six lights.

The northwest leg of the H is formed by a lower one-story hip-roofed Georgian Revival style structure of brick which intersects the original structure at right angles. The section of the addition lying to the northeast is of greater length. The doorway in the off-center enclosed portico located on the northwest facade of the longer section features a tracery-filled fanlight. The gabled porch hood is carried on projecting classical entablatures supported by freestanding and engaged Tuscan columns.

The large two-story gabled brick garage building constructed in 1931 forms the southeast leg of the H. The intersection between it and the original building is expressed on the southeast facade by a slightly projecting offset pavilion flanked by three and five bays. Although the pavilion is actually covered by a gabled roof, the lower slope of a gambrel is simulated by eaves attached to the wall surface. A similar pseudo-gambrel is repeated on the short or northeast end of the garage, together with the lunette in the gable end. On the long sides of the structure a roof overhang divides the first from the second story. The windows -- six-over-six double-hung sash in the second story and sixteen-light windows in the first-- seem a particularly prominent feature. Vehicle entry is provided through the tall opening in the projecting pavilion on the southeast side.

On its northeast side, the first story of the original structure -- the bar of the H --has undergone a number of changes. A 1931 photograph shows this section to have been taken up by nine garage doors. These were certainly a product of an even earlier alteration. The three garage door openings now located toward the northwest end are, however, not those shown in the photograph. To their east there are sixteen-light windows and a doorway. This present configuration would appear to be contemporary with the addition of the garage.

b. Board of Health Disinfecting Plant
After 1898, before 1907
Architect: undetermined

The Board of Health disinfecting plant, later used by the Farm Colony for storage purposes, is located directly behind the morgue/garage Building, 65 feet to its southwest. Constructed prior to 1907, it is a one-story utilitarian style building of brick. The main T-shaped section lies to the northwest; an off-set rectangular section attached to the southwest face of the bar of the T contains wide openings which suggest vehicle entrances. Attractive features of this simple building include a slate roof and articulated window sills of the same material.

7. Non-contributing structures

There are a number of smaller structures to be found at various locations on the Farm Colony grounds. Many appear to have been used for storage or similar utilitarian purposes. Some would seem to date to the earlier part of the present century; others are more recent. Several are in a state of severe disrepair.

They include the following: the 1930 one-story brick incinerator building and adjacent moderately tall, smoke stack, located southeast of the motgue/garage building a 1941 one-story brick structure possibly housing electrical equipment lying to the north of the dormitory for male help; a collapsing brick and wood shed located to the west of the laundry/industrial building; a large corrugated metal warehouse which stands immediately to the north of dormitory B; several apparently older structures of several materials -- stone, brick, concrete-block and wood -- located to the north of the service road behind dormitories A through D; a deteriorated wood garage lying opposite the southeast corner of the Pavilion for the Insane, a vandalized greenhouse of relatively recent date located on the est side of the shop building (the greenhouses shown on earlier maps are no longer standing), and a small 1941 brick structure on the north side of the exit roadway giving onto Walcott Avenue. The gatehouse and visitors' reception center located on the north side of the main entry road and fronting Brielle Avenue is an undistinguished structure dating from 1942.

II. East side of Brielle Avenue: Seaview Hospital, New York City Farm Colony Cottage Community, Richmond County Isolation Hospital

1. General description of site

The Seaview Hospital complex, together with the remnants of the New York City Farm Colony cottage community to its north, takes up slightly less than half of the 280 acre portion of the Historic District located on the east side of Brielle Avenue. The structures comprising these complexes and their service roads are concentrated in the mid-section this area. The buildings are set back a considerable distance from Brielle Avenue; the Seaview Hospital Structure lying closest to this street is the power house, 600 feet to its east. Seaview Hospital shares the directional orientation of the Farm Colony; major elements are centered on a north/south axis.

The terrain on this side of Brielle Avenue is more elevated than that occupied by the Farm Colony. The cottage community at 310 feet claims the highest ground. The original portion of Seaview Hospital is set on the slightly lower plateau-like area created for it. Relatively steep slopes descend toward the northwest, southwest and south; the steepest dropoff -- the Egbertville Ravine which is traversed by Manor Brook -- lies northeast,

east and southeast of the children's hospital. More level terrain is found in the northeast section of the district, the area abutting the grounds of Susan B. Wagner High School.

The portion of the district which comprises the peripheral surroundings of the building complexes contains both wooded and relatively open areas characterized by low-growing vegetation. The larger open areas occur toward the northeast and south edges of the district with denser woodlands providing the more immediate setting for the buildings.[80]

Not only was this general setting, together with the more distant vistas provided by the elevated site, considered part of Seaview Hospital's therapeutic environment, the gardened and landscaped areas immediately adjacent to the buildings played an important role in its creation as well. Many formal gardens, winding pathways, wooded groves, wide lawns, benches and gazebos can be seen in older photographs or are shown on early site plans. Although much has been lost, one of the most significant components forming this setting remains: the grove of trees lying on the north side of the plaza fronted by the administration building. This grove which includes several handsome copper beeches and numberous conifers extends some distance to the east and, narrowing, westward to Brielle Avenue. It separates the Seaview Hospital complex from the Farm Colony cottage community to its north, provides a contrast to the broad lawn area to its south, and serves as a complementary backdrop to the entry road leading in from Brielle Avenue. The grove also establishes the southern edge of the lawn lying to the west of the cottage colony.

The building complexes are serviced by an extensive internal road system. The cottage colony was entered (a modern gate now bars this entrance) by a roadway which is the eastward continuation of the main entry road into the Farm Colony complex lying on the opposite side of Brielle Avenue.[81] At the summit of a long slope, two loops give off the north side of the entry road and enclose a larger and a smaller grassy island; the larger was the "common" fronted by the Farm Colony cottages. A spur on the east side of this arrangement leads to the women's group of open-air pavilions.

The wider main entry road to Seaview Hospital is located 300 feet to the southwest of the cottage colony entrance. The approach portion of the road is approximately 600 feet long and is bordered by young London planes. It forks just west of the power plant to form the loop roadway which encircles the central portion of the Seaview Hospital complex. The loop road did not reach its final form until the late 1930s. Originally the complex was serviced only by the main entry road a service road west of the power house, and the northern section of the loop. Later additions -- the sanatorium complex of 1917 and the nurses' residence extension and the children's hospital of the 1930s -- generated additional portions of the loop and the roadways giving off it which provide access to the structures lying beyond its perimeter. A more recent road branches off the southwest side of the

main entry road and leads to the rear of the former Richmond isolation hospital. The most recent roadway lies between the power plant and the staff residence and provides access to the new J-K Building from the north portion of the loop. This new road now functions as a principal thoroughfare and diminishes the use and significance of the loop road.

The location of major Seaview Hospital components can be described in reference to the loop road. Five of the original Seaview Hospital buildings front the northern portion of the loop. A administration building occupies the central position and straddles the axis which bisects the complex. The loop widens in front of this building to form an entry plaza. Aligned with the administration building are the surgical pavilion and nurses' residence on the east and the staff residence and power house to the west. Directly south of the administration building is the kitchen and dining hall complex which provides the link between the northern group of buildings and the patient pavilions. Further south and on the center axis stands the new dining hall added in 1917. The loop road passes just south of this structure. The men's ring of open-air pavilions is reached by a short spur leading south from the loop; the group building lies to the west of this spur. Another short spur leading south on the east side of the loop forms the drive leading to the children's hospital.. Further north, the loop road swings behind one of the open-air pavilions in the women's wing and forms part of the circular roadway around which those pavilions are grouped. Despite demolition of a major element of the original complex -- the group of men's open-air pavilions completed in 1911 -- and construction of a modern geriatric hospital in its place, the existing Seaview Hospital buildings retain their ability to embody the history of New York City's pioneering struggle against and ultimate conquest of "the white plague."

2. Seaview Hospital: north group of administrative and staff residence buildings.

   a. Administration Building
      1913
      Architect: Raymond F. Almirall

Sited on the north/south axis which bisects the original Seaview Hospital complex, the administration building is the center structure in the group of five fronting the northern portion of the loop roadway. It faces a wide plaza-like area or courtyard formed by the broadening of the loop road at this point. A small gardened island is located in the center of the courtyard. A considerable portion of the stuccoed wall which formed the west perimeter of the courtyard survives. The large wisteria-covered pergola in front of the northwest corner of the building, one of the original pair, remains an attractive feature. Only a small portion of the perimeter wall remains on the opposite side of the courtyard.

The administration building which housed offices and patient-reception facilities consists of a two-story rectangular block above a tall basement; one-story wings that housed the examination and dressing rooms are attached at the east and west ends of the rear or south face. Except for the pink paint that covers the walls, originally light-gray, and the infilling and modern doors at the lateral male and female ambulance entrances, the administration building looks today much as it did originally.

The main block is covered by red-tile hipped roof; its deep eaves are clad in copper. The center section of the facade is emphasized by a gable rising above the eaves; it is flanked by narrow projecting eaves which also rise above main eave. All these gable roofs are tiled. The form of the flanking eaves was formerly repeated by similarly tiled porch roofs located above the lateral entranceways. Within the pediment colorful imported Delft tiles form the medallion containing the New York City seal and the festooned frame enclosing the legand, "Seaview Hospital." Green is the predominant color and harmonizes with the eave cladding. Facade ornament elsewhere is simple and relatively restrained. The prevailing impression remains that of a smooth stuccoed wall surface amply penetrated by crisply defined openings, an effect shared by all of the Seaview Hospital buildings designed by Almirall.

The main doorway, once flanked by decorative lamp posts, is a tall opening topped by an elliptically arched transom-like section filled by gold tile blocks which form the background for the blue-tiled words, "Administration." The slightly projecting eared enframement accentuates the opening. The first floor double windows flanking the doorway and the triple windows in the lateral sections all employ transoms above pivoting sash. (Similar transoms and sash were once located in the lateral entrances.) Their dark-rose-colored muntins, rails and sills are prominent elements. Small corbels are placed under the sills of the triple windows. Below them an idiosyncratic decorative touch is provided by the recessed panels containing center box-like forms penetrated by deep rectangular openings. Tile bosses flank this arrangement. The paired second-story windows are smaller and use more conventional four-over-four double-hung sash. The corbel-supported sills of the windows in the lateral sections are continued as a bandcourse. Short bands of blue tile are placed between the second story windows just below the top edge of the opening, a motif which is continued on the ends and rear of the building.

The narrow areaway providing light to the basement is enclosed by metal fencing, not the original which featured decorative railings and balusters. The slightly-projecting segmentally arched surrounds enclosing the basement windows may be glimpsed above the edge of the sidewalk paralleling the areaway.

The unobscured portion of the rear of this building includes two enormous skylights in the roof flanked by small dormers; these illuminate the rear stairwells. Although the second floor windows are differently grouped, they repeat the forms of those located on the main facade.

b. Surgical Pavilion
1913
Architect: Raymond F. Almirall

Although more elaborately detailed and a smaller building than the staff residence, the surgical pavilion not only provides a compatible pendant, but-- together with it-- shapes the entry courtyard in front of the administration building. General similarities between the surgical pavilion and the other buildings in the northern group include the red-tiled hipped roof, copper-clad eaves, smooth-faced wall surface (now painted white), inset bands of tile below the eaves, and the simply treated window openings.

The surgical pavilion also possesses several distinguishing features. The higher elevation at the western side of the administration building has eliminated the need for the tall basement story employed for the staff residence. Instead of the dormers used in the residential structures, a large skylight straddles the roof ridge. The copper-clad dormer-like structure located at the southeast corner seems intended to illuminate the nurses' dressing room.

The roof eaves have been broken at two locations. On the northern elevation, giant peaked pilasters flank a group of four six-over-six second story windows and rise above the eaves. The eave is also broken above the three-bay-wide recessed center section of the western elevation. The second stories in these sections were originally filled by walls and pitched roofs of glass. (The western opening was also flanked by piers which broke the eave.) A septic and an aseptic operating room occupied these locations. The existing windows and tile roofs in these sections are sympathetic alterations dating from the late 1930s. The southernmost section of the surgical pavilion which includes the last two bays along the elevations was added at the same time.

A unique feature of the surgical pavilion is the one-story flat-roofed enclosed entry porch attached to the northern end of the building. All supporting members, the heavy entablature, and the foundation are covered by copper cladding. The foundation cladding is emphasized by an embossed border framing alternating raised squares and rectangles. A solid panel fills the east side of the porch; the eastern end of the north face contains another solid panel flanked by windows of unequal width filled by six-over-six sash and topped by six-light transoms. The western side of this face is occupied by similar windows of equal width, the arrangement originally employed along the entire length. Entrance to the surgical pavilion was provided by the doorway located at the western end of this porch.

Second story windows, except those in the recessed center section on the eastern elevation, repeat the continuous corbelled-sill design used for the administration building. The sash used here, however, are eight-over-eight. Sills in the recessed section lack the corbels. This section is further differentiated by the wide blue-bordered gold tiles set between the first and second stories. The tall first floor windows in the surgical pavilion differ from those of the staff residence in that they terminate at the top of the low molded base which extends around the building. Their sills also lack corbels. Double transoms of four lights above eight-over-eight sash fill these openings, a design repeated with variations for the nurses' residence.

c. Nurses' Residence
1913
Raymond F. Almirall
Addition: 1932; Architect: Adolph Mertin

The nurses' residence lies to the east of the surgical pavilion from which it is separated by a large parking lot which occupies a former landscaped area. Just east of the parking lot a circular drive leads to the porte-cochère located at the western end of the building.

The nurses' residence is a long rectangular structure with wings of differing lengths extending northward at right angles to form a series of partially enclosed courtyards. It was built in two stages. The western or original section designed by Almirall includes two of the north wings. The 1932 addition designed by Adolph Mertin more than doubled the size of the original structure and includes the three-story block attached to the eastern side of the original two-story building and, further east, what is essentially a mirror image of the original building. Because the addition varies but slightly the forms of the earlier building, the nurses' residence is a unified, although sprawling, ensemble. As seen from the north, it retains the low horizontal character sought by Almirall. Since the site drops off sharply to the south, the basement level constitutes a full story along the rear of the building and suggests a more massive structure than would be anticipated from the view obtained from the loop road.

The basic design features used by Almirall for the north group of buildings are repeated here: hipped roof, deep copper-clad eaves, smooth-faced walls, tile bands between second-story windows, and the corbelled sills extended as band courses. The original terra-cotta tiles have been replaced by gray asphalt roofing.

Other detailing picks up both surgical pavilion and staff residence motifs. Large gabled and shingled attic dormers, similar to those of the staff residence,

are employed here. Groupings and designs are more varied: single gables above paired windows; single gables over shed dormers containing six windows; double gables above four windows; double gables flanking a shed roof over a six-window grouping.

Like the first floor windows of the surgical pavilion, these are tall openings with plain sills located just above a low molded base. Double transoms above six-over-six sash fill these windows. Metal grillework panels, similar in design to those of the staff residence, are set into the lower portion of the window openings. The three French doors below four-light transoms located on the north side of the westernmost wing evoke the three door openings on the northern side of the staff residence.

Unique features of the nurses' residence include the prominent porte-cochère and the entry porches located at the corners between the main block and wings. Large piers and attached pilasters support projecting, slightly flared roofs; the flaring suggests a roof partially embedded in its support. Attached buttress-like extensions of the freestanding porch piers provide a battered profile. A similar arrangement of roof and piers is used for the attached two-bay-long, glass-enclosed porch located on the face of Almirall's easternmost wing. The large porch fronting the three French windows on the western wing has been removed but its copy survives at the corresponding location further east. Also unique to the nurses' residence is the concrete-faced gabled dormer placed at the center of the main block. As is evident from the gable of the 1932 addition, this was once taller and terminated by a rounded arch. It is fronted by a balustrade carried on a parapet wall which breaks the eaves. Below there is a two-bay wide projecting bay. This grouping adds an axial emphasis to this section of the main block and together with the flanking entry porches described earlier produces a symmetrical composition.

The 1932 three-story addition that links Almirall's section with its mirror image further east is a larger but somewhat simplified version of the general prototype. This hippped roof lacks dormers and the window and door openings are noticeably less generous than those designed by Almirall. Although the earlier continuous corbelled sills appear at the second and third stories, the inset tile bands in the upper story have been omitted. The main entrance to this section repeats the piers and flared roof design employed by Almirall.

The entry porch at the northwest corner of the mirror-image portion of the addition is of the standard type, but it is not the mate it should be to Almirall's two-bay long glass-enclosed porch on the opposite side of this courtyard. No other differences distinguish this section from Almirall's original design. The porch fronting the easternmost wing extends across its width. Four massive cast-stone piers, each divided by narrow arched openings, rise above the eaves. This porch not only preserves the general design of the original porch attached to the western wing, but also suggests the porch once

located on the western face of the staff residence.

d. Staff Residence
1913
Architect: Raymond F. Almirall

The staff residence, a long rectangular building, occupies the lower portion of the slope extending westward from the administration building. Forming a pendant to the surgical pavilion, its eastern elevation contributes to the closure of the courtyard in front of the administration building. Features the staff residence shares with the other buildings in the northern group include the hipped roof covered by red terra-cotta tiles, deep copper-clad eaves, smooth-faced walls now painted white, and inset blue tile bands between the second story windows.

Three large gabled and shingled dormers are located on each long elevation and one at each end. They are similar but simpler versions of those used for the nurses' residence. Asphalt roofing replaces the original tiles. A large chimney is located to the east of the southern end dormer and a gabled skylight straddles the roof ridge. Eight-over-eight sash fills the second floor windows. Sills of these windows are corbelled but not, as in the other buildings, extended as band-courses. The first floor windows are larger and contain a four-light transom above similar sash. The lower portion of these openings is filled by a metal grillework panel, a feature that is repeated in the nurses' residence.

Although the surgical pavilion is a compatible two stories above grade on the eastern elevation, the necessarily high basement story has been incorporated into the design of the north or main facade. It is distinguished from the two upper stories by coursed bands rising above a smooth-surfaced base, and is itself divided into two stories. Large square windows are placed above the three tall door openings, now boarded up.

On the western elevation the coursing is continued only in the end sections. A smooth-faced center section contains a row of five square windows above three tall triple windows; these were originally door openings. A massive one-story porch once fronted this section; large square openings flanked by smaller windows inserted in the broad piers flanking the entryways created a semi-enclosed portico. Tall double windows below single square windows appear in the end sections and once flanked the attached porch. On the east flank the basement story lies below grade and is paralleled by an areaway reached by a staircase leading down from the rear of the pergola area at the northwest corner of the administration building.

e. Power House, Laundry and Ambulance Complex
1912
Architect: Raymond F. Almirall
Power House Addition: 1935; Architect: Charles B. Meyers

The power house complex is located 225 feet west of the staff residence and is the first of the major Seaview Hospital buildings to be seen from the main entry road leading up from Brielle Avenue. The major component-- the power house and laundry building-- was originally an L-shaped structure; the north-south leg contained the power house and the east-west leg, the laundry. An additional smaller rectangular building, the pathology laboratory, was to have been located just east of the laundry wing, at right angles to it and connected with the west end of the elliptical corridor linking the patient pavilions. This structure was apparently never built, but had the original design been completed the plan of the resulting ensemble would have provided what was basically a mirror image of the nurses' residence at the opposite or east end of the elliptical corridor.[82]

Many of the design elements used further integrated this service group with the other structures comprising the original Seaview Hospital complex. A long hipped roof extends over the two-story laundry-wing section of the structure and is covered by red terra-cotta tiles. Several small gabled dormers and a copper-clad vent appear; a large copper-clad bulkhead abuts the eave at mid-point on the south side. The eaves are also copper clad. Walls, as they are elsewhere, are smooth-faced concrete; these are presently a rosy gold. Very large window openings are used in the laundry wing; they contain triple windows each filled with nine-over-nine sash.

The power house lacks fenestration. There is a tall gabled monitor roof which extends the length of this wing. Large copper-clad ventilators are located on the ridge line. Below the monitor there are pitched roofs, once probably tiled with terra cotta. The northern or short end of the power house is treated as a main facade; its design relates to the northern facade of the staff residence further east. The tall foundation section of the power house is coursed in a similar manner, and the pedimented gable produced on this facade by the monitor profile picks up the motif of the single large dormer of the staff residence. The face of the monitor section is clad in copper and contains three square windows; terra-cotta coping emphasizes the flanking pitched roofs. Panelling relieves the tall section of blank wall extending between the monitor and the foundation level.

A tall smokestack of yellow brick stands just east of the northern end of the power house wing. It rises from a high faceted podium ornamented by rectangular inset panels of blue tile enclosed by gold borders. A projecting bracketed cornice encircles the top of the podium; above, large blue tile scarabs are applied around the base of the stack. The mouth of the stack is emphasized by a tall decorative band carried on corbels. The band is divided

by attached pilasters; the red brick infill between them is ornamented by tile scarabs placed just below the corbelled cornice-like band which terminates the stack.

The original ambulance house lies to the east of the smokestack. It is a one-story structure covered by a copper-clad hipped roof. Dormer-like arrangements with casement windows topped by a stepped pediment break the eaves. Wall surfaces are covered by a grayish smooth-faced concrete and may suggest the original color employed for all the Seaview Hospital structures. Window openings are segmentally arched. The original vehicle entrance on the north side has been obscured by a later addition.

The 1935 addition designed by Charles B. Meyers is attached to the west flank of the original power house wing. Constructed of cast concrete, it is equal in height to the original structure and covered by a monitor roof which runs, however, east-west. The window arrangement in the pedimented gable formed by the end of the monitor is similar to that employed by Almirall for the northern facade. Lower portions of this west elevation also reflect Almirall's design. The smokestack located just south of this addition rises from a simple base; the decorative band at the mouth is similar to that of the earlier stack. Although not the subject of this designation, the vast interior spaces of the original power house and its addition, together with the impressive array of mechanical equipment-- the boilers, furnaces, coal bunkers and conveyers-- are eminently noteworthy.

3. Seaview Hospital: Kitchen and Dining Hall Group
1912
Architect: Raymond F. Almirall

The kitchen building and the group of attached dining halls formed the center of the original Seaview Hospital complex. It occupied a considerable portion of what was originally a completely enclosed courtyard formed by the east-west corridor connecting the rear entrances to the north group of buildings and the intersecting elliptical corridor on the south from which the patient pavilions radiated. Athough the west dining hall has been demolished, enough remains to suggest the effect of the original arrangement. The portion of the courtyard not occupied by buildings was laid out in elaborate formal gardens and landscaped areas traversed by winding pathways. Overgrowth fills these areas today.

The kitchen building is the central element. It is located on the north-south axis which bisects the hospital complex. It is an octagonally shaped structure of cast concrete and hollow tile block. It rises above a tall basement story which contained, among other services, the institution's bakery. The kitchen proper occupies the center section of the first floor; the tall space above it is illuminated by an encircling bank of windows placed at the

attic level. The kitchen is ringed by a lower one-story section which contained ancilliary facilities such as the bread rooms, dish pantries, serving pantries and scullery. Wide bowed areaways along the four angled sides of the octagon provide considerable illumination to the basement story. Two one-story windowless projecting blocks are attached at the ends of the south wall. These contain elevators for the food distribution system described by the architect as follows:

> The electrically propelled food conveyer, automatically controlled from the ward service pantry of the central kitchen, will within a few minutes carry food to any diet kitchen and signal its arrival. It may be returned to the starting place or sent to another floor by the nurses or recalled by the dispatcher. It must be remembered that this carrier travels vertically in an elevator and a lift as well as horizontally in the tunnel. This carrier has since been patented.[83]

Although the lower portions of the building are not readily visible (the courtyard from which a view of the least altered section might be obtained is not accessible) the attic-level windows, the wide, gently sloping roof topped by a cupola, and the large copper-clad vent stack which rises above it are prominent features. Embossed ornament decorates the base of the vent stack. The cupola is also copper clad. Alternating arched and rectangular openings in its base are topped by gables with returned eaves and lintels with acroteria respectively. Additional vent stacks are placed around the perimeter of the roof. They are taller than the original stacks at these locations. Their copper vents, although old, are not shown in the earliest photographs of this building. The eaves are copper clad as well. Attic-level windows are filled with pivoting sash containing three horizontally set panes. In the first story four-bay-wide windows are located in the four angled walls. Each bay contains a multi-paned transom above six-over-six sash.

A one-story corridor extends from the north face of the kitchen building and leads to the staff dining hall building which is a one-story flat-roofed structure of smooth-faced concrete now painted white. Windows are the only noteworthy feature. Paired openings containing four-over-four sash are framed by a wide segmentally arched molding which forms a continuous arcade. The arched section above each pair is filled by a recessed panel.

Extending from the east face of the kitchen is the slightly bowed (toward the north) one-story wing that housed the dining hall for female patients. On its east side there is a somewhat lower slightly projecting block which contained the wash and toilet rooms; this is terminated by a rounded end section which was the coat room. The entire wing is constructed of concrete-faced hollow-tile block. Paired windows in the rounded section contain six-over-six double-hung sash. A multi-paned window and transom in the washroom block is flanked by similar sidelights. Paired windows in the

dining hall portion of the wing contain pivoting transoms above four-light sash. Roofs of the toilet and washroom block are covered by red tiles; parapet walls extend along both sides of the dining hall portion of the wing. Small windows in the base of the south side parapet admit additional light. A lower enclosed corridor or porch with wide window openings is attached to the south face of the dining hall section. This corridor is continued onto the angled face of the kitchen building.

An elaborate arrangement of porticoes and enclosed corridors provides access to the dining wing from the patient pavilions. A pyramidal-roofed portico is incorporated as part of the elliptical corridor between pavilions two and three and was the only entrance to the dining hall from the four female pavilions. A short corridor connects it to a similar portico just north of the elliptical corridor. Further north a third portico is attached by a short corridor to the rounded coatroom section of the dining wing. All of the porticoes have red tile roofs. A wide semi-circular corridor connects the second and third porticoes. Its pent roof is red tiled as well. The rear wall of the corridor contains widely-spaced single windows; the west wall contains wide openings each filled by four windows. The modern passageway that was attached to the main entrance of pavilion two and connects with the northern group abuts this semi-circular corridor and obscures it from view. The semi-circular passageway, together with the elliptical corridor and dining hall wing enclosed what was in effect a courtyard within a courtyard. It was devoted to formal gardens and provided a pleasant vista readily visible from all sides.

4. Seaview Hospital: Women's Pavilions
   Pavilions 1,2,3,4 and Elliptical Connecting Corridor
   1909-1911
   Architect: Raymond F. Almirall

The four women's pavilions lie on the eastern side of the center north-south axis which bisects the original complex. They radiate from the remaining half of the elliptical corridor. The four men's pavilions and connecting corridor to the west of the center axis have been demolished. The pavilions are identical, long rectangular four-story structures of reinforced concrete and hollow-tile block. Large four-story five-sided bays, each of which housed six ward beds, project from both side elevations at mid-point. An even larger four-story solarium bay is attached to the southern end of each pavilion. Modern four-story brick and glass-block fire-stair towers are set in the corners between the solarium bay and eastern elevations; their roof lines rise above that of the original structures.

Although structurally more complex and adorned with relatively abundant decorative detailing, the pavilions retain basic design features which relate them to the other original structures. Walls, for example, are smooth-faced concrete, now a pale beige. Unfortunately, the red terra-cotta tiles that covered the deep attached pseudo-eaves have been replaced by modern roofing material. Like the windows in the northern group of buildings, the windows here also lack enframing ornament. The windows are, however, a prominent

element and take up a large amount of wall surface. The northern half of each building -- the section which housed various services such as the diet kitchen, bathrooms and storage and linen rooms -- is six bays in length. Closely set windows contain double-hung, three-over-three sash. Panes are set vertically. Because the elevator shaft and stairwell are located at the northern end of these sections, the windows openings here are of several sizes and irregularly set but filled with similar sash. In the projecting bays on the side elevations two single-paned pivoting transoms are placed above single-paned casements. In the wider opening on the outer faces of the bays, a similar arrangement is flanked by sidelights.

The southern half of each pavilion contained additional ward space and was planned to accommodate fourteen beds on each floor. French doors, wide enough to admit the width of a bed, contain large panes. The doors are flanked by sidelights. A similar arrangement which included three transoms filled the five solarium bay openings. These have been replaced by metal frame units each containing six large lights.

Four-story enclosed porches are attached to the southern ward section between the projecting bays on the side elevations and solarium bay. They were once used as open-air sleeping porches. The original slender metal columnar supports are still in place on the first three levels; the fourth or upper story had not required them. When these porches were enclosed in the late 1930s the metal grillework railings were removed, supports added to the fourth story, and copper-clad wood panelling inserted along the base of the porches. The cladding has since been removed. The porch window openings contain one-over-one sash set below transoms. The fourth story windows omit the transoms. Similar metal railings in the solarium bay have been removed. Exterior wall-cladding is metal.

The northern half of the roof is taken up by a monitor-topped attic story, also used as a ward. It is now metal clad. Large French doors along its entire south wall gave onto the roof which was used a a sun porch. The low enclosing parapet wall containing inset panels of red terra-cotta tiles extends along the projecting bays and southern ward section. The pyramidal-roofed lantern located at the juncture of the ward section and southern solarium bay has been removed. The elevator bulkheads, located at the northeast corners of the pavilions, once glass-filled structures, are now sheathed in metal.

The most prominent ornamental feature of the pavilions is the broad ceramic tile frieze set beneath the projecting eaves; the slender metal roof brackets rest on scallop shell corbels located within the frieze zone. The lower edge of the frieze, emphasized by a broad egg-and-dart molding, is aligned with the fourth story window crossbars. Beribboned escutcheons, swags, medallions with red crosses, raised scallop shells and full-length figures of physicians and nurses, all employing a variety of colors, contrast with the gold background. (The enclosed porches now obscure from view large sections

of this frieze.) It is to be noted that the fourth floor windows, unlike those elsewhere, have been articulated by panelled reveals rising from low narrow bases. Narrow bands of glazed tiles decorated with white flowers divide the stories.

A broad terrace and flanking access ramps extend around the first floor of the southern ward section of each pavilion. The parapet wall with its inset terra-cotta tile panels repeats the design of the roof parapet. The principal entrance to each pavilion, however, is part of the elliptical corridor at the opposite end of the building.

The elliptical corridor, from which the four women's pavilions radiate, is a wide, one-story, flat-roofed structure. Both walls are filled by large windows. The original two sets of six-over-six windows in each bay are still in place. A one-story gabled, originally tile-roofed, entry portico incorporates a portion of the corridor. Gabled parapets rise above the openings on the sides. The northern face of the portico gives onto the courtyard area to the north and is treated as the principal entryway. Its gable, topped by terra-cotta coping, rises above the lateral gables. The peak terminates in a half circle which enframes a terra-cotta medallion adorned by a winged cherub. Above the door openings there are glazed terra-cotta panels which contain the pavilion number flanked by foliate designs.

5. Seaview Hospital: Sanatorium Additions

a. New Dining Hall Building
1917
Architects: Edward F. Stevens
Renwick, Aspinwall & Tucker

Located on the north-south axis which bisects the original hospital complex, the new dining hall building stands some 300 feet to its south. Further south and west lie the contemporary ring of male open-air pavilions and the group building. Once used as a male dining facility and as a recreational hall for men and women, the new dining hall, like the contemporary group building, employs the Georgian Revival style. Both are constructed of buff-colored brick laid in Flemish bond and they share similar decorative detailing.

The dining hall proper forms the main block. It is a large one-story rectangular structure atop a cast-concrete foundation. Because the site slopes to the south, the foundation on that side is significantly higher. An elevated concrete walkway with ramps at both ends parallels the southern elevation. Lower one-story entry porticoes are located on the northern elevation and at the west end.

The main block is covered by a low hipped roof. Its original green roof tiles have been replaced by light gray asphalt. Long copper-clad dormers are

located on the north and south slopes. A slightly projecting eave is constructed of limestone. The frieze contains groupings of green tile diamonds, similar to those in the group building frieze. The limestone molding at its base is emphasized by a row of headers above and vertically aligned stretchers below. Similar contrasting courses are used, as they are in the group building to delineate edges and openings throughout.

A striking feature of the main block is the row of nine arched openings along the southern elevation. Eight contain multi-paned French doors flanked by full-length sidelights with similar panes. Above there are tall transoms and fanlights, both filled by small panes and flanked by multi-paned sidelights. The transom and fanlight are equal in height to the door section of the opening. The ninth opening gives onto the stage located at the east end of the dining hall and does not, therefore, extend to the base of the wall. Although the center bays on the northern elevation are taken up by the attached portico, the flanking openings, as indicated by the early photographs, provided a superbly illuminated interior space. Interior shades now cover the fanlights and the upper half of the western bay on the southern elevation contains panelling and an air conditioner. The rear or east wall is ornamented by a blind arcade outlined in brick; it is equal in height to the openings on the side elevations. Brickwork within the arches employs a herringbone pattern.

The main entry portico is located at the western end of the dining hall block and contained coat and wash rooms for those entering from the men's ring of open-air pavilions. Extending the width of the dining hall, it consists of a monumental gabled and arched projecting entryway flanked by lower wings. The projecting entryway occupies a tall foundation and is approached by a flight of steps flanked by parapet walls adorned by large egg-shaped urns. Four Tuscan columns, arranged in pairs with one behind the other, flank the center opening and carry the wide limestone entablature. Above the entablature the opening is spanned by an arch contained within the gable pediment. This opening repeats the window motif and enframes the doorway located in the rear wall of the entryway. Like the window openings, this doorway consists of French doors flanked by sidelights and a large transom and fanlights, similarly flanked. All are multi-paned. Unlike the other fanlights, however, this is filled by radiating tracery. The flanking lower wings are flat roofed. The upper portion of their entablatures, continued from the projecting entryway, is now covered by white aluminum siding. The small square windows in these wings are filled with decorative metal grillework panels.

The one-story portico attached to the northern elevation provided access to the dining hall from the original complex to which it was connected by a covered walkway. It contained a large serving pantry and the women's coatroom. Four bays long and three bays wide, it is covered by a gray asphalted hipped room topped by a monitor-like ventilator. Door openings --one on the north face and two at the southern end of the sides-- and windows are all round-arched. All contain multi-paned glass.

b. The Group Building
1917
Architects: Edward P. Stevens
Renwick, Aspinwall & Tucker

The group building is located on the western side of the road leading southward from the loop roadway toward the ring of men's open-air pavilions which lies approximately 150 feet to its south. The center axis of the group building is aligned with that occupied by the ring's mid-point pavilions. The various services housed in the group building, a facility intended primarily for males, included examination and treatment rooms, a pharmacy, a store, barber, tailor and woodworking shops, a billiard room, recreation room and library, and a linen distribution room.

Georgian Revival in style, the group building consists of a two-story, hipped-roof center pavilion flanked by one-story wings. The center pavilion projects but slightly on the northern or main facade, however its nine-bay long extension on the south produces a T-shaped plan. A tall basement story of cast concrete provides a prominent base for the entire structure and contrasts with the buff-colored brick laid in Flemish bond above.

Roofs are covered by green terra-cotta tiles; the slightly projecting eaves are clad in copper. The wing sections feature large end chimneys, ridgeline skylights, and low parapet walls trimmed with tile coping at the gable ends. Window openings in the center pavilion section are filled with six-over-six sash below four-light transoms. On the northern facade, however, the second floor windows omit the transoms; a grouping of three is located above the main entrance. An attached portico of limestone with a heavy entablature supported by Roman Doric columns emphasizes the main doorway. Slender, attached stone pilasters carry the arched molding that enframes the fanlight filled by radiating tracery and small panes of glass. Below, double doors also contain numerous small panes of glass. The entrance is reached by a long flight of wide steps flanked by a two-level parapet wall.

Other pavilion facade ornament consists of concrete panels with swags placed between the first and second stories and -- at the frieze level-- a band of grouped, green-tile diamonds. A molded limestone band course above a vertical course defines the lower edge of the frieze and contrasts with the Flemish bond of the wall below. Elsewhere on this facade, and throughout the structure, vertical and horizontal courses are used to emphasize openings and edges.

Three tall arched openings in each wing repeat a major motif of the new dining hall. Here, four narrow windows (the center two actually form a casement) each containing sixteen panes fill the lower portion of the opening. In the fanlight radiating tracery is intersected by a small arch that springs from the mullions flanking the casement-type windows. This, the original window arrangement, appears only in the west wing. Although the major members are still in place in the east wing, the openings are now filled by leaded stained glass inserted when this portion of the building was coverted to a synagogue. Green-tile diamonds in the spandrels continue the pavilion frieze ornament. There are large projecting concrete sills below the windows of the wings. Supported by a prominent center bracket and smaller flanking brackets, these sills can also be read as lintels above the paired basement windows.

c. Men's and Women's Open-air Pavilions
1917
Renwick, Aspinwall & Tucker

In addition to the group building and new dining hall building, two rings of open-air pavilions for ambulatory patients were included as part of the 1917 sanatorium addition designed by Edward F. Stevens and Renwick, Aspinwall & Tucker. The men's ring originally contained twelve units located along a roughly oval-shaped roadway located directly south of the group building. Three at the western end of this group have been demolished. The two pavilions located at opposite ends of the north-south axis which divides this group are bisected by a continuation of the axis that bisects the group building to the north. The terrain slopes off rather steeply toward the south and the pavilions on the north side of the ring are a substantially higher grade. South of the ring densely wooded slopes continue downward to the southern boundary of the district, Rockland Avenue. Because the north side of the roadway is curved, and because the pavilions on this side of the ring have been sited in relationship to it, they deviate slightly from the strict north-south alignment of those along the straighter or southern half of the road. Paths once crisscrossed the grassy island ringed by the pavilions; other pathways led from the ring to the group building and new dining hall. These have been obliterated by rather dense overgrowth.

The women's ring contains nine pavilions and is located diagonally opposite at the northeast corner of the original complex. The addition to the nurses' residence lies approximately 150 feet south of this ring. The women's pavilions all face south and are grouped around a roughly circular roadway enclosing an island formerly crossed by pathways. The three pavilions in the eastern portion of the ring occupy the incline that begins the downward slope leading to Manor Brook. Although undergrowth is quite dense on this slope, the presence of mature trees suggests these eastern pavilions long enjoyed a wooded setting.

Except for minor variations that resulted from adjustments to differing topography, pavilions in the two rings are identical. They are two-story

buildings constructed of hollow ceramic tile which yields an exterior effect of over-sized brick. Although simplified Colonial Revival style decorative motifs are introduced, a larger goal appears to be the creation of a domestic or cottage-like effect. A gabled center section projects slightly on the main or south facade and extends three bays to the north creating, together with the narrow two-story wings, a T-shaped plan. The center section contained toilet facilities, rows of lockers for the patients' belongings, and day rooms located at its southern end. The wings housed the open-air dormitories.

Roofs are still covered by the original green pan tiles. Parapet walls with terra-cotta coping rise above all four gables and are shaped to simulate end chimneys with squared-off shoulders. Round-arched attic-level windows at the eastern, western and northern ends are outlined by a triple band of small bricks. Center mullions converge to a point in the upper sash. The southern gable contains a blind-arched panel above a cement band course that, in combination with the three windows of the second story below, vaguely suggests a Palladian grouping. This course is continued around the building as a minimally articulated entrablature. Another concrete band course divides the first and second stories along the southern face and is continued around the short ends and northern face of the wings. The concrete water table above the foundation provides an additional horizontal emphasis. Horizontality is reiterated at smaller scale on the southern facade by the window sills of the first and second floors which are extended as continuous bands. Double-hung four-over-four sash flanked by four-light sidelights are used for the windows at the southern face. Smaller pivoting windows filled with eight lights appear on the northern side of the wings and rear extension of the center pavilion.

The cast concrete staircases located at the eastern and western ends of the wings are prominent features of these pavilions. A run of stairs parallels the end wall and provides direct access to the second floor. The rail is perforated by slender round-ended openings to simulate balusters. An arched opening accentuated by a keystone is located below the landing and leads to an areaway and first floor doorway. An irregularly shaped arch that seems to lean toward the entry arch opens into the space under the stair run.

The variations upon this scheme are those demanded by the particular site occupied by a given pavilion. Differences in grade have produced basement stories of varying heights and the entry stairs are designed accordingly. Some first floor entrances are at grade and lack stairs; others are approached by a short run. Where a longer run is needed to reach the second floor, the areaway beneath is penetrated by two or more of the "leaning" arches.

6. Seaview Hospital: later buildings

a. Catholic Chapel and Rectory
1928
Architect: Robert J. Reiley

The simpler of the two small chapels constructed at Seaview Hospital, the Catholic chapel and rectory is located at mid-point between the group building and new dining hall on the south side of the loop roadway as it passes behind the J-K Building. As an ecclesiastical structure it, not suprisingly, is highly reminiscent of the buildings that were the source of its Spanish Mission style.

A red terra-cotta tiled gable roof, the ridgeline emphasized by tile coping, covers the four-bay long chapel portion of the building. The similarly roofed two-story gabled rectory is attached to the southern end of the chapel and extends some distance beyond its western elevation. A large two-story entrance block covered by a tiled pent roof has been inserted in the angle formed by the chapel and the westward extension of the rectory. Prominent unframed openings contain the main rectory doorway and, directly above, French doors giving onto a narrow, bracket-supported balcony enclosed by a metal railing. Narrow slit windows appear on the rectory wall just east of the balcony and on the ground floor of the entrance block. Walls of both rectory and chapel are covered by fairly rough-finished concrete stucco, now painted pink.

The tall arched windows along the side elevations of the chapel are filled by leaded stained glass, today not readily visible behind the large panels of protective glass held in place by wood frames. The fairly deep reveals are splayed around the arched section of these window openings. A projecting semi-circular chapel is located at the north corner of the western elevation; the peak of its tiled roof extends to the soffit of the chapel eaves. Small slit windows are placed in its upper portions.

A belfrey gable rises above the roof line of the main facade. Piers with sloping shoulders support a small arch surmounted by a metal cross. Below an enframed oculus of modest proportions contains leaded stained glass. A buttress-flanked portico is attached to the facade; it is covered by tiled pent roof. Panelled double doors provide access to the chapel. The slightly projecting portico base is continued along the facade and flanks.

b. City Mission Chapel (Chapel of St. Luke the Physician)
1934
Architect: Francis DeLancey Robinson

Commissioned and funded by the New York Protestant Episcopal City Mission Society, the Chapel of St. Luke the Physician stands 150 feet north of the group building. It is a small, pink-painted, steep-gabled structure of concrete aggregate. Its scale and neo-Gothic sytle suggest a country parish church.

An irregular plan and elevation has resulted from the placement of the one-story flat-roofed pastor's study on the north side of the nave and, on the south, a one-and-a-half story cross-gabled community hall. This, in turn, has been extended by a one-story, flat-roofed two-bay long foyer addition to the south.

All pitched roofs are now covered by modern gray asphalt; originally the architect specified composition shingles coated with crushed green slate. A slender, copper-clad spire terminated by a cross straddles the chapel ridge line near the western or apse end of the building. Three small gabled dormers are located about midway down the nave roof slopes. Small brackets are introduced below the nave gable eaves; they are repeated in the community hall section of the building.

Attached buttresses divide the three chapel bays. In each bay there is a Tudor-arched double window filled with leaded diamond-shaped panes of tinted glass set below a transom. Wood framing and mullions are wide and therefore prominent elements. Originally painted brown, they are now more russet colored. Sills are cast concrete. Similarly filled larger pointed-arch windows are placed in the peaks of both nave gables. Above the eastern facade window there are brackets and a sill that supported a bell, still in place in 1982, but now missing.

The gabled entry portico is penetrated by a large arched opening enframed by a keyed surround of orange brick; it encloses a heavy double-leaf door of wood. There are buttresses on the flanks of the portico and larger one at the corners of the facade. The cornerstone bearing the date--1934-- is located north of the portico. Single Tudor-arched windows filled with diamond-shaped panes of tinted glass below transoms flank the portico. Except for the similar but larger triple windows appearing in the upper story of the parish hall section and the rectangular stained-glass-filled windows along the first floor of the entire southern extension, windows used elsewhere repeat this form.

Emphasized by terra-cotta coping, the crenellated parapet walls of the one-story sections are a prominent feature. The narrow Tudor-arched doorway approached by concrete stairs located at the southern end of the community hall foyer and the similar, wider doorway on the east side of the pastor's study provide additional ingress.

c. Pathology Laboratory
1927-28
Architect: Charles B. Meyers

The pathology laboratory is a relatively small two-story building of buff-colored brick laid in Flemish bond and set on a concrete-faced full basement story. It occupies a steep slope 150 feet east of the new dining hall building; in the view of the principal facade obtained from the north, the basement is not visible and the parapet of what is a one-story addition on the east appears to be a low wall enclosing a courtyard.

Although constructed ten years after the new dining hall and group building and designed by a different architect, the pathology laboratory repeats the materials, design elements and Georgian Revival style of the earlier buildings. Much of its flat roof is taken up by a copper-clad attic story. It contains small casement windows with angled tracery. The copper-edged limestone cornice, the frieze containing groupings of green tile diamonds, and its lower limestone molding emphasized by contrasting courses above and below all duplicate designs employed for the group building and new dining hall.

The arched first floor openings, accentuated by an enframing course and concrete keystone, rise from a continuous concrete sill that forms a projecting base for the facade. They, and the rectangular second story window openings, are flush with the recessed planes between the attached brick pilasters which divide the facade into five bays. Although the coffered and molded panels in the lower portion of the first floor openings appear to be original, the one-over-one sash and the white-painted infill in the tympana would seem to be more modern.

The center doorway is enframed by attached pilasters that support an entablature ornamented by a dentil band and modest cornice. This supports a balustraded parapet which suggests but does not actually function as a balcony. The molded surround and deep jambs of limestone are of greater interest than the modern wood door and simple one-light transom.

d. Children's Hospital
1935-37
Architect: Adolph Mertin

The children's hospital was the last tuberculosis-related patient facility built at Seaview Hospital. Located approximately 375 feet south of the nurses' residence, it enjoys a relatively isolated site on the east side of the original complex. Like the earlier Seaview buildings, it is centered on a north-south sxis. The building rises from the base of a deep slope. The view of it gained from the parapet-walled circular approach drive leading south from the easternmost portion of the loop road

suggests it is composed of a four-story pavilion with flanking, slightly lower, four-story wings. However, another full story, the second story of the basement level, lies below grade and is reached by drives leading down from the approach drive to an areaway, another center entrance, and flanking receiving platforms. Another service drive descends along the eastern elevation to the north or rear face of the building and a large paved parking area. Wooded surroundings, particularly dense to the east and south of the building, enhance the sense of isolation.

The children's hospital is constructed of cream-colored brick accented by relatively sparse limestone trim. The style is modernistic. The most striking aspect of this building is the degree of transparency obtained in the open-air porch sections of the wings. Slender, masonry-clad, rounded supports rise through four stories on both the northern and southern faces and divide the porch sections into four bays. Behind them lie wide continuous balconies. The rear wall of the balcony is comprised of multi-paned, floor-to-ceiling doors and windows. Framing appears to be minimal. The enclosed interior space is narrow and one can literally see through the building. Although many of the metal grillework balcony railings remain, the (presumably) metal facings inserted between porch stories have been removed.

The open-air porch sections of the wings are terminated by masonry-clad end blocks. Rounded solarium bays are located at the short ends. Divided by narrow attached brick pilasters the large, closely set windows in the solarium section contain twelve-over-twelve double-hung sash. Similar windows appear in the main facade of the center pavilion. The smaller windows used elsewhere, in the non-solarium portion of the end blocks, for example, contain nine-over-nine sash.

The principal ornamental feature is the limestone parapet that adorns the roofline of the center pavilion and wings. Its greater height above the center pavilion facade and open-air porch sections emphasizes those components. Geometric designs enliven its surface. Noteworthy too is the large entry porch of cast concrete. Two clusters of four piers provide the forward supports. In each, two are smooth faced and two are channelled. Paired piers, one freestanding and the other engaged, form the rear supports. The entablature and parapet wall above it are unadorned. The door is undistinguished but above there is a large multi-paned transom.

The differentiation of the four upper stories from the two basement stories is readily visible on the southern or rear face. The pilasters dividing the solarium bays terminate at the limestone band course placed above the basement level. Piers rather than rounded supports divide the open-air porches located on the second floor of the basement story. Basement windows in the solarium section are smaller and contain nine-over-nine sash. Additional limestone courses are located between the basement stories and at the base of the building.

7. New York City Farm Colony: Cottage Community

Cottage
1916
Architect: Charles B. Meyers

Completed in 1916, the two-story brick cottage designed by Charles B. Meyers is the last of the buildings in the Farm Colony cottage community to survive. It is located approximately 750 feet east of Brielle Avenue and on the north side of the roadway that linked the cottage community with the main Farm Colony complex on the west side of Brielle Avenue. Facing east, it stands opposite the southwest corner of the grassy island which formed the center of the cottage complex. One of three similar cottages designed by Meyers, it was the second of the two actually built; the demolished cottage stood 50 feet north of this. The recent destruction of the roof and much of the attic-story on the south side of the structure is a particularly regrettable loss.

Like the other cottages, this was designed as a self-sufficient unit with a dining room, recreation room and other facilities intended solely for the use of its residents. Drawing upon the Jacobethan rather than the Colonial Revival style used by Renwick, Aspinwall & Owen for the earlier cottage colony buildings, the architect retained characteristics suggesting a family residence and avoided an institutional appearance.

The building consists of a short gable-roofed center block flanked by intersecting gabled end pavilions of similar height; the plan is H-shaped. The use of Flemish bond accentuated by contrasting mortar is a prominent characteristic of this building. (The western face of the southern end pavilion has been partially repointed in an unsympathetic manner.) The intersecting volumes of the main and end pavilion roofs and the four ample dormers with partial hipped roofs located on each of the four main slopes, together with the brick and contrasting limestone trim and gray asbestos shingles, establish a lively and attractive composition.

Windows also play an important role in the design. Much of the center section of the eastern facade is taken up by the large window which illuminates the main staircase. Four units wide and three tall, it has a stepped base; the small-paned glass used throughout the building fills these openings. The first floor windows in the end pavilions are topped by a course of headers and limestone label moldings. Three-light transoms are placed above the triple windows; the sash in each contains twelve lights. The triple windows in the second story lack the label molding. The western or rear walls of the end pavilions feature a grouping of four stepped windows, each filled by three lights; these illuminate secondary staircases. There is a small attic window in the peak of each gable.

The main entry portico on the eastern facade is set into the angle between the main block and southern end pavilion. The segmentally arched door opening is accentuated by a decorative band of brick and inset limestone panels; above a limestone course establishes the base of the parapet. Further ornamented by limestone coping, the parapet provides enclosure for the porch reached by a second story doorway located above the main entry.

A one-story screened porch is attached to the south flank. Arched openings, sturdy buttress-like piers with limestone capitals, and a parapet wall with prominent limestone coping repeat the basis design of the main entry portico. This building served the Farm Colony cottage community until the late 1930s; it was then coverted to a residence for the Director of Seaview Hospital.

8. Richmond County Isolation Hospital

1928
Architects: Sibley and Fetherston
Addition: 1932: Architects: Sibley and Fetherston

The Richmond County isolation hospital, a facility originally operated by the New York City Department of Health, stands 225 feet south of the main entry road leading to Seaview Hospital and just 75 feet east of Brielle Avenue. The Seaview Hospital power house, 450 feet further east, is its closest neighbor. A short approach drive, now closed, is flanked by brick piers and leads up to the main entrance fronting Brielle Avenue. A modest structure, the isolation hospital represents the fulfillment of the goal announced by New York City soon after 1898 with its construction of the extant disinfecting plant on the west side of Brielle Avenue.

Employing a reduced version of the Georgian Revival style, the isolation hospital is a simple one-story building of red brick laid in Flemish bond. The similarly designed T-shaped addition of 1932 is attached to the north end of the original rectangular building to create the long main block which faces Brielle Avenue. The point of juncture is between the eighth and ninth bays from the south; a concrete cornerstone at this location bears the date - 1928. Gray asphalted hipped roofs cover the main block and wing section; the original cladding was green slate. Small arched copper-clad dormers are placed near the base of the roof slope. The slightly projecting eaves are copper clad as well.

The simple window openings of various sizes are filled with one-over-one sash; their sills are formed by a row of headers. The transom-topped main door is reached by a short flight of concrete steps. The only other distinguishing feature of the facade is the tripartite window west of the main door, the last bay of the original section. Small rectangular windows are let into the foundation level, differentiated from the story above by a row of headers.

9. Non-contributing Buildings

The new Seaview Hospital buildings completed in 1973 required the demolition of the following original structures: the patient pavilions forming the west half of the original group of eight (men's pavilions, 5-8); the elliptical corridor which connected them; and the west dining wing. A portion of the west end of the corridor linking the rear entrances to the north group of buildings was probably demolished at the same time to accommodate the approach road leading to the new hospital building.

Three new structures designed by Brown and Guenther in 1968 now occupy the general area taken up by the earlier buildings. The hospital (J-K Building) is a large five-story modern building constructed of orange brick with gray stone trim. Wings extend from the front and rear of a main rectangular block. The one-story wing attached to the west side contains a chapel; an enclosed corridor connects this wing to the new dining hall building. The one-story brick structure immediately west of the kitchen building houses the generating plant. By virtue of its design and purpose--provision of the care to the elderly-- the new J-K complex stands apart from the historic Seaview Hospital buildings.

Several small service and storage buildings are clustered on the west side of the complex. They are located north and south of the road which leads westward toward the southwest corner of the district and the area where sixteen temporary patient pavilions once stood. Constructed of various materials -- stone, brick and wood -- they include storage sheds, shops and a greenhouse.

Service buildings were also added on the east side of the power house complex. A one-story brick building attached to the south side of the original ambulance house housed refrigeration equipment. A one-story gabled wood frame shed was added to the north side of the ambulance house. Although contemporary with the historic Seaview Hospital complex, these minor structures -- many now in deteriorated condition -- add little to the character of the historic ensemble.

Of the several residences shown on maps which pre-date New York City's final acquisition of lands within the area bounded by Brielle Avenue, Manor Road and Rockland Avenue just prior to 1917, three remain. They are located at the following addresses: 1570 Manor Road, 1572 Manor Road, and 599 Rockland Avenue. All are wood frame houses in a vernacular style and date from the late 19th or early 20th century. Their history is unrelated to that of the historic district.

The Family Park of the Jewish Community Center at 1466 Manor Road includes a swimming pool, an adjoining locker room building and several playing fields. These date from the mid-1960s.

FOOTNOTES

1. David J. Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston-Toronto: Little Brown and Co., 1971).

2. For a general history of dependency and its care in New York City see: "History of the Care of Dependents - New York City," Report of the Committee on Inquiry into the Departments of Health, Charities, and Bellevue and Allied Hospitals in the City of New York (New York: Board of Estimate and Apportionment, 1913), pp. 427-435. See also: Rev. J.F. Richmond, New York and Its Institutions: 1609 - 1871 (New York: E.B. Treat, 1871).

3. "History of the Care of Dependents," p. 428.

4. I.N. Phelps Stokes, The Iconography of Manhattan Island 1498 - 1909 (New York: Robert H. Dodd, 1918), Vol. 3, p. 537.

5. Ibid., p. 534.

6. Extensive historical and documentary material concerning the care of dependents in Richmond County is contained in Charles W. Leng and William T. Davis, Staten Island and Its People: A History 1609-1929 (New York: Lewis Historical Publishing Co., 1930). See vol. 2, pp. 588-592.

7. "History of the Care of Dependents," includes extensive material concerning the early history of Bellevue Hospital.

8. For the early history of the Blackwell's Island penitentiary and other institutions relocated there from Bellevue Hospital see: Richmond, New York and its Institutions.

9. General views of Blackwell's Island as it appeared in the late 19th century are to be found in King's Handbook of New York City (Boston: Moses King, 1892), p. 456-461.

10. The 1735 Almshouse is illustrated in Rothman, The Discovery of the Asylum, p. 37. See also: Stokes, Iconography, Vol. 3, A-Plate 4-B.

11. Rothman, The Discovery of the Asylum, p. 36.

12. Stokes, Iconography, Vol. 3, pl. 95.

13. Later photographs of this building appear in King's Handbook of New York City, 1892, pp. 420-421. The large mansard-roofed central pavilion shown on p. 420 replaced or enlarged the original portion of the structure at this location.

14. The Staten Island Quarantine Station is shown in a 1859 print reproduced in Leng and Davis, Staten Island and Its People, plate opposite p. 580.

15. "History of the Care of Dependents," p. 430.

16. The Penitentiary is illustrated in Richmond, New York and its Institutions, plate opposite p. 531. See also: King's Handbook of New York City, 1892, p. 456.

17. Rothman, The Discovery of the Asylum, p. 83.

18. An illustration of the Lunatic Asylum appears in Richmond, New York and Its Institutions, p. 545.

19. The entire Almshouse complex is depicted in Annual Report of the Almshouse Commissioner for the Year 1848 (New York: McSpedon and Baker, 1849), p. 10. See also: King's Handbook of New York City, 1892, p. 461.

20. Annual Report of the Almshouse Commissioner for the Year 1848, p. 13.

21. See Leng and Davis, Staten Island and Its People, plate opposite p. 588 for a late-19th century view of the Richmond County Poor Farm main building and its flanking later extensions.

22. Annual Report of the Department of Public Charities of the City of New York; 1902 (New York: Mail and Express, 1903), p. 37.

23. Ibid., p. 283.

24. See also Ibid., p. 37, where reference is made to nine buildings, the same number shown on the 1898 E. Robinson's Atlas of Richmond County. The sixteen reported elsewhere in this annual report obviously included a number of minor structures. Some but not all dated "back to 1829." None of the Richmond County Poor Farm buildings survive today.

25. The label "Dutch Colonial Revival style" for buildings employing a gambrel roof is inappropriate for Staten Island at least. See Elsa Gilbertson, The Early Houses of Staten Island: their Architectural Styles and Structural Systems, M.S. Thesis, Graduate School of Architecture and Planning, Columbia University, 1982. The gambrel roof was used by early Staten Island settlers of varied ethnic backgrounds. The European source may have been French or Flemish rather than Dutch.

26. The poor construction of the Blackwell's Island Almshouse was noted in the very first annual report issued by that institution. See Annual Report of the Almshouse Commissioner for the Year 1848, p. 12: "...they answer for the present, the purpose of their erection, but doubtless will ever continue, from faulty construction and design, to be a channel of perpetual expense..."

27. New York City, Department of Buildings, Staten Island, New Building Docket Book, 1903, No. 151. The New York City Art Commission's file on the Farm Colony (No. 279) contains no information regarding this building; plans and elevations for most of the other major structures survive however.

The Annual Report of the Department of Public Charities of the City of New York: 1903 notes that the design for the new dormitory was prepared by the "architects of the Department," but they are not therein identified; see p. 38.

28. New York City, Art Commission, New York City Farm Colony, No. 279-G, Application for the construction of the insane pavilion submitted by Raymond F. Almirall. This plan was approved by the Commission on December 10, 1907.

29. Ibid., No. 279-B depicts the dormitory for male help as finally constructed except for the north facade porch shown as providing access to the first floor level. The lower portion of this sheet which included the architect's name has been detached. A later drawing by William Flanagan (No. 279-F) shows the north facade porch at its present ground-story location. Several motifs employed in this building, however, are similar to designs identified as Almirall's. Most prominent is the continuation of the first floor window sills as a bandcourse which encircles the building. This device was used repeatedly by Almirall at Seaview Hospital. In addition, the differentiation of a foundation level by a slate bandcourse is repeated in Almirall's Farm Colony insane pavilion. Although Flanagan was responsible for the revisions to the north porch, there would seem to be possibility that the dormitory for male help can be attributed to Almirall.

30. Annual Report of the Department of Public Charities of the City of New York: 1914, p. 154.

31. Ibid.: 1912, p. 165.

32. Annual Report of the Department of Public Welfare of the City of New York: 1926, p. 295.

33. Staten Island Institute of Arts and Sciences, Archive, Architecture Collection: Seaview Hospital-Farm Colony. This material includes excerpts pertaining to the Farm Colony from a c. 1927-28 annual report; the administering agency is not identified.

34. New York City, Department of Hospitals, Annual Report: 1936, p. 50.

35. Staten Island Institute of Arts and Science, Archive, Architecture Collection: Seaview Hospital-Farm Colony. Material from the c. 1927-28 annual report mentions this pre-consolidation use of the Richmond County Poor Farm by the City of New York. Confirming documentation has not been located.

36. "A Cottage Colony for the Aged and Infirm," Charities: a Weekly Review of Local and General Philanthrophy, 11: 6, (August 8, 1903), 32.

37. Annual Report of the Department of Public Charities: 1903, pp.319-320.

38. The index to the collection housed at the Olmsted National Historic Site, Brookline, Ma, lists the following entries for Staten Island: Vanderbilt Mausoleum; Sloan Tomb; Nassau Smelting and Refining Co.; Staten Island Farm Colony. A recent search yielded no material relating to the Farm Colony. According to the archivist this material may have been lost or could have been transferred to the National Archives in Washington, D.C. The Index reference does suggest the possibility of some connection between the Olmsted firm and development of the Farm Colony cottage community.

39. "Indigent Husbands and Wives to be Reunited," New York Daily Tribune, April 19, 1903.

40. "A Cottage Colony for the Aged and Infirm, p. 132.

41. "Farm Colony Saw Many Changes Throughout its Turbulent History," Staten Island Advance, March 3, 1980, pp. 1 and 12.

42. For a history of the campaign against tuberculosis see, for example, S. Adolphus Knopf, A History of the National Tuberculosis Association: the Anti-Tuberculosis Movement in the U.S. (New York: National Tuberculosis Association, 1922): Russell Sage Foundation (ed. Philip P. Jacobs), The Campaign Against Tuberculosis in United States (New York: Charities Publication Committee, 1908); Selman A. Waksman, The Conquest of Tuberculosis (Berkeley and Los Angeles: University of California Press, 1964).

43. Godias, J. Drolet, and Anthony M. Lowell, A Half-Century's Progress Against Tuberculosis in New York City (New York: New York Tuberculosis and Health Association, 1951), p. xvi.

44. "A Municipal Sanatorium for Consumptives in New York City," Charities, 10, (1903), 291.

45. Municipal Sanatorium for Incipient Cases of Tuberculosis: A Report from the Hon. Homer Folks, Commissioner of the Department of Public Charities to the Board of Estimate and Apportionment of the City of New York (New York: Committee on the Prevention of Tuberculosis of the Charity Organization Society, 1903), p.3.

46. For turn-of-the-century discussions of tuberculosis-related design see, for example: T. Maclaren, "Sanatoria for Consumptives," The Brickbuilder, 17 (1908), 177-183; "The Architect's Part in the War Against Tuberculosis; the Importance of Planning in the Modern Sanitarium," The American Architect, 97 (February 23, 1910), 89-93; T.B. Kidner, Selecting a Site for a Tuberculosis Sanitorium with Some Remarks on Plot Plans (New York: National Tuberculosis Association, 1925); and Thomas Spees Carrington, Tuberculosis and Sanatorium Construction (N.Y.: National Association for Study and Prevention of Tuberculosis, 1911).

47. Kidner, Selecting a Site for a Tuberculosis Sanatorium, p. 14

48. Annual Report of the Department of Public Charities: 1905, p. 19.

49. Ibid., pp. 18-19.

50. A rendering of the Blackwell's Island solarium appears in Annual Report of the Department of Public Charities: 1902, p. 150.

51. Municipal Sanatorium for Incipient Cases of Tuberculosis, pp. 2 and 4. A plan for a tent colony was provided by the firm of Howells and Stokes.

52. Lilian Brandt, A Directory of Institutions and Societies Dealing with Tuberculosis in the United States and Canada (New York: Charity Organization Society and National Association for Study and Prevention of Tuberculosis, 1904), p. 56.

53. New York City, Art Commission, Seaview Hospital, No. 189-D is a rendering of the entire complex as seen from the southeast.

54. Raymond F. Almirall, "Plans and Purposes of 'Seaview' Tuberculosis Hospital," The Modern Hospital, 2 (1914), 70.

55. Ibid., p. 71.

56. Ibid., pp. 71-72.

57. Raymond F. Almirall, A Reply to the Report of the Committee on Inquiry into the Departments of Health, Charities and Bellevue and Allied Hospitals in the City of New York (New York: Raymond F. Almirall, 1914), appendix.

58. Ibid., p. 9

59. Ibid., p. 11.

60. Almirall, "Plans and Purposes of 'Seaview' Tuberculosis Hospital," p. 71.

61. Annual Report of the Department of Public Charities: 1909, plates opposite pp. 50, 52, 55.

62. E.K. Stevens, "Examination of Buildings," Report of Committee into the Departments of Health, Charities and Bellevue and Allied Hospitals, pp. 641-643.

63. Almirall's A Reply to the Report of the Committee on Inquiry provides a spirited defense of the Seaview Hospital design and refutes many specifics of the E.K. Stevens' critique.

64. Edward F. Stevens and Renwick, Aspinwall & Tucker, Associated Architects, "The New Buildings of Seaview Hospital, S.I., N.Y.," Architectural Record, 42 (1917), 63-67; Edward F. Stevens, The American Hospital of the Twentieth Century (New York: F.W. Dodge, 1928), pp. 299-300. See also pp. 286-290 for plans.

65. "Seaview's Doctors Battled Tuberculosis and Found Answer," Staten Island Advance, March 4, 1980, p. 13.

66. City of New York, Department of Hospitals, Annual Report, 1952, 19-22.

67. Ibid., 1950, p. 13.

68. "In 1951, a Little Pill Started to Win TB War at Seaview Hospital," Staten Island Advance, March 5, 1980, p.3.

69. Annual Report of the Department of Public Charities of the City of New York, 1905, 326. No subsequent references to the Farm Colony Potter's Field have been located; seventy-nine burials were recorded for 1905.

70. Annual Report of the Department of Public Charities: 1902, p. 286.

71. Biographical information concerning the architects discussed in this section was obtained principally from the following sources: Macmillan Encyclopedia of Architects, ed. by Adolf K. Placzek,(New York: Macmillian, 1982), Obituary File, Avery Library, Columbia University; Author Index, Art Commission, City of New York; Henry F. Withey and Elsie F. Withey, Biographical Dictionary of American Architects (Deceased) (Los Angeles: New Age Publishing Co., 1956.)

72. Although the one-story brick structure to the southwest of the morgue/ garage building was later used as a New York City Farm Colony storage facility, it was originally a disinfecting plant constructed by the Board of Health.

73. This roadway also pre-dates the establishment of the Richmond County Poor Farm in 1829. The earlier Martino farmhouse fronted on this road as well. A 1911 topographical map suggests it was located just northeast of the main building constructed in the 1830s.

74. The only major early roadway that no longer exists would seem to be County House Road. It forked off the main entry road at the point where the present roadway between Dormitories A and B begins and continued northwesterly to Forest Hill Road. The present Steers Street, which forms part of the district boundary, was originally the westernmost section of County House Road.

75. As shown on a 1911 topographical map, this grouping was also related to the earlier Poor Farm main building. Dormitory 1 & 2, the dormitory for male help, and the Poor Farm main building were sited at the perimeter of a plaza-like space dotted with trees. The present small island to the north of dormitory 1 & 2 and the dormitory for male help is a reflection of the earlier plaza.

76. The elevated site occupied by the Farm Colony is best appreciated from the playing field from which vantage point panoramic views westward to New Jersey are to be gained.

77. City of New York: Department of Public Charities, Annual Report of the Department of Public Charities of the City of New York, (1905), 326.

78. New York City Art Commission, New York City Farm Colony, Item 279A.

79. Drawings for or early photographs showing the west end of dormitory 3 & 4 have not been located. Its conjectural history is postulated on the basis of documented alterations to the west facade of dormitory 5 & 6, a virtually identical building.

80. The history of the lands lying on the east side of the Brielle Avenue differs from the lengthy farm history which precedes the history of the New York City Farm Colony. As shown on early maps, the area bounded by today's Brielle Avenue, Manor Road and Rockland Avenue had been subdivided by 1874 and was held by a large number of individual owners. The dominating presence was the large dwelling knows as "Ocean Hill View" owned by Charles Schmidt. The Schmidt property was acquired by the City of New YOrk in 1905. Some thirty other dwellings and outbuildings appear on late 19th and early 20th-century maps. These were mainly located in reference to the roads which bound this area. A 1911 topographical map indicates that a portion of these lands were under cultivation, particularly toward the north section of the district and, to a somewhat lesser degree, the south. Substantial wooded areas remained, however, suggesting the historicity of the present Seaview Hospital setting.

81. Woodland now abuts the north edge of this roadway but it would appear to be of lesser age than that seen elsewhere and suggests the roadway once traversed an area of open lawn.

82. Early photographs indicate the corridor which links the rear entrances of the north group of buildings was connected to a platform which provided access to the doorway located at the southeast corner of the laundry wing. A portion of this platform appears to be still in place. It, rather than the unbuilt pathology laboratory, provided the point of connection between the laundry wing and the other elements in the original complex.

83. Raymond F. Almirall, "Plans and Purposes of 'Seaview' Tuberculosis Hospital," The Modern Hospital, 2 (1914), 74.

BIBLIOGRAPHY

Almirall, Raymond F. "Plans and Purposes of 'Seaview' Tuberculosis Hospital." The Modern Hospital, 2, (1914), 69-76.

_____ A Reply to the Report of the Committee on Inquiry into the Departments of Health, Charities and Bellevue and Allied Hospital in the City of New York: Raymond F. Almirall, 1914.

_____ "Seaview Hospital, Staten Island." Architecture and Building, 46, (1914), 345-348.

Annual Report of the Department of Public Charities of the City of New York, New York: Mail and Express, 1902 - 1919.

Annual Report of the Department of Public Welfare of the City of New York. New York, 1920 - 1926.

"The Architect's Part in the War Against Tuberculosis: the Importance of Planning in the Modern Sanitarium." The American Architect, 97, (February 23, 1910), 89-93.

Brandt, Lilian. A Directory of Institutions and Societies Dealing with Tuberculosis in the United States and Canada. New York: Charity Organization Society and National Association for Study and Prevention of Tuberculosis, 1904.

Carrington, Thomas Spees. Tuberculosis Hospital and Sanatorium Construction. New York: National Association for Study and Prevention of Tuberculosis, 1911.

"A Cottage Colony for the Aged and Infirm." Charities: A Weekly Review of Local and General Philanthropy, 11, (August 8, 1903), 32-33.

Drolet, Godias J. and Anthony M. Lowell. A Half-century's Progress Against Tuberculosis in New York City. New York: New York Tuberculosis and Health Association, 1951.

"Farm Colony Saw Many Changes Throughout its Turbulent History." Staten Island Advance, March 3, 1980. pp.1, 12.

"History of the Care of Dependents - New York City," Report of the Committee on Inquiry into the Departments of Health, Charities and Bellevue and Allied Hospitals in the City of New York. New York: Board of Estimate and Apportionment, 1913, 427-435.

"Indigent Husbands and Wives to be Reunited." New York Daily Tribune, Apri 19, 1903.

Kidner, T.B. Selecting a Site for a Tuberculosis Sanitorium with Some Remarks on Plot Plans. New York: National Tuberculosis Association, 1925.

King's Handbook of New York City. Boston: Moses King, 1982.

Knopf, Adolphus S. A History of the National Tuberculosis Association: The Anti-Tuberculosis Movement in the United States. New York: National Tuberculosis Association, 1922.

Leng, Charles W. and William T. Davis. Staten Island and its People: a History, 1609 - 1929. New York: Lewis Historical Publishing Company, 1930.

Maclaren, T. "Sanitoria for Consumptives." The Brickbuilder, 17 (September, 1908), 177-183.

"A Municipal Sanatorium for Consumptives in New York City." Charities: a Weekly Review of Local and General Philanthropy, 10 (1903), 290-300.

New York City. Art Commission. Applications, plans, elevations, photographs.

_____ Department of Buildings, Borough of Staten Island. Docket Books.

_____ Department of Hospitals. Annual Report. New York, 1929-1967.

_____ Department of Records and Information Services. Municipal Record Center. File: Seaview Hospital.

Rothman, David J. The Discovery of the Asylum: Social Order and Disorder in the New Republic. Boston-Toronto: Little Brown and Company, 1971.

Russell Sage Foundation (Ed., Philip P. Jacobs). The Campaign Against Tuberculosis in the United States. New York: Charities Publication Committee, 1908.

"Seaview's Doctors Battled Tuberculosis and Found Answer." Staten Island Advance, March 4, 1980, pp. 1, 13.

Stevens, Edward F. The American Hospital of the 20th Century. New York, F.W. Dodge, 1928.

_____ and Renwick, Aspinwall and Tucker, Associated Architects. "The New Buildings of Seaview Hospital, Staten Island, New York." Architectural Record, 42 (1917), 63-67.

Stokes: I.N. Phelps. The Iconography of Manhattan Island, 1498-1909. 6 vols. New York: Robert H. Dodd, 1915-1928.

Waksman, Selman A. The Conquest of Tuberculosis. Berkeley and Los Angeles: University of California Press, 1964.

LIST OF ILLUSTRATIONS

1. New York City Farm Colony-Seaview Hospital Historic District
   New York City Farm Colony: General view from playing field
   Photo Credit: Carl Forster, Landmarks Preservation Commission

2. New York City Farm Colony-Seaview Hospital Historic District
   New York City Farm Colony: Dormitory 1 & 2
   Architect: Renwick, Aspinwall & Owen
   Date: 1904
   Photo Credit: Carl Forster, Landmarks Preservation Commission

3. New York City Farm Colony-Seaview Hospital Historic District
   New York City Farm Colony: Dining hall/kitchen building
   Architect: Frank H. Quinby
   Date: 1914
   Photo Credit: Carl Forster, Landmarks Preservation Commission

4. New York City Farm Colony-Seaview Hospital Historic District
   New York City Farm Colony: Dormitory C
   Architect: Charles B. Meyers
   Date: 1934
   Photo Credit: Carl Forster, Landmarks Preservation Commission

5. New York City Farm Colony-Seaview Hospital Historic District
   Seaview Hospital: Administration building
   Architect: Raymond F. Almirall
   Date: 1914
   Photo Credit: Carl Forster, Landmarks Preservation Commission

6. New York City Farm Colony-Seaview Hospital Historic District
   Seaview Hospital: Patient pavilion
   Architect: Raymond F. Almirall
   Date: 1914
   Photo Credit: Carl Forster, Landmarks Preservation Commission

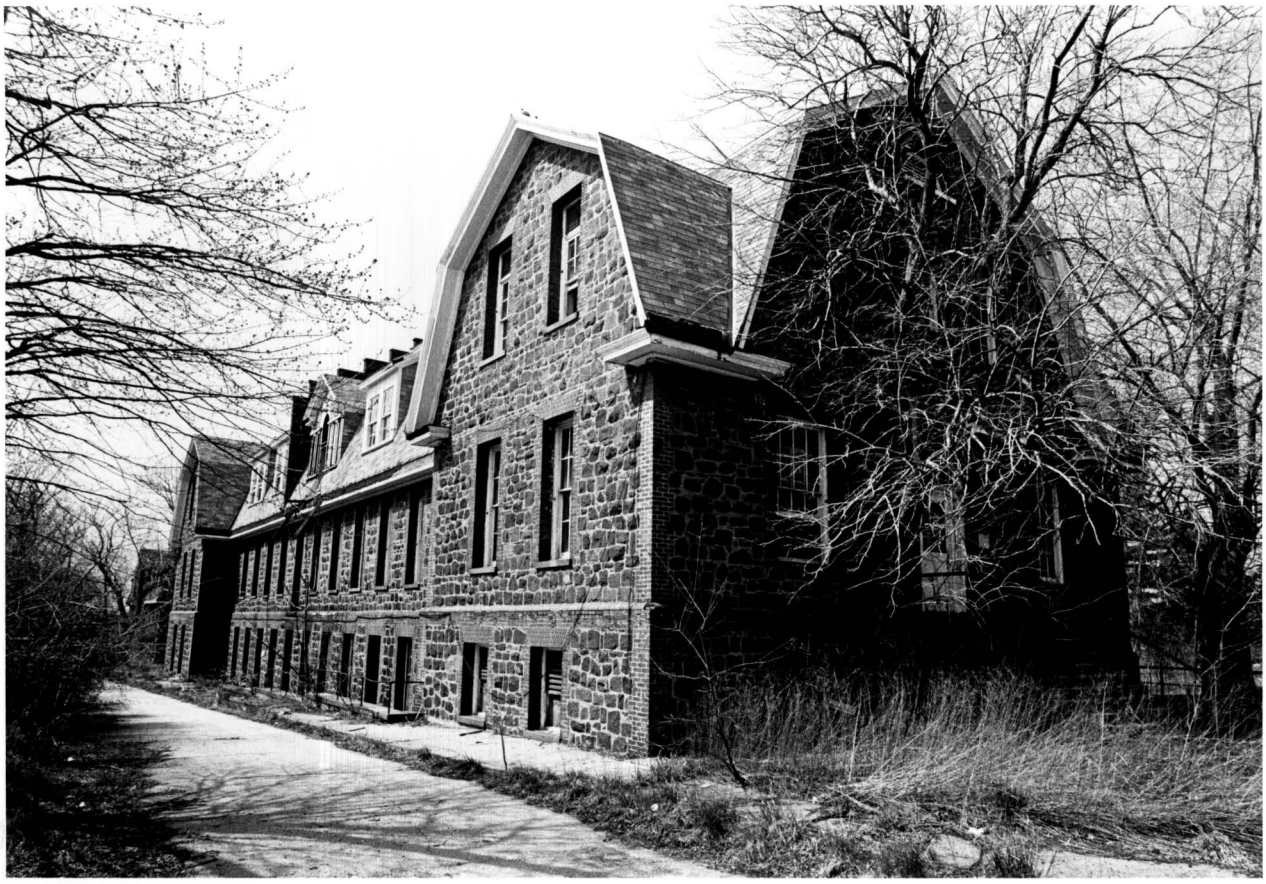
7. New York City Farm Colony-Seaview Hospital Historic District
   Seaview Hospital: Nurses' residence
   Architect: Raymond F. Almirall
   Date: 1914
   Photo Credit: Carl Forster, Landmarks Preservation Commission

8. New York City Farm Colony-Seaview Hospital Historic District
   Seaview Hospital: Open-air pavilion
   Architects: Edward P. Stevens; Renwick, Aspinwall & Tucker
   Date: 1917
   Photo Credit: Carl Forster, Landmarks Preservation Commission

9. New York City Farm Colony-Seaview Hospital Historic District
Seaview Hospital: City Mission Chapel (Chapel of St. Luke the Physician)
Architect: Francis Delancy Robinson
Date: 1934
Photo Credit: Carl Forster, Landmarks Preservation Commission

10. New York City Farm Colony-Seaview Hospital Historic District
Seaview Hospital: Children's hospital
Architect: Adolph Mertin
Date: 1935-37
Photo Credit: Carl Forster, Landmarks Preservation Commission

1



2

3

4

5

6

7

8

9

10

FINDINGS AND DESIGNATION

On the basis of a careful consideration of the history, the architecture and other features of this area, the Landmarks Preservation Commission finds that the New York City Farm Colony/Seaview Hospital Historic District contains buildings and other improvements which have special character, special historical and aesthetic interest and value and which represent one or more periods or styles of architecture characteristic of one or more eras in the history of New York City and which cause this area, by reason of these factors to constitute a distinct section of the City.

The Commission further finds that, among its important qualities the New York City Farm Colony/Seaview Hospital Historic District reflects the innovative architecture of New York City's turn-of-the-century commitment to improving the quality of social and health-care services received by members of its dependent community; that a more humanely conceived housing type for the able-bodied indigent was introduced at the New York City Farm Colony in the early 1900s which, inspired by the rural domestic architecture of the Colonial period, mitigated the penal and corrective character of 19th-century almshouse design; that the Historic District also includes the site developed as the Farm Colony Cottage Community between 1903 and 1916 for the indigent elderly, the nation's first municipally sponsored ensemble of congregate dwelling units designed with the goal of replicating conditions of normal life; that the New York City Farm Colony and Cottage Community, planned and initiated by Renwick, Aspinwall and Owen, represent one of the firm's most significant contributions to the architecture of social purpose and as such is a continuation of the tradition established by its founder, James Renwick, Jr., with his designs for several Blackwell's Island institutions; that the proto-modern Seaview Hospital complex, planned and built between 1905 and 1938, was the largest and most costly municipal facility for the treatment of tuberculosis of its date in the country; that the size of the complex was commensurate with the scope of the responsibility assumed by the City of New York in the worldwide campaign mounted at the end of the 19th century to eradicate "the white plague;" that the building complex, together with its careful siting, adjacent landscaping and wooded surroundings, create the total therapeutic environment believed necessary for the successful treatment of tuberculosis, its design requiring from the architect a synthesis of architectural and planning skills for which few precedents existed; that of the many public buildings designed by Raymond F. Almirall for the City of New York, Seaview Hospital was considered by him to be his most significant; and that the first successful clinical trials of the drugs which finally yielded the long-sought non-deleterious cure for tuberculosis were conducted at Seaview Hospital, further adding to its significance.

Accordingly, pursuant to the provisions of Chapter 21 (formerly Chapter 63) of the Charter of the City of New York and Chapter 8-A of the Administrative Code of the City of New York, the Landmarks Preservation Commission designates as an Historic District the New York City Farm Colony/Seaview Hospital Historic District, containing the property bounded by a line extending westerly along the northern curb line of Eastman Avenue, northerly along the eastern curb line of Colonial Avenue, westerly along the northern curb line of Steers Street, northerly along the eastern curb line of Forest Hill

Road, easterly along the southern curb line of Walcott Avenue, northerly and easterly along the eastern and southern curb lines of Brielle Avenue, southerly approximately 725 feet along the fence enclosing the Susan B. Wagner High School site, easterly approximately 860 feet along the fence enclosing the Susan B. Wagner High School site, southerly along the western curb line of Manor Road, and westerly along the northern curb line of Rockland Avenue, to the point of beginning, Staten Island.