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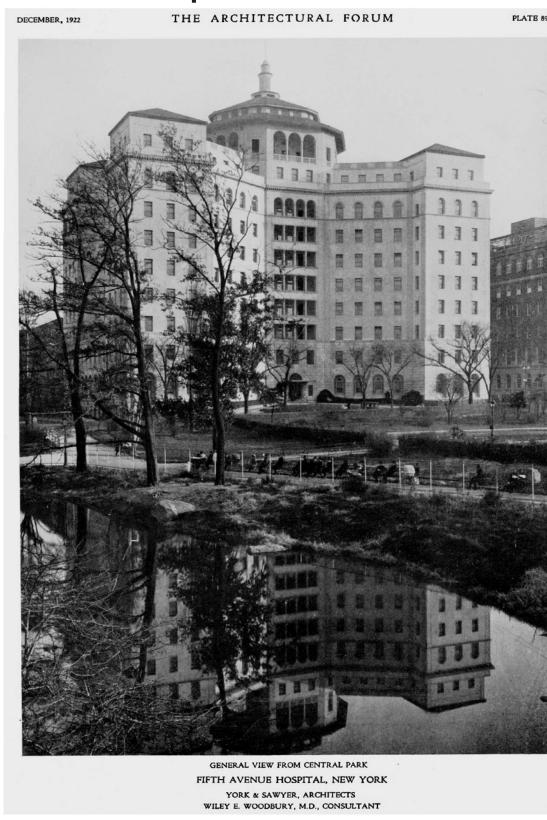
## A Room of One's Own

Jeanne Kisacky

At the 1916 American Hospital Association Convention in Philadelphia, Asa S. Bacon, the superintendent of the Presbyterian Hospital in Chicago, described a conversation about hospital design he had recently had with an unnamed architect, which ended with the architect first calling him "crazy" and then saying that he "needed a vacation." That conversation had been about Bacon's concern that hospitals were being designed "for the rich and the very poor" but not for the "great middle class." <sup>1</sup> Instead of the usual practice of building hospitals with large multi-bed wards for charity patients and luxurious private rooms for wealthy paying patients, Bacon proposed that "every patient should have a room by himself." <sup>2</sup> He described a modest, affordable room that provided comfort and privacy and which, if located in

an efficient, high-rise structure with centralized services, could also diminish cross-infections, streamline nursing, reduce service costs, and increase hospital efficiency. Crazy or not, this innovation would have transformed hospital practice.

Six years later, journalist Edwin A. Goewey praised the magnificent new ten-story Fifth Avenue Hospital designed by architects York & Sawyer and hospital consultant Wiley E. Woodbury as a new type of hospital, one for the modern age rather than the "stone age." <sup>3</sup> fig.1 Glowing articles celebrating it as the first all-single-bed-room



hospital appeared in journals and newspapers from Nebraska to Melbourne, Australia. Except it was not the first; Bacon's ideas preceded it. So did the Henry Ford Hospital in Detroit and the all-single-bed-room skyscraper hospital designed for the Beth Israel Hospital in New York City. Why did the Fifth Avenue Hospital, and not the other projects, get all the attention?

Architectural designers and historians celebrate creativity and highlight innovative projects; this assumes that innovation is recognizable, attributable, and traceable. History, however, can also show that architectural innovation is rarely straightforward. How does precedence become established? Is having a novel

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<sup>1</sup> Asa S. Bacon, quoted in American Hospital Association, *Transactions of the American Hospital Association, Eighteenth Annual Conference, Held at Philadelphia, Pa. September 26th to 30th Inc.* (Philadelphia: American Hospital Association, 1916), 337. Bacon's comments were part of an extended discussion after presentations by other persons, and so no authorship was cited.

<sup>2</sup> Bacon, in American Hospital Association, *Transactions*, 337.

<sup>3</sup> fig.1 Fifth Avenue Hospital, New York City. Source: *Architectural Forum* 37, no. 6 (December 1922), Plate 89

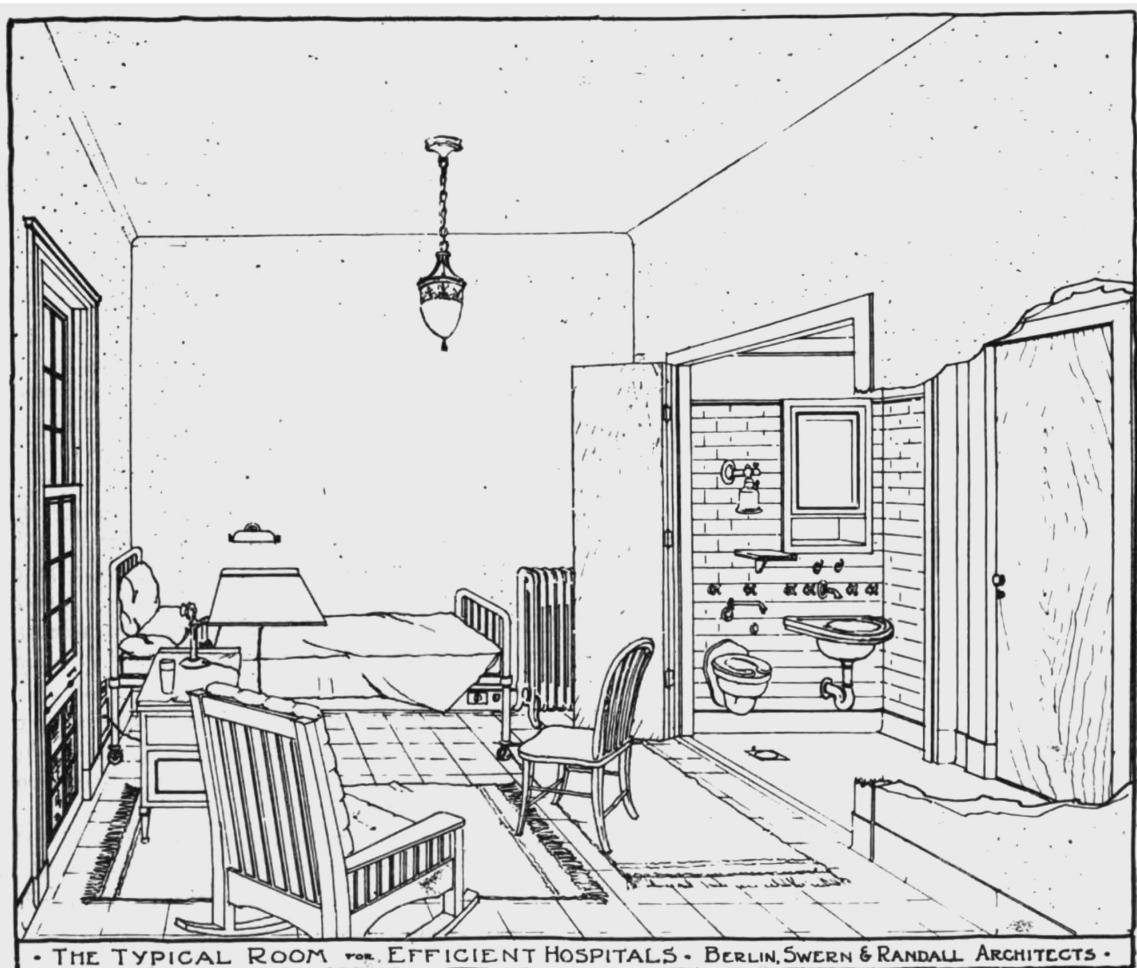
<sup>3</sup> Edwin A. Goewey, "An Architect of Mercy," *Frank Leslie's Weekly*, October 16, 1920, 486.

idea enough? Is drawing it up enough? Is building it necessary? And what happens when the innovation is unrealized because of circumstances beyond the designer's control? This is the story of four innovative all-single-bed-room hospital projects designed and built in the first decades of the twentieth century, and the complex historical situations that contributed to the obscurity of three of them. Together, their history reveals just how difficult the questions of architectural innovation can become.

Bacon's proposal for a hospital with all-single-bed rooms created a stir at the 1916 American Hospital Association Convention and was reported widely among hospital administrators. Bacon published his ideas in articles in 1919 and 1920, with accompanying illustrations of the new room drawn by Chicago architect, Perry Swern, of Berlin, Swern & Randall. <sup>4</sup> <sup>figs. 2 and 3</sup> Swern also publicly presented the novel layout at the Wisconsin

<sup>4</sup> Asa S. Bacon, "The New Efficient Hospital," *Presbyterian Hospital Bulletin* 39 (April 1919), 2–8; Asa S. Bacon, "Room Equipment in the Efficient Hospital," *Hospital Management* 8, no. 6 (January 1920), 34–36; Asa S. Bacon, "Efficient Hospitals," *Journal of the American Medical Association* 74, no. 2 (January 10, 1920), 123–26.

**fig. 2** Perspective of a single-bed patient room  
Source: Asa S. Bacon, "Room Equipment in the Efficient Hospital," *Hospital Management* 8, no. 6 (January 1920), 34–36, here 34



<sup>5</sup> Perry W. Swern, "The Interior Arrangement of Hospitals," *Modern Hospital* 17, no. 2 (August 1921), 104–108.

<sup>6</sup> Alden B. Mills, "Milestones in Hospital History: 1913–1938," *Modern Hospital* 51, no. 3 (September 1938), 144–64 (even pages only), here 148.

<sup>7</sup> "Presbyterian Hospital, Chicago, Adds New Unit of 'Bacon Plan' Rooms," *Modern Hospital* 24, no. 3 (March 1925), 203–204, 241.

Hospital Association meeting in May 1921, and that talk was published with updated drawings in August 1921. <sup>5</sup> In professional hospital and medical circles, the all-single-bed-room hospital was linked to Bacon and even referred to as the "Bacon Plan" of hospital design. <sup>6</sup> Swern and Bacon then realized their ideas in an all-single-bed-room addition to the Presbyterian Hospital of Chicago, which was completed in 1925. <sup>7</sup>

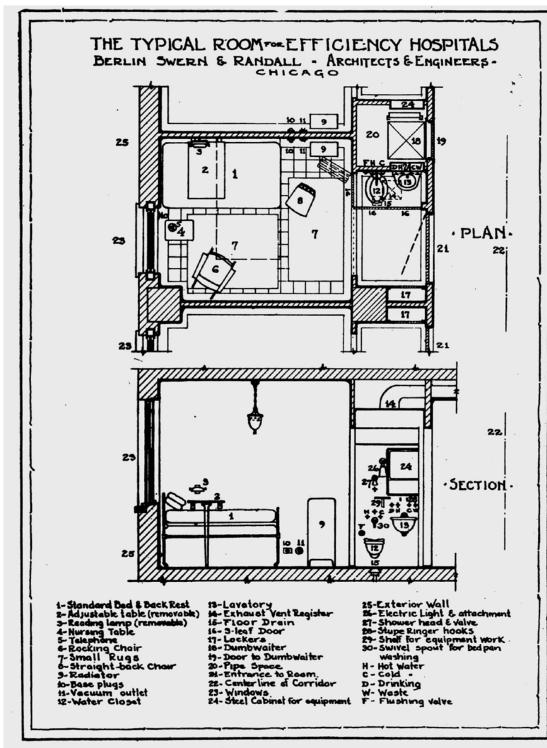
Meanwhile, an all-single-bed-room addition to the Henry Ford Hospital in Detroit was built and operational by May 1921. It was a parallel development of the same solution to the same problem. Ford, a fan of self-sufficient citizens, did not want to build a charity for the destitute sick or a luxurious medical resort for

the wealthy. He wanted to build a democratic institution in which every patient, rich or poor, would receive care in the same basic room, with the same comforts, from the same doctors, with the same diagnostic approach.<sup>8</sup> He had already established a revolutionary new medical and administrative organization for the existing hospital, one that treated it like a business, with full-time staff doctors and flat rates, and the new building design had to fit that new institutional model.<sup>9</sup>

Instead of hiring hospital design specialists, Ford treated

the hospital design as a functional problem requiring an entirely novel solution. He asked the doctor in charge of the existing hospital what the “unit” of design was for a hospital and was told it was the patient room.<sup>10</sup> In 1916, Ford assigned Ernest G. Liebold, his personal assistant, to manage the project. Liebold asked Albert Wood, a young Ford Company staff architect, what he knew about hospital design. Wood replied he had no hospital design experience but some hotel experience, and that a hospital was essentially “a hotel for sick people.”<sup>11</sup> Liebold made Wood the architect for the new hospital, and the two of them spent six months visiting prominent hospitals and learning about their operation.

Upon their return, at Ford’s request, Liebold and Wood’s team created a full-scale model of the “unit”—the single-bed room—and reworked the layout and details until it was efficient, effective, and economical.<sup>12</sup> The resultant building design arranged the standardized patient room units (each with individual temperature controls and a private bathroom) into separate, independent nursing unit wings of thirty-six rooms. To save travel time, extensive modern building technologies (including silent call-systems, pneumatic tube delivery systems, telautographs, and dictation stations) connected the nursing units to a central diagnostic and administrative hub.<sup>13</sup> **fig.4**



**fig.3** Plan and section of a single-bed patient room

Source: Asa S. Bacon, “Room Equipment in the Efficient Hospital,” *Hospital Management* 8, no. 6 (January 1920), 34–36, here 35

<sup>8</sup> William Atherton Du Puy, “Henry Ford’s Pet Plans,” *Boston Sunday Globe*, December 4, 1921, magazine section, 1.

<sup>9</sup> Patricia Scollard Painter, *Henry Ford Hospital: The First 75 Years* (Ann Arbor, MI: Henry Ford Health System, 1997), 28–35.

<sup>10</sup> Du Puy, “Henry Ford’s Pet Plans”; “How a Hospital Was Built: Mr. Henry Ford and Amateurs,” *Gympie Times*, November 9, 1918, 2.

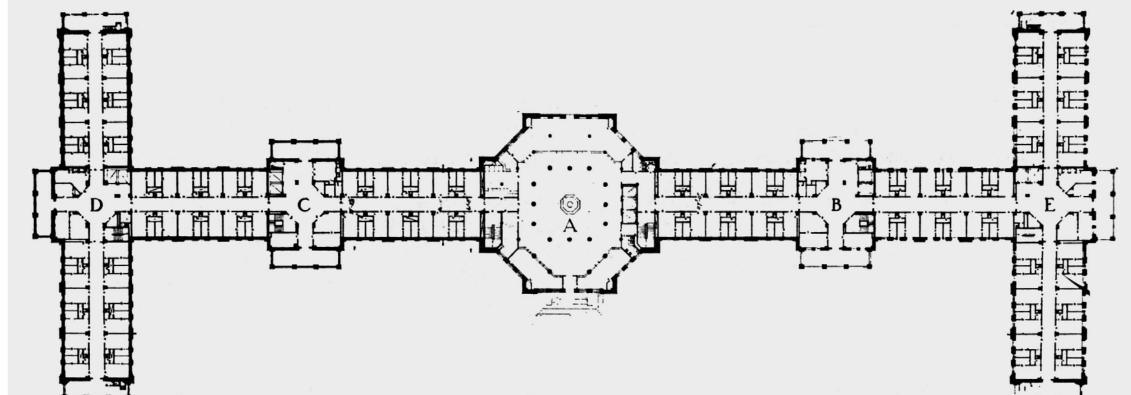
<sup>11</sup> Painter, *Henry Ford Hospital*, 37–38. Design of the Henry Ford Hospital was incorrectly attributed to Albert Kahn in Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing* (Pittsburgh: University of Pittsburgh Press, 2017), 266 and 281.

<sup>12</sup> “How a Hospital Was Built”; Painter, *Henry Ford Hospital*, 39.

<sup>13</sup> D. D. Martin, “Henry Ford Hospital in Time of Peace,” *Modern Hospital* 14, no. 4 (April 1920), 266–70.

Construction was beginning when the United States declared war on Germany on April 6, 1917. Ford offered to lease the building upon completion to the United States Army for use as a military hospital for one dollar per year. The army accepted but "desired that the wards should not be completed as private rooms," except

**fig. 4** D. D. Martin, "Henry Ford Hospital in Time of Peace," *Modern Hospital* 14, no. 4 (April 1920), 266–70, here 268



The general plan of all the floors except those in the diagnostic building is that of an elongated letter "H." The administration building, which forms the center, is octagonal in shape.

<sup>14</sup> Alexander T. Cooper, "The Henry Ford Hospital in Time of War: U.S. Army General Hospital No. 36," *Modern Hospital* 14, no. 4 (April 1920), 259–66, here 259.

<sup>15</sup> "Ford to Help Sick," *Sunday Oregonian*, July 7, 1918, sections 4, 8.

for the areas reserved for officers, nurses' quarters, or isolation wards.<sup>14</sup> With extensive cooperation from the United States Government, Ford rushed the hospital to completion; the standardized layout further streamlined the process. According to Liebold, it was "built faster in war time than the average building is constructed in peace time."<sup>15</sup> The building, with large (ninety- to one-hundred-bed) wards instead of single-bed rooms, was turned over to the Army on September 16, 1918. <sup>figs. 5 and 6</sup> The Army returned the building to civilian use in November 1919, but extensive renovation was needed to convert the building to its original all-single-bed room designs. It reopened on May 31, 1921.

One drawback to the novel plan was its cost—the multiplication of private bathrooms, utilities, and partitions made all-single-bed-room hospitals far more expensive to build than an open-ward building. Ford had personally bankrolled his hospital project. (Detroiters called it the "million-dollar hospital".<sup>16</sup>) For less well-funded hospitals, like the Beth Israel Hospital in New York City, then a small neighborhood hospital (founded, funded, run by, and largely providing care to Jewish immigrants), the initial high construction costs proved difficult. Planning for a new Beth Israel Hospital building with a traditional layout of multi-bed wards and luxurious private rooms began in late 1915.<sup>17</sup> By early 1916, with \$330,000 in the building fund, the building committee

**fig. 5** Exterior view of US Army General Hospital No. 36/Henry Ford Hospital. Source: Alexander T. Cooper, "The Henry Ford Hospital in Time of War: U.S. Army General Hospital No. 36," *Modern Hospital* 14, no. 4 (April 1920), 259–66, here 260

<sup>16</sup> Cooper, "The Henry Ford Hospital," 259.



A general view of the main building of Army General Hospital No. 36, Detroit, Mich., characterized as "one of the finest of the Army hospitals" by Surgeon General Ireland. This was formerly the Henry Ford Hospital, built by the automobile magnate.

**17** Beth Israel Hospital, Board of Directors Minutes, February 29, 1916, Beth Israel Hospital Archives.

hired architect Louis Allen Abramson and tasked the hospital superintendent, Louis J. Frank, with assisting Abramson in developing functional, efficient hospital plans.<sup>18</sup> In early 1917, Frank and Abramson traveled to see hospital buildings across the country, but wartime limitations on construction kept the project on hold.<sup>19</sup>

By March 1919, Abramson finished his preliminary building plans for a hospital with wards and private rooms, but Frank took months to review them (despite complaints from Abramson and prodding by building committee member Isaac L. Phillips).<sup>20</sup> Frank was doing more than reviewing the building plans as drawn, he was reconceptualizing the basic layout for patient rooms. In early May he proposed a new layout with no wards but all-single-bed rooms, each with private utilities and bathrooms.<sup>21</sup> Frank was aware of the novelty of the project:

*"I can state without any fear of successful contradiction that the new hospital, if our present ideas will be carried out will be a pattern for all hospitals. People will come to us from all over the world to study our methods. No hospital will be built hereafter except our way. No patient will want to go to any other kind of a hospital."*<sup>22</sup>

The building committee agreed, and asked Abramson to redesign the project according to the new, single-bed-room plan.

By October 1919, Abramson had finished the revised plans for an all-single-bed-room hospital, but delays continued. Frank wanted to make the design a more "democratic process" by involving doctors and nurses, but this took time; <sup>23</sup> plan review stretched into December. Persons in control of the funding opposed the single-bed-room design as an untried and therefore risky plan and withheld financial approval for months.<sup>24</sup> The total

building costs quickly exceeded the available funds, and new fundraising proved ineffective. Demolition began in May 1920, and construction began soon after. Without money to pay the contractors, the work proceeded irregularly.

News of the well-funded Fifth Avenue Hospital's "wardless" approach to hospital design began to appear after June 1920, when architects York & Sawyer filed plans at the New York City building department.<sup>25</sup> In late September 1920, Woodbury,

<sup>18</sup> Beth Israel Hospital, Board of Directors Minutes, 1916.

<sup>19</sup> Louis J. Frank to Medical Board, in Beth Israel Hospital, Board of Directors Minutes, April 6, 1917 and April 15, 1917, Beth Israel Hospital Archives.

<sup>20</sup> Beth Israel Hospital, Louis J. Frank Papers, March 16, 1919; March 21, 1919, April 10, 1919; April 11, 1919, Beth Israel Hospital Archives.

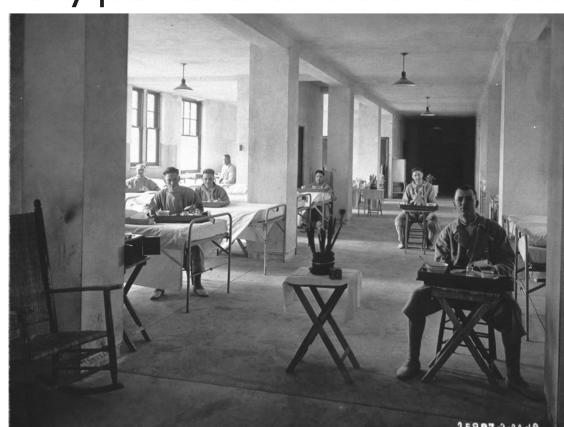
<sup>21</sup> Beth Israel Hospital, Building Committee Minutes, May 8, 1919, Beth Israel Hospital Archives.

<sup>22</sup> Beth Israel Hospital, Board of Directors Minutes, March 16, 1919, Beth Israel Hospital Archives.

<sup>23</sup> Beth Israel Hospital, Medical Board Minutes, October 10, 1919, Beth Israel Hospital Archives.

<sup>24</sup> Beth Israel Hospital, Building Committee Minutes, September 26, 1921, Beth Israel Hospital Archives.

**fig. 6** US Army General Hospital No. 36, Detroit, interior view of ward. The wards were converted to all-single-bed rooms for civilian use.



the hospital superintendent and consultant on the project design, gave a presentation on the new building and its innovations

<sup>25</sup> "New 5th Avenue Hospital," New York Times, June 12, 1920, 15.

26 New Hospital for N.Y. to Be Unique," *New Castle News*, September 29, 1920, 5.

27 Goewey, "An Architect of Mercy," Frederic J. Haskin, "The Haskin Letter: The Passing of the Ward," *Perth Amboy Evening News*, December 20, 1920, 4.

28 Wiley E. Woodbury, York & Sawyer, Architects, "The Fifth Avenue Hospital and Laura Franklin Free Hospital for Children, New York City," *Architectural Review* 11 [original series vol. 27], no. 5 (November 1920), 129–40; York & Sawyer, "The Fifth Avenue Hospital, New York," *Architecture and Building* 54, no. 9 (September 1922), 86–88 (and plates).

**fig. 7** Early plan of Fifth Avenue Hospital  
Source: *Architecture and Building* 54, no. 9 (September 1922), Plate 145

29 Beth Israel Hospital, Louis J. Frank Papers, August 16, 1921, Beth Israel Hospital Archives.

30 Louis J. Frank, "Planning a Hospital Synthetically," *Modern Hospital* 17, no. 2 (August 1921), 100–103.

31 Beth Israel Hospital, Board of Directors Minutes, October 16, 1921, Beth Israel Hospital Archives; "A New Sort of Hospital," *Literary Digest* 71 (October 15, 1921), 20–21; "The Fifth Avenue Hospital of New York," *Science* 54, no. 1400 (October 28, 1921), 402–3; "Old Hamilton Square," *New York Times*, November 6, 1921, Section 7, 7; "A Hospital without Wards," *Warwick Daily News*, January 7, 1922, 5.

32 Russell B. Porter, "The Fifth Avenue Hospital," *New York Times*, November 19, 1922, Section T, 71.

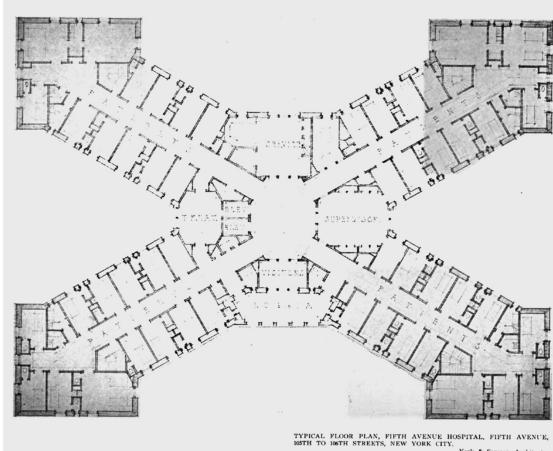
33 Beth Israel Opens with 40 Patients," *New York Times*, March 13, 1929, 20.

at the Union League Club, a private men's club with members who promoted progressive projects.<sup>26</sup> The story Woodbury told captured the imagination of a number of listeners, many of whom had political clout, money, and media connections. Articles on Woodbury and the "wardless" Fifth Avenue Hospital soon appeared in multiple newspaper articles and even in *Frank Leslie's Weekly*.<sup>27</sup> The popular press credited Woodbury with the innovations, but articles in the professional architectural periodicals also gave York & Sawyer their due.<sup>28</sup>

Despite the attention given to the Fifth Avenue Hospital project, as late as August 1921 Frank still believed that the new Beth Israel Hospital building would be "the first of its kind," and that "pilgrimages will be made to our Institution from all over the world."<sup>29</sup> Frank's article in the August 1921 issue of *Modern Hospital* described the innovative Beth Israel Hospital plan, but it was too little, too late.<sup>30</sup> On October 16, with funding uncertainties still holding up construction of the Beth Israel Hospital and media attention focused on the Fifth Avenue Hospital, Frank admitted that his project had been "scooped."<sup>31</sup> When the Fifth Avenue Hospital opened in September 1922, it was already widely known as the first hospital with all-single-bed rooms.<sup>32</sup> **fig. 7**

It took eight more years of delays, redesigns, funding shortages, and disputes between the client, the contractors, the architect, and the construction manager before the completed Beth Israel Hospital opened on March 12, 1929.<sup>fig. 8</sup> The *New York Times* did print a favorable article that noted its design was "a sharp departure from the conventional type of hospital. There are no wards, each patient having an individual room, regardless of financial status."<sup>33</sup> By then, this was old news.

Tracing formal innovation implies a linear, progressive development which suggests to the practitioner that the path to success is paved with a discernible sequence of incremental formal innovations. But architectural form develops across years and through complex circumstances. Clearly, a novel design idea is not sufficient, or Bacon would be better remembered. Similarly, favorable political circumstances that permit the realization of the design are important; otherwise, the Henry Ford Hospital might have been more widely celebrated. Without smooth execution



of construction – involving funders, contractors, designers, clients, and regulatory agencies – innovative projects like Frank and Abramson's Beth Israel Hospital can languish in obscurity. Publicity vaulted the Fifth Avenue Hospital to its notoriety, but it shone a fickle and unpredictable light on the complicated truth of the historical moment.

Indeed, the history of these four projects prove innovation to be a diffuse, perhaps even unreliable, measure of architectural worth for any individual project. Architectural change happens in a messy continuity that can extend across decades, not just

years. In a longer historical view, even Asa Bacon was not the first to advocate an all-single-bed-room hospital. From the 1870s to the 1910s, designers of isolation wards advocated all-single-bed-room designs, not as a means of democratizing and privileging patient experience but as a means of disease prevention.<sup>34</sup> By the 1910s, the King's Daughters' Hospital in Temple, Texas adopted the practice of assigning every patient to a single-bed room but implemented it within an existing multi-bed ward build-

**fig. 8** Sketch of the Beth Israel Hospital Project  
Source: S. S. Goldwater, "Hospital Planning and Construction in 1922," *Modern Hospital* 20, no. 1 (January 1923), 1–4, here 2



A striking evidence of the skyscraper tendency in hospitals is the new Beth Israel Hospital being erected in New York, which with its seventeen stories may lay claim to the title of the "world's tallest hospital."

ing rather than a brand new design.<sup>35</sup> This begs the question of whether formal or functional innovation should take precedence in charting innovations into a single historical narrative.

This brief history highlights expectations that fueled innovation in hospital layouts and what designers hoped they and hospital users would gain from that innovation. This focuses historical attention on process as well as formal product and reveals how and why innovation was made, not just what was done. If architectural projects (past and present) can be considered intentional efforts to effect change, history might offer more than a means of creating a timetable of new building forms. It could offer a means of understanding the motivations behind a desired formal change, assessing the architectural strategies undertaken to effect that change, and more importantly, of evaluating the results (both expected and unexpected) of the innovations. It might trace the "science" underlying the "art."

In the end, the all-single-bed-room hospital did not prove to be a lasting turning point in 1920s hospital design. As the prosperity of the Roaring Twenties gave way to the economic

<sup>34</sup> Henry Greenway, "A New Mode of Hospital Construction," *British Medical Journal* 1, no. 593 (May 11, 1872), 495–97; John Shaw Billings, *Description of the Johns Hopkins Hospital* (Baltimore: Isaac Friedenwald, 1890).

<sup>35</sup> George S. McReynolds, "Efficient Hospitals: Success of Private Room Plan at Temple, Texas," *Journal of the American Medical Association* 74, no. 7 (February 14, 1920), 479.

hardship of the Great Depression, even modestly priced private rooms lay vacant and multi-bed wards overflowed. After the 1930s, payments for hospital stays were increasingly made by insurance plans rather than individuals; most insurance plans treated single-bed rooms as expensive luxuries and only reimbursed claimants for the cost of a semi-private (two-bed) room. To remain economically viable, hospital designs of the latter half of the twentieth century continued to include a few wards, some private rooms, and an ever-increasing share of two-bed rooms. Interest in single-bed rooms for all patients has again rekindled in the last two decades, this time as a means of infection control.<sup>36</sup> In the anticipated aftermath of the COVID-19 pandemic, it is likely that this interest will become policy. Yet for that policy to be effective, all-single-bed room designs will have to be made practical, affordable, and preferable.

<sup>36</sup> The American Institute of Architects Academy of Architecture for Health, Facility Guidelines Institute, and US Department of Health and Human Services, *Guidelines for Design and Construction of Hospital and Health Care Facilities*, 2001 ed. (Washington, DC: The American Institute of Architects, 2006), 40.