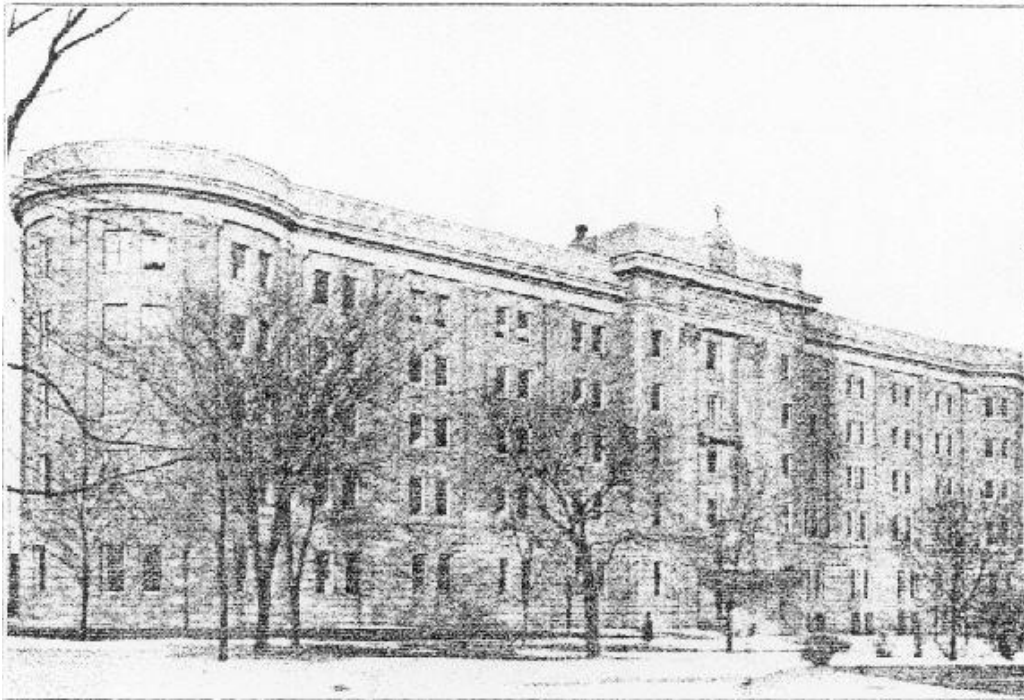


**FINAL
HISTORIC DESIGNATION
STUDY REPORT**



**ST. MARY'S HOSPITAL
1909.**

**ST. MARY'S HOSPITAL
2320 – 2388 N. LAKE DRIVE**

FINAL HISTORIC DESIGNATION STUDY REPORT

ST. MARY'S HOSPITAL

I. NAME

Historic: St. Mary's Hospital

Common: Same

II. LOCATION

2320-2388 N. Lake Drive

Tax Key Number: 318-0081-000

Legal description: Gilman's Subd. In SE ¼ SEC 15-7-22 Block 3 Lots 32 through 37-74-75 & SW 35.34' Lot 73 & that part of subd of SE ¼ of SW1/4 SEC 15 adj on SW land 99.63% exm, impr 99.63% exm

Note: This nomination only includes that part of the complex on which is located the hospital structure built 1908-1910

III. CLASSIFICATION

Structure

IV. OWNER

St. Mary's Hospital of Milwaukee
2323 N. Lake Drive
Milwaukee, WI 53211

NOMINATOR

Water Tower Landmark Trust

ALDERMANIC DISTRICT

Third Aldermanic District
Michael S. D'Amato, Alderman

V. YEAR BUILT

1908-1910¹

ARCHITECT:

¹ Milwaukee City Building Permit Number 1314, November 23, 1908

VI. PHYSICAL DESCRIPTION

St. Mary's Hospital is located on Milwaukee's East Side, at the intersection of Lake Drive and North Avenue. The easternmost portion of North Avenue terminates in front of the hospital at the top of a bluff overlooking Lake Michigan. To the west across Lake Drive is the 1970's portion of the St. Mary's complex and other benevolent institutions including the Protestant Home for the Aged and the Catholic Home. To the south is Water Tower Park, a public green space that has existed since the 1870's. Terrace Avenue forms the eastern boundary of the medical complex. To the north and northeast of the hospital and to the south of Water Tower Park are residential neighborhoods dating from the late 19th and early 20th centuries.

St. Mary's Hospital is a five story, L-plan or V-plan brick, stone and terra cotta building in the Beaux Arts Style. It has two prominent elevations, one along Lake Drive and the other along North Avenue. The latter forms the primary elevation and consists of a symmetrically arranged façade dominated by a center entrance pavilion that is flanked by long wings that terminate in bowed bays. The building is arranged according to traditional order with a prominent base, mid-section and entablature crowned with a parapet. The raised basement reads as a single story and is clad in Bedford stone and features thin, penciled rustication. To the east or right of the main entrance the sloping site reveals an additional row of shorter windows in the basement area. The four stories above are clad in tan brick. Stone or terra cotta is used for the entablature. Colossal four-story pilasters divide the façade into bays and windows are grouped in pairs within each bay. Ornamental detail is kept to a minimum. Windows are simple, rectangular one-over-one sash and accented with stone keystones and stone sills. Basement level windows have decorative iron grilles. The pilasters are terminated with inventive terra cotta capitals that feature egg and dart motif, a central floral rondel and a drop cluster of foliated/fruit forms. The entablature features dentils. In the classic Beaux Arts fashion, the facade culminates at the central projecting pavilion in which is located the main entrance and the most elaborate detail on the building. This center bay features stone quoins and two monumental four-story fluted columns with Corinthian capitals set in antis. Each column is paired with a pilaster of the same design. Between the columns are window openings framed in terra cotta. Two of the windows are crowned with cartouche framed with foliated ornamentation. The bay itself is crowned with an entablature more embellished than the rest of the building. It features a pedimented parapet with a scrolled cartouche in which is located the date 1909. Below in the entablature are the words "St. Mary's Hospital" flanked by two cartouche in which the dates 1848 and 1857 are located. The main entrance itself is located at the raised basement and approached by a broad flight of stairs with wing walls. The segmental arched entry is filled with modern glazing and a newer canopy and is surmounted by a pediment in which is located a large, scrolled cartouche with a cross. The cartouche is further embellished by foliated designs. Distinctive fluted, garlanded brackets support the pediment. Decorative iron columns support the canopy.

The Lake Drive elevation is a simpler version of the main façade. The same materials, window placement, colossal pilasters and entablature are carried through. The entrance on this elevation is marked by a semi-enclosed pedimented portico raised a few steps up from grade. The piers and sidewalls are clad in the same stone as the rest of the basement story and continue the pattern of rustication. At its north end, this Lake Drive elevation terminates in porches that have arched

² Ibid.

openings. The porches appear to have once extended along the entire north face of the wing but are now interrupted by a large tower-like structure.

Due to its trapezoidal setting and the elimination of the Terrace Avenue east wing during construction, the historic portion of the hospital terminates right behind the façade along Terrace Avenue. Connected onto the back of the bowed end bay by a passageway is the contemporary style wing from the 1950's.

The rear or northeast elevation is utilitarian in character and features rust/orange color brick and a cornice line that mimics, but is simpler than, the main elevations. Most prominent at this rear elevation is the projecting wing of the chapel with its polygonal end bay. Windows appear to be in their original locations and the fenestration pattern is not as regular as on the principal facades.

Alterations to the building appear to be minimal. The main North Avenue elevation remains intact with some modification to the entry bay. Historic photos show a cross crowning the center cartouche at the parapet and a small balcony above the third story window. These have been removed. Likewise, new glazing and canopy have been installed at the entrance. The parapet above the cornice line had been reduced in height as well. The Lake Drive elevation has seen little modification. One historic photograph shows a canopy extending out from the entrance portico. The end porches, once open, are now glazed in or bricked up and the new tower appears to have been added within the last 20 years. The rear elevation has fire escapes, a rebuilt base to the chapel, and a metal clad passageway/garage between the chapel and the tower.

VII. SIGNIFICANCE

St. Mary's Hospital is significant as the oldest extant building constructed for private hospital purposes in Milwaukee and represents a significant period of development for the institution, which has the distinction of being the oldest hospital in Milwaukee and the oldest non-military hospital in Wisconsin. St. Mary's building is one of the city's few examples of Beaux Arts Classicism, a style that was considered particularly suitable for institutional buildings within the ethos of the City Beautiful Movement and it was built at a time when grand city planning measures were beginning to be implemented in Milwaukee. It is also an important visual landmark on the city's east side, framing Water Tower Park, using materials, scale and elements that complement the surrounding residential neighborhood.

VIII. HISTORY

General Hospital Overview

Wisconsin's earliest hospitals were associated with the network of military posts created by the U.S. government in the upper Mississippi Valley following the War of 1812. They were established to protect the newly acquired territory from Indian attack. Three were located in Wisconsin: Fort Howard in Green Bay (1816), Fort Crawford in Prairie du Chien (1816) and Fort Winnebago in Portage (1828). Each had a hospital, an army surgeon, and perhaps one assistant. The medical staff treated accidental wounds, dysentery, malaria and the like. At times the staff would treat nearby civilians and occasionally, the doctors were allowed to engage in private practice on the side.³

³ Philip Shoemaker and Mary Van Hulle Jones, "From Infirmaries to Intensive Care: Hospitals in Wisconsin". Wisconsin Medicine, Historical Perspectives. Edited by Ronald L. Numbers and Judith Walzer Leavitt (Madison, Wisconsin: The University of Wisconsin Press, 1981), pp. 105-106.

When the Wisconsin frontier was secured in the mid-1830s, settlers arrived in large numbers and Milwaukee grew from a village of 1712 people to a bustling town of over 20,000 during the 1840's. An epidemic of smallpox in Milwaukee during 1843 led to municipal action to coordinate the identification and isolation of victims. A temporary Board of Health was created and a pest house was set up in a meager wooden structure that would barely have accommodated an average family. It was staffed by one medical student and located on the poorhouse farm at NorthPoint, away from the city's built up area. It did not provide ongoing care, but was pressed into service to isolate the contagious from the healthy. Municipal health care activity throughout the 19th century occurred only in response to crises and epidemics.⁴

In the late 1840's, the influx of German immigrants brought a number of excellently trained physicians to Milwaukee. The Germans had a well-deserved reputation for medical education in the 19th century. In addition to training doctors, they had also pioneered in the training of nurses with the establishment of one of Europe's early nursing schools, the Institute of Protestant Deaconesses at Kaiserworth on the Rhine near Dusseldorf. This program was in full operation by 1846 training nurses to care for patients at hospitals and orphanages. Some were even sent to the U.S. Florence Nightingale received her training at the Institute.⁵

From the late 1840's through the 1860's numerous medical associations and affiliations were established. Among them were the Medical Society of Milwaukee County (1846), the Society of German Physicians (1853), the Medico-Chirurgical Club (1851), and the Milwaukee Medical and Surgical Club (1869) forerunner of the Milwaukee Medical Society. The Milwaukee City Medical Association (1847) had both Yankee and Teutonic doctors as members and attempted to ensure high standards of professionalism in the field. Likewise, itinerant dental practitioners gave way to trained dentists after Dr. Robert J. Faries established his practice in 1844. The carnage of the Civil War led to the renewed public interest in advancing medical care and had left a legacy of trained army surgeons who returned to private practice after the war. The formation of medical associations led to greater dissemination of technical information and the development of standards for licensing hospitals, nurses and doctors and an emphasis on more ethical business practices.⁶

This tendency toward organization also led to state participation in the realm of health care. Enabling legislation passed in 1857 authorized Milwaukee to establish a permanent Board of Health, to replace its predecessor that had only functioned sporadically since the 1843 smallpox epidemic. This ultimately had a profound effect in the realm of health care and spurred such health related municipal services as waste treatment and garbage removal. Likewise, early legislation led to the establishment of the first state hospital for the insane at Lake Mendota in 1860. Legislation passed in 1848, but not implemented until the 1880's pioneered a program that decentralized the care of the mentally ill by paying counties to care for patients in county asylums rather than keeping them at the State Hospital. Milwaukee's County Hospital for the Insane was established in the late 1850's, rebuilt in 1866 and rebuilt again in 1880. Later State efforts involved the operation of tuberculosis sanitariums.⁷

⁴ Ibid., p. 106. John B. Gregory, ed., History of Milwaukee, Wisconsin (Milwaukee: S.J. Clarke Publishing Company, 1931), Vol. II, pp. 1135-1136.

⁵ Henry C. Friend, "The Founding of Milwaukee Hospital 1863," Historical Messenger, (June, 1964), pp. 46; Herman L. Fritschel, DD. The Story of Milwaukee Hospital. "The Passavant", During the Years 1863-1943, second printing, (Milwaukee: Milwaukee Hospital, 1945), p. 52; Bayard Still, Milwaukee The History of a City (Madison, Wisconsin: The State Historical Society of Wisconsin, 1948), p. 204.

⁶ Still, p. 205; Herbert W. Kuhm, "Dr. Robert J. Faries: Pioneer Milwaukee Dentist," Historical Messenger, xxxii (Spring, 1976), pp. 2-9.

⁷ Shoemaker, p. 152; Louis Frederick Frank, The Medical History of Milwaukee 1834-1914 (Milwaukee: Germania Publishing Co., [1915]), p. 152; Milwaukee Sentinel Index 1850-1880.

Milwaukee's first general hospital, St. John's Infirmary later St. Mary's (1848) and its second, the Passavant or Milwaukee Hospital (1863), now known as Sinai Samaritan, were typical of their day in that they were founded by religious or benevolent associations, and were basically custodial facilities, established as a place of refuge for the ailing poor and indigent. Although these hospitals had religious affiliations, care was extended to all regardless of creed and religious beliefs were not forced upon patients. The buildings tended to be constructed at remote or unpopulated areas due to fear of contagion and suspicion about the quality of care. Public feelings have always run high with regard to these institutions. When Passavant/Milwaukee Hospital began construction on a 125-bed facility in 1883, the new structure was destroyed by arson before completion. Although once located far from residential development the hospital was now in the midst of a residential construction boom. Area residents were suspected of setting the fire because they felt the hospital depreciated their property values and they were angered that the hospital blocked the extension of 22nd Street. The hospital ultimately rebuilt and provided health care through the 1980's.⁸

Hospitals were not established to be moneymaking businesses. Since few patients could pay for their care, operating costs came chiefly from private donations, endowments, and occasionally from the County or, more infrequently, the Federal government as in the case of St. Mary's subsidized treatment of sailors and soldiers. Charitable events, such as benefit entertainments and theatricals helped to raise necessary funds. The institutions could only afford to exist because of free labor. Nuns or deaconesses devoted their lives to the medical profession in exchange for little more than room and board. Often these early nurses acted as housekeepers and matrons as well so the need for extra personnel was kept to a minimum. Physicians attended patients on an informal gratuitous basis in addition to their own practice.⁹ The inspection and monitoring of health care facilities was carried out by review boards that made regular inspections. Prominent donors or respected businessmen would often make up part of the inspection team.¹⁰

Dramatic changes occurred in the field of institutionalized health care during the last two decades of the 19th century. From a total of six hospitals in Wisconsin in 1873 (three of which were in Milwaukee) the number boomed to 79 by 1900.¹¹ This was largely due to changing public attitudes towards health care and improvements in the field of medicine. The introduction of anesthetics and successful application of asepsis or antisepsis for example greatly improved the survival rate following surgery. This in turn generated more public confidence in hospitals. The reduced length of stay also made the prospects of hospitalization less formidable. The improved performance of doctors and nurses helped as well. By 1900 nurses and doctors were receiving formalized training.¹² Precarious hospital finances began to improve as more paying patients were admitted. There was a definite shift away from the care of poor and indigent patients by private hospitals. Charity patients were increasingly cared for by County institutions rather than in private general hospitals. What characterizes Milwaukee's hospital development for the most part is the emphasis on the general hospital concept. Specialization was left to State-sponsored asylums and sanitariums. Interestingly, those facilities that began as specialty institutions like the maternity center Misericordia Hospital (1908) or the Milwaukee Maternity Hospital (1914-18) either evolved into general hospitals or went out of business.¹³

The importance of nursing schools to the development of high quality health care in Milwaukee cannot be emphasized enough. Nurses' training was seen as a form of apprenticeship and was provided by each of the larger hospitals as part of its operations. This is not surprising when one considers that nurses also

⁸ Milwaukee Sentinel, August 15, 1883, page 4 column 2 and page 5 column 2.

⁹ Fritschel, pp. 52-53; Shoemaker, pp. 106-108.

¹⁰ Frank A. Flower, ed., History of Milwaukee, Wisconsin (Chicago: The Western Historical Company, 1881), p. 406.

¹¹ Shoemaker, p. 111.

¹² Fritschel, p. 50, 52; Shoemaker, p. 108, 111.

¹³ Fritschel, p. 50; Shoemaker, p. 108, 121.

made up the bulk of hospital personnel and had more patient contact than the physicians. Their training was seen as a vital component in health care. The nursing efforts of many American hospitals were inspired by Florence Nightingale's success in providing low cost medical care in England. The first nurses training programs started in the Northeast U.S. between 1871-73. By 1900 there were 432 such schools. In Wisconsin by 1943 there were 25 accredited nursing schools.¹⁴ St. Mary's started its nursing school in 1894, Madison General in 1902, and the Passavant/Milwaukee officially in 1903, although a formal training program had been ongoing since 1893. Training required either two or three years. These hospital-affiliated schools have, for the most part, disappeared. Universities such as UW-Milwaukee or vocational schools now provide the bulk of nurses training programs in Milwaukee.¹⁵

The twentieth century witnessed a veritable explosion in the number of hospitals. Between 1900 and 1975, the number of Wisconsin's hospitals tripled from 53 to 159, and the number of hospital beds increased nearly sevenfold from approximately 3500 to 23,500.¹⁶ On Milwaukee's West Side, for example, Passavant/Milwaukee Hospital had been the only medical facility for decades. Between 1908 and 1929 nine more hospitals were either established or moved into the area giving it the highest concentration of health care facilities in the city. On the East Side, St. Mary's was joined by Columbia Hospital, adjacent to today's UW-Milwaukee, in 1918. The advance of medical technology resulted in ever larger and more complex facilities. Early structures were relatively simple: large open wards for patients, rooms for the nursing staff and perhaps a special room for surgery. By the early 20th century this had radically changed. Hospital complexes needed space for private rooms, nurses' quarters, kitchens, laundries, and support facilities including operating and anesthetizing, x-ray, hydrotherapy and delivery rooms. Surgery and obstetrics replaced custodial care as a primary focus. As a result old structures were rebuilt or enlarged. Few of the hospitals were able to find enough space in their original structures and properties and the great era of institutional expansion into surrounding neighborhoods began. It has continued until the present day. Such expansion reached its peak in the decades following World War II. The rapid development of medical technology required sophisticated architectural planning. But starting with the Great Depression, patient revenues and endowments simply could not keep up with the expenses entailed in the acquisition and accommodation of the high tech equipment. Had it not been for the Hill-Burton Program, the advancement of medical care might have taken a different turn. The Federal government initiated the Hill-Burton Program following World War II in order to furnish hospitals with much-needed construction funds. These federal funds not only enabled hospitals to greatly increase their size, but they also introduced uniform Federal regulations that resulted in overall higher quality health care.

Escalating costs in the last two decades of the 20th century have led to dramatic changes in medical care and medical facilities. Health maintenance organizations, mergers, and national health systems groups have been created to keep costs manageable. Transformed from benevolent institutions relying on donations, hospitals and health care consortiums are now big businesses, handling thousands of employees, coordinating diverse clinics, hospitals and satellite operations. Hospital complexes have been transformed from quiet, restful places to city-like campuses with numerous buildings, noisy power plants, large parking ramps and the bustle of traffic and ambulances.

St. Mary's Hospital History

St. Mary's Hospital is the oldest continually operating institution on Milwaukee's east side and has been a presence there since 1858. Its predecessor, St. John's Infirmary, has the distinction of being the oldest non-military hospital in Wisconsin. It opened its doors to patients of all religious, ethnic, medical, and

¹⁴ Shoemaker, p. 123.

¹⁵ Fritschel, p. 55; Shoemaker, pp. 123-124.

¹⁶ Shoemaker, p. 118.

economic backgrounds on November 12, 1848. The hospital was established and run by the Sisters of Charity, also known as the Daughters of Charity, who had come to Milwaukee from their motherhouse in Maryland in August of 1846 at the request of Catholic Bishop Martin Henni.¹⁷ In those days Milwaukee was considered a mission outpost, a growing pioneer community much in need of the civilizing influences of governmental, health care, social service and religious institutions. The American Daughters of Charity had been founded by Mrs. Elizabeth Ann Seton at Emmitsburg, Maryland in 1809. The order grew and located in various states and all but one of groups became affiliated with the French Daughters of Charity in 1851. The French order dates back to 1633 and was known for its relief work, aiding the sick, homeless, aged and destitute. Bishop Henni had become familiar with American Daughters of Charity order during his tenure in Cincinnati. Elizabeth Ann Seton was later canonized a saint in 1975.¹⁸

Health care in the nineteenth century, as outlined above, was considerably different from what we know today. Hospitals tended to be facilities that cared for the indigent and poor. Sick individuals were commonly treated at home. For most of the middle and upper class residents, home care remained the norm until after the turn of the twentieth century. Those stricken with contagious diseases such as smallpox were sent to the pest house, less for care than to isolate the disease. A city-run pest house stood as early as 1843 on the 40-acre parcel at North Point on land set aside for a poor farm. It was not an ongoing medical facility, but was used in times of epidemics. By 1857 when it was referred to as the Almshouse Hospital, it was an old wooden building of insufficient size to accommodate the twenty to thirty persons housed there.¹⁹

The Sisters of Charity operated a small hospital in a house on Jefferson Street some time after their 1846 arrival and prior to 1848, but its exact location has not been established due to lack of complete records. In early 1848 the hospital was transferred to a two-story frame former school building at the southeast corner of Jackson and Wells Streets. On February 2, 1848, the Sisters advertised for donations of furniture and household goods to outfit their new premises, which they called St. John's Infirmary. Opened as a general hospital, not simply as a pest house, St. John's cared for all ill persons regardless of nationality, religious persuasion, or financial condition. An advertisement proclaimed that the hospital was opened for the sick on May 15, 1848. Upon request from the Sisters, the Milwaukee City Medical Association appointed twelve of its members to respond to calls for charity cases at the hospital. The nuns themselves ministered to the sick or else patients contracted with their own physicians for consultation. Being the only hospital in Milwaukee, the City paid for the care of some indigent persons and for the boarding of insane persons and stricken immigrants. The County also paid the Sisters to care for those on the county relief roll who were ill. These funds constituted the hospital's main source of income in the early years.²⁰

In 1854 area residents expressed some opposition to the hospital because they feared contagion from the cholera, typhus, and smallpox patients cared for by the Sisters and the residents did not like witnessing the sick and the dead being carried in and out of the facility. Whether prompted by these complaints or not, St. John's Infirmary moved to a new structure a short distance away on the east side of Jefferson Street near State Street. The building had formerly been used as the Bishop's residence and later as a boy's academy. The nuns maintained these temporary premises from 1855 to 1858.²¹

News items in August of 1856 promoted the idea of the city donating land for a hospital to be run by the Sisters of Charity. This coincided with reports of a city hospital being located in the vicinity of Prospect, Farwell and Ogden Avenues and with talks about using the city's 40-acre poorhouse farm site for

¹⁷ Peter Leo Johnson, Daughters of Charity in Milwaukee 1846-1946 (Milwaukee: Daughters of Charity, 1946), p. 8.

¹⁸ Ibid., pp. vii, 4-7.

¹⁹ Ibid., pp. 30-31.

²⁰ Ibid., pp. 36-43, 52.

²¹ Ibid., pp. 58, 61-62.

benevolent purposes since Milwaukee County took over the poorhouse and farm and relocated the operation to its grounds in Wauwatosa. By late August a committee acting for the Sisters began to solicit and receive monetary subscriptions for the project. In a little over a month, citizens had contributed \$7,000. A petition was presented to the city's Common Council on September 15, 1856, recommending donation of up to three acres of the Poorhouse Farm to be used for hospital purposes. The Common Council approved the transfer of land on October 28, 1856, and ratified it on January 10, 1857 with the provision that the land would revert to the city if its use as a hospital by the Sisters of Charity would cease. By this time plans had been drawn up by local architect John Dillenberg. By the end of May 1857, pledges amounted to nearly \$9,500, about half of the estimated cost of a new building. Contributors included many of Milwaukee's prominent citizens including C. D. Cooke, William Cramer, Hans Crocker, Byron Kilbourn, J.B. Martin, Alexander Mitchell, Rufus King, William Pitt Lynde, Marshall and Ilsley, Bradley and Metcalf and Guido Pfister. An additional seven-tenths of an acre was deeded to the hospital on November 26, 1860, but it was later taken back by the city for the extension of Terrace Avenue.²²

While fundraising continued, construction of the new hospital began in the spring of 1857, and the cornerstone was laid on May 11, 1857. The original plans called for a multi-phased building that would ultimately be large enough to house 650 patients. Phase one would accommodate 132 patients. The Financial Panic of 1857 made many of the pledged contributions uncollectable, however, and the actual building was constructed on a much smaller scale than originally planned. The Sisters occupied the new hospital, now called St. Mary's, on November 24, 1858. On that date, Bishop Henni blessed the hospital chapel. The Daughters of Charity had decided to rename the hospital because of its new location away from St. John's Cathedral.²³ The new, three-story structure was quite a contrast to the makeshift quarters previously occupied by the nuns. As promised by the select committee that worked to obtain funding and land, the building was "ornamental in its exterior" and sat on an elevated basement story and had a central projecting pavilion 53-foot high with a mansard roof and cupola and flanking wings that were 45-foot high. It was constructed of common or unpressed brick. The hospital's main façade faced east toward Lake Michigan. The 82-foot by 53-foot building held nine wardrooms, ten private rooms, parlors, offices and rooms for the Sisters and domestics. In the basement were located the kitchen, laundry, hot air furnaces and dining room. Baths and water closets were located on each floor and a wardroom on the second floor housed the chapel. It is thought that the Sisters' rooms were located on the second floor and surgical rooms on the third. In 1868 the hot air furnaces were replaced by radiators. Bed capacity was fifty-five but generally, occupancy at the hospital averaged only about forty patients in those years.²⁴ The grounds were designed by Sister Ryder and included many trees, shrubs, vegetable gardens and flowers and also included outhouses and barns for horses and a few cows. St. Mary's formally incorporated in 1859 and its expansion was in keeping with developments by the daughters of Charity elsewhere in the country. By the late 1850's the Daughters of Charity had established major private hospitals in Baltimore, Philadelphia, Cincinnati, Louisville, St. Louis and New Orleans in addition to Milwaukee.²⁵ St. Mary's was definitely the most modern medical facility in the city at the time of its completion and attracted some of the areas most prominent physicians and surgeons including Dr. E. B. Wolcott who performed the first kidney removal in modern medical history. St. Mary's remote location, however, probably accounted for the low number of patients in the early years. It was in the vicinity of the popular Lueddeman's Picnic Ground (1854), now part of Lake Park, and the Light House (1855), however, and quickly become a landmark with groups traveling to these destinations. Although Lockwood's Addition to the south of the hospital was platted for development in 1855, very few residences were built before the late 1890's.

²² *Ibid.*, pp. 70-78, 209.

²³ Brenda W. Quinn and Ellen D. Langill, *Caring for Milwaukee. The Daughters of Charity at St. Mary's Hospital* (Milwaukee, Wisconsin: Milwaukee Publishing Group, [1998]), p. 33.

²⁴ Johnson, pp. 78-81, 83.

²⁵ Quinn, pp. 33-38.

Due to the proximity of Camp Reno/Siegel along Prospect Avenue during the Civil War, St. Mary's treated many sick soldiers who were quartered at the camp. Since St. Mary's was the only private hospital in the state during the first two years of the Civil War, the state government also paid the hospital for the care of the returning sick and wounded soldiers for the period 1861-1863. The State likewise paid for the care of local paupers and the Federal government paid for the medical care of sailors and seamen. Despite these subsidies, however, the hospital frequently operated at a deficit due to the number of charity cases it treated and the construction debt of \$11,000.²⁶

The area around St. Mary's began to change by the 1870's. Gilman's Subdivision of Lockwood's Addition was platted in 1876 although improvements and construction of houses did not occur until the late 19th and early 20th centuries. The construction of the Milwaukee Water Works would forever mark the North Point area as a special place. Built to provide a public water supply, the Gothic Revival style pumping works at the foot of the bluff to the south of St. Mary's drew in water from Lake Michigan. The Gothic Revival Water Tower at the top of the bluff helped to equalize pressure in the system, as water would be pumped westward to the reservoir in today's Kilbourn/Reservoir Park. Construction on the pumping works began in September 1871 and the Water Tower was completed in 1874. The buildings were intended to be highly embellished as a symbol of municipal accomplishment and the grounds around the tower were open to the public. Eventually more lakebed land was filled in around the pumping works to create McKinley Park/Beach and it became a popular spot from which the public could enjoy Lake Michigan.

The decade of the 1880's saw many changes and advancements in medical care and the public's perceptions of hospitals shifted as more middle class patients found help there. St. Mary's patients doubled in number and the technology of medicine was rapidly changing. More room was needed at the hospital. On August 3, 1888 a permit was taken out to construct a four-story, 61-foot by 64-foot addition to the south of the existing building. The new wing, designed by prominent local architects Crane & Barkhausen, was Queen Anne in style with a number of bays and a mansard roof.²⁷ The new wing, which was blessed by Archbishop Hess on March 8, 1889, doubled the hospital's capacity. Although the nuns could not afford to build a north wing addition at the same time, they did have the foundations for the wing constructed, hoping to expand in the near future.²⁸

The rapid advancement of medical technology in the 1880's and 1890's prompted St. Mary's to professionalize its services. In 1894 it established the St. Mary's School of Nursing and in 1899 hired a permanent medical and surgical staff. This staff was headed up by Dr. Solon Marks who was chief surgeon and medical advisor, and also included four attending doctors and eleven members who were considered visiting staff.²⁹ Under the superintendence of Sister Loretta Vaughn, students of the nursing school were taught academics by the Sisters and learned medicine through assisting patients and attending lectures by physicians who either worked at the hospital or taught in medical schools. By 1903 admission to the nursing school depended upon completion of a common school education. The program consisted of training in medical nursing, surgical nursing, obstetrics, and pediatrics along with a thorough background in domestic economy. By 1905 the school had its own library. In 1912 the program was officially incorporated under the name St. Mary's Training School for Nurses and met the state standards for accreditation. Between 1895 and 1944 some 3,492 students attended the nursing school. The school remained in operation until it closed in 1969, superceded by the UW-Milwaukee School of Nursing. Changes in accreditation and requirements for a baccalaureate degree led to the closing of private nursing

²⁶ Johnson, pp. 79, 83-84, 90.

²⁷ Milwaukee City Building Permit dated August 3, 1888.

²⁸ Johnson, p. 82.

²⁹ Quinn, p.51.

schools and the establishment of nursing programs at universities and technical schools during the 1960's.³⁰

Improved medical and surgical techniques and practices necessitated physical expansion at St. Mary's once again, but plans to add a north wing were scrapped in favor of constructing a completely new facility. The old building was considered too antiquated and difficult to repair. Efforts to build in the 1890's, however, were stymied by the generally unstable financial conditions of the time. Plans were somewhat complicated by a ten-year dispute over the city taking back the seven-tenths of an acre for the opening of Terrace Avenue and awarding damages. There was also a matter of getting the city to quit claim the property to the nuns. The original warranty deed prevented the land from being used as collateral for obtaining money, a provision that hampered the nuns from borrowing money for needed expansion. Despite some fears that the Sisters would sell the land and relocate the hospital, the Common Council voted to deed the property over to the nuns on December 4, 1899.³¹

By 1907 the nuns had gotten Chicago architect Richard E. Smith to draw up plans for a new \$200,000 facility. The 150-patient hospital was to include fifty private rooms and a verandah facing Lake Michigan. But by the time a loan was finally secured for the new construction, the Sisters of Charity had decided to build an even larger building and commissioned the firm of Esenwein & Johnson from Buffalo, New York, to design a \$500,000 facility. The permit was taken out on November 23, 1908, and the cornerstone was laid on May 9, 1909. The new structure was built to the south and west of the old building, which allowed services to continue in the latter. As a result of this squeeze toward the intersection of East North Avenue and Lake Drive, the building was given two principal facades, one on each of those thoroughfares. Rather than site the entrance on Lake Drive across from St. Rose's Orphanage, also run by the Daughters of Charity, the main entrance was located in the south wing in a projecting central pavilion that featured a highly ornamental portal surmounted by colossal four-story columns, and an ornamental entablature and parapet. The choice of the entrance was probably a conscious decision to be sited on the well-maintained Water Tower Park, a municipal green space and popular public park. Patients were moved into the new building on June 28, 1910, and the old building was then razed.³²

The new tan brick and Bedford limestone hospital building, designed in the Beaux Arts style, had a capacity of 200 beds. It was intended to add an east wing that would have housed an additional 200 beds but that never materialized. Whereas the old hospital was tended by five to six nuns, the new facility required an average of twenty Sisters for its operation, chiefly in a supervisory capacity. The new building had operating rooms on the fifth floor, a maternity ward on the fourth floor, an outpatient department on the first floor, accommodations for nursing students and facilities for diagnosis.³³ A separate boiler house, kitchen and laundry facility was built at the same time, at a cost of \$35,000 and likewise designed by Esenwein & Johnson. The need for increased support for this larger operation led to the formation of the Woman's Auxiliary Guild in 1909 and its incorporation in 1910. The Guild assisted in providing garments, medical supplies, equipment and money for St. Mary's. Fundraising activities were later carried out by the St. Mary's Hospital Guild (1952) and the St. Mary's Foundation (1978).³⁴

The growth of the nursing school eventually led to separate quarters. Temporary housing for about 24 students was provided through the purchase of a house at the north end of the grounds in 1924. A new state of the art nursing school building followed and permits were taken out on August 13, 1927. The four-story building with its fifth floor penthouse was designed by the firm of O'Meara and Hills in a

³⁰ *Ibid.*, p. 83; Johnson, pp. 105-107.

³¹ Johnson, pp. 75-77.

³² Milwaukee City Building Permit number 1314, 2300-2398 N. Lake Drive; Johnson, pp. 111-114.

³³ Johnson, pp. 105, 114-118; Milwaukee City Building Permit number 1495, 2300-2398 N. Lake Drive.

³⁴ Quinn, pp. 74, 104.

simplified Mediterranean style and was located to the north of the main hospital with its main façade fronting on Lake Drive. Called Seton Hall, the \$300,000 building was completed at the end of October 1928 and featured living quarters, classrooms, dining and recreation areas and was connected to the hospital by an underground passageway. The Sky Room on the top floor was a popular spot from which to view the city and Lake Michigan.³⁵ This building was later re-named Grueninger Hall.

These two structures continued to serve St. Mary's well into the 1950's by which time medical specialization had escalated and medical emphasis was being placed on maternity and pediatrics rather than custodial care. Throughout this period St. Mary's was operating at 95 to 100% capacity and admitting more than 10,000 patients annually.³⁶ An addition to the hospital was eventually constructed along Terrace Avenue between 1957 and 1959. The \$1,500,000 wing was designed by the firm of Maguolo and Quick of St. Louis, Missouri, and was of contemporary style. It was connected to the 1909 building by a short hyphen and was dedicated on June 6, 1959.

St. Mary's major expansion occurred in the 1960's-1970's when it acquired the approximately eight-acre site once occupied by the Wisconsin Industrial School for Girls and the Workshop for the Blind. The hospital had used the site for a surface parking lot for a number of years. St. Rose's Home for Girls, directly across the street from the hospital, turned its site over to the hospital as well as state laws governing the care of orphans resulted in the closure of traditional orphanages. St. Rose's had been established by the same order of nuns and had been on this site since 1861. With this large parcel now under its control, St. Mary's began the construction of new facilities. In March of 1973 a variance was granted to construct buildings on the west side of Lake Drive. Construction began on the hospital, the professional tower, and two parking buildings. The unique, eight-story hospital building was under construction from late 1973 through the spring of 1976. Architects Bertrand Goldberg and Associates designed the two bottom stories to house a cafeteria, kitchen, pharmacy, storage, emergency admission area, nuclear medicine area, and laboratories. These lower stories are encompassed in a rectangular, virtually windowless structure. The six patient floors, in contrast, are contained in four undulating, lobed pods, which rise vertically on piers from above the two-story base. Problems with the curvilinear, pre-cast concrete forms slowed construction as bolt failure led a number of the panels to fall off the buildings. The city's Building Inspection Department (now known as Neighborhood Services) approved occupancy of the \$19,500,000 building in 1976. The 300-bed acute care facility became known as St. Mary's Hospital or the west facility and also housed the Todd Wehr Diagnostic Center. Work on the ten-story professional office building, Seton Tower, addressed at 2315 North Lake Drive, began in 1975 and was completed in 1977. The \$3,624,000 tower was designed by the Pearie Corporation and consists of a two-story concrete base surmounted by eight stories of reflective glass. A parking ramp adjoins the tower to the west. A second parking ramp, for 580 cars, addressed at 2415 North Lake Drive, was completed in 1984. A large power plant is located adjacent to this latter ramp.³⁷

St. Mary's Hospital continues to serve as a general hospital but is also well known for its areas of specialization, some of which were among the earliest in the country: regional burn center (established in 1959), cancer diagnostic and treatment center (1965), cardiac care unit (1968), cancer center (1981), St. Mary's Hospice (1980), laser center (1983, one of the first in the country), flight for life (1984), Parkinson Center, and its cardiovascular services and OB-GYN clinic. In 1986 it was the first hospital to fly medically related laser experiments aboard the NASA space shuttle in Project Julie. In 1988 St. Mary's

³⁵ Milwaukee City Building Permit 2300-2398 N. Lake Drive dated August 13, 1927; St. Mary's School of Nursing, Milwaukee, St. Mary's School of Nursing, formerly Saint Mary's Training School for Nurses, 1894-1969 (Milwaukee, [1969]), p.20.

³⁶ Quinn, p. 74.

³⁷ Quinn, p. 95; Milwaukee City Building Permit dated November 8, 1973, January 17, 1975 and June 19, 1975 under 2321-2361 N. Lake Drive.

took over St. Ben's Clinic after the closing of St. Anthony Hospital. The clinic is located adjacent to St. Benedict the Moor Roman Catholic Church at 9th and State Streets. From 1977 to 1991 St. Mary's took over the operations of St. Mary's Hill Hospital, a residential psychiatric care center originated by the School Sisters of St. Francis on the south side. St. Mary's Hill was located in the 1950's wing and was addressed at 2350 N. Lake Drive. It was closed when St. Mary's established its Comprehensive Counseling Services.³⁸

New services listed above as well as other changes in the delivery of medical treatment have led to changing functions within the hospital complex. St. Mary's nursing program ended in 1969 and the Northpoint Medical Group now occupies the former nursing school building at 2388 North Lake Drive. In 1994 the Northpoint Medical Clinics changed their name to St. Mary's Medical Clinics.³⁹ The 1950's wing once occupied by St. Mary's Hill Hospital is now the home of the Sacred Heart Rehabilitation Institute, also formerly run by the School Sisters of St. Francis and previously located on South Layton Boulevard. Sacred Heart was acquired by St. Mary's in 1995. Current signage now indicates that the 1909 historic east building houses cardiac rehabilitation, dialysis, family practice, the OB-GYN Clinic, the GYN Oncology Associates and the Sports Medicine center.

Hospital expansion occurred once again during the 1990's, with a 61,000 square foot addition to the west facility and new construction outside the city of Milwaukee. St. Mary's Hospital-Ozaukee joined the Daughters of Charity National Health system in 1985 and built a large new hospital on Port Washington Road in Mequon that was dedicated on April 10, 1994.

By 1990 the Daughters of Charity National Health System, that included St. Mary's Hospitals and the Seton Health Corporation, was the largest not-for-profit health system in the United States and the fourth largest in the world.⁴⁰ In 1994 St. Mary's joined Horizon Health care, a health care network that includes Kenosha Hospital and Medical Center, Froedtert Hospital, Community Memorial Hospital in Menomonee Falls and Memorial Hospital at Oconomowoc. In 1995 St. Mary's formed a joint operating agreement with the east side's other medical complex, Columbia Hospital, located less than two miles away. The new venture is known as Columbia-St. Mary's Inc. and runs both hospitals as well as the Sacred Heart Rehabilitation Institute and the St. Mary's-Ozaukee Hospital in Mequon. It remains part of Horizon Health Care Inc., a network of hospitals and physicians' groups. Columbia-St. Mary's Inc. has 800 to 1,000 doctors on its medical staff and employs about 5,000 people. The buildings and grounds of the two campuses total about two million square feet.⁴¹ The new venture opened discussion on the possible closure of one or the other medical complex. A 1999 study completed by Space Diagnostics Inc. about whether or not to consolidate the two institutions onto one site concluded that all the services and functions as well as parking and professional office space could not be handled on one site alone and that various services should be consolidated at the two locations.⁴² Recent announcements by the hospital indicate a change in focus away from the above recommendation. The Milwaukee Journal Sentinel reported in May, 2002 that Columbia-St. Mary's would consolidate all of its operations at the current St. Mary's campus, which will entail demolition of all existing structures and construction of a new 350-bed hospital.⁴³ It is this announcement that prompted Water Tower Landmark Trust to nominate St. Mary's Hospital.

The Architect

³⁸ Quinn, pp. 93-102.

³⁹ St. Mary's Hospital, Annual Report, 1994-1995, undated page.

⁴⁰ St. Mary's Hospital, Images, newsletter, Summer, 1990.

⁴¹ Julie Schneider, "Columbia, St. Mary's may close one campus," he Business Journal, October 16, 1998, p. 1.

⁴² Julie Schneider, "East side hospitals to consolidate services, programs," The Business Journal, March 12, 1999, p. 4.

⁴³ Joe Manning, "Columbia/St. Mary's likes lake," Milwaukee Journal Sentinel, Tuesday, May 21, 2002.

The firm of Esenwein & Johnson was notable in Buffalo, New York. August C. Esenwein (1856-1926) was born and educated in Germany and studied architecture at the Polytechnic Institute in Stuttgart. He later worked as a draftsman in Paris before coming to the U.S. in about 1880. Esenwein settled in Buffalo, New York and worked for a local architect there and as a civil engineer for the Delaware, Lackawanna and Western Railroad before winning a prize for his design for the Music Hall and establishing his own practice. He is known for designing the Buffalo Public Library, the Statler Hotel, the old Iroquois Hotel and the Museum of Natural Science while in independent practice. In 1898 Esenwein formed a partnership with James A. Johnson that lasted until Esenwein's death on June 29, 1926. The partnership produced many fine buildings in Buffalo and its vicinity including the Gluck Office Building, the General Electric Building (1912, now known as the Niagara Mohawk Building), the Hotel Touraine (1901, addition 1923) and Lafayette High School (1903). Recent scholarship on the firm indicates that they also designed several hospital buildings in the Buffalo area. Esenwein was a member of the Buffalo Chapter of the American Institute of Architects and was elected a Fellow of the Institute in 1916.⁴⁴

James Addison Johnson (1865-1939) was born in Brewerton, New York, educated in the public schools in Syracuse and worked as a student in the Buffalo offices of Marlin & Burdette. Johnson subsequently acquired additional training in New York City and worked for the prestigious firm of McKim, Mead & White. After Johnson returned to Buffalo, he practiced with James H. Marling until the latter's death in 1895. Johnson worked on his own before partnering with August Esenwein in 1898. Following Esenwein's death in 1926, Johnson worked on his own once again and then formed a partnership with B.F. Kelley from 1931 through 1939. While in independent practice, Johnson is credited with the design of the United Office Building at Niagara Falls, New York; buildings in connection with the Buffalo and Port Erie Peace Bridge, an office building for Schoellkopf, Hutton & Pomeroy; and the reconstruction of Old Fort Niagara.⁴⁵

St. Mary's is the only known commission by Esenwein & Johnson in Milwaukee. It is not known how they received the commission for the hospital project, especially since the Daughters of Charity had previously gone to a Chicago architect when first contemplating the construction of a new facility. Esenwein and Johnson were well known for a number of projects in Buffalo and the surrounding area and had experience with large-scale projects. Martin Wachadlo, who is doing research on Esenwein & Johnson for the University of Virginia, has indicated that the firm is known to have designed the Gowanda State Homeopathic Hospital south of Buffalo between 1896 and 1912, as well as the Providence Retreat Hospital for the Sisters of Mercy in Buffalo around 1905-1908. The latter was a Neoclassical style building of red brick and white terra cotta, now unfortunately encapsulated by decades of later additions. Wachadlo indicated that they also designed a building for the State Hospital at Utica, New York and a building for a convent complex in Troy, New York. The architects were, therefore, adept at designing buildings that had complex technical programs. Future research will show if there was some business connection or referral from some religious order that might explain the Milwaukee commission. Interestingly, although there were very talented architectural firms in Milwaukee who could have taken on the design of St. Mary's, it would be at least four to seven years before any new hospital buildings or additions would be made to other health care institutions in Milwaukee. And it would not be until the 1920's that any structure the scale of St. Mary's would be constructed. The daughters of Charity in Milwaukee probably wanted an architectural firm that already had a proven track record in hospital design⁴⁶

⁴⁴ Henry F. Withey and Elsie Rathburn Withey, *Biographical Dictionary of American Architects* (Los Angeles: New Age Publishing Co., [1956]), p. 199-200; Chris Szczyzny-Adams, Interview with Carlen Hatala, July 23, 2002; Buffalo as an Architectural Museum, M. Wile Factory p. 3.

⁴⁵ Withey and Withey, p. 325.

⁴⁶ Martin Wachadlo, e-mail to Chris Szczyzny-Adams, July 24, 2002.

Esenwein & Johnson are one of the few architectural firms listed in the current Buffalo as an Architectural Museum web site and twelve of their projects are shown.⁴⁷ In a related web site, American Memory, Touring Turn-of-the-Century America: Photographs from the Detroit Publishing Company, 1880-1920, three of the firm's early projects are depicted. They were also published in the March and April 1907 issues of American Architect and Building News and in the February 1913 issue of Architectural Record. These images show that the firm was well versed in a variety of architectural styles from Romanesque (Hotel Iroquois, Buffalo Public Library) to Sullivanesque (Hotel Statler), to Commercial Style (General Electric Building 1912) to Classical Revival (Clarence L. Bryant House 1899, Buffalo Museum of Science 1929) to Arts and Crafts (E. M. Statler House), Colonial Revival (142 Bidwell Parkway) and English Revival (Bidwell Parkway doublehouses). An unusual commission was the Calumet Building built in 1906 on Chippewa Street in Buffalo. The vibrant terra cotta cladding is cream and burnt sienna in color and has foliated forms throughout. A cartouche with the street address is positioned above the main door, and like St. Mary's, is embellished with foliated branches. The same kind of cartouche is found in their highly eclectic Lafayette High School from 1903, a building that incorporates other Beaux Arts features as well. The embellished cartouche may have been a signature element of the firm's designs in the early 20th century. Esenwein & Johnson kept abreast of the newest technology in construction and even designed industrial buildings. Their Wile Building from 1924 was an important example of the so-called Daylight Factory, a type of construction that features exposed reinforced concrete framing and an exterior of brick and steel sash windows filling in the bays between the concrete piers. Other industrial buildings include the Hydraulic Power Building at Niagara Falls for "Electricity Baron" Jacob Schoelkopf and several buildings at the Pierce Arrow Car Factory complex.⁴⁸ A number of buildings by Esenwein & Johnson have historic designation. Listed in the National Register of Historic Places are the M. Wile Factory, Lafayette High School, and the former Masten Park High School now City Honors High School and locally designated under Buffalo's ordinance are the General Electric Building now the Niagara-Mohawk Power Building and the Curtiss House.⁴⁹

Esenwein & Johnson's design of St. Mary's is in keeping with their broad range of work and shows their skill and ability in handling the Beaux Arts style. This style was particularly suited to the grand civic schemes of the City Beautiful movement, which was occurring throughout the country and Milwaukee at the time. Classicism, as interpreted through French design, conveyed the sense of power, orderliness, monumentality and rationalism that formed part of the progressivism of the day. James Addison Johnson in particular would have been exposed to many projects in the style during his tenure with McKim, Mead and White. The symmetrical treatment of the two elevations, the use of a raised basement story, bowed end bays, colossal four story pilasters, penciled rustication and ornamental cartouche all culminating at the central entrance speak to the style although it is not as elaborate as some examples. Budgetary constraints and the humanitarian purpose of the building probably led the architects to design a more restrained form of the style. St. Mary's has simple cornices and a combination of brick, Bedford stone and terracotta rather than all stone and the ornamental detail is concentrated at the main entrance pavilion and the capitals of the pilasters.

The Beaux Arts style is not well represented in Milwaukee but the few examples are striking. The Central Library, designed by the firm of Ferry & Clas, is our most notable example. Others include the Second Ward Savings Bank (now the County Historic Society), and the George Koch House at 3209 W. Highland Blvd. The Wisconsin Telephone Company at 735 N. 5th Street, another important example, has been razed for the new convention center. St. Mary's Hospital is a fine example of the Beaux Arts style and shows that the Daughters of Charity were enlightened clients who allowed their architects to design the hospital

⁴⁷ Buffalo as an Architectural Museum, <http://bfm.org/preservationworks/bam/archs/e&j>

⁴⁸ Buffalo as an Architectural Museum, M. Wile Factory.

⁴⁹ Ibid.

in a style that was considered the most forward looking of its time. They also allowed their architects to consciously site the building to best advantage by placing the main façade along Water Tower Park, much in way prominent buildings were sited in the monumental squares of Buffalo. The period of popularity for the Beaux Arts style was relatively brief in Milwaukee. A more straightforward classicism and commercial style soon prevailed in public and commercial buildings and later hospital buildings and additions in Milwaukee tended to be designed in the popular Georgian Revival or Colonial Revival mode.

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IX. STAFF RECOMMENDATION

Staff recommends that St. Mary's Hospital at 2320-2388 N. Lake Drive be given historic designation as a City of Milwaukee Historic Structure as a result of its fulfillment of criteria e-1, e-3, e-5, and e-9 of the Historic Preservation Ordinance, Section 308-81(2)(e) of the Milwaukee Code of Ordinances.

- e-1. Its exemplification of the development of the cultural, economic, social or historic heritage of the City of Milwaukee, State of Wisconsin or of the United States.

St. Mary's Hospital is the oldest extant building constructed for private hospital purposes in Milwaukee and was the earliest and largest of the new wave of hospital construction in the early 20th century that reflected and responded to the growing specialization in the medical field. It exemplifies the shift away from the custodial care of the poor and indigent to the emphasis on new technology, procedures, surgery and in-patient care.

- e-3. Is identified with a person or persons who significantly contributed to the culture and development of the City of Milwaukee.

The Daughters of Charity were the earliest group to establish faith based benevolent institutions in Milwaukee. Their influence was felt not only in the realm of health care but also in the care of orphaned girls (St. Rose's Orphanage) and infants and unwed mothers (St. Vincent's Home). Their substantial buildings were visual landmarks in the community. St. Vincent's Home still stands and is listed in the National Register of Historic Places. All of the buildings associated with St. Rose's Orphanage have been razed.

- e-5. Its embodiment of the distinguishing characteristics of an architectural type or specimen.

St. Mary's Hospital is a fine example of the Beaux Arts Style. Few examples were built in Milwaukee and include the Central Library, the George Koch House, and the Second Ward Savings Bank now the Milwaukee County Historical Center. The style was developed by the French and represented a sculptural, ornamental form of classicism with giant colonnades, raised rusticated bases and exuberant ornamentation that culminated at a central entrance bay. St. Mary's was in the forefront of design at the time it was constructed.

- e-6. Its identification as the work of an artist, architect, interior designer, craftsperson or master builder whose individual works have influenced the development of the City of Milwaukee, State of Wisconsin or of the United States.

Esenwein & Johnson were prominent architects who shaped the commercial, public and residential architecture of Buffalo, New York and upstate New York. A number of their buildings are listed in the National Register of Historic Places and are locally designated in Buffalo, New York. Their work on St. Mary's set the tone for future hospital development in Milwaukee.

- e-9. Its unique location as a singular physical characteristic which represents an established and familiar visual feature of a neighborhood, community or the city of Milwaukee.

St. Mary's Hospital is one of the prominent visual landmarks on the city's east side, lakefront area. Built on an irregular, trapezoidal site, the building takes advantage of Water Tower Park across the street and frames the green space to create an important viewshed that links the residential neighborhoods of North Point North and North Point South, both of which are locally designated and National Register listed.



ST. MARY'S HOSPITAL
2320 - 2388 N. LAKE DRIVE

X. PRESERVATION GUIDELINES

The following preservation guidelines represent the principal concerns of the Historic Preservation Commission regarding this historic designation. However, the Commission reserves the right to make final decisions based upon particular design submissions. Nothing in these guidelines shall be construed to prevent ordinary maintenance or the restoration and/or replacement of documented original elements.

A. Roofs

Retain the roof shape. Skylights or dormers are discouraged but may be added to roof surfaces if they are not visible from the street or public right of way. Avoid making changes to the roof shape that would alter the building height, roofline or pitch. If replacement is necessary, duplicate the appearance of the original roofing as closely as possible.

B. Materials

1. Masonry

- a. Unpainted brick, terra cotta, or stone should not be painted or covered. Avoid painting or covering natural terra cotta or stone. This is historically incorrect and could cause irreversible damage if it was decided to remove the paint at a later date.
- b. Repoint defective mortar by duplicating the original in color, style, texture and strength. Avoid using mortar colors and pointing styles that were unavailable or were not used when the building was constructed.
- c. Clean masonry only when necessary to halt deterioration and with the gentlest method possible. Sandblasting limestone, terra cotta, or cream brick surfaces is prohibited. This method of cleaning erodes the surface of the material and accelerates deterioration. Avoid the indiscriminate use of chemical products that could have an adverse reaction with the masonry materials, such as the use of acid on limestone.
- d. Repair or replace deteriorated material with new material that duplicates the old as closely as possible. Avoid using new material that is inappropriate or was unavailable when the building was constructed.

2. Wood/Metal

- a. Retain original material, whenever possible. Avoid removing architectural features that are essential to maintaining the building's character and appearance. The decorative iron grilles over the basement level windows are a special feature that should be preserved and maintained.
- b. Retain or replace deteriorated material with new material that duplicates the appearance of the old as closely as possible. Avoid covering architectural features with new materials that do not duplicate the appearance of the original materials. Covering wood trim with aluminum or vinyl is not permitted.

C. Windows and Doors

1. Retain existing window and door openings. Retain the existing configuration of panes, sash, surrounds and sills, except as necessary to restore to the original condition. Avoid making additional openings or changes in existing fenestration by enlarging or reducing window or door openings to fit new stock window sash or new stock door sizes. Avoid changing the size or configuration of windowpanes or sash. Use storm windows or protective glazing which have glazing configurations similar to the prime windows and which obscure the prime windows as little as possible. Any leaded/stained glass windows will be retained in their present locations.
2. Respect the building's stylistic period. If the replacement of doors or window sash is necessary, the replacement should duplicate the appearance and design and material of the original window sash or door. Avoid using inappropriate sash and door replacements. The filling-in or covering of openings with inappropriate materials such as glass block or concrete block is not allowed. Avoid using modern style window units, such as horizontal sliding sash or casements, in place of double-hung sash or the substitution of units with glazing configurations not appropriate to the style of the building. Vinyl or metal clad prime window units are not permitted. Glass block basement windows are not permitted, except on elevations where they will not be visible from the street.
3. Steel bar security doors and window guards are generally not allowed. If permitted, the doors or grates shall be of the simplest design and installed so as to be as unobtrusive as possible.

D. Trim and Ornamentation

There should be no changes to the existing trim or ornamentation except as necessary to restore the building to its original condition. Replacement features shall match the original member in scale, design, color and appearance. No terracotta or stone trim shall be removed from the building.

E. Additions

No additions will be permitted on the south or North Avenue elevation, as this would destroy the character of the building. Any other addition requires the approval of the Commission. Approval shall be based upon the addition's design compatibility with the building in terms of height, roof configuration, fenestration, scale, design, color, and materials, and the degree to which it visually intrudes upon the principal elevations or is visible from the public right of way.

F. Signs/Exterior Lighting

The installation of any permanent exterior sign or light fixture shall require the approval of the Commission. Approval will be based on the compatibility of the proposed sign or light with the historic and architectural character of the building. Plastic internally illuminated box signs are not permitted. Existing signage is permitted. The Wisconsin Historical Society marker will be retained in its current location.

G. Site Features

New plant materials, paving, fencing, or accessory structures shall be compatible with the historic architectural character of the building if visible from the public right of way.

H. Guidelines for New Construction

It is important that new construction be designed to be as sympathetic as possible with the character of the structure. Any connections between the historic hospital building and adjacent new development will be subject to review by the Historic Preservation Commission.

1. Siting

New construction must respect the historic siting of the building. It should be accomplished so as to maintain the appearance of the building from the street as a freestanding structure.

2. Scale

Overall building height and bulk, the expression of major building divisions including foundation, body and roof, and individual building components, such as overhangs and fenestration that are in close proximity to a historic building must be compatible to and sympathetic with the design of the building. New construction will not overhang or obscure the designated building and will not overwhelm the designated building by excessive size.

3. Form

The massing of the new construction must be compatible with the goal of maintaining the integrity of the building as a freestanding structure. The profiles of roofs and building elements that project and receded from the main block should express the same continuity established by the historic building if they are in close proximity to it.

4. Materials

The building materials which are visible from the public right-of-way and in close proximity to the building should be consistent with the colors, textures, proportions, and combinations of cladding materials used on the building. The physical composition of the materials may be different from that of the historic materials, but the same appearance should be maintained.

I. Guidelines for Demolition

Although demolition is not encouraged and is generally not permissible, there may be instances when demolition or removal of a portion of the building may be acceptable if approved by the Historic Preservation Commission. The north wing constructed 1957-1959 and addressed today at 2350 N. Lake Drive is not part of this nomination. The following guidelines, with those found in subsection 9(h) of the ordinance, shall be taken into consideration by the Commission when reviewing demolition requests.

1. Condition

Demolition requests may be granted when it can be clearly demonstrated that the condition of a building or a portion thereof is such that it constitutes an immediate threat to health and safety and is beyond hope of repair.

2. Importance

Consideration will be given to whether or not the building is of historical or architectural significance or displays a quality of material and craftsmanship that does not exist in other structures in the area.

3. Location

Consideration will be given to whether or not the building contributes to the neighborhood and the general street appearance and has a positive effect on other buildings in the area.

4. Potential for Restoration

Consideration will be given to whether or not the building is beyond economically feasible repair.

5. Additions

Consideration will be given to whether or not the proposed demolition is a later addition that is not in keeping with the original design of the structure or does not contribute to its character.

