

NEW JERSEY STATE TUBERCULOSIS SANATORIUM
(New Jersey Hospital for Chest Diseases)
(Garrett W. Hagedorn Gero-Psychiatric Hospital)
Sanatorium Road, 1 mile east of the intersection
of Main Street and Sanatorium Road)
Glen Gardner vicinity
Hunterdon County
New Jersey

HABS No. NJ-1230

HABS
NJ
10-G.L.G.A.V,
1-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
Northeast Region
Philadelphia Support Office
U.S. Custom House
200 Chestnut Street
Philadelphia, P.A. 19106

HISTORIC AMERICAN BUILDINGS SURVEY
NEW JERSEY STATE TUBERCULOSIS SANATORIUM
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Location: Sanatorium Road, 1 mile east of the intersection of Main Street and
Sanatorium Road, Glen Gardner vicinity, Hunterdon County, New Jersey

USGS Quadrangle: High Bridge, New Jersey
Universal Transverse Mercator Coordinates: 18.506640.4504360

Present Owner: State of New Jersey

Present Occupant State of New Jersey

Present Use: Gero-psychiatric facility.

Significance: The New Jersey State Sanatorium is an excellent example of a typical state sanatorium because it contains all of the textbook design features considered essential by experts of the day. Thomas Spees Carrington published *Tuberculosis Hospital and Sanatorium Construction* in 1911. This book was considered the definitive source of sanatorium construction through the 1920s. The sanatorium contains nearly all of the features Carrington presents as essential. The New Jersey State Sanatorium is significant at the local, state and national levels as a nearly intact example of the physical environment in which tuberculosis patients resided for the duration of their treatment.

PART I: HISTORICAL INFORMATION

A. HISTORIC CONTEXT

1. History of Tuberculosis Sanatorium Treatment

The word "sanatorium" derives from the Latin word "sanare," meaning "to heal," and thus, means "a place of healing." In 1840, Silesian physicist Gustav Brehmer observed that tuberculosis rarely occurred at altitudes above 1,600 feet and he reasoned that the thinner air made the body healthier because it forced the heart to work harder, which, in turn, forced the lungs to work harder, making them more resistant to the disease. In 1859, Brehmer opened the first modern tuberculosis sanatorium in Gobersdorf, Prussia. He theorized that the invigorating altitude, accompanied by sizable portions of food and graded exercise through landscaped grounds, were the key elements toward a successful cure. A farm was located within the large complex of buildings, as was Brehmer's private residence. In spite of the lack of proven medical fact behind these theories, Brehmer's patients flourished. The medical practice took notice, and even though his theories would never be scientifically proven, the key features of 20th century tuberculosis sanatorium construction were already imprinted in the minds of facility planners, who were to be unswayed in their practice of these theories. Rural mountain-top locations, abundant meals, mild exercise of walking by patients through the landscaped grounds, the sanatorium as a complex of structures, and the private residence of the medical director were key features in the construction of the New Jersey State Tuberculosis Sanatorium, and in innumerable sanatoria throughout the United States.

Peter Dettweiler, Brehmer's student, revised his teacher's theory on exercise, and by 1900 provided the modern treatment of tuberculosis with the rest cure practiced throughout the 20th century (Caldwell: 69). Dettweiler believed that the tubercular patient was a "physical and nervous weakling and needs more rest than one ordinarily takes. Accordingly, his routine, what he called 'permanent or continuous fresh air treatment,' requires residents to sit outside for most of the day in reclining chairs...on protected verandas. In this way, they breathed 'pure air' while sheltered from the rain, wind, and snow" (Rothman:195). Additionally, Dettweiler determined that close monitoring of patients by doctors was essential to reaching a cure.

The American sanatorium movement is attributed to Dr. Edward Trudeau who, in the advanced stages of the disease, retired to Saranac Lake, New York. After living in the open air for several years, his condition improved considerably. In 1882, Robert Koch discovered the tubercle bacillus, leading to hope for the control of the disease. Following Koch's discovery and his own remarkable improvement, Trudeau soon opened "Little Red," a small cottage sanatorium at Saranac Lake in 1884. Trudeau's experiment soon indicated that fresh air, rest, and good

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nutrition could assist in the cure, or arrest, of tuberculosis, and private sanatoria began to appear in the United States.

Despite Trudeau's prominence in United States sanatorium history, he did not create the first tuberculosis sanatorium in the United States. The first tuberculosis sanatorium was established as the Mountain Sanatorium for Pulmonary Diseases in Asheville, North Carolina in 1875, nine years before Trudeau's at Saranac Lake. Little is known about this sanatorium (Caldwell: 73; Myers: 21). The first municipal sanatorium was established in Cincinnati in 1893 and the first state sanatorium opened in 1898 in Rutland, Massachusetts. Treatment of tuberculosis was common practice from 1907-1960, which can be referred to as the sanatorium era.

Dr. Paul Kretzschmar, a student of Dettweiler's, presented Dettweiler's ideas to his American colleagues in 1888 and 1889 and introduced the theory of the physician as the key to curing tuberculosis by providing knowledge of how the bacilli spread. Even though the regimen itself still lacked scientific basis, the physician became the controller of the patient's daily life. It was believed that adherence to the regimen would produce cures, and that the patient himself could not be entrusted to adhere to the regimen (Rothman: 197). This belief marked the progression from the autonomous individual taking a rest cure at a sanatorium to the passive patient following the regimen administered by the physician. In the face of little scientific fact to understand why the disease behaved as it did, the regimen *became* the cure.

At that time, doctors did not have much scientific evidence that could aid them in arresting the disease. "Tuberculosis was at best an unpredictable disease. ... Once a diagnosis was made, the prognosis was equally uncertain ... The emphasis on method was thus a reaction to this uncertainty. [The method] ... was not so much a direct treatment as a giant, living metaphor of order, erected in the face of the unpredictable..." (Caldwell: 78-79). Method was instilled through regimented schedules, open-air rest, abundant food, and the sacrificing of personal privacy for the community welfare. As described in a pamphlet entitled *Gleanings from Twelve Years' Constant Residence in a Sanatorium for the Treatment of Pulmonary Tuberculosis*, "there is no disease requiring more persistent care, more absolute, perfect control. Every detail in the patient's life should be under constant observation" (Caldwell: 87).

A relentless optimism in the open-air cure, faith in the doctors, and the importance of the sanatorium community were important above all else. For sanatorium inpatients through the 1920s, the routine was the totality of the cure, not relying on machinery or drugs, or medically proven practices. This was in contrast to the acceptance of technology in contemporary traditional hospital settings. "Though emphases differed, the very similarity of the regimen from hospital to hospital and state to state inspired solidarity: meals, the rituals of weekly weighing and temperature taking, the issuing and handing in of sputum cups, the alternation of rest hours with periods of limited but gradually increasing activity -- all remained the hallmark of the sanatorium" (Caldwell: 121). The importance of the regimen was presented to patients on the day of

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admission, often in the form of a pamphlet or a contract. In the booklet entitled *Instructions and Information for Patients* at the Metropolitan Life Insurance Company Sanatorium in Mount McGregor, New York in 1942, the process was outlined:

The process of the 'cure' in tuberculosis...depends largely on your own body tissues, and the nursing and medical care which you receive are designed to strengthen your body's fight against the disease. Hence the need for rules and a daily routine. The rules and the routine by which you will live here are designed to help you, as a patient, to get well as promptly as possible, and to indicate how you ... can contribute to the common good of the group living at the Sanatorium and make our life together friendly, considerate, and free from needless worry" (in Caldwell: 67).

In the early years of the 20th century, open-air facilities were promoted, often to extremes. Patients considered "improvable" were housed in tents or "shacks" on the grounds, year-round. Temperatures in the tents in the winter could plummet to between 20 and 30 degrees (Easton:402). One account reports that women in one particular shack who endured such temperatures "improved in health and enjoyed themselves" (Easton:402). Those in the group who declined in health were explained as being "probably unsuitable cases to begin with" and were returned to an enclosed building (Easton:402).

With regard to open-air rest, doctors were unable to specify "how fresh air helps the consumptive: rather [the doctor] devotes his arguments to proving it harmless and easy for the patients to endure. Its beneficial effects were taken for granted, even by physicians who were, in bacteriological matters, hardheaded empiricists... Yet once it took root, this enthusiasm was to persist, though it was emphasized less strenuously as time went on" (Caldwell: 77). The value attributed to open air rest was integrated into the physical design of sanatorium buildings. Sitting out in the cold helped alleviate some of the tedium of the rest cure. "Although it immobilized you underneath layers of rugs and blankets..., it also confronted you with a challenge, made you feel you were facing down the elements, living with a vitality and a pioneering spirit unknown to the dwellers in the overheated rooms of the city" (Caldwell: 77). By the 1920s, surgery became the preferred course of treatment for the disease, although open-air treatment would remain an important factor in treatment of all patients.

2. Social Organization Against Tuberculosis and Creation of the New Jersey State Sanatorium

The social impetus behind creation of these sanatoria was part of the turn-of-the-century concern about public well-being. Despite this enthusiasm, the mortality rates for tuberculosis had peaked in 1840, sixty years earlier (Caldwell: 246). "A generation of physicians, social reformers, and philanthropists were convinced that confining the tubercular in these facilities would promote not

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only societal well-being by isolating those with the disease but also individual well-being by implementing a therapeutic regimen" (Rothman: 194).

In New Jersey the campaign against the tuberculosis began in earnest with a report by the State Charities Aid Association in 1901, which criticized the casting aside of the tubercular into almshouses (Cowen: 118) and sought to provide appropriate treatment for the disease. In the ensuing years, "the combined efforts of this Association, the Medical Society, the State Sanitary Association, and the press, procured favorable legislation, and finally the necessary appropriation (1904) for the establishment of a State Sanatorium" (Cowen: 118). In 1907 the State of New Jersey opened the facilities at Glen Gardner. This facility was the only sanatorium owned and operated by the State of New Jersey.

In 1906 the New Jersey Association for the Relief and Prevention of Tuberculosis (later the New Jersey Tuberculosis League) was established and in 1910 it facilitated enabling legislation that permitted the counties to establish tuberculosis sanatoria, and, in 1912, mandated the counties to do so (Cowen:118). The legislation also permitted the "hospitalization of careless patients by court commitment when violation of the rules of the State Board of Health was substantiated" (N.J. Tuberculosis League: 29).

The Glen Gardner sanatorium was intended to be a model institution, "largely educational in character, which would give a practical demonstration of up-to-date methods of treating ... tuberculosis," (*Legislative Manual* 1910: 119) providing individual and public health benefits. The sanatorium was expected to handle about 500 cases annually and "to arrest the disease in its incipient stage and discharge the patient in such condition that, with the aid of the instruction he receives while at the institution, he may be reasonably certain of being able to effect his own cure" (*Legislative Manual* 1910: 119).

From 1907 to 1929, 10,313 patients were treated at the state tuberculosis sanatorium, with an average of 600 patients per year reported in 1929 (*Legislative Manual* 1929: 100). By the 1920s, the sanatorium's mission was broadened and the effects of long-term care assessed. Even though the original intention of the institution was to treat "incipients, or 'curables,'" the scope was broadened to incorporate cases in all levels of severity, in light of the advanced stages of some patients' cases at the institution at that time (Pattison: 82). The patients' well-being, not limited to the purely physical, was of concern and social services were created. By 1929 the Department of Diversional and Occupational Therapy and the Social Service Department had been established at the State Sanatorium. The Diversional and Occupational Therapy Department worked to keep the patients occupied, which ultimately reduced stress and assisted in the cure. The Social Service Department tracked the success rate of patient treatment (*Legislative Manual* 1929: 100-101) and worked to alleviate the economic and social pressures that made the patients return to their homes before they were cured (Frankel: 4).

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According to the American Medical Association, by 1935 there were 471 full tuberculosis sanatoria, 418 tuberculosis departments in general hospitals, and a total of 95,198 beds available for the treatment of tuberculosis (Caldwell: 91) in the United States. In addition to the municipal, county, and state sanatoria, there were numerous private sanatoria, as well as sanatoria sponsored by corporations for the treatment of their employees, such as Metropolitan Life Insurance and the Standard Oil Company (Caldwell:91).

Sanatorium treatment of tuberculosis remained relatively unchanged until the development of streptomycin at Rutgers University in the 1940s, which was in general use by 1953 (Caldwell: 247). The discovery of other drugs followed and the desire for isolation hospitals began to diminish, despite the fact that the new drugs only played a part in the cure. Bed rest, good nutrition, and isolation at a sanatorium were still important in the cure, but the public interpretation of the disease had shifted. Sending patients away from their homes for treatment was no longer desirable when a cure from ingesting a pill appeared possible. It was true that mortality rates from tuberculosis had declined by the 1960s; however, the morbidity rates were rising (Johnson: 178). Nevertheless, public interpretation had shifted and the sanatorium cure was losing popularity. "By the early 1960s, tuberculosis institutions remained in nine New Jersey counties; general hospitals or the state sanatorium... handled patients from counties without specific facilities. A number of the former tuberculosis hospitals were converted to service a wide range of illnesses once the concept of isolation become obsolete" (Bzdak: 3). By the 1960s, sanatoria nationwide were closing their doors at a rapid rate. The sanatorium era had ended. From 1907 to 1960, a total of 21,874 patients had been discharged from the state sanatorium: 16,862 were first admissions with a residence of more than 30 days, and of these, 4,353 were discharged between 1940 and 1960 (*Legislative Manual* 1960: 127). Bed capacity in 1960 was 335, more than two and two-thirds times the capacity when the facility opened in 1907 (*Legislative Manual* 1960: 126).

The conversion of the state sanatorium into a geriatric facility was a typical outcome for tuberculosis sanatoria nationwide, as the remaining sanatorium population by the 1960s were elderly. Younger adults had returned to their homes and jobs and were treated with the new drugs to cure their tuberculosis. The elderly had often been at the sanatoria for decades and had effectively made them their homes. With no jobs or homes to which to return, the elderly remained at the renamed sanatoria for the duration of their lives. Other sanatoria became schools or minimum-security prisons (Caldwell: 14) or were abandoned.

3. Sanatorium Design

Sanatorium design is remarkably similar throughout the lifespan of the sanatorium era. There are specific siting considerations and basic types of sanatorium buildings, presented by Carrington in his 1911 book, *Tuberculosis Hospital and Sanatorium Construction*. This book was widely cited as the sourcebook for sanatorium design. Carrington provided information on a wide scale, from

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the siting of buildings over hundreds of acres to small details regarding furnishings. He provided expected construction costs and building programs, as well as recommended necessary furnishings and machinery, down to potato planters and hand carts for the farm outfit. Carrington believed that sanatoria should be as self-sufficient as possible, with farms on the premises to provide food for the patients and employees.

The sample state sanatorium appropriations Carrington provides exactly fit those actually built in the initial construction of the Glen Gardner facility, and later construction at the sanatorium also fits within Carrington's guidelines. The original appropriations were: an Administration Building separated from the wards; four lean-tos; two wards for advanced cases; a power house and heating plant; and a sewage disposal plant (Carrington:15). Carrington called for a distinction between standard hospital design and sanatorium design. The major distinction was the availability of fresh air through windows in all rooms, and specifically, the sleeping out-of-doors on open-air porches (Carrington: 15).

Site and Grouping

Factors Carrington presented as preferences toward sanatorium siting, (Carrington: 18-19) all of which were in place at the New Jersey State Sanatorium, are:

- location in "open country"
- proximity to transportation facilities to provide access to supplies and to patients and their visitors. A railroad station was located in Glen Gardner.
- land from twenty to 200 acres that includes forest, orchard, and land that can be cultivated.
- good water supply; in non-urban areas a running stream of clear water.
- a preferred southern exposure
- "natural attractions" to help amuse patients and make them content. An example of an attraction is a sloping, rolling, or hilly piece of land, forest, lake or stream.

In his book, Carrington went on to present case studies of sanatoria throughout the United States. What is striking are the common forms that these sanatoria share: stucco, red tile roofs, masonry construction of hollow-core terra cotta tile, Spanish Mission-style, central administration buildings with flanking pavilions, location on the south side of a slope or mountainside overlooking a valley, and placement of buildings on a north/south grid.

Carrington also made recommendations regarding the programming and in which type of building particular activities and duties should be housed. Those that follow are present at the New Jersey State Sanatorium:

- A separate service building to contain dining room and kitchen; (p. 42)
- An amusement or recreation building; (p.42)

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- A separate power house; (p.45)
- A separate laundry building; (p. 48)
- Greenhouse for vegetables, heated by excess steam through the winter; (p. 51)
- Garages, Barns, and Farm; (p. 51)

Sanatorium design issues continued to concern architects and facility planners into the 1920s, and the professional journals reflect this interest. Sanatorium designs continued to be extremely similar nationwide, which can be attributed to the extensive literature that was available at that time. Magazine articles in the 1920s in *Pencil Points* and *Architectural Review*, as well as numerous books containing modern hospital construction, demonstrated specific plans and requirements of such buildings and sites. Additionally, the National Tuberculosis Association established in 1920 maintained an Institutional Construction Advisory Service based in New York City, which served as a consultant to architects or agencies in need of design assistance (Kidner, "Sanatoria...": 8). The Service "with its files of blueprints, is freely at the disposal of anyone who is concerned with problems of the planning and equipment of structures to accommodate any and all of the various types of patients found in institutions for the treatment of tuberculosis" (Kidner, "A Small Children's Building": 2). The Service would also critique drawings and plans free of charge (Kidner, "The Planning...": 1).

As sanatoria construction increased through the 1920s, the comfort of patients was reassessed. The early facilities for tuberculosis treatments, including those at Saranac Lake, were lean-to shacks of flimsy, often canvas and frame, construction. A small, center heated area, with two flanking lean-to wings was the standard building in which patients would recuperate year-round. By the 1920s, housing patients in the outdoor shacks was no longer seen as the only option, but as a complement to "modern, *comfortable*, [italics his] quarters" (Kidner, "Sanatoria...": 1). Additionally, the term "pavilion" began to replace "shack" as the title for these crude structures (Kidner, "Sanatoria...": 1).

The psychological effects of patients' long-term stays at sanatoria became apparent after two decades of sanatorium treatment, and attempts to mitigate the patients' boredom and lack of freedom were made through manipulation of the physical environment. Designers did turn to "exotic" architectural styles such as the Mission style but more often sought the familiarity and comfort of the period revival styles popular at that time: Neoclassical, Colonial Revival and Mediterranean Revival. For the typical patient who would be tucked into a cot and placed on a porch every day, all day, any variation in the landscape would be a welcome diversion. The New Jersey Tuberculosis Association report of 1921 emphasized this feature. "Beautification of grounds is particularly important for a tuberculosis sanatorium where the period of treatment is prolonged, and the psychic influences potent" (Pattison, 1922: 22). Walkways with railings, extensive plantings, and placement of buildings to achieve commanding views were part of this plan.

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B. HISTORY OF THE NEW JERSEY STATE TUBERCULOSIS SANATORIUM

1. Initial Planning and Development

After the legislature passed the bill in 1902 authorizing construction of a state sanatorium, the governor appointed Dr. Charles Kipp of Newark as president of the managers who were to oversee construction (Leiby: 123). Original construction costs were approximately \$300,000 (*Legislative Manual* 1910: 119). Dr. S.B. English was appointed Medical Superintendent upon the opening of the sanatorium in August 1907 (*Legislative Manual* 1929: 99, N.J. Tuberculosis League: 28) and was succeeded by Joseph A. Smith in 1947 (*Legislative Manual* 1960: 126).

The site is on a slope of a mountain approximately 950 feet above sea level, known as Mt. Kipp, on approximately 500 acres acquired by the state. The slope was cut away and leveled for construction of the buildings (*Legislative Manual* 1910: 118). The site was described in 1910: "toward the south the view is one of the most magnificent and picturesque in the whole state. A vivid panorama of the fertile Lebanon and Clinton Valleys spreads itself before the eye and the rolling country stretches far over to the Sourland Range of mountains in which are located the towns of Flemington and Ringoes. In the distance, the South Branch of the Raritan River seems like a thin silver ribbon, and no matter which way the eye turns some new and charming vista is encountered" (*Legislative Manual* 1910: 118).

The complex originally consisted of a service building (No. 13 on the site plan), administration building (No. 16), and east and west wards (Nos. 18 and 19), all constructed of stuccoed field stone and plastered on the interior. The service building (84' x 110') contained the boiler room, electric plant, and engine room, dining hall, kitchen, storerooms, and doctors', employees', linen and sterilizing rooms. The ward building (32' x 150') could comfortably accommodate 125 patients. The administration building measured 52' x 120'. All of the buildings were constructed so that later additions could be easily made (*Legislative Manual* 1910: 118).

The architect for this initial construction was George B. Post and Sons of New York City (Kidner, "Sanatoria": n.p.). Post (1837-1913) was a noted designer of large city hotels, businesses and commercial structures in New York City. A native of New York City, he studied civil engineering at New York University and studied architecture in R. M. Hunt's atelier [studio] in New York City for two years. Except for a brief partnership in 1860 with a fellow student, Post practiced under his own name for the next forty-four years, primarily in New York City. His commissions during that time included the Williamsburg Savings Bank, the first Times building on Park Row, the Cornelius Vanderbilt house on Fifth Avenue, and the first plan for the College of the City of New York. He also designed the Manufacturers' and Liberal Arts Building for the World's Columbian Exposition in Chicago in 1893. In 1904 he formed a partnership with his two sons, who had worked in his office from the beginning of their careers. This partnership was

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responsible for the design of the New York Stock Exchange, the Wisconsin State Capitol and the main office and branch buildings of the Cleveland Trust Company. It is unknown whether the Glen Gardner facility was the only tuberculosis sanatorium constructed by the firm.

2. Changes in Site

An account of a 1921 site visit by National Tuberculosis Association representatives states: "The institution is delightfully located on 500 acres of ground, at an altitude of 900 feet above sea level. On elevated ground, but protected to the north, there is a southern exposure with beautiful outlook. The immediate grounds about the buildings, however, are lacking in planting and sodding" (Pattison: 22-23) which was considered important to the patients' overall psychological health during their prolonged stays. The account continues,

"the normal bed capacity of 280 has been reduced to 246 because some beds must be utilized for employees, and one wing of a pavilion is devoted to occupational therapy. The main building comprises the administration department, and two large wings with 52 beds in each... A two-story infirmary building (No. 15) of concrete construction provides 13 beds on each floor... There are also four ward buildings of the 'lean-to' type (Demolished). One, the earliest addition, provides for 24 men. The new east pavilion provides 40 beds for men. A third pavilion offers accommodation in one wing for 18 women. The other wing is being used as a craft shop. A fourth pavilion, comprising two wings, one on each side of the customary central recreation, lavatory and two bath rooms, provides accommodation for 46 boys and girls. Over the central portion is a well-arranged but inadequate school room with windows on three sides. The Service Building (No. 13) contains a large dining room, serving room, and kitchen, bakery, butcher shop and pasteurizing plant... The laundry, ironing room and sterilizer occupy part of the second floor, while over the dining room are bedrooms for the nurses. A two-story building for 16 of the help has recently been erected (Demolished). There is provided in this building a recreation room with pool table. Even with this addition there are but 55 bedrooms to care for 100 to 105 employees. Some of these are patients, or ex-patients under medical supervision, receiving pay for their services. Some of them sleep in wards with the regularly enrolled patients. A splendid power house and garage are ... recent acquisitions... (Nos. 22 and 23) [The power house] is a first class installation.... The plant is sufficiently large to meet the needs of a considerably expanded institution... [A] residence has been planned and provided for [steward and the engineer] (No. 3). This is ... important, since as fire chief, his absence from the grounds after 9 p.m. constitutes a distinct fire hazard. A substantial residence has been provided for the medical director (No. 27). There are fairly satisfactory, but insufficient quarters for medical assistants in the administration building" (Pattison: 22-23).

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The association reported that there was a reservoir, located 100 feet higher than the sanatorium, with 150,000 gallons capacity, for fire use (Pattison: 24). They state that there was insufficient time to inspect either the farm or the sewage disposal plant.

An undated photograph of most of the complex (New Jersey State Archives: n.d.), ca. 1926-1929, depicts buildings that are no longer extant. The long "shack" buildings with center enclosures are visible: two north of the infirmary and two in the current location of East Hall, the infirmary of recent construction. An additional, unidentified building is located beside the engineering office, which may be the two-story dormitory building for sixteen employees mentioned in 1921. A structure appears in nearly the same location in a 1921 Sanborn Atlas. The schoolhouse is not apparent. A tennis court is visible beside the director's house.

By 1929, the Children's Unit (HABS No. NJ-1230-A), a Nurses Home (No. 8), the Engineering Office/Canteen (No.9), and the Employee Dormitory (HABS No. NJ-1230-B) had been added. A third story had been added to the Administration Building for additional offices, clinic rooms, and staff quarters and the Infirmary had been enlarged to take care of 326 male and female patients as well as 114 children. In 1929 a Recreation Building (No. 17) was under construction behind the Administration Building to be used for movies and other activities and the 250,000 gallon water tank had been constructed (*Legislative Manual* 1929: 99). A 1929 account presents a total outlay of \$2,500,000 for sanatorium construction costs. The Schoolhouse (No. 6) was constructed soon thereafter. The complex was described in 1939 as being a grouping of yellow and gray stucco two-story buildings with red metal roofs (Federal Writers' Project: 534).

Due to the treatment of tuberculosis with drugs beginning in the 1940s, the open air porches were no longer essential and at many facilities the porches were enclosed. The porches on the current Administration Building were enclosed to create additional rooms for the wards. In 1950 the sanatorium's charge was expanded from only tuberculosis to all chest diseases and the facility's name was changed to the New Jersey Hospital for Chest Diseases ("Toward": 78). In the 1960s, the county sanatoria in New Jersey closed and remaining patients were transferred to the state facility at Glen Gardner. By 1960 an estimated \$3,000,000 had been spent on sanatorium construction costs (*Legislative Manual* 1960:100). In 1977, the facility was converted into a state-sponsored nursing home, and renamed the Garrett W. Hagedorn Gero-Psychiatric Hospital. The employee dormitory and the children's unit were abandoned in that year.

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PART II: DESCRIPTIVE INFORMATION

A. PHYSICAL CHARACTER OF THE SITE AND ITS RELATIONSHIP TO THE SURROUNDING ENVIRONMENT (1996)

The twenty-five buildings that comprise the present gero-psychiatric hospital represent numerous stages in the growth of the site as a tuberculosis sanatorium and hospital complex. The buildings are located on the southern slope of Mt. Kipp at an elevation of 900 feet above sea level, approximately two miles east of the village of Glen Gardner. Sanatorium Road leads eastward out of the village of Glen Gardner and winds up the rear face of Mt. Kipp through a wooded area. As one enters the campus, the road levels out and turns southward, the trees begin to clear, and the Lebanon and Clinton valleys fill the view. The site is dominated by the commanding view and the mountains to the west that reach to the Delaware Water Gap, with little construction to block the rural view.

Despite the relative proximity to Glen Gardner, the mood of the campus is isolated and insular, and the design quite different from the clustered vernacular eighteenth- and nineteenth-century frame and stone houses in neighboring villages in the county. The high-style Mission-style buildings are out of place in this rural location, further giving the campus a quality of being a place unto itself, and out of context with the environment outside the campus.

B. PHYSICAL DESCRIPTION OF THE COMPLEX

The northernmost buildings along Pavilion Road are tucked into the hillside and are surrounded by trees. These buildings represent the 1920s construction at the sanatorium. The central buildings, anchored by the Administration Building, are located in a grassy clearing that reaches southward. These buildings include the vacant Infirmary, Wards A through D, the Training Center (former Director's residence), the recently-constructed East Hall, and the Powerhouse, Laundry and Garages. Within this cleared area, two nineteenth century stone farmhouses are also located, assimilated into the original sanatorium. Single-story farm buildings, remnants of the functioning farm that existed here during the sanatorium era, remain downslope from the Administration Building. East of the central buildings and down a very steep slope is the water plant beside Rocky Run Creek. White-tailed deer roam the complex, reminiscent of the goats that roamed the hills in the 1920s.

All of the buildings are oriented toward the south, as was typical of sanatorium construction, and are located on the southern exposure of the mountain. The central area is grassy with minimal landscaping. The upper area, the site of the Children's Unit and Employee Building, is wooded and shows remnants of terraced planting beds, now overgrown.

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The Administration Building, Wards A-D, and the Service Building comprise the original sanatorium complex (Nos. 13, 16, 18, 19 on site plan). These structures are constructed in the Mission Style popular in the early years of the 20th century. The structures have hipped roofs and are constructed of stuccoed fieldstone. The buildings are constructed in the pavilion form, with wings projecting from a center pavilion. Two-story enclosed porches line the ward buildings, belying their early use as open screened porches. The Administration Building and the Ward buildings serve as the core of the campus, their prominence due to the central location among the other structures, as well as the visible location on the terraced portion of the mountainside. All other buildings are situated on the periphery of this core.

The Medical Director's residence (No. 27), the Infirmary (No. 15) and support buildings (Nos. 9, 17, 22, 23) are located on this periphery and are also designed in the Mission style. Two nineteenth-century stone farmhouses are located on the campus and pre-existed the sanatorium. The most recent addition to the complex is East Hall, a three-story minimalist brick building, of recent construction. All of the above buildings are located in the grassy central area.

A second tier of structures is located upslope along Pavilion Road. The Double Cottage (No. 3), the former Engineer's and Steward's residence, is a two-family tudor-style masonry dwelling with a jerkinhead roof. The Freedom House building (No. 8) is the former nurse's residence and is a two-story masonry structure in a V-plan with a three-story campanile-style tower. The Employee Dormitory (HABS No. NJ-1230-B) and the Children's Unit (HABS No. NJ-1230-A) are located further west along Pavilion Road. (Please see HABS documentation for descriptions.) The Schoolhouse (No. 6) is located beside the Children's Unit. This single-story structure is of masonry construction and features Mission-style details. The entrance is of particular interest with a shaped parapet and fine terra cotta details.

PART III: SOURCES OF INFORMATION

A. ORIGINAL ARCHITECTURAL DRAWINGS

The location of original drawings for the original sanatorium buildings is unknown to this author. Drawings may be stored with the Division of Building Construction, State of New Jersey in Trenton, New Jersey.

B. HISTORIC VIEWS

"Glen Gardner Album," R.G. Department of Institutions and Agencies, Photo Collection Book No. 8, New Jersey State Archives, Trenton, New Jersey.

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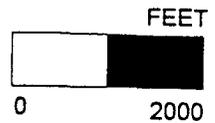
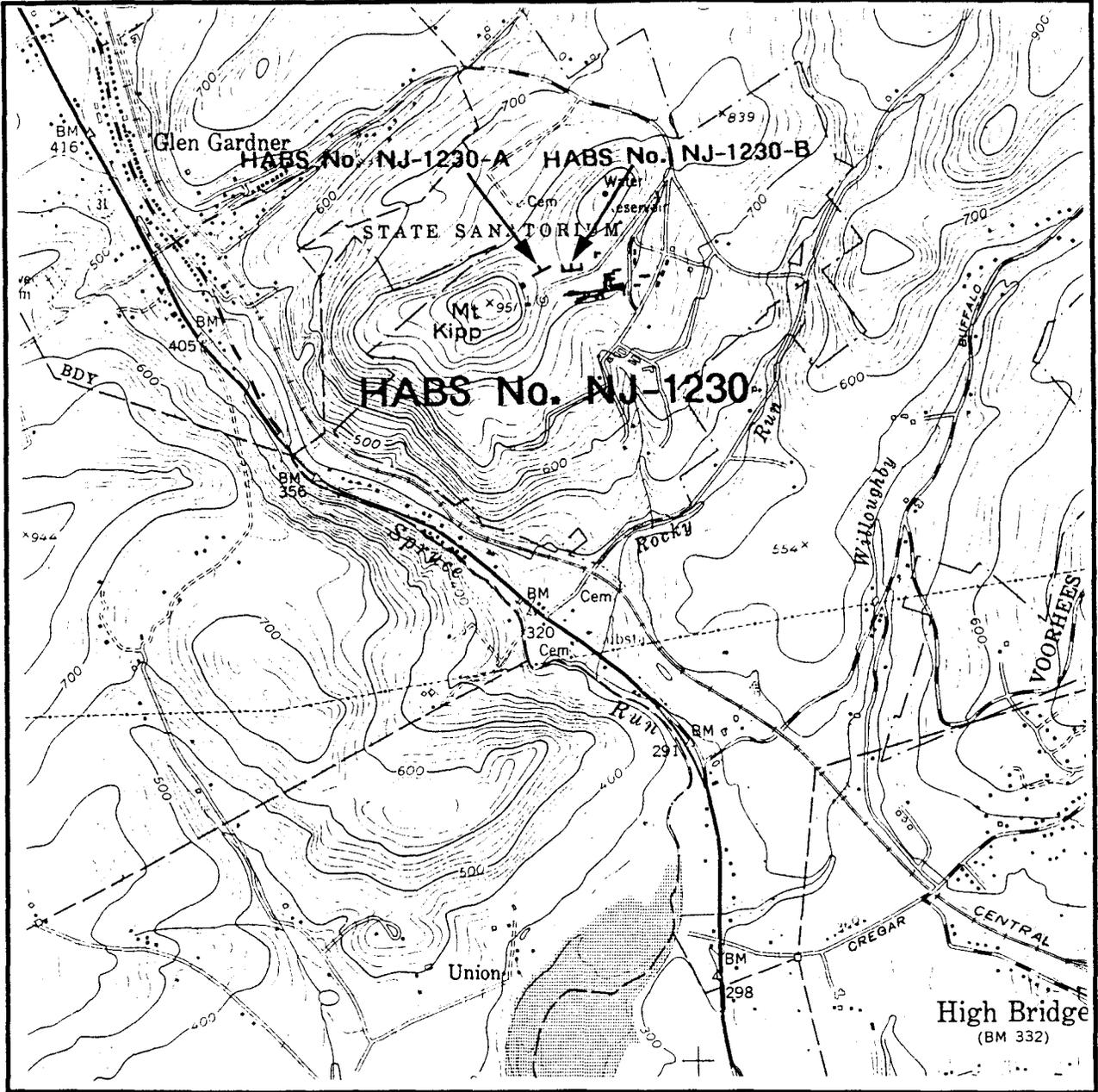
Meeting minutes, Business Office, Garrett W. Hagedorn Gero-Psychiatric Hospital.

PART IV: PROJECT INFORMATION

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

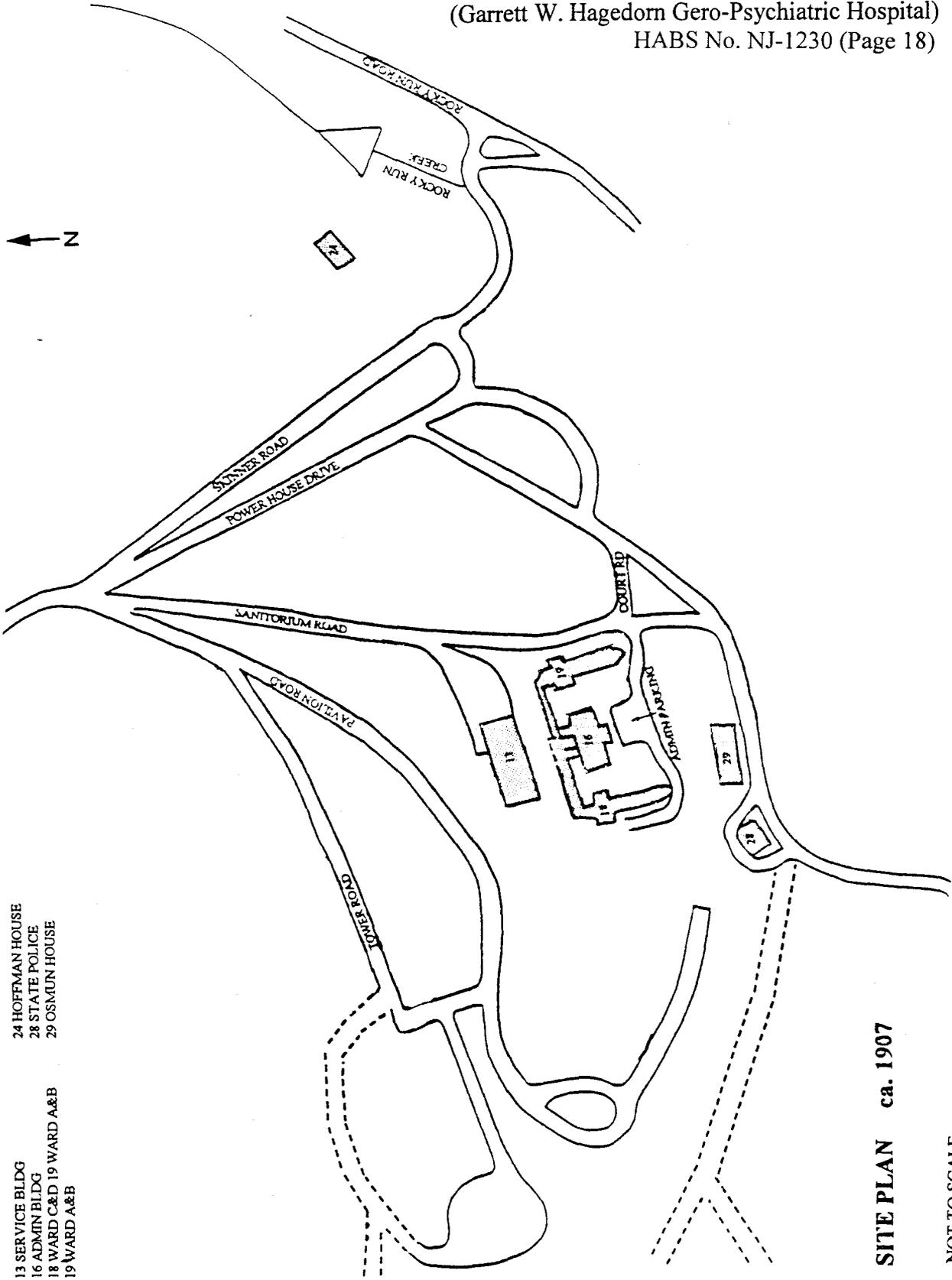
Prepared by: Stacy E. Spies
Title: Architectural Historian
Affiliation: Richard Grubb & Associates
Date: January 1997

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U.S.G.S. 7.5' Quadrangle: High Bridge, NJ. 1954 (photorevised 1970).

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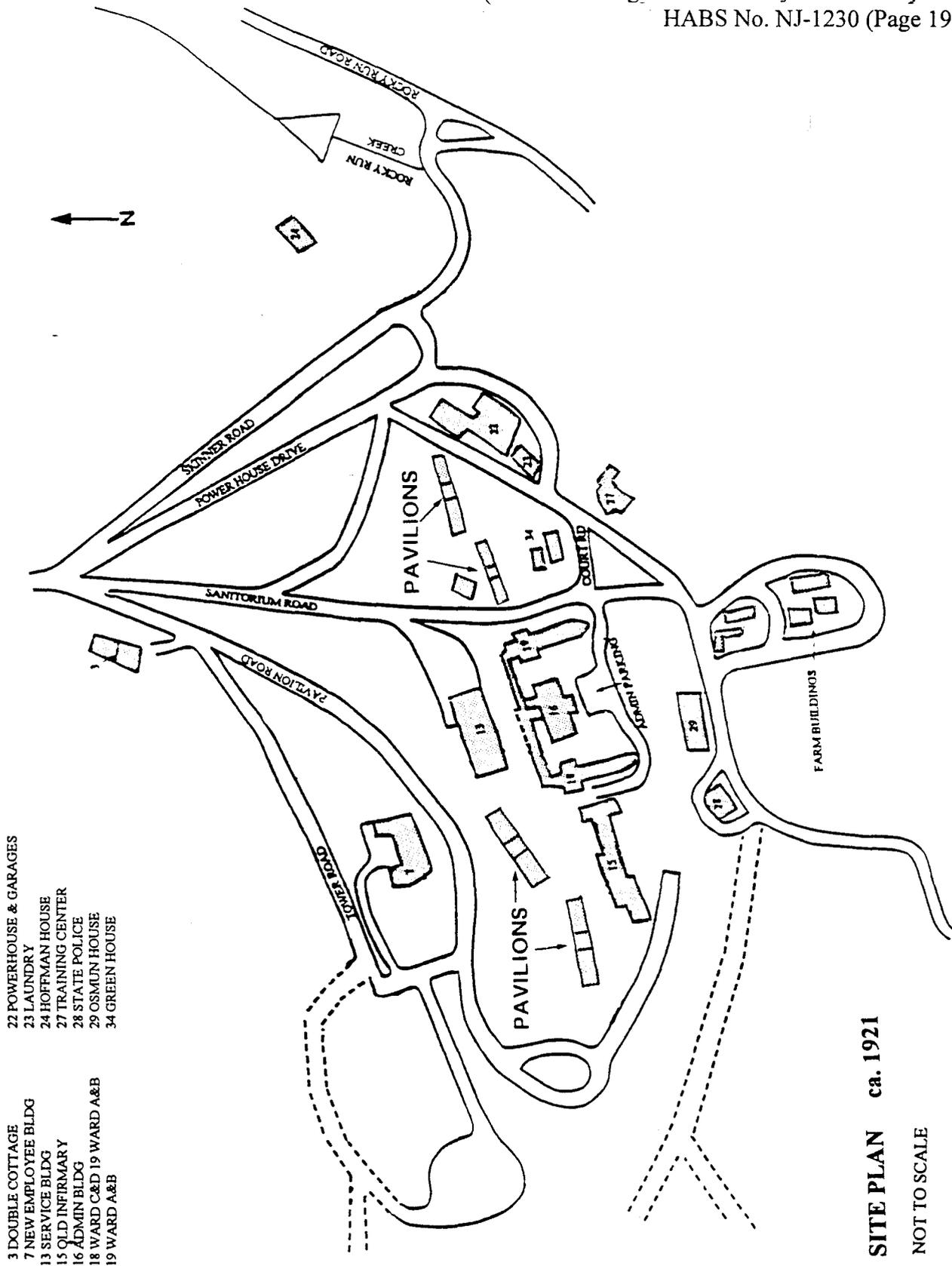


- 13 SERVICE BLDG
- 16 ADMIN BLDG
- 18 WARD C&D 19 WARD A&B
- 19 WARD A&B
- 24 HOFFMAN HOUSE
- 28 STATE POLICE
- 29 OSMUN HOUSE

SITE PLAN ca. 1907

NOT TO SCALE

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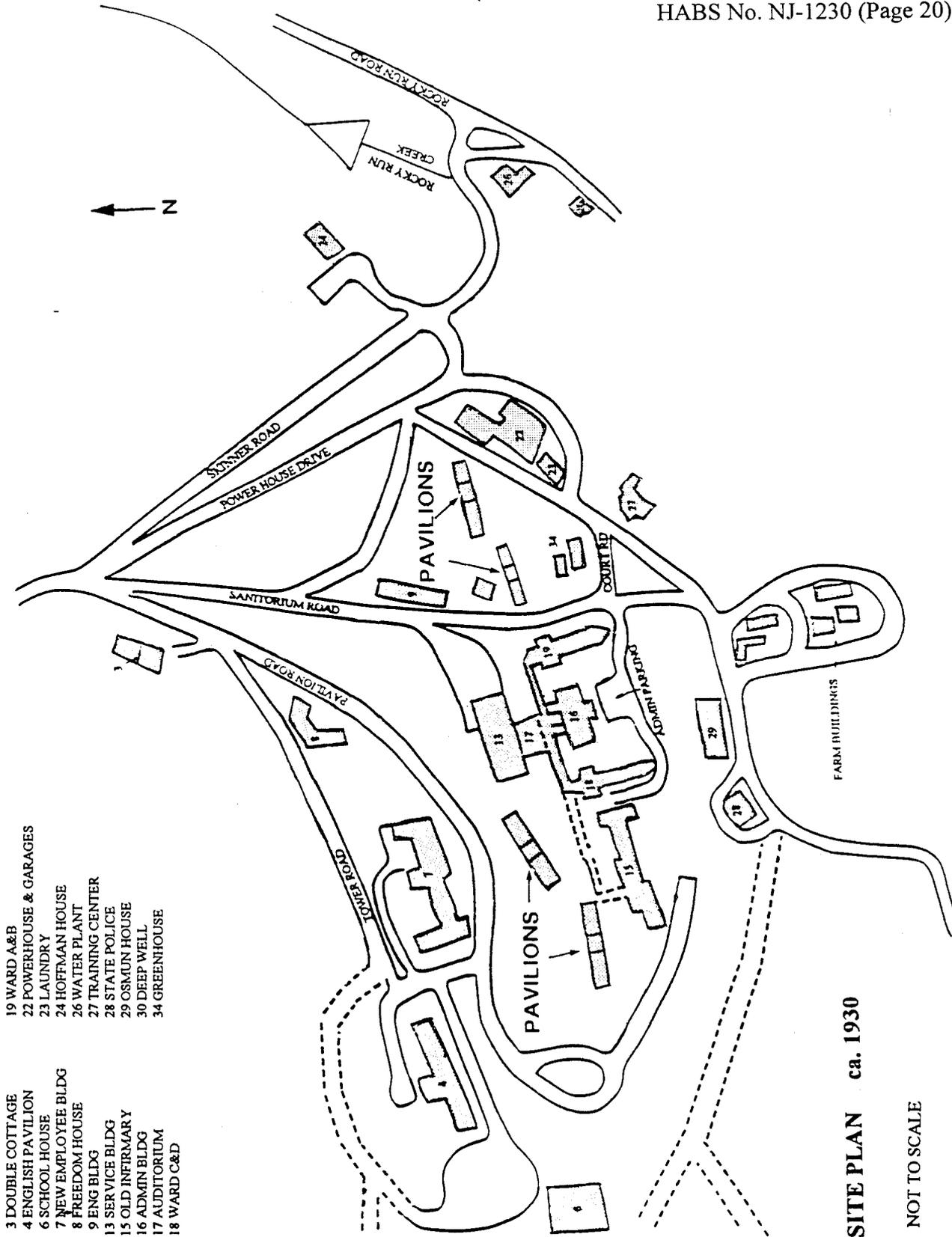
- 22 POWERHOUSE & GARAGES
- 23 LAUNDRY
- 24 HOFFMAN HOUSE
- 27 TRAINING CENTER
- 28 STATE POLICE
- 29 OSMUN HOUSE
- 34 GREEN HOUSE

- 3 DOUBLE COTTAGE
- 7 NEW EMPLOYEE BLDG
- 13 SERVICE BLDG
- 15 OLD INFRIMARY
- 16 ADMIN BLDG
- 18 WARD C&D 19 WARD A&B
- 19 WARD A&B

SITE PLAN ca. 1921

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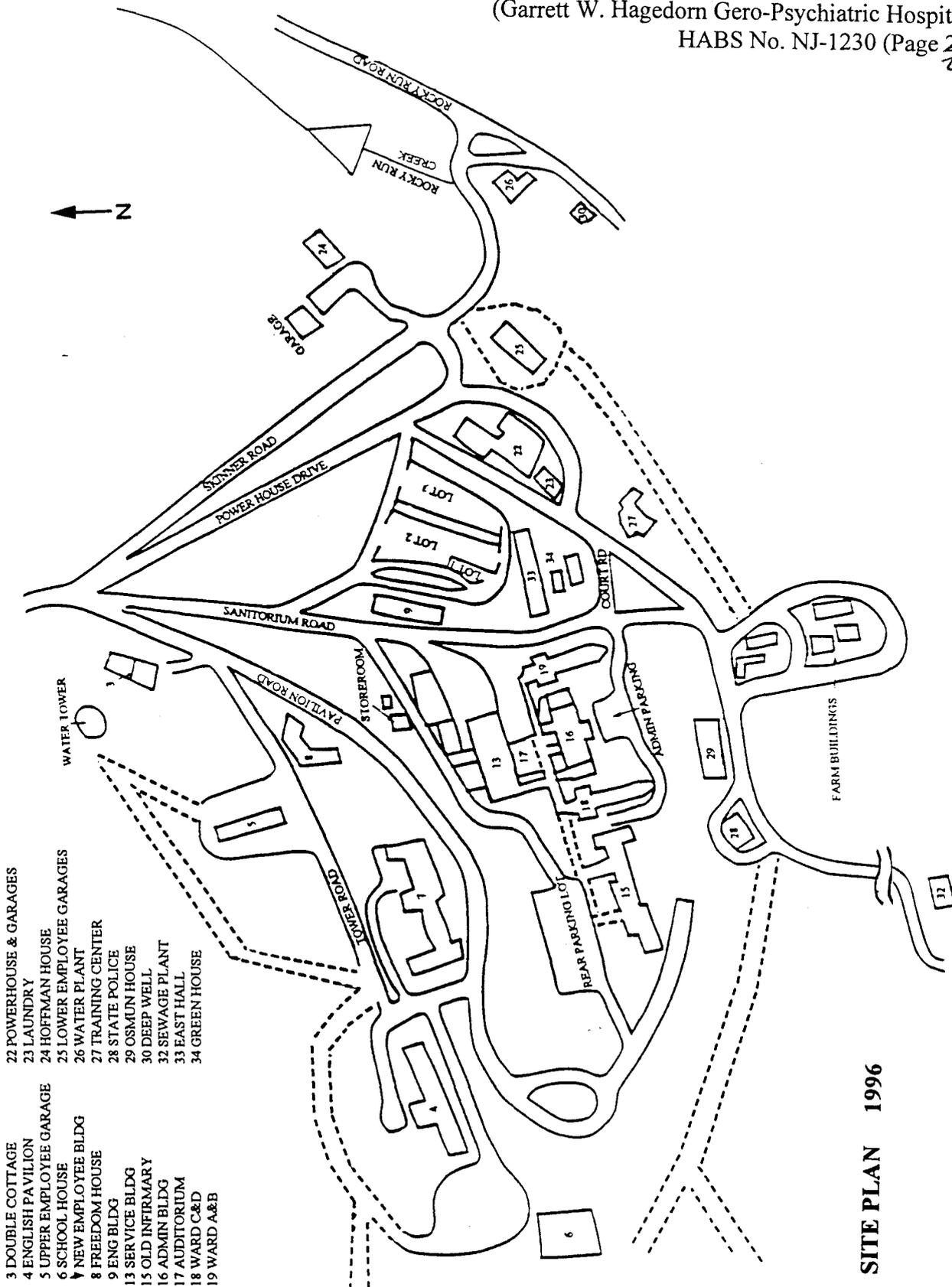
- | | |
|---------------------|-------------------------|
| 3 DOUBLE COTTAGE | 19 WARD A&B |
| 4 ENGLISH PAVILION | 22 POWERHOUSE & GARAGES |
| 6 SCHOOL HOUSE | 23 LAUNDRY |
| 7 NEW EMPLOYEE BLDG | 24 HOFFMAN HOUSE |
| 8 FREEDOM HOUSE | 26 WATER PLANT |
| 9 ENG BLDG | 27 TRAINING CENTER |
| 13 SERVICE BLDG | 28 STATE POLICE |
| 15 OLD INFIRMARY | 29 OSMUN HOUSE |
| 16 ADMIN BLDG | 30 DEEP WELL |
| 17 AUDITORIUM | 34 GREENHOUSE |
| 18 WARD C&D | |

SITE PLAN ca. 1930

NOT TO SCALE

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12



- 3 DOUBLE COTTAGE
- 4 ENGLISH PAVILION
- 5 UPPER EMPLOYEE GARAGE
- 6 SCHOOL HOUSE
- 7 NEW EMPLOYEE BLDG
- 8 FREEDOM HOUSE
- 9 ENG BLDG
- 13 SERVICE BLDG
- 15 OLD INFIRMARY
- 16 ADMIN BLDG
- 17 AUDITORIUM
- 18 WARD C&D
- 19 WARD A&B
- 22 POWERHOUSE & GARAGES
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- 24 HOFFMAN HOUSE
- 25 LOWER EMPLOYEE GARAGES
- 26 WATER PLANT
- 27 TRAINING CENTER
- 28 STATE POLICE
- 29 OSMUN HOUSE
- 30 DEEP WELL
- 32 SEWAGE PLANT
- 33 EAST HALL
- 34 GREEN HOUSE

SITE PLAN 1996

NOT TO SCALE