

NEW YORK HOSPITAL, PAYNE WHITNEY CLINIC
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-A

HABS
NY
31-NEYO,
180A-

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
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HISTORIC AMERICAN BUILDINGS SURVEY

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NEW YORK HOSPITAL, PAYNE WHITNEY CLINIC HABS NO. NY-6340-A

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 and Psychiatric Clinic.

Significance: An early 20th-Century curtain-wall building, part of a larger hospital complex, designed to house a psychiatric treatment clinic for both in- and out-patients. Reflects the movement in the U.S.A. away from complete segregation of mental patients and toward inclusion of such patients as one part within a general hospital. Originally known as The Payne Whitney Psychiatric Clinic, it is most frequently referred to as The Payne Whitney Clinic. Closely modeled after the Phipps Clinic at Johns Hopkins, the Payne Whitney Clinic was designed to provide intensive individual therapy in conjunction with teaching and research. The residential character of the interior reinforced the commitment to provide individualized treatment rather than group custodial care. The building has always been used by the Payne Whitney Clinic. The building will be demolished in 1994 because it no longer meets the needs of the Clinic. The Clinic's functions will continue off-site during construction of the 1998 Major Modernization Project, into which the Clinic will move in 1998 when the project is completed.

PART I. HISTORICAL INFORMATION

A. PHYSICAL HISTORY

1. **Date of Erection:** 1930-1932. The record drawings on file in The New York Hospital Office of Facilities Development, Facilities Plans Department, (Annex 1007, New York, N.Y. 10021), include architectural, structural, plumbing, heating and ventilating plans. Construction began with a ground-breaking ceremony for the entire complex on June 17, 1930. Historic photographs indicate that the Payne Whitney Clinic was the last building to be built on the super-block (see photo HABS No. NY-6340-A-26). It was occupied in October, 1932.
2. **Architect:** Coolidge Shepley Bulfinch & Abbott of Boston, Mass. The successor firm is Shepley Bulfinch Richardson and Abbott of Ipswich, Mass.
3. **Structural Engineers:** Purdy and Henderson, Consulting Engineers, New York City.
4. **Plumbing Engineers:** James A. Cotter Co., Boston, Mass.
5. **Heating and Ventilating Engineers:** Buerkel and Company, Inc., Boston, Mass.
6. **Original and Subsequent Owners, Occupants, Uses:** The owner at the time of construction was The Society of the New York Hospital and there has been no change in title since the complex was built. The initial use and occupants, The Payne Whitney Psychiatric Clinic and the Department of Psychiatry of the Cornell Medical College, have remained the same since the building was first occupied.
7. **Builder, contractor, suppliers:** The builders were Marc Eidlitz & Son, Inc.
8. **Original Plans and Construction:** The plans from which the building was built are on file in the New York Hospital Office of Facilities Development, Facilities Plan Department, and include architectural, structural, heating and ventilating and plumbing plans. The plans show the sub-sub-basement, sub-basement, basement, floors 1-9, the roof and some elevations and sections.

Plan dates range from November 29, 1928 to September 30, 1930. The issue date for the architectural plans is July 24, 1930. Some of the plans were revised after that date. The revised plans are on file as part of the set. The successor firm to Coolidge Shepley Bulfinch and Abbot is Shepley Bulfinch Richardson and Abbott and they have the original drawings. There are no approval stamps on the architectural plans. The structural plans

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are stamped, Inspectors Official Copy, Mar. 3, 1930, by the Bureau of Buildings, Borough of Manhattan, City of New York and stamp-signed by Charles Brady. The plumbing plans are stamped received February 1, 1933, Mark Eidlitz and Son.

The U-shaped building is oriented to the New York City street grid. Its main elevation and front door face west. The two wings project east to form an interior courtyard facing the East River. The northern wing projects approximately 16 feet further east than the south, wing due to the angle of the East River and the FDR Drive, which are not parallel to the street grid.

According to a 1944 report by Baldwin Maull, based on figures supplied by Hospital staff, the total cost of the Payne Whitney Clinic building is summarized as follows (Maull, 1944:3):

Approximate Value of Land	630,434.
Building Cost	2,525,776.
Approximate Value of Equipment	<u>106,519.</u>
	\$3,262,729.

9. **Alterations and Additions:** In Oskar Diethelm's unpublished 1962 article which covers the first thirty years of the Clinic's existence he states:

The following structural changes of importance have occurred since the opening of the clinic. In 1944, the elaborate and well planned children's floor (on the Third Floor) was altered to form a traditional adult floor of twenty-four (24) beds. Later, the south wing was changed into a modern metabolism floor with diet kitchen. On the Second Floor, a large unit was built for electro-convulsive treatment. It was put on this floor to be closely related to research activities. All open porches on the various patient floors, which were not very practical, were closed in to offer more living quarters. The Dental Department was moved from the basement to the Eighth Floor, where a playroom for children was also built. Doctors' offices on the Third Floor were rebuilt to house the Social Psychiatry Department. On the First Floor, a lounge and a large reception room were modernized to add space for nursing administration and for a large general stenographers' room. On the basement floor, unused waiting room space was rebuilt to house the Social Service Department and the rooms vacated by the Dental and Social Service Departments were given to the newly formed Adolescent Out-Patient Department (1956). Two playrooms were built for the Child Psychiatry Department by taking part of the former nursery school. The other part of the nursery school was rebuilt to house the historical library. In the sub-basement, the Hydro-therapy Department was used for additional room for

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Social Psychiatry and resting rooms for aides. The remainder was used to develop school rooms for the day-care and for the beauty parlor which formerly had been on the Eighth Floor. Additional unused space was used for dressing quarters for male nurses and additional aides (Diethelm, 1962:19-20).

According to an interview with Dr. Alfred Lewis, Associate Professor of Clinical Psychiatry, Cornell Medical Center, the most major internal change relates to the reorganization of the patient floors in 1969. The original floor layout provided for segregation of patients by category on different floors. As a patient recovered, he or she moved from floor to floor according to their needs. Disturbed patients were located on the seventh floor. Non-disturbed patients and potential suicides were on the sixth floor. The fifth floor was an open floor. Patients on the fourth floor and the third floor north were not allowed to go out. The third floor north was an anxiety unit. The third floor south was a muscular dystrophy unit that housed children as well as adults. The second floor was labs.

In response to the greatly reduced length of stays, it made sense for patients to stay on the same floor rather than move from floor to floor as their recovery progressed. Thus, in 1969, the mixed unit system was introduced, with a mix of disturbed and convalescent patients in each unit. Because disturbed patients were on each floor, a seclusion room had to be provided on each floor (see photo HABS No. NY-6340-A-38).

Lewis noted that, in 1954, there were fewer staff than in 1993, and more lived in. For example, in 1954 there were four residents, of whom three lived in. In 1993, there are twelve residents and none live in. There were three to four full time attending doctors in 1954 and in 1993 there are thirty to forty. There was one social worker for the entire hospital in 1954 and in 1993 there are two social workers per unit to work with the families and on the disposition of patients. As a result of this staff increase, additional offices have been squeezed in wherever possible, little by little (see photos HABS No. NY-6340-A 48).

Dr. Helen Daniels, the first female chief resident in 1940-1941, noted that prior to the Second World War, Payne Whitney was similar to a nice hotel, with fancy lamps and upholstered furniture. There was a kitchen on each floor and the food was good. The units were divided according to degree of illness. The routine consisted of activities, baths and packs. According to Dr. Lewis, the principal form of restraint was cold, wet packs. The patient was "mummified" with cold, wet sheets which were tucked into the rails of the bed. The cold caused circulatory change and was supposed to help the definition of the body boundaries. This form of restraint was given up in 1959 and, until seclusion rooms were installed ten years later, there was no form of restraint. Today the rooms are small and lack private baths and air-conditioning.

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original kitchen in PW-0035 is now a pantry. No food is prepared in the clinic. It all comes from a central kitchen in the main hospital.

The courtyard on the basement level was infilled with a greenhouse in approximately 1984-1985 (see photo HABS No. NY-6340-A-14). The playrooms in the north wing referred to by Diethelm were transformed into the Oskar Diethelm Historical Library in 1936 which contains information about the historical knowledge of psychiatry, as well as a reference library (see photo HABS No. NY-6340-A-49). The child psychiatry department remains in the north wing. Many of the other spaces, such as the pharmacy, medical records, more difficult patients and cashier's office have all been turned into doctors' or staff offices. The south wing remains the adult out-patient department. The area has been redecorated and the entrance was reduced in size with the addition of two small administrative offices and a built in receptionist counter (see photo HABS No. NY-6340-A-48).

On the main floor, in the north wing, the departmental library and the entire area became administrative offices. The south wing, formerly apartments for the on-call staff and residents, has also been turned into offices, as noted by Dr. Lewis. Mostly the uses have been changed, but not the structure.

On the second floor the departmental library from the main floor was relocated to the eastern end of the north wing. The X-Ray department was eliminated when radiological functions became centralized in one location in the main hospital around 1977 and this space became offices. The south wing remains laboratories, except for three rooms which have become offices for nursing supervision. Originally it was designed for children, when, in 1944, it was made into an adult floor. Currently the north wing of the third floor is used for offices and storage, but it had been used as an in-patient unit until its closing.

On each of the patient floors coin-operated laundries were installed to reinforce the goal to teach self-reliance to the patients. Patients formerly had been served their meals, had their rooms cleaned, and were generally "served". Under the leadership of Dr. Michels, the emphasis was to have patients do for themselves, with self-help meals, making their own beds, and doing their own laundry. This coincided with the decrease in length of stay and the rising operating costs. The patient lounge in the south wing of the third floor was an in-patient research unit prior to 1974. The pantry in that wing, originally a continuous bath, served as the dietary kitchen for restricted diets.

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On the third and fourth floors the hall closets still exist as phone closets where the divider doors used to be. Patient floors were segregated by sex with divider doors that separated the north (women patients) wing from the south (men patients) wing. With the divider doors removed in 1969, the need for two dining rooms, two pantries, two lounges and two nurses' stations also was removed. A pantry and a dining room were combined into a single dining room. One pantry remains and the other dining room was converted into a lounge. One former sitting room was converted into a common nurses station. An isolation room was also added to each floor. The former porches in the southeast corner of each wing still have their tile floors and drains. These are now enclosed offices.

On the fifth floor the linen/phone closets associated with the divider doors have been removed so the full length of the north/south hall is uninterrupted. The continuous baths have been removed and turned into common showers and lavatories. As this was originally the final floor for patients before discharge, it was closest in function to today's uses and has changed the least.

The sixth floor was renovated in about 1980 with angled walls and round columns in the center of the floor eliminating the "corridor" look (see photo HABS No. NY-6340-A-40).

The seventh floor has had the same modifications made on all the other floors: a common dining room, one pantry, one nurses station, one quiet room and the removal of continuous baths which were often in the rooms on this floor and which were used by the most disturbed patients.

The eighth floor remains the recreational and occupational therapy floor, although some of the occupations have changed. The shampoo room went to the sub-basement before it was phased out. The Dental Department mentioned by Diethelm is now an office. Weaving, sewing, pottery, basketery, and metal jewelry have been replaced by a patients' kitchen and general work spaces. The former carpentry shop is now a classroom for adolescents staffed by teachers from the New York City Board of Education.

The ninth floor's central area, originally for keeping study animals, is now part of the Payne Whitney Clinic Historic Library. The screened passageways to the north and south enclosed sun decks remain in the original configuration and use (see photos NY-6340-A-17 and A-18).

B. HISTORICAL CONTEXT:

The New York Hospital has had a tradition, since its earliest years, of serving the mentally ill. Mental cases were treated in the first hospital until 1808, when a separate building was provided to handle the increasing number of mental patients. Later, in 1821, consistent with the prevailing view that mental patients should be separated from all other patients, the Bloomingdale Asylum was built on Broadway and 116th Street. In 1894, the Bloomingdale Asylum relocated to White Plains. From 1899 on, there was a desire on the part of the hospital leadership interested in psychiatry to be able to provide for mental cases in New York City. Over thirty years later, the opening of the Payne Whitney Psychiatric Clinic was the fulfillment of that goal.

It is generally recognized that the movement in the United States away from the complete separation of the treatment of mental cases and towards to the total incorporation as one component of a general hospital, started at the turn of the century in Ann Arbor, Michigan, with a psychiatric facility as part of the University Hospital of the University of Michigan. Shortly thereafter came the State Psychopathic Hospital in Boston, linked with the Harvard Medical School and the Peter Brent Brigham Hospital. Another early example is the Henry Phipps Psychiatric Clinic of Johns Hopkins Hospital, Baltimore, Maryland which opened in 1913.

In her 1982 article, "At Payne Whitney Clinic, A Commitment to Intensive Individual Therapy", Dr. Phyllis Greenacre, then an emeritus clinical professor of psychiatry at CUMC and also in private practice, describes the relationship of the Payne Whitney Clinic to the Phipps Clinic:

I was fortunate to be accepted at the Phipps Clinic, which had recently opened at John Hopkins and which was generally considered to be the most progressive psychiatric service in the country. Headed by Adolf Meyer, Phipps was the first American psychiatric clinic connected with a medical college where patients were admitted for treatment and not just for diagnosis or research.

Meyer, a Swiss, had had a very extensive training in both neurology and psychiatry. He had been in America since 1892, knew the state hospital system well, and from 1902 to 1910 had served as director of the New York Psychiatric Institute (during which time he was a professor of psychiatry at CUMC). A very thoughtful man of great erudition, he was widely considered to be the outstanding psychiatrist in this country.

During this period in New York, Meyer became familiar with the work going on at Bloomingdale, where there was an interest in the psychogenesis of mental disorder and not merely in humane custodial care. Meyer was especially

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interested in the work of August Hoch and George Amsden, who were on the staff at Bloomingdale, and he was probably influential in Amsden's appointment in 1932 to be the first director of the Payne Whitney Clinic, which was closely modeled after the Phipps Clinic (Greenacre, 1982:40).

Adolf Meyer, in his collected papers published in 1951, states:

The first conception of such clinics no doubt was founded on the general idea that the beginning of mental disease should receive the same type of medical care as the general hospitals could afford (Mayer, 1951: 186, Volume II).

It appeared obvious that, both for teaching and in order to shape a really useful plant which could be a model of service to any locality or community, it was essential to provide facilities for the admission of any type of mental disorder from the very lightest to the gravest forms, which were formerly thrust into jails and lock-ups until they could be transferred to the padded rooms or cells of the asylums (Meyer, 1951:187, Volume II).

Meyer's description of The Phipps Clinic facility could be a description of Payne Whitney. Both are multi-storied, due to site limitations, with the patient rooms oriented to the sun and views while the administration and laboratories are oriented to the north or poorer views. Patients were grouped according to the severity of their condition. Dr. William Russell, who had been appointed Psychiatric Director of The New York Hospital in 1929, responsible for planning and building what was to become the Payne Whitney Clinic, reports:

The organization of the Payne Whitney Clinic when it was opened for reception of patients on October 1, 1932 consisted of 171 persons, as follows: 42 physicians (28 in the outpatient service), 1 dentist, 53 nurses (all graduates), 3 occupational therapists, 3 physical and recreational therapists, 6 social workers, 3 laboratory technicians, 13 stenographers and clerks, 5 schoolteachers, 29 domestics, 9 in dietary service, 4 miscellaneous. Positions were filled as needed, and were added to with the growth of service. Two of the floors for patients were all that were at first opened. Nineteen patients were admitted in October, and the total admitted by the end of the year was 67 (Russell, 1945:485).

The name of the Payne Whitney Clinic came from the member of the Board of Governors, Payne Whitney:

In May, 1927, Mr. Whitney died and, by the terms of his will, the governors found themselves in a position to realize, far beyond their most sanguine expectations, their long-cherished wish to resume at the New York Hospital the

service of the mentally ill which had been one of its earliest activities. Mr. Whitney had been particularly interested in the psychiatric service. He referred to it as the most important work the Society was engaged in. He used in his will the phrase "neurological or psychiatric work" only because he was not clear concerning the relation of the one to the other. This was confirmed by a letter, in July, 1927, from Mr. Frank K. Sturgis, chairman of the Bloomingdale Committee, in which he gave an account of a conference with Mr. Lewis Cass Ledyard, who drew the will and was one of the executors. (letter on file in the Archives of the Society) It was accepted, therefore, that Mr. Whitney's intention was to provide funds for the development of psychiatric work at the New York Hospital, presumably along the lines of the plan prepared at his and Mr. Sheldon's request in 1925 (Russell, 1945:473-474).

The Payne Whitney Psychiatric Clinic opened in October 1932 under the direction of Amsden as Psychiatrist-in-Chief. He resigned June 30, 1935 and was succeeded by Oscar Diethelm, March 1, 1936. In 1962, Diethelm he wrote a short unpublished history of the Clinic, including a summary of changes made during his tenure:

During the second period of the Clinic (1936-1940), there was a marked tendency on the part of the Medical Director to discourage long-term studies. Patients were transferred to the Bloomingdale Hospital or to other suitable hospitals whenever promise of recovery was not evident within a few months. During this period, 26 to 29 percent of all the patients discharged were transferred to other hospitals. Of this group, 12 and later 15 percent were transferred to the Bloomingdale Hospital. In 1940, when 25 percent were transferred, only 8 percent went to the Bloomingdale Hospital, because Dr. Clarence Cheney, the Medical Director, had changed the admission policy. He declined to accept patients who might become chronic. Since 1950, 10 to 11 percent of the discharged patients were transferred to another hospital, and only 1 to 2 percent of them to the Westchester Division (this name was accepted in 1938), although the Westchester Division is always asked whether they want to accept any of the patients needing transfer. Not many of our patients were desirable for the Westchester Division, because few would be able to pay the full rate for any extended period of time. The high number of transfers from the Clinic is perhaps explained by the change in admission policy since 1950. Patients who suffer from selected chronic illnesses were admitted for research purposes or for brief diagnostic study.

During this period, the admission of male patients decreased steadily, because not many of them could pay full rate. In 1939, there was a discussion in the Payne Whitney Psychiatric Committee as to whether it would not be wise to limit admission entirely to female patients. At the insistence of the Psychiatrist-in-Chief, this thought was not given further consideration (Diethelm, 1962:11-12).

Further on, in the same article, Diethelm describes the third period from 1940-1962 as one of steady growth and development.

Among the outstanding changes and developments which have occurred in the Department of Psychiatry since 1940 are the opening of male and female floors with the free mingling of the patients and an increase in an open door policy throughout the Clinic. The increased attention to group organization offers the patients a life which corresponds more closely to that outside of a hospital.

The outstanding changes in treatment were the introduction of insulin therapy in 1938, of electric convulsive therapy in 1941, lobotomy in 1945, and of chlorpromazine and allied drugs in 1955. Hydrotherapy as a special treatment for excitements was abolished in 1944. Continuous tubs became less frequent, and packs in any form were abolished in 1957. The nurses gradually became less resistant to medical leadership, and with change in the directorship in 1947, both nurses and physicians formed a well functioning unit. The Nursing Department has kept a progressive attitude in accordance with that of a teaching hospital, with interest in progress in treatment and in research and undergraduate and graduate teaching of nurses.

A main development of the department was the establishment of a metabolism floor on the Third Floor South, in 1951, for the study of muscular dystrophy and of psychiatric patients. Since 1958, this unit has been reserved entirely for psychiatric patients. Through this development, the endocrinological and physical aspects of psychopathological conditions were increasingly stressed. Another important development was that of creating a separate Department of Social Psychiatry, first headed by Dr. T. A. C. Bennie and later by Dr. Alexander Leighton. In 1958 a Sub-Department of History of Psychiatry under Dr. Eric Carlson was started relating to the development of a historical section of the library which was begun in 1936.

From 1943 to 1945, under Dr. Rennie, a rehabilitation program was very active in connection with discharged service men who were in need of psychiatric help. An intensive research program in the etiology of alcoholism took place from 1947 to 1952. A muscular dystrophy day-care program was directed by Dr. Albert Sherwin from 1955 to 1958 in newly-built school rooms in the sub-basement.

The Out-Patient Department was put on a full time basis in 1952. The change in statistics in the annual report occurring in 1955 has to be kept in mind in understanding the growth of this Out-Patient Department. With the development of the comprehensive care program in the Department of Medicine in 1953, it was no longer necessary to count the patients seen and treated in the Medical Out-

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Patient Department, and they were therefore not included in the statistics (Diethelm, 1962:17-19).

PART 11. ARCHITECTURAL INFORMATION

A. GENERAL STATEMENT:

1. **Architectural Character:** The Payne Whitney Clinic building has the appearance of an elegant 1930's hotel. The limestone base, ordered elevations of white brick with decorative designs and careful detailing in the gothic-type arches give an individual identity and at the same time relate the clinic to the rest of the hospital complex through the common building materials and design details. The interior originally had an elegant, residential ambiance. Upholstered furniture, curtains at the windows, velvet cushions on benches in the paneled elevators and carpeted floors all contributed to the intended residential atmosphere.
2. **Condition of Fabric:** The Payne Whitney Clinic, as well as the rest of The New York Hospital complex, suffers from the lack of an overall maintenance effort since the original construction sixty years ago. A 1990 report, Building Envelopes, Main, M&N, Psychiatric and Power House/Annex Buildings prepared by Facilities Research, Inc., describes in detail the condition of the exterior. The Clinic building suffers from leaks and water penetration. While the brick work is generally in fair condition,

the mortar, however, is old, sandy, eroded and porous. Over the vast areas of the complex this has got to account for a great deal of water penetration (Facilities Research, Inc., 1990:4).

Cracking of course is of particular concern. This condition is visible at the south west corner of the Psychiatric Building...Once water is in the corner space, freezing that occurs in winter turns it to expanded ice which causes the cracking...To complicate the issue, there appear to be few ties of the face brickwork to backup at the corners. Usually the face brick is periodically tied to the wall behind what are called header courses. In the case of New York Hospital, "snap headers" were used throughout the complex in the original construction. These are bricks snapped in two and laid up so that it appears from the surface that they penetrate the backup wall; which in fact they are too short to do (Facilities Research, Inc., 1990:10).

Further on in the report, deterioration of the facade stone facing is attributed to

fracturing and spalling of random stones at their upper corners and sides. This is caused by similar rusting of the steel ties, midway up the sides of each stone, which attach to the backup masonry, and by rusting dowels attaching laterally from stone to stone at the upper corners. Evidence of this type of problem is

shown in the photos of the south wall (see photos HABS No. NY-6340-A-24, A-25 and A-26).

The windows are also discussed in the report. Because the Clinic is exposed on its eastern facades to the weather from the East River and to northeastern storms, the in-swing casement windows are in need of total rehabilitation to achieve improved operation and reduced air infiltration.

The interior of the building is generally run-down. The first floor retains much of the original elegance. But the majority of the details on the other floors has been either neglected or removed.

B. DESCRIPTION OF EXTERIOR:

1. **Overall Dimensions:** This is a U-shaped building, with the main elevation facing west and the two wings projecting east to form a courtyard overlooking the East River. There is a full basement on the sub-sub-basement (elevations:-4'-0" and -9'-0") and sub-basement (elevation:+7'-0") levels. As noted on the July 24, 1930 architectural plans, the dimensions for these two levels are approximately 181'-3" (east wall), 113'-3" (north wall), 180 '-7" (west wall) and 96'-11" (south wall). The building is oriented with the city grid on all sides except the east, which runs parallel to the East River and the FDR Drive, causing the north wing to extend approximately 16' further east than the south wing. The east face of the north wing is approximately 45' and the east face of the south wing is 4" shorter. The interior wall to wall dimensions for the U-shaped floors is approximately 44' in the wings as well as the central portion.

The courtyard starts at the basement level, elevation +21'-5". It measures approximately 92' -7" (west side), 60' -2" (north side), and 51' -10" (south side).

The building is nine stories high, plus elevator penthouses. It rises to an elevation of +137' -10" at the roof and elevation +150' -6" at the top of the penthouses.

2. **Foundations:** The following information about the foundations was supplied by Thornton - Thomasetti, the structural engineers for the 1998 Major Modernization Project:

There are three basement levels: basement at elevation +21' -6", sub-basement at elevation +7' -0" and sub-sub-basement with slabs at elevation -9' -0" up to elevation -4'-0". Foundation walls enclose the building up to grade which varies from elevation +7' -0" on the east and south sides to +35' -0" on the west side. The foundation system consists of piers on rock with an inferred bearing capacity of 20 tons. The ground water table elevation varies with the tides between approximately elevation 0 and -5' -0".

3. **Walls:** Information about the walls was supplied by HOK/TCA, the associated architecture firms designing the 1998 Major Modernization Project:

Exterior wall materials are primarily a variegated limestone base to the second floor and glazed brick above of a matching color. The limestone is composed of large blocks, set in horizontal courses with an "ashlar" pattern of staggered vertical joints within each horizontal course. Openings in the limestone are framed with a keystone (see photos HABS No. NY-6340-A-12 and A-13). The brick is set primarily in a flemish bond pattern. Typical window openings punched in the facade have no special brick work at the edges of each opening, but are framed into a pattern of tall, narrow recessed arches that reach from the second to the seventh floors and contain a single line of windows. These arches are framed with a double row of header brick. Certain of the inset brick has an intricate pattern worked in 1" brick of different colors (see photo HABS No. NY-6340-A-15).

The arch openings in the brick wall around the ninth floor porches have a lintel of a single row of header bricks. (see photo HABS No. NY-6340-A-20). The opening is also set with a single row of headers coming to a keystone of 1" brick. According to the article by G. Canby Robinson, M.D., in the February 1933 Architectural Forum,

No grinding of the brick was necessary, since the jointing in the keystone and arch-work is parallel, producing interesting slightly sawtooth edges in the soffit of the arch. (Robinson, 1933:13, Caption for Photo of "Keystone", Reprint).

According to the article by William J. Russell, M.D. in The Modern Hospital, June 1933,

Partitions are constructed of blocks that have been tested for strength and weight at approved laboratories and have been found resistive to sound transmission. Rooms for restless patients are surrounded by double partitions of this material, in which is a half-inch air space lined with hair felt. Partitions of this type also protect the physicians' consulting offices from disturbance and prevent the transmission of sounds from pantries (Russell, June, 1933:3, reprint).

4. **Structural System:** The structural engineers for the Major Modernization Project, Thornton - Thomasetti, provided the following information about the structural system:

The basic structural system consists of structural steel beam and column construction. Typical interior column spacing varies from 10 feet to 20 feet. All steel members are concrete encased. The floor system consists of cinder concrete slabs supported on encased steel beams, spaced approximately 7' -6" on center.

Exterior walls are non-loadbearing masonry walls with brick facade,

Roof framing system is similar to the typical floor framing, with horizontal steel framing and cinder concrete slab construction.

5. **Porches, Stoops, Balconies, Bulkheads:** There is a porte cochere attached to the southwest corner of the building with parking space for one ambulance to unload violent patients directly into the clinic (see photo HABS No. NY-6340-A-8).

On the east facade there is a shallow balcony, approximately 2'-6" deep by 32'-0" long, off the main waiting room that overlooks the interior courtyard (see photo HABS No. NY-6340-A-14). The balcony is of limestone, with five panels of balustrade supported by six limestone braces.

Areaways to provide light and air to the sub-sub- and sub-basement levels are located on the west and north sides of the building. They are approximately five feet in width and of varying lengths and depths (see photo HABS No. NY-6340-A-63).

Two tunnels connect the building with the main hospital on the sub-sub-, sub- and basement levels at the north west corner of the building, one to the west and the other to the north.

One-story limestone arcade walls with arched openings linked the building to the main hospital at the northeast corner (see photos HABS No. NY-6340-14 and -15). One arcade linked the Payson Pavilion with the Payne Whitney Clinic, forming a courtyard entrance for the Private Pavilion. (see photo HABS No. NY-6340-21). Another arcade connected Payne Whitney to the N Building, forming the divider between the vehicular entry to the Private Pavilion and the courtyard where the Psychiatric Garden existed until the Stitch Radiation Center was built in 1983-84 (see photo HABS No. NY-6340-19). A similar wall along the FDR Drive enclosed the interior courtyard and the courtyard of the site of the former Psychiatric Garden. The openings in this wall were infilled with limestone balustrades and ornamental grill work (see photos HABS No. NY-6340-A-16 and A-21).

6. **Chimneys:** None

7. **Openings:**

a. **Doorways and Doors:** The main entrance to the Payne Whitney Clinic is centered in the west facade (see photos HABS No. NY-6340-A-1 and A-12). The single door is set into a large pointed arch that is recessed into the one-story base of limestone. A rectangular canopy, suspended by two rods, held up by circular

escutcheons, provides shelter from rain and clearly identifies the main door. The underneath of the canopy is decorated with dark (color) radiating stripes. The exterior door is mahogany, 7' high and 34" wide. Two square beveled glass inserts, one in the upper half and one in the lower half, have a central square with a border that is divided diagonally at the corners. There is metal lettering set into the limestone that identifies the building: NEW YORK HOSPITAL PAYNE WHITNEY CLINIC.

The doors lead into a main entrance vestibule which has a pair of pine double glass doors with eight panes in each door. The overall dimensions of the opening are 6'-8" high and 5'-0" wide. On the inside of these doors is the inner lobby which has pine molding surrounding the opening but no door. The passageway in this portal is 4'-6" wide (see photo HABS No. NY-6340-A-27 and A-32).

There are two other entrances to the building on the west facade. The entrance to the Outpatient Department is to the south of the main door. It has a similar mahogany door set into a recessed arch of the same size as the arch around the main entrance. Similar lettering over the door states: PSYCHIATRIC OUT PATIENTS. There is no canopy over the door.

The other entrance to the north of the main entrance has the same type of mahogany door that enters into an entrance lobby with double glazed pine doors, as at the front entrance, which lead into an inner lobby with no door.

On the main floor in the main lobby, there are four pairs of glass french doors that open out onto the balcony. The glass is divided into the usual small panes. Above the doors there are four panes across and two in height. Each door is two panes by five panes (see photo HABS No. NY-6340-A-31).

- b. **Windows:** The windows on the patient floors are all casement windows divided into small rectangular panes. The openings are typically four panes across and six panes high. The windows are in pairs, hinged at the center, and are two panes wide and four panes high. The glass above the casements is two panes high and four across (see photo HABS No. NY-6340-A-15).

The windows are slightly recessed into the facade to give a punched-in look. There is no trim around the windows (see photo HABS No. NY-6340-A-23). The west elevation has a consistent rhythm of 19 windows across for floors two through seven. There are ten recessed arches, the full height of the seven floors, that contain a window each, with nine lines of single windows in between. The eighth floor windows are set much closer together and increase to 29 windows by

doubling the number of windows above the ten recessed arches (see photo HABS No. NY-6340-A-1).

In the north elevation, there are six recessed arches that contain windows. All are the same patient window except for the eastern corner, which has an extra 2x2 panel above a 2x4 panel in the corner sunporch (see photo HABS No. NY-6340-A-7). The south facade has the same pattern in reverse, with the extra panels also in the eastern most line, again where the sun porch is located (see photo HABS No. NY-6340-A-10 and A-26). The eighth floor windows increase in the same manner as the west facade, to fourteen windows in individual arched recesses.

The central portion of the east elevation has the same arrangement concept. In this case, there are four lines of windows in recessed arches and five lines flush with the brick face. Above, the pattern for increasing the number of windows is not followed. The shape changes to the individual arch shape, but the number remains at nine windows across. On either side of the central facade as a transition to the elevation of the wings, there are the much smaller punched windows of the stairway. The east facades of the two wings have three tall recessed arches that contain all the windows on those elevations in pairs. There are no lines of windows in between the recessed arches. The eighth floor windows again are individual arched recesses and double in number to six openings per facade (see photo HABS No. NY-6340-A-4).

The window openings in the limestone base are closer to a square shape. Because the limestone portion of the facade is all the same plane, with no recessed elements, it appears that the stone-to-window ratio is greater than in the brick portion of the facades (see photo HABS No. NY-6340-A-4).

On the eighth floor, the steel casement windows in the sunrooms have similar small-sized panes, but the openings are larger and are pointed arches rather than the typical rectilinear opening (see photo HABS No. NY-6340-A-52).

8. **Roof:**

The roofs are flat and are on three levels (see photos HABS No. NY-6340-4,-5,-27,-29; and photos HABS No. NY-6340-A-2,A-4,A-8). All roofs were originally tile trafficable terraces. The lowest roofs are on either wing, level with the ninth floor. There is a brick arcade that forms a screened walkway and surround for the roof terraces and also forms the facade for the ninth floor, which occupies the central portion of the building (photos HABS No. NY-6340-A-17 and A-19). The original tile roof is still in place.

The ninth floor occupied space is in the central portion of the building and the roof is flat, with a small parapet. The roofs on the two elevator penthouses are the highest roofs on the building and also are flat.

C. DESCRIPTION OF INTERIOR:

1. Floor plans:

a. **Sub-Sub-Basement:** occupies the full footprint of the building. The majority of the area was originally storage and serves the same function today. In the northwestern third of this level is a mechanical apparatus area that is five feet below the elevation of the rest of the sub-sub-basement. The central portion of this level was originally used as a laundry, which has been converted to a mechanical shop and an audio-visual facility. What was once a room for office supplies has become an employee locker room. This level is connected to the main hospital by two tunnels at the Northwest corner.

b. **Sub-Basement:** also occupies the full footprint. Most of the rooms have not changed shape, but the uses and fittings have changed. The original uses included an auditorium, sewing room, housekeeping, the kitchen and special diet kitchen, the hydrotherapy and physical therapy departments. The therapy areas have become the Child Psychiatry Department. The housekeeping area has become the Magnetic Resonance Imaging Department (MRI). The kitchen is now a pantry and the special diet kitchen has been sub-divided into two offices.

c. **Basement:** The north and south wings start at this level, and frame the inner courtyard. The south wing remains the adult out-patient department, reached from the outside by a staircase at the southwest corner of the building. The north wing is still the child out-patient department, with the Oskar Diethelm Historical Library occupying what was the young children's waiting room and children's playroom.

d. **Main Floor:** As described by Russell in his 1945 history of The New York Hospital's Psychiatric Service,

The first of the eight floors above grade was designed for administration, reception lobby and consultation rooms, library, and a few living rooms for physicians. A reception room and two offices were provided for the use of the Bloomingdale physicians. (Russell 1945:475)

e. **Second Floor:**

The second floor contained the laboratories and some examining rooms (Russell, 1945:475).

f. Third Floor:

The third floor was designed for 10 boys ages 9-16 years in the south wing and 13 children consisting of boys and girls 4-9 years of age and girls up to 15 years. In the early 60's the south wing became an in-patient research unit.

g. Fourth Floor:

The fourth, fifth, sixth and seventh floors were designed for adults. Each floor for patients was divided into sections so as to provide for separation of the men and women. The equipment and furnishings were, however, sufficiently uniform to permit of occupation by either sex. It was assumed that the policy pursued at Bloomingdale in regard to the class of patients would be followed at the new service, and the only differences in accommodation throughout the building were those required by the condition of the patients (Russell, 1945:475-476).

h. Fifth Floor: The final floor before a patient left the hospital. It was an open floor, planned for 12 women on the north and 11 men on the south.

i. Sixth Floor: Along with the fourth floor, it was an intermediate floor between the intense security on the seventh floor and the open fifth floor.

j. Seventh Floor:

The accommodations for the more demonstrative patients were placed on the seventh floor (Russell, 1945:476).

This floor had continuous, or prolonged, baths in many of the rooms, consisting of large bath tubs able to provide a continuous flow of warm water to calm agitated patients who were kept in these baths up to an hour at a time.

k. Eighth Floor:

The eighth floor was designed for occupational and recreational therapy, and class room for children (Russell, 1945:476).

I. Ninth Floor:

A penthouse on the roof was designed for study animals (Russell, 1945:476). According to a phone conversation with Dr. William T. Lhamon, the majority of the animals were being kept for other departments. In the late 50's, some of the animals were used to study the physiological reaction of various medicines.

2. **Stairways:** There are two stairways that provide access from the main floor through the ninth floor. They are located in the north and south east corners of the central portion of the building, where the north and south wings connect. Adjacent to the two elevator banks, the stairs are accessed off the elevator halls which are outside the locked doors that provide access to the patient floors. The stairwells are enclosed in solid walls to avoid open stair wells (see photo HABS No. NY-6340-A-62). Small windows at mid-landings on the east end of the stair wells provide light, air and river views.

The south stair goes all the way down to the sub-sub-basement. There is also an additional service stair on the west side of the building adjacent to the west tunnel. This stair provides access from the sub-basement to the main floor and is also enclosed with solid walls.

3. **Flooring:** According to the article by William L. Russell in The Modern Hospital, June, 1933:

Corridor floors are of oak strips laid diagonally in asphalt on concrete. Bedroom, sitting room and dining room floors are of linoleum or linoleum blocks on concrete. Carpet runners and rugs add to the noiselessness of the floors (Russell, June, 1933:3-4).

The front hall and first floor corridor have marble flooring. The ground is a light beige color with a dark green border at the edges of the rooms. A 45-degree diagonal pattern of bands forms squares (see photo HABS No. NY-6350-A-28). The inner entrance lobby has a large inlaid marble star (see photo HABS No. NY-6340-A-27).

The south wing on the eighth floor has 4x4 terra cotta tiles with approximately forty figured tiles inset in a random pattern (see photo HABS No. NY-6340-A-55). The "Brown Lounge" also has the same terra cotta tile (see photo HABS No. NY-6340-A-46).

4. **Wall and Ceiling Finishes:** The exterior walls are of variegated limestone in an "ashlar coursing" at the base, up to the top of the first floor and then brick thereafter (see photos HABS No. NY-6340-A-1, . . . and A-2). The Architectural Forum article by Canby Robinson, M.D. states:

Many studies were made to determine the character of the architectural treatment, keeping in mind the particular limitations of plan and equipment, and also that the building should last more than one hundred years.

The selection of the brick was an item of more than ordinary importance as the view from so many windows in the building would be toward other parts of the building itself. A light grey mixture was finally selected, using four well-known shades of the same brick. The combination gives lightness with a sufficient variety to be agreeable upon close examination and to blend very well with the limestone (Robinson, 1933:92).

Brick is primarily 2 1/8" x 7 5/8" glazed brick with a black spot finish. The majority of the header bricks in the arches were cut to a 1" thickness.

A contemporary description of the interior walls is given in the article by William J. Russell in The Modern Hospital, June, 1933,

Lime plaster over terra cotta block was used for walls, rough troweled except where a smooth hard surface was required for sanitary purposes or for the protection of patients from injury. Corridor and sitting room ceilings are of sound absorbent material. Ceilings are hung with an air space above. In bedrooms and bathrooms for talkative patients, in treatment rooms, in stenographers' offices and in other rooms in which penetrating sounds are made, ceilings are constructed of soundproof material, which produces good results (Russell, June, 1933: 3).

5. **Openings:**

- a. **Doorways and Doors:** The Payne Whitney Clinic has six exterior doorways: three on level one on the west front facade, the main door in the center, a side door to the north and a side door to the south within the porte cochere; one on level one on the north facade in the west corner that led to the former psychiatric garden; and two into the basement, one at the bottom of the stairs leading to the Out-Patient Department at the south end of the main west facade, and one on the east rear facade in the north corner, leading to the former inner courtyard garden.

The main door, is recessed into the surrounding limestone which has straight edges similar to the punched windows. The door is mahogany, 7' high x 34" wide, with two rectangular glass panels, top and bottom, identically framed with a glass border (see photo HABS No. NY-6340-A-12). The side door to the north on the west facade and the door on the north facade are identical.

The door into the Out-Patient Department (see photo HABS No. NY-6340-A-13) opens onto stairs to a glass enclosed entry at the basement level (see photo HABS No. NY-6340-48). The door to the former courtyard garden is a metal fire door.

- b. **Windows:** The typical window in a patient room, according to the report by Facilities Research Inc., is a security window that is center-folding and crank-operated, of

Heavy intermediate steel type with bent panel obstructions to prevent access to the exterior through the top and bottom of the open window. These windows were steel in the original installation and have been mostly replaced with an aluminum version of the same function (Facilities,1990:21) (see photo HABS No. NY-6430-A-53).

6. **Decorative Features:**

- a. **Main Floor Woodwork:** The main lobby of the Payne Whitney Clinic has a central fireplace that is framed with pine pilasters on either side, a central pine panel (see photo HABS No. NY-6340-A-35) inscribed: "The wisdom and generosity of Payne Whitney established this house for the healing of the sick and troubled", with a New York Hospital medallion over the inscription. The room has two floor-to-ceiling corner pilasters that connect with a deep pine cornice where the ceiling meets the wall (see photo HABS No. NY-6340-A-34). Raised pine panel wainscoting runs approximately three feet high on all the walls, with plaster above. The paneling extends along the hallways on the main floor to the entrances to the two wings. There are sixteen pine paneled doorways with frames along these corridors. The director's office also has a three foot wooden wainscot and other built-in features (see photo HABS No. NY-6340-A-36).
- b. **Light Fixtures:** In the main lobby are the two original chandeliers consisting of a black central column topped with a brass eagle, wings spread, and five branches supporting glass white light shades (see photo HABS No. NY-6340-A-29 and A-30). Along the main floor corridors leading to the elevators are glass hanging globes with brass decoration. On the eighth floor, in the "Brown Lounge" are the original pair of wrought iron eight-light scroll pattern chandeliers (see photo HABS No. NY-6340-A-45).
- c. **Water Fountains:** Several of the original arch-shaped, tile-over-cast iron fountains still remain, although few function as water fountains any longer. The face of the fountain is of white tile, and the interior is a mosaic of small tiles of terra cotta, light and dark blue (see photo HABS No. NY-6340-A-56).

- d. **Eighth Floor:** The two recreational lounges on the eighth floor, the Ladies' Lounge or Blue Lounge, and the Gentlemen's Lounge or Brown Lounge, were very distinct in their details, much of which remains. In the Blue Lounge there is a decorative painted wood fireplace mantle (see photo HABS No. NY-6430-A-47) and a painted wood door surrounded with ornamental carving, as well as some original built in cabinets. The Brown Lounge has a large sand stone fireplace mantle (see photo HABS No. NY-6340-A-45), built in book cases, terra cotta 4" x 4" tiles on the floor and a false wood beam ceiling (see photo HABS No. NY-6340-A-46). The corridor in the south wing has the same floor with randomly-placed figured tiles. The doors to the various activity rooms are cherry with leaded glass, divided diagonally to form square diamonds. The ornamental hinges on these doors are in a divided scroll pattern.

The gymnasium is paneled with birch tongue and groove (see photo HABS No. NY-6340-A-50). Original climbing bars, punching bag (see photo HABS No. NY-6340-A-51) and weight lifting equipment line the walls.

- e. **Oskar Diethelm Historical Library:** The floor-to-ceiling book cases in this library, known as the Oskar Diethelm Historical Library, located on the basement level, are of sugar pine frames with glass fronts (see photo HABS No. NY-6340-A-49). The library, stated with purchases of books by Oscar Diethelm in 1936, was created to support research in the history of psychiatry as behavior sciences

7. **Hardware:**

Much in the construction, equipment and furnishings of the building that is most effective in facilitating administration and in promoting the comfort, security, and successful treatment of the patients was obtained by means to the interest and skillful assistance of "...highly qualified Bloomingdale staff..." The hammock frame for the continuous flow tub baths, the direct connected seamless irrigation table, the comprehensive lock system, the noiseless door latches, and many other specially adapted devices were of their design (Russell, 1945:474).

The substantial doors and trim are of wood, equipped with roller latches and friction hinges... Doors are further silenced by means of rubber buffers in the jambs and on the bottoms where the space is closed by means of a device that operates with the closing of the door (Russell, June, 1933:4, reprint).

Roller latches and quietly operated cylinder locks render as unobtrusive as possible the constant locking and unlocking of doors required in a psychiatric hospital (see photo HABS No. NY-6340-A-57). Linen and rubbish chutes are shut off by closet doors which are kept locked and by spring hinges and locks on the chute doors (Russell, June, 1933:5, reprint).

Cylinder locks are used throughout. All locks are operated by a grand master key, but there are seven separate systems, each of which is controlled by a different submaster key. Keys differ sufficiently to prevent the key belonging to one system from entering any other lock (Russell, June 1933:7, reprint).

Windows accessible to patients are of a safety casement type, with an opening limited to five inches. They are glazed with 7 by 8 1/2 inch panes of unshatterable thick plate glass and are controlled by a mechanical device operated by a small crank or knob which can be recessed and locked (Russell, June 1933:4, reprint) (see photo HABS No. NY-6340-A-53).

8. Mechanical Equipment:

a. Heating, Air-conditioning, Ventilation (HVAC): In the 1933 article in The Modern Hospital, Russell states that:

Heat radiators in patients' rooms are covered. Rooms occupied by patients requiring special protection are heated by indirect radiation controlled by thermostat (Russell, June 1933:4, reprint).

A mechanical system of ventilation is employed, fans being placed in the lowest basement and in the roof structures (Russell, June 1933:7, reprint).

The HVAC engineers for the Major Modernization project, Syska and Hennessy, state that today, the sub-basement floor is served by a central air-conditioning unit located on that floor. The Theater area is served by a dedicated air-conditioning unit located on the sub-sub-basement floor. Both units draw their chilled water from the chilled water loop that serves the entire complex. The rest of the building utilizes individual window air-conditioning units.

The heating system is comprised of low pressure steam, utilizing cast iron radiators. A pressure reducing valve station, located on the sub-sub basement floor, reduces the high pressure steam from the high pressure steam loop that serves the entire complex.

b. Lighting:

Light fixtures in rooms for restless patients consist of shallow bowls of heavy glass closely attached to the ceiling. In other bedrooms simple indirect metal fixtures are used (Russell, June 1933:5, reprint).

All of the lighting fixtures in the in-patient areas are new. Many of the ornamental fixtures, such as the chandeliers in the front lobby, are still in place.

c. Plumbing: Syska and Hennessy state that:

The plumbing systems are the original systems installed in 1932. The piping and insulating materials used on the system are typical of materials used at that time, e.g. asbestos, yellow brass, acid resistant clay, cast iron, etc. The sanitary waste and storm systems are connected to house drains that serve many of the buildings in the hospital complex. These drains are located in the sub-sub-basement level.

d. Water: Russell, in his 1933 article, notes:

Water is heated by heaters in the lowest basement of the building. For domestic and clinical purposes, hot water is circulated in two systems, in one of which temperature is much higher than the other (Russell, June 1933:7, reprint).

Hot water supplied to lavatories and baths is regulated at the source and is never hot enough to scald. As an additional precaution, automatic control valves and mixers are attached to continuous flow baths and showers. The water supply to individual lavatories may be locked off by the nurse when necessary (Russell, June 1933:4, reprint) (see photo HABS No. NY A-39).

Syska and Hennessy state that:

The domestic cold water system is an up-feed riser system that is supplied from the Baker Tower low zone tanks. Risers are located within the pipe shafts behind the patient toilets. Pressure in the system is created through gravity.

The domestic water service from the City's main under the FDR Drive is not cross connected to the building's system, but instead is connected to

the hospital complex's street main system which is used to supply water to the various house pump systems.

e. **Electrical Systems:** Syska and Hennessy state that:

Most of the electrical distribution system is antiquated and dates back to the original 1932 installation. There are three distribution voltages utilized in the building - 230V DC, originating from campus-wide DC loop system serving mechanical equipment; 550V air-conditioning system, used mostly for main distribution from the central plant to the building; 120/208V air-conditioning system, used for lighting and power appliances.

f. **Communication:** Russell, in his 1933 article, describes two forms of communication systems in the Clinic:

The telephone system is the dial type, connected with a central station for outside calls. A tapping system is used to signal physicians of the resident staff (Russell, June 1933:7, reprint).

Bathrooms, treatment rooms and other rooms from which it may be necessary to summon extra help are equipped with alarm signals (Russell, June 1933:4-5, reprint).

D. **SITE:**

1. **General Setting and Orientation:** In the plan prepared by William Logie Russell in 1925 for a psychiatric facility in the city, and in anticipation of an association between the Hospital and Cornell, "it was recommended, therefore, that the building be located adjacent to the other departments of the general hospital, and to the medical school". Russell states in his article in the Journal of Nervous and Mental Disease, August, 1933:

The building is near the main entrance to the hospital premises. There is no indication of isolation, and nothing in its appearance to suggest unhappy associations. It is sufficiently separated to insure that degree of privacy with accessibility, and of quietness that are indispensable to a satisfactory psychiatric service. It is a separate building, but is connected with the other departments by corridors, and for all practical purposes there is no physical separation. It is located on a bluff overlooking the river, well removed from the streets and from proximity to residential and industrial buildings. The shape of the building is hollow square with the wings and the open court on the side towards the river. The length of the building in front is 180 feet. The wings extend respectively 60

feet and 51 feet, one being longer than the other. The width of all parts of the building from the basement up is 44 feet. The two floors below the basement includes the space under the central court. The contour of the site is such that, on the side of the building towards the river, there are two more stories above ground level than on the other side. The side fronting on the hospital grounds, on which the entrance to the Clinic is located, presents, therefore, eight stories, and the other side ten stories. This has proved to be of great advantage in furnishing space for active service (Russell, August, 1933:115-116).

In an unpublished document prepared by Russell in 1938, he describes the desired criteria for the site:

The site should permit of sufficient separation from adjacent buildings to prevent overlooking, disturbing noises, etc. An elevation overlooking a river or a park would best secure the quiet, air, light, and pleasant outlook that are so beneficial in the treatment of nervous patients. Provisions, separate from that for patients, should be made for physicians, nurses and other employed persons, and for teaching and laboratory purposes. The need of outdoor exercise, recreation, and of employment should also be provided (Russell, 1938:6).

As noted in Russell's book, New York Hospital, A History of the Psychiatric Service 1771-1936,

These recommendations were made without any knowledge whatever of the location of the new hospital and college. It was rather remarkable, therefore, that a site on the property conformed fairly closely with these recommendations. The building stands on a bluff and commands a wide view of the river and of Welfare Island, (now Roosevelt island). It is well removed from the streets and from residential and industrial buildings, but it is adjacent to the other buildings of the hospital group with which it is connected by corridors, which, however are not visible in the front of the building. It is near the main entrance to the hospital premises, and presents no indication of isolation or confinement. The land slopes away, at the rear of the building, toward the river; here two stories, which in the front are below grade, are provided with ample windows on three sides (Russell, 1945:475).

The space between the wings, and between the building and an adjacent building, was also designed for patients' exercise, and a yard for squash and other games was provided.

2. **Historic Landscape Design:**

In the New York Hospital Planning Department there is an undated, freehand landscape plan for the Psychiatry Garden prepared by Coolidge, Shepley, Bulfinch and Abbot

From the sketch one deduces that the architect also served as landscape architect. The garden design in this plan is formal and symmetrical. The nearly square site is divided into quarters with a circular shape in the center that may have been a fountain. Each quadrant is subdivided into four beds with a smaller circle in the middle. The beds are edged on the perimeter with privet and edged internally with flowering shrubs. Four rectangular lawn panels mark the axes. The border on the eastern side is a straight edge of barberry alternating with lilac in front of the limestone arcade. The other three sides have a varied width border edged with boxwood hedge. On either side of the entrance on the west and in the northwest and southwest corners are cryptomeria set in beds of kalmia.

In between are azalea with a background of minor barberry. Set against the walls of the Clinic on the south and the 'N' buildings on the north are dogwoods on either side of the north-south axis set in beds of andromeda. Terminating these two borders at the east is a shrub or tree marked "thorn" surrounded by lilacs and barberry. In the northeast corner in the extra lot area due to the angle of the East River there is an additional dogwood. The ground plane is paved in between the border and the beds. No seating is shown on the plan but is shown in photographs such as in the Annual Report, 1936.

3. **Outbuildings:** None

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, N.Y. 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 (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.

C. EARLY VIEWS:

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

D. INTERVIEWS:

1. Dr. Alfred Lewis, Associate Professor of Clinical Psychiatry, Cornell Medical College, July 27, 1993.
2. Dr. Helen Daniels, Clinical Professor Emeritus of Psychiatry, Cornell Medical College, July 28, 1993.
3. Margaret Fisher, Nurse Manager of The Payne Whitney Clinic, Sixth Floor, July 29, 1993.
4. John Quinn - NYH Office of Facilities Development, Project Manager, October 25, 1993
5. Dr. William T. Lhamon, Professor Emeritus of Psychiatry, Cornell Medical College, Telephone Interview April 27, 1994.

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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.

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