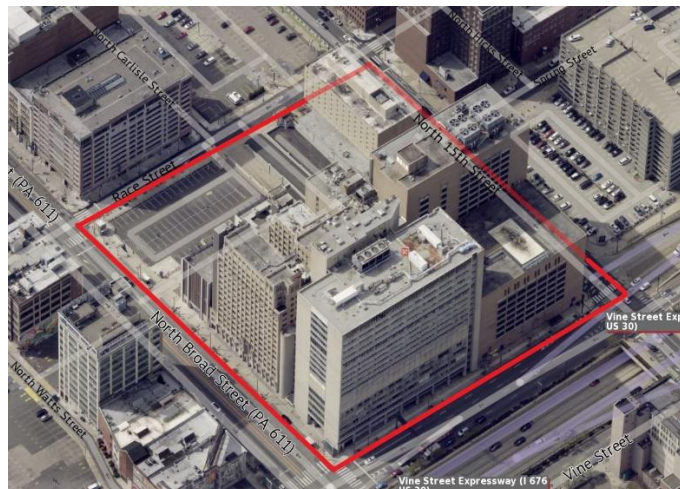


## COMMENT ON NATIONAL REGISTER NOMINATION

**ADDRESS: 225-231 N 15<sup>th</sup> St and 216-248 N Broad St, Hahnemann Medical College & Hospital Complex Historic District**

**OVERVIEW:** The Pennsylvania Historical & Museum Commission (PHMC) has requested comments from the Philadelphia Historical Commission on the National Register nomination of 225-231 N 15th Street and 216-248 N Broad Street, located in Center City Philadelphia and historically known as Hahnemann Medical College & Hospital Complex. PHMC is charged with implementing federal historic preservation regulations in the Commonwealth of Pennsylvania, including overseeing the National Register of Historic Places in the state. PHMC reviews all such nominations before forwarding them to the National Park Service for action. As part of the process, PHMC must solicit comments on every National Register nomination from the appropriate local government. The Philadelphia Historical Commission speaks on behalf of the City of Philadelphia in historic preservation matters including the review of National Register nominations. Under federal regulation, the local government not only must provide comments, but must also provide a forum for public comment on nominations. Such a forum is provided during the Philadelphia Historical Commission's meetings.

The Hahnemann Medical College & Hospital Complex is a collection of related buildings that have served Philadelphia for nearly a century as a prominent fixture in the city's medical community. This nomination proposes significance under Criterion A in the areas of health and medicine. During the twentieth century, Hahnemann Hospital transformed from a small homeopathic college to one of the city's most "modern" medical institutions. The complex, which was constructed between 1928 and 1979, encompasses a full city block and contains five contributing buildings and two non-contributing structures. Contributing buildings include the Hospital Building (1928 South Tower/1979 North Tower addition), the New College Building (1938/1970), the Nurses' Residence (1963), the Myer Feinstein Polyclinic Building (1908/1967), and the Bobst Building (1967). Non-contributing structures include a surface parking lot and a mechanical enclosure. The individual buildings generally consist of mid-rise and high-rise towers that display popular architectural styles of their respective dates of construction applied to hospital and educational buildings. As a whole, the proposed Hahnemann Medical College & Hospital Complex Historic District conveys its historic integrity through its location, design, setting, materials, workmanship, feeling, and association. The period of significance is 1928-1979, beginning with the construction of the original hospital building in 1928 and ends with the construction of the hospital's North Tower in 1979. 222-48 N Broad Street and 225-31 N 15<sup>th</sup> Street were listed on the Philadelphia Register of Historic Places in 2021 and 2022. The local designations focused on the 1928 hospital building and the 1938 Klahr Auditorium.



United States Department of the Interior  
National Park Service**National Register of Historic Places Registration Form**

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

**1. Name of Property**Historic name: Hahnemann Medical College & Hospital Complex Historic District

Other names/site number: \_\_\_\_\_

Name of related multiple property listing:

N/A

(Enter "N/A" if property is not part of a multiple property listing)

**2. Location**Street & number: 225-231 N 15th Street, 216-248 N Broad StreetCity or town: Philadelphia State: Pennsylvania County: PhiladelphiaNot For Publication: ☐ Vicinity: ☐**3. State/Federal Agency Certification**

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination    request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets    does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

   national    statewide X local

Applicable National Register Criteria:

X A    B    C    D\_\_\_\_\_  
Signature of certifying official/Title:\_\_\_\_\_  
Date\_\_\_\_\_  
State or Federal agency/bureau or Tribal GovernmentIn my opinion, the property    meets    does not meet the National Register criteria.\_\_\_\_\_  
Signature of commenting official:\_\_\_\_\_  
Date\_\_\_\_\_  
Title :\_\_\_\_\_  
State or Federal agency/bureau  
or Tribal Government

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#### 4. National Park Service Certification

I hereby certify that this property is:

- ☐ entered in the National Register  
☐ determined eligible for the National Register  
☐ determined not eligible for the National Register  
☐ removed from the National Register  
☐ other (explain:) \_\_\_\_\_

Signature of the Keeper

Date of Action

#### 5. Classification

##### Ownership of Property

(Check as many boxes as apply.)

Private:

☒

Public – Local

☐

Public – State

☐

Public – Federal

☐

##### Category of Property

(Check only **one** box.)

Building(s)

☐

District

☒

Site

☐

Structure

☐

Object

☐

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**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>5</u>	<u>          </u>	buildings
<u>          </u>	<u>          </u>	sites
<u>          </u>	<u>2</u>	structures
<u>          </u>	<u>          </u>	objects
<u>5</u>	<u>2</u>	Total

Number of contributing resources previously listed in the National Register N/A

**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

EDUCATION/Research Facility

EDUCATION/College

EDUCATION/Education-related

EDUCATION/Library

HEALTHCARE/Hospital

HEALTHCARE/Clinic

**Current Functions**

(Enter categories from instructions.)

EDUCATION/Research Facility

EDUCATION/College

EDUCATION/Education-related

EDUCATION/Library

VACANT/NOT IN USE

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

LATE 19<sup>TH</sup> AND EARLY 20<sup>TH</sup> CENTURY REVIVALS/Collegiate Gothic

MODERN MOVEMENT/Art Deco

MODERN MOVEMENT

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**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: BRICK, CONCRETE, GLASS, STONE,  
METAL

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

### Summary Paragraph

The Hahnemann Medical College & Hospital Complex, located at 222-248 N Broad Street in Philadelphia, Pennsylvania, is a collection of five functionally related buildings that were constructed between 1928 and 1979 to serve the college and hospital. The complex is situated in Center City Philadelphia and, as such, is comprised of mid- and high-rise towers that display a variety of architectural styles. Hahnemann encompasses a full city block and contains five contributing buildings, and two noncontributing structures. Contributing buildings at the complex include: the Hospital Building (comprised of the original 1928 South Tower and the 1979 North Tower addition), the New College Building (comprised of a 1938 section and a 1970 section), the Nurses' Residence (constructed 1963), the Myer Feinstein Polyclinic Building (constructed 1908/1967), and the Bobst Building (constructed 1967). Though constructed at various points throughout the 20<sup>th</sup> century, the buildings in the complex contain similar features, primarily their brick exteriors. At the interiors, the buildings convey their historical and continued uses as medical college and hospital space. Noncontributing structures of the complex include: a surface parking lot at the southeast portion of the site that dates to 1987 and the N 15<sup>th</sup> Street mechanical enclosure. As a whole, the Hahnemann Medical College & Hospital Complex Historic District conveys its historic integrity through its location, design, setting, materials, workmanship, feeling, and association. The buildings are situated in their original location and portray a timeline of medical development through the various architectural designs of the additions and their interconnectivity. The buildings retain their integrity of setting due to the vast

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majority of surrounding buildings conveying a sense of historic development throughout the early and late 20<sup>th</sup> century, mirroring the period of growth illustrated by the district. The district's buildings retain materials and workmanship that define the historic character of the district despite various alterations over time to continue the functionality of the various buildings. The district still conveys the feeling of a medical complex by retaining its association with the academic and private medical field.

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## Narrative Description

**Setting:** The Hahnemann Medical College & Hospital Complex is located on N Broad Street in Center City Philadelphia, approximately four city blocks north of Philadelphia City Hall and four blocks to the east of Logan Square. As such, the setting is urban, and the complex is largely surrounded by a combination of mid-rise, high-rise, and skyscraper commercial buildings typical of major American cities. Immediately surrounding the site are: I-676, also known as the Vine Street Expressway, a major interstate that bisects the city and is directly north of the Hahnemann complex; the Broad Street Commercial corridor, which consists of the northernmost portion of the Broad Street Historic District (NR 1984), as well as a combination of early-20<sup>th</sup> to early-21<sup>st</sup> century commercial buildings and surface parking lots located to the south and east of the subject complex; and additional commercial buildings of a similar vintage to the south and west.

**Site:** The subject complex currently exists on six separate tax parcels, with the individual buildings divided by two distinct owners (see Figure 1). The full site consists of a 4.21-acre site that encompasses the full city block bound by Vine Street to the north, N Broad Street to the east, Race Street to the south, and N 15<sup>th</sup> Street to the west. The majority of the site is built out to the property line. Sidewalks, not included within the National Register boundary, separate the buildings from the adjacent streets. Street trees, planted outside of the period of significance, line the Vine, N Broad, and Race Street sidewalks; subway access is located at the northeast corner of the site at the intersection of Vine and N Broad Streets. These features are not associated with the school and hospital complex. The southeast portion of the site consists of the noncontributing surface parking lot (See Figure 1).

The following description begins with the primary building on the property, the Hospital Building, and continues clockwise around the block. The noncontributing structures within the nominated boundary are described after the main building complex below.

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**Figure 1:** Site Map. Image Source: Google. Accessed June 21, 2023.

## **1. Hospital Building – 1928 South Tower, 1979 North Tower addition (1 contributing building)**

### ***South Tower – 1928***

The South Tower building is a seventeen-to-twenty-story irregular-shaped former hospital and medical college building that was constructed in 1928 in an Art Deco stylized version of Neo-Gothic or Collegiate Gothic style (see Photo 1). As an example of a 20<sup>th</sup>-century “vertical hospital,”<sup>1</sup> the South Tower building features a stepped design that results in a widened base and tower that gets smaller at the upper floor levels, culminating in the 19<sup>th</sup> and 20<sup>th</sup> floor levels set back from the primary elevation and largely hidden from public view. Due to later construction at the complex, only the primary east elevation is visible from the public right-of-way on N Broad Street. Only segments of the upper stories of the south elevation lightwells and the uppermost stories of the north elevation are visible. The South Tower retains a significant amount of integrity at the exterior and prominently displays a buff brick exterior with limestone Neo-Gothic ornamentation at the lower and upper levels. Fenestration throughout generally consists of paired and triple sets of circa-1970s replacement aluminum-framed, double-hung windows; some historic multi-light steel windows exist at the primary elevation.

<sup>1</sup> Oscar Beisert and Steven J. Peitzman, Nomination for the Philadelphia Register of Historic Places: The Hahnemann Medical College [225-231 North 15<sup>th</sup> Street] (Philadelphia: Philadelphia Historical Commission, 2021), 20.



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**Photo 1:** Hospital Building, Original South Tower of the Hospital Building, East Elevation, looking west.

*East Elevation:* The east elevation is the most ornate of the South Tower building, containing primary elements of the building's Gothic design highlighted by the applied limestone at the primary entrance and first and second floor levels. At its widest point, the first through third floor levels, the elevation is fourteen bays wide. At these levels, simulated limestone buttresses mark the bays. At center, the primary entrance is situated within an ornate limestone entry segment that projects slightly from the remainder of the building and extends to the fourth-floor level at its highest point. The entry segment provides the primary Gothic elements of the building. The primary entrance itself consists of a circa-1960s replacement double-leaf metal panel door with



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arched transom above. Three additional entrances exist at the east elevation, all of which consist of flush metal double-leaf doors. The upper floors levels of the building consist of a simple buff brick exterior, with window bays recessed slightly behind the brick pilasters. The tower portion of the building features Art Deco design elements, which were common in hospital buildings from this era. The tower's emphasis on verticality, incorporation of stepped brick at the pilasters, and brick pendants at the 14<sup>th</sup> floor all illustrate Art Deco elements at the building. Gothic ornamentation is recalled at the seventh floor and roof levels. Gothic arch windows and limestone ornamentation mark the parapet. Fenestration throughout the elevation consists primarily of original steel-framed 1/1 windows with limited aluminum-frame 1/1 replacement windows. The windows are set in either groups of three or pairs. Select openings at the first and second floor levels, as well as the arched openings above the primary entrance, retain original multi-light casement and hopper windows.

A circa-1990s stair tower, clad in corrugated metal siding, was constructed at the southern end of the elevation. The stair tower does not contain any windows (See Photo 1).

*North Elevation:* Due to the abutting North Tower addition, only a small portion of the easternmost bays of the South Tower's north elevation's upper floors are visible. This segment continues the buff brick and limestone ornamentation that exists at the upper floor levels of the primary east elevation, including arched windows. Fenestration consists of a combination of historic steel-framed 1/1 windows and modern replacement 1/1 aluminum-framed windows.

*South Elevation:* The south elevation conveys the building's irregular shape, with two wings extending south off the primary east-west segment of the building; the eastern wing results in the primary elevation fronting N Broad Street. Due to the location of the Myer Feinstein Polyclinic Building, only the upper floor levels of the South Tower building, including the recessed 19<sup>th</sup> and 20<sup>th</sup> stories, are visible at the south elevation (See Photo 6 below). The south elevation features a similar buff brick, Art Deco-inspired design, with limited examples of Neo-Gothic elements that are located on the eastern portion of the building. These design elements consist of decorative pilasters between bays, a stepped roof, and Gothic-style windows with ornate tracery on the sixteenth floor. At the southern ends of both wings, modern, corrugated metal stair towers extend off the building. Fenestration consists of historic steel-framed 1/1 windows with limited circa-1970s replacement 1/1 aluminum-framed windows.

*Roof:* The South Tower features various levels of flat roofs with mechanical equipment populated on each roof segment.

*Interior:* Limited accessibility to the South Tower was allowed due to it being privately owned. The conditions and finishes mentioned below only account for what was visible to the photographer.

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**Photo 2:** Interior, First Floor, view of the entrance vestibule looking east.

Entrance Vestibule and First Floor: The Broad Street entrance leads into a small vestibule. A mid-twentieth century double-leaf door leads to the rest of the building. Marble tile clads the walls of the vestibule. The first-floor finishes consist of replacement painted gypsum board walls, historic terrazzo tile floors, vinyl baseboard, and dropped ACT ceilings. Accessible rooms on the first floor retained some of the original historic finishes from 1928. These finishes include oak paneling on the walls with Gothic detailing, lead frame casement windows, and paneled oak doors.

Upper Floors: While most of the upper floors were inaccessible, the existing conditions of certain rooms typically showed replacement 21<sup>st</sup> century finishes, such as vinyl tile or luxury vinyl tile (LVT), painted gypsum board walls, vinyl base board, wood chair rails, and dropped ACT ceilings.

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**Photo 3:** Interior, First Floor, view of a preserved room looking east.

Vertical Access: Vertical access within the South Tower consists of a central three-elevator bank and fire stairs located at the ends of the building. Painted concrete blocks surround the metal elevator doors on each elevator lobby. Exposed brick or plaster-covered walls enclose the metal fire stairs. The metal railings flank the stairs some of which feature terrazzo treads and risers.

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**Photo 4:** Interior, Eighth Floor, view of the elevator bank looking southwest.

### ***North Tower Addition – 1979***

The North Tower addition is a twenty-story rectangular-shaped former hospital building that was constructed in 1979 in the Modern Movement style of architecture. The building is located at the northeast portion of the site. Due to the building's location on the site, it features only two fully visible elevations, the north and east. The south and west elevations are only partially visible at the upper floor levels. The concrete building is offset by rows of aluminum-framed ribbon windows, which highlight the primary north elevation along Vine Street and the Vine Street Expressway.



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**Photo 5:** Hospital Building, North Tower Addition, East Elevation, looking west.

*East Elevation:* The east elevation is the building's primary elevation and largely contains a central segment of aluminum-framed picture and ribbon windows flanked by exposed concrete cladding to the north and south. The elevation is set in two segments, the twenty-story portion and a smaller, eleven-story portion to the south. The eleven-story portion contains a similar fenestration pattern but features a curved concrete wall at the southernmost portion of the building, abutting the South Tower. As the primary elevation, the east elevation contains the primary entrance to the former hospital building, a glazed, aluminum-framed revolving door located at the southern portion of the elevation, sheltered by a projecting aluminum awning. At the twenty-story portion of the elevation, a two-story recessed segment is located at center. The

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recessed area features a wood-frame guard shack in front of an aluminum-framed storefront system. The storefront panels at the ground floor level of this space are spandrel panels. A flush metal single-leaf entrance is also located in this area. The upper floors of the twenty-story portion feature centrally located aluminum-framed picture windows at the third through sixth floors, simple concrete cladding at the seventh and eighth floors, metal louvers at the ninth floor, and aluminum-framed ribbon windows at the tenth through twentieth floors (See Photo 2).



**Photo 6:** Hospital Building, North Tower Addition, North Elevation, looking southwest.

*North Elevation:* The north elevation primarily consists of ribbon windows bookended by the concrete structure. At the ground-floor level, the building contains a combination of aluminum-



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framed storefront systems and surface parking. Aluminum paneled columns mark the nine bays at the first-floor level. The columns contain granite bases. The easternmost bay is partially infilled with concrete paneling with a flush metal single-leaf door at center and a metal gate. The second through fourth bays from the east feature aluminum-framed storefronts with painted concrete bulkheads. The final five bays are open and feature covered parking spaces in each, save for the westernmost bay, which contains a flush metal single-leaf entrance to the western stair tower at the interior. Service entrances are located within the parking area. A secondary entrance to the interior's first-floor waiting room, located within the covered parking area, has been boarded up with plywood. The second-floor level contains a similar storefront appearance to the ground-floor level, including the continuation of the aluminum panel columns. The upper-floor levels are largely identical, consisting of aluminum-framed ribbon windows. The seventh and eighth floor levels do not contain fenestration and display simple concrete cladding (See Photo 3).

*West Elevation:* The west elevation is only minimally visible from N 15<sup>th</sup> and Vine Streets. The visible upper floor levels are largely similar to the east elevation, with a centrally located segment of aluminum-framed ribbon windows flanked by exposed concrete cladding to the north and south.

*South Elevation:* The south elevation is only minimally visible from N Broad Street. The visible portions of the elevation are similar to the north elevation, complete with aluminum-framed ribbon windows bookended by concrete structure (See Photo 5).

*Roof:* The North Tower addition features a flat roof with a layer of synthetic membrane. Mechanical equipment is located at the center of the roof.

*Interior:* The owner allowed only limited interior access to the North Tower. The conditions and finishes mentioned below only account for what was visible to the photographer.

First Floor: The first floor of the South Tower contains the lobby and elevator bank of the building. The elevator bank contains three elevator bays on either side of a double-loaded corridor. A lobby is located on the north side of the first floor facing Vine Street. A portion of the western end of the tower contains covered parking and loading bays. Finishes on the first floor consist of a mix of original 1970s finishes and 21<sup>st</sup>-century finishes. The polished granite tile clads the elevator bank, and the landing doors consist of polished stainless steel. Floors on the first floor vary between carpet and ceramic tile. The ceilings consist of a mixture between gypsum board and dropped ACT. Walls throughout consist of painted gypsum board. Doors and storefront windows have been replaced with 21<sup>st</sup>-century maple finishes.

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**Photo 7:** Interior, First Floor, view of the elevator bank, looking west.



**Photo 8:** Interior, First Floor, view of the first-floor lobby, looking northeast.

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Upper Floors: The upper floors of the North Tower consist of various offices, surgery/exam rooms, and patient rooms. The finishes in the corridors consist of vinyl tile floors, dropped ACT ceilings, vinyl base board, and either concrete block or painted gypsum board walls. Patient hallways contain plastic mounted railings, and doors throughout are either constructed out of metal or composite materials. Patient rooms consist of vinyl tile floor, dropped ACT ceiling, and painted gypsum board walls. Surgery/exam rooms are similarly finished with vinyl tile floors and painted gypsum board walls. The gypsum board ceilings in these rooms are either single or double height. Some surgery/exam rooms have second floor viewing windows constructed out of metal frame.



**Photo 9:** Interior, Upper Floor, view of an upper floor elevator bank looking west.



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**Photo 10:** Interior, Upper Floor, view of a typical surgery room looking southwest.

## **2. Myer Feinstein Polyclinic Building – 1908, renovated 1967 (1 contributing building)**

The Myer Feinstein Polyclinic Building is a five-story rectangular-shaped former medical building that was originally constructed in 1908 as an automobile showroom but was expanded and redesigned for medical office use in 1967 in the Modern Movement style of architecture. Changes include the addition of a fifth floor and interior partitions. The building is located at the center-east of the site, in between the South Tower building and the noncontributing surface parking lot. Due to the building's location on the site only three elevations are visible, the primary east, south, and west elevations. The north elevation is blocked from public view by the abutting South Tower building. Additionally, the largely concrete building features only two elevations with fenestration, the east and west. When constructed in 1908, the south elevation shared a party wall with a now-demolished building, while the rear, west elevation, faces into the interior of the block (See Photo 4).

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**Photo 11:** Myer Feinstein Polyclinic Building (left), Hospital Building including original South Tower (center), and North Tower addition (right), looking west.

*East Elevation:* The east elevation is the primary elevation of the building and contains the building's only exterior entrance. The elevation contains four protruding concrete columns that extend the full height of the building. At the first-floor level, the building features concrete cladding with the primary entrance at center. The entrance is set within an aluminum-framed storefront system, recessed within the concrete opening. The entrance itself is a double-leaf aluminum-framed glazed door. An aluminum-framed transom extends the full width above the entrance. Each of the upper floor levels is clad in an aluminum-framed curtain wall comprised of spandrel glass panels (See Photo 5).

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**Photo 12:** Myer Feinstein Polyclinic Building (left), Hospital Building (South Tower, right), East Elevations, looking west.

*South Elevation:* The south elevation lacks fenestration, displaying only the building's exterior stucco cladding added when the adjacent building was demolished in circa 1972. At the upper-floor level, the elevation features painted segments of concrete paneling. (See Photo 6)



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**Photo 13:** New College Building (left), Myer Feinstein Polyclinic Building (center), South Tower (rear, behind Feinstein), South Elevations, looking north.

*West Elevation:* The west elevation differentiates itself from the remainder of the building, with a painted brick exterior that matches the adjacent and abutting Bobst Building. Like the south elevation, the west elevation is largely devoid of openings, with only one column of aluminum-framed sliding windows.

*Interior:*

First Floor: The Feinstein Building is accessed both from the exterior at N Broad Street and from within the complex via the Bobst Building. The primary entrance lobby to the former medical building is situated at the west end of the building. The lobby, which includes the primary elevator bank, opens to a rear east-west running, double-loaded corridor, which accesses the medical offices, waiting rooms, treatment rooms, and exam rooms. Finishes within the main lobby include LVT flooring, terrazzo baseboard, painted gypsum board walls, painted gypsum board wrapped columns, and dropped ACT ceilings. The corridor features similar finishes, but with vinyl baseboards and handrails at the walls. In the medical rooms, finishes also consist of LVT flooring, vinyl baseboards, painted gypsum board walls, and dropped ACT ceilings. In some locations, finishes date to the early-21<sup>st</sup> century and include luxury vinyl plank (LVP) flooring instead of the traditional LVT. The remaining finishes date to circa 1967, when the

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building was renovated into a research building. Mechanical equipment throughout is located above the dropped ceiling.



**Photo 14:** Interior, First Floor, view of the lobby of the Feinstein Building looking south.

Second – Fifth Floors: The second through fifth floors generally feature a similar floorplan and similar finishes, with limited layout changes based on the former use of the space. On each floor, the elevator lobby, located at the south portion of the building, opens to a waiting room with a reception desk. Rear east-west running double-loaded corridors provide access to medical offices, waiting rooms, treatment rooms, and exam rooms. Finishes vary by floor and space but generally consist of early 21<sup>st</sup>-century materials. Elevator lobbies include tile, LVT, or LVP flooring, with painted gypsum board walls, and dropped ACT ceilings. In waiting rooms/reception areas, finishes typically include carpet, LVT, or LVP flooring, painted gypsum board walls, and dropped ACT ceilings. Corridors, patient rooms, and office areas similarly feature a combination of carpet, LVT, or LVP flooring with painted gypsum board walls, and dropped ACT ceilings. Mechanical equipment throughout is located above the dropped ceiling.

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**Photo 16:** Interior, Third Floor, view of an exam room in the Feinstein Building looking northeast.



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**Photo 15:** Interior, Fifth Floor, view of a typical corridor the Feinstein Building looking west.

Basement: The basement of the Feinstein Building consists of an open, utilitarian mechanical space. The basement is unfinished, with exposed concrete flooring, concrete block walls, and concrete ceiling structure.

Vertical Access: Vertical access throughout the building is provided by two stairs and the primary elevator bank. Both stairs are utilitarian, with concrete treads, metal risers, painted concrete block walls, exposed ceiling structure, and simple metal railings. The elevator bank

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features two elevators that have painted metal doors and surrounds. The elevator cabs feature painted metal panels and stainless-steel railings.

### **3. New College Building – 1937, addition 1970 (1 contributing building)**

The New College Building is an eight-to nineteen-story, irregular-shaped medical college building that was constructed in two phases, 1938 and 1970, to serve the Hahnemann Medical College. The building contains three distinct segments: the eight-story 1938 portion at south, which is topped with a two-story circa 1970 setback overbuild; the nineteen-story 1970 tower at center; and a ten-story portion, also constructed in 1970, at the north. Due to the building's location in the complex, the east elevation of the building is not visible from any public right-of-way.

As the building was constructed at two distinct periods of time, it displays elements of multiple architectural styles, namely the Art Deco style at the 1938 portion and the Modern Movement at the two 1970 portions. Despite the differences in style, the two sections are fully interconnected and function as one building.

*West Elevation:* The primary, west, elevation displays all three of the New College Building's building segments. At the north is the six-bay, ten-story 1970 section. This section displays the building's simple buff brick exterior with a granite foundation, as well as a centralized square-shaped block of windows. At center, on the ground floor level, is the building's primary entrance. The entrance, an aluminum-framed revolving door, is set within an aluminum-framed storefront system, bookended by brick pilasters that mark the bays. The entrance is set within a double-height space, with the first- and second-floor levels separated by a concrete beam. Modern signage is located at the concrete beam. This section's primary design feature is the block of ten windows per floor level at center of the third through eighth floors. The windows are set in concrete surrounds and recessed within the brick exterior. Fenestration consists of paired, aluminum-framed casement windows. At both the second and ninth floor levels are rectangular punched openings. (See Photo 7)

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**Photo 17:** New College Building (left), Mechanical Enclosure (center), Nurses Residence (right), West Elevations, view looking northeast.

At center of the west elevation is the nineteen-story segment of the 1970 portion of the building. This portion of the building features minimal design ornamentation that consists solely of recessed segments of brick marking each floor level, and a centralized column of window openings. At the ground floor level, a flush metal double-leaf emergency exit is situated at the north end of the segment. At the window column, the lowest two floors feature rectangular aluminum-framed picture windows. Fenestration at this building section consists of aluminum-framed picture windows set in protruding square-shaped concrete surrounds.

The southernmost three structural bays of the building make up the 1938 section. Unlike the remainder of the New College Building, the 1938 section displays an Art Deco design, but maintains the building's buff brick exterior and granite base. Art Deco ornamentation is evident at the centrally located limestone entrance surround, limestone pendants, and brick bulkheads beneath the windows of the third through eighth floors. The original parapet that bordered the roof of this section was removed. The entrance itself is a circa 1990s replacement aluminum-framed double leaf glazed door. Fenestration at the 1938 portion of the elevation primarily consists of steel-framed 2/1 casement/hopper windows. Original glass block windows exist at the second-floor level.



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*North Elevation:* The north elevation contains segments of both the ten-story and nineteen-story portions of the building. The elevation is a secondary elevation and contains only service and emergency exits, a flush metal double-leaf door at west and a flush metal single-leaf door at east. The ten-story portion of the building contains a centralized square-shaped segment of windows, surrounded by simple buff brick. Windows are situated at the third through eighth floors and are set in protruding concrete surrounds. Fenestration itself consists of aluminum-framed casement windows. At the ninth-floor level, rectangular-shaped punched openings in the brick are located above the windows.

The nineteen-story segment features a similar design, with centralized segments of windows surrounded by the simple buff brick. Unlike the ten-story portion, however, the nineteen-story segment features three sections of windows, a set of five window openings at the west, with singular columns of window openings to the east. Fenestration is similar to that of the lower segment (See Photo 8).



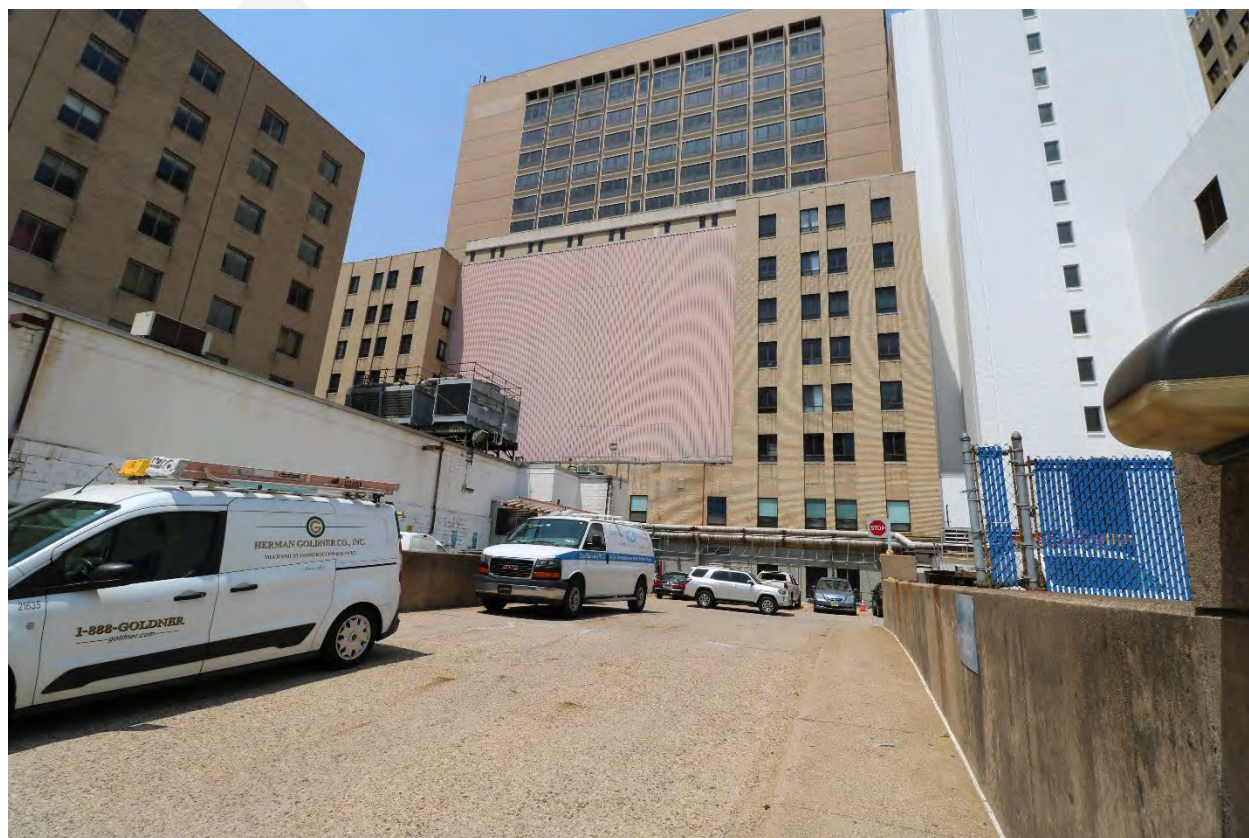
**Photo 18:** Hospital Building (North Tower addition, left), New College Building (right), North Elevations, looking southeast.

*South Elevation:* The south elevation contains segments of both the 1938 and nineteen-story portions of the building. The elevation is a secondary elevation and contains no entrances. The 1938 section of the building displays similar Art Deco ornamentation to the west elevation, carrying over the decorative brick bulkheads at the windows and limestone ornamentation at the

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second floor of the three westernmost bays. The 1938 section historically featured a lightwell at the center of the south elevation resulting in the building segment's elongated U-shape. The recessed central portion of this building section was reclad with solid corrugated metal siding as part of interior alterations for laboratory space. Fenestration at the south elevation matches that of the west elevation, with brick infill at the second-floor level (See Photo 9).



**Photo 19:** Nurses Residence (left), New College Building (center), Race Street Ramp (center), South Elevations, looking north.

As part of construction of the 1970 portion of the building, a two-story rooftop overbuild was constructed at the northern end of the 1938 section's roof. The overbuild features a simple buff brick exterior with punched window openings that feature concrete bulkheads. The upper-floor levels of the twenty-story segment are similar to those of the north elevation, with a centralized, square-shaped block of windows surrounded by simple buff brick. At this elevation, ten window openings set within protruding concrete surrounds exist at the thirteenth through nineteenth floors.

#### *Interior:*

First Floor: Two pedestrian entrances on N 15th Street provide access to the first floor. The level features student amenity spaces, classrooms, lecture halls, and offices. The floor is primarily set around a double-loaded U-shaped corridor that organizes the main lecture halls, classrooms,



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office space and the escalator room at center; additional classrooms and office space to the east; classrooms, offices, and two additional lecture halls in the 1938 section of the building at the south; and the primary elevator lobby and community space to the west. At the west end of the building, the entrances lead to open cafeteria and community space that feature terrazzo flooring, painted gypsum board walls, and dropped ACT ceilings. The corridors feature a combination of terrazzo flooring, glazed tile walls, and 12"x12" acoustic ceiling tiles at the south end and LVT flooring, glazed tile and painted concrete block walls, and dropped ACT ceilings at the east end of the building. The elevator lobby contains terrazzo flooring, glazed tile walls, and 12"x12" acoustic ceiling tiles. Classroom and office space largely feature a combination of modern carpet and LVT flooring, painted gypsum board walls, and dropped ACT ceilings. Mechanical equipment throughout is located above the dropped ceiling. At the escalator room, finishes include LVT flooring, glazed tile walls, and gypsum board ceilings. The escalator room is open to the second floor above and basement below.



**Photo 20:** Interior, First Floor, view of the lobby of the New College Building looking south.

The first-floor level features four lecture halls, two in the center of the “U” and two within the 1938 section of the building. The two in the center of the building are open spaces with stadium seating and feature largely modern and new finishes, including carpet flooring, painted gypsum board walls, and exposed simulated ceiling structure. The eastern lecture hall contains a stage. The two lecture halls in the 1938 section of the building feature stadium seating extending to the

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second floor level, with concrete flooring, painted plaster walls, and lowered, gypsum board ceiling clouds.



**Photo 21:** Interior, First Floor, view of an interior passage and room inside the New College Building looking east.

Second Floors The second floor features the medical school's library, as well as additional lecture halls, classrooms, and office space. The floor is laid around a double-loaded L-shaped corridor that exists at the southern and western ends of the floorplate. The library is located at the north and east ends of the building and encompasses a significant amount of the floor. Classroom, office space, and the escalator room are also located to the north of the corridor,



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while lecture halls, classrooms, and offices are situated to the south of the corridor. Finishes throughout are similar to those found at the first-floor level. In the corridor and primary elevator lobby, finishes included LVT flooring, glazed tile walls, and dropped ACT ceilings. In the library finishes date to the late-20th or early-21st century, and include carpet flooring, painted gypsum board walls, and dropped ACT ceilings. Simple steel columns are exposed in the library. Classroom and office space largely feature a combination of modern carpet and LVT flooring, painted gypsum board walls, and dropped ACT ceilings. Mechanical equipment throughout is located above the dropped ceiling. At the escalator room, finishes include LVT flooring, glazed tile walls, and gypsum board ceilings. The escalator room is open to the third floor above and first floor below.

The second floor contains three lecture halls, all of which are and the south end of the building in the 1938 section. Two of the lecture halls are double height spaces that continue to the first-floor level. The third lecture hall is at the west end of the building. This space features stadium seating, a polished concrete floor, glazed tile walls, and dropped ACT ceilings. Mechanical equipment throughout is located above the dropped ceiling.

Third – Eighth Floors: The third through eighth floors generally feature similar layouts and finishes with classrooms, offices, and laboratory space situated around two overlapping square-shaped corridors. The corridors and primary elevator lobbies feature LVT flooring, painted gypsum board walls, and dropped ACT ceilings. Similarly, classrooms, office spaces, and laboratories generally feature similar finishes. In some instances, carpet flooring exists instead of LVT. Mechanical equipment throughout is located above the dropped ceiling. The third and fourth floor levels continue the escalators, with the fourth floor being the highest level. Finishes in that space are similar to those at the lower floors. At the fourth floor, walls are both glazed tile and painted concrete block and the ceiling is painted gypsum board.

Ninth – Eleventh Floors: There is no ninth floor at the New College Building, since the ninth-floor level contains mechanical systems. The tenth floor features a similar sized floorplate to the third through eighth floors, but consists of open, double-height, utilitarian mechanical space at the north end. Finished classroom, laboratory, and office spaces are situated at the south end of the building around a fully connect rectangular-shaped corridor. Like the lower levels, finishes throughout the tenth floor are similar, with the corridor, elevator lobby, classroom, office, and laboratory spaces all generally featuring LVT flooring, painted gypsum board walls, dropped ACT ceilings. In some locations, carpet flooring exists instead of LVT. The eleventh floor is largely identical to the tenth floor. Mechanical equipment throughout is located above the dropped ceiling.

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**Photo 22:** Interior, Eighth Floor, view of a typical upper floor interior passage in the New College Building looking north.

Twelfth – Eighteenth Floors: The twelfth through eighteenth floor levels constitute the smallest portion of the building at center; there is no thirteenth floor at the New College Building. These floors are situated around a fully connected rectangular-shaped corridor with classroom, laboratory, and office spaces primarily situated at center and to the north; a maintenance closet is located on the west end of the building alongside the vertical access and bathroom spaces. The floors contain varying central north-south running corridors that connect to the primary corridor. Like the lower floors, these floors contain similar finishes throughout, including LVT flooring, painted gypsum board walls, dropped ACT ceilings. In some locations, carpet flooring exists

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instead of LVT. The eleventh floor is largely identical to the tenth floor. Mechanical equipment throughout is located above the dropped ceiling.

Nineteenth Floor: The nineteenth floor houses the administrative offices of the college. Unlike the lower floors, this floor level contains a single, east-west running corridor, with offices and meetings rooms accessible on either side. This floor contains finishes that date to a late-20th or early-21st century renovation and primarily includes carpet flooring, painted gypsum board walls, and dropped ACT ceilings throughout. The primary elevator lobby and adjacent corridor feature LVT flooring. Mechanical equipment throughout is located above the dropped ceiling.



**Photo 23:** Interior, Nineteenth Floor, view of an office space in the New College Building looking east.

Twentieth Floor: The twentieth floor is a utilitarian mechanical space. The level is open in plan and features exposed concrete flooring, exposed concrete block walls, and exposed concrete ceiling structure.

Basement: The basement level extends the full length of the building and contains sections that are both finished and unfinished, utilitarian space. The level is generally situated around a centrally located, fully connected, square-shaped corridor. At the north end of the floor level is the carpenter's room, which is a large, open, and unfinished space with exposed concrete floors, exposed concrete block walls, and exposed concrete ceiling structure. To the south of the carpenter's room, the basement is finished. In the corridors, finishes include LVT Flooring,

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glazed tile and painted concrete block walls, and dropped ACT ceilings. In basement office spaces, finishes include a combination of carpet and LVT flooring, painted gypsum board, and dropped ACT ceilings. Additional mechanical rooms are located at the basement and contain a similar level of finish to the carpenter's room. At the escalator room, finishes include LVT flooring, glazed tile walls, and gypsum board ceiling. The escalator room is open to the first floor above.

Vertical Access: Vertical access throughout the building is provided by five stairs, two elevator banks, and an escalator. Only the primary stair tower at the west end of the building and the two elevator banks provide access to the entire building. All stair towers are similar and utilitarian in design in keeping with the building's use as a teaching hospital, consisting of exposed concrete treads, metal risers, painted concrete block walls, exposed ceiling structure, and simple, painted metal railings. The primary elevator bank features four elevator cabs, two to the north and two to the south. The elevators feature simple stainless-steel surrounds and stainless-steel cabs. The secondary elevator bank is located at the east end of the floor and features only two cabs. Like the primary elevator bank, the elevator's feature simple stainless-steel surrounds and stainless-steel cabs. The escalators are typical and feature stainless steel surrounds.

#### **4. Bobst Building – 1967 (1 contributing building)**

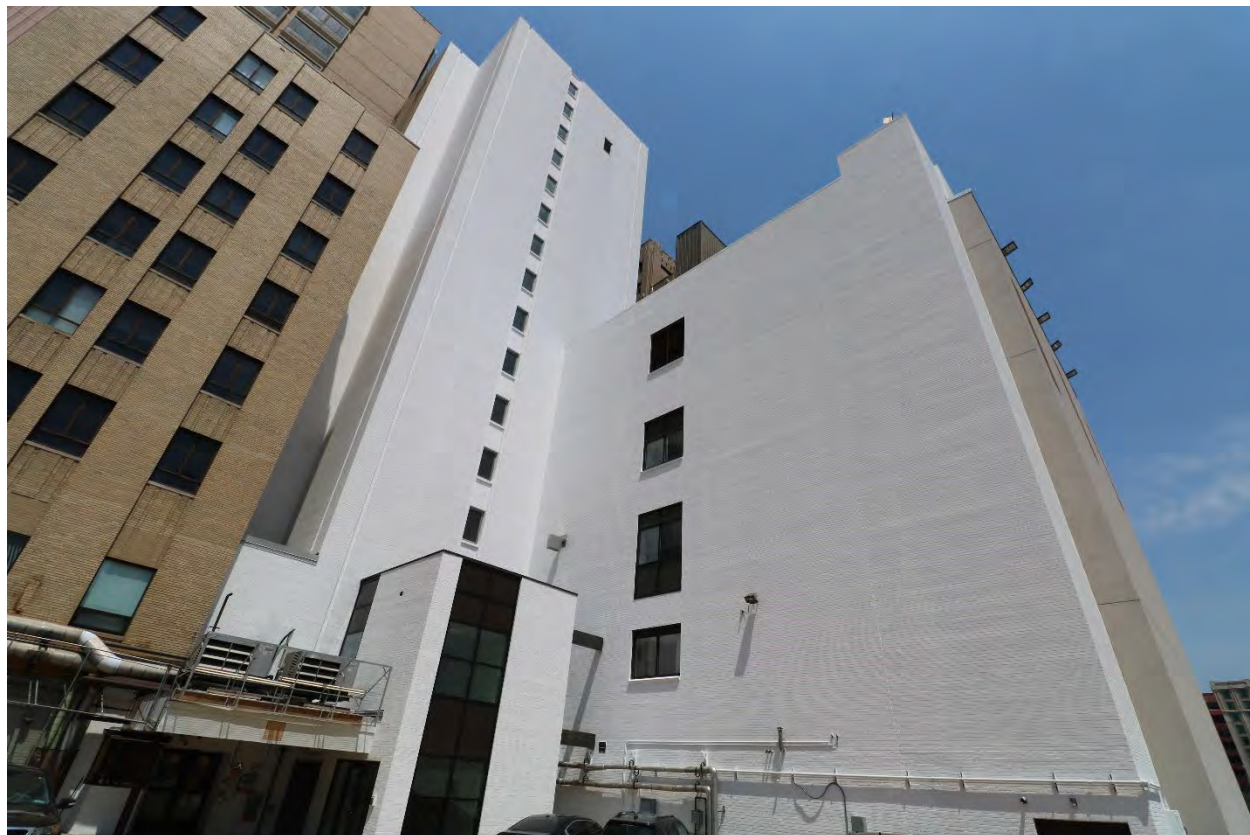
The Bobst Building is a sixteen-story, rectangular-shaped Modern Movement-style hospital building constructed in 1967. The building is located at the center of the site. Due to the building's location on the site, it features only one visible elevation from public rights-of-way, the south elevation. Small segments of the west elevation, however, are visible from N 15<sup>th</sup> and Spring Streets.

*South Elevation:* The south elevation of the Bobst Building consists of a painted brick exterior with small, recessed incisions in the brick serving as the only design element. At the south end of the site, a parking ramp leads to both the first floor and basement levels of the building. At the basement level, there is a utilitarian loading dock. The first- and second-floor levels feature a protruding brick segment that extends one bay off the building. The entrance is brick with aluminum-framed glazed and spandrel panel segments. Directly west of the protruding segment is the primary entrance. Set beneath a canopy, the entrance consists of a modern aluminum-framed glazed electric sliding door. At the upper floor levels, the elevation contains a single column of rectangular-shaped aluminum-framed picture windows that extends from the third-through sixteenth-floor levels. A single rectangular-shaped louvre is located at the fifteenth-floor level (See Photo 10).



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**Photo 24:** New College Building (left), Bobst Building (right), South Elevations, view looking northeast.

*West Elevation:* A small segment of the upper floor levels of the building are visible from N 15<sup>th</sup> and Spring Streets. Like the south elevation, this elevation consists of a painted brick exterior with recessed incisions extending the full height of the elevation. No fenestration is visible from public rights-of-way. Aluminum louvres are located at the fifteenth- and sixteenth-floor levels.

*Interior:*

First Floor: The first floor of the Bobst Building is accessed both from the exterior at the south end of the building and at the interior through former passageways to the North Tower, South Tower, and New College Building. The primary entrance and lobby are located at the south portion of the building and provide access to the primary north-south running corridor and elevator lobby. Three secondary east-west running corridors are situated at the north and south of the building. Each of the corridors are double-loaded and provide access to the former medical offices, waiting rooms, and exam rooms.

Finishes in primary public spaces, including the entrance lobby, corridors, and elevator lobby, are generally consistent throughout with LVT flooring, painted gypsum board walls and dropped ACT ceilings. The lobby and elevator lobby feature terrazzo baseboards. Similarly, finishes within the medical offices, waiting rooms, and exam rooms generally include LVT or carpet

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flooring, painted gypsum board walls, and dropped ACT ceilings. In these spaces, baseboards are vinyl. Mechanical equipment throughout is located above the dropped ceiling.



**Photo 25:** Interior, First Floor, view of the entrance lobby in the Bobst Building looking southwest.

Second – Third Floors: The second and third floors generally feature a similar floorplan and similar finishes, with limited layout changes based on the former use of the space. At both floors, the primary north-south running corridor, which includes the primary elevator lobby, is situated at the west end of the building. A secondary north-south running corridor is located at the east end of the floorplate. Both corridors provide access to former medical offices and exam rooms. At the north end of both levels an east-west running corridor provides access to the North Tower and South Tower buildings. At center, a staircase provides access to the New College Building.

Finishes in primary public spaces, including the corridors and elevator lobby, are generally consistent throughout the floor with either carpet or LVT flooring, painted gypsum board walls and dropped ACT ceilings. Similarly, finishes within the medical offices, waiting rooms, and exam rooms generally include LVT or carpet flooring, painted gypsum board walls, and dropped ACT ceilings. In these spaces, baseboards are vinyl. Mechanical equipment throughout is located above the dropped ceiling.



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Fourth – Fifteenth Floors: The fourth through fifteenth floors generally feature similar floorplans and finishes with limited layout changes based on the former use of the space. At each floor a centralized double-loaded north-south running corridor provides access to medical offices, exam rooms, lab spaces and waiting rooms. At the north and south ends of the building, the central corridor terminates at the building's two stair towers. At center, a pass-through provides access to the New College Building, while an east-west running corridor at the north end of the building provides access to the North Tower and South Tower Buildings.



**Photo 26:** Interior, Seventh Floor, view of the central elevator bank in the Bobst Building looking northwest.

Finishes vary by floor and space but generally consist of 21<sup>st</sup>-century materials. Elevator lobbies include carpet or LVT flooring, with painted gypsum board walls, and dropped ACT ceilings. In waiting rooms/reception areas, finishes typically include carpet or LVT flooring, painted gypsum board walls, and dropped ACT ceilings. Corridors, labs, and office areas similarly feature a combination of carpet or LVT flooring with painted gypsum board walls and dropped ACT ceilings. Baseboards throughout are typically vinyl. Mechanical equipment throughout is located above the dropped ceiling.

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**Photo 27:** Interior, Seventh Floor, view of a typical lab space in the Bobst Building looking northwest.

Sixteenth Floor: The sixteenth floor is a utilitarian, mechanical space. As such, the floor is open in plan with mechanical equipment strewn throughout. Additionally, the space is unfinished with exposed concrete flooring, concrete block walls, and concrete ceiling structure.

Basement: The basement of the Bobst Building is utilitarian, housing mechanical space and the complex's loading bay. The small basement space consists of a centrally located north-south running corridor with two bisecting east-west running corridors. Offices and mechanical rooms are situated at both sides of each corridor, while the elevator lobby is located at the west end of the primary corridor. The basement generally features LVT flooring, painted gypsum board walls, and exposed ceiling structure throughout. In office spaces, ceilings consist of dropped ACT ceilings. Mechanical are exposed at the ceilings in the corridors.

Vertical Access: Vertical access throughout the Bobst Building is provided by two primary stair towers and the primary elevator bank. The stair towers are identical and utilitarian in design and finish. The stairs feature concrete treads, metal risers, painted concrete block walls, exposed ceiling structure, and simple, painted metal railings. The elevator bank consists of three elevator cabs. All three cabs are located on the same wall but are separated by the central stairs providing access to the New College Building. The isolated southern elevator served historically as the freight elevator. The pair to the north served as the patient elevators. All three are finished with painted metal doors and surrounds. The passenger cabs consist of stainless-steel paneling and



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metal panel floors. The freight elevator cab is less finished with metal panel flooring and stainless-steel paneling at the walls and ceiling.

### **5. Nurses' Residence - 1963 (1 contributing building)**

The Nurses' Residence is an eight-story, rectangular-shaped former dormitory building that was constructed in 1963 in the Modern Movement of architecture. The building is located at the southwest portion of the site, at the intersection of N 15<sup>th</sup> and Race Streets. The building's two street-facing elevations prominently display an extended glazed green brick plinth base with smaller tower portion above. At the plinth, the building features a double-height first-floor level. The remaining seven stories consist of a simple buff brick exterior. The second-floor level is recessed behind a colonnade. Fenestration throughout the building largely consists of aluminum-framed sliding windows.

*West Elevation:* The west elevation is the primary elevation of the Nurses' Residence. The elevation features the enlarged plinth that contains a slightly darker colored brick than the tower levels above. At center of the plinth level there are three wide bays that feature (from north to south) a ramp opening leading to basement level parking, a painted concrete wall with a flush single-leaf entrance at south, and an aluminum-framed storefront system with a single-leaf, glazed, aluminum-framed door at the southernmost portion of the opening. The openings are recessed within the plinth and feature a canopy above. No openings pierce the remainder of the plinth. The plinth roof features a concrete cornice with the tower segment set behind. At the tower segment, the recessed second floor level consists of an aluminum-framed curtain wall set within six elongated bays, marked by square concrete columns. The upper floors each contain twelve bays and display a simple buff brick exterior. Fenestration throughout the upper floors consists of aluminum-framed sliding windows (See Photo 11).

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**Photo 28:** Nurses' Residence (right), Mechanical Enclosure (center), New College Building (left), West Elevations, view looking southeast.

*South Elevation:* The south elevation continues many of the same design features of the west elevation, including: an extended brick plinth, plinth concrete cornice, recessed second floor level, and buff brick tower exterior. At this elevation, however, the plinth extends further east, resulting in additional space at the second-floor, plinth-roof level. The south elevation features two openings. At the west is an enlarged opening with five painted metal panels. The westernmost panel features a single-leaf flush metal door, while the center panel is an additional single-leaf flush metal door. Above the panels is a painted metal louver. At the eastern portion of the elevation is a second opening with painted metal panels. This opening features two single-leaf flush metal doors. At the tower segment, the recessed second-floor level features an identical aluminum-framed curtain wall to the west elevation. The smaller south elevation only contains three bays at this level, marked by identical square-shaped concrete columns. At the upper-floor levels, fenestration is only located at the center of the elevation and consists of aluminum-framed sliding windows with a central picture window (See Photo 12).

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**Photo 29:** Nurses' Residence (left), Ramp and New College Building (Center) Bobst (right), South Elevations, view looking northwest.

*East Elevation:* The east elevation breaks from the west and south elevations at the plinth level. The elevation does not feature a brick plinth segment or a visible ground floor elevation due to the location of the Bobst Building's parking ramp. At the second floor, only one bay of the traditional recessed curtain wall exists at the southernmost portion. At the remainder of the floor level, a painted concrete block segment abuts the building. The upper-floor levels are identical to the west elevation (See Photo 12 above).

*North Elevation:* The north elevation abuts the noncontributing N 15<sup>th</sup> Street mechanical enclosure. As a result, the plinth's north elevation is utilitarian and displays a painted concrete block. Instead of the concrete cornice of the plinth roof, a simple metal railing exists. The upper-floor levels of the building are identical to the south elevation, complete with the recessed second-floor curtain wall and single column of fenestration at the upper floors (See Photo 11 above and Photo 14 below).

*Interior:* The Nurses' Residence interior was not accessible as it is undergoing hazardous materials abatement.



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## 6. Surface Parking Lot and Loading Area (1 noncontributing structure)

The noncontributing surface parking lot and loading area, located at the southeast portion of the site, was constructed 1987. The parking lot is a simple rectangular-shape asphalt lot bound by metal guardrails on all four sides. The 64 parking stalls are organized in three groups, arranged on a north and south axis. Two groups abut the south and north edge of the lot, and one is centrally located. The loading area is located directly west of the parking lot and contains various ramps that access the first floor and basement levels of the hospital. (See Photo 13).



**Photo 30:** Surface Parking Lot and loading dock beyond, looking northwest at Nurses' Residence (left), New College Building (center-left), Bobst (center-right), and Myer Feinstein Polyclinic (right), view looking northwest.

## 7. N 15<sup>th</sup> Street Mechanical Enclosure (1 noncontributing structure)

The noncontributing, late 20<sup>th</sup>-century mechanical enclosure is located on N 15<sup>th</sup> Street in between the New College Building and the Nurses' Residence. The open-air enclosure features a buff brick wall at its north and a swing gate at west, and it utilizes the north elevation of the Nurses' Residence as its south and east boundaries. The enclosure is a utilitarian, secondary space that was constructed outside the period of significance. Therefore, it is considered noncontributing to the complex (See Photo 14).

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**Photo 31:** New College Building (left), Non-contributing Mechanical Enclosure (center), Nurses' Residence (right), West Elevations, view looking east.

**Integrity:** The Hahnemann Medical College & Hospital Complex was constructed between 1928 and 1979 to house the former medical college and continues to serve in that function today as the home of Drexel University's College of Medicine. Hahnemann Medical College was among Philadelphia's five primary medical schools during the 20<sup>th</sup> century, growing from a simple late-19<sup>th</sup> century homeopathic school into a modern medical college, complete with laboratory space, a functioning hospital, nurses' residence, and outpatient doctor's offices. Prior to closing in 2019, the hospital components of the complex were a primary fixture in Philadelphia's medical field for well over 100 years, dating back to the period before the construction of the South Tower building. In fact, the New College Building and Bobst Building continue to serve the complex's historic use as a medical college and dialysis facility, respectively. Changes, including the construction of new buildings and the renovation of existing, were necessary over time to transform the early-20<sup>th</sup> century buildings into modern, late-20<sup>th</sup> and early-21<sup>st</sup> century hospitals. Hahnemann played an integral role in Philadelphia's growth into what one local medical historian called "a city which rightly claims medicine and especially medical education as part of its identity and heritage."<sup>2</sup>

<sup>2</sup> Beisert and Peitzman, 9.

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Specific to the seven aspects of integrity:

Location: The Hahnemann Medical College & Hospital Complex remains in its original location. As such, the complex retains integrity of location.

Setting: Located in Center City Philadelphia, the development of the immediate surrounding area to the Hahnemann complex parallels the development of the campus itself. Hahnemann's oldest building, the South Tower, was constructed in 1928, at a time when Philadelphia's central commercial area was largely developed and consisted of numerous mid- and high-rise commercial buildings designed in the popular architectural styles of the time. Many of these buildings remain extant within Philadelphia's Broad Street Historic District, located to the south of the subject building. As the complex expanded in the mid-century period, additional commercial development occurred resulting in the skyscraper and high-rise commercial towers to the west and east of the complex, as well as to the north beyond the Vine Street Expressway, constructed in 1959. More recent construction, such as the Pennsylvania Convention Center, dates to the early-21<sup>st</sup> century and is typical of inner-city investment. With limited alterations to the immediate surrounding area, the subject complex retains integrity of setting.

Design: The Hahnemann Medical College & Hospital Complex was completed over a period of over fifty years beginning in 1928 with the completion of the South Tower building and ending with the opening of the North Tower addition in 1979. The complex, therefore, displays a wide variety of architectural styles applied to medical and educational buildings during that timeframe. For example, the South Tower building was constructed at a time when Art Deco architecture was becoming popular internationally. The building was also designed for use as a medical college's teaching hospital. Pettit and Ferris's completed design takes into account the prominence of the Neo-Gothic style on collegiate buildings, as well as the emphasis on verticality that is a key component of the Art Deco style, resulting in the "vertical hospital's" most visually distinctive portion. Later additions to the complex, such as the New College Building and the North Tower addition effectively illustrate the emergence of the Modern Movement in architecture by the 1970s and prominently feature mid-20<sup>th</sup> century building materials, such as the North Tower addition's aluminum-framed ribbon windows or the New College Building's concrete window surrounds. Limited alterations to the exterior of the individual buildings at the complex result in it retaining a high degree of architectural integrity. Interior floor plans similarly have not changed significantly from the period of significance. The necessary growth of the complex not only allowed the college and hospital to appropriately service "modern" clientele, but it also showcased the changes in architectural designs typical in collegiate and hospital construction. As such, the Hahnemann Medical College and Hospital Complex retains integrity of design.

Materials and Workmanship: Materials and workmanship both relate to the presence of historic fabric, and for the purposes of this evaluation are similar. The combination of early- and mid-20<sup>th</sup> century building materials and design elements remains highly evident at the complex, with limited examples of exterior alterations (i.e. the New College Building 1938 section's parapet removal). At each building, significant design elements remain intact, including: the complex's



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primarily brick exteriors; the South Tower's Neo-Gothic limestone ornamentation; the New College Building 1938 section's Art Deco brick and limestone ornamentation; and Modern Movement elements at each of the Bobst Building, Myer Feinstein Polyclinic Building, the Nurses' Residence, the New College Building, and the North Tower addition, such as aluminum-framed windows and the Nurses' Residence's brick plinth. On the interior, there are a variety of finishings, with some dating to the period of significance and others dating more recently to the 21<sup>st</sup> century. These updates to flooring and trim, however, are consistent with its historic and modern function as a medical and educational complex. With minimal alterations to the exteriors of the buildings in the complex and alterations in keeping with its function on its interior, the Hahnemann complex retains integrity of materials and workmanship.

Feeling and Association: The Hahnemann Medical College & Hospital Complex retains the feeling and association of a 20<sup>th</sup> century medical campus, including both hospital, educational, and dormitory space. Expansion of the site is integral to the history of the complex as both the school and hospital sought to provide excellent service to students and patients from the late nineteenth century through the late twentieth century. The minimal alterations to the exterior of each of the buildings retains the appearance and feeling of an inner-city hospital and medical school. The complex's continued use as a functioning medical school further enhances the complex's retention of feeling and association. Hahnemann is well known locally for its service to the poor and the feeling associated with the complex was best expressed when the hospital was closed, drawing public protest for the loss of one of the city's primary medical facilities.

Overall, the Hahnemann Medical College & Hospital Complex retains integrity and remains recognizable to a contemporary from its period of significance.

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## 8. Statement of Significance

### Applicable National Register Criteria

- ☒ A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ B. Property is associated with the lives of persons significant in our past.
- ☐ C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ D. Property has yielded, or is likely to yield, information important in prehistory or history.

### Criteria Considerations

- ☐ A. Owned by a religious institution or used for religious purposes
- ☐ B. Removed from its original location
- ☐ C. A birthplace or grave
- ☐ D. A cemetery
- ☐ E. A reconstructed building, object, or structure
- ☐ F. A commemorative property
- ☐ G. Less than 50 years old or achieving significance within the past 50 years

**Areas of Significance:** HEALTH/MEDICINE

**Period of Significance:** 1928 - 1979

**Significant Dates:** 1928, 1937, 1963, 1967, 1970, 1979

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**Significant Person:** N/A

**Cultural Affiliation:** N/A

**Architect/Builder:** Pettit & Ferris, Horace Trumbauer, Ballinger

### Statement of Significance Summary

Constructed between 1928 and 1979, the Hahnemann Medical College & Hospital Complex was built as the campus of the former college, nursing school, and its associated teaching hospital. The complex is locally significant under Criterion A in the area of HEALTH/MEDICINE for its pronounced and prolonged association with the growth and impact of medical care and education in Philadelphia. Throughout its storied history, the institution remained steadfast to its mission, which was to provide excellent medical care to the people of Philadelphia, particularly to the less fortunate, while successfully and effectively training the next wave of medical practitioners. Between the 1920s and late-1970s, the medical college and hospital routinely grew to live up to their mission. With the construction of each of the five contributing buildings on the campus, Hahnemann accommodated additional patient totals and increased its student body population. Additionally, each building afforded the institution the opportunity to develop and expand specific departments, such as their dialysis department, which was the first major outpatient dialysis unit in the state, or the hospital's Cardiovascular Research Institute, which was located in a renovated automobile showroom until the construction of the North Tower addition. The complex utilized the "vertical hospital" design that evolved in the early-20<sup>th</sup> century in urbanized contexts, consolidating its healthcare operations in centralized towers. Hahnemann's use of towers for its five buildings enabled the institution to remain in Center City Philadelphia until the early-21<sup>st</sup> century. Together, the buildings within the complex allowed Hahnemann Medical College and Hospital to evolve and endure as the longest-lasting homeopathic-based institution in the country, which it remained until its closure in 2019. The amalgam of buildings is a testament to the longevity of the institution, which saw its success driven by the need for adequate teaching, research, and treatment facilities. Unlike other neighborhood hospitals, Hahnemann's location on Broad Street democratized its access, with public access from the Southeast Pennsylvania Transportation Authority (SEPTA) Broad Street Line station at Broad and Vine Street. The subject complex includes five contributing buildings, one noncontributing structure, and one noncontributing site. Contributing buildings include: the Hospital Building (comprised of the 1928 South Tower and the 1979 North Tower addition), the New College Building (comprised of a 1938 section and a 1970 section), the Nurses' Residence (constructed 1963), the Myer Feinstein Polyclinic Building (constructed 1908/1967), and the Bobst Building (constructed 1967). The noncontributing structures include a utilitarian mechanical enclosure built after the period of significance and a surface parking lot constructed in 1987. The period of significance for the complex extends from 1928, the year the first extant medical building was constructed, to 1979, when completion of the North Tower addition marked the last major building campaign under Hahnemann Medical College & Hospital Complex. Despite the district extending past the 50-year mark, it does not need to meet Criterion G because the majority of



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properties in the district were constructed prior to the 50-year mark, and the most significant period of significance falls after 50 years.

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## Narrative Statement of Significance

### Developmental History

The earliest incarnation of the Hahnemann Medical College & Hospital Complex was the Homeopathic Medical College of Pennsylvania, established in Philadelphia in 1848 by an official charter of the Commonwealth of Pennsylvania. It was just the second homeopathic institution established in the United States, and over the course of 171 years of consolidation and expansion, it would prove to be the longest-lasting homeopathic institution in the country.<sup>3</sup>

Inspired by the work and teachings of Dr. Samuel Hahnemann, the father of the provocative homeopathic field of medicine, Constantine Hering, Jacob Jeanes, and Walter Williamson founded the Homeopathic Medical College in Philadelphia in 1848. The first American homeopathic school—the Allentown Academy—had closed in 1842. The Philadelphia institution was the only homeopathic school in the country at the time of its founding.<sup>4</sup> Dr. Constantine Hering is noteworthy as she was involved in the founding of both schools.<sup>5</sup>

In its earliest years, the school rented rooms at 635 Arch Street, approximately eight blocks away from the extant subject complex, for the college and an associated dispensary.<sup>6</sup> Fifteen students attended the first lectures in October 1848, and by March 1849, the institution conferred its first degrees.<sup>7</sup>

Within a year, the school and dispensary had relocated to 1105 Filbert Street, a building that was originally constructed as a church and previously held a more traditional medical school.<sup>8</sup> At that time, the Arch Street building was taken over by the Female Medical College, which would later be renamed the Woman's Medical College and would eventually merge with the modern version of the Homeopathic Medical College in the 1980s. This move apparently enabled significant growth for the young school: by the mid-1850s, the student population had grown to include ninety male students.<sup>9</sup> In 1855, the homeopathic school purchased the Filbert Street building outright, along with two adjacent buildings that would host a limited clinical department.<sup>10</sup> It would remain in this location until 1886, when the institution relocated to Broad Street.

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<sup>3</sup> The first was the North American Academy of the Homeopathic Healing Art, or the Allentown Academy for short, located in Allentown, Pennsylvania. That institution received a state charter in 1836, but closed in 1842; Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick, NJ: Rutgers University Press, 1989), 14.

<sup>4</sup> Thomas Lindsley Bradford, M.D., *History of the Homeopathic Medical College of Pennsylvania; The Hahnemann Medical College and Hospital of Philadelphia* (Lancaster, PA: Boericke & Tafel, 1898), 2.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid. v. The historic building address was 229 Arch Street but, as of 1898, it was renumbered as 635 Arch Street.

<sup>7</sup> Rogers, *An Alternative Path*, 13.

<sup>8</sup> Bradford, *History of the Homeopathic Medical College*, 30.

<sup>9</sup> Rogers, *An Alternative Path*, 21. Women were not admitted to the school until 1927.

<sup>10</sup> Bradford, *History of the Homeopathic Medical College*, 69.

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As was true for most medical schools at this time, the facility needs of the medical college, a homeopathic one in particular, emphasized lecture rooms rather than clinical spaces; thus, a former church could be repurposed as a school of homeopathic medicine. The school was in session for just four months at a time, renting out space with other medical groups during the remaining months of the year. According to historian Naomi Rogers, such space-sharing arrangements were a way to demonstrate that the school was not elitist in the way its university counterparts were often perceived.<sup>11</sup>

The school's in-house dispensary, meanwhile, served as a free outpatient clinic for the poor, bolstering the college's reputation for philanthropic, non-elitist care.<sup>12</sup> The dispensary's published goals expressed these dual purposes: "To afford to all indigent sick persons, medicine and advice gratuitously," and "To afford students the opportunity to study disease and witness to the practical application of homeopathic medicine."<sup>13</sup> The dispensary was housed in the basement of 1105 Filbert Street until 1877, when it relocated elsewhere in the building.

A second, short-lived homeopathic hospital was established in Philadelphia in 1852 on Chestnut Street. Although not officially affiliated with the Homeopathic Medical College, it was run by college faculty and alumni, and supported by many of the same physicians and community members who were invested, financially and otherwise, in Philadelphia's homeopathic success. The hospital leased a four-story building at 24<sup>th</sup> and Chestnut Streets, making space for 40 beds. However, the initiative collapsed after two years due to staffing and funding constraints.

It was not until the 1870s that any homeopathic institution received state funding, so the Homeopathic Medical College of Pennsylvania relied on fundraising from the public for ongoing support of its operations.<sup>14</sup> This pattern of public fundraising—including for building campaigns—would continue into the 20<sup>th</sup> century, when the institution fundraised to build the 1928 building, now known as the South Tower, in the subject complex.<sup>15</sup>

Although the student body and facilities continued to grow during these early decades of existence, the study of homeopathy continued to stir debate among the medical college's administrators and physicians. At the same time, other homeopathic and traditional medical schools formed elsewhere in the 1850s and 1860s and siphoned faculty and students away from the Homeopathic Medical College in Philadelphia, causing further destabilization.<sup>16</sup>

In 1867, these conflicts came to a head, with ramifications for the development of the school and hospital. A conservative shareholder—Dr. Adolphus Lippe—secured a majority stake in the college and soon after called for the elimination of a faculty chair position in special pathology and diagnostics, rejecting it as antithetical to homeopathy. The move was controversial, as the existing chair enjoyed support from founder Constantine Hering and others. The debate

<sup>11</sup> Rogers, *An Alternative Path*, 34.

<sup>12</sup> Ibid 35.

<sup>13</sup> Quoted in Rogers, *An Alternative Path*, 35.

<sup>14</sup> Bradford, *History of the Homeopathic Medical College*, 14.

<sup>15</sup> "Hahnemann drive plans completed by leaders," *Philadelphia Inquirer*, April 1, 1927, 2.

<sup>16</sup> Rogers, *An Alternative Path*, 26.

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ultimately led to a schism within the school, as Hering and others left the Homeopathic Medical College to establish a rival institution called Hahnemann Medical College. The latter rented rooms at 1307 Chestnut Street before moving to 18 N. 10<sup>th</sup> Street.<sup>17</sup>

The split lasted two years. In 1869, faculty at both schools struck a clandestine agreement—undermining Lippe and his allies—and the schools reunited. The Homeopathic Medical College name was abandoned at this time in favor of the Hahnemann Medical College moniker, a move that angered many alumni but helped to broaden the constituency for the school beyond just homeopathy.<sup>18</sup> The reunified institution maintained occupancy at the 1105 Filbert Street building.<sup>19</sup>

In 1871, Hahnemann Medical College opened an official affiliated hospital on the college grounds on Filbert Street. The creation of the hospital introduced a new level of training and education for Hahnemann's students, with the added benefit of appealing to new applicants for the school. This allowed for Hahnemann to compete with other Philadelphia medical schools with teaching hospitals, including the University of Pennsylvania, the country's first medical school, and Jefferson Medical College, which was founded in 1824.<sup>20</sup> However, Hahnemann did not yet embrace a fully "modern" hospital, emphasizing a therapeutic and charitable mission above clinical research.<sup>21</sup>

In 1883, Hahnemann Medical College's trustees appointed a committee to plan for a new complex for the school and a new affiliate hospital. Similar to the previous decades, the college and hospital were routinely the subject of mergers and disagreements in the 1880s. By 1885, a new charter officially established the Hahnemann Medical College and Hospital.<sup>22</sup>

In 1886, the reconstituted medical college and hospital opened a new 1.8-acre complex on North Broad Street, vacating the Filbert Street location for the first time since 1850. The school began operating in 1886; the hospital later opened in 1890.<sup>23</sup> This marked the first presence of Hahnemann Medical College and Hospital on the subject site, located on the west side of Philadelphia's major north-south thoroughfare. In an effort to compete with other well-funded, attractive schools and hospitals, the trustees hired prominent architects George W. and William D. Hewitt to design a grand complex "fitted up in handsome style."<sup>24</sup> The resulting buildings were the first purpose-built structures that the institution occupied.

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<sup>17</sup> Rogers, *An Alternative Path*, 44.

<sup>18</sup> Ibid 50-51.

<sup>19</sup> Bradford, *History of the Homeopathic Medical College*, 150.

<sup>20</sup> Rogers, "The Proper Place of Homeopathy," 187.

<sup>21</sup> Ibid 187-88.

<sup>22</sup> Ibid 188-89.

<sup>23</sup> Rogers, *An Alternative Path*, 73.

<sup>24</sup> Quoted in Rogers, "The Proper Place of Homeopathy," 189.



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**Figure 2:** Circa 1890 Advertisement – Hahnemann Hospital Building (left), Hahnemann College (center), Maternity Department (right). (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

From this position, in the heart of downtown Philadelphia, Hahnemann Medical College and Hospital spent the next three decades seeking to elevate homeopathy (and its own institutional administration) “from chaotic art to a science.”<sup>25</sup> In its new facilities, the college improved its laboratory classes and introduced new courses in bacteriology, experimental physiology, and clinical specialties such as ophthalmology.<sup>26</sup> The hospital, meanwhile, increasingly took note of the public’s interest in disinfection of its building and operations. Medical boards increasingly governed the administration of Hahnemann and its peers, and professional organizations such as the American Medical Association (AMA) asserted an expanded role in credentialing and credibility within the medical field.

Still, these improvements and advances were not sufficient to keep pace with the expectations of medical education and practice at the turn of the 20<sup>th</sup> century. In 1910, the Carnegie Foundation hired educator Abraham Flexner to assess the standards of the country’s medical schools. His resulting report—the *Report on Medical Education in the United States and Canada*, or “the Flexner Report” for short—had cascading effects for Hahnemann and other schools of alternative medical education in the 20<sup>th</sup> century, which Flexner labeled as “medical sectarians.”<sup>27</sup> The Flexner Report had ramifications for Hahnemann’s operations as a medical school and its facilities as a hospital, precipitating the construction of the hospital complex that is the subject of this nomination.

<sup>25</sup> Rogers, “The Proper Place of Homeopathy,” 195.

<sup>26</sup> Rogers, *An Alternative Path*, 83.

<sup>27</sup> Ibid 87.

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**Figure 3:** Circa 1915 Lithograph illustrating additional buildings fronting 15th Street. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

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**Figure 4:** 1917 Sanborn Map: Hahnemann Campus showing various buildings and specific uses.

As illustrated in the 1917 Sanborn Map (See Figure 4), the Hahnemann Campus consisted of five independent buildings at that time: College Building, Hospital Building (comprised of multiple sections including a two-story clinic building), Nurses' House, Women's Building and Laundry Building.

By the turn of the 20<sup>th</sup> century, Hahnemann's homeopathic approach inspired "Hahnemann Hospitals" across the country, with examples stretching from Worcester, Massachusetts, to San Francisco, California. At that time, there were twenty-two homeopathic medical schools in the country. By the early 1920s, however, only two, including the Hahnemann Medical College & Hospital, survived.<sup>28</sup>

Hahnemann managed to endure the fallout effects of the Flexner Report (and other tailwinds) by embarking on a significant expansion on North Broad Street, commissioning a new hospital building in the late 1920s to replace the 1886 college building. In turn, the college would relocate to the old hospital building, a move that allowed it to expand its student population and receive more tuition money.<sup>29</sup> The result was a reorientation and a reorganization of the complex, asserting a new and modern presence for Hahnemann Hospital on North Broad Street. The

<sup>28</sup> Rogers, "The Proper Place of Homeopathy," 180. The only other surviving institution was the New York Homeopathic Medical College.

<sup>29</sup> Rogers, *An Alternative Path*, 125.



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construction of the South Tower building at 222-248 N. Broad Street solidified a transformation for Hahnemann, as it pivoted away from its homeopathic roots in the years after the Flexner Report and toward a more modern understanding of medical care, education, and facilities.



**Figure 5:** 1925 Historic Image, Hahnemann Medical College & Hospital on N Broad Street. This building was demolished to make way for 1928 South Tower. (Source: City of Philadelphia, Department of Records)

Unlike the 1886 college building (See Figure 5), which was just four stories high (with a narrow tower above), the new hospital building would rise between seventeen and twenty stories above Broad Street. The hospital functions previously located in the 1890 hospital building on N 15th Street were relocated and the older building renovated to function as labs and classroom space.

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The South Tower was designed as a free-standing building with only a minor pass-through to the former “clinic” of the 1890 building (see 1950 Sanborn Map, Figure 12). Constructed as a skyscraper along the city skyline, the design adhered to a new model of medical facility: the “vertical hospital,” a contrast with older low-rise, decentralized pavilion structures. Hahnemann was only the second such hospital in Philadelphia, joining Jefferson Hospital’s 1923 building at 10<sup>th</sup> and Walnut Streets.<sup>30</sup> The vertical hospital only became possible in the early 20<sup>th</sup> century, when structural advances enabled the creation of high-rises, and it only became desirable when urban land became pricier and scarcer. The development of a vertical hospital for Hahnemann ensured that the facility could remain downtown where it was in the most demand, as noted in a 1927 *Philadelphia Inquirer* article:

Hahnemann is [where] a vast population swirls at all seasons of the year and where accidents and crime pile up in horrible pyramids. Of course, it would be nice to have a hospital twenty miles from city noise, dirt and squalor. But it wouldn’t be nice for the stricken who had to be carried twenty miles to reach aid.<sup>31</sup>

But the vertical hospital model was not simply a response to rising real estate prices; rather, the concentrated operations in a single tower, or series of attached towers, were intended to improve efficiency between departments as medical care grew more complex.<sup>32</sup> The construction of the new hospital building was seen as essential to the continued viability of Hahnemann, and the “skyscraper hospital” was seen as an effort to modernize and save the institution.

South Tower was financed in part by a public fundraising campaign that raised over \$2,000,000 within just a few months.<sup>33</sup> The building was designed by architects Pettit & Ferris and engineer H. Hall Marshall in the Gothic Revival style, with input from—among others—the institution’s own nursing students, each of whom was invited to submit five suggestions for “conveniences and equipment” in the new facility.<sup>34</sup> The hospital’s own superintendent vouched for their input in the design process, praising the suggestions “from such practical sources as our nurses...[We] realize that the nurses themselves are best qualified to know what is needed.”<sup>35</sup>

Among the suggestions that the designers adopted from the nurses were: separate freight and passenger elevators; built-in, secure medicine closets to deter theft; crank beds in all rooms, rather than solely in the private rooms where the wealthiest patients stayed; and clothes lockers for ward patients. These considerations, along with the facilities management plan that dictated that five floors would be dedicated to “public,” meaning patients of lesser financial means, demonstrated that the new hospital building would sustain a standard for medical care for lower-income patients, continuing Hahnemann’s long tradition of doing so.<sup>36</sup> As proof of how invaluable the hospital was to the city around it, when it came time to officially transition the

<sup>30</sup> “Girard’s Talk of the Day,” *Philadelphia Inquirer*, April 18, 1927, 10.

<sup>31</sup> Ibid.

<sup>32</sup> Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870-1940* (Pittsburgh: University of Pittsburgh Press, 2017), 248-9.

<sup>33</sup> “Hahnemann fund reaches \$2,009,309,” *Philadelphia Inquirer*, May 25, 1927, 2.

<sup>34</sup> “Nurses give points for hospital plans,” *Philadelphia Inquirer*, May 1, 1927, 7.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

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hospital from its old building to its new one in November 1928, hospital attendants discovered that no one had a key to the main door, because it had remained ceaselessly open to patients for so many years.<sup>37</sup>

On June 4, 1927, a ceremonial brick was sealed in the cornerstone for the new building, and in August of that year, the former college building on North Broad Street was demolished to make way for the new building.<sup>38</sup> Though construction of the new hospital skyscraper on Broad Street necessitated the demolition of the former college building on N. 15<sup>th</sup> Street, the construction of the 1928 hospital building represented an expansion for both entities under the Hahnemann name. In relocating to the former hospital building on N. 15<sup>th</sup> Street, the college could admit more students—up to 800, where once it could only admit 350—and offer more courses, while the new building for the hospital doubled its patient capacity, boasting 700 public beds—an increase of 243 beds.<sup>39</sup> In sum, the replacement of the former college building with the new hospital marked a new era for the entire institution of Hahnemann Medical College & Hospital. The new building positioned the institution as a worthy competitor to its traditional counterparts in Philadelphia and set the stage for what it hoped would be years—if not decades—of expansion on Broad Street. As the *Inquirer* put it, a “Bright future for Fifteenth St. [was] seen.”<sup>40</sup>

Women were among the students who could now attend Hahnemann Medical College because of the expansion made possible by the construction of the new hospital. In 1927, as fundraising and planning for the new building were underway, Hahnemann announced that women would be welcome at the school, making it the first co-educational school of medicine in the city.<sup>41</sup> Prior to that, the Women’s Medical College, founded in 1850, trained only women and served as the only option for women interested in the medical field. The decision was followed by a vote by the college’s alumni and was announced by a former mayor of Philadelphia.

The new hospital opened in November 1928 (See Figure 6). As the last ward transitioned to the new building, the *Philadelphia Inquirer* hailed the new facility as a “skyscraper of healing.”<sup>42</sup> Even as Hahnemann’s hospital opened, it had aspirations for improvements to its medical college building in order to continue to expand its presence above Race Street.<sup>43</sup>

Upon opening, the South Tower hospital welcomed patients of all income levels—although, true to the rationalized form of the vertical hospital, they were segregated by class on different floors. The hospital had reserved six of the upper floors for private patients, filling each room with at most two patients. There was one “semi-private” patient floor, and then five lower floors were dedicated to public patients, with up to six patients in a room.<sup>44</sup> The incorporation of the “public”

<sup>37</sup> “Bar needed to close keyless hospital door,” *Philadelphia Inquirer*, November 25, 1928, 1.

<sup>38</sup> “A cherished brick,” *Philadelphia Inquirer*, June 5, 1927, 2; “Old Philadelphia Landmark Razed,” *Philadelphia Inquirer*, August 12, 1927, 15.

<sup>39</sup> “Girard’s Talk of the Day,” 10.

<sup>40</sup> “Bright future for Fifteenth St. seen,” *Philadelphia Inquirer*, November 11, 1928, 12.

<sup>41</sup> “Girl students now welcome at Hahnemann,” *Philadelphia Inquirer*, June 5, 1927, 1.

<sup>42</sup> “Last ward moved,” *Philadelphia Inquirer*, December 1, 1928, 2.

<sup>43</sup> “Bright future for Fifteenth St. seen,” 12.

<sup>44</sup> Kisacky, *Rise of the Modern Hospital*, 284; “Hahnemann Hospital plans skyscraper,” *Philadelphia Inquirer*, March 1, 1927, 2.



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floor levels highlighted Hahnemann's dedication to their mission, which, again, was "to afford to all indigent sick persons, medicine and advice gratuitously."<sup>45</sup> The design of the building's layout was specifically sourced from its own staff, the group of people perhaps most qualified to design a hospital building.



**Figure 6:** 1930s Historic image of South Tower (Source: James Dillon Collection, Athenaeum of Philadelphia)

The 1929 stock market crash and the onset of the Great Depression, however, slowed Hahnemann's ambitions for several years as its finances suffered. In the medical college, Hahnemann responded by admitting more students (in part to compensate for students who

<sup>45</sup> Quoted in Rogers, *An Alternative Path*, 35.

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dropped out), which in some cases meant lowering admission standards and increasing class size. The moves were unpopular among current students, who felt that their quality of education was declining. In particular, they objected that they had to sit in on too many large lectures, and experience too little clinical training; “only a few see what is going on and the rest sleep or talk,” they complained in a 1930s yearbook.<sup>46</sup> Their complaints were bolstered by a 1935 inspection by the American Medical Association and the Association of American Medical Colleges, which found that Hahnemann could no longer straddle the line between homeopathy and traditional medicine if it wanted to claim it offered a satisfactory scientific education. It allowed for the school to maintain a department of homeopathy but counseled it to otherwise promote its medical education in line with traditional medical schools. In other words, the school could maintain its homeopathic roots for the sake of its identity, but it needed to adapt to stay viable.<sup>47</sup>

These criticisms put new pressure on Hahnemann to improve its facilities and modernize its medical education program to keep pace with the modernization of its hospital. In order to shift its teaching methods away from homeopathy’s outdated techniques of large lectures and clinics, it would need smaller rooms and laboratories. Such spaces were not sufficiently available in the N 15<sup>th</sup> Street building as it currently stood.<sup>48</sup>

As pressure mounted, the hospital hired renowned Philadelphia-based architectural firm of Horace Trumbauer in 1938 to design a new building with a 15<sup>th</sup> Street frontage.<sup>49</sup> Trumbauer had been considered, but ultimately not hired, for the design of the 1928 hospital building; he had also designed an annex to Jefferson Hospital’s own complex across town around that same time.<sup>50</sup> Unlike the hospital building, which was largely financed by a public capital campaign, the new college building would be primarily funded by a large donation from Emilie Foster Klahr, who offered a \$200,000 donation in memory of her husband, Lewis W. Klahr, toward what would ultimately be a \$400,000 building.<sup>51</sup> The project may have been Horace Trumbauer’s last original work, as he died in September 1938.<sup>52</sup>

<sup>46</sup> Rogers, *An Alternative Path*, 128-9.

<sup>47</sup> Ibid 130.

<sup>48</sup> Ibid.

<sup>49</sup> Beisert and Peitzman, 9.

<sup>50</sup> “Record period for hospital building,” *Philadelphia Inquirer*, August 19, 1928, 16.

<sup>51</sup> Beisert and Peitzman; “New hospital unit dedicated today,” *Philadelphia Inquirer*, June 9, 1938, 19.

<sup>52</sup> Beisert and Peitzman, 10.

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**Figure 7:** Circa 1950 Photo: Klahr Auditorium, adjacent to the north half of the 1890 building. Utilized from 1937-1968 when the 1890 section was demolished and replaced with the “New College Building.”  
(Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

The next phase of development occurred in 1938 when the south portion of the 1890 building on N 15th Street was demolished and replaced with the Klahr Auditorium to serve as the new college building with classroom and laboratory facilities and an auditorium to seat 1,100 people (See Figure 7 above). While Klahr Auditorium had an ancillary passage to the South Tower, provided by an earlier, small building at the center of the block, it was constructed as a separate building from South Tower, serving an independent function for the campus (See Figures 7 to 10). Klahr Auditorium’s construction was necessary, as the new hospital building (South Tower) was not constructed with any teaching space, and the former hospital on 15<sup>th</sup> Street was woefully inadequate as teaching space. As outlined in the Philadelphia Register Nomination regarding this period of development:

The new hospital of 1928 would presumably enhance practical clinical education, but it moved the “basic science” years from an aging 1886 structure to improvised space in a 1900 hospital building...Dominated by practitioners in private practice, the 1928



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Hospital never made as many beds available for teaching as first promised... [I]ts design included no accommodations for students – they owned no space in the structure.<sup>53</sup>



**Figure 8:** 1937 Aerial Photo: Looking North at Construction of Klahr Auditorium. Note, at center, is the three-story former “clinic” section of the 1890 building. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

<sup>53</sup> Beisert and Peitzman, 21.

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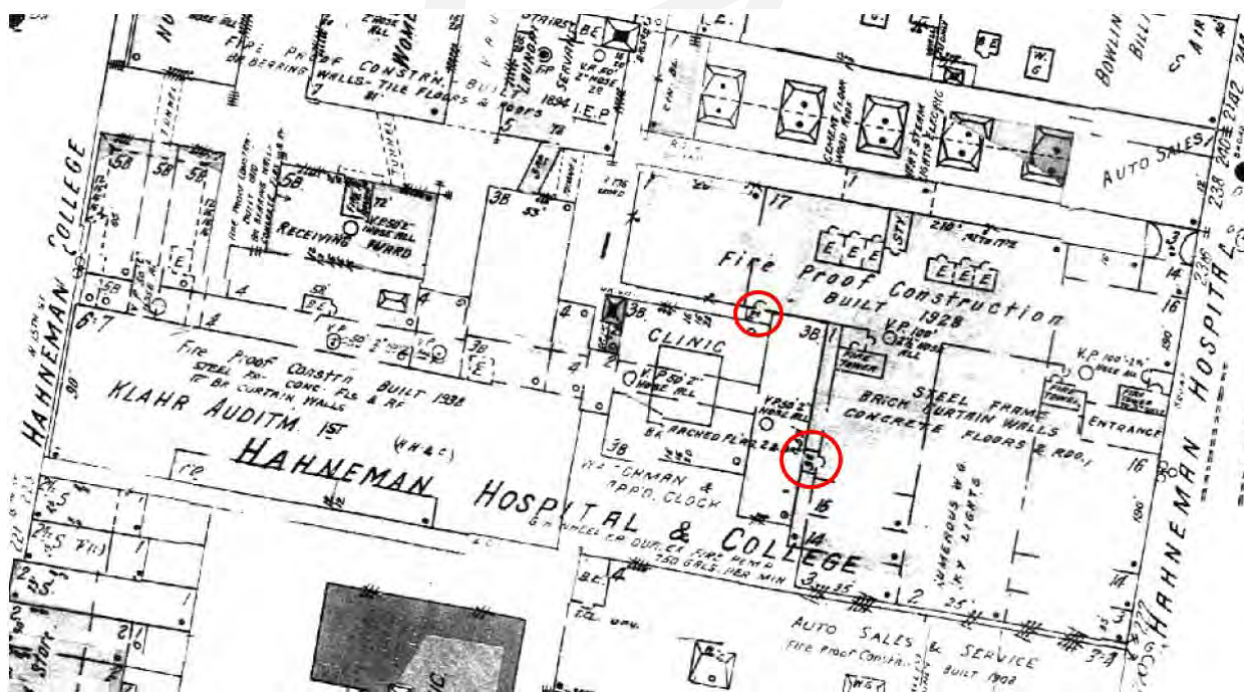
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**Figure 9:** 1964 Aerial Photo: Looking Northeast, illustrating Klahr Auditorium in relation to the South Tower. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)



**Figure 10:** 1950 Sanborn Map Detail: Showing College Building (1890 Building and Klahr Auditorium) and Hospital Building (South Tower).

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The South Tower now functioned as a dedicated hospital building while the College Building, now consisting of the north half of the 1890 building and the Klahr Auditorium, was a dedicated classroom building featuring laboratory facilities and an auditorium. While the 1930s were a period of ambitious planning for Hahnemann with the goal of creating a large, modern medical facility, funding was limited to the Klahr Auditorium section, as well as updates to existing, aged buildings. Indeed, Hahnemann continued to use renderings of a larger, Art Deco-style hospital building in its catalog through the early 1940s to attract students and faculty, though the existing physical plant caused prospects to be “shocked by the difference between the catalog picture and the school...encountered on Fifteenth Street.”<sup>54</sup>



**Figure 11:** The 1938 proposed design for Hahnemann Medical College by Horace Trumbauer, of which only the wing to the right (south) was built. (Source: The Athenaeum of Philadelphia, Hahnemann Collection)

<sup>54</sup> Rogers, *An Alternative Path*, 3.



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**Figure 12:** Pre-1970 Photograph showing the New College Building's 1938 section prior to construction of the 1970 portion. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

As the Kohr Auditorium section of the College Building was under construction, the provost of the college and executive vice president of the hospital proclaimed that it was part of “a giant medical centre which Hahnemann is planning to build.”<sup>55</sup> Indeed, Dr. Frederick J. von Rapp’s words, which were published in the *Philadelphia Inquirer*, demonstrated that the Gothic Revival hospital building on Broad Street and the restrained Art Deco building on 15<sup>th</sup> Street were the start, not the conclusion, of Hahnemann’s ambitions for this city block—a vision that would prove to be true over the next several decades as Hahnemann Medical College & Hospital continued adding new structures to the subject complex through the 1970s. Even as the institution expanded outward in the ensuing decades, the 1928 hospital building and the 1938 Klahr Auditorium demonstrated that, first and foremost, Hahnemann was invested in constructing up, assembling a series of “skyscrapers of healing” for its medical education and practice. Completed in 1938, the building was alternately known as “the college,” “the new

<sup>55</sup> “Hahnemann begins work on \$400,000 college hall,” *Philadelphia Inquirer*, May 10, 1938, 16.



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college,” or Klahr Auditorium, after its primary funder. In addition to the classroom and laboratory facilities that were critical to its building program, the new structure included an auditorium to seat 1,100 people.<sup>56</sup>

In 1945, the American Medical Association and the Association of American Medical Colleges placed Hahnemann on probation, based in part on the institution’s need for “physical improvements to provide office and laboratory space as well as equipment.”<sup>57</sup> Unable to fund the construction of new buildings during this period, Hahnemann continued its “long-standing policy of renovating existing buildings and gradually acquiring surrounding buildings.”<sup>58</sup> In this vein, in 1945, Hahnemann purchased the free-standing, former Northwest Grammar School, located immediately south of the hospital/college complex, with a frontage on Race Street (See Figure 13). The three-story, U-shaped building (erected in 1901) became an outpatient clinic, which it remained until 1973 when it was demolished.<sup>59</sup> Still strained for space, the institution scrambled to make additional arrangements over the next several years: the college rented rooms in nearby unaffiliated buildings; nurses lived in part of the hospital and in a vacant firehouse; a cytology laboratory was located in a former caretaker’s apartment; an institute for biochemical studies in cancer occupied a storage area; and the hospital’s Cardiovascular Research Institute performed operations in a former auto showroom.<sup>60</sup> Such arrangements were inadequate, and Hahnemann’s administrators worked toward a long-term solution.

Around this same time, Vine Street, on the north side of the block, was widened to ten lanes, in anticipation of the below-grade cross-town highway that would be constructed.<sup>61</sup> In addition to establishing the northern boundary of the subject site, the project confirmed Hahnemann’s location and significance in one of the most trafficked parts of Philadelphia; now, not only would it be positioned along the city’s primary north-south street, it would also be immediately south of the largest east-west thoroughfare as well.

Although Hahnemann was effective in its physical plant strategy, it was not ideal for continued accreditation. As outlined in a report prepared by the AMA/AAMC following its survey report in 1956, “rather extensive renovation has prologued the useful life of much space that would under other circumstances have been obsolete long ago. Effective as these improvisations have been, however, the old college building [1890 Building] is qualitatively and quantitatively inadequate for the purposes it is designed to serve and should be replaced in the near future.”<sup>62</sup>

<sup>56</sup> “New hospital unit dedicated today,” 19.

<sup>57</sup> Rogers, *An Alternative Path*, 189.

<sup>58</sup> *Ibid.*, 189.

<sup>59</sup> “Wrecker’s ball claims a historic alma mater,” *Philadelphia Daily News*, October 23, 1973.

<sup>60</sup> Rogers, *An Alternative Path*, 189.

<sup>61</sup> “Vine St. project may be done 6 months early,” *Philadelphia Inquirer*, September 16, 1956, 49.

<sup>62</sup> Rogers, *An Alternative Path*, 190.

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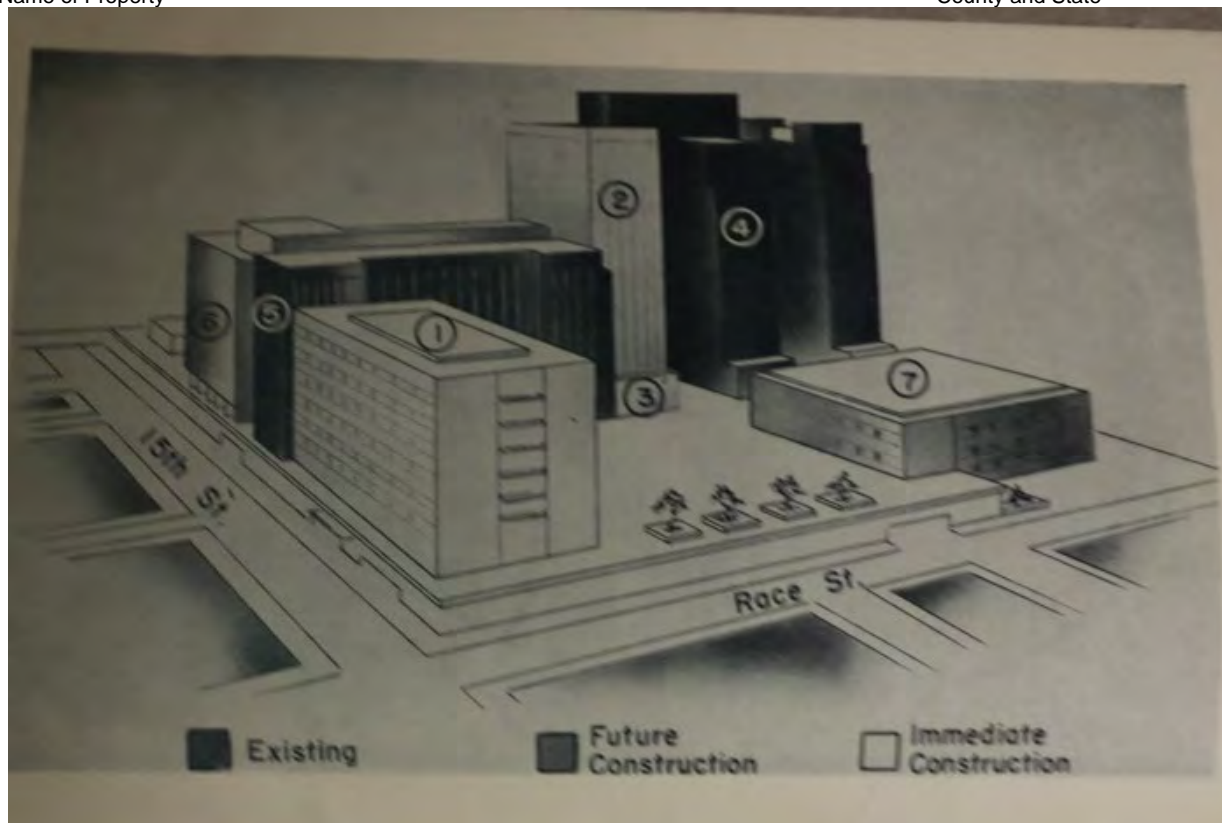
**Figure 13:** 1950 Sanborn Map: Illustrating Hahnemann Campus. Note, two additional smaller buildings at the north end converted for meeting rooms, nurses' quarters, and a "Chemical Physical Laboratory."

In 1960, Hahnemann announced its most significant building campaign since the 1938 Klahr Auditorium, and its most expensive fundraising campaign to date with a budget of \$15 million. The multi-phase, ten-year plan would include: a new clinical research building and surgical pavilion; student nurses' residence and classroom building; resident and intern residence; outpatient clinic; underground parking; and most significantly of all, a replacement for the 1890 building that originally housed the hospital and was now the primary building for the medical college.<sup>63</sup> A 1962 rendering of the plan outlines these buildings, which were generally constructed as proposed with some architectural and spatial differences later instituted for New College Building and the Polyclinic (Figure 14).

<sup>63</sup> "\$15 million project set by hospital," *Philadelphia Inquirer*, February 7, 1960, 1.

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**Figure 14:** 1962 Development Rendering: 1. Nurses' Residence; 2/3. Clinical Research Building and Surgical Pavilion (Bobst); 4. Hospital Building (South Tower); 5. Klahr Auditorium; 6. College Basic Science Building; 7. Outpatient Clinic (realized as Myer Feinstein Polyclinic). (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

In 1962, Hahnemann launched construction on the new \$2.2-million school of nursing and seven-story residence for nurses; it was placed at the northeast corner of 15<sup>th</sup> and Race Streets, replacing a parking lot and former row houses south of the Klahr Auditorium.<sup>64</sup> The seven-story residence could house 225 students and featured classrooms for their instruction (See Figure 15).<sup>65</sup> It was organized with five residential floors, a classroom floor, underground parking, and a planned sundeck.<sup>66</sup> The building was dedicated on December 1, 1963. The Hahnemann Medical College and Hospital campus now consisted of eight buildings within the urban block.

<sup>64</sup> "Surgeon General cites need for more doctors," *Philadelphia Inquirer*, February 7, 1962, 10; "Work started on nurse home for Hahnemann," *Philadelphia Inquirer*, June 7, 1962, 35.

<sup>65</sup> "Building start is scheduled at Hahnemann," *Philadelphia Inquirer*, June 3, 1962, 2.

<sup>66</sup> Ibid.

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**Figure 15:** 1963 Nurses' Residence: 1962 Rendering illustrating the Nurses' Residence as a new, free-standing building. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

At the time, the institution's location placed it in proximity to three of the city's designated district health areas with the highest death rate and infant mortality rate.<sup>67</sup> To meet these needs, Hahnemann needed to grow; "Hahnemann Medical College must have a physical plant to match its medical reputation," the president of the board of trustees announced when the master plan was publicized. "This underlies our building plans for the future"—building plans that would shape the remaining decades of Hahnemann's existence and create the subject building complex as it stands today.<sup>68</sup>

The proposed physical plan was not seen as merely an extension of existing buildings or additions, this was a plan to save Hahnemann, to develop a new campus of modern buildings, each specifically designed for a unique function, a specific departure from the institute's previous "make do" strategy. In 1962, Hahnemann commissioned a design for the Bobst Building – a clinical research building and operating room pavilion. The Bobst Building would be inserted at the center of the city block, replacing a clinic building between the South Tower on the east side of the site with the College Building to the west. The building was "designed to

<sup>67</sup> "Hahnemann nurses' residence dedicated," *Philadelphia Inquirer*, December 2, 1963, 35.

<sup>68</sup> \$15 million project set," 1.



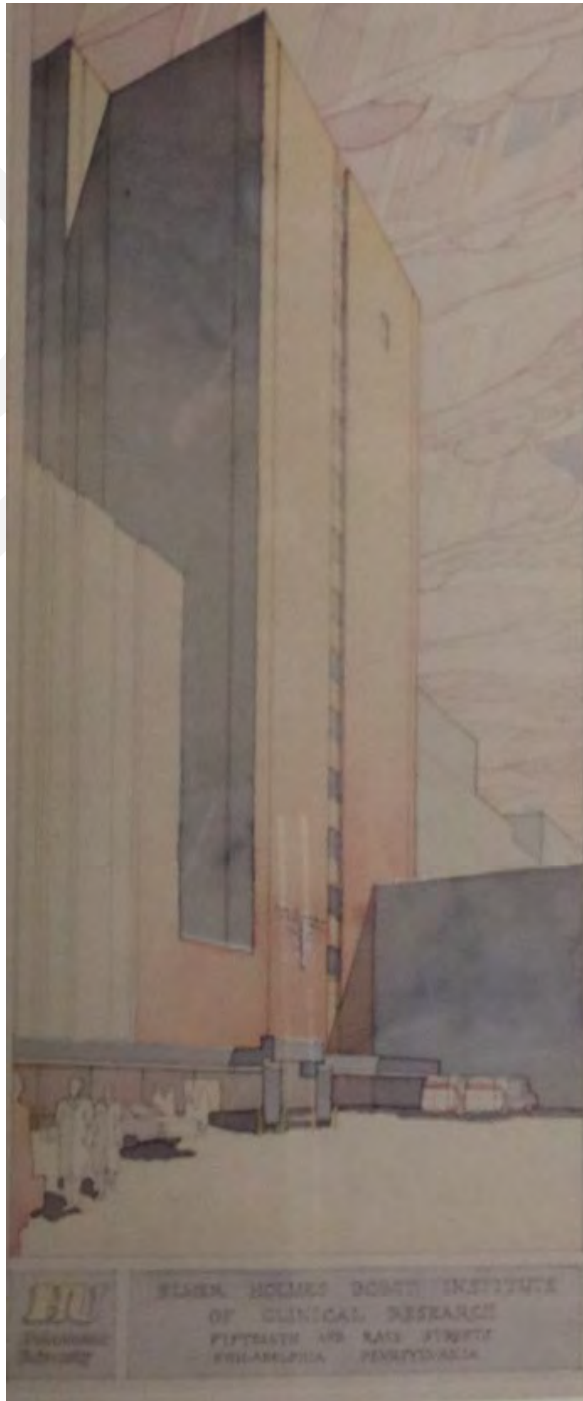
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accommodate Hahnemann's rapidly enlarging research enterprise" as described in the institute's alumni magazine<sup>69</sup> (See Figure 16).



**Figure 16:** 1964 Rendering of Bobst Building. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

<sup>69</sup> "A Presentation of the Hahnemann Medical College and Hospital," The Hahnemann Medical College & Hospital, Circa 1962, Drexel University Archives.

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Also in 1962, administrators commissioned a design for the clinical research building and adjoining operating room pavilion. Named for donor Elmer Holmes Bobst, the Bobst Building was inserted at the center of the city block, replacing the clinic that bridged the hospital building on the east side of the site with the school buildings on the west side.<sup>70</sup> Among other advantages, the new building enabled the medical college to combine 97 major research projects within a single, specially-designed facility.<sup>71</sup> It contained more than 130,000 square feet of research and teaching laboratories and conference rooms across fifteen stories.<sup>72</sup>

The Bobst Institute for Clinical Research was dedicated on May 28, 1967. Then former Vice President Richard Nixon was the principal speaker at the event, lifting up Hahnemann's mission as a counter to the ongoing Cold War and other international conflicts. Nixon, in his speech, confirmed the importance of the building, while other speeches focused on the institute's ability to assist the country and the world in peaceful medical advances during this period of significant conflict. Hahnemann's president, Dr. Charles S. Cameron, also spoke, highlighting the fact that Hahnemann's clinical research had increased ninefold in the preceding decade—underscoring how far Hahnemann had transitioned from its homeopathic roots and how transformative the 20<sup>th</sup> century had been for Hahnemann's approach to medical care, practice, and facilities.<sup>73</sup>

Though the Bobst building fit into a tight area within the site, adjacent to pre-existing buildings at the interior of the complex, the Bobst Building was constructed an independent free-standing building with its own systems and utilities and was originally exposed on all four sides. As illustrated in an historic aerial photograph from 1967 (See Figure 17 below), the Bobst Building was topped with a massive cooling tower which provided for its own physical plant as well as an independent vertical access system consisting of two egress stairs and a bank of four elevators.

<sup>70</sup> "Surgeon General cites need for more doctors," 10.

<sup>71</sup> "\$15 million project set by hospital," 1.

<sup>72</sup> "Dedication Tuesday for Bobst Institute," *Philadelphia Inquirer*, May 28, 1967, 27.

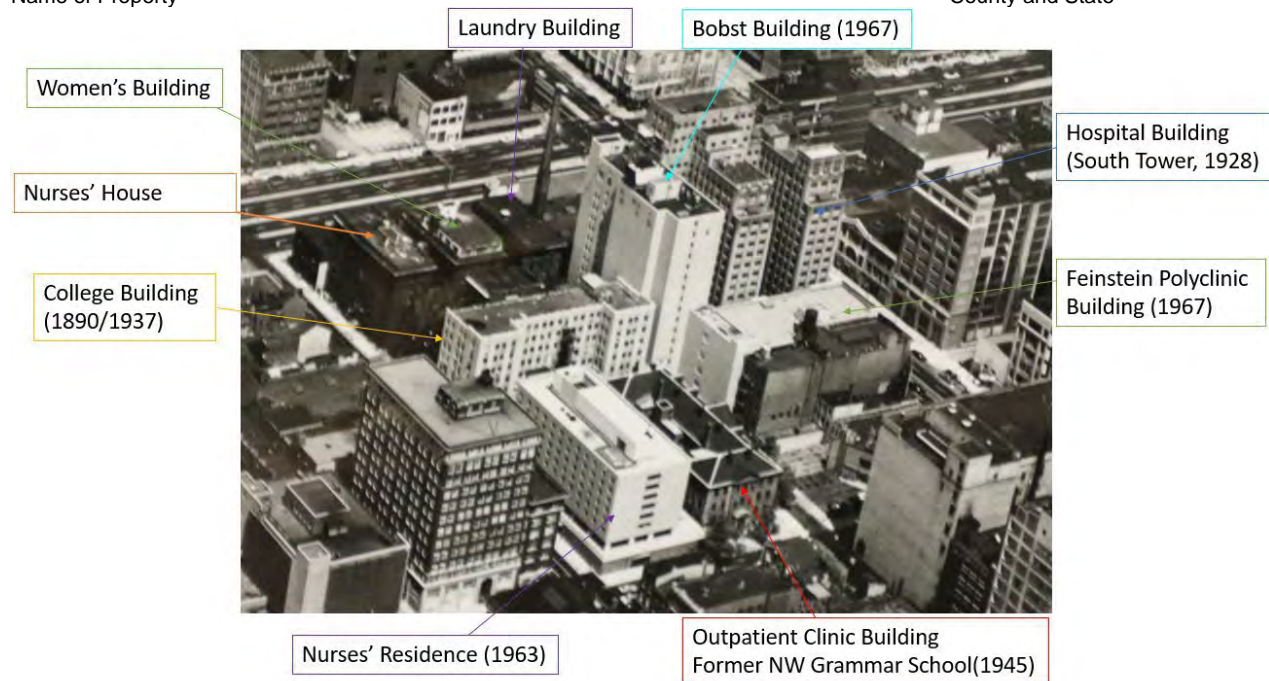
<sup>73</sup> Larkin, Mary G. and Jeremy Heymsfeld, "Nixon blames Soviet in Mideast crisis," *Philadelphia Inquirer*, June 1, 1967, 1-3.

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**Figure 17:** 1967 Aerial Photo illustrating Hahnemann physical plant. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

The dedication for the Bobst Institute came just five months after the completion of another, separate building in the master plan, the \$1.75-million Myer Feinstein Polyclinic, located adjacent to the Hospital Building (South Tower) on its south elevation. Acquired and renovated concurrently at the same time of the Bobst Building's construction, the administration purchased the pre-existing building, which was originally constructed as an automobile showroom, as an additional part of the master plan. Located adjacent to the main hospital building on its south elevation, the polyclinic was an offshoot facility to serve primarily private patients and patients with special health contracts from unions, private organizations, and companies.<sup>74</sup>

The location of the Polyclinic was illustrated in the institute's 1962 development plan as the "Gorson Building" which had previously been an automobile showroom. A write up by the Drexel University College of Medicine Alumni magazine indicated that:

First, the garage at 216 N. Broad Street, owned by Keystone Motor Car Company, was remodeled into a public-facing business: a Chrysler showroom. Then, in the 1960s, Hahnemann Medical College acquired the building with plans to remodel it for ambulatory patients. The renovation would create a complete radiology therapy center on the first floor and include facilities for diagnostic radiology, private physician's offices and procedure rooms for various medical specialties.<sup>75</sup>

<sup>74</sup> "New clinic is dedicated," *Philadelphia Inquirer*, January 27, 1967, 7.

<sup>75</sup> "Calling Dr. New: A Quick Tour of Campus Namesakes: Alumni Magazine Spring/Summer 2019," College of Medicine, June 12, 2019, <https://drexel.edu/medicine/alumni/publications/alumni-magazine-archive/spring-summer-2019/a-tour-of-campus-namesakes/>.

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For the Feinstein Polyclinic building, the lower portions constructed of concrete and the upper floors of light metal truss construction typical of the 1960s, was reclad, renovated, and opened in 1967 (See Figure 18).



**Figure 18:** 1960s Rendering of Myer Feinstein Polyclinic Building. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

After converting the Gorson Building into the new Myer Feinstein Polyclinic Building, the Hahnemann Medical College and Hospital campus consisted of nine detached buildings. In August 1967, Hahnemann received a \$6.9 million grant to begin the next phase of its ten-year plan, which it used to initiate construction of the Basic Science Building that would include modern library, classroom, and laboratory space for the college. As outlined in the 1945 and 1956 AMA reports, while Hahnemann had been able to cobble together a workable physical plant with aged and outdated buildings, it would need modern, basic science facilities to operate as a medical college. This was a period of great advancement in medicine and research, and the existing College Building, comprised of the 1890 building and Klahr Auditorium, was long past adequate. Within a year, the college demolished its 1890 building (Hahnemann's original



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hospital building at this site), as well as the original Nurses' House, Women's Building and Laundry, to the north, in preparation for what would become the Basic Science Building (known now as the New College Building). The building was combined with the Klahr Auditorium section, resulting in a single building for educational use (See Figures 19 and 20).



**Figure 19:** 1969 Photograph, looking north at the demolition of the 1890 Building as part of the construction of the Basic Science Building (New College Building). Photo is looking at north wall of the Klahr auditorium, which would be fully integrated with the new construction. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

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**Figure 20:** Basic Sciences Building (New College Building): 1967 Architectural Rendering. (Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

In the same phase of work, the institution renovated the hospital's existing patient care areas within the South Tower, and in 1970, the hospital opened the first major outpatient dialysis unit in Pennsylvania.<sup>76</sup> In 1973, Hahnemann also demolished the former Northwest Grammar School building, used by Hahnemann as an outpatient clinic since 1945.<sup>77</sup> By the time the institution celebrated its 125<sup>th</sup> anniversary in July 1973—an occasion marked by performances from Bob Hope and Duke Ellington—Hahnemann Medical College and Hospital was both the longest-lasting homeopathic institution in the country and one of Philadelphia's most significant hospital complexes in the modern era.

<sup>76</sup> "Hahnemann to clear site," *Philadelphia Inquirer*, June 2, 1968, 8; Stacey Burling, "Hahnemann University Hospital: 171 years of Philadelphia medical history," *Philadelphia Inquirer*, August 21, 2019, par. 1.

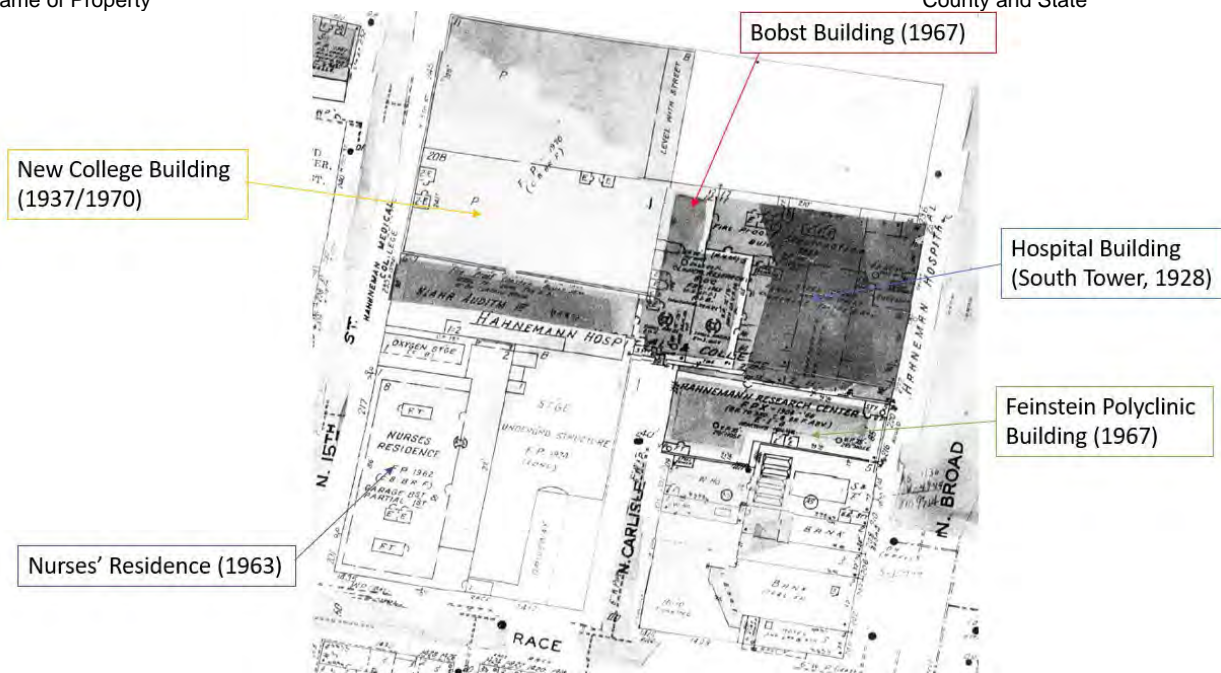
<sup>77</sup> Nelson, Nels, "Wrecker's ball claims a historic alma mater," *Philadelphia Daily News*, October 23, 1973. As part of this phase of construction, Hahnemann in 1972 also purchased land north of Vine Street for the first time, anticipating further construction north of the subject site.

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**Figure 21:** 1976 Sanborn Map illustrating the Hahnemann Complex just prior to construction of the North Tower addition.

In 1977, the hospital constructed a substantial addition to the 1928 South Tower's north elevation, expanding the Hospital Building's function. The 365-bed facility housed the Cardiovascular Research Institute—which had been housed in a repurposed automobile showroom starting in the 1940s. The first floor of the new building now known as the North Tower, also housed the hospital's emergency room, one of the busiest in the city.<sup>78</sup> The new tower addition received its first patients in June 1979.<sup>79</sup> Its completion marked Hahnemann's last major addition to the subject site, its last major contribution to the built environment before its demise, and the fulfillment of its vision to create a "giant medical center" in the heart of Philadelphia (See Figures 20 and 21).

<sup>78</sup> "Tower is topped at Hahnemann," *Philadelphia Inquirer*, December 2, 1977, B1.

<sup>79</sup> Nelson, Nels, "Hahnemann wing in operation," *Philadelphia Inquirer*, June 26, 1979, 6.



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**Figure 22:** 1976 Construction Photo: Illustrating site of North Tower addition looking west. East elevation of New College Building in the background with a loading dock at the ground floor and blank wall above. North elevation of South Tower is in the photo to the left. This location would be utilized to connect the South and North Tower addition to create what is now known as the Hospital Building.  
(Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)



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**Figure 23:** 1981 Photograph, showing South Tower in relation to North Tower addition at right.  
(Source: Drexel University College of Medicine Legacy Center Archives & Special Collections)

During the 1980s, Hahnemann continued to grow and expand, even as physical growth at the complex was complete. In 1981, Hahnemann earned accreditation as a university on the strength of its schools of nursing and other health professions. With it, its name was formally changed to Hahnemann University.<sup>80</sup> Then, in 1986, Hahnemann opened the first Level 1 Trauma Center for adults in Philadelphia; it operated out of the North Tower addition.<sup>81</sup> Also in 1986, Hahnemann purchased buildings at the northwest corner of Broad and Race Streets, south of the polyclinic, and, in early 1987, it demolished a former bank on that site to provide additional parking.<sup>82</sup>

The 1990s were characterized by a series of identity and institutional shifts for Hahnemann. In 1993, Allegheny Health Education and Research Foundation purchased Hahnemann Medical College and Hospital. The same healthcare system purchased the Medical College of Pennsylvania—established in 1850 as the Women’s Medical College—five years earlier, in 1988. Soon after the purchase of Hahnemann, Allegheny combined the two institutions to become MCP Hahnemann University School of Medicine; they were operated by Drexel University. In 1996, MCP Hahnemann University School of Medicine was renamed again to be Allegheny University of the Health Sciences.<sup>83</sup> Although perhaps necessary for Hahnemann’s

<sup>80</sup> Rogers, *An Alternative Path*, 263.

<sup>81</sup> Burling, “Hahnemann University Hospital.”

<sup>82</sup> Meltzer, Marc, “Liberty Federal HQ moving to Montco,” *Philadelphia Daily News*, December 2, 1986, 33.

<sup>83</sup> Rogers, *An Alternative Path*, 270.

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survival, this revolving door of acquisitions and affiliations dealt a blow to Hahnemann's nearly 150-year history as an institution.

In 1998, just a few years after purchasing Hahnemann, Allegheny Health Education and Research Foundation declared bankruptcy. Tenet Healthcare Corporation acquired its holdings, including the subject buildings. Drexel University assumed control over the professional schools in Tenet's holdings, including MCP Hahnemann School of Medicine. In 2002, the institution was renamed again, this time as Drexel University College of Medicine with the hospital remaining known as Hahnemann University Hospital. In 2018, American Academic Health System LLC purchased Hahnemann from Tenet. Within a year, officials announced that Hahnemann University Hospital would close. In June of 2019, the Hahnemann University Hospital filed for bankruptcy; it subsequently discharged its last patient on July 26, 2019. On August 16, 2019, Hahnemann closed its emergency department.<sup>84</sup> The hospital officially closed in September 2019, 171 years after its founding. Despite closing, Drexel University maintains use of the New College Building as part of their College of Medicine and portions of the Bobst Building continue to be used as a dialysis treatment facility. The remainder of the facility, including the Hospital Building (South Tower and North Tower addition), Feinstein Building, and Nurses' Dormitory are vacant.

Even as the Hahnemann Medical College & Hospital reinvented itself and its medical approach many times over its history, it remained the longest-lasting institution with homeopathic roots in the country. In doing so, it transformed itself into one of Philadelphia's most prominent and modern medical facilities through the second half of the 20<sup>th</sup> century.

### **National Register Criterion A – HEALTH/MEDICINE**

The Hahnemann Medical College & Hospital Complex is locally significant under Criterion A in the category of HEALTH/MEDICINE. Throughout the medical college and hospital's history, beginning with its 19<sup>th</sup> century roots in homeopathic studies and culminating with the thoroughly modern 20<sup>th</sup> century medical complex, Hahnemann played a significant role in Philadelphia's healthcare industry, specifically in terms of medical education, for which the city has been known since Pennsylvania Hospital was first chartered by Benjamin Franklin. Each of the five contributing buildings in the complex represents the urbanization and modernization of the medical field in the 20<sup>th</sup> century. This modernization is evident in the 1960s and 1970s buildings in the complex that accommodated the incorporation of advanced medical treatments and research, including the complex's polyclinic outpatient facility, Pennsylvania's first major dialysis unit, and the development of a cardiovascular research center, among others. These facilities were necessary to continue Hahnemann's educational mission, as the hospital was directly associated with the training of the school's medical students. Hahnemann's prolonged history and success in both teaching the next wave of doctors and nurses and treating patients places it amongst Philadelphia's other historic hospitals and medical schools, including Pennsylvania Hospital, the University of Pennsylvania, and Jefferson Medical College.

<sup>84</sup> Burling, "Hahnemann University Hospital."

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**Homeopathy and Alternative Medical Practice in the United States, Early-19<sup>th</sup> Century**

As a field of inquiry, homeopathy emerged from the studies of Dr. Samuel Hahnemann (1755-1843) in late 18<sup>th</sup> century Austria. Dr. Hahnemann objected to what he saw as traditional medicine's over-reliance on strong drugs and heavy-handed intervention (such as bleeding and purging), at the expense of the patient experience.<sup>85</sup> He also rejected traditional medicine's insistence on explaining and classifying diseases pathologically, viewing each patient's ailment as a distinct occurrence that should be treated based on the symptoms themselves, rather than the doctor's own classification of the disease.<sup>86</sup> Instead of the more orthodox approach (which Dr. Hahnemann labeled "allopathy") that was dominant through the 18<sup>th</sup> century, Dr. Hahnemann proposed a homeopathic approach using diluted drugs, the power of nature, minimal intervention from the physician, the physician's personal observations and—perhaps most importantly of all—the patient's reporting of their own symptoms. The diluted drugs in particular represented Dr. Hahnemann's motto of "like cures like," which proposed that the best way to treat symptoms of illness was with a mild dose of a drug that would cause the same symptoms in a healthy person.<sup>87</sup>

In Hahnemann's view, the so-called "heroic" techniques of traditional medicine often involved a considerable amount of suffering for the patient, as traditional doctors treated the disease more than the patient. The blood-letting, purging, and heavy dosages of medicine deployed by traditional physicians applied a blunt force to a delicate problem. In response, Hahnemann's homeopathic approach called on the healing power of nature and promoted as little intervention as possible, although he used himself as a test subject for many of his ideas.<sup>88</sup>

In the decades before the professionalization of medicine, which came later in the 19<sup>th</sup> century, codified by medical degrees, review boards, and other credentials, Dr. Hahnemann's ideas were both provocative and popular in many circles in German-speaking countries and—after its arrival in the 1820s and 1830s—the United States. The treatment philosophy espoused by Dr. Hahnemann and his adherents spread, adopted by traditional physicians who saw value in the milder homeopathic approach and sought out by patients who wanted an alternative to elite traditional medicine. However, homeopathy was never fully accepted by mainstream medical orthodoxy (or, in retrospect, by most medical historians), as traditional practitioners argued that the "like cures like" approach to medication resulted in ineffective treatments that were little better than sugar pills and placebos.<sup>89</sup>

From traditional medicine's perspective, such methods verged on quackery, and many 19<sup>th</sup> century physicians were quick to dismiss Hahnemann's approach as "alternative medicine" that was in fact so diluted as to be ineffective. Nevertheless, when positioned opposite traditional medicine's difficult methods, it was little wonder that homeopathy grew popular in Hahnemann's native Austria and eventually in the United States, where Germans were the

<sup>85</sup> Naomi Rogers, "The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in an Age of Scientific Medicine," *The Pennsylvania Magazine of History and Biography* 108, no. 2 (April 1984), 181n.

<sup>86</sup> Rogers, *An Alternative Path*, 5.

<sup>87</sup> Rogers, "The Proper Place of Homeopathy," 181n.

<sup>88</sup> Rogers, "The Proper Place of Homeopathy," 181, 181n; Rogers, *An Alternative Path*, 5.

<sup>89</sup> Rogers, "The Proper Place of Homeopathy," 181n.

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largest ethnic group in the early 19<sup>th</sup> century.<sup>90</sup> With one of the largest concentrations of German immigrants in the early 19<sup>th</sup> century, Pennsylvania was responsible for much of the popularization of homeopathy in the United States in the 1820s and 1830s.<sup>91</sup> Three German immigrant physicians—William Wesselhoeft, Henry Detwiller, and Constantine Hering—were responsible for introducing homeopathy in Pennsylvania; Hering would go on to co-found the two predecessor schools of Hahnemann Medical College and Hospital.<sup>92</sup>

As homeopathy took root among middle-class and working-class patients in the United States, it was actually promoted as the more modern approach to medicine—despite its reputation today among medical historians as a fairly regressive school of thought.<sup>93</sup> In other words, homeopaths refused to lean on the entrenched practices of traditional medicine and saw their alternative approach as a necessary step forward for the medical profession. In fact, when Hahnemann Medical College's new hospital was under construction in 1927, a journalist for the *Philadelphia Inquirer* reflected on the ways in which Samuel Hahnemann and homeopathy helped to transform medicine in the 19<sup>th</sup> century:

It is wrong to think of [Samuel] Hahnemann as having warred upon an older school of medicine. Dr. Hahnemann simply warred upon the quacks, no matter what they called themselves...[Now] in 1927, [the] mere quack has few victims. His game was shown up years ago, and [Samuel] Hahnemann, as much as anybody, helped in the routing of that tribe.<sup>94</sup>

Indeed, many traditional practitioners modified their approaches in response to the critiques raised by homeopaths. Although some did it defensively, in an effort to counter the influence of what they saw as sectarian medicine, it was nevertheless true that some traditional physicians blunted their use of “heroic” techniques as homeopathy decried the flaws in those methods.<sup>95</sup>

Despite their willingness to act as renegades, pushing back against the definitions of traditional medicine, American homeopathic physicians and their supporters recognized that traditional medicine had the upper hand when it came to professional respect and institutional credibility. In lieu of a school that could multiply the ranks of its supporters, homeopathy relied on conversion of traditional physicians for its growth.<sup>96</sup> Thus, as the movement grew more popular in the 19<sup>th</sup> century, several key adherents sought to institutionalize its concepts in an actual school that could train new practitioners.

The Allentown Academy of Homoeopathic Art, founded in Allentown, Pennsylvania, in 1836, was one of the country's first homeopathic medical societies. It lasted only six years, however. It was not until the founding of the Homeopathic Medical College (Hahnemann Medical College

<sup>90</sup> Rogers, *An Alternative Path*, 3-4.

<sup>91</sup> Rogers, “The Proper Place of Homeopathy,” 181.

<sup>92</sup> Rogers, *An Alternative Path*, 4.

<sup>93</sup> William G. Rothstein, “Review of *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia*,” *The American Historical Review* 104, no. 2 (April 1999): 587.

<sup>94</sup> “Girard's Talk of the Day,” 10.

<sup>95</sup> Rogers, *An Alternative Path*, 7.

<sup>96</sup> *Ibid* 14-15.



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and Hospital's predecessor institution) that homeopathic education and practice took root for the long term in Philadelphia.

## Medical Education and Practice in Philadelphia, 1848 – 1910

Long before the establishment of the Homeopathic Medical College in 1848, Philadelphia boasted a proud history within the medical field. Many medical firsts took place in the city, including the development of the country's first hospital, Pennsylvania Hospital, in 1751. Amongst these "firsts" was also the establishment of the first medical school in the United States at the University of Pennsylvania in 1765.<sup>97</sup> Additional medical schools followed the University of Pennsylvania in the early 19<sup>th</sup> century, though many did not survive into the 20<sup>th</sup> century.<sup>98</sup>

The vast majority of these 19<sup>th</sup> century medical schools, however, subscribed to more traditional ways of teaching and treating patients – or what Samuel Hahnemann referred to as allopathy. The establishment of the Homeopathic Medical College in 1848 marked a shift in the city's medical care, opening the door for Hahnemann's seemingly holistic approach. As a homeopathic institute, the precursor to Hahnemann Medical College & Hospital relied heavily on lectures as opposed to clinical studies.<sup>99</sup> The early buildings utilized by the school conveyed this approach. The original school building within a renovated church was perfect for lectures, whereas the Pennsylvania Hospital, for example, required various floor levels and wings to house the various patients that University of Pennsylvania students treated.

By the last decade of the 19<sup>th</sup> century, when the Hahnemann Medical College & Hospital moved to the subject site, the school had already taken to teaching multiple medical disciplines. As one local medical historian described the school, "Hahnemann Medical College & Hospital had always taught the full range of medical disciplines and necessarily accepted and taught ideas and treatments not consistent with Samuel Hahnemann's tenets."<sup>100</sup> Among the advancements in teaching at the school were new courses in bacteriology, experimental physiology, and ophthalmology.<sup>101</sup> Similarly, the buildings at their new N Broad Street campus included much improved laboratory spaces to accommodate these new courses, and the hospital incorporated upgraded sterilization processes to maintain a clean, disinfected facility.

The turn of the 20<sup>th</sup> century was a period of significant change in the American medical field. In the decades leading up to and directly after the issuance of the Flexner Report, medical educational reform resulted in the closing of a significant number of hospitals and medical schools throughout the country. In addition to the Hahnemann Medical College & Hospital, only

<sup>97</sup> "Philadelphia Medical History and the University of Pennsylvania," Penn History, University Archives & Records Center, accessed Feb. 25, 2022, <https://archives.upenn.edu/exhibits/penn-history/medical-history>.

<sup>98</sup> "Philadelphia Medical History and the University of Pennsylvania: Extinct Philadelphia Medical Schools," Penn History, University Archives & Records Center, accessed Feb. 25, 2022, <https://archives.upenn.edu/exhibits/penn-history/medical-history/extinct#:~:text=The%20Philadelphia%20College%20of%20Medicine%20had%20its%20origins%20in%20the,he,the%20Philadelphia%20College%20of%20Medicine>.

<sup>99</sup> Bradford, *History of the Homeopathic Medical College*, 69.

<sup>100</sup> Beisert and Peitzman, 22.

<sup>101</sup> Rogers, *An Alternative Path*, 83.

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a homeopathic school in New York City survived.<sup>102</sup> Similarly, those seeking homeopathic remedies grew less and less regular in the early decades of the 20<sup>th</sup> century, with the introduction of successful vaccinations and medical treatments, such as insulin and penicillin. Hahnemann Medical College & Hospital's ability to transform and survive this difficult period speaks to the institution's prowess in Philadelphia as it retained a sufficient number of students, patients, and, perhaps most importantly, donors to fund both the school and hospital. Hahnemann's growth following the Flexner Report further illustrates its transformation into a fully modern 20<sup>th</sup> century medical institute.

### **The Flexner Report and the Transformation of American Medical Education, 1910 – 1920**

Despite Hahnemann's institutional advances by the early 20<sup>th</sup> century, the landmark 1910 "Flexner Report" issued by Abraham Flexner shone a light on the ways in which Hahnemann fell short of standard benchmarks of modern medicine; in many cases, these shortcomings could be attributed to limitations and shortcomings in its physical facilities. Backed by the Carnegie Foundation, the Flexner Report was deeply influential among policymakers and the public alike. It measured Hahnemann and its peers in terms of (among other factors) admission and graduation standards, and laboratory and clinical teaching methods.<sup>103</sup> Both metrics assumed that medical colleges would maintain—and build, if necessary—sufficiently modern facilities to accommodate their faculty and student body. This evaluation would have significant impact on Hahnemann's physical expansion in the 1920s and 1930s, which set the tone for decades of growth that would follow and result in the subject complex.

The Flexner Report had little regard for alternative medicine, dismissing the dogmatic theories of "medical sectarians"; Flexner evaluated thirty-two of these unorthodox schools in his report.<sup>104</sup> He did acknowledge, however, that homeopaths such as those at Hahnemann had increasingly incorporated modern science into their curricula, including pathology, bacteriology, and clinical microscopy. But for Flexner, such sciences discredited the very homeopathic tenets that these alternative schools were founded on; they could not, therefore, be both homeopathic and modern.<sup>105</sup>

Despite the fallout from the Flexner Report, Hahnemann took its evaluation seriously in the 1910s and 1920s, becoming "one of the few independent sectarian schools to make a successful transition to regular medicine."<sup>106</sup> As it outlasted the wave of school closures that followed the Flexner Report, Hahnemann Medical College was one of just two institutions in the country with homeopathic roots by the early 1920s—down from twenty-two at the turn of the century.<sup>107</sup>

In the immediate term, the school rewrote its school catalogue and reorganized its curriculum to meet the benchmarks set forth in the report.<sup>108</sup> This meant increasing the required laboratory

<sup>102</sup> Beisert and Peitzman, 23.

<sup>103</sup> Rogers, *An Alternative Path*, 87.

<sup>104</sup> Ibid 87-88.

<sup>105</sup> Ibid 88.

<sup>106</sup> Rothstein, "Review of *An Alternative Path*," 587.

<sup>107</sup> Rogers, "The Proper Place of Homeopathy," 180.

<sup>108</sup> Rogers, *An Alternative Path*, 91.

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teaching and clinical training for its advanced students—but with more class time and clinical hours came more demand for space. Thus, at the same time it was reinventing its prospectus, Hahnemann reimagined its North Broad Street campus in the 1920s, looking to a hospital building that not only increased space for students and patients, but resulted in new studies within the college and new departments within the hospital.

### **Growth of Hahnemann into a “Modern” 20<sup>th</sup> Century Medical College and Hospital**

Hahnemann’s own identity shifts were part of a larger pattern for American hospitals in the early 20<sup>th</sup> century, which were changing from the charity-driven model of the 19<sup>th</sup> century to “medical workshops,” as historian Jeanne Kisacky called them. Incorporating new space for clinical research and medical treatment, American hospitals adopted many lessons of efficient medical care from the experiences of military hospitals during World War I.<sup>109</sup> Hahnemann had already experienced the need to grow and update, as evidenced in their numerous address changes and the construction of their 1890-1900 school and hospital complex. It was in this vein that the school opened the first school of X-ray technology in the United States.<sup>110</sup> Due to the profound effect of the Flexner Report, however, the institution needed to update again in the early- and mid-20<sup>th</sup> century to accommodate increasingly more advanced equipment and specialized treatments.

Before the 20<sup>th</sup> century, hospitals in the United States—including Pennsylvania Hospital, one of Hahnemann’s counterparts in Philadelphia—occupied low-rise structures. This same form was adopted by the World War I hospitals, as they set up in large fields. As they expanded, these hospitals distributed their functions across multiple low-rise structures, such as pavilions or wards, in which each structure essentially specialized in a particular hospital function or patient type. The patient was cycled through multiple pavilions as they progressed from intake to treatment to recovery and check-out. Any measure of architectural efficiency was based on this choreography, not on any actual concentration of activity or physical space.<sup>111</sup>

In urban settings, where hospitals were often concentrated in and competed with each other at all times, new buildings allowed hospitals to vie for reputation, patients, and new hires.<sup>112</sup> This sentiment was similar with medical schools that often competed to lure perspective students. Administrators, therefore, invested in materials, equipment, fixtures, and support staff—all of which came at a typically high cost. With urban land prices skyrocketing in the early-20<sup>th</sup> century, they could not also invest in expensive land. This meant that urban hospitals, much like other building typologies at this time, needed to consider economies of scale; they had an incentive to make their footprints as compact as possible, tacking on floors rather than property parcels to expand their square footage. Thus, the low-rise pavilion style hospital that was popular in the 19<sup>th</sup> century was no longer appropriate or desirable for the American cities of the 1920s; in its place, American cities preferred “vertical hospitals,” or “skyscraper hospitals.”<sup>113</sup>

<sup>109</sup> Kisacky, *Rise of the Modern Hospital*, 235-6.

<sup>110</sup> Burling, “Hahnemann University Hospital.”

<sup>111</sup> Ibid.

<sup>112</sup> Ibid.

<sup>113</sup> Kisacky, *Rise of the Modern Hospital*, 4.

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This model of hospital was organized vertically, not horizontally. It maximized efficiency and collaboration for doctors and nurses and minimized the distance between any patient room and exterior windows that could offer light and air. The internal floor plans were rationalized further by arranging the functions so that “the maximum number of patients may be visited and treated in the shortest amount of time.”<sup>114</sup> Even the patients themselves were economized: wards typically were segregated by class, with the most private, or expensive, wards on the top floors—with the best views—and the poorest ward patients on the lowest floors, closest to street level.<sup>115</sup>

The creation of the vertical hospital would not have been possible without advances in both technology and medicine in the early 20<sup>th</sup> century. In general, skyscrapers only became feasible once structural engineering enabled buildings to grow to unprecedented heights, and the invention of elevators made it possible for people to reach those new heights. Elevators were all the more necessary for vertical hospitals to succeed, since patients often had impaired mobility.

In a similar vein, skyscrapers only became palatable as a hospital building type because modern medicine had a new understanding of the causes and transmission of disease. Historically, researchers thought that plumbing and other building systems were responsible for spreading disease, and so hospitals isolated these systems in separate structures alongside the primary buildings. This meant that hospitals needed to be low-rise as long as building systems needed to exist in a separate structure; a standalone high-rise tower just for plumbing would not be financially or structurally feasible. As modern medicine learned more about infectious disease, however, they recognized that it was rooted in procedures, not building systems. Thus, modern hospital design could emphasize aseptic building conditions, without having to account for independent system structures. This modern understanding of disease unlocked the modern possibilities of architecture.<sup>116</sup>

Upon opening, the South Tower hospital welcomed patients of all income levels—although, true to the rationalized form of the vertical hospital, they were segregated by class on different floors. The hospital had reserved six of the upper floors for private patients, filling each room with at most two patients. There was one “semi-private” patient floor, and then five lower floors were dedicated to public patients, with up to six patients in a room.<sup>117</sup> The incorporation of the “public” floor levels highlighted Hahnemann’s dedication to their mission, which, again, was “to afford to all indigent sick persons, medicine and advice gratuitously.”<sup>118</sup> The design of the building’s layout was specifically sourced from its own staff, the group of people perhaps most qualified to design a hospital building.

Hahnemann seized on all of these advantages in planning the South Tower building, the first of what would become a series of vertical hospital buildings on its campus. When the new hospital opened in 1928, replacing its former structure on N 15<sup>th</sup> Street, Hahnemann was only the second

<sup>114</sup> Quoted in Kisacky, *Rise of the Modern Hospital*, 240.

<sup>115</sup> Kisacky, *Rise of the Modern Hospital*, 284.

<sup>116</sup> Ibid 241-2.

<sup>117</sup> Kisacky, *Rise of the Modern Hospital*, 284; “Hahnemann Hospital plans skyscraper,” *Philadelphia Inquirer*, March 1, 1927, 2.

<sup>118</sup> Quoted in Rogers, *An Alternative Path*, 35.



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hospital in Philadelphia that could lay claim to the modern vertical hospital building typology; Jefferson Hospital completed a building of similar scale in 1924, the Thompson Building, which is still in use as a medical facility. Hahnemann's building was seen as so modern that one newspaper celebrated its opening as a "skyscraper of healing."<sup>119</sup>

Hahnemann's vertical hospital represented an economy of scale in more ways than one for the institution. The new building replaced the old building on N 15<sup>th</sup> Street and instantly expanded the hospital's capacity by 53% (from 457 patient beds to 700). The medical college benefited even more from the construction of the new vertical hospital; in relocating to the 15<sup>th</sup> Street building, the school more than doubled its student body capacity (from 350 students to 800).<sup>120</sup> This expanded Hahnemann's internal pipeline of talent and allowed it to compete with its peer institutions for external hires.

As just the second vertical hospital in the city, Hahnemann demonstrated how the functions and floor plans of a skyscraper could be adapted to a medical facility. It represented advances in both structural engineering and medicine, demonstrating modern architecture made possible only by modern germ theory.

Despite the fanfare and initial impact of the "new" hospital building in 1928, the need to expand and update at the complex was almost immediate. While Hahnemann could exalt its new hospital building, its cobbled together and aged teaching facilities were no longer adequate to meet the needs of modern medicinal training, let alone attract top talent and students. Less than two decades later, the hospital and school were placed on probation by the American Medical Association and the Association of American Medical Colleges. In retrospect, this action appears to have had a profound impact on the growth and organizational success of the hospital through the remainder of the 20<sup>th</sup> century. Both the hospital and school were penalized for a variety of reasons including: nepotism in the admissions process; limited responsibilities for students in their clinical year; limited patients available to students; the hospital building itself contained a limited number of meeting rooms; and, the hospital did not feature surfaces for students and doctors to take adequate notes. As a result, an independent academic dean was hired to enact significant change.<sup>121</sup>

Change was in place by the 1950s, when the hospital and school were placed off of probation. At that time, the school and hospital were gaining a reputation as a research facility. Among the many important moves made in the mid-century period, was the hiring Charles Bailey, a pioneer in cardiovascular care and surgery. Bailey's presence in the hospital's Cardiovascular Research Institute resulted in new patients and increased funding. Additionally, Bailey conducted the very first closed heart repair on a stenotic mitral valve in the South Tower building.<sup>122</sup>

Alongside the cardiovascular center, in 1957, then chairman of the Department of Medicine at the school, John H. Moyer, developed a research program to deal with the treatment of

<sup>119</sup> "Girard's Talk of the Day," 10.

<sup>120</sup> Ibid.

<sup>121</sup> Rogers, *An Alternative Path*, 134-168; Beisert and Peitzman, 28-29.

<sup>122</sup> Rogers, *An Alternative Path*, 168-169; Beisert and Peitzman, 29.

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hemodialysis and kidney failure. This work later led to the establishment of Pennsylvania's first major dialysis center in 1970.<sup>123</sup>

This high level of change both physically and philosophically greatly distanced the institution from its homeopathic roots. Although aspects of homeopathy have taken root in mainstream medicine, homeopathy was no longer taught at the school by 1959. That year, Garth Boericke, the last remaining professor of homeopathy, retired.<sup>124</sup> The course had not been considered a requirement since 1945.<sup>125</sup>

The second half of the 20<sup>th</sup> century also saw the reshaping of the complex into its present configuration. The completion of the Nurses' Residence, Feinstein Polyclinic Building, Bobst Building, New College Building, and North Tower addition fulfilled an earlier dream for the institution that was not possible during the Great Depression. The contributing buildings significantly expanded the school's capabilities, including the expansion of the Nursing School, as well as the departments and capabilities of the hospital itself. By the late 1970s, when the North Tower addition opened, the hospital treated over 50,000 patients annually.<sup>126</sup> At that time, it had a thoroughly modern emergency room that aided in diminishing the number of fatalities in section of Philadelphia with the highest mortality rate.

Other institutional hospitals, such as Penn Medicine and Thomas Jefferson University also saw an increase in development during this time. Thomas Jefferson University already had constructed the Thompson Building (1924) and the Curtis Building (1931) on the same block as the Main Hospital Building, constructed in 1907.<sup>127</sup> In addition to these large medical facilities, Percival Foerderer, chairman of the board of trustees for the university and avid philanthropist—funded the construction of the "Pavilion Building" (later the Foerderer Pavilion) in 1954.<sup>128</sup> The vertical hospital was constructed on the west end of the block, abutting S 11<sup>th</sup> Street, and connected to the Thompson building's west elevation. The Pavilion offered "hotel-like room accommodations and state-of-the-art medical facilities" similar to the North Tower at Hahnemann Hospital.<sup>129</sup> In 1974 the city created the Municipal Housing Authority, an agency that was able to finance and facilitate the expansion and development of hospitals throughout the city. Between 1974 and 1985, the agency issued \$1.25 billion in bonds.<sup>130</sup> In 1978, the Gibbon building was constructed between S 11<sup>th</sup> and S 10<sup>th</sup> Street, abutting Chestnut Street. The construction of the Gibbon Building marked a massive expansion in the capacity of the hospital, and interconnected via a multi-story sky bridge to the Foerderer Pavilion across Sansom Street—acting as a north expansion of the already developed block.

<sup>123</sup> Burling, "Hahnemann University Hospital."

<sup>124</sup> Beisert and Peitzman, 29.

<sup>125</sup> Burling, "Hahnemann University Hospital."

<sup>126</sup> Chris Pomorski, "The Death of Hahnemann Hospital," *The New Yorker*, May 31, 2021, para. 2.

<sup>127</sup> "A Brief History of Thomas Jefferson University," Thomas Jefferson University, 2023, <https://library.jefferson.edu/archives/exhibits/history/today.cfm>.

<sup>128</sup> Cary Majecwicz, "Foerderer Family Papers: 1881-ca.1997" (The Historical Society of Pennsylvania, April 2008), Collection 3102, The Historical Society of Pennsylvania Archives, [https://hsp.org/sites/default/files/legacy\\_files/migrated/findingaid3102foerderer.pdf](https://hsp.org/sites/default/files/legacy_files/migrated/findingaid3102foerderer.pdf).

<sup>129</sup> "Our History," Thomas Jefferson University, 2023, <https://www.jefferson200.org/history.html>.

<sup>130</sup> Guian McKee, "Hospitals (Economic Development)," *Encyclopedia of Greater Philadelphia*, 2017, <https://philadelphiaencyclopedia.org/essays/hospitals-economic-development/>.

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The Hospital of the University of Pennsylvania also expanded in the mid-to-late-twentieth century. While the hospital was already a dedicated cluster of buildings along Pine Street by 1950, multiple additions between circa 1952 and circa 1977, which included a vertical hospital along S 34<sup>th</sup> Street in circa 1973.<sup>131</sup> Research uncovering the impetus for the development of these individual buildings is not readily accessible at this time. Further research may be conducted in the future to make a more thorough comparison between these medical institutions.

By the end of the 20<sup>th</sup> century, Hahnemann had supplanted its place in history among the important medical facilities in Philadelphia. A significant number of medical firsts took place in either the school or the hospital. In addition to housing the first X-ray technology school in the country and Pennsylvania's first major dialysis unit, the hospital was the location of the greater Philadelphia area's first successful kidney and bone marrow transplants, which occurred in 1963 and 1976, respectively. In 1986, Hahnemann was the location of the first Level 1 Trauma Center in Philadelphia.<sup>132</sup>

On top of those significant events, the hospital played an integral role in the personal lives of countless patients and their families. The hospital was a place of both joy and sorrow, where individuals received good and bad news, were successfully treated to carry on with long, successful lives, and, among many, many other things, welcomed children. In fact, prominent actress and former Princess of Monaco, Grace Kelly, was born at Hahnemann in 1929, just after the South Tower building opened.

Throughout the 20<sup>th</sup> century, and well into the 21<sup>st</sup> century, Hahnemann remained dedicated to treating the less fortunate. At the time of closing, one *Inquirer* journalist went so far as to call the hospital "a safety net for Philadelphia's poor."<sup>133</sup> Due to its location on North Broad Street, the hospital served the medical needs for most of North Philadelphia, one of the poorest areas of the city.<sup>134</sup> In fact, the high number of patients with lesser means treated at the hospital was cited as one of the reasons it was forced to close in 2019. In looking back at the history of the hospital, one administrator explained that "the doctors at Hahnemann were there because they wanted to be there... Hahnemann took care of the people that no one else wanted to take care of."<sup>135</sup> The local significance of Hahnemann can sadly be seen most in its closure, marked by public protest and mourning over a facility that took care of so many in need, with limited other possibilities, even within a city so rich with medical care.

Although the hospital portions of the site have all for the most part closed, save for the continued use of the dialysis treatment center in the Bobst Building, Hahnemann remains a prominent landmark at the north end of Center City. Drexel University's College of Medicine remains active in the New College Building. The college and hospital's profound and prolonged impact effectively illustrates the history of the American medical field, stretching from Samuel

<sup>131</sup> "Historic Aerials Viewer," Nationwide Environmental Title Research, 2023, <https://historicaerials.com/viewer>.

<sup>132</sup> Burling, "Hahnemann University Hospital."

<sup>133</sup> Burling, "Hahnemann University Hospital."

<sup>134</sup> "Map: Income and Poverty in the Philadelphia Region - Philly," Philadelphia Inquirer, December 5, 2014, <http://www.philly.com/philly/infographics/medianincome.html>.

<sup>135</sup> Pomorski, "The Death of Hahnemann Hospital."

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Hahnemann's homeopathic pedagogy to the establishment of a major inner-city hospital complex.

## **Conclusion**

The buildings within the Hahnemann Medical College & Hospital Complex have served Philadelphia for nearly a century as a prominent fixture in the city's medical community. The subject district, whose earliest extant building dates to 1928, saw expansive growth and advancement resulting in its transformation from a small homeopathic college to one of the city's most "modern" medical institutions. The collection of existing buildings, which were constructed between 1928 and 1979, convey this shift, displaying the institutions' most prominent years where both the school and the hospital grew renowned as a research facility. As an urban medical complex, located in Philadelphia's Center City, the individual buildings generally consist of high-rise towers that display popular architectural styles of their respective dates of construction applied to hospital and educational building. As such, the Hahnemann Medical College & Hospital Complex is locally significant under Criterion A in the category of HEALTH/MEDICINE.



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**Previous documentation on file (NPS):**

- ☒ preliminary determination of individual listing (36 CFR 67) has been requested  
☐ previously listed in the National Register  
☐ previously determined eligible by the National Register  
☐ designated a National Historic Landmark  
☐ recorded by Historic American Buildings Survey #  
☐ recorded by Historic American Engineering Record #  
☐ recorded by Historic American Landscape Survey #

**Primary location of additional data:**

- ☒ State Historic Preservation Office  
☐ Other State agency  
☐ Federal agency  
☐ Local government  
☐ University  
☐ Other  
Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** PA SHPO #2022RE02685

**10. Geographical Data**

**Acreage of Property:** 4.21

**Latitude/Longitude Coordinates:**

1. Latitude: 39.95716 Longitude: -75.16358

**Verbal Boundary Description**

The boundary is formed by Vine Street to the north, N. Broad Street to the east, Race Street to the south, and N. 15<sup>th</sup> Street to the west. Within the boundaries are #245-31 N. 15<sup>th</sup> Street (parcel number 002N110386) to the northwest, and #222-48 N Broad Street (002N110387) to the northeast, 216-20 N. Broad Street (002N110385) to the east, #200-14 N Broad Street (002N110389) to the southeast, #201-19 N 15<sup>th</sup> Street (002N110390) to the southwest, #221-23 N. 15<sup>th</sup> Street (002N110388) to the east. Sidewalks are not included within the property boundary.

**Boundary Justification**

The boundary for the Hahnemann Medical College and Hospital Complex reflects the historic and current tax parcel boundaries for each property in the district (See Figure 24 Below) and includes all extant resources historically associated with the site.



Hahnemann Medical College and Hospital Complex Historic District  
Name of Property

Philadelphia, PA  
County and State

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**11. Form Prepared By**

Name: Nick Kraus/Michael LaFlash/Nika Faulkner

Organization: Heritage Consulting Group

Address: 15 W Highland Avenue, Philadelphia PA 19118

Telephone: 215-248-1260 Email: chamilton@heritage-consulting.com Date: 1/30/2024

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**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Hahnemann Medical College and Hospital Complex Historic District  
Name of Property

Philadelphia County, PA  
County and State

### Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

### Photo Log

Name of Property: Hahnemann Medical College and Hospital Complex Historic District  
City or Vicinity: Philadelphia  
County: Philadelphia  
State: PA  
Photographer: Nick Kraus, Heritage Consulting Group  
Date Photographed: March 2023

### Description of Photograph(s) and number:

1 of 31: Hospital Building, Original South Tower of the Hospital Building, East Elevation, looking west.

2 of 31: Interior, First Floor, view of the entrance vestibule looking east.

3 of 31: Interior, First Floor, view of a preserved room looking east.

4 of 31: Interior, Upper Floor, view of the elevator bank looking southwest.

5 of 31: Hospital Building, North Tower Addition, East Elevation, looking west.

6 of 31: Hospital Building, North Tower Addition, North Elevation, looking southwest.

7 of 31: Interior, First Floor, view of the elevator bank, looking west.

8 of 31: Interior, First Floor, view of the first-floor lobby, looking northeast.

9 of 31: Interior, Upper Floor, view of an upper floor elevator bank looking west.

10 of 31: Interior, Upper Floor, view of a typical surgery room looking southwest.

11 of 31: Myer Feinstein Polyclinic Building (left), Hospital Building including original South Tower (center), and North Tower addition (right), looking west.

12 of 31: Myer Feinstein Polyclinic Building (left), Hospital Building (South Tower, right), East Elevations, looking west.

13 of 31: New College Building (left), Myer Feinstein Polyclinic Building (center), South Tower (rear, behind Feinstein), South Elevations, looking north.

Hahnemann Medical College and Hospital Complex Historic District

Philadelphia County, PA

Name of Property

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14 of 31: New College Building (left), Noncontributing Mechanical Enclosure (center), Nurses' Residence (right), West Elevations, view looking east.

15 of 31: Interior, Third Floor, view of an exam room in the Feinstein Building looking northeast.

16 of 31: Interior, Fifth Floor, view of a typical corridor the Feinstein Building looking west.

17 of 31: New College Building (left), Mechanical Enclosure (center), Nurses Residence (right), West Elevations, view looking northeast.

18 of 31: Hospital Building (North Tower addition, left), New College Building (right), North Elevations, looking southeast.

19 of 31: Nurses Residence (left), New College Building (center), Race Street Ramp (center), South Elevations, looking north.

20 of 31: Interior, First Floor, view of the lobby of the New College Building looking south.

21 of 31: Interior, First Floor, view of an interior passage and room inside the New College Building looking east.

22 of 31: Interior, Eighth Floor, view of a typical upper floor interior passage in the New College Building looking north.

23 of 31: Interior, Nineteenth Floor, view of an office space in the New College Building looking east.

24 of 31: New College Building (left), Bobst Building (right), South Elevations, view looking northeast.

25 of 31: Interior, First Floor, view of the entrance lobby in the Bobst Building looking southwest.

26 of 31: Interior, Seventh Floor, view of the central elevator bank in the Bobst Building looking northwest.

27 of 31: Interior, Seventh Floor, view of a typical lab space in the Bobst Building looking northwest.

28 of 31: Nurses' Residence (right), Mechanical Enclosure (center), New College Building (left), West Elevations, view looking southeast.

29 of 31: Nurses' Residence (left), Ramp and New College Building (Center) Bobst (right), South Elevations, view looking northwest.

Hahnemann Medical College and Hospital Complex Historic District

Philadelphia County, PA

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30 of 31: Surface Parking Lot and loading dock beyond, looking northwest at Nurses' Residence (left), New College Building (center-left), Bobst (center-right), and Myer Feinstein Polyclinic (right), view looking northwest.

31 of 31: New College Building (left), Non-contributing Mechanical Enclosure (center), Nurses' Residence (right), West Elevations, view looking east.

### **Index of Figures:**

1 of 24: Site Map. Image Source: Google. Accessed June 21, 2023.

2 of 24: Circa 1890 Advertisement – Hahnemann Hospital Building (left), Hahnemann College (center), Maternity Department (right)

3 of 24: Circa 1915 Lithograph illustrating additional buildings fronting 15th Street.

4 of 24: 1917 Sanborn Map: Hahnemann Campus – Note all are free-standing buildings with separate, distinct functions.

5 of 24: 1925 Historic Image, Hahnemann Medical College & Hospital on N Broad Street, this building was demolished to make way for 1928 South Tower.

6 of 24: 1930s Historic image of South Tower (Source: James Dillon Collection, Athenaeum of Philadelphia)

7 of 24: Circa 1950 Photo: Klahr Auditorium interconnected with north half of 1890 building. Utilized from 1937-1968 when 1890 section was demolished and replaced with the "New College Building."

8 of 24: 1937 Aerial Photo: Looking North at Construction of Klahr Auditorium which was interconnected with north section of 1890 building. Note, at center, is the 3-story former "clinic" section of the 1890 building. 1928 South Tower to the east is separate from the 1890 building except for a pass-through at the first floor.

9 of 24: 1964 Aerial Photo: Looking Northeast, illustrating 1890 "Clinic" section removed, confirming South Tower was "free-standing."

10 of 24: 1950 Sanborn Map: Showing two pass-throughs between College Building (1890 Building and Klahr Auditorium) and Hospital Building (South Tower) highlighted. Buildings were not fully interconnected.

11 of 24: The 1938 proposed design for Hahnemann Medical College by Horace Trumbauer, of which only the wing to the right (south) was built. (Source: The Athenaeum of Philadelphia, Hahnemann Collection)

12 of 24: Pre-1970 Photograph showing the New College Building's 1938 section prior to construction of the 1970 portion.



Hahnemann Medical College and Hospital Complex Historic District

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Name of Property

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13 of 24: 1950 Sanborn Map: Illustrating Hahnemann Campus. Note, two additional smaller buildings at the north end converted for meeting rooms, Nurses quarters and a "Chemical Physical Laboratory."

14 of 24: 1962 Development Rendering: 1. Nurses' Residence; 2/3. Clinical Research Building and Surgical Pavilion (Bobst); 4. Hospital Building (South Tower); 5. Klahr Auditorium; 6. College Basic Science Building; 7. Out Patient Clinic (realized as Myer Feinstein Polyclinic)

15 of 24: 1963 Nurses' Residence: 1962 Rendering illustrating the Nurses' Residence as a new, free-standing building.

16 of 24: 1964 Rendering of Bobst Building

17 of 24: 1967 Aerial Photo illustrating Hahnemann physical plant.

18 of 24: 1960s Rendering of Myer Feinstein Polyclinic Building

19 of 24: 1969 Photograph, looking north at the demolition of the 1890 Building as part of the construction of the Basic Science Building (New College Building). Photo is looking at north wall of the Klahr auditorium, which would be fully integrated with the new construction.

20 of 24: Basic Sciences Building (New College Building): 1967 Architectural Rendering

21 of 24: 1976 Sanborn Map illustrating the Hahnemann Complex just prior to construction of the North Tower.

22 of 24: 1976 Construction Photo: Illustrates site of North Tower looking west. East elevation of New College Building in the background with a loading dock at the ground floor and blank wall above. North elevation of South Tower is in the photo to the left. This location would be utilized to connect the South and North Towers to create a single "hospital building."

23 of 24: 1981 Photograph, showing South Tower in relation to North Tower at right.

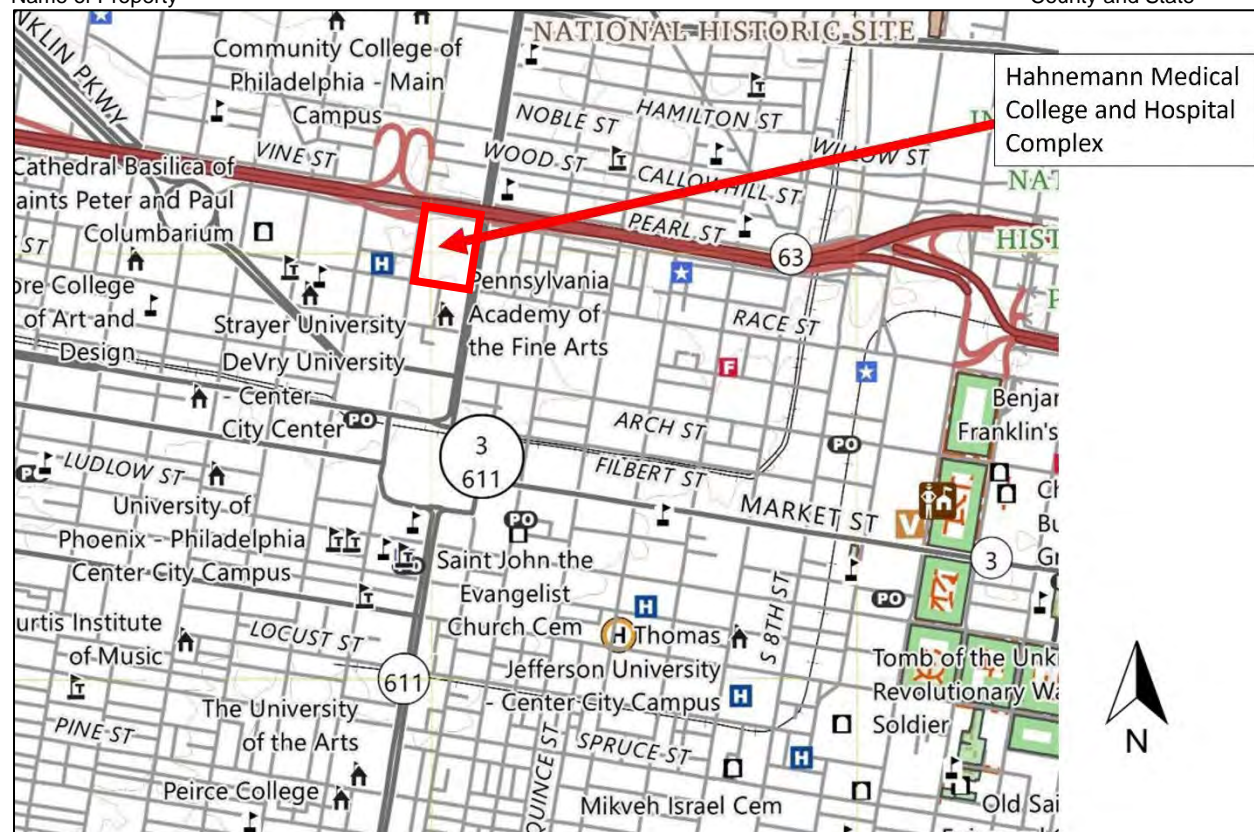
24 of 24: USGS 7.5-Minute Series Topographical Map. Location of property indicated by red arrow. Source: <https://ngmdb.usgs.gov/topoview/viewer/#15/39.9576/-75.1641>

Hahnemann Medical College and Hospital Complex Historic District

Philadelphia County, PA

Name of Property

County and State



**Figure 24:** USGS 7.5-Minute Series Topographical Map. Location of property indicated by red arrow. Source: <https://ngmdb.usgs.gov/topoview/viewer/#15/39.9576/-75.1641>

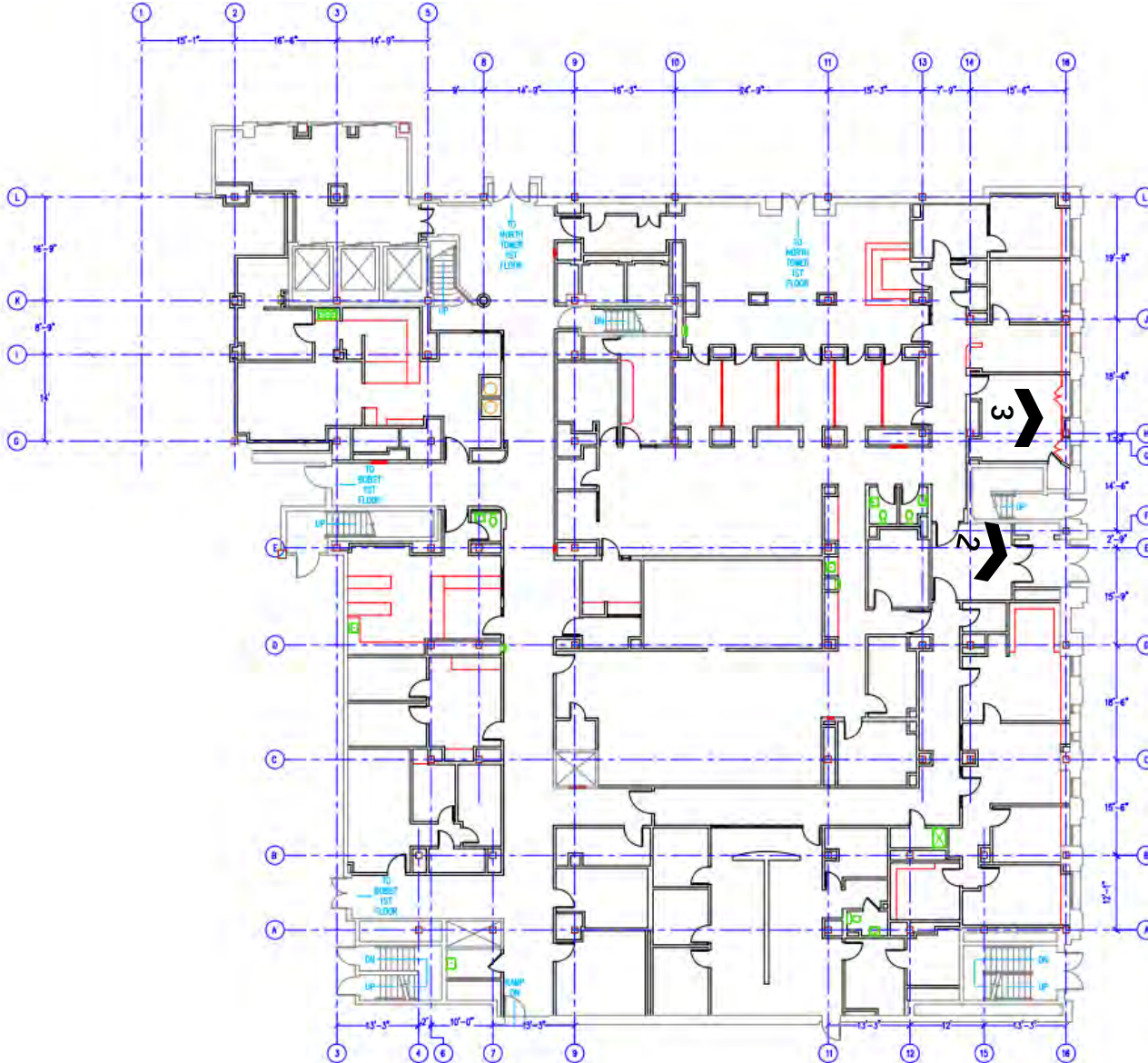
**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

**[South Tower Exterior and Interior - First Floor]**

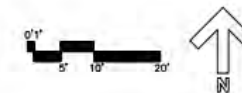
**Photos [1-3]**

Yellow arrow indicates starting point





*Yellow arrow indicates starting point*



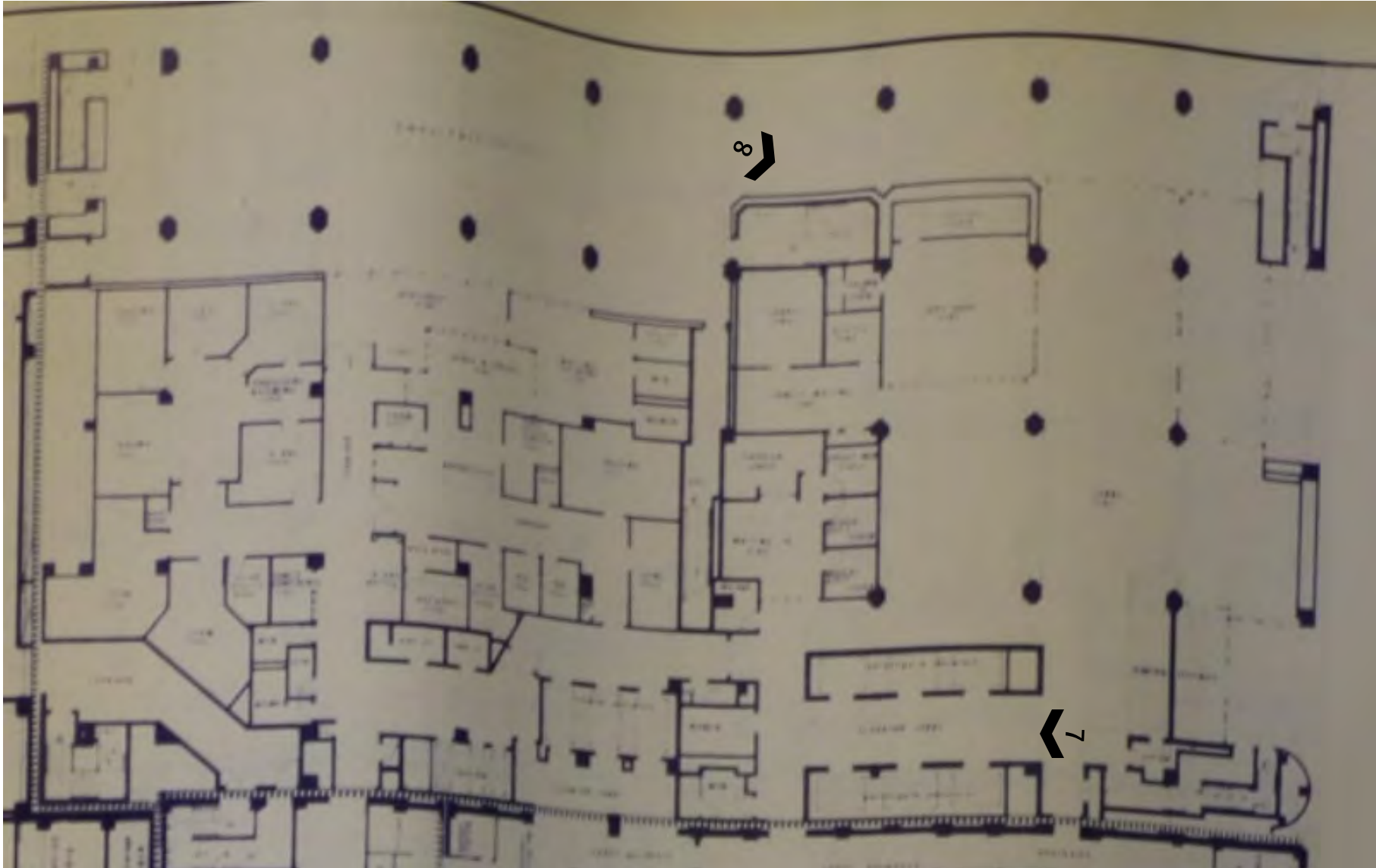


**[North Tower Exterior and Interior - 1<sup>st</sup> Floor]**

**Photos [5-8]**

*Yellow arrow indicates starting point*

6



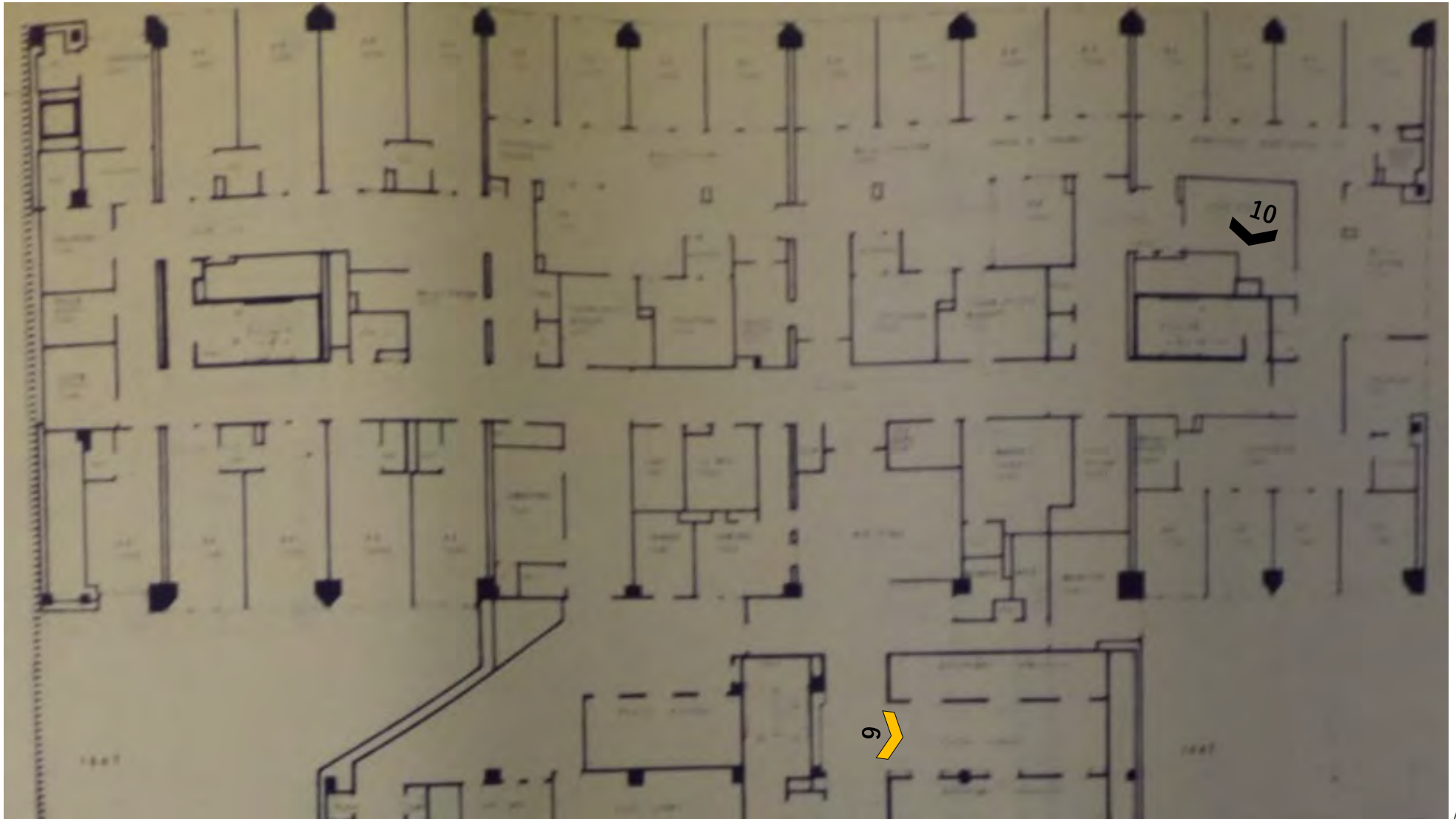
5



**[North Tower Interior - Upper Floor]**

**Photos [9-10]**

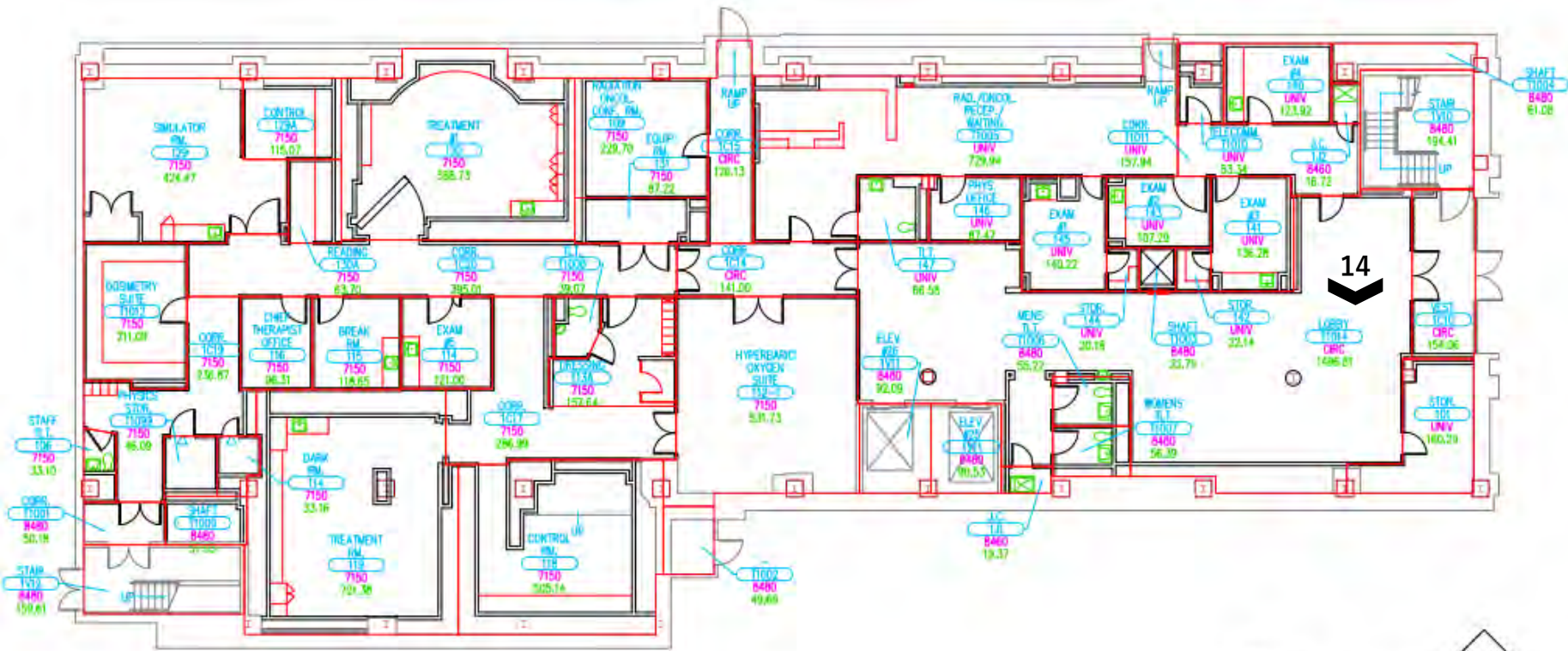
*Yellow arrow indicates starting point*



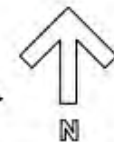
**[Feinstein Building Exterior and Interior - First Floor]**

**Photos [11-14]**

Yellow arrow indicates starting point



0' 1"  
5' 10' 20'



**HAHNEMANN UNIVERSITY HOSPITAL  
FEINSTEIN BUILDING  
FIRST FLOOR**

△ AREA COULD NOT BE ACCESSED DURING ATG SURVEY



*Yellow arrow indicates starting point*



ARFA COULD NOT BE ACCESSSED DURING ATO SURVEY

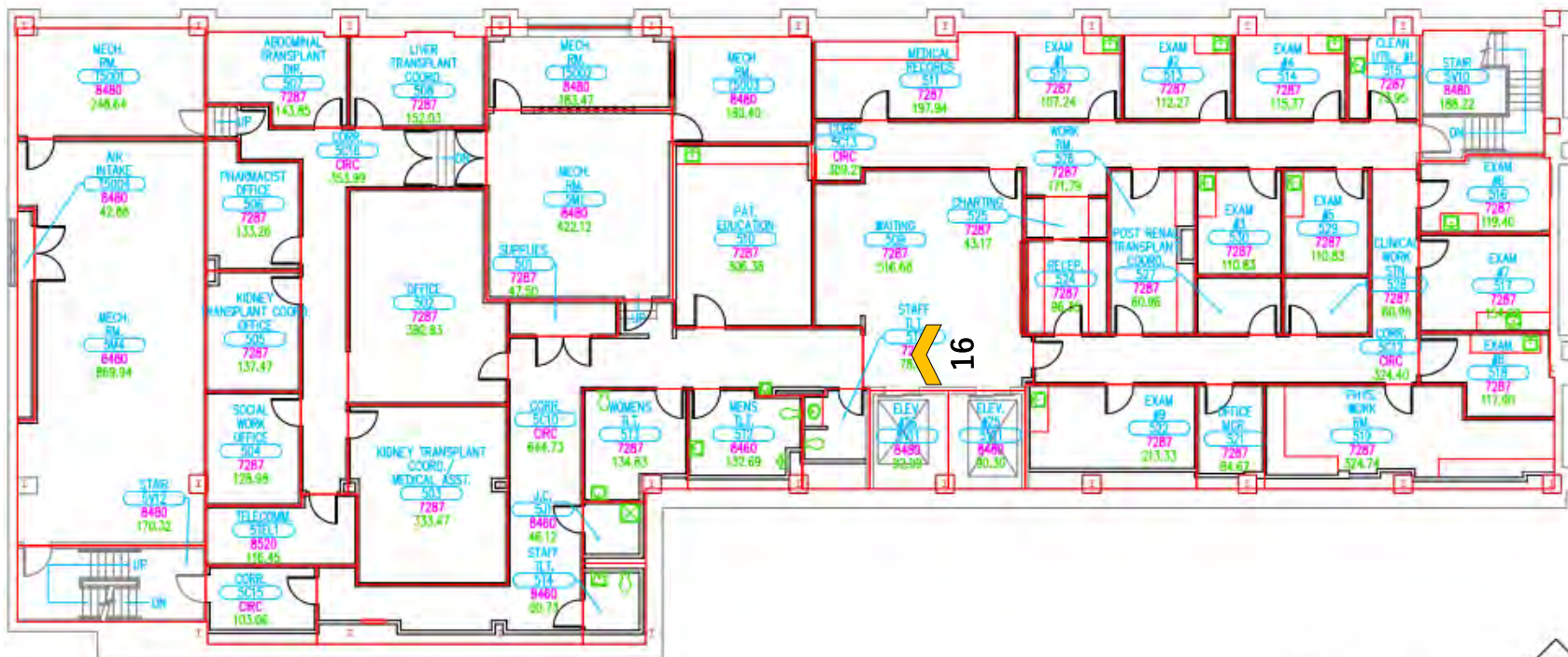




**[Feinstein Building Interior - Fifth Floor]**

**Photos [16]**

Yellow arrow indicates starting point



**[New College Building Exterior and Interior - First Floor]**

**Photos [17-21]**

*Yellow arrow indicates starting point*





**[New College Building Interior -Eighth Floor]**

**Photos [22]**

*Yellow arrow indicates starting point*



*Yellow arrow indicates starting point*

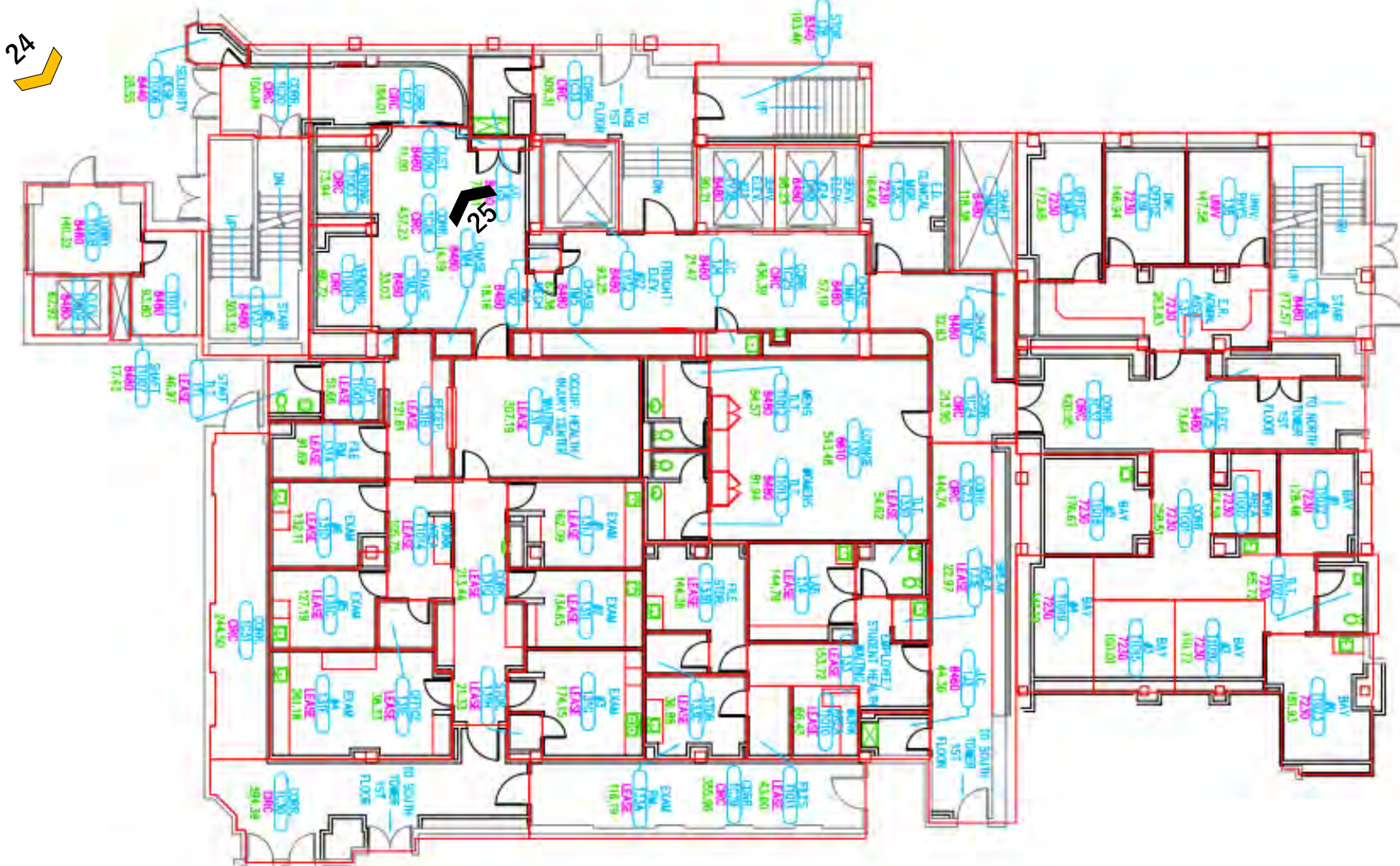




**[Bobst Building Exterior and Interior - First Floor]**

**Photos [24-25]**

Yellow arrow indicates starting point



Yellow arrow indicates starting point





**[Nurses' Residence and Surface Parking Garage Exterior]**

**Photos [28-31]**

*Yellow arrow indicates starting point*

