

**NOMINATION OF HISTORIC BUILDING, STRUCTURE, SITE, OR OBJECT
PHILADELPHIA REGISTER OF HISTORIC PLACES
PHILADELPHIA HISTORICAL COMMISSION**

SUBMIT ALL ATTACHED MATERIALS ON PAPER AND IN ELECTRONIC FORM (CD, EMAIL, FLASH DRIVE)
ELECTRONIC FILES MUST BE WORD OR WORD COMPATIBLE

1. ADDRESS OF HISTORIC RESOURCE *(must comply with an Office of Property Assessment address)*

Street address: 128-40 Diamond Street

Postal code: 19122

2. NAME OF HISTORIC RESOURCE

Historic Name: Kensington Hospital for Women

Current/Common Name: Kensington Hospital (historic/common address: 136 Diamond Street)

3. TYPE OF HISTORIC RESOURCE

Building

Structure

Site

Object

4. PROPERTY INFORMATION

Condition: excellent good fair poor ruins

Occupancy: occupied vacant under construction unknown

Current use: Health care

5. BOUNDARY DESCRIPTION

Please attach a narrative description and site/plot plan of the resource's boundaries.

6. DESCRIPTION

Please attach a narrative description and photographs of the resource's physical appearance, site, setting, and surroundings.

7. SIGNIFICANCE

Please attach a narrative Statement of Significance citing the Criteria for Designation the resource satisfies.

Period of Significance (from year to year): from 1890 to 1945

Date(s) of construction and/or alteration: 1873-74; 1896-97; 1905; 1910; 1914

Architect, engineer, and/or designer: Thomas Lonsdale; Watson & Huckel

Builder, contractor, and/or artisan: Philip Haibach; Arthur H. Williams' Sons

Original owner: Kensington Hospital for Women, Directors

Other significant persons: Howard A. Kelly, MD.

CRITERIA FOR DESIGNATION:

The historic resource satisfies the following criteria for designation (check all that apply):

- (a) Has significant character, interest or value as part of the development, heritage or cultural characteristics of the City, Commonwealth or Nation or is associated with the life of a person significant in the past; or,
- (b) Is associated with an event of importance to the history of the City, Commonwealth or Nation; or,
- (c) Reflects the environment in an era characterized by a distinctive architectural style; or,
- (d) Embodies distinguishing characteristics of an architectural style or engineering specimen; or,
- (e) Is the work of a designer, architect, landscape architect or designer, or engineer whose work has significantly influenced the historical, architectural, economic, social, or cultural development of the City, Commonwealth or Nation; or,
- (f) Contains elements of design, detail, materials or craftsmanship which represent a significant innovation; or,
- (g) Is part of or related to a square, park or other distinctive area which should be preserved according to an historic, cultural or architectural motif; or,
- (h) Owing to its unique location or singular physical characteristic, represents an established and familiar visual feature of the neighborhood, community or City; or,
- (i) Has yielded, or may be likely to yield, information important in pre-history or history; or
- (j) Exemplifies the cultural, political, economic, social or historical heritage of the community.

8. MAJOR BIBLIOGRAPHICAL REFERENCES

Please attach a bibliography.

9. NOMINATOR

Organization _____ Edited/supplemented by the staff of the Philadelphia Historical Commission Date 28 June 2019

Name with Title Steven J. Peitzman, MD Email peitzmansj@gmail.com

Street Address 2911 Wood Pipe Ln, Apt. D. Telephone 215-843-7412

City, State, and Postal Code Philadelphia, PA 19129

Nominator is is not the property owner.

PHC USE ONLY

Date of Receipt: 7/1/2019

Correct-Complete Incorrect-Incomplete Date: 8/16/2019

Date of Notice Issuance: 8/16/2019

Property Owner at Time of Notice:

Name: Kensington Hospital

Address: 128-40 Diamond St

City: Philadelphia State: PA Postal Code: 19122

Date(s) Reviewed by the Committee on Historic Designation: _____

Date(s) Reviewed by the Historical Commission: _____

Date of Final Action: _____

Designated Rejected

5. BOUNDARY DESCRIPTION

This nomination proposes to designate portions of the property known as 128-40 Diamond Street, commonly/historically identified as 136 [West] Diamond Street, which is also its parcel address (parcel 027N190258).¹

Situated on the corner formed by the intersection of the south side of Diamond Street and the east side of Mascher Street, 128-40 Diamond Street (figure 1) contains in front or breadth on the said Diamond Street 136 feet, and extends of that width in length or depth southward between parallel lines, the west line thereof along the said east side of Mascher Street, 120 feet to Fontain Street (formerly Altmaier Street).²

The parcel contains several buildings and additions constructed between 1868 and 1978.



Figure 1: The boundary for 128-40 Diamond Street, outlined in red.

¹ The use of “West” is superfluous, as there is no “East” Diamond Street.

² Philadelphia Deed Book CJP 2527, p. 89, recorded 12/30/1949.

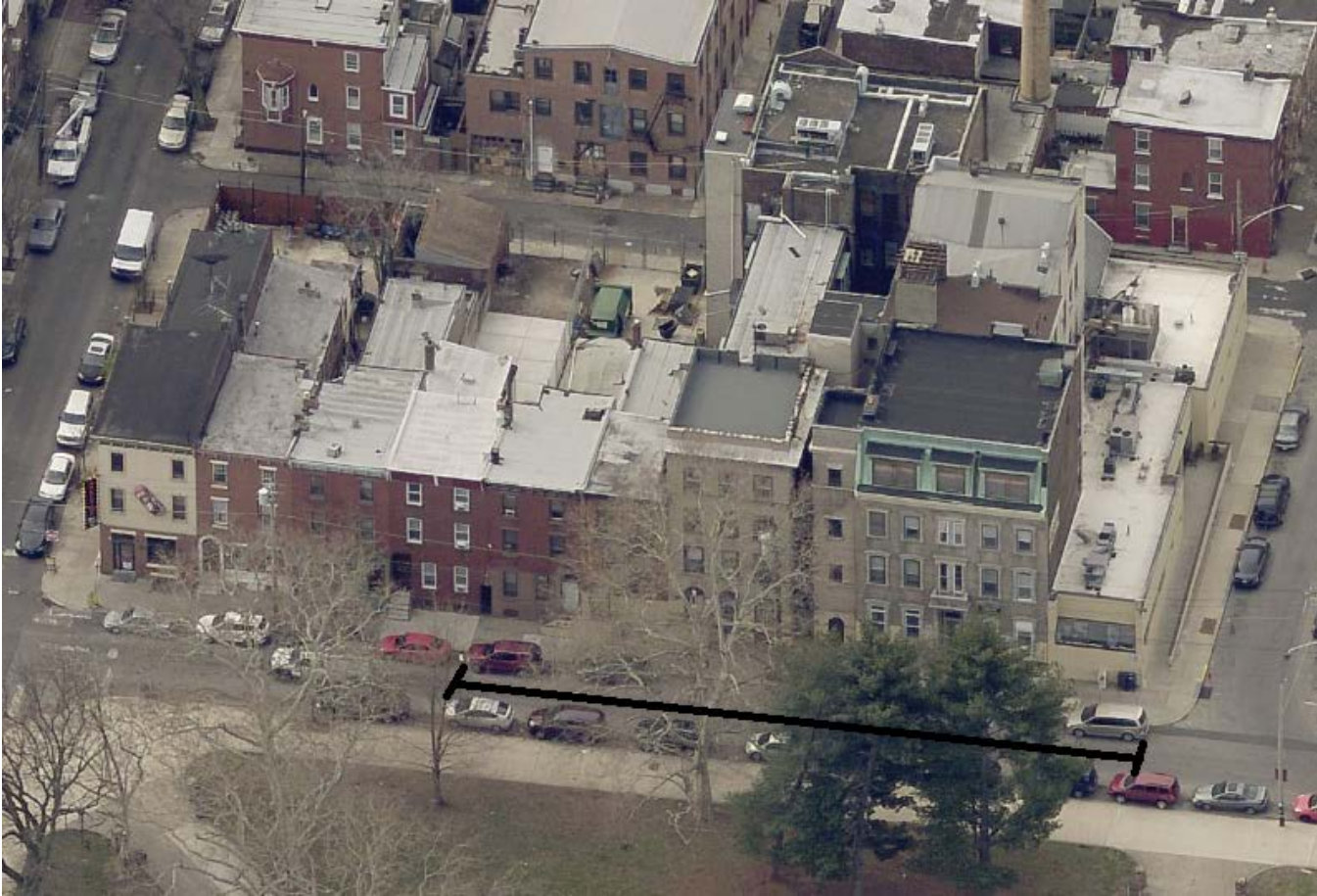


Figure 2: Looking south at the property; Pictometry via atlas.phila.gov, 2018.

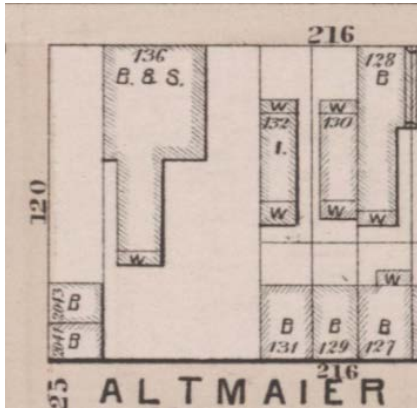
6. ARCHITECTURAL DESCRIPTIONS

The property at 128-40 Diamond Street contains nine buildings/structures/additions. For the purposes of this nomination, portions of the property to be considered contributing to the historical significance of the site include resources associated with the Kensington Hospital for Women, which operated the complex from 1890 to 1945.

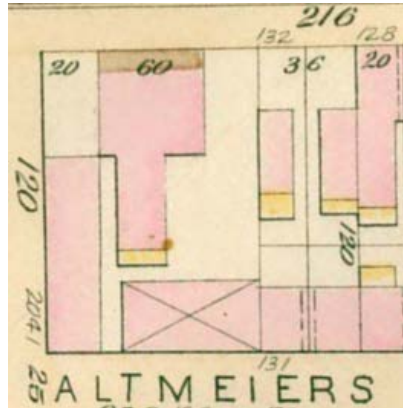


- A. Main Building**, 1873-74; 4th fl. mansard addition, 1910, Watson & Huckel
- B. Operating Room Addition**, 1896-97, Thomas Lonsdale
- C. Fire Tower**, 1910, Watson & Huckel
- D. Nurses' Home**, 1905, Watson & Huckel
- E. Carriage House**, c. 1885—**non-contributing**
- F. Maternity Ward Addition**, 1914, Watson & Huckel
- G. 130 Diamond Street**, c. 1900 main block, acquired by KHW in 1926
- H. 128 Diamond Street**, c. 1868, acquired by Kensington Hospital in 1983—**non-contributing**
- I. Outpatient Clinic Addition**, 1978—**non-contributing**

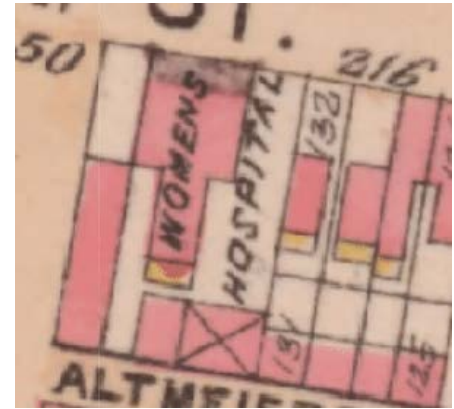
1874



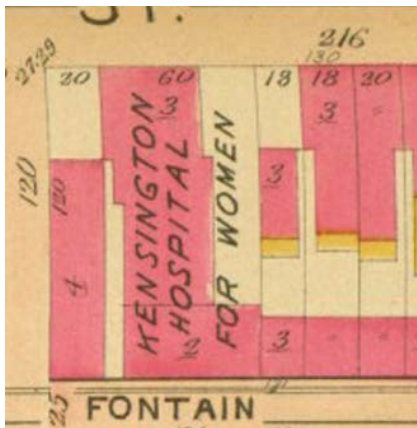
1887



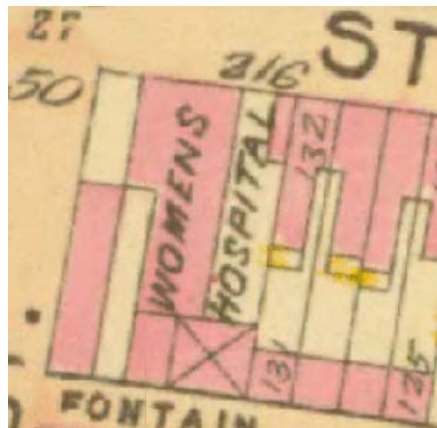
1895



1904



1910



1917

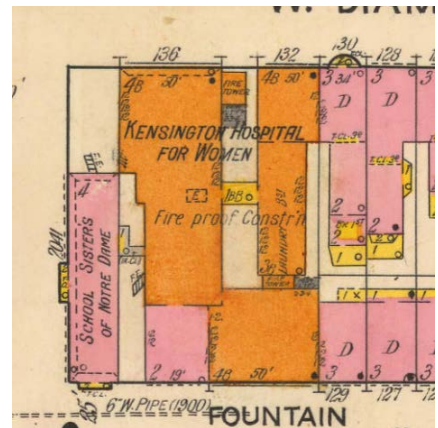


Figure 3: Site evolution, 1874-1917. Sources: 1874 G.H. Jones, *Atlas of Philadelphia, 19th Ward, Plate 8*, Free Library of Philadelphia Digital Collections; 1887 G. W. Bromley *Atlas of the City of Philadelphia, 18th, 19th, and 31st Wards, Plate Q*, Greater Philadelphia GeoHistory Network (GPGN); 1895 G.W. Bromley *Atlas* (GPGN); 1910 G.W. Bromley *Atlas* (GPGN); 1904 *Atlas of the 18th, 19th, & 31st Wards of the City of Philadelphia, Plate 5* (GPGN); 1917 *Sanborn Insurance Map* (Pennsylvania State University Digital Collections).

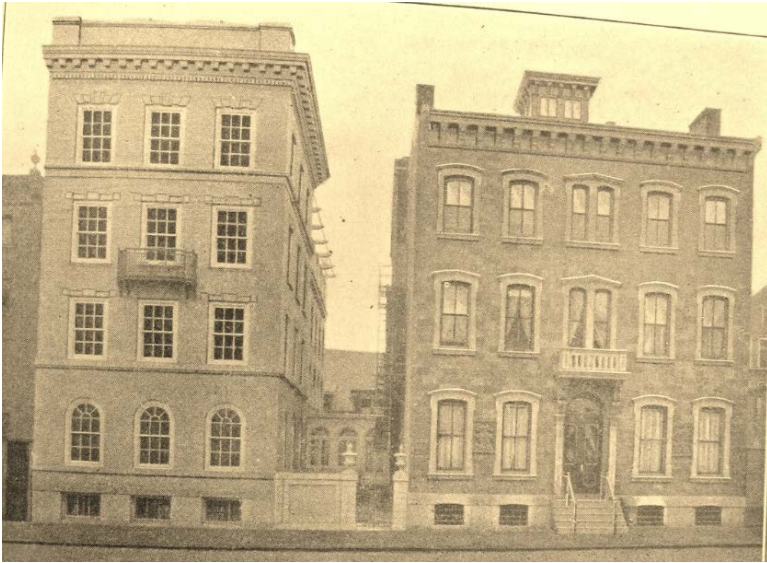


Figure 4: The Nurses Home and the Main Building, north elevations, from the cover of the Twenty-third Annual Report of the Kensington Hospital for Women for the Year Ending October 1, 1906.



Figure 5: The Hospital after the 1910 improvements, from 1911 Annual Report.



Figure 6: The same view in 2018, from Cyclomedia. All current photographs are by Steven Peitzman unless otherwise noted.

Main Building (A): c. 1873-74 lower floors; 1910 4th fl. addition, Watson & Huckel

The lower three floors of the Main Building were built c. 1873 - 1874 as the main block of a residence on Norris Square for a Kensington mill owner named Isaac Stead. Originally, the front section was a nearly perfect cube, being forty feet wide and deep, and about forty feet high. Later removed/heavily altered, an ell had extended behind it, as shown on atlases from the 1870s through 1895 (see *Figure 3*). The architect is not known.

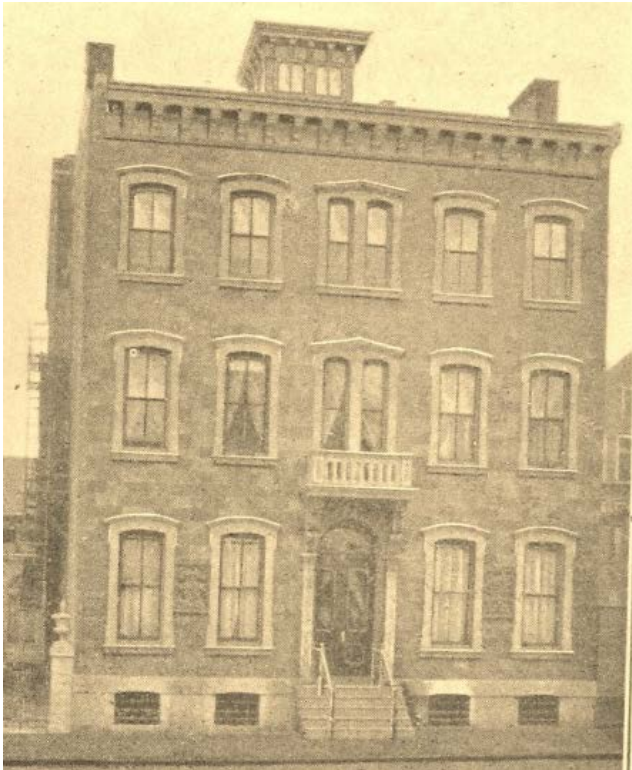


Figure 7: Left, the north (Diamond Street) elevation of the Main Building in 1906, from the cover of the Twenty-third Annual Report of the Kensington Hospital for Women for the Year Ending October 1, 1906. Right, the same elevation, 2018 (source: Cyclomedia).

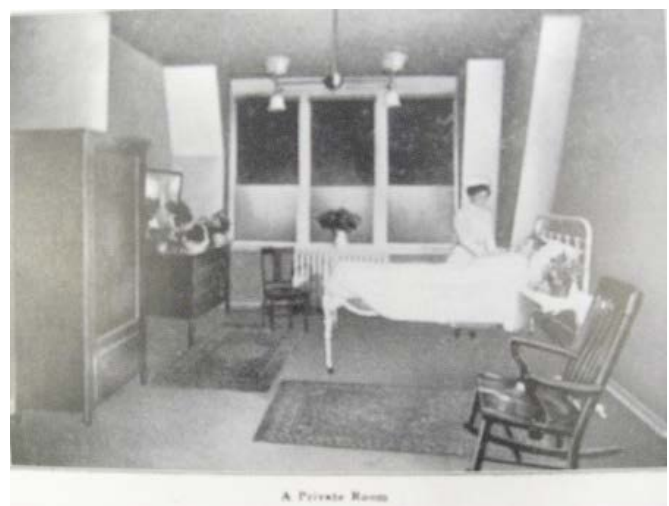


Figure 8: Left, the Main Building, north and west elevations, from Norris Square, looking south and east. Right, an interior view of the 4th floor addition. By the time of publication of the Thirty-first Annual Report, for 1917-1918 at least one section of the added fourth floor of the Front Building had become a private room.

The Hospital added an extension attached to it at the rear in 1896—this was not the original ell— then added a fourth floor to the Main Building and a fire tower in 1910. Though some other alterations have occurred, the front façade immediately announces the Italianate town house style popular in the 1870s – symmetrical façade, bracketed cornice, narrow windows with surrounds, including two paired windows, a pedimented entry porch supporting a small balcony. The building is of brick, though the current buff-colored brickwork of the front elevation is a facing which replaced the “green stone” surface referred to in early deeds, likely serpentine, which had deteriorated.

A double set of stairs (added sometime after 1930) serves the entrance which is about four feet above street level. The upper edge of a wide stone string course meets the landing of the stairs (ie, at entry level), and the lower edge is cut with four subtle curved (segmental) indentations over four basement windows. Each of the first three original floors shows a symmetric arrangement of fenestrations: two windows on each side flank the door of the first floor, while two single windows on each side flank centrally placed paired windows at floors two and three (five “bays”). The windows are progressively longer from the third floor to the first, those of the first floor particularly representing the tall and narrow dimensions typical of the Italianate mode. The windows themselves are modern “replacements” with single-pane sashes above and below. A subdued stone surround, or architrave, frames each single window; these show segmental arched heads with small “ears.” Horizontal, or cornice-like, heads now top the two paired window sets (these were triangular – i.e, inverted V shape – prior to 1910 alterations: see *Figure 7*).

Extending across the façade above the third-floor windows is a bracketed cornice of uncertain material, which replaced the original cornice sometime during or after the addition of a fourth story in 1910 (the current fixture shows 26 brackets, whereas the original had 20 – see additional historic images in the appendices). Above this *faux* cornice three shed dormers occupy most of the Mansard-like inclined front surface of the 1910 added fourth floor. The windows are boarded up, but mullions suggest that when last used the wider outer dormers included two windows, and the central dormer only one (as built, the pattern was 3-2-3). It is probable that this one-time generous array of windows served a fourth-floor solarium which overlooked the Square, but probably received scant sunlight (facing north). Above these dormers a parapet with inset panels spans the width of the façade.

The entry porch (see *Figure 9*) comprises two square pilasters from which extend consoles supporting a balcony, with balustrade, in front of the second-floor double window. The material of these elements appears to be marble, or, for the consoles at least, the cladding is marble. Although originally one entered through double wooden doors, the current single outer door, obviously recent, is of metal and glass, fitted into a framework which includes vertical lights and something like a transom above. Above this is a fluted translucent semi-circular tympanum set behind the original marble arched door head which features a foliated keystone and embellished spandrels.



Figure 9: Details of the front entrance to the Main Building.

The visible portion of the west elevation (*Figure 10*) above the modern one-story clinic addition presents merely a naked of red brick, with three small windows. One can see from this view that the front brickwork is a cladding, replacing stone in 1910. Attached near the front is a simple sign about twelve feet wide and eight feet high stating “KENSINGTON HOSPITAL.” The east and south elevations are largely hidden or elided by adjoining buildings.

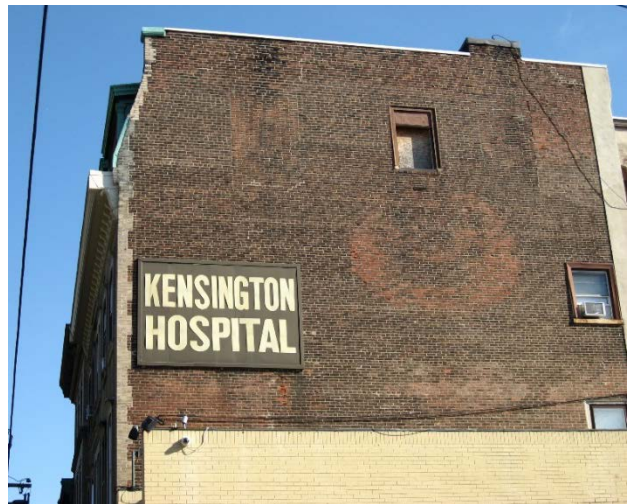


Figure 10: West elevation of Main Building, looking east, with 1978 clinic addition below.

Operating Room Addition (B): 1896-97, Thomas Lonsdale

Attached to the rear of the Main Building is a four-story rear ell addition, constructed in 1896 on a design by Thomas Lonsdale. The masonry ell is clad in stucco, and features a series of segmental-arch window openings with replacement windows. The addition's most distinguishing features are its unusual pitched roof section, which historically featured skylights, and large window openings at the west, south, and the now-obscured east elevation, all of which historically provided illumination for the operating room.



Figure 11: Left, the west elevation, and right, the west and south elevations, of the 1896 addition showing what had been large windows and the gabled upward extension of the roof for skylights, both for illumination of the operating room.

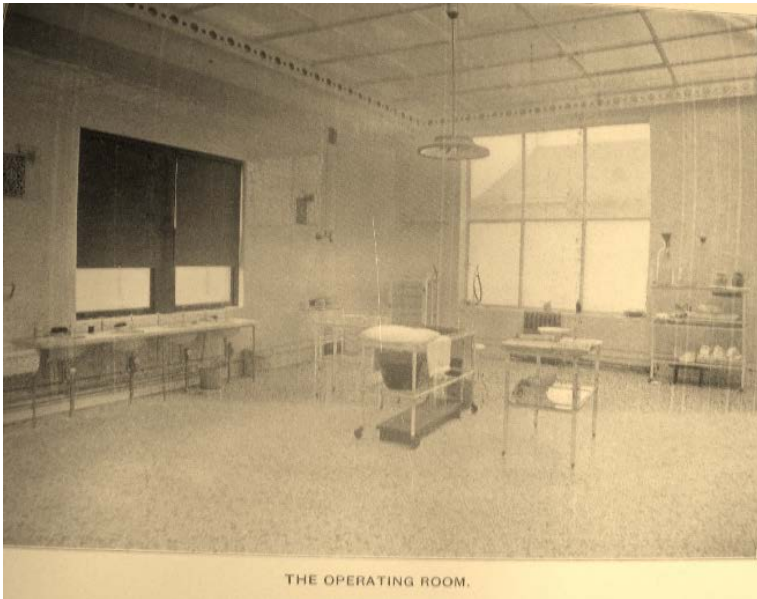


Figure 12: Interior view of the operating room, from the 1896-1897 Report. Prior to the construction of the 1914 Maternity Ward addition, the operating room, located on the top floor of the 1896 addition, featured large sets of windows on its south, east, and west elevations.

Fire Tower (C): 1910, Watson & Huckel

The Hospital added the stone and brick Fire Tower as one of several improvements in 1910.³ Although attached to the Main Building, it was also designed by Watson & Huckel and maintains the same Renaissance Revival style as the Nurses' Home (D). The tower, which clad in buff brick laid in running bond and features stone and terra cotta detailing, including belt courses and lintels. When the present (2019) appearance is compared to a photograph from the 1911 *Annual Report*, nothing has changed visually except the usual replacement of windows and doors.⁴ Historically, the three upper-floor windows were four-paned, either two-over-two double-hung windows or four-lite casements. The ground level exit is round-arched with stone or terra cotta voussoirs and a fluted keystone. Above the second and third level windows one sees similar, though not quite identical, stylized terra cotta lintels (or flat arches). The uppermost window receives a bit of emphasis similar to the Nurses' Home with a flat arch containing a fluted keystone. The cornice, however, differs, with a lighter approach appropriate for the small dimensions of the structure (approximately 10 feet wide and 13 feet deep): rather than modillion blocks, one admires simple Greek key fretwork above a course of egg-and-dart molding.

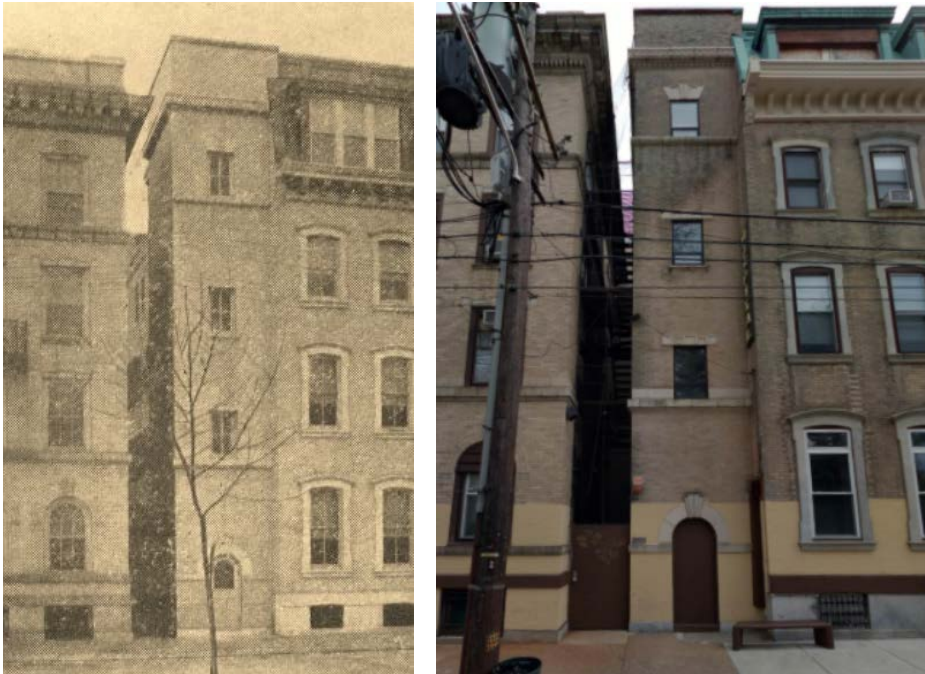


Figure 13: Left, the Fire Tower after construction, from the 1911 Annual Report. Right, the Fire Tower in 2018, from Cyclomedia.



Figure 14: Details of the second and fourth-floor window openings, beltcourses, and terra cotta detailing.

³ *Twenty-third Annual Report of the Kensington Hospital for Women for the Year Ending October 1st, 1910*, p.5.

⁴ *Twenty-fourth [?] Annual Report of the Kensington Hospital for Women for the Year Ending October 1st, 1911*, cover photograph.

Nurses' Home (D): 1905, Watson & Huckel

The Nurses' Home was designed in 1905 by the firm of [Frank R.] Watson and [William Samuel] Huckel [Jr.] as a modest but handsome essay in the style sometimes referred to as "Second (Italian) Renaissance Revival."⁵ This choice obviously fit well with the neighboring 1870s Italianate building. The subdued Renaissance Revival façade attains sufficient dignity to face a public square, but the scale and tone of the structure still allowed a home-like quality.

The Nurses' Home (no longer used for that purpose) stands four stories above a raised basement. Its symmetric and orderly front elevation of buff brick in running bond shows: five rows of three windows (three "bays"), with only the first-floor windows arched; several belt courses; a projecting cornice; and a parapet.



Figure 15: Left, the Nurses' Home shortly after construction, from the 1906 Annual Report. Right, the Nurses' Home today.

⁵ John J.-G. Blumenson, *Identifying American Architecture*, 2nd. ed. rev., (W.W.Norton: New York and London, 1981), pp.40-41.



Figure 16: Left, first-floor window opening detail. Right, details of the cornice and parapet and ornament above 3rd and 4th-floor windows.

A slightly projecting darkly painted belt course runs flush with the tops of the basement windows, which have iron grills. The next course, moving upward, runs below the sills of the first-floor windows, and is made up of component blocks, likely terra cotta. At the second floor level, one sees a complex or compound belt course including both a projecting part at the sill level of the second-floor windows, and a flush string of non-projecting blocks interrupted by the lower portions of the windows. The most elaborate of the projecting belt courses runs below the fourth-floor windows. The overhanging classically inspired cornice (*Figure 16*) adorns the front and west elevations but not the east. It comprises a *cyma recta* band superiorly, over courses of modillions and dentils (with an acorn at the corner). Several of the modillions near the western edge of the building unfortunately are deteriorated or lost. Above the cornice the basic configuration of the building continues with a parapet of brick and stone.

In keeping with the Renaissance Revival style, the first-floor windows were originally arched (semi-circular), but the use of simple two-sash modern replacements required that the tympanum areas have been covered with opaque strips of undetermined material. The arches themselves comprise three tiers of bricks set as headers, sprung from plaques of fretwork, with a projecting fluted keystone. One of these first-floor windows has been converted into a door: originally, the entrance was toward the rear, through a structure connecting the Nurses' Home to the Main Building.

The windows of the second and third floor are capped with a peculiar ornamental linear display of rectangular terra cotta panels set into the brick façade, representing a sort of stylized lintel or flat arch.⁶ Above the windows of the fourth floor the designer placed stylized flat arches with fluted keystones similar to those seen within the ornamental arch work of the first-floor windows.¹

The east wall of the main block adjoins the rowhouse formerly known as 130 Diamond Street at the lower floors, and presents a blank party wall above. A view from Diamond Street of the west wall is blocked by the fire tower of the Main Building and metal fire escapes, but an historic photograph (see *Figure 15*) shows that this face continued the belt courses and cornice and seems to reveal three windows at each story, as on the front. At least some of these windows remain.

⁶ The Commonwealth Title and Trust Company building at 12th and Chestnut Streets, designed by James Windrim and Sons and built between 1910 and 1916, shows similar ornament above some windows. Watson is seen in a group photograph of the James Windrim Office, c 1895, Athenaeum photograph P-820, though available biographical information does not place Watson as a member of this firm.

The four-story rear ell of the building—visible from Diamond Street prior to the construction of the Fire Tower, and now visible from Fontain Street—is a slightly-shorter four stories, clad in brick, and featuring a slate mansard with simple copper cornice and dormers.



Figure 17: The rear ell of the Nurses' Home, from Fontain Street. Cyclomedia, 2018.

Carriage House (E): c. 1885—non-contributing

Presumably built around 1885 by William K. Brown as a portion of a once-larger carriage house, this two-story red-brick structure features a gable-front and corbelled chimney along Fontain Street. A portion of an intersecting gable slope on the east side of the structure is also visible from Fontain Street. The structure features two infilled basement windows, four infilled first-floor windows, and a pair of replacement double-hung windows at the second floor. This structure is considered non-contributing to the historical significance of this site as it relates to the Kensington Hospital for Women as it was not built for the Hospital and its function for the Hospital is unknown.



Figure 18: Left and center, the south elevation of the carriage house, as viewed from Fontain Street. Right, a snippet view of the Carriage House in 1914, from the Thirty-first Annual Report, Year Ending May 31, 1918.

Maternity Ward Addition (F): 1914, Watson & Huckel

Constructed in 1914 on a design by Watson & Huckel, the Maternity Ward building is a five-bay wide four-story red-brick building with a flat roof, fronting on Fontain Street, and connected at the rear (north) to the Nurses' Home ell. The Maternity Ward building is accessed from Fontain Street by a set of steps leading to an arched, recessed entrance opening. The original window openings are evident along the Fontain Street elevation, but have been infilled at the basement, first and second floors with cement and glass block, replacement windows at the third-floor, and are currently boarded up at the fourth floor. A non-historic stair tower clad in yellow brick appends the building's east side elevation.

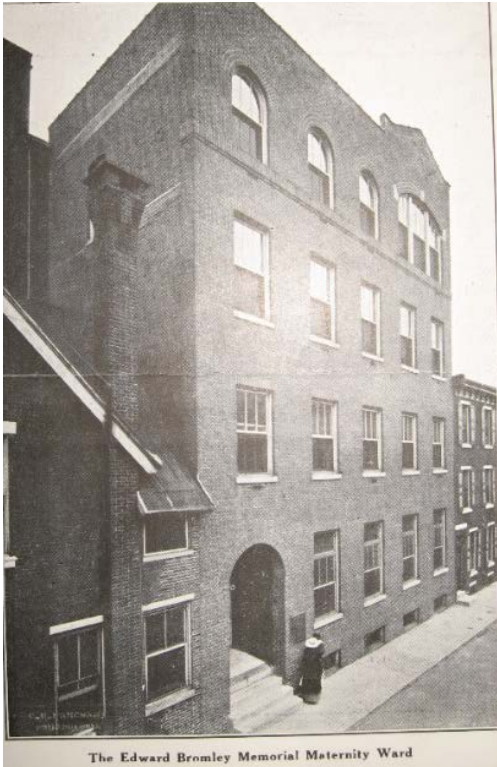


Figure 19: Left, view of the 1914 Maternity Ward building from Fontain Street, from the Thirty-first Annual Report, Year Ending May 31, 1918. Right, the same view in 2019.



Figure 20: The east elevation of the Maternity Ward building features a non-historic stair tower .Source: Cyclomedia, 2018.

130 Diamond Street (G): c. 1900 main block

The main block of the rowhouse formerly known as 130 Diamond Street was constructed circa 1900 as a private residence. Previously, a free-standing porch-front residence constructed c. 1870 occupied the site. It is unclear whether this earlier structure was converted into the rear-ell of the Victorian rowhouse, as the rear of the property has been heavily altered. 130 Diamond Street was acquired by Kensington Hospital for Women in 1926. The three-story, flat-roofed main block fronts on Diamond Street. A modillioned pressed-metal cornice caps the front façade, the upper floors of which are composed of iron-speckled Roman brick. The third-floor features two double-hung windows with brownstone lintels and sills, while the second floor features a semi-circular metal bay window with three double-hung windows. While the majority of the first floor has been stuccoed, original brownstone details are visible in the form of voussoirs that outline the basket handle-arched door opening and front window transom.



Figure 21: Left, the north (Diamond Street) elevation of the former 130 Diamond Street. Right, the rear of the building, as viewed from Fountain Street. Historically, rowhouses fronting on Fountain Street blocked the rear from view. Source: Cyclomedia, 2018.

128 Diamond Street (H): c. 1868—non-contributing

Constructed circa 1868, the three-story Italianate rowhouse at 128 Diamond Street was a private residence until it was acquired by the Kensington Hospital in 1983. Since the Hospital's acquisition of the rowhouse falls outside the period of significance for the property, it is considered non-contributing to the historical significance of the site.



Figure 22: Left, the north (Diamond Street) elevation of the former 128 Diamond Street. Right, the rear of the building, as viewed from Fontain Street. Historically, rowhouses fronting on Fontain Street blocked the rear from view. Source: Cyclomedia, 2018.

Outpatient Clinic Addition: 1978—non-contributing

The one-story yellow brick Outpatient Clinic addition was constructed in 1978, which fronts on N. Mascher Street, runs the full length of the block between Diamond and Fontain Streets. Constructed after the period of significance, this addition is considered non-contributing to the significance of the Kensington Hospital for Women.



Figure 23: The 1978 outpatient clinic addition, viewed from the intersection of Diamond Street and N. Mascher Street. Source: Cyclomedia, 2018.

7. STATEMENT OF SIGNIFICANCE

The former Kensington Hospital for Women, now known simply as Kensington Hospital, at 128-40 Diamond Street possesses significance under Criteria for Designation A, E, G, and J of the Philadelphia Code 14-2007(5) and should be listed on the Philadelphia Register of Historic Places. The Kensington Hospital for Women was founded in the 1880s primarily by Howard A. Kelly, MD, who became an internationally known figure in gynecology, surgery, and medical education (Criterion A). The Hospital was located by its founders on Norris Square in Kensington following the then absolute belief in the value of fresh air and ventilation to avoid hospital infection (Criterion G). Serving the women of Kensington and beyond (Criterion J), the hospital expanded its facilities numerous times, including with additions by the prolific firm of Watson & Huckel (Criterion E). The Kensington Hospital for Women struggled financially in the 1930s – 1940s until it closed in 1945. For the purposes of this nomination, the period of significance ends with the KHW's closure in 1945, but the property's medical history did not end there. Acquired by several physicians, it reopened as a small general hospital in 1946, and gained philanthropic support from some of the City's Jewish population, though its clientele became increasingly black and Latino. The Hospital, which continues to serve its community though with limited inpatient functions, is Philadelphia's last independent hospital.

Criterion J: Exemplifies the cultural, political, economic, social or historical heritage of the community

1890-1945: Kensington Hospital for Women

As in other large American cities, new hospitals proliferated in the second half of the nineteenth century in Philadelphia, mostly aimed at the care of the poor, since the more affluent could receive medical and even surgical care at home, until the apparatus of the operating room, x-ray suite, and laboratory made this impractical over the period of roughly 1890 to the 1920s. Religious denominations, ethnic groups, and districts of the city founded and supported these general hospitals. In addition, the city's medical schools opened hospitals, while others arose to offer the homeopathic alternative therapeutic system, or to focus on one or another branch of medicine, such as care of the insane, pediatrics, and disorders of the eye. Another group devoted their efforts to maternity services and the care of women's diseases, or both; among these was the Kensington Hospital for Women (KHW).⁷

The fledgling hospital moved to Norris Square in 1886, where it rented a house at 124 Diamond Street. When incorporated in 1887, the stated purpose of the Hospital was "to afford gratuitous aid and proper surgical treatment to women without distinction of age or color suffering from the diseases of the rectum and of the genito-urinary organs and also to take care of and properly treat such other women suffering from said diseases as may be able to pay to the corporation compensation for the aid afforded them."⁸ Covers of early annual reports

⁷ For the beginnings of many of Philadelphia's hospitals see: Frederick P. Henry, ed., *Founders Week Memorial Volume* (Philadelphia, 1909) and James Anders, ed. [?], *Philadelphia – World's Medical Centre* (Philadelphia, 1930). Both contain entries for Kensington Hospital for Women. Standard sources for the history of the American hospital are Charles Rosenberg, *The Care of Strangers* (New York, Basic Books, 1987) and Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York, Basic Books, 1989). The annual reports of the Kensington Hospital for Women provide a major source of information, including officers, board members, and staff physicians, but are only spottily available: see notes below. No archival sources such as hospital directors' minutes have been located. Little of interest is found in the papers of Howard A. Kelly at the Chesney Archives at Johns Hopkins University. Kelly kept diaries, but seems not to have done so during his Kensington Hospital for Women years, or these are lost.

⁸ Kensington Hospital for Women, By-laws (Philadelphia, 1888); pamphlet at Historical Society of Pennsylvania

also declared the institution to be “Non-Sectarian.” Unlike most similar hospital annual reports of the time, those of Kensington Hospital for Women do not provide tables showing categorization of patients by race or ethnic background. Therefore, it is difficult to know how well the Hospital adhered to its stated policy. Perhaps it did not print such data because of its non-prejudicial stance. Its clientele would certainly have included Protestants and Catholics: very nearby were the St. Boniface Roman Catholic Church (since demolished), Norris Square Presbyterian Church, and Norris Square Methodist Episcopal Church. The 1900 United States Census provides a sort of snapshot for the 12th of June of that year. The census taker queried seventeen patients, mostly listed as “house wife,” several of German or Irish “nativity.” One, Lucy Brown, was Black. It’s not clear if six “domestics,” all Irish, were patients or (more likely) hospital employees. Nurses and other staff were also tabulated.⁹

In 1890, the KHW was able to purchase what it later referred to as a “large mansion” (the Main Building) at 136 Diamond from a William K. Brown, MD, who is not found to have any recorded association with the institution.¹⁰ Brown had acquired the property in 1880 from Isaac Stead, owner of a woolens mill at Coral and Taylor Streets in Kensington.¹¹ Stead, in turn, had acquired the lot in 1869 from Isaac and Henry Norris, trustees of the Fairhill Estate, which was in the process of being broken up and sold off by the Norris family.¹²

Stead presumably built the Italianate house which became the Main Building of KHW in 1873 or 1874. No structure is mentioned in the 1869 deed, but the footprint of the house is clearly visible in the 1874 G. H. Smith *Atlas of Philadelphia, Nineteenth Ward*. *Boyd’s Philadelphia Directory* for 1872 shows Stead residing at an address on north Seventh Street, then at 136 Diamond Street—his new house—in the 1874 edition. Whether or not the three-story house qualified as a “large mansion,” the writer of the Hospital’s (annual) *Report* for 1889-1890 saw it as a “commodious building” at a location made desirable by “the open square in front,” which could provide fresh air and ventilation so important to medical thinking of the day.

Founder Dr. Howard A. Kelly intended the hospital to bring the latest application of gynecological surgery to the poor and working-class women of Kensington in particular—though as it evolved patients came from elsewhere as well, including at least fifteen Pennsylvania counties—and to the occasional more affluent woman whose payments would help support the enterprise. Also active in creating the Hospital was William P. Ellison, a prominent importer and possibly manufacturer and seller of woolen menswear, whose business was on south 6th Street in the downtown.¹³ Ellison served as secretary of the board of directors for many years. Episcopal bishop Ozi W. Whitaker was president, perhaps only nominally. John E. Baird, a wealthy businessman active in Episcopal Church affairs, served as a director and later as president. Annual reports from the first ten years show local support from the northeast districts of Philadelphia: directors included manufacturers John B. Stetson and Samuel Disston; donors included the names Cramp and Disston. On the other hand, many directors resided in other parts of the city, as did the women “visitors,” many the wives of directors or staff doctors. Most hospitals in this period developed a roster of “lady visitors,” a sort of women’s auxiliary whose tasks literally involved visiting and inspecting the facility to check on cleanliness and the quality of food, while also providing some aid for its poor patients. So, the support of the Kensington Hospital for Women was both local and city-wide.

⁹ United States Census, 1900; Philadelphia, Pennsylvania, 19th ward; enumeration district 376, sheet 12.

¹⁰ Philadelphia Deed Book GGP 704, p. 420, 24 Nov 1890.

¹¹ Deed Book LW 183, p. 152, 2 August 1881; *Hexamer General Surveys*, 1873, v. 5, plate 444.

¹² Fairhill estate, comprising Fairhill, the country home of the Norris family, and Sepviva Plantation, was one of the large tracts corresponding to much of modern Kensington. Deed Book JTO 272, p. 333, 19 August 1869; Kenneth W. Milano, *Remembering Kensington and Fishtown* (History Press: Charleston, SC and London, 2008), p.25-27.

¹³ Ellison was also a neighbor of the Kelly family on 17th Street near Spruce.

Shortly after its founding, in 1888, the Hospital had started a nursing training school, a common practice for hospitals in the late nineteenth century. In this period, student nurses provided most of the nursing care in hospitals, at a lower cost. Students did most of the nursing and they and their supervisors often lived at the hospital. By the 1880s nursing had become professionalized and represented a career path for women other than teaching school, domestic work, or mill work, and such schools proved popular. Because of its limited clientele, the Kensington Hospital for Women eventually established connections with other hospitals so that its nursing students could gain experience with male patients and children.¹⁴ In 1892 the Hospital opened an outpatient clinic, referred to as a dispensary in that period, also common among city hospitals.

The numbers of women cared for in both the inpatient and outpatient settings grew yearly, as did the number of “grave” operations, a perhaps unfortunate term meaning mostly those requiring entering the internal pelvic and abdominal regions (referred to as “abdominal section” or “coeliotomy”, the current word being “laparotomy”). As always seems the case with busy hospitals, KHW quickly ran out of space. The available annual *Reports* from the late 1880s to 1931 tabulate the increase in the institution’s work, which drove structural expansions of the KHW’s facilities in 1897, 1906, 1910, and 1914.¹⁵ Annual reports of the early 1890s refer to an “annex building,” likely a nearby rented house. But by 1896 the Hospital was able to commission Thomas P. Lonsdale (1855-1900), a prolific architect of churches, dwellings, and institutional buildings, to design a sizeable four-story brick addition connected to the rear of the Main Building. The new building increased the number of wards and private rooms, incorporated a much-needed elevator, and placed on the top floor a “well lighted and well ventilated operating room.” An interesting feature of this addition is an odd gabled arrangement on the roof, which served as a skylight for the operating room (see *Figure 11* and *Figure 12*).¹⁶

Additional improvements to the complex were made throughout the early twentieth century. In 1905, with funding from board member John E. Baird, KHW was able to acquire an adjoining lot (at the time, 132 Diamond Street), upon which it constructed a nurses’ residence (referred to as the Nurses’ Home in this document). The architectural firm of Watson & Huckel was engaged to design the new structure, which officially opened in March of 1906.¹⁷ In the *Annual Report* for 1908, Charles P. Noble, who had succeeded Howard B. Kelly as Surgeon-in-Chief, voiced the need for “a Solarium and roof gardens for convalescents,” fire-proofing, a second operating room for “septic cases,” a new heating system, etc.¹⁸ In 1910, with a \$15,000 state grant from the previous year, the Hospital again called upon Watson & Huckel, this time to oversee some major improvements. A fourth floor was added to the Main Building with large windows facing Norris Square as described, no doubt fulfilling the need for a solarium. Other changes included the replacement of wooden joists in the Main Building with I-beams, a new heating and ventilation system, replacement of the deteriorating “green stone” cladding with brick, and the construction of the fire tower.¹⁹ In 1914, the Hospital demolished a carriage house and three-story dwelling fronting on Fountain (Altmeier) Street and constructed a four-story reinforced concrete and brick building with steel framework, again designed by Watson & Huckel.²⁰ This addition was built in part to house the new maternity division. This building also survives, and the remnant of a large arched window on the fourth-floor

¹⁴ Robert Mayhew West, *History of Nursing in Pennsylvania* (Harrisburg, 1937), pp. 435-37.

¹⁵ See note 4 above for location of the published annual reports. See also the descriptions of the nominated structures, and the “Building History” in the appendix to this nomination.

¹⁶ *Report of the KHW 1896-1897*, p.5, 25. Floor plans are included in this report.

¹⁷ Deed book WSV 465, p. 229, 5 May 1905.

¹⁸ *Twenty-fifth Annual Report of the KHW for the Year Ending October 1, 1908*, pp. 12-14

¹⁹ *Twenty-third (sic) Annual Report of the KHW for the Year Ending October 1, 1910*, p. 5; Philadelphia Building Permit 11873, 14 July 1910, Philadelphia City Archives.

²⁰ Philadelphia Building Permit 6478, 17 August 1914.

south side, with a small gable-like extension of the roof, similar to what is seen in the 1896-1897 building, suggests another, or replacement, operating room, or perhaps delivery room.

With the addition of a new building in 1914, Kensington Hospital for Women opened an inpatient maternity service, something founder Howard Kelly had opposed. He saw gynecology as more linked to general surgery than to obstetrics, and maintained this viewpoint as long as he could, even after moving to Johns Hopkins. The obstetrics unit was busy by 1918, and into the 1920s, the number of women (and newborns) it cared for came to equal or exceed those hospitalized for surgery.²¹ Whereas the surgical admissions came from both Kensington and other places in the city and Commonwealth, presumably the maternity cases were mostly local, and this established another tie with the community as the Hospital helped bring new Kensingtonians into the world. The local community supported the Hospital in the manner customary for the nineteenth and early twentieth century – by responding to requests for cash contributions large or small; and showing up for the annual “Donation Day,” when gifts as particulate as a jar of jam or two pillow cases were accepted, and carefully recorded in the next annual report.

The Hospital acquired the house adjacent to the Nurses’ Home at 130 Diamond Street in 1926 to provide residences for the nursing supervisors, a recreation area, and classrooms for the nursing school.²² As an indication of changes in medicine in the 1910s and 1920s, still another nearby small structure was purchased in 1928 or 1929 for a laboratory, as blood counts, cultures, and chemical measurements gained diagnostic importance.²³

As it did to all aspects of American society, the Great Depression quickly afflicted the Kensington Hospital for Women. A reader of the *Forty-fourth Annual Report of the Kensington Hospital for Women for 1930-1931* quickly found unsurprising words: “Most of the mills throughout the Kensington district have been closed down entirely during the year, and some have been operating on part time.” This led to the need for “the strictest economy” and increased the “free work.”²⁴ Unemployment meant the ominous coupling of more charity care with less revenue. The *Annual Report* for 1932-1933 nonetheless listed 865 deliveries and 788 operations.²⁵ No subsequent annual reports have been located, nor coverage in Philadelphia newspapers during the 1930s. It is presumed that the Hospital rubbed along through the Great Depression and most of World War II, supported by the Commonwealth, the Philadelphia Welfare Federation (a predecessor of the United Way), private donations, and some payments from private patients. Major fund drives were held in 1939 and 1940, announced as critical to keep the Hospital open.²⁶ But in early February of 1945, Philadelphia newspapers reported that Kensington Hospital for Women had closed, the victim of penury and a wartime shortage of nurses.²⁷ So concluded the original corporation and mission of the Kensington Hospital for Women, set out by founder Howard A. Kelly.

²¹ *Thirty-first Annual Report of the Kensington Hospital for Women for the Year Ending May 31, 1918*, p. 5; *Philadelphia Hospital and Health Survey for 1929* (Philadelphia, 1930). By the 1910s, hospital delivery was replacing home deliver by midwives even for working class and immigrant women.

²² *Fortieth Annual Report of the Kensington Hospital for Women for the Year Ending May 31, 1927*, p. 5.

²³ *Forty-second Annual Report of the Kensington Hospital for Women for the Year Ending May 31, 1929*, p. 8.

²⁴ *Forty-fourth Annual Report of the Kensington Hospital for Women for 1930-1931*, p. 3.

²⁵ *Forty-sixth Annual Report of the Kensington Hospital for Women for 1932-1933*, p. 3. Also mentioned were the addition of telephones to some rooms, some research and publications, a post-graduate course in obstetrics and gynecology (not clear for whom), and the need for more radium.

²⁶ *Philadelphia Inquirer*, 26 November 1939; 7 January 1940.

²⁷ “Nurse Shortage Closes Hospital,” *Philadelphia Inquirer*, 4 February 1945. It closed on the first of February.

The Next Chapter: 1946 to Present, rebirth as Kensington Hospital

In October of 1946, the papers reported that the property had been sold and would reopen as a non-profit, general hospital. Four local physicians came together to buy the dormant hospital. The key figures were Benjamin Ulanski, a Russian-born Jew with a medical degree from the Baltimore Medical College and special interest in rehabilitation medicine; and Leopold Vaccaro, an Italian-born surgeon whose medical degree was from the Medico-Chirurgical College in Philadelphia. Both of these medical schools were legitimate and accredited, though among the non-elite, and became extinct by the 1920s (the buildings of the “Med-Chi,” as it was known, fell victim to clearance for the Parkway). How these two physicians came together, and why they bought, and in February of 1948, reopened a vacant hospital in Kensington as a chartered non-profit, remains unclear.²⁸ Although at least Drs. Ulanski and Vaccaro were board-certified and of some standing, it is possible that they had experienced, or feared they would experience, exclusion from staff privileges at some of the prominent Philadelphia hospitals as many physicians returned from World War II service.

Almost as unclear is why a new segment of Philadelphians, members of the city’s Jewish community, adopted the renamed Kensington Hospital as an object of philanthropy. In December of 1949 the *Jewish Exponent* reported the election of board members and officers for the Hospital, almost all the names being recognizably Jewish, including several prominent families.²⁹ Jewish support continued at least into the 1970s, though Kensington was never notable for a very large Jewish presence, and two Jewish hospitals existed elsewhere in the City. But the 1920 Census does reveal Jewish presence in the immediate vicinity of the Hospital. In fact, its neighbors on the 100 block of Diamond Street then included several families with Jewish names and “Yiddish” as the “Mother Tongue.”³⁰ The *Philadelphia Realty Directory and Service* editions for 1940 and 1945 reveal numerous persons with Jewish names owning property along the 2000 – 2300 blocks of nearby North Front Street.³¹ A 1940 Census sheet for part of the 2000 block of front street reveals that some of the Jewish residents, with origins in Russia, Rumania, Poland, etc., owned or rented houses and conducted shops on the first floor – bakery, candy, hardware, dry goods, shoes.³² Some of these mostly three-story brick Italianate houses are still standing, but the varied retail array is long gone. Presumably the connection to Jewish philanthropy arose in part by way of the Drs. Ulanski/Ulansey, and other Jewish doctors who came onto staff in the 1950s and 1960s. The administrator of the Hospital for part of the 1970s recalled that some of the Jewish board members were owners of manufacturing businesses nearby on Front Street, some of whose employees used the Hospital.³³

The new board and managers of the Kensington Hospital, functioning as of 1948 as a small general hospital, were in for a struggle. The 1960s and beyond saw the rise of “high tech” medicine – costly services such as ICUs, open-heart surgery, kidney dialysis, advanced imaging – as well as ascending salary expenses. The city’s medical school hospitals were becoming “academic medical centers,” competing with neighborhood hospitals for paying patients, leading to the eventual merger and closing of many of the latter. A tiny hospital such as Kensington, in

²⁸ Information about Drs. Vaccaro and Ulanski was obtained from US census records for 1940 and other sources via Ancestry.com; the 1950 (18th) edition of the *AMA Medical Directory*; and the “Portrait Catalogue” at the Library of the College of Physicians of Philadelphia. In 1940, Dr. Ulanski lived in Germantown, and Dr. Vaccaro on South Broad Street. Also participating were Ulanski’s son, Glenn Ulansey (he altered the name) an Osteopathic physician, and Dr. Romeo Luongo. The Philadelphia deed index shows recorded on 25 January 1946, CJP, 1595, p. 347 Kensington Hospital for Women grantor to Leopold Vaccaro grantee, and Kensington Hospital for Women grantor, Glenn Ulansey grantee.

²⁹ *Jewish Exponent*, 30 December 1949.

³⁰ United States Census 1900, Philadelphia Pennsylvania, Ward 19, Enumeration District 376, sheet 12; accessed on line via Ancestry.com.

³¹ Available at the Athenaeum of Philadelphia.

³² United States Census 1940, Philadelphia Pennsylvania, Ward 19, Enumeration District 51-337, sheet 1-B; accessed on line via Ancestry.com.

³³ Interview with Joshua Gold, 25 June 2019, Blue Bell, PA.

an increasingly indigent district, stood at particular risk. Newspaper articles from the 1960s and 1970s document numerous attempts to merge or even move out of Kensington. For example, in the mid-1960s, the Hospital board came close to rebuilding in Warminster, Bucks County.³⁴ A seemingly more plausible concept, to merge with nearby St. Mary’s Hospital in 1973, also did not come to fruition. A column by Philadelphia *Daily News* Writer Chuck Stone clarified the issues, and revealed the Hospital’s latest interested community: by the 1960s, the neighborhood was largely Black and Latino (mainly Puerto Rican). Kensington Hospital, with many bilingual staff members and a small, if aged, environment, was seen as a health care resource in which neighbors were treated with respect.³⁵ Deciding to stay put, the Hospital in 1978 received \$500,000 of Hill-Burton funds to build a one-story modern outpatient clinic along Mascher Street which comprised exam rooms, minor surgery rooms, a dental practice, etc. Hospital administrator Joshua Gold said that the addition was intended to mark the start of a two million dollar “modernization plan” partly aimed at “further development of the area.”³⁶ At this time, the Hospital operated sixty beds, but its outpatient services became very busy.

The Hospital’s work continued, though it did not find the money to rebuild on a larger scale. By 1982, a “Hospital

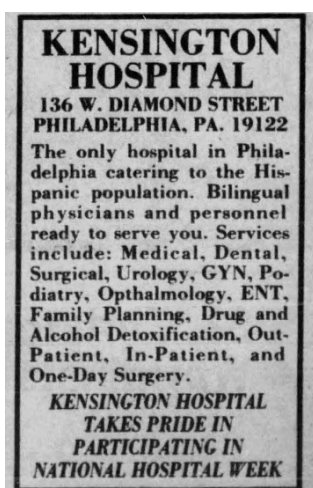


Figure 24: From Philadelphia Inquirer 9 May 1982.

Week” advertisement in the *Philadelphia Inquirer* indicated that the Kensington Hospital embraced its Latino clientele, though not, of course, excluding others.³⁷ This was another low-income population, so the Hospital continued the tradition of Kensington Hospital for Women of serving largely the poor – though Medicaid and Medicare, established in 1965, provided some baseline of revenue. Circumstances seemed stable until the mid-1980s, when the institution was grievously shaken by accusations, which proved true, that several administrators and physicians had engaged in kickback schemes to defraud the two federal insurers. The story was covered widely by the newspaper from the first report to the eventual convictions, jail sentences, and \$400,000 fine paid by the Hospital.³⁸ Even before payment of the fine, the Hospital was barely breaking even in the mid-1980s, despite salary reductions accepted by many staff – very few of whom left.³⁹ Again, the facility stood on the brink of dissolution, but a fortuitous event brought an infusion of funds. In the early 1990s, Kensington Hospital had joined other hospitals in what would prove to be a successful lawsuit against the Commonwealth which claimed it has

failed to adequately reimburse them for care of patients on Medicaid. The payout to Kensington was nearly three million dollars.

An article by John George in the *Philadelphia Business Journal*, looked back from 1999 at Kensington Hospital, then one of only four surviving independents in the city, all of them near the “critical list” financially. The essay pointed to the evolving mission of the Hospital, which continues to the time of this nomination (2019). Many of

³⁴ *Philadelphia Inquirer* 2 May 1965, 6 May 1965, 24 June 1965, 29 August 1965. In 1964, a proposed move to the West Park section of Philadelphia was opposed by petitions reportedly signed by 15,000 persons (*Philadelphia Inquirer*, 28 June 1964, *Evening Bulletin* 9 June 1963).

³⁵ Chuck Stone, “Kensington Hospital Crisis,” *Philadelphia Daily News*, 17 July 1973.

³⁶ *Evening Bulletin*, 16 January 1978. The 1946 “Hill-Burton Act” provided federal grants and loans for the building and improvement of healthcare facilities, mainly hospitals. The grant to Kensington came via the Commonwealth.

³⁷ *Philadelphia Inquirer*, 9 May 1982.

³⁸ Coverage included: *Philadelphia Inquirer* 13 December 1987, 11 July 1988, 17 February 1990, 21 August 1990, 15 July 1993; also similar reporting by the *Evening Bulletin*. Reports indicate that some of the fine was covered by fraud insurance. It was apparently the Hospital itself, ie the then current CEO, who requested the FBI investigation which uncovered the fraud by previous officers and physicians (some perhaps still on staff at the time of the investigations).

³⁹ Sheila Simmons, “Kensington Hospital Fights to Break Even,” *Philadelphia Daily News*, 11 July 1988.

the patients in 1999 were admitted to its drug and alcohol detoxification program, which went back at least to 1982 (see advertisement from the *Philadelphia Inquirer*, above). Long-time president (CEO) Eileen Hause said that the small Hospital would be “...trying to advance our expertise in that area and expand the types of services we can provide.” As of 2018, “detox,” wound care, endocarditis care, and related functions constitute much of the hospital’s inpatient work, which centers on problems of addiction. It continues to conduct active general outpatient services and a methadone program. The Hospital is accredited and can on occasion look after other medical problems as well, while referring when needed to larger institutions. Journalist John George wrote that in addition, at least in 1999, it was “...also a place where locals can go to get clothing, where the homeless can get help finding shelter, and where kids who play in the park across the street can walk in for a drink of water.”⁴⁰ None of that could have occurred at most Philadelphia hospitals in 1999, and probably not at any today. Charles Rosenberg, the dean of American historians of medicine, has long taught that the hospital once served as much a social as curative role in the lives of those who came to it.

Criterion A: Has significant character, interest or value as part of the development, heritage or cultural characteristics of the City, Commonwealth or Nation or is associated with the life of a person significant in the past.

Howard A. Kelly (1858 – 1943), founder of the Kensington Hospital for Women, graduated from the University of Pennsylvania School of Medicine in 1882, a time of revolutionary change in medical thought and practice.⁴¹ That year, Robert Koch of Germany demonstrated the microbial cause of tuberculosis, as he would do for cholera in 1883: evidence for the germ theory of infectious diseases would soon overwhelm skeptical opponents, even if no immediate therapeutic gains emerged. But the antiseptic techniques of British surgeon Joseph Lister, using carbolic acid suffused dressings and spray, when coupled to the discoveries of safe anesthetics in the mid-nineteenth century, opened up the world of surgery – which pretty much meant opening up bellies. That is, anesthesia allowed for longer, more complex operations; while the understanding that bacteria caused deadly surgical wound infection, which could be prevented by anti-sepsis (later, asepsis), made surgery vastly safer.



Figure 25 Howard A. Kelly, MD, in the 1880s (Univ. of Penna. Archives)

Like many young medical graduates of his day (and ours), Kelly found himself attracted to the vigorous curative promise of surgery, particularly gynecological surgery, probably during both his medical school years and his internship at the Hospital of the Protestant Episcopal Church of Philadelphia (“Episcopal Hospital”), located in the western region of the area generally known as Kensington. When nineteenth-century physicians or surgeons first entered the abdominal cavity, occasionally even before the advances of anesthesia and antiseptics, the object of interest was usually the ovary, the site of cysts and tumors which could be diagnosed by physical examination in the period well before the discovery of the x-ray. By the 1880s and 1890s, removal of the (presumably) diseased ovary became commonplace, and the indications to do so broadened to include not just palpable masses, but also chronic pelvic pain, extreme menstrual

⁴⁰ John George, “Going it Alone,” *Philadelphia Business Journal*, 15 October 1999.

⁴¹ The most useful sources for the life of Kelly are: Audrey W. Davis, *Dr. Kelly of Hopkins: Surgeon, Scientist, Christian* (Baltimore, Johns Hopkins Press, 1959); and the entry by Amalie Kass in William Bynum and Helen Bynum, eds., *Dictionary of Medical Biography* (Westport, CT, Greenwood Press, 1984).

discomfort, psychological distress, and other complaints. Women sometimes debilitated by such symptoms sought surgical relief in large numbers, and surgeons learned the skills to try to help them.⁴² Very likely, surgical exuberance exceeded caution in this period, but that is a controversy beyond the scope of this narrative. During the 1890s, appendicitis was clarified as a distinct clinical entity, and prompt operation as the remedy: this gave surgeons another valid reason to enter the abdominal cavity. Surgical advance and ambition would never look back.

Howard A. Kelly during his internship at Episcopal Hospital bonded to Kensington, in the 1880s one of Philadelphia's "workshop of the world" districts, producing enormous amounts of textile goods and carpets, also ships, machinery, and other products. It had grown out of Kensington Village, a river town just north and east of colonial Philadelphia founded in the early eighteenth century whose economy centered on fish and boat building. Kensington Hospital is located in the western section of present-day Kensington, which developed largely in the nineteenth century. Kelly was from an affluent middle-class family who lived on 17th Street in Center City. Soon after finishing his training at Episcopal Hospital, he rented a house, or some part of it, to set up a small surgical practice in 1884. This became Kensington Hospital for Women, which moved to Diamond Street in 1886 and was incorporated in 1887. Kelly's sister Esther also found herself drawn to Kensington when visiting her brother in the early 1880s, and undertook some services for poor children including teaching Sunday school. Her efforts would grow to become the Lighthouse in 1893, something of a settlement house, with emphasis on girls' and boys' clubs (and the avoidance of whisky at any age).⁴³ It still serves its neighborhood from a building on Lehigh Avenue.

The history of the Hospital is described elsewhere in this nomination; suffice it to say here that its purpose was mainly to carry out surgical care of mostly poor women of Kensington, presumably wives of mill workers, or mill workers themselves. A need found fulfillment and the number of patients cared for grew yearly. So did Kelly's reputation as a skilled, scholarly, and inventive surgeon, which had been furthered by several visits to European centers. By 1888, he was already an associate professor at his medical alma mater, as he continued as chief surgeon and board member at Kensington Hospital for Women. But in 1889, he was nabbed away from Philadelphia to become one of the celebrated four initial clinicians appointed to the Johns Hopkins Hospital and (yet to be opened) medical school, the others being internist and master teacher William Osler, pathologist William Henry Welch, and general surgeon William Halsted. The Hopkins hospital and medical school marked something new in American medical education, established on something like the German university model, with primary missions of teaching and research, prospectively and adequately built and funded for these purposes. After moving to Baltimore, Kelly continue to consult at Kensington Hospital for Women once weekly for some years, and served on its board until 1910; thus, he did have direct connection with one the buildings here nominated, the "Main Building" acquired by the Hospital in 1890.⁴⁴

Tireless and durable, Howard A. Kelly became the most prominent American gynecologist and one of the most distinguished surgeons and educators of the early twentieth century. He devised new operations and devices, including the "Kelly clamp." In the enhanced educational environment of Johns Hopkins, his residency in gynecology trained future leaders of the profession. Kelly published over 500 articles and books, including his

⁴² For the best critical history of gynecologic surgery in the United States in this period, see Regina Morantz-Sanchez, *Conduct Unbecoming a Woman* (New York and Oxford: Oxford University Press, 1999, especially chapters 4 and 5.

⁴³ Information on the Lighthouse may be found in the 1970 finding aid to the Lighthouse Records Collection at the Historical Society of Pennsylvania.

⁴⁴ Davis, *Dr. Kelly of Hopkins*, p. 68; *Twenty-Fourth Annual Report of the Kensington Hospital for Women for the Year Ending October 1, 1911*, pp. 6-7.

two-volume *Operative Gynecology* in 1898, and subsequent books on the appendix, medical gynecology, and diseases of the urinary tract. These books helped build his international standing. A skilled naturalist since his childhood, Kelly's titles include *Some American Medical Botanists* and *Snakes of Maryland*. He also explored medical history and biography: the 1928 *Dictionary of Medical Biography* with Walter L. Burrage ("Kelly and Burrage" as it is known) remains a valued reference tool to this day. No account of Dr. Kelly should fail to mention that he was a devout Christian, perhaps at time too intrusively, firm in his faith and guided by it.

Criterion E: Is the work of a designer, architect...or engineer whose work has significantly influenced the historical, architectural, economic, social, or cultural development of the City, Commonwealth, or Nation

Kensington Hospital for Women utilized the firm of Watson & Huckel for the design of several buildings and additions to the hospital complex between 1905 and 1914. In 1924, the hospital commissioned alterations and additions from Frank R. Watson, who had continued practicing independently after his partner Samuel Huckel's death in 1917.

The firm Watson & Huckel comprised two native Philadelphians, both born in Frankford and both graduates of the City's distinguished Central High School, Watson in 1877 and Huckel in 1879. Frank Rushmore Watson (1859-1940) entered the firm of Edwin F. Durang, noted for many church designs. William Samuel Huckel, Jr. (who was known as Samuel) entered the office of Benjamin D. Price, also known for ecclesiastical work. Of course, designing stone or brick churches in the Philadelphia kept many architects busy in the period 1870s-1910. It seems unclear from available sources if either did formal training beyond their Central High School years (some level of drawing and design were taught there), or served as apprentices in the firms they first joined. In 1902 Watson & Huckel joined together, forming an office that was obviously trusted and admired within Philadelphia and well beyond it. Their projects over fifteen or so years of partnership totaled in the hundreds and often clients returned for new buildings or alterations, as with the Kensington Hospital for Women—the only hospital listed among their efforts on the Philadelphia Athenaeum's *Philadelphia Architects and Buildings* data base. Along with many churches and parish houses, Watson & Huckel designed (or sometimes altered) dwellings, factories, office buildings, clubhouses, hotels, train stations (including Union Station in Worcester, MA). Both were active in the AIA, the Union League, the Philadelphia Art Club, and other organizations as one would expect. Even if not singular innovators, as are very few, their work together, as well as individually or with other architects, stands all over the city and has certainly had an impact on the visual appearance of our built environment.⁴⁵

⁴⁵ The main sources for information about Watson & Huckel are their individual and firm entries in the *Philadelphia Buildings and Architects* data base of the Athenaeum of Philadelphia. A brief obituary of Huckel was found in the *Philadelphia Inquirer*, 19 April 1917.

Criterion G: Is part of or related to a square, park or other distinctive area which should be preserved according to an historic, cultural or architectural motif

Kensington Hospital for Women/Kensington Hospital faces Norris Square, also known as Norris Square Park, which was established in 1859 when the Norris family deeded a plot of 5.8 acres to the then independent township of Kensington to be used as a “public green and walk forever.”⁴⁶ The founders and early leaders of the Kensington Hospital for Women chose the location not only because it is pleasant and sometimes fashionable to face a park, but for reasons of salubrity based on nineteenth-century medical thinking about hospital placement and design. The great hazard of hospitalization in the nineteenth century was “hospitalism,” a term that referred to nosocomial fevers, surgical wound infections, skin infections (“infection” then not implying a microbial cause), childbed fever, and even gangrene. The medical world accepted that bad air was the main cause—air “vitiating” and contaminated by the exhalations, soiled bed clothes, excreta, and literally the bodies of the sick. That is, sick patients were hazards to other sick patients. The sacred teachings of hospital design called for *fresh air* and *ventilation*, particularly as preached by British nurse and hospital reformer Florence Nightingale.⁴⁷ The ideal hospital footprint was the “pavilion,” one or more separated narrow ward structures with as many windows along the sides as would allow the walls to stand, and optimally no more than one story high (to avoid fouled air rising to infect those above). Acceptance of the “germ theory” by the 1880s did not immediately perturb the dogma regarding air and ventilation. It was believed for some time that pathogenic bacteria floated free in stale air, or could cling to dust and soot particles. And the concept of polluted, moribund hospital air simply had ruled too long to be readily cast off.

In many American cities, however, founders of new hospitals lacked funds to build, so often first rented a two or perhaps three-story house in the district to be served. Also, in built-up city areas, scarcity of space did not allow for pavilions to spread across the landscape. As the historian of hospital architecture Jeanne Kisacky wrote, “Canny building committees regularly chose sites adjacent to parks, rivers, lakes, or wide streets.”⁴⁸ The Kensington Hospital for Women [annual] *Report* for 1889-1890 when announcing the purchase of the Main Building lauded the “air space on three sides” of the building and noted that the “...open square in front adds much to the desirability of the location.”⁴⁹ Two other health-care facilities once faced Norris Square: St. Christopher’s Hospital for Children in 1877 rented a house at 132 Diamond Street, which was later acquired by Kensington Hospital for Women; and the Kensington Dispensary for the Treatment of Tuberculosis, which in the first half of the twentieth century occupied a house at 159 West Susquehanna Avenue facing Norris Square. Thus, the Hospital is “related” to Norris Square through medical theory widely accepted at the time of its establishment at the Diamond Street location.

⁴⁶ Norris Square continued as such when Kensington became part of the consolidated Philadelphia, and proved an asset as industry and housing quickly consumed space in the district. The original design, created in 1859, was based on William Rush’s layout of Franklin Square (1824). Sometime later, the original plan which included curving and linear paths was simplified: selected flower beds were removed and paths straightened, resulting in a radial design of eight walks originating from the center. In the 1950s, the notable Philadelphia landscape architect Markley Stevenson contributed to further improvements. Since 1983 the bilingual Norris Square Community Alliance has supported the Square and helped maintain it as a safe and attractive park, among other activities in the district. Sources for information on Norris Square include: Historical Society of Pennsylvania, “Norris Square Park,” Phila Place series online, www.philaplace.org/story/357 (accessed 2 April 2019); entry for Norris Square Park on website of the Cultural Landscapes Foundation, tclf.org/landscapes/Norris-square-park, accessed 20 June 2019; Kenneth W. Milano, *Remembering Kensington* (Charleston, SC: History Press, 2008), pp.110-114.

⁴⁷ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (Basic Books: New York, 1987), 122-141; Jeanne Kisacky, *The Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017), esp. pp. 12-57.

⁴⁸ Kisacky, *Ibid.*, p. 113

⁴⁹ *Report of the Kensington Hospital of Women* for 1889-1890, p. 5.



Figure 26: Development around Norris Square in 1862, 1875, and 1895. Source: Greater PhilaGeoHistory Network.

Conclusion

Over 130 years, Kensington Hospital for Women and then the Kensington Hospital have served a changing population within its community (and some people beyond it), from working class women of varied ethnic background, to Philadelphia Latinos, some caught in the miseries of addiction. In turn, the institution has been served by, and supported by, a range of Philadelphians within and beyond Kensington. Early on, these included senior figures in the Episcopal Church, owners of some of Philadelphia's most prominent manufacturing industries in or near Kensington, and neighbors down the street who brought a few towels or a jar of preserves to Donation Day. In the second half of the twentieth century, the reborn Hospital somehow found backing from many members of Philadelphia's successful Jewish population. Outside support, but perhaps more so a very local sense of need, kept the institution running, surviving many changes and crises, to the time this is being written. But never during the twentieth century did Kensington Hospital for Women or Kensington Hospital have the financial means to dramatically replace its aging infrastructure. The majority of the existing buildings on the site date to the property's use by the Kensington Hospital for Women, founded by Howard A. Kelly on Norris Square in the 1880s and expanded during the early twentieth-century, an era when x-rays were a novelty; typhoid fever and tuberculosis killed countless Philadelphians yearly; and sulfa drugs, penicillin, and insulin lay decades in the future.

8. MAJOR BIBLIOGRAPHICAL SOURCES

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Also:

Reports and annual reports of the Kensington Hospital for Women from 1887 to 1932-1933, but not complete yearly runs. Those available are at the Library of the College of Physicians of Philadelphia (but not found in the on-line catalogue) and at the Historical Society of Pennsylvania.

Numerous articles in the Philadelphia Inquirer about Kensington Hospital for Women/Kensington Hospital and persons associated with it, identified using Newspaper.com; and some also from the *Philadelphia Evening [and Sunday] Bulletin*, the *Philadelphia Daily News*, and other newspapers and cited in notes.