

City of Detroit

CITY COUNCIL

HISTORIC DESIGNATION ADVISORY BOARD

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FINAL REPORT

Proposed Herman Kiefer Hospital Historic District

By a resolution dated November 17, 2004 the Detroit City Council charged the Historic Designation Advisory Board, a study committee, with the official study of the proposed Herman Kiefer Hospital Historic District in accordance with Chapter 25 of the 1984 Detroit City Code and the Michigan Local Districts Act.

Boundaries: The boundaries of the proposed Herman Kiefer Hospital Historic District are outlined in heavy black on the attached map, and are as follows:

Beginning at a point, that point being the intersection of the centerline of Byron Avenue with the centerline of Taylor Avenue; thence easterly along the centerline of Taylor Avenue to its intersection with the centerline of John C. Lodge Drive (being the western service drive of the John C. Lodge Freeway); thence southerly along the centerline of John C. Lodge Drive to its intersection with a line drawn seventy-five (75) feet south of and parallel to the northern line of Lot 4 of Quarter Section 46, Ten Thousand Acre Tract (L6 P 353 Plats WCR); thence westerly along said line to its intersection with a line drawn parallel to and four hundred(400) feet west of the east line of said Lot 4 of Quarter Section 46; thence northerly along said line to its intersection with a line drawn parallel to and 75 feet north of the said northern line of Lot 4 of Quarter Section 46; thence westerly along said line to its intersection with the centerline of Byron Avenue; thence northerly along the centerline of Byron Avenue to the point of beginning.

History

Few contributed more to the cultural, social, and medical welfare of the city than Dr. Herman Kiefer and his son, Dr. Guy L. Kiefer. The *Annals of the Board of Health* (annual reports) are a fitting memorial to these outstanding doctors, and a mirror of these men and the time in which they lived.

Herman Kiefer

Herman Kiefer, born in Sulzburg Germany, November 19, 1825 was the only son of Dr. Conrad and Friederika Kiefer. Herman Kiefer attended medical school at the University of Freiberg and a year later transferred to Heidelberg. His final studies were made at the Universities of Prague and Vienna. In May, 1849 Kiefer graduated with honors upon completion of his medical board examinations at Karlsruhe.

Following graduation and in support of his fellow students, Kiefer joined the revolutionary movement then rampant in Germany. The uprising was short lived, forcing the young doctor

and many of his compatriots to flee the country. After a brief stop in Strassburg, then under French rule, Kiefer escaped to America. Arriving in New York September 19, 1849 with the intention of continuing on to St. Louis, Kiefer was persuaded to move to Detroit. Kiefer arrived in Detroit a month later and opened a small office in the downtown area. A year later Dr. Kiefer met and married Francisca Kehle. Of the nine children born to Dr. Kiefer and his wife only six lived to adulthood; Alfred K., Arthur E., Edwin H., Edgar S., Hermine C., and Dr. Guy L. Kiefer, of whom Detroit was to hear much more.

Herman Kiefer was appointed to the post of City Physician in 1859 for District Four, which included Wards 1, 2 and 3. According to Farmer's *History of Detroit*, a city physician's salary was \$300 a year. "All medicine for the poor was to be supplied by the doctor at his own expense. In 1860, by order of common council, city physicians had to seek out and report all sources of danger to health. City physicians had to vaccinate all poor who came to him free of charge. On producing an affidavit the city would reimburse the doctor \$12.50 quarterly for this service."

Dr. Kiefer's interest in education led him to become one of the founders of the Detroit German American Seminary in 1861. He served as member of the Board of Education in 1866-67, and Detroit Public Library Commission 1882-83. In March, 1889, he was elected a regent of the University of Michigan, and held this position until 1901. Dr. Kiefer joined the Republican Party upon its organization in 1854, and campaigned in many states for Abraham Lincoln before his election in 1860. Herman Kiefer was active in many anti-slavery groups during the Civil War years and assisted those working in the "Underground Railroad Movement." Dr. Kiefer served as a staff physician at Harper Hospital where he devoted much of his practice to the veterans of the Grand Army of the Republic. A staunch Republican, Kiefer accepted an appointment as U.S. Consul to Stettin, Germany, and held this position from 1883 until 1885, when he resigned, not wishing to serve under a Democratic Administration. Dr. Kiefer also served on many medical boards, including: Michigan State Medical Society; the American Medical Association; the American Academy of Medicine; and the American Academy of Political and Social Science.

Upon retirement Dr. Kiefer moved into the home of his daughter, Hermine, and her husband Dr. Carl Bonning, located at 99 High Street. Dr. Herman Kiefer died at Grace Hospital on October 11, 1911. His ashes were placed with those of his wife, who had died two years previously, in the columbarium at Woodmere Cemetery.

Guy L. Kiefer

Of the six children born to Herman Kiefer and his wife Hermine, only their youngest son, Guy L. Kiefer, continued his father's legacy. Guy Lincoln Kiefer was born in Detroit, Michigan on April 25, 1867 in the family homestead at Library and Gratiot. He graduated from Detroit High School in 1884 and received his A.B. from the University of Michigan three years later. In 1891, Guy Kiefer received his medical degree from the University of Michigan. Kiefer was married on May 22, 1893 in Toledo, Ohio to Josephine Fannie Henion; they later had two daughters, Edwina Helen and Hermine.

Dr. Guy Kiefer began his medical practice in 1893 in Detroit and two years later he was appointed physician of Wayne County. This was followed by his appointment in 1897 to City Physician of Detroit, a position he held from 1895 until 1901. At the age of thirty he was served as member of the Board of United States Examining Physicians. Dr. Kiefer received an appointment as Health Officer of the City of Detroit in 1901, the start of long public service. One of his first projects was to institute medical inspection in schools. In a daily visit to each school, the physician was able to exclude all children who might be suffering from a communicable disease. The service was extended from four to fifty schools during the first year.

In 1905, Dr. Kiefer was instrumental in the passage of an ordinance which required the licensing of all milk dealers. Risking his professional standing and personal fortune, Dr. Kiefer had his inspectors stop all milk wagons from sub-standard dairy farms and dump the milk into the sewers. Lawsuits resulted from his action, but public support was won when a case of typhoid was traced directly to the milk supplied by unapproved dairy. Dairies and stables were sanitized up and the regulation requiring that milk be kept at a low temperature was a contributing factor in reducing infant mortality.

Due to the efforts of the Dr. Kiefer and his team of doctors cases of "consumption" were being reported. The first step in the control of the disease was taken in 1905 with the establishment of a tuberculosis clinic. Appropriations were made by the Health Department for eggs and milk for those suffering from this illness and being cared for at home. For the next three years Dr. Kiefer put in a request for funds for a contagious disease hospital, and each year the request was put aside. The city finally issues bonds in the sum of \$100,000 for the purpose of erecting and equipping such a hospital. A survey was made and land purchased on Brush Street between Alexandrine and Willis. Protests poured in from residents of the neighborhood, many of whom were concerned about their property values. In spite of all reassurances by the Board of Health, an injunction was obtained which effectively blocked the plans. Stalled in his efforts to establish a suitable hospital, Dr. Kiefer quietly supervised the reconditioning of the old frame building on the present Kiefer Hospital grounds. Previously it had been the old "pest house" or smallpox hospital but had been unused for some time. The Circuit Court handed down a decision in March of 1908 in favor of the Board of Health, but by that time plans had expanded to the extent that the Brush Street property no longer seemed adequate. Instead, fifteen acres were made available adjacent to the ten acres already in possession of the City on Hamilton Boulevard. Gladstone Avenue from Hamilton to Byron was acquired and vacated, as was its subdivision.

The first tuberculosis patients were admitted in 1908. This small hospital was in operation for almost two years before the local newspapers became aware of it. At long last Detroit has become the possessor of one of the first municipally owned sanatoriums. According to a 1908 Board of Health report, the purpose of the Tuberculosis Sanatorium was "prevention rather than cure." "It is our intention to keep patients about two months, teach them every detail in the prevention of the disease, give them the best possible care and food during their stay at the hospital and then send them out trained consumptives who will be willing and able to 'preach and spread the gospel' of the prevention and cure of tuberculosis to their friends and acquaintances."

To that end the Board of Health, under the direction of Dr. G. Kiefer, encouraged donations for the construction of new tent houses and open-air cottages. In 1909, six additional tent houses were built and an unoccupied older building was remodeled for administration purposes with an open-air ward for nine patients on the second floor, making a total of twenty-five beds for tuberculosis patients. Several local organizations donated fully equipped cottages for tuberculosis patients including the Red Cross and the Detroit Society for the Study and Prevention of Tuberculosis.

It was not until 1911 that Dr. Kiefer's long-term dream was realized. In April of that year a permanent, well-equipped contagious disease hospital opened. All concerned felt that the new institution should bear the name of the man whose unstinting endeavor had made it a reality. Dr. Guy Kiefer declined and requested that it be called the "Herman Kiefer Hospital for Contagious Disease," in honor of his father. Later that year the University of Michigan conferred upon Dr. Guy Kiefer the first degree of Doctor of Public Health.

Dr. G. Kiefer was one of the prime movers in popular health education. He championed public medicine, but even in those early years we find him opposing socialized medicine. He was instrumental in organizing the Visiting Nurses Association. Dr. Kiefer served as chairman of the section on preventive medicine and public health of the American Medical Association in 1913, president of the Michigan State Medical Association in 1914, and chairman of the Department of Preventive Medicine and Public Health in the Detroit College of Medicine and Surgery. He also served as chief of staff and consulting physician for Harper Hospital, the Women's Hospital and Receiving Hospital, and the Children's Hospital of Michigan.

Dr. Guy Kiefer died on May 8, 1930, and his ashes were placed near those of his father in the Woodmere Cemetery columbarium.

Herman Kiefer Hospital

The proceedings of the Common Council for May 11, 1829 established the office of "city physician". This was due in part because of underreporting of small pox cases reported among the city's poor. An Act of February 21, 1849 provided for the election of a city physician each year. In 1857 the number of city physicians was increased from one to four. Three years later in 1860, the city was divided into three districts, and one physician appointed for each district; and by January 9, 1874, the number of districts had increased to six.

As the city population increased, so too did the number of cases of contagious disease reported by city-appointed physicians. By 1850 Detroit was a city of 21,019 with 9,927 or (44%) being foreign-born; many on whom lived in overcrowded unsanitary conditions. Similar to other communities, Detroit experienced several outbreaks of smallpox among its growing population. With too little known about immunization measures and even less being done, isolation became the only answer for those who became infected with the disease. This resulted in the construction of several temporary buildings known as "pest houses," to operate only during the months of the

epidemic. By the 1870s the number of cases among the city's poorest residents had tripled. In an effort to combat the rise of smallpox, the Common Council passed several resolutions for the establishment of a permanent contagious disease hospital. Although the city was anxious that such an institution be established many did not want such a hospital in their community. This was most evident in 1880, when the city Controller H.P. Bridge was nearly mobbed by residents of the St. Aubin northeast neighborhood when it was discovered that the city had made plans to place a hospital in that area. As a result another temporary hospital was built at Twelfth Street, then north of the city limits, in Greenfield Township.

The need for a more permanent institution to deal with the city's public health concerns was again addressed in the August 2, 1882 edition of the *Detroit Clinic Weekly Journal*. Under the heading "smallpox," the report advocated for "strong, vaccination and re-vaccination, isolation and disinfection, as the chief means of prevention," and recommended the erection of a one-story, frame-ventilated smallpox hospital, which, it claimed, would not spread contagion and could be placed within a populated district of the city. "The use of the name 'pest house' is to be discouraged."

In 1886 a lease agreement for \$10,000 was signed between Wayne County and the City of Detroit. The lease specified that the "ten acres more or less, was to be used for the erection of a contagious disease hospital for the use of County of Wayne, the City of Detroit, and several townships of said County of Wayne..." It was further stipulated that the hospital was to be established within a year and it was to belong to and remain the property of the City of Detroit." One year later the "City Small-Pox Hospital" was established. The new hospital was located at the southeast corner of Hamilton and Pingree, which was then at the city limits. The hospital was a one-story wood frame ventilated building with a bed capacity of twenty-one and for the first time provided ambulance service. In 1892 the hospital was completely destroyed by fire.

In 1894 Council voted \$10,000 to be used for an "Eruptive Disease Hospital." A new isolation hospital was built that same year. Between 1895 and 1899, there were four distinct outbreaks of small-pox. The city was quick to respond and the Board of Health was prepared; patients were quarantined, isolated and guarded. As a result there were only twenty-five cases in the city, with no deaths from the disease. In 1903 more than one thousand new cases of smallpox and tuberculosis were reported to the Board of Health in a city with a population of 300,000. In a desperate attempt to head off a city wide panic, the Board instituted several new programs, including free sputum examinations of suspected cases of tuberculosis and free house-to-house vaccination for smallpox.

In 1908, the Board of Health started the open-air treatment of tuberculosis by erecting one tent on the hospital grounds on Hamilton Boulevard. On February 21st, the first patient was taken to the new tuberculosis tent-house and treated. A second tent was erected and presented to the Board of Health by the Tau Beta Alumnae Association. It was their intention to enlarge the facilities for the open-air treatment of tuberculosis to be able to care for at least twenty-five patients by the end of the year.

In 1909, prominent Detroit architect George D. Mason was commissioned by the Board of Health to design a permanent contagious hospital worthy of the city. The intention of the Board was to start with construction of an administration building with additional pavilions being constructed over the next several years. But the appropriation of \$150,000 was cut to \$50,000 by the Common Council and the Board of Estimates. The first phase of construction consisted of the administration building and pavilions 1 and 2. Two years later, in 1913, pavilions 3, 4, 5 (demolished) and the nurses' building (demolished) were built; each building was designed to address a specific infectious disease. The goal of Dr. Kiefer was that the hospital attend to the needs of the patients in an atmosphere that was most comfortable. This resulted in money for two pavilions instead of five that were initially planned. The Red Cross Society stepped in and donated monies for a second cottage, similar in every respect to the first donated a year earlier; this one however was to be reserved for children. This cottage became the first hospital building in Detroit built and equipped exclusively for tubercular children.

May 1, 1911 Detroit Herman Kiefer Hospital accepted its first patients. The *Detroit Free Press* described the opening as, "the finest and most complete hospital of its kind in the country." The new facility had taken every precaution against carrying any contagious disease outside the hospital. Upon entering the institution the doctor was required to remove his street clothes and dress in regulated hospital clothes which had been fumigated before making his rounds. After completion of the daily rounds he had to return to the dressing room where he again disrobed, and underwent a process of fumigation before leaving the hospital. The article further describes the hallways in the new hospital as being wide and well-lit. The rooms were light, airy and furnished in white enamel. The sun parlor located at the west end of the building provided exposure on three sides. At the north end of the building was a room with a seven-foot glass partition, so that family members could visit with patients without being exposed to the disease. It was planned to eventually establish telephone service so that patients and visitors could talk with one another. On the second floor several apartments were set aside for doctors and nurses as well as rooms where mothers and children could be cared for. The board agreed that no wards would be built on the second floor; instead each room had two beds with adjoining baths.

By 1918 the number of cases admitted to Herman Kiefer Hospital had reached 3,495. A year later, the twenty-five acre campus had expanded to five brick pavilions, one brick service building, one frame cottage for smallpox, and a frame grouping consisting of one two-story service building, twelve cottages for tuberculosis, and a nurses home. The first pavilion housed diphtheria patients and the second scarlet fever. The third was used for influenza and tuberculosis patients. In the fourth pavilion those with various diseases including erysipelas, infantile paralysis, spinal meningitis, mumps and measles were housed. The fifth pavilion served as a receiving hospital where cases were classified as incipient, moderate or advanced. One of the features of the fifth pavilion was a roof garden where the tubercular children at the hospital could attend classes. At the hospital open-air school, the children wore "Eskimo Suits," to protect them from the cold. These outfits were made of heavy blankets which slipped over ordinary clothes and peaked caps sewed firmly to the jackets. The "lumberman boots" were loose fitting blanket trousers that would allow freedom of movement. As the number of children with

infectious diseases increased so too did the need for a permanent school building on the hospital campus.

In 1920s the city of Detroit found itself once again in the mist of a public health crisis. The influx of immigrants from Europe coupled with the more recent migration of blacks from the South crammed into substandard housing increased the number of people with smallpox and other contagious diseases. According to the U.S. Department of Commerce Detroit's black population in 1925 was just over 40,000, comprising less than 16% of the population, yet they comprised 50% of the smallpox victims and they were six times more likely to contract tuberculosis. In association with the Urban League, the Board of Health instituted the first "Annual Clean Up /Paint Up Campaign." The kick-off of the campaign began in April to coordinate with National Negro Health Week. The purpose of the campaign was to distribute information on immunization and proper diet and clothing for survival in Michigan. No one was turned away who came in for treatment or diagnosis; however, home instruction was provided for those who were willing to take on the responsibility of caring for family members at home. In many cases they were provided with blankets and chairs by the Red Cross and the Association of Visiting Nurses. Herman Kiefer Hospital did not integrate its professional staff until the 1940s although the hospital was open to all races.

Detroit's Department of Health was well on its way to becoming the leader in public medicine. In 1919, the Common Council granted permission for the development of a five-year building program. Detroit voters approved a \$3,000,00 bond for a new hospital in the 1921 election. The Department of Health, directed by Health Commissioner Dr. Henry Vaughn, commissioned prominent Detroit architect Albert Kahn to prepare sketches and plans for additions to Herman Kiefer Hospital, which resulted in the construction of Pavilions 6 and 7 as well as a new boiler house.

The expansion was still to take a giant leap. The Kahn-designed main building of Herman Kiefer Hospital opened 1928 to much fanfare. *Detroit News* headlines on December 9th read: "New Hospital Open Friday, \$2,750,000 City Institution for World in Design and Facilities." All the furniture was painted blue and green, a departure from hospital white which had been standard for hospitals; eighty percent of patients rooms had "personal" porches and there were no wards. In the basement of the hospital were thirty laboratory rooms each of which had a lab work table which provided gas, vacuum, air and water lines and electrical current on tap within reach of the worker. There were two kitchens, a lab bacteriological kitchen and a general kitchen to feed three-hundred employees, nurses and doctors. On the seventh floor were four surgical operating rooms, one with limited seating capacity for clinical lectures. Also located on the seventh floor was the most innovative aspect of the new hospital. "...the Schwartz system of artificial sunlight enhanced the effect of actinic rays. The glass roof of vita-glass selected ultra violet rays from the sky light." Whether or not the sun shone TB patients were exposed to the sun. "Three hundred sixty-five days of sunshine a year," became the slogan of the new hospital. Because TB patients faced months in the hospital, many staying from nine months to a year, Kiefer had it own radio station with patients serving as disc jockeys as a way to deal with loneliness anxiety and fear.

In the 1940s the scourge of polio hit Detroit with a deadly and paralyzing vengeance. It attacked without warning and was believed to be the most dreaded disease of the twentieth century before the introduction of the Salk vaccine in 1955. From 1942-1955, polio claimed hundreds of thousands of victims throughout the country. During this time, Detroit, on average, reported 2,500 cases annually. The first twenty patients at Herman Kiefer Hospital were treated with iron lungs on September 12, 1958. For the next ten years it became the standard method of treatment for polio patients.

The Detroit Health Department continues to be headquartered at the Herman Kiefer Complex. The hospital continues to provide programs which address the needs of health and education, in the areas of Community Health such as HIV/AIDS, immunization, nutrition, and communicable disease prevention programs, Environmental Health services, and Personal Health Services. Herman Kiefer Hospital continues to provide the citizens of Detroit and Wayne County with a variety of medical and public health needs.

Architectural Description:

All of the eight buildings on the Herman Kiefer Hospital campus today are substantial brick buildings connected underground by a service corridor. Their styling reflects the times in which they were built, between 1909-11 and 1952, as well as their purposes as components of a state-of-the-art, municipal contagious disease hospital. They were designed by significant Detroit architects, George D. Mason and Albert Kahn, who had reputations extending beyond Detroit's borders. Louis Kamper, another well-known Detroit architect, designed a 6-7 story tuberculosis hospital for Kiefer Hospital in 1919 but it was not built.

The early campus at Hamilton north of Pingree was designed as an axial, classical campus (Pavilions 1-5), with landscaped grounds, by George D. Mason, architect. Already present on the southwest part of the site were the "pest house" for small pox patients and other frame cottages for people with contagious diseases.

George D. Mason (b. 1856- d. 1948) arrived in Detroit with his parents in 1870 from Syracuse, New York. After discovering a talent for drafting, Mason worked in the offices of Detroit architect Mortimer L. Smith one summer, then that of Henry T. Brush in 1875 until, in 1878, he partnered with Zachariah Rice, a family friend from Upstate New York, in Mason & Rice, architects, to 1898. Ruskinian Gothic was in vogue, and was reflected in the firm's design of the Central Market Building in Cadillac Square (demolished 1889). An architectural education was not complete without the ritualistic tour of Europe, which Mason embarked on in 1884. First Presbyterian Church, a Romanesque Revival ecclesiastical structure, was designed by Mason and built on Woodward Avenue in 1889. From 1898 until 1910, except for a period in 1902-03 when he partnered with the young architect Albert Kahn, Mason maintained his own practice. By then the classicizing tendency of New York City architects McKim, Mead and White was already influencing architecture throughout the nation, and George D. Mason led the way in Detroit. Some examples of the classicizing influence are seen in the Hiram Walker and Sons building in

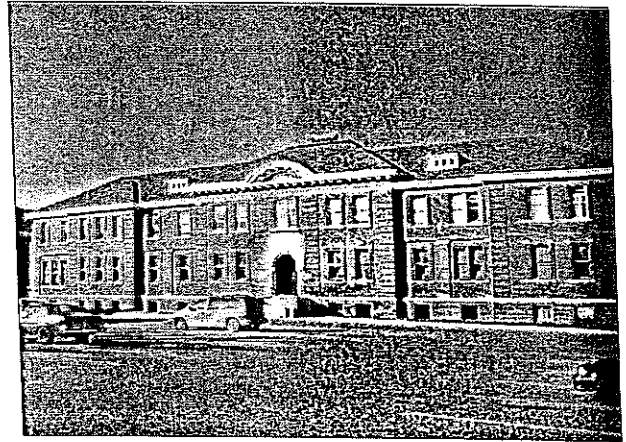
Walkerville, Ontario, in the Italian manner (1892), and the five buildings comprising the Herman Kiefer Hospital campus built 1909-13.

Pavilion 1, Pavilion 2: Contagious Diseases Hospital

architect: George D. Mason; builder: George D. Nutt

date: 1909-11

Rectangular in plan, Pavilions 1 and 2 are similarly arranged, two-story pressed brick and stone buildings of "fireproof construction" that face each other on opposite sides of a circular drive. The building permit issued for Pavilion 1 was for the construction of a one- and two-story structure, as depicted in the architect's rendering.



A low slung hipped roof, originally of slate, shelters the buildings. Their Classical Revival/Arts and Crafts influenced façades are divided into seven shallow receding and projecting bays having corresponding projections, such as hips or dormers, emerging from the main roof. The central, broad projecting entrance bay is symmetrical, with a door recessed within its round-arched, stone doorway centered between quoins and two individual window openings on the first and second floors, and an opening with two windows above the entrance itself. Sitting on high basements, their monumental porches extended into the drive; now only the original porch of Pavilion 2 remains, however in failing condition. Quoins of brick outline the entrance section as well as the other bays of the front facade. Below the heavily modillion cornice is a strap-like belt course; centered above the cornice is a segmentally arched molded pediment with a slightly arched and subdivided window within. Flanking the entrance bay are slightly receding bays with different window arrangements; above these bays are small shed dormers subdivided into three panes. The adjacent bays project while the end bays recede, again slightly, and contain modestly different window arrangements, yet all fenestration is arranged in a regular fashion per floor. A stone water table divides the basement level from the first story.

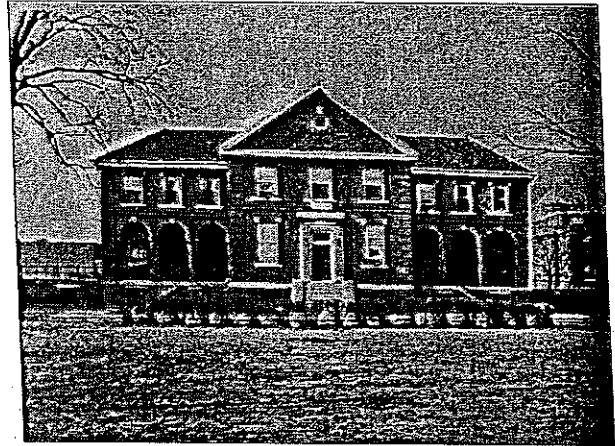
Administration Building

architect: George D. Mason

dates: 1909, 1918 addition (power plant)

Set at the end of the circular drive between Pavilions 1 and 2, the Administration Building was

designed in the Georgian Revival mode. Its central gable roofed entrance bay projects outward, the triangular pediment with ocular window presenting a simple, majestic front with the first story arcaded loggia in the recessed wings forming a covered porch-like area. Raised on high basement, the stone water table provides a continuous band around the lower portion of the front façade. The interior features oak stair rails (now painted), unlike the metal ones on the hospital buildings. Mosaic floors, marble walls, and oak banisters are some of the more ornate interior features.



A power plant was built on the rear of the administration building in 1918. Its 100' incinerator smokestack was demolished in 1965, taken apart brick by brick because of its proximity to maternity ward.

Pavilion 4

architect: George D. Mason

date: 1913

Permit #5698 was issued to the Board of Health for the construction of two similar two-story, reinforced concrete and brick buildings with slate roofs. They were designed very similar to Pavilions 1 and 2. One of these, Pavilion 4, survives today, while its sister building, Pavilion 3, has been demolished.

Pavilion 4 was originally an obstetrical unit; it was converted and rehabilitated with an elevator in 1951 to provide an additional 90 to 100 beds for tubercular patients.

One of the talented architects in Mason's office, albeit for a brief time, was Albert Kahn. Kahn left Mason & Rice in 1895, and joined with George Q. Nettleton and Alexander B. Trowbridge, until that partnership was dissolved in 1897, with Kahn forming his own firm. He is best known for his innovations in factory design.

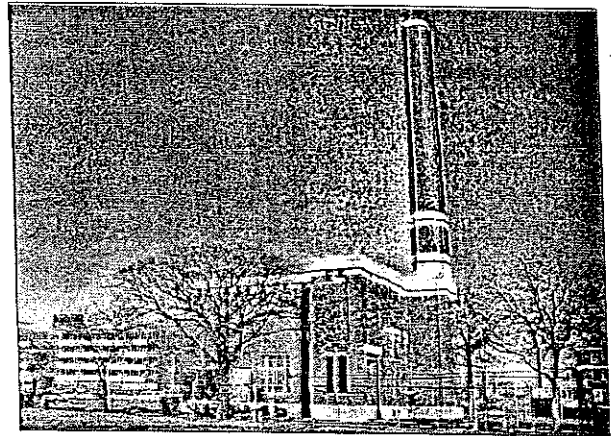
Among Kahn's other hospital-related commissions were primarily for Grace Hospital and Harper Hospital in the 1920s and 30s. His firm designed many power houses, for these hospitals but most for the automobile industry. In 1919, Albert Kahn, architect, was engaged to prepare sketches and tentative plans for additions to Herman Kiefer Hospital, which included a new General Hospital Unit. Permission was granted to the Board of Health by the Common Council for a five-year building program.

Pavilion 6, Pavilion 7
Albert Kahn, architect
1919

Pavilion 6 is a starkly handsome Neo-Georgian building placed longitudinally on axis behind Pavilion 4 and the Administration Building. Its long facades are broken up by quoins raising from the first floor to the modillion cornice crowning the second floor. Above the cornice is a third floor, designed specifically for the benefits of fresh air for tubercular patients. This floor falls short of the length of the end walls of the lower stories to provide an open patio, and its width is reduced around the central core to provide covered open air porches on the long sides. Pavilion 7, placed north and perpendicular to Pavilion 6, shares similarities in style to its neighbor, with the third story end walls not extending to the lower story facades, again creating an open air porch. Banks of long triple windows. Northwest of these two buildings is the powerhouse.

Power House
Albert Kahn, architect
date: 1922

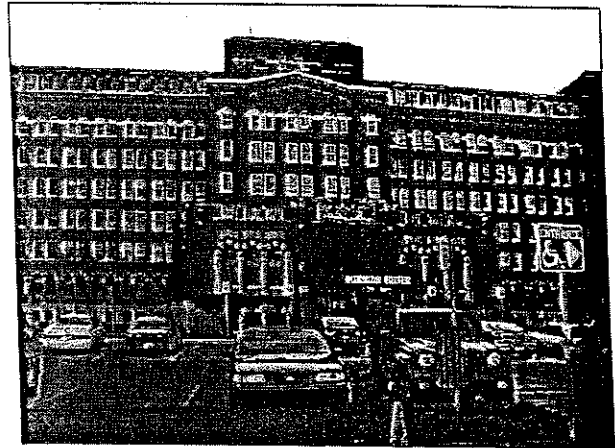
The industrial style of Albert Kahn is apparent in the design of the Power House. It is a steel framed building with concrete slab floors and roof. Built with a full carpenters shop, a laundry was added in 1926. Its utilitarian appearance is consistent with its use. Raised tower ends are fenestrated with pairs of windows; three inner bays have groupings of three windows, all windows similarly separated by narrow pilasters, and the end bays have pairs of windows. Stone coping, banding and foundations contrast with the red of the brick.



Main Building (Taylor Avenue Unit), 1151 Taylor Avenue
Albert Kahn, architect; W. E. Wood Company, Building Contractor
date: 1927-28
Addition, H.E. Beyster & Associates, Architect and Engineer: O. W. Burke Co., contractor
date: 1953

This H-shaped, concrete and steel Neo-Romanesque Revival structure was built as seven stories with two wings, A & B. Fireproof concrete and steel construction throughout, its exterior is faced in red brick and gray stone with its main entrance on Taylor Avenue and a secondary entrance on Hamilton. Its front façade features shallow gabled end walls and gabled front piece

with a central projecting entrance section. The tall, single-story entrance vestibule with triple-arcaded fenestration flanking the triumphal arch-like entrance and balustraded parapet wall provides a grand scale to the monumental hospital structure behind it. On the front façade, windows are generally arranged in pairs, with those on floors one and six being round-arched. The raised basement punctured with window openings is faced in masonry.



All wainscoting of the lobbies and corridors are faced with marble and all floors are rubberized.

The spacious entry lobby provided a comfortable waiting room for visitors. The top floor, like that of Pavilions 6 and 7, was set back from the perimeters of the stories below to create a penthouse with open air porches as part of the treatment of tubercular patients. Multi-storied sun porches projecting from the elevations of the wings were originally provided for access to fresh air and light, but, no longer necessary in the 1950s after antibiotics were widely used for the treatment of tuberculosis, were removed.

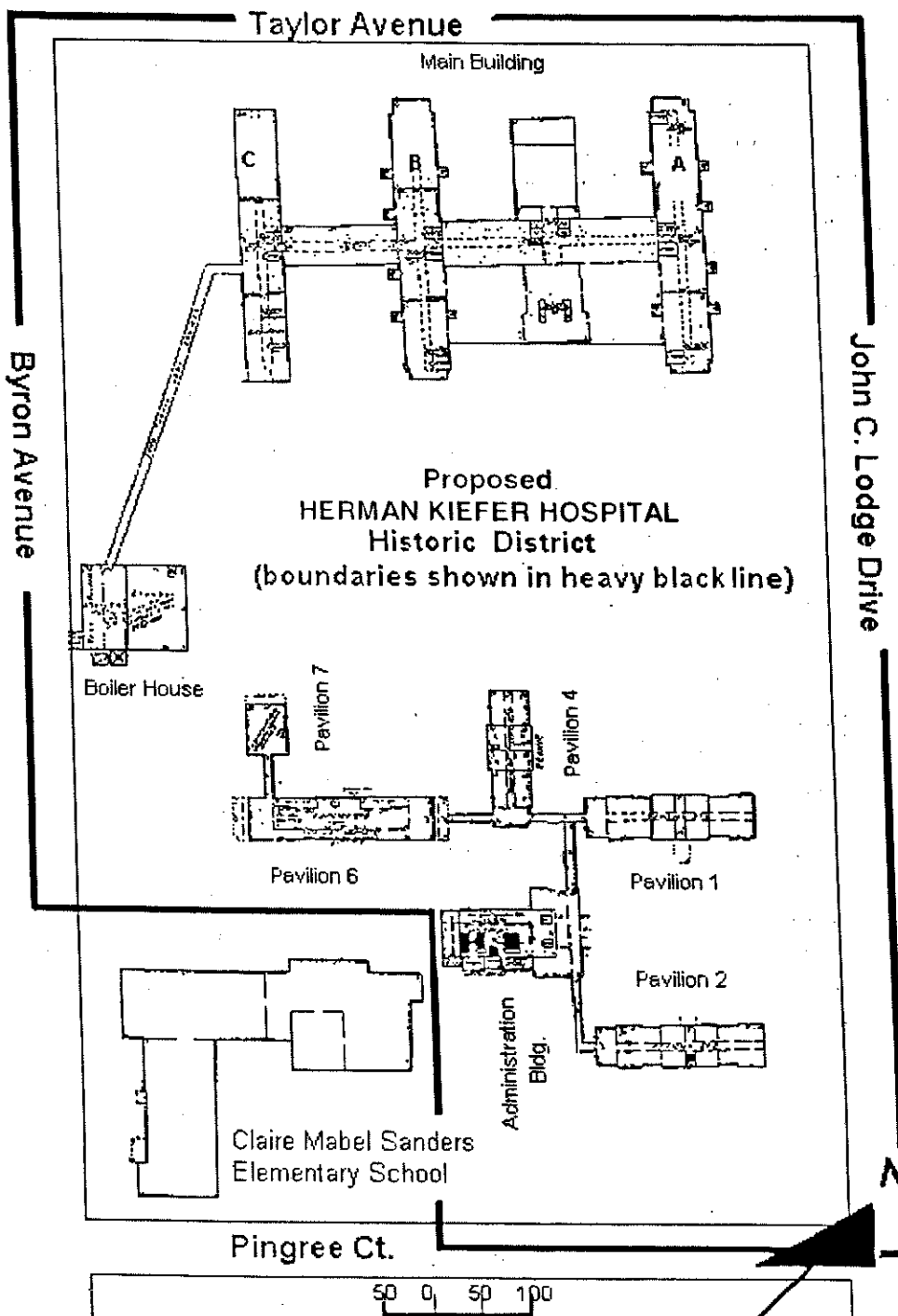
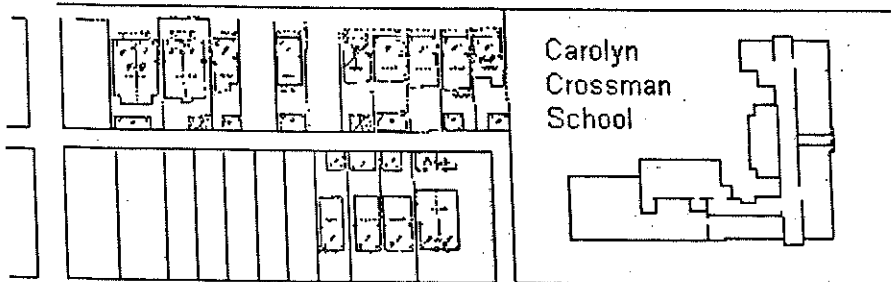
The five story, T-shaped addition to its west side, forming "Wing C", was built to accommodate two more stories. A *Detroit News* article of April 10, 1952 states that this wing would be "similar in architecture to the present structure." It was completed in late 1953. In fact, its appearance is stripped of any ornamentation; the only commonality to the Kahn building is the color of the brick. The 5th floor of 1953 addition was never completed, having been left bare to its concrete block walls.

Criteria: The proposed historic district meets criteria A, B and C as provided in P.A. 169 of 1970 as amended and in Detroit's Historic District Ordinance.

Composition of the Historic Designation Advisory Board: The Historic Designation Advisory Board has nine appointed members and three ex-officio members, all residents of Detroit. The appointed members are Russell L. Baltimore, Melanie A. Bazil, Robert Cosgrove, DeWitt Dykes, Edward Francis, Lucile Cruz Gajec, Marie M. Gardner, Calvin Jackson, Harriet Johnson. The ex-officio members, who may be represented by members of their staff are: the Director of the Historical Department, the Director of the City Planning and Development.

RECOMMENDATION: The Historic Designation Advisory Board recommends that City Council adopt an ordinance of designation for the proposed historic district. A draft ordinance is attached for City Council's consideration.

Herman Kiefer Hospital Complex Historic District
(Boundaries Outlined in Heavy Black)



**Herman Kiefer Hospital Complex Historic District
(Boundaries Outlined in Heavy Black)**

