

**PERMANENT HISTORIC DESIGNATION STUDY REPORT  
FORMER COLUMBIA HOSPITAL (NORTHWEST QUADRANT BUILDING A)  
MARCH 2022**

**I. NAME**

Historic: Columbia Hospital  
Common Name: Columbia-St. Mary's Hospital, Ascension Columbia-St. Mary's

**II. LOCATION**

2015-2025 E. Newport

**Legal Description**

Tax Key No. 2790397111  
This nomination only includes the original Columbia Hospital building and its various additions from 1919 through 1969. This portion is now considered Northwest Quadrant Building A.

**III. CLASSIFICATION**

Site

**IV. OWNER**

Board of Regents  
of the University of Wisconsin  
1220 Linden Drive  
Madison, WI 53706-6152

**ALDERMAN**

Ald. Nik Kovac 3rd Aldermanic District

**NOMINATOR**

Catherine T. Miller

**V. YEAR BUILT**

1919-1969

**ARCHITECT:**

Schmidt Garden and Martin; Eschweiler and Eschweiler

**NOTE: This property was nominated due to its proposed demolition. While this matter was under discussion some years ago, there was hope that an adaptive plan could be developed. Recent demolition signage posted on the building prompted the nomination's submittal at this time.**

**VI. PHYSICAL DESCRIPTION**

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| THE AREA |
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The former Columbia Hospital is located in Milwaukee's Upper East Side neighborhood at the northwest corner of East Hartford Avenue and North Maryland Avenue, some five blocks west of Lake Michigan. It was once an independent medical institution occupying the block bounded by North Maryland Avenue to the east, East Newport to the North, East Hartford Avenue to the South and North Frederick Avenue to the West. The hospital building and its various additions are built close to the property lines along Maryland and Hartford Avenues and are set back

behind grassy lawns with minimal landscaping. Columbia is now part of the University of Milwaukee's campus and campus buildings and dormitories are located to the east and south. To the west and north are small scale single family residences dating to the early twentieth century.

This nomination is for the original hospital building and its various additions as they followed the same stylistic details as the original. Later structures in the hospital campus were built in a more contemporary style and form. They are west and northwest of the original hospital. A parking ramp was constructed and an entire block of residential housing was moved from Frederick Avenue to accommodate hospital expansion.

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| <b>BUILDING DESCRIPTION</b> |
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Today Columbia Hospital is essentially an "E" shaped complex facing Hartford Avenue with the more utilitarian portions at the rear or north. It is set back from Maryland Avenue and Hartford Avenue behind sidewalks and grassy lawns and foundation plantings. The original portion of Columbia Hospital was an L-Plan building at the northwest corner of Hartford and Maryland Avenues. Chicago architects Schmidt, Garden & Martin designed the hospital, one of dozens of hospitals the firm produced during their partnership. The long portion of the L parallels Maryland Avenue while the short leg, perpendicular to the main body of the building, was located at the northwest corner of the structure, set back from Hartford. From one historic photograph, the immediate surrounding area was empty and illustrated unpaved muddy land. Unplatted land was donated for the hospital by John W. Mariner and Fred Vogel, Jr. The large parcel was considered big enough for anticipated expansion of the hospital.

The hospital was designed in the Georgian Revival style, clad in sand molded, Vari-toned, red brick laid in English bond with white joints and trimmed with buff Bedford stone. The stone quoins are laid in an alternating pattern at the corners. As were most of the hospitals constructed at this time, Columbia was a multi-story building and designed with an elevated basement base story above which were three stories and a full attic story with parapet and flat roof. The basement and attic were demarcated by strong stone beltcourses. Rather than the large, towered and dormered buildings of the nineteenth and early twentieth centuries, modern hospitals like Columbia were often designed in emulation of the modern hotel and apartment building and took on residential characteristics. Disease was no longer thought to originate with poverty and immorality. Hospitals began to be seen as places for restorative health.

At the north end of the Maryland façade is the main entrance. It is subdued and was intended to function as a side entrance once the hospital added on and created a formal entry. The entrance extends out in a two story, three-sided flat roofed rectangular bay. This bay has a stone balustrade at the top and rectangular as well as round headed windows that have tracery. Stone wing walls call attention to the entrance. The single multi-light wood entry door with transom is framed by Bedford stone pilasters that support a stone lintel with scrolled keystone. Above that is an arched pediment. In the tympanum is a carved stone heraldic ornament. On each of the wing walls is an ornamental metal light standard with lamp. These are original to the building. Fenestration on this east elevation consists of tall rectangular windows with six over six sash having stone sills and red brick lintels in a soldier course. Windows are mostly arranged in pairs across the Maryland façade but at either end there is variation with pairs of small windows as well as larger openings with a variety of windows. Today the attic story windows have been enlarged and infilled with glass block. Some of the other windows have lost their multi-paned sash. (Schmidt, "Principles" [Architectural Forum](#), p. 170)

The south elevation features a bay with raised basement and three additional stories that terminate at the attic level. Polygonal in shape, it features numerous windows, originally with casement sash and this space on the interior was designed for sunrooms. Vinyl one-over-one sash are now located in the bay. Stone belt courses form the sills and lintels of the windows and a stone cornice tops the bay. It was once accented by an arched detail but it was removed

at a later, unknown, date. To either side of this bay on the south elevation are single windows at each story. The belt courses that delineates the attic from the parapet and delineates the basement level continues from the Maryland façade. The polygonal end bay, used as a sun parlor, became an important feature in hospital design. It allowed patients to take in sunshine and fresh air, important for recovery.

A later entrance was added to the basement level of the sunroom bay at the junction of the bay with the Maryland Avenue façade.

The north façade of the Maryland Avenue wing continues the same design features although it was utilitarian in nature. The basement and first story are obscured by the L-shaped two story service wing (1923) whose long branch parallels Maryland Avenue and short branch is set perpendicular to Maryland Ave. This extension shows up in historic photos. A portion of this extension was given a second story and a gabled roof at some later point in the hospital's history. Rectangular windows with multi-light sash are located on each floor and a lunette is placed in the gable end that faces the street. A seat height brick wall capped with concrete has been constructed in front of the north or end bay.

The west side of the building carries through much of the design features from the Maryland Avenue façade. The fire stairs are set within a rectangular shallow bay near the south corner of this façade. Not as elaborate as the Maryland façade, the two story bay features an arched ground floor opening and a rectangular opening above, both are contained under a gabled pediment. Above this the fire stairs continue with a rectangular opening on the third level and an arched opening on the fourth. Multi-light windows now fill in the once-open fire stairwell. A smaller entrance is located further north close to the small wing of the "L". Windows on each story are rectangular with multi-light sash. Alterations have occurred to the small wing of the "L" beginning in 1923. At one stage of its history there were shallow airing porches then larger open porches that appear in early photographs. New construction was located to the front of this wing and the porches were removed for later construction.

As Columbia Hospital's needs continued to grow, expansion took the form of major wings constructed parallel to and west of the original portion. In 1931 a five story addition was built, connected to the original hospital by way of the 1923 addition. Plans for the 1931 addition, by A. C. Eschweiler, reveal that it formerly featured a solarium at the first through fourth floors of its south elevation. The solarium was destroyed by the construction of a two story addition in 1969 that moved the wing closer to the sidewalk at the south. This addition created a courtyard between the original wing and the 1931 wing and the center is planted with grass and trees.

In 1941 an addition was constructed that extended west from the 1931 addition. It was likewise five stories in height and had the same features as the original hospital.

In 1951 another expansion took place, again to the west of the original hospital and the 1931 wing and was parallel to them and perpendicular to Hartford Avenue. It covered over most of the south elevation of the 1941 addition as well as its north elevation. In effect it sandwiched the 1941 wing to the south and north. The north part of the 1951 addition is three stories in height while the south elevation is five stories with a small one-story bay extending from the south elevation. There are pairs of four-over-four wood sash flanked by a single six-over-six window on either side at each floor. Stone trim is consistent with the other wings.

The final Eschweiler & Eschweiler designed addition was constructed at the north end of the complex in 1965. It covered a portion of the north sides of the 1941 addition as well as the 1923 and 1931 additions. It is utilitarian in character but is built of the same red brick and features rectangular windows with multi-light sash. A two bay garage is also located at the rear, accessing Maryland Avenue.

Later construction on the site did not adhere to the original design of the hospital and buildings were constructed in a variety of modern era styles. All were located to the west of the original hospital complex and connected to it by a small hyphen. A parking ramp was also added to the site.

Because of the change in character, height, materials, and form, these later buildings are not included in this nomination. Likewise the School of Nursing Building is not included as well although built at the same time as the original hospital.

## HISTORY

The evolution of hospital construction in Wisconsin and Milwaukee is outside the scope of this study report. In short the delivery of health care in Milwaukee paralleled that in other parts of the country. In Milwaukee's territorial days there was no professional health care as we know it today. Home remedies and self-treatment were the rule. Babies were delivered at home. A physician was generally only consulted in case of accident or emergency treatment. Surgery was uncommon. The training and licensing of medical professionals was haphazard at best. (Still, p. 209)

The state'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. There were three 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 would treat 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. (Shoemaker, pp. 15-16)

Milwaukee's population exploded with the successive waves of immigration. This led to outbreaks of cholera and smallpox that required isolation of the sick population. Such devastating outbreaks forced municipal action in order to coordinate the identification of victims and their isolation. Milwaukee established a pesthouse, staffed by a single medical student, located at the city limits on the city's east side. It was set up to isolate the contagious from the healthy and provided almost no medical care or nursing. (Shoemaker, p. 106; Gregory, pp. 1135-1136)

The overall goal in the medical field during the nineteenth and twentieth centuries was to establish better education, better methods of treatment, research into the causes of disease and better ways to house patients that could not be treated at home. The influx of German immigrants brought a number of excellently trained physicians to Milwaukee who made their mark in the training of nurses, establishment of medical associations and overall push for professionalism in the field. State enabling legislation followed that authorized Milwaukee to establish a permanent Board of Health that later spurred such health related municipal services as waste treatment and garbage removal. The State eventually took over the treatment of tuberculosis sanitariums while the counties were given the responsibility to house the mentally ill. (History of Medicine, p. 152; Shoemaker, pp. 111-114; Sentinel Index, 1850-1880)

Following the Civil War many trained army surgeons returned to their homes and established private practice. Many then rotated through the hospitals and considered the facilities as sources of the latest treatments as well as informed the hospitals themselves from their skills acquired in wartime. The acceptance of medical care was becoming more prevalent among the middle class as they found that available care was not only for the well-to-do or the indigent poor.

Milwaukee's first general hospital, St. John's Infirmary, later St. Mary's Hospital, was founded in 1848 by the Catholic Sisters of Charity. By 1858 the institution had moved to its present east

side location on open undeveloped land near the lakefront. Milwaukee's second hospital was the Passavant or Milwaukee Hospital (later Lutheran Hospital; Good Samaritan; now Aurora Sinai) founded by Lutherans and located at the west side at what were then the city limits.

These early institutions were typical in 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. Patients who were better off financially did not go to hospitals but received treatment at home. Fear of contagion and suspicion about the quality of care led to the construction of hospitals at remote or unpopulated areas rather than in residential neighborhoods. This was the case with St. Mary's and Milwaukee/Passavant, although by the 1890s they were beginning to be surrounded by residential development.

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. 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. These early nurses often served as the custodial crews as well so the need for extra personnel was kept to a minimum. (Fritschel, pp. 52-53) Though St. Mary's Hospital and Passavant/Milwaukee Hospital had definite religious affiliation, care was extended to all regardless of creed.

Dramatic changes occurred in the field of institutionalized health care during the last decade of the nineteenth century and the early years of the twentieth century as a result of improved treatments, understanding of asepsis and antisepsis, expanded knowledge about the human body and development of medicines.

Hand in hand with the specialization of medical treatment came the study of hospital and hospital design. There were many authors who expounded on the best way to lay out floor plans to best accommodate patients, surgical rooms, rooms for nurses, kitchens, waiting areas and the like. Construction materials were scrutinized for their ability to be sanitary and such features as flush metal door casings came to replace wood. Florence Nightingale is perhaps the best known writer on this topic. Her Notes on Hospitals (1859) had a number of additions through the 1860's (some sources say three editions some say five). Due to her experience as a nurse she set about outlining the best way to lay out a hospital ward. She called out what she defined as deficiencies and then what steps should be taken to correct them. Deficiencies in design included too many sick persons under one roof; there was also deficiency of space per bed; deficiency of ventilation; and deficiency of light. She stated that hospitals were best arranged north to south, in double loaded corridor wings so that there would be ventilation from both sides of the ward. She even recommended the size and placement of windows which in turn dictated the ceiling height. She found there were deficiencies in using absorbent materials. Deficiencies existed in most hospital kitchens, laundries and bathrooms. Florence Nightingale also addressed how nursing should be carried out and the need for separate rooms for the nurses themselves. Even furniture got her scrutiny. Bedsteads were to be made of iron and the remaining furniture of oak. (Nightingale, Notes on Hospitals, 1863 edition, accessed on line [https://www.google.com/books/edition/Notes\\_on\\_Hospitals/FJhN-SqxUawC?hl=en&gbpv=1&printsec=frontcover](https://www.google.com/books/edition/Notes_on_Hospitals/FJhN-SqxUawC?hl=en&gbpv=1&printsec=frontcover) , pp. 25-88)

Florence Nightingale's work influenced a later very notable English architect Henry Saxon Snell whose book Hospital Construction and Management (1883) would circulate through England, Canada and the United States. He specialized in hospitals and his remarkable Scottish Baronial style Royal Victoria Hospital in Montreal, Canada (opened 1893) was said to be the most advanced anywhere. Constructed through the generosity of two Scots, the building and its later additions have looked down on Montreal for generations. The hospital has relocated to other quarters and the Royal Vic will be taken over by the adjacent McGill University with portions to be "redeveloped" as per news stories in late 2021.

The writings on hospitals seem consistent on one point. No one exterior style was considered better than another although the towered and complex profiles gave way to simpler forms often expressed in the Georgian or Colonial Revival forms. What mattered most was the floor plan, heating and ventilation (now mechanical), operating rooms, sanitary conditions, delivery of meals from hospital kitchens, accommodations for nurses, the latest in laboratories and incorporation of modern testing and diagnostic equipment and specialized wards for maternity patients, cancer patients and the like.

## **COLUMBIA HISTORY**

The entity that became Columbia Hospital was founded by a group of businessmen who wanted to establish a medical facility that had the best specialists and that offered treatment based on science and laboratory study. These men included Bernhard Leidersdorf, Dr. Otto Foerster (Leidersdorf's son-in-law), merchant Jacob E. Friend, banker and pharmaceuticals producer Howard Greene, merchant Jacob Adler, and realtor John W. Mariner. The men looked to an already established facility called Knowlton Hospital to realize their goal.

Knowlton Hospital and Training School for Nurses had formed in 1901 in an old mansion formerly located on present-day Michigan Street between 8<sup>th</sup> and 9<sup>th</sup> Streets (the streets do not go through from Wisconsin Avenue) in downtown Milwaukee. It was referred to as the "Rock Home" after the owner John Rock who a local real estate entrepreneur. Miss Olive B. Knowlton was the founding nurse and worked in partnership with Dr. Nathaniel Gray. (Langill, p. 11; Elizabeth Fox, Typewritten manuscript, p.2, Columbia Archives UWM )

The year 1909 was a significant one. The founders unanimously adopted the name "Columbia" after its suggestion by Gustav Pabst. The hospital was officially incorporated on July 3, 1909 (some sources say July 12<sup>th</sup>). There was no capital stock, no dividends or other instruments that would allow for pecuniary profits. The institution was to be no-profit, non-sectarian, and run solely for benevolent and charitable and educational purposes. It was not to discriminate against the members of any religious order, church or society and it was not to give special privilege to members of any particular group. It was to be "a hospital centered around laboratory work and research."

In that same July of 1909 the by-laws were adopted, directors elected (fifteen, including two women) and surgeons were appointed. All the medical staff, twenty-three physicians and surgeons, were hand-picked by Dr. Henry V. Ogden, the first Chief of Staff. Many of the new doctors came from Johns Hopkins University and a number had advanced study in Vienna, considered the center of medical science at the time. A committee examined the Knowlton Hospital and found it suitable and available for lease. (Langill, p. 11; Elizabeth Fox, Typewritten manuscript, p.2; Columbia Archives UWM )

The new Columbia joined the "small, elite staff of physicians from Knowlton" and in the fall of 1909 Columbia began to receive patients. Among its new features was a pathological lab, the only one of its kind in the city. The hospital was financed through its founders. From Fire Insurance maps it appears that Columbia added a sizable wing right across the façade of the former mansion. It also took over the Knowlton nursing school, renaming it Columbia School of Nursing. (Fox, p.4; Langill, pp. 10-12, 17, 21, Sanborn, 1910 Vol. 4 Sheet 340)

At a board meeting held March 25, 1915, there was a realization that the downtown facility was too small and its location had a lot of noise, dirt and smell, a result from its being just a couple of blocks from the Menomonee Valley with its acres of train tracks and wall to wall industrial complexes. Fundraising began for a new hospital since their current assets totaled only \$100,00. By December, 1915 there were architectural plans ready for examination by the Board. (Langill, p. 23)

Interestingly, Columbia did not look for another mansion, and apparently did not look on the west side as the number of medical facilities there continued to grow. The Board wanted something new and up-to-date where they could have input on the design. Milwaukee architect William Schuchardt was associated with the group and he joined Dr. Ernest Copeland. On a trip that examined thirty-three of the best hospitals east of the Mississippi the men paid special attention to the laboratories and operating room facilities. Schuchardt said he had gone over every detail in order to make Columbia the best of its kind. Columbia was expected to grow over time. The main entrance was designed to be on Maryland Avenue only temporarily. As the hospital would expand, the main entrance would be on Hartford. ("Ground is Broken").

They found land on the city's upper east side, far enough away from St. Mary's Hospital, east of the Milwaukee River and only blocks from Lake Michigan. This area was being developed by the city's elite whose mansions began sprouting up along Terrance Avenue and in what is today the Water Tower neighborhood. Since St. Mary's was a Catholic institution and the only east side hospital, there would be little competition from other non-sectarian general hospitals. Population demographics may also have been a factor in the selection of location as many of the founders were well-to-do and anticipated well-to-do patients, like those living on the east side. Selecting a site near the city limits on the east side also meant there was more available land and two of the founders, John W. Mariner and Fred Vogel Jr., donated some twenty-one acres between Downer and Oakland Avenues, both streets of which had streetcar service. The only nearby neighbors were the Downer College, created from the merger of Milwaukee College and Downer College. It established a campus at Hartford and Downer Avenues in 1896. It later merged with Lawrence University in Appleton. There was also the Milwaukee Normal School, at Downer and Kenwood, now part of UW-Milwaukee.

The fledgling hospital looked to the Chicago firm of Schmidt, Garden and Martin for the design of the new facility. The architects were known as specialists in hospital design and it goes along with the founders striving for the best. The architectural firm had been founded in 1906 and would eventually design more than 300 hospitals. Richard Schmidt was the primary designer of the firm early on and had produced St. Anne's Hospital (1902-1903) and Michael Reese Hospital (completed 1906, demolished 2009-2013) one of the great medical research centers and hospitals in the world. Schmidt also designed the enormous Montgomery Ward Warehouse (1906-1908) in Chicago. As time went on, Schmidt became the "salesman" of the firm while Hugh Garden did the design and Martin mostly cared for the books. (Condit, p. 191; Wikipedia. Richard E. Schmidt) The new Columbia Hospital building incorporated all the latest interior features of a modern hospital. Schmidt himself wrote of the hospital:

All interior floors and bases are of terrazzo except in the lobby. The door trim throughout is of rolled steel and set flush with the plaster. The plumbing fixtures are of porcelain. Two elevators are installed, one with push button control; the other, car switch. The dumb waiter is electrically operated, with full automatic control. All refrigerators are cooled by means of a carbon-dioxide refrigerator plant, and ice is made for hospital uses. All water is filtered and drinking water cooled. There is a central water sterilization plant in the power house, which supplies sterile water to utility rooms, etc., and a water distilling apparatus in the penthouse with water piped to the operating room floor and to the laboratory. An electrocardiograph is installed in the ground floor with outlets on the patients' floor. The X-ray department and operating departments are unusually large for hospitals this size." (Schmidt, p. 170)

Following the guidance of earlier writers, the hospital floor plans included double loaded corridors with rooms arranged on either side of a long hallway. This allowed for windows in each room and cross ventilation. In addition, fire insurance maps show the building was of fireproof construction and had fireproof concrete walls, floors and roof. Fireproof construction, with a concrete skeleton, was coming into its own at this time and fireproof construction was

especially important for public buildings, health care buildings, and other facilities that accommodated large numbers of people such as hotels and apartment buildings.

There is no documentation to explain the selection of the Georgian Revival for the exterior style of the hospital but it was a solid and traditional, yet currently popular style that conveyed a familiar sense of welcoming without ostentation. This type of hospital was often associated with hotels and apartment buildings. It was American with roots in the early years of this country and a fitting accompaniment to the name Columbia. It was a place to come to for healing and not a place to die. Architect Schuchardt indicated at the groundbreaking that every \$1,000 spent on the exterior took away from operating rooms or laboratories. Its "appearance will be in architectural harmony with other fine buildings in the neighborhood." ("Ground is Broken" The Sunday [Milwaukee]Sentinel) Columbia's plans were designed to be expanded as hospital growth necessitated, although the original plan was not followed completely. Architect Schmidt illustrated Columbia Hospital with floor plans and photographs in his article "Principles of Hospital Planning in View of Future Expansion" in the June 1919 Architectural Forum. (Page 170)

The property at the northeast side of Milwaukee was mostly open land that belonged to developer John Mariner and one photo looking toward the hospital shows the area muddy and undeveloped. By February 1916 the City of Milwaukee had promised to pave Maryland Avenue and "would work with the new hospital to construct a street (Cramer Avenue [Street]) along its western perimeter." (Langill, p. 26) In May of 1917 contractors were lined up to build the hospital but World War I intervened and construction was delayed. During the war a polio outbreak occurred and Columbia worked toward a cure. None occurred at that time but a Columbia researcher later led to a successful vaccine in the 1950s. In addition to the Columbia Hospital staff being anxious to have their new home ready, there was also pressure to complete the facility, expressed in the press, in order to care for the wounded soldiers returning home from World War I and needing care.

Construction on the hospital resumed in the winter of 1918-1919 and patients were transferred from the old Knowlton to the new facility on January 20, 1919. The patient capacity was 67, with a total bed capacity of 86 beds (sources vary as to the number of beds and patient capacity). There were 3 interns and 16 help. The cost was approximately \$211,031 for the hospital. The Milwaukee Sentinel reported a cost of \$500,000 for the hospital, nurses home (built at the same time) and the "servants' home". (Langill, pp.32-33; Schmidt, p. 170)

The hospital fulfilled its founders expectations. Columbia Hospital became known for a number of medical firsts and medical advances that enabled major breakthroughs in the treatment and prevention of disease.

William Thalheimer was hired to head up the Department of Laboratory Medicine and he set up the first complete hospital laboratory in Milwaukee. Due to his expertise Columbia became a leader in diagnostic and scientific medicine. (Langill, p. 31) He brought Columbia recognition as the first hospital in the state to make diphtheria vaccine available, "and the first to provide complete intravenous glucose setups for Milwaukee doctors to use within the hospital as well in their private practices." He likewise pioneered oxygen rooms thought to prevent infection in the era before antibiotics. In addition, he worked on blood serum "which led to the creation of the country's first full Convalescent Serum Center at Michael Reese Hospital in Chicago. This serum center eventually located to downtown Milwaukee in 1948 and over time became the Blood Center of Wisconsin, an institution highly respected in the medical field. (Langill, p. 42; Elizabeth Fox p. 6)

Another important physician was Dr. Frederick J. Gaenslen who trained at Johns Hopkins Hospital and German Hospital in New York City, as well as in London and Vienna. Gaenslen taught orthopedic surgery and made Columbia a center for orthopedic surgery and hand surgery. He also chaired the Orthopedic Departments at both Marquette University and the

University of Wisconsin. He was one of the founders of the American Academy of Orthopaedic Surgeons and was a member of other medical societies (Langill, p. 46)

Columbia also established a department of occupational therapy together with the Junior League which grew into the Curative Workshop/Curative Care of today.

A new wing was built to the west of the original in 1931 and accommodated two new departments, Radiology and Physical Therapy and allowed for 57 additional patients. (Langill, p.52-53; Elizabeth Fox p. 6). This wing was designed to match the original but was three stories tall with a stone-clad base. The wing was designed by local architect Alexander Eschweiler. The wing was later obscured by an addition across the front in 1969. The choice of Eschweiler over Schmidt Garden and Martin/Erikson may have meant the latter firm was too busy with other commissions. Eschweiler was well known among the well-to-do on Milwaukee's East Side and also sat on the board of the hospital.

Columbia like other health care institutions across the country, faced tough financial years through the Great Depression of the 1930s. Some acreage was sold off to raise money during the difficult years. It continued, however, to support the school of nursing as well as its research emphasis so that it would retain its reputation as a cutting edge research institution. (Langill, pp. 56-57)

In 1939 Wisconsin passed enabling legislation for group insurance plans that would help subsidize hospitalization costs. Columbia's Administrator Joseph Norby played a role in the creation of Blue Cross in Milwaukee and persuaded other hospitals to join the consortium. (Langill, pp. 58-59)

Dr. Francis F. Rosenbaum pioneered the use of electro cardiology in the 1940s. He was featured in a 1951 Time magazine which highlighted the promise of electrocardiograms for heart care. (Langill, p. 63)

Orthopedics continued to be a specialty of the hospital. Dr. Forrester Raine was a specialist in thoracic surgery. Dr. Walter Blount was a specialist in children's orthopedics and devised a special back brace for children with spinal problems, especially curvature of the spine. It became known as the Milwaukee Brace. He was assisted by Dr. Albert C. Schmidt. The brace was perfected in the 1950s. (Langill, pp. 63-65,91)

In 1939 Columbia's trustees saw the need for further expansion. They went again to architect Alexander Eschweiler for the design. He happened to be a board member (or perhaps one of his sons were). Eschweiler died in June of 1940 so it is likely that his sons, under the firm name of Eschweiler and Eschweiler, worked either wholly on the design or finished it. The first phase of the five-story addition was completed in December, 1941. Due to the outbreak of World War II, the top three floors were delayed until the Federal passage of the Lannon Act in 1942 made additional funds available for hospital construction. The new wing could accommodate 38 more patients as well as an entirely new X-ray Department., a new Emergency Department, a Department of Neurology, and a completely new stainless steel kitchen. In addition, there was a larger business office, new lobby, admitting station and pharmacy and a large new library to house the medical book collection of former Chief of Staff Dr. Stanley Seeger. This west wing was virtually complete by late 1944. (Langill, pp. 68-69)

By the post war years Columbia needed more obstetrical beds to handle the "baby boom" and also made forays into Geriatric medicine and affiliated with the Milwaukee Protestant Home for the Aged. (now Eastcastle Place).

Further expansion plans were made and a new wing, located west of and parallel to the earlier wings, was opened April 20, 1952. The new \$1.25 million dollar wing added 120 beds. When

viewed from above the entire complex took on the shape of a capital letter E, open to Hartford Avenue.

This wing contained the first Neuropsychiatric ward and a new Industrial Chemistry Laboratory. As there was no denominational chapel in the building the new wing provided for a Contemplation Room for solitude, contemplation, and rest. More accommodations were provided for obstetrics. The hospital added its first Department of Physical Medicine and a Rehabilitation Department and Amputee and Mechanical Arm Clinic. (Langill, p. 79-81)

The 1950s saw the continued work by Dr. Blount on childhood orthopedics within the area of bone tuberculosis, and inflammation of the bone. "His book on childhood fractures became standard in medical education." There was specialization in repair of joints, spine and hand surgery and hip surgeries. (Langill, p.92)

Development of the first artificial kidney was done in cooperation with Allis Chalmers Company. The first cardiac surgery was performed at Columbia in 1955. (Langill, p.77, 93) The hospital gained an electroencephalograph, one of only 4 in Milwaukee at that time (Langill, p. 82) It had the state's first vascular laboratory and also did cancer research with serum and bloodwork. (Langill, pp. 85, 86)

Fire Insurance maps show that today's NW Quadrant A ended at what was the east curb line of N. Frederick Avenue with 13 houses on the west side of Frederick,. In the 1960s the hospital continued to expand west and many if not all of the residences were moved by the hospital to other east side and River West locations. A new addition was constructed on the site of those houses.

As with any medical institution, new technology, expanded laboratories, and shifts in how patients were treated resulted in even more additions to the complex as well as changes to the spaces within the older portions of the complex. The introduction of group health insurance affected the finances of the hospital and over the last decades of the twentieth century in-patient care declined as new ways to treat ever complex medical problems became ever more common.

This is where our part of the story stops for this nomination. Columbia Hospital continued to explore new avenues of care while having to deal with the expenses of ever more costly medical equipment, pharmaceuticals, staff salaries. New buildings were constructed on the campus but a sea change was occurring. Regional planning recommended individual hospitals could not continue to be all things for all people. The Southeast Regional Medical Center was established on the County Grounds in Wauwatosa to which many institutions moved including the Curative Rehabilitation Center, the Eye Institute, the Medical College, and more. As the 1970s advanced collaboration with other hospitals was seriously studied.

During the 1980s as the number of patients declined, Columbia looked to affiliation with other hospitals including Mt. Sinai, Waukesha Memorial and a network called Horizon Healthcare. While Columbia's 10-year Horizon collaboration ended, it brought together Columbia Hospital with the venerable old institution, St. Mary's Hospital. After talks in the 1970s stalled due to the religious status of St. Mary's and the non-sectarian status of Columbia talks were resumed in 1995 and in July that year the two entered into a Joint Operating Agreement. A full merger occurred later. A new hospital was constructed at the site of the old St. Mary's, built around St. Mary's historic 1910 building. The combined institution merged with Ascension health care in 1999 and is now known as Ascension Columbia St. Mary's. (Langill, pp. 101-155)

The vacant campus of Columbia Hospital was purchased by UW-Milwaukee in 2010 for \$20.2 million. Original plans called for a simulation center for nursing and health sciences, room for the School of Information Studies, the College of Health Sciences, student health services and

temporary quarters for those departments having their old spaces remodeled. (Milwaukee Journal Sentinel)

Quorum Architects prepared a Northwest Quadrant Redevelopment Plan dated December 2019. It showed the Northwest Quadrant Building A being reused for university needs. A draft Environmental Impact Assessment (EIA) (December, 2019) and a Final EIA (February 2020) was prepared by Ayres Associates. In the Ayres reports they recommended demolition of the Northwest Quadrant Building A, the older buildings of the former Columbia Hospital.

## **VII. SIGNIFICANCE**

Columbia Hospital (Northwest Quadrant A) is significant both for its history as a research and science based institution and for its architecture. Columbia has always held on to its prominence in the field of research especially in orthopedics, blood and serum work, and cardiac care. In terms of architecture, first it is a good example of the Georgian Style as utilized for a medical institution that has retained its architectural integrity. Second it demonstrates the forward thinking in hospital planning with wards laid out for maximum sanitation and patient comfort. Third, it is one of a handful of hospital buildings that survive from the prodigious and important architectural firm of Schmidt, Garden & Martin. Columbia is one of only a handful of hospitals or former hospitals besides St. Mary's, the Milwaukee County Dispensary and Emergency Hospital and St. Anthony Hospital, that retain its recognizable design and not been swallowed up by additions.

At the time the newly formed Columbia decided to leave central business district where it had a number of health care neighbors, some newly established and some to be founded in the near future. This was an era of tremendous expansion in the medical field and hospitals were being founded for specialized purposes such as the care of children, the care of Jewish residents, and the care of unwed mothers. It was also the era when the county stepped up to open and operate a general hospital (on the County grounds in Wauwatosa) and a smaller emergency hospital on Milwaukee's Near West Side at today's 24<sup>th</sup> and W. Wisconsin Avenue.

In contrast, Columbia set itself up as a private general hospital that did not have a legacy of primarily caring for the poor and indigent. It set out to be the modern hospital where care balanced with laboratory study to get to the root of disease. The founders were not from religious institutions but prosperous businessmen and there was to be no affiliation with a particular creed. Right from the start nurses' training was important, for like the prominent physicians who serviced Columbia, nursing staff had to be the best and most knowledgeable.

In their striving for the best, the founders went outside the city to engage the architectural firm of Schmidt, Garden and Martin, who were specialists in hospital design and were known to have designed some 300 hospitals over the course of their career. Virtually all of these hospital buildings are gone today with Columbia being one of the few remaining. Their non-sectarian approach is probably why the founders did not seek out the local firm of Erhardt Brielmeier & Sons, designer of so many institutional buildings like hospitals and convents, but primarily worked on commissions for the Roman Catholics of the city and across the country.

A listing of known hospitals is below that were being constructed at or around the time that Columbia was being built. Some of the smaller hospitals located in old housing may have been missed in this brief inventory.

- Mary's Hospital (1908-1910) Beaux Art Style East Side
- Milwaukee (Passavant, Lutheran, now Aurora Sinai) (1912 and later) Classical Revival West Side. Now apartments.
- Children's' Hospital (1923, Fitzhugh Scott) Georgian Revival portion now MU dormitory
- Mt. Sinai Hospital (1913, E. Brielmaier & Sons) West Side. Demolished
- Misericordia Hospital (1908, House then new building; maternity hospital and refuge for unwed mothers) West Side. Demolished.

- Deaconess Hospital (1909 in former mansion then new building) West Side. Demolished
- First Hospital (c.1923 in old mansion, now counseling) West Side
- Milwaukee County Dispensary and Emergency Hospital (1927-1928) West Side now a school.
- Roger Williams Hospital (1926-1935/36) Kalvalage mansion. Now a private residence.
- St. Anthony Hospital (1931) Classical Revival/Mediterranean. Downtown Now apartments
- St. Joseph Hospital (1882 at 4<sup>th</sup> & Reservoir, New building Chambers Street 1930) The 1930 building obscured by new construction, North Side

Interestingly, a number of the hospitals have been converted to new uses such as housing or schools.

Schmidt, Garden & Martin were Chicago-based architects whose work centered around commercial and industrial buildings but established a specialty in hospital design. The partnership consisted of Richard E. Schmidt (1865-1959), Hugh M. G. Garden (1873-1961), and Edgar Martin (1871-1951). Schmidt studied for two years at the Massachusetts Institute of Technology, then practiced alone in Chicago from 1887. His first big commission was the Montgomery Ward Building (1897-1899). Schmidt also did hospital commissions including St. Anne's Hospital (1902) Michael Reese Hospital (1905-1906) and Henrotin Hospital (1906). He was joined by architect Garden sometime around the turn of the century. Martin was a structural engineer and joined the firm shortly after Martin. The official partnership was formed in 1906. Condit calls the firm the "most prolific of the Chicago architects whose major achievements came after the turn of the century." (Condit, p. 186-191) Their work encompassed everything from Classical Revival to the functional requirements of a modern factory or commercial building. The firm was highly regarded and their works appeared in architectural journals of the time.

The architectural firm continued into the 1960s with partner Paul McCurry designing many if not all the buildings for Marian College in Fond du Lac, Wisconsin in the mid-1960s. Some work was also designed for St. Agnes Hospital and the manufacturer Giddings and Lewis, both in Fond du Lac. Whether or not these commissions were executed and whether or not they still survive will require additional research. The Marian College buildings along with Columbia Hospital appear to be Schmidt Garden and Martin's (later Schmidt Garden and Erickson) only surviving intact work in Wisconsin.

The architectural firm of Eschweiler and Eschweiler was locally based and produced many memorable buildings in Milwaukee and elsewhere. The work for Columbia Hospital continued the design program initiated by Schmidt, Garden & Martin. They were able to merge the additions almost seamlessly to the original portion of the hospital and worked out interior plans to meet the changing needs dictated by the ever evolving field of medical treatment. More about the firm is below.

## THE ARCHITECTS

### Schmidt Garden and Martin

**Richard E. Schmidt** (1865-1959) was born in Ebern, Bavaria and would later immigrate to Chicago with his family. Schmidt attended the Massachusetts Institute of Technology architecture school before returning to Chicago to begin his independent firm in 1887. Son to the prominent physician, Dr. Ernst Schmidt, his familial background would be beneficial to his future in constructing hospitals.

"It was through his father, a prominent physician, that Schmidt received his first major commission in 1896, the Alexian Brothers Hospital at 1200 West Belden Avenue." (In Search of a Remedy for St. Anne's)

"Of the well over 100 hospitals [some sources say 300] designed by Schmidt in the United States, Europe, and Asia, the best known in Chicago are Michael Reese, Cook County, and Lying-in. When first constructed, these hospitals represented contemporary notions that effective health care required rest, fresh air, sunlight, and, above all, quiet." (In Search of a Remedy for St. Anne's)

In 1914 he would publish the book, The Modern Hospital, and he subsequently authored additional articles about hospital design, including "Principles of Hospital Planning in View of Future Expansion" in the Architectural Forum, of June, 1919 in which he featured Columbia Hospital. He also served as Chicago Building Commissioner from 1934 through 1942.

**Hugh M.G. Garden** (1873-1961) was originally from Toronto, Canada, before moving to the US in his teens. After apprenticing under architect William Channing Whitney in Minnesota, Garden would make his way down to Chicago. There, he drafted designs for architectural firms such as Shepley, Rutan & Coolidge, Henry Ives Cobb, and Flanders & Zimmerman. Garden would become a notable designer in the "Prairie School" architectural styling where he would make renderings for other members, such as Frank Lloyd Wright. It was in the late 1890s that Garden would begin working with Schmidt.

**Edgar Martin** (1871-1951) was the third member of the Schmidt, Garden & Martin architectural firm. Raised in Burlington, Iowa, Martin would study in Paris, France and go on to become a structural engineer (Chicago Historic Schools entry on Martin). Martin would leave the firm in 1925 to partner and form the Pond and Pond and Edgar Martin firm. He would be replaced with Carl A. Erikson. However, due to his experience in building hospitals Martin, in collaboration with Dr. William Walsh, would publish a paper, "Hospital Planning and Construction: Preliminary Procedures to Assure Economy and Efficiency" (1932).

### **Schmidt, Garden & Martin**

Brought together by Schmidt the experiences and skills of each of the firm members would establish "The division of labor was henceforth more distinct: Schmidt was the front-office man, Garden the designer, and Martin the engineer." (The Prairie School p. 101)

"Other important works include the Grommes and Ulrich Building (1901), the Schoenhofen Brewery Powerhouse (1902), the Chapin and Gore Building (1904; designated a Chicago Landmark on January 21, 1982), and Michael Reese Hospital (1906)." (Montgomery Ward Report pg.6) The Montefiore Hospital in Pittsburg was constructed in 1928-1928 and was

"Here Schmidt, Garden and Martin have at once let the function of the building dictate its form but also skillfully manipulated the forms to give the building an original and individual expression that has an integrity all on its own. This was the ideal sought after by this second phase of the Chicago school of architecture." (Montgomery Ward, p. 6).

The finding aid to the collection of the drawings and photographs of Schmidt, Garden & Martin, and Schmidt, Garden & Erickson housed at the Chicago Historical Society lists numerous hospital commissions as well as churches, libraries, schools/universities, and some apartment buildings. There is even a design for Milwaukee's St. Mary's Hospital, dated 1907, but it was not selected. There are designs for buildings in other Wisconsin communities but at this time, it is not known if these projects were ever executed. A few Google searches turned up complexes that may have a portion designed by Schmidt, Garden and Martin but they mostly show contemporary buildings from the 1950s and later. Among these projects are:

St. Catherine's Hospital (Kenosha, 1927-1928)  
St. Mary's Springs Academy (Fond du Lac 1929)  
St. Agnes Hospital (Fond du Lac, no date)  
Kenosha Hospital (Kenosha, 1952)  
Sheboygan County Hospital (Sheboygan, no date)  
Milwaukee Deaconess (Milwaukee, 1944)  
Riverview Hospital (Wisconsin Rapids, 1940)

A later partner in the firm, Paul McCurry, is credited with the design of Lake Forest Hospital, and the VA Hospital in Chicago. In the 1960s he designed the campus buildings at Marian College in Fond du Lac Wisconsin.

### **ALEXANDER C. ESCHWEILER / ESCHWEILER AND ESCHWEILER**

Alexander Chadbourne Eschweiler (August 10, 1865 – June 12, 1940) was born in Boston, Massachusetts, the son of German mining engineer Carl Ferdinand Eschweiler and Hannah Lincoln Chadbourne who was from an old New England family and born in Maine. Alexander's boyhood was spent in Michigan's Upper Peninsula copper country.

In 1882, when Alexander was 17, the family relocated to Milwaukee. His father continued his work as a mining engineer and apparently worked out of his home. Young Alexander attended Marquette University for a year, and then worked as clerk and later as a draftsman in 1886. It is said that he worked for James Douglas, and spent his summers in the offices of Howland Russell and George B. Ferry. Alexander went on to study architecture at Cornell University in New York. His brother Franz C. had various occupations including clerk and postal clerk before embarking on a law career starting in 1889. Over the years Franz had a variety of partners but established McElroy & Eschweiler in 1895, a partnership that would last into the 20<sup>th</sup> century. Franz was later a Justice of the Wisconsin Supreme Court. (Shirley du Fresne McArthur, North Point Historic Districts-Milwaukee, Milwaukee, Wisconsin: North Point Historical Society, 1981. page 169; Milwaukee City Directory)

The Eschweiler family moved about in the city living at 534 Broadway (old number) in 1883, at 643 Jackson (old number) in 1884, at 601 Jackson (old number) in 1885 before settling in at 72 Farwell in 1886. The Eschweiler family then moved to 101 Farwell (old number, no longer extant) in 1890, staying there through 1892 and moving to 100 Farwell (old number, today's 1462 North Farwell Avenue) for 1893 and 1894. Carl Ferdinand Eschweiler died on August 29, 1893 while in Chicago and was later buried in Milwaukee's Calvary cemetery. Brother Franz C. moved away from the family to a house on 5<sup>th</sup> Street in 1895, the year he married.

Alexander C. Eschweiler graduated from Cornell University in 1890 and upon his return to Milwaukee worked for H. C. Koch & Co. and is said to have done some of the drafting on the City Hall tower. He married Marie Mueller in 1891 and moved away from the family to 330 Bartlett Street (old number, today's 1930 North Bartlett Avenue) for the years 1891 and 1892. When he won the design competition for the Milwaukee Downer College buildings in 1893, Eschweiler established his own practice in the Metropolitan Block at Third and State Streets (no longer extant). For one brief year, he was in partnership with Gustav Vogelsberger in 1894 then moved his practice to the University Building, then the Goldsmith Building on West Wisconsin Avenue (both no longer extant). It was in 1894 he moved back to 101 Farwell (old number) probably to assist his widowed mother.

City directories show Alexander at 677 Prospect (old number) in 1895. This portion of Prospect was renamed Hackett Street by 1896 and the house still stands as 2825 North Hackett, a house he built for his mother and which his mother would occupy until her death on August 8, 1904. He briefly lived at 357 Kane Place (today's 1505 East Kane Place) in 1901 before moving to a house he designed for himself at 2810 East Bradford in 1902. By 1908 Alexander had put the Bradford Street house up for sale and was living primarily at North Lake in Waukesha County.

During the early years Eschweiler designed a whole host of buildings although he seemed to have captured the interest of the East Side society elite. He designed over 30 residences in the North Point area, more than any other single architect. His work could also be seen on Prospect Avenue and included houses for Elizabeth Black, Charles Allis, Charles D. Mann, and Andrew Story Goodrich. Mostly executed in English revival styles, houses were fashionably decked out with Elizabethan, Tudor and Jacobean details. Some featured the combination of brick and stucco popular in the Arts and Crafts movement. A handful were designed in the Colonial/Georgian Revival style. As the Architectural Record reported in 1905, his sympathies lay with the early English styles. (Samuel Ilsley, "The Work of Alexander Eschweiler". Architectural Record, Vol. 17, March, 1905)

Residential commissions were not the only work Eschweiler took on. His connections led to such projects as the Milwaukee Gas Light Company Plant in the Menomonee Valley in 1902-1903, the Wisconsin Telephone Company Building in 1905 (formerly located at 735 North Fifth Street, razed), St. Rose Church in Racine in 1903, and Plymouth Congregational Church in 1913. As best as can be determined through remaining records, Eschweiler himself almost never embarked on the design of small scale commercial buildings. The typical commercial commissions were ones from big corporations and placed Eschweiler in the forefront of Milwaukee's architects. Likely due to his society connections, Eschweiler and his sons were selected to design the additions to Columbia in 1931, 1941, 1951 and 1965. He and his firm were sensitive to the earlier design of the hospital and kept the additions in scale with the original as well as use the same materials and Georgian Revival styling. Later additions by other architects took a different path and expressed the forms of the Modern Movement. In 50 Years of Architecture, the Eschweiler firm illustrated what they considered their best commissions. Columbia Hospital was included in the publication.

Alexander and his wife Marie would have a number of children. Three sons, Alexander, Jr., Carl F. and Theodore L., followed in their father's footsteps and studied at Marquette University and Cornell University before being taken into the business in 1923. With the inclusion of the younger Eschweilers, the firm was renamed Eschweiler and Eschweiler. Offices were set up at 720 East Mason Street. The practice continued to design a variety of buildings including schools, churches, office buildings, residences, and even industrial complexes. Among their better known projects are the Bankers Building (completely refaced in the 1970s), the Wisconsin Telephone Company Building on Broadway, the Wisconsin Gas Company Building, WTMJ's Radio City, the Mariner Building, Rex Chainbelt, Cutler-Hammer Corporate Headquarters, the Milwaukee Arena, and the Milwaukee Public museum (altered). In honor of the firm's fiftieth anniversary, a commemorative publication written by Richard S. Davis was published in 1943 with an updated version produced in 1951.

Alexander Eschweiler died on June 12, 1940 at his home at North Lake in Waukesha County where the family had established summer and permanent homes at a farm on the south end of the lake. The three sons continued the architectural practice after their father's death. Alexander C. Jr. died in 1951 at the age of 58 in a plane crash. Carl F. Eschweiler retired from the firm in 1960 and died at the age of 76 on January 1, 1977. Theodore L. Eschweiler died on November 16, 1966 at the age of 71. Alexander C., Jr.'s son, Thomas L. Eschweiler, worked for the firm between 1954 and 1960 and left to work with Herbst, Jacoby & Herbst and in 1966 became director of construction for the Milwaukee Public Schools. By 1962 the firm was known as Eschweiler, Eschweiler & Sielaff. Between 1966 and 1974 it was known as Eschweiler, Schneider & Associates, Inc. It was last known as Eschweiler & Schneider in 1975 when it finally closed.

The Eschweiler legacy continues with the Wisconsin Architectural Archives, begun in 1975 by Thomas Eschweiler with 1,250 drawings of the firm's work and an endowment to the University of Wisconsin-Milwaukee which has brought internationally prominent architects to the school as visiting professors.

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## **IX. STAFF RECOMMENDATION**

Staff recommends that Columbia Hospital/Northwest Quadrant Building A be given permanent historic designation as a City of Milwaukee Historic Site as a result of its fulfillment of criteria e-1 and e-5 and e-6 of the Historic Preservation Ordinance, Section 320-21(3) 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.

Rationale: Columbia Hospital was a new and modern type of hospital that was directed by science and research. It sought out specialists with training at the best American medical schools and those who had training in Europe. Serious research into blood and its connection to illness and disease as well as research into orthopedics with accompanying development of special hand and spine treatments kept the hospital in the forefront of Milwaukee's medical community. Columbia Hospital was founded to be a non-sectarian institution and took in patients from across the spectrum of income and social standing.

The hospital building itself reflected the new thinking about patient care and arranged patient rooms along double loaded corridors so each could have light and air, necessitating long wings. Sun parlors were located at the ends of the halls for patients to have even more fresh air and sun than their rooms provided. There was more laboratory space than other hospitals and staff were continually studying for the causes and cures of various diseases.

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

Rationale: The Georgian Revival traveled from England to the United States in the early years of this country. The major characteristics of the style include: boxy rectangular shape with mostly brick cladding; corners were emphasized with quoins; roofs are either gabled, hip or gambrel, many with dormers; windows were symmetrically arranged across the façade with multi-paned sash; entrances were emphasized with the use of columns, pilasters, and pediments, and even porticos. In residential instances the entrance was typically centered on the façade.

At Columbia Hospital the architects used the traditional red brick, flat wall surfaces, symmetrical arrangement of windows with multi-paned sash, and corner quoins frequently seen in the Georgian Revival. The Maryland Avenue entrance was

given prominence by setting it within a three sided projecting bay that was embellished with a stone balustrade, and stone pilasters and a rounded pediment that framed the door. Flanking round headed windows had tracery muntins.

It is remarkable given its age and hospital use that the original Columbia complex retains so much integrity with walls, windows and embellishments like the ornate light standards at the Maryland Avenue entrance still intact.

Each “arm” of the E shaped plan allowed for the wings to remain separate from the original and allowed each wing to have three main elevations, all of which are essentially intact today. Pride in the original buildings kept them from being altered on the exterior and in part was also due to the continued use of the double loaded corridor, for the most part, that allowed for light and air in each patient room.

Did the Georgian Revival style have a particular meaning for the founders of Columbia Hospital? It is not known at this time but the style has historical associations with the early years of this country, was popular at the time, and appeared to be less institutional than earlier hospitals. It was very much in keeping with many of the residences being built in this part of the city, albeit closer to Lake Michigan.

- e-6 Its identification of the work of an artist, architect, craftsperson or master builder whose individual works have influenced the development of the city.

Rationale: The founders of Columbia Hospital were able to obtain the services of the prominent Chicago architectural firm of Schmidt, Garden & Martin to design Columbia Hospital. They were specialists in hospital design and had a number of commissions completed by this time including Michael Reese Hospital. They were familiar with other large scale projects Schmidt having designed the Montgomery Ward and Company Warehouse along the Chicago River, completed in 1908. So it was a seasoned firm with excellent reputation that tackled the Milwaukee commission. Their design repertoire was expansive and included projects in the Georgian Revival, Classical Revival and the industrial aesthetic among others. No other work was done by the firm in Milwaukee, lending more importance to this particular commission. It appears from brief research into the firm that all of their hospital buildings contemporary with Columbia have either been swallowed up by later additions or else demolished.

### **Preservation Guidelines For Columbia Hospital**

The intent of the commission is to preserve the historic, existing exterior features of the building and guide any changes and restorations that might be done on the exterior.

Building maintenance and restoration must follow accepted preservation practices as outlined below. Any exterior changes such as masonry repair, re-roofing, and so on but exclusive of routine painting of previously painted surfaces and trim, will require a Certificate of Appropriateness. Most certificates are issued on a staff-approved basis and only major new construction or alteration requests typically will go before the Historic Preservation Commission. The Commission reserves the right to make final decisions based upon particular design submissions.

A. Roofs

Retain the flat roof shape. No changes can be made to the roof shape which would alter the building height, the roofline or its pitch.

Historic Preservation acknowledges that there are pre-existing mechanicals and vents on the rooftop from the building's time as a hospital. Virtually all of them are not visible from the street. Continue to locate mechanical systems and vents on portions of the roof not visible at all from the public right of way and paint them out to minimize impact. Re-roofing requires consultation with historic preservation staff and a Certificate of Appropriateness to ensure appropriate materials and installation and proper construction of flashing, gutters, downspouts and valleys.

Electronic devices such as, but not limited to, satellite dishes, antennas, and so on require review with historic presentation staff and a Certificate of Appropriateness. The request for the installation of solar devices will be reviewed on a case by case basis based on provisions of 66.0401, Wis. Stats.

No large rooftop construction or addition is allowed, such as a full story, as this would have a negative impact on the historic character and proportions of the building. The building must be able to be "read" as a hospital. The construction of other rooftop features, such as but not exclusive to dormers, cupolas, and so on will be based on the building's ability to support such structures and its effect on the flat roof and parapet walls and requires review by the Historic Preservation Commission and a Certificate of Appropriateness.

B. Materials

1. Masonry

- a. Painting masonry is historically incorrect and could cause irreversible damage if it was decided to remove the paint at a later date. Covering masonry with other materials (wood, sheet metal, vinyl siding, etc.) is not allowed.
- b. Re-point defective mortar by duplicating the original in color, hardness, texture, joint finish and joint width. See the masonry chapters in the books, *As Good As New* or *Good For Business* for explanations on why the use of a proper mortar mix is crucial to making lasting repairs that will not contribute to new deterioration of the masonry. Using much harder, contemporary Portland cement mortar will not make a lasting repair and can damage the historic brick. Replaced mortar joints should be tooled to match the style of the original. Do not use mortar colors and pointing styles that were unavailable or were not used when the building was constructed. Consultation with historic preservation staff and a Certificate of Appropriateness is required before starting any re-pointing.
- c. In the future should masonry cleaning be necessary (to remove paint, environmental pollutants, graffiti etc.) it should be done only with the gentlest method possible. Sandblasting or high-pressure water blasting or the use of other abrasive materials (baking soda, nut shells, dry ice, etc.) on limestone or brick surfaces is prohibited by both these guidelines and state law. This method of cleaning erodes the surface of the material and accelerates deterioration. The use of accepted chemical products to clean masonry is allowed and a test panel is required before general

commencement of the work. Work should be done by experienced individuals as the chemical cleaning process can have a negative impact on the masonry. Consultation with historic preservation staff and a Certificate of Appropriateness is required before any cleaning would begin.

- d. Repair or replace deteriorated masonry with new material that duplicates the old as closely as possible. The use of EIFS (exterior insulation and finish systems) which is synthetic stucco is not permitted. The application of plywood, metal, vinyl or other substitute products is not permitted. Consultation with historic preservation staff and a Certificate of Appropriateness is required before attempting work on the masonry.
- e. At the Maryland entrance do not remove the stone balustrade, the stone wing walls, and the stone details around the entranceway itself. This applies to the stone trim that may be located at other entrances.

## 2. Wood/Metal

- a. Retain any original wood material, if it exists, whenever possible. Do not remove architectural features that are essential to maintaining the building's character and appearance.
- b. Retain or replace deteriorated material with new material that duplicates the appearance of the original as closely as possible. Covering wood or metal with aluminum or vinyl or other substitute material is not permitted. Spot replacement or spot repair of current material is allowed. Under no circumstances will siding products with artificial wood grain be considered.
- c. Retain ornamental metal light standards and lamps at the Maryland Avenue entrance. Any other decorative metal on the exterior is to be preserved.

## C. Windows and Doors

- 1. Retain existing window and door openings. Retain original doors and windows within those openings. A variety of wood doors are present on the exterior and include: a single door with twelve lights ; double doors with simple transom and three horizontal lights over a single panel; arched lights with traceried transom over three panels; six lights over a single panel; double doors with single lights over two panels. Other doors may be present that are not included in this list but would be subject to review if replaced or altered.

Windows are rectangular in shape and feature six-over-six sash unless otherwise replaced. Restoration to the original condition is encouraged. Do not make changes in existing fenestration by enlarging or reducing window or door openings to fit new stock window sash or new stock door sizes. Do not change the size or configuration of original window panes or sash. Do not fill in or cover openings with inappropriate materials such as

glass block or concrete block. Approval of any new windows will depend on the proposal submitted and will require a Certificate of Appropriateness.

Should doors need to be replaced, there are examples being made today that would be appropriate for the building. Consultation with Historic Preservation staff is required for replacements.

2. In the event any windows need to be replaced, consultation with Historic Preservation staff is required to determine appropriate replacements. New glass must match the size of the historic glass. Do not fill in or cover openings with inappropriate materials such as glass block or concrete block. Some windows are now filled in with glass block. They can stay but the owner may remove the glass block and return the windows to their original appearance.

Any original windows on the building must be retained and repaired if possible. Vinyl, vinyl clad, metal, and metal-clad or fiberglass prime or other non-wood window units are not permitted. Storm windows and storm doors are encouraged for the preservation of the prime windows and doors. The Commission has approved wood storms. Any changes to doors and windows, including installation of new doors and windows, require consultation with Historic Preservation staff and a Certificate of Appropriateness.

3. Steel bar security doors and window guards are discouraged. If permitted, the doors or grates must be of the simplest design and installed so as to be as unobtrusive as possible. A Certificate of Appropriateness is required for this type of installation.

D. Trim and Ornamentation

Trim detail is carried out in non-flammable stone and the ornamental light standards are of metal. They are to be retained as cited above. Changes to or cleaning of these elements will require a Certificate of Appropriateness.

E. Additions

No additions can be constructed on the Maryland Avenue elevation or the elevations fronting Hartford Avenue. No additions may be built that would fill in the courtyard-type spaces between the wings. The north elevations of the various wings may support an addition as they function as the back of the complex.

Additions must be smaller than the original building and not obscure the historic building. Additions will be reviewed in context of their size, scale and form. They should either complement the historic building or have a neutral effect on it.

Outbuildings

Given the lot coverage of the existing complex there is little likelihood that an outbuilding such as a gazebo or greenhouse or freestanding garage would be built. The Historic Preservation Commission will review any proposals for appropriateness.

F. Signs/Exterior Lighting

Should there be an application for signage, plastic internally illuminated box signs with a completely acrylic face are not permitted. Approval will be based on the sign's compatibility with the architectural character of the historic building.

G. Guidelines for New Construction on the Site

See also Additions above. It is important that any proposed new accessory structures be designed to be as sympathetic as possible with the character of the hospital. It is unlikely that there will be new large scale construction on the site. The following guidelines are consistent with all sites that receive local historic designation.

1. Site work

New construction must respect the historic site and location of the building. The primary building on the site must maintain the appearance of a freestanding structure as it was built.

2. Scale

For new construction, 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 the historic building must be compatible to and sympathetic with the design of the original historic building. New construction is to be smaller in size and shorter in height than the historic building. New construction will not extend over the top of the current complex

3. Form

The massing of new construction must be compatible with the goal of maintaining the integrity of the historic building as a freestanding structure. Arrangement of windows, doors, roof shape, and foundation openings must be compatible with the historic property.

4. Materials

The building materials which are visible from the public right-of-way and in close proximity to the original house should be compatible with the colors, textures, proportions, and combinations of original cladding materials used on the historic building. Faux wood grained panels, wood panels, cementitious panels, panels constructed of pressed wood, metal panels or corrugated metal, or panels made of other materials would be inappropriate for new construction

H. Guidelines for Demolition

It is not anticipated that Columbia Hospital would be demolished, either in whole or in part. Although demolition is not encouraged and is generally not permissible, there may be instances when demolition may be acceptable if approved by the Historic Preservation Commission. All of the following guidelines, along with those

required in subsection 11(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. This would generally be in case of a major fire or a natural catastrophe.

2. Importance

Consideration will be given to whether 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 the building or portion of it 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 the building is beyond economically feasible repair.

5. Additions

Consideration will be given to whether 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.





West Side of original wing



ORIGINAL ENTRANCE THEN (LEFT) AND NOW (RIGHT)

