

**A STUDY OF A FRENCH
QUARTER BLOCK IN THE
CITY OF NEW ORLEANS**

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Thesis submitted to the faculty of
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements
for the degree of

Master of Architecture

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A B S T R A C T

Within a group of streets and neighborhoods and at the very fringe of the French Quarter is a boulevard named Esplanade. It is here where an attempt is made to explore particular architectural issues in the design of a hospice. Issues that have a significance both to this project and to others beyond it. An exploration that bridges between the architectural and experiential qualities of the past and present by creating a modern, architectural language that makes places that support the issues of history, surroundings, density, typology and style.

1790-1850

1788-1860

1800-1860

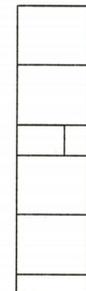
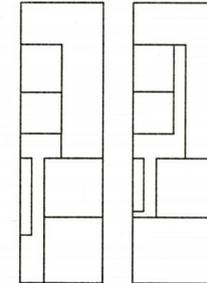
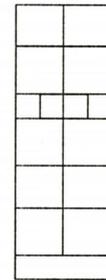
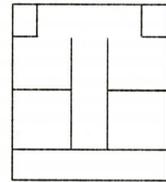
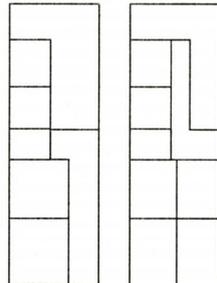
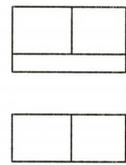
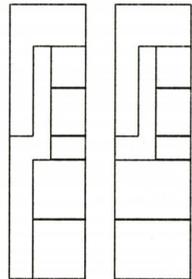
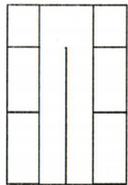
1800-1850

1830-1870

1840-1940

1830-1890

1830-1940



Creole Cottage

Creole Townhouse

Creole Outbuilding

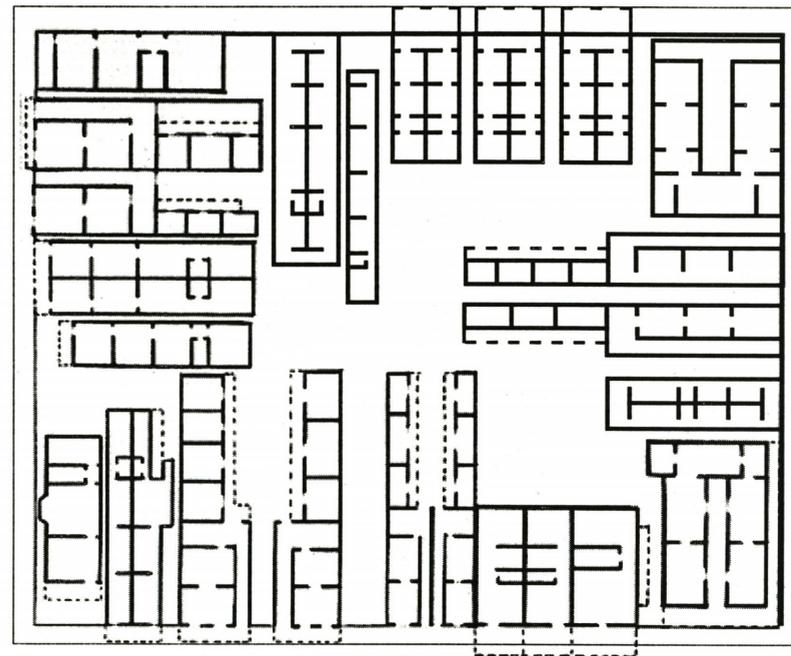
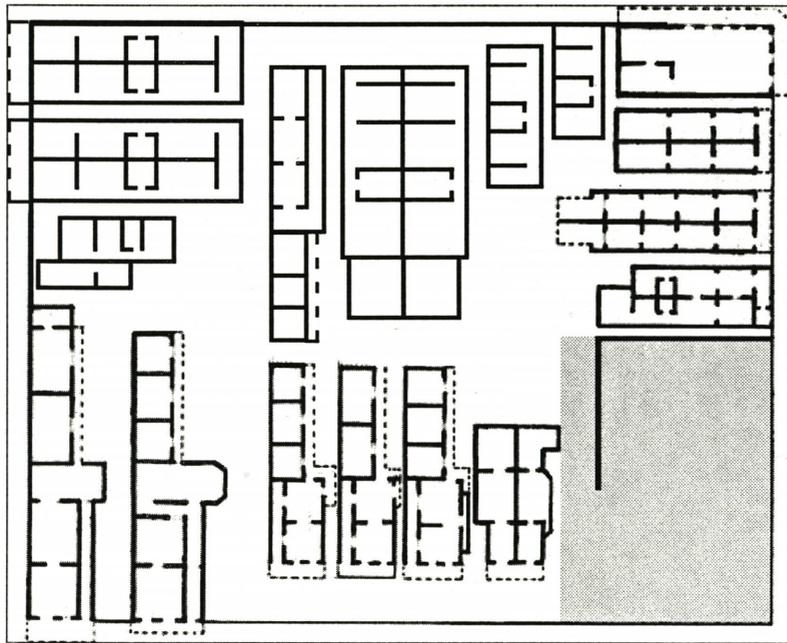
Porte-Cochere

American Cottage

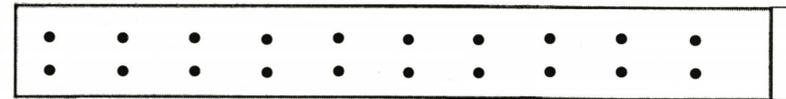
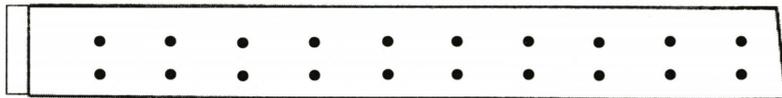
Shotgun Double

American Townhouse

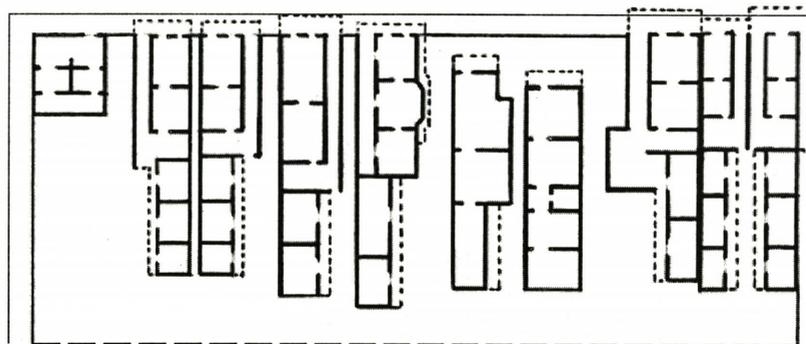
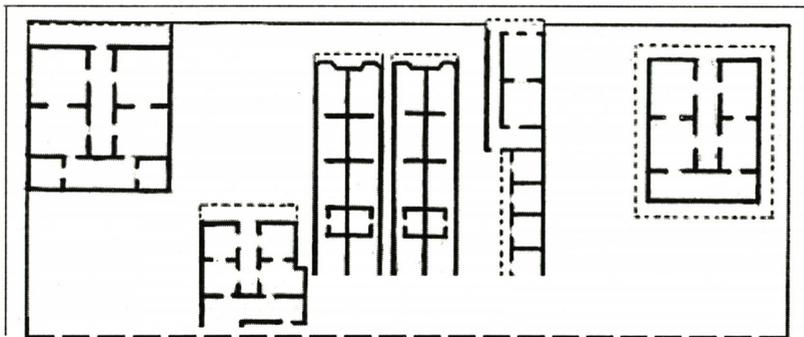
Shotgun Single



Royal Street



Esplanade Avenue



Typological Plan of Existing Two Blocks of Esplanade Avenue

1790-1850

1788-1860

1800-1860

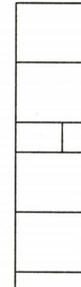
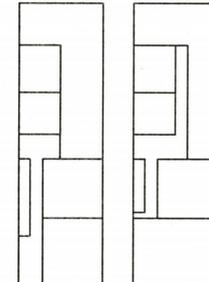
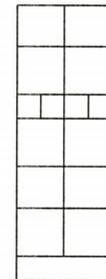
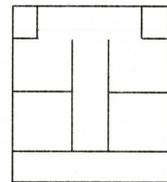
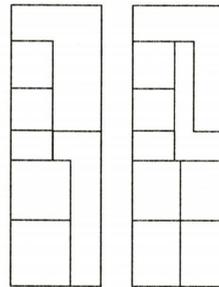
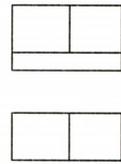
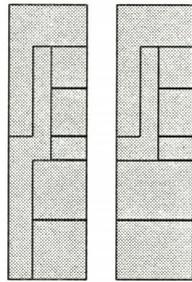
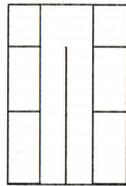
1800-1850

1830-1870

1840-1940

1830-1890

1830-1940



Creole Cottage

Creole Townhouse

Creole Outbuilding

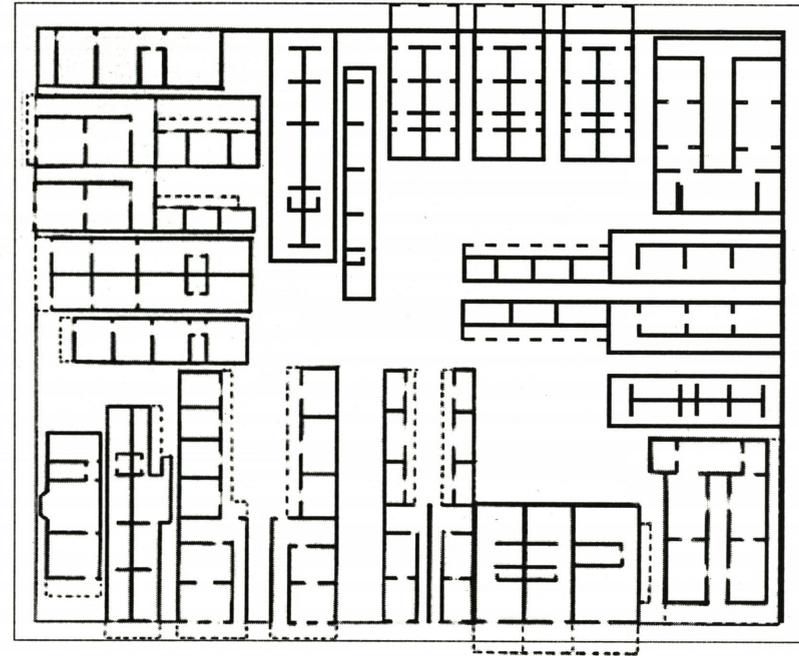
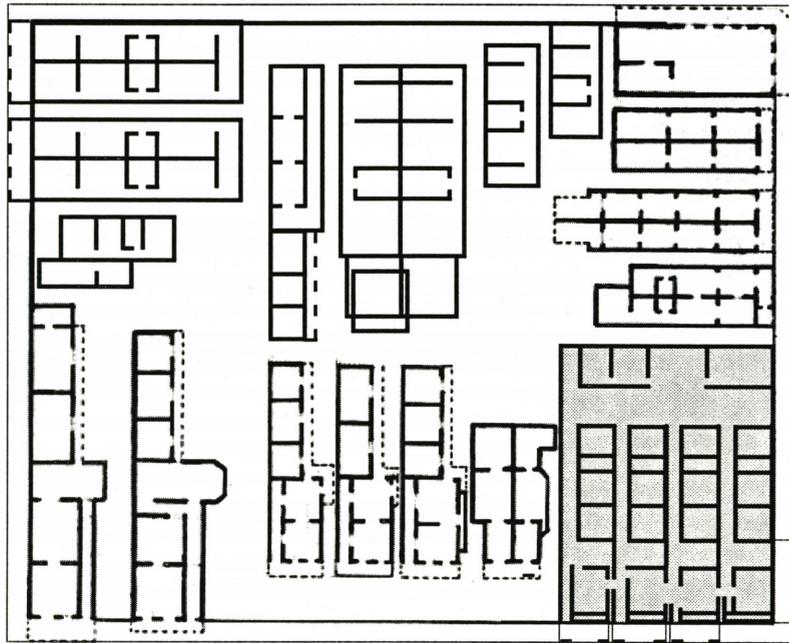
Porte-Cochere

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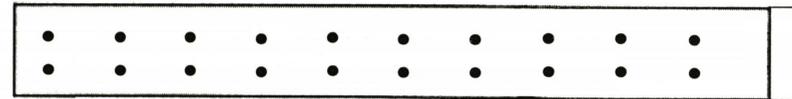
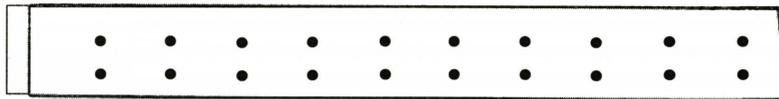
Shotgun Double

American Townhouse

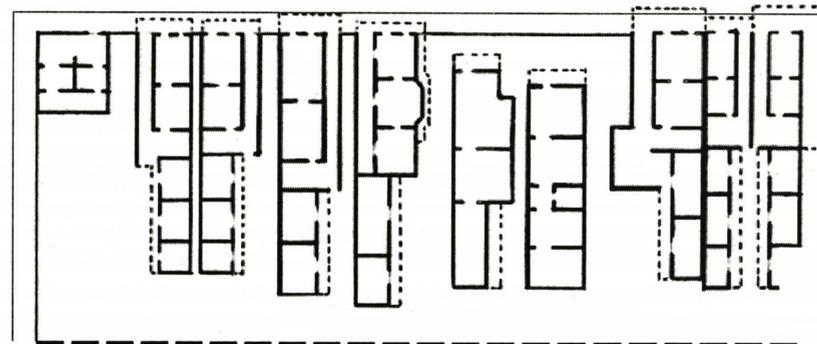
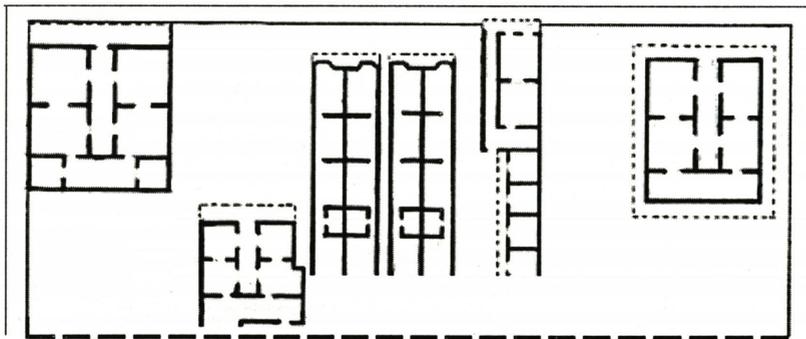
Shotgun Single



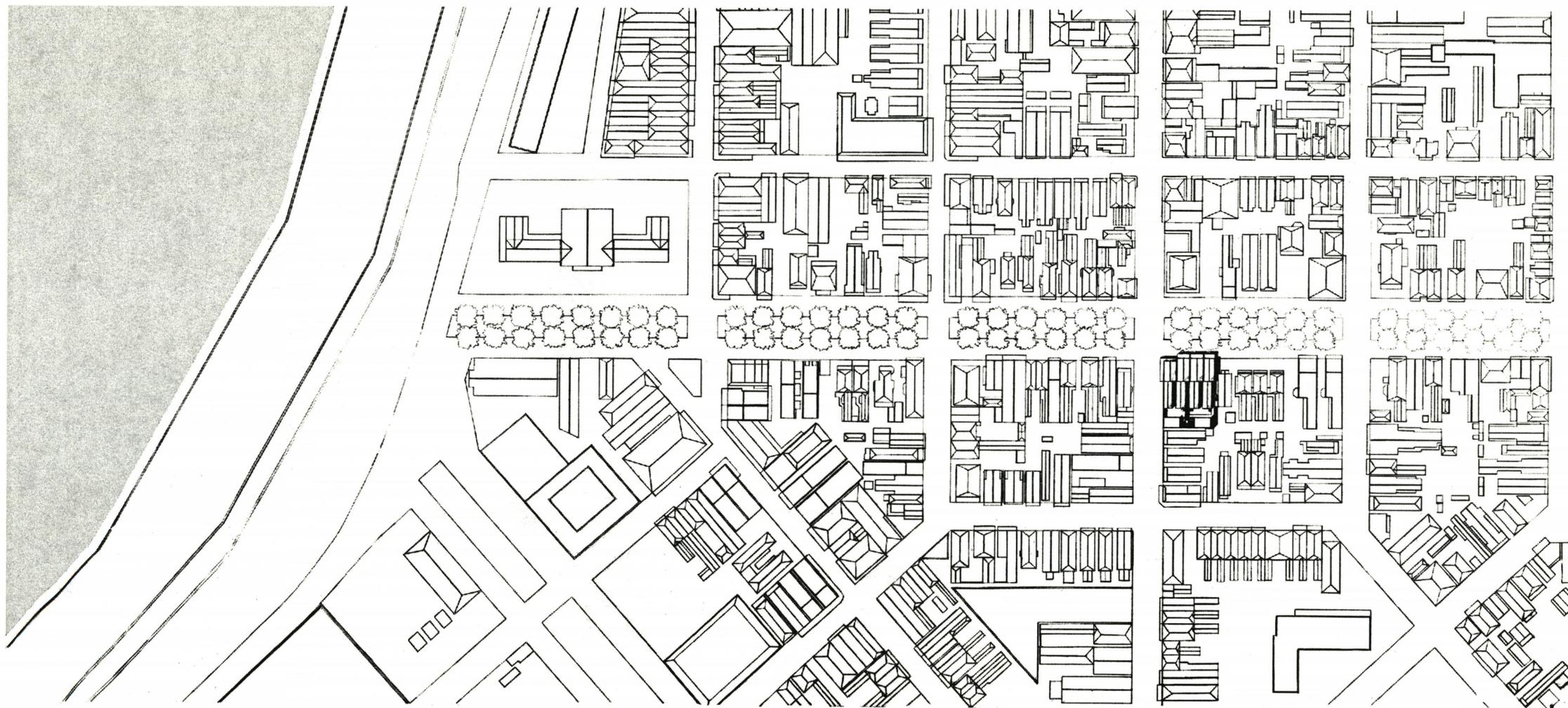
Royal Street



Esplanade Avenue



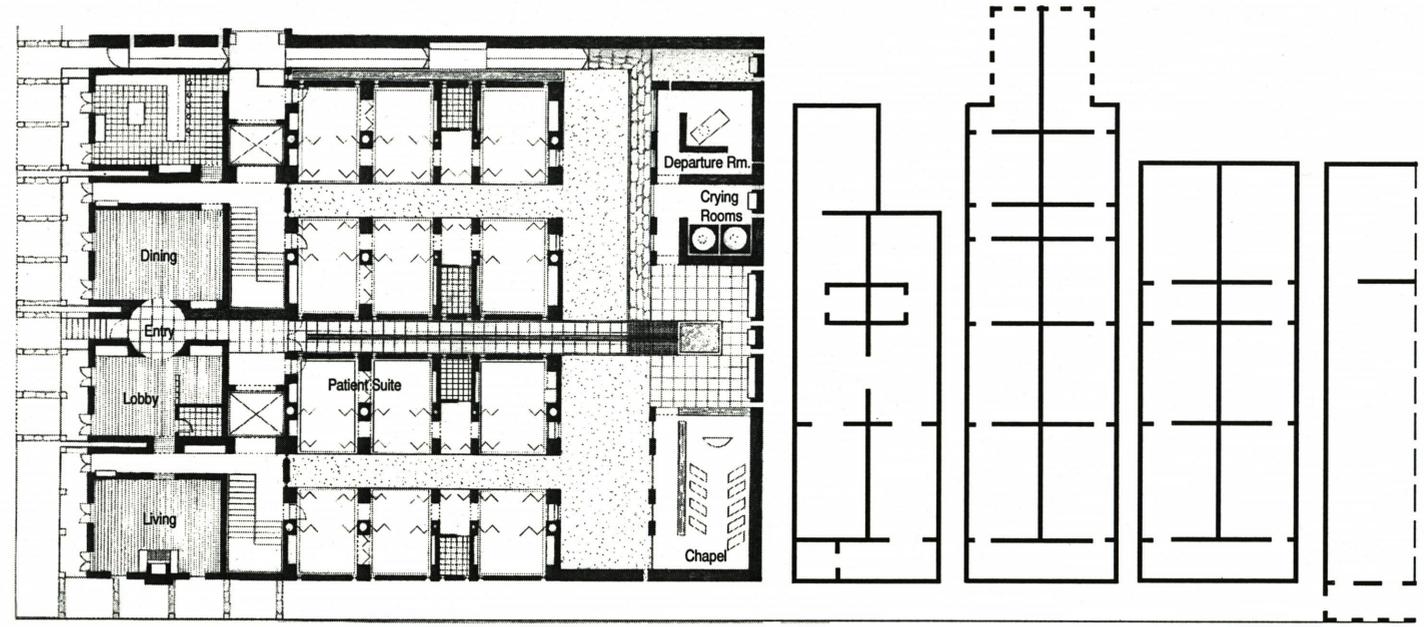
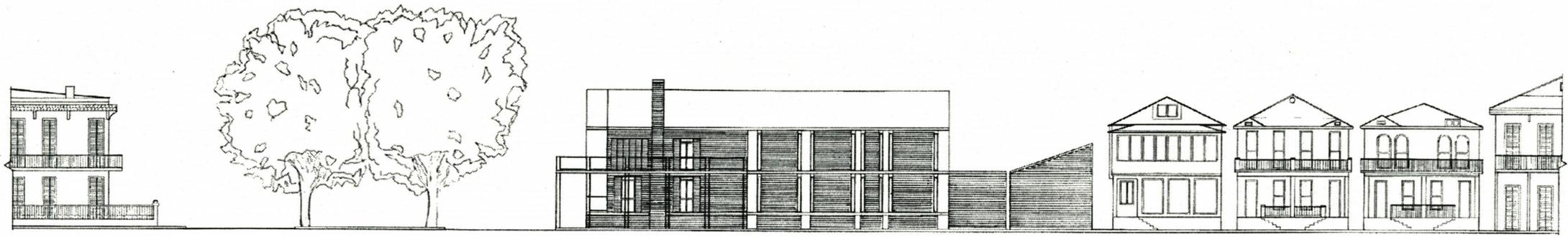
Typological Plan of Two Blocks of Esplanade Avenue with the Hospice Included



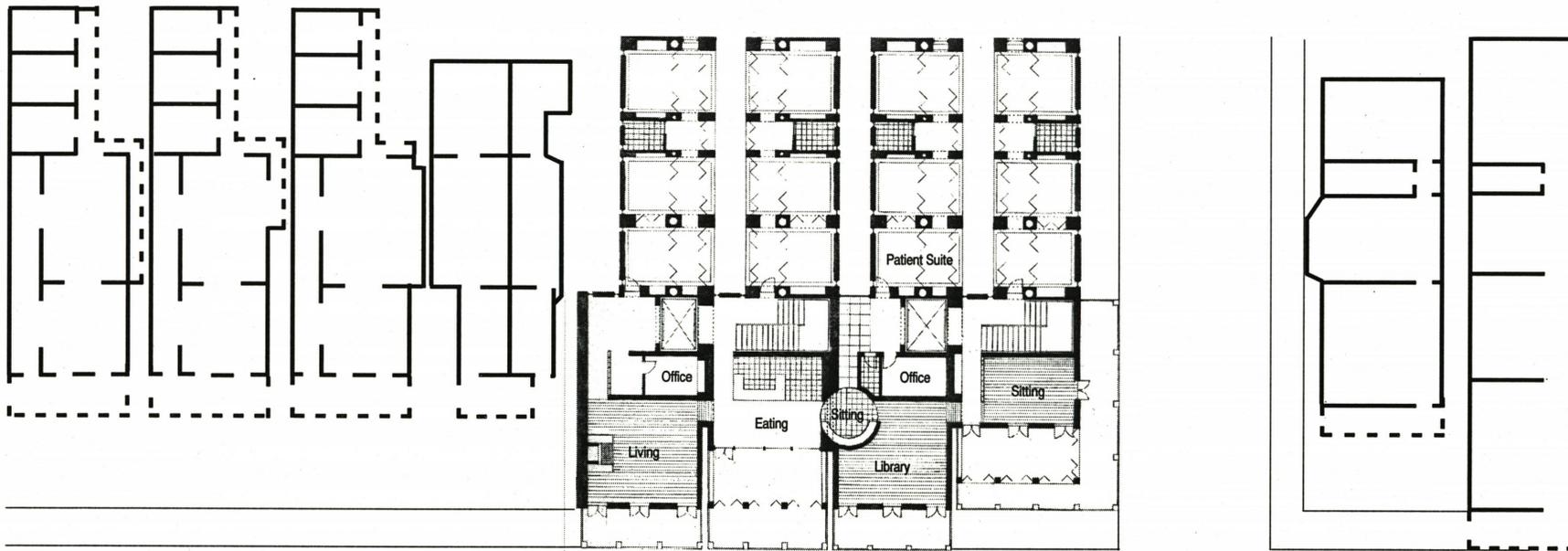
Roof Plan of the First Four Blocks of Esplanade Avenue from the Mississippi River



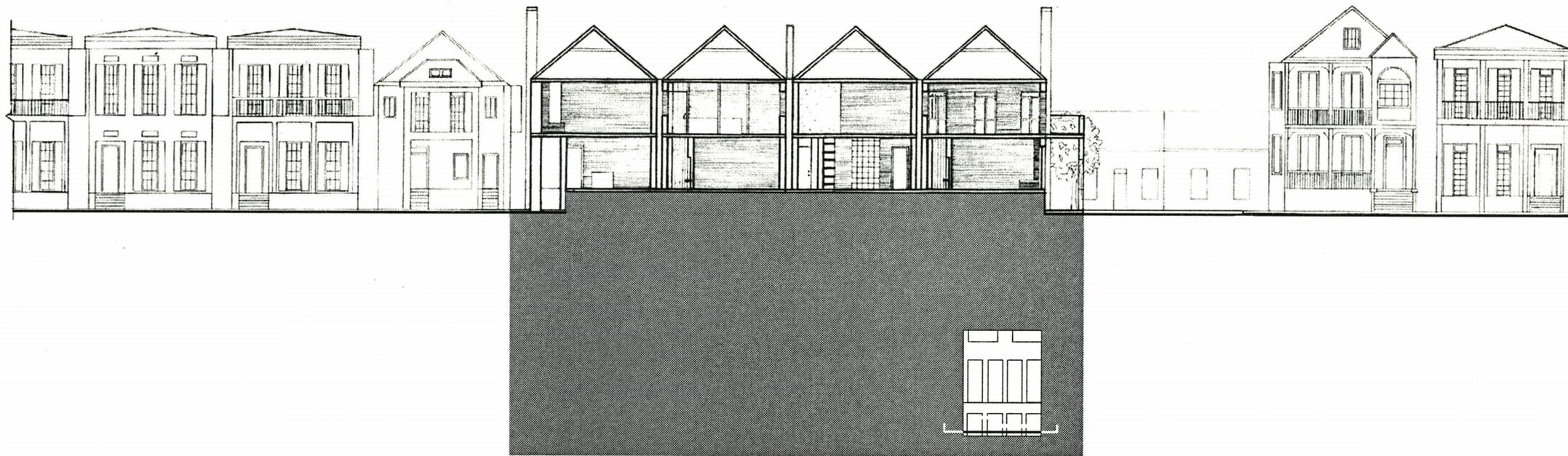
Perspective of Esplanade Avenue Looking North-West



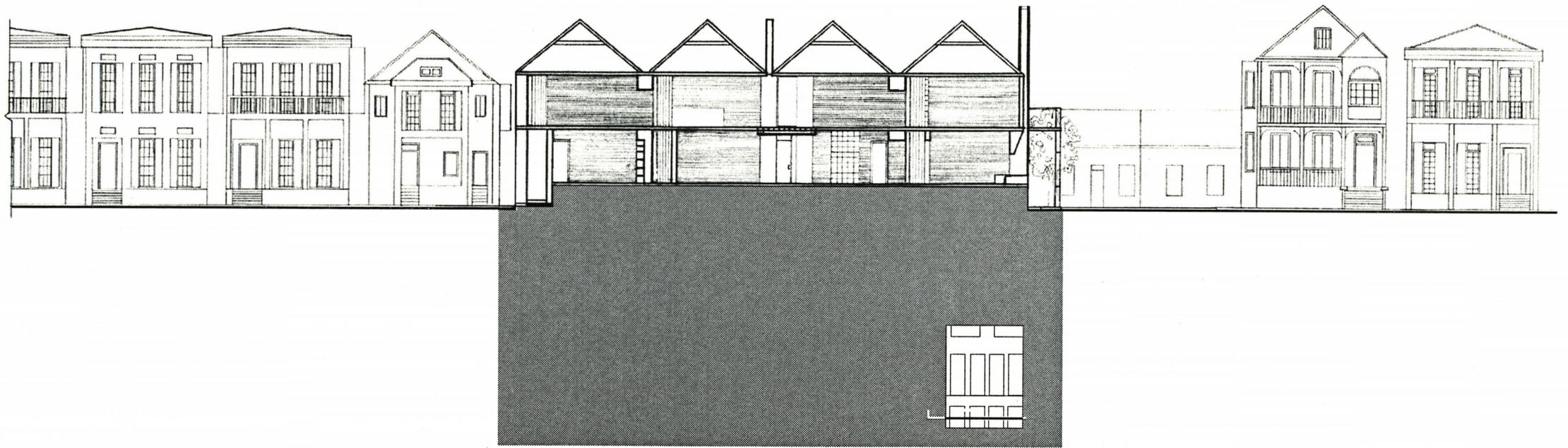
Side Elevation and First Level Plan of Hospice



Front Elevation and Second Level Plan of Hospice



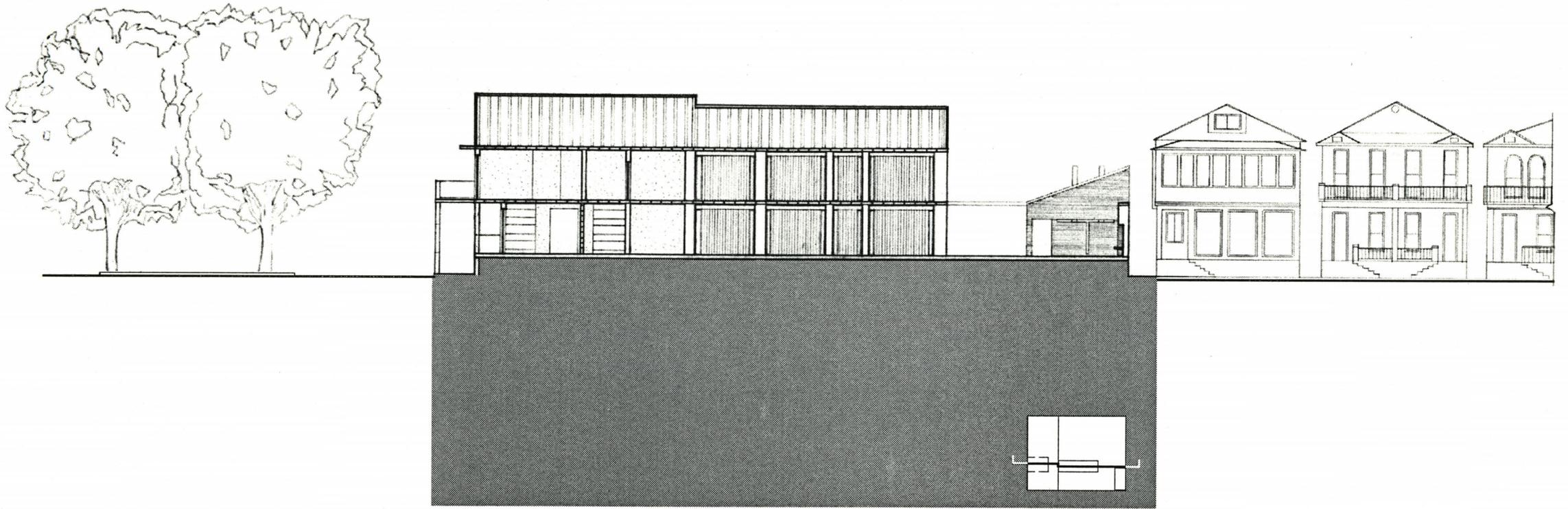
Section Through Front of Public Gathering Space



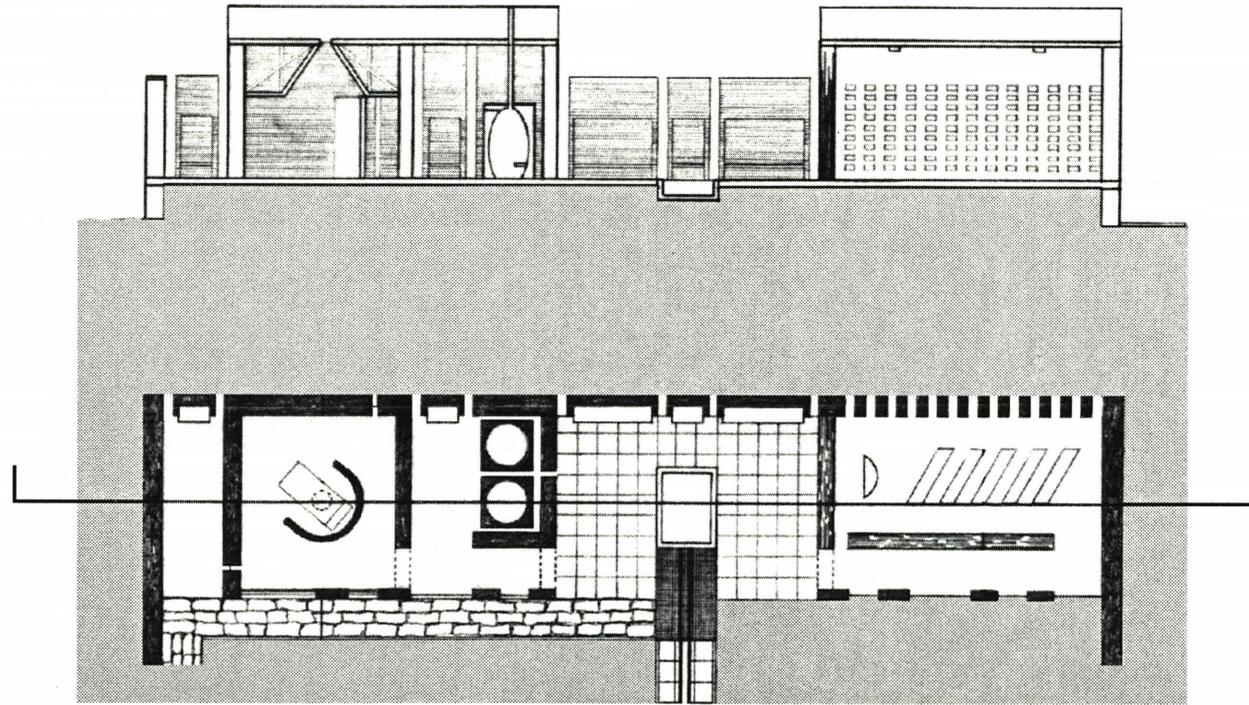
Section Through Middle of Public Gathering Space



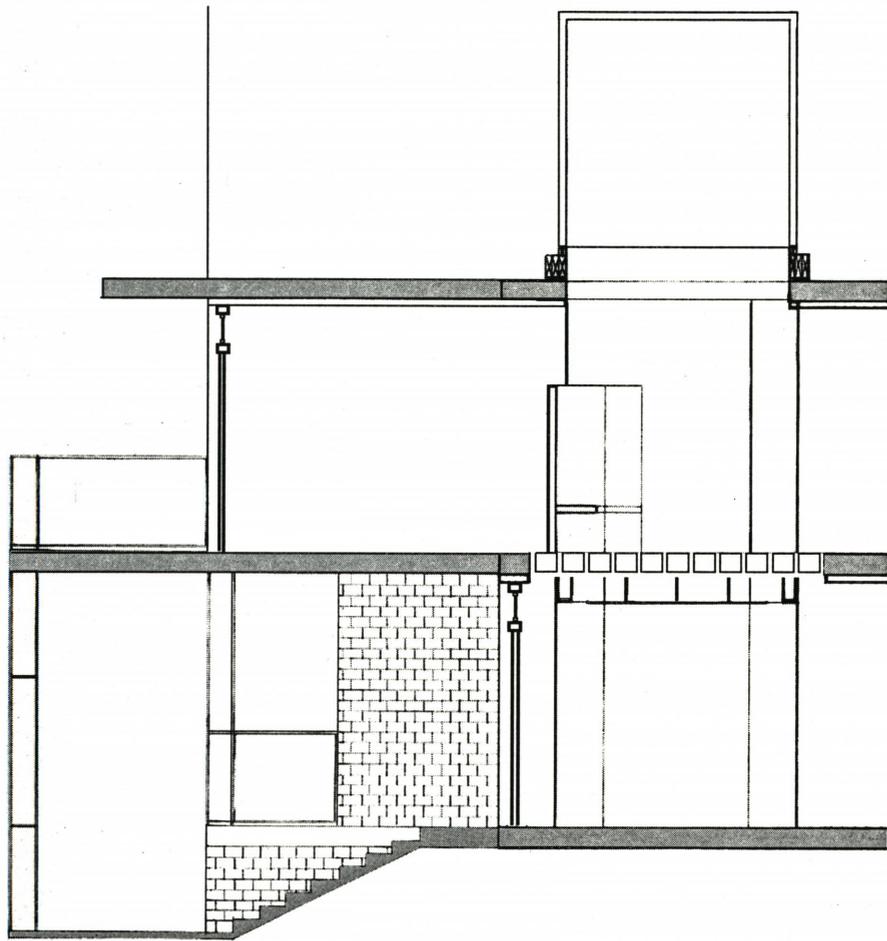
Section Through Patient Suites



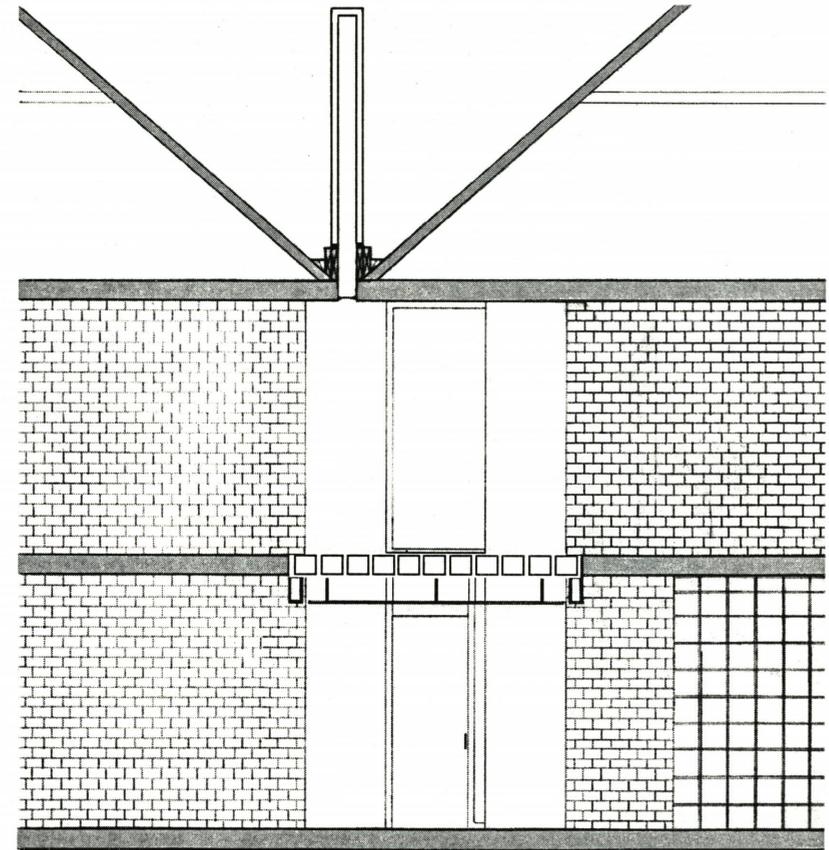
Longitudinal Section



Section and Plan of Departure Room, Crying Rooms, and Chapel

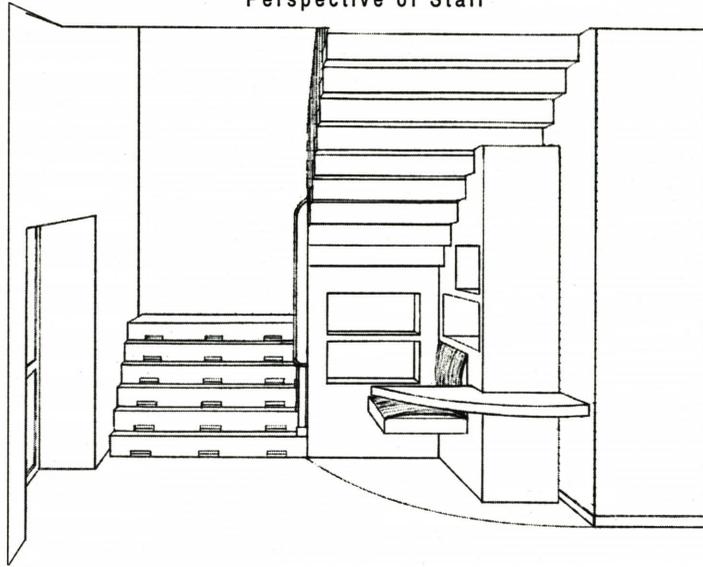


Longitudinal Section Through First and Second Levels of Entry

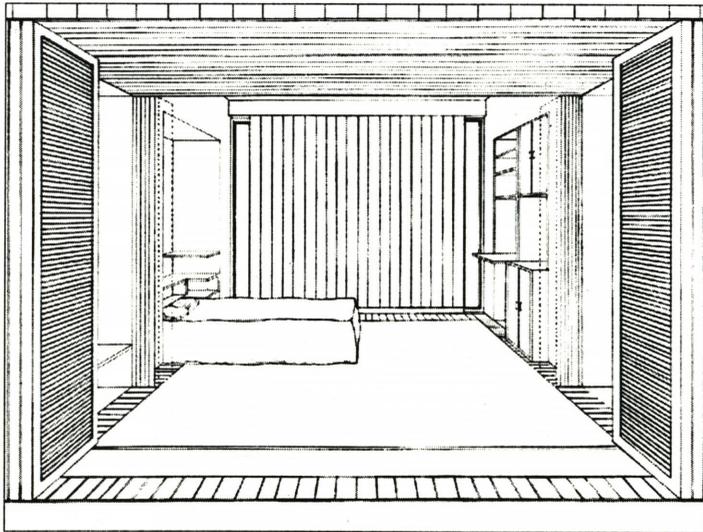
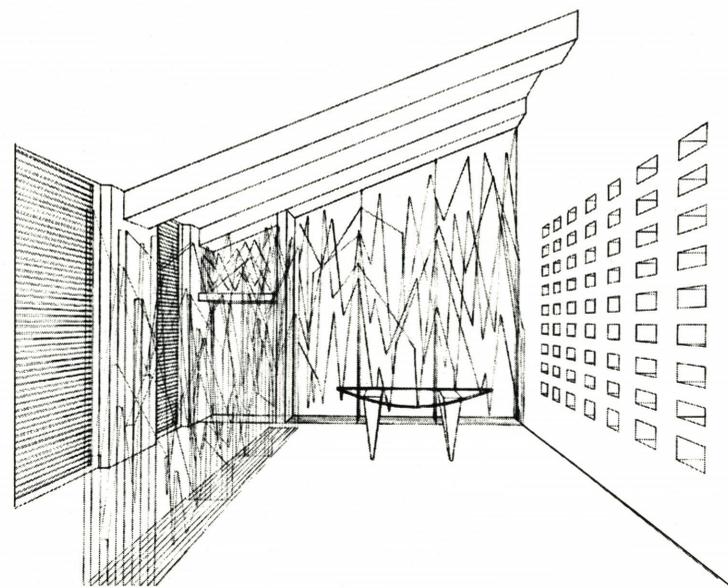


Section Through First and Second Levels of Entry

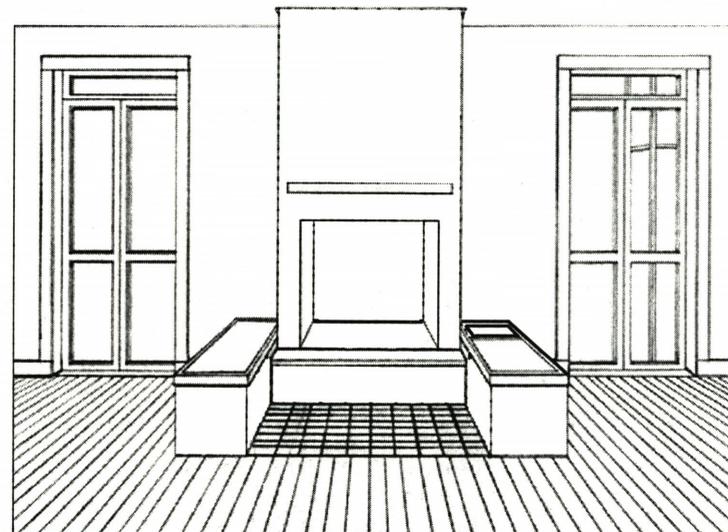
Perspective of Stair



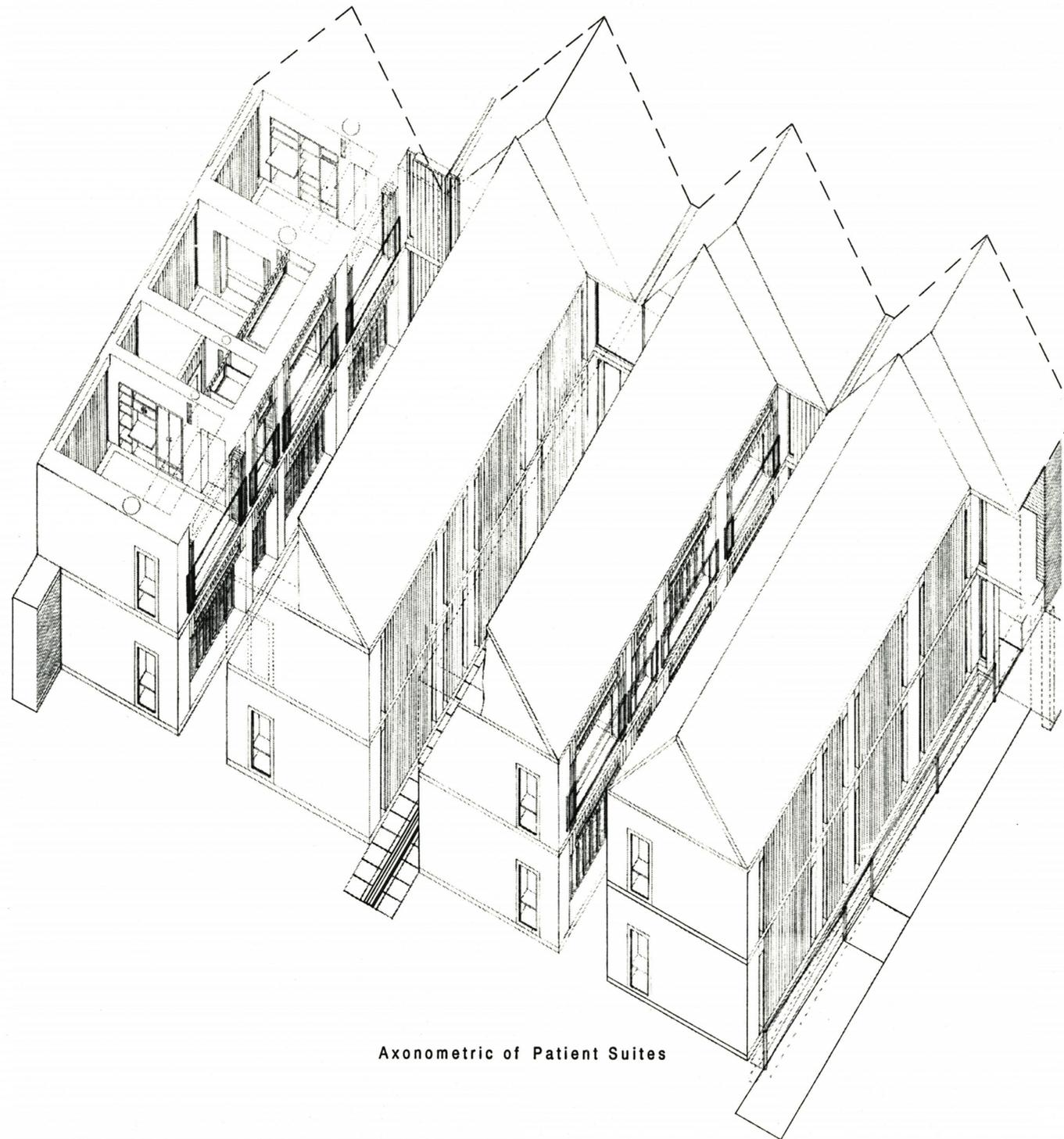
Perspective of Chapel



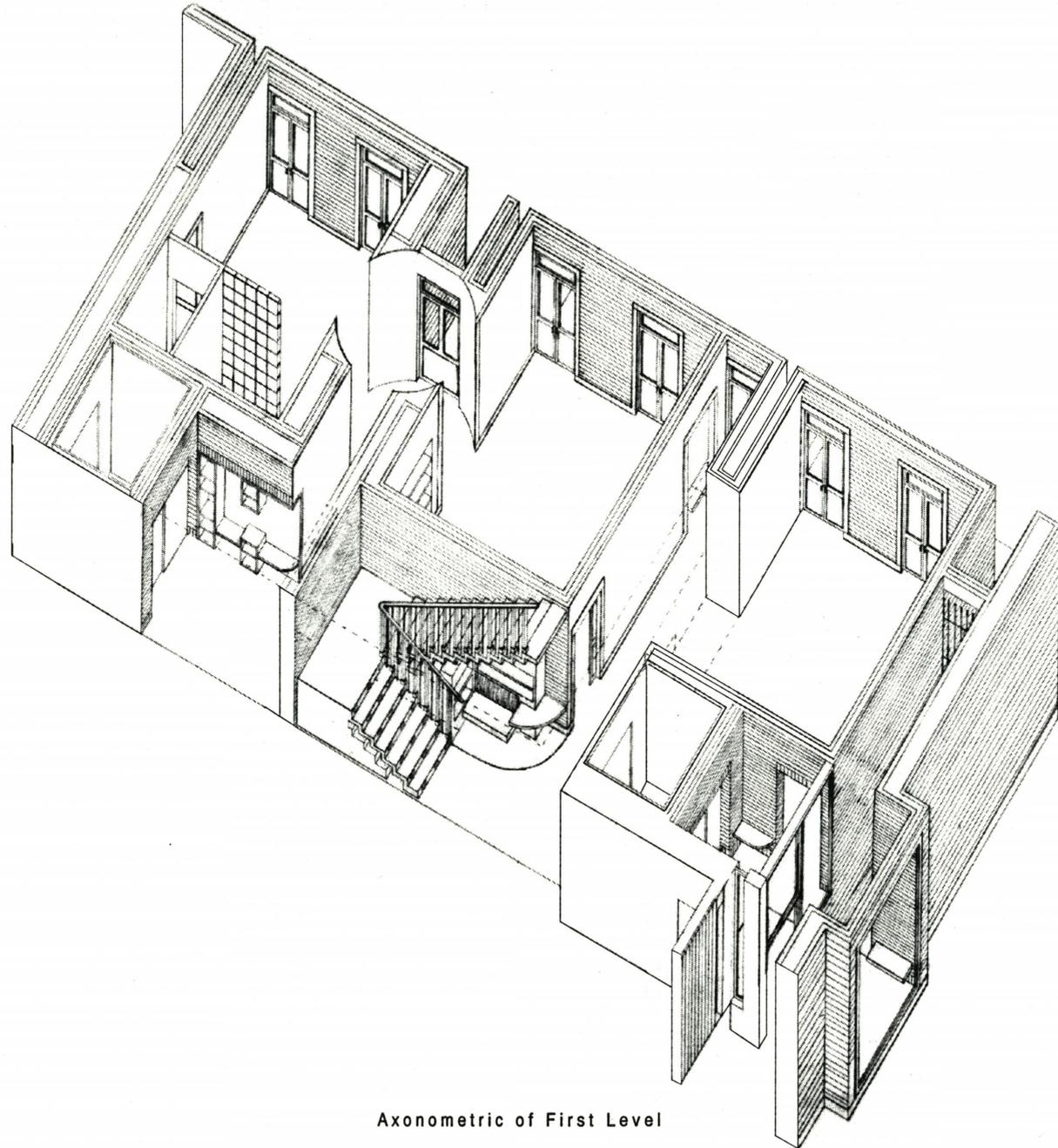
Perspective of Patient Suite



Perspective of Fireplace in Gathering Space



Axonometric of Patient Suites



Axonometric of First Level

H I S T O R Y

New Orleans is a place architecturally unique only to itself. With architectural influences from the French, Spanish and finally the Americans, it is a city with eclectic architectural characteristics. Yet it possesses characteristics which cannot be classified as French, Spanish or American although all three influences are easily recognizable in its architecture.

The French architectural influence was dominated by one-story dwellings, built flush with the sidewalk with wide, projecting roof overhangs which protected the sidewalks from the hot, humid, rainy and often inclement weather typical to the area. The front rooms of these French dwellings were designed as places for business with family dwellings directly behind them in attached or detached rear wings. These hall-less dwellings were often confined to the strictly rudimentary necessity of shelter and possessed no decorative or ornamental qualities and had very little to do with the way the people who resided in them actually lived.¹ When New Orleans and most of present-day Louisiana was turned over to Spain in 1768 as part of a treaty agreement put forth by King Louis XV, architecture as the French colonials knew it began to change. The fires of 1788 and 1794 further pushed New Orleans architecture away from the strictly necessity-based shelters of the French. Although certain French qualities still remained, the generous sidewalk overhangs and flush-with-the-sidewalk facades, the Spanish influence injected a particular flavor "whose paved courtyards, massive arched doorways with their ponderous doors, iron-barred windows and wrought-iron balconies..."² combined nicely with New Orleans' French background and tradition. With the change in colonial rule and particular architectural qualities, also came a new way of living. Although the colonials continued the French architectural tradition of businesses in the front rooms of their dwellings and residences in the rear, there came to be a greater emphasis on a more gracious social atmosphere—



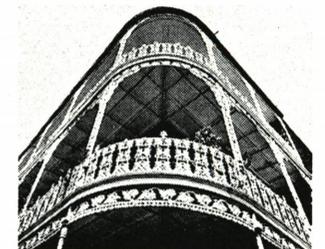
French Dwelling



Courtyard



Arched Courtyard



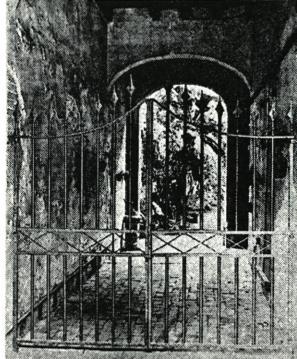
Iron Balcony

one in which an importance was placed on receiving and entertaining guests. It is at this time that the colonials began to interject additional elements in molding the architecture of New Orleans, and these would have the greatest impact on creating the unique and indigenous qualities known still today. For not only did social obligations and customs start influencing how places were designed, but additional elements became just as significant: the constantly changing subtropical climate conditions of the area, the unique topography of New Orleans and the use of locally-available materials.³ Among these, the subtropical climate became the single-most important influence. With nine-month summers and short, mild winters, the houses that started to dominate the New Orleans streetscape possessed the architectural qualities that supported comfortable living in such treacherous conditions. So, in effect, the architecture of New Orleans was significantly influenced by not only the French and Spanish but by the climate and a new way of looking at life by the colonials, and the houses that resulted had a direct link to it with "...courtyards shaded by high brick walls and wide-spreading banana leaves; cooling draughts through lofty-arched carriage drives; wide fanlight windows admitting the river breezes through broad halls and high-ceilinged rooms; long galleries shielding from the intense glare and thick brick walls excluding the heat of the street; everything was calculated to cool and refresh."⁴

The many neighborhoods or "Creole faubourgs" that sprung up around the French Quarter or Vieux Carre during the prosperous mid-1800s embraced these unique architectural qualities and language whole-heartedly. Consistently, neighborhood after neighborhood within and around the Old City (present-day French Quarter) designed and built houses with the same architectural qualities, and as a result, typologies, unique only to New Orleans, were developed. The typologies provided the architectural fabric and structure of the streets that created the many neighborhoods within the city of New Orleans.⁵



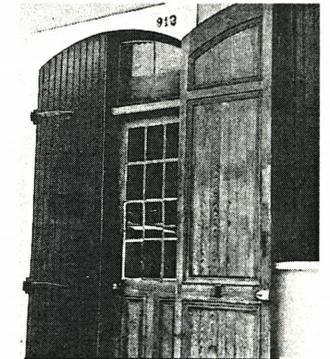
Enclosed Court



Carriageway



Carriageway



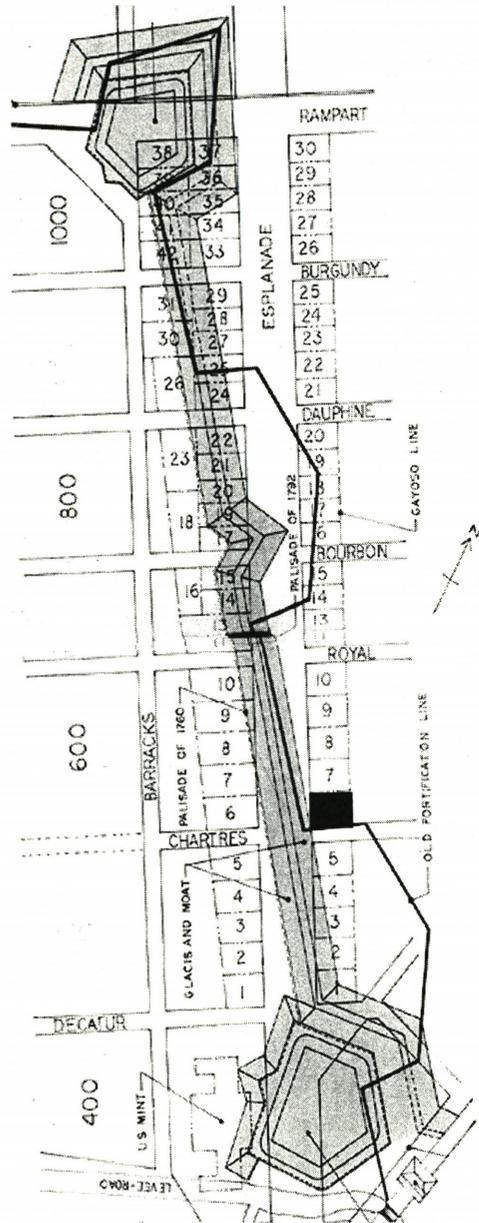
Fanlight Window

Before continuing the architectural issues explored, it is necessary to understand the primary goals in the development and design of a hospice. Unlike a hospital, a hospice does not attempt to perform life-saving tactics to put off the inevitability of death. On the contrary, "a hospice helps the terminally ill to live to the fullest the life that is still available."⁶ Therefore, the goal of a hospice is to provide the physical, psychological and spiritual care for the terminally ill and their families and to assist in allowing both to live effectively in the face of impending death.⁷

Lo-Yi Chan, premier American designer of a number of hospices, has put forth five significant factors that may be considered in helping a building achieve these goals. These factors include:

- creating a community of patients, family and staff by designing both interior and exterior gathering spaces;
- creating transitional circulation paths and spaces to help the residents and their families combat the unknown and gradually enter situations that may be initially uncomfortable to them;
- encouraging mobility, or the appearance of mobility;
- illuminating the passage of time by allowing direct access to views of the outside so that they may see the changing of time and seasons; and
- confronting the meaning of death.⁸

In examining these factors, it is obvious that a hospice must be much more than a place that provides support and care. In a more general architectural scope, the design must contain the places where these factors can be implemented. There must be places of privacy, places of community, places to fulfill the spiritual complexities involved in making peace with one's world before leaving it, places of comfort, places to express anger and frustration and finally, places for continuing life processes and experiences. Such places should provide a sense of familiarity, comfort and home to help the dying come to terms with their personal meaning of death.



City Commons 1797

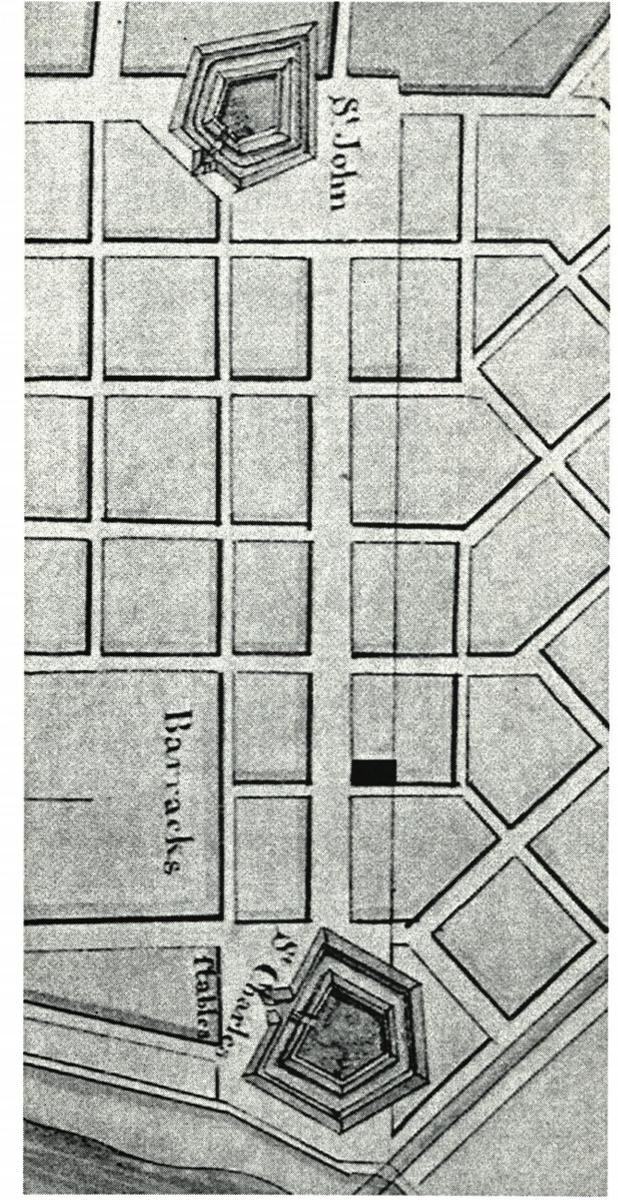
SITE and SURROUNDINGS

Spanning 3.3 miles, present-day Esplanade Avenue, on which the site of the hospice lies, exists on a two-block wide ridge created from the overflow of the Mississippi River. As the waters of the river receded, bayous were formed as well as bank deposits which were similar to the high sections of the City's natural levees. This high section was the original link between Lake Pontchartrain and Noveau Orleans, as it was originally named by the French, and proved even in its earliest development as a significant transportation route within the city.⁹

Prior to the existence of the Esplanade Avenue of today, the land that occupies it was preceded by an often sordid and colorful past. Under both the French and Spanish rule, a portion of the first seven blocks existed as part of The Commons—a 450 foot strip of land that surrounded the entire Old City and was placed under the Crown's domain for use in fortifying the city. As early as 1724, this area was designated as a military esplanade on which a number of forts were constructed along with a fortification line. The remainder of present-day Esplanade Avenue nearest the French Quarter was owned by private plantation developers who each unsuccessfully sought to include part of this military commons in their plantation holdings.¹⁰

As interesting as the tug-of-war was for this particular strip of property, it was its use as a military esplanade which provided the most significant historical connection to the city and allowed it to be designed as it exists today. For this area was put forth to protect the Old City from take-over by enemy forces.

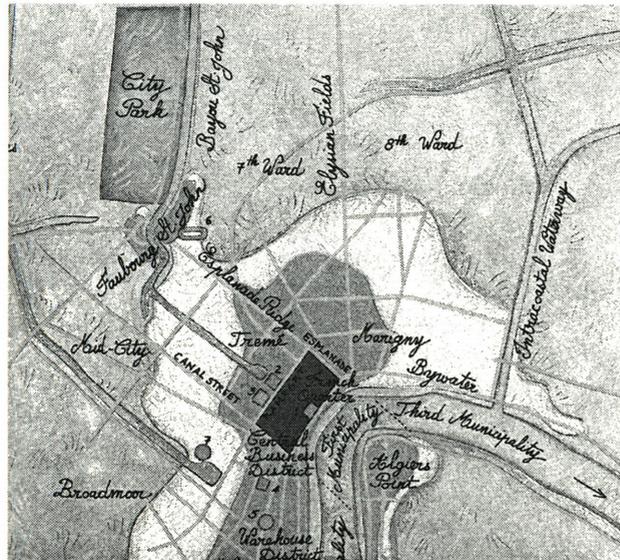
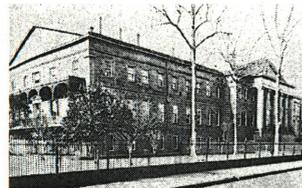
Among the most significant sites of military fortification was the site at the base of today's Esplanade Avenue nearest the Mississippi River. Prior to the construction of the United States Mint building in 1836, which still occupies the site today, there



Bastions 1814

U. S. Mint Building

City Park's Entrance



Area Map of New Orleans

were three separate 18th century military installations. These installations ranged from protective moats which were dug in response to fear of Indian attack in 1729 and an English invasion after France's defeat in 1760, to one of five bastions which surrounded the city. The bastion which was constructed at this particular site was called Chartres Bastion or Fort St. Charles and remained until its demolition in 1821, six years after General Andrew Jackson commandeered it during the Battle of New Orleans.¹¹

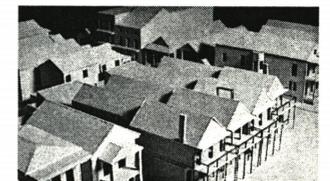
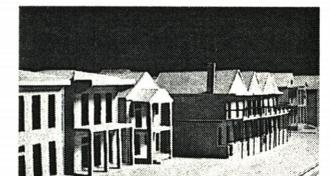
Even after the United States purchased the Louisiana Territory in 1803, the seven block strip that was formerly part of the Commons military esplanade was still deemed property of the United States government. It was not until the 1807 Act of Congress which gave title of this property to the city of New Orleans that building development on the avenue became a possibility. In 1822, a road parallel to the original ridge that linked Lake Pontchartrain to the city was designed and christened Esplanade Avenue. Soon after, the Creoles moved in and began to construct their typical Creole dwellings, and in only a few years time, the avenue was just as densely inhabited as the French Quarter itself.¹²

D E N S I T Y

Unlike any other avenue in the city, today's Esplanade Avenue is surrounded along its entire length by historic neighborhoods including the French Quarter, Marigny, Tremé, New Marigny and Faubourgs St. John and Pontchartrain and is anchored at each end by significant places of culture and history including the previously mentioned United States Mint, closest to the Mississippi River, and on its opposite end by St. Louis Cemetery III, Bayou St. John, City Park and the New Orleans Museum of Art.¹³ As a result, it is an avenue of tightness, where open land is scarce and the density of the place gives it part of its charm and character. The hospice attempts to slip into the density surrounding it on an open corner lot just off the avenue and Royal Street.

Esplanade Avenue

Model Photograph



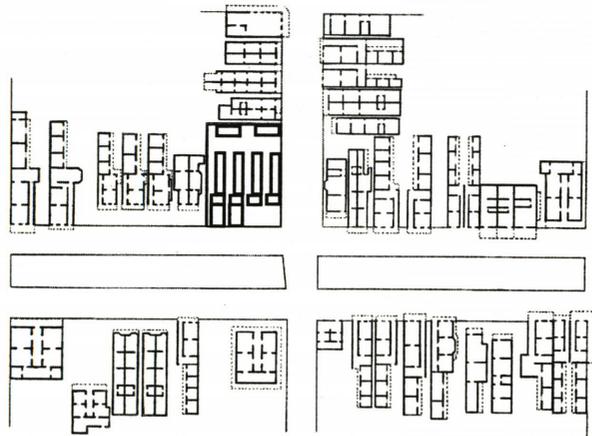
Esplanade Avenue

Model Photograph

T Y P O L O G Y

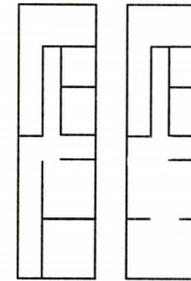
Esplanade Avenue is surrounded in every direction by residential structures, most of which were built during the two classified historical eras in which the most common residential typologies were introduced: the Postcolonial Period and the Antebellum Period. As a result, the majority of these dwellings fall within the typologies most commonly built during these two periods which include the Creole cottage, Creole townhouse, porte-cochere townhouse, Creole outbuilding, American cottage, American townhouse, shotgun single, shotgun double.¹⁴

The Creole townhouse typology was selected as a guide in the design because of its ability to support the many places necessary for a hospice to be successful and because of its emphasis on the circulation passageway. Additionally, like many Creole types still in existence in the French Quarter, the architectural language and qualities are familiar to most everyone in and around the city.

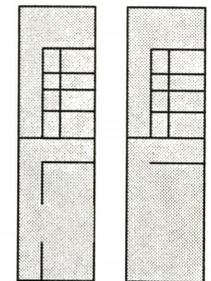


Typological Plan of Surrounding Structures

While the historic type utilized a passageway that was separated from the double parlors to its side by a structural wall that made the passageway exterior to the lower living space, the hospice makes the passageway part of the living space. This allows for greater access to the rooms and the vertical circulation at the passageway's end. These interior passageways allow for greater mobility and ease of moving through spaces. The rear patient rooms, which in the typology were service wings to the main house, have also been modified. The existing path that connects each room serves the double role of both a corridor and a balcony depending on the positioning of the louver doors between both the inside and outside and the corridor and individual rooms. The final alteration to the original form was the connection of the four separate units to one another. These joints allowed all four to be connected without losing the differentiation of the four as separate dwellings.



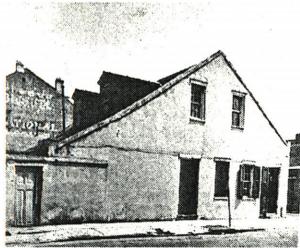
Creole Townhouse Diagram



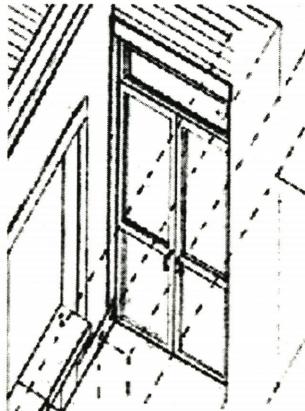
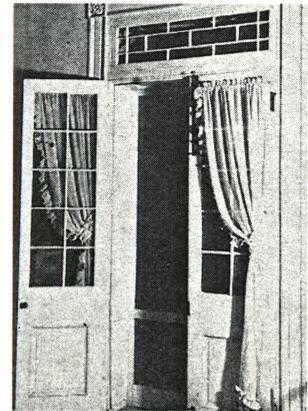
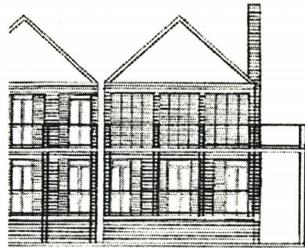
Hospice Diagram

S T Y L E

Gable Roof



Hospice Roof



Interior French Doors

Hospice French Doors

From the outside, the hospice resembles almost any of the typologically influenced houses that exist along Esplanade Avenue and in the surrounding neighborhoods of the city. These houses are all characterized by particular exterior styles that were introduced during both the Postcolonial and Antebellum Periods. The styles of these two periods were influenced by not only the unique climatic forces and the way in which the city's residents lived their day-to-day lives, but by what was politically and socially occurring within the city at the time. As a result, the architectural characteristics of both the Creole style, which influenced the architecture of the Postcolonial Era, and the Greek Revival style, which provided the architectural characteristics of the Antebellum Era, are visibly common throughout the city.¹⁵

The Creole style, which dominated the architecture of New Orleans from 1803 to 1830, was basically a culmination of both the French and Spanish architectural influences, tempered by the subtropical climate of the city. It is this style that the Creoles used in building the Creole cottages, townhomes, porte-cochere townhomes and Creole outbuildings.¹⁶

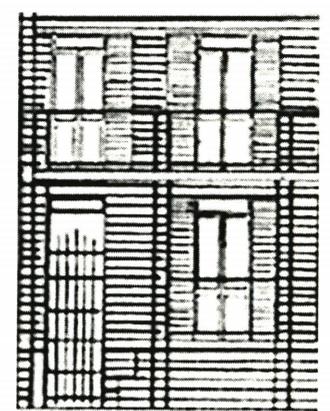
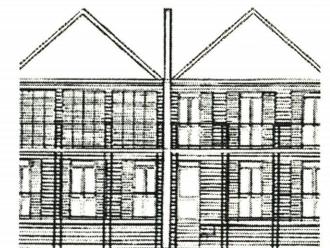
The Creole style introduced multi-light french doors on practically all openings to the exterior and operable transoms above each to allow for maximum cross ventilation. Openings on the first level were typically arched, entrances to courtyards through passageways were gated and roofs were most often gabled with multiple dormers which faced the street. The Creole style also incorporated operable shutters on all openings and balconies with wrought iron railings designed in intricate geometrical patterns.¹⁷

The Greek Revival style, which influenced the dwellings constructed from 1830 to 1860, was the first American style to impact New Orleans architecture since all the previous classical revival architectural influences in America had occurred

Roof Dormers



Hospice Rooflight



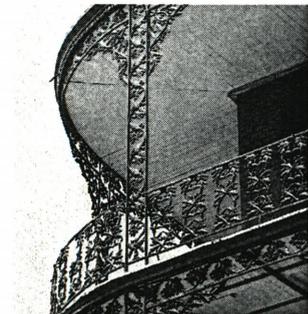
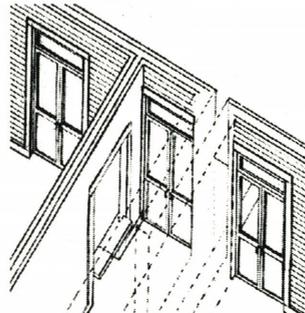
Gated Carriageway

Hospice Gate

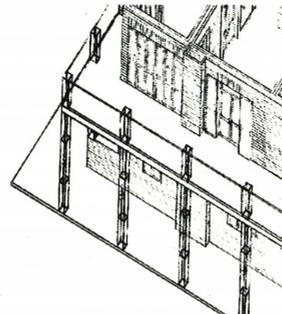
Flat-topped Doorway



Hospice Doorways



Cast-Iron Balcony



Hospice Balcony

when New Orleans was still a colony of the French and Spanish. Greek Revivalism was inspired by the architecture of ancient Greece, and the buildings which adhered to this style included the American townhouse, American cottage and shotgun houses.¹⁸

Exterior architectural qualities that surfaced during the Greek Revival style included the Greek-key doorway and low-pitched roofs. Greek Revival entrances in New Orleans' American Sector (the area west of Canal Street) were usually characterized by having sidelights to either side of the door, a rectangular transom and being surrounded by classical pilasters and cornice. Door and window openings were always flat-topped with simple lintels but included the Creole-influenced operable louver style shutters to help control light and ventilation. Cast-iron columns, galleries, balconies and railings were common as well as popular Greek ornamentation such as dentils, egg-and-dart molding, rosettes and palmettos.¹⁹

Unobtrusively, the hospice incorporates similar but more modern vernacular characteristics. Operable louver doors with flat-topped openings and simple brick lintels allow the patients and their families the ability to control the sunlight that enters contemporary french doors. Residents can sit on the front porch, slightly elevated off of the street to allow for a bit more privacy while still having a connection to the street, or they may look over the edges of the railings of steel and glass that surround the extended balconies of the second level directly down to the street.

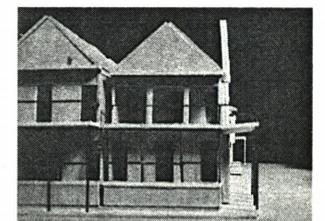
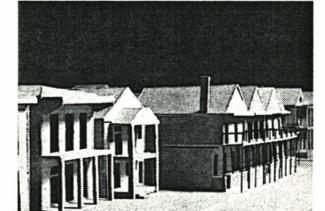
It is a building which sits comfortably within the streetscape of Esplanade Avenue with brick facades and gable roofs, but it also shows a bit more of its modern-day construction, with directly visible concrete slabs that create the floors, and columns and railings of geometrically shaped steel and glass. It is a place that both on the outside and inside attempts to provide a similar architectural language to that of the historic types that exist all around it.

Neighboring Facades



Neighborhood Porches

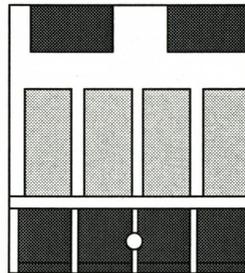
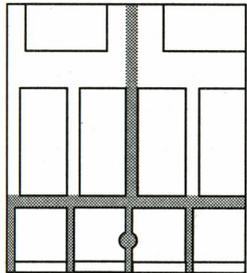
Hospice Facade



Hospice Porches

INTERIOR PLACES

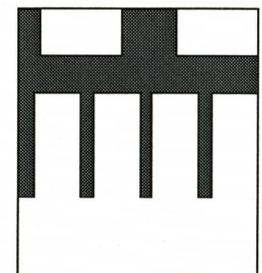
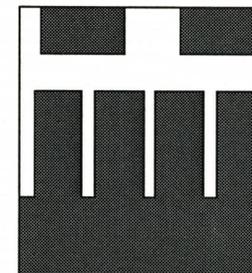
■ Transition Space ■ Shared Space ■ Private Space



The same styles that influenced the exteriors of the typologies of each historical period also provided unique characteristics to the interiors. To a degree, these characteristics have been maintained: the high ceilings of ten feet and walls of brick and plaster with oak detailing and flooring. But the interiors have the addition of particular architectural and experiential qualities that enable them to become *places*. For architecture is most ideal when it is able to make the places that allow an individual to live his or her day-to-day life in them while at the same time receiving an almost unrecognizable enjoyment for just being in the space. This enjoyment might be in the form of a particular quality of light that reflects off a wall in a lunch room that makes the event of eating a little more special. Or it could be a bench that is placed in just the right spot to allow someone to rest or talk to a friend or enjoy a nice view. It is an architecture that has an impact because it is thoughtful and not obtrusive. It does not have to overwhelm its occupants to be noticed, because its beauty comes from its subtle experiential qualities—qualities that are influenced by an architectural language that allows those who reside in a space to enjoy their time there a little bit more.

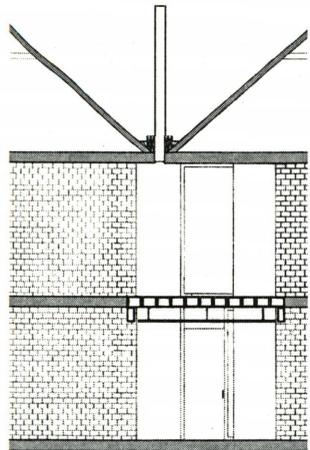
In its ability to make such places, the hospice is laid out in two levels. Nearest the more public Esplanade Avenue entrances are the community spaces of the first floor. These rooms support the entry and lobby area, the living room, the kitchen and the dining room. In addition, semi-public areas exist for a stairwell or an elevator at almost the midpoint along the length of each building. In the front rooms of the second level, which face out toward Esplanade Avenue, there are additional community spaces including a second living area, a library and a sitting and eating space both of which are adjacent to two covered outdoor spaces just before the over-the-sidewalk extended balconies. In the rear side extensions, just off the semi-public vertical circulation spaces, are the private patient suites on both the first and second levels.

Positive/Negative of Interior and Exterior Spaces

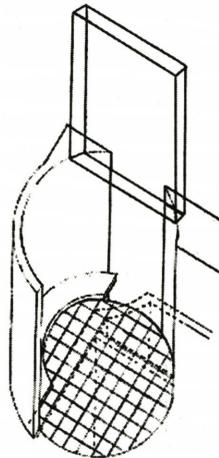


E N T R Y

Section through Entry



Second Level Space



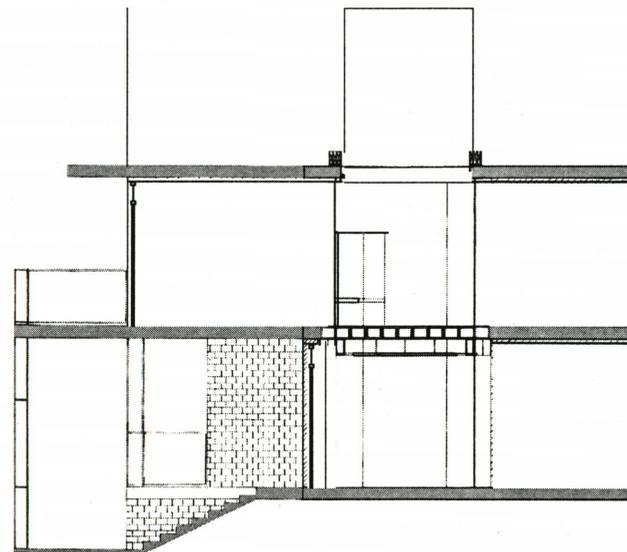
To articulate the primary entrance on the first level from the three other passageways, the form of the circle was implemented just inside the stairs at the entry. At the second level, the extruded form occupies part of the library or recreation area. The second floor ceiling is broken by a glass light where the two adjoining structures meet. This roof light combined with the translucence of the glass block floor will provide penetration of light to both the first and second levels of the hospice.

R E S T a n d C I R C U L A T I O N

The semi-public spaces which provide the vertical circulation to the hospice are special places since they create the transition between the more public communal spaces and the private extensions that form the patient suites.

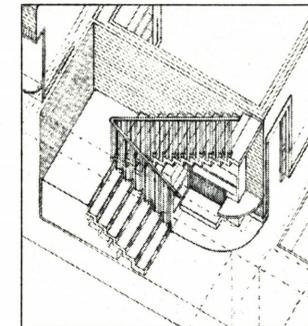
The stairs themselves are constructed of concrete which is slightly pulled away from the surrounding brick and concrete walls on each of its sides. Within the riser of each stair are small rectangular cut-outs which provide illumination to the treads from underneath light sources to assist specifically those AIDS patients who may be experiencing vision-related difficulties.

Sitting spaces just before both the stairs and elevators provide rest for weary travelers who may be waiting for the elevator or who might find walking up a flight of stairs quite an exhausting effort. Additionally, these places may allow for chance meetings between patients, family members or friends. Constructed of oak and also slightly pulled away from the surrounding wall to its side, the sitting spaces provide shelves for books, newspapers and anything else that might be visibly displayed.

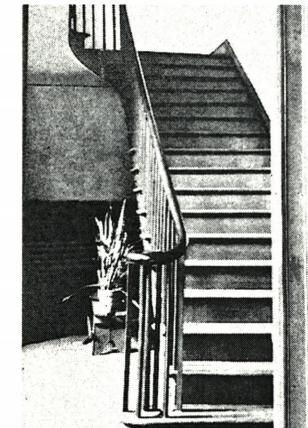
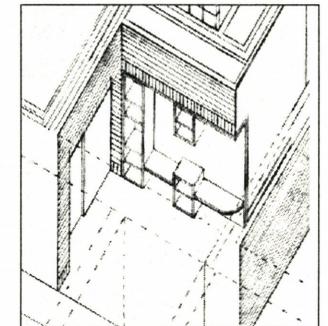


Longitudinal Section through Entry

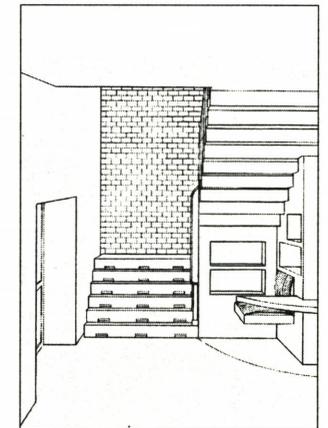
Axonometric of Stair



Axonometric of Elevator



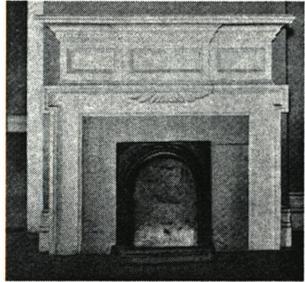
Stair



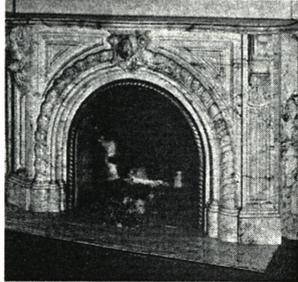
Hospice Stair

FIRE GATHERING and COMMUNITY

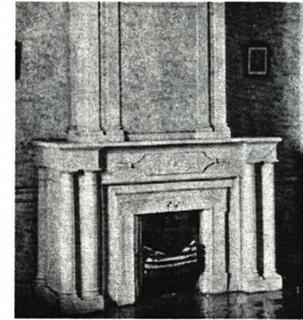
On both the first and second levels are two separate living spaces which provide just two of the many communal gathering spaces in the building which help foster the idea of developing community between the hospice staff, patients and family members. Located in both of these living spaces are fireplaces which exist as the focal point of the room. Since the fireplace has always been a central point of gathering and socializing in all the house types prevalent in the New Orleans area, the decision to place them in the hospice was one that had more to do with the relationship they have to the idea of home and gathering than their practical use (since New Orleans winters are so short-lived). The two identical fireplaces, which are constructed of brick, provide generous oak-topped benches which exist as extended arms of the fireplace to allow those who wish to get closer to the fire during those infrequent cold nights to do just that.



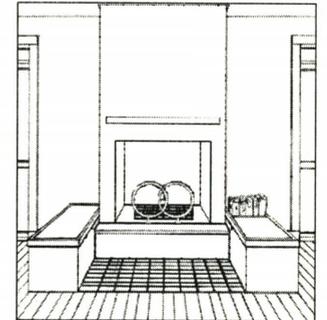
Fireplace



Fireplace



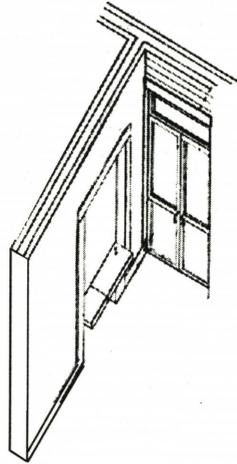
Fireplace



Hospice Fireplace

PASSAGE and PAUSE

Pull-Out Benches



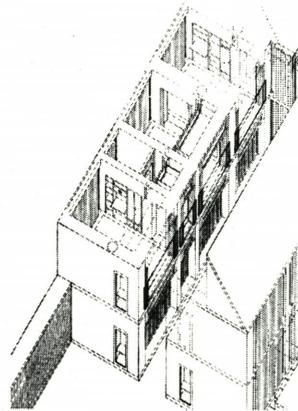
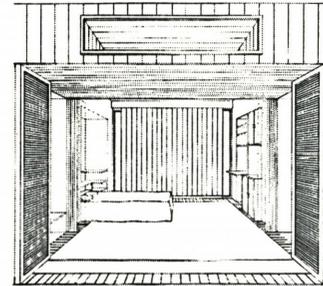
Out of the total of four lower-level passageways, there are two which do not exist as entry corridors that connect directly to the street. These two allow interior circulation from the rear patient extensions to the front porches. In both of these passageways are benches which pull out from their recessed positions in the thick brick, plastered walls so that they are protruding into the actual passageway space. This will provide those patients who are experiencing diseases that affect their physical appearance the opportunity to view outside from the french doors that lead to the front porches.

PATIENT SUITES PRIVACY and COMFORT

A total of eight patient suites exist in the rear extensions of the hospice. Four on both the upper and lower levels. Each is made up of five, thick, parallel concrete walls with wood frame construction separating one from the other at both ends. Within the parallel, concrete walls closest to the outer edges which face the slender courtyards, are openings which frame the linear corridors which also exist as balconies. Additionally, the thick, concrete walls support built-in shelves, desks, closets and drawers, all constructed of oak, and also provide each room with a connection to the HVAC systems which are located in the attic.

The five walls which separate the patient's room, the private bath, a sleeping room for family or friends, and a small living area help create points of transition between each space, besides providing the thickness which enables them to be "lived in". These thick walls provide the opportunity to move more slowly into situations that one might not want to face directly. In addition, the thick concrete which frames the corridor openings also makes one aware of the idea of moving from one space to another. So it is at the experiential level that the walls have their most significant impact.

Patient Room



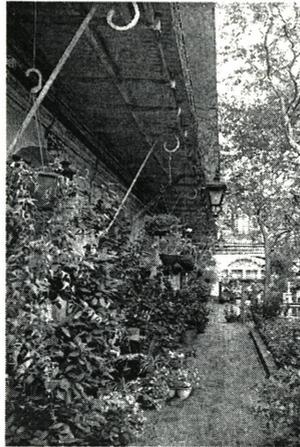
Axonometric of Patient Suite

C O U R T Y A R D S P A S S A G E O F T I M E

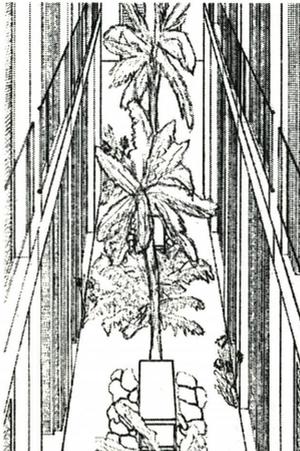
Courtyard



Courtyard



Garden Courtyard



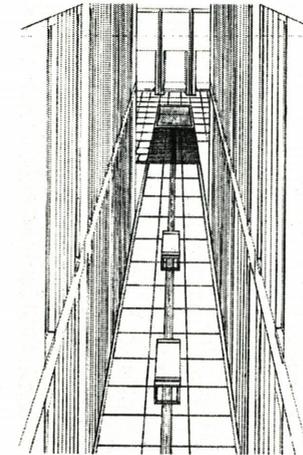
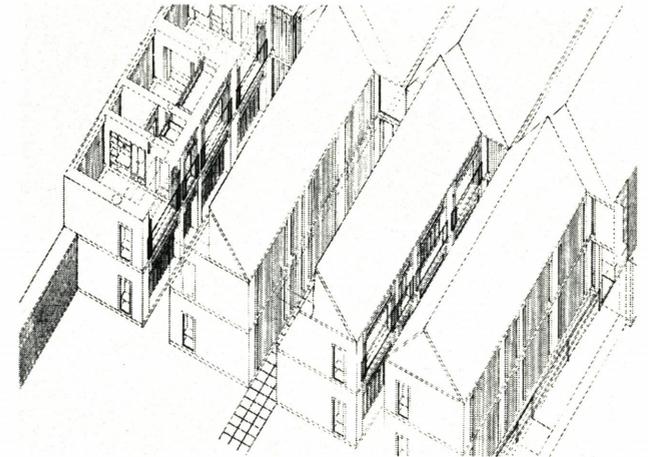
Hospice Garden Courtyard

The four slender strips that exist to either side of all the patient suites and the portion located just before the rear service structures form the courtyard space. Two of the four slender courtyards create shared green spaces which each of the patient suites look directly out upon. In each six foot wide green space, the residents and their families and friends can sit within and upon a sliver of nature without having to go out of the hospice environment.

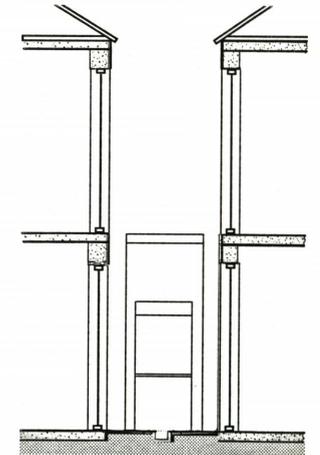
The central courtyard space serves as the main axis from the front entrance off Esplanade Avenue to the rear courtyard space and service buildings. The space is articulated by an eight inch water trough that leads to the central pool and rear outside gathering space. From the interior portion of the axis corridor, the floor is designed as square-cut glazed tiles. At the exterior point of the axis, the material and texture of the floor changes to a square-cut flagstone. The use of similarly cut patterns with unique visual and textural characteristics lets one know that they are of the same but yet different.

At the interior edge of the wall opposite Royal Street, the fourth strip exists as a ramp that takes residents and visitors to either a mechanical lift, that brings them up to the first level or directly to the courtyard and rear buildings.

Axonometric of Courtyard Space



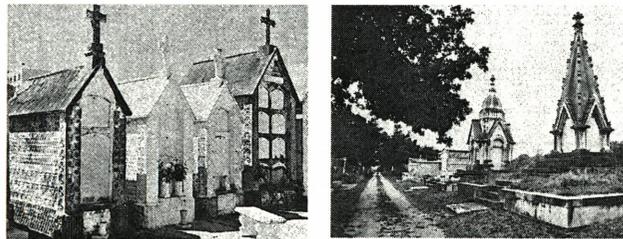
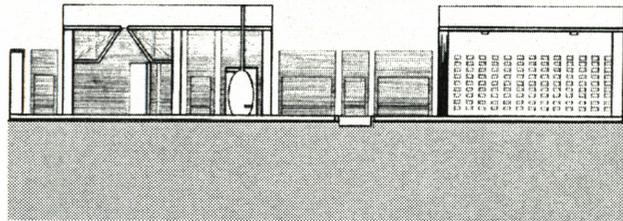
Hospice Central Courtyard



Section Through Trough

CHAPEL PRIVACY and REFLECTION

Section of Chapel and Departure Room



St. Louis III Cemetery

Cypress Grove Cemetery

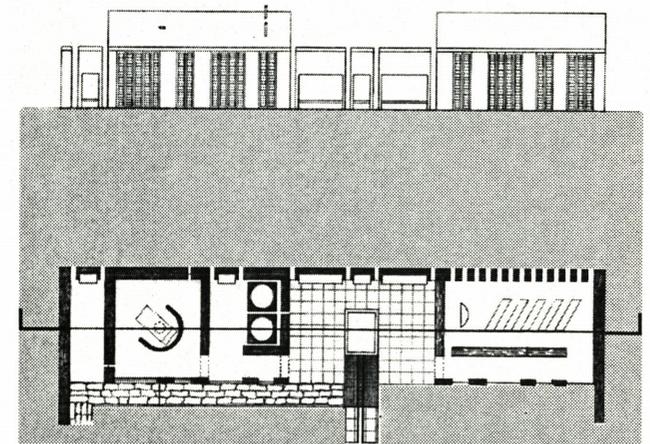
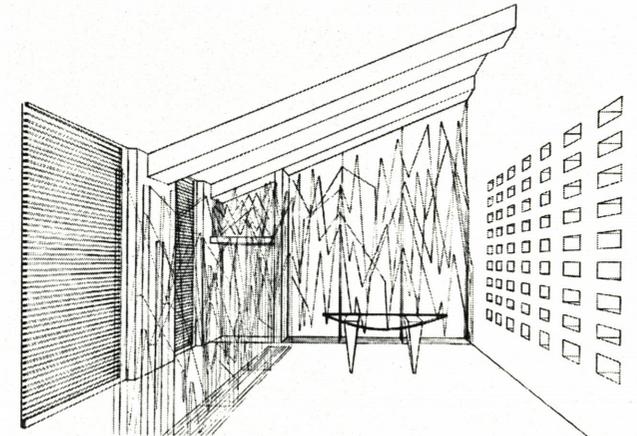
The two buildings in the rear accommodate the chapel, the crying rooms and the departure room. Both structures have an exterior architectural language similar to both the typology of the Creole outbuilding and the patient extensions (but using different materials). With metal louvers placed in-between brick columns, a facaded structure was created that maintains the desired architectural language from the outside and allows for greater flexibility in the interior of the structures where experiential qualities were explored.

The chapel allows slivers of light to enter the steel louvers. This light is projected through layers of jagged cut sheets of glass which create a long wall between the entrance corridor and the chapel space. Jagged glass sheets also form the entrance wall. The angled ceiling reaches its height of 17 feet at the back thick, brick wall which supports rectangular shaped voids at varying intervals that accommodate etched glass remembrance plaques of each individual who dies at the hospice.

Placed just inside the entry of the structure to the left of the central gathering area are the crying rooms that allow the patients and their families a place to release their feelings of sadness, anger, fear or frustration. When entered, the cubical exteriors give way to elliptical shaped interiors. This interior shape will allow sound to bounce off the curved surfaces and reverberate up through the slender chimney which takes it up through the roof and out of the structure.

Just beyond the cubes is a second entry that leads into the pyramidal formed departure room. Since it is essential for other patients, family members and friends to visually see the body of a loved one once he or she has departed, this place is essential in helping to take the first step towards the acceptance of death.

Chapel



Elevation and Plan of Chapel and Departure Room

C O N C L U S I O N

The study of the issues of history, surroundings, density, typology and style allows a closer relationship to be made with the building being designed and the place in which it will sit. It also makes evident the various levels in which the relationship between these issues and design can be made through replication, adaptation, transformation and intervention.

At its simplest, the study of contextual issues in their relationship to design may result in the replication or adaptation of the historic, stylistic and typological. At these more elementary levels, characteristics of the historic are either duplicated or only slightly modified. Architecturally, these two levels involve the least reinterpretation of particular characteristics in the newly designed structure.

At a more sophisticated level, the relationship between design and history is one of transformation: where a particular characteristic is changed in its composition, structure or condition. The idea of transformation assumes a greater amount of architectural reinterpretation and thought because the newly designed characteristic serves the role of something physically different from the historic that is still able to maintain a similar function.

The relationship between the historical and design is taken a level higher when intervention is explored. This relationship creates something completely new, that has its roots in the historic, through invention and modification.

In examining the different levels that create the relationships between the historic and design, I am able to understand the way in which I have designed the hospice. This understanding has allowed me to see that the idea of transformation has enabled me to introduce such architectural acts as the roof-light that exists above the second level gathering circle and the thick, parallel concrete walls that separate the spaces of

the patient suites. It has also allowed me to see that there has been a degree of transformation in all my design actions; even when they may appear to have been adapted from the historic. This is possible because there have been qualities added to these actions that have come from within myself, as the architect. These are the qualities and characteristics that have allowed simple adaptations to begin to span into the world of architectural transformations. In the same way, the interjection of such qualities, ideas and conditions will enable my architecture to move into the world of intervention and allow me to make architecture that is special because, in addition to its historic connection, it will have a connection to the ideas inherent in myself.

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- Right, Ricciuti. Plate 10
- Right, Bruce. 99

Site and Surroundings. Density

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Right, Christovich, Evans, and Toledano. 8

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Bottom Left, Richard Sexton, and Randolph Delehanty, *New Orleans: Elegance and Decadence*, San Francisco: Chronicle Books, 1993. 4

Top Right, Christovich, Evans, and Toledano. 46

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Style

Top Left, Bruce. 96

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Top Right, Author

Bottom Right, Author

Rest and Circulation

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Fire. Gathering and Community

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Courtyards. Passage of Time

Top Left, Toledano, Evans, and Christovich. 137

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Chapel. Privacy and Reflection

Bottom Left, Leonard Huber, Peggy McDowell, and Mary Louise Christovich, *New Orleans Architecture, Volume III: The Cemeteries*, Gretna: Pelican Publishing Company, 1974. 118

Bottom Right, Huber, McDowell, and Christovich. 107

PEOPLE

Pia Sarpaneva, Michael O'Brien, Frank Weiner and Valerie Gaddis-Purswell

*"He desired above all else a comfortable, historically
reminiscent house that could be lived in easily and
pleasurably rather than a strongly innovative form
or architectural presence that might make constant
cerebral and emotional demands on the
inhabitants."* Edwin Lundie

A S T U D Y O F A
F R E N C H
Q U A R T E R
B L O C K I N T H E
C I T Y O F N E W
O R L E A N S

*"We may define the ideal outcome of architecture
as being that a building should serve as an
instrument which mediates all the positive
influences and intercepts all the negative influences
affecting man...a building cannot carry out this task
unless it is itself as finely nuanced as the
surroundings in which it stands."* Alvar Aalto

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