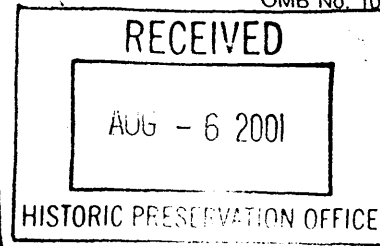
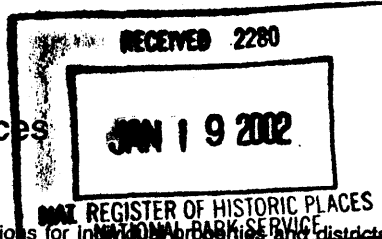


United States Department of the Interior
National Park Service



109

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 *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an 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. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Roosevelt Hospital

other names/site number Roosevelt Care Center

2. Location

street & number 1 Roosevelt Drive not for publication

city or town Edison Township vicinity

state New Jersey code 034 county Middlesex code 023 zip code 08837

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this 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 meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Signature of certifying official/Title

Date

Commissioner, Department of Environmental Protection/SHPO
State of Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register. See continuation sheet.
- determined eligible for the National Register See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain): _____

Signature of the Keeper

Date of Action

Edson H. Beall

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

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
_____	_____	buildings
2	_____	sites
_____	_____	structures
_____	_____	objects
_____	_____	Total
2	_____	

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

N/A

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)

Health care: hospital

7. Description

Architectural Classification
(Enter categories from instructions)

Colonial Revival

Materials
(Enter categories from instructions)

foundation Terra cotta

walls Brick, aluminum

roof Asphalt

other Wood

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

(see continuation sheets)

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.)

Property is:

- 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 of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

Health/Medicine

Period of Significance

1935-1951

Significant Dates

1937 (opening)

Significant Person

(Complete if Criterion B is marked above)

Cultural Affiliation

N/A

Architect/Builder

Aylin Pierson

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

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 # _____

Primary location of additional data:

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

Name of repository: _____

10. Geographical Data

Acreeage of Property 9.7

UTM References

(Place additional UTM references on a continuation sheet.)

UTM grid 1: Zone 18, Easting 556080, Northing 4488940

UTM grid 3: Empty UTM grid

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Stacy E. Spies, Barbara Wyatt, Nancy L. Zerbe
organization ARCH2, Inc. date May 1, 2001
street & number 395 Main Street, Suite 8 telephone (732) 906-8203
city or town Metuchen state NJ zip code 08840

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

- A USGS map (7.5 or 15 minute series) indicating the property's location.
A Sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name Middlesex County Improvement Authority
street & number 101 Interchange Plaza telephone (609) 655-5141
city or town Cranbury state NJ zip code 08512

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.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form.

**United States Department of the Interior
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section number 7 Page 1

**Roosevelt Hospital, Edison Township,
Middlesex County, New Jersey**

Description

Roosevelt Hospital is four-story, red brick, Colonial Revival edifice of substantial size. (Photograph No. 1) The original portion of the building consists of a nine-bay main block flanked by two nine-bay and two three-bay lateral wings. (Photograph Nos. 2, 3) An 11-bay ell on the east end of the building completes the building's original L plan. A 46-foot-high tower stands atop the main block. The building is located at the crest of a small rise overlooking Roosevelt Park, which is located to the north, west and southwest of the hospital. Asphalt-paved parking lots are located adjacent to the north and east elevations and an asphalt-paved drive encircles the building. (See Additional Information.) A brick power plant serving the complex is located west of the hospital and is separated from it by a stand of mature trees. The hospital building is in overall good condition and retains integrity of location, design, setting, materials, workmanship, feeling and association.

The hospital is constructed of concrete-encased structural steel and faced with common bond brick. The building was originally constructed in an L plan. The original portion of the hospital is 328 feet in length along the main (north) elevation and 60 feet in width. The east elevation, which formed the short arm of the L, is 141 feet in length and 36 feet in width.

The building's features are loosely based on Colonial Revival and Georgian forms. The ends of the main block are marked with firebreaks that project beyond the roofline and are capped with terra cotta coping. The firebreaks extend into massed chimney stacks that are also capped with terra cotta coping. The building's side-gabled roof is covered with asphalt shingles that replaced the asbestos shingles noted in the original plans. The east ell has a flat roof. Dormers on the north and south elevations of the hospital contain louvered openings. The main block contains four segmental-arch dormers. The lateral wings each contain three round-arch dormers and one segmental-arch dormer. The dormers, originally covered with asbestos shingles, are now covered with aluminum siding.

An octagonal tower is located on the roof of the hospital's main block. The tower is of frame construction reinforced with steel. (Photograph No. 4) Access is gained through a steel spiral stair in the attic. The base of the tower is brick and is pierced by a nine-light bull's eye window with terra cotta voussoirs. A dentil course and projecting modillioned cornice separate the base from the first level, which is encircled by a balustrade. Round-arch windows are located on each face of the tower. A second projecting cornice is located beneath the smaller second level. At this level, corbels are located at the base of each elevation. A copper-covered bell roof caps the tower.

**United States Department of the Interior
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section number 7 Page 2

**Roosevelt Hospital, Edison Township,
Middlesex County, New Jersey**

A portico that is two stories in height shelters the original main entrance on the north elevation of the main block. (Photograph No. 5) Aluminum siding covers the portico's original wood details. Four fluted columns, aluminum-clad replacements for the originals, support the portico's flat roof. A balustrade that encircles the portico roof features decorative urns atop square-section posts. A multi-light rectangular transom is located above the center entrance. The main entrance door surround is emphasized with a swan's-neck, broken pediment. An ornamental urn rests on the centered pedestal of the pediment. A glass and metal enclosure (likely ca. 1980) is located in front of the doorway. A flight of granite stairs with metal railings leads from the sidewalk to the entrance. Secondary entrances marked by segmental-arched pediments are located at the far ends of the nine-bay intermediate wings. (Photograph No. 6)

Throughout the original portion of the hospital, the windows have terra cotta lintels and sills. (Photograph No. 7) On the north elevation of the main block, windows on the first, second, and fourth floors have terra cotta lintels with flared corners and keystones. On the east and west elevations, the first and second floor windows have terra cotta lintels with flared corners. On the rear elevation, brick soldier courses serve as lintels. Metal sash windows with applied muntins are located throughout the building. Added ca. 1977-1980, these windows replaced the original six-over-six wood sash windows.

White terra cotta details are located throughout the building. A terra cotta beltcourse runs between the third and fourth floors along the north, east, and west elevations. The basement level of the building is faced with terra cotta ashlar and a terra cotta water table. (Photograph No. 8) A terra cotta datestone is located on the main elevation at the west end of the main block.

Recessed sun porches on the second and third floors at the rear elevation are enclosed with sash windows. (Photograph No. 9) These shared spaces run the length of the building and connect the patients' rooms. Open-air porches on the fourth floor, which originally only had a canvas tarp for a roof, have since been enclosed. The porch on the west end of the fourth floor has been enclosed with glass slider doors and a corrugated fiberglass shed roof and retains much of its original character. (Photograph No. 10) The porch on the east end of the fourth floor has been enclosed with brick walls and sash windows.

Additions to the building in 1977 and 1980 changed the hospital layout from an L plan to that of a quadrangle bisected by a connector. The original plans included an unexecuted ell at the west end of the building, depicted as "not in contract" in the original drawings. An ell, known

**United States Department of the Interior
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section number 7 Page 3

**Roosevelt Hospital, Edison Township,
Middlesex County, New Jersey**

as the West Annex, was eventually constructed at the west end of the building in 1977. (See Photograph No. 2) The three-story west annex is clad in a brick similar in color to the original building. Windows in the annex have pre-cast concrete sills, but do not have terra cotta surrounds. Pre-cast concrete water table and coping details in the annex are close matches to the terra cotta details on the original building.

A six-story addition at the south (rear) elevation of the hospital building was designed in 1980. (See Photograph No. 3) This addition is similar in design and materials to the west annex. The 1980 addition extends the length of the original hospital building and reoriented the hospital toward a new center entrance and lobby in the addition. At that time, a center connector was also constructed to link the new entrance and lobby in the south addition to the lobby in the original hospital building.

Around the same time, changes were made to other details on the hospital building. Two-story wood porches at the ends of the north elevation were replaced with three-story projections on the porches' footprints. The projections are constructed of brick-faced concrete and their fenestration mimics that of the original façade they enclose. Pergolas originally located on the roofs of the wings were replaced with brick construction ca. 1977.

An elevated, enclosed walkway that carries pedestrians over the parking lot and Parsonage Road was also constructed ca. 1980. The connector leads from the second floor of the hospital's east elevation to the facility's buildings on the east side of Parsonage Road.

The interior of the hospital building is laid out along a central corridor that extends along the length of the building and the ells. On the first floor, an additional intersecting corridor on a north/south axis is located at the original main entrance. Stairs and elevators are located in the center of the main block and at the ends of the wings. In the main block, patients' rooms are generally located along the south elevation and service spaces are generally located along the north elevation. In the east ell, patients' rooms were originally located along both sides of the center corridor; many of these were converted to offices ca. 1980.

The center corridor leading from the original main entrance on the north elevation features classical details, including a plaster cornice and an entablature of metopes, triglyphs and guttae. The design is now partially obscured by a dropped ceiling. (Photograph No. 11) A pair of round fluted columns and fluted pilasters mark the intersection of the two main corridors on the first floor. (Photograph No. 12) Other original corridor features include plaster consoles and a pair of recessed wood telephone booths. (Photograph Nos. 13, 14)

**United States Department of the Interior
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section number 7 Page 4

**Roosevelt Hospital, Edison Township,
Middlesex County, New Jersey**

Wall and floor finishes are consistent throughout the building. Walls and ceilings throughout the building are covered with three-coat plaster. Terra cotta wainscoting (Vitritile) is located in the stairwells, corridors, and service areas such as the kitchen. (Photograph No. 15) Ceramic tile wainscoting is located in the bathrooms, janitors' rooms, and medical rooms. Dropped ceilings have been installed throughout much of the building.

In some instances, patients' rooms were combined ca. 1977-1980 through the removal of walls to create larger spaces. (Photograph Nos. 16, 17) As the contagious nature of tuberculosis was better controlled with medications in the mid-20th century, the small rooms intended to isolate patients would no longer have been necessary. Other rooms, originally used as wards, were always large and can hold several beds.

The brick power plant is constructed of gabled-roof center block flanked by two flat-roofed wings. (Photograph No. 18) The building is approximately 140 feet in length and 100 feet in width. In addition to housing the boiler room, the building was constructed to contain a laundry facility at the west end and a pump room in the east end. A structural tile smokestack attached to the boiler room is located at the center of the structure.

The building's center block is constructed of common bond brick with brick quoins and a bull's eye window with terra cotta voussoirs. The center block has a corrugated metal gable roof with close eaves and a shallow cornice molding. Single-story, common bond-brick wings of multiple bays flank the center block. On the west elevation, the bays have blind arches articulated with pre-cast concrete keystones. A pre-cast concrete parapet is located atop the wings. Multi-light metal frame windows located throughout the structure have pre-cast concrete sills. The windows have fixed lights with inset awning windows. Brick soldier courses form the lintels.

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 1

Roosevelt Hospital is significant under National Register criterion A for its association with New Jersey's early twentieth century battle against tuberculosis, a disease which in the early twentieth century was the number one cause of death in New Jersey. (*Report to Governor A. Harry Moore*: 3). One of only thirteen county facilities in New Jersey developed to treat tuberculosis patients, Roosevelt Hospital is representative of numerous sub-themes associated with New Jersey's battle against the disease. Roosevelt is first and foremost reflective of the State's mandate that the counties take responsibility for tuberculosis patients within their county, either through establishing a facility or paying for out-of-county care. In addition, the effort to establish Roosevelt Hospital illustrates the key role played by anti-tuberculosis organizations, the public fear of the disease, and the transition from the nineteenth century emphasis on the sanatorium approach to a greater emphasis on the medical aspects of the disease.

Tuberculosis

Tuberculosis, an ancient disease, has been found in Egyptian skeletons which date back to 3700 B.C. (Caldwell: 9). At various times in history when the illness reached epidemic proportions, the preferred treatment varied, depending on current medical beliefs. (Caldwell: 10). Historian Mark Caldwell, in his 1988 book, *The Last Crusade, The War on Consumption, 1862-1954*, described America's battle with tuberculosis:

...at present we are living at the apparent end of a long epidemic wave, which appears to have begun in Europe in the late seventeenth century, just as the industrial revolution commenced...By the mid-nineteenth century, when mortality from tuberculosis reached its peak, it had claimed millions, if not tens of millions. At the end of the 1800s it still killed a seventh of the human race, and as late as the 1940s it continued to cause more deaths than any other contagious disease...It was no respecter of age, sex, or occupation, and by the 1870s, it had become so effectively publicized as widespread, invidious, and invariably fatal that it had come, in the popular imagination, nearly to stand for death itself. (Caldwell: 9-10).

Until the mid nineteenth century, there was very little medical knowledge about tuberculosis. In 1865, J. A. Villemin conducted experiments in France which conclusively proved that tuberculosis was contagious. The following year, scientists were able to examine sputum and lung tissue under a microscope and see bacteria and spirochetes. In 1869, Dr. Henry Bowditch of Boston published a three-part series entitled

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 2

"Consumption in America" in the *Atlantic Monthly*. According to Caldwell, Dr. Bowditch's writings:

reflect[ed] a new spirit and amount to a fresh, pragmatic manifesto, an early messianic call for a war on tuberculosis. No longer, according to Bowditch, was a victim to bear the disease with hopeless patience, consoled only by the knowledge that his dissolution would purify him and edify his friends. Now there was hope that patience, aided by good hygiene, could actually *conquer* consumption. (Caldwell: 29).

Bowditch called for healthy living, emphasizing good drainage, pure air, and sunlight. (Caldwell: 29-30). In 1881-1882, scientist Robert Koch discovered the tubercle bacillus. (Caldwell: 159). These nineteenth century developments led to an increased optimism in the ability to fight tuberculosis. A major component of the effort against tuberculosis was the use of sanatoriums, a trend which started in the late nineteenth century, lasted well into the twentieth century, and established the framework for facilities such as Roosevelt Hospital.

Tuberculosis Sanatorium Treatment

NOTE: The following section is to a great extent excerpted from co-author Stacy E. Spies' work, *Historic American Buildings Survey, New Jersey State Tuberculosis Sanatorium, HABS No. NJ-1230*, January, 1997.

The word "sanatorium" derives from the Latin word "sanare," meaning "to heal," and thus, means "a place of healing." In 1840, Silesian physicist Gustav Brehmer observed that tuberculosis rarely occurred at altitudes above 1,600 feet and he reasoned that the thinner air made the body healthier because it forced the heart to work harder, which, in turn, forced the lungs to work harder, making them more resistant to the disease. In 1859, Brehmer opened the first modern tuberculosis sanatorium in Gobersdorf, Prussia. He theorized that the invigorating altitude, accompanied by sizable portions of food and graded exercise through landscaped grounds, were the key elements toward a successful cure.

Peter Dettweiler, Brehmer's student, revised his teacher's theory on exercise, and by 1900 provided the modern treatment of tuberculosis with the rest cure practiced throughout the 20th century. (Caldwell: 69). Dettweiler believed that the tubercular patient was a "physical and nervous weakling and needs more rest than one ordinarily takes.

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 3

Accordingly, his routine, what he called 'permanent or continuous fresh air treatment,' requires residents to sit outside for most of the day in reclining chairs...on protected verandas. In this way, they breathed 'pure air' while sheltered from the rain, wind, and snow" (Rothman:195). Additionally, Dettweiler determined that close monitoring of patients by doctors was essential to reaching a cure.

The American sanatorium movement is attributed to Dr. Edward Trudeau who, in the advanced stages of the disease, retired to Saranac Lake, New York. After living in the open air for several years, his condition improved considerably. In 1884, Trudeau opened "Little Red," a small cottage sanatorium at Saranac Lake. Trudeau's experiment soon indicated that fresh air, rest, and good nutrition could assist in the cure, or arrest, of tuberculosis, and private sanatoria began to appear in the United States.

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

A relentless optimism in the open-air cure, faith in the doctors, and the supportive nature of the sanatorium community were important above all else. For sanatorium inpatients through the 1920s, the routine was the totality of the cure, not relying on machinery or drugs, or medically proven practices.

With regard to open-air rest, doctors were unable to specify "how fresh air helps the consumptive: rather [the doctor] devotes his arguments to proving it harmless and easy for the patients to endure. Its beneficial effects were taken for granted, even by physicians who were, in bacteriological matters, hardheaded empiricists... Yet once it took root, this enthusiasm was to persist, though it was emphasized less strenuously as time went on." (Caldwell: 77).

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 4

New Jersey's Efforts Against Tuberculosis

On October 13, 1875, a sanitary convention was held in Newark, New Jersey to discuss "the prevention and treatment of epidemics, contagious diseases, vaccination of indigent cases, care of the insane in county and township almshouses for the poor, and other matters for the promotion of public health." (*The First Fifty Years*: 16). Two years later, on May 17, 1877, the efforts of this convention culminated in Governor Bedle signing into law the creation of a State Board of Health. (*The First Fifty Years*: 16).

In the late nineteenth century, New Jersey's efforts against contagious diseases were focused on the local, municipal level. "In 1882 cities, towns, and townships were given power to get vital statistics and report to the State Board, abate nuisances, provide vaccinations of indigent poor, and to pass...local ordinances." (*The First Fifty Years*: 16).

In 1901, the State Charities Aid Association issued a report which criticized the casting aside of the tubercular into almshouses (Cowen: 118) and sought to provide appropriate treatment for the disease. The Association, the State Medical Society, and the State Sanitary Association pressed for legislation authorizing a state sanatorium. (Leiby:122-123). In 1902, the New Jersey Legislature established the state sanatorium with an appropriation of \$500,000. The following year, an anti-spitting law was established. In 1904, the Legislature authorized an additional \$200,000 for the State Sanatorium. (Mack: iii). In 1907, the State Sanatorium opened up at Glen Gardner.

At the same time that there was a push in New Jersey to establish a state sanatorium, organizations to combat tuberculosis were being formed. The first local anti-tuberculosis committee in the State was formed in 1904 in Orange. Its founder, Dr. Thomas N. Harvey, was instrumental in pushing for the establishment of a statewide organization. With support from the National Association for the Relief and Prevention of Tuberculosis, which had only formed in 1904, the New Jersey Association for the Relief and Prevention of Tuberculosis was formed in 1906. (*The First Fifty Years*: 19).

Efforts within New Jersey to combat tuberculosis continued to lead to the passage of State legislation, as summarized by Mary Graham Mack's 1949 study of *Laws, Rules, Regulations Relating to Tuberculosis, New Jersey*:

In 1909 a registration law was passed requiring the reporting of tuberculosis cases; a new comprehensive anti-spitting law was passed; and \$1,500 was appropriated to a special commission appointed to hold a public meeting and to present a plan for the state control of

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 5

tuberculosis. A law passed in 1910 gave the state board of health sole authority to decide on the location of any new sanatorium or camp to be established; another law provided for the erection and maintenance of county tuberculosis hospitals by boards of freeholders. The incomplete registration law of 1909 was repealed and a more comprehensive law substituted in 1910. (Mack: iii).

County Facilities

The 1910 legislation concerning county tuberculosis facilities authorized the counties to build tuberculosis facilities. Two years later, this mandate was strengthened to require counties to provide facilities. (Bzdak: 1).

In 1906, one year prior to the opening of Glen Gardner, there were only twelve beds for tuberculosis patients in New Jersey. (*The First Fifty Years*: 28). Following the opening of Glen Gardner, various counties throughout the State began to open tuberculosis facilities. In 1937, the year Roosevelt Hospital opened, the New Jersey Tuberculosis League issued a report listing the county tuberculosis facilities:

<i>County Sanatoria</i>	<i>date founded</i>
Atlantic County: Pine Rest Sanatorium	1916
Bergen County: Bergen Pines Hospital	1922
Burlington County: Fair View Sanatorium.....	1918
Camden County: Lakeland Sanatorium	1925
Essex County: Essex Mountain Sanatorium	1917
Hudson County: Hudson County Tuberculosis Hospital.....	1909
Middlesex County: Roosevelt Hospital	1936
Monmouth County: Allenwood Sanatorium.....	1921
Morris County: Shonghum Mountain Sanatorium.....	1914
Passaic County: Valley View Sanatorium	1929
Union County: Bonnie Burn Sanatorium.....	1912

(New Jersey Tuberculosis League: 16).

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 6

Middlesex County's Efforts to Treat Tuberculosis

The Middlesex County Tuberculosis League was formed in March, 1917, with primary goals of developing tuberculosis clinics and nursing services, promoting public education, and fostering "agitation for a county sanatorium." (Packard: 7; Schirber: 17). The League is credited with having "successfully rallied public opinion to construct a hospital for the indigent tuberculosis cases." ("Roosevelt Hospital History": 1). On July 5, 1917, the Middlesex County Freeholders voted to approve the construction of a county hospital and:

Whereas, the Board of Freeholders has voted to establish a county hospital in and for the county of Middlesex for the care and treatment of persons suffering from the disease known as tuberculosis.

BE IT RESOLVED that the Board purchase a tract of land located in the township of Raritan, in the county of Middlesex, and State of New Jersey, containing about two hundred and eight acres, more or less, situated one mile east of the Pennsylvania Railroad Station in Metuchen, New Jersey, offered for sale by West Perth Realty Company, William B. Pratt, Perrine and Buckalew, by Joseph M. Perrine, surviving partner, as a site for the erection of the said county hospital. (Wicoff, 1935: 6).

On August 27, 1917, the Freeholders appointed architect William Boylan to design the new facility. (Wicoff: 6). While the plans were being developed, doctors and advocacy groups continued to push the Freeholders. At the Freeholders' March 7, 1918 meeting, a delegation from the Middlesex County Anti-Tuberculosis Association lobbied the Freeholders to build the hospital as quickly as possible. At the same meeting, the Freeholders received a petition from 67 physicians supporting the need to construct a county facility as soon as possible. (Wicoff: 6).

On May 9, 1918, William Boylan presented his architectural plans to the Freeholders. During his presentation, he "discussed the difference between the 'shack' type and the 'concentrated' type of building design." (Wicoff: 6). Unfortunately, the County realized that it had exceeded its limit of bonding indebtedness. In order for the hospital to be constructed, special legislation would be needed to raise this limit. (Wicoff: 7).

As the County attempted to raise its bonding capability, it was strongly supported by the Middlesex County Anti-Tuberculosis Association. On March 6, 1919, Dr. Frederick

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 7

Kilmer and Dr. Charles I. Silk spoke on behalf of the Association at a Freeholders meeting. The two doctors stressed the need for a tuberculosis facility and offered the Association's aid in pushing for the State legislation raising the County's bonding capacity. (Wicoff: 7).

In March, 1920, a new County committee was formed to study what was needed to expedite construction of the proposed hospital and to raise the County's bonding capability. At a meeting organized by the County Freeholders in January, 1921 to have public discussions about the bonding limitations, several other objections to the hospital and its site arose. Those objections included Roosevelt Park's low altitude and swampy nature, suburban Metuchen residents' fear of contagion from the influx of urban dwellers, and a surmised 50% drop in property values near the site. These objections prompted a petition drive whose signatures were presented at another public meeting one year later. At the May 10, 1922 hearing, Dr. Silk presented information that the site factors little to the condition of the disease within an individual patient, that property values generally rise near hospitals, and that the Red Cross recommended having patients near their homes to enhance healing. This information was not enough to ultimately counter the combined effect of over 400 Metuchen signatures and the rejection of the chosen site by the State Board of Health, the agency that had authority over the establishment of such a hospital. (Wicoff: 7, 8).

On June 20, 1922, the State Board of Health voted that Middlesex County had applied in accordance with Chapter 66 of Laws of 1910,

for permission to establish a county tuberculosis hospital near Metuchen, Middlesex County....Whereas, in the opinion of the members of the Department the site selected is not a suitable one for the location of a tuberculosis Hospital. (Department of Health, State of New Jersey, June 20, 1922).

At the same time that Middlesex County was facing increasing hurdles in planning its county tuberculosis facility, the National Tuberculosis Association conducted a survey for the State Department of Institutions and Agencies on *The Tuberculosis Problem in New Jersey*. According to the survey report, only nine of New Jersey's twenty-one counties had a county sanatorium. (Pattison, 1922: 11). In addition, the report concluded that New Jersey required a bed capacity of 3,675 to care for its tuberculosis patients; yet, it only had 1,628 beds. (Pattison, 1922: 9). One of the report's recommendations to address this problem was the passage of State legislation that will "provide that every County whose annual number of deaths for the six years just past averages 70, shall plan

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 8

and begin the construction of a tuberculosis sanatorium within one year of the passage of the Act, providing, however, that no institution shall be constructed providing less than 50 beds." (Pattison: 81). From 1916 to 1921, Middlesex County's average annual death rate was 167. (Pattison: 11).

In terms of the effort to push for construction of Middlesex County's tuberculosis hospital, there is little documented information on the effort during the late 1920s. As far as treatment, individuals identified as having tuberculosis continued to be treated locally, sent to poor houses, or sent to neighboring counties' tuberculosis hospitals, paid for by Middlesex County.

In 1929, a new group of Freeholders was elected and another commission was established by the Department of Public Welfare. This commission conducted a two-year study that noted the increase in the number of tuberculosis cases, a concurrent decrease in the number of beds available for out-of-county patient care, and the rising cost to the County for that care. (Wicoff: 8).

Several factors were instrumental in the efforts to plan for a new facility. First, contemporary medical thought was that the hospital type building was best for treating tuberculosis as there was increased emphasis on surgery and lung collapsing. (Schirber: 77). Second, it was by then believed that the treatment should take place at the same altitude as patients' future residences. Because most of Middlesex County has an elevation around 100 feet above sea level, the County selected a different site for the hospital on Georges Road in East Brunswick at the County workstation. The Freeholders also discontinued ongoing discussions about the possibility of sharing a hospital in the Watchung Mountains with Somerset County. A renewed effort to provide Middlesex County residents a hospital for the treatment of tuberculosis led to the commission of J. Nobel Pierson & Son, Co. to produce a new set of plans for a 212 bed facility. (Packard, 1935: 7).

Roosevelt Hospital project was designed by Aylin Pierson, head of the Perth Amboy architectural firm of John Noble Pierson & Sons. The firm was noted throughout the county as designers of fine buildings, including schools, banks, business, industrial and residential properties. A graduate of Perth Amboy High School, Mr. Pierson was a registered architect of New Jersey and a member of the New Jersey Society of Architects. The firm had practiced in Perth Amboy since 1907, and was responsible for designing and building the Perth Amboy National Bank building, the Perth Amboy Evening News Building, the Maple Building, the Boynton Building, the Perth Amboy High School, the Samuel E. Shull School, the First Baptist Church, as well as schools throughout New

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 9

Jersey and Connecticut. The general contractor for Roosevelt Hospital was Frank Briscoe of Newark, New Jersey and the structural engineers were Saul Shaw and Co., also of Newark. (Wicoff: 9).

It is unclear how the County intended to pay for this hospital construction in the early years of the Depression. In October of 1933, the County applied to the Public Works Administration for federal funding. A letter of appeal directly to President Roosevelt helped expedite the approval process, and by July, 1934, \$575,000 was allocated for the hospital's construction, \$100,000 through a grant and the remainder through a secured federal loan. Funding was secured, but now the site along Georges Road caused great concerns about the threat of contamination of the drinking water supplied to New Brunswick and Highland Park from the adjacent Farrington Lake. In January 1935, the Georges Road location was abandoned and the Roosevelt Park property was once again considered most appropriate due to its accessibility for patients, employees, and visitors; its renovated setting, and its suitable altitude. (Packard, 1935: 9).

On February 28, 1935, the State Board of Health conducted a public hearing on the selection of the Roosevelt Park location. According to a newspaper summary of the meeting, "Not only was the opinion of the lay public in favor of the location, but also that of the tuberculosis associations and physicians." State Board of Health president Dr. Samuel Cosgrove, who presided over the public hearing, indicated his support for the proposed site. His support was later endorsed by the entire Board of Health. (Packard, 1935: 9).

In April 1935, the building contracts were awarded and by early May, work had begun. (Packard, 1935: 9). The hospital opened on March 8, 1937 to 27 patients who were transferred from other facilities. By the end of March, a total of 184 patients were living in the new hospital. The cost for continuous patient care became a new concern and efforts were made to cut costs, including having the grounds maintained by convicts and receiving gifts of furniture from benevolent donors. (*First Annual Report, 1937: 6, 8*).

By the end of 1937, when the hospital had been opened for only nine months, a total of 419 patients had been admitted. (*First Annual Report, 1937: 7*). By the end of 1941, a total of 2,399 patients had been treated. (*Fifth Annual Report, 1942: 6*).

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 10

Architectural Recognition

In 1939, the Federal Works Progress Agency and Public Works Administration jointly issued a report entitled *Survey of the Architecture of Completed Projects of the Public Works Administration*. The report featured 620 of the approximately 17,300 structures funded by the two agencies between 1933 and 1939. These structures were selected as outstanding examples of planning with respect to light, ventilation, sanitation, utilization of space, and skillful use of materials. Roosevelt Hospital was included in this report as an example of these features.

In March 1939, *The Architectural Forum* also featured Roosevelt Hospital for its planning:

An outstanding example of compact, well organized planning, this building combines all of the complex units of the modern sanatorium in a single simple shape. Provision of nurses' and staff quarters on the ground floor, unusual in buildings of this type, undoubtedly saves money as compared to the cost of additional structures, and has not interfered with the arrangement of the balance of the plan. Layout is exceptionally up-to-date in its provision of segregated rooms for pre-operative and post-operative care, and allowance for future observation rooms in connection with the clinic. Note also the provision of balconies on the north side of the building for summer use, location of rooms for infirm patients near the center of patient floors for easy care. (*The Architectural Forum*, 1939: 176.)

Mid-twentieth Century Medical Advances

Several key medical developments in the 1940s greatly altered the treatment of tuberculosis and the direction of hospitals such as Roosevelt. In 1944, streptomycin was discovered and by 1947 it was routinely utilized as part of the treatment of tuberculosis. In January, 1952, Squibb and Hoffmann-La Roche announced the production of isoniazid, a synthetic antibiotic which "was to prove the decisive component in the victory over consumption and lead, in no short time, to the end of the sanatorium era." (Caldwell: 246).

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 11

Interestingly, even a decade after the development of effective antibiotics, the medical community still held onto the importance of the approach utilized in sanatoriums. In 1955, the New Jersey Department of Institutions and Agencies conducted a study of the *Influence of Recent Medical Advances on Tuberculosis Sanatorium Care in New Jersey*. The study's findings indicated that the treatment of tuberculosis needed to involve both modern medical approaches as well as "the more traditional therapeutic applications." (Frankel, 1955: 3):

Past experiences indicates that the tuberculosis sanatorium will continue to occupy an important place in the movement toward combating tuberculosis. It is extremely desirable therefore that the sanatorium continue to receive adequate community support, that it be given every encouragement to go on with its curative work... (Frankel, 1955: 11).

Roosevelt Hospital's five year report for the period January 1, 1949 to December 31, 1953 reflects the changes which the facility was starting to undergo. First, by 1953, the hospital was called the "Roosevelt Hospital for Diseases of the Chest" in order to reflect the expanded treatment for other chest diseases, such as asthma and emphysema. According to the report,

An increasing number and percentage of patients treated at the Hospital are treated for diseases of the chest other than tuberculosis... While non-tuberculosis cases have more than doubled there has been no significant drop in the number of tuberculosis cases treated. Bed space and other factors having remained the same, this increased use of hospital facilities has been made possible by shortening, through improved medical and surgical care, the average hospital stay of all patients and especially the tuberculous. (A Five Year Report, 1954: 7).

In 1957, the Middlesex County Freeholders authorized Roosevelt Hospital to establish a 60-bed unit for the chronically ill and an out-patient Alcoholism Treatment Center. In 1963, the hospital started construction on an addition for a 100-bed long term care facility and an out-patient Diagnostic and Treatment Center. In 1982, further expansion involved construction of a 250-bed Long-Term Care facility and a 350-foot walkway over Parsonage Road. ("Roosevelt Hospital History," 1986: 2).

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 8 Page 12

In summary, Roosevelt Hospital is historically significant for its role in New Jersey's twentieth century effort to fight tuberculosis, a disease which at the turn of the century was the leading cause of death in the State. One of only a few county facilities developed in New Jersey, Roosevelt Hospital embodies numerous themes relating to the statewide anti-tuberculosis campaign. The resource's period of significance extends from 1935 when construction began to 1951, the end of the 50 year cut-off period.

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 9 Page 1

Bibliography

Primary Sources

Architectural plans: *Tuberculosis Hospital To Be Erected By The Board of Chosen Freeholders, County of Middlesex, N.J.* John Noble Pierson & Son, Architects, Perth Amboy, New Jersey. Revised January, 1935.

Architectural Plans: *Proposed Long Term Care Facilities at the Roosevelt Hospital, Menlo Park, New Jersey.* The Office of Karel B. Philip, AIA, Architect and Planner, Union and Perth Amboy, New Jersey. 1980.

Architectural Plans: *West Annex at the Roosevelt Hospital, Menlo Park, New Jersey.* The Office of Karel B. Philip, AIA, Architect and Planner, Union and Perth Amboy, New Jersey. 1977.

Deed between the County of Middlesex and the Middlesex Improvement Authority, January 19, 2000, Deed Book 4749, Page 95. (on file at the Middlesex County Clerk's Office, New Brunswick, NJ.)

Minutes, Department of Health, State of New Jersey, Volume 18, June 6, 1922 – May 15, 1923. (on file at the New Jersey State Archives.)

Pamphlets and Reports

Bzdak, Meredith Arms, the RBA Group, Morristown, New Jersey. *The Administration, Service, and Hospital Building, Essex County Isolation Hospital, Belleville, New Jersey.* 1996. (New Jersey Historic Preservation Office, Trenton, NJ)

Fifth Annual Report of the Roosevelt Hospital for the Treatment of Tuberculosis of the County of Middlesex, State of New Jersey, for the year ending December 31, 1941. (private collection)

National Register of Historic Places

Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 9 Page 2

First Annual Report of the Roosevelt Hospital for the Treatment of Tuberculosis of the County of Middlesex, State of New Jersey, for the year ending December 31, 1937. (private collection)

Frankel, Emil. *Influence of Recent Medical Advances on the Tuberculosis Sanatorium Care in New Jersey.* State of New Jersey, Department of Institutions and Agencies, Bureau of Social Research, May 1955. (New Jersey State Library, Trenton, NJ)

Mack, Mary Graham, comp. *Laws, Rules, Regulations Relating to Tuberculosis, New Jersey.* New York: National Tuberculosis Association, 1949. (UMDNJ Library, Newark, NJ)

Pattison, H.A., M.D., et al. *The Tuberculosis Problem in New Jersey; a Survey Conducted for the State Department of Institutions and Agencies.* New York: National Tuberculosis Association, 1922. (New Jersey State Library, Trenton, NJ)

Report to Governor A. Harry Moore by the State Conference on Health and Welfare. December 21, 1939. (New Jersey State Library, Trenton, NJ)

"Roosevelt Hospital History" in *Roosevelt Hospital Golden Anniversary Ball, 1936-1986, Program Book.* September 26, 1986. (private collection)

Roosevelt Hospital for the Diseases of the Chest, Middlesex County, New Jersey: A Five Year Report...January 1, 1949...December 31, 1953. (UMDNJ Library, Newark, NJ)

Schirber, Jane Packard. *Tuberculosis Control in Middlesex County, New Jersey.* September, 1938. (unpublished thesis on file at the Alexander Library, Rutgers University, New Brunswick, NJ.)

Spies, Stacy E. *New Jersey State Tuberculosis Sanatorium, Historic American Buildings Survey (HABS No. NJ-1230),* 1997. (New Jersey Historic Preservation Office, Trenton, NJ)

The First Fifty Years, 1904 – 1954; a Record of a Half Century of Saving Human Lives. Newark, New Jersey: New Jersey Tuberculosis League, 1954. (Alexander Library, Rutgers University, New Brunswick, NJ)

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 9 Page 3

Then and Now; Thirty Years of Voluntary Service in Saving Human Lives, 1906-1936. Newark, New Jersey: New Jersey Tuberculosis League, 1937. (UMDNJ Library, Newark, NJ)

Twenty Five Years of Tuberculosis Control in Middlesex County, New Jersey; a Short Story of Community Work in Health Education and Disease Prevention, 1917 - 1942. New Brunswick, New Jersey: Middlesex County Tuberculosis and Health League, 1942. (Alexander Library, Rutgers University, New Brunswick, NJ)

Periodicals

The Architectural forum, March, 1939. New York, Urban America.

"Cornerstone of Roosevelt Hospital is Formally Laid," *Daily Home News*, October 27, 1935.

"County Gets State Ruling," *Perth Amboy Evening News*, June 30, 1922.

"County Hospital Is Urged By Doctors," *Perth Amboy Evening News*, May 11, 1922.

"County Hospital Site Approved by Health Committee," *Daily Home News*, February 28, 1935.

"County Hospital Site Plan to Have New Delay," *Perth Amboy Evening News*, May 12, 1922.

"County T.B. Hospital at Roosevelt Park Site Gets State O.K.," *Raritan Weekly Times*, February 28, 1935.

"Hospital Plan To Be Heard," *Perth Amboy Evening News*, May 9, 1922.

"Let Contracts for Hospital," *Perth Amboy Evening News*, April 5, 1935.

National Register of Historic Places
Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 9 Page 4

“Roosevelt Hospital: Hospital Marks Anniversary; Long Term Care Branch Latest Addition,” *The News Tribune*, Woodbridge, New Jersey, September 26, 1986.

Packard, Jane. “History of Campaign for Tuberculosis Hospital,” *Perth Amboy Evening News*, October 26, 1935.

Wicoff, C. Raymond. “Cornerstone Laying Ceremony at County Hospital,” *Perth Amboy Evening News*, October 26, 1935.

Secondary Sources

Caldwell, Mark. *The Last Crusade; The War on Consumption, 1862-1954*. New York: Atheneum, Macmillan Publishing Company, 1988.

Clark, E.W. and Brown, R. Stanley. *Public Buildings: A Survey of Architecture of W.P.A. and P.W.A. Projects*. Washington, D.C.: United States Printing Office, 1939.

Cowan, David L. *Medicine and Health in New Jersey: A History*. Princeton, NJ: Van Nostrand Co., Inc., 1964.

Leiby, James. *Charity and Correction in New Jersey; A History of State Welfare Institutions*. New Brunswick, NJ: Rutgers University Press, 1967.

Rothman, Sheila M. *Living in the Shadow of Death, Tuberculosis and the Social Experience of Illness in American History*. New York: HarperCollins Publishers, Inc., 1994.

**National Register of Historic Places
Continuation Sheet**

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number 10

Page 1

Verbal Boundary Description

The nominated property consists of the 9.7 acres of Block 690, Lot 1. This includes the main hospital building, the power house, the driveways and parking areas, and the landscaped grounds.

Boundary Justification

The entire lot was chosen as the grounds are a significant portion of the Roosevelt Hospital complex. The modern annex located across the Parsonage Road was not included as it postdates the period of significance.

National Register of Historic Places Continuation Sheet

Section number Photographs Page 1

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

PHOTOGRAPHS

For all photographs:

Property Name: Roosevelt Hospital
Property Location: Edison Township, Middlesex County, New Jersey
Photographer: Ray J. Schneider
Date: February, July 2001
Location of
Negatives: Barbara Wyatt
125 Freeman Street
Woodbridge, NJ 07095

Photograph No. 1 of 18:

View: North elevation, looking south from Roosevelt Park.

Photograph No. 2 of 18:

View: West elevation, looking southeast. West elevation of original building at left. "West Annex" at right.

Photograph No. 3 of 18:

View: East elevation, looking southwest. East elevation of original building at right. Later additions are visible at left. Walkway over Parsonage Road in foreground

Photograph No. 4 of 18:

View: Tower, looking northwest.

Photograph No. 5 of 18:

View: Entrance portico on north elevation, looking south.

Photograph No. 6 of 18:

View: Entrance on north elevation of west lateral wing, looking south.

National Register of Historic Places Continuation Sheet

Roosevelt Hospital, Edison
Township, Middlesex County,
New Jersey

Section number Photographs Page 2

Photograph No. 7 of 18:

View: Window on north elevation showing terra cotta detail, looking south.

Photograph No. 8 of 18:

View: Typical basement window on north elevation, surrounded by terra cotta facing water table. Bottom of window is obscured by window well in the foreground.

Photograph No. 9 of 18:

View: Rear (south) elevation of original building, showing enclosed porches, looking north.

Photograph No. 10 of 18:

View: Sun porch, fourth floor, looking west.

Photograph No. 11 of 18:

View: Dedication plaque in main corridor, looking east. Portion of classical frieze visible beneath dropped ceiling.

Photograph No. 12 of 18:

View: Columns in main corridor, first floor.

Photograph No. 13 of 18:

View: Corbel detail, main corridor, first floor.

Photograph No. 14 of 18:

View: Telephone booths in main corridor, first floor.

Photograph No. 15 of 18:

View: Stairs from first floor to basement

Photograph No. 16 of 18:

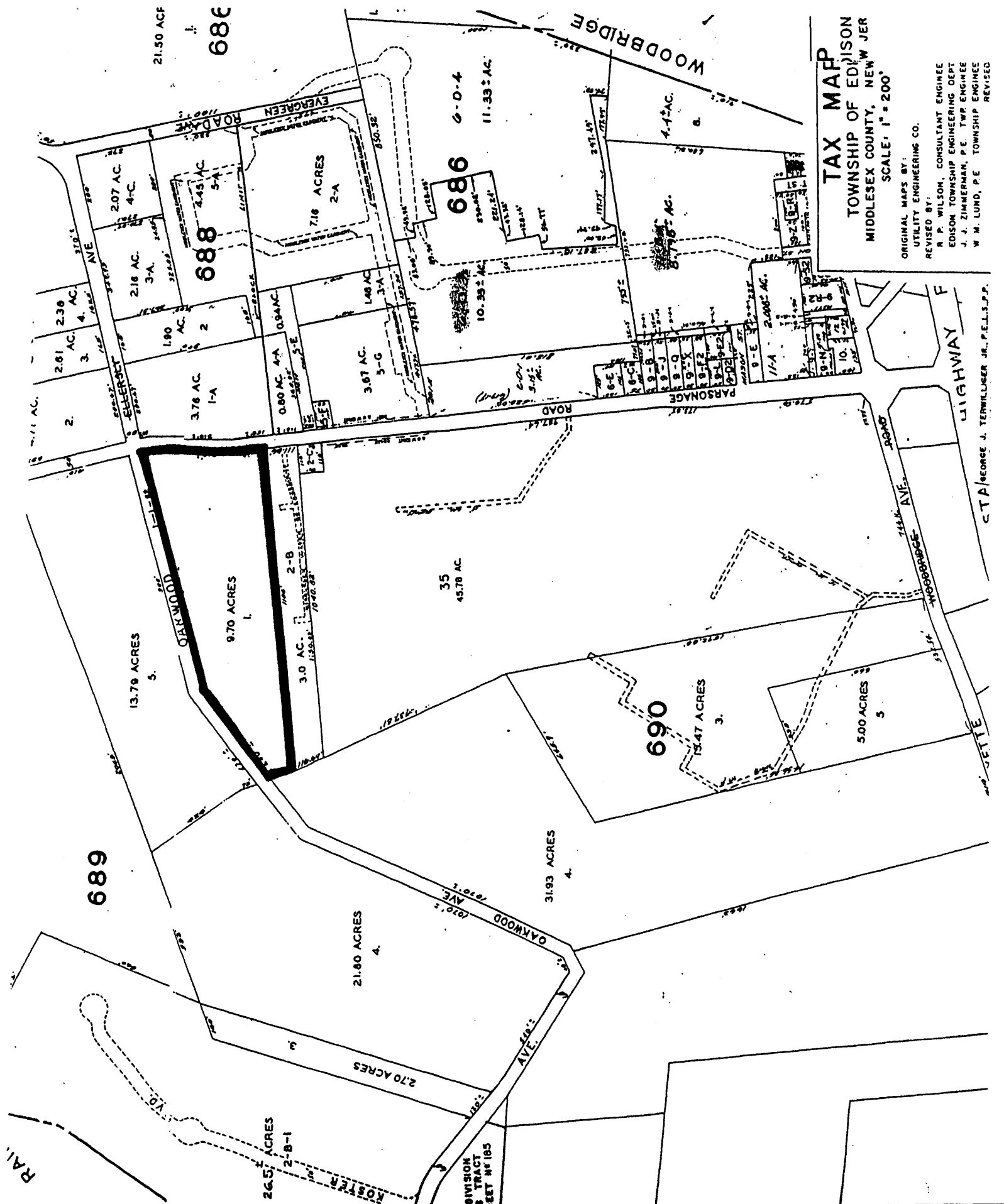
View: Typical patient room, third floor.

Photograph No. 17 of 18:

View: Typical patient room, fourth floor.

Photograph No. 18 of 18:

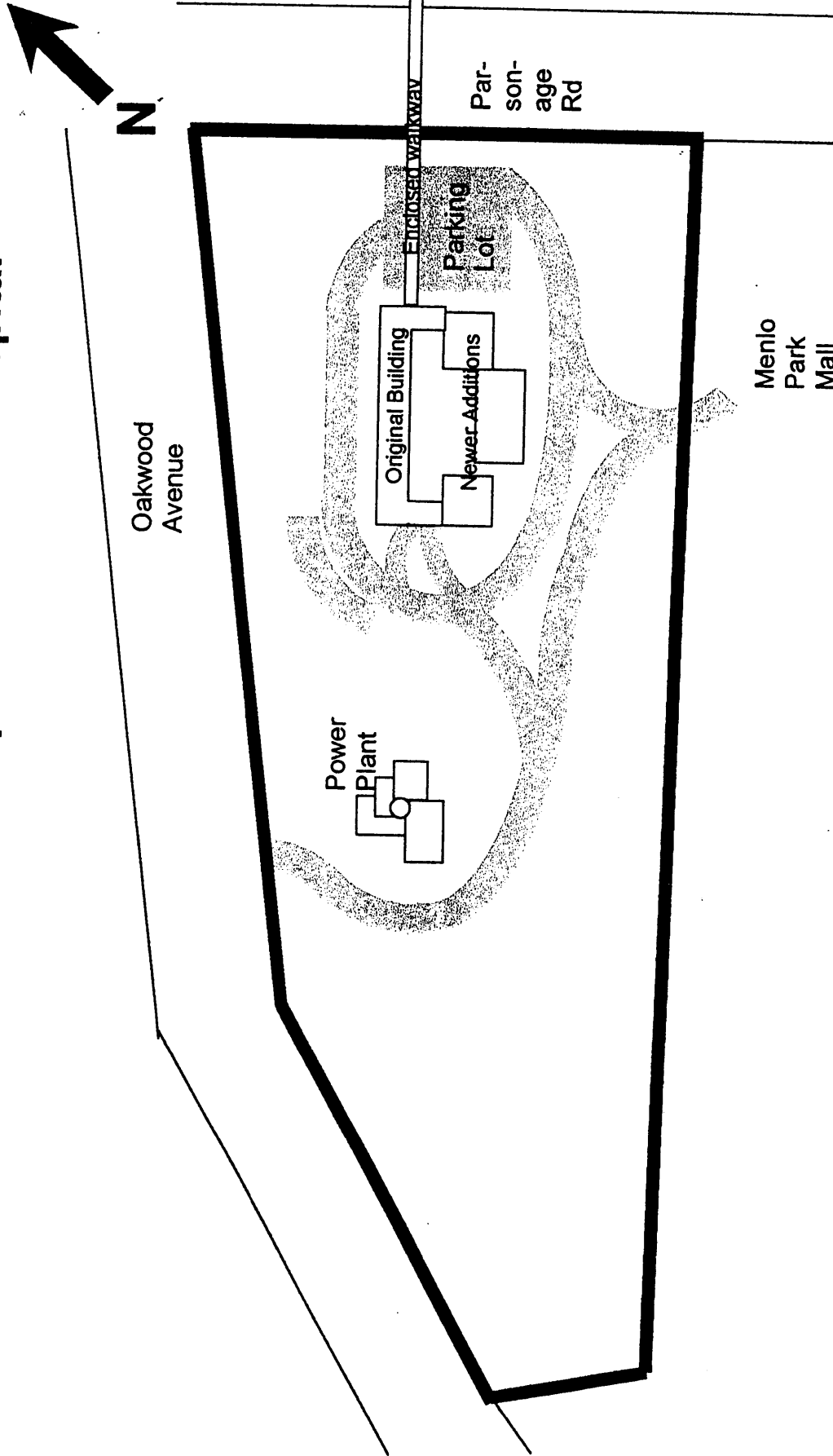
View: Power plant, looking southeast.



TAX MAP
TOWNSHIP OF EDISON
MIDDLESEX COUNTY, NEW JER
SCALE: 1" = 200'
ORIGINAL MAPS BY:
UTILITY ENGINEERING CO.
REVISED BY:
R. P. WILSON, CONSULTANT ENGINEER
EDISON TOWNSHIP ENGINEERING DEPT
J. J. ZIMMERMAN, P.E. TWP ENGINEER
W. M. LUND, P.E. TOWNSHIP ENGINEER

C.T.A. GEORGE J. TERWILLIGER JR., P.E., L.S.P.P.

Site Map of Roosevelt Hospital



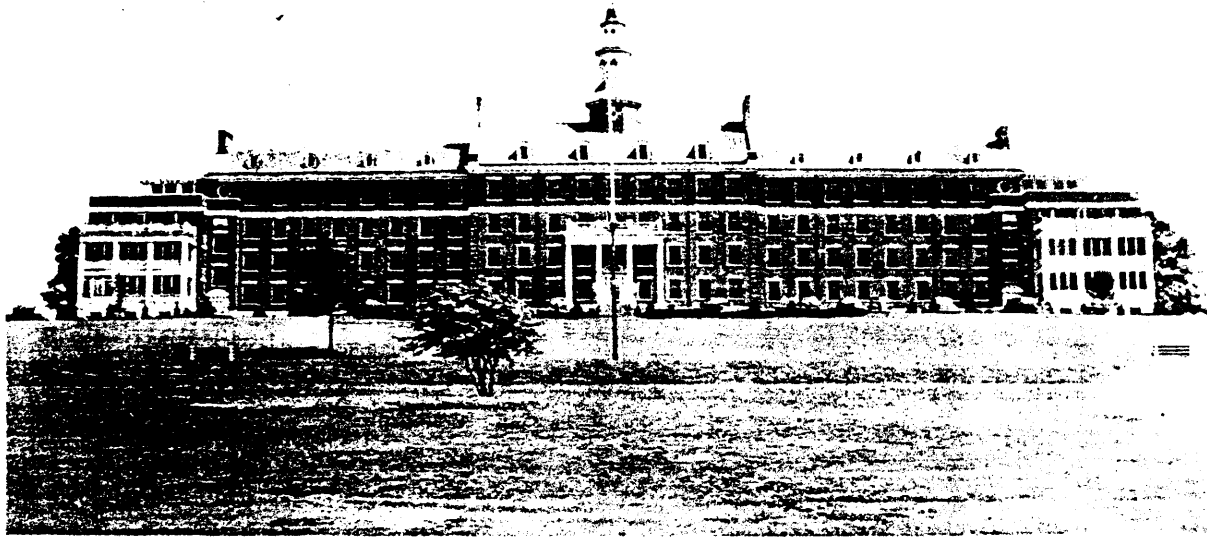
26A



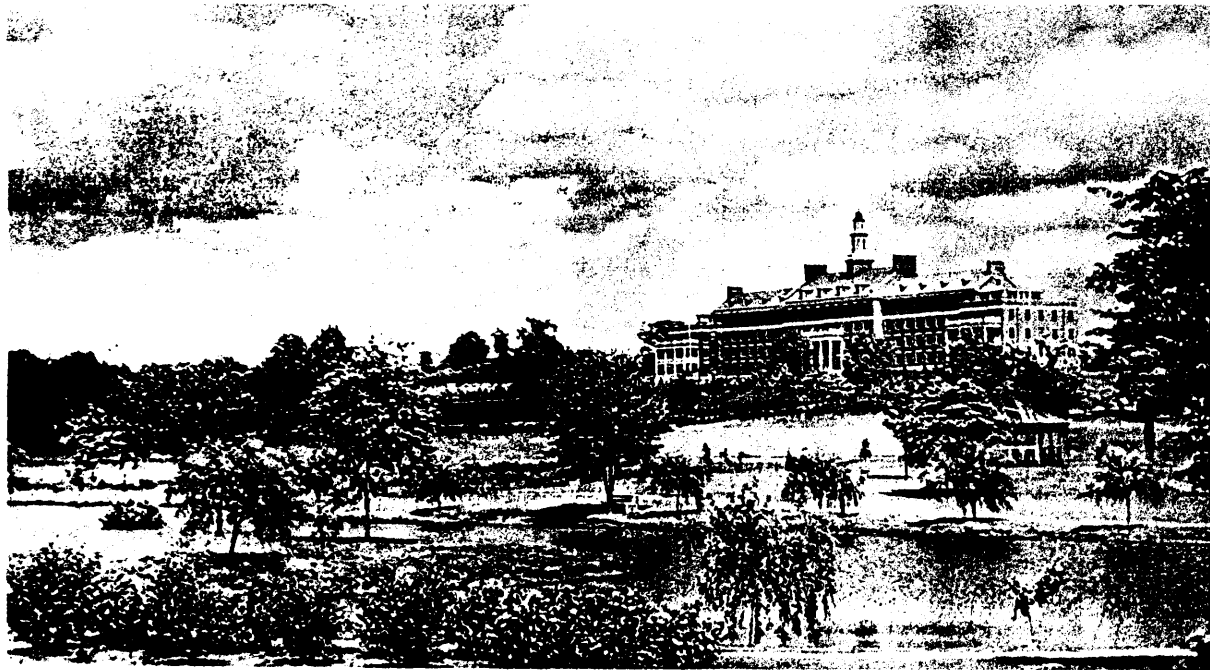
ca. 1937

FEDERAL WRITERS PROJECT WPA

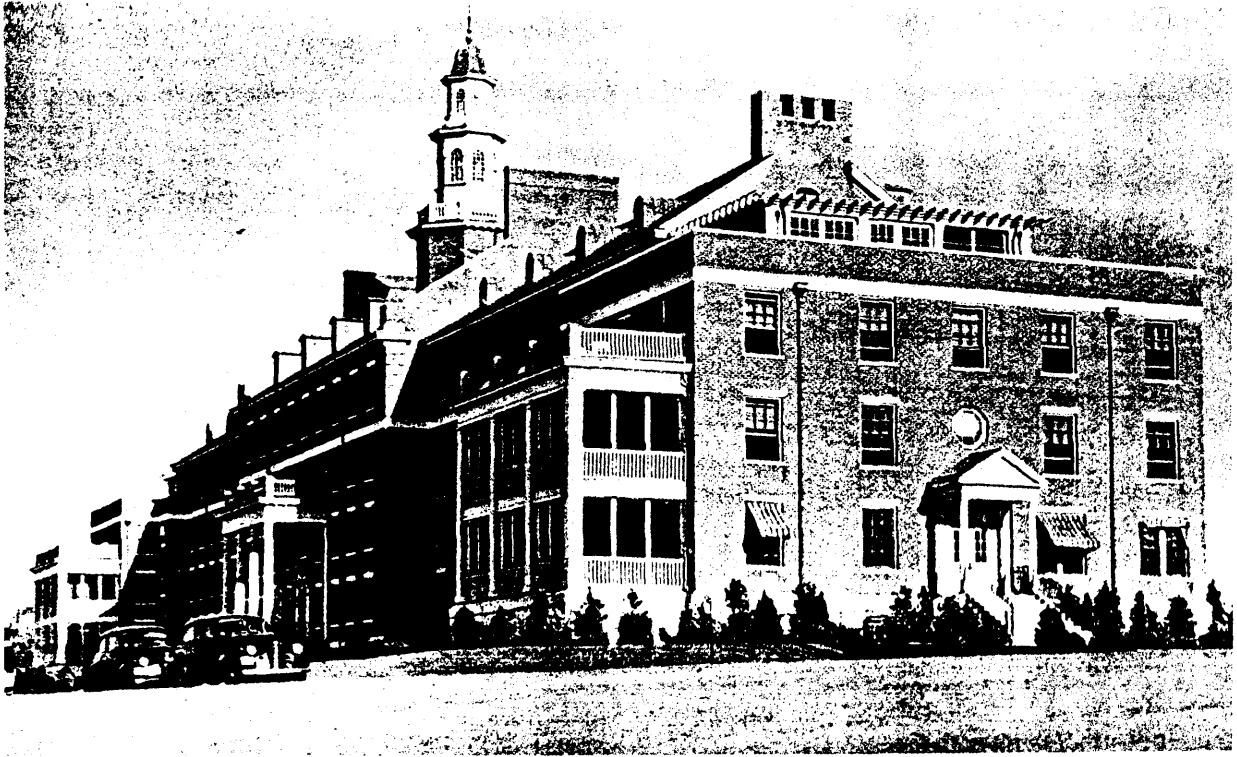
(on file at NJ State Archives)



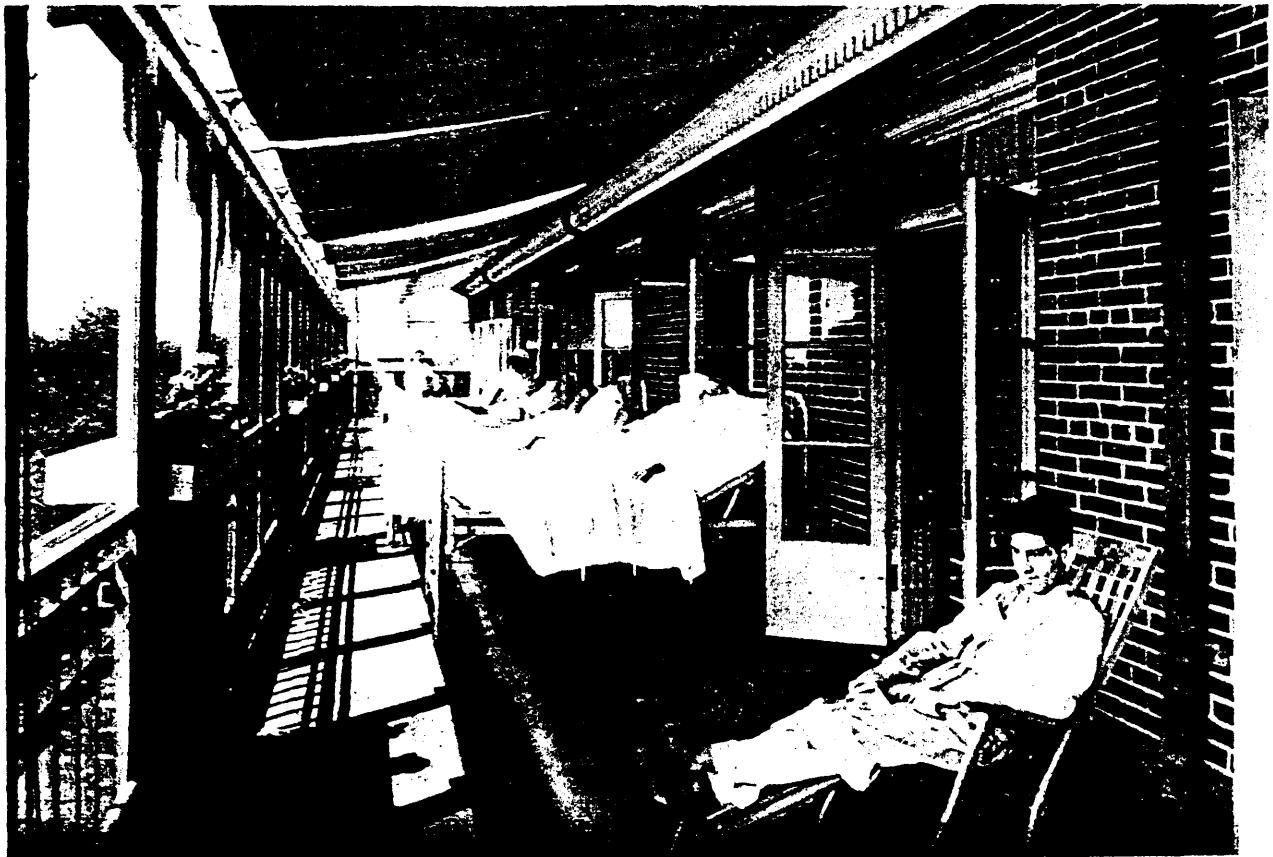
undated



ca. 1941



undated



undated