

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 How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. 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. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Woman's Medical College of Pennsylvania

other names/site number Medical College of Pennsylvania; Medical Campus of Philadelphia

2. Location

street & number 3300 Henry Avenue not for publication N/A

city or town Philadelphia vicinity N/A

state PA code PA county Philadelphia code 101 zip code 19129

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 nationally statewide x locally. (See continuation sheet for additional comments.)

Andrea M. Donahoe September 24, 2008
Signature of certifying official Date

Pennsylvania Historical & Museum Commission

State or Federal Agency or Tribal government

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of commenting official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register _____
 See continuation sheet.
- determined eligible for the _____
National Register
 See continuation sheet.
- determined not eligible for the _____
National Register
- removed from the National Register _____
- other (explain): _____

Signature of 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

Number of Resources within Property

Contributing	Noncontributing
<u>6</u>	<u>2</u> buildings
<u>1</u>	_____ sites
_____	_____ structures
_____	_____ objects
<u>7</u>	<u>2</u> Total

Number of contributing resources previously listed in the National Register 0

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

6. Function or Use

Historic Functions (Enter categories from instructions)

Cat: Health Care Sub: Hospital
Clinic

Education
College
Research Facility

Current Functions (Enter categories from instructions)

Cat: Domestic Sub: multiple dwelling
Health care medical office

7. Description

Architectural Classification (Enter categories from instructions)

20th Century Colonial Revival; Federal Revival
Modern; moderne; International Style

Materials (Enter categories from instructions)

foundation Brick
roof Built up roofing, fiber-reinforced fabric and bitumin
walls Brick
other limestone trim

8. Statement of Significance

Applicable National Register Criteria (Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

- 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 (Mark "X" in all the boxes that apply.)

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or a grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance (Enter categories from instructions)

Health/Medicine
Education
Architecture

Period of Significance c1890 – 1969

Significant Dates 1929, 1950, 1959, 1966, 1969

Significant Person (Complete if Criterion B is marked above): N/A

Cultural Affiliation : N/A

Architect/Builder Ritter & Shay; Schmidt, Garden & Erikson;
George M. Ewing; Ewing, Cole, Erdman, Cherry

9. Major Bibliographical References

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

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 # _____

Primary Location of Additional Data

- State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other

Name of repository: CivicVisions LP

10. Geographical Data

Acreage of Property approximately 5 acres

UTM References (Place additional UTM references on a continuation sheet)

- | | Zone Easting | Northing | Zone Easting | Northing | |
|--|--------------|------------------|------------------|----------|----|
| 1. | <u>18</u> | <u>E 0484322</u> | <u>N 4429186</u> | | 2. |
| 3. | | | | | 4. |
| <input type="checkbox"/> See continuation sheet. | | | | | |

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title George E. Thomas, Ph.D.

organization CivicVisions, LP date Nov 2006

street & number 2029 Walnut Street telephone 215-563-1555

city or town Philadelphia state PA zip code 19103

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.

A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)

name

street & number

Telephone:

city or town _____ state __ zip code __

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. 470 et seq.). A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the 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 Keeper, National Register of Historic Places, 1849 "C" Street NW, Washington, DC 20240.

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Description:

The third, final and longest serving campus for Woman's Medical College occupies a large site in the East Falls neighborhood of Philadelphia at Henry Avenue and Abbotsford Road. The property consists of seven contributing and two non-contributing resources. At the front of the property is a two-story, stone gatehouse that was adapted as the "Student Inn," or student center in a pre-existing stable of the earlier William Keefer residence.¹ After serving in that role, it was adapted as medical offices continuing to the present. The entrance drive terminates in a large landscaped parking circle that is the principal landscape feature and is part of the original automobile-focused entrance that terminated with the great portico of the main façade of the 1929 building. In addition to the contributing gatehouse and parking circle the campus contains five contributing medical facilities, the 1929 main building that functioned as administrative, classroom and medical facility with the attached Martha Tracy wing (1954) and Research Building (1959), the Commonwealth Hospital Wing (1966), and the 1950 Preston Building for nursing training and housing. Despite the added wings and pavilions the building complex survives with a high degree of integrity that is reflected in the character of the site, the architectural dominance of the main facade with its great portico and in the continuing institutional feeling of the site. Later additions were carefully sited to the side, as in the case of the Research Building, or to the rear for the later hospital wings, and were placed so as to not detract from the symmetrical façade of the main building. The 1982 Pavilion Hospital Wing and 1990 parking deck are non-contributing. The new pavilion and parking deck as well as attendant open parking lots to the northwest do not affect the significant views while representing the continuation of the institution into the modern era.

The principal resource is the core medical college and hospital building and its facing landscape and driveway (pl. 1). It was designed in two phases, the first consisting of the main administrative and classroom block fronting research and hospital wings. This structure was designed in 1926 and constructed in 1929-1930 from plans by Philadelphia architects, Ritter & Shay. Ritter & Shay's choice of the Federal Revival style in red brick with limestone trim sets the tone of the campus while permitting an efficient cladding of the modern steel frame building. The second phase in the growth of the WMCP campus began after World War II when the core building was more than doubled with a research wing to the east, a clinic wing to the west and a new hospital wing to the south. These additions were carefully sited to preserve the original plan with the research wing extending the original research portion of the main building on the east while the hospital wings extended the original hospital wing on the south and west. This post World War II phase also included the strikingly modern Ann Preston building for nursing education and residence which is set to the rear of the complex.²

The main façade of Ritter and Shay's building is given architectural grandeur by a four-story limestone portico carrying a pediment, the emblem of culturally important institutions of the period. The portico is emblazoned with the inscription "Woman's Medical College of Pennsylvania" across the frieze below the pediment. The portico fronts a pi-plan four-story building that was sited to face the office and classroom wing to the north while the wards and labs were placed on the south side, a scheme that reflected hygienic planning principles of the period. Fenestration is regularly spaced across the front, reflecting both the internal uses and the structural grid and was typically one over one wood sash. The south and west ends of

¹ George Bromley, *Atlas of Philadelphia*, (Philadelphia, 1910) pl. 31.

² *Philadelphia Real Estate Record and Builders' Guide*, v. 41, n. 40, p. 634, 10/6/1926

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the hospital wings were treated as solarium with large windows on three sides, to provide light and air. This type of space was typical of hospital design after the hygiene revolution of the 1870s and 1880s. The Martha Tracy Clinic wing was added in 1954 at the west end of the main façade (pl. 2).

The rear of the hospital shows three projections, the easternmost for the laboratory wing, the center, above the auditorium containing museum and laboratory spaces on the upper levels, and the hospital wing on the west. These continue the main architectural lines with simple punched window openings in the brick wall and limestone trim (pl.3). At the rear of the auditorium projection is the great smokestack of the power plant that was integral in the construction of the original main building (pl. 4). These elements are fully visible from the sides but were screened from the street by the front façade.

Within the main building were lobbies, classrooms, and administrative offices across the front with a rear hospital wing to the west and a lab and research wing to the east. It is entered under the portico through a broken-pediment, colonial doorway flanked by leaded glass side lights (pl. 5). The entrance vestibule is graced by a bas-relief plaque by Clara Hill (1870-1935) of "The Woman Physician." (pl. 6) This integration of fine arts and building embodies the beaux-arts unity of sculpture and architecture that characterized the works of the students of Paul P. Cret.³ The vestibule leads into the central lobby which retains most of the elements of Ritter & Shay's original colonial revival theme. Despite changes to flooring and lighting, the principal elements of the original wood trim of the wainscoting and door surrounds, and the beamed, plaster ceiling and the strong axial plan remain (pl. 7). On axis with the main lobby is an auditorium that references the historic teaching method of the medical amphitheater that remained the norm in medical schools into the 1920s.⁴ This auditorium has been modernized but the raked seating and focus on the far end remains in an architectural volume shaped to the auditorium seating. On either side of the lobby, broad central corridors connect to the teaching and clinical sections of the building. Original art-deco influenced stairs with hygienic slate steps and sleek plywood railings remain in multiple locations (pl. 8). While ceilings have been lowered in some of the corridors, classrooms, and offices and some windows have been replaced, the core building fabric remains with a high degree of integrity reflected in the survival of the principal aspects of the floor plan, as well as surviving room sizes and features.

The architects' organization of the building reflected their awareness of the new ideas about hygienic design and modern efficiency that had reshaped hospitals in the early twentieth century. Their orientation of the building, placing the main façade on an oblique angle to Henry Avenue, reflected the desire to exactly orient the building to the south to bring sunlight with its healthful benefits to the patient as well as for its antiseptic role into all the work areas of the building. The *Bulletin of the Woman's Medical College of Pennsylvania* described the "sun parlors available to all patients," (pl. 9) and remarked on the orientation so that the "building faces north and is so planned that all private rooms and wards in the Hospital have sunlight at some time during the day."⁵ The architects' plan placed laboratories for research

³ For an overview of Cret's teaching see Ann Strong and George Thomas, *The Book of the School: 100 Years: The Graduate School of Fine Arts of the University of Pennsylvania*, (Philadelphia, 1990) 25-43; Hill studied with St. Gaudens, and in Paris, worked in Washington, D.C.

⁴ Thomas Eakins' "Gross Clinic" (1875) and "Agnew Clinic" (1889) exemplify this teaching tradition.

⁵ *Bulletin of the Woman's Medical College of Pennsylvania*, (81:2 December 1930) 2, 3.

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and diagnostic work in the eastern of the two rear wings while the hospital occupied the western wing. This corresponded to the allocation of college and faculty offices to the left of the main lobby and hospital administration to the right. Administrative offices were largely placed across the front of the building on the north side. These rooms are typically smaller in size than the work areas and were variable in size depending on use. They range from tiny faculty offices to more complicated suites, some with outer staff zones.

Laboratories were incorporated into the original plan both as a teaching tool and as a part of up-to-date medical practice continuing an evolution of medical facilities that began with tiny laboratories in the University of Pennsylvania's 1873 hospital with its basement laboratories, to the full ensemble of research labs that characterized medical facilities at the end of the 19th century.⁶ At Woman's the laboratories were designed to serve faculty for their work as well as to provide practical experience for the intended community of 200 students, 50 per class. Anatomy and Histology shared the fourth floor. Pathology, which relied on physical samples that were carefully stored in the adjacent "museum," above the auditorium of the first floor, was placed on the second story with its museum readily available. Chemistry and pathology occupied floors two and three. By stacking the laboratories, chases and pipes efficiently run from level to level. On many of the floors the ends of the laboratory and hospital wing were left undivided as full width spaces, reflecting particular lab and ward requirements. Many of these spaces remain and retain their period lab benches and fittings (pl. 10, 11).

Hospital facilities were similarly ordered in a rational plan that reflected regional industrial logic.⁷ The children's department occupied a portion of the hospital wing at the first floor where it would be immediately encountered near the entrance. While this department moved in 1963 to the Commonwealth Wing, its large spaces remain on the first floor. The operating suite on the fourth floor was designed to be self-contained and separate from the movement and operations of the hospital while recalling the old spatial order of Pennsylvania Hospital with its operating amphitheater on the top story below the skylight that provided the best light. Two major operating rooms and a minor operating room shared pre-and post-operating facilities. Like the medical amphitheaters from Pennsylvania Hospital and those later memorialized in Eakins' paintings at Jefferson and the University of Pennsylvania, these operating rooms contained galleries that enabled students to watch the operations and were designed so that they could be thrown together into larger spaces seating up to 100 when the operation warranted such an audience (*Bulletin*, December 1930, p. 2). These spaces have been removed but their larger footprint is evident on the fourth floor where the central corridor disappears and the space opened into wider areas. The middle floors housed patients in private rooms and wards off central corridors where students would gain practical clinical experience (pl.12). Many of these small rooms remain. At the ends of the hospital wings on the west and south of the building are the sun rooms for the patients. These remain with their distinctive

⁶ An overview of the contemporary University of Pennsylvania plant is in George E. Thomas and David B. Brownlee, *Building America's First University: An Architectural and Cultural History of the University of Pennsylvania*. (Philadelphia: U P Press, 2000) pp. 59-61, 239-253.

⁷ On the application of industrial design character to other building types in Philadelphia, see George E. Thomas, "'The Happy Employment of Means to Ends:' Frank Furness's Library of the University of Pennsylvania and the Industrial Culture of Philadelphia," *Pennsylvania Magazine of History and Biography*, (April 2002), 249-72.

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glazing, attesting to the early twentieth century ideas about the health-giving role of sunshine. Hygienic design was also reflected in the choice of materials for the interior spaces. The laboratory wing was distinguished by exposed plumbing that "gives individuality and easy access to all mechanical wires and pipes" a feature that was "especially valuable in the many laboratories" (p.3). Because masonry could be steam cleaned in the event of an outbreak of infection, many of the walls of the building were of exposed fire brick. Otherwise walls were hard finished plaster with simply detailed baseboards that again followed the ideas of John Shaw Billings on hygienic design.⁸ These features are still typically evident in large portions of the main building.

The building has continued to evolve as the campus grew and as new standards were established for medical buildings. Many of the specialized functions moved to later wings as their spatial requirements changed. The famed family clinic found its own site in the new two story Martha Tracy wing, constructed at the west end of the main façade in 1954 from designs of Board member Elizabeth Fleisher in a style that respected the original building (pl. 2).⁹ The growing college required more classroom space in the 1960s resulting in a new stair to the basement by Schmidt, Garden and Erikson (pl. 13, 14). Laboratory work expanded into the adjacent Research Wing in 1959 (pl. 14) while the surgical suites moved to the Commonwealth Building (pl. 15) in the mid '60s and later to the Pavilion (pl. 24). Despite these changes, the core of the building and its varied uses are still in evidence. The public spaces retain their architectural details while, in the research and clinical zones, brick lined corridors and the original exposed plumbing and wiring are still in evidence and give the interior a modern character at odds with the federal-styling of the exterior.

The hospital and college were enlarged and updated in the decade of WMCP's centennial, beginning in 1950 with the construction of the separate nursing building (see below, another work by Roth and Fleisher, but with design assistance from the important regional modernist Thaddeus Longstreth) and continuing in 1955-59 with the research additions and revisions to the 1929 building by the important Chicago firm of Schmidt, Garden & Erikson. At Woman's Medical, their first project was the modernist research wing on the east that reflected the interests of then Dean, Marion Fay, who reshaped the college toward her research training. Planning for the new wing began in 1955. It frames the entrance drive and continued the original red brick and limestone trim of the original building (pl. 1, 15). It is accented by a limestone end wall facing Henry Avenue that reflects the shift from the architecture of detail to one of material while also denoting the scientific rigor of the new building. The transition between the 1959 wing and the 1926 building is announced by a modern vertical joint of limestone piers and slate spandrels that sets off the new wing from the old. It is entered through a separate marble-framed entrance with the date, 1959, carved in the base.

Above the entrance to the Research Wing is a sculpted limestone plaque of women doctors and researchers, a reference to Carl Erikson's study at the University of Pennsylvania under Cret in the early

⁸ Billings had an important impact on Philadelphia medical buildings because of his presence in the city at the end of the 19th century as the head of the Lea Institute of Hygiene at Penn which provided instruction to architects in hygienic design.

⁹ Drawings on file at Falls Center.

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twentieth century.¹⁰ (pl. 15) Another reference to the aesthetic of the original building is a pair of stylized, oversized keystones above the windows over the door. The principal architectural feature of the interior is a separate lobby that isolated circulation to the research division from the hospital. This space is a carefully conceived modernist's design accented by a sleek marble wall engraved with the building's name and a contrasting black marble bench. The lobby is further embellished with stainless doors and frames which form a small vestibule in which are installed the datestones from the earlier hospitals where Woman's Medical College's research had its origins. Stainless elevator doors are on the opposing wall. These features remain fully intact.

Beyond the lobby, the new Research Wing was designed along strictly utilitarian lines with a simple column and beam system permitting maximum flexibility of the interior. Floor plans show the result of this flexibility with central corridors on some floors while on others corridors were pushed against the window, or entirely disappeared. The Chicago architects also added the second modern student and clinic entrance to the right of the main entrance on the main building and revised the teaching wing of the main block in 1964. This space continued their strategy of modern materials used simply with oak paneling, marble walls, and slate floors giving a stark and contemporary look.

Schmidt, Garden and Erikson were followed on the site by George M. Ewing. Ewing designed the so-called G.S.A. or Commonwealth Wing that stands across the axis of the hospital and filled in the remainder of the hilltop site. Planning for the Commonwealth Wing began in 1962 and construction was completed in 1968. This structure again made Woman's Medical College the equal of its medical peers in the city. Ewing chose a post-Saarinen modern style that complemented the two earlier architects' decisions in material, general symmetry around a central axis that marked the circulation, and in the punched windows in a field of brick (pl. 3, 16). This building established the new model of hospital planning with a central core of offices and nurses' station framed on both sides by circulation that served the patient rooms along the perimeter. The so-called "race-track" scheme remains a standard to the present.

In the Commonwealth wing, most of the patient rooms were doubles and singles marking the end of hospital wards that had characterized medicine dating back to the middle of the 19th century and continued with large ward spaces complemented by private rooms in the original Ritter & Shay design. The upper levels of the Commonwealth building retain the room subdivisions. Other floors were more open in plan, particularly the level containing the staff dining rooms and kitchen. Some of these rooms span the width of the building and provide a wide array of dining rooms including small private rooms for the doctors who were separated from the staff and the public. Among the notable spaces is the morgue on the ground floor which is finished in yellow tile for hygienic cleanliness and emblazoned with a Latin inscription, to the effect that "Here the dead assist the living." (pl. 18) Many of these spaces remain with a high degree of integrity.

Interior features throughout the Commonwealth building continue the character of the evolving understanding of hygienic design with modern materials taking the place of the brick and wood of the first building. Of particular note is the handsome modern stair with its aluminum railing and the decorative use of finished cement block laid in decorative banding in the stairwells (pl. 17). Vertical circulation is

¹⁰ Architectural Alumni Society, *Book of the School, Department of Architecture University of Pennsylvania 1874-1934*, (Philadelphia, 1934), "School of Nursing, St. Francis Hospital, Pittsburgh, Pennsylvania," np, and p. 165.

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provided in separate zones for the public, near the connecting corridors to the main building and the separate patient and material elevators that are distinguished by hard, glazed, tile walls and stainless fittings. This building continues the sleek detail of the Research wing but with an even stronger commitment to modern minimalism.

In the 1980s Ewing's successor firm, renamed Ewing, Cole, Cherry, Parsky, designed the "Pavilion" patient care facility at the rear of the property that occupies the sloping hillside toward Roosevelt Expressway (24). This site makes the new structure almost invisible from the campus but it becomes a prominent object from the Roosevelt Boulevard that borders the site and from the Schuylkill Expressway to the west. In its exterior design, the most recent wing reflected the modernists' urge to comment on history by reversing the color scheme and making limestone tan the principal color. The building's style reflects the Mitchell / Giurgola mode of Philadelphia modern expression of function by differentiation of massing and fenestration. Within the plan was like Commonwealth with central services and a double line of circulation.

To the rear of the hospital and separate from it is the school of nursing and nurses' dormitory, the Preston Building. Built of brick with concrete expressed in the façade, it was planned in 1949-50 (pl. 19-23). Its designer was Thaddeus Longstreth, a student of the noted California modernist, Richard Neutra and later his associate, in association with Roth & Fleisher. The second-named partner of the associate firm, Elizabeth Fleisher, was one of the first women to pass the architectural registration exams, which together with her role as a member of the college's board accounts for her association on this project. The Preston Building's strongly asymmetrical composition is focused on a striking cantilevered canopy and a cluster of brick chimneys and towers denoting the stairs and elevator and marks the arrival of International Modernism on the campus (pl. 19, 20). It also anticipates Louis Kahn's functional representationalism of function through formal expression that appeared in the Richards Medical Research Laboratories six years later. The Nursing building is remarkably intact with most of its original steel windows. In 1955, it was extended with a third floor by the same architects, representing the growth of the nursing program. Within, its moderne lobby and adjacent student lounge centered on a fireplace and opening onto a balcony are largely intact (pl. 22, 23) as are its long double-loaded corridors and small rooms on either side of the corridor in the residential wing.

As with all technologically critical buildings, the Woman's Medical College and hospital has been continuously updated over time. In service areas ceilings have been dropped to contain more recent HVAC, some corridor and office walls have been resurfaced and new uses have been fit into existing spaces. Nonetheless, the important features that denote the design character of each phase survive. The 1920s Federal Revival style of the main building remains central to the identity of the complex and is clearly in evidence in the main and rear façades of the complex. The Federal Revival style is also apparent in the elegant entry vestibule with its leaded glass side lights and handsome bas relief, in the main lobby with its pilastered door frames, and in the secondary stairs with their art deco quality. Equally, in the work spaces of the building, the utilitarian character of brick walls and exposed pipes are clearly in evidence (pl. 10, 11).

The 1950s modern is evident in the limestone end walls, the sleek marble-framed entrances and lobbies of the Research Wing as well as the new teaching entrance in the main building. Motifs of contemporary design include bright finished aluminum doors, the asymmetrical arrangement of their lobbies, the stark

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modern stair in the 1966 Commonwealth Building. Ewing's design quality is evident in the sleek exterior volume but also in the core stair with its aluminum railing and carefully detailed masonry block finishes, as well as the tile-clad morgue. Notably, all of the post-World War II buildings share loft-like construction that has made it possible to adapt spaces to changing requirements. The 1980s modern pavilion is especially intact because of its recent construction. It too exemplifies modern construction as represented in starkly simple corridors, fire stairs and elevator lobbies.

These buildings of the Woman's Medical College reflect the duality of medical buildings as institutions and as technological centers. At its core, the college's principal identifying features survive with sufficient integrity in appearance, feeling, workmanship, material, setting, design and location to represent the evolution of medical design from civic institution to scientific setting for medical care.

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The East Falls campus of the Woman's Medical College is eligible for the National Register under Criterion A in the areas of Medicine and Education, and under Criterion C in the area of Architecture. It is the principal remaining artifact of one of the crucial institutions of American women's medical education and a significant facility that transmitted up-to date medical practice to its community. On this campus, after 1929 Woman's Medical College was transformed from a Victorian medical school focused on lectures into a modern school with research laboratories and a teaching hospital. Although WMCP was developed in the mid-19th century on the premise that woman had a special mission in medicine, this second campus gave WMCP an up-to-date facility that enabled it for half a century to overcome the vicissitudes that had destroyed other women's schools of medicine.¹¹ It was on this campus that WMCP met its special mission of giving opportunities to women while enabling them to experience a truly female-centered medical training that differed from all other medical schools until the last quarter of the 20th century. This special quality was reflected in its curriculum that found its special focus in women's issues of pediatrics and gynecology and was largely taught by a female faculty under female administrators who supported research practices and training that created a cadre of professional women researchers. In addition, its administration into the 1960s, continued to emphasize the value of women in leading their own school, teaching classes, demonstrating surgical procedures and taking the places usually held by men in most medical schools. Finally, the main building is the work of one of Philadelphia's principal architectural firms, Ritter and Shay while later wings are the works of Schmidt, Garden & Erikson, a national hospital design firm from Chicago, and the important Philadelphia modernist, George M. Ewing. The period of significance begins circa 1890, with the date of the previously existing gatehouse, which was converted for student use by the College when it established its facility at the East Falls location, and ends in 1969 when the school became a co-ed institution.

The East Falls Campus marked three important milestones in the college history. First it was the site of a modern, integrated and model campus that equaled the standards of the day and confirmed the school's position as America's leading woman's medical school and a peer of its male counterparts. Second in the 1930s it was site of the shift to full-time salaried, largely female medical faculty under the impetus of the Weiskotten Commission's threatened withdrawal of accreditation because of the lack of full-time faculty. Third, in the 1950s under Dean Marion Fay, Ph.D. this campus was the site of the creation of an important medical research wing with the focus on preventive and community medicine that trained many women scientists and broke down many of the remaining barriers to women fully participating in medical professions.¹² In the post-World War II years the medical school and its hospital made the evolution to a regional medical center while it remained the nation's only women's medical school until it went co-ed in 1969. As is demonstrated below, the Woman's Medical College of Pennsylvania campus meets Criterion A for its role in women's medical education and medical care. It also meets Criterion C as an example of evolutionary hospital architecture.

Institutional Background:

¹¹ For an overview of women's medical training see Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill, UNC Press, 1985, revised 2000), especially pp. 243-254.

¹² In addition to Morantz-Sanchez, see Steven J. Peitzman, M.D. *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania 1850-1998* (New Brunswick, Rutgers UP, 2000). Morantz-Sanchez appears to lose interest in women's schools after women gain entrance to men's schools.

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The Female Medical School of Philadelphia was conceived in the ferment of the rising women's movement, shortly after the first Woman's Rights Convention was held in Seneca Falls, NY in 1848. The Female Medical College charter was granted in 1850 to a board that included many of Philadelphia's principal civic activists among them William Mullen and educator Thaddeus Stevens.¹³ It was founded in Philadelphia, which, dating back to its founding by members of the Religious Society of Friends, had been more open than most American cities to women taking roles outside the household. Classes began the following fall at 627 Arch Street and graduates began to appear the following year, among them Ann Preston who two years later was appointed to the medical faculty of her *alma mater* and in the following decade became the school dean and a member of the school board.¹⁴ The role of women on the board was another innovation that soon led to a woman as president of the board. Where other woman's schools were led by men, by the end of the 19th century, WMCP was run by a woman-led board, with a woman as dean, and many women on the faculty. By the early 1880s 125 women were attending. The school has added significance for its role in educating some of the earliest important female medical practitioners, notably Ann Preston and Rachel Bodley.¹⁵

In 1862 the college moved to a purpose-built building that was erected next to the Women's Hospital on College Avenue near Girard College. That hospital had been conceived by Ann Preston, (WMCP M.D. 1851) as a place where women professionals could get clinical training. Five years later in 1867, with the same Ann Preston as its dean, the college was renamed as "Woman's Medical College of Pennsylvania," the name it would carry for more than a century. Though Women's Hospital and Woman's Medical College were adjacent and shared similar names they were in fact separate institutions.

When, in the early 20th century, the hospital's management rejected clinical instruction by the college's largely female faculty, Woman's Medical College was forced to add its own hospital facility to their dispensary in order to provide the necessary clinical experience. The cornerstone of the new hospital was laid in 1907 but it lacked future expansion space, setting the course for the move to a new campus in 1930.

Women in Medicine: Woman's Medical College of Pennsylvania

As early as the 1890s, token numbers of women began to be admitted to many of the principal medical

¹³ Mullen was a civic activist best remembered for his advocacy of prisoner's rights and commemorated in Laurel Hill Cemetery in a notable monument complete with prison façade and on the rear a bronze plaque enumerating his achievements; In the 1830s Stevens was the great advocate of public education in Pennsylvania; his position on the board denoted his stature as a lawyer and legislator and attests to the ambitions of the school to have a state-wide figure on their board.

¹⁴ Unless a school leader was on the board they were largely figureheads as happened at the University of Pennsylvania when non-board-member Provost Stille was forced to resign when board members interfered with his disciplining of a student. Penn's next provost, William Pepper, M.D. also served on the board. George E. Thomas and David B. Brownlee, *Building America's First University: An Architectural and Cultural History of the University of Pennsylvania* (Philadelphia, 2000),

¹⁵ Rachel L. Bodley was elected to membership in the Academy of Natural Sciences of Philadelphia in 1871 and the New York Academy of Sciences in 1876. Soon after becoming a member of the Franklin Institute in 1880, Prof. Bodley gave a series of six lectures on "household chemistry" at the Institute, becoming the first woman invited to do so. She was also very interested in educational issues; she was elected twice as director of the 29th school section of Philadelphia.

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schools of the United States. In the case of Johns Hopkins Medical School, for example, this was forced by the terms of its endowment by Mary Garrett, a long-time friend of M. Carey Thomas, dean and later president of Bryn Mawr College. Garrett's condition for funding the Baltimore medical school was the admission of women as long as they were qualified but there were limits to fields of study and limits on the numbers of degrees to be granted out of each class.¹⁶ By the twentieth century, many medical schools were opened in a token way to woman students leading to the Flexner Report on Medical Education's question of whether woman's medical schools were needed.¹⁷

In fact woman's schools and particularly Woman's Medical College of Philadelphia remained essential in women's medical education as Regina Morantz-Sanchez made clear. Her tables show the declining number of women entering medicine in the early twentieth century even as male-dominated schools were beginning to admit a select few. Attendance at the four principal woman's medical colleges in Philadelphia, Chicago, New York, and Baltimore declined as students chose the more prestigious option of the male schools; this in turn caused Chicago, New York and Baltimore to close by 1910 leaving only Philadelphia as a solely women's school.¹⁸ Morantz-Sanchez notes that after the initial rise in numbers as women attended both co-ed and woman-only schools, the closing of three of the four premier woman's medical colleges resulted in a decline of nearly 50% in the actual number of female students.¹⁹ Had Woman's Medical College of Philadelphia also closed, the actual drop in women studying medicine would have been even more severe.

Locally, the first women students were admitted to the University of Pennsylvania's medical school in 1914. In the case of the University of Pennsylvania, women were admitted from the east coast's elite schools – typically Bryn Mawr, Pennsylvania, Cornell, and Mt. Holyoke but with a strict if unwritten limit of less than 5% of the class, typically three or four students per year.²⁰ Thus Penn was able to pick from the cream of the nation's undergraduate women. Other medical schools followed suit but many remained entirely male until the 1960s as was the case with Philadelphia's Thomas Jefferson Medical School which did not admit women until the early 1960s.

As critical in women's education as the relatively few female compatriots as fellow students was the lack

¹⁶ Mark Frazier Lloyd, "Timeline of Women at the University of Pennsylvania," 2001, revised 2002, ms. P. 5.

¹⁷ Alexander Flexner, "Medical Education in the United States," Carnegie Foundation, 1910, p. 178-9. With typical male obtuseness, Flexner argued that since women could now enter any medical school (ignoring the reality of tiny quotas and male hostility) women were now applying in smaller numbers – suggesting to him that it was more a women's equality issue than real desire.

¹⁸ Regina Morantz-Sanchez, 244-249. Further research finds that there were as many as 19 women's schools scattered around the country from coast to coast, all of which had closed by 1910 except for Woman's Medical College of Philadelphia, because they lacked the resources of their competing male schools and because the male schools siphoned off most of the women applicants.

¹⁹ The numbers fell from roughly 5% of the student population in 1900 to 2.9% reflecting the limited numbers of seats reserved for women, p. 249-254.

²⁰ See the *University of Pennsylvania Bulletin, School of Medicine Announcement*. For example in the 1930 – 1931 volume, the class lists show in the 4th year, 4 women (Wisconsin, Swarthmore, Bryn Mawr and Penn), in the third year, 2 women (Cornell and Mt. Holyoke); in the second year, 2 women (Bryn Mawr and Mt. Holyoke) and in the entering class again two women (Pennsylvania and Kentucky).

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of gendered faculty and administrative support at male-dominated schools. In Morantz-Sanchez's memorable distillation, "...the psychological strains of being a merely tolerated minority could often prove unbearable. Particularly difficult was the absence of female faculty role models who could provide support."²¹ WMCP's role in continuing to provide female role models as teachers and administrators was perhaps even more critical than admission to co-ed schools in the future role of women in medicine. Into the 1920s, with the exception of Woman's Medical College of Pennsylvania, women were statistically non-existent in medical faculty ranks and there were even fewer administrators. When the New York woman's school merged into Cornell in 1899, all of its faculty including its dean, Emily Blackwell, were refused positions on the Cornell faculty.²² Eventually, as is developed below, by the 1920s a few women began to receive positions on medical faculties, but typically they held minor and non-tenured posts and most particularly only in those realms not controlled by men particularly surgery and its attendant fields, obstetrics and gynecology. With its sister schools closed, only at Philadelphia's Woman's Medical College did women lead, teach, and research.

The importance of woman role models in medical education was addressed by Alice Weld Tallent, a graduate of Johns Hopkins and for many years the professor of obstetrics and gynecology at Woman's Medical College of Pennsylvania. She had not been aware of particular discrimination in her studies at Hopkins, but nonetheless stated:

"The point that has always seemed to me the strongest for a separate school is that in the separate school for women, the women (sic) student sees women teaching and women doing the clinical work, and woman operating, and so on. Until I took my internship I had never seen a woman operate.... I do not think those of you who have had your training in this school (WMCP) can realize what it means never to have seen a woman that which to you seems second nature from your school days. ... It is almost inevitable, if you never have seen a woman doing anything, to think that she cannot do it as well as a man..."²³

The Importance of Woman's Medical College East Falls Campus:

By the 1920s, despite its importance in continuing female faculty and administration positions Woman's Medical College was again facing multiple crises. Its Girard College neighborhood on College Avenue was declining and changing. This was the background when new trustee leadership led by a new president, Sarah Logan Wister Starr (1874-1956), took over control of the school in 1921.²⁴ The situation was daunting enough that Starr's first act was to loan the college the \$6000.00 to pay salaries which in turn led to loans from graduates. As Peitzman points out, "The Woman's Medical College was saved – saved by women!"²⁵ Starr's ancestors, the Logans and Wisters, were important families in the lower Germantown /

²¹ Morantz-Sanches, p. 254.

²² Morantz-Sanchez, p. 246.

²³ Tallant, WMCP, *Alumnae Transactions*, 1917, p. 78. Similar comments were made by Dr. Carolyn Purnell who in an address at WMCP stated, "there was need for the Woman's Medical College of Pennsylvania just as much need as for Bryn Mawr, Smith or Vassar." Quoted in Morantz, Sanchez, p. 256.

²⁴ See, Jeff Thompson, "Sarah Logan Wister Starr," www.lasalle.edu/commun/history/articles/wlf.htm. Starr was a member of the Colonial Dames, whose building in Philadelphia was designed by Ritter & Shay and probably offers a reason for the choice of style for the building.

²⁵ Op cit. 131.

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East Falls neighborhood. This may have led Starr to encourage a move to a new site on Henry Avenue in the developing district of East Falls.

East Falls had been an industrial district centered on the Powers and Weightman pharmaceutical business but by the 1920s that firm had departed and in its place a handsome residential neighborhood was evolving characterized by row homes on Midvale Avenue and larger single houses toward Henry Avenue. Henry Avenue was one of the new roads that were cut through the urban fabric after World War I to accommodate the automobile and by the 1920s was an important road through the city. When the great Henry Avenue Bridge across the Wissahickon Valley was completed in 1931, the College was the new institution of consequence in the community and, as a result, the college leadership was included in the opening ceremony. President (and community member) Starr "with surgical scissors, cut the ribbon and opened the bridge to traffic."²⁶

In the early twentieth century, regional hospitals had added numerous specialty wards and pavilions separate from their original Victorian structures resulting in decentralized campuses of small structures around the original central structures with resulting difficulties in staffing and serving patients. This in turn led to Simon Flexner's recommendation in the Carnegie Report to reintegrate medical facilities and classrooms. His highest praise for new structures such as Philadelphia's Jefferson Medical School and Hospital was "Modern and compact."²⁷ In the same report, Flexner had criticized Woman's Medical College on its North College Street campus because, while the classrooms were adjacent to a women's hospital – it was not able to use the hospital in its teaching.²⁸ The new campus was intended to meet both the physical proximity and control criteria and would seem to have countered the few concerns of the Flexner Report.

The Flexner Report found Woman's Medical College lacking in other areas that were vital to establishing scientific and professional training. Though college graduates were preferred, some students still had less than two years of college training. This became a requirement for each student. Flexner also noted that Woman's Medical faculty remained part time in an era when professions were shifting to full-time faculties that were part of major universities. It was also clear that Woman's Medical College was unable to provide the far richer array of laboratories and libraries that university affiliation offered. Under these circumstances, Woman's board and faculty investigated the possibility of merging with another medical school if it could ensure that women could find educational access. But lacking a significant endowment, the Woman's professors who undertook the study, felt that there would be no gain against a major loss in that none of them would retain positions and women would disappear from medical instruction. Further, as they noted, Woman's obstetrics and gynecology programs were superior to most. And again there was the issue of woman's role on faculties. When WMCP surveyed its peer institutions they found that of more than 900 faculty members only 27 were women and all of these were in minor roles.²⁹ This led to the decision to return to the first principles of providing first class women's education by building an endowment and a new facility at a new campus in East Falls.

²⁶ *Bulletin of the Woman's Medical College of Pennsylvania* (December 1932) p. 19. The Philadelphia College of Textile, now Philadelphia University moved to East Falls in 1949.

²⁷ Flexner, p. 294

²⁸ Flexner Report, 112.

²⁹ Morantz-Sanchez, p. 258-259.

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In the 1920s, as an aftermath of the decision not to merge with another medical school, WMCP recognized that it could no longer meet its needs in its Victorian buildings and made the decision to develop the economic resources to create a new campus with a new hospital. The new East Falls site met specific medical criteria while also providing an alluring image of the new hospital:

“The light and air and sunshine, so necessary to the College, as well as to the Hospital can never be shut off.

The site is especially well adapted for its accessibility to clinical material for the Hospital and the dispensaries. It will be the only hospital within a wide radius. The nearness of large industrial plants . . . will insure plenty of patients to the accident wards . . . Finally the site is sufficiently near Germantown, with its population of well-to-do families, to insure the use of its private rooms.”³⁰

Fundraising slowed the project for three years after its initial design but with support from the national American Medical Woman's Association (AMWA) and from its own graduates, construction was begun in 1929 and completed the following year. Ritter and Shay's new college building with its linked research and hospital wings met the goals enunciated in the Flexner Report of 1910 which called for convenient connections between facilities. Under Starr's leadership campaign for the “Greater Woman's Medical College,” funds were raised to build the new campus.

The impact of the new campus on the Woman's Medical College of Pennsylvania

The architects, Ritter & Shay, were the most successful of the Philadelphia urban firms of the 1920s. They were well known for both their corporate skyscraper style (Packard Building, 1500 Walnut Street, and later the Market Street National Bank, all in the 1920s, and in the 1930s, the United States Customs House) and also for delicate Federal Revival civic buildings (Colonial Dames headquarters, Philadelphia, library in Bloomsburg, PA, numerous public schools).³¹ This design fits into the later category and gave the school the cloak of tradition while also fitting into the residential neighborhood. The façade of the Medical College is notable in two aspects, first as a fine work of civic architecture with its monumental portico and carefully worked out detailing that ably holds its site and declares its importance; second in its reference to the medical history of Philadelphia and particularly to the Adamesque façade of Pennsylvania Hospital, the first purpose-built hospital in the nation and the home of the first medical school established by the College of Philadelphia, later the University of Pennsylvania. It thus functions as both symbol and icon and in the Sesquicentennial year tied the Woman's Medical College to national architectural fashions.

The architect's design for the college and hospital was intended to meet the criticism of the Flexner report of the previous generation. The modern hospital was increasingly dependent on technology as a diagnostic tool, as support for medical practice, and as support for medical care. This was best served by specialized facilities serving particular departments on separate floors, joined by elevators for ease of moving patients. Ritter & Shay's design followed this model for the hospital. It was augmented by related research and teaching laboratories and classrooms to create a remarkably logical building that has been

³⁰ Quoted in Peitzman, 156-157.

³¹ For an overview of Ritter and Shay see Philadelphia Architectural Biography, website; also George E. Thomas, “Market Street National Bank,” Darrel Sewell, ed. *Philadelphia: Three Centuries of American Art*, (Philadelphia, 1976) 532-533.

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described earlier. Though the front was nearly symmetrical, the rear was asymmetrical with a larger hospital wing placed where it could be extended to the south on the main campus, while the smaller research wing could be extended to the east. By careful organization of laboratories and faculty offices at one end, with hospital wing and medical offices at the other and classrooms and administration in between, the building was able to be expanded for the next three generations.

Utilizing the New Woman's Medical College: Building Woman Professionals

Ironically, the focus on the new building caused the board of Woman's Medical College to miss the new war on women in medicine. Despite the new facilities and the new campus, in the 1930s the college again came under attack from the male-dominated American Medical Association which launched a follow-up of the Flexner report's early twentieth century investigation of the state of medical education. The Weiskotten Commission surveyed American medical schools between 1934 and 1940 and found among its targets, Woman's Medical College. Among the issues raised by the commission was the admissions policy of Woman's Medical College. WMCP had responded to the loss of many of its potential students from elite colleges into co-ed medical schools by admitting from a broader array of historically women's colleges such as Elmira College in upstate New York as well as women from foreign countries.³² Also in the 1930s Woman's Medical College, like many other medical schools of the era continued to accept students who lacked four year undergraduate degrees. Most met the new goal of three years of college.³³ When the college was forced to require higher credentials equivalent to two years of college for entrance (to meet the requirements of the early twentieth century Flexner Commission), the number of students declined to fewer than the necessary 50 per class.³⁴ A survey of the class and graduating lists of WMCP shows that most of these unmatriculated students had non-WASP names and Philadelphia working-class neighborhood addresses that make it clear that the college was accepting far outside the usual circle of choices that would make it into elite women's colleges and who would therefore be admitted to the few positions at the co-ed schools.

The choice of unusual students with different backgrounds was a regular topic of discussion in faculty meetings in the 1930s. They were admitted in the belief that they would return to their own communities when they graduated, thereby providing new doctors for previously unserved communities. This in large measure happened so that when President Starr made a round-the-world trip in the 1930s, she was able to meet graduates of WMCP at almost every stop. In the process, WMCP managed to prove that more women could meet the standards of elite medical education than were being admitted because in state board examinations, their students equaled or exceeded the scores of most of the male and co-ed schools.

³² Woman's Medical College of Pennsylvania, *Annual Announcement* (Philadelphia 1930). The graduating class of 24 in 1930 included 16 with college degrees and 8 without. The college degrees included Bryn Mawr and Penn but also Pittsburgh and Elmira. Notably the non-college graduates have non-WASP names suggesting that Woman's was accepting non-traditional students. Students in the lower classes listed in that year also came from foreign countries including China, Brazil, and Puerto Rico. p. 62.

³³ Steven J. Peitzman, M.D. *A New and Untried Course: Woman's Medical College and Medical College of Pennsylvania 1850-1998* (New Brunswick, Rutgers UP, 2000) 147-160.; Flexner also alludes to the cost as tending to make medicine a white, male preserve.

³⁴ *Ibid.* p. 130.

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In the minutes of the faculty meetings between 1935 and 1940, the college regularly reported that its students passed the various state board exams at the same or higher levels than most of their peer institutions and therefore validated their admissions policies.³⁵ In this guise and in a new setting, Woman's Medical continued to blaze new paths by accepting blacks, Jews, immigrants and others who were discriminated against, broadening the path of medical education again. Among these was Dr. Virginia Alexander, one of Philadelphia's black elite, who opened a maternity hospital for African Americans in Philadelphia.³⁶

The Weiskotten Commission found more difficult problems than the qualifications of the students. By their standards, the College did not meet the highest standards necessary for the A+ certification in the professionalization of its faculty and equally troubling, the college's endowment was inadequate and impacted the budget on facilities especially the library.³⁷ The question of the professionalization of the faculty followed on the heels of the salary crisis of the 1920s. Having taken on a mortgage of \$600,000 for what was arguably among the most up-to-date campuses in the United States, the loss of the coveted "Class A" status among medical schools in the Weiskotten survey was a terrible blow. Like many successful schools of its era, Woman's depended in large measure on part-time faculty. Given that Woman's also tried to provide leadership positions for women, many of whom also had family obligations, the Weiskotten Commission's focus on this issue was an obvious way to once again attempt to force the school to close. Among other charges, the Weiskotten survey correctly observed that almost all of the Woman's faculty were part time and / or connected to other medical schools.

Woman's Medical responded in two ways, first defensively by bringing one of the principal Philadelphia doctors and a long-time Woman's faculty member, Chevalier Jackson, pioneer of the bronchoscope, to serve as the new college president in place of Mrs. Starr. For the first time in half a century the titular head of the institution was a man. Simultaneously they searched out women professionals who could become the new full-time, full professors of the faculty. Martha Tracy (1876-1942; AB, Bryn Mawr, MD, Woman's, Ph.D. Public Health, University of Pennsylvania) remained the dean (1917-1940) and began the task of recruiting woman to be full-time professors. In 1935, Marion Fay (1896-1990) was appointed to the chair of physiological chemistry. Instead of being a Medical Doctor, she had taken a Ph.D. at Yale; Esther Greisheimer (M.D. Minnesota, Ph.D. Chicago) took over the physiology professorships and the following year Dr. Rose Hirschler took over dermatology. By 1937 there were 14 full professors, 12 of whom were women teaching at the East Falls campus. They formed the core of a largely female

³⁵ WMCP Archives, "Minutes of Faculty Meetings," Sept-1935 - 1940; 1940 - 1943; 1943-1949; 1949-1953; see also Peitzman, p. 171 who reported Dean Tracy's memo to the AMA survey that Woman's graduates were number 11 out of more than 100 medical schools in graduates who passed the prestigious National Board of Medical Examiners test, Martha Tracy, "Memorandum on Status of Graduates," AMA Survey, 1935.

³⁶ Peitzman, 160. Alexander later worked in Washington, D.C. combining public health and medical practice.

³⁷ Reuben Kessel, "The A.M.A. and the Supply of Physicians," *Law and Contemporary Problems*, Vol. 35, No. 2, Health Care: Part 1 (Spring, 1970), pp. 267-283. See also "Report of the Council on Medical Education," *Journal of the American Medical Association*, (19 June 1937) pp. 2136-7. This reports that the majority of American medical schools now require 3 years of college. Woman's Medical College equaled that requirement and discussed the report and their standards, "Educational Program Report to Dr. William Cutter, Council on Medical Education, AMA, 17 January 1937, Folder Acc 229, Dean Tracy papers, Drexel University Archives.

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professorial rank that was unique in American medicine.³⁸ During the next two generations, until increasing specialization, still controlled by men in male faculties caused the need to hire men to teach medical specialties the proportion of women to men in the senior ranks of the Woman's faculty was typically two women for every male member.

A post-1930 comparison with the gender of the medical faculty of the University Pennsylvania is revealing. Samples taken each decade show that in 1930, Penn had an entirely male senior faculty, i.e. professor, assistant professor and associate professor. Only at the instructor level were there any women, 4 instructors, one assistant instructor, and 3 "assistants." Out of a medical faculty of 500, there were 8 very junior members.³⁹ Ten years later at Penn, the results were essentially the same with five women having reached the non-tenured Associate Professor rank – four of them in newly created and often woman dominated field of pediatrics. Notably 100% of the ObGyn faculty remained male because it was a subspecialty of surgery, a purely male bastion.⁴⁰ As late as 1980 at Penn, the rank of full professor was still essentially a male preserve with only four women out of more than 100 professors at the top rank, two in bio-chemistry, one in anatomy, and one in dermatology.⁴¹ And Penn was considered progressive. There were no women in the Hahnemann and Jefferson faculties until well after World War II.

The new campus with its new laboratory and medical wings was certainly one of the allures to teaching at Woman's Medical but the real opportunity lay in women being able to actually lead a department as well as be in charge of the entire college. Only at Woman's Medical, of all of the American medical schools before World War II, was there a woman dean and a faculty with a majority of woman professors most of whom were full time. Under Martha Tracy's deanship from 1917 to 1940, Woman's had reorganized financially, moved to a new, modern campus, and created the first full-time, largely female faculty, while the school continued to be directed by a woman. Tracy's training in public health was reflected in the college's active work in public health, pediatrics especially research in child hygiene, and the establishment of health clinics for women. Senior theses were encouraged in "Prevention." This work was emblemized in 1954 with the construction of the Martha Tracy Wing for Preventive Medicine at the west end of the main façade.

Hygiene was one of the principal fields of medical research that transformed urban life in the early 20th century and engaged many woman practitioners. Through Tracy it tied Woman's Medical College to the city's innovative programs in hygiene and programs and clinics around the city became important parts of the Woman's Medical College message in preventive medicine. Through the end of the 1920s, important faculty were recruited including Sarah Morris (M.D, WMCP 1912, advanced training in public health, Johns Hopkins) who continued Tracy's and WMCP's interest in public health and preventive medicine. Canadian pathologist, Maude Abbott (1869-1940) was lured from McGill University to teach her

³⁸ Woman's Medical College, "Minutes of Faculty Meetings, Sept 1935- 1940, meeting for 9 / 20 / 1935 p. 4; see also meeting for 11 / 8 / 1935, p. 4; and 2 / 14 / 1936, p. 6. see also Peitzman, op cit, 174-176.

³⁹ University of Pennsylvania, *Bulletin, School of Medicine*, 1930-1931, pp. 8 – 21.

⁴⁰ University of Pennsylvania, *Bulletin, School of Medicine*, 1940-1941. By 1949, 4% of the senior rank were women; in the 1960-1961 *Bulletin*, there were 2 full professors, one in anatomy, one in bio-chemistry. Notably of the 37 faculty in ObGyn ranked Associate Professor and above, again, none were women.

⁴¹ University of Pennsylvania, *Bulletin*, May 1980: 14.

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specialty.⁴²

In addition to public health and hygiene WMCP developed specialties in topics that were of particular interest to woman practitioners including pediatrics as well as woman's medical issues. At the end of the 19th century WMCP and its sister institutions had developed sound curricula that generally rivaled their male counterparts. Most valuable was the nature of WMCP's training with highly personal and individual instruction. When the school's fate was being discussed by its faculty, one of the reasons that developed for having the school survive was its superior training in obstetrics and "diseases of women." Notably WMCP proudly claimed to be the first program to offer neo-natal care.⁴³

Seeds that led to significant changes for the future were planted in the Tracy years. In 1946 Marion Fay, who had arrived in 1935 as professor of physiological chemistry, was selected as the new dean, a position she held until 1963.⁴⁴ In the previous generation, Woman's female professors had pioneered in scientific research. When the College reported in December of 1937 to Dr. William Cutter of the AMA on achievements in the last few years, it was stated with pride that the new faculty were garnering important research grants, then as now the chief recognition in the field. Dr. Ruth Greisheimer were given a grant by the American Philosophical Society for the study of Anesthetics; Dr. Hafkesbring of the Physiology department received her second grant for the study of barbital drugs; Dr. Fay in bio-Chemistry received an AMA grant for the study of Strontium while the Pathology department was studying breast cancer.⁴⁵ Faculty minutes during the Tracy and Fay years continued to report grants; under Dr. Fay's deanship, and in recognition of significant changes that had taken place during World War II as research had led to new drugs and treatment strategies, Woman's Medical continued to encourage pure research. This led to the appointment of several faculty members to a new category, the "research professor" who was primarily intended to lead research rather than to instruct.⁴⁶ Again Woman's pioneered in their East Falls campus this time in creating a staff of proficient woman scientists, many of whom would be recruited to other medical faculties as gender equality became an issue.⁴⁷

The principal effect of the new research orientation for the faculty under Dean Fay was the construction of a new research and teaching wing. This project began with a planning study in the mid-1950s that announced a daunting project to raise \$4,000,000 for new facilities and endowments. In those years, the board was led by East Falls' grand dame, Margaret Kelly, wife of brick contractor John B. Kelly and mother of Grace Kelly. This marked the cultural shift from its former board head, old Philadelphian, Mrs. James Logan Wistar Starr to the new industrial and commercial elite.

⁴² Peitzman, 154. Abbott was a student of the great clinician and pathologist William Osler and published the definitive annotated bibliography of Osler's writings in 1939.

⁴³ Morantz-Sanchez, p. 258, p. 79.

⁴⁴ She received the Distinguished Daughter of Pennsylvania award in 1955, in part for her role as the first president of an American medical School. Obviously, since its founding, others had been the only deans.

⁴⁵ See "Report, December 1937 to Dr. William Cutter, Council on Medical Education, American Medical Association, January 17, 1938, 1935 AMA Survey folder, Drexel University Archives.

⁴⁶ See for example the 1960 *Announcement*, p. 49 that lists Catherine McFarland as "Research Professor of Gynecology.

⁴⁷ That women continue to feel the effects of male discrimination is evident in Jane Gross, "A Women's Resignation Touches a Nerve at Medical Schools," *NY Times*, July 14, 1991.

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Building a Modern Research Facility

Instead of looking to a local firm as architect for the new wing, the College selected a nationally known hospital firm, Chicago-based Schmidt, Garden & Erikson as their designers. Erikson had graduated from Penn's architecture school and was already known in Philadelphia for his work at the University of Pennsylvania where he refronted the University Hospital with the heroic brick and limestone moderne Gothic for the Gates wing and simultaneously was designing the austere modern nursing resident's hall, English House, named for its donor. For the new Research Building at Woman's Medical College, he designed a sternly modern entrance of steel and glass with white marble trim that carried inside to the austere lobby appropriate to its purpose as a place where the future was actively sought.

In 1959 the Research Wing's five stories of laboratories augmented the existing laboratories in the east wing of the original building and Woman's was again poised to be a national leader in research. The wing was renamed for Dr. Fay upon her retirement in 1964. But in the early 1960s, Fay had one more important task. In 1962, as Dr. Fay's generation as dean neared its end, the need for modernized medical facilities resulted in another massive development drive that led to the construction of a new hospital wing, the Commonwealth Building. It was intended to more than double the number of beds in largely private rooms while providing an up-to-date operating and intensive care facility. The 9 story Commonwealth wing would open in 1968 and marked the high point of the Woman's Medical College's history.

The Significance of the Architecture of Woman's Medical College of Pennsylvania

In addition to its own institutional significance, Woman's Medical College had a history of distinguished architectural patronage that began in 1874 when Addison Hutton was commissioned to design a purpose-built college on College Avenue, across from Girard College and adjacent to the Women's Hospital which opened the following spring. With large lecture halls and research laboratories in chemistry and pharmacy, as well as dissecting rooms and a museum, it was considered as fully equipped as any other medical college in the nation. Frank Furness modified Hutton's building in 1875, probably based on his work at Jefferson Hospital the previous year and shortly after in 1877 built a maternity ward. This was followed with other commissions by important architects among them the Wilson Brothers who built the steel-frame high-rise hospital in 1894. Duhring, Okie & Ziegler's designed the Woman's Medical College Dispensary and Hospital in 1904. All of these early buildings on the College Avenue site have been demolished.⁴⁸ In those early buildings the college was the first to establish a modern three-year curriculum and paired clinical studies with academic courses to create a modern course of study.

In 1930 Woman's Medical College and hospital, were relocated to their new building. It was design by the nationally known firm of Ritter and Shay who shaped a highly rational plan behind a grand stone portico. Despite its historic façade and public rooms, its plan and interior order were marked by a contemporary attention to hygienic design while its interior spaces were designed to serve the teaching, research and healing role embodied in the college's mission. Shorn of the portico and the front lobby, and viewed only in plan, the building marked the logic of 20th century hospital design with research departments sharing the floors with related classrooms and medical suites.

⁴⁸ See Philadelphia Architectural Biography, PAB under Woman's Medical College and by location on College Avenue.

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As remarkable as the plan was the industrial logic of the plan which was divided into the laboratory / research wing on the east and the hospital, clinical facility on the west, joined by the administrative and teaching functions in the center. The clarity of this plan enabled the building to be extended in logical ways with the new research wing attaching on the east and later hospital wings extending from the hospital wing on the west. The counterpart was the industrial simplicity of the interior with exposed fire brick on interior walls permitting steam cleaning. A similar simplification of surface for ease of care characterized the stairs with slate treads and dust-catching railings replaced by flat sheets of plywood. The logic of the future was also evident in the exposed pipes and wiring that could be changed and adapted as future changes required.⁴⁹ The Ritter & Shay design followed in the pattern of other Philadelphia academic buildings that looked to industrial logic including Frank Furness's library and Collins & Autenrieth's Hygiene Building, both at the University of Pennsylvania.⁵⁰

Later buildings adopted the modern mode as an emblem of scientific rationalism. After World War II, the college's centennial celebration on 10 March 1950 was marked by the laying of the cornerstone for first of the stylistically modern campus building, the Ann Preston Building, named for an early graduate of Woman's Medical and its first dean. It provided housing and classrooms for student nurses continuing a program that was nearly a century old.⁵¹ The Preston Building is an important early modern building by Thaddeus Longstreth who worked with many of the principal modernists in the United States including Richard Neutra and Oscar Stonorov before opening his own practice. With the projected demolition of Longstreth and Neutra's Gettysburg Visitors' Center, this is the most important surviving example of the work of this important early modernist. For this project Longstreth was joined by Roth & Fleisher, who had the advantage of having on the masthead, Elizabeth H. Fleisher, a woman architect and board member of the college. Notably, this project was accomplished with the first significant federal funds received by the college.

The main building was extended and updated in 1954 with the Martha Tracy wing at the west end of the main façade for the Department of Preventive Medicine, again affirming the college's historic fields of activity and its institutional narrative. This piece was designed by board member Elizabeth Fleisher of Roth & Fleisher. At the same time the nationally important hospital firm from Chicago of Schmidt, Garden & Erikson designed the research wing whose cornerstone was laid in 1959. They had created the Gates Pavilion, the new front wing of the University of Pennsylvania's hospital, in 1950, and designed its nursing dormitory in 1958.⁵² Public funding from the Public Health Service made possible new research and teaching laboratories that provided up-to-date facilities to keep the Woman's Medical College competitive. Despite being attached to the original building, the research wing was given its own identity with a separate marble entrance accented by a dedicatory inscription in which were placed the cornerstones salvaged from the buildings of the original campus. This wing was conceived as a loft-like space that could be adapted with only the elevator stack and the lobby being relatively immovable. In 1981 the wing was named for Dr. Fay.

⁴⁹ These features were singled out in the discussion of the building in the *WMCP Bulletin of the Woman's Medical College of Pennsylvania* (81:2 December 1930).

⁵⁰ See George E. Thomas, "Smith Hall Documentation," HABS, Library of Congress.

⁵¹ PAB, Longstreth and Peitzman, 189-191.

⁵² Thomas & Brownlee, *Building America's First University*, pp. 249, 268.

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After the 1950s focus on research and laboratory space, the hospital facility required new wards and surgical spaces. The original building could be adapted for administration, offices, classrooms and some clinics but private care had replaced open wards and new types of surgery required intensive care units and other facilities. Dr. Fay again employed a variety of public funds including Pennsylvania Higher Education bonds to begin construction of the Commonwealth Building. This building was the work of George M. Ewing who had developed a regional specialty in medical and educational facilities. Here he continued the color themes of the main building and followed the Schmidt, Garden & Erikson limestone facades at each end while adding the variant of limestone frames around windows. This building was highly original in its interior "race-track" plan that remains the standard today. The Ewing office continued work on campus into the 1980s when they added the Pavilion that provided additional patient facilities. This is another important modern structure dating after the period of significance that continues the theme of contemporary design as a corollary to medical care. With the Commonwealth Building under way, Dr. Fay retired.

The buildings of the Woman's Medical College and warrant being compared to those of other regional medical schools for which Philadelphia has long been famous. Philadelphia was the home of the first American medical school when the College of Philadelphia began providing courses in medical education in 1765 when John Morgan returned from Edinburgh and offered a course of instruction in anatomy and "theory and practice of physick." The first classes at Penn were taught in a small surgical hall near the Pennsylvania Hospital but by the early 19th century medical training was of such importance that a separate purpose-built structure was added to the University's main building, the house built in the 1790s for the President of the United States and acquired and adapted to its needs by the University. The new building was designed by Benjamin Latrobe and was later extended by William Strickland. It was primarily a lecture hall but was later augmented by laboratory spaces where Robert Hare created a famous course in chemistry.⁵³

This model of classroom buildings with demonstration spaces and auditoria and separate hospitals became the standard form for medical education including the College Avenue Woman's Medical College building. Most early education was learning by watching as evidenced by the well-known paintings by Thomas Eakins showing Drs. Gross and Agnew teaching in similar settings. Medical education began to change toward scientific training, first at Penn in the late 1870s with the construction of the Robert Hare Laboratory where William Osler's investigative approach to training took hold before Osler moved on to Johns Hopkins. By the 1880s, medical schools including Woman's began to reflect the multiple new disciplines that scientific method brought to training; this often resulted in multiple buildings, each reflecting different purposes that paralleled the design of medical campuses with those of college campuses of the same period.⁵⁴

By the end of the nineteenth century, medical schools turned toward large single buildings that could be expanded with new wings as their program required. This strategy was evident at Penn in the immense

⁵³ Much of the early history of Penn medicine can be found in George E. Thomas and David B. Brownlee, *Building America's First University: An Historical and Architectural Guide to the University of Pennsylvania* (Philadelphia: University of Pennsylvania Press, 2000) 42-44 and 57-65.

⁵⁴ Op Cit.

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John Morgan Building (1902 and later) by Cope and Stewardson and became typical of the other medical schools in Philadelphia at the same time. In the 1880s the Hewitt brothers designed a new hospital and adjacent school for Hahnemann Medical School on north Broad Street while Jefferson Medical College commissioned a large Beaux-Arts building for their school from designs of James Windrim & Son adjacent to their hospital at 10th and Walnut Streets in 1900. The proximity of classroom facilities to the hospital of the institution enabled faculty to meet their teaching and clinical obligations while providing clinical training for students at the same time. This was the preferred model of the Flexner Report which Woman's Medical followed in the construction of its new building in 1930.

In the 1920s an even more efficient idea evolved – the joint college, research facility, and hospital building that met Flexner's goal of compactness. It was this scheme that Woman's Medical College commissioned from Ritter and Shay and was soon imitated by gigantic purpose-built hospital/colleges for Jefferson and Hahnemann Medical Colleges (both by Horace Trumbauer in 1929 and 1937, respectively). Notably the logic of the Ritter & Shay scheme with laboratory wing on the east and hospital wing on the west enabled it to grow without loss of logic into the 1980s. Thus, Woman's Medical was again in the forefront, not just in women's education but in the design of the new facilities for medical education. Medical schools that were part of larger institutions such as Temple and Pennsylvania continued on the older model of several distinct but related buildings but new schools would follow the integrated Woman's model.⁵⁵ Thus the new campus of Woman's Medical College made the shift to the unified building with later wings in line with the model of many medical schools.

The complex is particularly revealing of the history of medical architecture in its evolution from the civic character of the first building with its great portico and iconic sculpture in the vestibule to the progressively more scientific and rational designs of the later buildings. Notably, the principal features of each building survive with a high degree of clarity. The 1929 Ritter & Shay building was designed with a nod to domestic architecture at the point when germ theory and aseptic design made it better for the wealthy to be treated in a hospital rather than their home. The Federal detail of the exterior and the lobby is part of this narrative as are the hard materials and plain surfaces of the upper levels that could be cleaned to the new medical standards. These key features are all in evidence despite the continuing evolution of the site. Similarly as research became an end in itself, the Research Wing of 1959 with its austere lines, plain materials and hoods and giant refrigeration units represented its purpose. These qualities survive to the present on two of the floors while the others have been updated as medical offices. The later hospital wings mark the shift from wards to private rooms in a new plan type, the so-called "race-track" that permitted nurses to serve large clusters of private rooms. The service spaces with their tile walls are part of the continuing asepsis revolution. In the basement, the tile morgue attests to the research basis of modern medicine.

Areas of Significance reflected in the buildings of the campus are for its role in Health Care with building types that served as medical offices, specialized medical care, and medical research and for its role in

⁵⁵ For a summary of hospital building types see: John D. Thompson and Grace Goldin. *The Hospital: a social and architectural history*. (New Haven: Yale University Press, 1975). See also: Richard L. Kobus ... [et al.]. *Building type basics for healthcare facilities: a building type basics handbook*. (New York: Wiley, 2000).

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Education as the center of women in American medicine with classrooms, administrative and faculty offices, and specialized student facilities.

The Closing of Woman's Medical College of Pennsylvania

Ironically even as the college was reaching a new apogee, it was being overwhelmed by the far-more pervasive sexual revolution of the 1960s. Heretofore, though women were admitted to many medical schools, their numbers were held in check by discrimination that limited them to a tiny percentage of most medical school classes. In the 1960s, medical schools that had never accepted women, such as Philadelphia's Thomas Jefferson Medical College broke the gender barrier and medical admissions opened to larger numbers of women. Where WMCP had continued to train between 20% and 33% of woman doctors through the 1950s, suddenly its proportion fell to a negligible number.⁵⁶ By 1991, nearly 40% of all medical students were women.⁵⁷ In the late 1960s as student numbers once again dropped, Woman's Medical was faced with an uncertain future. The question of admitting men was raised. In 1969 the decision was made to co-ed and the following year Woman's Medical was renamed the Medical College of Pennsylvania to acknowledge its new co-ed status. Even so, despite a man as president in 1964, Woman's remained one of the few schools with a sizeable woman senior faculty. In 1993 Women's Medical College merged with Hahnemann Medical School, organized in 1848 as a homeopathic hospital. This merger created the MCP Hahnemann School of Medicine as part of the Allegheny University whose bankruptcy caused the shift of the organization to the control of Drexel University. The bankruptcy led to a brief effort to reuse the complex as a community hospital but that also failed and in 2005 it was finally closed after 75 years in East Falls.

Conclusion:

The WMCP East Falls campus meets Criterion A in representing the site where the woman's medical role survived as student, teacher, researcher and in the practice of medicine across the Delaware Valley and through its students to wider communities. It meets Criterion C because its campus was designed by several of the principal architects of twentieth century Philadelphia for an institution that led the way in the medical education of women, and, while advancing contemporary education. Woman's meets Consideration G because it continued its exceptional role as a Woman's institution until 1969 when its board voted to accept men. That is the appropriate end of its special narrative. As such the Woman's Medical College campus warrants being placed on the National Register.

⁵⁶ Morantz-Sanchez, p. 261.

⁵⁷ Ibid. The *Times* reported 37% were women in schools but less than 10% were top faculty.

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Boundaries and Boundary Justification:

The property is bounded by Henry Avenue on the northeast side, Indian Queen Lane on the northwest side, Scott's Lane on the southwest side and Roosevelt Boulevard on the southeast side.

This comprises the original campus of the Woman's Medical College and Hospital.

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Photographs:

All photos taken by George E. Thomas, December 2006 – June 2007, on file at 2029 Walnut Street, Philadelphia, PA 19103

1. Woman's Medical College of Pennsylvania, view across drive toward main portico looking southeast with Research Wing on left.
2. Martha Tracy wing, west end of main façade, looking south.
3. Women's Medical from west with Commonwealth (G.S.A.) wing on right
4. Woman's Medical, power plant at rear of Ritter & Shay building looking northwest
5. Woman's Medical College, detail of main entrance under portico, looking south.
6. Woman's Medical College, front vestibule with Clara Hill bas relief of "The Woman Physician." (1926, plaster) looking southwest.
7. Woman's Medical College, front lobby with original neo-Adam trim, modern desk and lighting, view west.
8. Woman's Medical College, typical hygienic stair, 1926 wing, looking north.
9. Woman's Medical College, sunroom, 3rd floor, hospital wing looking southwest with Preston in distance
10. Woman's Medical College, laboratory wing with brick walls for hygiene, looking south.
11. Woman's Medical College, laboratory, 3rd floor, brick walls for hygiene, looking south.
12. Woman's Medical College, hospital wing, private patient's room, looking southeast
13. Woman's Medical College, main building, 1958 stairs with marble and wood paneling, Schmidt, Garden, Erikson design, first floor lobby, looking east.
14. Woman's Medical College, main building, 1958 stair by Schmidt, Garden from first landing to basement with lobby door above, looking west.
15. Woman's Medical College, Research Wing entrance with marble frame and limestone bas relief above door (1959), looking southeast.
16. Woman's Medical College, new entrance to Commonwealth Wing with cornerstone, looking east.
17. Woman's Medical College, Commonwealth wing, 1966 modern stair at main level, looking east.
18. Woman's Medical College, Commonwealth wing, 1966, morgue with Giuseppi Morgagni's quote, "Let Idle Conversation Cease. This is a place where death delights in helping the living."
19. Woman's Medical College, Ann Preston wing, 1950 Longstreth and Roth & Fleisher, looking south
20. Woman's Medical College, Ann Preston wing, cantilevered canopy with date in pier, looking south
21. Woman's Medical College, concrete fascia of lobby balcony with windows of classroom wing, looking northeast.
22. Woman's Medical College, Ann Preston wing, 1950, looking southwest in lobby with exterior brick coming into interior and main lounge to left.
23. Woman's Medical College, Ann Preston wing, 1950, looking west in main lounge with fireplace, added dropped ceiling above.
24. Woman's Medical College of Philadelphia, the Pavilion Building, 1981 looking south with Commonwealth wing on left.

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Key to Floor plans: the current numbering and labeling of the floor plans reflects a system different from original plans. Use the key below to identify the sections of the buildings represented in the floor plans accompanying the nomination.

	Original numbering System	Present numbering system
<u>Main building and Research Building</u>		
Sub-basement	sub-basement	3 rd floor
Basement	basement	4 th floor
Ground Floor	Main Floor	5 th floor
Second Floor	Second Floor	6 th floor
Third Floor	Third Floor	7 th Floor
Fourth Floor	Fourth Floor	8 th Floor
Fifth Floor	Fifth floor	9 th Floor
Attic	Attic	roof
<u>GSA Wing – hospital</u>		
Sub-basement, morgue	Sub-basement	1 st floor
Dining & Kitchen	Dining and Kitchen	2 nd floor
Operating floor	Operating Floor	3 rd Floor
Recovery floor	First Floor	4 th floor
Patient floor	Patient Floor	5 th floor
Patient Floor	Patient Floor	6 th Floor
Patient Floor	Patient Floor	7 th Floor
Patient Floor	Patient Floor	8 th Floor
Obstetrics floor	Obstetrics Floor	9 th Floor
<u>Nursing</u>		
Basement	Basement	2 nd Floor
Main Floor	Main Floor	3 rd Floor
Second Floor	Second Floor	4 th Floor
Third Floor	Third Floor	5 th Floor
Roof	Roof	6 th Floor