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: **222-48 N. Broad Street**

Postal code: **19102**

2. NAME OF HISTORIC RESOURCE

Historic Name: **Hahnemann Hospital (of Hahnemann Medical College & Hospital)**

Current/Common: **Hahnemann University Hospital**

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: **Vacant**

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): **1928 to 2018**

Date(s) of construction: **1928**

Architect and engineer: **Pettit & Ferris, Architects/H. Hall Marshall, Engineer**

Contractor: **Irwin & Leighton, Contractors**

Original owner: **Hahnemann Medical College & Hospital**

Other significant persons: **NA**

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: Keeping Society of Philadelphia **DATE: 22 APRIL 2020**

Author: **Oscar Beisert, Architectural Historian** Email: **keeper@keepingphiladelphia.org**

Author: **Steven J. Peitzman, MD**

Street Address: **1314 Walnut Street, Suite 320** Telephone: **717.602.5002**

City, State, and Postal Code: **Philadelphia, PA 19107**

Nominator ☐ is ☒ is not the property owner.

PHC USE ONLY

Date of Receipt: April 22, 2020

☒ Correct-Complete ☐ Incorrect-Incomplete Date: 9/18/2020

Date of Notice Issuance: 9/18/2020

Property Owner at Time of Notice:

Name: Broad Street Healthcare Properties LLC

Address: 222 N Sepulveda Blvd, Ste. 900

City: El Segundo State: CA Postal Code: 90245

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

Date(s) Reviewed by the Historical Commission:

Date of Final Action:

☐ Designated ☐ Rejected

NOMINATION

FOR THE

PHILADELPHIA REGISTER OF HISTORIC PLACES

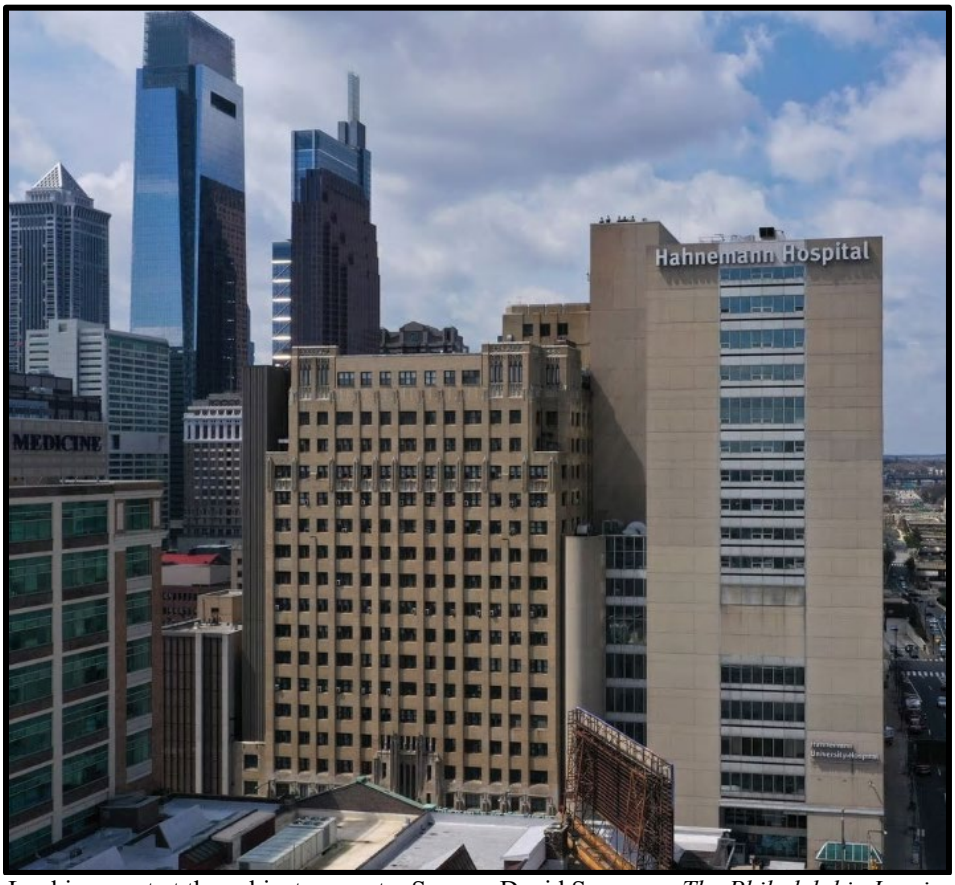

Figure 1. Looking west at the subject property. Source: David Swanson, *The Philadelphia Inquirer,* 2019.

HAHNEMANN HOSPITAL

OF

HAHNEMANN MEDICAL COLLEGE & HOSPITAL

—

ERECTED 1927-28

—

PART OF 222-48 N. BROAD STREET

PHILADELPHIA, PENNSYLVANIA

5. BOUNDARY DESCRIPTION

This nomination proposes to designate a portion of a larger property known as 222-48 N Broad Street. The nomination is limited to the 1928 Hahnemann Hospital building, which occupies the southerly portion of the property. (Please note: the dimensions of the proposed boundary are approximate, and use cardinal directions for clarity, assuming Broad Street as running truly north/south).

The boundary of the proposed designation begins at a point on the westerly side of N Broad Street, approximately 117 feet south of the northeastern corner of the property at the southwestern corner of Vine and Broad Streets. The proposed boundary extends approximately 140 feet along N. Broad Street, then turns west and runs along the property line approximately 122 feet, then north approximately 94 feet, then west approximately 33 feet, then north approximately 42 feet, then east approximately 117 feet, then north approximately 4 feet, then east approximately 33 feet to the place of beginning.

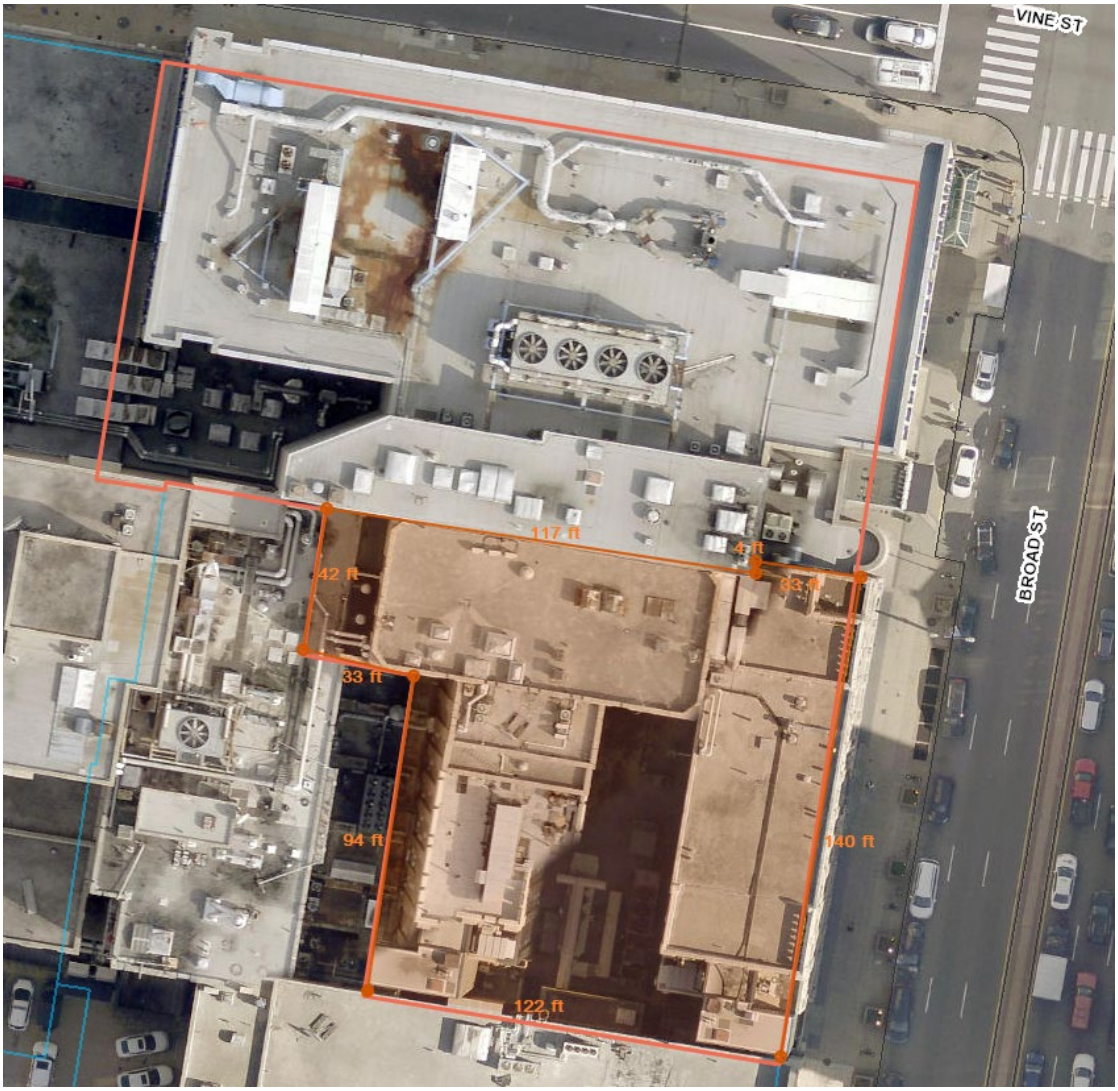

Figure 2. The boundary 222-48 N Broad Street is outlined in orange. The boundary of the proposed designation is shaded in orange with approximate dimensions.


Figure 3. The primary (east) elevation of the 1928 Hahnemann Hospital. Source: Michael Bixler, 2019.

6. PHYSICAL DESCRIPTION – Hahnemann Hospital

Executed in limestone and buff brick in 1928, Hahnemann Hospital (1928 Hahnemann Hospital) of what was historically known as Hahnemann Medical College & Hospital (HMCH) is a substantial, fourteen-bay wide, seventeen-story "skyscraper" in the Neo-Gothic style. The building rises fourteen stories before two setbacks occur at the northwest and southwest corners. Beyond the setback, there are two additional floors that rise to a third level, featuring L-shaped penthouses at the northeast and southeast corners, which have since been infilled at the center to create a full floor. The once fully-articulated U-shaped building has been partly obscured by additions at the north, south, and west elevations, though the primary (east) elevation and various other components remain intact to-date.

The primary (east) elevation is a heavily-fenestrated façade that is defined by brick piers that rise from a limestone-clad base. The base consists of three distinct sections, faced with a limestone veneer with a granite foundation. Delineated by two four-story, set-back and stepped, limestone buttresses, the central, four story section of the base spans three bays in width, dominating the facade. The primary double-door entrance spans the width of the centermost bay and is defined by a Tudor arch transom. Above the arch, the words "Hahnemann Hospital" is carved into the limestone in a historicist Gothic font. The second and third floors of the central bay feature a three-part mullion window that is formed by flowing tracery of limestone, the upper portions of which are defined by foliated arches. Only the arched, upper portion of these windows feature original leaded glass above larger inappropriate replacement windows. Flowing geometric tracery, also foliated, extends organically from the said arches to form a three-part spandrel between the third and fourth floors. The entire window spans the central bay of the second and third floors, emulating Elizabethan, Gothic and Tudor style buildings of England. Simple

pinnacles, articulated like pilasters, rise above the central bay separating the windows at a point just above the lower sash, while the larger buttresses, described in more detail below, distinguish the central bay from those flanking it. The transition between the historicist lower levels and the streamlined floors above is made in the third and fourth floors. The stepped buttresses flanking the central bay are somewhat complex, feature three major steps and numerous smaller steps that terminate in single, paired, and usually diminutive finials, pinnacles, and spires. Some of these spires are smooth faced, while others feature crockets. The buttresses culminate in floriated details, leading to the simple buff brick piers (or pilasters) that extending numerous levels into the sky. Flanking the central bay are narrower bays—two bays in width, defined by stepped buttresses at each side and an open crenellation at the top that feature decorative elements within the otherwise smooth-faced limestone façade. Deeply recessed, doorways flank the central entrance at the first floor, featuring original, heavy wooden doors with Gothic-inspired details. Single stone panels featuring reliefs rise above each doorway, the lower of which features carving in the form of a shield. Simple windows rise above the aforementioned reliefs at the second and third floor, the upper portion of which terminates in an open crenellation. Flanking these bays are additional like-buttresses that tapper from the center to a lower height and five identical bays on each side, featuring the same treatment aside from the varying width. One-and-one-half-story limestone buttresses project from the limestone façade, delineating the bays. The buttresses described are stepped and stylized with abstracted Gothic details, including a foliated recession at the top of each central mass. Each window features Gothic limestone hoods.

Figure 4. Left: Details of the central bay at the ground floor of the subject property. Figure 5. Right: The central entrance bay at the ground floor of the subject property. Source: Hahnemann University Hospital, Facebook, 2017.

Figure 6. Looking west at the subject property. Source: Pictometry. Atlas, City of Philadelphia.

In general, the primary (east) elevation can further defined by the width of each mullion window within the façade of thirteen bays. The pattern is as follows:

AAA-BB-BB-AAA-BB-BB-AAA-BB-BB-AAA-BB-BB-AAA

The above-referenced pattern clearly begins in the northern and south sections of the base, which is comprised of five bays in each section. Delineated by the said stepped, two-story buttresses, the windows within the first floor have been replaced, physically deviating from the original mullion window configuration; while the second floor maintains the illusion of the two- and three-part mullion windows. While the windows appear to have been replaced, the mullion windows have been maintained in the third through seventeenth floors.

Figure 7. Top: Looking west at the primary (east) elevation of the 1928 Hahnemann Hospital. Source: Anomalous_A, flickr. 2012. Figure 8. Top right: A protest on North Broad Street, showing the façade of 1928 Hahnemann Hospital. Source: Philly.com. Figure 9. Bottom: Looking northwest at the subject property. Source: John George, *Philadelphia Business Journal.*

Figure 10. Top: Looking east at the rear (west) elevation of the 1928 Hahnemann Hospital. Figure 11. Bottom: Looking north at the side (south) elevation of the subject property. Source: Pictometry, Atlas, City of Philadelphia, 2019.

Figure 12. Left: The Patient's Sunroom at the 1928 Hahnemann Hospital in the 1930s with view towards City Hall. Source: Hahnemann University Hospital Facebook. Figure 13. Right: Looking southwest at the subject property in the 1930s. Source: James Dillon Collection, Athenaeum of Philadelphia.

7. STATEMENT OF SIGNIFICANCE

The 1928 Hahnemann Hospital is a significant historic resource that merits designation by the Philadelphia Historical Commission and inclusion on the Philadelphia Register of Historic Places. The subject property satisfies the following Criteria for Designation, as enumerated in Section 14–1004 of the Philadelphia Code:

(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,

(d) Embodies distinguishing characteristics of an architectural style or engineering specimen;

(f) Contains elements of design, detail, materials or craftsmanship which represent a significant innovation; and

(j) Exemplifies the cultural, political, economic, social or historical heritage of the community.

The period of significance for the 1928 Hahnemann Hospital is from the time of its construction in 1928 thorough its closure 2018. While the period of significance spans the entire history of both Hahnemann Medical College & Hospital and Hahnemann University after 1928, this nomination is limited to the 1928 Hahnemann Hospital. The other buildings associated with the institution may be eligible for listing in the Philadelphia Register of Historic Places, but evaluation of those buildings exceeds the limits of the Keeping Society of Philadelphia's current capacity.

Figure 14. The 1928 Hahnemann Hospital. This photograph was taken by James L Dillion. Source: James Dillon Collection, Athenaeum of Philadelphia.

CRITERION D

The 1928 Hahnemann Hospital is a significant example of a Neo-Gothic style skyscraper with elements of the Collegiate Gothic and the Tudor Revival styles in Philadelphia. Neo-Gothic is a revivalist style employed in modern architecture nationwide. A combination of stylistic elements with other modernist architectural details and built forms, the subject building is an important example of the Neo-Gothic style as applied to skyscrapers in the United States in the 1920s. In addition, the subject building, designed to be both college and hospital, featuring elements influenced by the Collegiate Gothic, another closely related historicist style derived from both the English Gothic and Tudor periods of architecture.[1]

[1] Cyril M. Harris. *Illustrated Dictionary of Historic Architecture*. New York: Dover Publications, Inc., 1977, 229.

Figure 15. Top: Looking upward at the first, second and third floors of the primary (east) elevation of the Hahnemann Hospital. Source: Thom Carroll, *PhillyVoice,* 2019. Figure 16. Left: a relief of a crest with a shield in the stone façade of the primary (east) elevation of the 1928 Hahnemann Hospital. Figure 17. Center: Details of the first and second floors of primary (east) elevation of the 1928 Hahnemann Hospital. Figure 18. Right: architectural details within the second floor of the 1928 Hahnemann Hospital. Source: Anomalous_A, flickr. 2012.

Important characteristics of the 1928 Hahnemann Hospital related to the Neo-Gothic style include, but are not limited to the following:

- The first, second, third and, partly, fourth floors feature smooth-faced limestone cladding, which features a series of two-, three-, and four-story buttresses that are stylized in abstracted Gothic architectural details.

- The central bay features a Gothic arch above the double-door entrance; historicist font above the primary entrance that spells out the name of the building: "Hahnemann Hospital"; a two-story window, inspired by those commonly seen in Gothic and Tudor period and revivalist buildings in England and beyond; Gothic-inspired architectural features, including tracery within the limestone cladding; etc.
- Flanking the central bay at the first floor, the limestone façade includes two raised crests or coats of arms that emulate English Gothic and Tudor motifs often found in buildings of that period and/or style.
- Also flanking the central bay in the second, and third floors, long, narrow, vertical openings pierce the smooth-faced limestone cladding.
- Exclusive to the second floor, Gothic hoods, raised in limestone, serve as decorative features.
- Also exclusive to the fourteenth floor, Gothic stylistic details adorn the facade just before the setbacks at the fifteenth floor.

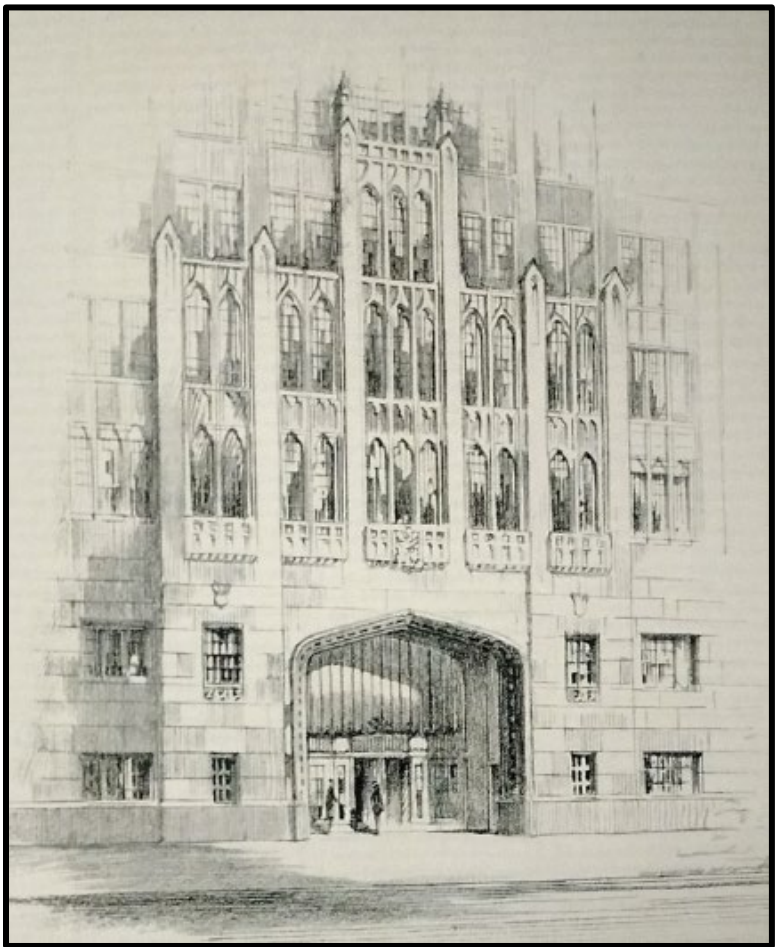

Figure 19. An "architect's sketch of the impressive entrance to the new Hospital," as described in 1928. Source: Hahnemann Collections, Archives and Special Collections (Legacy Center), Drexel University College of Medicine.

Figure 20. Top: The upper floors of the 1928 Hahnemann Hospital. Source: Anomalous_A, flickr. 2012. Figure 21. Left: Hardwick Hall, Derbyshire, England, built between 1590 and 1597 by the formidable Bess of Hardwick. Designed by Robert Smythson, an exponent of the Renaissance style of architecture, the building features eight banqueting houses that influenced so many other buildings around the world. Source: Oscar Beisert, 2019. Figure 22. Right: The upper part of the subject property, showing two penthouses that resemble the banqueting houses of Hardwick Hall and many other buildings. Source: James Dillon Collection, Athenaeum of Philadelphia. While the stylization of the two buildings are not precisely attuned, there is a certain relationship in the form of the banqueting houses and the penthouses as building components.

While restrained in its architectural detail and treatment by comparison with other similarly styled buildings of the period, 1928 Hahnemann Hospital in Philadelphia is a work of architecture that embodies distinguishing characteristics of the Neo-Gothic style, as applied to modern skyscrapers during the 1920s.

Important characteristics of the 1928 Hahnemann Hospital related to the Collegiate Gothic style include, but are not limited to the following:

- As stated above, the central bay features a Gothic arch above the double-door entrance; Gothic font above the primary entrance that spells out the name of the building: "Hahnemann Hospital;" a two-story window, inspired by those commonly seen in Gothic and Tudor period houses in England; Gothic- and Tudor-inspired architectural features, including tracery within the limestone cladding; etc.
- L-shaped, twin penthouse structures, possibly emulating banqueting houses and other tower structures found on Elizabethan period mansions and palaces, rise from the larger mass of the building to form the seventeenth floor. The penthouses feature three-part windows that are Gothic- or Tudor-inspired with tracery and other stylistic details composed of architectural terra cotta. The frontal component's primary (east) elevation of the L-shaped penthouse is two-bays in width per penthouse, while the recessed, east elevation is limited to a single bay on each side. The side (south) elevation of the south penthouse is three bays in depth, featuring the same architectural embellishment and treatment.

Figure 23. A detail of the primary (east) elevation of the north penthouse of the 1928 Hahnemann Hospital, showing architectural details discussed above. Source: Anomalous_A, flickr. 2012.

Figure 24. Left: the Hampton Shops Building (1915-16), 18-20 E. 50th Street, Manhattan, New York City, New York, designed by Rouse & Goldstone, as well as John L. Steinam, designed in the Neo-Gothic style. While this building is articulated in a façade comprised entirely of stone, this type of execution was far more common in the 1910s than in the 1920s when the influence of the Art Deco style and the streamlining of architecture led to less ornate designs in many places. Figure 25. Top right: Tracery architectural details in the spandrels above the arched openings on the ground floor of the Hampton Shops Building. Figure 26. Bottom right: The Ground floor of the Hampton Shops Building, showing many details and features that are similar to the treatment of the subject property. Source: New York City Individual Landmark Nomination, Hampton Shops Building, 18-20 E. 50th Street, Manhattan, New York City, New York, 22 November 2016, Designation List 490 LP-2580.

Historic Context: Neo-Gothic & Tudor Skyscrapers

The Neo-Gothic style is a late-nineteenth and early-twentieth century revival of Gothic architecture.[2] The origin of the Neo-Gothic is found in the architectural styles that were prevalent in western Europe—especially England—between the twelfth and the sixteenth centuries, which was characterized by pointed arches, elaborate tracery in large windows, flying buttresses, and rib vaults, among other features.[3] Often associated with ecclesiastical design even in its application, it is no surprise that the earliest development of the Neo-Gothic style is attributed to a house of worship that was first constructed in 1892. All Saints' Church, Ashmont at 209 Ashmont Street in the Dorchester neighborhood of Boston, Massachusetts was built between 1892 and 1929 by Episcopalians. Its construction timeline is, interestingly, approximate to the duration of the Neo-Gothic style.[4] Nevertheless, the Neo-Gothic style would be applied to the skyscraper and other strikingly modern buildings, defined by a "strong vertical emphasis with

[2] New York City Individual Landmark Nomination, 400 Madison Avenue Building, Manhattan, New York City, New York, 22 November 2016, Designation List 490 LP-2576.

[3] Merriam-Webster Dictionary Online. < https://www.merriam-webster.com/dictionary/Gothic> Accessed on 24 November 2019.

[4] Augustus Pugin. A.W.N. Pugin: Master of Gothic Revival. Yale University Press, 1995, 202.

sharply pointed arches and finials, leading to tall buttressed buildings…," an appropriate employment of the style for buildings defined by verticality.[5] The application and development of the Neo-Gothic style for skyscrapers began in the first decade of the twentieth century and enjoyed popularity through about 1930. As an aesthetic, the style was "insistent, almost urgent shouts upward seemed particularly appropriate" for buildings reaching new and often unprecedented heights in the early twentieth century.[6]

Figure 27. Left: 400 Madison Avenue Building (1929), a Neo-Gothic style skyscraper. Source: New York City Individual Landmark Nomination, 400 Madison Avenue Building, Manhattan, New York City, New York, 22 November 2016, Designation List 490 LP-2576. Figure 28. Right: National Title Guaranty Company Building (1929), Brooklyn, New York City, New York, designed in the Art Deco style with Gothic style details by Corbett, Harrison & MacMurray. Source: New York City Individual Landmark Nomination, National Title Guaranty Company Building, 185 Montague Street, Brooklyn, New York City, New York, 24 January 2017, Designation List 494 LP-2587.

Naturally, the application of the Neo-Gothic style in skyscraper design was most prevalent in cities. The following are fine representative specimen: New York Times Building (1903-05), designed by Cyrus L. W Eidlitz and Andrew C. McKenzie; the Trinity and United States Realty Buildings (1904-07), designed by Francis H. Kimball; the Liberty Tower (1909-10), designed by Henry Ives Cobb; the Woolworth Building (1910-13), designed by Cass Gilbert; the Hampton Shops Building (1915-16), designed by Rouse & Goldstone, as well as John L. Steinam; the American Radiator Building (1923-24), designed by Raymond M. Hood (all in New York City, New York); the Tribune Tower (1925), Chicago, Illinois; the Cadillac Tower (1927), Detroit, Michigan, designed by Bonnah & Chaffee; the Gulf Building (1929), Houston, Texas, designed by Alfred C. Finn, Kenneth Franzheim, and J.E.R. Carpenter; and the Cathedral of Learning (1921-1934), University of Pittsburgh, Pittsburgh, Pennsylvania, designed by Charles Klauder.[7]

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[5] Alexander P. Passikoff. *A Façade of Buildings: A Collection of Architectural Styles, Architects, and Their Buildings That Make Up the Face of New York.* New York: AuthorHouse, 2011, 85.
[6] Paul Goldberger, *The Skyscraper.* New York: Alfred A. Knopf, 1981, 3-101.
.
[7] Robert A. M. Sterns, Gregory Gilmartin, and John Massengale. *New York 190: Metropolitan Architecture and Urbanism 1890-1915.* New York: Rizzoli, 1983, 25, 176-77, 304-05.; and Robert A. M. Sterns, Gregory Gilmartin, and Thomas Mellins. *New York 1930: Architecture and Urbanism between the Two World Wars.* New York: Rizzoli, 1987, 359.

Figure 29. The upper portion of the east elevation of 1928 Hahnemann Hospital. Source: Anomalous_A, flickr. 2012.

As is shown in Figures 25, 26, 27, 28, and 29, both the Neo-Gothic and Tudor treatment evolved over time, starting with more elaborate designs like Hampton Shops Building, as well as other early, more ornate specimens referenced above, including the New York Times Building and the Woolworth Building. As time went on traditional architectural style, if not abandoned entirely, was abstracted and simplified in modern design. As the Art Deco style became more popular in the 1920s, the streamlining of buildings, including skyscrapers, increased in popularity. Evaluating the aforementioned Hampton Shops Building, the 400 Madison Avenue Building, and the National Title Guarantee Company Building with earlier buildings is to see the streamlining effect that modernization in architectural style had on the subject property and other like-skyscrapers of the period.

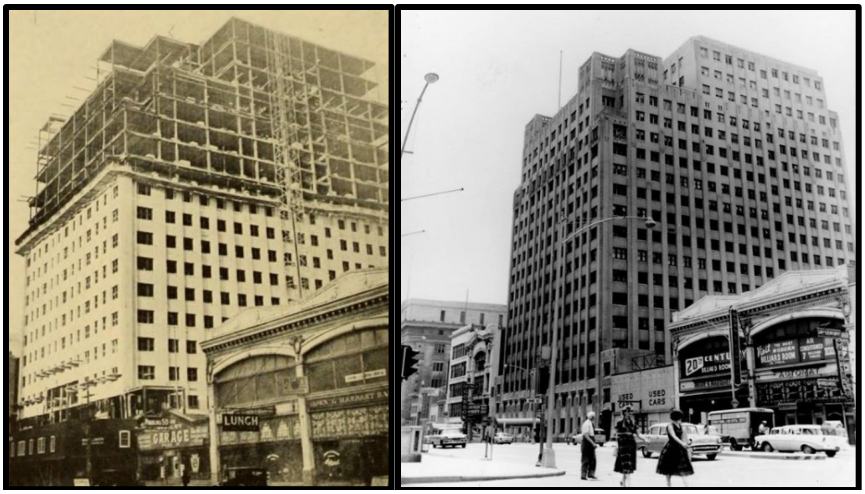


Figure 30. Left: The construction of the 1928 Hahnemann Hospital in 1927. Figure 31. Right: The 1928 Hahnemann Hospital in the 1950s. Source: Hahnemann University Hospital Facebook.

CRITERIA A, F, & J

Since colonial times, Philadelphia has been one of the United States' preeminent centers of medicine, and medical education. Originally known as Hahnemann Medical College, Hahnemann Medical College & Hospital (HMCH), with origin in 1848, was founded to teach the therapeutic system known as homeopathy, a mission that was abandoned in the twentieth century.[8] It then became a major source of general medical and surgical care for numerous Philadelphians, particularly poor and working class people of North Philadelphia, representing a shift in the cultural, economic, and social mores of the period, when the lower classes would first gain access to health care in a modern medical facility. In addition, HMCH was also carrying out advanced work in cardiovascular medicine and cardiac surgery, making significant contributions to the larger field of medicine. Essential to this new identity was the massive 1928 Hahnemann Hospital erected on Broad Street just south of Vine.

Figure 32. Left: The amphitheater of the surgical clinic at 1928 Hahnemann Hospital in the 1930s. Figure 33. Right: Physicians and nurses performing surgery on a patient at the 1928 Hahnemann Hospital in 1953. Source: Hahnemann University Hospital Facebook.

[8] In 1982 HMCH would be renamed Hahnemann University, and its hospital component, Hahnemann University Hospital. Source: "Hahnemann changes its name to reflect university status," *The Philadelphia Inquirer*, 21 August 1982, 14.

Figure 34. The interior of the penthouses of the 1928 Hahnemann Hospital were used as solariums, where patients could sit and enjoy urban views. Source: Hahnemann Collections, Archives and Special Collections (Legacy Center), Drexel University College of Medicine.

Not only is the subject building important in exhibiting the heritage of this specific medical educator and provider in Philadelphia, 1928 Hahnemann Hospital represents both innovation in the design of medical colleges and hospitals in the first and second quarters of the twentieth century and the broader development of modern hospitals in the Philadelphia region, the Commonwealth of Pennsylvania, and the larger nation. Freed of the past worries of miasma from sick patients drifting upward, and enabled by the steel frame and the elevator, hospital designers of the 1920s could build upward. And they did so, particularly those in downtowns where space limits precluded the traditional pavilion plan or even a conventional horizontal configuration. When completed in 1928, the subject building stood as the tallest hospital structure in the eastern United States, equaled or exceeded nationally only by the St. Luke's Hospital of Chicago, also built in 1928.[9] Such hospitals organized their work vertically: 1928 Hahnemann Hospital dedicated an entire floor to operating rooms and their support, and another to maternity services. Private rooms and public wards filled separate floors. Six elevators and three dumbwaiters shared the work of moving patients, staff, visitors, supplies, medications, and the all-important meals up and down. The subject building, then, was among the very first "vertical hospitals" in Philadelphia, and in the country. Others, though not so tall, followed in Philadelphia, such as the Pennsylvania Hospital Woman's Building in 1929 (now the Spruce Building) and the Tower Building of Episcopal Hospital in 1933-34.

[9] Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017), pp.248-249. The term "vertical hospital" is used in this book. See also the National Register of Historic Places nomination form for St. Luke's Hospital Complex, Chicago, in National Park Service Records, Record Group 79, U.S. National Archives, via. catalogue.archives.gov.

Figure 35. A period composite of the Hahnemann's buildings, labeled, left to right: "Hahnemann Hospital", "Hahnemann Medical College", and the "Maternity Department". Source: Historical Society of Pennsylvania.

Historic Context: Brief History of Hahnemann Medical College & Hospital

Grasping the importance of the 1928 Hahnemann Hospital requires looking back to Germany and the learned physician Samuel Hahnemann's (1755-1843) new medical system known as homeopathy. In a time when conventional medical treatment relied on harsh drugs with emetic and laxative properties--and sometimes bloodletting—as well as a few effective agents such as laudanum (an opiate) for pain and cinchona bark for malaria, Hahnemann's approach differed. He believed he had discovered in 1790 the principle of *similia*, that a substance which causes certain bodily sensations when ingested by a healthy person will cure a disease comprising those symptoms in someone ill. He further came to believe that small doses, even infinitesimal doses, acted more strongly than large doses, when properly "potentized" by a kind of percussion. Many physicians of course scoffed at these concepts, especially as medicine in the late nineteenth century moved towards a more rational foundation based on pathology, microscopy, and eventually bacteriology. But the new system, homeopathy, won many converts in Europe, both physicians and lay persons.

A major step in the export of homeopathy to the United States was the 1848 founding of HMCH, at which time it was known as the Homeopathic Medical College of Pennsylvania, later to become the Hahnemann Medical College of Pennsylvania after an 1867 schism within the original school. HMCH sought to teach the new system and practice of homeopathic therapeutics along with the then standard subjects of anatomy, chemistry, pathology, etc. Though it at times struggled financially, HMCH proved a success. Philadelphia in turn became a major center of homeopathic education, publishing, and the manufacture of its medicines. More broadly, by the 1890s homeopathy had grown into a parallel medical profession in the United States, backed by

large numbers of lay supporters, most middle-class and particularly women.[10] It comprised schools, numerous hospitals, local and national societies, journals, and support groups.

Figure 36. Top left: HMCH, the 1886 College building of the larger institution, 222-36 North Broad Street (demolished to build the 1928 hospital). Figure 37. Top right: The 1900 hospital building of HMCH (demolished), designed by G.W. & W.D. Hewitt, Architects, Fifteenth Street above Race, which was attached to Hahnemann Medical College. Source: Philadelphia Historical Commission via Athenaeum of Philadelphia.

HMCH grew as the oldest and one of the strongest homeopathic schools throughout the nineteenth century. Several small hospitals associated with it, but not owned by it, had come and gone before a substantial and corporately integrated version opened on North 15th Street near Vine Street, adjacent to the college complex, in 1890. This year corresponded with the ascent of surgery in the 1880s and 1890s, by which time anesthesia and the understanding of bacterial wound infection had allowed for safe operations into the body, particularly gynecological procedures and appendectomies. Of course, surgery itself could not be homeopathic, though post-operative care might be. But HMCH had always taught the full range of medical disciplines and necessarily accepted and taught ideas and treatments not consistent with Samuel Hahnemann's tenets. The 1890s indeed was a time of singular paradoxes in American medicine: it was a decade of great strength and popularity for the homeopathic profession, which espoused and practiced its peculiar vitalist and even mystical principles--but also a decade that saw the

[10] Samuel Hahnemann's major statement of his system was, and still is, the *Organon of the Healing Art*, first published in German in 1810, and still available in later editions. For the history of homeopathy in the United States, with some coverage of its German roots, see Martin Kaufman, *Homeopathy in America* (Baltimore: Johns Hopkins Press, 1971); John S. Haller, *The History of American Homeopathy: The Academic Years, 1820-1935* (New York: Haworth Press, 2005); idem, *The History of American Homeopathy: From Rational Medicine to Holistic Health Care* (New Brunswick, NJ: Rutgers University Press, 2009); Anne Taylor Kirschmann, *A Vital Force: Women in American Homeopathy* (New Brunswick, NJ: Rutgers University Press, 2004). And older source of value for the History of the HMCH is the section on Hahnemann in Frederick P. Henry, ed., Founders Week Memorial Volume (Philadelphia, 1909, pp. 291-304. A more recent history of the school is Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick, NJ: Rutgers University Press, 1998).

spread of a new scientific medicine built on laboratory exploration in bacteriology, physiology, chemistry, and pathology. The 1890s also saw a remarkable expansion of surgery, an area of medicine little connected to original homeopathic theory. The rise of surgery and its new technology demanded new or updated hospitals.

Figure 38. Buildings of HMCH, N. 15th Street (demolished) in the 1950s. Source: Philadelphia Historical Commission via Athenaeum of Philadelphia.

The period leading up to the famous "Flexner Report" of 1910 marked the acceleration of reform of American medical education, which despite several solid schools had suffered from the proliferation of proprietary medical colleges of low standards.[11] Many schools could not meet new expectations and closed. Of the American medical schools founded on Samuel Hahnemann's teachings, only HMCH and a homeopathic school in New York City survived. Fewer homeopathic doctors were trained. Also, by the 1920s fewer Americans turned to homeopathy as regular, or scientific, medicine produced advances such as serum treatments for diphtheria and pneumonia, immunization for typhoid fever, safer surgery (as noted above), and insulin for diabetes. Radiography and the diagnostic laboratory had become daily aids to medical practice. American Homeopathy was in retreat, and not helped by schism within it between adherents of its bedrock beliefs – the *similia* ("like cures like"), high dilutions, potentization—and the many more willing to accommodate and see a less dogmatic version as an option within the new environment of medical science and practice. The HMCH curriculum of the 1920s still

[11] The "Flexner Report" was the work of educator Abraham Flexner working for the Carnegie Foundation for the Advancement of Teaching; its proper title was *Medical Education in the United States and Canada*, Bulletin Number Four of the Foundation. This document, and the reform of medical education in the United States have been the subject of immense scholarship and various interpretations. One standard source is Kenneth Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985).

included instruction in homeopathic treatment, but only a few hours of lectures. In this bleak and turbulent time for homeopaths, HMCH in the mid-1920s initiated plans and fund-raising to build a new two-million-dollar hospital (probably about $20 million in today's dollars) which would be the tallest in Philadelphia and fully modern.[12]

Figure 39. Left: the Hahnemann Medical College building of HMCH at 222-36 North Broad Street in 1925 with new construction on the right in the place of an earlier building. Figure 40. Right: The Hospital Annex of HMCH at 238-40 North Broad Street in 1925. Source: Philadelphia Historical Commission Files via Athenaeum of Philadelphia.

The existing 1890 hospital was seen as antiquated and too small, which lead the hospital to expand and modernize. At least one trustee, faculty member and homeopath Garth Boericke, saw increasing the hospital capacity as a necessary first step to expanding the number of students from 350 to 800 or even 1000. Such an increase was considered desirable in order to boost revenue.[13] The larger number of ward beds envisioned for the new hospital would increase clinical "teaching material" for students. In addition, creating such a tall and technologically advanced building on Philadelphia's Broad Street would make a grand statement for an institution long stigmatized for its sectarian status and somewhat backwards ways of operating a medical school.[14]

[12] There seems no doubt that the 1928 hospital was at the time the tallest in Philadelphia, and one of the tallest in the country, though the claim that it was the "first skyscraper hospital" in the United States is difficult to confirm. See Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870 – 1940* (Pittsburgh: University of Pittsburgh Press, 2017), p. 248. The author discusses the vertical "rise" of the hospital on pp. 235-264, with emphasis on vertical organization of functions.

[13] Minutes of meeting of the Board of Trustees of HMCH, 17 February 1927, Hahnemann Collections, Archives and Special Collections (Legacy Center), Drexel University College of Medicine. Class size did increase, though by the late 1920s, few applicants sought a place in order to become homeopathic doctors.

[14] See Rogers, *An Alternative Path*, esp. pp. 83-103. Despite the vigorous fund-raising campaign, Hahnemann needed to repeatedly borrow money to pay for the new hospital and related building project (Minutes of Meetings of the Board of Corporators, 23 April 1928, 8 January 1929; 22 April 1929, Hahnemann Collections, Archives and Special Collections (Legacy Center), Drexel University College of Medicine, 2900 W. Queen Lane, Philadelphia.

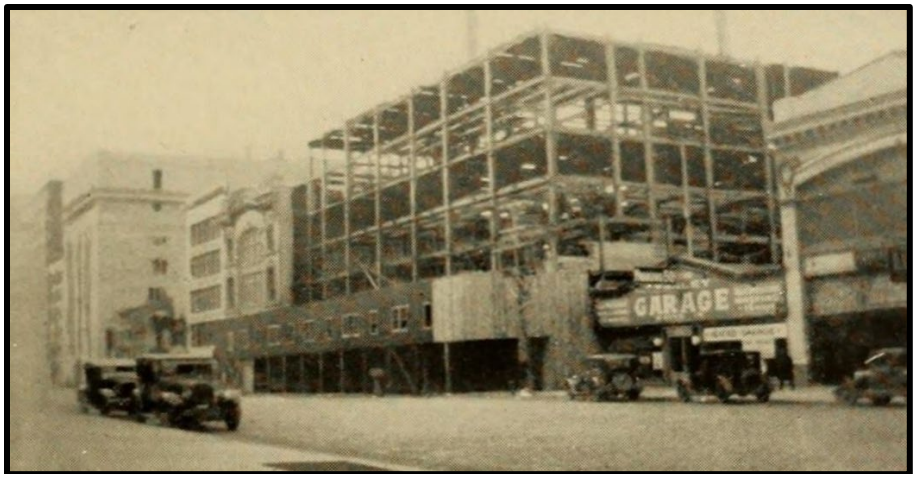


Figure 41. Construction of the 1928 Hahnemann Hospital in 1927. Source: Hahnemann University Hospital Facebook.

The mass of fund-raising printed matter issued by HMCH reveals an emphasis on technology and surgery, combined with nostalgic reference to homeopathy and its founders likely aimed at maintaining the fealty and generosity of alumni. For example, the April, 1928 issue of *Greater Hahnemann News: A Monthly Newspaper Sponsoring a Great Building Plan* featured an article on the building's steel framework, and another titled "Dr. Hering holds leading place in pioneer medicine," referring to HMCH founder Constantine Hering – whose son Walter was president of the HMCH board of trustees at the time of planning and building the new hospital. An account of the dedication ceremony on January 3, 1929 in the April 29, 1929 issue of [HMCH] *Hospital Tidings*, written by Walter Hering's daughter Irma Hering Evans, quotes the president as seeing the new edifice "dedicated to the cause of science and to the welfare of humanity." In this and other accounts, readers learn that "modern" elements of the hospital will include: an entire floor for operating rooms; high-speed elevators; radiography; electrocardiography; radium; "a system of flashing lights and numbers on indicators" (ie, a paging system); telephones and radio connections in each room; solaria with "ultra violet ray glass"; a diagnostic laboratory.[15] None of the verbiage directly describing the new hospital refers to homeopathy: homeopathy appears as a (partly) cherished and motivating past; the future is skyscraper, radio, instruments, fast elevators, and surgery.

[15] Runs of the *Greater Hahnemann News* and *Hospital Tidings*, as well as photographs of the 1928 building and other related matter, are found within the Hahnemann Collection, Archives and Special Collections (Legacy Center), Drexel University College of Medicine. A box of materials deposited with the cornerstone is particularly rewarding. An article by the board president, Walter Hering, titled "A dream come true" also lists a variety of technological wonders in the new building (in *Hospital Tidings*, October, 1929, p.2).

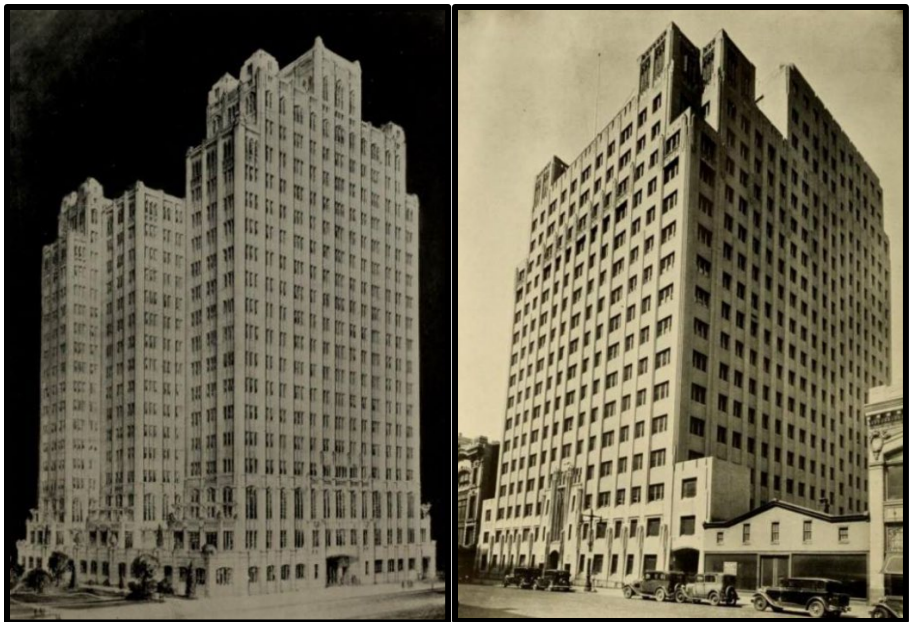


Figure 42. Left: A variation of the final drawings that would inform the final design of 1928 Hahnemann Hospital. Figure 43. Right: Looking southwest at the primary (east) and north elevations of the 1928 Hahnemann Hospital in the 1930s. Source: James Dillon Collection, Athenaeum of Philadelphia.

By 1928, however, it seemed clear to Philadelphians concerned with health services that the city had too many hospitals. Every major religious denomination, several ethnic groups, women, all the medical schools, specialties such as pediatrics and ophthalmology, a few surgeons, and the city itself had all opened them over the past one hundred years. Sponsored by the Philadelphia Chamber of Commerce, a Citizens Survey Committee was created to look at factors influencing health and health care, with emphasis on the city's hospitals. The survey was conducted over the period November 1928, to June 1929, and the findings published in 1929. They provide a look at the new HMCH and the subject building in its first year of providing care. The utilization rates were in the high 70% range, indicating that the beds found use. In 1928, 36 % of the 135,975 "days of care" were for "free patients." "Negro patients, approximately 24% of the total, are admitted to the ward, but not to semi-private and private room care." The busy outpatient services (65,749 visits) showed about 36% free patients. The surveyors concluded that the HMCH "is administered with a keen sense of financial responsibility" yielding "a cost which patients of various means can afford." [16]

[16] Haven Emerson, Sol Pincus, Anna C. Phillips, *Philadelphia Hospital and Health Survey 1929 Conducted Under the Auspices of a Citizens' Survey Committee* (Philadelphia: 1929), pp. 700-702; quotes from 701 and 702. This report also mentions that the 1928 building, of "steel, stone and concrete" opened as the tallest hospital in Philadelphia (p. 700).

Figure 44. The 1928 Hahnemann Hospital at the time of its completion. Source: Hahnemann University Hospital Facebook.

Notable is the documentation that in 1928, in its first year of operation, a fairly high proportion of HMCH patients provided for in the subject building needed charity care, and a good number were African American. At North Broad and Vine Streets, the HMCH looked south to Center City, and north to North Philadelphia–to whose population it was easily connected by both the new Broad Street Subway–also opened in 1928–and by the now omnipresent automobile. Middle-class and even wealthy families occupied homes to the north of HMHC, but increasingly, so did many black immigrants from the south who came as part of the "Great Migration." Most found some sort of work, usually not very well-paying, in the 1920s; but the Depression of course brought the closure of factories and other businesses, and massive unemployment. A hospital situated at the southern edge of North Philadelphia (and many others) would confront a decline in paying patients and donations, and an increase in free care. HMCH was already in debt from the building program going into the 1930s. By 1933, minutes of the Hospital Committee of

HMCH referred to "critical financial conditions of the Hospital" and the need to close one of the four "public ward floors."[17]

Figure 45. A sitting area for patients on the rooftop of the 1928 Hahnemann Hospital skyscraper in the 1930s. Source: Hahnemann University Hospital Facebook.

Service to an increasingly poor clientele continued after World War II as more blacks sought jobs in northern cities, jobs that were vanishing as manufacturing in Philadelphia and similar cities shrank away.[18] The advent of Medicaid and Medicare in 1965 certainly helped those Philadelphia hospitals, like HMCH, that cared largely for the poor, but could not ensure financial stability. The closure of Philadelphia General Hospital in 1977 placed further burden on hospitals within or near Philadelphia's most impoverished districts. HMCH has had a long history of serving as what we now call a "safety net," and its social service staff no doubt tried to meet some needs beyond the medical and surgical.[19]

In the late 1930s, the leaders of HMCH turned their attention to needs on the college side, and were able to raise the Klahr Auditorium, a modest sized building, in 1938 to provide more modern laboratories, as well as a new library and the ever-present lecture halls.[20] In 1945, however, an assessment by the American Medical Association and the Association of American Medical Colleges found other deficiencies in the workings of the medical school. The admission process relied too heavily on personal connections. The responsibilities of clinical year students in the subject building were minimal, and there were, somehow, not enough patients available to learners. The forward-looking 1928 Hahnemann Hospital lacked small-group meeting rooms, and even surfaces where clinical students could write notes. These and other failings led HMCH

[17] Minutes of Meeting of the Hospital Committee of the HMCH, 17 October 1933, Hahnemann Collections, Archives and Special Collections (Legacy Center), Drexel University College of Medicine.
[18] See articles on "African American Migration" by James Wolfinger, and "North Philadelphia" by David Amott in the on-line *Encyclopedia of Greater Philadelphia*, Charlene Mires, editor; philadelphiaencyclopedia.org.
[19] The 1929 *Philadelphia Hospital and Health Survey* (n.6) gave high marks to the social service department (pp. 701-702).
[20] The 1938 Klahr Auditorium may also be eligible for listing in the Philadelphia Register of Historic Places, but is not part of the subject nomination.

to be placed on probation by the accrediting bodies. This blemish forced the board of trustees to hire a more independent and academic dean, and, with much discord, enforce other reforms.[21]

By the 1950s HMCH was out of trouble, at least for a time, and the "basic science" departments were gaining new and highly qualified research faculty. Much was going on at Hahnemann Hospital (1928) that would strengthen the school's shaky reputation. The presence of pioneering cardiac surgeon Charles Bailey, a skilled, daring, and outspoken figure, brought in patients from a wide area, increased fees and donations, and placed HMCH newly on the map of medicine.[22] (He had carried out the first "closed heart" repair of a stenotic mitral valve at HMCH in the subject building.) A new chairman of the department of medicine as of 1957, John H. Moyer, was able to expand the participation of private hospital patients in research programs dealing with hypertension, or high blood pressure, and HMCH became an important center for the study of this prevalent and dangerous disorder. Moyer and several other HMCH physicians became among the earliest in Philadelphia to center their interests on kidney disease and its treatment with hemodialysis (the artificial kidney). These advanced efforts in fact fit well with the hospital's reality and assumed mission, since hypertension and kidney disproportionately afflict persons of African descent.

Figure 46. Pediatric Solarium at the 1928 Hahnemann Hospital in 1935. Source: Hahnemann University Hospital Facebook.

Amidst all this—new research labs, cardiac surgery and kidney machines—in 1959 the last teacher of homeopathy at HMCH (by then an optional course), Garth Boericke, retired, and homeopathy at the institution retired with him.

The subsequent history of HMCH becomes far too complex to summarize here other than schematically.[23] It gained strength and size, including additional buildings, but at the expense of

[21] Rogers, An Alternative Path, pp. 134-168.
[22] Ibid., pp. 168-189.
[23] Rogers, *An Alternative Path*, pp. 211-322; Judith P. Swazey, Merger Games: *The Medical College of Pennsylvania, Hahnemann University, and the Rise and Fall of the Allegheny Healthcare System* (Philadelphia: Temple University Press, 2011).

administrative and financial missteps both internal and external. Its respected schools of nursing and other health professions qualified HMCH for accredited university status in 1981. In 1993, largely for financial reasons, Hahnemann University leaders agreed for it to be acquired by the Allegheny Health Education and Research Foundation (AHERF) based in Pittsburgh and merged with the Medical College of Pennsylvania (MCP), the former Woman's Medical College of Pennsylvania. Reckless further acquisitions by AHERF led to massive bankruptcy of their Philadelphia components in 1998, and the subsequent rescue of the MCP-Hahnemann School of Medicine and other former Hahnemann professional schools by Drexel University. The system's hospitals were bought by the for-profit Tenet Healthcare company in Dallas. But Tenet did not succeed in making money with them: in 2003 it closed MCP Hospital despite an outpouring of protest. In 2018 it sold Hahnemann University Hospital (by this time comprising the 1928 building and additions) to American Academic Health System LLC, which, claiming large and unexpected monetary losses, suddenly closed it in 2019. The closing of both MCP Hospital, in East Falls but on the border of North Philadelphia, and of Hahnemann Hospital, deprived countless low-income (and other) Philadelphians of their accustomed health care as well as emergency services. The closing also created unprecedented chaos and distress for Drexel University College of Medicine students, faculty, nurses, staff, and residents.

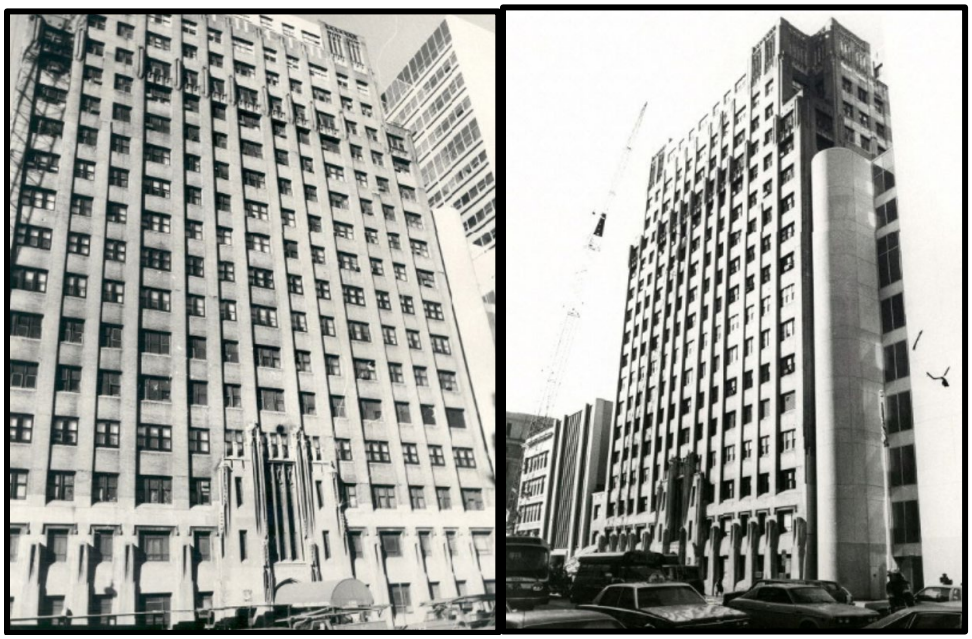


Figure 47. Left: The Primary (East) Elevation of the 1928 Hahnemann Hospital. Figure 48. Right: Looking southwest at the Primary (East) Elevation of the subject building. Source: Philadelphia Historical Commission via Athenaeum of Philadelphia.

For ninety years, the substantial high-rise 1928 Hahnemann Hospital, designed by engineer H[enry] Hall Marshall and the New York firm Pettit and Ferris, Architects, cared for a wide range of Philadelphians, particularly countless of its poorest residents.[24] As a teaching hospital, it also supported the education of numerous nursing, medical, and other students. It recalls the high

[24] The construction contract was awarded to Irwin & Leighton, 126 North Twelfth Street, Philadelphia. Source: *The Philadelphia Real Estate Record and Builders' Guide*, 16 November 1927, 729.

and multifaceted place of Philadelphia in American medicine and medical education, including the once prominent alternative therapeutic system known as homeopathy, which HMCH was aggressively casting away when it opened its modern skyscraper in 1928.

Figure 49. Mummers Parade in 1953 in front of Hahnemann Hospital (on left). Source: Hahnemann University Hospital Facebook.

8. BIBLIOGRAPHY

Sponsored by the Keeping Society of Philadelphia, this nomination was completed by Oscar Beisert, Architectural Historian and Historic Preservationist, and Steven J. Peitzman, MD, Medical Historian, with assistance from J.M. Duffin, Archivist and Historian, and Kelly E. Wiles, Architectural Historian.

The following sites were used to create the nomination:
Greater Philadelphia GeoHistory Network
Newspapers.com
Proquest Historical Newspapers

Major Bibliographic References

Fenske, Gail. The Beaux-Arts architect and the skyscraper: Cass Gilbert, the professional engineer, and the rationalization of construction in Chicago and New York. In *The American Skyscraper: Cultural Histories*, edited by Roberta Moudry. Cambridge and New York: Cambridge University Press, 2005.

Goldberger, Paul. *The Skyscraper.* New York: Alfred A. Knopf, 1981.

Haller, John S. *The History of American Homeopathy: From Rational Medicine to Holistic Health Care*. New Brunswick, NJ: Rutgers University Press, 2009.

Haller, John S. *The History of American Homeopathy: The Academic Years, 1820-1935*. New York: Haworth Press, 2005.

Harris, Cyril M. *Illustrated Dictionary of Historic Architecture.* New York: Dover Publications, Inc., 1977.

Emerson, Haven; Sol Pincus; Anna C. Phillips. *Philadelphia Hospital and Health Survey 1929 Conducted Under the Auspices of a Citizens' Survey Committee*. Philadelphia: 1929.

Kisacky, Jeanne. *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940*. Pittsburgh: University of Pittsburgh Press, 2017.

New York City Individual Landmark Nomination, 400 Madison Avenue Building, Manhattan, New York City, New York, 22 November 2016, Designation List 490 LP-2576.

New York City Individual Landmark Nomination, Hampton Shops Building, 18-20 E. 50th Street, Manhattan, New York City, New York, 22 November 2016, Designation List 490 LP-2580.

New York City Individual Landmark Nomination, National Title Guaranty Company Building, 185 Montague Street, Brooklyn, New York City, New York, 24 January 2017, Designation List 494 LP-2587.

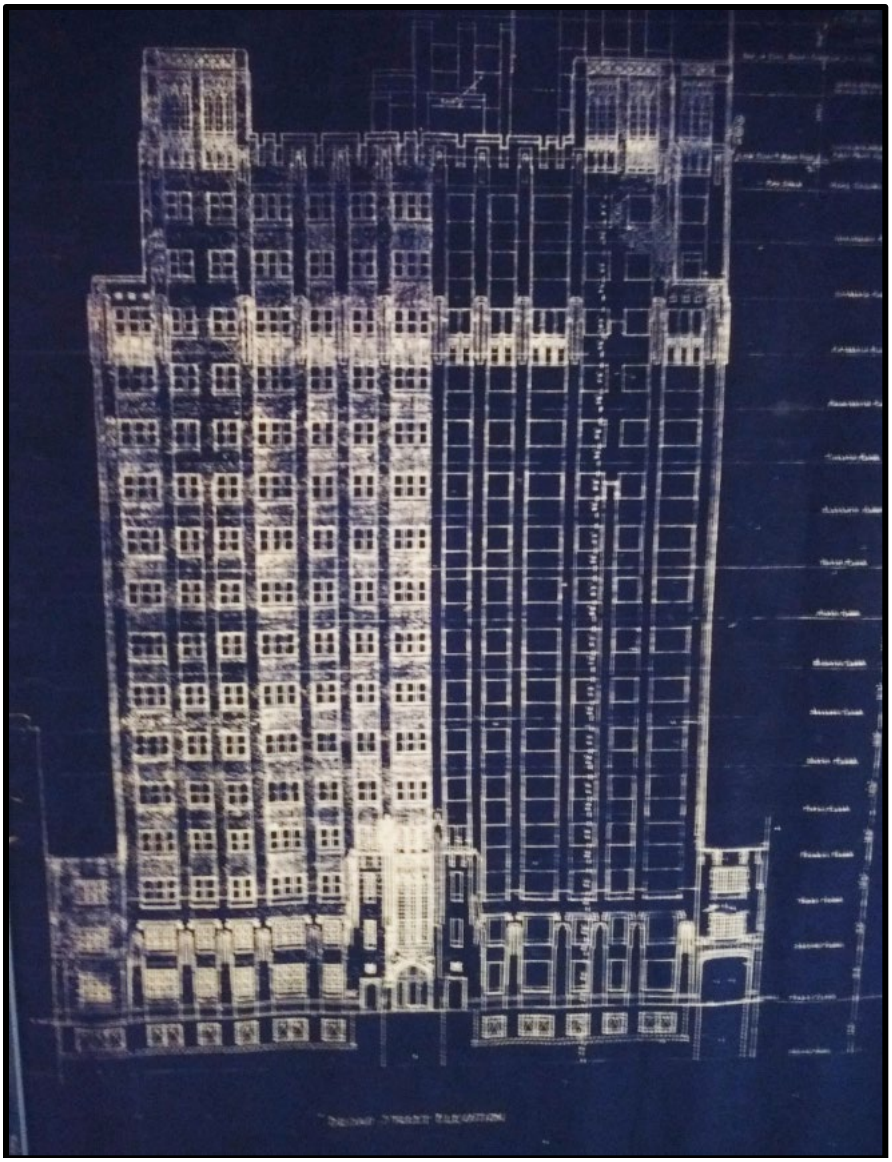
Passikoff, Alexander P. *A Façade of Buildings: A Collection of Architectural Styles, Architects, and Their Buildings That Make Up the Face of New York.* New York: AuthorHouse, 2011.

Pugin, Augustus Welby Northmore, Aldrich, Megan, Atterbury, Paul, Bergdoll, Barry, Floyd, Margaret H. Floyd. A.W.N. Pugin: Master of Gothic Revival. (Yale University Press, 1995).

Rogers, Naomi. *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia*. New Brunswick, NJ: Rutgers University Press, 1998.

Sterns, Robert A. M., Gilmartin, Gregory, and Massengale, John. *New York 190: Metropolitan Architecture and Urbanism 1890-1915.* New York: Rizzoli, 1983.

Stern, Robert A., Gilmartin, Gregory, Mellins, Thomas. *New York 1930: Architecture and Urbanism between the Wars.* New York: Rizzoli, 1987.



Plans for the subject property. Source: Hahnemann Collection, The Athenaeum of Philadelphia.

Appendix A: Architect and Engineer

The 1928 Hahnemann Hospital Building of Hahnemann Medical College & Hospital

The 1928 Hahnemann Hospital long has been attributed to the Horace Trumbauer firm, seemingly based on a rendered perspective drawing in a collection of architectural drawings and prints held at the Athenaeum of Philadelphia on loan since 1991 from the former HMCH.[25] This drawing, found in series 1 of this collection, shows a building in Art Deco style much unlike the hospital actually built (Figures 1 and 15). A review of minutes of the board of trustees of HMCH from 1925 through 1930, as well as its executive committee and its building committee, reveals

[25] The Hahnemann University Architectural Records Collection, call no. PEW/HUH/Series 1 and 2. This collection was placed on loan to the Athenaeum of Philadelphia in 1991 through the Pew Charitable Trusts Museum Loan Program.

no mention of Trumbauer. Neither is Trumbauer mentioned in a large amount of publicity and fundraising materials centered on the 1928 Hahnemann Hospital (reviewed by Steven J. Peitzman for this nomination during December, 2019).[26] The prestigious Trumbauer name surely would have been emphasized in such publications had that firm been engaged as architects.

The architectural firm contributing to the design of the building was Pettit and Ferris, with offices on Wall Street in New York City, who were also registered architects in Pennsylvania. Drawings by Pettit and Ferris constitute Series 2 of the Hahnemann files at the Athenaeum, referred to above. This series comprises large format blueprints and other drawings showing floor plans, elevations, and also a set of electrical plans. Lettering at the foot of the architectural drawings shows John M. Smith on the left, as "Hospital Consultant" (he was also secretary of the HMCH board); H. Hall Marshall in the center, below the title 'Hahnemann Medical College and Hospital', as "Consulting Engineer"; and Pettit & Ferris on the right, as "Architects – New York."[27] Mr. Ferris is mentioned as attending a meeting to choose the brick for the facing of the 1928 hospital in the Minutes of the Building Committee of 18 January 1928.[28] No record has been found showing an actual contract given to Pettit and Ferris. We have found little information on this firm: neither name appears in the index of the *AIA Guide to New York City* (2000) or *One Thousand New York Buildings* (2002). Why the leaders of the HMCH in Philadelphia selected a somewhat obscure firm in New York to help create a landmark hospital building remains a mystery. We have found no evidence that Pettie and Ferris specialized in planning hospitals.

Evidence makes clear that the engineer, H[enry] Hall Marshall (1874 - 1939), contributed most to the planning and building of the hospital. His name shows up repeatedly in the board of trustee minutes and the mass of fund raising and publicity material, in which he was sometimes referred to as the architect.[29] In 1925 the HMCH Board authorized Marshall to "make plans and specifications to make application for a building permit."[30] In January of 1927, the Board unanimously approved "the employment of Mr. H. Hall Marshall, of New York, as engineer and architect."[31] We have found little information about Marshall or his training. Census records reveal that he was born in Delaware in 1874 or 1875. An advertisement in *Engineering Digest*

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[26] Titles of the publications include the *Greater Hahnemann News, Hospital Tidbits*, *"With One Arm Tied," Program* for the cornerstone laying ceremony, etc. These as well as the board and committee minutes are in the Hahnemann Collections, Drexel University College of Medicine Archives and Special Collections (Legacy Center), 2900 W Queen Lane in Philadelphia.

[27] The drawings were inspected by Steven J. Peitzman.

[28] Minutes of the Building Committee of the HMCH, 18 January 1928, Hahnemann Collection, Drexel University College of Medicine Archives and Special Collections (Legacy Center). This meeting was specifically to view a selection of various bricks to choose one to be used as the facing for the new building. Three were considered the favorites, and a sentiment was expressed that if possible a Pennsylvania brick works should get the contract. Specifically stated as present were "Mr. Ferris, architect" and "H. Hall Marshall, engineer."

[29] This statement is based on a review of the *Greater Hahnemann News, Hospital Tidbits*, and other materials in the Hahnemann Collection, Drexel University College of Medicine. Marshall is referred to as "architect" in an account of the dedication ceremonies in the January, 1929, issue of *Hospital Tidbits.*

[30] Minutes of the Board of Trustees of the HMCH of Philadelphia, 28 December 1925, Hahnemann Collection, Drexel University College of Medicine Archives and Special Collections (Legacy Center).

[31] Minutes of the Executive Committee of the Board of Trustees of the HMCH, 21 January 1927, Hahnemann Collection, Drexel University College of Medicine Archives and Special Collections (Legacy Center).

from 1908 places him in Philadelphia, and the 1910 census shows him living in Germantown.[32] By 1920 he had moved to New York and lived in Garden City. The drawings for the 1928 Hahnemann Hospital referred to above show his professional address at 37 West 43rd Street. In entries for the 1900 through 1920 United States Census, and the advertisement shown here, Marshall gave "consulting engineer" as occupation, never architect. In the 1930 census, however, it was "salesman" for automobiles: presumably the Depression had seriously reduced his engineering work.


Park Row Building, NEW YORK.

H. Hall Marshall.

Consulting Engineer.
Examinations, Tests, Reports.
Plans and Specifications Prepared for Complete Manufacturing Plants.
Power Plants.
Electricity, Heating, Ventilation, Plumbing.
South Penn Square Bldg., PHILADELPHIA, PA.

It Will Be Mutually Beneficial to Say W

It is not surprising that an engineer would have been the dominant figure in the overall design of the 1928 Hahnemann Hospital. Although not particularly tall from a 2020 perspective, and more of a block than a true "skyscraper," the structure still required the expertise to plan the steel skeleton, concrete floors, limestone and brick cladding, ventilation and heating systems, and of course elevators. In addition, there were special needs of operating rooms, radiology suite, and the electrical power, communications, and radio systems. As the fund-raisers and boosters liked to write, it was indeed in 1928 a "modern" facility, an exemplar of the new metropolitan "vertical hospital," and one that would serve well for ninety years.

[32] The advertisement is from *Engineering Digest*, May, 1908, p. 549. On-line census sheets for the United States Census, 1900, 1910, 1920, and 1930 were accessed via Ancestry.com searching for both Henry Hall Marshall and H Hall Marshall.