

797

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.

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OCT - 2 2015

Nat. Register of Historic Places
National Park Service

1. Name of Property
Historic name: Orange Memorial Hospital Historic District
Other names/site number: _____
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: 180 S. Essex Avenue
City or town: City of Orange Township State: NJ County: Essex

Not For Publication: Vicinity: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

Phil Boony — Arts & Commission 9/28/15
Signature of certifying official/Title: Date
NJ DEP
State or Federal agency/bureau or Tribal Government

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

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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:)

[Handwritten Signature]
Signature of the Keeper

11/17/15
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

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Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>8</u>	<u>1</u>	buildings
<u>0</u>	<u>0</u>	sites
<u>0</u>	<u>0</u>	structures
<u>0</u>	<u>0</u>	objects
<u>8</u>	<u>1</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 - Hospital

Current Functions

(Enter categories from instructions.)

VACANT/NOT IN USE

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7. Description

Architectural Classification

(Enter categories from instructions.)

LATE 19TH AND 20TH CENTURY REVIVALS – Colonial Revival

Materials: (enter categories from instructions.)

Principal exterior materials of the property: Limestone, Brick, Concrete Block, Wood

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 Orange Memorial Hospital Historic District is located in the City of Orange Township (hereafter Orange), New Jersey on the western half of the block bounded by S. Essex Avenue to the west, Henry Street to the north, S. Center Street to the east, and Central Avenue to the south. The surrounding neighborhood consists largely of late-19th to early-20th century residential, commercial, and institutional buildings in a variety of sizes and styles. The district stands just three blocks northwest of Orange Park and roughly four blocks northwest of Orange's downtown commercial area along Central Avenue.

The historic district covers an area measuring approximately 6.5 acres and consists of nine buildings, eight of which contribute to the historic significance and integrity of the historic district. The buildings range in date from 1906 to c. 1975 and in size, from 1- to 8-stories. They are arranged in a generally axial configuration that follows the street grid and are interconnected through walkways, bridges or underground tunnels. There are few landscape features apart from several small groupings of trees. Between 1989 and 1995, all of the property to the south of the site was acquired by the hospital for use as parking lots.

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The extant buildings are as follows:

North Building (Building 1) – 1906; 1908 addition, Contributing
Boiler Plant and Power House (Building 2) - 1912, Contributing
Service Building (Building 3) – 1914; c. 1950 addition, Contributing
Bingham Building (Building 4) – 1920; 1950 addition, Contributing
Mary Austen Hall (Building 5) – 1928; c. 1950 addition, Contributing
Medical and Surgical Building (Building 6) – 1929; c. 1950 and 1966 additions,
Contributing
Metcalf Foundation Institute Building (Building 7) – 1931; 1966 addition, Contributing
Orthopedic Hospital (Building 8) – 1960, Contributing
Professional Building (Building 9) – c. 1975, Non-Contributing

Narrative Description

North Building (Building 1, Contributing)

The North Building (Building 1), the oldest surviving building on the site, was constructed in 1906 with a small southern addition in 1908 (Photographs 1 and 2). The building is three-stories in height with an elevated basement level, nine-bays long and three-bays deep. The building is located at the very northwestern corner of the property, at the intersection of S. Essex Avenue and Henry Street. The building is 3 ½-stories and was designed in the Colonial Revival style with red brick laid in a common bond pattern and a limestone foundation. There are also limestone belt courses between the basement level and 1st floor and between the 1st and 2nd floors. The building features a large denticulated cornice in wood on all elevations except on the addition to the south. Additionally, all corners on the building are defined by brick quoins. The 1906 building has a hipped roof and the roof of the addition is flat.

The elevations are primarily the same with original 1/1 wood windows with metal security grates at the basement level; original double-hung 1/1 wood windows with transoms inset within blind brick arches on the 1st floor; and original double-hung 1/1 wood windows with 1-light wood transoms and stone sills on the 2nd and 3rd floors. The west elevation has a modern glazed metal door with metal surround near the center of the 1st floor. There are also two original 3-sided metal bay windows in the center of the 3rd floor. The north elevation also has a centered original 3-sided metal bay window on the 3rd floor.

Along the south elevation, a 1-story enclosed corridor, clad in red brick with a flat roof, connects the North Building to the Medical and Surgical Building (Building 6). A small one-story hyphen, clad in red brick with a flat roof, extends from the east elevation of the North Building to connect with Mary Austen Hall (Building 5).

On the interior, all floors primarily contain double-loaded corridors accessing a series of small office spaces (Photographs 3-11). The southern half of the 1st floor contains a large meeting room. Throughout the building, the finishes primarily date to the 1980s and 1990s, including drywall partitions, faux wood paneling, linoleum tile and carpeted floors, and dropped acoustical

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tile ceilings. Select original wood window trim and plaster walls remain. Nearly all interior finishes are in extremely poor condition due to the building's abandonment for over a decade.

The building contains one U-return stairway with metal treads and risers with a metal pipe handrail. It is located along the center portion of the west elevation and provides access between all floors.

Boiler Plant and Power House (Building 2, Contributing)

The Boiler Plant and Power House (Building 2) was constructed in 1912 and is located near the southwestern corner of the property (Photographs 12-14). Designed in a utilitarian industrial style, the square, 2-story building is clad in red brick. The building is five-bays wide and five-bays deep with a rectangular addition on the east elevation measuring three-bays wide and two-bays deep. It has a flat roof with a rectangular monitor with original 6/6 metal windows on all sides. At the southwestern corner of the building, there is a freestanding, circular brick smokestack.

The west (primary) elevation fronts S. Essex Avenue and contains original paired 9/9 double-hung wood windows with center mullion throughout. The north elevation, which faces a paved parking lot and the main hospital buildings, also contains original paired 9/9 windows in all bays except for the easternmost two bays on the 1st floor, which also contain single-leaf glazed metal doors. The east elevation features a rectangular addition, which features original 9-light wood windows on the 1st floor with metal security grates and original 9/9 wood windows on the 2nd floor, in keeping with the other elevations. The south elevation contains original paired 9/9 wood windows throughout.

On the interior, the building is largely open in plan but is filled with mechanical and boiler equipment in the double-height space on the 1st floor (Photographs 15-18). There is a workshop and storage area on the 2nd floor. There are concrete floors, exposed brick walls, and exposed steel and wood structural members on the ceilings. The building contains one stairway in a U-return configuration at the northern end of the building, which features concrete treads and risers with a metal pipe handrail.

Service Building (Building 3, Contributing)

The Service Building (Building 3) was constructed in 1914 with a 5th floor addition in c. 1950 (Photographs 19 and 20). It contained a kitchen, dining rooms, dormitories and storage rooms. It currently stands between Mary Austen Hall (Building 5) and the rear of the Medical and Surgical Building (Building 6). The Colonial Revival style building is 5-stories and is clad in red brick laid in a Flemish bond pattern with limestone detailing, including a limestone cornice between the 4th and 5th floors. The east and west elevations are five bays wide. The roof is flat. Originally freestanding, Mary Austen Hall was constructed abutting its north elevation and the Medical and Surgical Building was constructed abutting its south elevation. Therefore, only the east and west elevations remain visible. They contain single or paired original 6/6 double-hung wood windows with limestone sills throughout. In select locations, the original openings have been filled with

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contemporary materials, including metal vents. The 2nd floor windows are set within blind arches with limestone keystones.

On the interior, the 1st through 3rd floors contain are largely open in plan with areas of clustered office spaces (Photographs 21-27). The northern half of the 4th floor and the entire 5th floor features double-loaded corridors accessing a series of small offices. Nearly all finishes date to the 1980s and 1990s with drywall partitions, faux wood paneling, linoleum tile and carpeted floors, and dropped acoustical tile ceilings throughout, although some select original paneled wood doors, wood window trim, and plaster walls remain. Nearly all interior finishes are in extremely poor condition due to the building's abandonment for over a decade.

The building contains one U-return stairway, at the southeastern corner of the building, which features metal treads and risers with a metal pipe handrail. The stairway provides access between all floors.

Bingham Building (Building 4, Contributing)

The Bingham Building (Building 4) was constructed as the hospital's maternity wing in 1920, with a 2-story eastern addition in 1950 (Photograph 28). The L-shaped building is 4-stories and is clad in red brick laid in a common bond pattern with a limestone cornice. It is seven-bays long on the east and west elevations and five-bays deep on the north and south elevations. Originally a freestanding building, the northern half of the west elevation now connects to the east elevation of the Medical and Surgical Building (Building 6). Both the original building and the addition have a flat roof.

The original portion of the building primarily contains original single and paired 6/6 double-hung wood windows. The 1950 addition contains original 6/6 double-hung wood windows throughout. In select locations on both portions of the building, the original openings have been filled with contemporary materials, including stucco. On the east elevation of the addition is a single-leaf metal door with a fire escape. On the north elevation, the westernmost three bays on the 1st floor are covered by a 1-story enclosed walkway, clad in red brick with a flat roof, constructed in 1950 to connect the Bingham Building to other buildings in the complex.

On the interior, all floors contain double-loaded corridors with a variety of patient rooms, waiting areas, and offices (Photographs 29-39). Nearly all finishes date to the 1980s and 1990s with drywall partitions, faux wood paneling, linoleum tile and carpeted floors, and dropped acoustical tile ceilings throughout, although some select original paneled wood doors, wood window trim, and plaster walls remain. Nearly all interior finishes are in extremely poor condition due to the building's abandonment for over a decade.

The building contains two U-return stairways with metal treads and risers and a metal handrail that are located along the east elevation at the north and south ends of the building. There are also two late 20th century passenger elevators located just north of the northernmost stairway. All circulation provides access between all floors.

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Mary Austen Hall (Building 5, Contributing)

Mary Austen Hall (Building 5) was constructed in 1928 and served as housing for nursing school students (Photographs 40-43). The L-shaped building is 5 ½-stories. Designed in the Colonial Revival style, the building is constructed of red brick laid in a Flemish bond pattern and features limestone belt courses between the basement level and 1st floor, the 1st and 2nd floors, and the 4th and 5th floors. There is also a denticulated limestone cornice on all elevations below a brick parapet wall with simple limestone coping. All outside corners of the building are defined by brick quoins. The building is fifteen bays wide and three bays deep. The south elevation is connected to the Service Building (Building 3) and the west elevation is connected to the North Building (Building 1). The east elevation has a 1-story addition that is five bays wide and dates to c. 1950. Both the original building and the addition have a flat roof.

The north (primary) elevation, facing Henry Street, contains the original main entrance, which consists of a glazed wood replacement door set within a Colonial Revival style wood doorway with leaded glass sidelights, an arched leaded glass fanlight and a limestone surround with limestone Corinthian pilasters. The entrance is accessed by granite steps with flanking bronze handrails. It is surrounded by an elaborate, rectangular limestone portico supported by limestone Corinthian columns, echoing the surround. The frieze is inscribed with “MARY AUSTEN HALL.”

On the north, south and west elevations, the 1st floor contains original 6/9 double-hung wood windows with limestone sills and splayed limestone lintels with keystones. The 2nd floor contains original 6/6 double-hung wood windows with limestone sills that are set within blind arched openings (the upper arched portion of the opening consists of a flat limestone panel). All remaining original windows on the 3rd through 5th floors are a 6/6 configuration with limestone sills and brick headers, with the 3rd floor windows featuring limestone keystones. In select locations on all elevations, the original openings have been infilled with contemporary materials, including replacement windows.

The c. 1950 addition replicates the original building's Colonial Revival style and construction with red brick in a Flemish bond pattern. Like the 1st floor of the original building, the openings on the north and south elevations contain original 6/9 double-hung wood windows with limestone sills and splayed limestone lintels. On the east elevation, there are three openings that have been infilled with brick, although the limestone sills and lintels remain visible. The addition contains a short brick parapet wall with limestone coping on all three sides.

On the interior, the 1st floor features both large, open common areas and sections of smaller offices (Photographs 44-56). The 1st floor spaces primarily feature finishes that date to the 1980s and 1990s, such as drywall partitions, linoleum tile floors, and dropped acoustical tile ceilings. The square room at the westernmost portion of the 1st floor contains plaster walls, wood window trim, a partial fireplace, plaster cornice molding and wood floors. There is also a vestibule and lobby off of the main entrance on the 1st floor that features select marble floors and wall paneling, plaster cornice molding and ceiling medallions, and wood pilasters. The upper floors contain double-loaded corridors accessing rows of small dormitory rooms and offices. The 2nd

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floor also has some larger common rooms. Original finishes include select plaster and drywall partitions, wood floors, paneled wood doors, wood trim and baseboard molding. In addition, there are other finishes that date to the 1980s and 1990s such as carpeted and ceramic tile floors. Nearly all interior finishes are in poor condition due to the building's abandonment for over a decade.

The building contains one U-return stairway with wood treads and risers with a wood handrail that is located near the center of the floor plate. There is also a late 20th century elevator adjacent to the stairway. Both the stairway and elevator provide access between all floors.

Medical and Surgical Building (Building 6, Contributing)

The Medical and Surgical Building (Building 6) is the largest building in the complex and has served as the public face and main patient entrance of the hospital since its construction in 1929 (Photographs 57-59). The building has a T-shaped footprint with the rear section projecting from the center of the east elevation of the front section. The primary, west elevation is twenty bays wide. Designed in the Colonial Revival style, the 8-story building is constructed of red brick laid in a running bond pattern with limestone accents on the east and west elevations, including belt courses, sills, keystones and a limestone cornice. The dominant window type on the building are the original 2/2 double-hung wood windows, although many of the original openings have been filled with contemporary materials, including metal vents and replacement windows. In 1966, several alterations were made to the exterior. A 2-story entrance pavilion was added to the west elevation, the 8th floor was added, which is clad in both brick and fiberglass panels; and red brick stair towers were added on the north and south elevations, as well as to the rear of the building. The building has a flat roof with a 1-story brick penthouse near the western end.

The building is partially abutted by the Service Building (Building 3) on the north elevation. Also on the north elevation is a 1-story enclosed walkway, clad in red brick with a flat roof, extends along the north elevation and connects to the north elevation of the Bingham Building (Building 4). The walkway dates to c. 1950. The east elevation is abutted by both the Bingham Building (Building 4) and a stair tower. The south elevation contains a centered 2-story projection that is original to the building. The projection is clad in matching red brick with limestone stringcourses.

The west (primary) elevation faces S. Essex Avenue. A 2-story entrance pavilion, designed in the Modern style, covers nearly the entire 1st and 2nd floors of the original west elevation, except for the southernmost five bays. The southern half of the entrance pavilion was constructed in reinforced concrete and features large aluminum windows infilling the bays between the concrete piers. There is a large overhanging roof and an open balcony on the 2nd floor surrounding the southern half of the entrance pavilion on three sides. The northern half was constructed in red brick laid in a running bond pattern with narrow, single-light aluminum windows set in pairs on both floors. The entrance pavilion contains few openings on its north or south elevations. On the upper floors of the original building, the center five bays of the west elevation are framed by two pilasters of brick quoins through the 7th floor, with a double-hung 2/2 wood window on each floor between the columns. The center three bays on the 7th floor feature 2/2 windows set within

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blind arches infilled with limestone. Additionally, the 7th floor contains two slightly projecting, fully glazed rectangular bays at both the north and south ends. Metal louvers are also frequently found below the window sills. The secondary elevations are largely identical to the west elevation.

On the interior, the building contains a variety of spaces including patient rooms, examination rooms, offices, reception areas, storage rooms, operating rooms, and other miscellaneous service spaces (Photographs 60-82). On many floors, the rooms are arranged along a double-loaded corridor. Nearly all finishes date to the 1980s and 1990s with drywall partitions, ceramic and linoleum tile floors, and drywall and dropped acoustical tile ceilings throughout, although some plaster walls remain. Wood doors and window trim remain in some isolated areas. Nearly all interior finishes are in poor condition due to the building's abandonment for over a decade.

The building contains five stairways, four of which are located in the front section facing S. Essex Avenue. The first two stairways are located at the west ends of the north and south elevation and date to 1966. The third stairway is located near the center of the floor plate and the fourth is located near the north end of the east elevation. The fifth stairway, in the rear section, is located at the eastern end of the floor plate and also dates to 1966. All stairways are U-return in configuration, features concrete treads and risers and metal handrails, and provide access between all floors. The building also contains five passenger elevators, three of which are grouped near the north end of the east elevation in the front section and two of which are grouped near the east end of the north elevation in the rear section. All of the elevators date to 1966. The elevators provide access between all floors.

The entrance pavilion addition contains a series of reception rooms, waiting areas, examination rooms and offices on both its 1st and 2nd floors. The modern finishes include as linoleum tile floors and drywall partitions and ceilings. A large marble stairway and double escalator leads from the east end of the space to the 2nd floor of the pavilion.

Metcalf Foundation Institute Building (Building 7, Contributing)

The Metcalf Foundation Institute Building (Building 7) was constructed in 1931 with a southern addition in 1966 (Photograph 83). It is located between Mary Austen Hall (Building 6) and the Professional Building (Building 9) and connects to the latter with a small projection on the east elevation. The 1-story building has a rectangular footprint and is clad in red brick laid in a Flemish bond pattern with a limestone foundation and belt courses. It is ten bays wide and three bays deep. The building has a flat roof.

The north (primary) elevation contains the main entrance, which features a Colonial Revival portico with Doric pilasters and entablature and cornice, all in wood. The entrance contains a single-leaf paneled wood door. There is a blank brick wall to the east of the portico and a 1/1 replacement window to the south, covered by a metal security grate.

The interior of the Metcalf Foundation Institute Building was inaccessible at the time of survey.

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Orthopedic Hospital (Building 8, Contributing)

The Orthopedic Hospital (Building 8) was constructed in 1960 and is located at the southeast corner of the site (Photographs 84 and 85).¹ Designed in the Modern style, this freestanding L-shaped building consists of a long 3-story portion facing Central Avenue and a cubic, intersecting 4-story portion at the rear, along the western half of the north elevation. The building is clad in buff brick with a red brick base. The primary, south elevation is eleven bays wide. The building has a flat roof with two 1-story brick penthouses.

The south (primary) elevation, which faces Central Avenue, is eleven bays wide, all containing a continuous ribbon of square aluminum windows. Those on the 1st floor are broken only by the cantilevered entrance portico, constructed of reinforced concrete, in the second bay from the west. All bays on the 2nd and 3rd floors contain tripartite aluminum windows with operable awning sash in the lower portion of the openings.

On the west elevation, the 4-story portion is seven bays wide at basement level and five bays wide on the 1st through 4th floors. The basement level contains a continuous ribbon of aluminum windows while the upper floors contain paired aluminum windows with operable awning sash in their lower portions, except for the 3rd floor, which contains larger tripartite versions like those found on the south elevation. The fifth bay on the west elevation features a continuous vertical column of square aluminum windows that correspond with an interior stairway. The 3-story portion contains paired aluminum windows on the 2nd and 3rd floors. The 1st floor has no openings.

On the north elevation, the 4-story portion is largely blank except for a row of square aluminum windows on the 4th floor. There is also a 1-story wing at basement level, from which an enclosed walkway, clad in buff brick with a flat roof, extends to connect with the south elevation of the Medical and Surgical Building (Building 6). The eastern portion of the north elevation steps down at several levels, all with flat roofs. The north elevation of the 3-story portion is treated much the same as the south elevation, although the easternmost half is clad entirely in buff brick and does not contain a red brick base. All of the bays contain tripartite aluminum windows with operable awning sash in the lower portion of the opening.

On the east elevation, the 3-story portion is clad in buff brick. The 1st floor contains only a single-leaf metal door in the center bay with two infilled window openings to the north. The 2nd and 3rd floors contain one aluminum window in the center bay. The east elevation of the 4-story portion is four bays wide and contains window openings only on the 3rd and 4th floors – the 3rd floor openings are empty while the 4th floor openings have been covered in plywood. The stepped-down portions contain blank brick walls.

On the interior, the building contains a variety of spaces including patient rooms, examination rooms, offices, reception areas, storage rooms, operating rooms and other miscellaneous service

¹ The building was constructed shortly after the New Jersey Orthopedic Hospital merged with Orange Memorial Hospital to create the Hospital Center at Orange.

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spaces (Photographs 86-96). On the upper floors, the rooms are arranged along a double-loaded corridor. Nearly all finishes date to the 1980s and 1990s with drywall partitions, ceramic and terrazzo floors, and drywall and dropped acoustical tile ceilings throughout. Nearly all interior finishes are in poor condition due to the building's abandonment for over a decade.

The building contains two U-return stairways, one at the easternmost portion of the main 3-story portion and one located at the southwestern corner of the rear 4-story portion. Both feature concrete treads and risers with metal handrails, and provide access between all floors. There are also two elevators located across from the stairway in the rear 4-story portion that provide access between all floors.

Professional Building (Building 9, Non-Contributing)

The Professional Building (Building 9) was constructed in c. 1975 and sits just east of the Metcalf Foundation Institute (Building 7) and north of the Bingham Building (Building 4) (Photograph 97). At the north elevation, there is a small, 1-story bus shelter in red brick with large arched openings and a shallow hipped roof.

The building is 1- and 2-stories in height and is mostly clad in red brick with some areas of painted concrete block. All sections of the building have flat roofs. While the building has very few visible openings, the northernmost part of the east elevation, which faces a parking lot, has four 1-light aluminum windows. The east elevation also featured a centered small arched entrance portico. Additionally, there appear to be numerous window and door openings in the small space between the building and the adjacent Metcalf Foundation Institute Building (Building 7), but this area was inaccessible at the time of survey.

The interior of the Professional Building was inaccessible at the time of survey.

Integrity

The Orange Memorial Hospital retains its integrity, as defined by the seven aspects highlighted by the National Park Service. The buildings in the district stand in their original locations with only minor demolition occurring on the site since the time of the primary building campaigns in the late 1910s and 1920s.

Three of the buildings received additions in c. 1950 and another two received additions in 1966. In c. 1950, the Service Building (Building 3) received a 5th floor addition, the Bingham Building (Building 4) received a 2-story eastern addition and Mary Austen Hall (Building 5) received a 1-story addition on the east elevation. In 1966, the Metcalf Foundation Institute Building (Building 7) received a 2-story addition to the south. In all instances, the additions have the same brick cladding, stone detailing, general fenestration pattern and specific fenestration configuration as the original buildings. They are also of a substantially smaller size than the original buildings. All of these attributes cause the additions not only to be barely identifiable as later elements but also to wholly read as compatible secondary elements.

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The Medical and Surgical Building (Building 6) has received the most significant level of alteration. The alterations, which date to 1966, included red brick stair towers on the western ends of the north and south elevations, an 8th floor clad in red brick and red fiberglass, a red fiberglass stair on the east elevation and a prominent red brick and reinforced concrete entrance pavilion on the west elevation. The brick elements do not represent a significant departure from the original structure for the same reasons as discussed above. The red fiberglass, while perhaps not a completely compatible material, edges the façade and stands as a secondary element to the vast expanses of masonry. Additionally, as the fiberglass is located on the rear of the building, it is not visible from the public right of way along S. Essex Avenue. The west entrance pavilion is certainly the most intrusive of the alterations. However, as it comprises only one-quarter of the façade, it neither mars the original function of the building nor obscures the overall architectural aesthetic.

Despite these alterations, the exterior design and materials of these buildings have also been retained and the alterations do not prevent the complex from conveying its historic function and appearance. The remaining character-defining exterior features include the original brick, stone detailing, the Colonial Revival style exterior detailing, the regular fenestration pattern on all elevations, the axial arrangement of the various elements of the building and the corresponding interior axial floor plan. Although the interiors of all of the buildings have suffered from years of neglect, the institutional nature of these buildings have never provided for a high level of interior finish. The workmanship similarly retains its integrity and demonstrates an extraordinary time in civic architecture when the time, money and effort given to public projects were equally impressive as, if not more than, private works. The setting and feeling of the district also remains, as the hospital still reads as an intact complex with individual buildings supporting specific functions.

The site as a whole also retains its integrity, as can be seen when comparing aerial images from 1943 and 2015 (Figures 10 and 11). The original parcel remains wholly intact and maintains the original relationship to the adjacent street grid. Although the site has suffered from significant neglect, there are still green spaces and planting beds along S. Essex Avenue and Henry Street, which remain the primary elevations. The only dedicated planting areas that have been lost are at the south end of the west elevation in the location of the 1966 entrance pavilion and along the south elevation. The latter area was once planted with a row of trees, presumably to separate the hospital site from the residential buildings that fronted Central Avenue. However, between 1989 and 1992, the lots between the south elevation of the hospital and Central Avenue were acquired to provide surface parking lots for hospital employees and patients. Prior to that time, limited parking was available to the south of the Medical and Surgical Building (Building 7), as is evidenced by the existing curb cut on S. Essex Avenue. With the exception of these additional parking lots and the subsequent lost southern planting area, there have been no changes to the site since the end of the period of significance in 1965.

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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

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Areas of Significance

(Enter categories from instructions.)

HEALTH AND MEDICINE

ARCHITECTURE

Period of Significance

1906-1965

Significant Dates

1906

1912

1914

1928

1929

1931

1960

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Crow, Lewis and Wick

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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 Orange Memorial Hospital Historic District is significant under Criterion A, Health and Medicine, as a prominent, community-based provider of healthcare and the primary hospital for Orange, New Jersey and the surrounding communities for much of the 20th century. Additionally, the Orange Memorial Hospital Historic District is significant under Criterion C, Architecture as a prominent grouping of institutional buildings in the Colonial Revival style designed by the notable New York architects Crow, Lewis & Wick.

The period of significance begins in 1906, with the construction of the oldest surviving building in the complex, and ends in 1965, consistent with the standard fifty-year period for National Register eligibility. Eight of the nine buildings in the district were constructed during this period, and the hospital continued to operate as a hospital beyond this period, until 2004.

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

Site History

The earliest known map of the site showing the hospital is an 1890 Robinson Atlas (Figure 1). The complex consisted of one large building (Figure 2), one medium-sized building and three small buildings, none of which remain. The large building was a 2 ½-story wood and brick building, which housed the public wards. In the brick portion, the 1st floor contained the administrative space for the hospital, the 2nd floor contained patient wards and the attic contained a laboratory. The northern end of the medium-sized building served as a dispensary. The smaller buildings operated as sheds and sleeping quarters. A 1911 Mueller Atlas shows the expansion of the lot to the east, along with the demolition of one of the smaller and one of the medium size buildings. Two new brick buildings were also constructed, one of which remains. The extant structure is the North Building (Building 1, 1906), which was presumably named because it was at the northern end of the lot. The building contained child and family rooms on the 1st and 2nd floors and operating rooms on the 3rd floor. It was also connected to the primary building by a 1-story brick passage. The other building was used as a laundry and has been demolished. The map also shows that the adjacent Training School for Nurses had been constructed. A 1912 Sanborn Fire Insurance Map (Figure 3) is similar to the 1911 Mueller Atlas but details the functions of the buildings. In addition, a small shed had been constructed, as well as the Boiler Plant and Power House (Building 2). The smokestack is also detailed.

A 1932 Franklin Survey Map (Figure 4) shows significant change from the 1912 Sanborn Fire Insurance Map but the delineation of the hospital property is much closer to the current configuration of the complex. In addition to the North Building (Building 1) and the Boiler Plant and Power House (Building 2), the Service Building (Building 3), the Bingham Building (Building 4), Mary Austen Hall (Building 5), the Medical and Surgical Building (Building 6) and the northern half of the Metcalf Foundation Institute Building (Building 7) are all present.

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Additionally, there is one small, unlabeled building to the south of the Metcalf Foundation Institute Building and a Nurses Home, located between the Service Building and the Metcalf Foundation Institute Building. The 1951 Sanborn Fire Insurance Map shows no significant changes from the 1932 Franklin Survey Map.

Criterion A: Health and Medicine

The Orange Memorial Hospital Historic District is significant under Criterion A, Health and Medicine, as a prominent, community-based provider of healthcare and the primary hospital for Orange, New Jersey and the surrounding communities for much of the 20th century.

A Brief History of Orange, New Jersey and the Role of Its Local Hospitals

The City of Orange Township (hereafter Orange), New Jersey is located approximately four miles northwest of Newark and abutted by South, East, and West Orange. Orange, initially settled by colonists from New Haven, Connecticut, was an agricultural part of the City of Newark until 1806, when the Township of Orange – which included the present City of Orange Township, South Orange, East Orange, and West Orange – was created. The Township changed its name to the Town of Orange in 1860 and, shortly thereafter, between 1861 and 1863, portions of the Town of Orange seceded to become the separate municipalities of East Orange, South Orange, and West Orange. Reflecting its unaltered connection to the Township of Orange, the remaining portion of the Town of Orange was incorporated as a city in 1872 and renamed itself the City of Orange Township.²

In 1860, shortly after its establishment as a separate municipality, the population of Orange was 8,877.³ In 1870, a decade after being incorporated as a city and after the departure of the area that became East, South, and West Orange, the City of Orange claimed 9,348 residents.⁴

From the time of its founding through the first decades of the 20th century, Orange was a combination of an industrial hub and a suburban outpost. The City of Orange maintained a dual reputation, as an attractive and healthful suburban retreat for the prosperous white collar professionals and even more prosperous bankers and financiers who commuted to businesses in New York City and Newark and, simultaneously, as a vibrant center of commerce and manufacturing.⁵ During the last quarter of the 19th century and the early decades of the 20th century, industry and suburban housing, both the Stetson Hat Company, with its factories and factory workers, and the Colgate family and their extensive estates, shared the 2.2 square miles

² David Lawrence Pierson, *History of the Oranges to 1921 [4 Volumes]* (New York: Lewis Historical Publishing Company, 1922): (Volumes 1-3) 229, 320, 343, 370-1, 613, (Volume 4) 7; *The Oranges and Their Leading Business Men* (Newark: Mercantile Publishing Co., 1890): 7-8; William H. Shaw, *History of Essex and Hudson Counties, New Jersey* (Philadelphia: Everts & Peck, 1884): 735; John P. Snyder, *Bulletin 67: The Story of New Jersey's Civil Boundaries 1606-1968* (Trenton, NJ: Bureau of Geology and Topography, 1969): 127, 130-131.

³ Department of the Interior, Census Office, *Report on the Social Statistics of Cities, Part 1 The New England and The Middle States* (Washington, DC: Government Printing Office, 1886): 716.

⁴ Department of the Interior, Census Office, *Report on the Social Statistics of Cities, Part I*: 716.

⁵ *Quarter-Century's Progress of New Jersey's Leading Manufacturing Centres* (New York: International Publishing Company, 1887): 171-175.

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that comprised the City of Orange. Both its geographical proximity to Newark and New York, as well as its accessibility via road, river, and rail enabled its early industrial and residential growth.⁶

As a “healthful” and “charming” place to reside, Orange received many flattering, and even superlative, descriptions: “the residence of many New York City business people;” “a suburb of New York;” “largely residential;” “chiefly a locality of many beautiful suburban residences;” “a quiet, shady, comfortable place;” “busy and handsome;” “a pretty collection of houses;” “this beautiful resort;” “a favorite residential town for those who carry on business in the metropolis;” and one of “New York’s most beautiful suburbs.”⁷

During the mid- to late-1800s, the list of prominent residents of Orange included General George McClellan, a Civil War general and Governor of New Jersey, George Huntington Hartford, who headed the Great Atlantic and Pacific Tea Company during the period when it established the concept of the chain grocery store and became the largest grocery retailer, the Colgate family, whose family estate and charity was a significant presence in the community, and abolitionist and suffragist Lucy Stone. The first women’s club in New Jersey was the Women’s Club of Orange, founded in 1871.⁸

In the latter half of the 19th century, the town continued to grow, adding municipal services such as schools, sewers, and streetcars, as well as specialized amenities, such as clubs and churches. An 1894 *New York Times* article on the Oranges described these numerous assets, along with the history of the towns and a roll call of their most distinguished citizens. The Orange Memorial Hospital was specifically cited as “the most important charitable institution” in the Oranges.⁹

Population growth naturally paralleled this expansion. The United States Census of 1880 tabulated 9,453 “native” and 3,754 “foreign born” residents, of whom 12,745 were white and 462 were African-American.¹⁰ The 1880 Census also commented that “The population of the place has been much changed in character by a large infusion of German and Irish people, drawn

⁶ *Quarter-Century’s Progress of New Jersey’s Leading Manufacturing Centres*, 175; Winton C. Garrison, *The Industrial Directory of New Jersey 1909* (Camden, NJ: S. Chew & Sons Co., Printers, 1909): 332.

⁷ *Quarter-Century’s Progress of New Jersey’s Leading Manufacturing Centres*, 176; The League of American Municipalities, *The Book of American Municipalities, What Is What In Our Cities* (Chicago: The League of American Municipalities, 1907): 107; National Municipal League, *Proceedings of the Providence Conference for Good City Government (Volume 14) and the Thirteenth Annual Meeting of the National Municipal League* (Philadelphia: National Municipal League, 1907): 33; Joseph D. Holmes, “The Citizens Committee.” *The Survey*, Vol. XXII (New York: The Charity Organization Society, 1909): 428; “A Woman’s Work In The Oranges,” *The New York Times* (July 12, 1903): 29; “Father Fleming’s Comet,” *The New York Times* (July 19, 1881): 8; *Official Guide and Manual of the 250th Anniversary Celebration of the Founding of Newark, New Jersey, 1666-1916* (Newark, NJ: Newark Sales and Advertising Co., 1916): 161; “Suburban Homes, New Jersey,” *The New York Times* (June 7, 1874): 2; Winton C. Garrison, *The Industrial Directory of New Jersey 1909*: 332; Works Progress Administration, Federal Writers’ Project, *New Jersey A Guide To Its Present And Past* (New York: Hastings House, 1946 [c. 1939]): 339, 341-342.

⁸ Joan N. Burstyn, *Past and Promise: Lives of New Jersey Women* (Syracuse, NY: Syracuse University Press, 1997): 100; David Lawrence Pierson, *History of the Oranges to 1921 [4 Volumes]*: 309, 313-317, 377-378, 481.

⁹ “The Oranges of New Jersey,” *The New York Times* (July 1, 1894): 20.

¹⁰ Department of the Interior, Census Office, *Report on the Social Statistics of Cities, Part 1*: 716.

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hither by the demand for labor in the various industrial establishments, but chiefly by a large and constantly increasing immigration of the families of men doing business in the metropolis, who prefer a suburban to a city home. The new elements, though largely in the majority, have not supplanted the descents of the original settlers, but rather have amalgamated with them.”¹¹

By 1900, the population had almost doubled to 24,141 residents. The prosperous inhabitants of Orange shared the city with factories, the employees of those factories, and the families of the employees. An Industrial Directory for that year described Orange as “a banking town” with “unsurpassed” transportation facilities.¹² Perhaps not surprising given the subject of the directory, it also gave significant details about the large number of industries in Orange, complete with company names and employee counts. Two of the largest of these were the Edison Phonograph Company, with 629 employees, and Frederick Berg and Company, manufacturers of fur hats with 700 employees. In addition to Berg and Company, there were six other hat manufacturers with a total of over 1,500 employees.¹³

By 1909, the population had reached 30,000.¹⁴ An Industrial Directory for that year went to great lengths to explain the extensive assets of the town, including its schools, parks, civic organizations, churches and theaters, as well as many other “requirements of a progressive modern municipality [which are found in Orange] at their best.”¹⁵ Although the directory did not specifically address the socio-economic composition of the town, it did say that the “supply of labor – skilled and unskilled – is equal to any possible demand...” These workers found employment at the numerous factories that produced hats, adding machines, doors, lawn mowers, electrical components and pharmaceuticals.¹⁶

A “Report on Housing Conditions in the Oranges,” prepared in 1915 by the Civic Committee of the Woman’s Club of Orange, provides a succinct but detailed description of the economic, social, and demographic diversity of Orange in the early decades of the 20th century:

Orange consists of several distinct districts. **First**, ‘the Valley,’ a manufacturing area, running from Main Street to the South Orange line, west of the railroad, and merging with the Valley section of West Orange. **Second**, the large section to the east of the railroad, extending from the South Orange line north to Central Avenue. This is an almost unbroken area of well-to-do or luxurious homes, and contains the beautiful stretch of Orange Park. North of Central Avenue and contained within the curve of the railroad as it sweeps to the east, are, **Third**, the small crowded section of Essex Avenue and Cone Streets, stretching from the railroad to Center Street, and **Fourth**, the almost equally crowded section between Center Street and Oakwood Avenue. These could conveniently be regarded as one congested district, were it not for the fact that the area west of Center Street is almost exclusively Italian, the area east of Center Street largely Negro. **Fifth**,

¹¹ Department of the Interior, Census Office, *Report on the Social Statistics of Cities, Part 1*: 717.

¹² William Stainsby, *The Industrial Directory of New Jersey 1901* (Trenton, NJ: Bureau of Statistics of New Jersey, 1901): 170-171.

¹³ Stainsby, 170.

¹⁴ Winton C. Garrison, *The Industrial Directory of New Jersey 1909*: 331.

¹⁵ Garrison, 331.

¹⁶ Garrison, 331.

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the wedge shaped portion north of Main Street, made up of a variety of elements. It is a district built up chiefly with small two-family or single houses, some of the latter dating back to early days. It contains also a number of tenements, many of them in the older streets with shops on the ground floor. It is broken by several attractive residence streets...and a number of smaller streets newly cut. The population is largely American and Irish, with a number of Italians, Greeks, and other foreigners in the neighborhood of the Edison factories, and a scattering of Negroes throughout the poorer sections.¹⁷

Despite the wide variation in the socio-economic status of the residents of Orange, the report described a progressive, optimistic city:

Those who expect a revelation of horrible conditions will be agreeably disappointed, for horrible conditions, as the worst are known, do not show themselves anywhere in the Oranges. It is the very fact that conditions on the whole are good, and that problems hopeless of remedy practically to do exist here, that should inspire citizens to put forth every effort to remedy the evils that do exist before they become permanently fastened upon the community and reach the stage of being irremediable.¹⁸

The United States Census of 1920 listed 33,268 inhabitants in the City of Orange, 22,663 identified as "Native White," 6,963 identified as "Foreign-Born White" and 3,621 identified as "Negro."¹⁹ By 1930, the population of Orange was 35,399.²⁰ In 1940, the population stayed relatively consistent at 35,717 with a slight growth by 1950 to 38,037. In 1960, the population had declined to 35,789, a trend that continued through the remainder of the 20th century with only 29,295 residents in 1990.²¹

It is also interesting to note the racial composition of Orange during this period. In 1900, there were 1,903 African-Americans in Orange. In 1910, the African-American population totaled 2,479, in 1925 it was 4,300, and in 1931 it was 5,300.²² *The New York Age*, a leading New York City African-American newspaper, frequently reported on personal and social events in Orange and, during the early decades of the 20th century, advertised houses and apartments in Orange available to African-Americans for both rental and purchase.²³ Comprising approximately 10% to 15% of the population in the first several decades of the 20th century and rising to a substantially larger percentage as the decade continued, the increased African-American population, which was typical throughout the Northeast at the time, represented a definite and

¹⁷ Edith Rockwell Hall, "Report on Housing Conditions in the Oranges" (Orange, N.J.: Civic Committee of the Woman's Club of Orange, 1915): 9.

¹⁸ Hall, 3.

¹⁹ United States Department of Commerce, Bureau of the Census, *Abstract of the Fourteenth Census of the United States 1920* (Washington, DC: Government Printing Office, 1923): 132.

²⁰ David Lawrence Pierson, *History of the Oranges to 1921 [4 Volumes]*: 400, 495.

²¹ "New Jersey Resident Population by Municipality: 1930-1990."

<http://lwd.dol.state.nj.us/labor/lpa/census/1990/poptrd6.htm>. Accessed on April 10, 2015.

²² Bureau of the Census. *Negro Population: 1790-1915* (Washington, D.C.: United States Printing Office, 1918): 689. Although the census does not document the income levels of the residents, it is likely to assume that the majority were working class.

²³ Four examples of the advertisements offering real estate to African-Americans: *The New York Age*, September 20, 1906, 2; March 26, 1908, 7; September 17, 1914, 7; September 26, 1925, 9.

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lasting shift away from the rural origins of Orange and toward a more commercial, urban center with a working class population.²⁴

The City of Orange was similarly religiously diverse. The 1916 *Census of Religious Bodies* reported 10,521 men and 14,047 women as members of the twenty-seven different church congregations within Orange. These congregations included six Baptist churches, two Congregational churches, one Lutheran church, two Methodist churches, one African Methodist Episcopal church, four Presbyterian churches, one Reformed church, one Church of New Jerusalem, three Protestant Episcopal churches, five Roman Catholic churches and one Unitarian church.²⁵

In the decades following World War II, Orange suffered a fate similar to that of many industrial cities in the Northeast with a massive decrease in manufacturing employment combined with a rapid exodus of anyone with the financial means to do so. The Orange Memorial Hospital only survived for as long as it did because there was still a need for its services, even if those in need could not necessarily provide payment in return.

The Orange Memorial Hospital was established during the profusion of municipal growth and progress in the late 19th century. It was the first hospital to be established in the Oranges, founded in 1873. In the years after the Civil War, there was a large national movement which focused on the importance of taking care of the aged and infirm in a more institutionalized manner. In keeping with this larger trend, the Orange Memorial Hospital operated as a private institution, serving specific members of the community from all denominations and races.

While the relevant Annual Reports do not specifically reference the residential addresses of admitted patients, they do show that the vast majority of patients came from Orange and the “other Oranges,” including East Orange, West Orange, and South Orange. As such, it is clear that the hospital was the crucial resource in providing medical care to the surrounding communities. In 1903, 456 of the 802 total admitted patients, or 57%, were residents of Orange while another 132, or 16%, were residents of East Orange. In all, nearly 75% of admitted patients were from the surrounding community. The patient population was evenly divided between men and women with the majority ranging in age between twenty and fifty. 503 of the admitted patients were from the United States, with the next largest ethnic group coming from Ireland, with 110 patients.²⁶

²⁴ This shifting demographic also allowed for a change in political representation. In 1921, Dr. Walter G. Alexander of Orange, a physician in private practice there, was elected as the first African-American member of the New Jersey General Assembly. Dr. Alexander was an officer in the National Medical Association, the largest and oldest national organization representing African-American physicians in the United States, and also served as Assistant City Physician during the tenure of Federico Luongo, an Italian born and educated doctor, who was the Orange City Physician and a member of the medical staff of Orange Memorial Hospital.; “W. G. Alexander, 72, A Jersey Physician,” *The New York Times* (February 6, 1953): 19; “Federico Luongo, 82, Physician In Orange,” *The New York Times* (November 6, 1957): 35.

²⁵ Sam L. Rogers, (ed.), United States Department of Commerce, Bureau of the Census, *Religious Bodies, 1916: Summary and General Tables* (Washington, DC: Government Printing Office, 1919): 334, 465. “Religion in the Suburbs - Orange,” *The New York Times* (August 14, 1882): 2.

²⁶ *Thirteenth Annual Report of the Orange Memorial Hospital for the Year 1903* (Orange, New Jersey: The Journal

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The 1915 Annual Report provides an excellent statistical analysis of the patient population of the hospital for that year. The report states that 950 patients of the total 2,274 patients admitted were from Orange, which represented 29.3% of the total population of the city. 522 patients were from East Orange, which represented 12.8% of their total population. 286 patients were from West Orange, which represented 22% of their total population. 150 patients were from South Orange, which represented 22.3% of their total population. 120 of the remaining patients were from Newark and 246 were from other locations.²⁷ While the residents of the Oranges were still clearly in the majority, the presence of patients from the East, West, and South Oranges indicates the preference of many to go to a private hospital, which was not locally available to them. A 1915 article written by a statistician from the Prudential Life Insurance Company of America evaluated the report and concluded that it “establishes in the most convincing manner the far-reaching community service rendered by the Orange Memorial Hospital....”²⁸

The Annual Report also stated the racial makeup of the patients – 88.6% white and 11.4% black – as well as the percentage of those patients who were able to pay for their care. Only 13.6% paid from Orange; 44.3% paid from East Orange; 20.6% paid from West Orange; 46% paid from South Orange and 25% paid from Newark.²⁹ While it is staggering to know that over 70% of the patients treated at the hospital that year could not afford the care that they needed, it is understandable that the majority of these patients were from Orange. Despite their place of residence however, it remains a strong testament to the mission and achievements of the hospital that such care was provided, irrespective of income, race or home address.

By 1920, 1,171 of the 2,918 total patients admitted, or 40%, were from Orange, while another 1,601, or 55%, were from the other Oranges.³⁰ A total of 95% percent of patients were local residents. This leaves no doubt that the Orange Memorial Hospital was the primary healthcare facility for Orange, New Jersey in the early to mid-20th century.

All of the Annual Reports for the hospital emphasize the great pride that was always taken in providing care and service for the community irrespective of personal financial ability. This tenet is summarized in the 1917 Annual Report, stating the hospital’s goal of providing “the best service for all unable to provide care for themselves and to furnish in our private corridors facilities unsurpassed for the use of the community.”³¹

Press, 1904): 4-5.

²⁷ *Forty-Fourth Annual Report of the Orange Memorial Hospital for the Year 1915* (Orange, New Jersey: Chronicle Publishing Company, 1916): 39-43; Dr. Frederick L. Hoffman, “Orange Memorial Hospital – Analysis of Statistical Data.” *The Modern Hospital* (1915): 320.

²⁸ Hoffman, 320.

²⁹ *Forty-Fourth Annual Report of the Orange Memorial Hospital for the Year 1915*, 42.

³⁰ *Thirteenth Annual Report of the Orange Memorial Hospital for the Year 1903*, 35; *Forty-Sixth Annual Report of the Orange Memorial Hospital for the Year 1919* (Orange, New Jersey: Chronicle Publishing Company, 1920): 40.

³¹ *Forty-First Annual Report of the Orange Memorial Hospital for the Year 1914* (Orange, New Jersey: Chronicle Publishing Company, 1915): 13.

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One of the best ways to assess the patient population of the Orange Memorial Hospital in the first half of the 20th century is through the availability of services that catered to specific populations. In 1914, for example, the Orange Memorial Hospital introduced a Social Services Department, which was essentially the creation of a social worker position. The Annual Report of that year stated that:

To intelligently treat a patient, not only his physical condition must be considered, but the house in which he lives the kind of work he does, the conditions under which he does it, his income, his habits, personal and moral, and his family from an economic and from a health standpoint.³²

It is interesting to note that the hospital not only adopted this progressive and holistic philosophy but also that the patient population was such that this type of position was required. For example, if the majority of patients came from the middle and upper classes, there would be no need for such a service.

The importance of serving the entire community was a foremost principal of the hospital through the 20th century. A letter printed in the *Journal of the National Medical Association* in 1953 discusses the role of both integration in patient rooms and an integrated hospital staff. The letter was written by Hazel Poole, a white woman from Orange who had a succession of African American roommates while recovering from a broken arm. Although racial discrimination had been formally outlawed in New Jersey in the 1947 constitution, the concept of integration was novel enough to at least one citizen of Orange that it prompted her to comment on it in a very public way.³³

She wrote that, in the hospital, “no color line was drawn either in letter or in spirit,” and it was completely integrated both in terms of patients and staff, all of whom happily recovered and worked under one roof. She concluded her letter by saying,

When I came away, I felt that it had been worth a broken arm to have so good a chance of seeing democracy at work in an atmosphere where everybody seemed to find it as natural as breathing. It is particularly fortunate because this happens to be a well-equipped hospital and it is good to know that its facilities are available to all its patients. What has been done in one place, can be done in others.³⁴

Although the issue of integration may perhaps be seen as a subject of secondary importance to that of saving lives, it speaks to the tenor of the age and the way in which a hospital may go beyond the exclusive treatment of the physical to address social issues as well. As the hospital actively strove to care for all parts of the community, so too did it have the secondary impact of caring for all parts of each individual community member: physical, social and moral.

³² *Forty-Fourth Annual Report of the Orange Memorial Hospital for the Year 1915*, 29.

³³ Locally, the staff integration might have been accelerated by the closure of the Community Hospital of Newark, which was New Jersey’s first and only all-black hospital, in 1953.

³⁴ “Integration in Orange, N.J. Hospital.” *Journal of the National Medical Association* (July 1953): 290-291.

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The significant role of the hospital within the community extended through the end of the 20th century. A newspaper article from 1970 stated that the hospital was the third largest employer in Orange, serving 10,187 people in that year, 20% of who came from Orange.³⁵ It also cites that in the hospital's thirty-four specialized clinics, 83% of patients were residents of Orange.

The only other private hospitals in the immediate area in the late 19th century were St. Michael's Hospital, St. Barnabas House and The German Hospital, all located in Newark and all of which, as urban hospitals, were larger than the Orange Memorial Hospital. St. Michael's Hospital was founded by Catholic nuns in 1867. Although it had some Protestant patients, its staff and operations were fully aligned with the Catholic Church. St. Barnabas House was established by a group of Episcopalian women in 1865. In contrast to St. Michael's Hospital, it actively claimed to serve patients of all denominations and races. The German Hospital was established in 1868 and had patients of all denominations, but the majority was German in origin. As one-third of Newark's population at the time was German, the hospital catered to a significant population.³⁶

The Orange Memorial Hospital was significantly smaller than those in Newark, which was appropriate as Orange was also second to Newark in numbers of population, births, marriages and deaths. However, the hospital was notably unique in that of the four, it was the only private hospital that had no ethnic or religious affiliation. A period description of the Ladies' Auxiliary Society makes specific mention of the fact that its members were non-denominational.³⁷ This was not only a confirmation to the community that, although private, it was a resource for every person, but that its non-religious position also had "considerable practical importance with regard to the financial and general support of the institution."³⁸ Annual Reports over several decades show that donations were provided by a range of religious groups, including Catholic, Presbyterian and Methodist churches, as well of individuals of all religions. Just as the affiliations of the Newark hospitals spoke to the inclinations of their founders, so too did the Orange Memorial Hospital testify to what its initiators held sacred: medicine, public service and financial stability.

A Brief History of the Orange Memorial Hospital

The Orange Memorial Hospital was founded in 1873 by Dr. William Pierson and John G. Vose. William Pierson, an eminent local physician and the first Mayor of the town, recognized the community's need for an organized provider of healthcare for the "treatment of trauma and long-term illness" after the Civil War and ultimately attracted the attention of John G. Vose, a wealthy businessman from the Montrose area of South Orange.³⁹ Vose became instrumental in raising funds to open the new hospital and also made several large personal donations in order to

³⁵ "Hospital Center Officials Issue Facts on Services." Courtesy of the Orange Public Library, Vertical Files.

³⁶ Sandra W. Moss, *Edgar Holden, MD of Newark, New Jersey: Provincial Physician on a National Stage* (Sandra W. Moss, 2014): 217.

³⁷ The Ladies' Auxiliary Society was a group of women who were involved in both the original development and daily operation of the hospital. For a further discussion, see the section titled: *A Brief History of the Role of Women at the Orange Memorial Hospital*.

³⁸ Hoffman, 320.

³⁹ Moss, 219.

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facilitate the project. Although some of the hospital's backers initially suggested that the new hospital be named for Vose to honor to his financial support and dedication, Vose modestly turned them down and chose "Orange Memorial Hospital and Dispensary" instead. This was the official name of the hospital when it was incorporated on March 4, 1873.⁴⁰

The City of Orange recognized the benefit that a medical facility would provide to the community and subsequently provided the hospital organizers with an unused firehouse free of charge. Located on Lincoln Avenue, several blocks west of the hospital's current site, the building soon proved unsuitable for medical services and was therefore used only as a dispensary while a more appropriate home for the hospital was sought. By May of 1874, the hospital had found such a home in an existing residence on Lincoln Avenue and Minton Place, just two blocks west of the current hospital complex, which they rented for \$900 per year.⁴¹

By 1877, the house was already proving insufficient for the number of incoming patients. During the course of its presence at the Lincoln Avenue location, the hospital saw a nearly fourfold increase in patients, from 27 to 87. In the spring of 1877, the board consequently began a search for a new site on which they could build a proper hospital building, which would be designed for the city's growing population and their ever increasing need for medical services. The hospital board eventually found generous support from Joseph Whipple Stickler, a local philanthropist who was a champion of numerous causes in Orange.⁴² Stickler donated both the new site for the hospital, at the current location on the corner of South Essex Avenue and Henry Street, and \$6,000 to construct a new building there. On June 27, 1881, ground was finally broken on the structure – a 2 ½-story, wood and brick, Queen Anne style building – and, less than a year later, on May 25, 1882, the new hospital was dedicated and ready to receive patients.⁴³

At the dedication of the building, the pastor presiding at the ceremony, Reverend Joseph A. Ely of the Orange Valley Congregational Church, stated that "the true work of the hospital begins on this day, with new opportunities, but with new responsibility, and beyond the festival of these brief opening hours must stretch long weeks and years of patient, hidden work and great sacrifice." It was with this charitable mission that the hospital would continue to serve the Orange community for over a century.⁴⁴

From the time the hospital opened, there was an imperative need for skilled nurses to assist and supplement the work of the resident physicians. Dr. Thomas W. Harvey, "a rising young physician who was destined to serve his hospital and community very ably for many years" presented the hospital's medical staff "conclusive proof of the urgent need of a nurses' training

⁴⁰ Pierson, 389-390.

⁴¹ Pierson, 390; *A Short History of Orange Memorial Hospital School of Nursing, 1882-1932* (Orange Memorial Hospital School of Nursing, 1932), 5-7.

⁴² His gifts included the Stickler Memorial Library, which housed the Orange Free Library, and the YMCA of the Oranges. "Joseph W. Stickler Dead." *The New York Times* (20 January 1930): 9.

⁴³ *A Short History of Orange Memorial Hospital School of Nursing, 1882-1932*; "Finding Aid to Manuscript Group 1381." (Orange Memorial Hospital School of Nursing Records), New Jersey Historical Society.

⁴⁴ Pierson, 391.

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school” in partnership with the hospital on June 20, 1882.⁴⁵ Incorporated in 1884, the Orange Training School for Nurses, as it was originally named, became the first nurse training school in New Jersey and initially had only one student, Miss Jennie Baldwin.⁴⁶ Instruction began that year under the supervision of a board of eighteen governors, all women. The nursing school quickly grew through the mid-1880s, eventually requiring the construction of a student residence hall adjoining the hospital in 1885. Although technically an independent institution, the nursing school naturally benefitted the adjacent hospital. In fact, as part of the school’s two-year course of instruction, student nurses were required to serve in Orange Memorial’s wards during their first year. By 1906, the hospital and nursing school had officially merged and, in 1919, the name of the school was changed to the Orange Memorial Hospital School of Nursing.⁴⁷

Annual reports of the Orange Memorial Hospital show just how dramatically the hospital grew throughout the early 20th century. One of the earliest available reports, from 1903, shows that the hospital admitted 802 patients that year. This was perhaps the impetus for the construction of the North Building in 1906 (Figures 5-7). By 1914, however, that number had more than doubled, with 1,969 admitted patients. This growth coincided with the construction of the Service Building that same year, which not only moved all of the food preparation out of the main hospital building, but also provided employee dining rooms and sleeping quarters and bathrooms for forty nurses.⁴⁸ The Service Building was the first designed by the architectural firm of Crow, Lewis & Wick.⁴⁹

As the number of hospital patients had nearly quadrupled between the initial building campaign in 1882 and the early 1920s, the hospital’s board was forced to begin a new round of building expansion that would allow the complex to handle the ever-increasing numbers. In 1922, the hospital began a campaign to raise funds for the new construction with a goal of \$2,000,000. The hospital stated that the new construction would “stand as ocular proof that the people of the Oranges realize that a modern hospital is just as necessary to the welfare of every community as a modern waterworks or an efficient electric lighting plant.”⁵⁰

During this campaign, many donations came from nursing school graduates, student nurses, doctors and Orange residents, indicating the interdependent relationship between the hospital and the surrounding community. Donations also came from prominent community members including from several members of the Colgate family and the Edison family. Babe Ruth also

⁴⁵ “Orange Memorial Hospital School of Nursing of the Hospital Center at Orange,” pamphlet (Hospital Center at Orange, 1975).

⁴⁶ Henry Whittemore, *The Founders and Builders of the Oranges, 1666-1896* (Newark, NJ: L.J. Hardham, 1896): 240.

⁴⁷ Orange Memorial Hospital School of Nursing, *Guide to the Orange Memorial Hospital School of Nursing* (Orange, NJ: Orange Memorial Hospital, 1899): 7; The New Jersey Historical Society, *Guide to the Orange Memorial Hospital School of Nursing, Records 1882-1982*. <http://jerseyhistory.org/findingaid/rnb.php?dir=EAD/faid1500&aid=mg1381>. Accessed on December 1, 2014.

⁴⁸ *Forty-Fifth Annual Report of the Orange Memorial Hospital for the Year 1918* (Orange, New Jersey: Chronicle Publishing Company, 1919), 13.

⁴⁹ *The American Contractor* (22 December 1917): 28. Period accounts refer to the firm as Crow, Lewis & Wickenhoefer. It is also written as Wickenhofer. Presumably, he shortened it for just this reason.

⁵⁰ “Edisons Give \$36,000 for Orange Hospital.” *The New York Times* (13 May 1927): 14.

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sent a telegram to a fundraising dinner, which read, "The next ball I drive over the fence I will dedicate to the two million building fund drive of Orange Memorial Hospital and I wish you success."⁵¹

Ultimately successful in reaching their goal, the fund allowed the Orange Memorial Hospital to finance their largest expansion yet with the construction of Mary Austen Hall (Building 5) (Figure 8), a residence for nursing school students and the Medical and Surgical Building (Building 6) (Figure 9).⁵² Once the construction was complete, the hospital had 80,000 interior square feet and one mile of corridors, 313 adult beds, seventy-five bassinets, 1,592 windows, a Sewing Room that produced numerous items such as surgical masks, operating caps, sheets, curtains, chair covers and pillows and a coordinating Linen Room that was connected by a track to the Laundry.⁵³

The hospital complex continued to grow throughout the 20th century as it both added new departments and merged with other, smaller institutions in an effort to increase its range of expertise. These included the Metcalf Foundation Institute, formerly an independent scientific organization dedicated to research in radiology, which became a unit of the Orange Memorial Hospital in 1931.

Like the larger hospital, the nursing school also continued to grow, increasing its ranks over the subsequent decades. The roster of students had grown so large, in fact, that the original residence was demolished in 1928 for the construction of Mary Austen Hall (Building 5). This new building allowed for over 150 nurses to be housed in all private rooms and was constructed at a cost of \$200,000.⁵⁴ In 1940, the nursing school became the first in New Jersey to receive full accreditation from the National League for Nursing. In fact, the school was one of only fifty in the United States selected to establish criteria for the accreditation of nursing programs. In 1969, men were admitted to the nursing program for the first time.⁵⁵ In 1979, the nursing school was consolidated with that of the East Orange General Hospital at the Orange Memorial Hospital.

During its years of operation, the Orange Memorial Hospital employed many notable medical professionals. Arthur Walter Bingham (1872-1943) was a notable obstetrician who "ably championed the care of obstetrics in the Oranges," "created the obstetric service in Orange Memorial Hospital and was one of the foremost leaders in the country in the development of improved prenatal care."⁵⁶ Bingham was also on the Orange Memorial Hospital Board of Governors beginning in 1922, as well as President of the Medical Board of Willard Parker Hospital in New York, Chairman of the Committee on Maternal Welfare of the Medical Society

⁵¹ "\$801,995 Collected for Orange Hospital." *The New York Times* (10 May 1927): 14.

⁵² Mary Austen was the president of the Ladies' Auxiliary Society and her husband, Edward, was one of the founding board members of the hospital. She was also a member of the Colgate family.

⁵³ Martha Blanck, "How Orange Memorial Hospital Solves Housekeeping Problems." *Hospital Management* (December 1932): 32, 33, 44.

⁵⁴ Shields T. Hardin, *The Colgate Story* (New York: Vantage Press, 1959): 160.

⁵⁵ "Finding Aid to Manuscript Group 1381."

⁵⁶ "Notes." *Proceedings of the American Congress on Obstetrics and Gynecology* 1 (January 1939): 785; "Memorial Hospital Expects Baby No. 25,000 This Year."

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of New Jersey and a founding member of the New Jersey Maternal Welfare Committee. When he died in 1943, the Maternity Pavilion at the hospital was renamed the Bingham Building.

Linn Emerson (1874-1951) was a “pioneer in several spheres of eye care....”⁵⁷ He was the chief of the ophthalmology department at the hospital for thirty-eight years and during that time he perfected a “technique for remedying cross-eyes in children without surgery and through the use of tri-focal glasses. He was also a pioneer in bringing about compulsory eye examinations of school children in this state [New York], first establishing it in the municipalities in the north Jersey area.”⁵⁸ His work advocating the treatment of crossed eyes through corrective glasses is now the standard primary approach to treat such a condition.

Ellen L. Lowell (1858-1944) was named head of the Graves Pathological Laboratory in 1903. With degrees from Stanford and Johns Hopkins Universities, she was undoubtedly qualified for the job but her appointment was notable enough, presumably because of her gender, to gain an individual mention in *The New York Times*.⁵⁹

The Orange Memorial Hospital continued to thrive through the second half of the 20th century, with a record number of 9,796 patients, or an average of one every fifty-four minutes in 1943.⁶⁰ In 1958, the hospital merged with the New Jersey Orthopedic Hospital and the Orthopedic Hospital (Building 8) was consequently constructed at the southeast corner of the site in 1960. Although the building was designed by the firm of Crow, Lewis and Wick, all of the original members were deceased by that time and the project was headed by William H. Crow, Jr.

After the merger between Orange Memorial Hospital and the New Jersey Orthopedic Hospital, the complex became known as the Hospital Center at Orange, acknowledging its growth into a medical campus with experts in a range of specialties, rather than a select general-purpose hospital. The former Orange Memorial Hospital continued in its role as a community hospital through the end of the 20th century. In 1959, the hospital’s first intensive care unit opened and Dr. Harvey Ewing performed the first successful open heart surgery that had ever taken place at the hospital. In 1966, the hospital again embarked on a building expansion that resulted in a new entrance pavilion on the west elevation of the Medical and Surgical Building (Building 6) along S. Essex Avenue, as well as an 8th story and new stair towers, which totaled \$3 million in renovation costs.⁶¹ The interior of the building was also remodeled to include thirty new patient rooms, expanded emergency facilities, renovated clinic spaces, additional specialty laboratories and a new cardiac unit.⁶² Lastly, in c. 1975, the hospital constructed the Professional Building (Building 9), which contained doctors’ offices providing outpatient services.

⁵⁷ “Dr. Linn Emerson, Eye Specialist, 77.” *The New York Times* (18 April 1951): 31.

⁵⁸ “Dr. Linn Emerson, Eye Specialist, 77.”

⁵⁹ “Woman Chief Bacteriologist.” *The New York Times* (27 December 1903): 10.

⁶⁰ *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943* (Orange, New Jersey: Chronicle Publishing Company, 1944): 9.

⁶¹ “A Century of Service... The Hospital Center at Orange,” 1-3. Courtesy of the New Jersey Historical Society.

⁶² “A Century of Service... The Hospital Center at Orange,” 3. Courtesy of the New Jersey Historical Society.

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By the late 20th century, however, the Orange Memorial Hospital began to suffer from declining budgets and competition from larger, more modern hospitals in the area, including the nearby Essex County Hospital.⁶³ The Orange Memorial Hospital finally closed in 2004 and the complex has remained vacant since that time.⁶⁴

A Brief Discussion of the Services Provided by the Orange Memorial Hospital

One of the most prominent and productive departments of the hospital was the Maternity Department, which had seen considerable growth since the time of the hospital's founding. In 1903, the hospital recorded forty-two births. Perhaps recognizing the potential growth in this area, the North Building was constructed in 1906 with a specialized ward for children and families, which was completely separate from the public wards. The wing was built at a cost of \$50,000.⁶⁵ By 1914, the number of births at the hospital had increased threefold to 157 with forty-four of these patients coming from neighboring East Orange. It is interesting to note that, even at this time, the reach of the hospital went beyond that of the immediate residents.

The number of births continued to increase, reaching 422 births in 1918 and 494 births in 1920. As such, the North Building could no longer solely accommodate these numbers and a new wing was deemed necessary by the physicians and the Board of Trustees of the hospital.

Constructed in 1920, the Bingham Building (Building 4), which was built as a freestanding structure in the east central part of the hospital complex, would exclusively house the maternity department over the next several decades and contain "all the facilities necessary for the complete care of mother and baby."⁶⁶ The building was the second designed by the firm of Crow, Lewis & Wick for the Orange Memorial Hospital. Its estimated cost was \$160,000.⁶⁷ When the building opened on June 15, 1920, it was full to capacity with seventy-five mothers and babies. The addition of the new maternity wing allowed the hospital to more efficiently handle the large number of births, which continued to grow every year through the 1940s. By the end of 1936, 15,000 babies had been delivered and 25,000 babies had been delivered by 1944. In 1943, 1,794 babies were also born, another record, or nearly five per day, without a single maternal death.⁶⁸ In 1947, a record 2,038 babies were born, the first time the number had exceeded 2,000 since the hospital had been founded. In fact, during the 1940s, there had been a period of four years and eight months, or 5,595 deliveries, without the death of a mother or child.⁶⁹ At its peak, the hospital was handling over 1,000 births per year.⁷⁰

⁶³ In 1982, the final class of the nursing school graduated.

⁶⁴ "The Hospital Center at Orange: A Century of Service." Courtesy of the New Jersey Historical Society.

⁶⁵ Pierson, 391.

⁶⁶ "Memorial Hospital Expects Baby No. 25,000 This Year." *The Independent Press* (21 January 1944): 19. The building was originally called the Maternity Pavilion but was renamed for Dr. Arthur W. Bingham on his death in 1943.

⁶⁷ *The American Contractor* (18 October 1919): 45. The total cost was ultimately closer to \$275,000.

⁶⁸ *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943*, 9.

⁶⁹ "Memorial Hospital Expects Baby No. 25,000 This Year."

⁷⁰ *Forty-First Annual Report of the Orange Memorial Hospital for the Year 1914* (Orange, New Jersey: Chronicle Publishing Company, 1915), 37; *Forty-Fifth Annual Report of the Orange Memorial Hospital for the Year 1918,15*; *Forty-Seventh Annual Report of the Orange Memorial Hospital for the Year 1920* (Orange, New Jersey: Chronicle

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Beginning in the early 1910s, there was a national shift away from home births and toward hospital births with specialized maternity doctors. Prior to this, giving birth in a hospital was an unpleasant and unsanitary prospect, avoided by anyone who could afford to do so. By 1921, however, the Sheppard-Towner Act was passed, which guaranteed several million dollars of federal funds to states willing to implement maternal and infant welfare programs. Also in this year, the Maternity Center Association of the Oranges and Maplewood was organized, with Dr. Arthur W. Bingham as chairman (see below). It was the first “successful organized maternal welfare work in New Jersey” and involved the participation of the Orange Memorial Hospital, St. Mary’s Hospital and East Orange General Hospital.⁷¹ In 1923, the Essex County Medical Society established the Medical Commission of Maternal Welfare, again with Dr. Bingham as chairman. Within a decade, maternal mortality in New Jersey was reduced from 7.4% to 4.5%.⁷² In 1931, the Medical Society of New Jersey established a State Maternal Welfare Committee with Dr. Bingham again elected chairman. The impact of these organizations can be specifically seen in Orange through two statistics. In 1923, only 25% of the maternity patients treated by the Orange Memorial Hospital actually delivered there but, by 1936, that number had jumped to 83% of hospital maternity patients delivering their children there.⁷³ In total, 90% of the children born in Orange in 1936 were born in a hospital.⁷⁴ This trend continued at a national level throughout the 20th century. In 1936, only 800,000 of babies born nationwide were born in a hospital. In 1952, 3,000,000 babies were born in a hospital.⁷⁵

The challenges of the maternal welfare programs were both to educate the public of the value of maternal welfare, especially as it related to hospital care, and to provide that care to large segments of the population at an affordable cost. The services themselves ranged from prenatal education and care to the birthing process itself to post-natal and infant education and care. This increased interest in public education and widespread care was paralleled by institutional and programmatic improvements as well. Doctors were receiving more specialized training in gynecology and obstetrics and the hospitals were improving their facilities and practices. For example, a set of rules was established for obstetrics cases in New Jersey that outlined what to wear for surgery, how to prepare for it, how and when to do examinations and how to breastfeed.⁷⁶ These communal efforts were so successful that newspapers in the 1920s and 1930s described New Jersey as “one of the country’s safest states for babies” and that the “accomplishments in maternal welfare had made New Jersey the envy of the world.”⁷⁷

Publishing Company, 1921), 32; *Fifty-Eighth Annual Report of the Orange Memorial Hospital for the Year 1931* (Orange, New Jersey: Chronicle Publishing Company, 1932), 14; *Sixty-Third Annual Report of the Orange Memorial Hospital for the Year 1936* (Orange, New Jersey: Chronicle Publishing Company, 1937), 10.

⁷¹ Bingham, 83.

⁷² Fred B. Rogers and A. Reasoner Sayre, *The Healing Art: A History of the Medical Society of New Jersey* (Trenton, NJ: Medical Society of New Jersey, 1966): 207.

⁷³ Arthur W. Bingham, “The Role of the Hospital in Reducing Maternal Mortality.” *Hospitals: The Journal of the American Hospital Association* (November 1937): 83.

⁷⁴ Bingham, 36.

⁷⁵ “Every Minute of the Day, It Is Your Hospital.” Courtesy of the Orange Public Library, Vertical Files.

⁷⁶ Rogers and Sayre, 207.

⁷⁷ Rogers and Sayre, 208.

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Another improvement that was universally agreed upon was the need for “obstetric hospitals [to] be architecturally segregated from all the other [hospital] services.”⁷⁸ The construction of the Bingham Building in 1920 demonstrates that the Orange Memorial Hospital both understood the need for improvement in the areas of maternal and infant care and was taking decisive steps towards that objective.

One of the early champions of this movement was Dr. Arthur W. Bingham, who created and led the Obstetrics Department at the Orange Memorial Hospital beginning in 1914. He believed that there should be formal procedures established for the prenatal care of both mother and child and that this care should be available to all, regardless of race or class. He also was an avid promoter of giving birth in the hospital, with all of its resources, rather than at home. As such, his efforts were considered to be “pioneer work in maternal welfare [that] has created a new approach in New Jersey and throughout the nation.”⁷⁹ He was also instrumental in advocating for the provision of birth control by the hospital. Because the hospital had no religious affiliations, it did not have any of the same ideological restrictions as its comparable, neighboring institutions.

In 1937, Dr. Bingham wrote an article titled “The Role of the Hospital in Reducing Maternal Mortality,” which consisted of eight recommendations to assemble an ideal obstetrics department. The most important of these was the need for isolation of maternity patients from other patients, preferably in a separate building, as discussed above. He also emphasized the need for a specifically trained staff; the necessity of routine medical procedures (which was followed by a list of nine rules regarding examinations, supplies, types and doses of medication); suggestions in the event of infections; the importance of medical records; the need for ongoing professional education; suggestions in the event of unusual circumstances and the importance of prenatal clinics.⁸⁰ As he was the chief of the obstetrics department at the Orange Memorial Hospital during the time that the article was written, it is reasonable to assume that this approach was the one implemented by the hospital.

Because official patient records are not available, the best way to understand the maternity patient population at the hospital is to compare the birth rate at the hospital with that of the city of Orange. In 1910, there were 839 births in Orange, with another 1,056 in 1917 and 828 in 1920.⁸¹ By 1925, this number had jumped to a staggering 1,779, which was presumably because of the conclusion of the World War I. This increase provided another justification for the construction of the Bingham Building in 1920. The records also note that 1,633 of these births were to white families and 146 were to African American families. In 1931, the number climbed again to a total of 1,828 births, 1,671 of which were to white families.⁸² By 1935, the number of

⁷⁸ Louis I. Dublin, “The Problem of Maternity – A Survey and Forecast.” *The American Journal of Public Health* 29 (November 1939): 1209.

⁷⁹ “Dr. Arthur W. Bingham Receives the Edward J. Ill Award.” *Journal of the Medical Society of New Jersey* 1943): 341.

⁸⁰ Bingham, 84-85.

⁸¹ Bureau of the Census, *Birth, Stillbirth and Infant Mortality Statistics for the Year 1925* (Washington, D.C.: Government Printing Office, 1927): 13; *Forty-First Annual Report of the Department of Health of the State of New Jersey*, 1917 (Trenton, NJ: State Gazette Publishing, Co., 1918): 220.

⁸² Bureau of the Census, *Birth, Stillbirth and Infant Mortality Statistics for the Year 1931* (Washington, D.C.: Government Printing Office, 1932): 29.

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births had decreased slightly to 1,723 but, by 1940, it had dropped dramatically to 536, presumably because of the onset of World War II.⁸³ In 1945, the numbers had slightly increased to 737, but the records for this year interestingly note that the number of home births was only twenty, while the remaining 717 all took place in a hospital.⁸⁴ In is an incredible statistic that, in less than fifty years, there was a complete reversal in the way in which women experienced the process of giving birth.

Although the statistic from 1945 is notable, it is the culmination of a subtler, long-term shift. When comparing the total number of births in Orange for a given year, with the number of births recorded at the Orange Memorial Hospital, there is no doubt that social attitudes toward hospital births were changing.⁸⁵ In 1917, there were 1,056 babies born in Orange, 422 – or 40% – of whom were born at the hospital. By 1920, 494 of the 828 babies born in Orange – or 60% – were born at the hospital. 60% was the approximate average percentage of babies from Orange who were born at the hospital through the 1920s and 1930s. By 1940, however, these percentages had increased dramatically. There were 536 babies born in Orange that year and 1,712 babies born in the hospital. This is a clear indication that not only were more residents of Orange giving birth in the hospital but also that patients were coming from all over the immediate area to avail themselves of the excellent hospital services. These significant numbers continued through the decade. In 1945, there were 727 babies born in Orange and 1,794 babies born in the hospital. In 1950, there were 860 babies born in Orange and 1,788 babies born in the hospital.

Although births were the most frequent reason for hospital admission, Orange Memorial Hospital treated a wide range of conditions. Tuberculosis and pneumonia were among the most common conditions at the hospital in the first decades of the 20th century and tonsillitis, polio and appendicitis were also frequently treated. There was also the occasional, striking case of radium poisoning from the nearby plant of the United States Radium Corporation. In 1907, tuberculosis patients were kept in two separate wards with a total of twenty-two beds. For those who could afford it, the cost was \$6.00 per week but patients who could not afford to pay were treated for no charge.

The 1914 Annual Report stated that one of the hospital's foremost priorities was in extermination of preventable diseases, such as tuberculosis and venereal diseases.⁸⁶ An article in the *American Journal of Public Health* of that year, discussed the establishment of a clinic at the hospital's dispensary for the treatment of gonorrhea and syphilis in men. The clinic, which was operated in conjunction with the Health Department of Essex County, catered to all members of the community and was, in fact, advertised in a range of places from men's public toilets to private

⁸³ Bureau of the Census, *Birth, Stillbirth and Infant Mortality Statistics for the Year 1932* (Washington, D.C.: Government Printing Office, 1933): 27; Forrest E. Linder and Robert D. Grove, *Vital Statistics Rates in the United States, 1900-1940* (Washington, D.C.: Government Printing Office, 1943): 809.

⁸⁴ Halbert L. Dunn, *Vital Statistics Rates in the United States, 1945* (Washington, D.C.: Government Printing Office, 1947): 479.

⁸⁵ Although hospital birth statistics do not provide a breakdown of patient addresses, it is possible to assume that as the majority of overall hospital patients lived in Orange, there is a similar correlation to the maternity patients and their places of residence.

⁸⁶ *Forty-First Annual Report of the Orange Memorial Hospital for the Year 1914*, 12.

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physicians' offices in the Oranges. The clinic sought not only to address the disease with "friendly and honest advice and treatment" but also educate the sick with pamphlets to prevent the diseases from being spread.⁸⁷ It was so strongly felt that such treatments be available to all that payment was based upon the ability of the patient. If they could pay for the entire course of antibiotics, they were required to do so. If not, the hospital assumed the cost, as it felt that it was their obligation to "reach those who either would not or could not engage a reputable physician and who might, therefore, neglect treatment entirely or fall prey to an unscrupulous quack."⁸⁸ After the clinic had been open for six months, fifteen of the thirty-six patients came from locations outside of Orange. This suggests that not only was such a service needed in the community but also that other neighboring communities, such as East Orange, West Orange and South Orange, were not providing it.⁸⁹ The article concluded that the clinic was "one of the most effective public health institutions in our midst."⁹⁰ In 1918, during the nationwide flu pandemic, 254 out of the hospital's 2,745 yearly admissions, or nearly 10%, were related to the virus.⁹¹

Lastly, the emergency department was a standard but crucial service provided by the hospital. Although the hospital had a horse-drawn ambulance since the time of its relocation to S. Essex Avenue, it did not have a designated emergency department until 1910. In that year, Sidney M. Colgate and Manton B. Metcalf donated the money for an official "accident ward" and Frederick M. Shepard pledged a donation of \$100 a year for the ward's maintenance.⁹² In many ways, the emergency department had the greatest reach of any unit in the hospital, as it catered to and provided the same treatments for all citizens of Orange, regardless of race, economic status or social standing. This vital service continued at the Orange Memorial Hospital until the time of its closure.

The hospital went beyond impressive statistics to also provide its patients with the most modern of services and treatments. One of these services was the Guest Suite. It was described in an article in *Hospital Management* as "a unique feature of hospital service where business men and others can retire into quiet retreat, free from the smells and noises of the hospital where no telephones or loud speakers are permitted and where those who are wound-up, as the result of the hustle of American life, may unwind themselves. [The hospital suggests that] the suite provides 'the fence at the top of the cliff instead of the ambulance at the foot of the cliff.'"⁹³ This description makes it clear that the hospital catered to both the physical and the psychological needs of the patient, providing not only modern surgeries but modern philosophies as well.

⁸⁷ Frank J. Osborne, "Venereal Disease Control in the Oranges." *The American Journal of Public Health* 6:6 (June 1916) 558-559.

⁸⁸ Osborne, 558-559.

⁸⁹ Osborne, 558-559.

⁹⁰ Osborne, 558-559.

⁹¹ *Forty-Fifth Annual Report of the Orange Memorial Hospital for the Year 1918*, 44-50; *Forty-Seventh Annual Report of the Orange Memorial Hospital for the Year 1920*, 34-36.

⁹² "Gifts to Orange Memorial Hospital." *Journal of the Medical Society of New Jersey* (December 1910): 376.

⁹³ Sydney Lamb, M.B.E., "An English Hospital Executive's Impression of America." *Hospital Management* (March 1935): 17.

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The Victor Fluoroscopic Fracture Table was a piece of equipment unique to the hospital, which represented “the first complete installation of its kind in the United States.”⁹⁴ The table was used in the assessment of bone reductions. Because it was radiolucent, it would not interfere with the visual assessment. Its installation at the Orange Memorial Hospital attests to the cutting edge services that the hospital was able to provide.

The Metcalf Foundation Institute (Building 7) was another pioneering addition to the Orange Memorial Hospital, which provided the latest in radiology and x-rays. The Institute was founded by Manton B. Metcalf in 1923 and was originally based out of St. Mary’s Hospital in Hoboken, NJ.⁹⁵ The Institute relocated in 1931 when the Orange Memorial Hospital offered to construct a new building for the facility. The Institute operated two Roentgen deep therapy machines, which used high voltages to penetrate and treat cancerous growths. The Metcalf Foundation Institute also continued its work in research and implementation of the latest in radiological therapy, enabling the hospital to become a center for the treatment of cancer in addition to more acute and emergency conditions.⁹⁶ Between the opening of the building on May 1, 1931 and the end of the year, it received 2,928 patient visits for x-ray treatments, radium treatments and general examinations.⁹⁷ The presence of such a radiology unit was “rare among the private hospitals of the country” and the Metcalf Foundation Institute was “the only one in Northern New Jersey available for the treatment of indigent patients.”⁹⁸ This latter circumstance further testifies to the value that the hospital placed on helping all members of the community.

A Brief History of the Role of Women at the Orange Memorial Hospital

Another unique aspect of the history of the Orange Memorial Hospital is the role played by women from the time of its founding. During the Civil War, women had proven themselves capable in both administrative and fundraising capacities and this success set the basis for their charitable work moving forward.

At the Orange Memorial Hospital, this group was known first as the Ladies’ Auxiliary Society and later as the Orange Memorial Hospital Society. It was involved in the hospital from the beginning and played a vital role in its development and ongoing functions, motivated by “the moral duty of stewardship and with the practical imperative to provide medical care for their working-class neighbors and the deserving poor.”⁹⁹

After the idea of a hospital was conceived, the first task of its founders was to organize a Board of Governors, all of whom were male. The second task was to organize the Ladies’ Auxiliary Society, established on September 22, 1873, as “it was felt that the direct management of the dispensary and hospital came properly within the scope of women’s work and that to insure the ultimate success of the project the active sympathy of the ladies of the Oranges was

⁹⁴ *Fifty-Eighth Annual Report of the Orange Memorial Hospital for the Year 1931*, 17.

⁹⁵ Manton B. Metcalf was part of the family that founded Metcalf Brothers, a prominent New Jersey manufacturer.

⁹⁶ *Fifty-Eighth Annual Report of the Orange Memorial Hospital for the Year 1931*, 46.

⁹⁷ *Fifty-Eighth Annual Report of the Orange Memorial Hospital for the Year 1931*, 46.

⁹⁸ *Fifty-Eighth Annual Report of the Orange Memorial Hospital for the Year 1931*, 15.

⁹⁹ Moss, 221.

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necessary.”¹⁰⁰ The general mission of the Ladies’ Auxiliary Society, as described in the original 1873 bylaws for the hospital, was to “supervise the general domestic arrangements, investigate all complaints and report the same to the Board of Control, solicit subscriptions and donations, report monthly to the Board of Control on all matters appertaining to the management of the institution... look after the general welfare of the patients [and provide] charitable support on a case by case basis.”¹⁰¹ They were so immediately successful that, in just over one year, an article from the *Sentinel of Freedom* stated that the hospital was “sustained chiefly through the exertions of the Ladies’ Auxiliary Society.”¹⁰² The Board of Governors also recognized their importance, giving seats on their board to the President, Vice President, Secretary, and Treasurer of the Ladies’ Auxiliary Society.

One of the Society’s first undertakings was to visit St. Luke’s Hospital in New York for guidance and inspiration.¹⁰³ They were also actively involved in the conversion of the original building into a hospital and the founding of the nurses training school in 1882.¹⁰⁴ They determined that the school should be formally independent from but related to the hospital and of the eighteen women on the board of the nursing school, thirteen were also on the board of the hospital. The school had the dual purpose of promoting women in the nursing field and reinforcing their nursing mission at the hospital. The 1874 Annual Report for the hospital stated that, “another difficulty we have had to encounter has been the want of competent servants, as the work is hard and disagreeable and we can only pay very low wages.”¹⁰⁵ Because there were not enough servants to handle the manual labor required by the patients, such as cooking and cleaning, the few available nurses were forced to adapt to multiple roles. This was neither in the best interest of the patients nor of the nurses.

It was also by this time that the name of the Ladies’ Auxiliary Society was officially changed to the Ladies’ Orange Memorial Hospital Society and an article in the *New York Tribune* referred to the hospital as being “conducted exclusively by women.”¹⁰⁶

An examination of the administrative hospital records of the time shows that, beginning in 1878, all members of the Board of Governors were women, as well as all of the committee heads. The only men who had an administrative role in the hospital were on the Advisory Board. The bylaws of the 1878 meeting stated that the Advisory Board would consist of seven men to be appointed by the Executive Committee, which was exclusively comprised of women. The role of the Advisory Board was to:

Render counsel and advice to the Executive Committee and the Board of Managers, and to take charge of and invest for the permanent funds of the hospital. They shall also receive all money subscribed for the Building Fund, and invest the same as approved by

¹⁰⁰ Whittemore, 238.

¹⁰¹ Whittemore, 238; Moss, 219.

¹⁰² “Orange Memorial Hospital.” *Sentinel of Freedom* 78:47 (24 November 1874): 3.

¹⁰³ Moss, 219.

¹⁰⁴ Moss, 221.

¹⁰⁵ William D. Sharpe, MD., “Women Are Proverbially Hopeful: Newark’s Voluntary Hospital, 1867-1890.” *Bulletin of the New York Academy of Medicine* 62:4 (1986): 356.

¹⁰⁶ “Activity in Orange, NJ.” *New York Tribune* (3 January 1881): 8.

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the Executive Committee, until needed for the erection of the building, and disburse said fund of the purposes for which it is subscribed....¹⁰⁷

As one period source clearly stated, “ladies governed, men advised.”¹⁰⁸

Criterion C: Architecture

The Orange Memorial Hospital Historic District is significant under Criterion C, Architecture, as a prominent grouping of institutional buildings in the Colonial Revival style designed by the notable New York architects Crow, Lewis & Wick. The firm designed five buildings in the district: the Service Building (Building 3), the Bingham Building (Building 4), Mary Austen Hall (Building 5), the Medical and Surgical Building (Building 6) and the Orthopedic Hospital (Building 8).¹⁰⁹ Typical of the firm’s work through the 1920s and 1930s, all of these buildings, with the exception of the Orthopedic Hospital, reflect the popularity of Revivalist styles for large institutional buildings during this period.

Crow, Lewis & Wick (Established 1907)

All five of the buildings designed by the prominent New York architects Crow, Lewis & Wick, are typical of their prolific hospital designs during the first half of the 20th century. Between 1907 and the early 1950s, the firm, composed of partners William H. Crow, Luther H. Lewis, and Hermon F. Wick, designed over 200 hospitals, along with other institutional buildings.¹¹⁰ The firm primarily designed large complexes such as the Home for the Incurables in the Bronx, now the St. Barnabas Hospital, the Jewish Hospital in Brooklyn, the Doctors Hospital in Manhattan, the Hospital of the Holy Family in Brooklyn, the Buffalo General Hospital and St. Luke’s Hospital in Bethlehem, PA. The firm also completed multi-million dollar hospital projects for the Orinoco Mining Company and the Creole Petroleum Corporation in Venezuela. More proximate to the Orange Memorial Hospital, the firm designed hospitals for nearby New Jersey towns such as Hackensack in 1912 (extant, Figure 12), Rahway in 1917 (extant), Bayonne in 1919 (extant, Figure 13) and Passaic in 1921 (extant, Figure 14).¹¹¹ Precisely in keeping with their approach to the Orange Memorial Hospital, all of these New Jersey projects consisted of several hospital buildings with distinctive functions designed in the Colonial Revival style. Also, as with the Orange Memorial Hospital, the buildings have been altered and expanded over the years, as they all continue to operate as hospital complexes. However, the original buildings designed by Crow, Lewis and Wick not only remain as the dominant structures but also as the framework around which the more recent elements were based.

Throughout their work, the firm consistently adhered to Revivalist styles, using a repeated vocabulary of brick with stone accents, such as stringcourses and water tables, and Classical

¹⁰⁷ Sharpe, 357.

¹⁰⁸ Sharpe, 358.

¹⁰⁹ Although it is not known why the firm did not complete the Metcalf Foundation Institute Building, it likely to assume that it was because the foundation had a differing opinion.

¹¹⁰ “Upper East Side Historic District Designation Report” Volume II (1981): 1220.

¹¹¹ “Crow, Lewis & Wick.” <http://public.aia.org/sites/hdoaa/wiki/Wiki%20Pages/ahd4001246.aspx>. Accessed on May 19, 2014.

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elements, including pilasters and pediments. This was no doubt influenced by the five years that Lewis spent at the famous firm of McKim, Mead and White, who effectively reintroduced Classical architecture to America. Wick was also educated at the Ecole des Beaux Arts, which presumably had an equally significant Classical impact.

In their applications for AIA accreditation, the firm described their scope of work saying, “We have for approximately thirty-five years devoted ourselves in a special way as architect to hospitals and medical buildings and wish to be considered only in connection with this class of buildings. ... [W]e believe we have established a reputation for this highly specialized class of work. The specialization covers not only architectural design in all its part, but the highly specialized knowledge of engineering design associated with this class of work.”¹¹²

Crow, Lewis & Wick were instrumental in not only consolidating the appearance of the complex into a unified architectural style, but also prioritizing the use of current building technologies. Prior to the construction of the Service Building (Building 3), the hospital buildings were designed in a range of styles, including Second Empire, Queen Anne and Colonial Revival. The introduction of five large Colonial Revival buildings in red brick set a fresh tone for the complex while appropriately referencing the earlier construction.

Colonial Revival Style

The Colonial Revival style was an outgrowth of the Centennial Exhibition of 1876 and is characterized by brick cladding with stone detailing, symmetrical facades, regular and articulated fenestration patterns and accents such as pediments, pilasters and porticos. Typical of most Revivalist styles, it was widely used in the United States in the first portion of the 20th century.

All five buildings completed by the firm in the district are good local examples of the Colonial Revival style. All feature brick cladding, stone detailing, columned porticoes, regular fenestration patterns and axial interior arrangements with a designated hierarchy of spaces. Although the style was the standard approach for the firm of Crow, Lewis & Wick, it was presumably carefully selected by the hospital board for the message that it could effectively impart. While referencing the historic backbone of the United States, it also conveyed a certain upper-class period luxury that was equally at home in prominent institutions and formal residences. The construction of these buildings established that the Orange Memorial Hospital was a significant local institution, providing the best of care to anyone who might need it.

Hospital Design

By the early 20th century, it was clear that disease was communicated primarily by contact and the use of vertical construction became more prevalent in hospital design. Crow, Lewis & Wick implemented this understanding, with the inclusion of steel framing, elevators and improved heating and ventilation systems. It was felt at the time that such uniform aesthetics and

¹¹² “Crow, Lewis & Wick.”

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technological advancements would reflect and promote the growing efficiencies of hospital operation prevalent during the early 20th century.¹¹³

In a 1922 article, Crow detailed the way a hospital should maximally function, from a general discussion about building and room arrangement to details regarding cabinet placement and an appropriate amount of seating.¹¹⁴ Because of the brief time between the printing date of the article and the construction of Mary Austen Hall and the Medical and Surgical Buildings, it is possible to assume that many of the concepts presented in the article were implemented in these two new buildings.

Crow began the article by stating that any hospital must work for the safety and comfort of patients, as well as affording maximum productivity and flexibility in the work of the doctors and nurses. To this end, there are certainly guidelines that should be followed for the greatest benefit. In ward units, such as the Medical and Surgical Building, each ward should have twenty-four beds, along with a nurses' station, chart room, serving kitchen, nurses' duty room and bathroom, patients' bathroom and flexible areas, depending on patients' needs.¹¹⁵ The operating rooms would necessarily vary by specialty, but should always have appropriate equipment, seating, storage and lighting. A sufficient number of electric elevators in disparate locations was also felt to be imperative, in order to facilitate efficient circulation.

The theory of hospital design expanded beyond the individual building to the larger complex as well. Rather than gathering all functions into a single structure, "facilities were provided not just for hospital care, but also for clinics for outpatients and for instruction in preventative care, as well as for the education of medical personnel."¹¹⁶ In this way, the Orange Memorial Hospital was on the forefront of hospital theory and design.

Comparable Hospitals

Roosevelt Hospital (NR 2001) in Edison Township, NJ is a comparable structure in terms of location, date, style and function. The hospital opened in 1937 and consists of two Colonial and Georgian Revival style structures in a suburban setting. As with the Orange Memorial Hospital, the Revivalist styles were used to impart the significance of the buildings. The design of the buildings was similarly quite modern for the time, accounting for the latest advances and theories in "light, ventilation, sanitation, utilization of space and skillful use of materials."¹¹⁷ Although the hospital primarily focused on the treatment of tuberculosis, it was designed to service the pressing needs of a particular community, much like the Orange Memorial Hospital.

¹¹³ Richard E. Schmidt, "Modern Hospital Design." *The Architectural Forum* 37 (December 1922), 245; George Howard Edgell, *The American Architecture of To-day* (New York: Scribner, 1928), 314.

¹¹⁴ William D. Crow, "Essential Equipment for the Modern Hospital." *The Architectural Forum* 37 (December 1922), 277-282.

¹¹⁵ "Essential Equipment for the Modern Hospital."

¹¹⁶ "Roosevelt Memorial Hospital," *National Register Nomination*, 2001, 8:16.

¹¹⁷ "Roosevelt Memorial Hospital," 8:10.

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The Jersey City Medical Center (NR 1984) is an example of a similar, but much larger, hospital complex constructed at a similar time to the Orange Memorial Hospital. The Jersey City Medical Center consists of ten buildings primarily constructed between 1928 and 1941. Like the Orange Memorial Hospital, the Jersey City Medical Center began as a smaller institution with smaller buildings, which were demolished over time to accommodate the growing needs of the community. Although designed in the Art Deco style and at a much larger scale, the complex is an example of a prominent medical institution that provided fundamental and wide-ranging care for a large community and a complex that was specifically constructed for that purpose. The use of the Art Deco style, while in pronounced contrast to the Colonial Revival style of the Orange Memorial Hospital, was similarly selected for its ability to convey a specific message, that is, the progressive nature of the modern hospital. Also similar to the Orange Memorial Hospital, the complex of the Jersey City Medical Center was organized in such a way that each building provided a particular patient service, with the goal being that the utilization of all the buildings would provide a comprehensive patient experience.

Although not listed on the National Register of Historic Places, the Bayonne Hospital and Nurses' Home in Bayonne, NJ is a comparable hospital complex (Figure 13). Founded in 1888, the hospital was a private facility with male, female and maternity wards, along with a nursery and a dispensary. From the beginning, "no restrictions as to age, sex, color of religious belief were imposed."¹¹⁸ As such, its tenets were parallel to those of the Orange Memorial Hospital. The hospital also had an associated nursing school and underwent several stages of expansion throughout the 20th century. It was similarly originally located in a private residence and, beginning in 1919, expanded into adjacent lots under the direction of Crow, Lewis and Wick and in a comparable Colonial Revival style. As with the Orange Memorial Hospital, these programmatic expansions had specific functions in keeping with the national approach to modern hospital design, as well as the desire to serve the community in the most comprehensive way possible.

¹¹⁸ Royden Page Whitcomb, *First History of Bayonne, New Jersey* (Bayonne, NJ: R.P. Whitcomb, 1904): 86.

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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
 - University
 - Other
- Name of repository: Trentoniana Room, Trenton Public Library

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreeage of Property Approximately 7 acres

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____
(enter coordinates to 6 decimal places)

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1. Latitude: 40.768291 Longitude: -74.233877

or **UTM References** Datum (indicated on USGS map):

NAD 1927 or NAD 1983

1. Zone:	Easting:	Northing:
2. Zone:	Easting:	Northing:
3. Zone:	Easting:	Northing:
4. Zone:	Easting :	Northing:

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

The boundary of the Orange Memorial Hospital is shown as a dotted line on the accompanying map entitled "Orange Memorial Hospital: Building Chronology and National Register Boundary."

Boundary Justification (Explain why the boundaries were selected.)

The nominated property includes the entire parcel on which the building is situated and historically associated with the nominated property through the period of significance. No extant historically associated resources have been excluded. The parking lots to the south of the building, which were used by the hospital until the time of its closure, were acquired between 1989 and 1995. As that is outside of the period of significance, they have been omitted from the boundary.

11. Form Prepared By

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organization: Powers and Company, Inc.
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city or town: Philadelphia state: PA zip code: 19107
e-mail logan@powersco.net
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date: July 16, 2015

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.

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- **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.)

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: Orange Memorial Hospital

City or Vicinity: City of Orange Township

County: Essex

State: NJ

Photographer: Robert Powers

Date Photographed: March 2014

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

<i>Photograph #</i>	<i>Description of Photograph</i>
1.	Building 1, west elevation, view east
2.	Building 1, east and north elevations, view southwest
3.	Building 1, Ground floor, hallway, view north
4.	Building 1, Ground floor, stairway, view west
5.	Building 1, 1st floor, hallway, view north
6.	Building 1, 1st floor stairway landing, view west
7.	Building 1, 1st floor, view south
8.	Building 1, 1st floor, view southwest
9.	Building 1, 3rd floor, hallway, view north
10.	Building 1, 3rd floor, hallway, view south
11.	Building 1, 3rd floor, view southwest
12.	Building 2, north and west elevations, view southeast
13.	Building 2, east elevation, view west
14.	Building 2, south and east elevations, view northwest
15.	Building 2, 1st floor, view southwest
16.	Building 2, 1st floor, view west

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17.	Building 2, 2nd floor, view west
18.	Building 2, 2nd floor, view east
19.	Building 3, west elevation, view east
20.	Building 3, west elevation, view southeast
21.	Building 3, 1st floor, view north
22.	Building 3, 1st floor, hallway, view north
23.	Building 3, 3rd floor, hallway, view south
24.	Building 3, 3rd floor, view east
25.	Building 3, 3rd floor, view northwest
26.	Building 3, 5th floor, hallway, view north
27.	Building 3, 5th floor, view east
28.	Building 4, west and south elevations, view northeast
29.	Building 4, 1st floor, hallway, view south
30.	Building 4, 1st floor, view northeast
31.	Building 4, 1st floor, stairway, view west
32.	Building 4, 2nd floor, hallway, view south
33.	Building 4, 2nd floor, view northwest
34.	Building 4, 2nd floor, view south
35.	Building 4, 2nd floor, stairway, view west
36.	Building 4, 3rd floor, hallway, view north
37.	Building 4, 3rd floor, elevator lobby, view northwest
38.	Building 4, 3rd floor, hallway, view south
39.	Building 4, 3rd floor, view east
40.	Building 5, east and north elevations, view southwest
41.	Building 5, north elevation entrance portico, view south
42.	Building 5, entrance vestibule, view south
43.	Building 5, entrance vestibule, view north
44.	Building 5, 1st floor lobby, view south
45.	Building 5, 1st floor lobby, view north
46.	Building 5, 1st floor lobby, view east
47.	Building 5, 1st floor, view north
48.	Building 5, 1st floor, view southeast
49.	Building 5, 1st floor, view west
50.	Building 5, 1st floor, fireplace detail, view west
51.	Building 5, 2nd floor, hallway, view east
52.	Building 5, 2nd floor, view northwest
53.	Building 5, 2nd floor, view south
54.	Building 5, 3rd floor, hallway, view east
55.	Building 5, 3rd floor, view northeast
56.	Building 5, 3rd floor, view north
57.	Building 6, west and south elevations, view northeast
58.	Building 6, west elevation, view east
59.	Building 6, south elevation, view north

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60.	Building 6, Ground floor lobby, view east
61.	Building 6, Ground floor lobby, view north
62.	Building 6, 1 st floor, Escalator, view south
63.	Building 6, 1 st floor, view south
64.	Building 6, 2nd floor, Hallway, view east
65.	Building 6, 2nd floor, view southeast
66.	Building 6, 3 rd floor, Elevator, view east
67.	Building 6, 4th floor, hallway, view east
68.	Building 6, 4th floor, view northwest
69.	Building 6, 4th floor, elevator lobby, view north
70.	Building 6, 4th floor, view south
71.	Building 6, 4th floor, hallway, view west
72.	Building 6, 4th floor, stairway, view south
73.	Building 6, 5th floor, hallway, view south
74.	Building 6, 5th floor, hallway, view south
75.	Building 6, 5th floor, view west
76.	Building 6, 7th floor, hallway, view south
77.	Building 6, 7th floor, view west
78.	Building 6, 7th floor, hallway, view south
79.	Building 6, 7th floor, stairway, view west
80.	Building 6, 7th floor, view north
81.	Building 6, 7th floor, view southwest
82.	Building 6, 7th floor, view west
83.	Building 7, north elevation, view south
84.	Building 8, west and south elevations, view northeast
85.	Building 8, west elevation, view east
86.	Building 8, 1st floor lobby, view south
87.	Building 8, 1st floor lobby, view southwest
88.	Building 8, 1st floor, view east
89.	Building 8, 1st floor, view east
90.	Building 8, 2nd floor, view south
91.	Building 8, 2nd floor, view east
92.	Building 8, 2nd floor, view north
93.	Building 8, 3rd floor, stairway, view north
94.	Building 8, 3rd floor, view south
95.	Building 8, 3rd floor, view south
96.	Building 8, 3rd floor view north
97.	Building 9, east and north elevations, view southwest

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

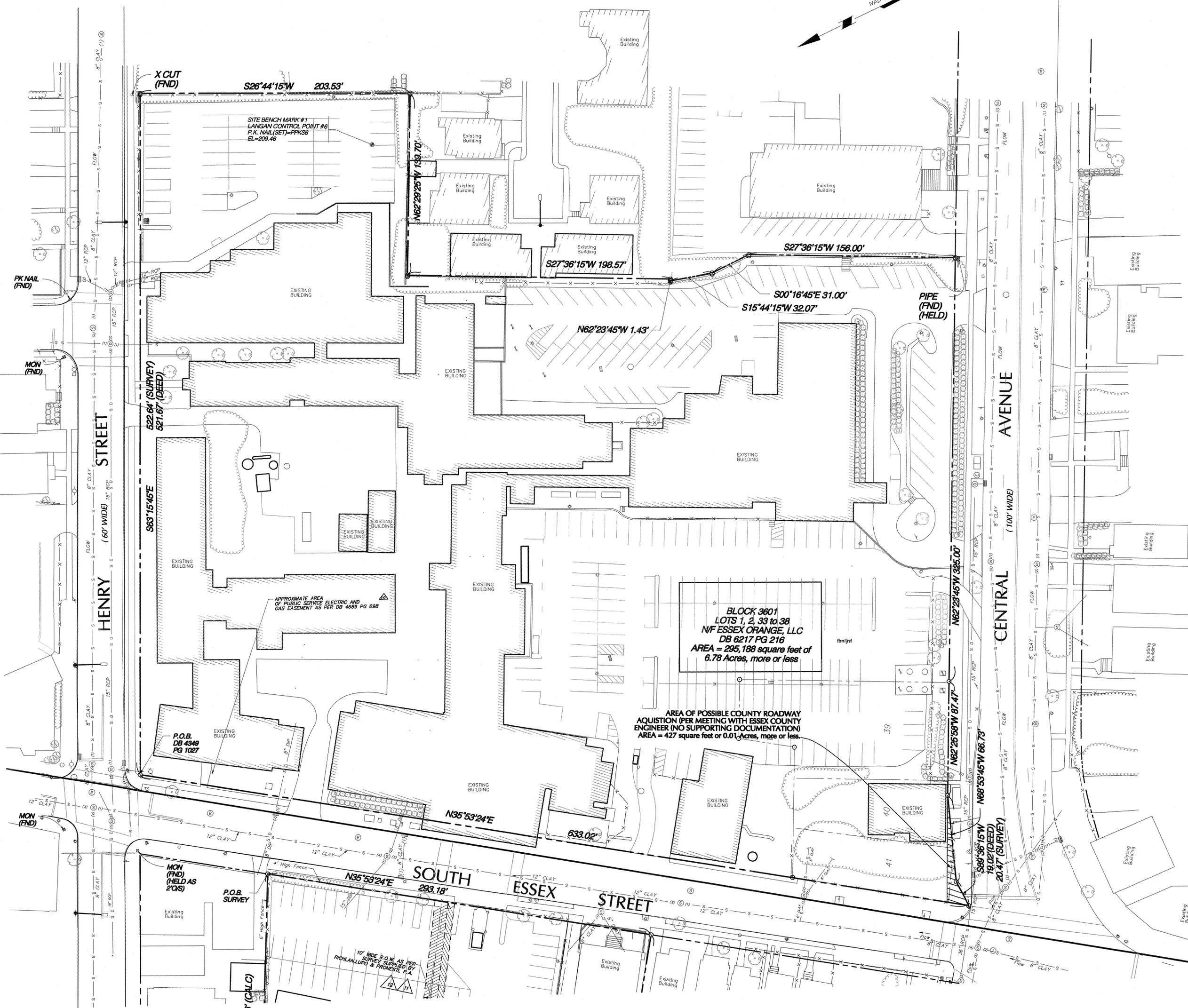
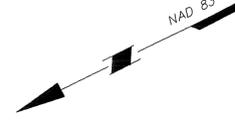
Orange Memorial Hospital

Essex County, NJ

Name of Property

County and State

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.



BLOCK 3601
LOTS 1, 2, 33 to 38
NF ESSEX ORANGE, LLC
DB 6217 PG 216
AREA = 295,188 square feet of
6.78 Acres, more or less

AREA OF POSSIBLE COUNTY ROADWAY
AQUISITION (PER MEETING WITH ESSEX COUNTY
ENGINEER (NO SUPPORTING DOCUMENTATION)
AREA = 427 square feet or 0.01 Acres, more or less.

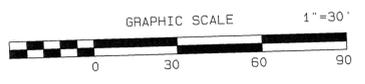
APPROXIMATE AREA
OF PUBLIC SERVICE ELECTRIC AND
GAS EASEMENT AS PER DB 4689 PG 698

P.O.B.
DB 4349
PG 1027

MON
(FND)
HELD AS
20(S)

P.O.B.
SURVEY

N61°39'23\"W
204.03' (CALC)

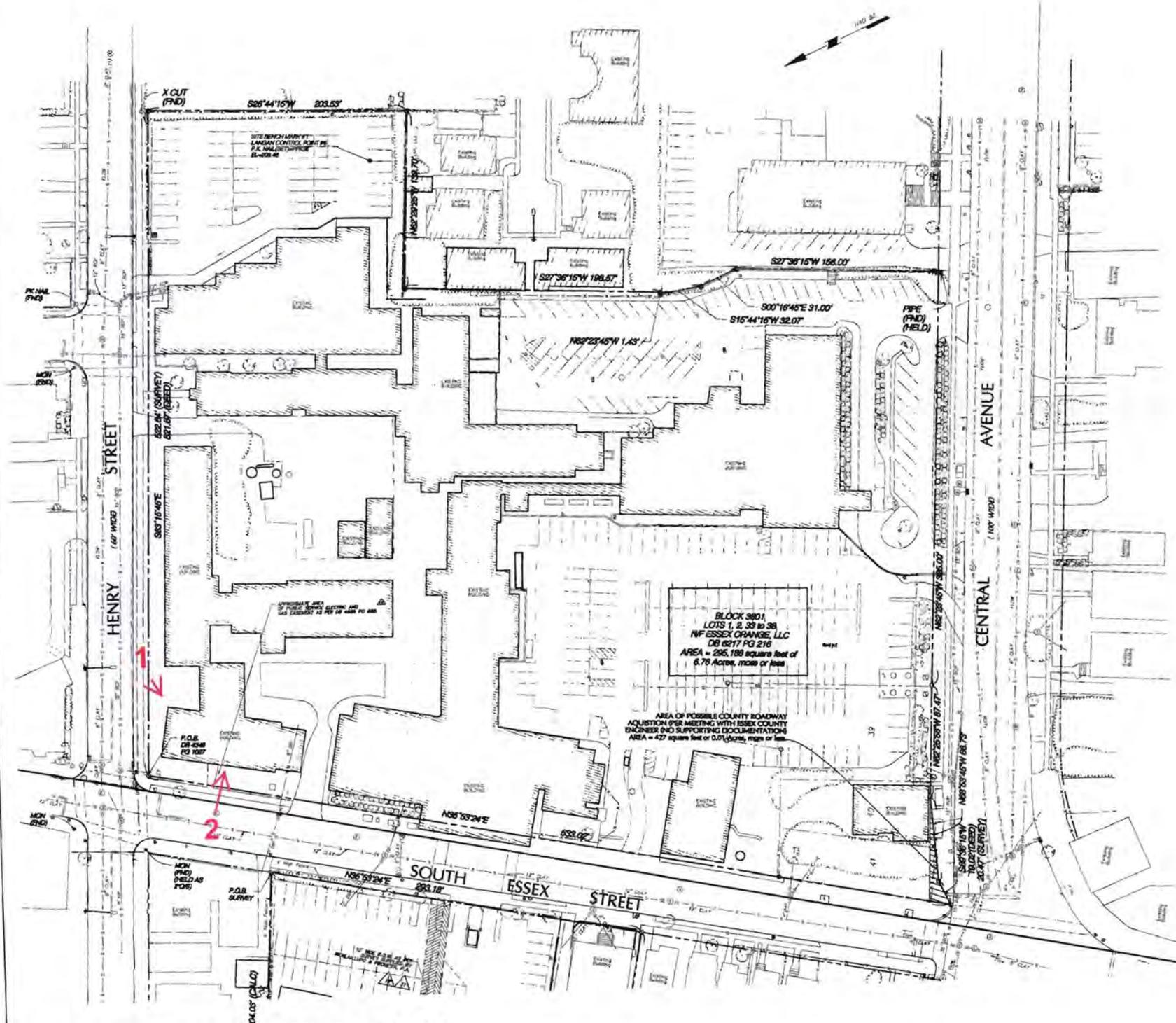


Date	Description	No.
11/12/13	Revised per new title report & site inspection	4
7/21/06	Deleted Lot 10 in Block 118 From Project Outbounds	3
4/6/06	Added additional pipe info	2
12/13/05	Revised boundary of block 118 to include lot 32	1

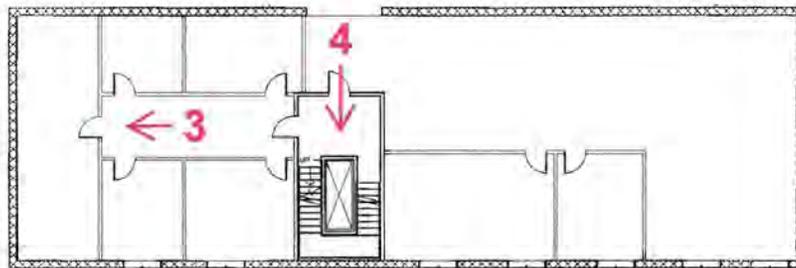
Joseph E. Romano 11-14-13
JOSEPH E. ROMANO
 PROFESSIONAL LAND SURVEYOR N.J. LIC. No. 36273
 DATE

LANGAN
 ENGINEERING & ENVIRONMENTAL SERVICES
 River Drive Center 1
 619 River Drive
 Elmwood Park, NJ 07407
 P: 201.794.6900 F: 201.794.0366
 www.langan.com
 NJ Certificate of Authorization No: 24GA27996400

Project
HOSPITAL AT OR
 CITY OF
 ESSEX COUNTY

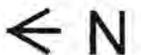


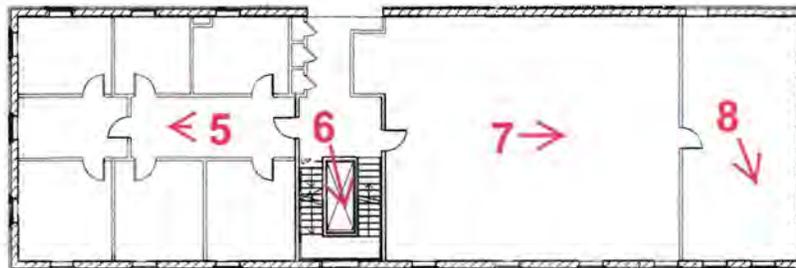
Orange Memorial Hospital Historic District
 Essex County, NJ
 North Building (Building 1) with Photograph Key



Orange Memorial Hospital
Historic District
Essex County, NJ

NORTH BUILDING
(BUILDING 1)
SCALE: 1/8" = 1'-0"
BASEMENT

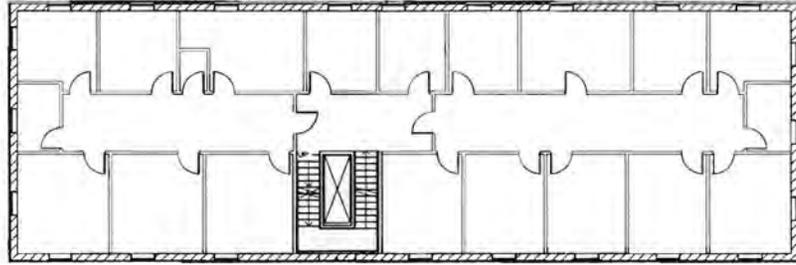




Orange Memorial Hospital
Historic District
Essex County, NJ

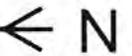
NORTH BUILDING
(BUILDING 1)
SCALE: 1/8" = 1'-0"
1ST FLOOR

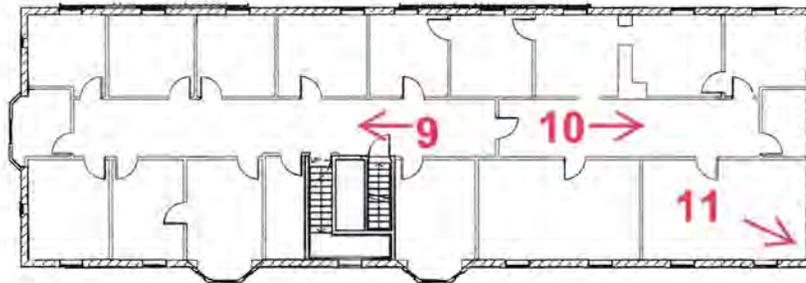




Orange Memorial Hospital
Historic District
Essex County, NJ

NORTH BUILDING
(BUILDING 1)
SCALE: 1/8" = 1'-0"
2ND FLOOR





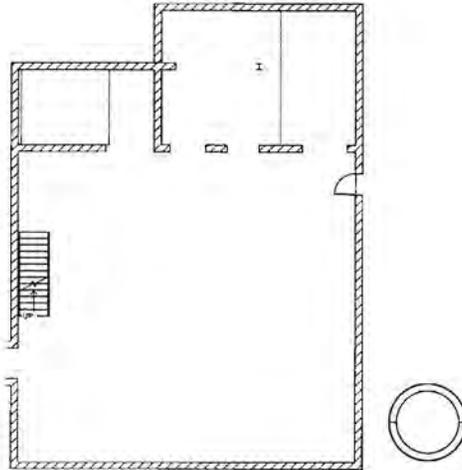
Orange Memorial Hospital
Historic District
Essex County, NJ

NORTH BUILDING
(BUILDING 1)

SCALE: 1/8" = 1'-0"

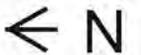
3RD FLOOR

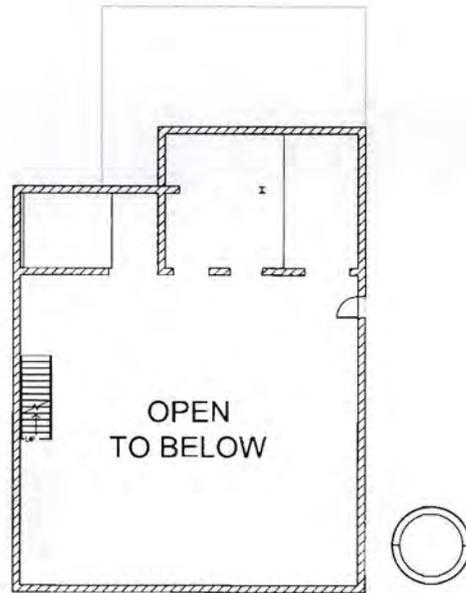




Orange Memorial Hospital
Historic District
Essex County, NJ

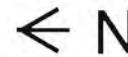
BOILER PLANT AND
POWER HOUSE
(BUILDING 2)
SCALE: 1/8" = 1'-0"
CELLAR

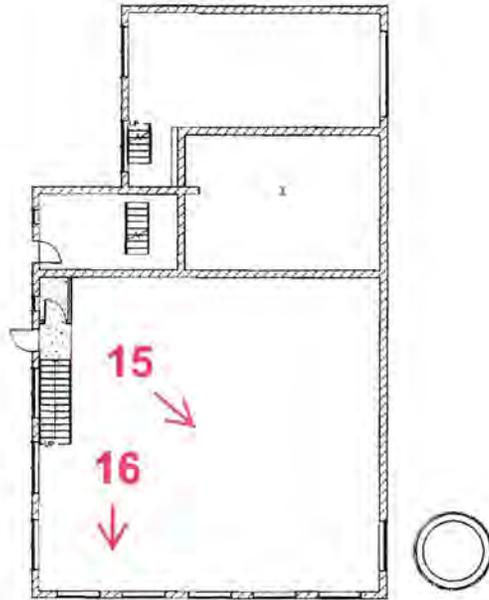




Orange Memorial Hospital
Historic District
Essex County, NJ

BOILER PLANT AND
POWER HOUSE
(BUILDING 2)
SCALE: 1/8" = 1'-0"
BASEMENT/GROUND FLOOR

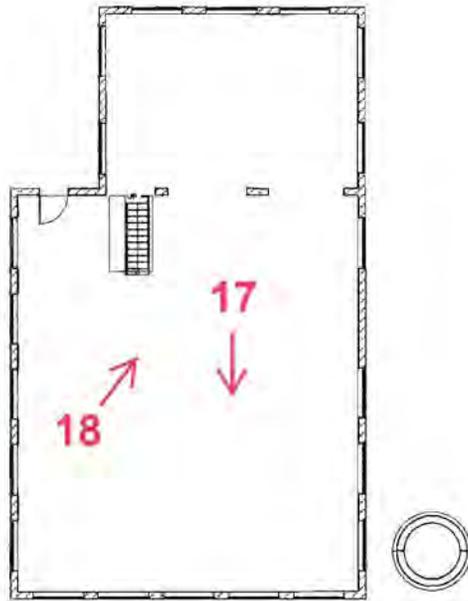




Orange Memorial Hospital
Historic District
Essex County, NJ

BOILER PLANT AND
POWER HOUSE
(BUILDING 2)
SCALE: 1/8" = 1'-0"
1ST FLOOR

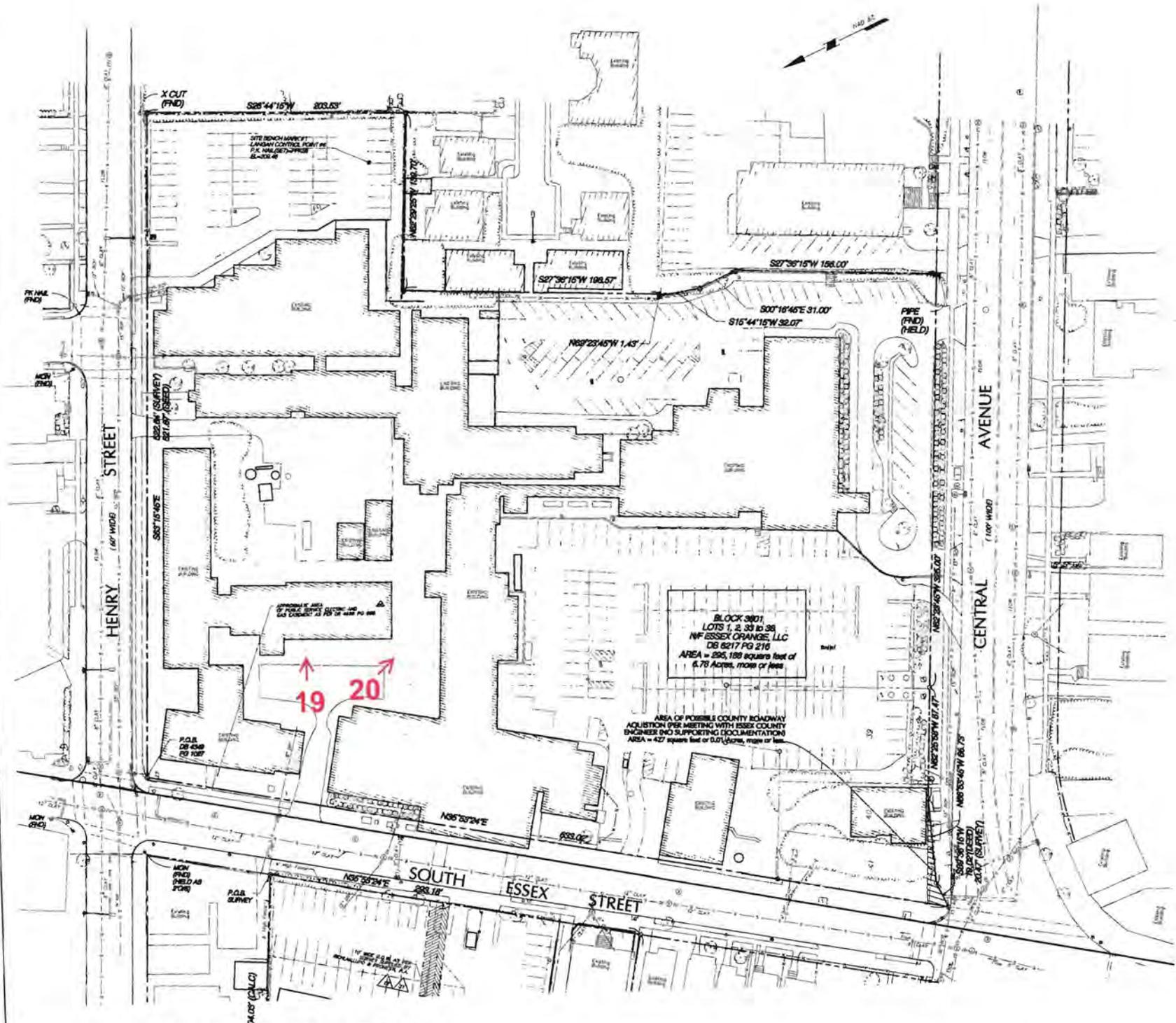




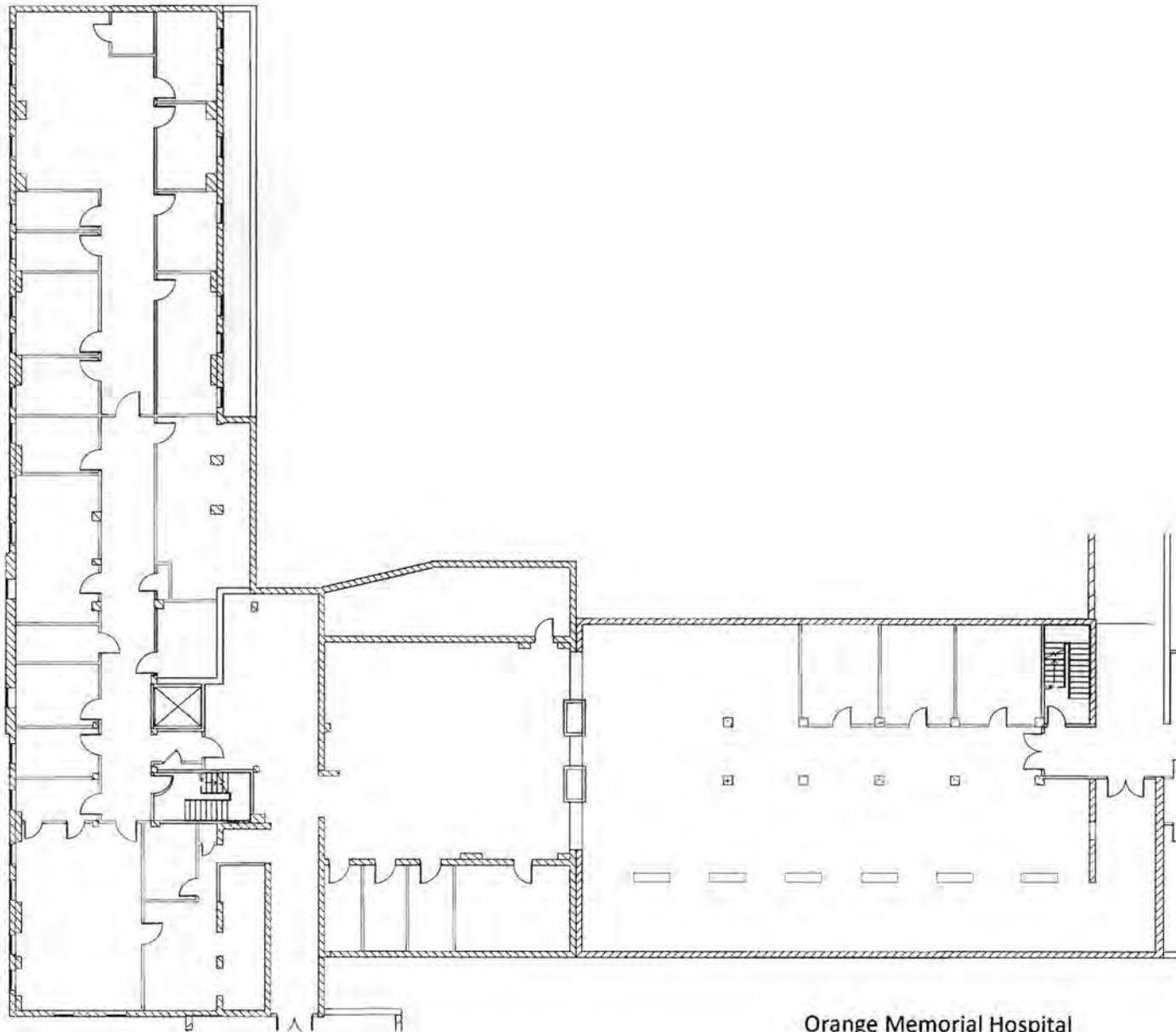
Orange Memorial Hospital
Historic District
Essex County, NJ

BOILER PLANT AND
POWER HOUSE
(BUILDING 2)
SCALE: 1/8" = 1'-0"
2ND FLOOR





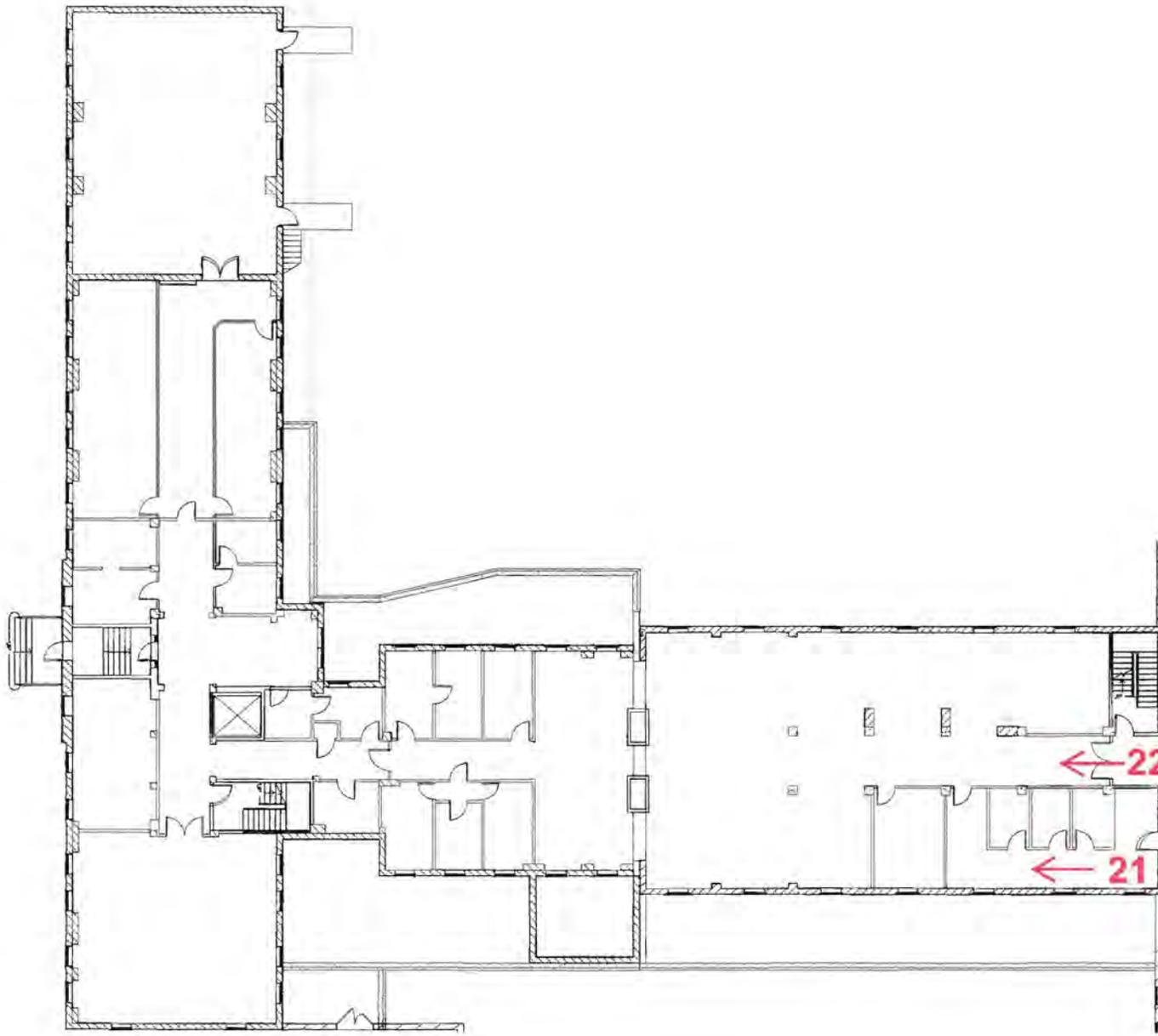
Orange Memorial Hospital Historic District
 Essex County, NJ
 Service Building (Building 3) with Photograph Key



Orange Memorial Hospital
Historic District
Essex County, NJ



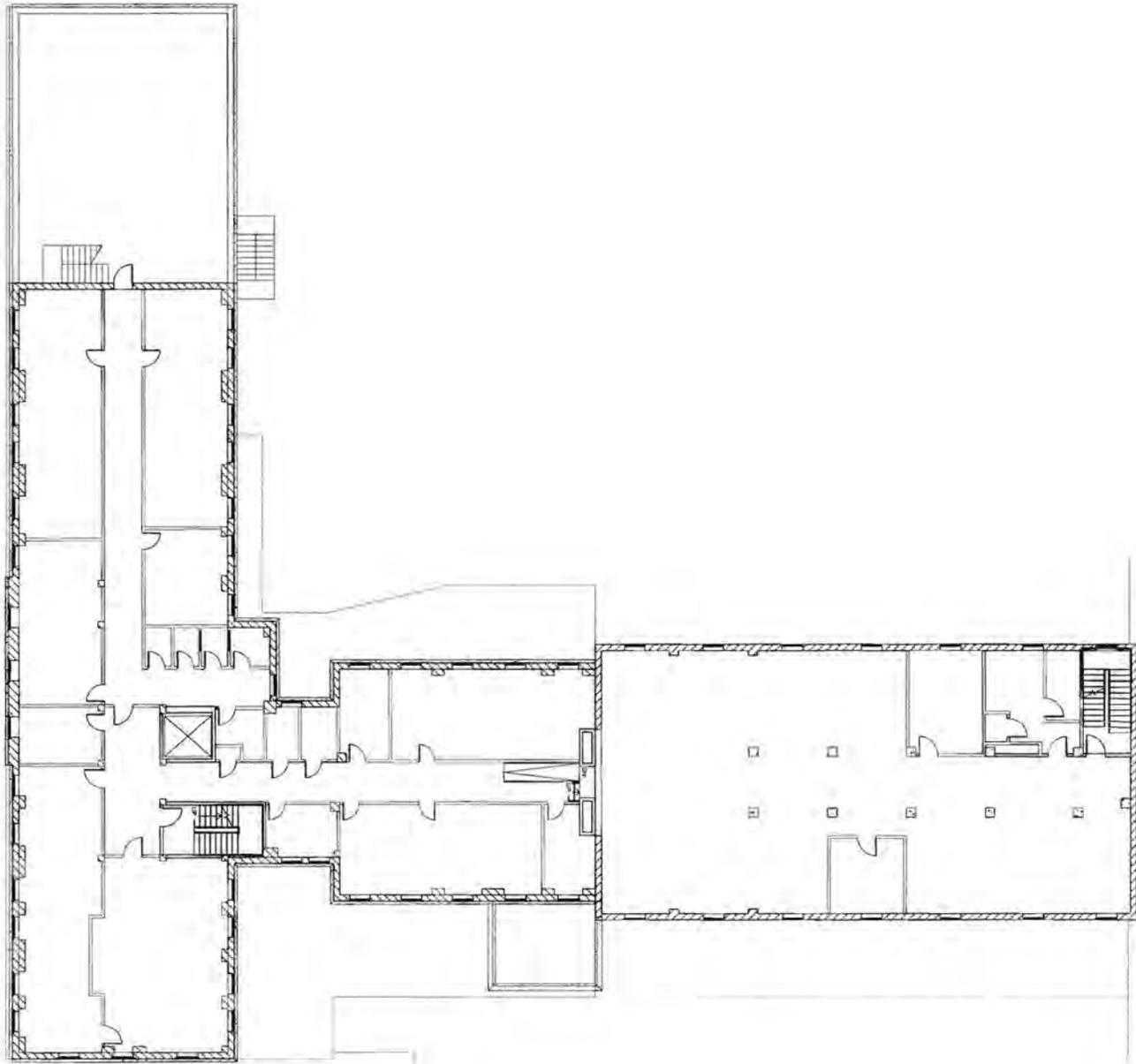
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
BASEMENT/GROUND FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



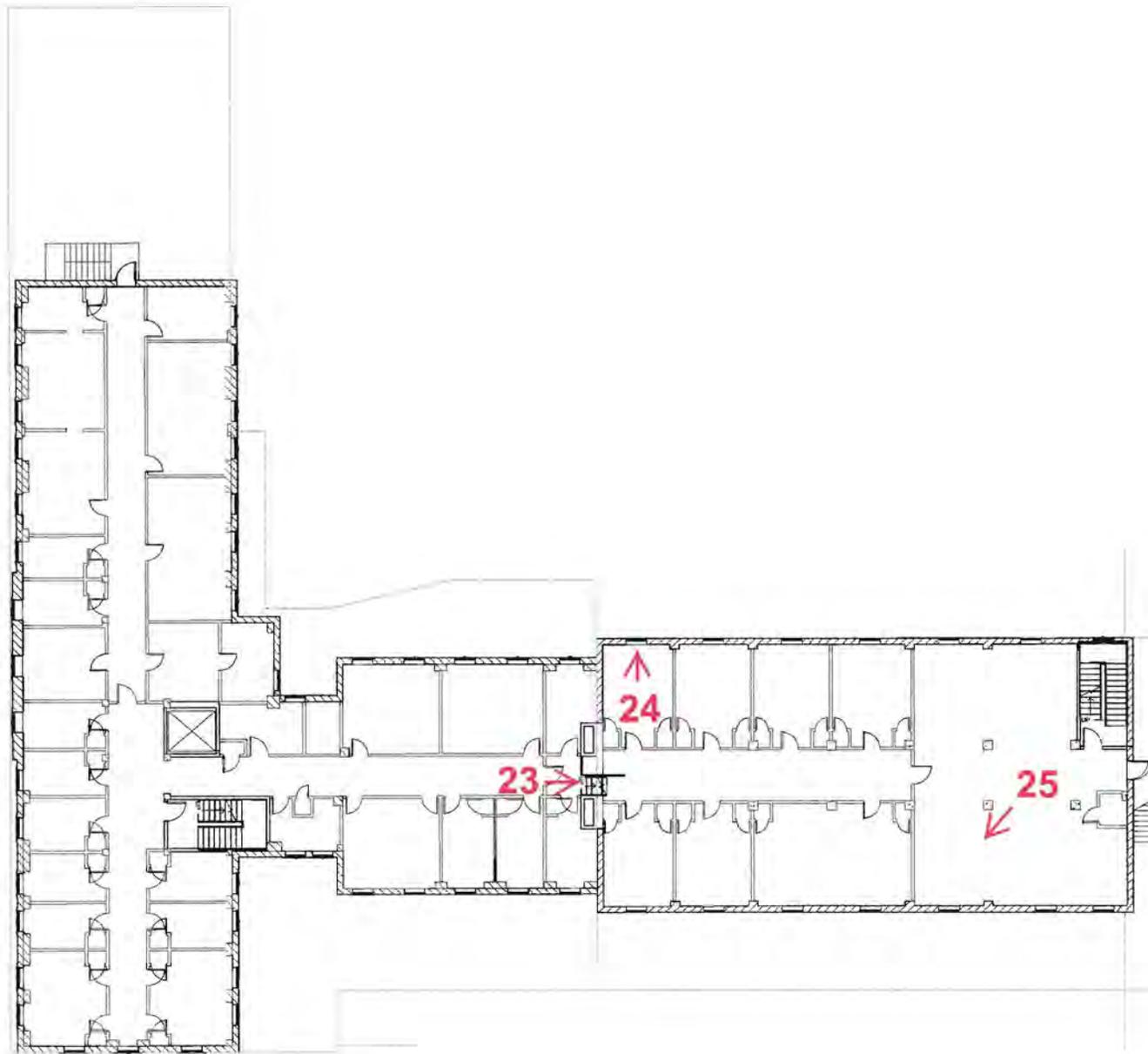
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
1ST FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



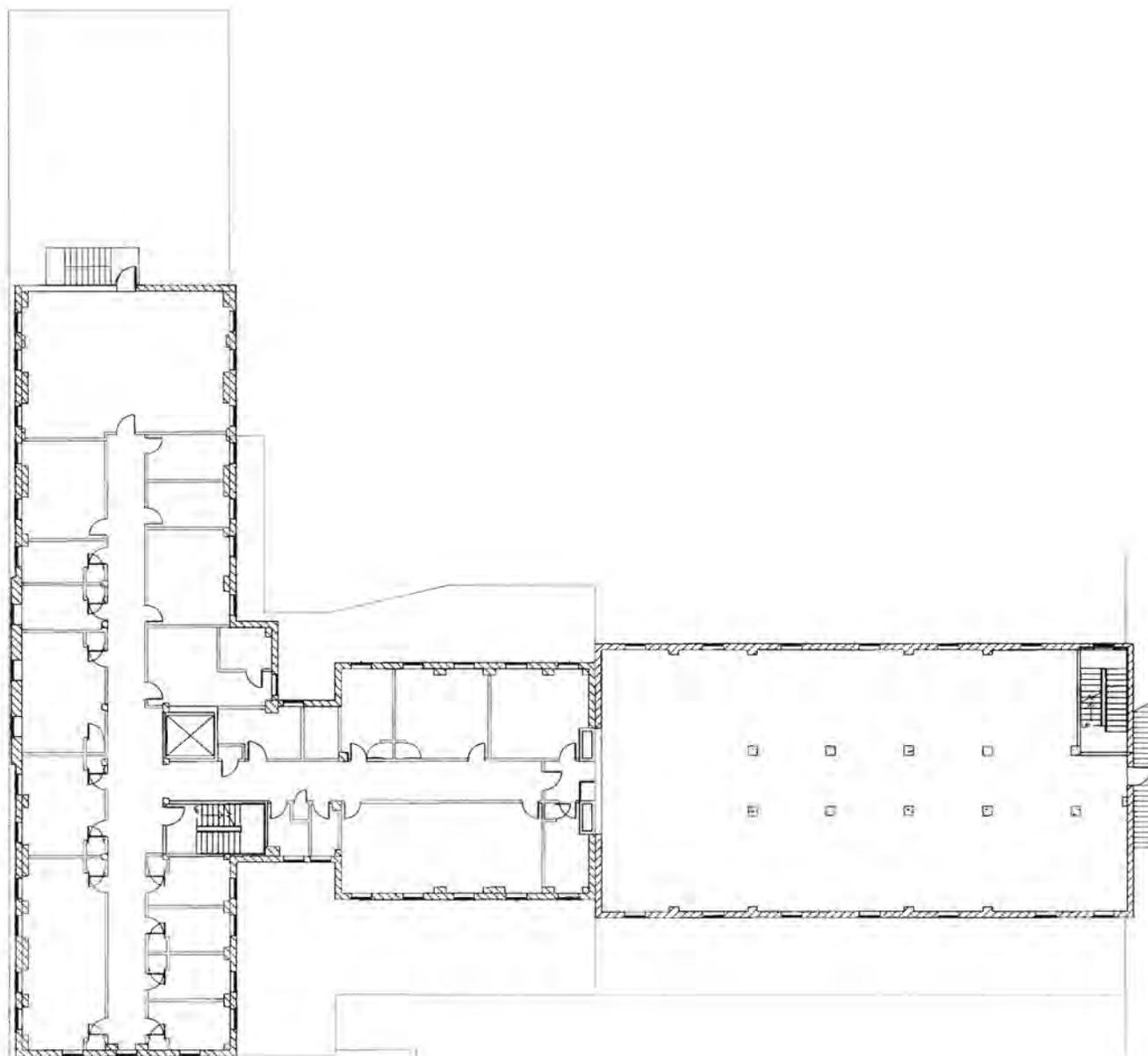
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
2ND FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



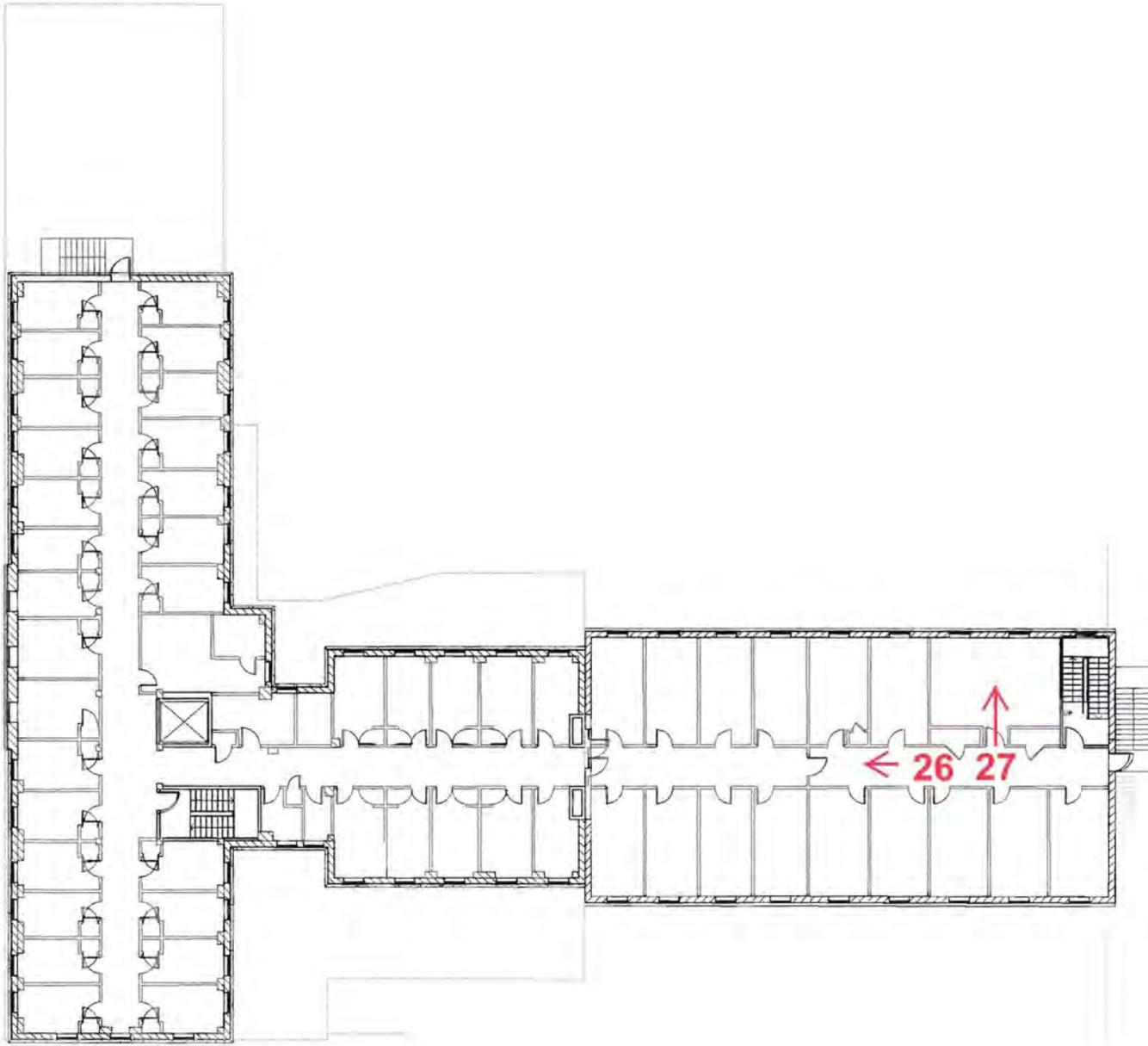
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
3RD FLOOR



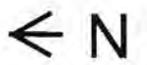
Orange Memorial Hospital
Historic District
Essex County, NJ



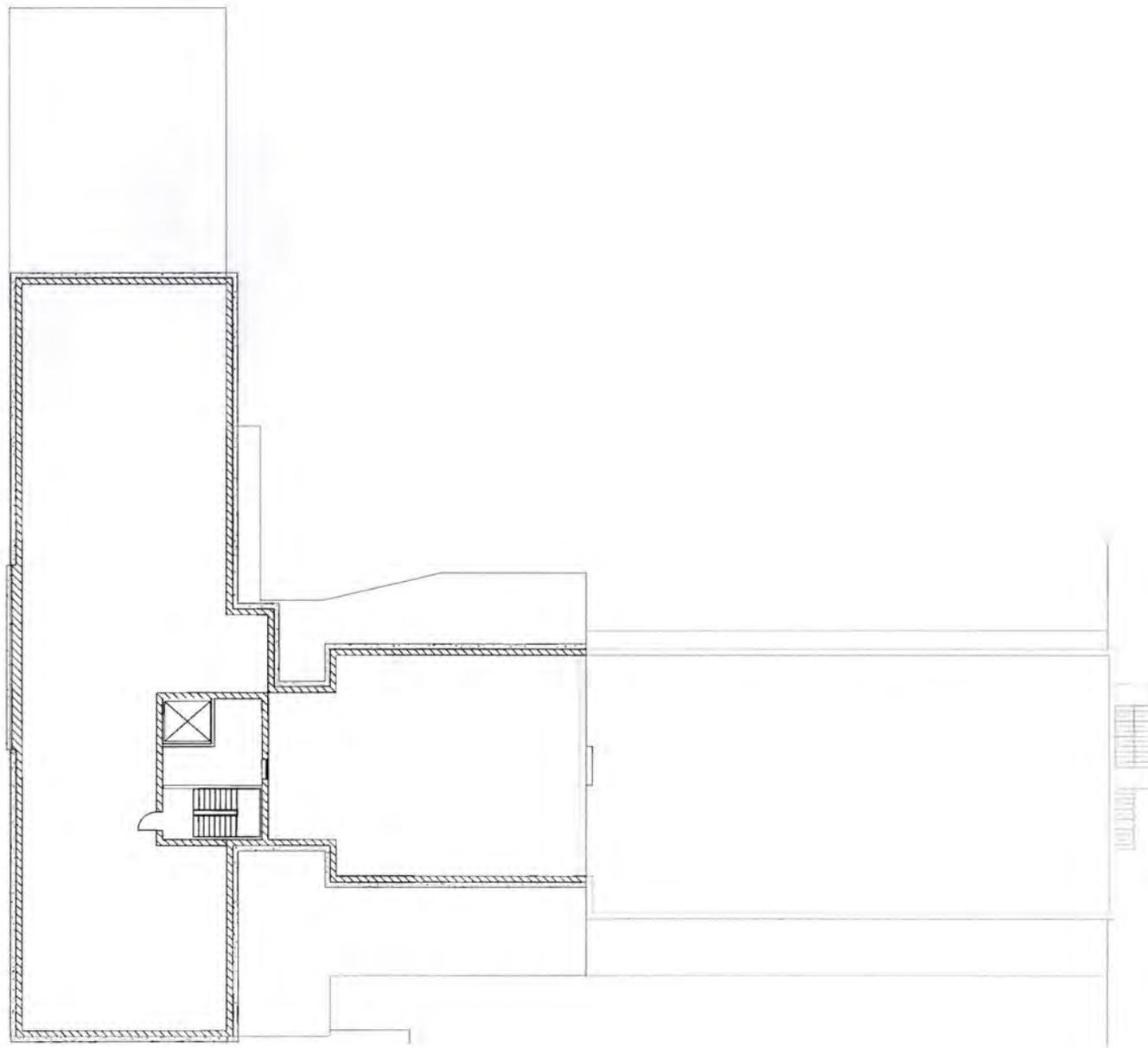
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
4TH FLOOR



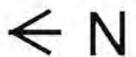
Orange Memorial Hospital
Historic District
Essex County, NJ



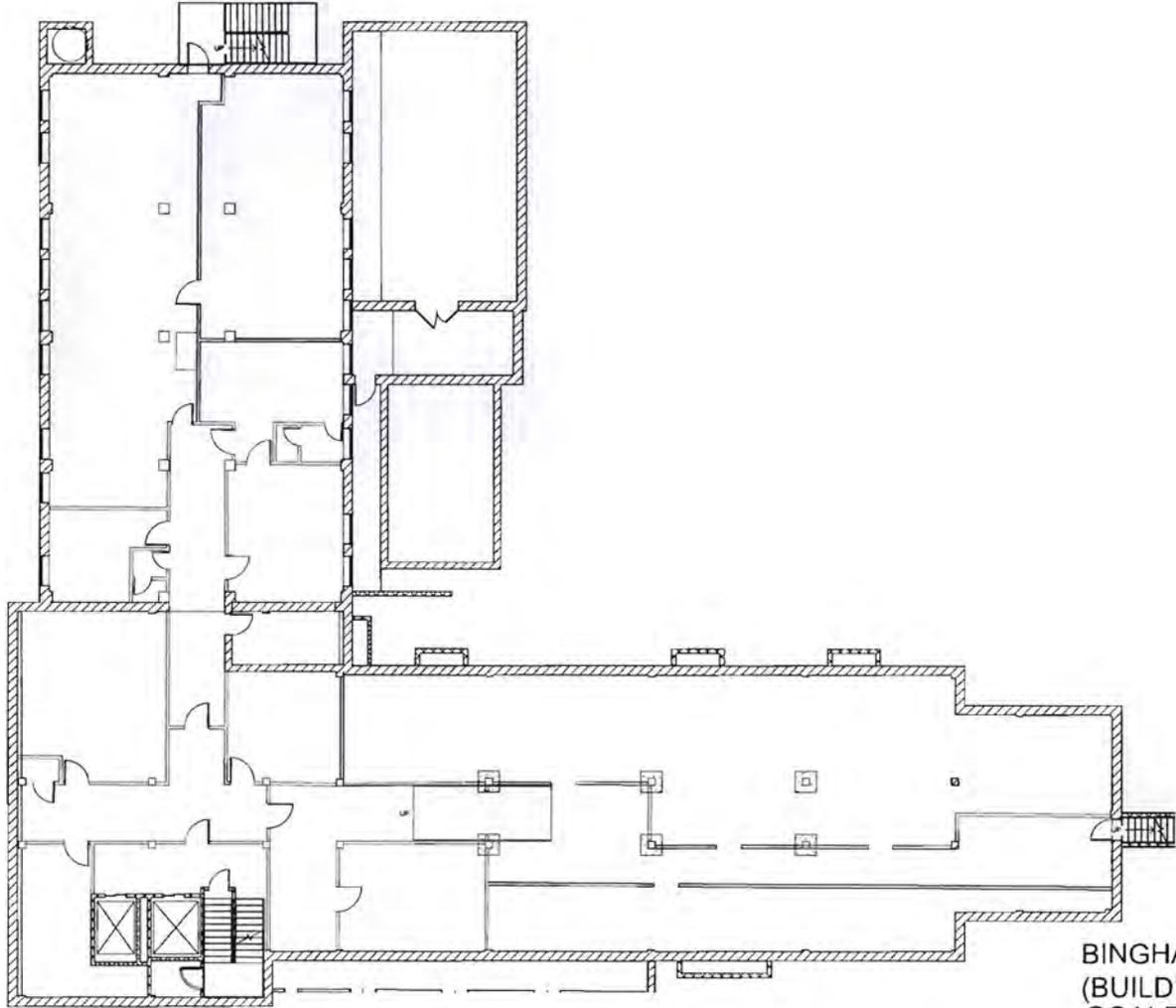
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
5TH FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ

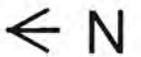


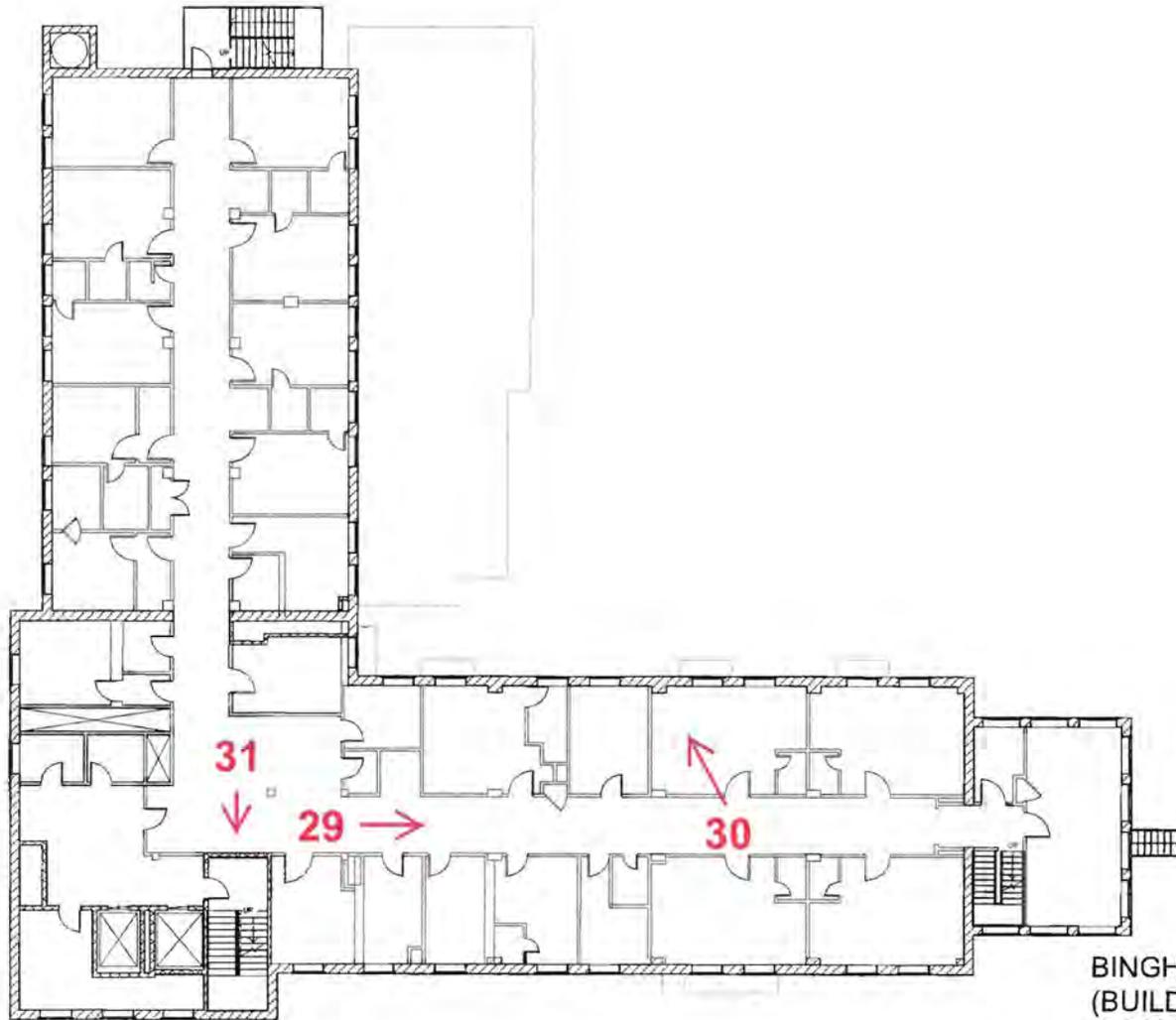
SERVICE BUILDING
(BUILDING 3)
SCALE: 1/8" = 1'-0"
6TH FLOOR



BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
BASEMENT

Orange Memorial Hospital
Historic District
Essex County, NJ

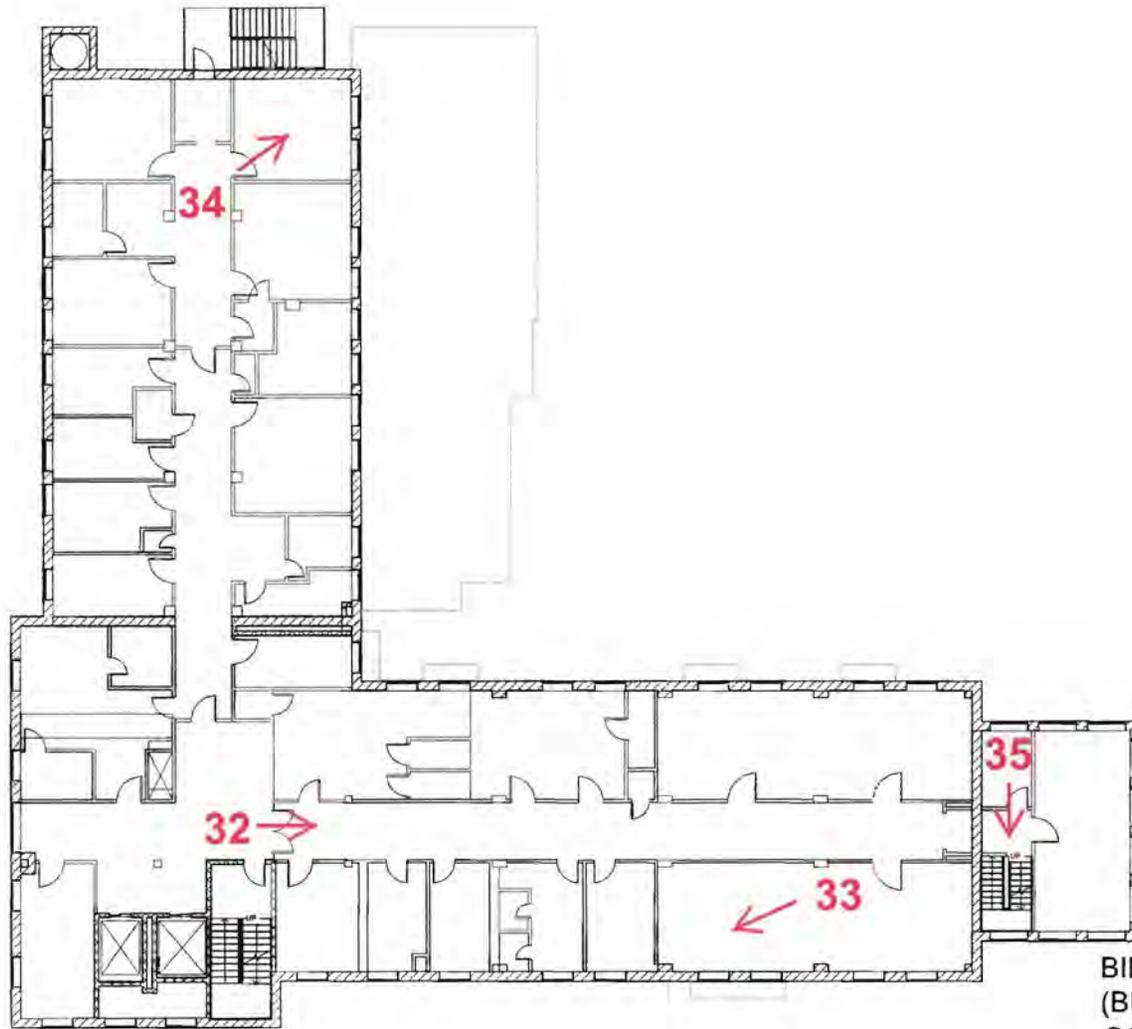




BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
1ST FLOOR

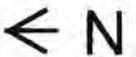
Orange Memorial Hospital
Historic District
Essex County, NJ

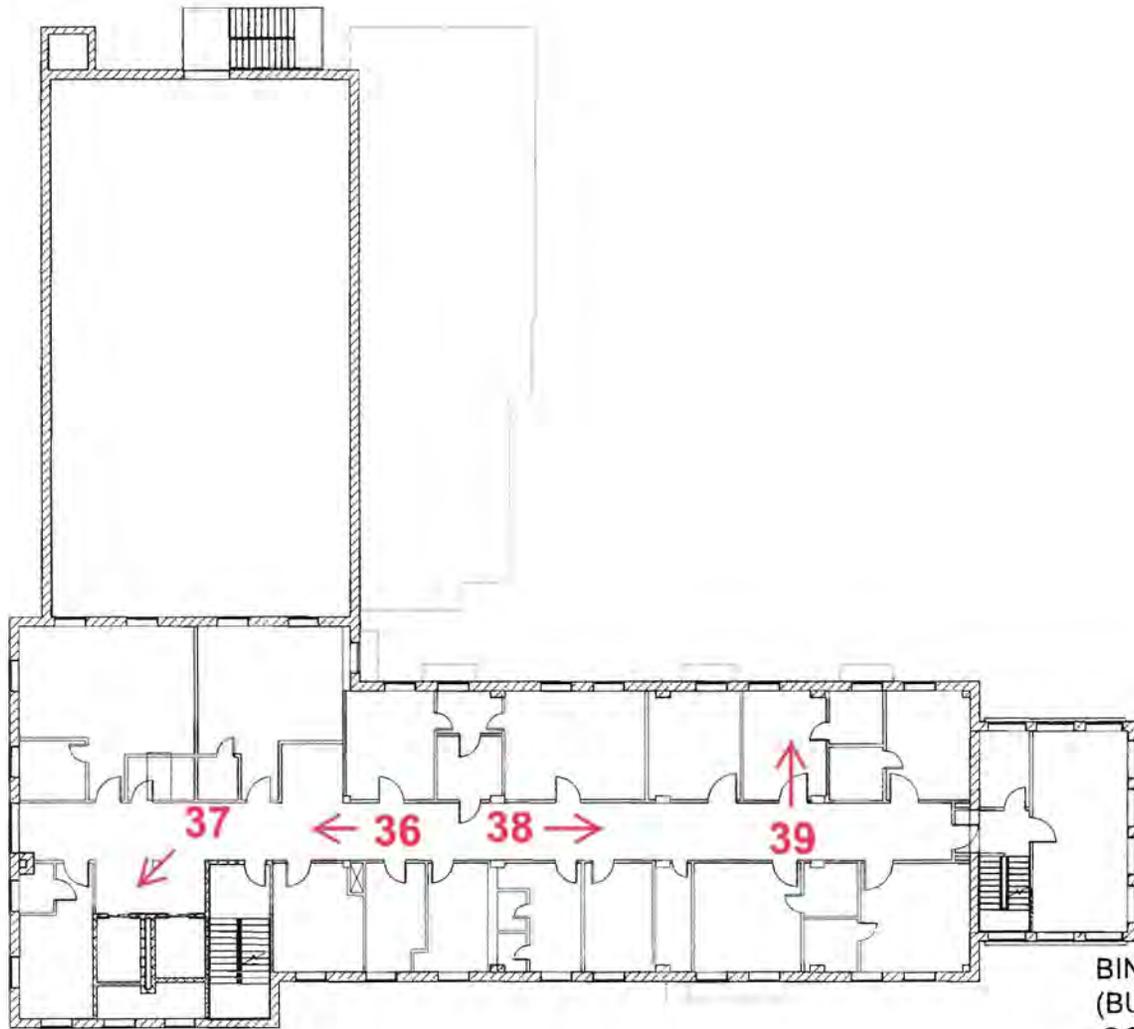




BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
2ND FLOOR

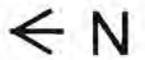
Orange Memorial Hospital
Historic District
Essex County, NJ

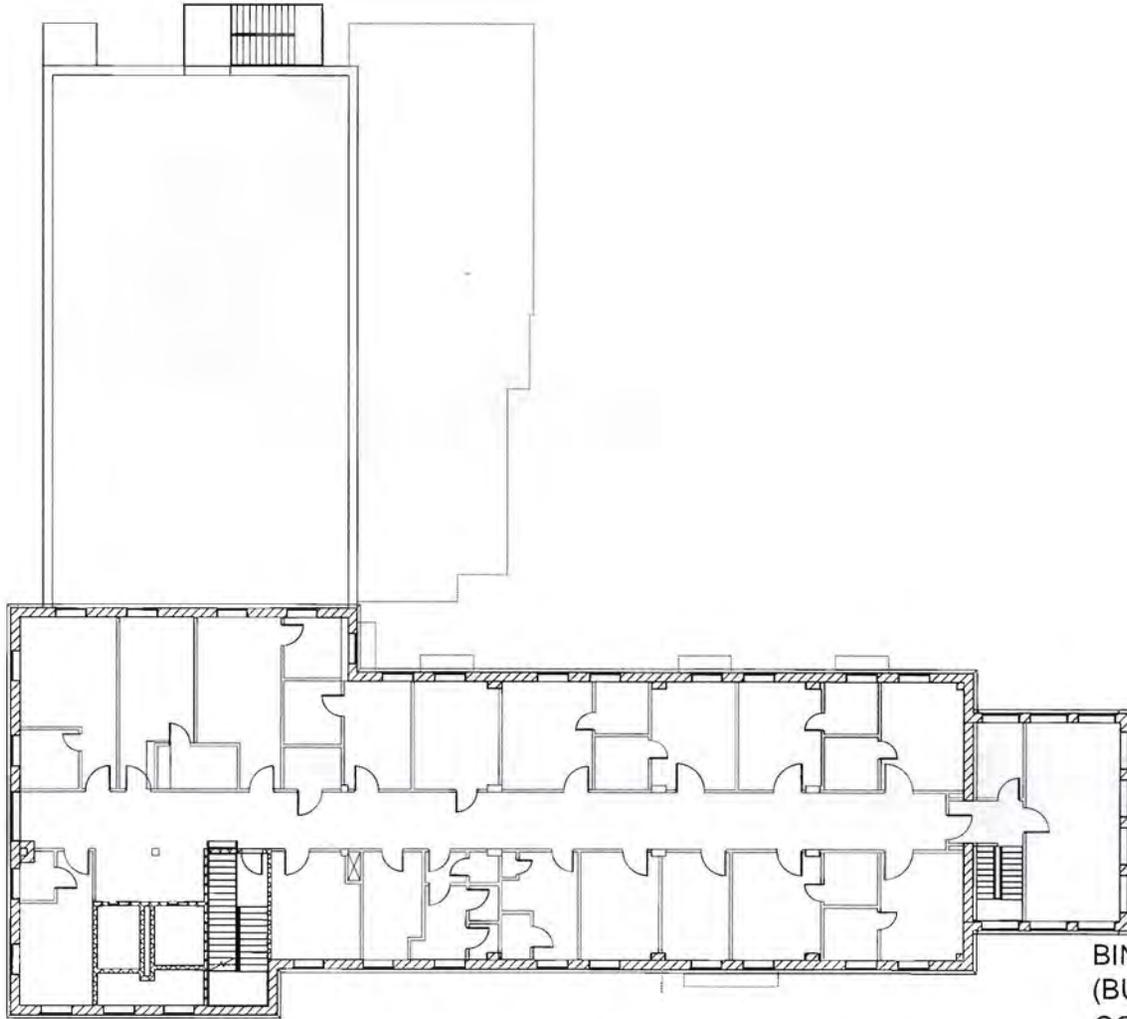




BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
3RD FLOOR

Orange Memorial Hospital
Historic District
Essex County, NJ

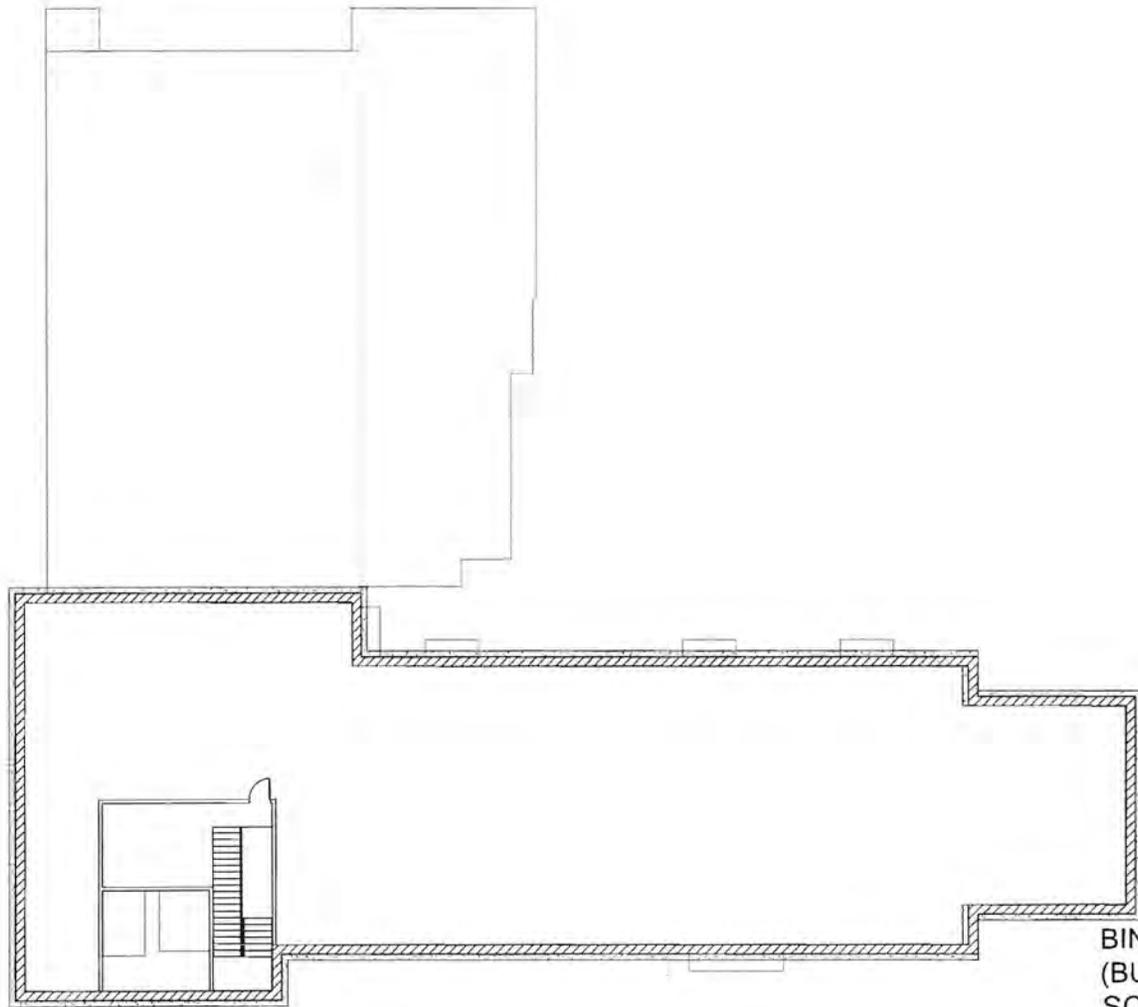




BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
4TH FLOOR

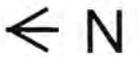
Orange Memorial Hospital
Historic District
Essex County, NJ

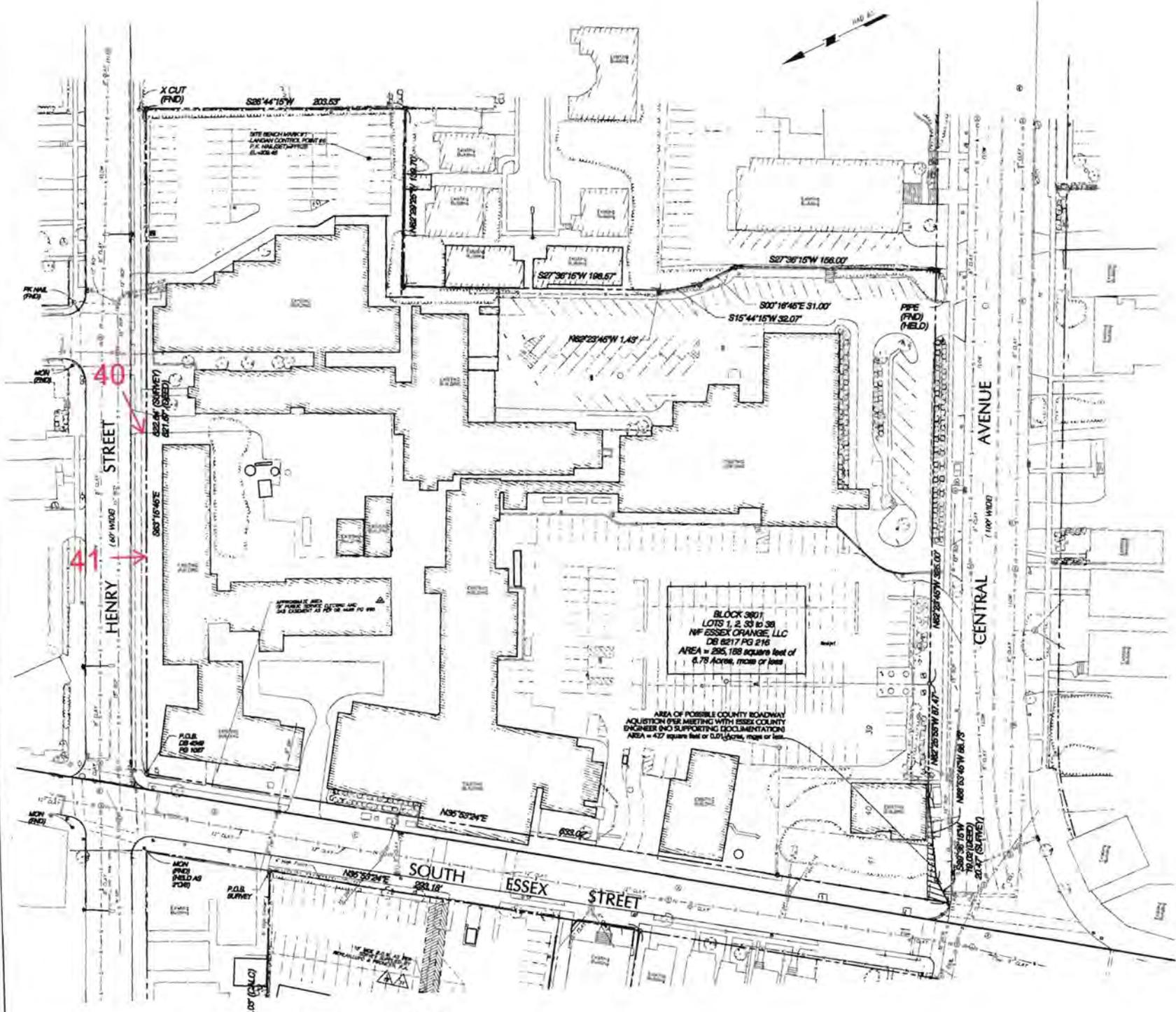




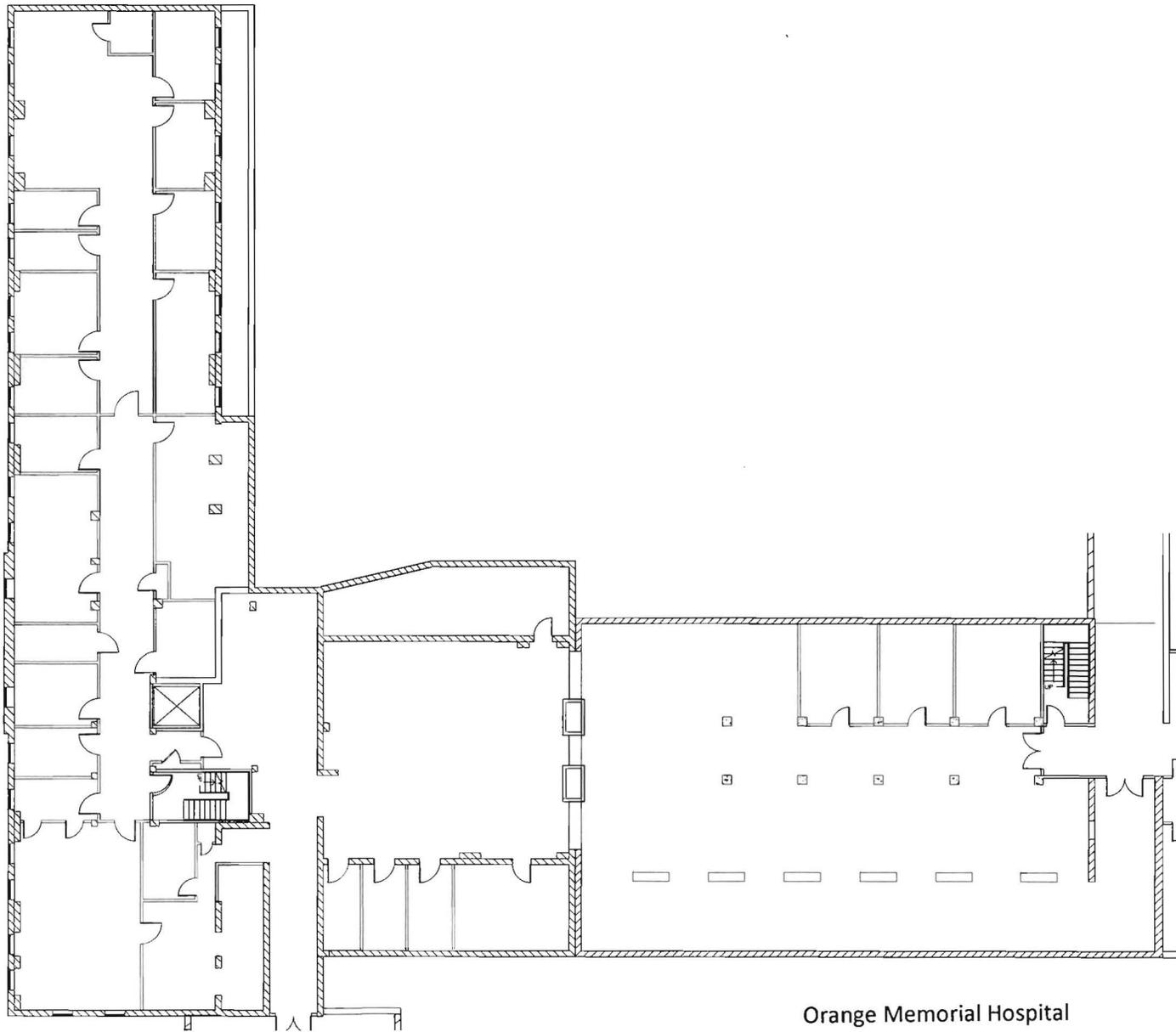
BINGHAM BUILDING
(BUILDING 4)
SCALE: 1/8" = 1'-0"
5TH FLOOR

Orange Memorial Hospital
Historic District
Essex County, NJ





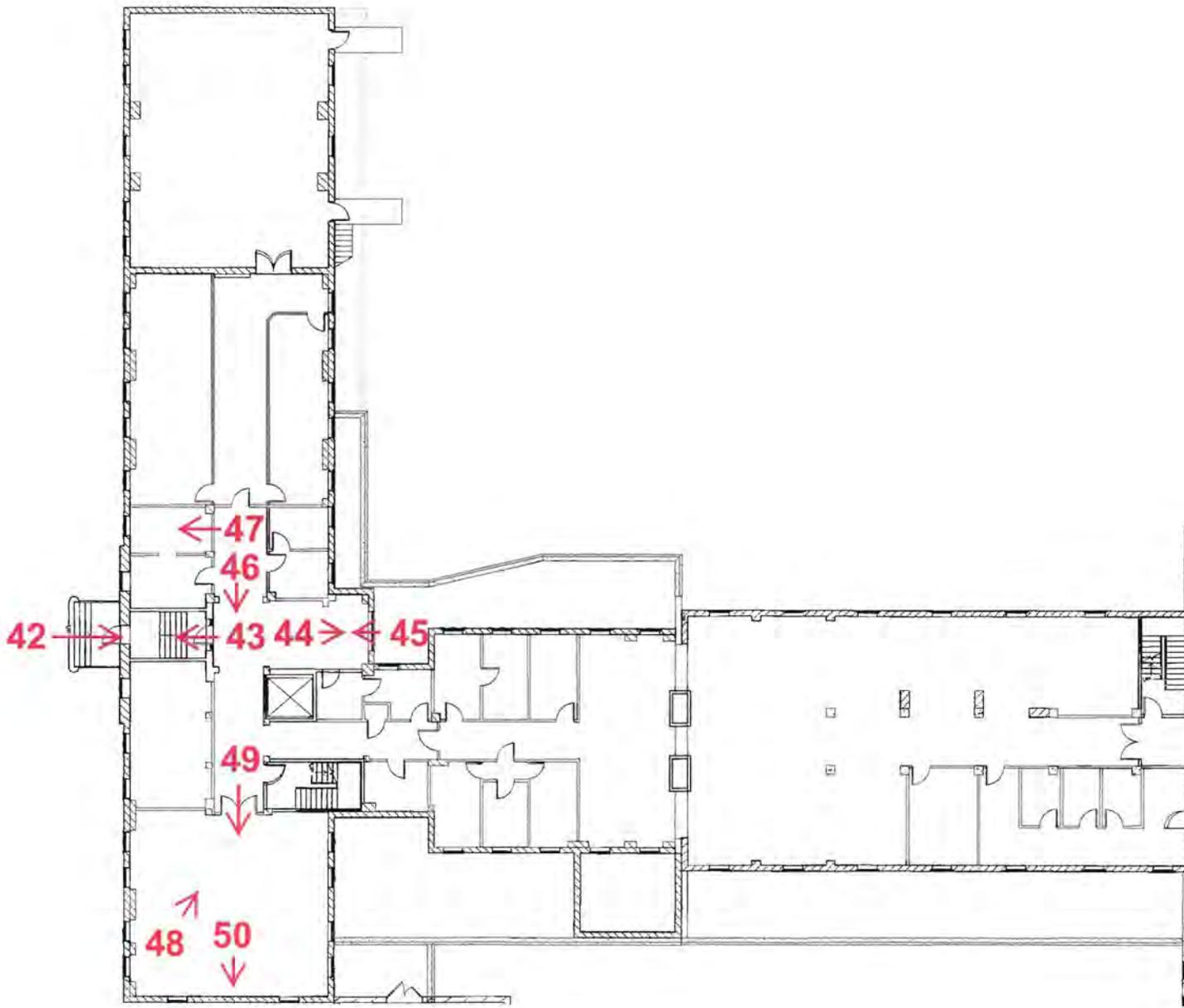
Orange Memorial Hospital Historic District
 Essex County, NJ
 Mary Austen Hall (Building 5) with Photograph Key



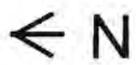
Orange Memorial Hospital
Historic District
Essex County, NJ

MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
BASEMENT/GROUND FLOOR

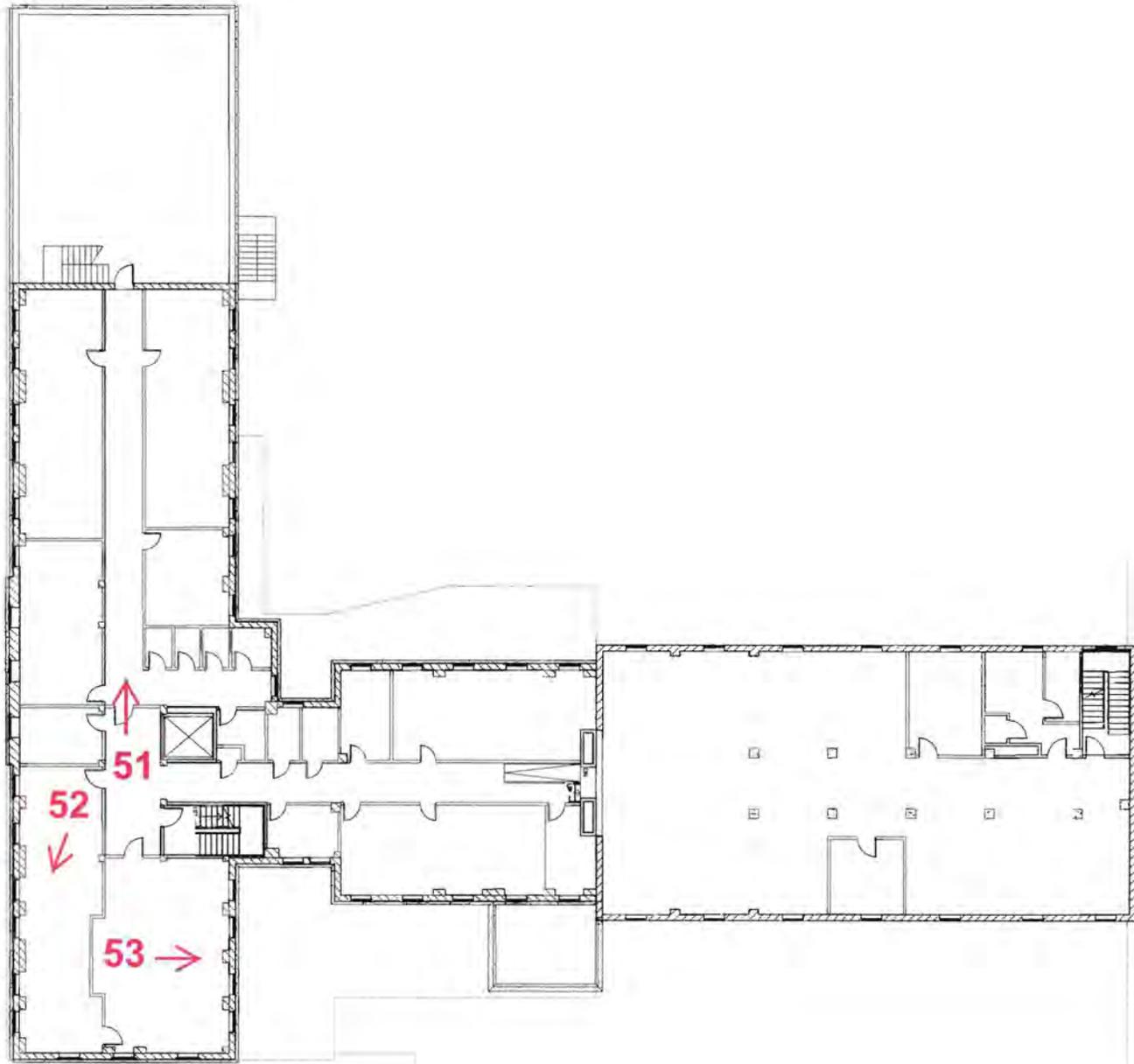




Orange Memorial Hospital
Historic District
Essex County, NJ



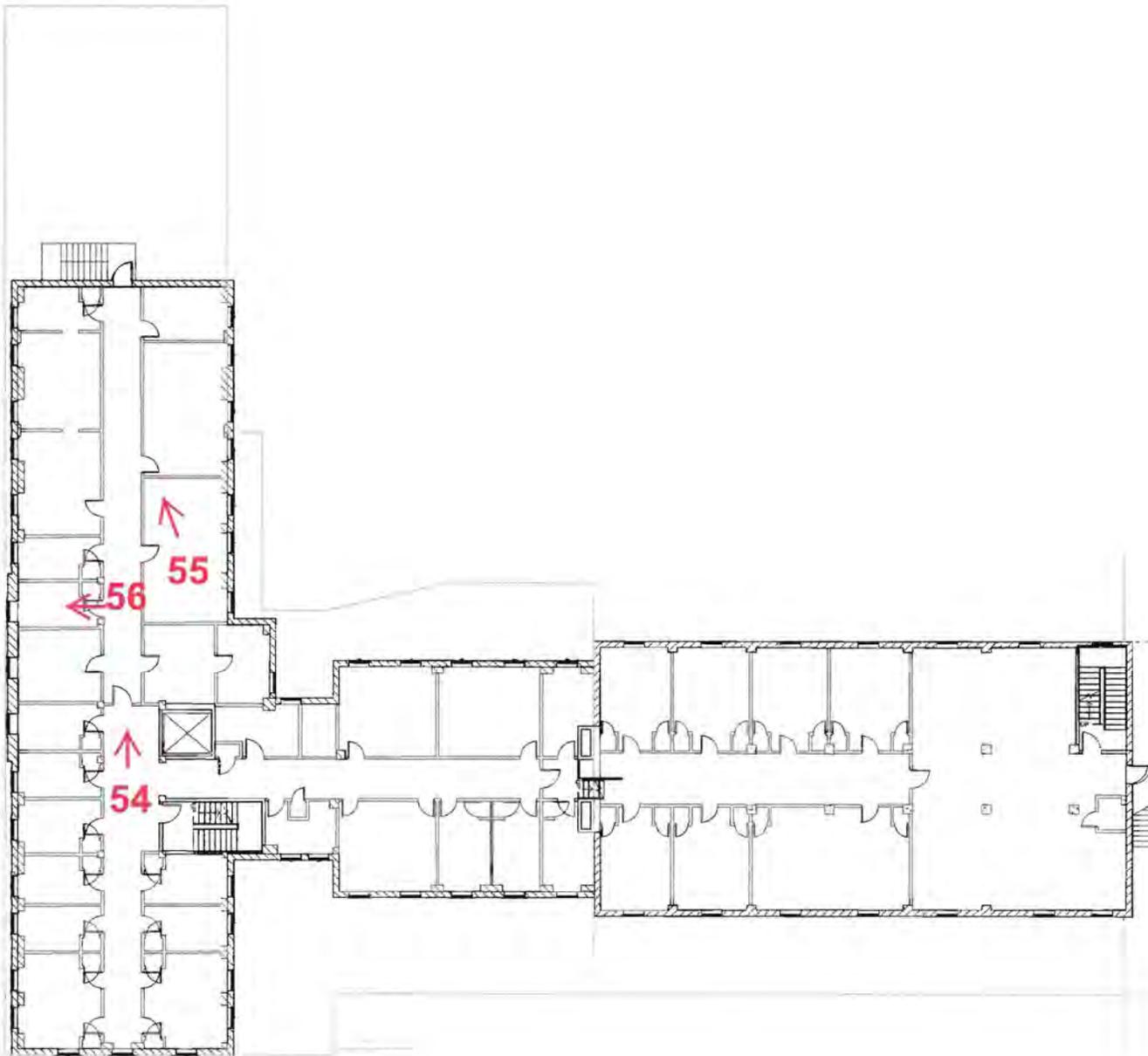
MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
1ST FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



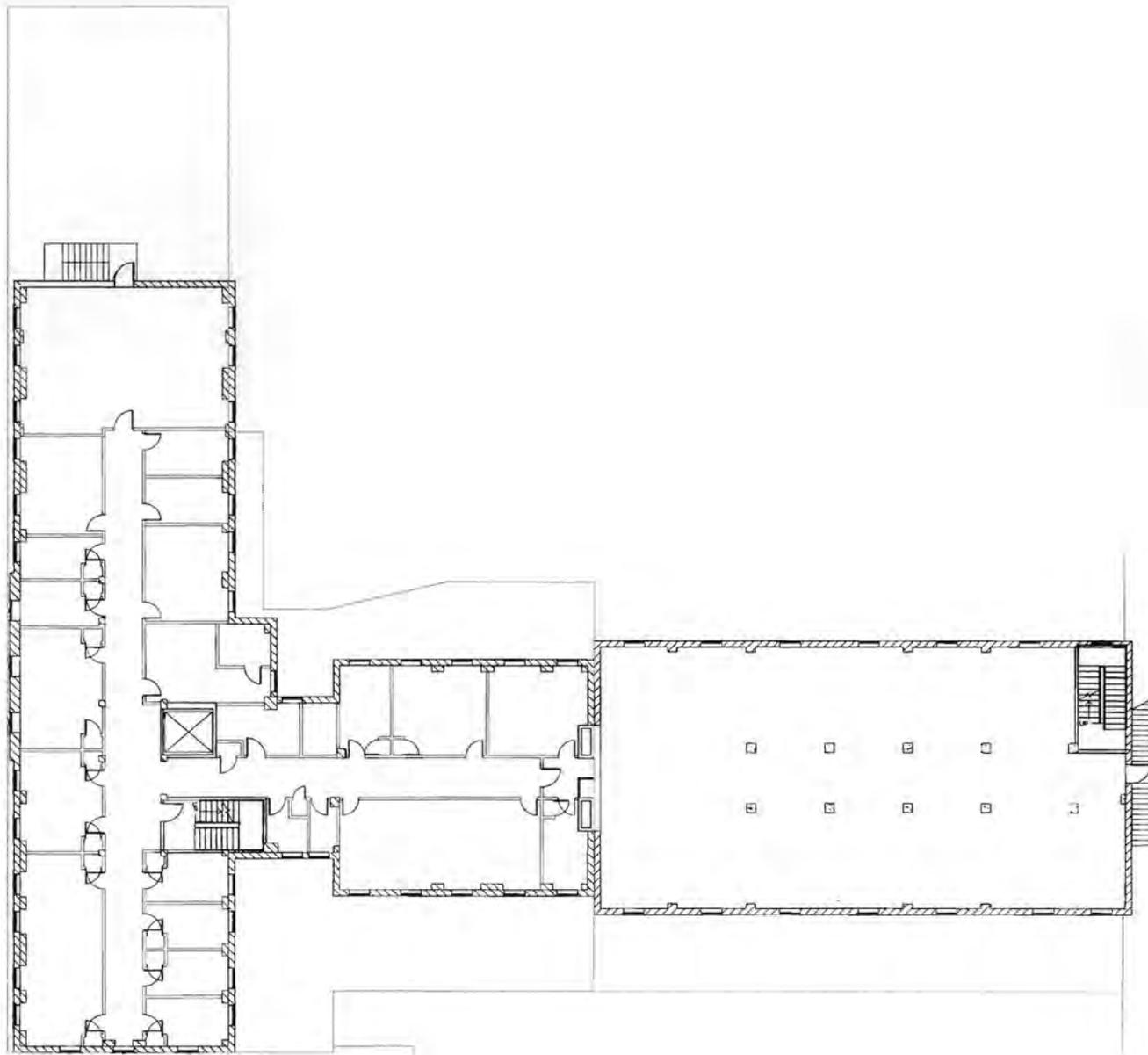
MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
2ND FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



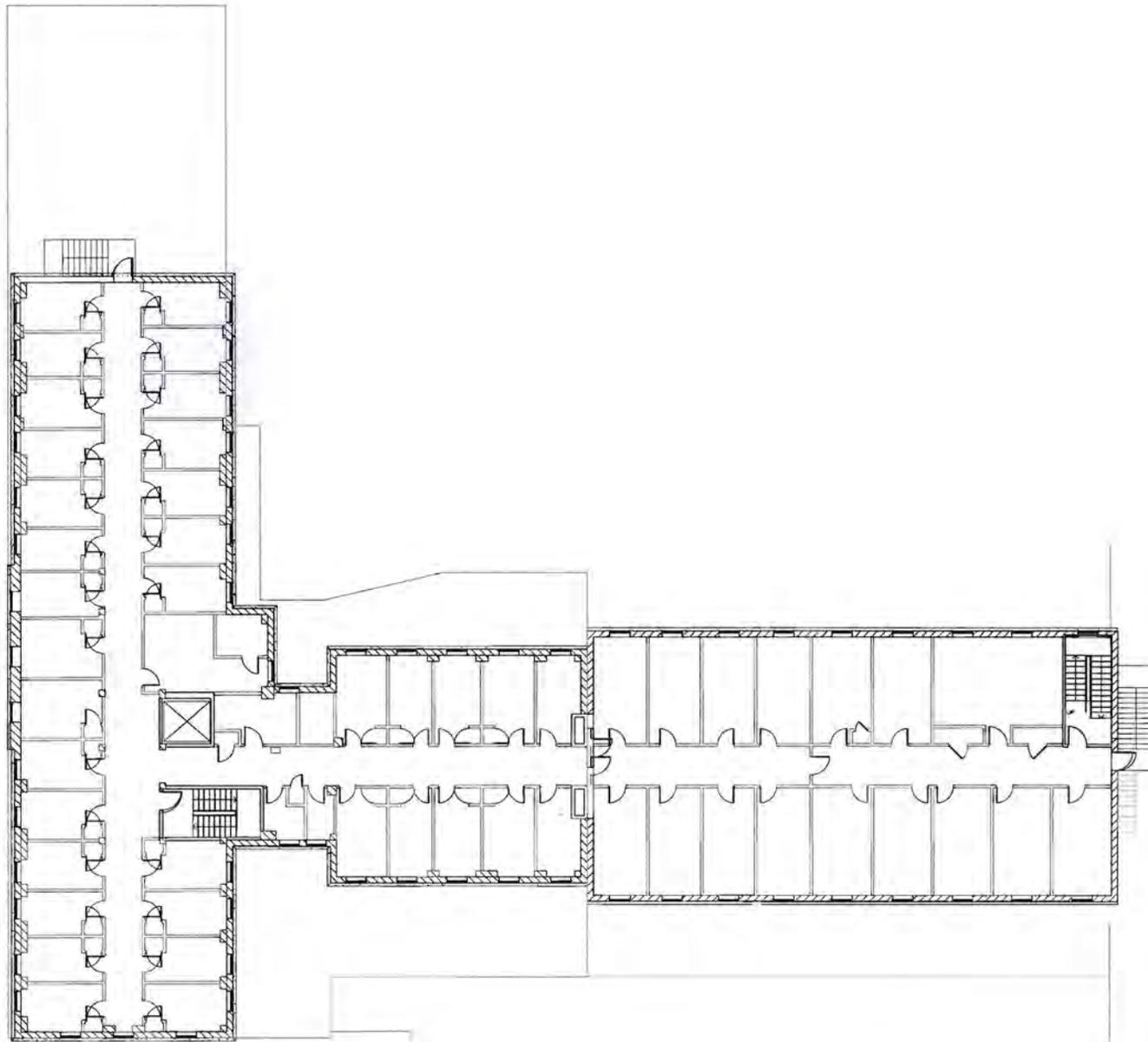
MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
3RD FLOOR



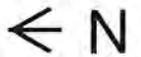
Orange Memorial Hospital
Historic District
Essex County, NJ



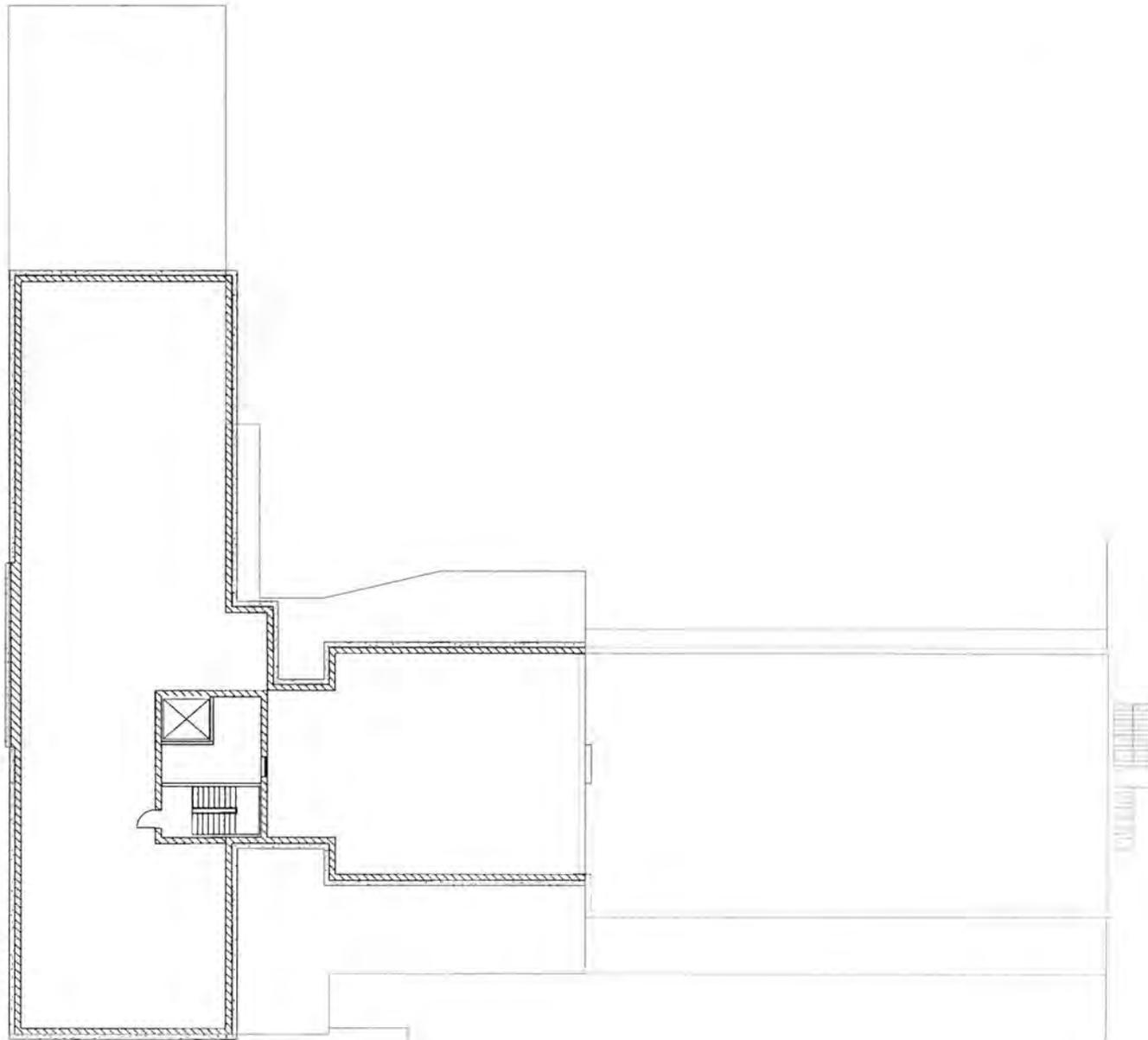
MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
4TH FLOOR



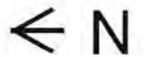
Orange Memorial Hospital
Historic District
Essex County, NJ



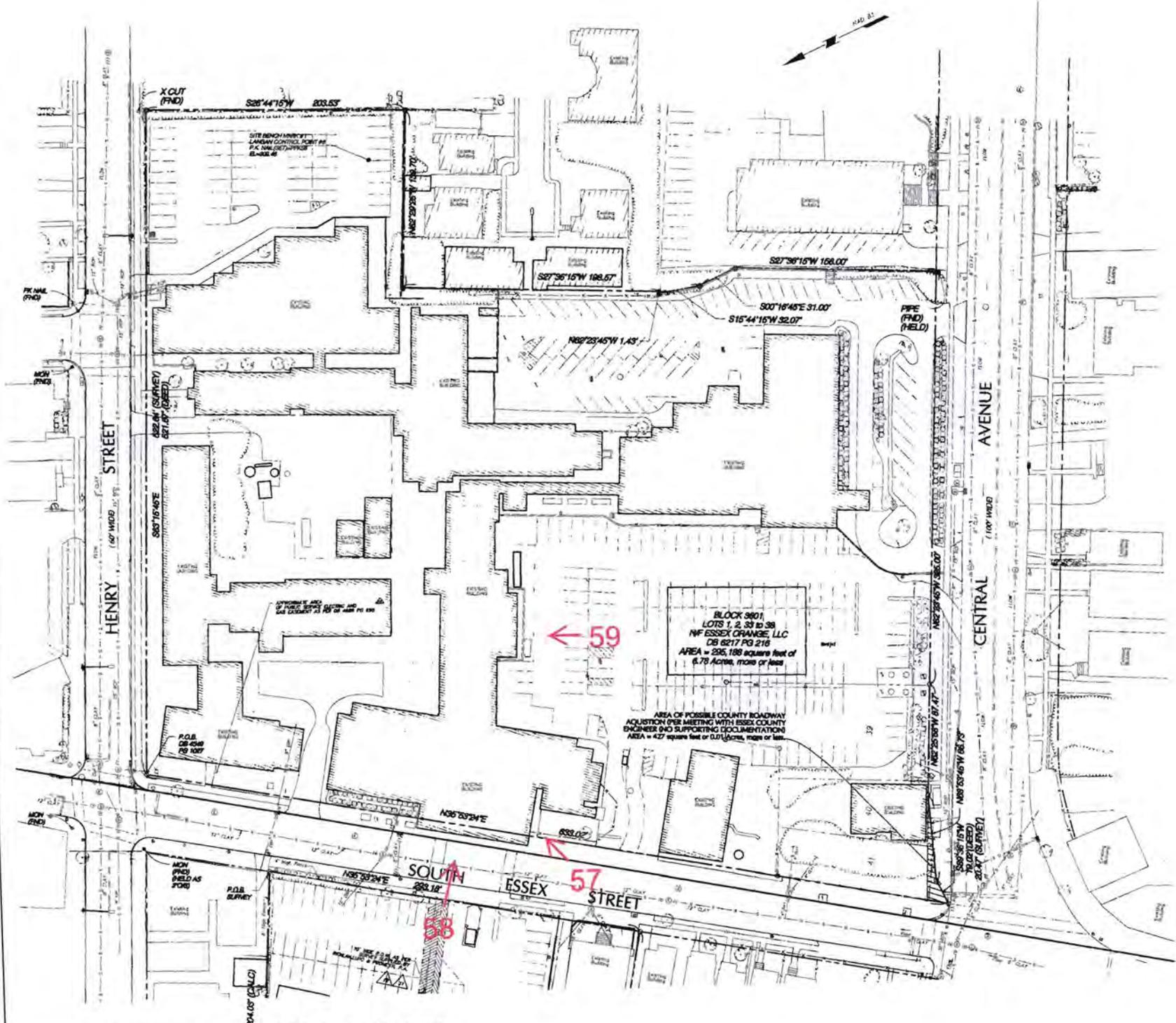
MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
5TH FLOOR



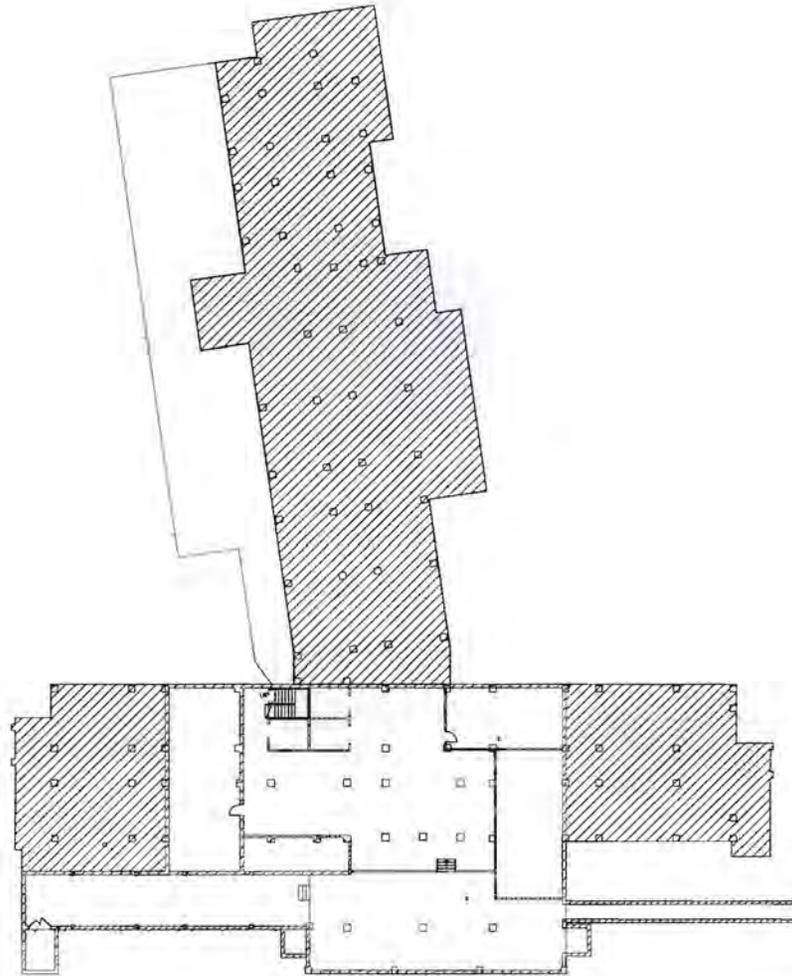
Orange Memorial Hospital
Historic District
Essex County, NJ



MARY AUSTEN HALL
(BUILDING 5)
SCALE: 1/8" = 1'-0"
6TH FLOOR

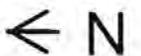


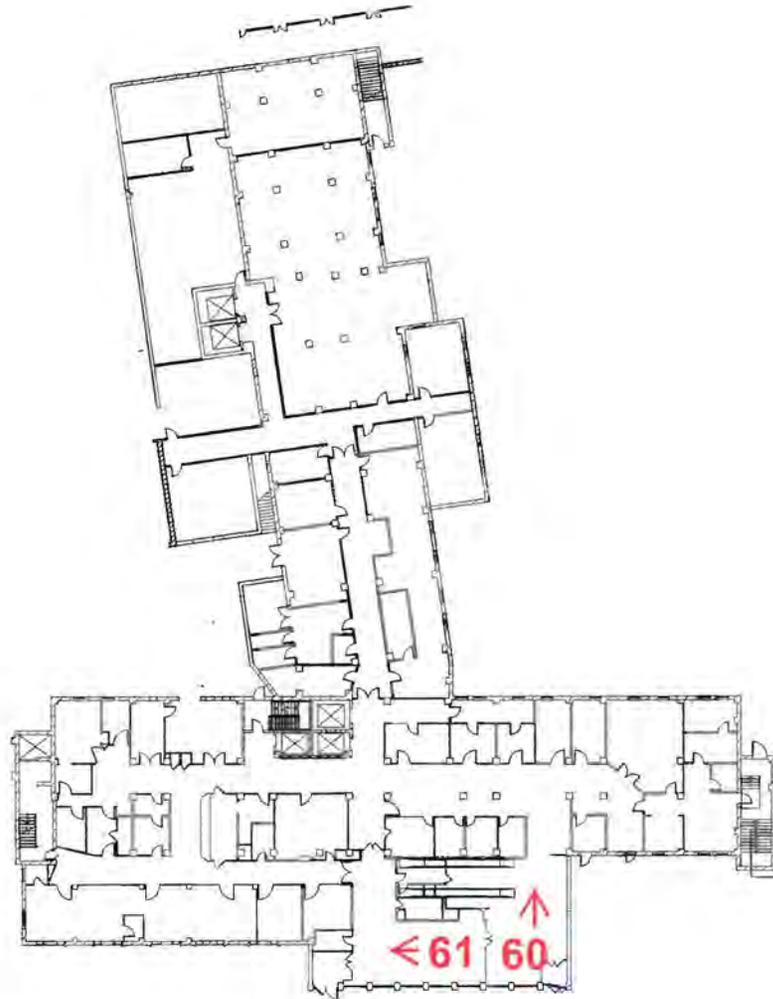
Orange Memorial Hospital Historic District
 Essex County, NJ
 Medical and Surgical Building (Building 6) with Photograph Key



Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
CELLAR

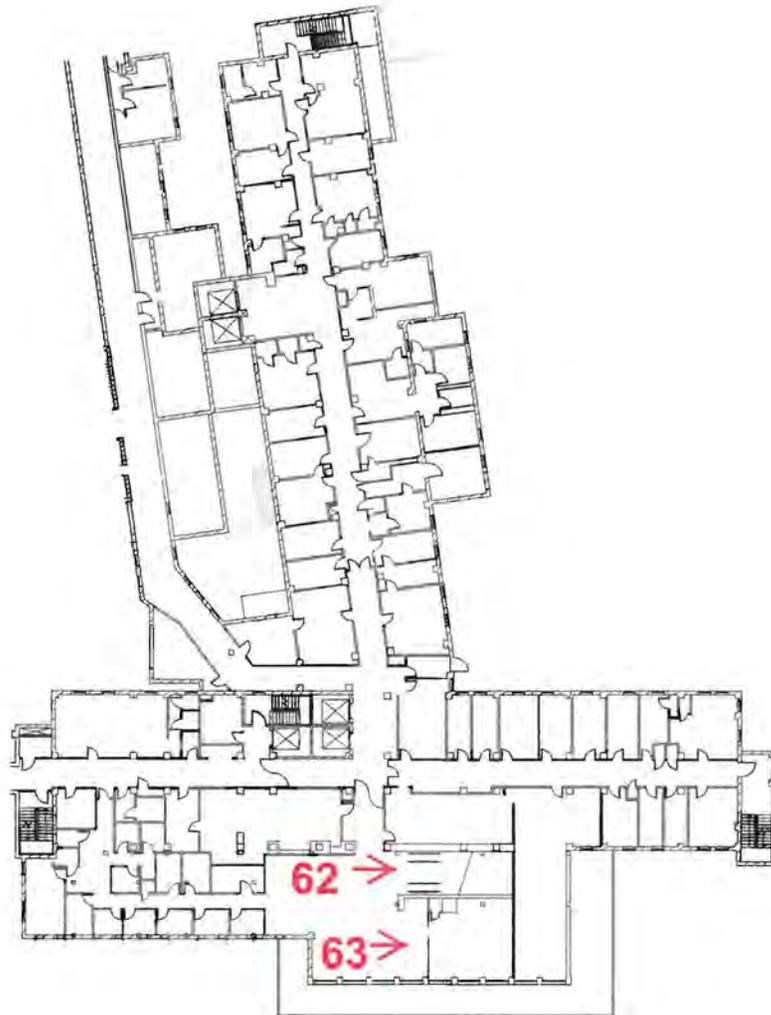




Orange Memorial Hospital
Historic District
Essex County, NJ



MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
BASEMENT/GROUND FLOOR



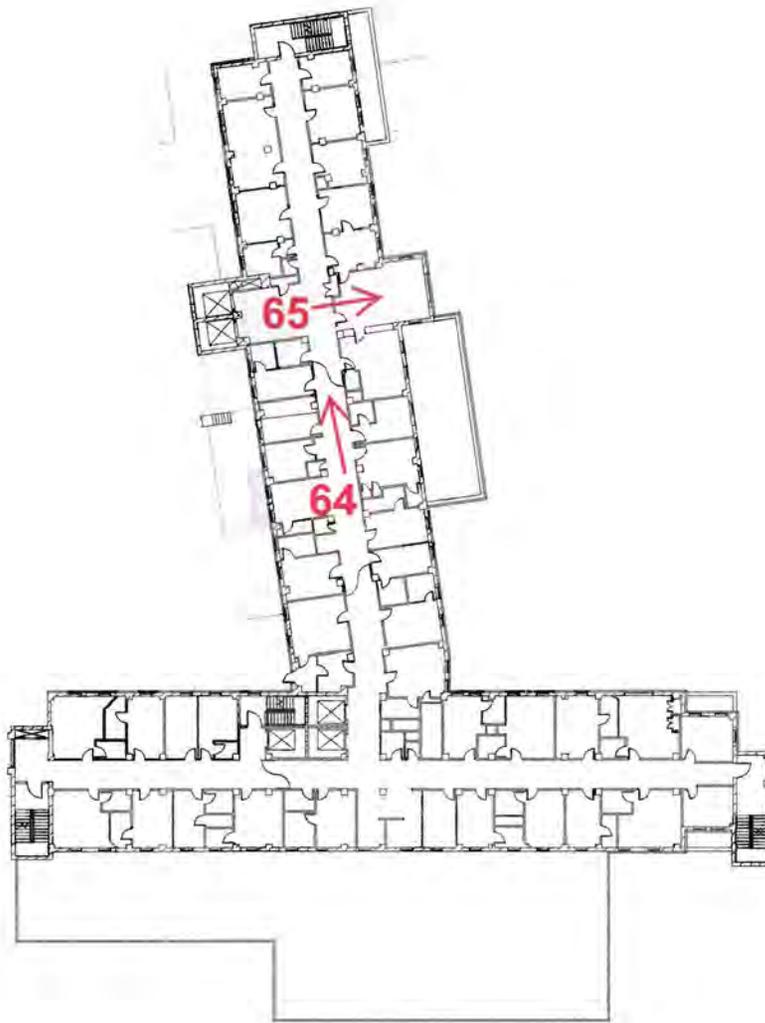
Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)

SCALE: 1/16" = 1'-0"

1ST FLOOR

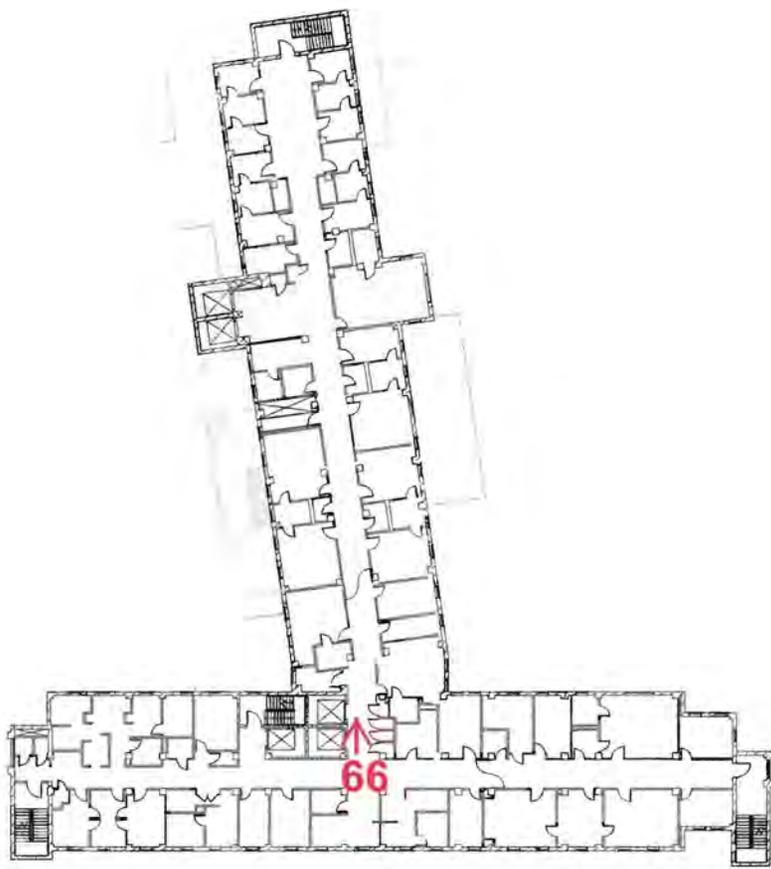




Orange Memorial Hospital
Historic District
Essex County, NJ

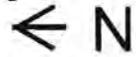
MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
2ND FLOOR

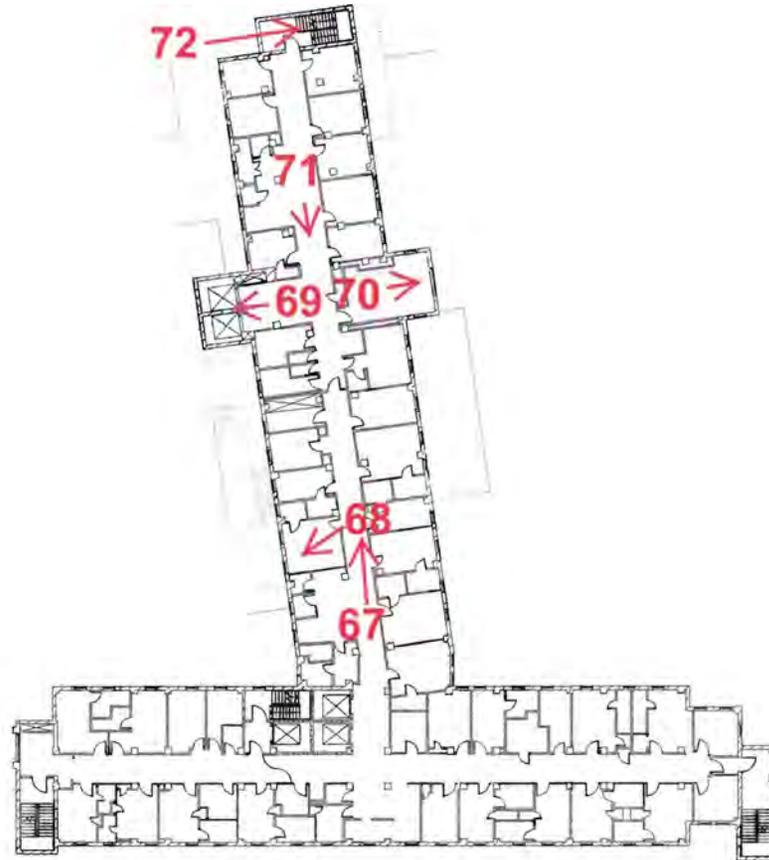




Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
3RD FLOOR

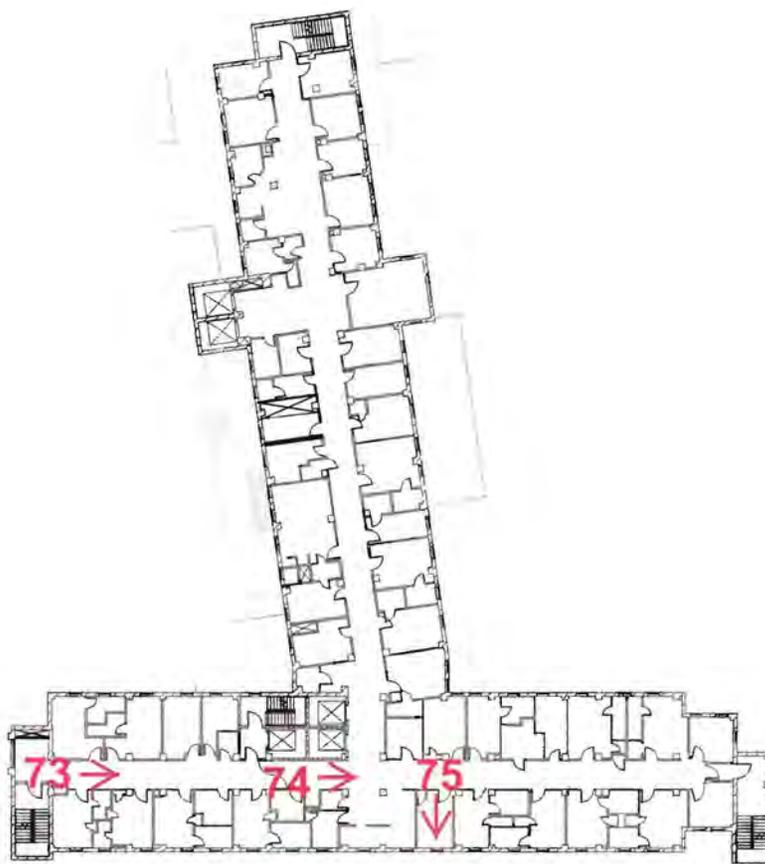




Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
4TH FLOOR

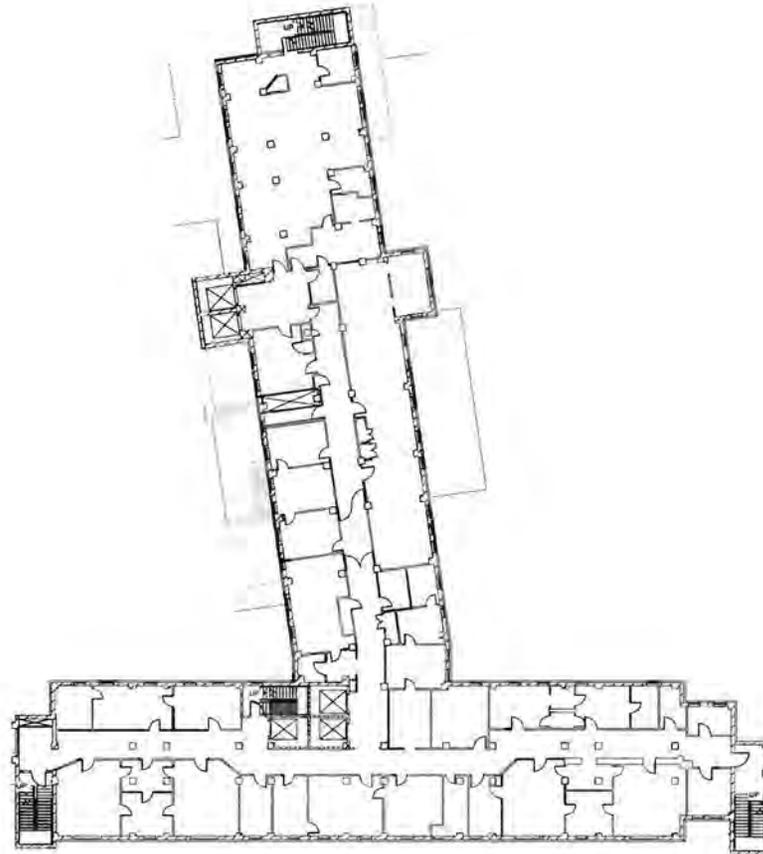




Orange Memorial Hospital
Historic District
Essex County, NJ

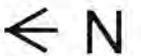
MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
5TH FLOOR

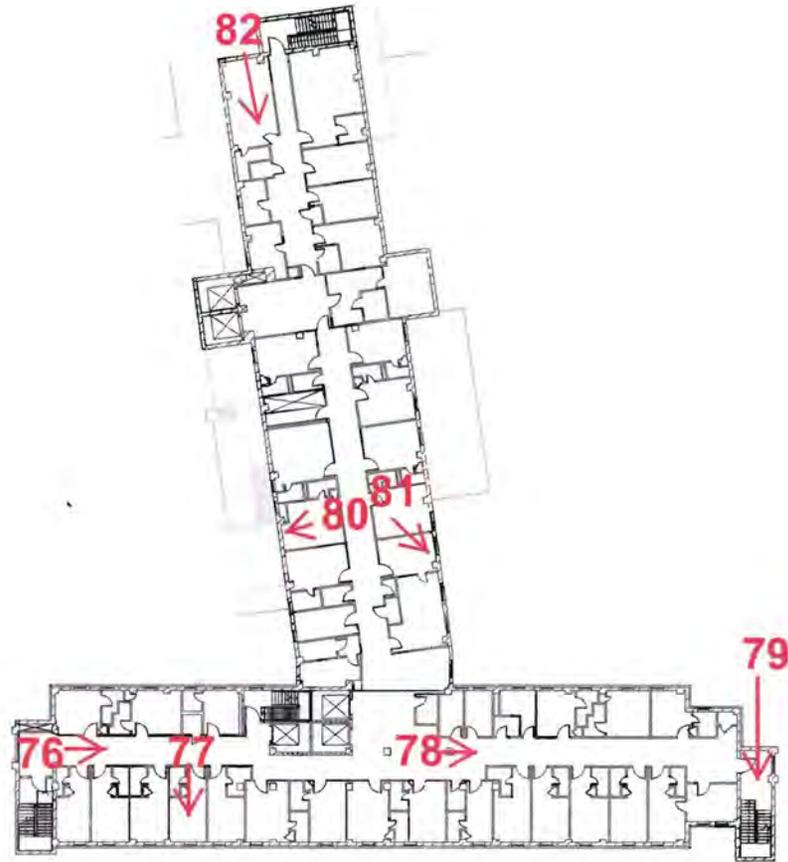




Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)
SCALE: 1/16" = 1'-0"
6TH FLOOR





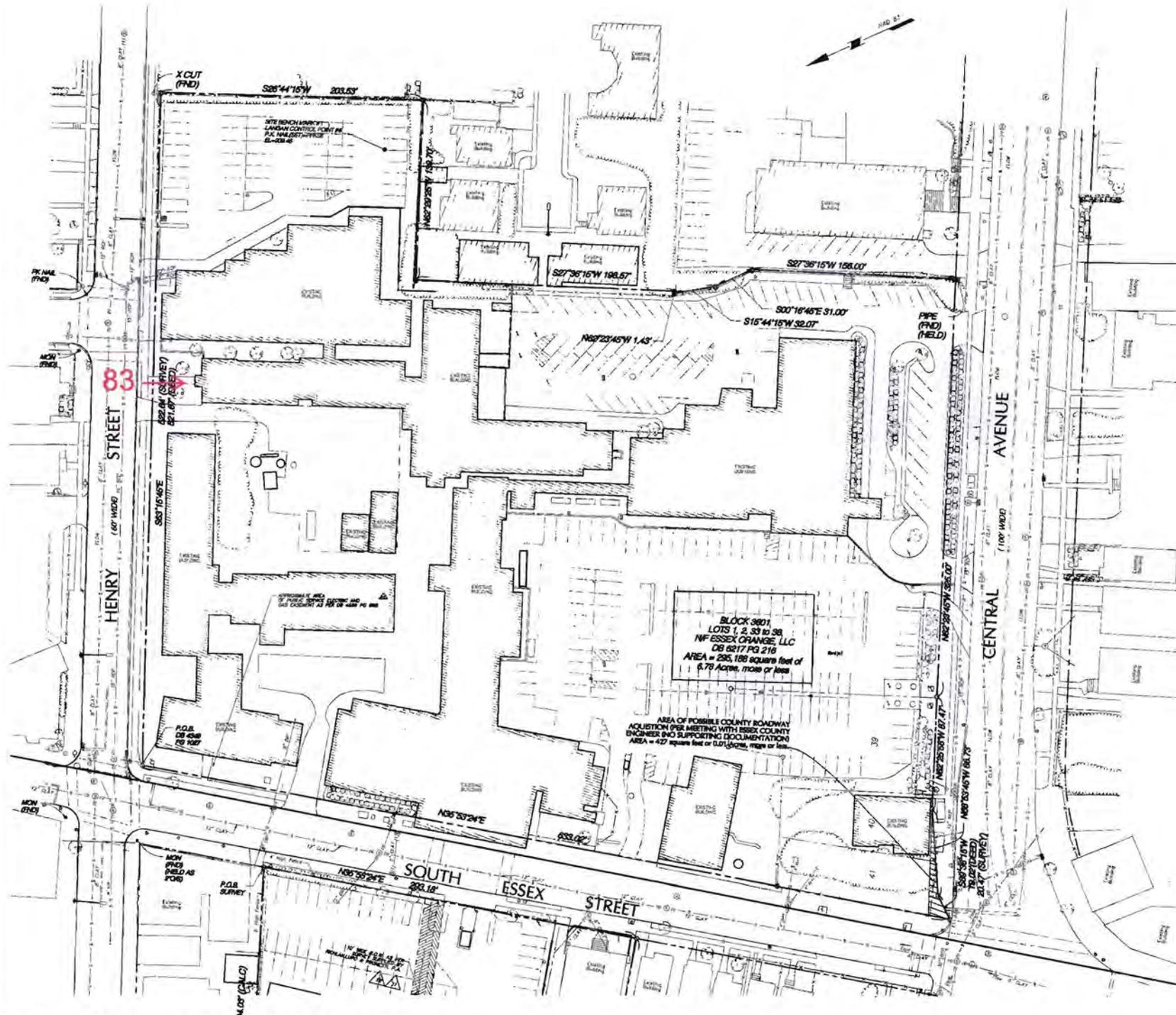
Orange Memorial Hospital
Historic District
Essex County, NJ

MEDICAL AND SURGICAL
BUILDING (BUILDING 6)

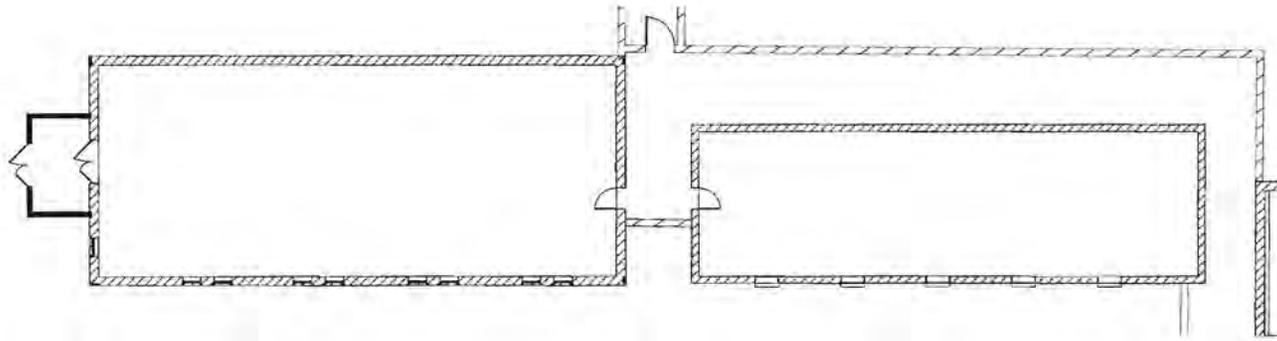
SCALE: 1/16" = 1'-0"

7TH FLOOR



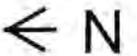


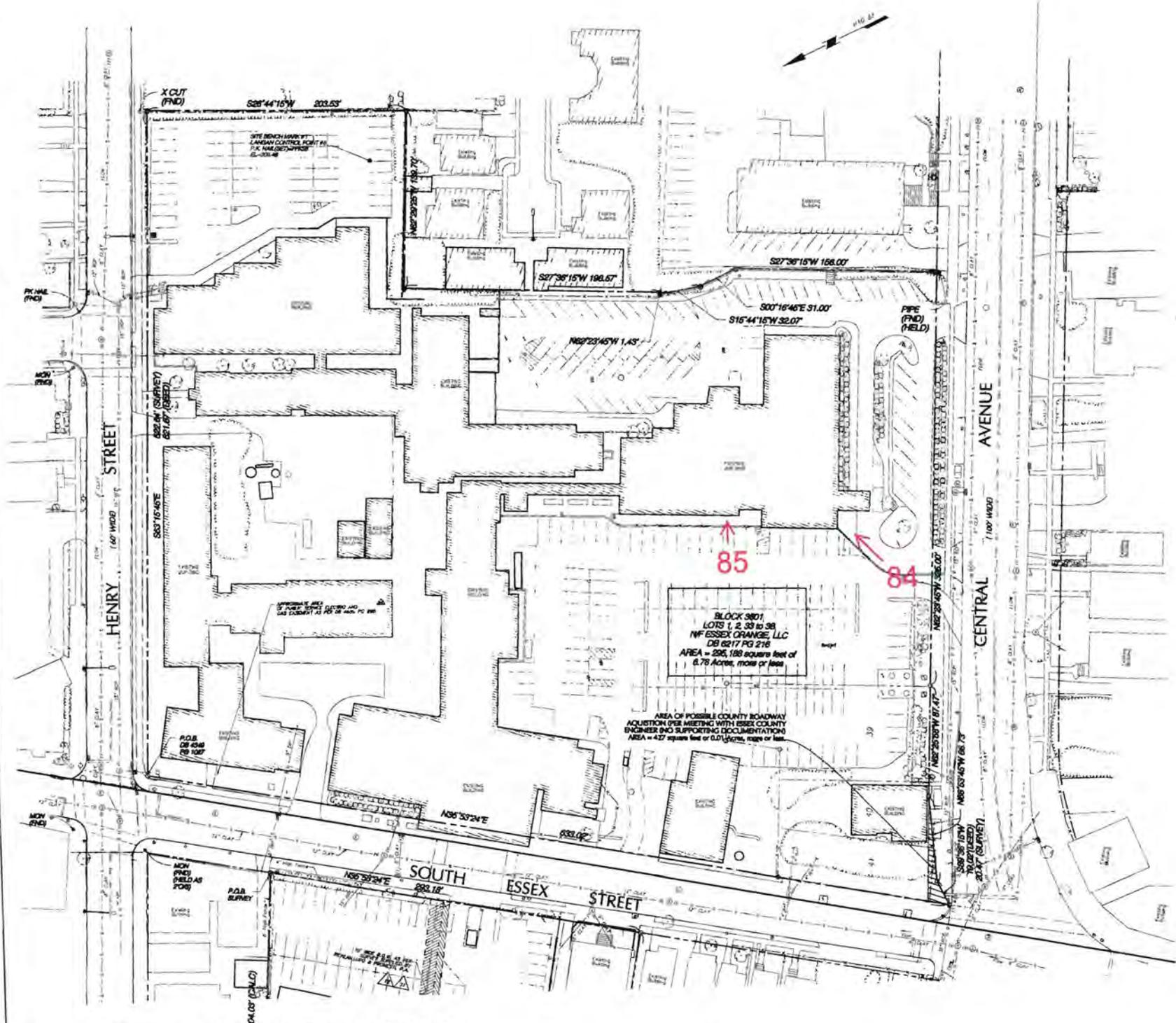
Orange Memorial Hospital Historic District
 Essex County, NJ
 Metcalf Foundation Institute (Building 7) with Photograph Key



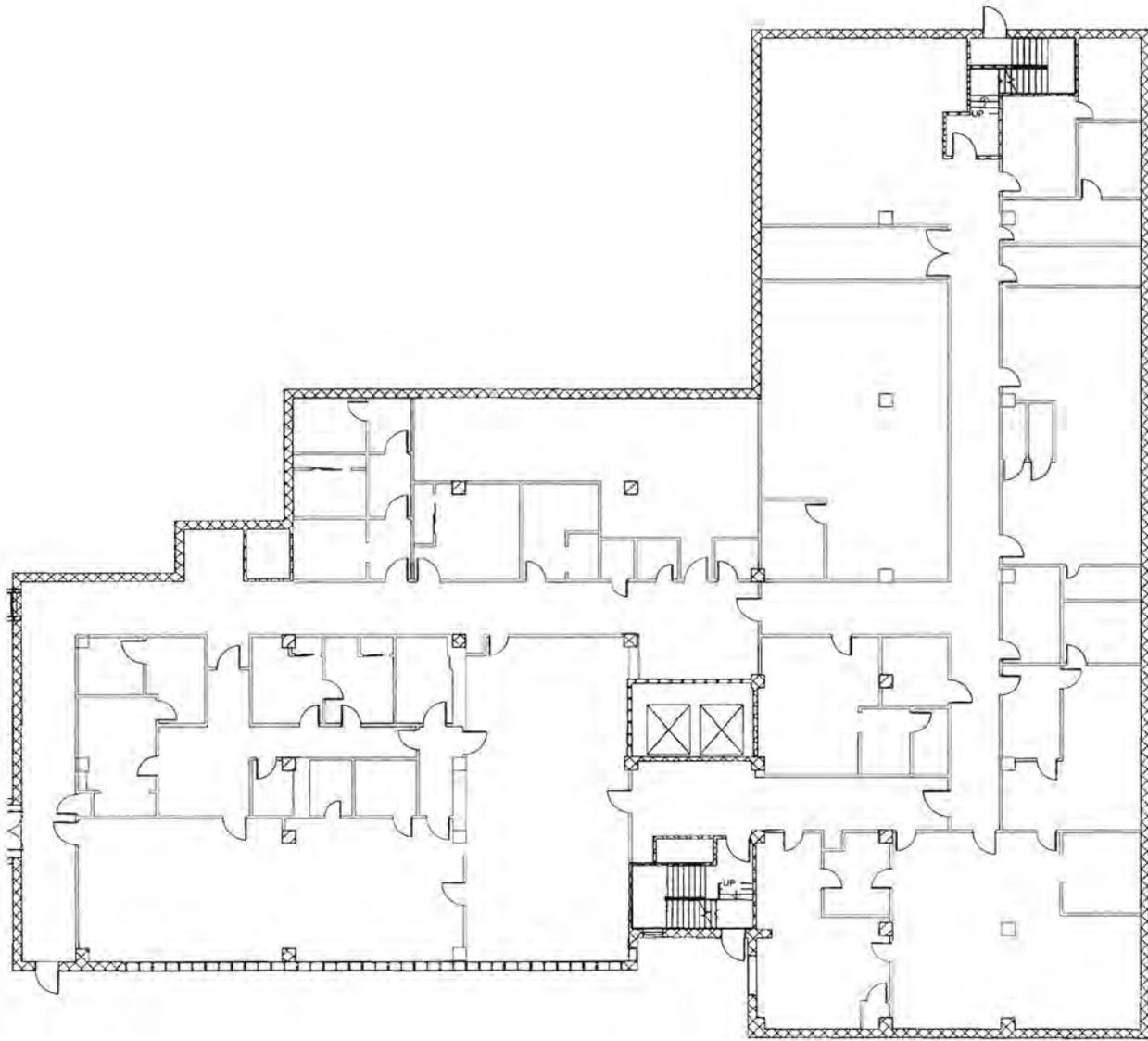
METCALF FOUNDATION
INSTITUTE (BUILDING 7)
SCALE: 1/8" = 1'-0"
GROUND FLOOR

Orange Memorial Hospital
Historic District
Essex County, NJ

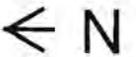




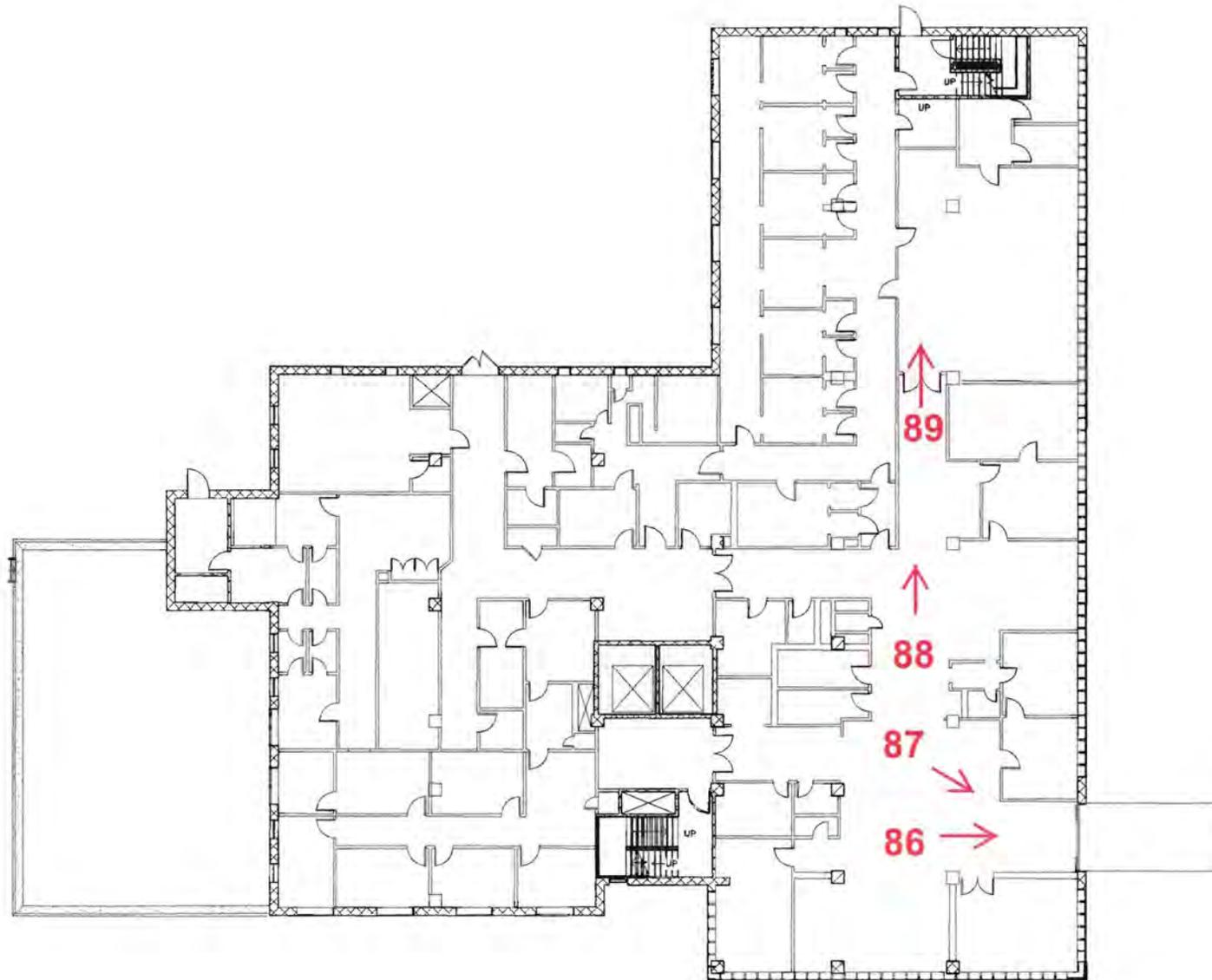
Orange Memorial Hospital Historic District
 Essex County, NJ
 Orthopedic Hospital (Building 8) with Photograph Key



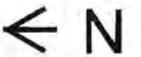
Orange Memorial Hospital
Historic District
Essex County, NJ



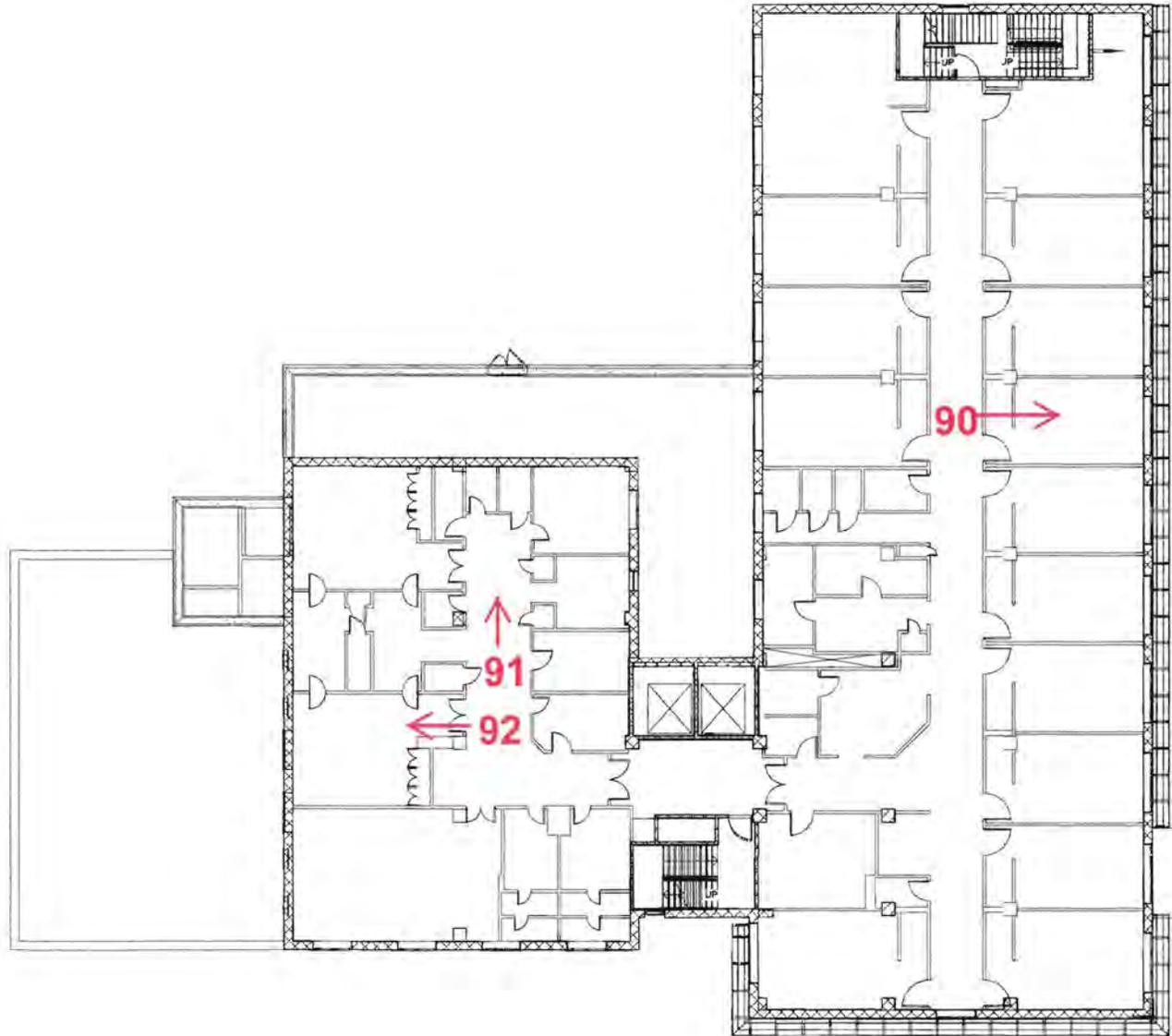
ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
BASEMENT/GROUND FLOOR



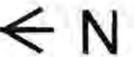
Orange Memorial Hospital
Historic District
Essex County, NJ



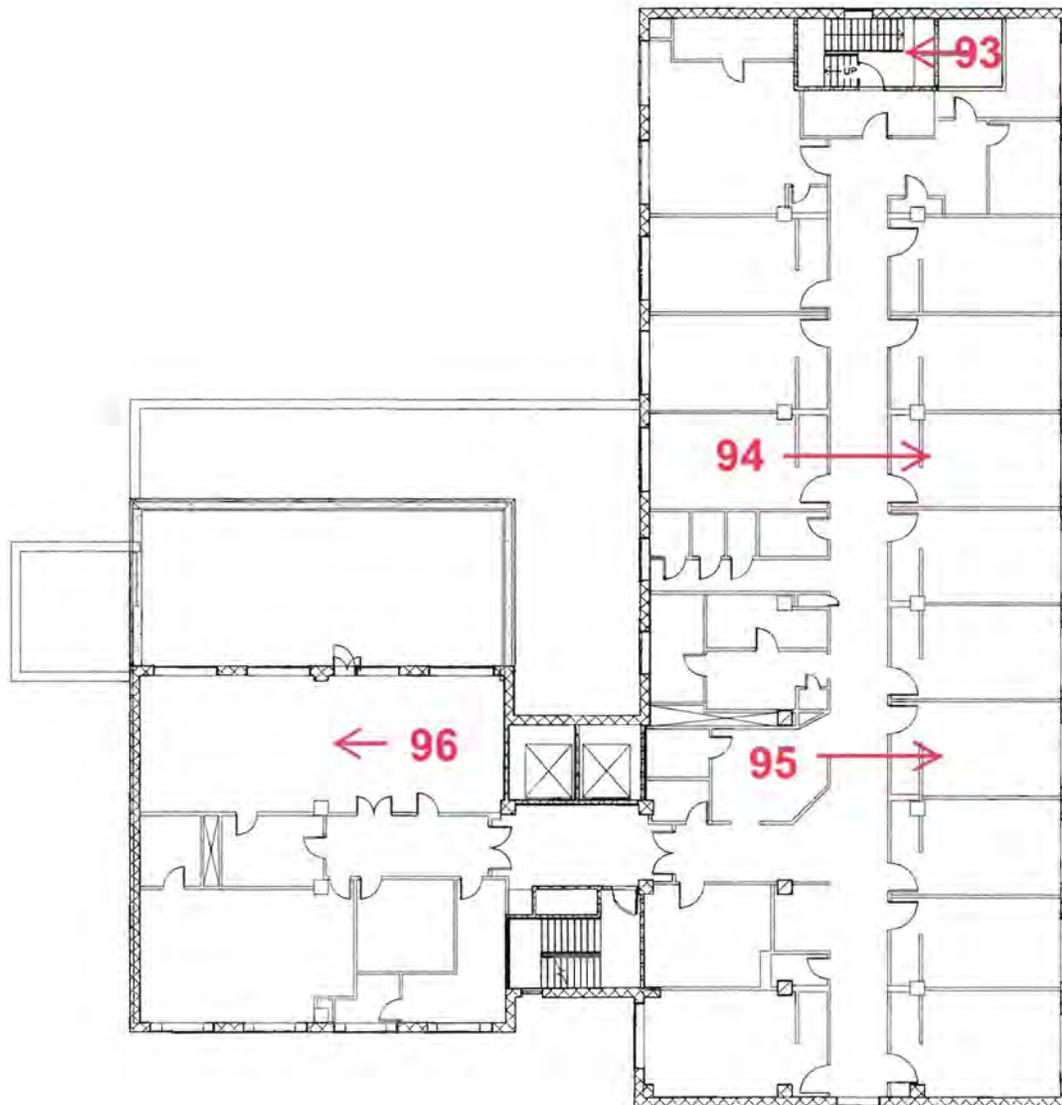
ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
1ST FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



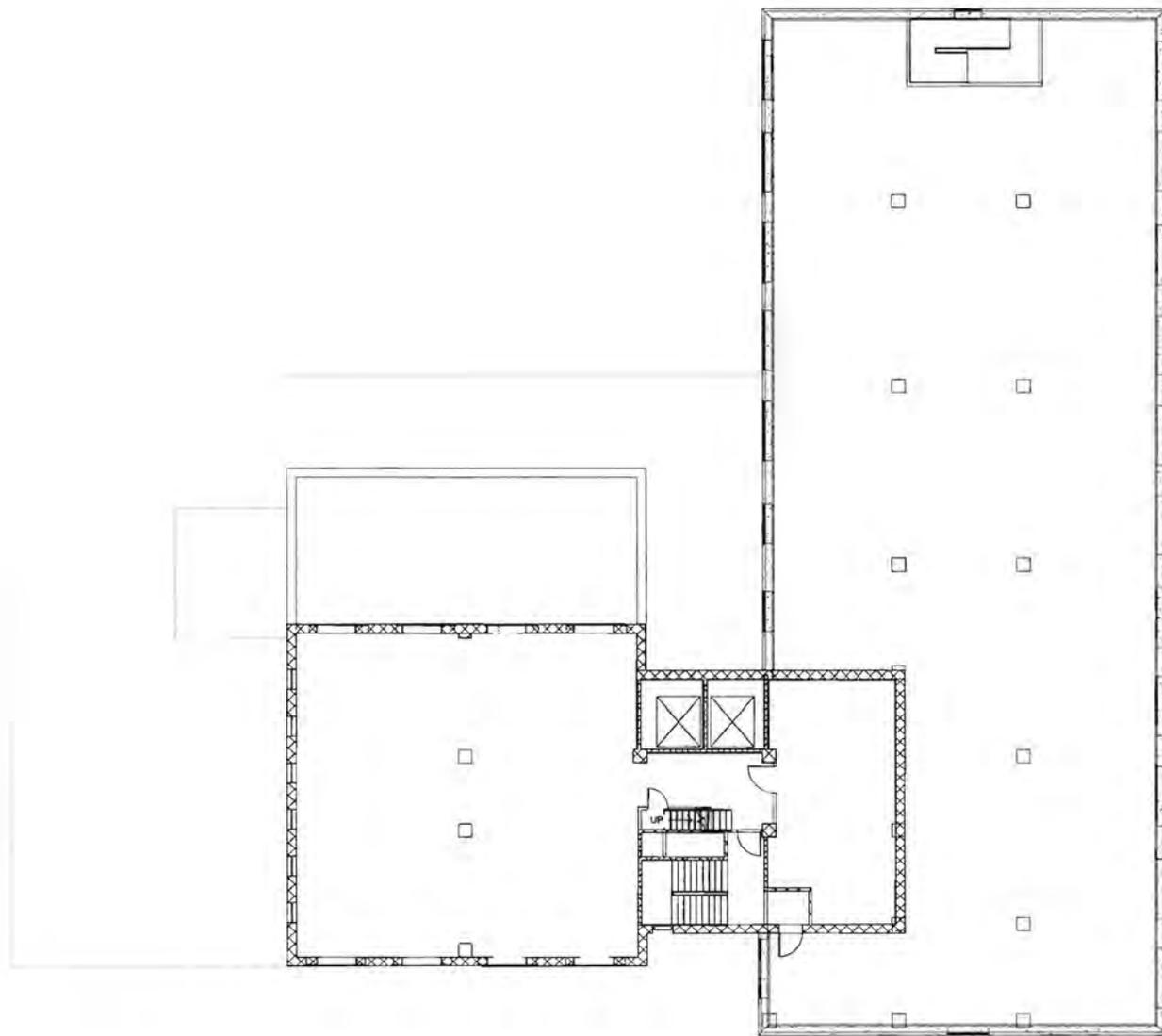
ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
2ND FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



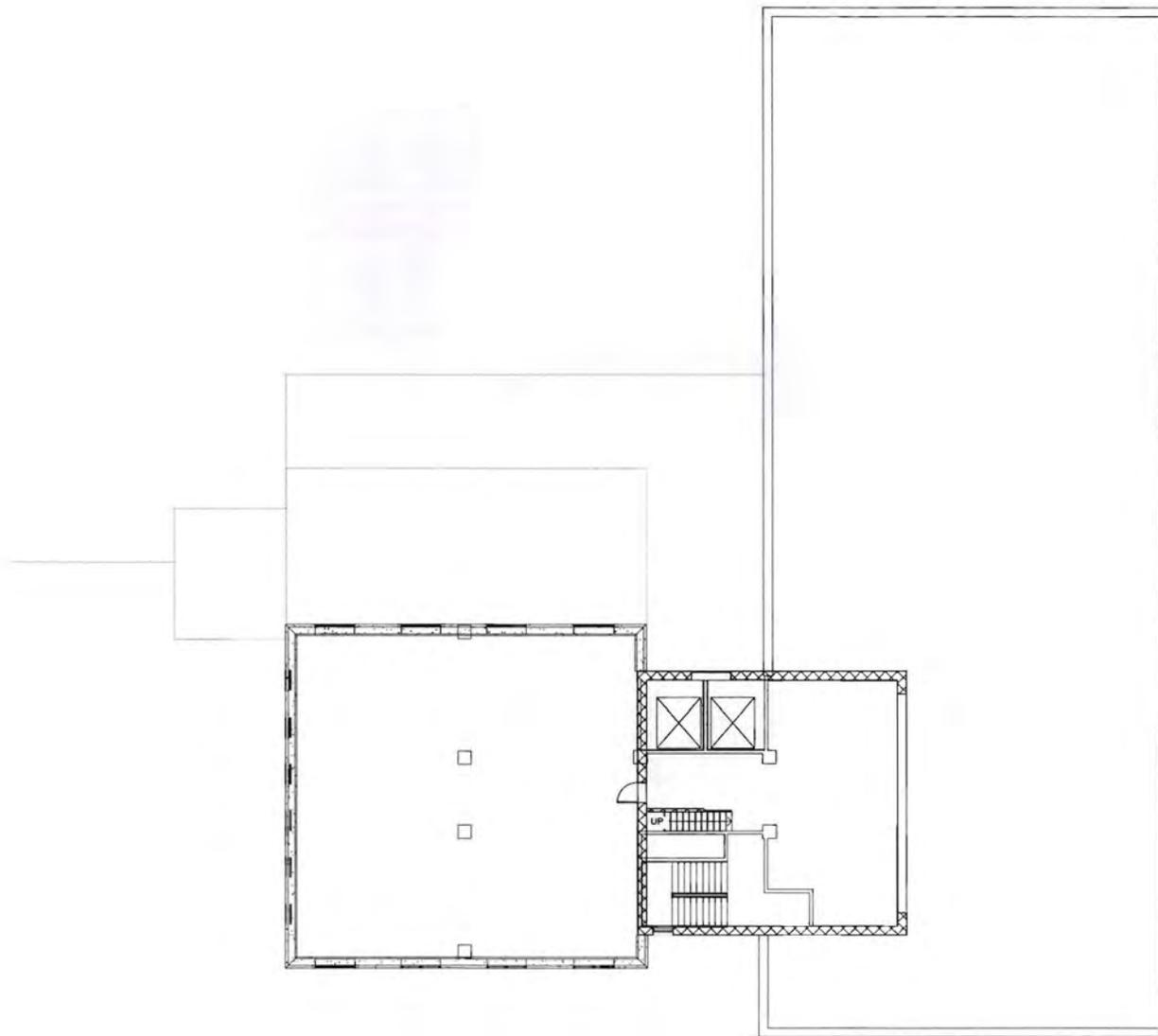
ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
3RD FLOOR



Orange Memorial Hospital
Historic District
Essex County, NJ



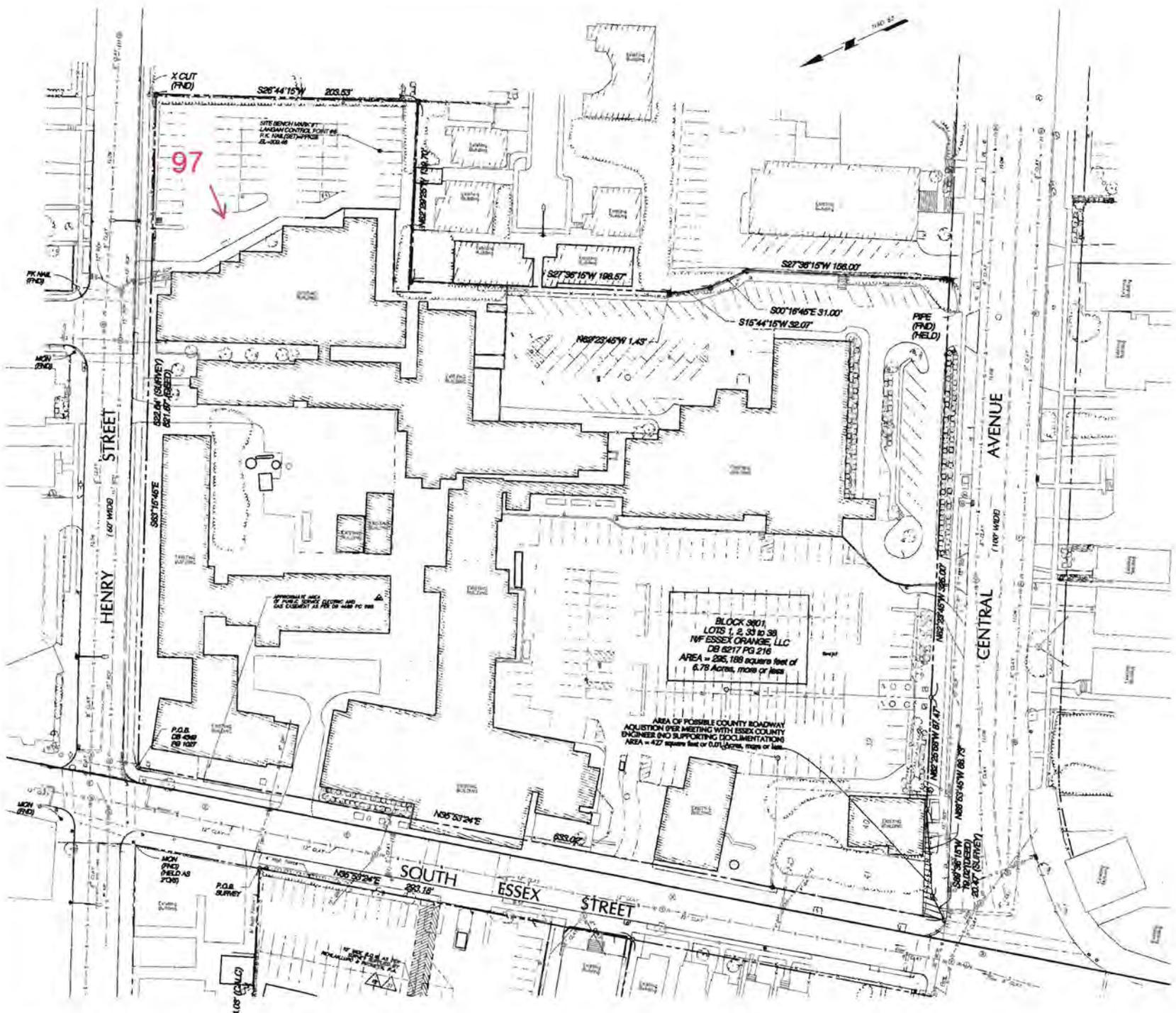
ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
4TH FLOOR



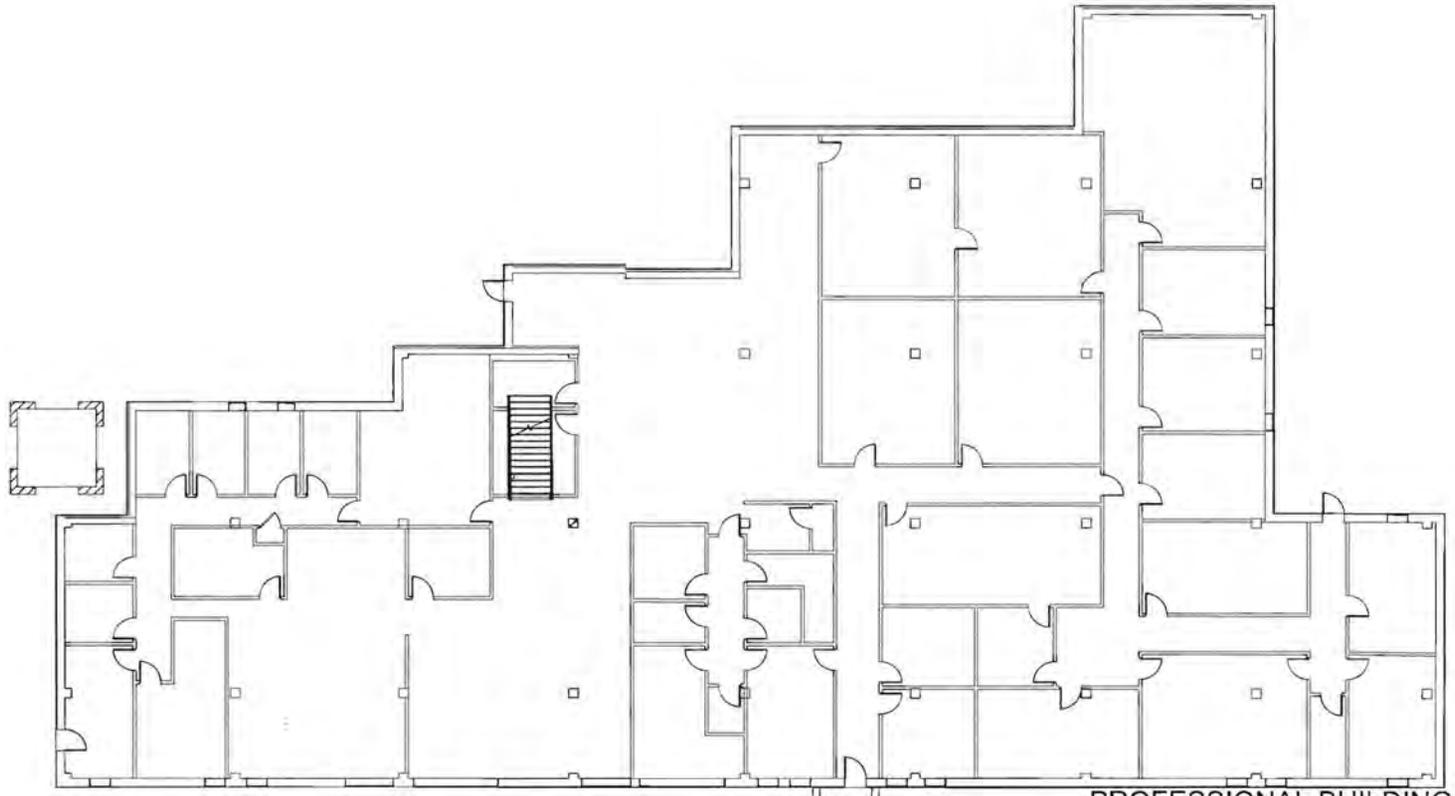
Orange Memorial Hospital
Historic District
Essex County, NJ



ORTHOPEDIC HOSPITAL
(BUILDING 8)
SCALE: 1/8" = 1'-0"
5TH FLOOR

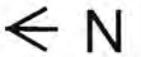


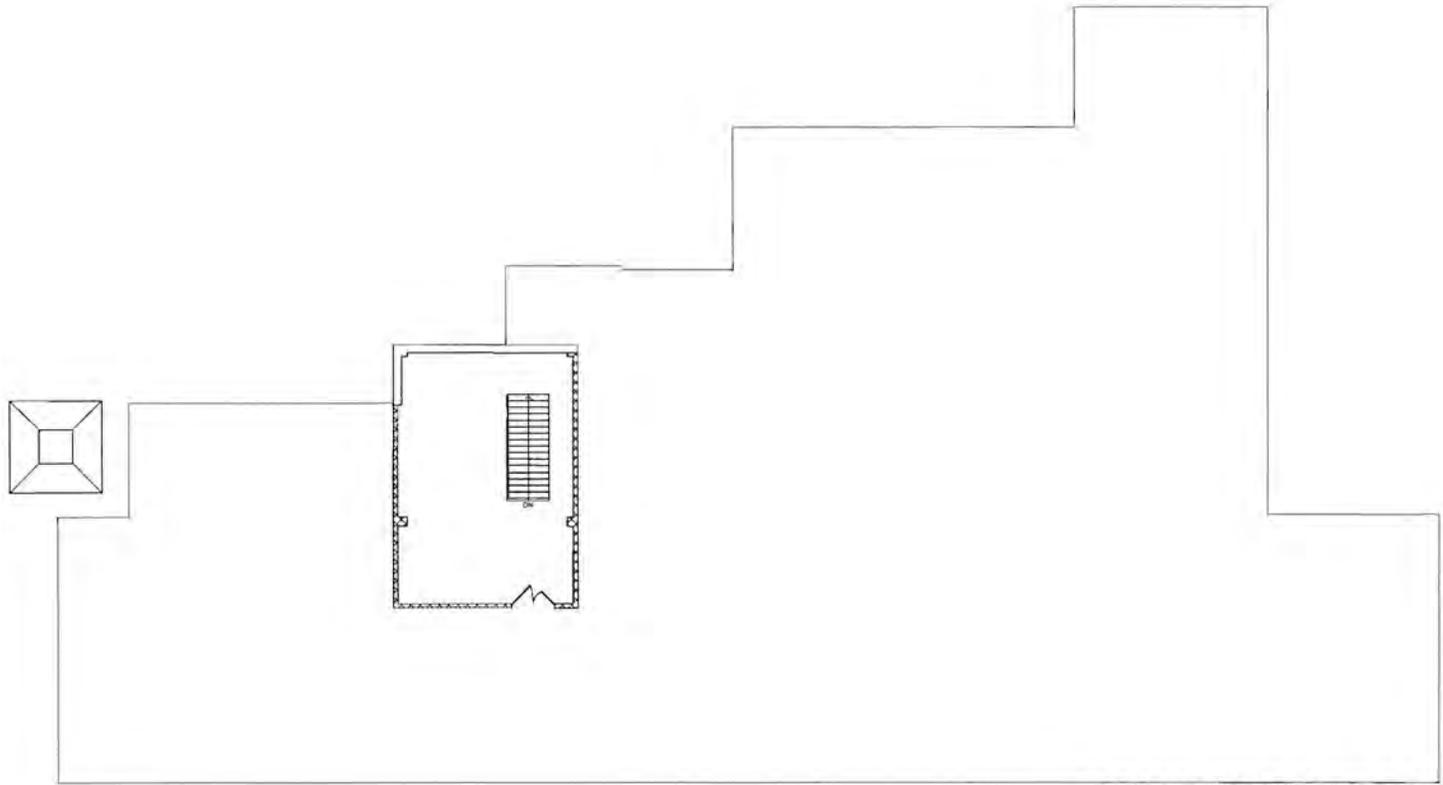
Orange Memorial Hospital Historic District
 Essex County, NJ
 Professional Building (Building 9) with Photograph Key



PROFESSIONAL BUILDING
(BUILDING 9)
SCALE: 1/8" = 1'-0"
GROUND FLOOR

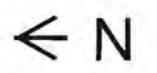
Orange Memorial Hospital
Historic District
Essex County, NJ





PROFESSIONAL BUILDING
(BUILDING 9)
SCALE: 1/8" = 1'-0"
2ND FLOOR/ROOF

Orange Memorial Hospital
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Figure #	Description of Figure
1.	Robinson Atlas, 1890.
2.	"Memorial Hospital, Orange, NJ," Postcard.
3.	Sanborn Fire Insurance Map, 1912.
4.	Franklin Survey Map, 1932.
5.	North Building, 1907.
6.	North Building, <i>Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943</i> (Orange, New Jersey: Chronicle Publishing Company, 1944).
7.	North Building, 2007.
8.	Mary Austen Hall, <i>Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943</i> (Orange, New Jersey: Chronicle Publishing Company, 1944).
9.	Medical and Surgical Building, Orange Memorial Hospital, <i>Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943</i> (Orange, New Jersey: Chronicle Publishing Company, 1944).
10.	Aerial Image, <i>Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943</i> (Orange, New Jersey: Chronicle Publishing Company, 1944).
11.	"Hackensack Hospital, Hackensack, NJ." <i>The Architectural Forum</i> (December 1912): 284.
12.	Bayonne Hospital and Nurses' Home, Bayonne, NJ.
13.	St. Mary's Hospital, Passaic, NJ.

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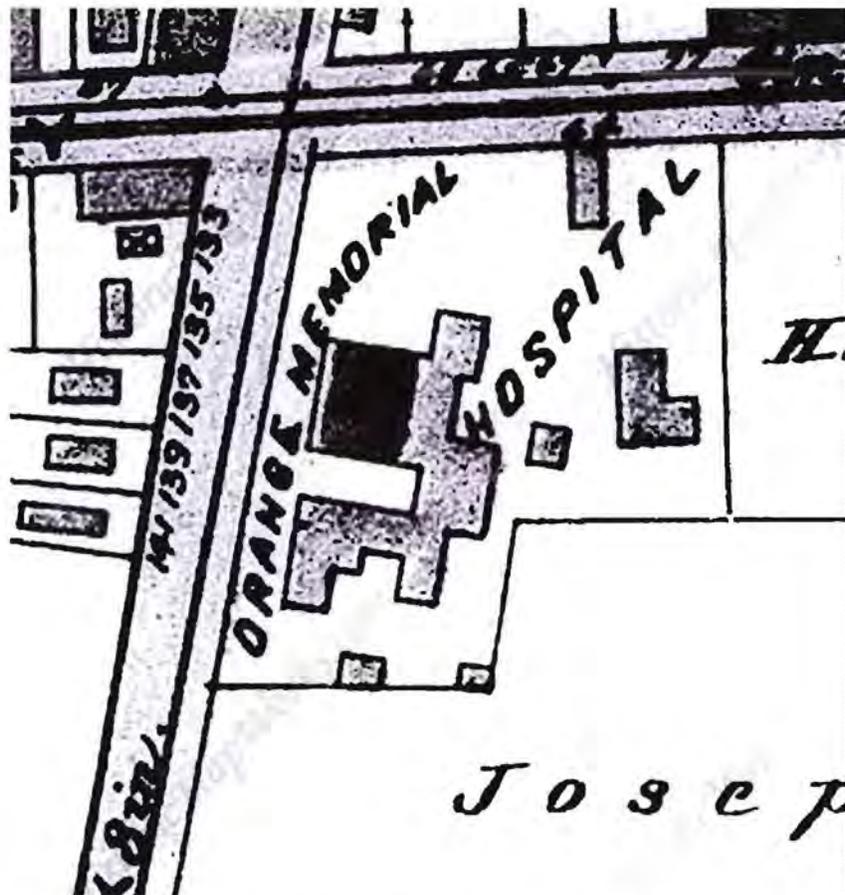


Figure 1 – Robinson Atlas, 1890. The complex consisted of one large building (1882), two medium size buildings and three small buildings, none of which remain.

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Figure 2 – “Memorial Hospital, Orange, NJ,” Postcard. The original primary hospital building was constructed in 1882.

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Figure 3 – Sanborn Fire Insurance Map, 1912. The map shows the expansion of the lot to the east, along with the construction of two new brick buildings, one of which was the North Building (1906).

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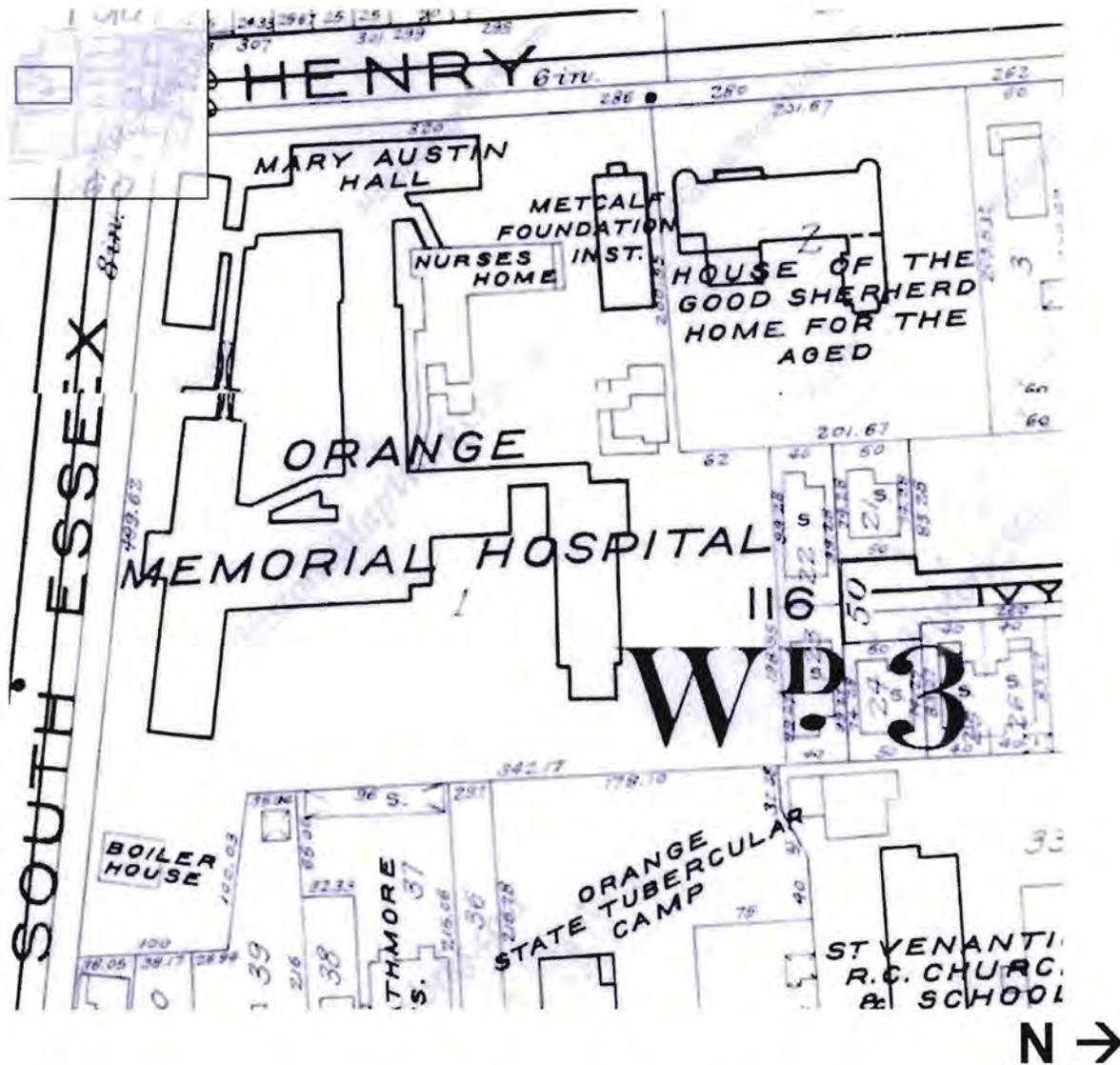


Figure 4 – Franklin Survey Map, 1932. The map shows the North Building, the Boiler Plant and Power House, the Service Building, the Bingham Building, the Residence, Mary Austen Hall, the Medical and Surgical Building and the northern half of the Metcalf Foundation Institute Building.

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Figure 5 – North Building, 1907. The North Building is located to the left. The original hospital buildings, including the primary 1882 structure, can be seen to the right.

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Figure 6 – North Building. *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943* (Orange, New Jersey: Chronicle Publishing Company, 1944). The North Building is still located to the left and the Medical and Surgical Building has now been constructed to the right. Mary Austen Hall is just visible at the far left of the frame.

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Figure 7 – North Building, 2007. Mary Austen Hall, the North Building and the Medical and Surgical Building are visible from left to right. The exterior stair towers have also been constructed on the Medical and Surgical Building.

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MARY AUSTIN HALL 1928

Figure 8 – Mary Austin Hall, *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943* (Orange, New Jersey: Chronicle Publishing Company, 1944).

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Figure 9 – Medical and Surgical Building, Orange Memorial Hospital, *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943* (Orange, New Jersey: Chronicle Publishing Company, 1944).

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Figure 10 – Aerial Image, *Seventieth Annual Report of the Orange Memorial Hospital for the Year 1943* (Orange, New Jersey: Chronicle Publishing Company, 1944).

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Figure 11 – "Hackensack Hospital, Hackensack, NJ." *The Architectural Forum* (December 1912): 284.

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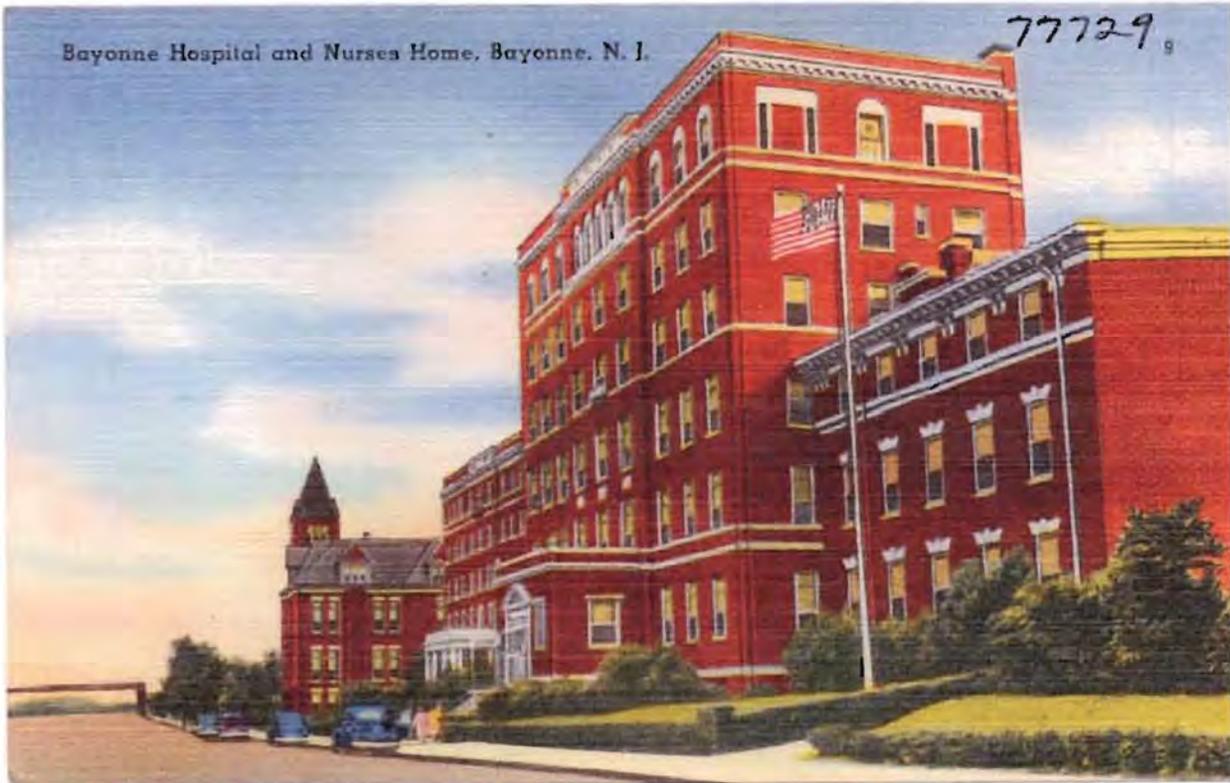


Figure 12 – Bayonne Hospital and Nurses' Home, Bayonne, NJ.

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Figure 13 – St. Mary's Hospital, Passaic, NJ.









SEE DIRECTORY
ON WALL AT LEFT
FOR LOCATION OF OFFICES
IN THIS BUILDING































TOPAS

NO PARKING
AMBULANCE ONLY



































RETURN VISITORS AND VISITING HOURS

Wingman 3
Visiting Hours

Day	Time
Monday	8:00 am - 6:00 pm
Tuesday	8:00 am - 6:00 pm
Wednesday	8:00 am - 6:00 pm
Thursday	8:00 am - 6:00 pm
Friday	8:00 am - 6:00 pm
Saturday	8:00 am - 6:00 pm
Sunday	8:00 am - 6:00 pm

See the Hospital's Website for more information.

STOR-ALL



CAR 7

SERVICE USE ONLY

PATIENTS
VISITORS
AND
HOSPITAL
PERSONNEL





















MARY AUSTEN HALL

502

NOTICE
This building is currently closed for renovation. All access is restricted. Please do not enter the building. Thank you for your understanding.



200-2-1
Código de Edificación
de San Sebastián
Artículo 10.1.1
No se permite el acceso

DANGER
ASBESTOS
Cemento y Plomo
Antes de entrar
consultar con el
Administrador





















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H
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E













ORANGE MEMORIAL HOSPITAL

For Sale
201 712 5822

CBRE



Hospital Center
Lobby









Hospital Center
at Orange

CAUTION
Do Not Stand on the Escalator
Steps

CAUTION
Do Not Stand on the Escalator
Steps



KIDIE
CORNER





















443

443



403 Clean Utility

Room 403-41









EXIT

7











The Hospital
at Orange

METCALF INSTITUTE





NO THROUGHFARE
HOSPITAL
PERSONNEL ONLY
NO PEDESTRIANS
ALLOWED

DUE TO HIGH
LASER





EXIT

TELEPHONE





311

EXIT























280

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Orange Memorial Hospital Historic District
NAME:

MULTIPLE
NAME:

STATE & COUNTY: NEW JERSEY, Essex

DATE RECEIVED: 10/02/15 DATE OF PENDING LIST: 10/28/15
DATE OF 16TH DAY: 11/12/15 DATE OF 45TH DAY: 11/17/15
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 15000797

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: Y PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT RETURN REJECT 11/17/15 DATE

ABSTRACT/SUMMARY COMMENTS:

*AOS - Health + medicine
architecture
1906-1965
local level*

RECOM./CRITERIA AOC
REVIEWER W. J. Blinn DISCIPLINE H. J. Blinn
TELEPHONE _____ DATE 11/17/15

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



State of New Jersey

MAIL CODE 501-04B

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NATURAL & HISTORIC RESOURCES

HISTORIC PRESERVATION OFFICE

P.O. Box 420

Trenton, NJ 08625-0420

TEL. (609) 984-0176 FAX (609) 984-0578

Project # 14-3894

HPO-12015-406

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OCT - 2 2015

Nat. Register of Historic Places
National Park Service

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

BOB MARTIN
Commissioner

September 28, 2015

Paul Loether, Chief
National Register of Historic Places
National Park Service
Department of the Interior
Washington, D.C. 20240

Dear Mr. Loether:

The enclosed disk contains the true and correct copy of the nomination for the Orange Memorial Hospital Historic District, in the City of Orange, Essex County, New Jersey.

This nomination has received unanimous approval from the New Jersey State Review Board for Historic Sites. All procedures were followed in accordance with regulations published in the Federal Register.

Should you want any further information concerning this application, please feel free to contact Daniel D. Saunders, Administrator, New Jersey Historic Preservation Office, Mail code 501-04B, P.O. Box 420, Trenton, New Jersey 08625-0420, or call him at (609) 633-2397.

Sincerely,

Rich Boornazian
Deputy State Historic
Preservation Officer