

NEW YORK HOSPITAL
525 East 68th Street, bounded by
York Avenue, the FDR Drive, East 68th
and 71st Streets
New York City
New York County
New York

HABS No. NY-6340

HABS
NY
31-NEYO,
180-

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

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Location:

525 East 68th Street, bounded by York Avenue, the FDR Drive, East 68th and 71st Streets, New York City, New York County, New York.

USGS Central Park Quadrangle, Universal Transverse Mercator
Coordinates: 18.588250.4512850

Present Owner:

The Society of The New York Hospital

Present Occupant:

The Society of The New York Hospital and Cornell University
Medical College

Present Use:

Teaching Hospital

Significance:

Traditionally known as The New York Hospital, this is a major 1930's high-rise medical center complex. Dominated by a central twenty-seven story tower, the assemblage of descending wings and pavilions gives the effect of a single structure. The clear functional organization of the adjoining buildings and the reflection of internal functions in the fenestration makes this complex an outstanding example of evolutionary modernist architecture (see Figures No. 1 and No. 2).

PART I: HISTORICAL INFORMATION

A. HISTORICAL CONTEXT

1. **Historical Development:** The 1993 Final Environmental Impact Statement (FEIS) for the Major Modernization Project describes the historical development of the site:

During most of the City's early history, (what was to become the upper East Side), contained a series of country estates set in a rolling, bucolic landscape. Many of the original estate houses were sited on bluffs overlooking the East River. Long before there was development activity over much of the island, the Grid Plan of 1811 was instituted, extending the street grid northward from 14th Street and subdividing these estates. Most of the early streets were completed in this portion of Manhattan by the 1850's, requiring significant grading of the original topography. At that time the development of Central Park was begun west of the combined study area, reclaiming land which had already been criss-crossed by the street grid. The principal structures in the study area were the estate buildings, which included houses, mostly of wood, together with their associated outbuildings. There were also several shantytowns scattered throughout the study area and at the river's edge.

The increased access to the waterfront created by the new street system, coupled with a ready work force, facilitated the growth of the East River waterfront into an area of industrial development during the post-Civil war period. What today might be considered "noxious" land uses, largely breweries, factories, lumber and brick yards, and slaughterhouses, predominated. Early tenements and shantytowns developed land from these areas to accommodate the growing demand for workers.

Early horsecar lines and steam train lines facilitated development along Second, Third, Park and Madison Avenues, bringing rowhouse development to the study area as well. The 1870's saw the addition of the Second and Third Avenue elevated rail lines, which signaled an explosive development of tenements principally centered along these mass transit corridors. This early working-class housing stock built along these lines in what was an otherwise noisy and dirty environment was characteristic of most of the study area. The exclusive enclaves to the west along Central Park did not come to characterize the Upper East Side until relatively recently, as working-class housing stock predominated over the majority of the area before this time.

At the turn of the century, the Schemerhorn summer estate, located (on the edge of the East River from approximately 62nd to 68th streets), became the site of

what is today known as Rockefeller University. This marked the beginning of the study area's strong identification with educational, medical, and research institutions. The campus began with a few buildings constructed on this prominent site overlooking the East River. Additionally, the Queensboro Bridge, located just outside the secondary study area, opened in 1909. This marked the rise of "Uptown", and like the elevated lines, brought more development to the area. The bridge did not spur development across the river, unlike its downtown counterparts. In addition to the continued construction of tenements during this period, small loft and industrial buildings were developed adjacent to them.

The New York Hospital site was occupied by a brewery which was demolished to make way for construction. According to the 1927 Bromley Atlas, other occupants of the lots that were part of the final assemblage included garages, an ice plant, stables, the Hasbrouck Flooring Company, the Lenox Hill Neighborhood Club and tenement housing. In the December, 1982 Alumni Quarterly, Cornell University Medical College (CUMC), one of the recollections collected in honor of the fiftieth anniversary of the opening of the center from a nurse, Flora Jo Bergstrom, ran as follows:

I should note that I grew up in the neighborhood of the current site of the hospital. There was a brewery on the site - I can't remember exactly where, but I do remember a row of brownstones on 69th Street. The Lenox Hill Neighborhood House (now on 70th Street near First Avenue) occupied one of them. A trolley car clamored up First Avenue which was then cobbled, but York Avenue, then known as Avenue A, was paved from 64th Street to 92nd Street. At night we children had the whole length of it for roller-skating (Alumni Quarterly, CUMC, 1982:53).

The FEIS continues:

The 1930's and 1940's reinforced the area's identification with educational, medical and research institutions. Memorial Hospital, The Sloan-Kettering Institute, and New York Hospital grew into large medical centers, a trend which has continued with the construction of new buildings and the alteration, expansion and demolition of existing buildings from the initial years through the present day. The 1940's also saw the reconstruction of the East River Drive as a limited-access highway in response to the growing congestion throughout Lower and Midtown Manhattan. HSS was built north of The New York Hospital in the 1950's.

The demolition of the East Side's elevated rail lines in the 1950's and 1960's marked the area's emergence as a more desirable neighborhood open to new residential development. New large scale construction began to replace the existing

housing stock of tenements, principally focusing on luxury high-rise developments especially along the avenues, first in the form of the familiar post-war apartment buildings and later in the form of the Modernist glass towers, frequently with plazas. In addition, the several medical and educational institutions have continued to expand and grow, both on their own sites and into the surrounding neighborhoods, as they attempt to meet increasing demands while facing limited land resources (FEIS, 1993:3.4.1).

2. **Trends in American History:** The New York Hospital is the oldest hospital in New York City and the second oldest hospital in America. In the United States, the evolution of healthcare facilities started in colonial times with almshouses that took care of the indigent poor and the mentally insane. The first voluntary hospital was created in Philadelphia with the building of the Pennsylvania Hospital in 1751. The purpose of a voluntary hospital was to serve the sick and injured, regardless of their economic status, race, creed or color. Support for the work of the hospital came from donors, as part of their responsibility to their community, and payments from those who could afford to pay.

The New York Hospital received its charter from King George III in 1771 to establish a public hospital to give care to the sick and to provide instruction to medical students. The original hospital was located on Broadway, between Worth and Duane Streets. Due to fire and then the Revolution, the hospital did not start its true mission until 1791. The original building was expanded during its hundred years of its existence. By the time the building was torn down, it contained approximately 500 beds.

In 1877, The New York Hospital moved to its second location on 16th Street, west of Fifth Avenue. Much debate took place about the design of this facility. By the 1850's, The New York Hospital had become noted for its preeminence in surgery. It was also during these years that many felt going to a hospital was a great risk because of infection. Some felt that smaller clinics reduced exposure to infection and thus the new facility should be designed as a central headquarters for a dispersed network of smaller clinics. The discovery of antiseptic treatment made it possible to keep infection from even the most crowded of hospitals. The need to limit the size of the new hospital to reduce the chance of infection was no longer justifiable. The second building to house The New York Hospital had an initial capacity of 163 beds with ten beds for private patients in separate rooms for the first time.

By 1908, the area around 16th Street was becoming a sweat shop district and The New York Hospital was losing its competitive edge because of its neighborhood. The planning for the present structure took nearly twenty years of discussion. By 1924, the idea of a single building containing both the hospital and a medical school was evident.

The present facility is the third building complex for The New York Hospital and it reflects the trend of its times in several ways. First, it emulated the Johns Hopkins Hospital in Baltimore in the integration of a hospital with a medical school, as well as a school for nursing, similar to the European hospital tradition. The Johns Hopkins Hospital was built in 1877-1889 and consisted of 17 buildings with a total of 250 beds.

In New York City, the formal linking of a hospital with a medical school was first accomplished by Columbia University's College of Physicians and Surgeons and the Presbyterian Hospital on a twenty acre site overlooking the Hudson River between 165th and 168th Streets. The ten million dollar medical center complex was designed by James Gamble Rogers and built between 1925 and 1928.

The architecture was inspired by the dramatic views of the sheer walls of the Palisades, resulting in stone-colored, brickfaced steel structures with no projections or ornament. The medical school, with its separate entrance, faced West 167th Street. The hospital building faced south, with the main entrance rotunda and independent ambulance court on the north. The private patient pavilion had its own visitors' entrance on the west. The varied heights of the buildings reflect the specific needs of the functions. Patient windows also were located according to internal function and oriented to provide maximum sunlight, regardless of symmetry or other formalistic dictums. Service functions and labs were oriented to the north.

The complex initially housed twelve previously independent entities, including the Presbyterian Hospital, the College of Physicians and Surgeons, Presbyterian Hospital School for Nursing, Harkness Pavilion for Private Patients, the Babies Hospital of the City of New York and the New York State Psychiatric Institute and Hospital. The main buildings were connected by a many-storied axis which facilitates access on all floors to all the interdisciplinary functions of clinical care, teaching and research with a minimum of loss of time and energy. In addition, covered passageways linked the main buildings to the support buildings, including a power plant, laundry and supply storage.

Rockefeller Center is a contemporary commercial complex that also is representative of the same integration of individual buildings into a unified urban landscape as The New York Hospital. The Rockefeller Center Associated Architects design centered around a fifty-story office tower descending to four, thirty-story office buildings and finally descending to four nine-story buildings, two of which flanked the promenade and public plaza. The entire complex was completed in 1939 and its stone-clad lower building facades along Fifth Avenue are very reminiscent of the East River view of The New York Hospital eight-story wings, as well as the massing that originally existed along York Avenue.

The view of The New York Hospital taken from Rockefeller Center clearly illustrates the cityscape in approximately 1935. These two complexes towered above the typical four- to six-story buildings that lay between them.

B. SPECIFIC HISTORY OF THE SITE:

- Initial Planning and Development:** From early sketches in 1926 to its completion in 1932, Coolidge Shepley Bulfinch and Abbott designed and supervised construction of The New York Hospital Cornell Medical Center's complex at York Avenue and 68th Street. Based on copies of early site plans in the NYH-CUMC Medical Archives, as well as references in Robinson's February, 1933, article in the Architectural Forum, the original site extended from 68th to 69th Street between Avenue A (subsequently York Avenue) and Exterior Avenue (subsequently the FDR Drive). According to the Architectural Forum article written by G. Canby Robinson, the Director of the Hospital at the time, early sketches for this one block were started in 1926. In 1927 a formal agreement was signed between The New York Hospital and Cornell Medical College and the building program was expanded to reflect the need to house both institutions in one facility. It became clear that more land was needed to accommodate the expanded program. The two blocks to the north were acquired and 69th Street was closed to provide a super-block site from 68th to 70th Streets

Early site plans show different layouts for the various departments using the new superblock as well as frontage on York Avenue and the block from 70th to 71st. According to the article by Raymond P. Sloan in the March, 1933, issue of The Modern Hospital, plans and models in block form were used to study the integration of the departments or units. The main hospital, consisting of the medical and surgical beds, was always considered the center of the complex, with all the other units adjoined according to

whether a north or south exposure or a view of the river was best (Sloan, March, 1933:50-51).

Several sources, including Robinson's article, make reference to the influence of the Palais des Papes in Avignon on the exterior design of the complex. Robinson's article illustrates a series of preliminary exterior studies, including, "Italian Palace", "Swiss Chalet", "Chrysler" type, "Piranesi", "Richardson" and "Avignon". the high Gothic arches of the fourteenth-century palace are similar to the windows in the hospital's final elevations. All the studies have a common massing, with a tall central tower running east-west, flanked by descending wings projecting in all four directions.

Dr. Alan Van Poznak, in his article in the Alumni Quarterly, Cornell University Medical College (CUMC), "The Last Smile of Skyscraper Romanticism", notes:

Perhaps one of the most important architectural features of the medical center was the use of carefully planned open space. The original plan made use of a large front lawn for the hospital, a sunken garden and courts of grass and trees between the medical-college buildings along York Avenue. This was at a time when buildings were planned to contain the maximum cubic footage. Small wonder that Mumford called it "the last smile of skyscraper romanticism." Twenty years were to elapse before the concept of planned open space was made part of a major office building in a city, as was done in 1952 when Lever House opened on Park Avenue (Alumni Quarterly, CUMC, December, 1982:14).

2. **Changes in Plan and Site:** The original facilities were opened in 1932. Construction photographs show the sequence of development, with the Cornell buildings completed first, then the central tower (see photo HABS No. NY-6340-26), followed by the Payne Whitney Clinic. The nurses' residence and the boiler plant stack were the last elements to be constructed (see photo HABS No. NY-6340-27). Since the 1950's, the complex has had almost continuous alterations and additions, many constructed within the original complex's courtyards. Listed chronologically, alterations include:

- 1954 Leland Eggleston Memorial Chapel in the central courtyard, eastern side of the main corridor.
- 1958 Connie Guion Ambulatory Care Building on the north side, replacing an open court that was the original ambulance entry.
- 1960 Wood Memorial Research and Library Building, 6 stories of teaching and research library facilities for Cornell in the former courtyard between the E and D buildings.
- 1967 Harkness Medical Research Building, 12 stories in the courtyard.
- 1968 Doctors' Lounge, 1 story in the central courtyard, western side of the main corridor.
- 1968 Griffis Faculty Club, 1 story restaurant facility for Cornell in the former sunken garden.
- 1984 C. V. Starr Pavilion, 11 stories of outpatient facilities and radiology department in the air rights over 70th Street.
- 1984 Stich Radiation Building, 1 story radiation therapy center in the Psychiatric Garden.

- 1987 Helmsley Medical Tower, 36 stories (medical and administrative offices, clinical spaces and central storeroom on the lower floors; staff residences on the upper floors).
- 1989 Lasdon Biomedical Research Building, 9 stories of teaching and research facilities for Cornell.

As can be seen from the list, none of these alterations have upgraded the inpatient units, most of which remain in their original configuration.

3. Individuals Associated With The Site:

According to Eric Larrabee in his book, The Benevolent and Necessary Institution, it was a donation of Oliver Hazard Payne

that made possible the Cornell University Medical College, that helped bring about the alliance between the college and The New York Hospital, and that began the association between his family and the Hospital which has continued to the present day, through unstinting and prodigal support from his nephew and heir, Payne Whitney, and in the present generation from John Hay Whitney and Joan Whitney Payson (Larrabee, 1971:289).

Cornell Medical College was established in 1898. Payne's gift of \$1.5 million made it possible for the College to open in a new building designed by Stanford White, on First Avenue between 27th and 28th streets.

Prior to World War I, the Board of Governors of the Hospital, and in particular Lewis A. Stimson and George F. Baker, envisioned an affiliation between The New York Hospital and Cornell Medical College. A site was identified between Eleventh and Twelfth Avenues and 54th and 55th Streets. By 1912, plans were prepared by McKim, Mead and White, but the entire project had to be abandoned because of the threat of a four-track freight line going through the site and incompatible adjacent industrial development.

In 1912, Payne Whitney became a Governor of the Board of Governors of the Hospital. In 1924 he purchased (for \$2.75 million) the site between 68th and 70th Streets on the East River. Charles A. Coolidge and Henry R. Shepley, of the Boston firm Coolidge, Shepley, Bulfinch and Abbott began discussion of a program for a facility to accommodate the Hospital and the College. By 1926, cost estimates were in the range of \$15 million to be split two-thirds by the hospital and one third by the college. To formalize the collaboration, the Hospital and Cornell entered into a formal agreement on June 14, 1927.

Dr. Van Poznak's article notes another important figure in the development of the medical center:

Planning the new center was, of course, a formidable task. Although many men gave their talents to this effort, one man deserves more recognition than he often receives. Dr. George Canby Robinson, director of the New York Hospital-Cornell Medical College Association - as the new center was called -was one of the country's great pioneers in shaping the future of academic medicine. His career combined clinical practice, teaching, research, and administration at a number of outstanding institutions. Dr. Robinson brought his considerable talents to this medical center at an early point in its planning, and we are richer for his efforts.

Born in Baltimore, Canby Robinson graduated from Johns Hopkins Medical School in 1903. After serving two years in pathology and two more years as resident physician at the Pennsylvania Hospital in Philadelphia, he went to Europe, and studied with the distinguished scientist Frederich von Muller. Returning to America, he practiced for a short time in Philadelphia, then returned to research as the first resident physician at the newly opened Hospital of the Rockefeller Institute (Alumni Quarterly, CUMC, December, 1982:15-16).

Robinson's last administrative assignment involved the planning of the New York Hospital-Cornell Medical Center....Numerous meetings were held with educators, clinicians, researchers, architects, and builders in the process of deciding how this center could be built and run to combine the best in medical care, teaching, and research (Alumni Quarterly, CUMC, December, 1982:16).

This was not Robinson's first hospital project, nor was it the first with the architect Henry Shepley. Robinson had collaborated with Shepley in the building of the Vanderbilt University Medical School.

In an interview with Dr. Van Poznak, he recalled that the Depression came as the steel for the tower was being erected. The Baker family came to the rescue and donated additional funds. The tower is known as the Baker Tower in recognition of their gift.

- Historical Events or Developments Associated With the Site:** From 1927 to 1973, the site of The New York Hospital complex continued to be infilled. By the 1960's, the Hospital felt it no longer had enough space for expansion within its campus and expressed an interest in expanding on property it owned west of York Avenue. The local residents objected because they feared displacement would occur. Under the leadership of Dr. Hugh Lackey, president of the medical center at that time, a plan to expand over the FDR Drive using the air rights was finally negotiated. As reported in the 1993 FEIS:

In May, 1971, New York State legislation was approved authorizing New York City to close and discontinue air space over the FDR Drive, East r Street, former East 70th Street, and East 71st Street and to convey such air space to the abutting owners, namely Rockefeller University, The New York Hospital, and the Hospital for Special Surgery (HSS), for the limited purpose of developing institutional facilities in the air space (see photo HABS No. NY-6340-9).

In April, 1973, the New York City Board of Estimate approved the 1973 agreement and the First Amendment, both dated March 22, 1973. On November 2, 1983, a Second Amendment was executed between the City and the three institutions at the time of the approval of the construction of the Rockefeller University faculty housing facility over the FDR Drive. These documents delineated the air space over the FDR Drive and adjacent streets conveyed by the City to the institutions and the obligations of the institutions and approvals required for the use of the air space. The volume of air space was discontinued as public thoroughfare and demapped from the City Map. The space conveyed consists of the area of the FDR Drive above a lower limiting plane at an elevation of 40.0 feet from East 62nd Street to the centerline of East 64th Street and above a lower limiting plane at an elevation of 25.0 feet from that point to a point north of East 71st Street. Additionally conveyed was a volume of space above a plane 20 feet above street grade over portions of East 70th and 71st Streets between York Avenue and the FDR Drive along with the area of East r Street above a limiting plane at elevation 40.0 feet between York Avenue and the FDR Drive.

The major provisions of the 1973/1983 Agreement are:

- In consideration for the conveyance of the air space, the institutions in the 1973 Agreement were required to construct an elevated walkway above the FDR Drive. The elevated walkway requirement was eliminated in the 1983 agreement and the institutions were required to perform a Substituted Performance approved by a combination of the following: improvements to the existing at-grade East River Esplanade, construction of or other improvements to access ramps over the FDR Drive to the Esplanade, construction of platforms into or over the East River or such other elements as may be mutually agreed to by the Director of City Planning and the three institutions;
- In addition to the Substituted Performance, the institutions were obligated to build access to the at-grade esplanade at East r Street, former east 68th Street and East 72nd Street;

- Future construction would be limited to the air space over the FDR Drive, keeping the existing at-grade esplanade open to the sky. Upon approval by the City Planning Commission, the institutions may locate support columns and connecting girders in the Esplanade;
- Demapped space may be used only for medical, hospital, scientific, biomedical research, and/or educational purposes;
- The City agreed to consider initiating any amendments of the Zoning Resolution which may be required for construction of buildings in the demapped air space;
- No sale or lease of the institution's air space may be made without Board of Estimate approval; and
- If construction were not commenced by 2003, the City may require such institution to reconvey its portion of the air space.
- In performing the Substituted Performance the institutions are required to spend an amount equal to what it would cost today to build the elevated walkway and ramps.
- The costs are approved by the Director of the Department of City Planning at the same time as the approval of the Substitute Performance.

In 1981, in conjunction with The New York Hospital's plans for construction of the Starr Pavilion over former East 70th Street, the Board of Estimate demapped and conveyed to The New York Hospital the volume of space below a plane 20 feet above former East 70th Street. The City retained ownership of most of the subsurface of the street. The volume above elevation 20 feet had been conveyed to the Hospital in the 1973 Agreement. Simultaneously, The New York Hospital and the HSS entered into an agreement that conveyed to the HSS the portion of East 70th Street demapped in 1981 corresponding to the portion conveyed to it in 1973 by the City.

In the case of the first Rockefeller University project in its air space, the faculty housing facility approved in 1983, the City required construction of a pedestrian bridge over the FDR Drive between East 62nd and East r Streets. The pedestrian bridge is now complete. Rockefeller University has constructed a laboratory

facility over the FDR Drive between East 64th and East 65th Streets (FEIS, 1993:2.4):

In 1993, a Third Amendment to the 1973 Agreement was executed between the City and the three institutions. Included in this amendment is the agreed-upon Substituted Performance required for the use of the air rights between 65th and 72nd Streets. The Substituted Performance consists of replacing the existing 71st Street stepped-ramps and pedestrian bridge access to the esplanade on the south side of 71st Street with an accessible pedestrian bridge on the north side of 71st Street; the construction of an Open Air Pavilion at the former sanitation transfer station at East 60th Street and the East River; and a contribution of \$1,532,000 to the Esplanade Maintenance Fund for the maintenance of the new Open Air Pavilion.

PART II. DESCRIPTIVE INFORMATION

A. PHYSICAL CHARACTER OF THE SITE AND ITS RELATIONSHIP TO THE SURROUNDING ENVIRONMENT (1993).

1. **Physical Description of the Site:** The New York Hospital site consists of a super-block between York Avenue and the FDR Drive and former East 68th to 70th Streets. Both of these streets between the FDR Drive and York Avenue have been removed as official city streets from the city map (in a process known as "demapping") and are now deeded to the respective institutions that border them. The property line runs down the center of former East 68th Street. Rockefeller University owns the southern half and The New York Hospital owns the northern half of the former street. The New York Hospital owns most of former East 70th Street except the northern half of the portion that abuts the Hospital for Special Surgery. The New York Hospital site also includes approximately two-thirds of the block between York Avenue and the FDR Drive, former East 70th and East 71st Streets. The eastern end of this block is occupied by the Hospital for Special Surgery

The site of The New York Hospital complex has an approximate thirty foot change in elevation, from a high point along York Avenue of approximately elevation 35.5 to the FDR Drive at an elevation of approximately 5. Thus, the main entrance at 68th Street, and the first floor level of The New York Hospital, are thirty feet above the level of the FDR Drive. The FDR Drive is level with the Sub-basement level of the hospital (see photo HABS No. NY-6340-9). The hospital entrance on 70th Street, which slopes down from York Avenue to meet the elevation of the FDR Drive, is at the basement level of the hospital. All the buildings of the New York Hospital/Cornell Medical Center are connected by underground tunnels which also link across streets with Hospital for Special Surgery and Memorial/Sloan Kettering. The NYH and Cornell buildings above grade all

have the same floor, levels with the exception of the Payne Whitney Clinic which is a separate building above grade with residential, rather than hospital, floor-to-floor heights.

2. **Surrounding Environment:** The New York Hospital complex is situated on the Upper East Side of Manhattan, within a cluster of major medical, educational and research institutions. Included in this institutional cluster is Cornell University Medical College, Rockefeller University, Hospital for Special Surgery, Memorial Hospital and the Sloan-Kettering Institute. The majority of these institutions border the FDR Drive and face the East River. Many of their buildings also have frontage on both sides of York Avenue.

Today, the surrounding neighborhood is primarily residential in character, with commercial spaces generally on the ground level on York Avenue. Sotheby's fine art auctioneers occupies an entire six-story building at the southeast corner of 72nd and York Avenue, marking the north end of the institutional cluster. Further north, at 75th Street, is a large Consolidated Edison electric power station. At 59th Street, the south end of the institutional cluster, is the Queensboro Bridge. The 19th and early 20th century tenements are gradually being replaced with luxury high-rise developments.

B. PHYSICAL DESCRIPTION OF THE COMPLEX:

1. **According to the Original Plan:** The final layout is described in two late 1933 articles. One is the article already referred to, by the director of the medical center at the time of its planning and building, Dr. George Canby Robinson, in the February, 1933, Architectural Forum. The other is by Raymond P. Sloan in the March, 1933, The Modern Hospital.

The complex covers a site of approximately six and a half acres. The site plan was organized in a grid of four 50 foot bands running east/west and north/south. Elements of the complex were located on the grid, with the spaces in between forming courtyards. The largest space between 50 foot bands was in the center in both directions. The main entrance to the Hospital was in the central courtyard off York Avenue at 68th Street, with a circular drive to the main door, and subsidiary drop-offs for the Payne Whitney Clinic and the Private Pavilion. Separate emergency and service access was on 70th Street, as well as the entry courtyard for the Women and Children's Clinics. The grounds were landscaped with lawns and trees, and individual courtyard gardens provided seclusion

The three-dimensional massing was also organized in a vertical grid that gave an order to the massing of the setbacks and carries the 50 foot bands up through the facade as feature zones. The twenty-seven story central hospital tower contained the wards for the medical and surgical patients on the lower eleven floors in two wings that project south

to provide river and city views. The wards were segregated by sex with a maximum of sixteen beds in groups of four, separated by glass partitions. Four-, two- and one-bed rooms were provided as well. At the southern end of each wing are large solariums.

Nineteen operating rooms on two floors separated the wards and the next six floors in the central tower which contained ninety-nine beds for private patients. Referred to as the Private Pavilion, it had its separate vehicular entrance courtyard, bank of elevators, kitchens and special dining rooms for visitors. Each floor had separate reception rooms and solariums. The rooms were designed for maximum light, fresh air, and views of either the river or the city skyline. The upper floors of the central tower contained the residential accommodations for interns and recreation floors.

The other patient units were arranged to the east of the central tower to take advantage of the river views. In the northeast corner of the superblock, accessed from 70th Street, is the Women's Clinic, housing the former Lying-in Hospital, and the Children's Clinic. The floors of these two wings connect with the floors of the central tower. In the southeast corner of the superblock, accessed from 68th Street, is the Payne Whitney Psychiatric Clinic which linked to the main hospital only through basement, sub-basement and sub-sub-basement level corridors, but above ground is physically separated from the rest of the complex.

Because the patient facilities were allocated the river views, all the educational facilities were located along York Avenue to the west of the central tower. The College buildings, with separate, seven-story wings for pathology and anatomy, bacteriology, biochemistry and pharmacology and physiology, were connected at each floor with the general hospital and were designed to accommodate 300 undergraduates. Immediately to the north of the College on York Avenue between 70th and 71st Streets was the Nurses' Residence and School of Nursing for 500 undergraduate students.

To the north of the central tower were the wings for the outpatient and therapy departments. The floors in these wings connected to the corresponding clinical laboratories and wards, as well as administrative functions, so that out-patient and hospital functions were well coordinated. The basement level of the therapy wing, which was at grade level, contained the accident ward, or emergency room. The sub-basements of these two wings contained the food service and the employees' dining and locker rooms, with the main kitchen under the ambulance court that separates the out-patient and therapy wings. Supplies from the main storerooms were brought to the main kitchen through tunnels. The main kitchen in turn supplies the kitchens in the private pavilion, psychiatric clinic and staff kitchens, with separate supply arrangements for the kitchen in the Nurses' Residence.

Although the hospital was designed to accommodate over a thousand beds with a daily population of over three thousand, the designers were able to create a sense of care for the individual through the use of smaller buildings for the separate components. Each unit, or department, fit into the general plan and yet maintained its identity by its location in its own self-contained vertical wing with its own elevators, stairways and distinctive corridor floor patterns. Within the main hospital building, horizontal units were indicated by color. Two shades of grey tile were used to indicate the medical floors on levels two through four. Floors five through nine, the surgical floors, were identified by two shades of green tile. Blue tile was used to identify the operating floors and red tile was used to identify the medical college floors.

A later account of the original hospital, published in 1982 in the Alumni Quarterly, (CUMC) by Dr. Alan Van Poznak, adds some information about the original powerhouse:

The new medical center was almost a city within itself. Because electricity was essential, there were several sources of supply. Most of the electricity was generated by three huge reciprocating steam engines, two of which were in service while the third underwent maintenance. The spent steam from the engines used to heat the radiators in the hospital and college. The engines ran both alternators and direct-current generators, with the direct current being used principally for elevators, fan motors, and lights in the operating rooms. There was also a 110-volt DC battery supply located on 11A that would take over supply to the operating-room lights in case of a failure in the main power plant.

Within the powerhouse, numerous artisans worked at cabinetmaking, carpentry, upholstery, locksmithing, sign painting, and even silver plating. Originally the private patients had silver-plated food utensils. These were washed in a special room across from the main kitchen in the hospital sub-basement. When the silver plating became worn, there was a shop in the powerhouse for replacing utensils (Alumni Quarterly, CUMC, 1982:14-15).

Van Poznak also explained, in an interview, the layout of a typical resident's room on the upper floors of the Baker Tower. The bed was located along the west wall of the room. The telephone was located opposite on the east wall. It was intended that the resident should have to get out of bed to answer the phone to avoid the possibility of falling back asleep and not responding to the call.

2. **Changes Over Time:** Van Poznak's article describes some of the changes to the original layout:

The need for more activity in less space always creates problems, and New York Hospital is no exception. Gradually we lost space to buildings: the Griffis Faculty

Club stands on the site of the former sunken garden; the present entrance to the medical college has replaced the central court that was at York Avenue and 70th Street; emanations from the department of biochemistry have driven out the house-staff children who once played in the court between the D and E buildings. On the north side of the hospital, the Connie Guion Building replaced an open court, and the expansion of the hospital's receiving department closed the garden which once flourished behind the nurses' residence. What remains of the northern view of the hospital is rapidly becoming obscured by the growth of the C.V. Starr Pavilion (Alumni Quarterly, CUMC, December 1982:14).

Since the writing of that article, three further additions have been built. The Stich Radiation building was built in the former psychiatry garden in 1984 (see photo HABS No. NY-6340-17). In 1987, the site of the former nurses' residence and School of Nursing was filled with the 36-story Helmsley Medical Tower. And most recently, the Lasdon Biomedical Research Building has been completed for the medical college.

3. **Current Features and Appearance:** In 1993, (see photos HABS No. NY-6340-3 and HABS No. NY-6340-6) the central tower still dominates the site, although newer high-rise residential buildings in the area, including the Helmsley Tower on the site of the former Nurses' Residence obstruct the view from the northerly directions (see photo HABS No. NY-6340-7). The four projecting bays to the east are clearly visible (see photo HABS No. NY-6340-2). The recent Lasdon Building on the southwest corner of the site rises above the height of the original wings of the Cornell Medical College, impinging on the view of the central tower from the southwest (see photo HABS No. NY-6340-4). In spite of the many changes, the strength of the original concept has been respected and retained.

PART III. SOURCES OF INFORMATION

A. ORIGINAL ARCHITECTURAL DRAWINGS:

Facilities Plan Department, Office of Facilities Development, The New York Hospital, 523 East 70th Street, Rm. 1007, New York, New York 10021

Shepley Bulfinch Richardson and Abbott, Ipswich, Mass.

B. GENERAL DEPOSITORIES:

Avery Library, Columbia University, New York City.

Medical Archives, The New York Hospital-Cornell University Medical Center, (NYH-CUMC), New York City.

New York Society Library, 53 E. 79th Street, New York City.

Oskar Diethelm Historical Library, Payne Whitney Clinic, The New York Hospital, New York City.

C. EARLY VIEWS:

Medical Archives, (NYH-CUMC), New York City.

D. INTERVIEWS:

Dr. Alan Van Poznak, M.D., Professor of Anesthesiology, Professor of Pharmacology, Cornell University Medical College; Attending Anesthesiologist, The New York Hospital; October/November, 1993.

E. BIBLIOGRAPHY:

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2. Secondary and Published Sources

a. Periodicals

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Sloan, Raymond P., "Vast New Medical Center Guards New York's Health", The Modern Hospital, Vol. 40, No. 1, March, 1933:48-56.

Wilcox, Marrion, "New York's Great Medical Center", The Architectural Record, Volume 58 No. 2, August 1925:101-115.

b. Books

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Federal Writers Project, WPA New York City Guide, American Writers Series, Random House, New York, 1939:246-248; 298-300; 333-341.

Larrabee, Eric, The Benevolent and Necessary Institution, Doubleday & Company, Inc., Garden City, New York, 1971.

Stern, Robert A.M., Gregory Gilmartin and Thomas Mellins, New York 1930, Architecture and Urbanism Between the Two World Wars, Rizzoli International Publications, Inc., New York, 1987:28-31; 112-114; 617-671.

F. LIKELY SOURCES NOT YET INVESTIGATED:

The New York Public Library, New York City.

PART IV. PROJECT INFORMATION

The New York Hospital Major Modernization Program, planned for completion in 1998, will occupy the eastern side of The New York Hospital campus between 68th and 70th Streets. It will utilize the air rights space above the FDR Drive and occupy the site housing the Payne Whitney

Clinic. The 1998 Major Modernization Program consists of a new hospital structure, housing 774 beds, 19 new inpatient operating suites, a new emergency room, parking for up to 200 cars and a new 16-bank elevator core for patients, visitors and services. The total gross building area is approximately 810,000 square feet, of which approximately 540,000 square feet is located on a platform above the FDR Drive. The structure is eleven floors tall, plus a mechanical penthouse for a total height of approximately 191' above ground level at 68th Street. The main impacts will be the obstruction of views of the existing complex from the East River and the demolition of the Payne Whitney Clinic. The East River Esplanade from 68th to 70th Streets is being reconfigured to respond to the new column locations of the new structure.

The architects for The Major Modernization Project are the associated firms of Hellmuth, Obata & Kassabaum, P.C. and Taylor Clark Architects, Inc. The structural engineers are Thornton, Thomasetti. Mechanical and electrical engineers are Syska and Hennessy.

Funding for the project is anticipated to be a combination of Hospital equity and a mortgage insured under Federal Housing Commissioner under the Department of Housing and Urban Development (HUD) 242 Program.

Prepared By: Constance P. Hildesley
Title: Director of Programs
Major Modernization
Affiliation: The New York Hospital
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