

NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-900

USDI/NPS NRHP Registration Form (Rev. 8-86)

OMB No. 1024-0018

FRIENDS HOSPITAL

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United States Department of the Interior, National Park Service

National Register of Historic Places Registration Form

1. NAME OF PROPERTY

Historic Name: FRIENDS HOSPITAL

Other Name/Site Number: FRIENDS ASYLUM FOR THE RELIEF OF PERSONS DEPRIVED OF THE USE OF THEIR REASON (1813-1888); FRIENDS ASYLUM FOR THE INSANE (1888-1914)

2. LOCATION

Street & Number: 4641 Roosevelt Boulevard

Not for publication:___

City/Town: Philadelphia

Vicinity:___

State: PA

County: Philadelphia

Code: 101

Zip Code: 19124-2399

3. CLASSIFICATION

Ownership of Property

Private: X

Public-Local:

Public-State:

Public-Federal:

Category of Property

Building(s):

District: X

Site:

Structure:

Object:

Number of Resources within Property

Contributing

10

1

11

Noncontributing

9 buildings

 sites

 structures

 objects

9 Total

Number of Contributing Resources Previously Listed in the National Register: 0

Name of Related Multiple Property Listing: N/A

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4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this ____ 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 ____ meets ____ does not meet the National Register Criteria.

Signature of Certifying Official_____
Date_____
State or Federal Agency and Bureau

In my opinion, the property ____ meets ____ does not meet the National Register criteria.

Signature of Commenting or Other Official_____
Date_____
State or Federal Agency and Bureau**5. NATIONAL PARK SERVICE CERTIFICATION**

I hereby certify that this property is:

- ____ Entered in the National Register
____ Determined eligible for the National Register
____ Determined not eligible for the National Register
____ Removed from the National Register
____ Other (explain):

Signature of Keeper_____
Date of Action

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6. FUNCTION OR USE

Historic: HEALTH CARE

Sub: Hospital: psychiatric hospital

Current: HEALTH CARE

Sub: Hospital: psychiatric hospital

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: Late Victorian: Second Empire
Late 19th and Early 20th Century Revivals: Colonial Revival

MATERIALS:

Foundation: GRANITE

Walls: STUCCO (over stone, brick, and concrete block)

Roof: ASPHALT

Other:

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Describe Present and Historic Physical Appearance.

Friends Hospital has been in operation for almost 200 years in its original location, on a flat rise overlooking the scenic Tacony Creek. The original main building, Scattergood Hall, remains as does the 1813 public viewshed, all physical improvements having been added at the rear of the main building, where once were the fenced exercise yards (segregated by sex) and the kitchen gardens, or along the perimeters of the property where existing vegetation helps to screen their visibility. The access roads and forest paths remain as originally laid out, although more walkways, gazebos, and benches have been added as the grounds have been landscaped and made more accessible to patients.

Now a green island in the Philadelphia cityscape, much of its 100 acres remain as lawns, gardens, stream valley, and forest for three reasons important throughout the history of the institution. First, a secluded site was considered essential for the privacy of the patients, as well as for the calming familiarity of its natural setting. Secondly, the site's working farm (until the 1930s) was designed to provide fresh food, meat, and fuel to the institution and meaningful but optional work for those patients capable of assisting in the routine chores. And finally, the variety of the grounds' natural settings encourages passive and active participation in horticultural efforts and thus a better understanding of life's cycles for the patients.

Therefore, the grounds are an essential element of the site, and have been extensively landscaped throughout the hospital's history. The contiguous property started with fifty-two acres and five perches acquired in 1813 and includes the final piece assembled, a ten-acre section on the west side of Tacony Creek which was added in 1911. By the end of the nineteenth century, the hospital was no longer dependent upon its farm for food products, and its patients were increasingly from an urban, not an agricultural background. Some farming continued on the site until 1940.

In 1913, twenty-five acres were lawns and pleasure gardens for the patients, twenty-two acres were woodlands, three acres were covered by buildings, thirty-two acres were meadows, fourteen acres were kitchen gardens and orchards, and four acres were given over to farm buildings. Twentieth-century construction has been carefully placed on the sites of former farm structures or the kitchen gardens, so that almost all the open space which existed in 1913 remains for that purpose today.¹

The hospital's patient's interest in horticulture was greatly encouraged by Henry Hall, whose long career at the hospital began in 1875 as a bookkeeper and ended with his death in 1947. From 1897 to 1941, he was the Manager of Farm and Grounds at the hospital and much of what still flourishes is the result of his efforts, most notable of which are the azalea gardens. "It is said that one day Hall found a single azalea plant, apparently brought in by a patient's relative and discarded. He took the plant to the greenhouse where he nursed it back to life. From the plant he made cuttings and set them out in the woods and along the paths of the 100-acre grounds. Now more than 20,000 of at least 115 varieties [of azaleas] draw thousands of visitors to Friends Hospital's annual "Garden

¹The Hospital's Head of Ground's, Mr. Dale Nemec, estimates that there are presently 20 acres of lawn; 10 acres of buildings, parking lots, and roadways; 20 acres of gardens; and 50+ acres of woodlands, which may also shelter unpaved paths, glades, and shrubbery.

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Days,”² event held since 1938, known internationally. Halls’ earliest grouping of azalea are located on what is known as “Purple Hill”, planted with the help of patients during 1928-1929 on the hospital’s former cow pasture.

Patients have contributed to this horticultural wonderland since the beginning, not only by helping to maintain the trees and plants but also by designing and building the many wandering pathways and scenic seating scattered throughout the property. However, over the last 20 years, the average stay of the hospital’s patients has become increasingly shorter, so that it is no longer as feasible to have them near much of the horticultural maintenance. The first greenhouses were built in 1880, and the propagation of plants is still an important part of therapy and recreation today.

Major features of the current grounds, in addition to the azalea plantings, are the rare and unaltered climax forest of native hardwoods, which covers most of the land to the rear of the buildings and throughout the Tacony Creek Valley. Among numerous notable specimens are maples, elms, and the state champion silver bell, a rare native tree. The serpentine walk through these woodlands to a point overlooking the precipitous valley is maintained as laid out circa 1830. Two intentional wooded areas have been created : the first of native and European conifers, has been laid out along the edge of Roosevelt Boulevard since circa 1817, to help provide privacy for the institution. A 1984 open wooden gazebo has been added to enhance enjoyment of the view of the woods, lawn, and facade of the Scattergood Building. The second planned woodland is a thriving rectangular grove of native and European beeches, started in the early 1900s by Henry Hall, as a screen between the patients' residences and the staff housing and parking (now they are on the site map lying between the Laundry/Powerhouse with its parking and Webster House with its parking). Great care has been taken to protect and encourage the continuance of the hospital's notable trees, as when the new Auditorium/Gymnasium was specifically designed around a 200-year old elm tree or the visitors' parking at the front of Scattergood was adjusted to protect a sizable Cedar of Lebanon.

There are several small individual gardens, planned to fit particular patient usage, to fit certain spaces between buildings, and/or to provide different textures and types of plants. The memorial rose garden, inside and paralleling the wooded boundary along the Boulevard, commemorates both former patients and staff. Greystone features a 1910s boxwood-enclosed Colonial Revival garden of perennials around a lawn where patients can take the sun in privacy. Between the central and western rear sections of the Scattergood Building is an Italian garden complete with putti fountain, which forms the center for a tile-paved conversation area with scattered iron chairs and benches. Scented cherry trees and a garden of spring plants lies between the east and central rear wings of the Scattergood Building. A 1930s garden of shade plantings is banked around the Hygeia Building. The 1995 Boorgest Garden, northwest at the rear of the Bonsall Building, is most unusual : its combination of circular design, trellis work and scented plants provides both sensory stimulation and safety for disoriented or Alzheimer patients.

The original spring-fed 1880s ice pond at the base of Purple Hill was cleaned out and its margins expanded to make a grassy area with benches, where the soothing sounds of the water trickling

² Toll, Jean B. and Mildred S. Gillam, *Invisible Philadelphia*, Philadelphia, Atwater Kent Museum, 1995, p. 792.

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over the 1980s repaired dam is enjoyed by many residents. Further south, along a dirt road, patients can walk to see the Tacony Creek at water level. There are cold frames and nursery beds for bedding plants located behind (southwest) the Maintenance complex. Foundation plantings and beds of ivy bank many of the buildings. Cyclone fencing mark the boundaries of the hospital on three sides, while tall iron pickets with ornamental stone and iron gateways mark the northern, most public, boundary.

Contributing Buildings (in alphabetical order):

Carriage House: Built in 1885 as a "coach house" of "neat and ornamental appearance,"³ this building's core is two stories high, five bays wide, five piles deep, and measures thirty-two feet square. It has a first story of painted brick and a second story of Eastlake style frame with plain and fishscale wooden shingling in alternate courses for siding. It has an asphalt gable roof and random shed dormers. Two one-story enclosed, shed-roofed, five-bay, single-pile sun porches were added to its front facade and the northwestern elevation in the 1910s. Originally used for carriages and tack on the first floor and grooms' quarters on the second, it is now used for staff and physician offices.

Cherry Lounge: This small, one-story, three-bay, double-pile building was built c. 1925 as a staff lounge for commuting help. It is vernacular Colonial Revival in style and is constructed of whitened brick with an asphalt shingle hipped roof. The building has a small, broken pedimented center door hood supported by attenuated Tuscan columns and paired rear pilasters, a cove interior porch roof with iron, and a glass-paned lantern. The centered front twelve-light door has an ornamental wooden fan above and five-pane sidelights. The building has eight-over-eight windows with limestone sills and wooden louvered shutters. A modified Palladian window is in the center rear as well as asphalt and copper gutters and flashings.

Farmhouse: Located at the extreme northeastern corner of the property, this double residence was built in 1881 to provide housing for the hospital's farmer and engineer and their families. It is a two and one-half story, four-bay, four-pile, coursed fieldstone, T-plan house, with a gable asphalt singled roof and gable dormers on each facade. The gable peaks of both the roof and dormers are enclosed with perpendicular decorative boards and triangular Eastlake framing. The roofs have exposed rafters and paired, open consoles at every corner. Windows are two-over-two with limestone lintels and sills.

Twin, frame, one-story, shed-roofed open porches were added to each front elevation ca. 1910. These are now enclosed with glass but retain their original board and batten trim. A frame weatherboarded extension to the rear ell was added ca. 1920 and is two bays wide, two rooms deep, and has paired exterior corner entrances (to the kitchens). This addition has a gabled roof of shallower pitch than the core building, and six-over-six wooden framed windows. A one-story enclosed porch was added to its rear shortly after construction. A large iron firescape has been added to the front facade. The main entrance was moved from the front facade to the western elevation ca. 1925, being a small, projecting coursed fieldstone addition of one-story in height, two bays wide, and one pile deep. The main entrance includes a main door (half glass and half wooden

³ *Friends Asylum*, p. 12.

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panel, with a five-pane sidelight on the right side) and paired five-by-two light casement windows. A centered, interior brick chimney is on the original front facade. This building is now used for multiple housing of staff.

Garage (near carriage house): This garage is a utilitarian, single-story L-plan building of stucco-over-concrete block with weatherboarded gable ends and an asphalt shingle gable roof. The shorter arm is three-bays wide by seven piles deep, and is used as a double-door garage for trucks and for storage space. The longer arm is five individual garages for hospital cars and station wagons. All openings have four-light overhead wooden doors or six-over-nine sash windows. A gas pump is located just northwest of the front corner. This 1950s building was erected when the carriage house was converted into offices.

Greystone: This single-family Colonial Revival residence was built from 1910-1911 to be the Steward's residence. It is a T-plan, constructed of granite ashlar roughly coursed, two and one-half stories in height (banked at rear, three and one-half stories in height), three bays wide, and two piles deep, with a rear wing that is two bays wide and two piles deep. It has gable roofs with returns, heavy box cornices with modillions, and pedimented gable dormers sheathed with cedar shingles. The asphalt shingle roof is broken at the three gable ends by centered, interior, brick and stone chimneys. The centered front entrance (northern facade) has a glass and oak paneled door with ornamental sidelights and transoms of clear glass, which are done in the diamond-within-a-circle pattern. This door is sheltered by a pedimented portico with comb modillions and fascia with comb consoles at each corner. The portico is supported by two round granite ashlar Doric columns and has three steps up to the porch. The windows are eight-over-eight with soldiered stone lintels and limestone sills and have louvered wooden shutters on both floors. The building also has six-over-six dormers, Roman arch paired gablets in the core, and paired quarter moon gablets in the rear ell. Several additions have been made over the years: a flat-roofed two story porch, added ca. 1920; a small rear porch with pent eave and wooden railing off the kitchen ell, ca. 1920; a two and one-half story stucco-over-cement block fire tower, added to the western elevation, ca. 1980; and a small glass greenhouse extending from the banked rear of the ell, ca. 1985. Greystone was converted to a multiple residence to house the long-term, chronically ill program in 1980.

Hygeia: This handsome two-story, three-bay, triple-pile structure with English basement was built specifically for water treatment therapy in 1911. This thirty- by fifty-foot building has a gable roof and cross gables with box cornices and returns and a central cupola, which provided ventilation for the original hydrotherapy room. The exterior walls are of mottled buff brick laid in Flemish bond. The sills, lintels, and keystones are Kentucky bluestone. The centered cross gables have Palladian windows, except for the northern facade, which houses the main entrance. This entrance has a Kentucky bluestone quoined surround, solid oak two-panel door, and ogee fascia above the door which is supported by two bluestone Ionic columns. This door is flanked by two small one-over-one windows. A similar bluestone ogee fascia decorates the rear Palladian window on the first floor. Front and rear facades have single large six-over-six windows on the first floor and paired two-over-two windows directly above these on the second floor. The corners of the second-story window lintels are decorated with ornamental blocks carved with Navajo swastika, that tribe's symbol for the gods of rivers and rain.

The southwestern elevation has a one-story sun porch addition to its exterior. There are three Roman-arch, six-over-six, with five-pane fanlight windows on the second floor. The northeastern

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elevation has had a two-story fire stairs and bathroom added in a one-bay, one-pile, stucco-over-concrete block addition, built ca. 1985. This addition has a Palladian window on the first floor and a round casement window on the second. The interior door and window surrounds, doors, and chair rails are of quarter sawn oak. In addition to hydrotherapeutic treatments, Hygeia (named for the Greek goddess of health) also originally housed a natural science museum, photography room, and nurses' quarters. It now is used for adjunctive and outpatient therapy.

Lawnside: Built to be the Superintendent's residence, this 1859 coursed fieldstone home was erected near the only entrance for the security of the hospital grounds and for the prevention of unauthorized visitors. It is a two and one-half story, three-bay, double-pile building and has a T-plan ell of one bay wide and two piles deep. The residence has paired, interior ridge chimneys and a small ornamental cross gable over the centered door. The roof is gently bell-cast with exposed rafter ends and square consuls under the gable ends, cross gable, and dormer gables. The windows are four-over-four, including the gable peak Roman arch windows. All of the windows have wooden surrounds and solid paneled shutters. The front (north) facade has an open porch with exposed rafters, octagonal wooden columns, and open curved brackets.

Two separate additions have been made to the rear of Lawnside. The addition on the northwest rear was constructed ca. 1890 and is two stories in height, two bays wide, and one pile deep. It has a flat roof, exposed rafter and joist ends, stuccoed first floor, and novelty shingle siding on the second story. In 1950, random fenestration and a projecting two-story rear balcony were added to this addition. The second, smaller addition was made to the southwest rear ca. 1920 and is one story in height with a raised English basement. It is two bays wide, one pile deep, and has a gable roof with returns and exposed rafters. The frame structure, covered with siding, rests on a coursed fieldstone foundation. It has six-over-two wooden windows with solid paneled shutters and a Colonial Revival rear door with fanlight and keystone wooden surround with Doric pilasters.

Maintenance complex: The maintenance complex consists of the carpenter shop, paint shop, mechanics area, and garage for grounds equipment. The southeastern section was built in 1856 and renovated in 1886 as a carpenter shop, stables, and dormitory for the male farm hands. It is stucco-over-stone, two stories high, six bays wide, and one pile deep. Its front facade has a closed over carriage door, and its southeastern elevation has an exterior rolling door. In 1902, an addition, thirty by forty-eight feet in size, was made. The addition is two-stories high and has a gable roof with exposed rafters and an exterior, partially enclosed wooden stairway on its northwestern elevation.

About 1911, this addition was greatly lengthened by the further addition of a one-story, stone, open shed which has been converted into eight single garages. At the center of the rear of this addition, on the banked side, are three coursed stone ornamental entrances, one at each end and one in the center. These entrances have buttressed, pedimented facades, capped with bluestone, and pierced by Roman arch doorways. The final addition to this complex, made at the northeastern end, is one story high, six bays wide, and four piles deep. The stuccoed gable roofed garage serves as grounds equipment storage and a repair shop. This complex houses all the repair and specialty shops (i.e., tailoring, painting, upholstery, and electrical) for the entire interior and exterior maintenance of the hospital, its buildings, and equipment.

"Maple Hall" - Laundry and Powerhouse: In 1900 earlier versions of the laundry and power plant were replaced on this site with a forty-six by one-hundred-foot, three-story plus banked

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basement, red brick building, laid in Flemish bond, with self quoins. The main entrance, on the east (up slope) elevation, has a recessed central porch flanked by two stylized Doric pilasters of Flemish bond brick with caps and plinths of limestone. The center entrance has a set of paired double doors, with steps, a porch, and divided stairs with iron handrails for access. The windows of the side elevations are six-over-six. Those on the facades are nine-over-six. All of the windows have keystone lintels and sills of limestone. The building has a monitor roof with clerestory windows. As originally designed, the basement was the boiler room and electrical plant, the first floor was the hospital laundry, and the upper floors were dormitory space for the domestic and engineering help.

This building was further extended ca. 1925, when a two-story, three-bay, three-pile brick addition was added to the rear (west), laid in common bond, and connected to the original structure by a one-story brick hallway. Decorated with a simple column and spandrel relief pattern, this flat roofed addition has a concrete cornice with modillions surmounted by a brick parapet with square corners in ornamental soldiered brick, all capped with molded concrete. A tall brick smokestack with incinerator (now inactive) is located on the rear northern facade. Former coal bunkers and similar large storage spaces surround the open court cut into the bank from the western side towards the eastern elevation.

Thomas Scattergood (Main) Building: This is the main building at Friends Hospital and is also the most dominant and the most visible. It is complex, having been added to, adjusted, and reconfigured almost continually since the early years of the institution (see floor plan with construction dates). However, its principal (north) facade has remained almost the same since 1828. The original design of the building was a faithful copy of the hospital which philanthropist William Tuke designed in 1794 for his Retreat at York, England - the first Friends mental institution. The success of this hospital directly inspired Quaker traveling minister Thomas Scattergood, who suggested its configuration for the Hospital proposed by Philadelphia Friends.

The original design, as proposed by Scattergood and copied from Tuke, was three stories in height with a raised English basement building of stucco-over-stone, which faced approximately north looking over 200 yards of lawn to the main road (then the Germantown-Frankford Turnpike, now Franklin Delano Roosevelt Boulevard). The central block is sixty feet square and originally housed the superintendent and family, the day rooms for patients, and the surgery and drug room. On each side of this center core is a three-story with raised basement wing, recessed from the facade by eighteen feet and one-hundred feet long by twenty-four feet deep. The east wing was for male patients, while the west wing was for females. Twenty individual patients' rooms were on the facade side of the wings, leaving the rear as corridors and windows for better light and ventilation. This core building had gable roofs and several chimneys, not now extant. The raised basement is constructed of coursed ashlar granite, has six-over-six windows which open onto a below grade, and an open service corridor serving the front and rear of the core and wings.

By 1827-1828, it became desirable to add to the facade by building "lodges" at each end of the wings, to house more disturbed patients. Each lodge was built in line with the facade of the center block and extended to the rear of the wings. The lodges were each three stories plus a basement in height, twenty-six and one-half feet long, twenty-two-and-one-half feet deep, and had private patient rooms plus bathrooms. In order to better soundproof these lodges, which held the "noisy and excitable" patients, they had extra thick walls, a five-foot corridor between the lodge and the wings

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(which led to the now defunct airing yards), and patients' rooms placed on the extreme east and west sides.

This separation of the two lodges from the rest of the building was for the purpose of preventing the transmission of sound, so that the convalescent and quiet patients who were located in the wings might not be injured or annoyed by the disturbed ones who were confined to the lodges. In all parts of the Asylum accessible to the patients, the window sash was of cast iron, and stationary. The lower one in each window was glazed, and outside of the upper was a glazed wooden sash so hung as to be raised or lowered at pleasure. This arrangement, which insuring security, did not give the appearance of a place of confinement. The rooms in the center building were warmed by means of stoves and grates. The wings and lodges had heated air, conducted from furnaces in the basement.⁴

Although the interiors have been reconfigured, the principal hallways and stairs have been preserved. The main hall runs from the front door through all additions to the center rear of the building, the transverse halls, ten feet wide, run from one lodge through the wings and center section to the other lodge, and a five-foot hall runs down the interior side of the lodges.

In 1871, extensive remodeling and expansion occurred, following a design attributed to noted Quaker architect Addison Hutton. First, a mansard roof, supported by Italianate bracketed cornices, was added to the main building, further unifying the facade and giving an extra (fourth) floor to the central block and the 1828 lodges for twenty-four patient rooms, two dining rooms, and eight staff bedrooms. The windows in the central fourth floor have Roman arches, paired four-over-four panes under eyebrow dormers, and Palladian windows in the center. The new third-floor windows in the wings have eyebrow dormers with single fifteen-over-ten windows, framed with solid brackets at the top and bottom of each surround. Windows on the first and second floor of the central block previously had wooden labels, which were topped with copper sheathing in 1871. A small, square wooden belvedere was built in the middle of the central block, over the staircase. A two-story stucco-over-brick extension, began in 1871, but not completed until 1879, was added to the rear of the central block, forming a large corridor (twenty-eight feet long, lit by two-story triple windows on each side, of the same width and height as the block). The corridor led to a first-floor exercise room (twenty-five by forty feet in size, with an almost sixteen foot high ceiling), fully furnished with Indian clubs, mats, shuffleboard and badminton, with a lecture hall (fourteen-foot ceiling) above it on the second floor.

Also in 1871, one-story, stucco-over-stone rear wings were built onto the rear of each lodge, separated by a fifteen-foot corridor with outside doors. Each new wing had a raised basement and was twenty-four by fifty feet in dimension, with five patient rooms, bath, toilet, and dining rooms on the exterior and ten-foot corridors on the interior side. Four new dining rooms were provided in the original wings by removing the partitions between the two patients' rooms nearest the central block in the first and second stories of each wing and extending the rear (corridor) wall so as to make four rooms in size of eighteen by twenty feet. The main entrance to the hospital, in the central block, was remodeled to include double, ten-foot wide, twenty-four-light doors with a lower oak

⁴ *Friends Asylum for the Insane, 1813-1913*, p. 19.

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panel, an eight-pane transom, and twelve-pane sidelights. A square vestibule and inner double doors with glazed panels and sidelights was also added. The flat roofed portico has a plain fascia and is supported by two round and two pilastered Doric columns. Finally, in 1872, all the window frames on the front facade were improved in design and lowered for better light and ventilation.

The expanded Scattergood Building increased concern about wash rooms and fire safety, so new four story fireproof towers were built at the interior angles formed by the original wings and 1828 lodges. These towers contained bath and toilet rooms for each floor and wide metal fire stairs for quick evacuation of the upper floors. Each tower was capped with a pyramidal turret with cast iron cresting. These turrets contained a water tank holding over 7,000 gallons. The tower on the men's (east) side was built in 1886, and the tower on the women's (west) in the following year. Similar stair towers were added to the interior rear of the two-story 1871 men's and women's wings.

In 1894, a small sun parlor was erected on the northwest side of the women's wing. It was constructed of smooth wooden sheathing, which was overlaid with narrow arches, and supported by Doric pilasters and cyma bracketed octagonal columns at the outer corners.

The growing demand for increased accommodations caused further expansion of the men's wing and remodeling of the men's wards in 1904-1905. A twenty- by thirty-foot addition was added parallel to the central section and projecting east from the rear wing. At the same time, this addition and the corridor connecting it to the 1871 men's ward were made two stories high. This remodeling provided two halls, six patient bedrooms, two reading rooms, and an enclosed southeastern sun parlor per floor. Additional sun porches were added to both the men's and women's wings across the front and exterior sides of each wing. These porches are one-story, enclosed wooden flat roof additions with six-over-four windows (probably recycled in the remodeling). Every two windows are separated by a wooden Doric pilaster.

In 1925, the women's rear ward was expanded and also made two stories high, with enclosed sun porches on the southwestern (rear) elevation. A small louvered cupola was added for ventilation. Several two-story bay windows were also added to the interior sides of the male and female wings. The exteriors of these improvements are stucco-over-stone, with minimal Colonial Revival detailing, such as Kentucky bluestone window lintels with keystones, pedimented rear gables with nine-light fanlight gable windows, and stuccoed Doric pilasters with bluestone capitals separating each rear wing bay. While most of the 1925 doors have been remodeled to meet modern Americans with Disabilities Act (ADA) standards, one retains its coved gable door hood, supported by acanthus leaf consoles.

The kitchens and their dependent offices had been housed in the center building's basement and needed to be reconfigured almost continuously. In 1906, their expansion was accommodated by building out the raised basement in the rear of the original center block and wings to form an eighteen-foot wide open piazza with an ornate Celtic circles concrete balustrade, much of which is still visible despite subsequent additions. In 1969, the kitchens and dining facilities were moved to the new dining hall building.

In 1910, a one-story Associate Dining Room, constructed in Flemish bond of beige brick, was built as a free-standing structure behind the center of the Scattergood Building. Meant for the use of attending, but not resident physicians, it became redundant in 1969, and so was incorporated into a

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larger addition which made it two stories high with a raised basement, expanded its footprint, and linked it to the 1879 rear central section of the main building. The former dining room was used as an auditorium and is now a day lounge and reading room for patients, with fourteen private physicians' offices and examining rooms above. The original roof lines of the buildings (1871 gable and 1910 hipped) have been retained. The 1969 exterior is stucco-over-concrete block with the stringcourse continued from the older wings and stucco Doric pilasters framing each pair of windows on the first floor. Also added, were paired, bronzed, ten-over-ten windows in the 1871 section of the raised basement level. The former 1910 dining room section retains its first floor Roman arch, twelve-over-twelve plus eighteen-light fanlight windows, a bluestone string course above the first floor, and a brick parapet with bluestone cap. The 1969 second floor walls are constructed almost entirely of tinted glass, so that the hipped roof seems to float and the original proportions of the building still stand out. The rear entrance consists of glass paned double doors with fanlight which exits onto a raised portico supported by four wooden Doric columns.

Although the Scattergood Building has been expanded and remodeled frequently to meet the needs of patients and new therapies, great care has been exercised to retain a harmonious unity of exterior materials, window treatments, roof lines, cornices, string courses, and decorative elements. Since 1969, a few wheelchair entrances, decorative cast iron railings, and a fire stair tower at the front central block have been added to meet Americans with Disabilities Act (ADA) and code compliance. These have been designed to blend with the overall look of the building and its existing treatments.

Non-Contributing Buildings (in alphabetical order):

Adams Avenue, Internal Medicine Building: This is a one-story, four-bay, two-pile ranch-style building. It was built in the 1970s of stucco-over-cement block and has a flat roof with a brick interior chimney at its west gable. Originally built as a single residence, it is now used for outpatient and eating disorder treatment. A small, enclosed wooden shed houses groundskeeping equipment.

Admission, Evaluations and ECT/ Dining Facility: Begun in 1992 (dining hall) and completed in 1997 (ECT), this two- and three-story building is banked on the east side, allowing easy access for food deliveries. It is constructed of cement and decorated with two-toned, banded pebble texture. Its irregular footprint, flat roof, varying levels, and random fenestration were designed to make it fit in inconspicuously to its hillside setting. The eastern, rectangular block expanded the 1969 dining hall, looking out over the azalea gardens. The admission, evaluations, and ECT section forms a diagonal link between the dining hall and the Tuke Building, lying southwest to northeast. In the summer of 1997, Friends Hospital was designated as the Crisis Response Center for the entire City of Philadelphia; this building was constructed to serve those needs, including ambulance access.

Greenhouses (counted as one non-contributing building because they are attached): Three rectangular greenhouses, 1992 replacements for the first one built in 1879 and dismantled in 1975, stand to the center rear of the Isaac Bonsall Building. These propagation houses are used as part of the patients' adjunctive therapy, and the succession of blooms and plants they grow are used for interior arrangements as well as for transplanting to the outside gardens. Approximately fifteen by

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forty feet in size, each glass greenhouse has a 1980s stuccoed frame end, about fifteen by fifteen feet in size, which houses space for flower arranging, tools, sinks and storage.

Isaac Bonsall Building: Built in 1981 and dedicated in 1982, this large, low, sprawling residential unit replaced several earlier ward buildings. It is specifically designed to provide the maximum privacy for its residents, and despite its size, is not intrusive on the landscape. It is asymmetrical and has two main L-shaped, nine-bay, three-pile wings with semi-circular entrances in the interior angles. It is two stories in height, has concrete and tinted glass, is flat roofed, and has painted metal window and door frames. The adolescent security wing has an exercise yard enclosed by a ten-foot, closely fitted, wooden board fence adjacent to the greenhouse area.

Hillside House: When the long-term assisted living program grew too large for Greystone's capacity, another unit was created by building this facility in 1988. It is a one and on-half story, nine-bay, double-pile residence of banded concrete, with an asphalt single jerkin head roof, gabled dormers, and an off-center cross gable with Diocletian windows, which houses the entrance hall. The residence has an imitation watertable of coarsely pebbled concrete, a finer pebbled band encircles the exterior just under the window sill and smooth upper portions of the exterior walls. It is gently banked with a concrete recreation patio at its rear (southeast). It has a large interior, off-center brick chimney.

Northeast Mental Health/Mental Retardation Center (Orleans Building): This utilitarian brick and glass building was built in 1966 and recently remodelled, adding a large meeting space in the southwestern section. It has an asphalt hipped roof, a flat roofed, brick portico entrance on the southeastern facade, and an auditorium entrance on the southwestern elevation. It is fifteen bays wide, single pile, and was designed to be used for outpatient care, classes, and meetings which have grown out of the hospital's designation in 1958 as the public health center for Northeastern Philadelphia's state- and federal-funded mental health/mental retardation outreach and programs. The Center also leases a twenty-six-bed unit from Friends Hospital.

Staff Residence: The staff residence is a one-story, three-bay, two-pile, L-plan ranch-style residence. It was built in the 1970s of stucco-over-cement block and has a flat roof with a brick chimney at the interior angle. It was built and is currently used as a residence for medical personnel.

William Tuke Building: Built in 1976, this large patient residential unit has two wings each as well as spaces for adjunctive therapy, a combined gymnasium/auditorium, art and horticulture rooms. Its wings are set at right angles, each being two stories high, twelve bays wide, and three piles deep. The Tuke Building is built of smooth cement with a flat asphalt roof and metal window and door frames. Its angles enclose several landscaped courtyards with seating for residents.

Webster House: By the 1950s, staff could no longer be accommodated in the main buildings, yet residential facilities were necessary to ensure around the clock care. This staff dormitory, with lounge and infirmary, was constructed by 1957 to fill this need. It is a utilitarian, one- and two-story, three-pile, brick and glass, flat-roofed building. It is fifteen bays wide in the two-story residential (main) block and two bays wide and two piles deep in the one-story common room area at its northern end. It has an interior end brick chimney at the juncture of the sleeping wing and the common area section.

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Although Friends Hospital has had to grow and change as the needs of its patients have, the site retains its visual integrity, as most of the new construction has been sited on the footprints of previous institutional or agricultural buildings. Also, these new units form a harmonious whole with the older structures in compatibility of size, scale, materials, color, and mass. Emphasis has been put on keeping additions in natural colors, low and horizontal in impact, and set at the edges of the property where the hospital's rural aspect fades into the dense urban context.

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8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:

Nationally: X Statewide: Locally:

Applicable National

Register Criteria:

A X B C D

Criteria Considerations

(Exceptions):

A B C D E F G

NHL Criteria: 1

NHL Theme(s):

Creating Social Institutions and Movements: Reform Movements
Expanding Science and Technology: Effects on Lifestyle and Health

Areas of Significance:

HEALTH/MEDICINE
SOCIAL HISTORY

Period(s) of Significance:

1817 - 1911

Significant Dates:

1817
1871 (major expansion)
1894 (nursing school opened)
1905-1906 (major expansion)
1911 (acquired last 10 acres of land)

Significant Person(s):

Kirkbride, Thomas Story, 1809-1883

Cultural Affiliation:

N/A

Architect/Builder:

Tuke, William, 1732-1822
Scattergood, William, 1748-1814
Hutton, Addison, 1834-1916

Historic Contexts:

XIII. Science
 F. Medicine
 1. Clinical Specialties

XXXI. Social and Humanitarian Movements
 F. Aiding the Handicapped and Mental Health Care

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State Significance of Property, and Justify Criteria, Criteria Considerations, and Areas and Periods of Significance Noted Above.

Friends Hospital, originally known as the Friends Asylum for the Relief of Persons Deprived of the Use of Their Reason, was the first private, nonprofit, exclusively mental hospital in the United States and is the oldest continuing such institution.¹ The social and medical concerns which Quakers held regarding psychiatric problems guided Friends Hospital in its physical site plan, the methodology of treatment, and even the manner of its original fund raising. These approaches, then novel, became the model which was studied throughout the nineteenth and early twentieth centuries by others wishing to found similar facilities. The ingenuity of its design, based upon William Tuke's York Retreat in England, but with better ventilation and light as suggested by Philadelphia Friend Thomas Scattergood, was a model for other American psychiatric facilities. Quaker architect Addison Hutton made major renovations to the main building which set the public profile of the hospital for over a hundred years. Even more important than the physical layout was the new treatment which Friends introduced - the "moral treatment" of mental illness, a methodology which combined the Quaker religious views of the individual with medical sciences' developing therapies. By the 1850s, the Quaker approach to mental health had become the example for America. The initial success of these measures was due to the first Superintendents of the hospital, Isaac and Ann (Paul) Bonsall. The Bonsalls were the first to translate this theory of treatment into daily practical application, although neither was a doctor. Later physicians attached to the hospital, especially Thomas Kirkbride, would improve upon their methods and synthesize moral treatment with medical knowledge. Reflecting the Quaker belief in the equality of people, Friends was among the first hospitals to employ women doctors and professional nurses. Friends Hospital continues its leadership role today, with exemplary programs including geropsychiatry, adolescent services, outpatient, partial hospitalization, residential home health, and community based programs as well as crisis intervention in the Larkspur Crisis Response Center. Its pioneering work with horticulture as a therapeutic tool not only proved effective, but has made the hospital grounds an internationally known arboretum, and its public "Azalea Days" every spring much anticipated.

Quakers had long been concerned about the treatment of the mentally disturbed. The founder of their religion, Englishman George Fox, had encouraged Friends to establish "a home for those that are distempered, wherein they may put any person that may be distracted or troubled in mind" as he put it in 1669.² Philadelphia Quakers took steps in 1709 to organize a hospital which would care for both the sick and the insane. After several reworkings of this plan, it became the Pennsylvania Hospital, founded in 1751. While the intention had been to offer safe and supportive care of the mentally ill, the actual situation for such patients became similar to their treatment elsewhere at that time - confinement, physical restraint (including chains), severe physical punishment, and display for the amusement of the visiting public. Such measures were abhorrent to Friends and were deplored by many concerned about the well-being of the mentally ill, as can be seen in the writings of doctor Benjamin Rush. The final impetus to find a better solution came from Quaker minister Thomas Scattergood, known as the "Mournful Prophet," who was deeply touched by the profound

¹Only the hospital at Williamsburg was older, having been started in 1773. However, it was patterned on the Pennsylvania Hospital concept of housing both physically sick and the mentally ill, and in its early years confinement rather than treatment was its emphasis. The Williamsburg Hospital closed in 1885.

²Toll, Jean B. and Mildred S. Gillam, *Invisible Philadelphia*, Phila., Atwater Kent Museum, 1995, p. 791.

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melancholia he helped a young woman try to cope with. Scattergood urged the Philadelphia Yearly Meeting (the organizational arm of the region's Friends) to create an asylum where such sufferers could find a safe and supportive home as well as help in trying to overcome their disabilities.

The 1812 Yearly Meeting formed a committee to study the request that they "make provision for such of our members who may be deprived of the use of their reason."³ (This is the derivation of the original name of Friends Hospital.) At the following Yearly Meeting (1813), this committee reported that there was a great need for such an institution and the committee was authorized to proceed, but it was thought to be a better plan to have a corporation funded by private subscription rather than through the formal structure of Friends. Consequently, in 1813 there were two organizations at work, one on the acquisition of appropriate land and the construction of the hospital building, and the other to publicize the undertaking and raise subscriptions.

The members of both committees worked diligently, and the Friends Asylum opened with a capacity for fifty patients in April 1817. Its design was copied from the 1796 Retreat for the mentally ill at York, England, which had been designed and run by William Tuke. Thomas Scattergood had visited there several times when on Quaker service in Great Britain, and that asylum had become the example for American Friends. Scattergood suggested, however, that the design could be further improved by having patients' rooms on only one side of the corridor, thus providing greater privacy, less noise, and better light and ventilation. These plans were adopted and publicized throughout the region by the distribution of an 1814 pamphlet written by William Tuke's grandson, Samuel, outlining the success of the York Retreat and showing plans of the proposed Philadelphia counterpart. Thomas Scattergood was in ill health in 1813 (he died early in 1814), so he was not appointed to the original Board of Managers, but his son Joseph was, in recognition of his vital role in the creation of the hospital.

When the Friends Asylum opened in May 1817, it was run by a husband and wife team who served equally, Isaac and Ann (Paul) Bonsall. Neither had any specific training in caring for the mentally ill, they had been prominent Friends and Isaac had been active in various leadership roles for Philadelphia Yearly Meeting. He also was well versed in the progressive agricultural techniques of his day. The widely recognized spiritual depth, compassion, organizational skills and integrity of this couple helped with the public's acceptance and credibility of the fledgling asylum.

The "moral treatment" which was advocated by Quakers was a radical departure from the common practices towards the mentally ill in the late eighteenth and early nineteenth centuries. Friends urged non-restraint, except to prevent a patient hurting himself. Most people believed that psychiatric problems were the result of demonic possession, so that severe restraints and punishments, such as exorcism, were imposed on all such disturbed persons. They were hunted down and put into jails and almshouses, confined as criminals, outcasts, and physical threats to the community. The conditions under which these unfortunates were kept were degrading, abusive, and sometimes even life-threatening. The first report to the contributors reminded them that "recollecting that the design had its origin in religious motives, may we proceed in its

³ *Friends Asylum*, p. 12.

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accomplishment, humbly believing that a Gracious Providence, whose tender mercies are over all His works, will not suffer this beneficent purpose to fail."⁴

A primary tenet of the Friends' religion is that there is "that of God" in each individual, and therefore, in recognition of this Divine connection, every person should be treated with respect, love, and equality. The main purpose of "moral treatment" was to affirm this status and to utilize the healing benefits of such care to strengthen the mental wellness of each patient. Thus, the Friends Asylum concentrated on strengthening mental *health*, not on curing mental *illness*. This was a departure from the accepted view, and the guiding principle on which all of the Hospital's procedures were based. The policies of the Friends Asylum were to provide nurturing surroundings with privacy from the inquisitive; excellent housing and generous, wholesome food; scrupulous personal and institutional cleanliness; patient attentiveness from staff and authorized visitors; meaningful physical exercise and recreation; mental stimulation on factual subjects; positive creative outlets such as needlework or art; and constructive structure of human interaction based on the pattern of a family. Patients' participation in on-site horticulture played a primary role in accomplishing these goals, using nature to foster a sense of proportion and mental regeneration by assisting with the cycle of life. Programs involved cultivating the assylum's food crops, creating scenic walks and outdoor plantings, working in the greenhouses to supply indoor plants and floral arrangements, and using the grounds for both active and passive recreation.

It fell to the Bonsalls to apply these abstract ideals to the everyday situations of their patients. No differentiation was made in type of mental disturbance, frequency and intensity of imbalance, or length of illness. Isaac Bonsall served on the Building Committee and helped to locate a site which had the required components of having a rural setting, enough good farmland so that the hospital could be self-supporting in food, and a picturesque setting which would inspire the patients to contemplate the role of nature as revealing God's order. The committee bought a fifty-two+ acre farm in Frankford (now part of Philadelphia), about ten miles from central Philadelphia, on a peninsula of high ground overlooking the attractive rock-bound Tacony Creek.

In this "healthy and retired region," as it was described in the 1814 brochure, the hospital built its home, now known as Scattergood Building. The deep setback was to guarantee privacy for the patients, prevent strangers from interrupting their routine and to emphasize the pastoral setting. The hospital maintains that arrangement today, for the same reasons. The 1813 plan had advocated such a "retired location, with the necessary medical assistance, and to be wholly under the care and notice of Friends for the relief and accommodation of persons thus afflicted... The committee felt that this undertaking would serve to alleviate the anxiety of relatives, to tranquillize the minds of the afflicted in their lucid intervals, and it would, moreover, tend to facilitate their recovery."⁵

The Bonsalls, as co-directors (called then Superintendent and Matron), were equally responsible for the supervision of the patients. In addition, Isaac Bonsall ran the farm and Ann Bonsall managed the domestic aspects of the hospital - the cooking, cleaning, laundry, and clothing. Taking the family as a model unit, the Bonsalls treated the patients as family members. Staff and patients ate together, worked at daily tasks together, had social teas together, and lived under the same roof.

⁴ *Friends Asylum*, p. 12.

⁵ *Friends Asylum*, p. 12.

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Patients were encouraged to assist in chores in the belief that activity would strengthen self-respect and give the individual a stronger sense of control over his life. Since most of the patients came from an agricultural background, the familiarity of these tasks was also reassuringly normal. Visitors were welcome and families could take a patient for a day visit every Sunday. (This practice was discontinued in 1837 except for emergencies, as it proved to sometimes be a disconcerting interruption for many recovering patients.)

The hospital had its own stop, known as "Summerdale," on the Pennsylvania Railroad branch which runs adjacent to the hospital along the eastern boundary. Over the years, the old turnpike on its northern border was expanded into Torresdale Boulevard in 1907 and further widened and renamed Roosevelt Boulevard in 1946. Despite the increased accessibility, the hospital has had few problems with wandering patients.

Isaac Bonsall kept a series of diaries (1817-1823) which reveal the struggle to apply "moral treatment" in every aspect of the patient's lives. His commendably non-judgmental entries show thoughtful reflection on the daily actions of each patient and what insight might be thereby gained in positive reinforcement. For example, Reuben H. "who had been kept chained for some years before coming here [to Friends Hospital] and [on arrival] was so weak that he could barely walk... We have allowed him to go without any confinement, and today the keeper took him on a walk through the woods. He behaved well, and even jumped over a pretty high fence in preference to climbing it." Bonsall concluded that physical exercise would assist mental stability in this patient. "I try to watch for favorable opportunities to enter into conversation with the patients, individually and collectively..."⁶ This uniform personal attention seems to have been the greatest factor in affirming each patient's mental strengths.

The diaries also reveal that the Bonsalls and other staff repeatedly and calmly dealt with physical violence to themselves, destruction of property, filth, and harassment. Some of the treatments which were tried included hydrotherapy, twenty years before its promotion as a healing tool, diet, better regulation of sleep patterns, and encouragement of a personal work ethic. However, the assistance of the patients was not a dependable one, as Isaac Bonsall noted that "my wife's charge is heavy, for there is but one female domestic. My wife got through with washing and drying the clothes with no help, and then had to attend to cooking."⁷ The Matron's job was described by one observer as "the many-sided function of housekeeper, nurse, companion, entertainer, friend, and protector of the patient in his domicile, the unit."⁸

In the first month of operation, one man and one woman were admitted. "The subsequent record showed that the woman patient was discharged improved and that the man patient was cured. It is obvious, then, that the institution began with an excellent percentage of commendable medical work. The record goes on to state that during the first year, nineteen patients were received. At the end of the year, four had been discharged cured and one improved. Of the remaining, all had improved in mental condition, excepting three, who were reported as stationary." There were no

⁶Roby, David S., *Pioneer of Moral Treatment*, p. 6.

⁷ Roby, p. 20.

⁸ *Friends Asylum*, p. 33.

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deaths. The yearly reports to the Contributors listed the number, affliction, status, duration, and progress of each patient identified by sex and age. These reports stand as permanent record of the notable contributions of the first Superintendents to the development of psychiatric care.

The strain of this responsibility on the Bonsalls must have been staggering, yet the diary entries reveal the attention and objectiveness of the staff. "Lydia C.'s sister came to see her, and said that she considered her much improved. Lydia C. said that she was pleased with the place, and that the Family [the hospital staff] took a great deal of pains to interest her by conversation. "These interactions were encouraged, and the weekly visits from the Board of Managers, done in groups of three in rotation as more "strangers" at a time was thought to be unsettling, were assigned not only to inspect the physical surroundings and management of the institution, but also to meet with patients, "with whom they confer individually, and they offer such suggestions as may appear conducive to their welfare and comfort."⁹ Among the suggestions acted upon over the years were such items as providing a variety of rooming types (small bedrooms to suites with private baths), the construction of the 1828 lodges for disruptive patients, changes in chore assignments, and changes in the administrative positions. After the Bonsalls, the Superintendent always has been a physician, with a matron and assistant physician. At the end of the nineteenth century, a steward was added, and subsequent twentieth-century changes reflect the changes in length of stay and outpatient treatments.

The "moral treatment" promoted the concept of patients interacting with each other. As the hospital grew in numbers, care was taken to keep the "families" small, in groups of twelve to twenty. Weekly tea parties and lectures, as well as chores, provided opportunities for socialization. As patients had longer lucid periods, they were encouraged to take on more social responsibilities. For example, in 1837, the male patients formed a Restoration Society, whose purpose was "by associating themselves together it was expected that they would act as a collective body rather than in their individual capacity; so that the industrious might stimulate the indolent, that the grave might hush the boisterous, that the amiable might restrain the vindictive, and that the gay might cheer the sorrowful and divert their minds."¹⁰

Appropriate mental stimulation has been provided in a variety of guises. In the 1830s, small animals were introduced into the patients' exercise areas, as testing had shown they felt such animals as rabbits, poultry, and lambs were both familiar and comforting. It was an early forerunner of the animal therapy which is now provided to hospitals and nursing homes. Calmer patients were taken for carriage (and later, automobile) rides through the rural countryside, and all who could were encouraged to attend the local Friends Meeting or similar weekly church services in Frankford. For those confined to the hospital, a non-denominational service was conducted on site. In 1845, a women's school was started. In 1847, a men's school was added. Subjects included grammar, literature, natural science, chemistry, and physiology (principles of diet, exercise, and physical health). By 1849, there were art studios, sewing and weaving rooms, basket making, a pottery class, a woodworking shop with lathes, and horticulture for the patients' recreation. From the beginning, the hospital has had an extensive library for patients' use, including smaller libraries in each unit and common room.

⁹ *Friends Asylum*, p. 17.

¹⁰ *Ibid.*, p. 70.

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In 1817, the first patients were admitted. In 1822, the hospital opened to take Friends referred from other Yearly Meetings. The institution has been non-denominational in both admissions and governance since, although the Board remains seventy percent Quaker today.

Friends Hospital has served as a prototype for the medical care considered appropriate for psychiatric stabilization and recovery. At the time of its founding, the "heroic" measures of bleeding, blistering, and purging were advocated elsewhere but not practiced at the hospital. Instead, observation of patients suggested remedial measures such as diet, exercise, and other behavior modification. Among the many excellent doctors who served at the hospital, perhaps Thomas Story Kirkbride made the greatest medical contribution. His family had long been contributors and managers of the Friends Hospital before he received his medical degree from the University of Pennsylvania and became personally involved by the referral of several patients to the hospital. Kirkbride eventually became the Resident Physician at Friends Hospital. Although he served in this capacity for only two years (1832-33), his experiences were formative and, by his own account, directed his subsequent professional life. He left Friends to become the resident physician at the new Pennsylvania Hospital for the Insane, 1833-1835 and was promoted to physician-in-chief and superintendent of that institution from 1840 to 1883. He took with him the principles of "moral treatment," interactive care, and non-interventive medicine. He not only advocated this and other methods learned at Friends, but he incorporated these concepts into the first national professional psychiatric association, which he helped to found in 1844. His published rules for mental care emphasized the importance of recognizing personal dignity and respect. He applied the physical design, and institutional procedures of Friends in his other publications on the construction, design and "economy," that is internal organization and financial structure, of mental hospitals. Recognized by the profession as a major founder of modern psychiatry, his later works and writings show the profound influence his years at the Friends Hospital had on his intellectual development.

Thomas Kirkbride was not the only person to use Friends Hospital as a model. From its beginnings, the hospital has drawn visitors from America and foreign countries who wished to observe the novel approach to mental wellness. Visitors came from Maryland, Massachusetts, New York, Scotland, France, and Italy. Many returned home to build hospitals modeled on what they had observed. Among the institutions thus derived from Friends are: Thomas Eddy's Bloomingdale Asylum (NY), St. Elizabeth's (District of Columbia), Thomas Kirkbride's Pennsylvania Hospital for the Insane (PA), the Scottish Asylum for the Insane, and the reforming work of Dorothea Dix and Pliny Earle. Almost every history of mental institutions which was written in the first half of the nineteenth century mentions the author's favorable observations at the Friends Hospital. More recently, representatives from several Asian countries have studied the physical and financial arrangements of Friends Hospital.

The Quaker tenet of equality between the sexes not only influenced patient regime and the co-superintendentship of the hospital, but it also spurred Friends Hospital to be among the first to accept women psychiatric physicians, adding Dr. Anna M. Broomall to the staff as a consulting doctor in 1889 and the first full time Assistant Physician, Dr. S. Elizabeth Winter, to the staff in 1894. With the rise of professional nursing training at the end of the nineteenth century, Friends Hospital was among the first to offer a two-year training for those wishing to specialize in mental health. This training school for nurses opened on campus in 1894 and was unique for including certification in both general and psychiatric nursing. This focused discipline of studies led to higher

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efficiency, skill, and attentiveness in patient care as well as helping to relieve the physicians' load. The first class graduated in 1896 (two men and four women). The school was eventually merged with that of Jefferson Medical College (now Thomas Jefferson University) in the 1960s.

The hospital has participated in many changes in the mental health field, including its name change from the now-pejorative "asylum." Friends had the first institutional gymnasium in the nation, pioneered the use of hydrotherapy and diet modification, used thermal and mechanical agencies such as electric shock treatments, body repetitive movements, and massage. The Hospital's physical layout and treatments have reflected the change from long-term hospitalization to the general acceptance of psychiatry with its contingent increase in outpatient care, partial hospitalization, and drug therapies. Still a rural oasis in an urban setting, Friends Hospital is now in the forefront of public health issues, cooperating with the City of Philadelphia and its Northeast neighborhood in the areas of crisis intervention, adolescent dependencies, and geropsychiatry. The original "moral treatment" tenets of non-judgmental acceptance, individual responsibility, occupational and recreational therapy, and gentle medical support remain its guiding principles.

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Previous documentation on file (NPS):

- ☐ Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
- ☐ Previously Listed in the National Register.
- ☐ Previously Determined Eligible by the National Register.
- ☐ Designated a National Historic Landmark.
- ☐ Recorded by Historic American Buildings Survey: #
- ☐ Recorded by Historic American Engineering Record: #

Primary Location of Additional Data:

- ☐ State Historic Preservation Office
- ☐ Other State Agency
- ☐ Federal Agency
- ☐ Local Government
- ☐ University
- ☒ Other (Specify Repository):

Records, Photographs and Archives, Friends Hospital, Philadelphia, PA 19124-2399
Archives of the Friends Hospital, Quaker Collection of Magill Library, Haverford College, Haverford, PA
19041

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10. GEOGRAPHICAL DATA

Acreage of Property: 100 acres

UTM References:	Zone	Easting	Northing
	A 18	491340	4430880
	B 18	491940	4430620
	C 18	491550	4429500
	D 18	490390	4429870

Verbal Boundary Description:

See USGS map for boundaries of shaded area.

Boundary Justification:

The boundary includes all grounds, landscapes, gardens and buildings historically connected with the Friends Hospital that maintain historical integrity. The land was assembled in parcels, starting with the initial fifty-two+acres in 1813. The last ten acres was acquired by 1911.

11. FORM PREPARED BY

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