

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: Triboro Hospital for Tuberculosis

Other names/site number: T Building

Name of related multiple property listing: N/A

(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 82-41 Parsons Boulevard

City or town: Jamaica, Queens State: NY County: Queens

Not For Publication: Vicinity:

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this x nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property x meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

 national statewide X local

Applicable National Register Criteria:

 X A B X C D

<u>For Daniel Macky</u> Signature of certifying official/Title:	<u>12/10/2018</u> Date
<u>DSHRO</u> State or Federal agency/bureau or Tribal Government	

In my opinion, the property <u> </u> meets <u> </u> does not meet the National Register criteria.	
_____ Signature of commenting official:	_____ Date
_____ Title : State or Federal agency/bureau or Tribal Government	

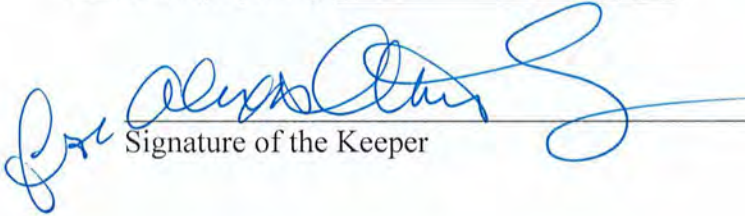
Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:)


Signature of the Keeper

1-31-19
Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

Category of Property

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>1</u>	<u> </u>	buildings
<u> </u>	<u> </u>	sites
<u> </u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>1</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE: Public Hospital

Current Functions

(Enter categories from instructions.)

HEALTH CARE: Public Hospital

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT: Art Moderne/Streamlined Moderne

Materials: (enter categories from instructions.)

Principal exterior materials of the property:	Walls:	BRICK STONE: Limestone
	Windows:	STEEL GLASS/Glass block
	Other (balconies):	METAL/Galvanized steel WOOD/Teak handrail

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Triboro Hospital for Tuberculosis, a state-of-the-art Art Moderne hospital designed in 1937, is located in the southwest corner of the nearly 20-acre Queens Hospital Center (QHC) campus in Jamaica, Queens. The QHC campus is bounded by Parson Boulevard on the west, Goethals Avenue to the north, 82nd Drive to the south and 164th Street to the east. Recent buildings on the campus include the Queens Gateway to Health Sciences Secondary School; and the NYC Health + Hospitals/Queens (along 164th Street); and the Medical Examiner's Office (along Goethals Avenue), all built post 2001. The oldest building on the campus, located in the northeast corner, is the ca. 1929-32 power plant associated with the demolished Queens General Hospital. The surrounding neighborhood that has grown up around the hospital campus includes Parkway Village (1947, NR-listed), on the west side of Parsons Boulevard; and rows of mostly single-family homes, interspersed with some small- and medium-scale apartment buildings and small commercial strips.

The main entrance to the Triboro Hospital is located along the east side of Parsons Boulevard, a block and a half north of the Grand Central Parkway. An iron fence runs along Parsons Boulevard and 82nd Road, to the south and west of the T building's main façade. The hospital stands facing the southwest, diagonally offset from the western boundary of the campus, which

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

runs roughly north-south. The siting of the building is directly related to the solar access demanded by tuberculosis institutions of this period, coupled with the need to accommodate a large, 557-bed hospital on a constrained site.

The building is sited on the declining northern slope of a small hill, and the land drops away behind it to the north, exposing much of the basement at the rear/north eastern elevation; on the principal façade, the basement level is tucked behind a combination of areaways and light wells. Historic renderings (Figures H1-3) and photographs (Figure H8) offer differing information about the landscape surrounding the hospital. The renderings show a park-like landscape, which was intended to encourage ambulatory patients to stroll the grounds; photographs show a more open, bare landscape suggesting that only some of this was ultimately realized. Some of the original trees, paths and benches from the 1930s-era landscape remain around the building and along the fence-line, enhancing the sense of place and setting of the period of significance. However, much of this area south of the entrance is now covered by a large parking lot inserted into the landscape.

The boundary for the Triboro Hospital for Tuberculosis follows Parsons Boulevard on the west and 82nd Drive on the south to incorporate the parking lot and plantings associated with the hospital; on the north and east, it follows existing roads and paths surrounding the building. The Triboro Hospital for Tuberculosis is being nominated individually for its direct association with the twentieth century treatment of tuberculosis, which required its separation from the rest of the hospital complex, and for its individual architectural significance. Due to extensive demolitions and later construction, the surrounding Queens Hospital Center does not retain integrity as a historic district (see boundary justification for additional information).

Narrative Description

The Triboro Hospital for Tuberculosis is a nine-story tan brick and limestone Art Moderne building designed in 1937 by the New York architectural firm the Office of John Russell Pope and completed by its successor firm, Eggers and Higgins. The tripartite symmetrical façade is composed of a broad, three-bay tower with bowed central bay, flanked by two eight-bay horizontal wings that angle forward. The horizontality is emphasized by long continuous cantilevered metal balconies running across the wings on floors three to nine. A wide limestone water table separates the basement from the first floor of the predominantly brick building; all brickwork is laid in a Flemish bond. The outer bays of floors three to seven terminate in rounded solarium glazed in multiple two-over-two steel sash windows mullied together in a continuous band. The wings step back at the outer bays of the eighth and ninth floors to accommodate large open sun decks or terraces at either end. The hospital design adhered to prevailing contemporary practice in tuberculosis treatment, which called for ample patient access to light and air. The hospital is oriented to the southwest, maximizing the access to sunlight on its constrained site. Patient rooms and wards were organized along the southwest side of the building, with high ceilings, generous two-over-two steel sash windows and steel and glass French doors opening on to balconies running the length of the façade. Treatment rooms, service and utility spaces were

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

relegated to the rear/northeastern walls but still featured generously proportioned windows. The continual though diminishing use of the hospital from 1941 to the present has resulted in the alteration of the interior over time to accommodate changing needs. Throughout the past nearly 80 years, however, the general layout and many of the original materials have remained intact, notably the marble-walled main lobby; many of the steel sash windows; extensive sections of the original colorful wall tile; and some of the wooden ward partitions. The exterior remains largely intact and reflective of its period and style, with the exception of the replacement of windows and doors facing the balconies and terraces.

The massive nine-story, 19-bay-wide fireproof steel, terra cotta block and concrete structure is clad in a 12"-thick exterior brick wall faced in tan brick laid in a Flemish bond with limestone trim.¹ The tripartite symmetrical façade is composed of a broad three-bay tower with a bowed central bay, flanked by two horizontal eight-bay wings that angle forward at the middle.

The first and second floors are set apart by two broad limestone belt courses. The brickwork of this two-story base includes a reveal course every eighth course; the effect of these continuous "speedlines," favored in Moderne design, mimics rustication while enhancing the horizontality of the wings. Upper floors are also laid in Flemish bond, with belt courses of limestone at the windowsills and soldier courses of brick running continuously around the building at lintel-height. The horizontality of the wings is further emphasized by continuous metal balconies topped with wooden rails that extend the length of the wings of floors three to nine. The wings step back at the eighth and ninth floors to accommodate large open sun decks at either end, the ninth floor terrace forming a partial roof over the eighth floor terrace.

In plan at ground level, the T building is not strictly symmetrical. The architects tucked the boxy one-story kitchen and basement service areas to the north of an eight-bay-deep, two-story admitting and operating wing perpendicular to the wings of the main building. From the third floor up, this perpendicular rear extension is pulled in closer to the central mass, shrinking to a single room in depth on floors three to nine.

BUILDING PROGRAM

The basement, first, and second floors were dedicated to a variety of administrative, utilitarian, clinical, and medical uses, and their partitioning is specific to each floor and use. Floors three to seven of the main (front) wings were typical patient wards, with common layouts that pushed the patient rooms and wards to the sunny façade; across the 10-foot-wide hallways of the central tower, the service and treatment rooms were lined up along the back wall. Floors eight and nine, shortened in length because of the large open-air sun decks or terraces at each end, also varied in layout to accommodate different uses, primarily devoted to treatment on the eighth floor and rehabilitation on the ninth floor. Each floor will be described below. Copies of the historic plans are included at the end of this document (*see H6-H7*).

¹ The hospital is nine stories tall, but it sits atop a partially-exposed one-story basement, and there is a 10th-floor mechanical space/penthouse not included in the floor count.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Four stair halls (central; one in each of the two nine-story wings; and one in the rear wing) feature metal stairs with black slate treads and landings. The stair halls are uniformly tiled floor-to-ceiling in a salt glazed tan tile. The wrought iron balustrades are modest square stock, while the massive wooden hand rail snakes up in a continuous spiral. Auxiliary wall-mounted railings are also wood. On floors four, five, and seven, the stairs have been redirected through the wall between the elevator lobby and stairs.

The two main elevators are located at the rear of the main lobby. The elevator cars have been replaced, but the faceted metal surround original to the building remains. Each of the main wings is served by a single elevator located along the rear wall near the angle at the midpoint of the wing.

The continual though diminishing use of the hospital from 1941 to the present has resulted in the alteration of the interior over time to accommodate changing needs. Throughout the past nearly 80 years, many of the original materials have remained intact, notably the marble-walled main lobby; many of the steel windows; extensive sections of the original colorful tile wainscoting; and some of the wooden ward partitions, which have been universally altered from clear glazing to a mix of non-historic obscure glass. Observation windows along the corridors have been in-filled or altered to remove the historic mullions. Additionally, the use of the hospital as a set for television and movie production has resulted in superficial alterations that currently mask some of the original underlying historic materials and spaces, most notably in the first-floor medical library and the ninth-floor auditorium and hallways.

Basement

The basement originally housed storage, a nurses dining room, utility spaces, access to the campus tunnels, and the kitchen. The walls of the basement halls are wainscoted in bright green glazed tile, which is also used as wainscoting on the first floor. The massive basement kitchen, located in a one-story wing on the northeast side of the building, is thoughtfully day-lit with large banks of north-facing monitor windows atop the flat one-story roof, with standing seam copper or bronze shed roofs. The kitchen walls are clad in a tan salt glazed tile.

Along the southwest wall of the basement, below the projecting entrance, was the nurses dining room, lit with glass block and steel two-over-two sash windows fronting on the areaway. Any historic detail other than the windows has been lost. Other basement spaces included storage, offices, and locker rooms, were left unfinished, with painted terra cotta hollow block walls. These spaces were also lit with steel sash or glass block windows fronting on the areaway or light wells or exposed above grade as the land dropped away to the rear of the building.

First Floor

Main Entrance

At the first floor, the central main entrance on the southwest facade leads to a one-story brick and limestone lobby projecting forward from the central bay, with rounded front corners (H14). A limestone surround occupies the entirety of the entrance pavilion's façade. A cornerstone to the

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

left of the bronze entry doors misleadingly cites the date of construction as 1938; the building was designed in 1937, the cornerstone itself was laid in 1939, and the building completed in 1941.² The pin-mounted bronze letters that once read “The Triboro Hospital for Tuberculosis” have been removed from the space over the entrance doors.

Flanking the entry steps are two monumental bronze and glass lanterns set atop the walls framing the granite steps. A non-historic cast concrete ramp extends in a dogleg perpendicular to the southeast side of the entrance. A set of three bronze-framed glass entry doors flanked by two sidelights leads to a small marble-walled vestibule with bronze ventilation screens, beyond which stands an identical set of bronze doors. An original round bronze and glass light fixture remains in the decorative plaster ceiling.

The lobby features its original black and charcoal grey terrazzo floor, beige-pink marble walls with grey marble window and floor trim. The floors have been coated in a non-historic varnish or wax that obscures them, but they remain intact and appear to be in good condition. A single continuous bay on each of the lobby exterior side walls contains alternating panels of glass block windows and two steel two-over-two sash windows. The glass block in the lobby remains largely intact, but with some damaged/replaced units. The two-over-two metal sash windows interspersed with expanses of glass block remain intact, but air conditioner window units have been mounted in the top sash. Curved glass block panels form windows within the curved front corners of the pavilion. The original open lobby has been divided to create a series of non-historic small rooms. While the men’s and women’s bathrooms remain, the phone booth cabinets that once stood between them have been removed and the area walled in.

To the rear of the lobby stand the elevator (left/north) and stairs (right/south). The stairs have been enclosed in a sheet-rocked stud wall and cut off from their original connection to the basement stairs by a demising wall. Hallways extending in three directions lead to the flanking wings and to the rear admitting wing behind the main mass of the building.

Out Patient Department

Returning to the exterior, to the southeast of the main entrance stands a secondary entrance, dedicated to outpatient services, located just before the bend in the wing. Two bronze lanterns and a curving bronze Moderne handrail lead the visitor up granite steps to a bronze and glass double door and into a curved vestibule that opens onto a small lobby wainscoted in bright green tiles. The vestibule is separated from the lobby by a wood and glass partition of a similar construction to the ward partitions of the upper floors. The bronze pin-mounted letters remain over the entrance, reading “OUT PATIENT DEPARTMENT.”

² 1938 represents the year that the original plans were filed and funding for the project was authorized; over \$1 million was granted by the PWA in August 1938. “Triboro Hospital May Open in August,” *Queens Civic Record* (November 1939): 7. Queens Central Library Vertical Files.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Admitting/Ambulance Entrance

At the rear of the building, an ambulance entrance was originally located on the inside corner between the southern wing and the rear admitting wing. A faceted canopy protects the entrance, and four original exterior light fixtures remain intact on the underside of the canopy. The historic doors to the hospital have been removed and replaced with a pair of standard modern aluminum and glass automatic in/out doors.

On the first floor, the entrance locations and functions reflect the uses of space adjacent to those entrances. The main lobby brings the visitor to the elevator and stairs, and medical staff to their offices, records, and the medical library located in the northwest wing of the first floor. The outpatient lobby leads to the outpatient clinic services, located in the southeast wing, and the ambulance entrance is closest to the admitting wing at the rear (northeast).

The walls of the north and south wings are wainscoted in the same bright green tile of the basement, but almost all of it has been painted. In the south (outpatient) wing, the rectangular tile had been laid vertically in the lobby area and horizontally in the hall. In the rear admitting wing, a smaller-dimensioned tile is used as wainscoting; it is painted in what appears to be an oil-based paint and the color could not be determined at this time. The bathroom tile palette is the same in this wing as throughout the building: grey and white checked tile floor and yellow glazed tile walls. In bathrooms requiring partitions, pink marble slabs form the dividers. The floors throughout are the same terrazzo palette of the lobby: grey and charcoal with brass dividers.

Most of the offices have had some modern interventions: partitions, dropped ceilings, changes to the flooring. One notable space that retains a high degree of integrity is the former library in the rounded outer bay of the northern wing (*see HI3*). The original plaster tray ceiling is in fair condition, with some non-historic light fixtures added; the library's curved woodwork lining the outer wall remains intact, albeit obscured behind paint and superficial coverings installed for a movie set.

Second Floor

On the second floor, space was dedicated to laboratories, operating rooms, therapy, diagnostic and treatment rooms, a dental clinic, and a waiting room. Most spaces have been repartitioned and all have been altered.

Third through Seventh Floor

The hospital floors were designed to manage patients in various stages of the disease and were divided into large 24-bed wards, medium-sized six-bed wards, and small two-bed wards. A 10-foot hallway separated the patient rooms along the sunny façade from the service and treatments rooms at the rear. Each ward floor contained its own treatment rooms ("the pneumothorax suite"), obviating the need for patients to travel between floors. Terrazzo flooring borders the halls and rooms; historically, the centers of the rooms and the hall were covered in rubber tile. A

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

mix of failing historic rubber (and possibly asbestos) tile and non-historic vinyl composition tile remain throughout.³

Each floor featured three solaria: One in the central bay and two in the outer bays of the wings. From the center, the first three bays of each wing house three six-bed wards divided by floor-to-ceiling wood and glass partitions (*see H11*). The inside corner of each wing housed a small two-bed isolation ward for acute cases; large lightly partitioned 24-bed wards filled the outer-most bays of each wing from front to back (*see H10*), terminating in the solaria (*see H15*). According to hospital designer Isadore Rosenfield, the full-height partitions were particular to tuberculosis wards, and “act as an impediment to air-borne bacteria and to the sound of coughing.” Ward ceilings also featured acoustic tiles to reduce the transmission of noise generated by multiple patients coughing.⁴ The two- and six-bed wards originally featured observation windows with transoms along the public hall. The historic windows have been removed or replaced, but some evidence remains of their original locations.

Most floors have been partitioned in recent years to create office space or different hospital room configurations. The northern wing of the seventh floor retains the most historic evidence, including original but altered partitions and ghosts of the observation windows.

Eighth Floor

The eighth floor is a shortened version of the patient floors below. Its most notable features are the large U-shaped terrace/sun decks that can be reached from the end of each wing. The terrace of the ninth floor forms a partial roof over about three-eighths of the eighth floor terrace. This space would have been used for sunbathing and taking in the fresh air.

Ninth Floor

Rehabilitation and recreation were considered essential components to tuberculosis recovery and for those who were well enough to live at home or think about a life outside of the hospital, the ninth floor was dedicated to those pursuits. For decades the Triboro Hospital sponsored an active gardening club; it was also known for its “mechanical dentistry” trade program, training patients to be skilled in fabricating dental prosthetics. The ninth-floor solarium functioned as an auditorium for performances, films and fashion shows (another rehabilitation activity), with a small stage located to the north end of the room.⁵ A U-shaped terrace/sun deck can be reached from the end of each wing. A cafeteria and large dining rooms were located along the rear of the building. This floor has been superficially modified to serve as a set for TV production.

“10th Floor”

A small penthouse sits the middle of the roof, containing mechanical equipment, one room that was allegedly intended to house animal experiments and a stairwell leading up to an 11th-story

³ Isadore Rosenfield, *Hospitals: Integrated Design* (New York: Reinhold, 1947), 195; “Triborough Hospital for Tuberculosis,” *Architectural Forum* (February 1941): 74 -81.

⁴ Isadore Rosenfield, *Integrated Hospital Design*, 195.

⁵ Queens Hospital Center Facilities Scrapbook. Queens Central Library Vertical Files.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

water tower. Two polygonal towers camouflaging the stair bulkheads and service elevator motor rooms flank this small penthouse; none of these roof top structures are counted as floors due to their size and use.

TUBERCULOSIS-SPECIFIC DESIGN

Balconies

A defining feature of the T building is the set of long metal balconies arrayed across the façade. According to the contemporary therapeutic architectural recommendations, “A treatise might be written on the subject of porches for open-air treatment. . . . In general, porches are of two types: (a) those which adjoin a room or ward, but are so arranged that direct sunlight can enter the room or ward; (b) the continuous porch which extends along the front of several rooms or small wards.”⁶ At the T Building, patient rooms and wards were organized along the southwest side of the building, with high ceilings, generous windows and French doors opening on to continuous “porches” [balconies] running the length of the façade. In keeping with contemporary tuberculosis hospital design standards, the cantilevered balconies were deep enough to accommodate patients in beds or wheel chairs (*see H9*). A solid metal panel along the front of the balconies blocked the view of the patients from the ground, offering the necessary privacy for those taking in the air or undergoing “heliotherapy,” which required the patient to be nearly nude.

The metal [possibly galvanized steel] balconies with large rounded wooden handrails (probably teak) enhance the horizontality of the flanking wings; the ends of the balconies curve in to meet the outer bays of the wings; on the eighth and ninth floors, the balconies and terraces are contiguous. defining balconies.

Sun Decks/Terraces

As noted in the discussion of floors eight and nine, four large U-shaped terraces on the outer bays of the wings provided opportunities for patients to participate in “heliotherapy” (sunbathing), while taking in the air and the expansive views of the surrounding landscape. These terrace decks would have been lined with chaise lounges, much like the solarium of the lower floors. The shortened ninth floor terrace provided shade for part of the larger eighth floor terrace. Both the eighth and ninth floor terraces, contiguous with the balconies, share the wooden railings of the balconies, which wrap around the terraces just above the limestone-capped parapet walls.

Fenestration

Light and air were essential to the treatment of tuberculosis, and the generous windows, aided by the nearly 13-foot ceilings, were designed to maximize the amount of light admitted into the building. Floors three through seven were designed as identical hospital wards, with solarium in the rounded outer bays and in the central bowed bay. The solarium are lit by large two-over-two steel sash windows, mullied together to form a continuous wall of windows. Historically, the

⁶ Thomas B. Kidner, *Designing a Tuberculosis Sanatorium* (1926), 19-20.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

balconies were accessed from the wards through steel and glass French doors topped with hopper-style transoms and flanked by the same two-over-two steel sash of the solarium. Two lines of windows (preceding the angle in each wing) were configured as French doors with a single one-over-one sidelight. In recent years, these original window/door configurations have been replaced by a variety of aluminum one-over-one windows and single doors which fit into the same openings but do not maintain the same pattern or feeling of the original Pomeroy steel sash windows with a rounded historic muntin profile.

Fenestration of floors one and two and the rear façade consists of regularly spaced two-over-two steel sash; in the rear wings and in some upper floor rooms, the architects specified triple one-over-one steel sash windows. A surviving example of a set of French doors with transom remains on the rear façade of the first floor, near the elevator in the northern wing, where it provided access to the roof of the kitchen.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Areas of Significance
(Enter categories from instructions.)

Architecture
Health/Medicine

Period of Significance
1938-1959

Significant Dates
1938
1941
1959

Significant Person
(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder
Office of John Russell Pope
Eggers & Higgins
Isadore Rosenfield

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Triboro Hospital for Tuberculosis, also known as the T Building, is significant under Criterion C as an excellent example of Art Moderne hospital architecture. The imposing nine-story brick and limestone building was designed in 1937 by the New York architectural firm Office of John Russell Pope and completed by its successor firm, Eggers and Higgins. The noted hospital architect Isadore Rosenfield oversaw the construction and is likely to have contributed to both the planning and detailing of the medical facilities. The T Building is also significant under Criterion A for its role in the treatment of tuberculosis at a critical time in the history of the disease in New York. The hospital was built during a campaign of public tuberculosis hospital expansion led by pioneering New York City Commissioner of Health Dr. S.S. Goldwater under Mayor Fiorello La Guardia. Planned just a decade before the antibiotic streptomycin was proven to be the first successful cure for tuberculosis and completed in 1941, the locally significant hospital design, “bend[ing] forward as if to catch the sun,” adhered to prevailing contemporary practice in tuberculosis treatment, which called for ample patient access to light and air.⁷ Built near the top of a hill to catch the breezes, the hospital is oriented to the southwest, maximizing the access to sunlight on its constrained site. The T Building’s Art Moderne design was unusual for an institutional building of this scale; however, as an exemplar of functional modernism, the style was entirely appropriate for highlighting the modern treatment methods available at the 557-bed hospital. Funded in part by the Public Works Administration and constructed with Works Progress Administration labor, the T building embodied the public commitment to health and welfare programs in the New Deal era. The period of significance begins with construction in 1938, and ends in 1959, when the Triboro Hospital merged with the Queens General Hospital to form Queens Hospital Center, a general medical facility.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

A Brief History of Tuberculosis

A scourge of humanity throughout history, tuberculosis—known as “the White Plague,” “phthisis,” or consumption—was, up until the late nineteenth century, considered to be caused by bad air (“miasmas”) and exacerbated by moral, cultural or ethnic defects.⁸ It was not until 1862 that Louis Pasteur introduced his germ theory of disease, heralding a scientific revolution that led to the discovery of the agents—and promised the possibility of biomedical cures—for common bacteriological illnesses, including tuberculosis. In March 1882, in a public lecture and demonstration of his scientific method, German bacteriologist Robert Koch identified *Mycobacterium tuberculosis* as the infectious agent of the deadliest disease in history. According to Koch:

⁷ Geoffrey Baker, “Architecture: New Civic Structures,” *New York Times*, April 6, 1941.

⁸ Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge: Harvard, 1996).

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

If the importance of a disease for mankind is measured by the number of fatalities it causes, then tuberculosis must be considered much more important than those most feared infectious diseases, plague, cholera and the like. One in seven of all human beings dies from tuberculosis. If one only considers the productive middle-age groups, tuberculosis carries away one-third, and often more.⁹

Koch's landmark discovery won him the Nobel Prize in medicine in 1905. It would be decades, however, before an antibiotic cure for the disease was identified. In the more than half century between the identification of tuberculosis as an infectious disease and its antibiotic cure, environmental treatments—exposing patients to natural light, fresh air, nutritious food, and beautiful, stress-free surroundings—were the primary methods for managing tuberculosis. As germ theory influenced critical aspects of public policy, including public health, sanitation and housing in the late nineteenth century, particularly as they related to the control of the White Plague, both prevention as well as treatment became inextricably linked with the built environment.

Following closely on Koch's discovery, the sanatorium movement arose to treat patients through environmental and architectural design, specifically: to provide patients access to abundant natural sunlight and fresh air in a stress-free environment removed from the pollution and congestion of the city. While "taking the cure" in more favorable climes had always been available to the wealthy, the Adirondack Cottage Community at Saranac Lake, established in 1885, was first tuberculosis sanatorium affordable to the middle and working classes. Its open-air cabins and porches provided a bare minimum of shelter, affording inmates maximum exposure to the light and mountain air while they convalesced. As treatment methodologies advanced, the need for skilled medical staff and scientifically advanced equipment demanded new approaches to institutional design as well as geographical placement. Treating patients closer to home was not only more practical and affordable but it allowed the patient to remain socially engaged, which was considered an important component of recovery. Urban sites also attracted more highly skilled doctors and nurses, critical to implementing the latest medical treatments.¹⁰

Tuberculosis in New York City

As an infectious disease spread through sputum, tuberculosis thrived in the densely packed and poorly ventilated slums of urban centers. A center of immigration during the last quarter of the nineteenth century and first quarter of the twentieth, New York City's death rate from tuberculosis, one of the leading causes of death, was 341 per 100,000 in 1890.¹¹ In 1889, New York's Board of Health declared tuberculosis to be a communicable disease, catalyzing one of

⁹ Frank Ryan, *Tuberculosis: the Greatest Story Never Told* (Worcestershire, England: Swift Publishers, 1992), 9-13.

¹⁰ Isadore Rosenfield, *Integrated Hospital Design* (New York: Reinhold, 1947), 192-196.

¹¹ Godias J. Drolet and Anthony M. Lowell, *A Half Century's Progress Against Tuberculosis in New York City, 1900 to 1950* (New York: New York Tuberculosis and Health Association, 1952), xvi; liii. Hermann Biggs became one of the most influential public health officials in the world due to his aggressive approach to documenting and managing tuberculosis.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

the most aggressive public health responses in the country. To accurately count active cases of tuberculosis and to manage the patient population city-wide, Hermann M. Biggs, consulting pathologist to the Board of Health, first proposed tuberculosis reporting in 1887. It was not until Biggs was appointed the head of the board of health that his recommendations for mandatory reporting based on the scientific documentation of the tuberculosis bacillus in sputum were adopted in 1894 and broadened in 1897. By the turn of the twentieth century, New York City had become a leader in prevention and management, and rates of disease and death dropped over the ensuing 40 years. In 1900, the death rate for tuberculosis, the second leading cause of death that year, was already down to 280; by 1930, tuberculosis had fallen to the fifth leading cause of death, with a death rate of 73 per 100,000. In 1940, it remained fifth, but the death rate had been nearly halved, to 49 per 100,000.¹²

Light & Air

The White Plague became a favorite cause of the progressive reform-oriented Charity Organization Society (COS, founded in New York City in 1882) and eventually its tuberculosis committee, which spun off into the National Tuberculosis Association, known today at the American Lung Association. The COS was among the first to draw attention to the role of architecture—specifically the outdated and overcrowded tenements—in tuberculosis transmission and death rates, even if some of its beliefs lacked thorough scientific underpinning. The reformers efforts to minimize infection through modifications to the built environment influenced New York’s Tenement House Laws of 1895 and 1901, which reflected the role they believed that light and air played in both the physical and moral health of tenement house residents.¹³ The success of tenement house improvements in improving health outcomes and reducing death rates of tuberculosis strengthened the correlation between light and air, health, and the built environment.

Tuberculosis & Hospital Design in New York

On January 31, 1902, New York City opened its first municipal tuberculosis hospital on Blackwell’s Island, only the second hospital in the nation dedicated specifically to tuberculosis treatment. Taking cues from the emerging architectural standards of the sanatorium, large windows and open porches were retrofitted into an older general hospital building, and a large solarium was added by architects Renwick, Aspinwall and Owen. Incipient cases were managed in canvas tents that dotted the campus. The following year, the board of aldermen resolved that tuberculosis was “one of the greatest scourges of humanity in this city” and lamented that “the best and most effective modern scientific methods were out of reach of the poor who are. . .the

¹² Drolet and Lowell, *A Half Century’s Progress*, xvi; liii.; New York City Board of Health. *How the Department of Health of the City of New York is Fighting Tuberculosis* (New York: New York City Board of Health, 1908), 6-12.

¹³ Charity Organization Society of the City of New York, *A handbook on the prevention of tuberculosis, being the first annual report of the Committee on the Prevention of Tuberculosis of the Charity Organization Society of the City of New York* (New York: The Charity Organization Society, 1903).

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

greatest sufferers of the disease.” The board commissioned a study to identify new hospital sites within the city to bring treatment options within reach of the urban poor.¹⁴

Sea View Hospital (Raymond Almirall, 1905-1908) on Staten Island was the first joint sanatorium and hospital in the city purpose-built to care for tubercular patients. It offered medical treatments in a sanatorium-like setting and met the site selection criteria laid out for “an adequate and healthy site” in the city’s study of potential sites, including “protection . . . from the north, northeast and northwest . . . extended and diversified views for the distraction of patients—but one that would be easily accessible in the sense of transportation of patients with minimum risk and discomfort to the patients and the community at large; accessible in the sense of proximity; thereby permitting the visiting of friends with the minimum expense of time and money.”¹⁵ These same criteria would be met thirty years later at Triboro Hospital. Seaview’s buildings, making vague references to the Spanish Colonial style, incorporated large expanses of glass and glazed porches, which were emerging as the defining features of tuberculosis architecture during the first quarter of the twentieth century.¹⁶ According to the architect and evident in the completed buildings, the design privileged hospital functionality over historical stylistic references, presaging a trend toward functionalism in future tuberculosis hospital design.¹⁷

Over the course of the first quarter of the 20th century, the National Tuberculosis Association advanced the art and science of treating tuberculosis through a series of technical information pamphlets for architects and public health officials nationwide. These technical reports covered site selection, building program and layout, and landscape features. As methods of treatment advanced and new technologies and techniques were introduced, building design responded to accommodate them.¹⁸

The typical tuberculosis hospital was designed to accommodate the various stages of disease according to the needs of the patient. Historically, incipient cases were sheltered outside in tents to maximize fresh air in order to arrest progression; acute “infirmity” cases might require isolation from the general population in an intensive care unit; the average stable case might be

¹⁴ “The Tuberculosis Infirmity of the Metropolitan Hospital, Blackwell’s Island, Department of Public Charities, New York, the first institution under the municipal authorities of the city of New York for the exclusive care of tuberculosis patients,” *Medical Times* 30 (June 1902):187; Landmarks Preservation Commission, “Farm Colony and Seaview Hospital Historic District Designation Report,” (New York: Landmarks Preservation Commission, 1985), 17-18.

¹⁵ New York Department of Public Welfare, *Annual Report of the Department of Public Charities* (New York: Department of Public Welfare, 1905), 19.

¹⁶ Prior to this, the majority of institutions were barely more than tent colonies, or otherwise looked largely like other hospital facilities. Lillian Brandt, *A Directory of Institutions and Societies Dealing with Tuberculosis in the United States and Canada* (New York: Charity Organization Society and the National Association for the Study and Prevention of Tuberculosis), 1904; Thomas B. Kidner, “Sanatoria for Tubercular Cases” *The Architectural Review* 12 (1921): 17-24; Thomas B. Kidner, *Planning a Tuberculosis Sanatorium* (New York: National Tuberculosis Sanatorium, 1926).

¹⁷ Landmarks Preservation Commission, “Farm Colony and Seaview Hospital Historic District Designation Report,” (New York: Landmarks Preservation Commission, 1985): 18-19

¹⁸ Kidner, “Sanatoria for Tubercular Cases”; Kidner, *Planning a Tuberculosis Sanatorium*.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

best housed in group wards adjacent to balconies and porches to serve the need for camaraderie as well as light and air. Ambulatory cases who were beating the disease were believed to benefit from park-like surroundings, where they could stroll for exercise and enjoyment. Day rooms and rehabilitation opportunities for outpatients helped bridge the transition between hospital and home. Advanced clinical spaces were arrayed along the northern walls of the hospital. Called pneumothorax suites, they contained the latest X-ray and fluoroscopy equipment and housed pneumothorax treatment, which involved the purposeful collapse of the lung to allow it to “rest.” Procedures and equipment for sputum disposal and incineration were also particular to the tuberculosis hospital.¹⁹

In the early 1930s, attempts were made to incorporate tuberculosis wards into general hospitals in an effort to save on the cost of duplicating expensive physical plant needs. This approach soon proved to be of limited value in light of the complexities of serving the specialized needs of tuberculosis patients, and the need to segregate tuberculosis patients from the general population to prevent transmission. While almost all of New York City’s major hospitals had tuberculosis wards, the Triboro Hospital represented a return to the practice of constructing tuberculosis-specific facilities.²⁰

The Triboro Hospital for Tuberculosis

By the time the Triboro Hospital for Tuberculosis was proposed in 1937, New York City had been at the forefront of tuberculosis prevention and treatment for half a century. Starting with changes to housing policy and code to minimize transmission and continuing through public health registration and mapping to manage cases, the city opened its first public hospital for tubercular patients on Blackwell’s Island in 1902. By 1938, New York City had 24 public and private hospitals equipped to manage tuberculosis cases, and the public hospitals were running short of beds.²¹

Serious overcrowding of public tuberculosis wards inspired a series of studies commissioned by Dr. S[igismund] S[Schultz] Goldwater, commissioner of hospitals and “world authority on hospital construction,” quantified the growing need for hospital beds for tubercular patients in New York City. By 1938, a city-wide hospital survey determined a need for at least 1000 public hospital beds in Brooklyn and Queens specifically dedicated to tuberculosis treatment.²² Even before the survey was released, plans were underway for the Triboro Hospital for Tuberculosis, conceived as a 500-bed hospital on the grounds of the newly opened Queens General Hospital in

¹⁹ Kidner, *Planning a Tuberculosis Sanatorium*; Rosenfield, *Hospitals*, 195.

²⁰ Rosenfield, *Hospitals*, 193.

²¹ “The Tuberculosis Infirmary of the Metropolitan Hospital, Blackwell’s Island,” *Medical Times*, 30 (June 1902): 187; New York City Department of Health and Mental Hygiene, *Protecting Public Health in New York City: 200 Years of Leadership, 1805-2005* (New York: New York City Department of Health and Mental Hygiene, 2005), 21; New York Tuberculosis and Health Association, “Table: Summary of Reports for the Year 1938,” in *Tuberculosis Sanatorium Conference of Metropolitan New York* (1939).

²² “Dr. S.S. Goldwater is Dead Here at 69,” *New York Times*, October 23, 1942, 21; Haven Emerson, *Report of the Hospital Survey of New York* (New York: United Hospital Fund, 1937-1938), 554.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Jamaica. Funding for the \$3,000,000 hospital was roughly split between the city and a grant from the Federal Public Works Administration.²³

The architectural commission, awarded to the Office of John Russell Pope, was announced in late spring of 1937. The September 1937 issue of *Modern Hospital*, stated that “John Russell Pope, architect, is preparing plans for the \$3,000,000 Triborough (sic) Hospital for tuberculous patients to be erected adjacent to the new Queens General Hospital, in Jamaica, Queens.”²⁴ Since Pope died on August 27, 1937, the commission was most certainly being handled by his partners in the firm, Otto R. Eggers and Daniel P. Higgins, who quickly reformulated the firm under their own names. A rendering of the proposed hospital approved by the Art Commission was published in the local Queens press in late 1937.²⁵ Originally signed by Office of John Russell Pope, the rendering was reattributed to Eggers and Higgins in future publications, and Eggers and Higgins are the architects of record for the completed hospital.²⁶ The noted hospital architect Isadore Rosenfield in his roles as architect for the Department of Hospitals and later Public Works, oversaw the layout of the plan and the program, as well as the construction.

Plans were originally filed in June 1938, for what was described as a 12-story hospital and administration building.²⁷ Hailed by the local press as “the most modern hospital in the country for the treatment of tuberculosis,” the building was reviewed by the *Queens Civic Record*, which asserted that “architects regard the design as of a simple modern functionalism with none of the garish furbelows of the 1929 modernism to the rococo of a prior era,” apparent commentary on the recent “startling orange” brick Art Deco Queens General Hospital that stood to the east of the T building.²⁸ As built, the exterior design changed very little from the original rendering. In addition to minor changes to the windows, the Office of John Russell Pope rendering showed balconies running across floors 3-8; in Eggers and Higgins’s final design, the balconies run across floors 3-9 (*see H1 and H2*).

The construction contract was awarded to builder (and lowest bidder) John Kennedy & Co., and construction began in early 1939. Federal funding was predicated on meeting construction deadlines, and crews were worked to the bone to try to stay on track for a June 30, 1940 opening.

²³ “Hospital Ceremony Set: Cornerstone of Institution in Queens to be Laid Tomorrow,” *New York Times*, September 27, 1939; By the time the much-delayed project was completed, the cost ballooned to over \$3,900,000, with the PWA covering about 45% of the total cost.

²⁴ National Tuberculosis Association, *Bulletin of the National Tuberculosis Association* (1938); *Modern Hospital* 49 (September 1937): 108.

²⁵ “Architect Envisions New Triboro Hospital,” *Daily Star*, October 20, 1937. Queens Central Library Vertical Files; “Triboro Tuberculosis Hospital” *Queensborough Magazine* (November 1937): 4. Queens Central Library Vertical Files.

²⁶ American Institute of Architects, Membership Archives. <http://architectfinder.aia.org/> In addition to the Triboro Hospital Commission, Eggers & Higgins took over the Pope Office’s National Gallery and Jefferson Memorial projects in Washington, DC.

²⁷ “Queens Hospital to Cost \$3,400,000,” *New York Times*, June 4, 1938; Geoffrey Baker, “Architecture: New Civic Structures,” *New York Times*, April 6, 1941.

²⁸ “Triboro Hospital May Open in August,” *Queens Civic Record*, November 1939, 7. Queens Central Library Vertical Files,

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

By the summer of 1939, a series of construction delays due to materials shortages and a walkout of WPA workers in protest of longer hours put the project considerably behind schedule. When the cornerstone was laid by La Guardia in late September 1939, most of the steel frame was still exposed. By December 1939, the exterior brickwork had been completed, but in August 1940, Dr. Goldwater admitted that the opening was still “a long time” off.²⁹ (see H4 and H5)

When the first patients arrived on January 2, 1941, tuberculosis was the leading cause of death of Americans aged 15-35.³⁰ At the dedication ceremony, Mayor Fiorello La Guardia stated clearly that he had “wanted to get away from the orthodox type of tuberculosis hospital” and that he had “stressed ‘the necessity of cheerfulness and the happy frame of mind which is so necessary for victims of this disease.’”

While the Great Depression spurred the demand for new public hospital beds, Mayor La Guardia, known for his progressive housing policy, lamented that the hospital needed to be built at all. At the laying of the cornerstone on September 28, 1939, La Guardia suggested facetiously that it be named “the Hospital of Mistakes of the Past”; he felt that “sufficient model housing” would be the best way to prevent and manage the disease. LaGuardia predicted that tuberculosis would be cured in his lifetime and that the Triboro Hospital would be repurposed as a general hospital within 25 years of opening.³¹ The first pharmaceutical cure for tuberculosis, streptomycin, was discovered in 1943, and the first successful clinical trial took place in 1947, the same year of La Guardia’s death.

As a municipal hospital, Triboro served a large population in need of care—any one of the thousands of New York’s poor and indigent suffering from tuberculosis and who could not afford a private hospital. Caring for both inpatients and outpatients, and providing rehabilitation programs, demand was high from the moment its doors opened in January 1941. Only a year later, two floors were shuttered—a loss of 160 beds—due to an acute shortage of nurses, many of whom were called into military service during World War II.³²

Even fully staffed (though chronically underfunded), Triboro, like most of the public hospitals, typically operated at or beyond capacity. In 1948, a hospital census reported 608 patients admitted on the given day, even though Triboro had only 557 beds.³³ By 1951, Triboro was operating 119 percent above capacity, and it remained above capacity well after its sibling institutions began to see a decline in tuberculosis admissions.³⁴

²⁹ “Steel Rising Again at New Tuberculosis Hospital,” *Long Island Press*, July 6, 1939. Queens Central Library Vertical Files; “Triboro Hospital Moves Slowly Toward Completion,” *Long Island Daily Press*, August 8, 1940. Queens Central Library Vertical Files.

³⁰ “Tuberculosis Curb Needed,” *New York Times*, March 3, 1941.

³¹ “Mayor Dedicated \$3,923,404 Hospital,” *New York Times*, January 29, 1941; “Cornerstone for Hospital Set in Place,” *Long Island Star Journal*, September 29, 1939. Queens Central Library Vertical Files.

³² “Nurse Shortage Causes Two Floors To Be Closed Off At Triboro Hospital,” (n.d. [1942]). Queens Central Library Vertical Files.

³³ “Chronic Patients Swamp Hospitals,” *New York Times*, March 5, 1948.

³⁴ “City’s Hospitals See “Tough Going,” *New York Times*, January 31, 1951.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

The Triboro Hospital continued to serve tuberculosis patients exclusively into the mid-1950s, but as pharmaceutical cures for tuberculosis progressed, coupled with a movement toward home-care for patients, the number of tuberculosis beds needed city-wide dropped dramatically. In 1953, the city marked the first year that the number of tuberculosis beds available exceeded the number of patients seeking treatment. It must be noted, however, that Triboro alone remained overbooked that year, at 104 percent of capacity, while the city wide occupancy average was 89 percent. But, as in the case of the other hospitals, Triboro eventually saw declining numbers of patients. In 1959, the Triboro Hospital merged with Queens General Hospital to form the Queens Hospital Center, serving a general population. Triboro continued to treat tubercular patients, but more and more hospital space was devoted to research and other types of care. Eventually the large open wards proved unsuitable to the needs of a modern hospital; by the 1970s, state law mandated a maximum of 4 patients per room, and 90 percent of the beds at Triboro, along with the larger QHC, failed to meet state health standards.³⁵

Today, the T building is still owned by New York City Health and Hospitals Corporation but sits largely vacant, with only a few healthcare-related offices remaining and no inpatient services available. As recently as 2014, it was threatened with demolition. Current plans are underway for the adaptive reuse of the building as affordable and supportive housing.

Art Moderne or Functional Modernism?

Looking at the T building, today, the design is clearly Art Moderne, which aligned with the prevailing style of the contemporaneous 1939 World's Fair, in nearby Flushing, Queens.³⁶ With its emphasis on curved and geometric lines and stripped of ornament, the style represented a sleek new future and offered a clear break from historical revivalism. To contemporary critics, however, the building was first and foremost a functional modern hospital, the form of which responded directly to the building's program and the needs of patients. A month before the hospital opened, *QueensBorough Magazine* described the design as a response to treatment protocols:

The character of the design for the Triboro Hospital was determined by functional requirements. These are of a dual inter-dependent nature. The first is of a physical nature having to do with specific arrangement and structural features. The other is of an aesthetic nature calculated to produce a psychological effect upon the patient, his relatives and friends who come to the hospital as visitors and upon the passing public.

The keynote in tuberculosis planning is light and air. Consequently, the building is oriented to be sun-flooded and the large surfaces of ward windows are further augmented by even greater expanse of glass in the solaria and day rooms. The

³⁵ "City's TB Wards End First Year in Which Beds Exceeded Patients," *New York Times*, July 17, 1954; "Medical Complex Called a 'Snake Pit,'" *New York Times*, January 7, 1972; "Medical Merger," *Long Island Star-Journal*, January 17, 1959, 16; "Served Hospital 21 Years," *Long Island Star-Journal*, May 13, 1965, 7.

³⁶ The scale of the symmetrical, streamlined hospital, however, was beyond that of any of the fair buildings, even the Eggers and Higgins-designed Railroads building, the largest at the fair.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

many balconies and roof set-backs required for outdoor airing complete the physical features of arrangement that find expression on the exterior.

The psychological effect is accomplished by the use of informal and untraditional architectural forms and color. This the sun-tan brick enhances the impression of sunlight on the building and the manner in which the balconies and set-backs were handled give the relaxing feeling of an ocean liner. In other words, the building is intended to encourage the patient as well as to furnish treatment for his disease.³⁷

Other local architectural criticism of the newly opened T building was not as favorable. Calling it an “important addition to the Queens skyline,” *New York Times* critic Geoffrey Baker then lamented that “its looks are of the most obvious type” and thought that “[t]oo many people. . . will tell themselves that this is a daring modern building. . . .But in design it is no more than commonplace. . . .in ten years’ time [it] will be just as dated as the adjacent [“startling orange” Art Deco] Queens General Hospital.”³⁸

In a more neutral tone, Baker described how the “[t]wo nine-story wings, lined with balconies, bend forward as if to catch the sun . . .” before ultimately damning it with faint praise and outright dislike. Baker “presumed” that the Triboro Hospital “works well and will be a notable weapon in the fight against tuberculosis In closing, Baker asserted that “the plan is basically sound: wards in each wing, with all the services concentrated at that junction. But once the architects (Eggers & Higgins) had reached this point, the design seems to have got out of hand. . . .So confused is the design of the rear that one must charitably assume that it was left unstudied, which would be right in the venerable tradition of façade design.”³⁹

The Triboro Hospital was not the first modern (or even Moderne) functionalist hospital, and it may have taken cues from an internationally famous precedent: Alvar Aalto’s tuberculosis sanatorium in Paimo Finland, which opened to critical acclaim in 1933. Aalto’s widely published design is recalled in the Triboro Hospital’s angular façade and curved edges, the horizontality of the balconies, and in the bold use of color on the interior.

Commissioned the same year as the T building, the Hospital for Chronic Disease on Welfare (Roosevelt) Island, designed by Isadore Rosenfield (later the Coler-Goldwater Memorial Hospital, demolished 2014), bore a functional as well as stylistic similarity to the Triboro Hospital, with ranks of angled south-facing wards, rounded solaria and even similar interior tile. Rosenfield’s scientific approach to planning this hospital, which laid its cornerstone in 1937, probably influenced the design and detailing of the Triboro Hospital.⁴⁰ Eggers and Higgins’s Meadowbrook Hospital in Hempstead, Long Island, also designed in the late 1930s, hybridized

³⁷ *QueensBorough Magazine* (December 1940): 29.

³⁸ Geoffrey Baker, “Architecture: New Civic Structures,” *New York Times*, April 6, 1941.

³⁹ Geoffrey Baker, “Architecture: New Civic Structures,” *New York Times*, April 6, 1941.

⁴⁰ Isadore Rosenfield, “The Fruit of Research [Welfare Hospital on Welfare Island, New York City]” *Modern Hospital*, (1937): 58-64.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

the firm's Stripped Classicism with the Art Moderne and hospital functionalism exhibited in the T building.⁴¹

THE ARCHITECTS

Office of John Russell Pope

The eminent American architect John Russell Pope (1874-1937) intended to study medicine before entering Columbia University's architecture program in 1891. In the tradition of Beaux-Arts education, Pope embarked on a grand study tour of Europe, after which he further honed his skills in the atelier of architect Henry Deglane. After a few years in the office of Bruce Price, Pope opened his own office in New York in 1905.⁴² Known for his high-end residential work and his American Neoclassicism, Pope took on many large-scale public and private commissions, assisted by anywhere from 10-20 employees. In 1922, Pope elevated Otto Eggers and Daniel Paul Higgins to associates or partners in the firm, The Office of John Russell Pope.⁴³ Several major commissions were awarded between 1922-1937, including the Baltimore Museum of Art (1927-28); Elgin Gallery of the British Museum in London (1931-38); and several Washington DC commissions, including Constitution Hall (1929), the National Archives (1933-35), the National Gallery of Art (1937-41), and the Thomas Jefferson Memorial (1937-42).

The Triboro Hospital (awarded 1937) was one of a handful of late Office of John Russell Pope commissions to be rebranded as an Eggers and Higgins design upon Pope's death. It remains unclear how much of the design is the work of Pope—the original rendering was produced while Pope was still active in the firm—or how much reflects the vision of Eggers and Higgins. The reattribution garnered less scrutiny, however, than its high-profile contemporaries in Washington DC: the attribution of National Gallery of Art and the Jefferson Memorial to Eggers and Higgins caused great controversy when called into question by Pope's widow and her attorney, who went so far as to publicly denounce Eggers and Higgins for essentially stealing Pope's work and glory. In question was the level of contributions to the design by Eggers and Higgins. While Eggers was well-known as a talented designer and artist, Higgins's obituaries cite him as a designer of many Pope commissions. However, Higgins was not, technically speaking, an architect, as he did not draw.⁴⁴

Eggers and Higgins

Upon Pope's death in August 1937, Eggers and Higgins immediately renamed the firm. They remained in the same Fifth Avenue offices, presumably with the same staff, and carried on with projects already underway. The firm persisted in various forms into the 1970s, before merging into the international firm RMJM Hillier.

⁴¹ "Designs: O.R. Eggers," *Pencil Points* 18 (November 1937): 708.

⁴² James B. Garrison, *Mastering Tradition: The Residential Architecture of John Russell Pope* (New York: Acanthus Press, 2004), 13-16.

⁴³ Eggers & Higgins called themselves partners in their AIA membership applications and their names appeared below Pope's on the company letterhead; Pope's widow insisted they were associates, not partners.

⁴⁴ Daniel Paul Higgins Membership File, American Institute of Architects, Membership Archives.
<http://architectfinder.aia.org/>

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Otto R. Eggers (1882-1964)

Designer Otto R. Eggers, FAIA, entered the architecture profession in 1899, learning the craft largely through apprenticeship and the Beaux-Arts system. Eggers was a member of Atelier Hornbostel, under the tutelage of Philadelphia architect Henry Hornbostel, but Eggers cited his work under John Russell Pope, beginning in 1908, as his foundational training as an architect. Eggers was a talented artist and delineator, and his application for AIA fellowship notes his ability to render interior and exterior designs as an asset to his career. Pope brought Eggers and Daniel P. Higgins as members or partners in the firm at the same time: January 1, 1922.⁴⁵

Daniel P. Higgins (1886-1953)

Daniel Paul Higgins, FAIA began his career as an office boy for architect John Russell Pope in 1905, working his way up to partner in the firm the Office of John Russell Pope in 1922.⁴⁶ Upon Pope's death in 1937, the remaining two partners reconstituted the firm as Eggers and Higgins. Though not a trained architect, Higgins participated in the architectural work as an office manager and as an advisor. Objections to his membership in the AIA focused on Higgins's lack of architectural training or drawing skill, but, according to Otto R. Eggers, "[h]is interest and suggestions in plan functioning, criticisms of design, particularly related to the reactions of clients and public...greatly aided in bringing these projects to a successful finality." Higgins was active in too many charities, civic, and professional organizations to enumerate, and it appears that these networking skills were important to sustaining the firm. Appointed a member of the board of education by Fiorello La Guardia in May 1937, shortly after the Office of John Russell Pope accepted the T Building Commission, Higgins served nearly 9 years as chair of the committee on buildings and sites, leaving shortly before Eggers and Higgins received another city commission for Smith Houses on the Lower East Side.⁴⁷

Isadore Rosenfield (1893-1980)

Russia-born, Harvard-trained Isadore Rosenfield, FAIA (B.S. 1918; M.Arch 1922) served as senior architect to the New York Department of Hospitals between 1935-1940 and the chief architect in charge of hospitals for the Department of Public Works (1940-1946) at the time of the T building's design and construction. Rosenfield began his career in the office of Stevens and Lee, Boston architects specializing in hospital work.⁴⁸

⁴⁵ Otto R. Eggers Membership File, American Institute of Architects, Membership Archives.

<http://architectfinder.aia.org/>; "Designs: O.R. Eggers," *Pencil Points* 18 (November 1937): 681-714.

⁴⁶ Eggers and Higgins called themselves partners in their AIA membership applications and their names appeared below Pope's on the company letterhead; Pope's widow insisted they were associates, not partners.

⁴⁷ Daniel Paul Higgins Membership File, American Institute of Architects, Membership Archives.
<http://architectfinder.aia.org/>

⁴⁸ Edward F. Stevens authored of *The American Hospital of the 20th Century* (1918, revised 1921) with the intention of creating a manual on hospital design "commensurate with the rapid growth and development of the modern American Hospital." Edward F. Stevens, *The American hospital of the twentieth century: a treatise on the development of medical institutions, both in Europe and in America, since the beginning of the present century* (New York: Architectural Record, Co., 1921).

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Rosenfield specialized in hospital planning and design; he was an award-winning designer and consultant for hospitals throughout the world. His book, *Hospitals: Integrated Design* (1947) articulated his design philosophy for “contiguity planning of hospitals, widely followed in England, Scandinavian countries and to some extent in the U.S.” The floor plans and program of the Triboro Hospital are featured prominently in the chapter and discussions of tuberculosis-related design. In addition to his book, Rosenfield published extensively in both hospital and architecture-related journals on the theory and philosophy of hospital design, and design for specific medical conditions.⁴⁹

⁴⁹ Isadore Rosenfield Membership File, American Institute of Architects, Membership Archives.
<http://architectfinder.aia.org/>

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

American Institute of Architects, Membership Archives. <http://architectfinder.aia.org/>

“Architect Envisions New Triboro Hospital.” *Daily Star*, October 20, 1937. Queens Central Library Vertical Files.

Baker, Geoffrey. “Architecture: New Civic Structures,” *New York Times*, April 6, 1941.

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

Butler, Charles. *Hospital Planning*. New York: Dodge, 1946.

Charity Organization Society of the City of New York. *A handbook on the prevention of tuberculosis, being the first annual report of the Committee on the Prevention of Tuberculosis of the Charity Organization Society of the City of New York*. New York: The Charity Organization Society, 1903.

“Chronic Patients Swamp Hospitals.” *New York Times*, March 5, 1948.

“City’s Hospitals See “Tough Going.” *New York Times*, January 31, 1951.

“City’s TB Wards End First Year in Which Beds Exceeded Patients.” *New York Times*, July 17, 1954.

“Cornerstone for Hospital Set in Place.” *Long Island Star Journal*, September 29, 1939. Queens Central Library Vertical Files.

“Cornerstone Laid at New Hospital.” *New York Times*, September 29, 1939.

“Designs: O.R. Eggers.” *Pencil Points* 18 (November 1937): 708.

“Dr. S.S. Goldwater is Dead Here at 69.” *New York Times*, October 23, 1942, 21.

Drolet, Godias J. and Anthony M. Lowell. *A Half Century’s Progress Against Tuberculosis in New York City, 1900 to 1950*. New York: New York Tuberculosis and Health Association, 1952.

Emerson, Haven. *Report of the Hospital Survey of New York*. New York: United Hospital Fund, 1937-1938.

Garrison, James B. *Mastering Tradition: The Residential Architecture of John Russell Pope*. New York: Acanthus Press, 2004.

Gottscho-Schleisner, Inc. *Triboro Hospital*. Photographic series, ca. 1940. Library of Congress.

“Hospital Ceremony Set: Cornerstone of Institution in Queens to be Laid Tomorrow.” *New York Times*, September 27, 1939.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

- Kidner, Thomas B. *Planning a Tuberculosis Sanatorium*. New York: National Tuberculosis Sanatorium, 1926.
- Kidner, Thomas B. "Sanatoria for Tubercular Cases." *The Architectural Review* 12 (1921): 17-24.
- Landmarks Preservation Commission. "Farm Colony and Seaview Hospital Historic District Designation Report." New York: Landmarks Preservation Commission, 1985.
- "Mayor Dedicated \$3,923,404 Hospital." *New York Times*, January 29, 1941.
- "Medical Complex Called a 'Snake Pit.'" *New York Times*, January 7, 1972.
- "Medical Merger." *Long Island Star-Journal*, January 17, 1959, 16.
- Modern Hospital* 49 (September 1937): 108.
- National Tuberculosis Association. *Bulletin of the National Tuberculosis Association* (1938).
- "New Hospital Begins to Look Like Something." *Long Island Daily Press*, December 30, 1939.
- New York City Art Commission. *Condensed Report of the Art Commission of the City of New York*. New York: New York City Art Commission, 1938.
- New York City Board of Health. *How the Department of Health of the City of New York is Fighting Tuberculosis*. New York: New York City Board of Health, 1908.
- New York City Department of Health and Mental Hygiene. *Protecting Public Health in New York City: 200 Years of Leadership, 1805-2005*. New York: New York City Department of Health and Mental Hygiene, 2005.
- New York Department of Public Welfare. *Annual Report of the Department of Public Charities*. New York: Department of Public Welfare, 1905.
- New York Tuberculosis and Health Association. "Table: Summary of Reports for the Year 1938," in *Tuberculosis Sanatorium Conference of Metropolitan New York* (1939).
- "Nurse Shortage Causes Two Floors To Be Closed Off At Triboro Hospital." (n.d. [1942]). Queens Central Library Vertical Files.
- Ott, Katherine. *Fevered Lives: Tuberculosis in American Culture since 1870*. Cambridge: Harvard, 1996.
- Queens Hospital Center Facilities Scrapbook. Available onsite in the Facilities Department.
- "Queens Hospital to Cost \$3,400,000," *New York Times*, June 4, 1938.
- QueensBorough Magazine* (December 1940): 29.
- Rosenfield, Isadore. *Hospitals: Integrated Design*. New York: Reinhold, 1947.
- Rosenfield, Isadore. "The Fruit of Research [Welfare Hospital on Welfare Island, New York City]." *Modern Hospital* (1937): 58-64.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Ryan, Frank. *Tuberculosis: the Greatest Story Never Told*. Worcestersire, England: Swift Publishers, 1992.

“Served Hospital 21 Years,” *Long Island Star-Journal*, May 13,1965, 7.

“Steel Rising Again at New Tuberculosis Hospital.” *Long Island Press*, July 6, 1939. Queens Central Library Vertical Files.

Stevens, Edward F. *The American hospital of the twentieth century: a treatise on the development of medical institutions, both in Europe and in America, since the beginning of the present century*. New York: Architectural Record, Co., 1921.

“The Tuberculosis Infirmiry of the Metropolitan Hospital, Blackwell’s Island, Department of Public Charities, New York, the first institution under the municipal authorities of the city of New York for the exclusive care of tuberculosis patients.” *Medical Times* 30 (June 1902):187.

“Triboro Hospital May Open in August.” *Queens Civic Record* (November 1939): 7. Queens Central Library Vertical Files.

“Triboro Hospital Moves Slowly Toward Completion.” *Long Island Daily Press*, August 8, 1940. Queens Central Library Vertical Files.

“Triboro Tuberculosis Hospital.” *Queensborough Magazine* (November 1937): 4. Queens Central Library Vertical Files.

“Triborough Hospital for Tuberculosis.” *Architectural Forum* (February 1941): 74 -81.

“Tuberculosis Curb Needed.” *New York Times*, March 3, 1941.

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
 previously listed in the National Register
 previously determined eligible by the National Register
 designated a National Historic Landmark
 recorded by Historic American Buildings Survey # _____
 recorded by Historic American Engineering Record # _____
 recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 Other State agency
 Federal agency
 Local government

Triboro Hospital for Tuberculosis _____
Name of Property

Queens, NY _____
County and State

____ University
____ Other
____ Name of repository: _

Historic Resources Survey Number (if assigned): _____

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

10. Geographical Data

Acreage of Property 3.27 acres

UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

1. Zone: 18 Easting: 600717 Northing: 4508091

Verbal Boundary Description (Describe the boundaries of the property.)

The boundary is indicated by a heavy line on the enclosed map with scale

Boundary Justification (Explain why the boundaries were selected.)

The boundary was drawn to include the Triboro Hospital for Tuberculosis (T Building) and its associated landscape. This boundary follows the current lot lines for the Queens Hospital Center on the south and west, including the landscape and parking area associated with the T Building, and follows the outside edge of the original access drive and sidewalks that encircled the building to the rear (east). These boundaries include the historic surrounding landscape of the T Building, including original landscaping features, such as plantings and a parking lot, that provide context and setting for the hospital building.

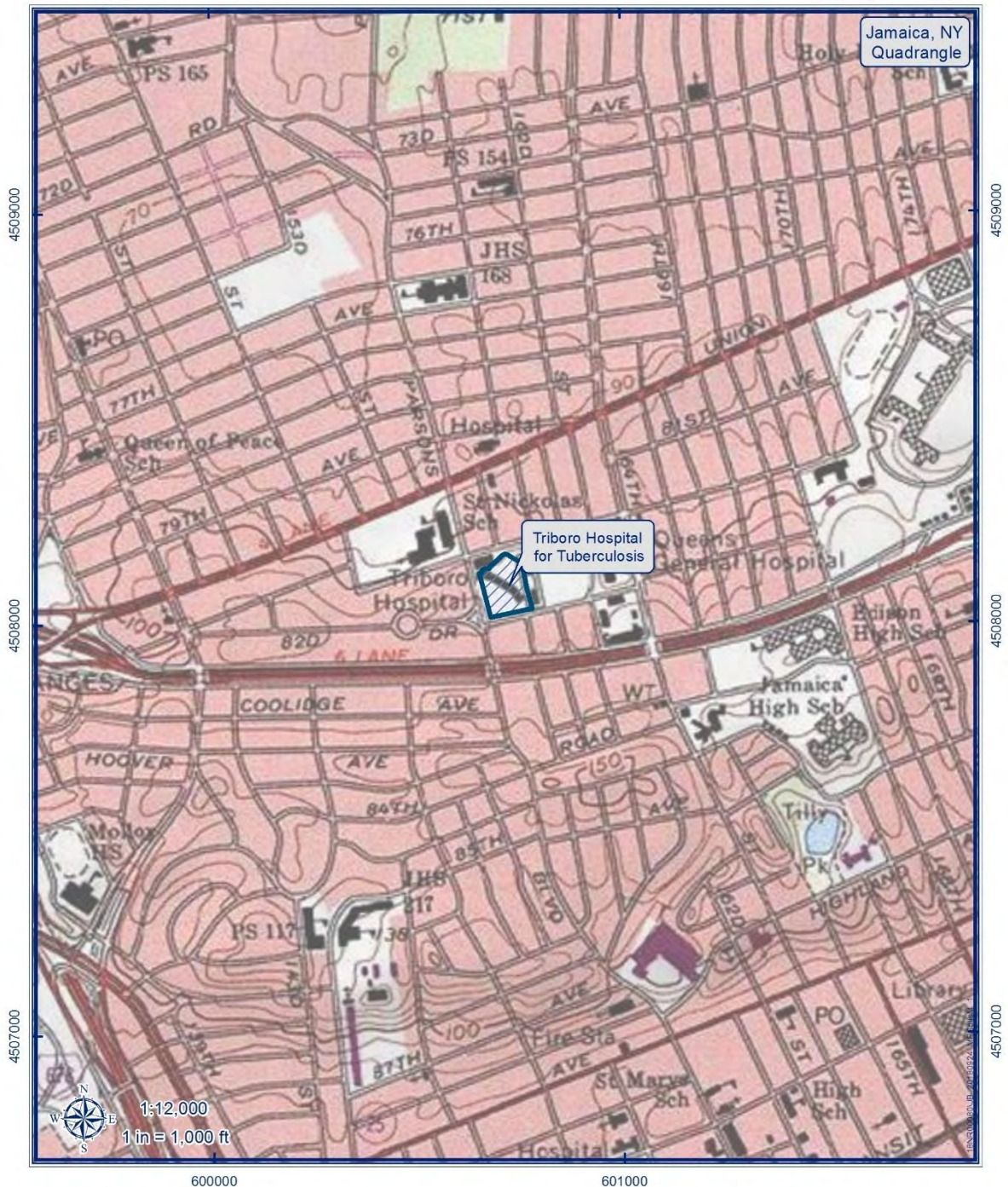
Although the T Building was originally constructed as part of a 13-acre Queens Hospital Center campus, primarily constructed between 1916 and 1941, almost all of the campus's Art Deco and Modern buildings were demolished in the late twentieth century. As a result, the campus as a whole no longer retains integrity to its historic appearance and there is no possibility of historic district designation. While a handful of twentieth century hospital center support buildings remain, they were more closely associated with the campus as a whole than the T Building specifically. Due to tuberculosis' contagious nature, the T Building was designed to function as independently as practical; as a result, it had minimal functional historic associations with other hospital buildings.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Triboro Hospital for Tuberculosis
Jamaica, Queens County, NY

82-41 Parsons Blvd.
Jamaica, NY 11432



Coordinate System: NAD 1983 UTM Zone 18N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Triboro Hospital
for Tuberculosis



Parks, Recreation
and Historic Preservation

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Triboro Hospital for Tuberculosis
Jamaica, Queens County, NY

82-41 Parsons Blvd.
Jamaica, NY 11432



Coordinate System: NAD 1983 UTM Zone 18N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Triboro Hospital
for Tuberculosis



Parks, Recreation
and Historic Preservation

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

11. Form Prepared By

name/title: Kerri Culhane
organization: Independent Architectural Historian
street & number: 107 North River Road
city or town: Fort Edward state: NY zip code: 12828
e-mail culhaneblack@gmail.com
telephone: 646-737-3390
date: June 2, 2018

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Triboro Hospital for Tuberculosis

City or Vicinity: New York

County: Queens State: NY

Photographer: Kerri Culhane

Date Photographed: May 2018

Description of Photograph(s) and number, include description of view indicating direction of camera:

NY_Queens County_Triboro_Hospital_0001
Triboro Hospital Façade, looking northeast

NY_Queens County_Triboro_Hospital_0002
Triboro Hospital Façade, looking east

NY_Queens County_Triboro_Hospital_0003
Triboro Hospital Rear Façade, looking northwest

NY_Queens County_Triboro_Hospital_0004
Triboro Hospital Rear Façade, looking west

NY_Queens County_Triboro_Hospital_0005
Triboro Hospital, view from north ward balconies, looking southeast

NY_Queens County_Triboro_Hospital_0006
Triboro Hospital, view across façade from 8th floor deck, looking southeast

NY_Queens County_Triboro_Hospital_0007
Triboro Hospital, 8th floor deck, south wards, looking northwest

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

NY_Queens County_Triboro_Hospital_0008
Triboro Hospital, 8th floor deck, north wards, looking southeast

NY_Queens County_Triboro_Hospital_0009
Areaway, looking southeast

NY_Queens County_Triboro_Hospital_0010
Mechanical "10th" floor, looking north

NY_Queens County_Triboro_Hospital_0011
Balconies, north wards, looking east

NY_Queens County_Triboro_Hospital_0012
Cornerstone of entrance pavilion and central tower, looking east

NY_Queens County_Triboro_Hospital_0013
Main entrance vestibule, looking northwest

NY_Queens County_Triboro_Hospital_0014
Lobby, looking southwest along the north wall

NY_Queens County_Triboro_Hospital_0015
Main entrance, obscured by sidewalk bridge, looking northeast

NY_Queens County_Triboro_Hospital_0016
Original green tile wainscot and marble trim in lobby, looking northeast

NY_Queens County_Triboro_Hospital_0017
Out Patient Department Entrance, looking northeast

NY_Queens County_Triboro_Hospital_0018
Entrance vestibule, Out Patient Department, looking south

NY_Queens County_Triboro_Hospital_0019
Library, 1st floor north wing, looking east

NY_Queens County_Triboro_Hospital_0020
Ambulance entrance to admitting wing, looking northwest

NY_Queens County_Triboro_Hospital_0021
Transition between main lobby and admitting wing, elevator to left, looking northeast

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

NY_Queens County_Triboro_Hospital_0022
Lobby, looking southeast to stairs and outpatient wing

NY_Queens County_Triboro_Hospital_0023
Out Patient Department Lobby, looking southwest

NY_Queens County_Triboro_Hospital_0024
Ghosts of observation windows in the hallway, 7th floor, north wards, looking west

NY_Queens County_Triboro_Hospital_0025
Solarium, south wards, 5th floor, looking south

NY_Queens County_Triboro_Hospital_0026
6-bed ward with partitions, 7th floor, looking northwest

NY_Queens County_Triboro_Hospital_0027
24-bed ward with partitions, 7th floor, looking northwest

NY_Queens County_Triboro_Hospital_0028
Corridor with replacement observation windows, 4th floor, north wing, looking northwest

NY_Queens County_Triboro_Hospital_0029
Original tile in one of the pneumothorax suites on the northern side of the building, 8th floor, looking northeast

NY_Queens County_Triboro_Hospital_0030
Green tile wainscoting typical of basement and first floor wings, looking east in basement

NY_Queens County_Triboro_Hospital_0031
Kitchen, looking north

NY_Queens County_Triboro_Hospital_0032
Main stairs, typical of all three stair halls, looking northwest

NY_Queens County_Triboro_Hospital_0033
Continuous wooden railing typical of all stairs, shown in south wing stairwell, looking down

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

Historic Images

H1. Triboro Hospital for Tuberculosis. Photograph of rendering by the Office of John Russell Pope, 1937 (title block cropped in original). Collection: Municipal Archives.

H2. Triboro Hospital for Tuberculosis. Rendering submitted to the Art Commission and attributed to John Russell Pope, 1937. Reprinted in *Condensed Report of the Art Commission of the City of New York*, Art Commission, 1938.

H3. Triborough Hospital Landscaping, 1940. Bird's eye view rendering shows the relationship of the Triboro Hospital to the Queens General Hospital to the east. Collection: Department of Public Works, Municipal Archives.

H4. Construction was aided by WPA-funded construction workers who were pressed to complete this massive building in a short period of time in order for the city to receive PWA funds. "Steel Rising Again at New Tuberculosis Hospital," *Long Island Press*, July 6, 1939, clipping in the Queens Central Library Vertical Files.

H5. By the time the cornerstone was laid in September 1939, the building was starting to receive its limestone and brick cladding. "Cornerstone Laid at New Hospital," *New York Times*, September 29, 1939, clipping in the Queens Central Library Vertical Files

H6. Plans of the First and Second Floors, Triboro Hospital for Tuberculosis. Butler, *Hospital Design* (1946), p. 158

H7. Plans of the Ninth and Typical [3-7] Floors, Triboro Hospital for Tuberculosis. Butler, *Hospital Design* (1946)), p. 159

H8. The Triboro Hospital for Tuberculosis, photographed as it neared completion in the fall of 1940. Using this photo, the Department of Public Works submitted the hospital to the Annual Building Awards of the *QueensBorough* magazine (December 1940) p. 29, for which the building won a bronze plaque. Collection: Department of Public Works, Municipal Archives.

H9. Balcony rendering by Eggers and Higgins, ca. 1937. Collection: Department of Public Works, Municipal Archives.

H10. 24-bed ward typical of floors 3-7. The Triboro Hospital was thoroughly documented by the architectural photographers Gottscho-Schleisner on behalf of Eggers and Higgins. Many of the images were reproduced in a feature article in *The Architectural Forum*, February 1941. Gottscho-Schleisner Collection, Library of Congress.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State

H11. 6-bed ward typical of floors 3-7. Gottscho-Schleisner Collection, Library of Congress.

H12. Hallway and observation windows on the 6-bed wards, typical of floors 3-7. Gottscho-Schleisner Collection, Library of Congress.

H13. Library, located in the outer bay of the north wing, first floor. The original woodwork and plaster tray ceiling remain intact. Gottscho-Schleisner Collection, Library of Congress.

H14. Main entrance. Gottscho-Schleisner Collection, Library of Congress

H15. Solarium, typical of floors 3-7. Gottscho-Schleisner Collection, Library of Congress

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H1. Triboro Hospital for Tuberculosis. Photograph of rendering by the Office of John Russell Pope, 1937 (title block cropped in original). Collection: Municipal Archives.



H2. Triboro Hospital for Tuberculosis. Rendering submitted to the Art Commission and attributed to John Russell Pope, 1937. Reprinted in *Condensed Report of the Art Commission of the City of New York* (Art Commission 1938), Plate 48, p. 106.

Triboro Hospital for Tuberculosis
Name of Property

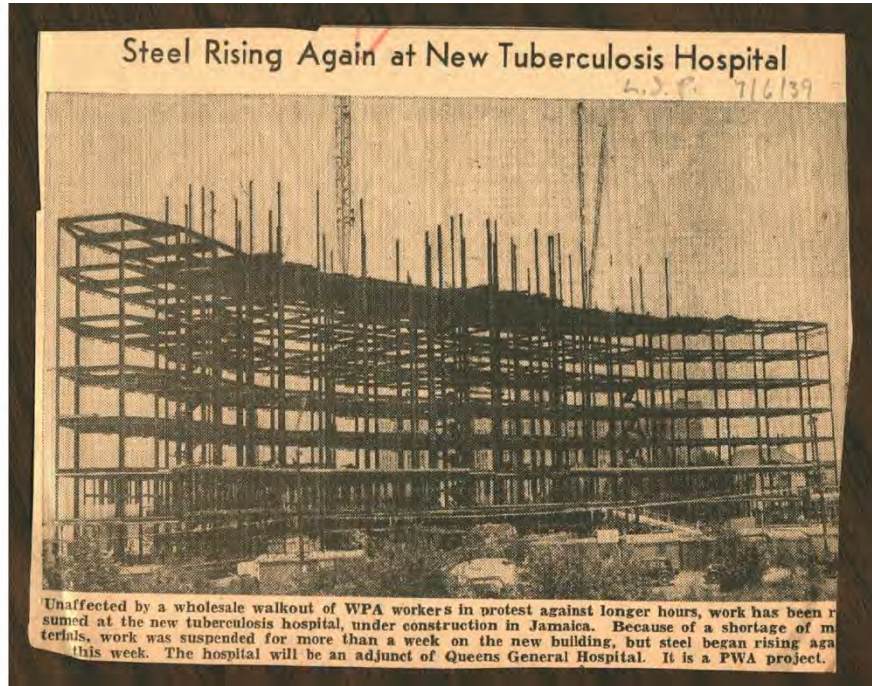
Queens, NY
County and State



H3. Triborough Hospital Landscaping, 1940. Bird's-eye-view rendering shows the relationship of the Triboro Hospital to the former Queens General Hospital to the east. Collection: Department of Public Works, Municipal Archives.

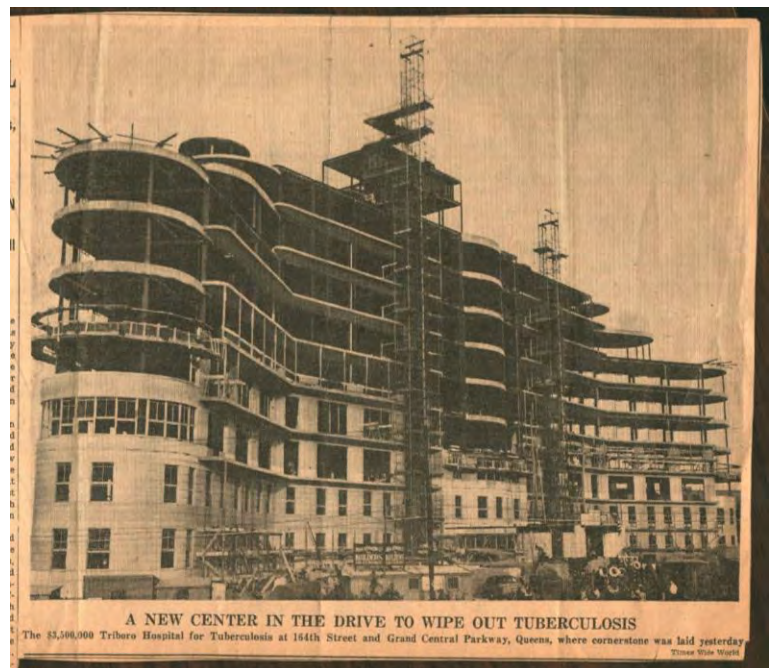
Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H4. Construction was aided by WPA-funded construction workers who were pressed to complete this massive building in a short period of time in order for the city to receive PWA funds. "Steel Rising Again at New Tuberculosis Hospital," *Long Island Press*, July 6, 1939, clipping in the Queens Central Library Vertical Files.

H5. By the time the cornerstone was laid in September 1939, the building was starting to receive its limestone and brick cladding. "Cornerstone Laid at New Hospital," *New York Times*, September 29, 1939, clipping in the Queens Central Library Vertical Files.



ber of post-operative infections and shorten the period of convalescence.

PNEUMOTHORAX AND TAPS TREATMENTS

Each section (or floor, if the building is multi-storied) housing a particular group of

patients should have a treatment suite, consisting of rooms for pneumothorax, "taps" and a darkroom for fluoroscopy. These rooms may be planned to accommodate several treatment tables, or they may be quite small with only one table, depending on the size of the group

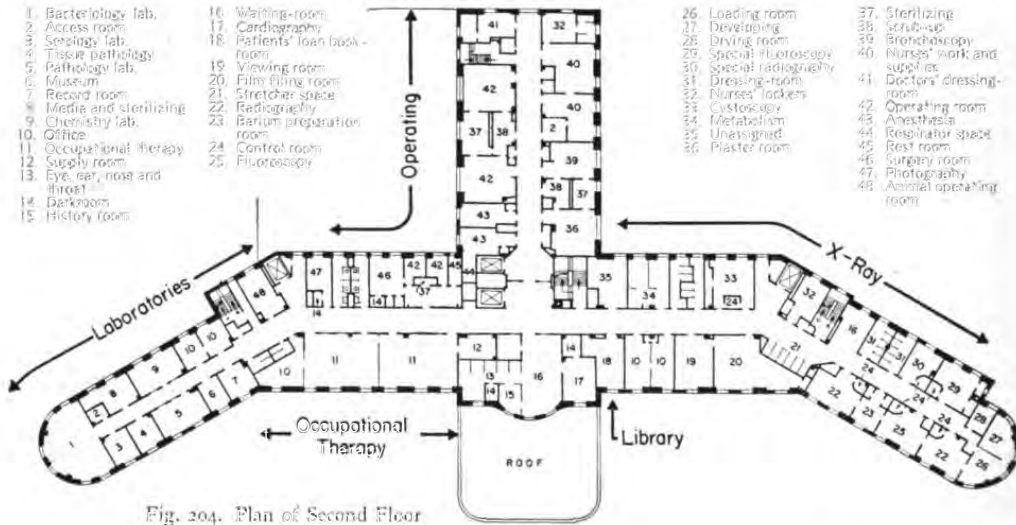


Fig. 204. Plan of Second Floor

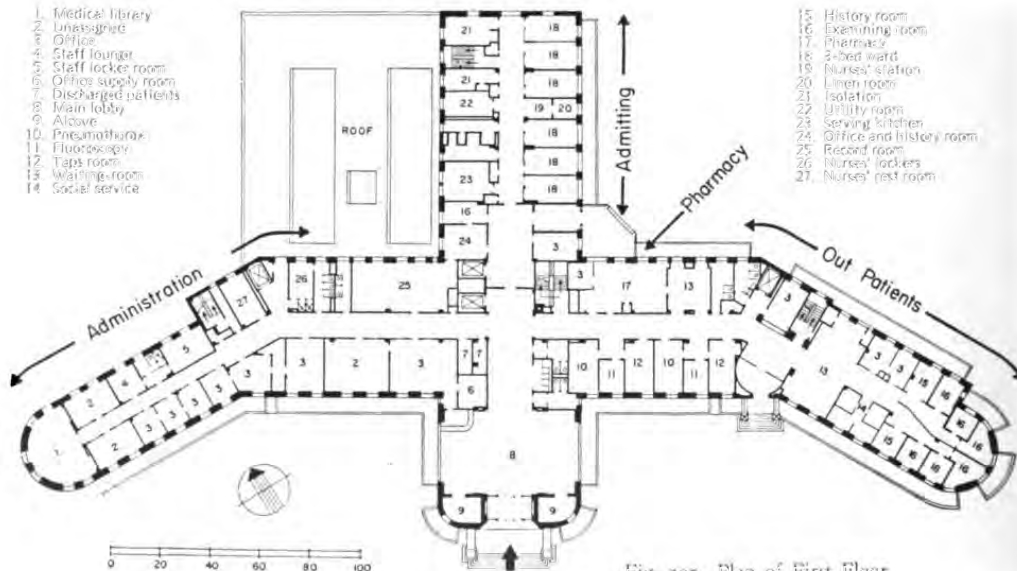


Fig. 205. Plan of First Floor

TRURO HOSPITAL, QUEENS, NEW YORK CITY
Eggers & Higgins, Architects

Triboro Hospital for Tuberculosis
 Name of Property

Queens, NY
 County and State

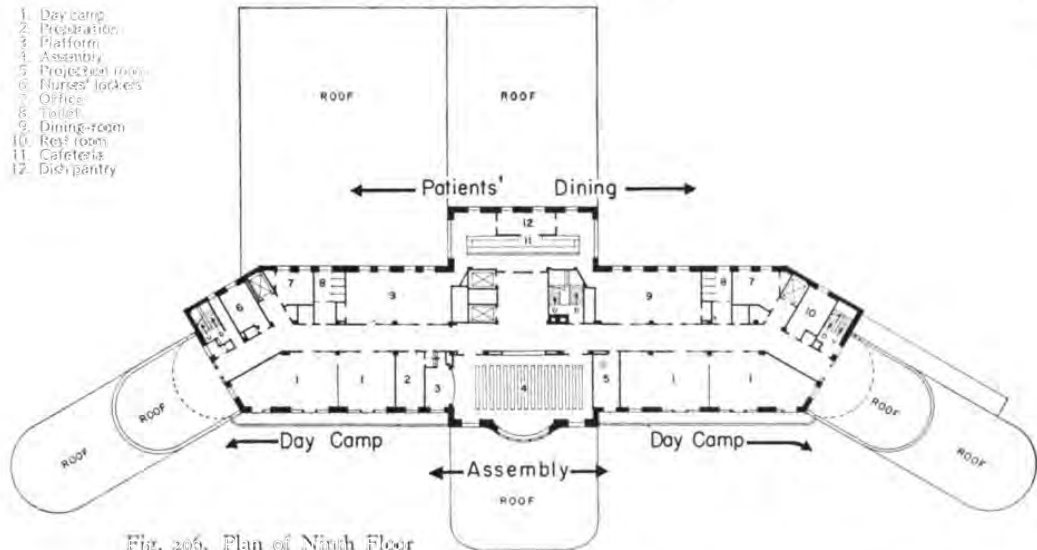


Fig. 206. Plan of Ninth Floor

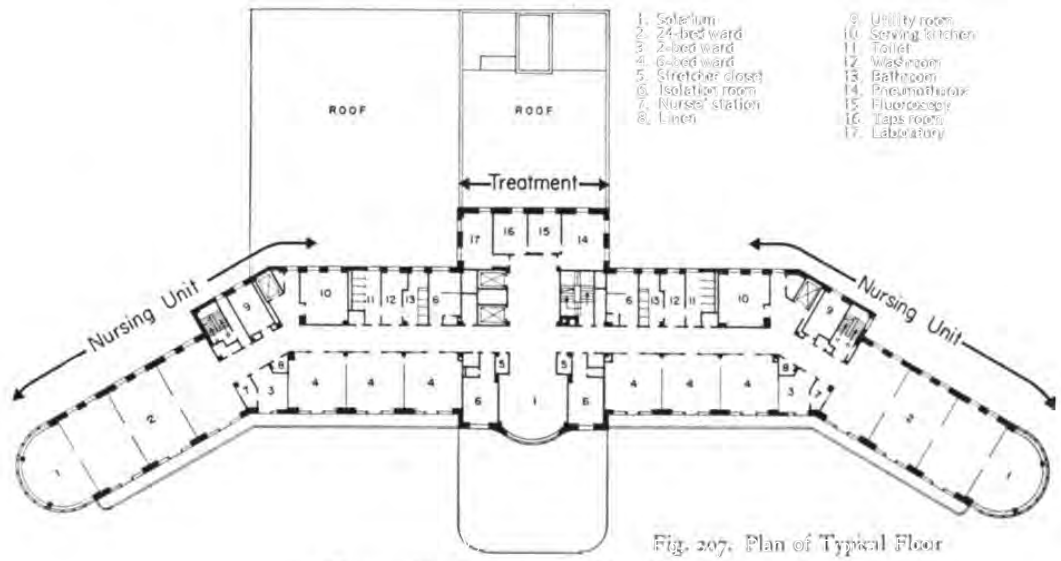


Fig. 207. Plan of Typical Floor

TRIBORO HOSPITAL, QUEENS, NEW YORK CITY
 Eggers & Higgins, Architects

H7. Plans of the Ninth and Typical [3-7] Floors, Triboro Hospital for Tuberculosis. Butler, *Hospital Design* (1946), p. 159

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H8. The Triboro Hospital for Tuberculosis, photographed as it neared completion in the fall of 1940. Using this photo, the Department of Public Works submitted the hospital to the Annual Building Awards of the *QueensBorough* magazine (December 1940) p. 29, for which the building won a bronze plaque. Collection: Department of Public Works, Municipal Archives.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H9. Balcony rendering by Eggers and Higgins, ca. 1937. Collection: Department of Public Works, Municipal Archives.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H10. 24-bed ward.
The Triboro Hospital was thoroughly documented by the architectural photographers Gottscho-Schleisner on behalf of Eggers and Higgins. Many of the images were reproduced in a feature article in *The Architectural Forum*, February 1941. Gottscho-Schleisner Collection, Library of Congress.



H11. 6-bed ward,
typical of floors 3-7.
Gottscho-Schleisner
Collection, Library of
Congress.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H12. Hallway and observation windows on the 6-bed wards, typical of floors 3-7. None of the original windows remain. Gottscho-Schleisner Collection, Library of Congress.



H13. Library, located in the outer bay of the north wing, first floor. The original woodwork and plaster tray ceiling remain largely intact. Gottscho-Schleisner Collection, Library of Congress.

Triboro Hospital for Tuberculosis
Name of Property

Queens, NY
County and State



H14. Main entrance. Gottscho-Schleisner Collection, Library of Congress



H15. Solarium, typical of floors 3-7. Gottscho-Schleisner Collection, Library of Congress

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.



I SHOULD
PROBABLY
BE LA
RIDE
HOME.

star.com
FRILLS







AGENCY VEHICLES ONLY

NEW YORK CITY
HEALTH & HOSPITALS CORP

AGENCY VEHICLES ONLY

















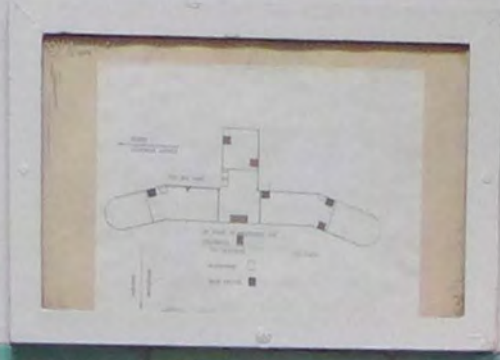
1938



NO SMOKING PLEASE







Exit to Parking Lot ↗

NURSING 1

DO NOT LEAN ON PANEL





EMERGENCY EXIT ONLY
USE MAIN ENTRANCE



EMERGENCY EXIT ONLY
USE MAIN ENTRANCE
⇒ ⇒ ⇒

FOR EMERGENCY RELEASE—APPLY
PRESSURE TO DOOR FOR THREE
SECONDS UNTIL AUDIBLE ALARM
IS INITIATED. DOOR WILL RELEASE
AUTOMATICALLY THEREAFTER.

EN CASO DE EMERGENCIA
APLIQUE PRESION EN LA PUERTA
POR TRES SEGUNDOS HASTA QUE
LA ALARMA SUENE. LA PUERTA
SE ABRIRA EN CUANTO SE SUENDE.







PACKAGES SUBJECT
TO INSPECTION
PLEASE COOPERATE
LOS PAQUETES ESTAN SUJETOS
A INSPECCION
POR FAVOR COOPERE

H
T- BLDG.
OPEN FROM
MON - FRI 7AM - 7PM
CLOSED
WEEKENDS & HOLIDAYS
FOR EMERGENCY
ACCESS CALL
3-2200 HOSPITAL POLICE
3-3017 FIRE & SAFETY

Friedrich

ING

T- BLDG.
OPEN FROM
MON - FRI 7AM - 7PM
CLOSED
WEEKENDS & HOLIDAYS
FOR EMERGENCY
ACCESS CALL
8-800 HOSPITAL POLICE
8-800 FIRE & SAFETY

NOTICE

DO NOT LEAN ON PANEL

Child and Adolescent Clinic
↑ Polo Restaurant
Exit to Parking Lot ↗

NOTICE

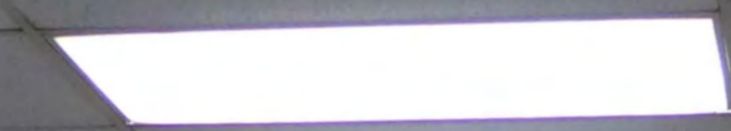


FIRE COMMAND STATION
DO NOT LEAN ON PANEL

DO NOT LEAN ON PANEL

DO NOT
LEAN ON
PANEL

C
STAIRWAY



PHARMACY
LOCATED ON 1st FLOOR



EXIT

**RESTRICTED AREA
NO UNAUTHORIZED PERSONS
ALLOWED
ZONA PROHIBIDA
NO SE PERMITEN
PERSONAS SIN AUTORIZACION**

THE
HARRY H. EPSTEIN
AND FOR FRIENDS

AQUAFINA

**QUEENS
HOSPITAL CENTER**

THANKS FOR CHOOSING PEPSI!



COMMERCIAL BIN
48X24X28





Garbage
COMMERCIAL BIN
48X24X28

PLASTIC CUP





4A-4

STAFF ONLY



EXIT

NO SMOKING







UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

Requested Action:

Property Name:

Multiple Name:

State & County:

Date Received: 12/17/2018 Date of Pending List: Date of 16th Day: Date of 45th Day: 1/31/2019 Date of Weekly List:

Reference number:

Nominator:

Reason For Review:

Accept Return Reject 1/31/2019 Date

Abstract/Summary Comments:

Recommendation/ Criteria:

Reviewer: Alexis Abernathy  Discipline: Historian

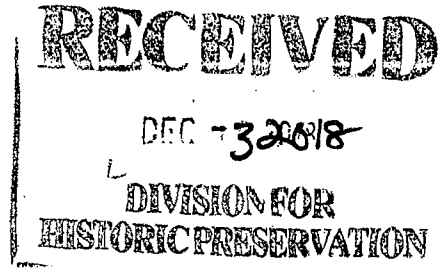
Telephone: (202)354-2236 Date: _____

DOCUMENTATION: see attached comments : No see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



Landmarks Preservation
Commission



Kate Lemos McHale
Director of Research

November 27, 2018

1 Centre Street
9th Floor North
New York, NY 10007

212 669 7902 tel
212 669 7797 fax

R. Daniel Mackay
Deputy Commissioner for Historic Preservation
Deputy State Historic Preservation Officer
New York State Office of Parks, Recreation and Historic Preservation
P.O. Box 189
Waterford, NY 12188-0189

Re: Triboro Hospital for Tuberculosis, T Building, 82-41 Parsons Boulevard, Queens
[Block 6858, Lot 1]

Dear Deputy Commissioner Mackay:

I am writing on behalf of Chair Sarah Carroll in response to your request for comment on the eligibility of the Triboro Hospital for Tuberculosis, T Building located at 82-41 Parsons Boulevard in Queens, for the State and National Registers of Historic Places.

The agency has reviewed the materials you submitted and has determined that the Triboro Hospital for Tuberculosis appears to meet the criteria for inclusion on the State and National Registers of Historic Places. Therefore, based on this review, the Commission supports the nomination of the Triboro Hospital for Tuberculosis. Thank you.

Sincerely,

Kate Lemos McHale
klemosmchale@lpc.nyc.gov



**Parks, Recreation
and Historic Preservation**

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner

10 December 2018

Alexis Abernathy
National Park Service
National Register of Historic Places

Mail Stop 7228

1849 C Street NW
Washington DC 20240

Re: National Register Nomination

Dear Ms. Abernathy:

I am pleased to submit the following five nominations, all on disc, to be considered for listing by the Keeper of the National Register:

St. Anthony Convent and School, Onondaga County
Triboro Hospital for Tuberculosis, Queens County
Yates House, Schenectady County
Glenwood Cemetery, Cortland County
German Evangelical Church of St. John's, Kings County

Please feel free to call me at 518.268.2165 if you have any questions.

Sincerely:

Kathleen LaFrank
National Register Coordinator
New York State Historic Preservation Office