

ARCHITECTURAL NARRATIVE THE JULIA L. BUTTERFIELD MEMORIAL HOSPITAL

PREPARED DECEMBER 2012 BY THE
COLD SPRING HISTORIC DISTRICT REVIEW BOARD

INTRODUCTION

The Julia L. Butterfield Memorial Hospital in the Village of Cold Spring, Putnam County, New York, is a complex of four component sections constructed over a period of approximately sixty years. The entire structure is listed in the Village's local historic district, and therefore modifications to it are subject to review by Cold Spring Historic District Review Board.



Figure 1: Historic post card showing the east (primary) façade of the hospital as constructed in 1925. Courtesy Mark Forlow.

The Butterfield hospital served the community of Cold Spring and its surrounds from 1925 through 1993, after which it housed several temporary uses but was mostly abandoned. While in service, the hospital grew and changed to meet the evolving technological and practical demands of public health. The original 1925 hospital building, seen in figure 1, was expanded via a series of additions and alterations that largely obscured that structure from view. At first, the resulting complex might appear to the casual observer to have been developed in a way that was haphazard or ill-considered. However, careful architectural analysis and archival research reveal the visual and programmatic logic that shaped the complex known to the public today, and which tie the four building phases together. As a result of that logic, each of the hospital's

building phases is distinct and recognizable as a product of its time, yet each relates to the other through its material palette and architectural elements.

PHASE I: JULIA L. BUTTERFIELD MEMORIAL HOSPITAL
COMPLETED 1925; HOBART BROWN UPJOHN, ARCHITECT

Architect Hobart Brown Upjohn came from a venerable family of American architects. His grandfather was the renowned Richard Upjohn, founder of the American Institute of Architects and most famously the designer of Trinity Church in New York City. Richard Upjohn also was the architect of the Putnam County masterpieces St. Phillip's Episcopal Church in Garrison and The Grove, the home of Dr. Frederick Lente in Cold Spring. The Grove is recognized as a National Historic Landmark and is located on a parcel adjacent to the Butterfield Hospital site. Although Richard Upjohn's reputation helped his grandson secure early commissions, Hobart Upjohn's design mastery earned him his own high standing among early 20th century American architects.

While his grandfather worked primarily in the Gothic Revival and Italianate styles and was most acclaimed for his church designs, Hobart Upjohn was recognized for his more eclectic body of work. In addition to churches and their ancillary structures, Hobart Upjohn had a particular talent with civic and public buildings, including hospitals. In fact, he published an article in a trade journal on the subject of hospital design shortly after planning the Butterfield Hospital.¹ The younger Upjohn worked in a range of historical revival styles, including the Colonial Revival, in which the Butterfield Hospital was executed. He was the favored architect of the trustees of the Julia Butterfield estate, which funded his designs for and the construction of the public library in the Village of Cold Spring as well as the hospital. While for the Butterfield Library Upjohn chose the Greek temple-like proportions and elegant decorative program of the Georgian Revival (see



Figure 2: The Julia L. Butterfield Memorial Library, Cold Spring New York, Constructed 1927.²

figure 2), for the hospital building he employed the more staid and streamlined Colonial Revival style. Despite their stylistic differences, though, their common provenance is recognizable in their siting, proportions, symmetry and material palette.



Figure 3: The south and east facades of the Butterfield Hospital soon after construction. Photo published in Trudie A. Grace's *Around Cold Spring*, courtesy Janet Selleck Rust.³

The Julia L. Butterfield Memorial Hospital was sited at the crest of a knoll at the south end of the village, taking full advantage of sweeping views of the Hudson River and Storm King Mountain. Its location on this slope meant that the east (primary) and north facades of the structure had three above-grade floors, while on the south and west (rear) façades, a full-height basement was above grade, as well. The building was nine-bays wide and three bays deep and was constructed of load bearing masonry walls described as “fireproof” in a contemporary press account.⁴ Its floors were framed in steel with concrete decks. On the south side, set back from the southeast corner of the structure, was a one-story wing with three wide bays; it seems to have contained an at-grade entrance for ambulances. This utilitarian structure was made grand by the canopied patio on its roof, intended for patients to convalesce *en plein air*, in keeping with medical practices of the day.

The hospital's brick facades were laid up in Flemish bond of alternating deep red stretchers and nearly black flare headers. Wide, articulated quoins regally defined the four corners of the structure. To anchor the design, a number of courses at the base of the building were black brick, as well.⁵ The transition from three to four stories on the west façade was demarcated by a soldier course that continued the sill line of the east and north facades. This horizontal band also served to break up the expanse of the building's taller rear portion.



Figure 4: Detail of brick work on the exposed west façade of the 1925 hospital building. Note soldier course at the top of the photo, demarcating the sill line of the above-grade easterly portions of the building.

Typical of the Colonial Revival, symmetry was perhaps the greatest character-defining feature of Hobart Upjohn's original design for Butterfield Hospital. That symmetry was accentuated on the primary (east) façade by a central, eight-paneled wood front door which was crowned by a decorative wood pediment. Appointed with dentils and an egg-and-dart motif, the pediment was supported by fluted wood pilasters which themselves rested on stone steps. The door was surrounded by leaded top and side lights. Inscribed in stone, likely marble, between the toplight and the pediment were the words "In Memoriam Julia L. Butterfield."⁶



Figure 5: Original main door of Julia L. Butterfield Memorial Hospital. Courtesy Putnam History Museum.⁷

Continuing Upjohn's symmetrical design, four ranges of windows on the first and second floors flanked each side of the entrance door, and a single window perched above it. These were double-hung, wood sashes with six-over-six muntin configurations. They rested on stone sills⁸ and were capped with vertical brick jack arches that fanned gently on the ends.⁹ This fenestration pattern continued on the west façade of the original hospital mass. On the first floors of the north and south facades, a single central door was flanked by two windows; on the north, the door led to a stone-stepped landing, and on the south, to the patio. This pattern of openings was repeated on the second floor with the central doors serving as fire egresses. In the south gable end a central fire door led to a metal fire escape that continued down the façade with a landing on the second floor, as well. In the north gable end was centered a round-topped, multi-pane, double-hung sash window.

On the east and west facades a wooden cornice consisting of a wide, simply articulated classical entablature created the transition from the walls to the side-gabled roof. The roof was shingled in Bangor slate and was drained via an interior gutter system; square copper leaders descended on the east and west facades near each corner.¹⁰ On the east, the plane of the roof was pierced by six centered, pedimented dormers with round-topped, multi-pane, double-hung sash windows. Photographs of the windows indicate that they had a similar muntin configuration to the windows Upjohn used for the Butterfield Memorial Library. These dormers allowed light and air into third floor, which served as quarters for the hospital's nursing staff.¹¹ No photographic evidence has been found to confirm whether similar dormers existed on the west slope of the roof, though that was likely the case. Both gable ends were broken by two-part, symmetrical, oversized brick chimneys with decorative corbelling at their apexes. These chimneys anchored the ends of the structure and imbued it with a sense of monumentality.

Today, all that remains visible of the original Hobart Upjohn hospital building is the west façade. The rest of the structure was covered over in two additions, the first in 1941 and the second in 1963. The latter of these modifications removed the structure's third story and wrapped around the south, east and north facades of the original mass. Still, as will be described, these later modifications do relate to and reflect design elements of the Upjohn structure.

Because of the complex elevations and grade changes on the Butterfield Hospital site, understanding how the original Upjohn mass and subsequent additions relate and connect to each other can be difficult. Figure 6 provides a concept plan used in fundraising for the 1963 addition. Although the plan was not fully executed, the drawing illustrative of the hospital's physical evolution.

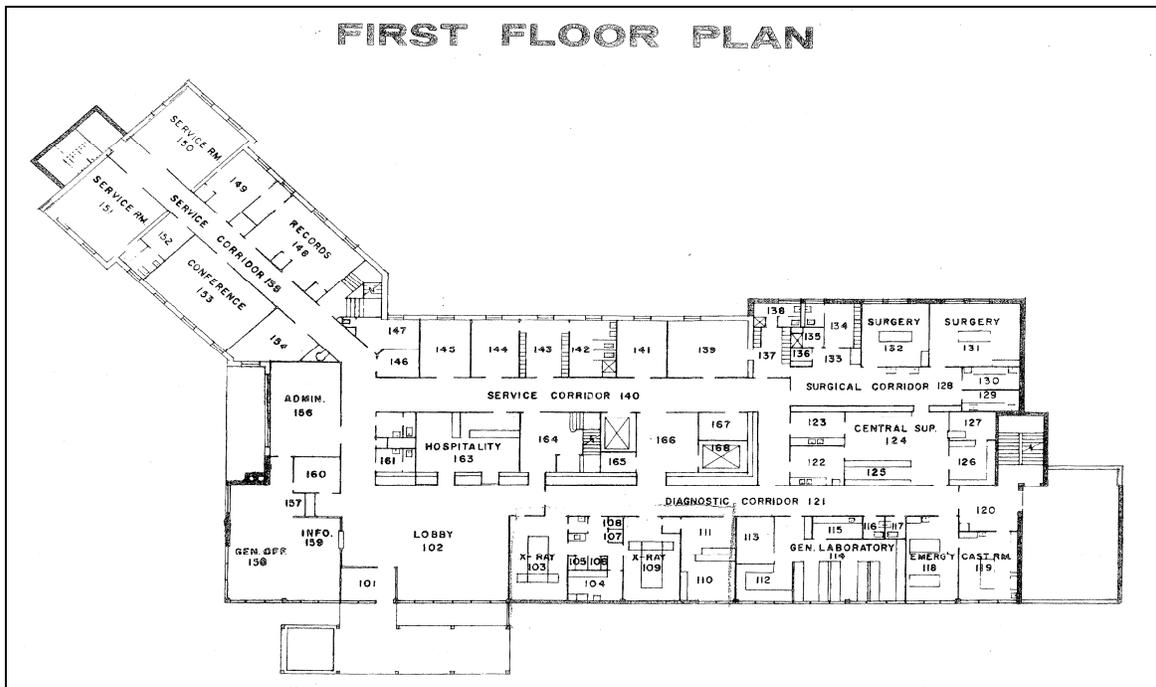


Figure 6: Conceptual plan used in fundraising for 1963 addition¹². The lower rectangle represents the 1925 building surrounded by the 1963 addition; the 1941 wing sits at an angle at the upper left. The Upjohn building is seen in the rectangle containing the hospitality room and the smaller rooms 139-168, as well as the administration room and room 160 on the left. The latter two rooms were incorporated into the spaced created by the enclosure of the original convalescing patio. *Note: the configuration represented here was not the final design for the 1963 build-out; modifications to this plan were made before the final construction.*

PHASE II: IDA TIMME MEMORIAL WING (ALSO KNOWN AS THE SOUTH WING)

COMPLETED 1941-2; STANLEY EDISON WHITE, SR., ARCHITECT.

Regionally-prominent architect Stanley Edison White, Sr was commissioned to design the first addition to Butterfield Hospital. His wing, which extends at an angle from the southwest corner of the original mass, was dedicated to nationally-renowned philanthropist and social/political activist Ida Helen Haar Timme.

Although not of the same reputation as Hobart Brown Upjohn, White also worked successfully in the Colonial Revival Style during its popularity. The home he designed for himself in the Village of Cold Spring is one of the community's finer residential examples of the style.¹³ Also like Upjohn, his designs for public buildings were particularly sought after, but White specialized in schools. A goodly number of regional schools around and near Putnam County boast his design, including those in Garrison, Carmel, Kent, Yorktown Heights, and Beacon.¹⁴



Figure 7: Historic image showing the 1941 Timme wing extending to the south (left) of the original Hobart Upjohn structure. The portion of the wing seen closest in this image enclosed the sun porch and corresponding upper floor. Courtesy Mark Forlow.

The 1941 White addition to Butterfield Hospital expanded the building in two ways. First, it enclosed a portion of the convalescing patio and added a second floor above the enclosure. White, however, honored the much-loved patio by including banks of tall windows and glassed doors on the first floor to create an interior sunroom for patient use.



Figure 8: Detail of 1941 sunroom, south façade.

To the southwest of the enclosed sunporch, and extending from the modified southwest corner of the main mass, a masonry load-bearing, a steel-frame concrete-decked bay with six-bays and three stories was added. It consisted of an above-grade basement and two upper floors. Its roof is flat, edged by a recessed brick and concrete parapet and drained by an interior gutter system with square copper downspouts. The roof is accessed via a brick wall-enclosed fire stair located at the wing's northwest junction with the original mass.



Figure 9: Recessed brick and concrete parapet on roof of the Timme (South) Wing, looking west to Storm King Mountain.

While the Timme wing replaced the compact Upjohn design with an asymmetrically massed complex, it otherwise respected the original design. Stanley White clearly strove to ensure that his design deferred to Upjohn's, even repeating the character-defining features seen on the



Figure 9: East façade of the 1941 Timme (aka South) Wing, Butterfield Hospital.

original mass: Flemish bond brickwork; a symmetrical fenestration pattern; six-over-six double-hung windows; dominant corner quoins; a wide, simply articulated Classical cornice; and a soldier course between the grade-exposed basement level and the first floor (in the wing a soldier course runs along foundation line, as well).



Figure 10: Southwest façade of Timme Wing (at right) and the remaining exposed wall of original 1925 mass (at left), demonstrating the design relationship between these two portions of the hospital complex.

This is not to suggest that the White-designed wing is a replica of the Upjohn mass, however. The latter harkens back to the former, while distinguishing itself subtly and respectfully. A clear example is in the treatment of window surrounds—White’s rectangular brick jack arches are simplified quotations of Upjohn’s slightly flared jack arches (see figure 11).



Figure 11: Example of rectangular jack arches above the windows on the 1941 Timme wing.

The exterior of the Timme wing is largely intact today, having only been modified during the 1963 facility upgrade with the addition of a fire-code compliant exterior stair.



Figure 12: South façade, Timme Wing: At lower right, a rolling door providing access to a partial sub-basement storage and mechanical room that was part of the 1941 design. The exterior fire stair to its right was part of the 1963 hospital complex upgrade.

An interior architectural element of significance is the Ida Timme Memorial Arch, now located on the first floor of the southwest end of the Timme Wing, just before the appended fire stair. It was likely moved to that location from the junction with the 1925 mass as part of the 1963 interior reconfiguration. It now seems oddly out of place at a secondary egress rather than serving as the stately entrance it once was.



Figure 13: The Timme Memorial Arch.

The Timme arch is executed in the Gothic Revival style seen more typically in academic architecture during the 1940s, and is an anomaly in the reserved and simple Colonial Revival structure it adorned. The keel arch is supported by compound columns resting on substantial bases, and is constructed of concrete and with what appears to be scagliola. The spandrels above the arch are decorated in an acanthus leaf motif, and the panel above the arch has inscribed in Gothic lettering: “This wing is dedicated to the Memory of Ida Helen Timme.”

PHASE III: THE CLARK PAVILION

COMPLETED 1963; CANNON THIELE BETZ & CANNON, ARCHITECTS



Figure 14: Clark Pavilion, primary (east) façade of the Butterfield Hospital.

The 1963 Clark Pavilion addition to Butterfield Hospital dramatically altered the facility's exterior, removing the 1925 gabled roof and wooden cornice and entablature, and obscuring all but the west façade of the original Hobart Upjohn design. It is an L-shaped addition that wraps the east and north sides of the 1925 structure, as well as the southeast juncture of the 1925 and 1941 portions. Because the Clark Pavilion constitutes the most prominent façade of the expanded facility, and because it served as the primary entrance to the hospital for three decades, for most residents and other observers it provides the dominant architectural experience of the hospital complex. It is executed in the Modern Style, which fell out public favor in the latter decades of the twentieth century. Further, because the design is not a particularly compelling example of the Modern Movement, and because its impact on the site is so great, the hospital complex overall is commonly considered to be "ugly" and an "eyesore." This perception is reinforced by the structure's deterioration, caused by deferred maintenance in the latter years of the hospital's operation, as well as nearly two decades worth of subsequent abandonment and neglect. From an historical perspective, however, one can appreciate the intentions of the funders and administrators whose practical and idealistic visions for the pavilion guided their design choices.

The primary impetus for the 1963 expansion of Butterfield Hospital was the 1946 Hospital Survey and Construction Act, commonly known as the Hill-Burton Act. The act provided federal matching grants for the modernization of hospitals that had become obsolete during the thinly-funded periods of the Great Depression and World War II.¹⁵ Under Hill-Burton, hospitals across the nation were given upgrades and facelifts. These were commonly executed in the Modern Style, which represented the mid-century American cultural optimism and drive for innovation. The availability of Hill-Burton funding coincided with a bequest to Butterfield Hospital by the estate of Dr. Coryell Clark, a staff physician who had spent his career working to modernize the delivery of medical services in Cold Spring. The combined funding streams made Dr. Clark's vision a reality.

Coryell Clark's forward-looking approach was embraced by the trustees of the hospital when they selected of the Modern Style for the 1963 addition. The aesthetic was a dramatic departure from the building's conservative Colonial Revival beginnings. Whereas once the structure reached skyward, the complex now hugged the ground in a low-slung, linear mass. To achieve this transformation, the third floor of the 1925 mass was completely removed and the tall, lean façade elements were replaced with heavy horizontal banding and flattened fenestration. In its time, such massing and decorative programming was seen to represent a departure from the fussiness of previous generations, and a move toward the no-nonsense, scientifically-oriented focus of the future. Many mid-century public institutions, including hospitals nationwide, employed the Modern Style to communicate via their buildings their own modern outlooks and goals. Just as America embraced the technological and materials innovations that fueled space exploration in that era, so did the Trustees of Butterfield Hospital embrace modern approaches to medical care. Their choice of the Modern architectural style for the Clark Pavilion, and its marriage to the stately brick Colonial Revival forms of the hospital's earlier sections, communicated to the Cold Spring community, to patients and to staff the quantum leaps in local medical care that would be achieved within the facility's expanded walls.

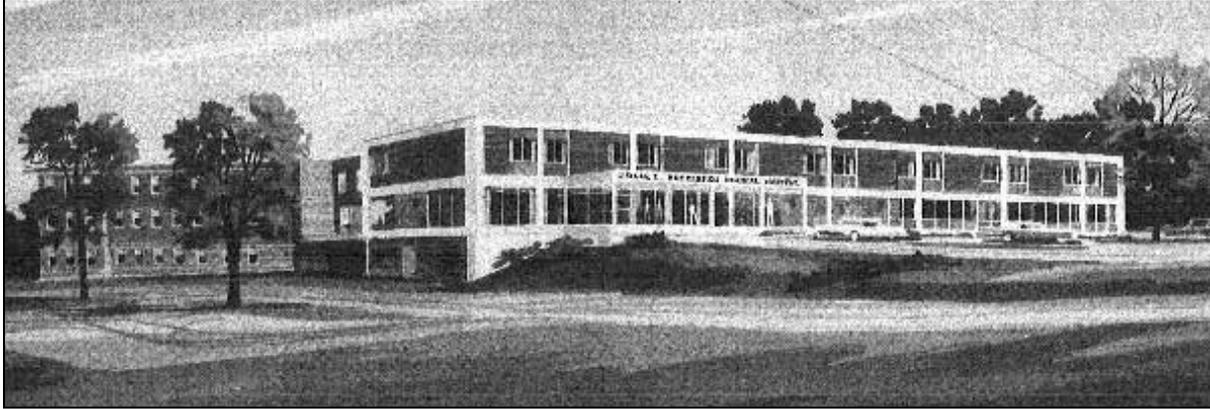


Figure 15: Clark Pavilion as envisioned in a brochure used to fundraise for its construction.

As envisioned, the Clark Pavilion was more grand than as it was realized. A conceptual elevation in a fundraising brochure shows it to have been wrapped on the east and south by bold horizontal bands of light-colored stone or pre-cast concrete set flush on the facade. Those bands were intersected by slender uprights of the same material; the verticals also bisect the façade's ganged windows. Together, these linear visual elements give the pavilion the crisp, geometric appearance that was common to the Modern Style.

Along with the banding, sections of decorative stonework on the first floor brought refinement to the Clark Pavilion's conceptual design. Extending along the south wall, as well as on the east between the entrance doors and a bank of windows on the north end, randomly-coursed dressed fieldstone was laid up on its side. An off-set, projecting, rectangular open entrance porch on the south end of the façade was supported on thin steel pilasters. The introduction of modern materials on the façade—pre-cast concrete and steel—and the non-traditional use of a traditional material—stone laid up on with its flat sides exposed rather than its thin edges—would have further distinguished the new hospital from the old, and made a bold architectural statement in the village. At the same time, the repetition of variegated red/orange brick on the façade relates the overall addition to both the original mass and the Timme Wing. As will be described, the final design of the Clark Pavilion was not as developed as this design concept. Although there is no archival documentation for the departure from the early plans, it is assumed that financing was a deciding factor.

The look of the executed 1963 Clark Pavilion is common among public institutions updated in the 1950s and 1960s, and is particularly identifiable among community hospitals around New York State. That is partly due to the choice of architect, the Niagara Falls-area firm Cannon Thiele Betz & Cannon. Cannon Thiele was well-known to officials in the state Department of Health, administrator of the Hill-Burton Act, and as a result it was tapped to design many of the upstate hospitals that were funded by it. There is a somewhat rote feel to the facilities in which they had a hand. Still, the basic elements of the early Clark Pavilion design concept were retained in the completed structure, including the massing, fenestration pattern, some of the decorative theme and the projecting entrance. The material palette, however, was limited and the design program simplified.

The Clark Pavilion is steel frame with concrete decks, which allowed more flexible interior spaces than existed in the masonry load bearing 1925 and 1941 masses. Additionally, although plans included an excavated basement on the east and north sides, only that on the east was completed (it housed the boiler room); the rest of the addition stands on a slab foundation. Its

flat, built up roof was constructed flush with the truncated roofline of the 1925 original mass, and is covered in rolled membrane sheathing. A concrete block mechanical room penthouse near the center is today bristled with cellular communications antennae.



Figure 16: Built-up over the 1925 mass and 1963 addition. The junction of the two structures can be seen in the long diagonal extending just to the right of the concrete mechanical block.

The pavilion's variegated red/orange brick sheathing is laid up in common bond. As in the concept design, the windows are metal frame, horizontally-sliding double sashes set in spandrels of what appears to be enameled metal. In most cases, the spandrels are larger below the window than above. With the exception of the north end of the east façade where a row of single windows was installed, windows are ganged in twos; the space between them was filled with brick rather than the pre-cast concrete proposed on the concept plan. Only a single ganged pair of windows was included on the south façade of the pavilion on each floor, and only one set remains exposed on the north façade (near the east corner on the second floor).



Figure 17: Fenestration pattern, east façade of Clark Pavilion.

It is believed that the main entry of the hospital, as originally realized, was quite similar to the concept drawing seen in figure 15. It was a flat-roofed, open, rectangular portico running parallel to the south end of the east façade, and was detached from the façade by several feet. It connected to the building by an off-set hyphen closer to the porch's south end; the hyphen bracketed the main doors and created a wind break (see 1963 plan, figure 6). The porch had a heavy planar cornice like the main mass, but rather than being made of wood, it is a dark enameled metal that provided contrast for the light-colored, metal sans serif letters. They read "Julia L. Butterfield Memorial Hospital." A photograph of the entrance porch circa 1983 shows that rectangular spaces to either side of the hyphen had been extended eastward at some point prior, enlarging an interior office space.¹⁶ To allow as much light as possible into the new rooms under the porch, the walls of the enclosures were made largely of glass, set in sashes and spandrels similar to those on the main façade, but of more square proportions. At some point after 1983, the porch was reconfigured yet again to its current appearance. All but its southernmost bay was infilled with steel framed panels with fixed lights in the upper two-thirds and what appear to be ceramic or similar textured panels in the lower third. This created an enclosed hospital entrance with an L-shaped passageway around the previous office enclosure and into the doors on the main mass.



Figure 18: Fenestration pattern, east façade of Clark Pavilion.

Cannon, *et al* did make an attempt on the realized pavilion to recall the concept design's banded, geometric appearance and retain its overall horizontality. They included two strong horizontal elements on the primary façade: a pre-cast concrete band that separates the first and

second floor, and a heavy, planar wooden cornice that echoes the decorative cornices of the Upjohn and White designs. These elements are repeated on the south and west facades, as well, though not across the full expanses in those locations.



Figure 19: West façade, Clark Pavilion.

The concept plans for the pavilion included a smaller, rectangular bump-out on the north façade, between a fire stair and the northeast corner (see plan, figure 15). Its purpose was not specified on those plans. This addition was not constructed until circa 1980, when its construction improved vehicular access for ambulance crews.¹⁷ It is flat-roofed and a single-story, likely steel frame and sheathed in a lighter orange brick laid up in common bond. To relate the wing to larger structure's mass, the pre-cast concrete façade band of the east side continues as a cornice on the addition. Its only windows, two ganged sets of two, are on its east façade. In size and material, the windows are the same as the extant infill panels on the porch, suggesting that the addition and the latter porch modification were completed at the same time. An automatic glass sliding door is slightly offset on the north side, and was accessed via a banked concrete drive.



Figure 20: North pavilion addition with improved access for ambulance crews.

Although the Modernist aesthetic of the Clark Pavilion is not commonly favored by residents of Cold Spring, it is important to recognize its architectural value. It is the only example of the use of the Modern Style for a public amenity in the village, and it represents, in tangible, built form, the 20th Century progress of a community strongly rooted in century prior. In many ways, the Clark Pavilion represents Cold Spring's own evolution, and connects the village to larger American, and indeed international, societal trends.

PHASE IV: THE CAROLYN LAHEY PAVILION

COMPLETED 1984; IVARS HANSEN, ARCHITECT

After the mid-20th century, the practice of medicine shifted dramatically in America. Until that time, physicians commonly saw patients either in small offices set up in their own homes, or made house calls to the infirm. With the shift toward a more systematic method of delivering medical services, local communities across the nation developed shared office spaces in which doctors rented suites; Cold Spring was no exception. Between 1967 and 1970 the Trustees of the Butterfield Hospital built an adjoined medical arts building to the west of the original hospital mass. That structure was destroyed by fire in early 1983, and was replaced with the Carolyn Lahey Pavilion in the same location. The Lahey Pavilion is the only portion of the hospital complex that is still in service, and it continues to be utilized as private office space for medical practitioners.



Figure 21: Carolyn Lahey Pavilion, west façade.

Like the 1925, 1941 and 1963 sections of the hospital, the Lahey Pavilion is representative of the architectural fashions of its time, yet it shares with them a common material palette and particular design elements. The single-story, slab-constructed building has a flat, membrane-

covered roof and low-slung profile like the Clark pavilion. Peekskill, New York architect Ivars Hansen again chose brick cladding, laid up in running bond and sharing the variegated red/orange and black colors of earlier sections. To continue the horizontality introduced to the hospital complex with the 1963 addition, Hansen wrapped the structure in a soldier course, as well as a heavy, planar metal cornice.



Figure 22: Example of brick work and horizontal banding on the Lahey Pavilion.

Structural and façade symmetry do not hold the same importance on the Lahey Pavilion as they do in the older sections of the hospital. Lahey is roughly rectangular, with a portion at the south end that extends closer to the 1941 Timme Wing.



Figure 23 : Stepped form of the south west end of Carolyn Laney Pavilion, as it relates to the 1941 Timme Wing (on right) and the 1925 original hospital mass (at center of image, covered in ivy).

In keeping with post-Modern design tenets, the fenestration pattern on the Lahey Pavilion reflects the interior uses of the building more than it communicates any aesthetic logic on the exterior. As such, the metal sash windows are a mix of single openings and ganged double openings. The latter seem to reflect the ganged windows on the 1963 addition, while the double-hung structure of the all the windows recalls the wooden sashes of the 1925 and 1941 portions of the hospital. The windows all rest on header-coursed brick sills.



Figure 24: Example of ganged window on Lahey Pavilion.

The main entrance of the Carolyn Lahey Pavilion, an off-set metal-framed glass door with plate glass top and sidelights, is located on the section's north façade and is sheltered by an arched canvas canopy.



Figure 25: North façade of Carolyn Lahey Pavilion, foreground, as it relates to 1963 Clark Pavilion.

The sloping grade of the Butterfield Hospital site originally offered a majestic setting for the placement of structures. Hobart Upjohn was able to capitalize on that setting in his original design for the hospital facility. However, the 1963 and 1984 modifications to the building have not worked as harmoniously with the landscape. The Lahey Pavilion rests like an afterthought at the base of a dramatic grade below the 1963 addition. It is appended to the basement of the main mass of the original building by a brick hyphen that seems to have struggled to negotiate the slope while delivering staff between the two structures.



Figure 26 : Carolyn Lahey Pavilion (right) as it relates to the older sections of the hospital. From the left, the 1963 Clark Pavilion; at the center, the ivy-covered 1925 original mass, and center right the 1941 Timme Wing.

The hyphen's hallway was lit by a wall of metal frame, plate glass windows on its north façade. The windows narrow as the bridge climbs the slope, and they flank a set of double, metal frame plate glass doors.



Figure 27 : Detail of bridge between the Carolyn Lahey Pavilion and the main hospital's basement.

CONCLUSION

At first glance the Julia L. Butterfield Hospital complex may seem to be a disjointed collection of unrelated sections. However, this study has demonstrated that several design narratives unite the overall structure, communicating the story of its evolution from the common architectural root of the Upjohn design: brick facades with shared bonding patterns and color palettes, repeated or reflected fenestration patterns, strong horizontality via decorative brick coursing and cornice treatments. It has also demonstrated that although each of the four building phases is stylistically distinct and a product of its time, they all relate to each other, forming a common and progressive architectural narrative.

This study also demonstrates that the Butterfield Hospital complex represents a continuum of the evolving design of a medical facility that served its community, indeed was a focal point of that community, for nearly six decades. The collection of the building's components encapsulates the ways medical services changed over the course of the twentieth century. The structures also tell the story of how Cold Spring itself changed. And, importantly, they tangibly represent the civic and philanthropic efforts of persons who were significant forces in the shaping of the village and the region.

¹ Hobart B. Upjohn. "Development Plan for the United Hospital, Port Chester, N.Y.," *The Modern Hospital*. September 1921, pages 209-211.

² Unless otherwise indicated, all images appearing in this document were taken by Kathleen E. Foley in September 2012. The photograph of the Butterfield Memorial Library was taken in December 2012.

³ Trudie A. Grace. *Around Cold Spring*, Images of America Series. Charleston, SC: Arcadia Publishing, 2011. Page 99.

⁴ N.A. "Ground Broken for Hospital and Library Buildings," *Cold Spring Recorder*. July 28, 1922, pg. 1.

⁵ Although no detailed historic photographs of the hospital's brickwork on the primary façade have been found, the remaining exposed section of the 1925 main mass, found on the west side of the complex, displays the bond and color patterns likely to have existed on the entire building.

⁶ The will of Julia Butterfield specified that these words be set "on a stone over the main entrance" to the hospital." Paragraph Eleven, excerpts of the Last Will and Testament of Julia L. Butterfield concerning Butterfield Memorial Hospital. Published online in *The Philipstown Journal*. Accessed 12/3/2012 via C:\Users\User\AppData\Local\Temp\Excerpt from JLB will.mht

⁷ "The New Julia Butterfield Memorial Hospital: Progress in Health. . ." Brochure used as part of fundraising campaign for the 1963 Clark Pavilion addition. Found in the Butterfield Hospital files in the archives of the Putnam History Museum. Accessed 8/29/2012.

⁸ The July 1922 Cold Spring Reporter article references the use of both Indiana limestone and Hudson River bluestone. *Op cit*.

⁹ This description is based on photographic evidence and an examination of the original windows from 1925 which remain on the exposed west façade of the original mass.

¹⁰ Cold Spring Recorder, July 1922. *Op.cit*.

¹¹ *Ibid*.

¹² Fundraising brochure, *op. cit*.

¹³ "Statement of Significance -- A Case for Further Research: Parrott and Parsonage Streets, Mountain Avenue, and the Undercliff Neighborhood of Cold Spring, New York." A draft report of the Village of Cold Spring Comprehensive Plan Sub-Committee on Village Character, History and Historic Preservation. October 29, 2008. Page 21.

¹⁴ Complete list found in accompanying document "Prominent Architects Associated with the Julia L. Butterfield Memorial Hospital." Sources:

American Architects Directory, 1st edition. New Providence, New Jersey: RR Bowker LLC, 1956.

American Architects Directory, 2nd edition. New Providence, New Jersey: RR Bowker LLC, 1962.

The Putnam County Courier:

Oct. 24, 1950, Dec. 13, 1956, March 14, 1957, June 2, 1955, Dec. 3, 1955, Jan. 1, 1953, and Nov. 26, 1953.

The Yonkers Herald Statesman, May 16, 1958.

¹⁵ P.L. 79-725, the Hospital Survey and Construction Act of 1946, sponsored by Senators Lister Hill and Harold Burton; widely known as the Hill-Burton Act. Source: <http://www.hrsa.gov/gethealthcare/affordable/hillburton/compliance.html>, accessed 12/2/2012.

¹⁶ *Butterfield Hospital News*. Summer 1983. Pg. 1, header.

¹⁷ That the northeast addition was not constructed at the same time as the main 1963 mass is evidenced by its rather clumsy junction with the pavilion. Additionally, the brick on the addition is a lighter, brighter orange than the brick on the main pavilion. The date of the northeast addition's construction has been estimated based on the photograph referenced in footnote 16. In the photograph, the office extension under the porch employs the same glass and ceramic panels as those used on the east side of the addition.