

## **Proposed Helen Newberry Nurses Home Historic District Final Report**

Charge: By a resolution dated March 31, 2009 the Detroit City Council charged the Historic Designation Advisory Board, a study committee, with the official study of the proposed Helen Newberry Nurses Home Historic District in accordance with Chapter 25 of the 1984 Detroit City Code and the Michigan Local Historic Districts Acts.

The Helen Newberry Nurses Home Historic District consists of a single residential building situated at 100 E. Willis on the southwest corner of John R and Willis Avenue. The building is located within the Medical Center just west of the Cultural Center and is approximately one mile east of the city's Central Business District.

**Boundaries:** The boundaries of the district are shown on the attached map and are as follows:

On the north, the centerline of East Willis Avenue;

On the east, the centerline of John R Street;

On the south, the centerline of the east-west alley between East Willis Avenue and East Alexandrine Avenue; and,

On the west, the west line of the property described as S Willis E 125 ft of S 161.43 on E line bg 152 ft on W line of Park Lot 28 lying W & adj John R Street 84 ft wd & s adj Willis Ave 100 ft wd Plat of Park Liber 134 P542 Deeds, W C R 1/59 125 x 161.43).

**Legal Description: S WILLIS E 125 FT OF S 161.43 ON E LINE BG 152 FT ON W LINE OF PK LOT 28 LYG W & ADJ JOHN R ST 84 FT WD & S ADJ WILLIS AVE 100 FT WD PLAT OF PARK LOT L34 P542 DEEDS, W C R 1/59 125 X 161.43**

### **History: The Newberry Family**

*The content of this report are taken largely from the Helen Newberry Nurses Home National Register form prepared by Thomas B. Simon (Zachery and Associates, Inc. 2008)*

The Helen Newberry Nurses Home was built to provide housing for student nurses attending the Grace Hospital Training School for Nurses at a time when the concept of trained nurses was just emerging internationally. Originally from Cleveland, Ohio, Helen P. Handy moved with her family to Detroit at an early age. In 1859 she married John S. Newberry, one of Detroit's most significant businessmen and philanthropists of the later nineteenth century. Together they had three children: Truman H., John S., and Helen H. According to a biographical sketch in the *Detroit Free Press*, Helen Newberry's main endeavor was higher education for young women. She established large scholarships for young people from the Detroit area to attend prestigious

universities all over the country. She also founded and presided over the Thompson Home for Old Ladies in Detroit. Helen's obituary in 1912 indicates that the extent of her philanthropic undertakings is unknown due to a large number of anonymous gifts. Many of the buildings erected in her name were actually donated by one or more of her children after she died. This includes the Helen H. Newberry Memorial Home and the Helen Newberry Dormitory in Ann Arbor.

John Stoughton Newberry's professional career and commitment to public service exemplifies the dual role played by many of Detroit's early industrialists. He believed that the development of his city and his own business successes were directly linked. Born November 18, 1826, in Waterville, New York, Newberry was graduated from the University of Michigan in 1845. He worked for two years as a civil engineer on the Michigan Central Railroad. He left this position to study law and was admitted to the bar in 1853. Nine years later, in 1862, he was appointed Provost Marshal for Michigan by President Lincoln and served for two years.

In 1862 or 1863, Newberry, with other Detroiters, established the Michigan Car Company to build railroad freight cars. Newberry recognized the opportunities presented by technological changes in transportation, expanding western territories, and manufacturing. He became president of the business within the first year and held the position until 1880.

Newberry soon brought in his close friend, James McMillan, as a major investor in the firm. In 1864 Newberry and McMillan reorganized the railroad car firm in an effort to widen the business's operation. The two went on to establish a range of vertically integrated firms, including the Detroit Wheel Company, Vulcan Furnace Company, and Mackinac and Marquette Railroad. Their railway-related businesses grew rapidly, soon employing 5,000-6,000 workers. By 1890 the Michigan Car Company alone employed 2,000. In addition, Newberry held large interest in banks, other industries, and central Detroit real estate, according to his biography in the *Dictionary of American Biography*.

Newberry and McMillan also collaborated on philanthropic enterprises. In 1886 James McMillan committed to sponsoring the construction of Grace Hospital, named after his late daughter, with a \$100,000 gift. Soon after, John S. Newberry offered a gift of \$50,000 as an endowment for operating costs. Additional donors to the hospital consisted largely of other prominent businessmen. The hospital was built directly across John R Street from the future site of the Newberry Nurses Home.

John S. Newberry died in 1887 before the hospital was complete. His widow, Helen H. Newberry, played an integral role in the hospital's financing and governance for the next twenty years. She served as the first president of Grace Hospital's Board of Lady Managers, established in 1888 to act with the Board of Trustees in administering the hospital. A unique body for its time, the Board of Lady Managers "audited all hospital accounts, supervised the purchase of supplies, sponsored social functions, assisted in fund raising, inspected all parts of the hospital at least once a week and reported their findings and recommendations to the Board of Trustees monthly." She was also instrumental in the development of the Grace Hospital Training School for Nurses, founded in 1889. In 1898 she donated the funds for the construction of the Helen Newberry Nurses Home.

## **Progressive Era Detroit and Advancements in Medical Technology**

The founding and development of Grace Hospital, the Grace Hospital for Nurses, and the Helen Newberry Nurses Home took place during the progressive Era. The 1890-1910 time period in US history is characterized by a broad range of initiatives that addressed the social problems emerging as a result of the rapid industrialization of the period.

In 1832 and 1834 major cholera and tuberculosis epidemics broke out in the city of Detroit. With little institutional infrastructure to deal with the health crisis, Detroit's churches were transformed into wards to care for the sick. Doctors, overwhelmed by the volume of need, worked with female congregants to provide patient care. Following the epidemic, churches and religious orders pioneered efforts to establish institutions to address ongoing community health needs and provide care for the many orphans and widows left behind. As manufacturing expanded, so did the number of poor and working-class residents in the city of Detroit without healthcare. St. Mary's Hospital was established in 1845 by Four Sisters of Charity, an order founded by St. Vincent de Paul, and St. Luke's Hospital and Church Home, operated by St. Paul's Protestant Episcopal Church, was founded in 1861. As the demand for caregivers to operate these institutions grew, religious groups generally recruited and trained caregivers from within their own ranks. The city of Detroit felt the stresses of a growing industrial city.

Detroit's population in the second half of the nineteenth century increased more than tenfold, rising from 21,000 in 1850 to 116,000 in 1880 and 205,876 in 1890. In 1900, two years after the opening of the Helen Newberry Nurses Home, the population reached 285,704. Corresponding with this population growth, the demand for healthcare expanded dramatically, outstripping the city's existing resources.

As in other cities that were expanding rapidly at the dawn of the Progressive Era, the entrepreneurial industrialists, and especially their wives, played a leading role in establishing social welfare institutions to serve the needs of the city. McMillan and Newberry gave money for the creation of Grace Hospital under one condition that the facility would be, "as free to the residents of Detroit in honest need of its facilities as the river that flows by the city. The majority of patients were unskilled workers. In fact, fewer than forty per cent of patients paid their full medical bill. The investment in hospitals and medical treatment made healthcare accessible to the masses. Unfortunately, this philosophy did not extend to the city's African American citizens; many of whom resided within a mile of Grace Hospital. Issues of segregation and racism denied African American doctors internships, residencies or other affiliations with white owned hospitals. This policy also applied to African American nurses at a time when the demand for educated nurses increased.

The Helen Newberry Nurses Home, like other late nineteenth-century hospitals and related institutions, reflected the evolving demands of health care and advances in medical practice. From the beginning, these training schools served a dual purpose as educational institutions and as dependable sources of staffing for the sponsoring hospitals

During this same period, new practices and technologies were transforming the field of medicine. Following a trend that originated in Europe and was soon replicated in East Coast cities, forward-thinking community leaders in Detroit began to organize the construction of modern new homeopathic hospitals as places to extend and improve healthcare services. As part of this movement, Grace Hospital was opened in December 1888 on the southeast corner of John R and E. Willis.

Until this time, the traditional allopathic medical practice relied heavily on bleeding and amputations. Homeopathic medicine was based on the "principle of similarities." The basic homeopathic belief is that a person should take a medicine that produces the symptoms of the ailment of which they want to be cured. "For example, a homeopath would treat a patient with a cold whose primary symptoms are lacrimation, stinging and irritation of the eyes, and thin, clear nasal discharge with a potency prepared from onion extracts because these symptoms mimic those produced by onions. This type of medicine had a strong appeal for a public fed up with what was increasingly viewed as the brutality of the allopathic approach. Today, both homeopathic and allopathic remedies are considered out of date, but the emergence of homeopathy at the time pushed the medical community to re-examine its practices.

In either case, the impact that quality nursing-care had on patient outcomes gained recognition. This recognition began through the pioneering efforts of Florence Nightingale, who worked to provide quality nursing care to soldiers during the 1854-56 Crimean War. Nightingale organized the first modern school of nursing, St. Thomas School of Nursing, in London, England, in 1873. Later that year, the Bellevue Hospital in New York established the first nurses' training school associated with the Nightingale tradition. By 1882 nine other nurses' training schools had been established, primarily in the East.

During this period, physicians in Michigan, particularly those trained in the East, recognized the need for trained assistants and developed courses for hospital staff concerning techniques of patient care. The medical community recognized the necessity for educated standardized care. In 1890 Michigan offered almost ten schools for nurses, but with fewer than fifty students collectively enrolled. By 1921, 1,575 women pursued nursing studies.

### **Detroit's Medical District**

The Helen Newberry Nurses Home was once part of a cluster of hospitals and nurses homes constructed in the late 1800s and early 1900s near the intersection of E. Willis and John R that evolved into the area now known as the Detroit Medical Center. The district centered around the Harper Hospital and Grace Hospital. In 1884 the main building of Harper Hospital was erected on John R Street, at what was the edge of the city.

The prominent architect Elijah E. Myers, especially known for his work on government buildings, designed the Helen Newberry Nurses Home building in 1898. During this time he designed many notable buildings throughout southern Michigan including several churches and the Grand Rapids City Hall. For Detroit, one of his most significant designs was the Harper Hospital; built in 1884, it was demolished in the early 1970s. Myers (1830-1909) is the only architect to have designed five state capitol buildings, for Michigan, Texas, Colorado, Idaho, and Utah. Moving to Detroit in the early 1870s, at the time his Michigan State Capitol was under

construction, he practiced there almost until his death. Close by Harper Hospital was Grace Hospital, designed by local talent Gordon W. Lloyd, the successful architect of such major Detroit landmarks of the later nineteenth century as the David Whitney House.

In 1891 Mrs. Eleanor Swain contributed funds for the construction of the Swain Home on John R for students enrolled in the Farrand Training School for Nursing, now known as the Harper Hospital School for Nursing. Opened for occupancy in 1893, the Swain Home was demolished in 1958 to make room for the expanding Detroit Medical Center. Also in 1893, the Duffield Memorial Cottage for nurses working in infectious diseases was opened. The Harper Hospital School for Nursing and the Grace Hospital Nurses School stood next to each other on John R by 1889. In 1895 the Children's Free Hospital was built on the corner of Farnsworth and St. Antoine Streets. In 1913 the Richmond Terrance Nurses Home Annex became a home for nurses; it was demolished in 1962 as a result of urban renewal. In 1922 James Couzens donated the Emily A. McLaughlin Hall, which served as dormitories for training nurses. Additional nurses' homes were built as late as the 1930s, including the Helen Handy Newberry Memorial Nurses Home at 235 East Alexandrine, built in 1931 in honor of the late Helen Newberry. Of all this early medical building and nurses' home development of the late 1800s and early 1900s in what has become the Medical Center area, today housing the city's largest concentration of medical care institutions, only the Helen Newberry Nurses Home remains.

### **Grace Hospital Training School**

Miss Eugenia Hibbard was the first principal of the Grace Hospital Nurses School, and the school remained operational for ninety-one years. During the nine years of her supervision, the school passed from its infancy to a well organized training school. 17 At first, only a course of two years was offered, but during her tenure the school developed a course that took thirty months. By the time it closed, the school offered post-graduate courses in surgical anesthesia, operating-room technique, X-ray technique, laboratory technique, dietetics, and physiotherapy. The curriculum followed the plan presented by the State Board. The first year students went to nearby Cass High School for the basic sciences. The instructors of nurses and the staff doctors gave instruction in the remaining courses. Seven hospitals statewide sent their students to Grace so that they could receive quality experience in the nursing field. Beginning with only fourteen students in the first class, the school eventually graduated over seven thousand nurses by its close in 1968.

### **Life of Nurses: Educated Women in the Workforce**

The Grace Hospital Training School for Nurses was the fourth nurses' training school established in Michigan. Residents of the Helen Newberry Nurses Home were associated with the development of the principles and practices of modern nursing and nurse training. The nursing profession was almost exclusively female (the first male nurse graduation in Wayne County did not occur until the 1950s). Yet, while attempting to maintain Victorian-era concepts of femininity and women's work, for the first time young women were introduced to higher education in the sciences and to a professional life.

As difficult as it was, the work of the nurse had to be done with care and comfort, which reinforced the belief that nursing was an extension of a woman's ability to be a nurturer. Florence Nightingale said in an announcement for Harper Hospital in 1884, "A woman cannot be a good and intelligent nurse without being a good and intelligent woman." Nurses were to be nurturing and upstanding women in every aspect. At the same time, nursing provided an early alternative to the traditional setting of family life, and the Helen Newberry Nurses Home represented the new lifestyle for women pursuing professional careers. Toward the end of the nineteenth century nursing had much in common with other female-dominated professions such as education, nutrition, librarianship, and social work. Though each profession had its roots in the domestic roles of women, its practitioners sought (though with mixed success) to attain professional recognition. The Florence Nightingale nurses' pledge, still used today at most graduation and certification ceremonies, depicts the contradictory roles of women advancing as nurses :

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

A day in the life at the Helen Newberry Nurses Home consisted of training in both feminist and medical care. All who resided at the home attended the same school and studied together in classrooms there. This live-and-learn program completely immersed the women in everything they needed to know for their future career. While most training took place elsewhere, there is some evidence that training also took place within the walls of the Helen Newberry Nurses Home as well. Historic photographs show a room in the building's basement containing what is apparently a class of about ten nurses in training, each with a desk with medical supplies, tending to two real or simulated bed patients.

But the nurses' home was primarily a place for the women nurses to live together in a congenial but controlled environment. As explained by Richard R. Smith, M.D., in his book, *Medical History of Michigan, Volume II*:

The purpose of many training schools today is not only to train the young nurse in the care of the sick, but to supply a carefully controlled social background as well. The "house mother," "social directors," and superintendents of nurses are awake to the needs for recreation and social contacts. The homes of the student nurses are more than housing quarters. They are homelike, have artistic living rooms, libraries supplied with books other than texts, and music rooms furnished with pianos, phonographs and radios. The well-equipped kitchenette offers facilities for teas and suppers. Nurses are frequently given the opportunity for choral singing, public speaking, and dramatics. If the school has no gymnasium, it often rents one, and students may thus take part in basketball, folk dancing, and other indoor sports. Life in the nurses' home offers the same social advantages as that in the college dormitory. Thus the student nurse learns to balance her

day with work and play. Nurses in training paid no tuition and, in addition to health care and a small stipend, were provided with room and board. Training consisted of hands-on care of patients at the hospital, supplemented in later years with increasing amounts of classroom instruction. Women were now being trusted to analyze patients and make decisions prior to a doctor's evaluation. Nursing was advancing from an ethical calling for a nurturing woman to a profession whose members, at least under the best circumstances, were viewed as capable and exercising reliable judgment.

At this time institutional measures were emerging to further the professionalism of the nurse's career. The Michigan Nurses Association (MNA) was founded in 1904. Its first goal was to lobby the state of Michigan to establish a licensing system for nurses. In 1909 MNA's efforts resulted in the passage of the first Nursing Practice Act. During the years that followed, MNA worked to safeguard and promote the nursing profession and fought for the rights of nurses and their patients. Detroit's Harper Hospital was the first, in 1891, to adopt the eight-hour day for nurses, a standard gradually accepted by other hospitals throughout the country. Following this, establishment of the Michigan State Board of Registration of Nurses in 1910 resulted in a push for greater uniformity in nursing standards throughout the state. The women who stayed at the Helen Newberry Nurses Home, especially at its beginnings, were at the forefront of this emerging understanding of the educated nurse. Though it is impossible to know whether or not these young women were aware that they were at the start of a movement, it is safe to assume they felt a call to duty in a way that previous generations had not. It was the success of these women that pushed nursing into the status of a legitimate profession.

## **Conclusion**

Eventually nursing schools became victims of their own success. With the establishment of nursing as a recognized field of study, by 1923 seventeen schools offered two years of university instruction along with three-year apprenticeship training. Most nursing schools today are located within universities, removing the need for the private nursing schools.

Today, the Helen Newberry Nurses Home stands vacant, the only remnant from the pioneering facilities of the medical district. The Helen Newberry Nurses Home served its original purpose until the school closed in 1968. It was last occupied in the 1980s as office space for the Detroit Medical Center. A fire in 2006 severely damaged the north end of the first floor's interior, including walls, ceiling, and stairs. Despite the fire, however, the exterior of the building remains intact.

**Architectural Description** The 1898 Helen Newberry Nurses Home is a large Jacobean Revival residential building located on the southwest corner of John R and Willis streets in Detroit, Michigan, just west of what is now the Detroit Medical Center complex. The block it sits on has a mixture of commercial and residential structures of varying ages as well as two large parking lots. The building is roughly L-shaped in form with its long main façade parallel to John R on the east and the shorter side parallel to an alley to the south. Within the ell is a dirt parking area surrounded by barbed-wire topped cyclone fencing. The north and east sides of the building are surrounded by lawn bounded by sidewalks and dotted with trees.

The building is three stories tall with a partially raised basement level and an attic story and is constructed of large bricks in varying warm tones of brown and red. The slate-covered roof is gabled, with a flat central area on the south wing, and displays cross gables and dormers. The flat planes of the elevations are broken by projecting sections at the cross gables. The water table at the basement level is delineated by a projecting soldier course of bricks and the upper stories are divided by corbelled belt courses.

In the center of the east (main) façade, facing John R, is a projecting limestone three-story entry section. It includes an arched entry with keystone and Doric pilasters on the first floor, paired windows and Ionic pilasters on the second floor, and a triple window on the third floor surmounted by a Flemish gable with finials. The name "Helen Newberry Nurses Home" is carved in the frieze above the doorway, while a bas-relief carving reading "Erected in the Year MDCCCXCVIII" is located in a panel below the second floor window and a shield with the initials HN is located in the gable. A small terrace with brick perimeter walls, accented with limestone caps, fronts the entry.

To either side of the entry portico are two narrow recessed bays, flanked by projecting cross-gabled bays. At the outer ends of the building on the east elevation are two more recessed bays. Each of these outermost bays is surmounted by a brick Flemish dormer with stone cap. The rhythm of projecting and recessed bays on the east elevation creates a sense of a balanced façade, although the two halves are not entirely symmetrical.

The east elevation has a hierarchy of window forms. The basement windows are three-by-three square lights of relatively simple design. Above the basement the upper level windows are all double-hung units, with diamond-paned leaded glass upper sash on the first floor and on the upper floors of the entry portico, nine-over-one sash on the second floor, and six-over-one sash on the third floor. The windows range from single units, mostly on the shallow side walls of the projecting gabled sections, to paired, found mostly on the rear façades and gabled ends, but also in the recessed sections of the front, to triple and quadruple windows, mostly in the front façade (the front's south gable has triple units while the north has quadruple). The windows all have plain stone sills, with no lintels except for corbelled brick lintels above the third floor windows of the projecting gables.

Two massive ornamental brick chimney stacks rise above the roof line, one on the north elevation and one tucked into the corner formed by the north wall of the western ell. The tops of the stacks have corbelled brick detailing reminiscent of chimney pots.

The remaining elevations are less ornamental in their detailing. The alley- facing south elevation has two sections: the gabled end of the main part of the building, and the south wall of the attached ell, separated by a narrow recessed section. The gabled end of the main part of the building is flat in plane and two bays wide. The ell is five bays in length and is surmounted by cross gables in the first (from the east) and fourth bays and shed roofed dormers in the second and third bays on its south side.

The window hierarchy of the main façade is echoed on this elevation. The windows are double-hung, twelve-over-ones on the first floor, nine-over-ones on the second floor, and six-over-ones on the third. The windows in the gables, dormers, and recessed section are one-over-one and the basement windows are three-by-threes. The windows of the gabled end are single units except

for the westernmost window on the third floor, which is paired. On the ell, the windows are paired in the second and third bay and single in the other bays. The windows of the first bay are offset between floor levels to reflect the interior stair. At the base of the first bay is a non-historic door with infilled transom. There is a fire escape on the upper floors of the fifth bay.

The west end of the ell is the plainest of the elevations. The elevation is three bays wide with three sets of paired windows on each floor. The basement and first floor windows have been infilled with brick. The remaining windows are double-hung, nine-over-ones. The roof of the ell's west-end bay is flat with a pair of Flemish gables marking the end of the gabled part of the roof.

Within the corner of the ell are the west elevation of the main portion of the building and the north elevation of the ell. The west elevation of the main building is asymmetrical, with approximately eight bays. The first two bays (from the north) are recessed and are topped by a less-than-full width cross gable. The second two bays are surmounted by a full width cross gable. The remaining four bays adjacent to the west elevation of the ell have five shed-roofed dormers projecting from the roofline. The projecting basement water table and belt courses between stories are repeated across this elevation, and the belt course between the second and third floors merges into a hood molding that rises along the sides and over the large window in the fourth bay.

The fenestration pattern on this elevation is more irregular than the other elevations and a number of the windows have been boarded up or infilled with brick, particularly at the basement and first floor levels. The remaining extant windows are generally single or paired units with multi-light-over-one sash and limestone sills. The attic story windows are one-over-one units. The fourth bay has a tripled window on the third floor with diamond-paned leaded glass in both the upper and lower sash (it is this window that the belt course/hood outlines). The windows in the fourth bay are offset between floor levels to reflect an interior stair. At the base of this bay is a non-historic entry door at ground level, whose opening was originally larger and has now been partially infilled with non-matching brick. A second large entry is located between the fifth and sixth bays and has an elevated wood porch supported on brick piers. The porch has a hipped roof supported on square columns with a turned wooden balustrade.

The north elevation of the ell is also plain. This elevation is five bays wide and has an attic story with five shed-roofed dormers. The westernmost bay has small four-paned single sash units on each floor. The remaining four bays have paired windows in the center bays and in the dormers, and single windows on the outermost bays. The window units are double-hung nine-over-ones on the first two floors, six-over-ones on the third floor and one-over-one in the dormers. One of the first-floor windows has been infilled with brick.

The north, gabled-end elevation of the main building is two bays wide divided by a projecting chimney stack. Each bay has paired windows in the first and second floors and single windows in the third floor. The basement window openings have been infilled. The window patterns echo those on the main, with diamond-paned leaded upper sash on the first floor, nine-over-one-light sash on the second floor and six-over-one on the third floor. The building interior is arranged around a double-loaded central corridor in both the main section and the ell. A shallow-rise stair leads up from the entry to the corridor level, and there are

stairways on the west wall of the main section and the southeast corner of the ell. Originally a cluster of more decorative public rooms was located on the north half of the first floor and displayed arched openings, some wall paneling, and decorative trim. The remainder of the first floor and the upper floors were divided into dormitory rooms with flat plaster walls and ceilings and relatively simple wood trim characteristic of the era. The interior is now in very poor condition. A number of the rooms on the upper floors were previously modernized with faux wood paneled walls and drop ceilings. The northern half of the first floor was severely damaged by a fire in 2006, which destroyed the stairway and public rooms in that area. Throughout the rest of the building, the existing finishes are severely deteriorated, with falling plaster and damaged floors.

**Criteria:** The district meets criteria A & C as provided in the Michigan Local Historic District Act and in local ordinance:

**A** Is associated with events that have made a significant contribution to the broad patterns of our history.

**C** Embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

**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: Kwaku Atara, Melanie A. Bazil, Robert Cosgrove, DeWitt Dykes, Zene' Frances Fogel-Gibson, Edward Francis, Calvin Jackson, Harriet Johnson, and Doris Rhea. 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 Commission, and the Director of the Planning and Development Department.

**RECOMMENDATION:** The Historic Designation Advisory Board recommends that City Council adopt an ordinance of designation for the proposed historic district, with the design treatment level of "rehabilitation." A draft ordinance is attached for City Council's consideration.

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