United States Department of the Interior
National Park Service

National Register of Historic Places
Inventory—Nomination Form

See instructions in How to Complete National Register Forms
Type all entries—complete applicable sections

1. Name

historic Wills Hospital

and/or common Wills Eye Hospital

2. Location

street & number 1601 Spring Garden Street

city, town Philadelphia__ vicinity of

state PA code 42 county Philadelphia code 101

3. Classification

<table>
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<th>Ownership</th>
<th>Status</th>
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<td>public</td>
<td>____ occupied</td>
<td>____ agriculture</td>
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<td>x private</td>
<td>x unoccupied</td>
<td>____ commercial</td>
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<tr>
<td>____ structure</td>
<td>____ both</td>
<td>____ work in progress</td>
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<td>Accessible</td>
<td>____ entertainment</td>
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<td>____ military</td>
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4. Owner of Property

name Agreement of Sale: Historic Landmarks for Living

street & number 30 S. Front Street

city, town Philadelphia__ vicinity of

state PA

5. Location of Legal Description

courthouse, registry of deeds, etc. Philadelphia City Hall, Department of Records

street & number Broad and Market Streets

city, town Philadelphia state PA

6. Representation in Existing Surveys

title PA Historic Sites Survey, North Phila.
has this property been determined eligible? ____ yes ____ no

date in progress: Winter 1983-1984

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depository for survey records

city, town

state
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<td><em>x</em> unaltered</td>
<td><em>x</em> original site</td>
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<tr>
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Describe the present and original (if known) physical appearance

The Centennial Building of the Wills Eye Hospital occupies a prominent site at the northwest corner of 16th and Spring Garden Streets; there it joined a group of large institutional buildings that marked the intersection with Broad Street. Though the Spring Garden Institute, Lulu Temple and the Odd Fellows Hall at Broad Street have been demolished, the Beaux Arts classicism of the U.S. Mint (now part of Community College), the Georgian flamboyance of Masterman Junior High School (formerly Girls' High), and the late Art Deco classicism of the Smith Kline headquarters describe the changing styles of institutional architecture in Philadelphia.

The hospital is a sophisticated revival of the late 18th-century English style that depended on the red brick classicism of the Georgian, abstracted and flattened in the fashion of the work of Robert Adam. The choice accommodated contemporary taste — Art Deco made the same stylization — but also reflected Philadelphia preference while recalling the earlier (now demolished) hospital on Logan Circle. Indeed, it seems likely that the giant portico across the main facade and the pilasters of the sides were specifically intended to recall the eight pilasters of that original building, even as they formed a monumental entrance and base for the new Wills.

The building covers its entire block from Spring Garden to Brandywine Street in a nearly square plan (154' x 157'). That regular shape is emphasized by the massing which is organized as four subtly projecting towers at the corners framing the recessed main block. That facade is unified by the massive entablature which continues from the portico around the entire building, being visually supported by two-story high pilasters on the sides. This horizontal subdivision describes the principal internal organization of space of the hospital, as the lower two stories are dominated by the two-story main lobby which pushes offices to the perimeter while the upper levels are U-shaped around a central light court that lights the lobby. Above the entablature the facade rises three stories to a delicate cornice which in turn carries an attic story capped by a shallow cornice and coping. The nurses' quarters, accented by paired pilasters between tall windows, are set back above the fifth floor and provide a modern hint of the "set back" skyscraper. It is a skillful and cleverly styled building that emphasizes its period while relating to the traditional heritage of Philadelphia design.

Three large consoled, stone framed doors open into a shallow marble vestibule originally lined with great bronze plaques that listed donors and the principal surgeons and contributors to the Wills Hospital history. They have been removed to the new hospital. Beyond, a double row of marble clad
piers surround a square skylighted lobby. That skylight is bordered with stylized acanthus leaves while the lights are subdivided into panels that recall Roman thermal window mullions. The lobby itself is a broad and gracious space, bathed in light, that terminates in a slimly elegant grand stair accented with Neo Adam panels rising to a mezzanine that encircles the entire room. With major offices and circulation all proceeding from the lobby, the result was a brilliantly clear and comprehensible arrangement that gave comfort to the visitor. The building shape is unique in the Philadelphia region. It is clear, however, that the architectural form is adapted from late 19th-century office blocks such as the Hewitt Brothers Bourse or Louis Sullivan's Wainwright Building in St. Louis, sources then well-known.

By way of contrast with the grand lobby, the medical, clinical and circulation spaces were severely utilitarian, designed for sanitary cleaning rather than show. Corridors and stair towers are finished in a handsome tan, glazed tile, with terrazzo floors that make a curving transition to the wall, assuring ease of care. It is this emphasis on sanitation and the contemporary design aesthetic of flattened form and streamlined curves that gives understated elegance to the interior. Recessed steam radiators, for example, are screened by handsome pierced bronze covers that continue the wall plane. Stairs are of wrought iron with slender bronze railings, forming modern industrial classics. Most of the original small paneled casements are in the window openings, though some have been modified for air conditioners. The building survives very much intact, with alterations occurring only in the patient floors and principal medical offices.
### 8. Significance

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<td>Specific dates</td>
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### Statement of Significance (in one paragraph)

The Wills Eye Hospital is one of the chief landmarks in the history of American ophthalmology and an important and original hospital design. Its 1932 building marked the centennial of the first American hospital devoted to the care of the eye, and celebrated the maturity of that institution. With the new facility, Wills stood as the largest of its kind in the land, an institution capable, for the first time, of combining its original clinical purpose with its coming teaching and research roles that revolutionized eye care and treatment. Those changes were made possible by the Centennial Building, the work of John T. Windrim, the principal institutional architect of Philadelphia, and the successor to one of the most important architectural practices of the city. The building itself is a rare example of monumental architecture from the Depression era, and like so many of the buildings of that time, was fashioned in an "American" style that represented national hope. Finally, the massive Federal Tuscan facade, itself derived from the original building, forms an important landmark on a major avenue in Philadelphia, complementing the classical visages of the U.S. Mint (now Community College) across the street, and the adjacent Federal Masterman Junior High School.

The institutional history of Wills Eye Hospital has been documented in two volumes, one written at the opening of the Centennial Building (Drs. William Posey and Samuel H. Brown, *The Wills Hospital of Philadelphia*, Philadelphia, 1931), the other as it closed (Dr. William Tasman, *The History of Wills Eye Hospital*, Philadelphia, 1980). They confirm the importance of the hospital as a center of surgical treatment, led by the great names and innovators of American eye surgery. Dr. William Gibson, author of *The Institutes and Practices of Surgery*, and Dr. George B. McClellan, author of "Dispensary for Diseases of the Eye" founded the initial "Philadelphia Hospital for the Eye and Ear" in 1823. Though it was absorbed into Jefferson Hospital in 1825, the same men reappear with the charitable foundation in 1832 that resulted from the James Wills Estate. The fund sponsored the erection of the institution's first building (since demolished), designed by T.U. Walter, which stood on Logan Circle in a pleasant suburb removed from the noise and congestion of the city. Its mission was typical of hospitals of the period — the treatment of those unable to pay for private care at home -- with the specific focus mandated by Wills' will of "Relief of the Indigent Blind and Lame".

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Because of the intention of serving the poor, the significant developments in eye care of the first century were focused on surgical and emergency treatment. Thus Isaac Hayes, the first attending surgeon and the Editor of *The American Journal of the Medical Sciences* invented the "needle knife" during his tenure. Dr. Lippincott followed with an equally significant tool, the "intraocular syringe" in 1881, and shortly after, the "eye duct extender" completed the early trio of tools on which the profession depended for access to the eye's interior. Those men, with Dr. D. Hayes Agnew, Dr. Caspar Wistar, first president of Wills, and Squier Littell, author of "A Manual of Diseases for the Eye" formed the corps of surgeons who first gave the institution its fame. Pioneering work was accomplished in the removal of cataracts, lens replacement, and the treatment of glaucoma. As will be seen below, Wills remained a center of eye treatment when it left its original site and moved to the Centennial Building.

Paralleling its surgical and clinical activities was the Wills influence in teaching. It was customary for hospitals to be the center of training students in the "practice" of medicine (hence the word), but Wills marked a significant transition. Its early staff members were also scholars and authors on medical procedure, and extended that mode of teaching to provide clinical experience as well. By 1839, a continuous lecture series provided a vehicle for communicating new developments, and by 1860, it was held that ophthalmology was a special branch of medicine, rather than a portion of general surgery.

By the first years of the 20th century, it was clear that the original building was outmoded and unable to provide the specialized care that reflected contemporary awareness of germs and infection. In 1909 the hospital retained John T. Windrim to provide a contagious ward and to enlarge the original building. That began three decades of his active involvement with the hospital, culminating in the new Centennial Building.

It was the new building which transformed Wills Eye from its original role as a center for treatment to its contemporary prestigious position as a leading center for research, teaching and medical care. Instead of merely being a clinic, surgical amphitheater and ward, the new building was a hospital that provided total medical care, a concentration which proved invaluable in tracing the relationship between diseases of the eye and other medical problems. The first annual reports published from the Centennial building make apparent the remarkable flowering of the hospital. Drs. Edmund G. Spaeth and G.J. Dublin were appointed to the medical staff, the
same year the new building was opened, and with their particular interest in applied research and disease pathology as it affected the entire body and the state-of-the-art laboratory equipment available, made great strides in ophthalmological research. In the first year of operation, the dental clinic made clear the link between oral hygiene and diseases of the eye, and that conclusion was reported in the 1932 annual report. The following year important discoveries were made on the relation between degenerative eye disease and diabetes. From that point on, no eye hospital could claim to be offering complete eye care unless it could match the Wills facility. All later eye hospitals, including Scheie Eye in Philadelphia, Columbia Presbyterian in New York and the new Wills Eye Hospital (1980, Ballinger and Company) on 9th Street have continued the pattern set by the 1932 Wills Centennial building. In 1934, Dr. John Lauber of the University of Warsaw studied Wills and took plans of the building to Poland to serve as a model. The Cuban Society of Ophthalmology was similarly impressed.

Additional discoveries followed in 1933 and 1934, and by that latter year it was proudly noted that the new facility ensured greater efficiencies and cooperation between departments and led to "more and earlier discoveries of the underlying causes of eye disease". The hopes of the planners and the architects had been borne out. The new hospital had become the center of medical as well as clinical eye care for the nation; the next half century in the building continued that growth. Treatment of conical corneas through the use of contact lenses, microscopic attachment of damaged retinas (1934), prism exercises for far-sightedness (1935), the effects of Vitamin A deficiency (1937) and the establishment of allergy and metabolic clinics (1938) suggest the wide ranging and creative research at the hospital. The teaching role was enlarged as well; in 1938 "The Wills Eye Manual for Nurses" became a nationally used training text. Though the hospital, like many other medical institutions, experienced a reduction in available staff during the war years, the effects were not long-ranging. The first intraocular lens implant in the United States was tried at Wills in 1952, by Drs. Warren Reese and Turgut Hamdi, and in the next generation the cryoextraction technique and phacoemulsification techniques for cataract removal was pioneered by Charles Keleman, M.D. Those processes mark the culmination of a century and a half of work on cataract treatment by the Wills Eye Hospital. Surely it was not a coincidence that those revolutions in care and treatment occurred at Wills, in the new building which provided medical support, research capacity and clinical and surgical services. There can be no disputing the statement in Ocular Therapy and Surgery (November 1982): "In the western hemisphere, Wills Eye Hospital stands uniquely as a world famous institution devoted solely to the care and treatment of those afflicted with eye disease."

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If the institution was historically important, the first facility designed for them to meet the scientific insight of the twentieth century is of architectural significance as well. As noted earlier, it was designed by John Torrey Windrim, son of James H. Windrim and successor to his practice. Because the senior Windrim had been a graduate of Girard College (managed by the Board of City Trusts) the Windrim firm had regularly worked on City and Girard Estate projects, including the Girard office buildings, the Girard estate in South Philadelphia, and the like. John T. Windrim on his own became a significant designer of clinical and hospital buildings, and began his association with Wills in 1909 with the alterations to the Walter buildings. Since the Hospital's Board of Directors was composed of the same men as that of the Girard Estate, the junior Windrim's work marks a continuity of institutional architectural patronage. In 1910 he designed the dental clinic and school for the University of Pennsylvania, and in the 1920s became the principal architect for the Presbyterian Hospital. The Wills building is part of that important practice, and synthesizes in it the achievement of the architect working in the peculiar context of Philadelphia institutional architecture. That architecture is typically conservative, and looks toward historical architectural sources, especially the late 18th and early 19th century. Whether that choice was made for reasons of pride or self-conscious nostalgia remains a major issue of regional architectural history, but it must be acknowledged that the Georgian and Federal styles were profoundly apparent in the late 1920s and early 1930s in Philadelphia. From large apartment houses such as the Mayfair and 1900 Rittenhouse to banks (The Provident National Bank), churches and other institutions, including the adjacent Masterman (formerly Girls') High School and the contemporary Presbyterian Hospital, the red brick, limestone trimmed Georgian classicism vied with and, in the Quaker City, ultimately triumphed over the better known New York influenced Art Deco.

The Wills Eye Hospital is a particularly good example of the style that not coincidentally recalls the late Georgian facade of the earlier Windrim refacing of Wills Eye on Race Street. Here the eight two-story columns of the portico repeated the seven bays of the enlarged original building, a point noted in the hospital's press releases about the new building. That portico gives a monumental public scale to the building, appropriate to its prominent site at the Broad Street entrance to Spring Garden Street. Already in the immediate neighborhood there were other imposing institutions, the Lulu Mosque Temple, the Spring Garden Institute (both demolished), the United States Mint, and Girls' High School, which gave the east end of Spring Garden Street a larger scale, in classical style.

(continued)
The interior is equally sophisticated, merging the conventional hospital form with the central light court of the modern office and hotel. That light court reaches down to skylight the main lobby, creating a brilliant space that forms a powerful architectural analogue to the medical restoration of vision, even as it emphasized the contrast with the old building which was viewed as dark and unpleasant. That space also recalls another tradition -- the monumental masonry hall of grand public architecture -- even as it anticipates the skylighted great court of such modern buildings as the Children's Hospital of Philadelphia. Above, the spaces provided made possible the shift of the hospital from its clinical origins to its mature form. Rarely has an architectural transformation had so significant and direct an effect on the course of a great institution as the Centennial Building had for Wills Eye hospital.
9. Major Bibliographical References

John F. Marion, Ars Medicina Philadelphia, Harrisburg 1975, pp. 47-50
William Tasman, M.D. The History of Wills Eye Hospital, Philadelphia, 1980
William Posey M.D. and Samuel H. Brown, M.D. The Wills Hospital of Philadelphia,
Philadelphia, 1931

(continued)

10. Geographical Data

Acreage of nominated property 3/4 acre site
Quadrangle name Philadelphia Quad

UTM References

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Quadrangle scale 1:24,000

Verbal boundary description and justification Northwest corner of 16th and Spring Garden
Streets; 197'10" on Spring Garden, then 170'10" north to Brandywine Street; then
east 197'10" to 16th Street; then south 170'10" on 16th Street to point of origin.

11. Form Prepared By

name/title George E. Thomas, Ph.D.
organization Clio Group, Inc.
date 15 February 1984
street & number 3961 Baltimore Avenue
telephone (215) 386-6276

12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

   ______ national  ______ state  ______ local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

State Historic Preservation Officer signature

title

date

For NPS use only

I hereby certify that this property is included in the National Register

date

Keeper of the National Register

Attest:
date

Chief of Registration
Marcia Siegel, "Wills Eye Hospital" in Ocular Therapy and Surgery (November 1982) pp. 329-334

Philadelphia Real Estate Record and Builders' Guide 9 September 1931

Annual Reports of Wills Eye Hospital

Temple University Urban Archives