

“To Exist for Centuries”: Gridley Bryant and the Boston City Hospital

Designing a hospital for the “respectable poor” of Boston combined an innovative European model with attention to the concerns of homeowners in its South End neighborhood.

Architectural historians have regarded the Boston City Hospital as one of the most splendid achievements in civic architecture erected in the city during the nineteenth century (fig. 1). It was an example of civic responsibility not only because provided a hospital for the poor but also because of its elegant design and how it related to its South End neighborhood. The hospital was the work of Gridley J. F. Bryant (1816–99), an arch-

tect who was a master in accomplishing great civic projects.

It is tempting to assume that a benevolent institution such as the Free City Hospital was a typical product of the generosity of the Brahmins who dominated Boston’s charitable enterprises. Based upon this assumption, the beauty of the design of the city hospital can be presumed to reflect the standard architectural embellishments employed for a major public enterprise at that time. In fact, the Boston City Hospital was constructed in

the face of intense opposition from those who felt that a hospital for the poor would depress the property values of the developing South End. This opposition shaped the design of the institution so as to integrate the complex visually into the fabric of the surrounding neighborhood.¹

Boston on the eve of the Civil War was undergoing a major transformation of its urban fabric. The expansion of the commercial district into traditional residential neighborhoods led to the construction of houses and churches on newly filled land in the South End and Back Bay (fig. 2). The brick row houses in the fashionable older parts of the city were rapidly being replaced by large, architecturally stylish commercial blocks. The most outstanding concentration of commercial development was Franklin Street and Winthrop Square, lined with palatial buildings Bryant designed between 1857 and 1862. An architect in the forefront of this urban development, Bryant had been in practice since 1838 and was responsible for a number of important institutional buildings throughout New England. He had completed a major addition to the State House in 1853–54 and the new federal Post Office building in 1857. In 1860 he developed plans for a major remodeling of the old Boston city hall, though that scheme was not accepted in preference for an entirely new building which Bryant designed in association with Arthur Gilman in 1862. Bryant and Gilman were associate architects in the design of the Arlington Street Church in 1859–61 as

well as in several expensive townhouses in the new Back Bay neighborhood. The design for the Boston City Hospital of 1861 was thus one of several major civic improvements in which Bryant played a leading role and that contributed to Boston's reputation as a modern and architecturally progressive city.²

The campaign to build a city hospital was initiated primarily by Boston physicians. This effort began in 1849 following a cholera epidemic in which a temporary hospital was erected on the commons in the Fort Hill neighborhood, one of the poorest in the city. Several prominent physicians recognized the need for a hospital to supplement the facilities at Massachusetts General Hospital, which, built in 1818–23, was the only nondenominational hospital in the city. The almshouse in South Boston and the new facility under construction on Deer Island were workhouses, not primarily hospitals, although inmates were treated there. The construction of the Deer Island almshouse was in response to changes in the city's population, which grew from 84,400 in 1840 to 136,900 in 1850. Native-born residents declined to less than a majority of the population during this period, and the facility at Deer Island was intended to accommodate this flood of immigrants.³

In response to appeals from doctors, the City Council appointed a joint special committee to examine the "expediency of establishing a city hospital." In its November 12, 1849, report the committee noted that people who considered the

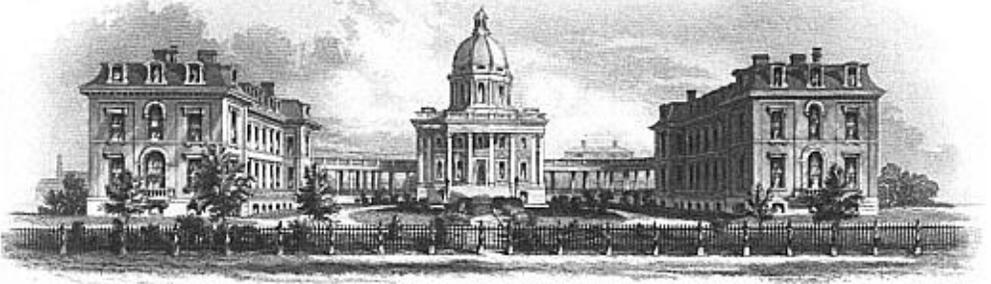


Fig. 1. *Boston City Hospital*, lithograph by E. A. Fowle, 1873. Courtesy Boston Medical Center.

new structure on Deer Island to be sufficient were missing the point. That institution, and the older one in South Boston, were “pauper Establishments,” crowded with “inmates” who were chiefly foreign-born and belonged to the “lowest class.” The committee drew a sharp contrast between the “unfortunate sick poor” on the one hand and the inhabitants of Deer Island on the other, who, the report implied, had only themselves to blame for their situation.⁴ Indeed, the rationale for placing an almshouse on Deer Island in Boston Harbor was to isolate from general society people who, it was believed, might exert a pernicious moral influence on those with whom they came into contact.⁵

Although the Massachusetts General Hospital was acknowledged to be an outstanding institution, the committee documented the hospital’s inability to meet the needs of the public adequately. The number of sick people who were refused admittance over the previous two and one-half years (1846–49) was 731, out of 2,753 who applied for admission. Of this number the majority, 561, were refused because no vacancy or free vacan-

cy—the small proportion of beds made available to those who could not pay—existed. Only 48 of those not admitted were not eligible for admission because they had a contagious disease.⁶

The report described the people denied admission as “those who suffer in their uncomfortable and often miserable homes when sick, for want of those alleviation’s [sic] afforded by a Hospital.” Rather than call for an expensive new hospital to be built, the committee recommended that the cholera hospital at Fort Hill be furnished as an experimental city hospital. The City Council adopted this recommendation, but the issue did not again receive serious consideration for another seven years.⁷

The need for adequate hospital facilities may seem a basic necessity today, but the issue was less clear in the mid-nineteenth century. Most people who were ill preferred to be treated at home. Hospitals could not offer conditions superior in terms of comfort or medical treatment to those available in the homes of the wealthy or upper middle class, and even those less well off often preferred

home care. The medical treatments available were limited in their effectiveness and often could just as easily be administered in the home. More importantly, the potential for coming into contact with contagious illness was far greater in a hospital than in a well-maintained single-family house. Although the medical community had much to learn about how disease was communicated, there was a basic understanding that patients did better when isolated from each other. Throughout the nineteenth century very few wealthy individuals were ever treated in a hospital, even though physicians were often men from the highest social class.⁸

It was the working poor who were in greatest need of hospital care. Many working-class Bostonians lacked housing

with adequate sanitation or ventilation, to say nothing of the crowded conditions in which they lived. Moreover, few households supported members who were available at home during the day to provide care for a sick family member. As one scholar has noted, the support of hospitals by leading industrialists was a form of indirect health insurance for their workers, especially for the all-too-common workplace injuries.⁹ As Boston's working-class population grew the need for a new hospital became increasingly compelling.

The proponents of a city hospital renewed their efforts in 1857. The timing of this campaign suggests that it was carefully planned. Mayor Alexander Rice, who was elected in 1856, was a supporter of the hospital and chose to devote a large por-

Fig. 2. Row houses, Worcester Square, about 1870. The predominant architectural style for the South End in the mid-nineteenth century was a bow-front brick house with a mansard roof. Middle-class residents were particularly concerned about the impact of locating a hospital primarily for the working class in their newly developed neighborhood. Courtesy SPNEA Library and Archives.



tion of his inaugural address to a call for the institution. At that time the new Boston Lying-in Hospital was in financial trouble and could serve as a ready-made building for a city hospital. The Lying-in Hospital had been built in 1855 on Springfield Street in the South End as a hospice for women who were giving birth under difficult circumstances (fig. 3). It was designed by Gridley J. F. Bryant in a style similar to the numerous public buildings he was constructing throughout New England at that time, which is to say that it was a brick structure with round arched windows and brick corbelling surmounted by a low-pitched mansard roof. When the Lying-in Hospital was only two years old the corporation that administered it had come to the conclusion that the building's size exceeded the needs for it.¹⁰ Hospital proponents probably knew that this building was available and coordinated a renewed appeal with Mayor Rice's inaugural address on January 5, 1857. Three weeks later, on January 26, the City Council received a memorial from the "Boston Provident Association and other Benevolent Societies" requesting that a city hospital be established.¹¹

On February 15 the Common Council concurred with a decision of the Board of Aldermen to instruct the mayor to petition the state legislature for authorization to establish a hospital. Opponents presented a remonstrance to the city against the conversion of the Lying-in Hospital for a city hospital.¹² This document, the first record of public opposition, probably surfaced because a specific location—the South End—had

been identified as the likely location for the hospital. The Board of Aldermen and Common Council appointed a joint special committee to look into the need of a city hospital in response to the mayor's address and the memorial from charitable groups.

The committee's report, issued on April 17,¹³ expanded and elaborated upon arguments proponents had made in 1849. The committee began by questioning the appropriateness of the mayor's term, "Free City Hospital," because a new hospital was intended to benefit only "those persons of temperate and industrious habits who by sickness or accident require that care and attention for which they are unable to pay. We would not have this a hospital for the reception of the degraded victims of vice and intemperance, or a home for the hopeless pauper; but we would have it regarded as an asylum for the industrious and honest mechanic and laborer. Indeed, this class of persons would strongly resist public charity if it could at all be avoided." Other worthy applicants included the "respectable domestic whose attic chamber cannot be made comfortable" in time of illness, as well as traveling strangers overcome by sickness while visiting the city.¹⁴

Having identified the intended beneficiaries of a new hospital, the committee obtained supporting testimony from representatives of the medical community and charitable organizations. To demonstrate the inadequacy of Boston's hospitals in terms of their capacities to meet the needs of the population the report compared them to what major cities in Europe

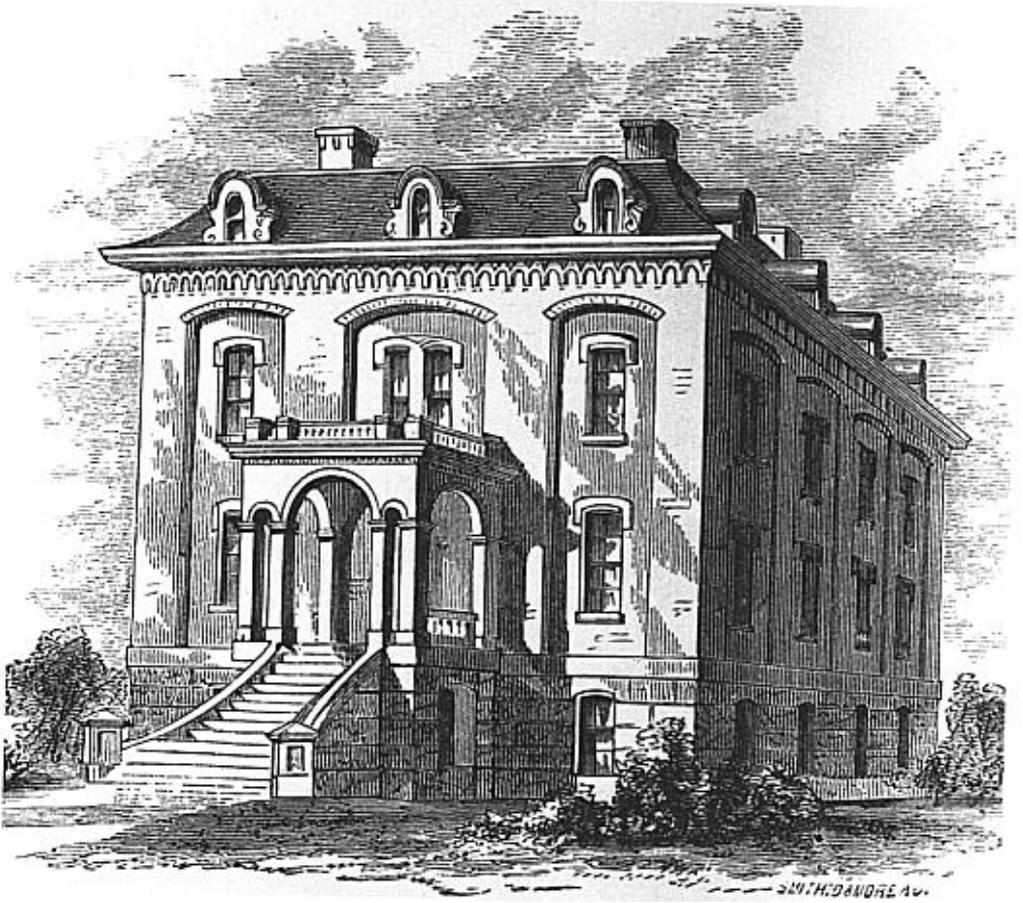


Fig. 3. *Boston Lying-in Hospital, Springfield Street, lithograph in King's Guide to Boston (1889). Constructed in 1855, this hospital for women proved uneconomical almost as soon as it was completed. Some considered its site to be an ideal location for a new city hospital. Courtesy SPNEA Library and Archives.*

and the United States offered; the data appeared to document that Boston was behind other American cities in providing health care for its citizens.¹⁵

Ten days later, on April 27, the city appointed a committee to investigate if a building was available in the city that could house a city hospital. To no one's surprise, the committee's report on October 12 declared that the Lying-in Hospital was the most suitable building.

"The estate consists of an enclosed lot of land containing forty thousand square feet," the report stated, "on which [stands] a large neat and substantial brick building, erected within a few years, with all the modern improvements for heating and ventilating, and fitted with water and gas arrangements specially adapted for the purposes of a Hospital."¹⁶

The city voted to authorize the purchase of the Lying-in Hospital on

October 19 and on November 16 ordered the Committee on Ordinances to prepare an ordinance for the administration of the hospital. Everything appeared to be moving with a deliberate speed unusual in municipal projects. The first setback occurred on December 28 when the Committee on Ordinances ruled that there was no authority to establish an ordinance that turned the operation of the hospital over to a board especially created for that purpose. The hospital would have to be administered by the Board of Overseers of the Poor or the Board of Directors of Public Institutions, rather than a new Board of Trustees of the City Hospital. To have turned the hospital over to either of these boards would have placed the hospital in the same class as an almshouse.¹⁷

The South End was considered the best location for a city hospital through a process of elimination. The old portion of the city was highly congested and, in any case, residential neighborhoods there were in the process of rapidly giving way to commercial development; thus that land was far too valuable for a hospital. East Boston and South Boston were separated from the city by water and were not areas into which the population could be expected to expand. In contrast, the South End was the only area close to the center of the city that was not built up and that had a completed infrastructure of roads. Moreover, the city had room to expand toward Dorchester, Roxbury, Brighton, and Brookline. The city annexed all of these towns, except Brookline, by 1880.

With a building in their neighbor-

hood selected for a new hospital, the citizens of the South End found a spokesman to articulate their opposition to the project in the weekly newspaper, the *Evening Gazette*, which was owned by William W. Clapp Jr., a resident of West Chester Park near Springfield Street in the South End. In an editorial on March 6, 1858, the newspaper charged that "the proposed location of it in Ward Eleven is a downright breach of good faith to land owners and residents." Nor was the rhetoric of opponents confined to a defense of the South End. "Setting aside that Boston, by the extravagance of its charities, is already offering a premium on pauperism, and encouraging idleness, deception and sloth by its too commodious receptacles for criminals, and its bountiful supply of the fat of the land to all who apply, it is now proposed to add a place for the reception of those whose indulgences rob them of health," the *Evening Gazette* complained.¹⁸

More specifically, opponents appealed to the fears of property owners by claiming that a hospital would depreciate the value of land on adjacent property. They played upon the fears of parents as well by stating that its location in a residential area would expose children to contagious diseases. In another editorial later the same month, the *Evening Gazette* termed it "a gross injustice to the owners of real estate in Ward 11 to sell them land under restrictions, which they have improved till the Ward is only second in rank in the valuation of the personal estate of its individuals, and then place an institution in its centre which must check the rise of real

estate near it, and depreciate that in its immediate vicinity, which has already suffered from the prospective location of this nuisance.”¹⁹

Opposition outside the South End may have included property owners who were concerned about the possibility that this newly developing neighborhood would become crowded with working-class tenements. This had happened to the section of the South End between Dover and Kneeland Streets. Bostonians had voiced fear about changing population trends as early as 1850. In a report that accompanied the state census that year the number of people doing business in Boston but residing outside the city was estimated at twenty thousand. Because the working class did not have the time or money to commute to work, these new suburbanites were largely better-off taxpayers. “To prevent the removal of our citizens,” the report advised, “it is important to present advantages in the City, which shall be deemed equal or superior to those of a suburban residence.”²⁰ For this reason the property in the South End sold by the city began to include deed restrictions. At a minimum, new buildings had to be constructed of brick, stone, or iron and had to be three stories high. Some deeds encouraged or required mansard roofs and bow-fronts. The construction of parks throughout the South End was the most obvious indication that the city wanted to encourage housing for the middle and upper classes. Therefore, it was important that a city hospital could not be construed to benefit the poorest classes exclusively.

On March 27, 1858, the state legislature finally passed a bill authorizing the city to establish a hospital. However, the opponents induced the legislature to include a proviso that no hospital could be located within three hundred feet of an existing school. The Lying-in Hospital, which was intended for the new city hospital, stood on a lot immediately adjacent to a school building.²¹

Although defeated once again, the authorization to build a hospital so long as it was not within three hundred feet of an existing school may have been a welcome condition by the more farsighted supporters of the city hospital. By eliminating the more economical solution of using an existing building, the supporters could concentrate their efforts on obtaining land to construct a new building that could be designed according to the latest theories of medical care. This option was made feasible by the fact that in 1849 Elisha Goodnow had bequeathed twenty-six thousand dollars for hospital care provided that money was spent either in Ward 11 or in South Boston. As South Boston had been ruled out, the South End was considered the only option. At the close of 1859 the City Council approved a portion of land on Albany Street for the construction of a hospital.²²

Shortly after this authorization Dr. Henry Clark, the city physician, issued a report entitled “Outlines for a Plan for a Free City Hospital.” Inspired by Lariboisiere hospital in Paris, the report included an elevation drawing, floor plan, and landscape plan (fig. 4).²³ Another Boston physician, Francis Brown, pub-

lished a paper in 1861 advocating a similar plan.²⁴

Both Clark and Brown advocated a pavilion plan like the Lariboisiere. The principal behind the pavilion plan was quite simple. It typically consisted of a central administration building and separate, small, two- or three-story buildings containing wards. These pavilions were to be arranged to maximize natural sunlight and the circulation of air. Open colonnades linked all of the structures. Compared to traditional hospitals, each ward building would benefit from greater light and ventilation, as well as a lack of congestion. "For security from contagion, ease of classification, and quietude, this method is superior to all others," Dr. Clark asserted. The plan answered many of the concerns felt about a hospital by providing accommodations that more closely approximated those found in a home. In answer to objections from neighboring property owners, Dr. Clark noted, "The grounds may be laid out tastefully with shrubbery, flowers, trees, and fountains, so as to make the whole as attractive to purchasers of lots for private residences in the vicinity, as if it were *only* a pleasure park."²⁵

These contemporary accounts mention both the Lariboisiere and several other hospitals in France as having established the model for the pavilion plan, though its origin appears to have been the Royal Naval Hospital in Plymouth, England, built in 1765. That hospital featured a series of pavilions arranged around three sides of a courtyard with a chapel building in the center. Each structure was

linked by a colonnade. The French built upon this concept with a design commissioned by the Academy of Sciences in 1788, but due to the revolution the plan was never carried out. Not until 1821 did a pavilion plan appear in a French hospital, Saint André in Bordeaux. The Lariboisiere hospital in Paris, built in 1846–54, followed.²⁶ One authority noted in an 1867 survey of hospital construction that "as yet . . . the block [that is, pavilion] system has not been generally adapted on the continent, where comparatively few hospitals on this plan exist."²⁷ Bostonians were thus very much in the forefront of this design theory.

Opposition to the hospital continued, however. Representatives of the Massachusetts General Hospital argued that their institution was able to provide sufficient care for the working poor. The Joint Special Committee on a Free City Hospital was compelled to respond with a diplomatic rebuttal. As a rule, the committee pointed out, Massachusetts General did not accept patients with contagious diseases, childbed sickness, consumption, or chronic illness. Moreover, notwithstanding the apparent availability of beds, "the supposed difficulty of procuring admission for cases that would really be willingly received, have discouraged applications." In other words, the hospital had a reputation for intimidating people from applying for admission.²⁸ Numerous prominent physicians also indirectly countered the claim that Massachusetts General Hospital provided sufficient care. A reluctance to criticize Massachusetts General directly may

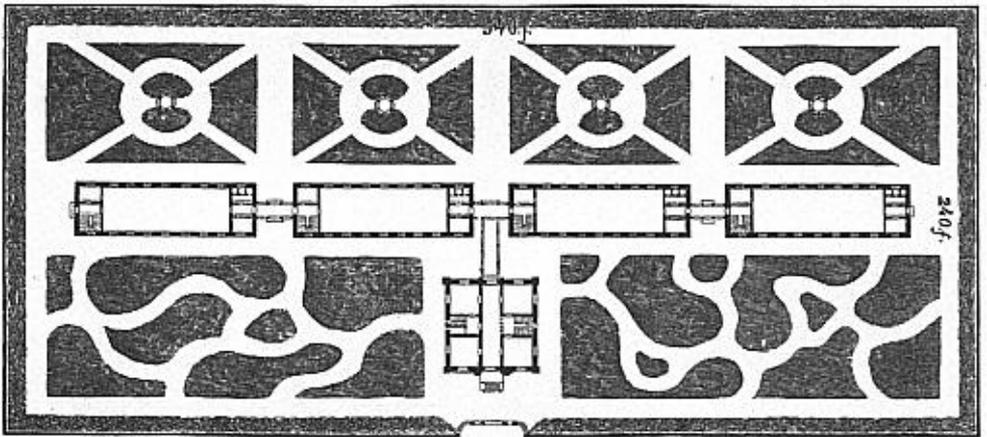


Fig. 4. *Plan and elevation for a Free City Hospital by Henry G. Clark, M.D. Clark published these drawings in a report shortly before the competition for the design of the new hospital. The architectural rendering of his ideas is attributed to Joseph R. Richards. Courtesy the State Library of Massachusetts.*

account for the fact that no comparisons were made between the design of the older building and the rationale for the pavilion plan. Massachusetts General had been built in a very traditional plan in which the wards were located on either side of a central hall. This institutional arrangement did not provide the same

light and ventilation available in the pavilion plan, with open wards occupying much of an entire floor. Finally, the report observed that when a hospital was infected by a contagious disease despite its best efforts to prevent such an occurrence, no back-up hospital existed in Boston to take patients while the infected wards were

being fumigated.

On March 1, 1861, the committee advertised for plans for a new hospital and offered a premium of three hundred dollars for the best design. The deadline was in April, but the attack on Fort Sumter, along with disagreement within the committee over the competing designs, delayed the selection of a winner. On June 8 the committee announced that an award of two hundred dollars would be made to Gridley J. F. Bryant for the best design and one hundred dollars to a second-place entry, that of George Ropes. Bryant's plan was praised for its ability to "combine an imposing appearance with great economy in construction. . . . It has especial recommendation of being susceptible of gradual and indefinite extension, admitting of a commencement involving little outlay, yet complete as far as it goes." Ropes's scheme was favored for its internal plan of the various rooms and wards. The committee also praised the plans of Elbridge Boyden, which employed the parallel pavilion plan used in the Lariboisiere. Boyden's plan was published in a book by Dr. John Green, which was printed in 1861 shortly after Bryant's design was selected (figs. 5 and 6). This scheme was an elaborate French Renaissance design based directly upon the Lariboisiere hospital and clearly too ambitious for the city at this time.²⁹ Still, the committee awarded an honorarium of fifty dollars for this entry and mentioned that J. H. Rand, Carl Fehmer, and Woodcock and Meacham had submitted plans as well.³⁰

Bryant did not have extensive experience in hospital design, but neither did

any of his identified competitors in the competition. The Massachusetts Medical College of 1846 and the Boston Lying-In Hospital of 1855 brought him into contact with members of the Boston medical community, and he was an architect who was quick to draw on the expertise of others for specialized designs. The most important example of this tendency was the innovative jail designs he developed with prison reformer Louis Dwight, beginning with the Charles Street Jail in 1848. Moreover, the considerable experience Bryant had gained in the design and construction of large, publicly funded institutional buildings in more than twenty years of practice was surely important to building committees, such as the one for the hospital, concerned about budgetary constraints.³¹

Because Bryant worked with many architects constructing a large number of buildings throughout his career, architectural historians have speculated about the degree to which his designs were truly his own. From 1859 until 1867 he shared an address, and many important commissions, with Arthur Gilman. However, they were not partners. The details of their working arrangements are not known, but surviving documents suggest that work brought in under the name of both architects was a shared commission with shared credit. If Gilman had been involved in a project newspapers and public documents would have credited him, but Gilman was never mentioned as having been involved in the City Hospital. The same arrangement was in effect for another architect who worked with



Fig. 5. Competition design for a free city hospital, front elevation, Elbridge Boyden, architect, with Dr. John Green. Green published Boyden's design in the book *City Hospitals* (1861) immediately after the Boston City Hospital competition. Courtesy the Francis A. Countway Library of Medicine.

Bryant during the 1860s, John Hubbard Sturgis, but Sturgis did not arrive in this country until the late summer of 1861.

Thus the City Hospital drawings can be attributed to Bryant alone. There were at least four draftsmen at the 4 Court Street address that Bryant shared with Gilman at the time the firm won the City Hospital competition. Louis P. Rogers (1838–1905) had been working for Bryant since 1856 and continued as a draftsman until 1867, when he became Bryant's partner. However, he entered the office at age eighteen and was only twenty-two in 1860. William S. Park (1824–72) started at 4 Court Street about 1853 and continued until 1863, when he left to practice on his own. Park had trained as a marble mason and traveled in Europe to study architecture, yet his early death leaves many unanswered questions regarding his training and capabilities. Rheimun Sayer (1834–?) worked as a draftsman at 4 Court Street

from about 1855 to about 1861. The fourth draftsman, Samuel W. Richards, was at 4 Court Street for about a year around 1860. Not enough is known about any of these men to do more than speculate on their possible contribution to the design of the City Hospital.³²

Bryant's winning design called for a central administration building surrounded by six pavilions containing the hospital wards (fig. 7). Each pavilion was linked to the administration building by covered walkways, four of which had roofs supported by colonnades. The entire lot, bounded by Springfield, Harrison, Concord, and Albany Streets, was to be landscaped with circular walks lined with bushes and trees. Both the arrangement of the buildings and the park-like setting for the hospital were in keeping with Dr. Clark's 1860 report, which recommended that the institution have grounds that were both therapeutic for patients and reminis-

PLAN OF THE PRINCIPAL STORY.

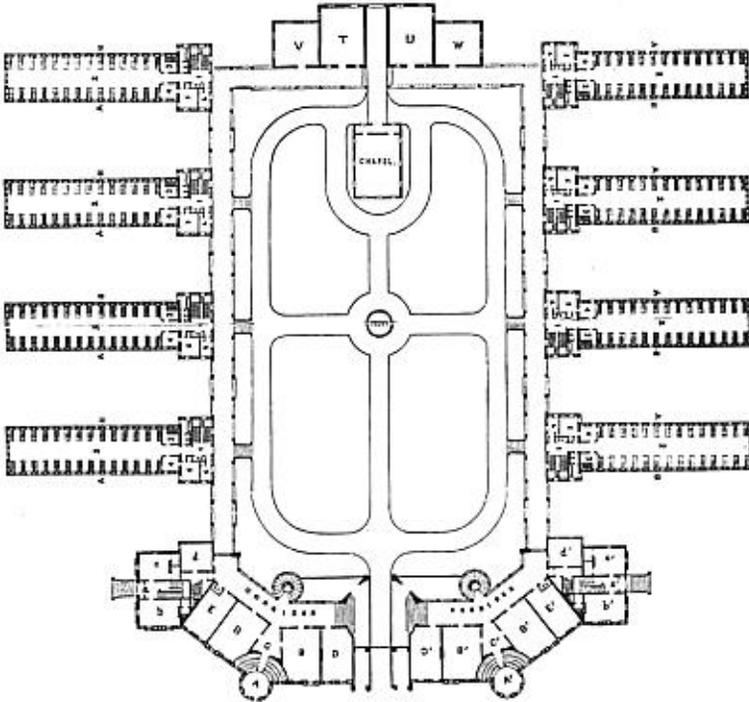


Fig. 6. Competition design for a free city hospital, plan of principal story, Elbridge Boyden, architect, with Dr. John Green. Boyden's plan was based upon the Lariboisiere Hospital in Paris, which most experts considered the model of the pavilion plan. Courtesy the Francis A. Countway Library of Medicine.

cent of a private estate (fig. 8). Bryant's plan appears to have been entirely original in terms of its layout and picturesque configuration. French and English examples, and such others built on this plans as the Beaujou hospital (1844) outside Paris and St. Jean (1848) in Brussels, exhibited a rigid classical symmetry in the manner in which the buildings were arranged around a central courtyard.³³

Bryant described the architectural style for the buildings as "the modern style of Renaissance architecture" which

"stands confessedly at the head of all forms of secular architecture in the chief capitals of the world." A more vernacular term would be "Italianate." The pavilions had hipped roofs, quoins, belt courses, and round arched windows. The administration building, which formed the centerpiece to the ensemble, featured a large ribbed dome surmounted by a lantern.³⁴

The buildings in Bryant's scheme were oriented toward Springfield Street and the town of Roxbury. Thus the hospital turned its back on the residential areas

and the town of Roxbury. Thus the hospital turned its back on the residential areas of the South End. Across Harrison Avenue to the north was Worcester Square, and directly behind the complex was Concord Street. At the south end were Albany Street and the site for the new city stables, which Bryant also designed. Behind the stables was the South Bay, which would only later become filled land. The design and its orientation conveyed a strong sense of separateness from the South End neighborhood while creating an institution that was architecturally impressive, not a place where one would expect to find paupers or the chronically ill.

Bryant's design was published on June 13, 1861. Over the next three

months there was no public discussion of the progress toward the construction of the hospital, and ground was broken on September 9, 1861. That fall, however, a controversy developed over what some physicians considered a radical change in the accepted design. Indeed, the changes in orientation and appearance of the building were such that the new design must have left Bryant's architectural competitors wondering why there had been a public competition in the first place. On November 8 the Board of Consulting Physicians, which had advised the committee on the Free City Hospital, issued a remonstrance to the committees of the City Council protesting the changes in the design. The physicians objected to the decrease in number of pavilions and the

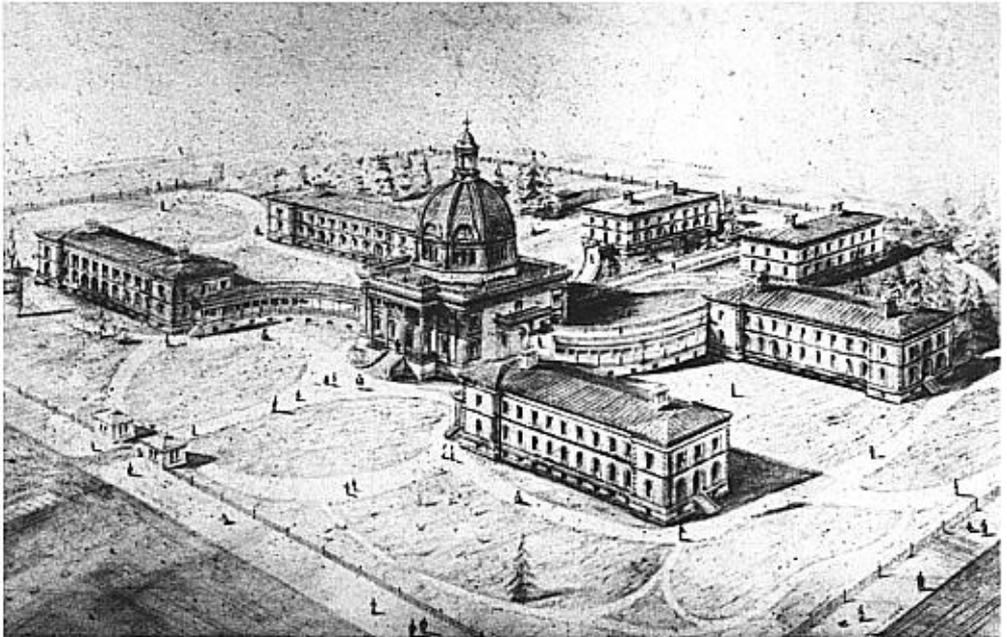


Fig. 7. *Competition design for a free city hospital, perspective view, Gridley J. F. Bryant, architect. Bryant's design was published in a report by the Committee on a Free City Hospital, issued after the competition. Courtesy Earle G. Shettleworth Jr.*

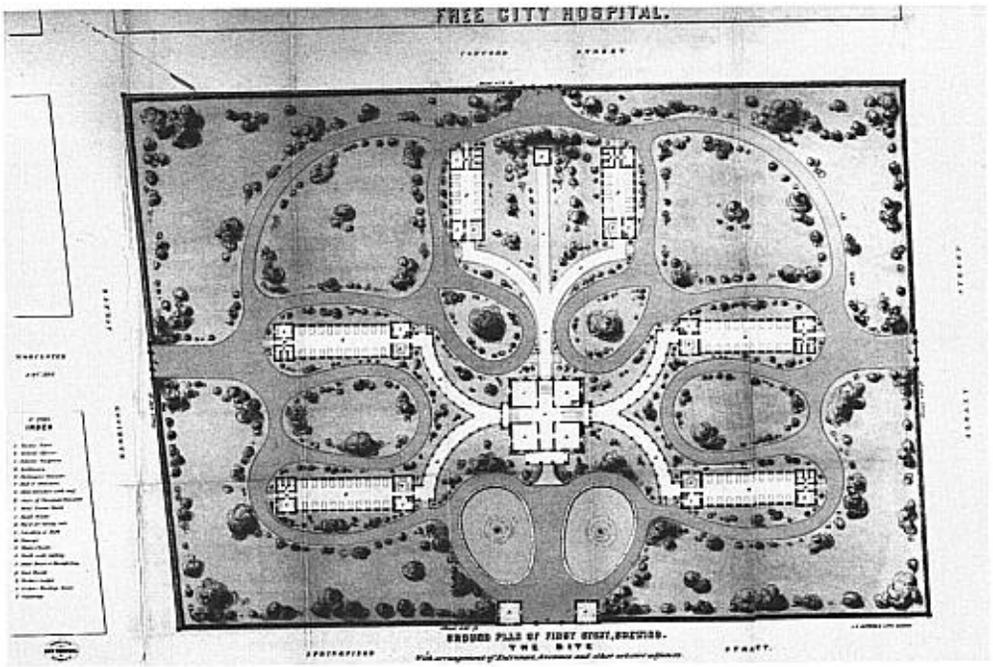


Fig. 8. Competition design for a free city hospital, plan of buildings and grounds, Gridley J. F. Bryant, architect. Courtesy Earle G. Shettleworth Jr.

Avenue which, given the rectangular shape of the lot, limited the options for spacing the pavilions around the administration building (fig. 9).

In defense of the changes to the plan the Hospital Committee and the Building Committee protested that they were compelled to change the orientation of the buildings because the authorization from the City Council had stated that “the Committee on Public Buildings, in concurrence with the Committee on the City Hospital, be directed to erect suitable buildings for a City Hospital on the site selected for that purpose, *on Harrison Avenue*” (italics added). After having obtained an opinion from the city solicitor the two committees claimed that they were obligated to orient the front of the

buildings toward Harrison Avenue, but the shape of the lot required a major change in how the buildings were arranged. In order to maintain a symmetrical arrangement with the administration building in the center of the lot and to avoid blocking the east and west exposures of the four main pavilions, two smaller ones were eliminated from the plan. To compensate for fewer buildings the pavilions were each enlarged by thirteen feet. A mansard roof was also added to each pavilion, effectively adding another floor. The consulting physicians singled out this last revision because of the increased cost and the possibility that the space would be used for a ward if conditions became more crowded.

The joint committees defended the

inclusion of mansard roofs, notwithstanding the added cost of one thousand dollars for each pavilion. The space could be used as rooms for nurses and other attendants, they noted, as well as for “occasional accommodation for paying patients who desire to be separated, or whose cases require it.” Their defense of the change in plans was not, however, primarily on practical grounds. They wrote, “It certainly will tend to relieve the extreme plainness of the structure, which, as economy forbids the aid of ornament or the use of costly materials, must mainly depend upon proportion and outline to do credit to public taste, which demands for a public institution to exist for centuries a greater degree of elegance than would be

in character with a ropewalk or a cotton mill” (fig. 10).³⁵ Barely mentioned was the increase in size of the administration building from sixty feet square to eighty feet by sixty feet. This enlargement included a taller dome as well. As the pavilions were given “French roofs,” the design of the administration building was correspondingly altered with a dome based upon Les Invalides in Paris (fig. 11).

The committees justified the changes in terms of a revised analysis of the arrangements for the internal spaces. However, clearly the impetus for the revision was political. The change in design placed the entrance of the administration building on axis with Worcester Square, one of the premier residential neighbor-

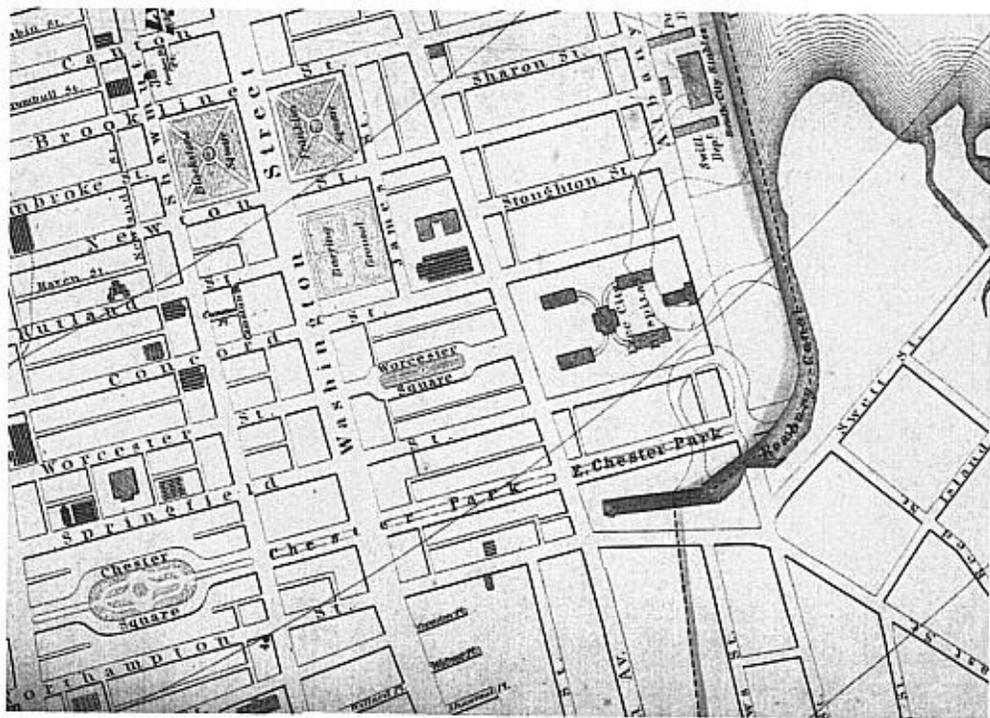


Fig. 9. Detail, map of the city of Boston, 1863, showing Bryant's revised plan for the city hospital oriented toward Worcester Square rather than Springfield Street. Author's collection.

building on axis with Worcester Square, one of the premier residential neighborhoods of the South End. The U-shaped plan formed by the administration building and two flanking pavilions created a strong visual termination of the oval-shaped park that comprises Worcester Square (fig. 12). Moreover, the addition of mansard roofs on the pavilions brought the design into stylistic conformity with the mansard roofs on the houses that lined

the square. Indeed, the mansard roof was the dominant architectural feature of this South End neighborhood.

Bryant's published statement on the revisions supports the importance of appearance in guiding the actions of the committees. "My instructions were to retain the centre building and four pavilions, which were all to be enlarged dimensions and accommodation from the former plans," he wrote. "They also



Fig. 10. The administration building of Boston City Hospital from Worcester Square, about 1870. This was a popular stereopticon view. Courtesy Earle G. Shettleworth Jr.

required to be so located upon the site as to cause the longer side or principal portico facade of the centre building to face Harrison Avenue, . . . *it being understood that the intention was to produce additional architectural effect in the central building, and in each of the pavilions as seen from Harrison Avenue*"

(italics added). Bryant also confirmed that he had been directed to add a mansard roof to each pavilion.³⁶

Notwithstanding the criticisms of changes in the design, the establishment of a Free City Hospital was a victory for the medical community and its support-



Fig. 11. Administration building of Boston City Hospital, looking south toward Roxbury, about 1870. Visible in the rear are the smokestacks for the boiler house and the roof of the morgue. Courtesy Boston Medical Center.

most advanced thinking in medical design. The pavilion plan, however, did not require that buildings necessarily be constructed with ornate architectural embellishments. In part the justification in this case derived from civic pride, but there were other, more specific reasons as well. By 1861 it was already clear that the wealthiest citizens were going to build homes in the Back Bay rather than the South End. However, the developments undertaken in this neighborhood were not insignificant, and the city did not want to undercut further investments and improvements. By building an institution that was a stylish and elegant architectural landmark designed to fit into the predominant architectural styles of the neighborhood, the city had done much to allay the fears of property owners.

At the dedication of the hospital on May 24, 1864, hospital trustee Otis Norcross stated, "It has never been the intention of the City Council to make this a pauper hospital. The citizens should realize this fact; and before they make application for the admission of patients, be very sure of the right and of the party to be admitted. It will often be difficult to draw the line which separates temporary necessity and pauperism; such cases must be left to the judgments of the Trustees, after they considered all circumstances."³⁷ Thomas Amory Jr., president of the hospital's board of trustees, repeated these sentiments. "The respectable poor, virtuous, neat and well-conducted, should not be subjected to daily intercourse with the profligate, who, by intemperance and vicious indulgences, have degraded themselves to the

level of the brute." Amory, who was one of the most ardent supporters of the City Hospital, also stated that "the government should be firm in declining to receive them, in compelling their removal when inadvertently admitted."³⁸

Norcross and Amory were not alone in stating a concern over warding off free-loading patients. By designing a hospital that more closely resembled a palatial private estate than a poorhouse, the Boston City Hospital may also have served to intimidate those for whom the institution was not intended. Certainly the architectural attractiveness of the institution, which was necessary to appease the South End property owners, had to be counterbalanced by assurances that it would not serve as a magnet for those who were considered chronically poor. This explains the rather strident rhetoric in the dedication addresses by Norcross and Amory.³⁹

The administration building and two pavilions were completed by the May 1864 dedication. The administration building contained offices, examining rooms, kitchen and dining facilities for the employees, and an operation theater in the dome, which well lit the space below. The male and female wards were on the first and second floors in the pavilions. These open spaces were heated and ventilated by a system of hot and cold air pipes that were carried through pipes inside elaborate Corinthian columns to the registers in the floor above (fig. 13). As called for in both the original and the revised plans, the three buildings were linked by a granite colonnade above ground and underground passages at the basement level. On

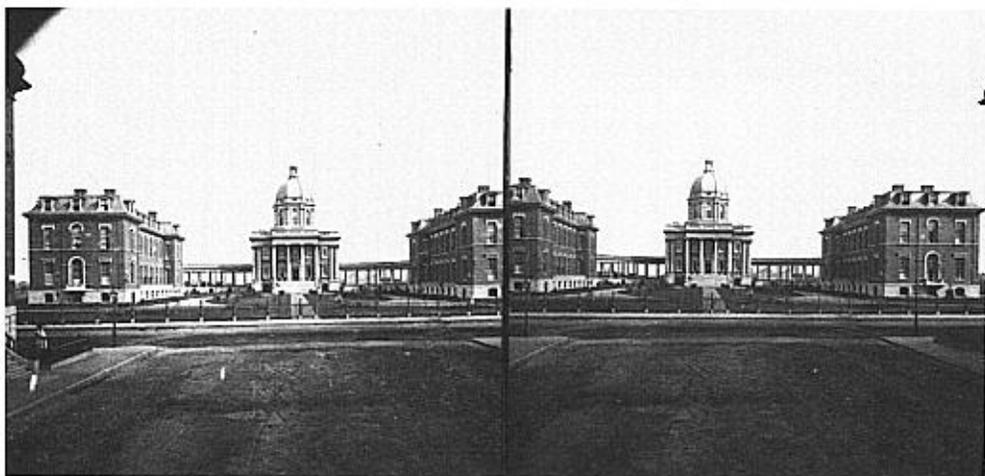


Fig. 12. *Boston City Hospital from the north end of Worcester Square, about 1870. This view shows the administration building in the center flanked by two ward buildings linked with a curved colonnade. Courtesy Earle G. Shettleworth Jr.*

the hospital grounds there were also separate structures for the boiler plant, laundry, autopsy room, and a porter's lodge on Harrison Avenue (fig. 14).

In 1865–66 a third pavilion for contagious diseases was added at the rear of the property. The porter's lodge was also enlarged to accommodate facilities for outpatients in the following year. Major expansion of the hospital did not take place until 1875–77, when two new pavilions were added. These structures were not built following Bryant's scheme, for they were located between the existing wards and the administration building rather than well to the rear of the complex. The plans for these structures were prepared by physicians and drawn by a local contractor. Once funding had been approved, architect Carl Fehmer was hired to prepare contract plans and specifications.⁴⁰ Although this departure from the original Bryant plan was only the

beginning of a long history of new building and expanded hospital grounds, the original three buildings survived as the centerpiece of the institution until the mid-1930s (fig. 15).

In 1934 the neighborhood was in decline, and the hospital replaced the old administration building with a new structure directly fronting Harrison Avenue. The placement of this building, although still on axis to Worcester Square, effectively served as a visual barrier to the community. Later additions on top of the structure, completely at odds with the neoclassical design of the 1934 building, only added to the sense of isolation from the neighborhood. The hospital continued to grow and expand into the South End neighborhood, but the loss of the administration building destroyed the cohesion established in Bryant's original plan for the complex. ❀



Fig. 13. Men's ward, Boston City Hospital. The natural light and ventilation considered so important in the pavilion plan is evident in this view, made about 1890. The Ionic columns were used to hide the heating and ventilation system. Courtesy Boston Medical Center.

plan for the complex.



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1. As originally proposed, the name of the institution was to be the "Free City Hospital" rather than Boston City Hospital or City Hospital. The charitable connotation of this name was used as a selling point as late as June 1861, when the report on the architectural competition for the design was issued. Subsequent descriptions dropped the word "Free," evidently in an effort to discourage people who were not sick from attempting to gain admission.
2. A reading of the Boston newspapers from 1840 to 1870 has turned up numerous citations to supplement previously published material on Bryant's career. For biographical



Fig. 14. *Hospital staff on the grounds of Boston City Hospital, about 1875. Little evidence survives of the original landscaping for the grounds of the hospital, in part because the complex grew so rapidly. The gazebo suggests that some effort was initially made to provide a park-like setting for the hospital. Courtesy Earle G. Shettleworth Jr.*

information, see Henry Bailey, "An Architect of the Old School," *New England Magazine*, November 1901, 326–49.

3. The Deer Island Almshouse was built in 1849–51 and designed by Gridley Bryant. It was under construction at the same time as the Charles Street Jail, which Bryant designed in association with penal authority Lewis Dwight. In plan the Deer Island

structure was similar to the jail, which is an indication of how the poor inmates were viewed. It was used as an almshouse for only a few years. By 1855 it had been converted into a reformatory for boys and girls. For statistics on the change in Boston's population, see Peter R. Knights, *The Plain People of Boston, 1830–1860: A Study in City Growth* (New York: Oxford University Press, 1971).



Fig. 15. *Harrison Avenue looking east, about 1900. The two original ward buildings visible in the right of the photograph survive, although in a much altered state. The visual relationship of the hospital to the surrounding neighborhood is evident here, notwithstanding the fact that the hospital grounds had been enlarged and a number of new buildings constructed. Courtesy Boston Medical Center.*

4. *Report of Committee on City Hospital with Letters from Physicians, Etc.*, Boston City Document No. 56 (1849), 3.
5. The belief that poverty was caused by conditions in society was not widely shared in the early nineteenth century. However, there was more of a consensus that someone “down on their luck” would be more susceptible to the temptations of vice. Therefore, they would benefit from being removed from those temptations. See David J. Rothman, *The Discovery of the Asylum* (Chicago and Toronto: Little, Brown and Co., 1971), 172–79.
6. *Report of Committee on City Hospital*. This was notwithstanding the fact that Massachusetts General Hospital had been enlarged in 1844–46.
7. *Ibid.* As a very poor neighborhood in an area of potential commercial development, Fort Hill would not have been considered a suitable site for a permanent hospital.
8. Morris J. Vogel, *The Invention of the Modern Hospital: Boston, 1870–1930* (Chicago and London: University of Chicago Press, 1980), especially 9–11.
9. Vogel, *Invention of the Modern Hospital*, 27.
10. This was the little-known predecessor to the Free Hospital for Women, an institution established in the late nineteenth century, first in Boston and later in Brookline. The Springfield Street Lying-in Hospital lasted only a few years before being converted to a female medical college. For most of its existence it was used as the Home for Aged Men; its architect, Gridley J. F. Bryant, died there in June 1899. *Kings Handbook of Boston* (Boston: Moses King, 1883), 200.
11. City of Boston, *Records of Mayor and Aldermen*, vol. 35 (1857), 30. The Boston

- Boston Society for the Prevention of Pauperism*, October, 1855 (Boston: John Wilson & Sons, 1856).
12. City of Boston, Records of Mayor and Aldermen (1857), 30, 88. The only named individual associated with the remonstrance was William Brigham, who was an attorney and submitted the document.
 13. *Report of the Joint Special Committee on the Establishment of a Free City Hospital*, Boston City Document No. 37 (1857).
 14. *Report of the Joint Special Committee*, 5.
 15. *Ibid.*, 11–12. The documentation contained in the report was anecdotal; it did not stem from a systematic investigation.
 16. City of Boston, Records of Mayor and Aldermen (1857), 592.
 17. *Ibid.*, 650, 740.
 18. *Evening Gazette* (Boston), Mar. 6, 1858, 2.
 19. *Evening Gazette*, Mar. 20, 1858, 2.
 20. *Report on Tabular Statement of the Censors Appointed by the Board of Mayor and Aldermen to Obtain the State Census of Boston, May 1, 1850*, Boston City Document No. 42 (1850), 14.
 21. Massachusetts State Legislature, Acts of 1858, Chapter 113.
 22. *Report of the Committee on a Free City Hospital*, Boston City Document No. 34 (1861), 6–8.
 23. Henry G. Clark, M.D., *Outlines of a Plan for a Free City Hospital* (Boston: George C. Rand and Avery, 1860). The designer of the architectural drawings is not identified in the document. However, Clark later mentioned that the plan for laying out the buildings was by Mr. Richards, who had also submitted an entry in the competition. This was probably Joseph R. Richards, an architect who had trained with Bryant in the early 1850s. See letter from Henry G. Clark appended to *Report of the Committee on a Free City Hospital*, 24.
 24. Francis H. Brown, *Hospital Construction* (Boston: David Clapp, 1861). This article was first published in the *Boston Medical and Surgical Journal* 65, 3, part I (Aug. 22, 1861): 49–54, and 65, 4, part II (Aug. 29, 1861): 74–81.
 25. Clark, *Outlines*, 10–11.
 26. John D. Thompson, *The Hospital: A Social and Architectural History* (New Haven, Conn.: Yale University Press, 1975), 135–41.
 27. F. Oppert, *Hospitals, Infirmarys and Dispensaries* (London: John Churchill and Sons, 1867), 13. This author was not very well informed about American examples. He mentioned the Boston City Hospital but reproduced the plan of the original scheme rather than the one that was built (85–86).
 28. *Report of the Committee on a Free City Hospital*, 4–6.
 29. John Green, M.D., *City Hospitals* (Boston: Little, Brown and Co., 1861).
 30. Green, *City Hospitals*, 12–13. Also alluded to was a submission from Paris, which arrived too late to be considered, “by the son of one of our valued associates in the government, who has made civil architecture a study.” This was undoubtedly William G. Preston, son of Alderman Jonathan Preston, who was in Paris studying architecture.
 31. Bainbridge Bunting noted the similarities between Bryant’s practice and the modern architectural firm. “Bryant, an active, energetic administrator, was constantly on the move inspecting jobs in distant cities, meeting with building committees, and arranging new commissions for the firm. He was the prototype of the modern ‘contact’ man, so often the most widely known and best

- remunerated member of the present-day architectural firm." Bainbridge Bunting, *Houses of Boston's Back Bay* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1967), 162–63. The image of a man of prodigious energy is confirmed in an account by his friend and biographer, Henry Bailey, "An Architect of the Old School," 326–49. Bryant was what in today's terms would be called a workaholic.
32. Only one of these men, Louis Rogers, is known to have worked for Bryant. The other three are assumed to have been in the employ of either Bryant or Gilman because they shared the same business address. For additional information on Rogers, see *Architectural Era* (Syracuse, New York), February 1890. For William Park, see *Annals of the Massachusetts Charitable Mechanic Association, 1795–1892* (Boston: Press of Rockwell and Churchill, 1892), 169. Sayer left Boston for an unknown location after his marriage to the niece of Bryant's wife in 1866. Even less is known about Richards, who disappeared from the city directory in 1870.
 33. The British architectural journal, *The Builder*, published a plan for the Bordeaux hospital and cited St. Jeans in Brussels and Lariboisiere and Beau Jou in Paris in 1856. *The Builder* (London) 14, 711 (Sept. 20, 1856): 509–10. The plan for Lariboisiere was published in the same journal three years later [17, 855 (Jan. 25, 1859): 417, 424].
 34. Bryant's description of his plans is contained in *Report of the Committee on a Free City Hospital*.
 35. *Second Report of Committee on the Free City Hospital*, Boston City Document No. 69 (1861).
 36. *Second Report*, 21–23.
 37. *Proceedings at the Dedication of the City Hospital* . . . (Boston: J. E. Farwell and Co., 1865), 40–41. Otis Norcross (1811–82) served as a trustee of the hospital during its first four years. He was a merchant who served on the boards of a variety of charitable and non-profit institutions and was elected mayor in 1867.
 38. *Proceedings at the Dedication*, 57–58. Thomas C. Amory Jr. (1812–89) graduated from Harvard in 1830 and was an attorney. He served on the Board of Aldermen and in the state legislature. Amory was appointed the first president of the board of trustees for the City Hospital.
 39. There was a widespread concern in the nineteenth century, as now, that public institutions, such as hospitals, almshouses and prisons, should not be made so attractive that the patients or inmates would not want to return to what were in many cases their very poor living conditions. Rothman, *Discovery of the Asylum*, 194–95.
 40. Edward Cowles, M.D., *Description of the Boston City Hospital, Its Enlargement and Reconstruction* (Boston, 1877), 12; Boston City Hospital, *History of the Boston City Hospital* (Boston: Municipal Printing Office, 1906), 5–15, 120–21.