MILWAUKEE HISTORIC PRESERVATION COMMISSION
TEMPORARY HISTORIC DESIGNATION PETITION

1. **Name of Property:** Columbia Hospital

Address of Property: 3321 North Maryland Avenue 53211
Zip Code

2. **Name and Address of Owner**

Name: Board of Regents of the University of Wisconsin System

Street Address: 1220 Linden Drive

City Madison State: WI Zip Code: 53706-1525

Daytime Telephone Number: (608) 262-2324
(Area Code)

Applicant (if different from owner) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone _____

3. **Attachments**

The following information is enclosed:

☒ Exterior photographs or digital images (required)

☐ Copy of newspaper notice of demolition permit application

☐ Copy of Orders from the Department of Neighborhood Services

☐ Other (explain) _____

4. **Legal Property Description**

Acreage: 1.33092 Obtain from http://assessments.milwaukee.gov/

LANDS ADJ BOUNDED BY E NEWPORT AVE-N MARYLAND AVE-E HARTFORD AVE & E LI SD BLK 5 & ALSO (LOTS 1 THRU 12) BLK 4 OF SD SUBD

5. Description of Structure

Number of stories: _2-5____

Wall cladding (check each that apply)

Clapboard ☐ Brick ☒ Stucco ☐ Stone ☐ Wood Shingle ☐
Terra Cotta ☐ Asphalt Siding ☐ Asbestos Tile ☐ Aluminum/Vinyl Siding ☐ Artificial Stone ☐

Other: _____

Describe Outstanding Features:

See attached.

6. Significance

Areas of Significance:

☐ agriculture	☐ engineering	☐ philosophy
☒ architecture	☐ exploration/settlement	☐ politics/government
☐ art	☐ industry	☐ religion
☐ commerce	☐ invention	☐ science
☐ communications	☐ landscape architecture	☒ social/humanitarian
☐ community planning	☐law	☐ theater
☐ conservation	☐literature	☐ transportation
☐ economics	☐ military	☐ other:
☐ education	☐music	

Date Built: __1919_____

Date(s) Altered (if applicable) additions 1923-1978_____

Builder/Architect: _____

Written Statement of Significance, including history of structure:
(continue on a separate sheet, if necessary)

Builder/Architect: Schmidt, Garden & Martin – 1919; Eschweiler & Eschweiler – later additions

See attached

7. Major Bibliographical References

See attached.

8. Form Prepared By:

Name: Catherine + Miller Date: 2/14/22

Address: 2839 E Rhode Island Ave

City: MKE State: WI Zip Code: 53207-3051

Telephone: 414-482-1771

Email: catesKitchen@hotmail.com

Signature must be acknowledged by a notary

Signature of preparer/applicant: _____

State of Wisconsin

County of Milwaukee

This document was acknowledged before me on Feb 14, 2022 by _____.

_____

Seal & Signature of notarial officer

My commission expires: 11/4/25

Milwaukee Historic Preservation Commission
Office of the City Clerk
841 N Broadway, Rm B-1
Milwaukee, WI 53202
HPC@Milwaukee.gov

414-286-5722

Section 6. DESCRIPTION

Written Description

Columbia Hospital is located in Milwaukee's Upper East Side neighborhood within the boundaries of the University of Wisconsin-Milwaukee campus. The building occupies the southeast quarter of the block bounded by East Newport Avenue to the north, North Maryland Avenue to the East, East Hartford Avenue to the South, and North Frederick Avenue to the West (refer to Section 9 for a detailed boundary description and the aerial map at the end of Section 7 for a graphic representation of the property boundaries). The building has a minimal setback from main roads and is surrounded by small grassy areas, mature trees, and shrubs. Concrete walkways extend from building entrances and along main roads. The setting is characterized by the University of Wisconsin-Milwaukee campus to the east, south, and west, and by early twentieth-century residential neighborhoods to the north.

Columbia Hospital

Columbia Hospital Building, 1919

The original Columbia Hospital building was built in 1919 and designed by Chicago-based architects Schmidt, Garden & Martin (refer to Section 8 for detailed discussion of the architects). The building was remodeled in 1946, 1952, 1966, and more recent years. Ten subsequent additions to the building occurred between 1923 and 1969 (described in more detail in subsequent sections). The original portion of the Columbia Hospital building is sited northwest of the intersection between North Maryland Avenue and East Hartford Avenue.

The original Columbia Hospital building has an L-shaped plan and is five stories in height with a basement and a penthouse-attic level. The building terminates in a flat roof concealed by a stone capped brick parapet wall. The original portion of the Columbia Hospital building is of masonry construction in the Georgian Revival style. It is clad with red brick in the English Bond and features stone quoins laid in an alternating fashion with stone string courses above the 1st and 4th floors. There is a prominent stone cornice above the 5th floor and below the brick parapet wall that extends around the entire building. The 1st through 4th floors feature six-over-six wood double hung windows with stone sills and red brick lintels in a soldier course.

The east elevation is the primary elevation. The main entrance to the original hospital building is two stories in height and protrudes at the north end of the east elevation. It terminates in a flat roof surrounded by a carved stone balustrade. Seat walls extend from the building and the original wrought iron light fixtures remain in situ to the north and south of the main entrance. A non-original wood multi light door is flanked by stone pilasters on either side and a wood transom window with decorative tracery above. The lintel above the transom window features a decorative keystone and an arched pediment extends over the lintel. There are also arched double hung wood windows with tracery at the 1st floor, north and south elevation of the protruding entrance vestibule.

There is a projecting bay with equally angled walls at the south elevation which extends the full height of the building. There are one-over-one double hung wood windows, six-over-six double hung wood windows, and vinyl windows throughout the projecting bay. There is a stone string course above and below each set of windows throughout. The prominent stone cornice also extends across the projecting bay.

At the west elevation, like the east elevation, the 1st through 4th floors feature six-over-six wood double hung windows with stone sills and red brick lintels in a soldier course. The former open air stairwell at the south end of the west elevation protrudes slightly and rises two and half stories. It presently features a set of double wood doors at the 1st floor and a lunette transom window with tracery. The arched and rectangular openings at the floors above the entrance have been filled in with multi light wood windows.

The north elevation, like the east and west elevations, has six-over-six wood double hung windows with stone sills and red brick lintels in a soldier course. A taller bay at the west end of the north elevation extends beyond the brick parapet wall and houses the penthouse.

Service Wing Addition, 1923

The Service Wing addition to Columbia Hospital was built in 1923 and, like the original hospital building, designed by Chicago-based architects Schmidt, Garden & Martin (refer to Section 8 for detailed discussion of architect's significance). Notably, the 1917 plans for Columbia Hospital include the Service Wing and as such the addition appears to be part of the original hospital design. The Service Wing is located along North Maryland Avenue. It has an L-shaped plan and is adjoined to the north elevation of the original Columbia Hospital building. The Service Wing is two stories in height with a basement level and terminates in a cross gable roof. Like the hospital wing, it is of masonry construction in the Georgian Revival style and clad with red brick in the English Bond with stone string courses between the 1st and and 2nd floors at the north end of the building. There are six-over-six wood double hung windows with stone sills and red brick lintels in a soldier course throughout the building. The building has copper gutters and downspouts.

The east elevation is the primary elevation. The elevation can be divided into two bays: a south bay and a north bay. The south bay of the east elevation features a side gable roof and a series of six windows at the 1st floor. There is one window at the south end of the 2nd floor and one opening at the north end of the 2nd floor has been enclosed by a vent. The north bay of the east elevation features a front gable roof with cornice returns at the roofline. The elevation is symmetrical with two windows at each floor. There is a lunette window located centrally in the gable. A seat height brick wall capped with concrete has been constructed in front of the north bay.

The north elevation is also symmetrical and features three windows at each floor. The central window openings at both floors are enclosed with brick and the west window at the first floor is

partially enclosed by HVAC equipment. A short shed roof dormer protrudes from the center of the roof above the brick-enclosed window openings.

The west elevation is not visible from the public right-of-way; however, the 1917 plans indicate that it had a similar fenestration pattern as the east elevation. Notably, a later addition has since covered the west elevation.

Subsequent Additions, 1923-1969

As stated, ten additions to Columbia Hospital occurred between 1923 and 1969. The Service Wing is discussed above and the remaining nine additions to Columbia Hospital, which were built out to the north and west of the original building, are summarized in this section. The additions range from one story to five stories in height and exhibit the following features found at the original Columbia Hospital building:

- Masonry construction in the Georgian Revival style (some additions are more restrained than others)
- Clad with red brick in the English Bond
- Stone quoins laid in an alternating fashion
- Stone string courses above the 1st and 4th floors
- Six-over-six wood double hung windows with stone sills and red brick lintels in a soldier course
- Flat roofs with stone capped brick parapet walls
- Prominent stone cornice above the highest floor and below the brick parapet walls

Notably, prominent Milwaukee architects Eschweiler & Eschweiler designed four additions to Columbia Hospital built in 1931, 1941, 1951 and 1965 (refer to Section 8 for detailed discussion of the architects). The additions designed by Eschweiler & Eschweiler are summarized below.

The 1931 addition, which adjoined the original hospital by way of a 1923 addition at the building's northwest corner, is five stories in height. Plans for the addition reveal that it formerly featured a solarium at the 1st through 4th floors of the south elevation. A series of fluted pilasters separated by multi light wood windows beneath a wide stone entablature enclosed the solarium at the 1st floor. These features were later destroyed by the construction of a two story addition in 1969 extending from the south elevation of the 1931 addition.

The 1941 addition, which adjoined the west elevation of the 1931 addition, is five stories in height with a basement and a penthouse-attic level. Plans for the addition reveal that it was largely undistinguished in design and exhibited all of the features found in the original Columbia Hospital building listed above. Notably, the entire north elevation and most of the south and west elevation of the addition have been partially obscured by the construction of later Eschweiler & Eschweiler-designed wings in 1951 and 1965.

Two additions built in 1951 extend from the north and south elevations of the 1941 addition. The northern 1951 addition is three stories in height while the southern 1951 addition is primarily five stories in height with a one-story bay protruding at the south elevation. There is a central, protruding bay that extends the height of the five-story portion of the addition. There are pairs of narrow, four-over-four wood windows flanked by a single six-over-six wood window on either side at each floor. There is a corbelled brick cornice capped with stone above the fifth floor and below the parapet wall.

The final Eschweiler & Eschweiler-designed addition at the north end of the hospital, built in 1965, enclosed a large open space between the sprawling, irregular wings of the hospital. The north elevation can be divided into two bays: the east and west bay. The east bay is two stories in height with a series of nine window openings at the 2nd floor that have been enclosed with brick. At the first floor there is a central wooden door with a multi light transom and two six-over-nine wood windows at the west end. The west bay is one story in height with a series of six, six-over-nine wood windows and wooden door with a multi light transom at the west end. A continuous soldier course extends over the windows and wraps around to the west elevation. There are three six-over-nine wood windows at the west elevation.

Section 7. SIGNIFICANCE

Written Statement of Significance

As indicated earlier on in Section 7, Columbia Hospital is significant in the areas of architecture and social/humanitarian history. It is architecturally significant as an intact example of an institutional Georgian Revival design. Further, it is significant in this area for its association with master architects Schmidt, Garden & Martin (original 1917 plans) and Eschweiler & Eschweiler (subsequent additions). Columbia Hospital is also significant for its exemplification of 19th century hospital design ideals and appears to be the sole surviving example of such ideals remaining in Milwaukee. Lastly, Columbia Hospital is significant for its association with prominent physicians and status as a research center at the forefront of medical sciences in Milwaukee.

History and Significance of Columbia Hospital

Columbia Hospital evolved out of the Knowlton Hospital and Training School for Nurses, which formed in 1901 in an old mansion formerly located on present-day Michigan Street in the near west side of Milwaukee known as the "Rock Home" (Frank 1915). The namesake of the hospital, Miss Olive B. Knowlton, was the founding nurse working in partnership with Dr. Nathaniel Gray. Knowlton Hospital was sold to a group, Columbia Hospital Corporation, interested in founding a new non-sectarian hospital in 1909 (Frank 1915). As such, the name was also changed at this time to Columbia Hospital School of Nursing. The group aimed to develop a hospital with extensive laboratory facilities to encourage research by staff.

By 1915, the hospital's board felt they had outgrown the old mansion and sought a new location. A total of 21 acres of land was donated by John W. Mariner and Fred Vogel Jr. at the present site, which was lauded for its "proximity to the lake, plenty of fresh air, and nearby public transportation" (Columbia Perspective 1959). By 1917 the project was ready for construction bids.

Columbia Hospital engaged Chicago-based architects Schmidt, Garden & Martin to design its new home. The firm was a partnership between Richard E. Schmidt (1865-1959), Hugh M. G. Garden (1873-1961), and Edgar Martin (1871-1951). Schmidt, a graduate of the Massachusetts Institute of Technology, practiced alone in Chicago from 1895 until joined by Garden, a fellow architect, sometime around the turn of the century and Martin, a structural engineer, sometime shortly after (Cummings 1999). Notably, Schmidt was regarded as an expert in hospital design and wrote multiple publications expressing his ideals, including "Principles of Hospital Planning in View of Future Expansion," which prominently featured Columbia Hospital for its embodiment of these qualities (Schmidt 1919). Later in his career Schmidt was recognized for his contributions to the field and inducted as a Fellow of the American Institute of Architects, a distinction only bestowed to three percent of members of the profession ("50 Years an Architect" 1946).

Schmidt, Garden & Martin's design for Columbia Hospital embraced the Georgian Revival style, one of many subtypes of Colonial Revival styles popular during a period roughly defined by the the first half of the twentieth century. Notably, Columbia Hospital is exemplary of the application of Georgian Revival stylistic elements and principles to institutional architecture. As such, the building exhibits the following characteristics of the style: symmetrical elevations, classical details, brick cladding, multi-pane windows, gable roof, and cornice returns, to name a few (refer back to Section 6 for a detailed description of Columbia Hospital). While interior spaces, such as operating suites, were stripped of historicist decoration and outfitted with modern finishes, such classical appearances at the building exterior were standard in hospital design during this period. Most notably, classical styling served to dignify the hospital and appeal to ongoing and prospective donors (Adams 2008).

Further, the design for Columbia Hospital is also distinguished for its embodiment of 19th century hospital design principles, specifically the design and medical theories of Florence Nightingale and other mid century reformers in France (Brandt and Sloan 1999; Adams 2008). This is identified by the pavilion plan of Columbia Hospital: a longitudinal double-loaded corridor with a projecting bay at one end for a day room and walls punctuated by a regular rhythm of large windows. The premise for this plan type was that fresh air would circulate the hospital and mitigate the chances of contagion (Adams 2008). By the late 19th and early 20th centuries, the pavilion plan became an international standard in hospital design and pavilion-plan hospitals continued to be built into the 1930s (Adams 2008). As such, many other notable hospitals, such at the Royal Victoria Hospital in Canada and Johns Hopkins in Maryland, are designed in the pavilion plan.

World War I delayed construction and groundbreaking did not take place until 1918. The hospital finally opened the following year on January 20, 1919 (Langill 2010). All hospital operations transferred to the new facilities immediately, which included Departments of Medicine, Surgery, Obstetrics, Ophthalmology, Laryngology, Otology, Dermatology, and a School of Nursing; further, Columbia became the first Milwaukee hospital to provide a complete laboratory (Columbia Perspective 1959).

Dr. William Thalhimer, a graduate of Johns Hopkins University and Mt. Sinai in New York, came to Columbia Hospital to head the new Department of Laboratory Medicine (Columbia Perspective 1959). Dr. Thalhimer is just one of many notable physicians associated with Columbia Hospital throughout its history. As such, Columbia Hospital registered a number of medical "firsts" in Milwaukee and in the medical world. For example, under Dr. Thalhimer, the hospital experimented with complete oxygen rooms, which, prior to the invention of antibiotics, were thought to be essential in pneumonia therapy (Columbia Perspective 1959).

Dr. Frederick J. Gaenslen (1877-1937), a graduate of Johns Hopkins University, is another noteworthy physician associated with Columbia Hospital. Dr. Gaenslen, a master orthopedic surgeon, assumed the role of Chief of Staff in the early 1920s. Later in his career he went on to co-found the American Academy of Orthopedic Surgeons and served as the President of the Clinical Orthopedic Association and the American Orthopedic Association, among many other prominent roles in the field (Langill 2010). Given his status, Dr. Gaenslen "attracted numerous outstanding young surgeons to Columbia during the decades of his leadership, making the hospital a center for both orthopedic and hand surgery" (Langill 2010).

Due in large part to prominent physicians and innovative research taking place at Columbia Hospital, demand for its services grew in the early 1920s and prompted a series of additions to meet requests for accommodation and provide greater research facilities (Columbia Perspective 1959). A small addition at the north side of the hospital completed in 1923 added 18 patient rooms, a student nurse classroom, another laboratory, and additional X-ray capacity (Langill 2010).

Towards the end of the 1920s, the need for additional beds and laboratory space grew and, in response to this increased demand, the Board initiated a building campaign in 1929 (Langill 2010). The same year the stock market crashed and the Great Depression began to unfold. With financial support from First Wisconsin and Marshall & Ilsley banks, Columbia moved forward with constructing its first major addition. The new wing opened in 1931 and was built at a cost of $137,000 (Langill 2010). It housed an additional 57 beds, new surgical units, x-ray rooms, and housing for interns. Notably, the addition, which featured the same red brick and other design elements as the original hospital building, was designed by prominent and prolific Milwaukee architects Eschweiler & Eschweiler (refer to Section 6 for a detailed description of the addition).

Architect Alexander C. Eschweiler (1865-1940) served on the Board of Columbia Hospital (Langill 2010). Eschweiler founded his practice in 1892 and in 1923 he entered into partnership

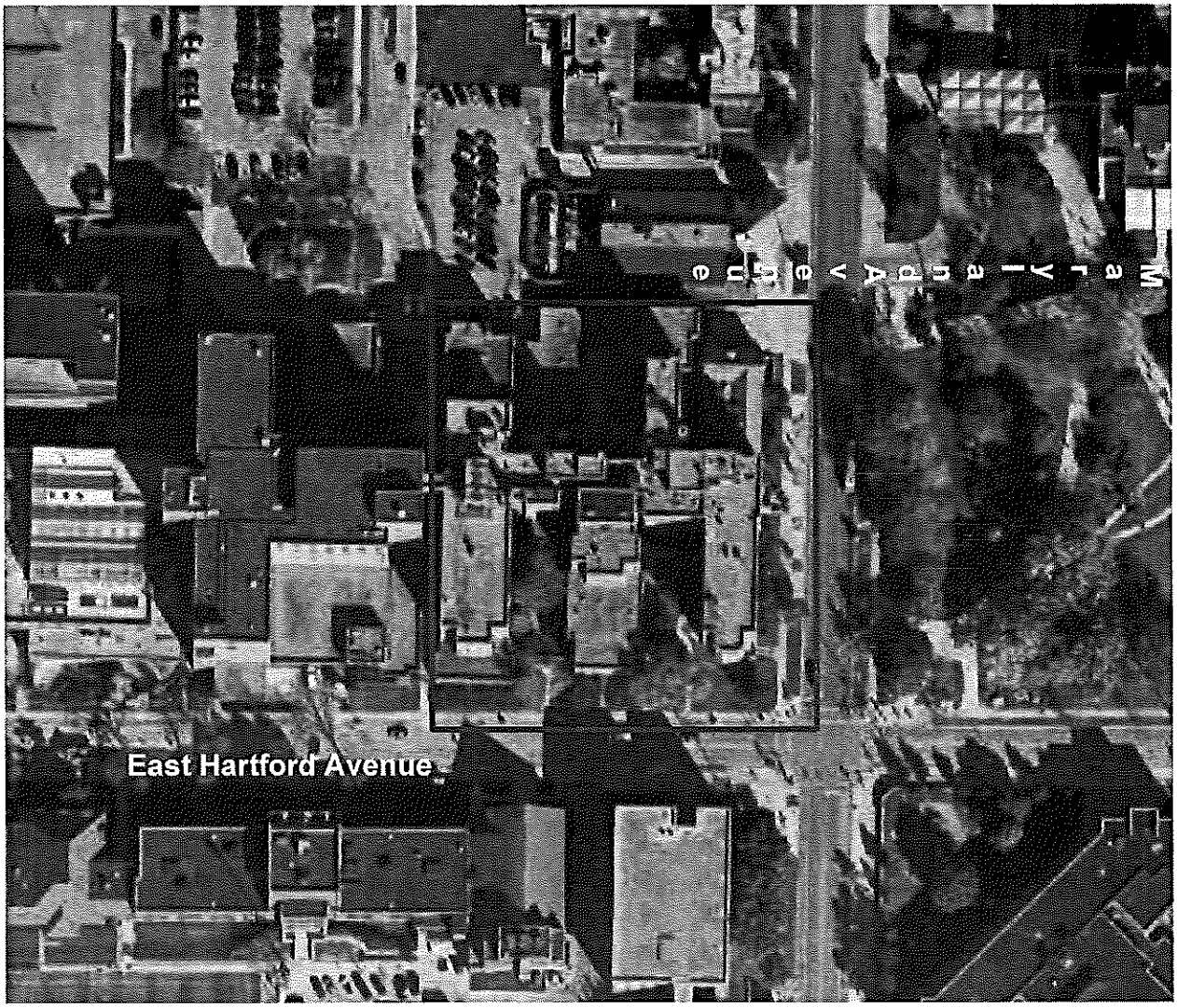
with his sons Alexander Jr., Theodore, and Carl. Throughout its long history, the firm designed noteworthy residential, commercial, institutional, civic, and religious buildings in the Milwaukee area, several of which are listed in the National Register of Historic Places. As described in Section 6, Eschweiler & Eschweiler went on to design four additions to Columbia Hospital throughout the twentieth century.

By 1940, the Board sought to construct another large addition to the hospital's west side, also to be designed by Eschweiler & Eschweiler. The first phase of construction was complete by December 1941, but construction slowed after the United States' entry into World War II the same month. Notably, the project received federal funding under the Lannon Act in 1942 and construction continued. The new wing, which finally wrapped construction in 1944, included the new Medical Arts Department, a Medical Library, a business office, amitting station, pharmacy, and new lobby. Further, the capacity of Columbia increased to 165 beds by this time (Langill 2010).

Entering the postwar era, Columbia faced increased demand for its services once again. The southwest wing, which opened 1952, increased hospital capacity by another 120 beds. The addition, also designed by Eschweiler & Eschweiler, cost $1.25 million to construct. To accommodate the postwar baby boom, Columbia added maternity space, nurseries, and a new children's pavilion for pediatric care (Langill 2010). Notably, the southwest wing also "housed the hospital's first Department of Physical Medicine for outpatient service with an adjacent Rehabilitation Department," which Hospital Administrator Joseph Norby described as the "first of its kind" in the Milwaukee area (Langill 2010).

Later in the 1950s and early 1960s, at the dawn of the age of modern surgery, "a growing demand for orthopedic, thoracic, vascular, and pediatric surgery created a need for additional operating rooms" (Langill 2010). Columbia built out its final additions to the original hospital building in 1965 and 1969; however, large additions and facilities were continually added west of the original hospital complex and are outside the period of significance and geographical boundaries of the historic property nominated herein (refer to Section 9 for a detailed boundary description and the aerial map at the end of this section for a graphic representation of the property boundaries).

As is exhibited by the preceding narrative, Columbia Hospital is of magnitudinal significance to the city of Milwaukee in the areas of architecture and social/humanitarian history.



Aerial Map of Columbia Hospital Boundary

Photo of property taken February 2, 2022

Section 8. MAJOR BIBLIOGRAPHIC REFERENCES

"50 Years an Architect." In *National Architect.* Vol. 2. (January 1946): 8.

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Brandt, Allen M. and David C. Sloan. "Of Beds and Benches: Building the Modern American Hospital." In *The Architecture of Science*, eds. Peter Galison and Emily Ann Thompson. Cambridge: MIT Press, 1999.

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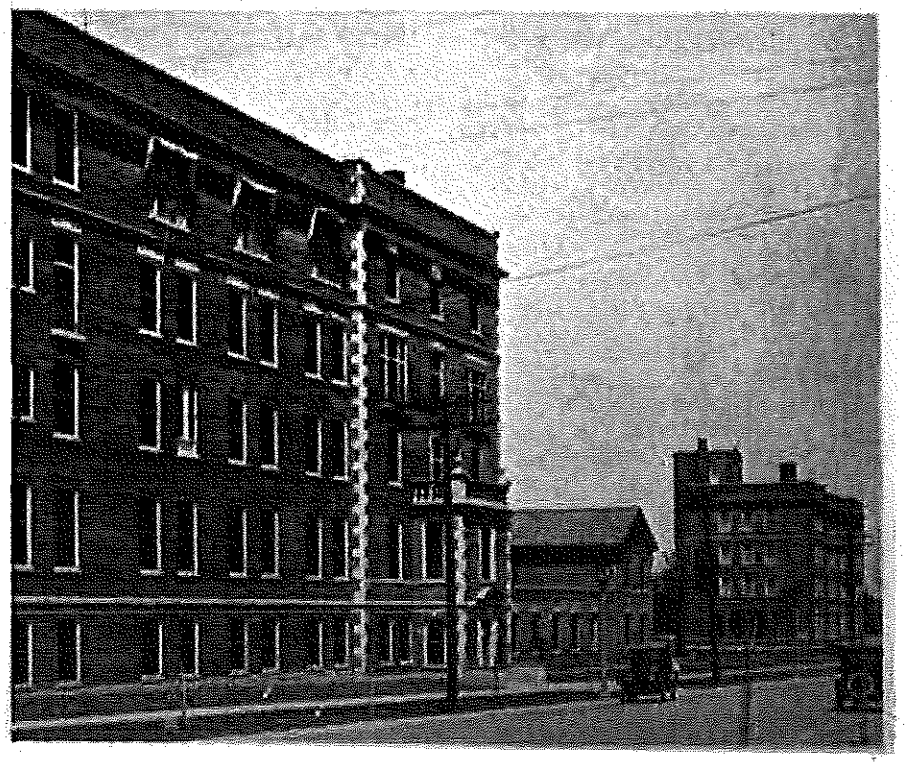
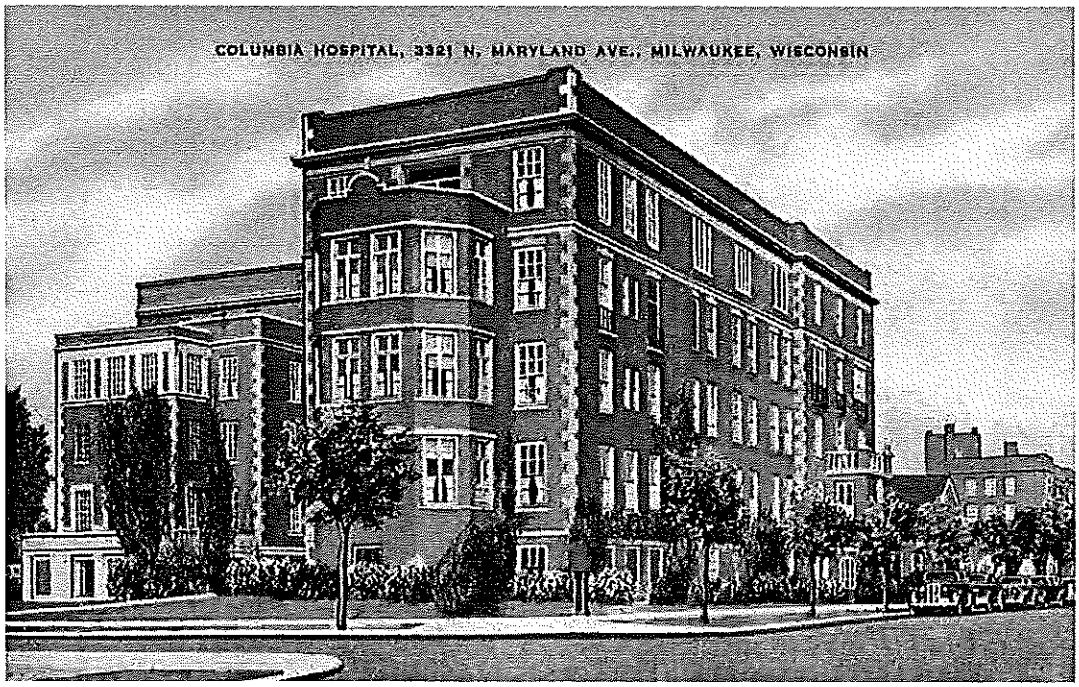
Milwaukee County Historical Society. *Columbia Hospital Collection, 1919-1981.* Mss-2430.

Schmidt, Richard E. "Principles of Hospital Planning in View of Future Expansion." In *The Architectural Forum.* Vol. 30, No. 6 (June 1919): 159-170.

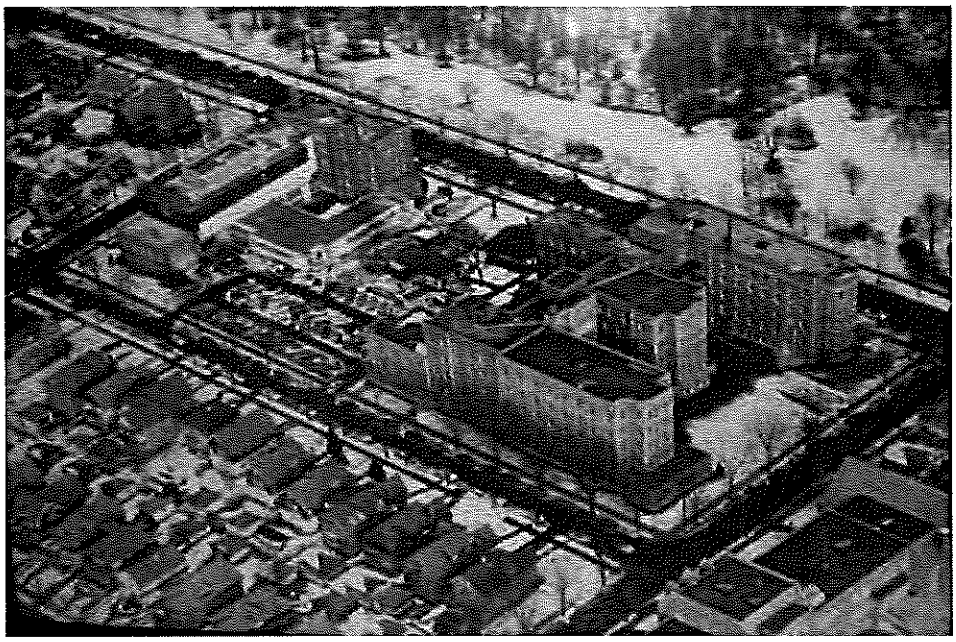
Historic Photographs



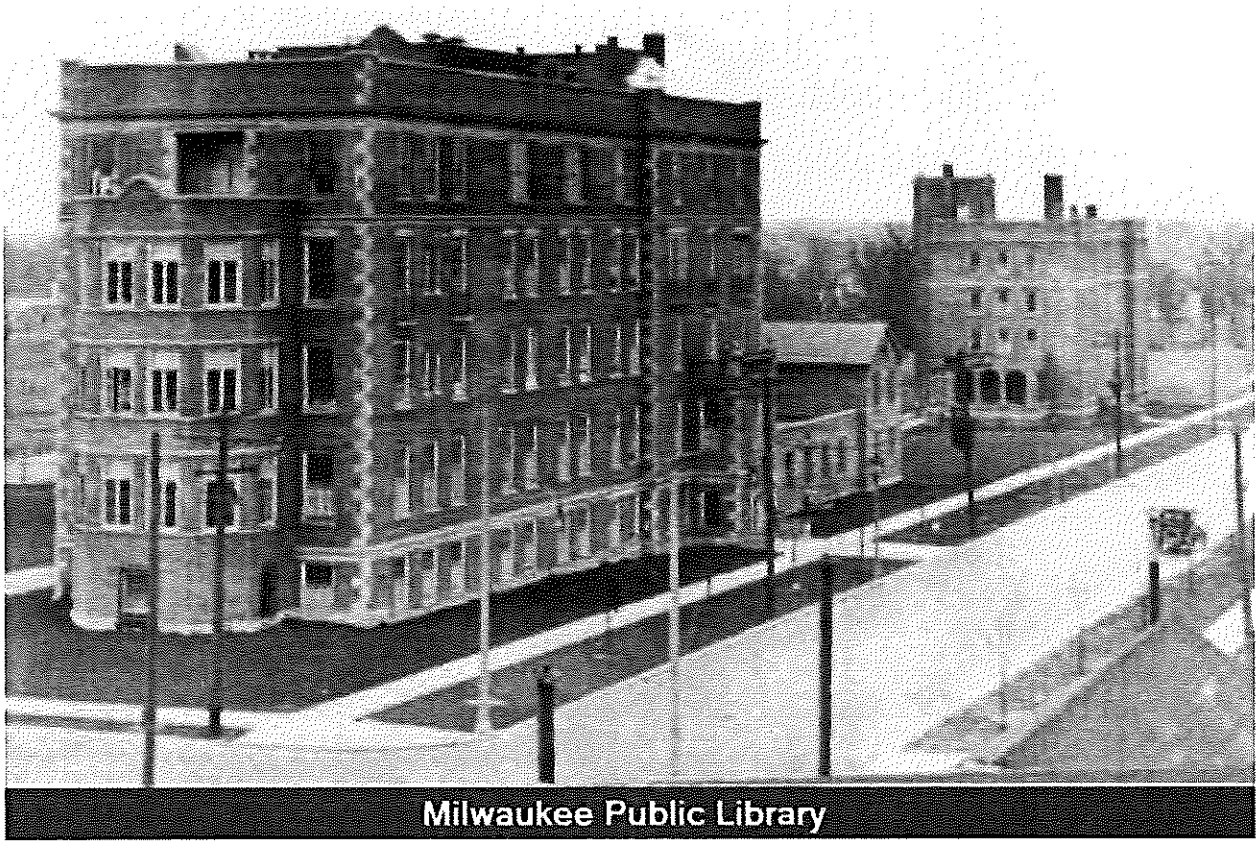
The Service Wing at center-right, College of Nursing at far right (Schmidt 1919).



The 1931 addition at far left (Unknown Source ca. 1935).

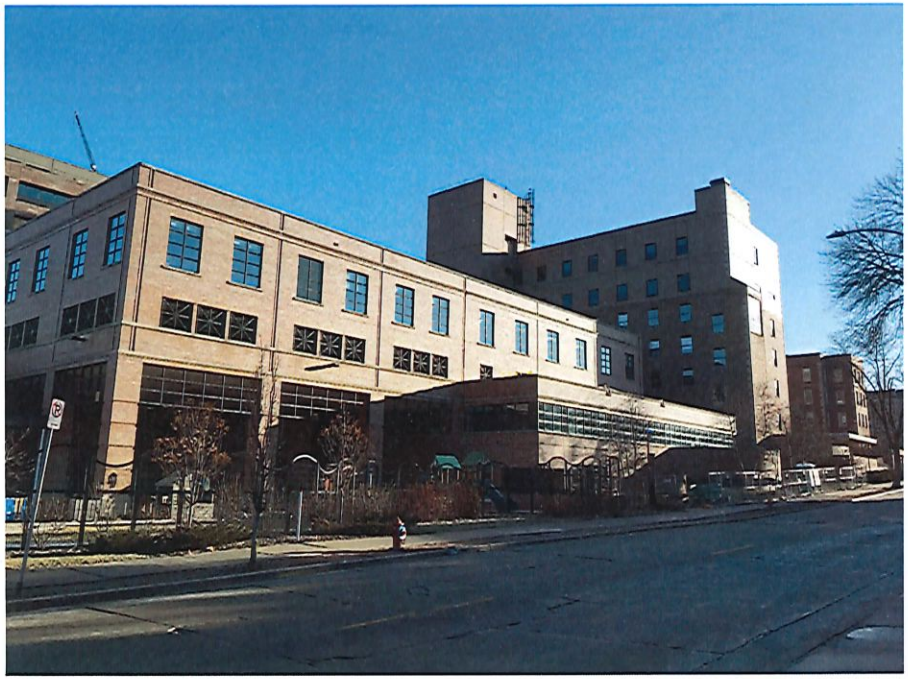


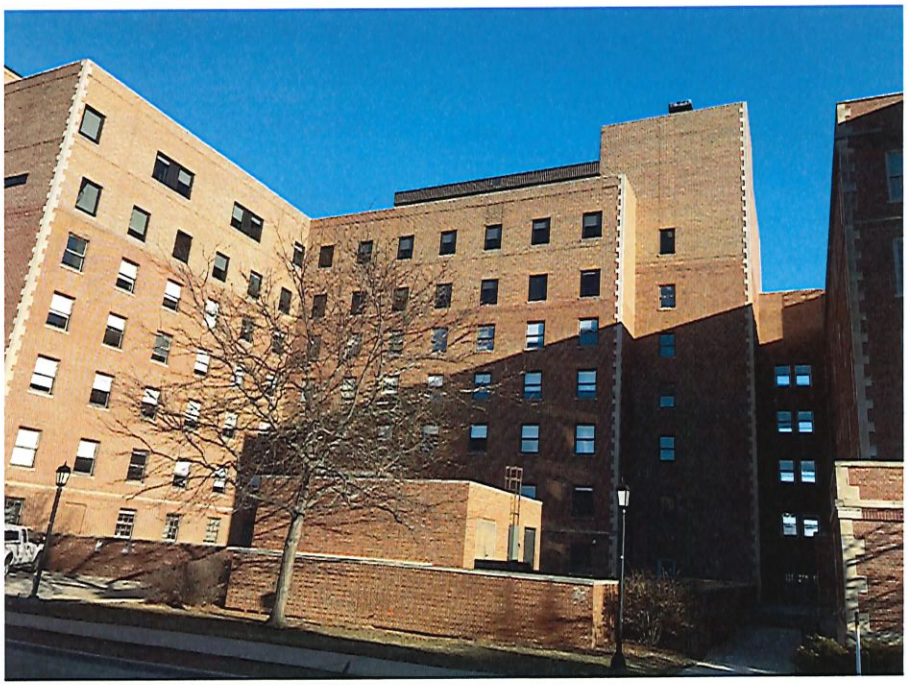
Aerial view of Columbia Hospital and College of Nursing circa 1956 (Unknown Source).

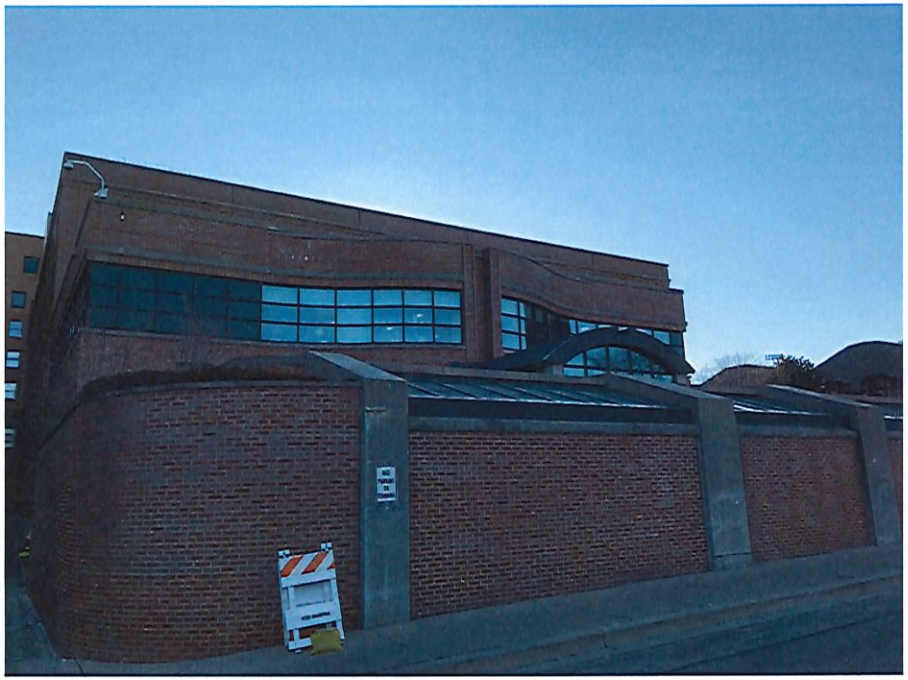


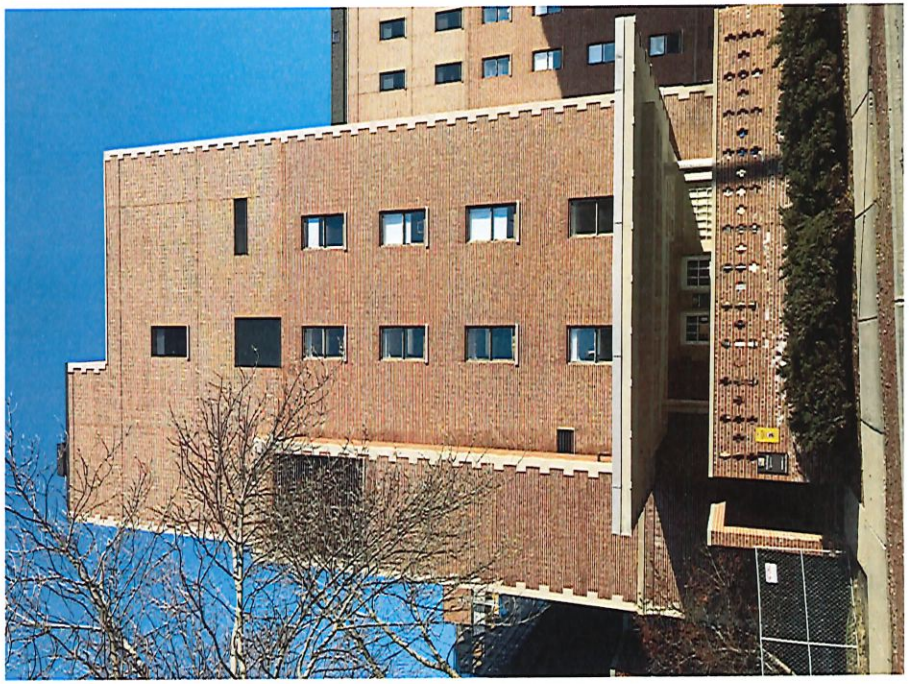
Columbia Hospital, Service Wing, and College of Nursing (Milwaukee Public Library circa 1923).

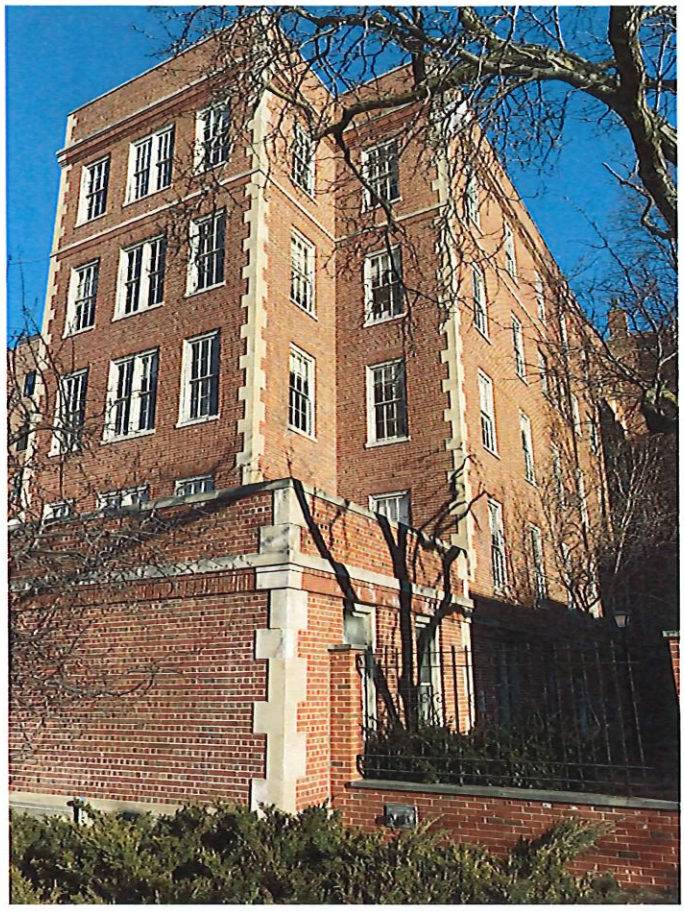
Columbia Hospital, looking northeast from East Hartford Avenue (Chicago ca. 1919).

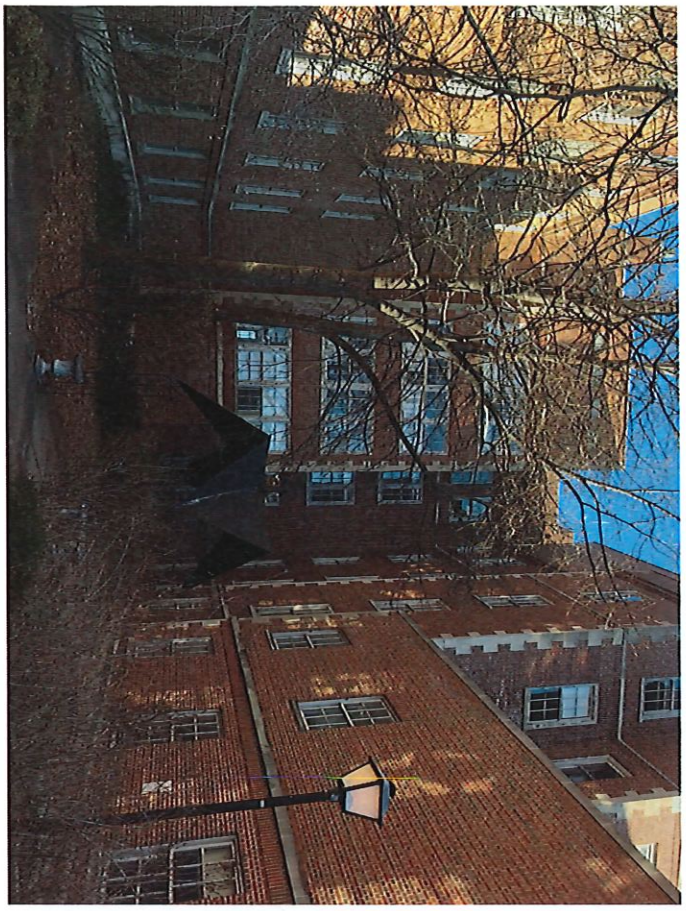


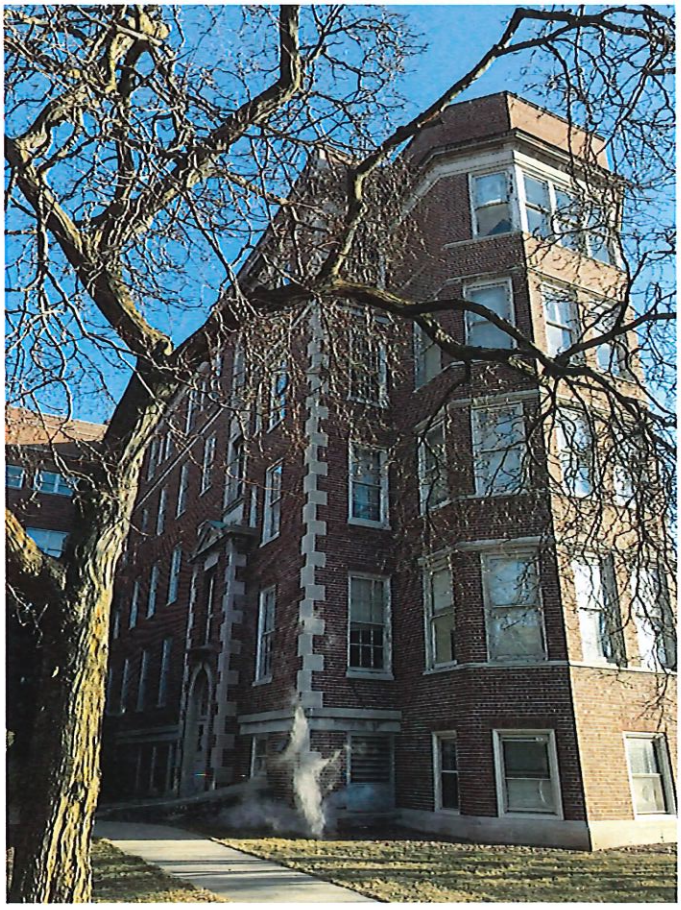












COLUMBIA HOSPITAL