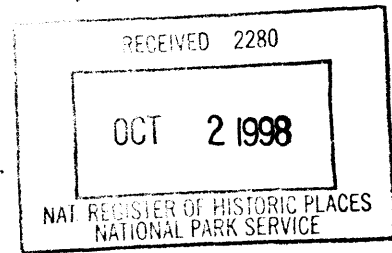1294

United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM

This form is for use in nominating or requesting determinations for individual properties or districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property
Historic name: The Sydenham Hospital for Communicable Diseases
Other names/site number: Montebello State Hospital (Preferred)

2. Location
Street & Number: Argonne Drive   [N/A] Not for Publication
City or town: Baltimore   [N/A] Vicinity
State: Maryland   Code: MD County: Baltimore (City)   Code: 510   Zip Code: 21218

3. State/Federal Agency Certification
As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this [x] nomination
[ ] request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property [x] meets [ ] does not meet the National Register criteria. I recommend that this property be considered significant
[ ] nationally [ ] statewide [x] locally. ([ ] See continuation sheet for additional comments.)

_____   9-17-98
Signature of certifying official/Title   Date

_____
State or Federal agency and bureau

_____
In my opinion, the property [ ] meets [ ] does not meet the National Register criteria. ([ ] See continuation sheet for additional comments.)

_____
Signature of certifying official/Title   Date

_____
State or Federal agency or bureau

4. National Park Service Certification
I, hereby, certify that this property is: Signature of the Keeper   Date of Action
[x] entered in the National Register.
     ( ) see continuation sheet
[ ] determined eligible for the National Register   10/30/98
     ( ) see continuation sheet
[ ] determined not eligible for the
     National Register.
[ ] removed from the National Register   _____
[ ] other, (explain:) _____

5. Classification

Ownership of Property	Category of Property	No. Resources within Property	
		Contributing	Noncontributing
[ ] Private	[ ] Building(s)		
[ ] Public-Local	[X] District	7	2 Buildings
[X] Public-State	[ ] Site	0	0 Sites
[ ] Public-Federal	[ ] Structure	0	0 Structure
	[ ] Object	0	0 Objects
		7	2 Total

Name of related multiple property listing
N/A

Number of contributing
Resources previously
listed in the National
Register 0

6. Function or Use

Historic Functions (enter categories
from instructions)
HEALTH CARE/Hospital

Current Functions (enter
categories from instructions)

7. Description

Architectural Classification
(enter categories from instructions)

Materials (enter categories
from instructions)

LATE 19TH AND 20TH CENTURY REVIVALS/Italian Renaissance   walls: BRICK

roof: CERAMIC TILE

other:

Narrative Description
Describe the historic and current condition of the property on one or more continuation sheets

[X] See continuation sheet

8. Statement of Significance

Applicable National Register Criteria
(Mark x in one or more boxes for the criteria qualifying the property for National Register listing.)

[X] A Property is associated with events that have made a significant contribution to the broad patterns of our history.

[X] B Property is associated with the lives of persons.significant in our past.

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

[ ] D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations
(Mark x in all the boxes that apply.)
Property is:

[ ] A owned by a religious institution or used for religious purposes.
[ ] B removed from its original location.
[ ] C a birthplace or grave.
[ ] D a cemetery.
[ ] E a reconstructed building, object, or structure.
[ ] F a commemorative property.
[ ] G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance (enter categories from instructions)	Period of Significance	Significant Dates
Architecture	1922-1924	1922-1924
Health/Medicine	1924-1949	1924-1949

Significant Person	Cultural Affiliation
Dr. Francis F. Schwentker	N/A
Dr. Horace L. Hodes	
Dr. Margaret H.D. Smith	

Architect/Builder
Glidden, Edward Hughes Sr.

State significance of property, and justify criteria, criteria considerations, and areas and period of significance noted above.

[X] See continuation sheet

9. Major Bibliographic References

Previous documentation on file (NPS):

[ ] preliminary determination of individual listing (36 CFR 67)
[ ] previously listed in the NR
[ ] previously determined eligible by the National Register
[ ] designated a National Historic Landmark
[ ] recorded by Historic American Buildings Survey #_____
[ ] recorded by Historic American Engineering Record #_____

Primary location of add. data:
[ ] State SHPO office
[ ] Other State agency
[ ] Federal agency
[ ] Local government
    [ ] University
    [ ] Other
Specify repository: _____

[X] See continuation sheet

10. Geographical Data

Acreage of property _____ Approximately 10 acres _____

Baltimore East, MD quad

UTM References

	Zone	Easting	Northing
A:	18	363930	4355360
B:	18	363880	4355140
C:	18	363740	4355080
D:	18	363490	4355320

11. Form Prepared By

Name/title Andrea Bakewell Lowery and Laura Hughes, Architectural Historians

Organization Traceries _____ Date March 20, 1997 _____

Street & Number 5420 Western Avenue _____ Telephone (301)656-5283 _____

City or Town Chevy Chase _____ State Maryland _____ Zip code 20815 _____

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NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET
Sydenham Hospital for Communicable Diseases, Argonne Drive, Baltimore, MD 21218

Section number _7_ Page _1_

DESCRIPTION

SUMMARY: SYDENHAM HOSPITAL FOR COMMUNICABLE DISEASES

Sydenham Hospital for Communicable Diseases (later known as the Montebello State Chronic Disease Hospital) is located in Baltimore, west of Herring Run and adjacent to the city's water filtration plant. The hospital campus, as originally constructed in 1922-24, consists of seven buildings: the main hospital building, the administration building, the kitchen, the nurses' home, the laundry with servants' quarters above, the garage, and the power house. In 1939, a residence for the Director of Medical Research was added at the west end of the campus. The campus was designed by noted Baltimore architect Edward Hughes Glidden, Sr. Its institutional-scale, buff brick buildings with stone and terra cotta trim are presented in the Italian Renaissance Revival style, characteristic of the 1920s. The buildings are placed within a campus-like setting with the main hospital building serving as the anchor from which the other buildings are located throughout the grounds. The administration building and the kitchen are positioned as two projecting wings from the hospital building, creating a collegiate setting. Walkways and courtyards lead to the other buildings sited more informally and slightly separated from this main grouping of buildings.

After the hospital closed in 1949, the site was assumed by the Montebello State Chronic Disease Hospital. Several buildings were constructed on the campus by the subsequent owners between 1954 and 1984.

CAMPUS

Sydenham Hospital for Communicable Diseases is located west of Herring Run and next to the Baltimore City water filtration plant.
                                                              The complex is set on a grassy, open, gently sloping site that overlooks Lake Montebello and the Wash Water Reservoir. The original buildings constructed in the 1920s include the main hospital building, administration building, nurses' home, kitchen, laundry, garage, and power house. Also included in the proposed district is   a brick service garage constructed at the northwest corner of the group of service buildings in the 1980s.

Formal relationships are established between the main hospital building and its supporting structures: the kitchen and the administration building. The largest building, the hospital, is

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constructed on a north-south axis. The facade addresses the drive, while a small, rectangular courtyard is established at the rear by the flanking buildings: the kitchen building along the north of the courtyard, and the administration building along the south. These buildings are also connected by a network of tunnels, as was common in hospital campuses. The more service-oriented buildings, including the laundry, the power house, and the garage, are located southeast of this main core. While these buildings are less formal in their placement than the main hospital grouping, their orientation is informed by the placement of the main buildings, with the orientation of the original garage reflecting that of the administration building and those of the laundry and power house mimicking the main hospital building. The nurses' home is separated from both groups of structures, but is aligned with the administration building.

The relationships established by the hospital buildings and their surroundings reflect the nature of the hospital. The complex was sited away from the well-developed areas of the city in an effort to isolate those with communicable diseases, and the idyllic location overlooking the reservoir and surrounding open, rolling hills provided a restful environment for the patients. The scale and placement of buildings exhibit not only an interest in classical planning but contemporary philosophy of promoting convalescence through the use of light, ventilation, and nature.

SETTING

Sydenham Hospital is set on a natural incline that overlooks the Wash Water Reservoir. The cloister formed by the main hospital building, the kitchen, and the administration building is located at the summit of the hill. To the west and south of the cloister are the waters of the Wash Water Reservoir and Lake Montebello. The nurses' home is found east of the hospital building, sited on slightly lower ground. Located at the southeast corner of the cloister, the service buildings are set on a hill leading down to the Quarry Pond and Herring Run.

Formal landscaping was planted near the cloister, accenting the surrounding panoramas, while natural, dense vegetation surrounds the service buildings. A manicured circular green marked the main entrance to the Administration Building, and the gently rolling hills west of the three main buildings were left open affording vistas to the water below. Pine trees were planted at the west end of the cloister, providing the courtyard with some privacy while creating specific views to the water. A gazebo, also located at the west end of the cloister, supplied a scenic overlook to the water below. Likewise, two pine trees mark the entrance to the Director's House, creating a vista to the reservoir. The more utilitarian buildings are somewhat hidden by their location in a ravine. Dense vegetation that lines the edges of Herring Run was left to the east and south of this group of buildings.

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Although not completed as intended, the landscape at Sydenham Hospital followed many of the rules of contemporary hospital planning. According to the 1928 book, *The American Hospital of the Twentieth Century*:

> It is as true in landscape planning as in building planning that the patient must be considered, and the therapeutic and healing benefits of the sun's direct rays must outweigh the architecture; for, as we said in another chapter, the hospital is built for the patient and not for the glorification of the architect or his running mate, the landscape architect. In the laying out of the patients' lawn or patients' court, the planting should be so arranged as to act as a screen from the public, as shelters to benches and as shields against the prevailing cold winds. Fountains and pools ... and plenty of green grass add materially to the interest. ... If there are grades, these grades should be gentle, for the convalescent must be encouraged. All these things help the patients who are just recovering from an operation or convalescing from a fever to enjoy God's great out-of-doors.[1]

Glidden had planned a large garden that was to extend over ten or twelve acres.[2] The garden was to be planted with trees and shrubbery which "included 40 trees, elms, maples, and sycamores, 50 evergreens, such as spruce, hemlocks, Austrian pines, white pines, scotch pines, and junipers, also 600 barberry plants for hedging, banking, etc., 200 enonymus vines (similar to English ivy, but stronger) and also 308 evergreens and flowering shrubs."[3] Although the garden was never executed, the rolling hills overlooking the reservoir and the natural forest that grew along Herring Run provided the convalescents with the basic elements of the natural setting recommended by contemporary theory.

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[1] Edward F. Stevens. *The American Hospital of the Twentieth Century* (New York: F.W. Dodge Corporation. 1928), 533-535.

[2] Edward Hughes Glidden. 21 August 1923. Letter as quoted in meeting minutes of the Board of Estimates. 29 August 1923. microfilm reel 252, 494 (Baltimore City Archives).

[3] Ibid.

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MAIN HOSPITAL

The main hospital building at Sydenham is derived from the Italian Renaissance type. Rectangular in plan, the building measures 200' x 36'[4]. The hospital is divided into a projecting central pavilion and flanking wings. Three stories in height and twenty-five bays wide, the hospital addresses the main road of the complex, and overlooks the courtyard and reservoir to the west. The central portion is marked not only by a projecting portico but also by alternating bays ornamented with Roman arches and a parapet wall that crowns the pavilion. The flanking wings are set back, punctuated with regular fenestration, and terminated by a slight overhang that marks the flat roof above.

Fireproof in construction, the hospital building is supported entirely by brick bearing walls. The floors are concrete slabs. The building is constructed of buff-colored brick laid in stretcher bond and ornamented with stone and terra cotta. Italianate characteristics include the building's form, proportions, regularly placed Roman arches, projecting bracketed cornice, and materials.

East Elevation

The east elevation, or facade, of the Italianate brick hospital addresses the main road of the hospital complex. The facade is divided into twenty-five bays, seven alternating bays in the projecting central pavilion and, at either side, a nine-bay wing with regular fenestration. An arcaded entry portico extends across the first story of the central pavilion. This portico draws heavily on the Italian Renaissance hospital form and bears a striking similarity to the loggia of Florence's Foundling Hospital (1419). The portico, like the central pavilion, is seven bays wide. Brick columns with ornate foliate Ionic terra cotta capitals mark the center five bays. Brick voussoirs line the arches, and stone medallions fill the spandrels. The outer bays are marked with brick walls outlined with slightly projecting piers. Each outer bay is pierced with a small arch lined with a stone sill and brick headers. At the top of the center of each outer bay is a stone medallion like those in the spandrels. The top and bottom of the entablature of the portico are outlined with stone coping. Recessed brick panels mark the outer bays of the frieze of the entablature.

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[4] G. Canby Robinson, Memorandum on Sydenham Hospital, 23 December 1949, MS 243, Box 82, File 15, History of Medicine Division, National Library of Medicine.

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The land slopes slightly to the south revealing a brick basement marked with regular fenestration reflecting the bay system established above. At the first story of the central pavilion, the main, located in the center bay, is outlined with a stone archivolt. The double-leaf, panel and light doors are crowned with a fanlight. All surrounding bays of the first story central pavilion are marked with a 6/6, sash, wood window except one which is marked with a panel and light door; some of the openings are crowned with a rectangular 3-light transom. A single-leaf, panel and light door is located at the center of the second story. Four soldier-lined Roman arch openings filled with 6/6 windows and semi-circular transoms flank the center bay at the second story. The outer bays of the second story central pavilion are filled with smaller Roman arch windows with 4/4 lights and 2-light transoms. The openings at the third story mimic those of the story below, but all openings are filled with sash windows and arched transoms. Irregularly placed narrow 2-light windows dot the facade.

The flanking wings are punctuated with regular fenestration. Six-over-six, sash, wood windows with recessed wooden panels below and Roman arch transoms above (originally doorways) mark the nine bays of the first and second stories of the flanking southern wing, and 6/6, sash, wood windows crowned with Roman arch transoms mark the nine bays of these stories at the northern wing. Continuous concrete slab balconies with simple metal railings extend across the wings at the first and second stories. The third story follows the rhythm established by the fenestration below, but is expressed with 6/6 sash, wood windows, each crowned with a rectangular three-light transom. A slightly projecting stone stringcourse serves as a continuous sill for these openings. Across the wings, narrow rectangular 2-light, wood windows are irregularly placed between the regular bays.

The entire composition is capped with an ornate bracketed cornice of terra cotta, stone, and brick. The cornice is ornamented with molded terra cotta brackets, stone coping, brick dentils, and brick recesses. Stone coping marks the flat roof of the building. Above the projecting central pavilion is a brick and stone parapet wall punctuated with piers following the bay system established below.

South Elevation

The east half of the south elevation is obscured by an addition which houses a firestair. The visible brick portion of the original building is expressed in a manner similar to the facade, with limestone and terra cotta detailing. The elevation is clad in brick laid in stretcher bond. The exposed basement is marked with a 6/6 sash, wood window, and the basement is capped by a molded stone watertable.

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Arcades, two bays of which remain exposed, mark the first and second stories. The arcade at the first story is articulated with brick piers, stone imposts, and brick voussoirs. The west opening is filled with an 8/8 sash, wood window crowned with a 4-light, semi-circular transom, while the east arch is blind. A projecting course of headers and stone beltcourse mark the transition between the first and second story. A second stone beltcourse serves as a continuous sill for the openings at the second story. The arcade at this level is much simpler than that below. These arches are outlined only with brick headers. The west opening is filled with a 6/6 sash, wood window crowned with a 3-light, semi-circular transom, while the east arch is blind. A stone beltcourse serves as a continuous sill beneath the third-story openings. The west opening, like the those at the third story of the facade, is rectangular, lined with rowlock, and filled with a 6/6 window capped with a three-light transom. The eastern bay is blind. The facade from the cornice continues across this elevation.

The firestair addition is simply expressed in buff-colored brick laid in stretcher bond. The west elevation of the addition is marked with a single-leaf, panel and light, wood door at the basement. A flush stone watertable marks the base of the first story. The west elevation of the addition at each of the three stories above is marked with a single sash, wood window with a projecting brick sill. Stone coping caps the composition. The south and east walls of the firestair addition have no openings and present a simple brick wall ornamented only by the stone watertable and the stone coping at the roofline.

West Elevation

The west elevation of the main hospital building addresses the courtyard and overlooks the Wash Water Reservoir. As such, it was also a primary elevation for the building. The elevation is therefore nearly identical to the facade. The central pavilion, however, is less ornate and omits the formal entry portico. The central entrance is also less ornate, reflecting the more private nature of the west elevation. A plain brick arch surrounds the doorway, which is filled with double-leaf, wood, panel and light doors and a Roman arch transom. At the first story, the surrounding six bays are filled alternately with large, 9/9, sash, wood windows and with small Roman arches, many of which are filled with 4/4, sash, wood windows and semi-circular transoms. A single-leaf, panel and light door is located at the center of the second story. Alternating bays also mark the second and third stories of the central pavilion, but these bays are marked with small Roman arch windows, many filled with 4/4, wood windows and semi-circular transoms, and with large Roman arch windows with 8/8, wood windows and semicircular transoms. Without the central portico, continuous concrete slab balconies with simple metal railings extend across the entire elevation at the first and second stories.

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North Elevation

The original north elevation of the main hospital building has been largely obscured by an extensive, red brick, three-story addition that extends to the north of the complex. Only the edges of the plain buff-colored brick walls of the second and third stories remain exposed. A stone stringcourse marks the third story, and the building cornice extends across this elevation.

ADMINISTRATION BUILDING

The administration building is similar in expression to the main hospital building. Designed in the Italian Renaissance Revival style, the symmetrical, seven-bay building is three stories in height and constructed of buff-colored brick. The facade faces south, addressing the road, while the north elevation forms a wall to the courtyard behind.

South Elevation

The facade of the brick, three-story administration building is seven bays wide and symmetrical. A flight of concrete steps leads to an ornate entrance in the center bay. A carved stone archivolt surrounds the entrance. The banded arches are detailed with ropework, reeding, foliage, and medallions. The opening is filled with a double-leaf, panel and light, wood door and a semi-circular transom. An ornate, beribboned escutcheon bearing the Baltimore city seal and ornamented with a cherub crowns the doorway. Medieval-inspired metal lanterns flank the doorway.

Above the molded stone watertable, the bays surrounding the main entrance at the first story are marked with Roman arches. The interior bays are punctuated with stone archivolts, and the outer bays with slightly smaller, recessed, brick arches. Each opening is filled with a segmental, 4/4, sash, wood window with a rowlock sill. A stone beltcourse runs beneath the openings at the second story. The openings at the second story are articulated like those below. A second beltcourse extends beneath the third story openings. All these openings are surrounded by rowlock arches and filled with segmental, 4/4, sash, wood windows.

A terra cotta cornice ornamented with dentils caps the composition. A low-pitched, hipped, clay tile roof with projecting eaves covers the building.

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East Elevation

The brick east elevation is three bays wide and detailed like the facade. The basement is marked with a central single-leaf door flanked by a hopper window to the north and a wood sash window to the south. The basement is capped with a molded stone watertable. Three brick, soldier-lined, Roman arches mark the first story. These arches are filled with segmental, 4/4, sash, wood windows. A stone beltcourse runs beneath the openings at the second story. The openings at the second story are header-lined Roman arches filled with segmental, 4/4, sash, wood windows. A second beltcourse extends beneath the third story openings, which are articulated like those at the second story.

A terra cotta cornice ornamented with dentils caps the composition. A low-pitched, hipped, clay tile roof with projecting eaves covers the building.

North Elevation

This elevation, like the facade, is seven bays wide. The basement wall is punctuated with small hopper windows. The molded watertable extends across the elevation. At the central entrance, a simple, Colonial Revival-style, wood surround has been attached, obscuring much of the original brick archway. Multi-light doors fill the entranceway. A small square opening is located above the entrance. The flanking six bays are marked with brick, soldier-lined, arched openings filled with segmental, 4/4, sash, wood windows. Molded stone stringcourses extend beneath the second and third story openings. A single header-lined Roman arch filled with a segmental, 4/4, sash, wood window marks each bay at the second story and the outer six bays of the third story. The center bay of the third story has been filled with a single-leaf, panel and light, wood door to allow for emergency egress. A metal firestair has been attached to the center of the north face of the building.

A terra cotta cornice ornamented with dentils caps the composition. A low-pitched, hipped, clay tile roof with projecting eaves covers the building.

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<u>West Elevation</u>

The west elevation is nearly identical to the east elevation. Three evenly spaced hopper windows mark the basement. Again, a molded stone watertable caps the basement. The three brick, soldier-lined Roman arches that mark the first story are filled with windows of different sizes. The outer arches are filled, like the three bays at the south elevation, with segmental, 4/4, sash, wood windows, while the center arch is filled with a smaller sash window. A stone beltcourse runs beneath the header-lined second story openings which are filled with segmental, 4/4, sash, wood windows. A second beltcourse extends beneath the third story openings. These openings are surrounded by rowlock arches and filled with matching segmental, 4/4, sash, wood windows.

A terra cotta cornice ornamented with dentils caps the composition. A low-pitched, hipped, clay tile roof with projecting eaves covers the building.

KITCHEN

The kitchen is the third building to form the courtyard complex. This ornate, fireproof, brick building is three stories tall and three bays wide. While the facade is located at the north elevation, the courtyard elevation is also treated very formally. The kitchen is designed, like the rest of the complex, in the Italian Renaissance Revival style using buff-colored brick laid in stretcher bond, stone, and terra cotta. Typical Italianate features include the bracketed cornice, tower, arches, and niche.

<u>North Elevation</u>

The three-story, three-bay facade (north elevation) is constructed of buff-colored brick and ornamented with stone and terra cotta. At the center of the first story is a brick, soldier-lined Roman arch, marking the building's main entrance. The entranceway is filled with a double-leaf, panel and light, wood door. Small, 4/4, sash, wood windows with stone sills flank the doorway, and an additional matching window is located at the east end of the first story. At the second story, three evenly-spaced, 6/6, sash, wood windows with stone sills pierce the wall. A stone stringcourse ornamented with mutules serves as a continuous sill for the third-story openings. The third story is marked with three 6/6, sash, wood windows set in brick, header-lined Roman arches. At the top of the composition is a brick cornice ornamented with terra cotta brackets, brick dentils, brick recesses, and stone coping.

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West Elevation

The northern five bays of the west elevation are three stories in height while the southern two bays are only one story in height. This elevation is detailed like the north elevation. The first story rises above the molded watertable and is marked with seven 6/6, sash, wood windows with semi-circular transoms set in soldier-lined Roman arches. The bottom half of the northernmost bay has been filled with brick. The second story is marked with five 6/6, sash, wood windows with stone sills. The third story is marked with five 6/6, sash, wood windows placed in brick, header-lined Roman arches. A continuous stone sill ornamented with mutules unites these openings. A decorative brick and terra cotta cornice marks the flat roof above.

South Elevation

Although the south elevation is not the facade, it received very formal treatment due to the fact that it was a garden elevation. This three-bay elevation is symmetrical, with the second and third stories recessed from the first story by two bays.

As the lawn slopes gently to the east, a solid brick foundation wall is exposed beneath the molded watertable. Several feet above the watertable, a stone stringcourse forms the base for three soldier-lined Roman arches at the first story. The outer arches are filled with 8/8, sash, wood windows crowned with a 4-light semi-circular transom. The central arch surrounds a niche with a field of rowlock. The one-story projection is crowned with an arcaded and corbelled cornice which is in turn capped with stone coping that marks the flat roof.

The second and third stories are recessed. At the second story the wall is pierced with three openings following the bay system established below. Each of the outer openings is marked with a single 6/6, sash, wood window, while the center bay is articulated with a single-leaf, multi-light door crowned with a transom. The third story employs the same bay system. The outer bays are filled with 6/6, sash, wood windows crowned with arches of headers. The center bay was originally filled with a matching window but, to allow for emergency egress, has been converted to a doorway now filled with a single-leaf, panel and light door. At the base of the third-story window openings is a stone stringcourse detailed with mutules.

At the top of the composition is a brick cornice with terra cotta brackets, brick dentils, brick recesses, and stone coping. The center bay is further extended with a square brick tower. At each elevation of the tower is a Roman arch filled with louvers. A brick stringcourse wraps around the tower, and a corbelled, arcaded brick cornice with stone coping caps the tower.

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East Elevation

The east elevation of the kitchen faces the courtyard and is very similar to the west elevation. The four northern bays of the first story are obscured by a red brick addition constructed in the 1950s. The remaining bays of the first story are marked with brick Roman arches filled with 4/4, sash, wood windows with arched transoms. The second and third stories, each five bays wide, are detailed like the west elevation.

NURSES' HOME

The nurses' home, like the complex around the courtyard, is constructed of brick and ornamented with stone and terra cotta. Designed in the Italian Renaissance Revival style, it is strikingly similar to the administration building. The symmetrical, thirteen-bay building is three stories in height and clad in buff-colored brick.

South Elevation

The facade, the south elevation of the nurses' home, faces the road that winds through the complex. The brick, three-story facade is thirteen bays wide and symmetrical. Concrete steps lead to a decorated entrance in the center bay. A carved stone archivolt surrounds the doorway, which is filled with double-leaf, panel and light, wood doors and a semi-circular transom. An ornate beribboned escutcheon bearing the Baltimore city seal and ornamented with a cherub crowns the doorway. Medieval-inspired metal lanterns flank the doorway.

Above the molded stone watertable, the flanking bays of the first story are marked with Roman arches. The six arches closest to the entry are surrounded with relieving bands of stone, while the outer bays are marked with slightly smaller, brick, soldier-lined Roman arches. Each stone arch is filled with a 9/9, sash, wood window, and each brick arch with a 6/6, sash, wood window. A molded stone beltcourse runs beneath the second story openings, which are simplified versions of the openings below. A 6/6, sash, wood window fills each opening. A second beltcourse extends beneath the third story rectangular openings. These openings are filled with 6/6, sash, wood windows.

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A terra cotta cornice ornamented with dentils caps the composition. A low-pitched, hipped, clay tile roof with overhanging eaves covers the building. A small, plain, square, brick tower and an ornate brick chimney with a corbelled cap project from the center of the roof.

East Elevation

Much of the east elevation of the nurses' home is obscured by the addition of a firestair; only the northernmost bay of the original elevation and the cornice remain visible. Each story of the northern bay is marked with a single, 6/6, sash, wood window. The three-story addition is brick with a flush, single-leaf door at the east end of the first story. The second and third stories of the east elevation of the addition are pierced with a single 6/6, sash, wood window. A molded stone beltcourse separates each story and marks the roofline of the addition. A terra cotta cornice ornamented with dentils caps the original composition. A low-pitched, hipped, clay tile roof with overhanging eaves covers the building.

North Elevation

The north elevation, like the facade, is thirteen bays wide. A brick portico pierced with Roman arches and covered with a flat roof extends across the center five bays of the elevation. The outer eight bays are marked with soldier-lined Roman arches filled with 6/6, sash, wood windows. The roofline of the portico is continued across the north elevation with a molded stone stringcourse. Above the stringcourse are thirteen windows, marking the second story of the building. These openings, header-lined Roman arches, are filled with 6/6, sash, wood windows. Above a second molded stone stringcourse are thirteen third story openings filled with 6/6, sash, wood windows. The detailed cornice and projecting eaves continue across this elevation. A low-pitched, hipped, clay tile roof with overhanging eaves covers the building.

West Elevation

Much of the west elevation of the nurses' home is obscured by the addition of a firestair; only the outer edges of the brick wall and the cornice of the roofline remain visible. The three-story addition is brick with a flush, single-leaf door at the west end of the first story. The second and third stories are punctuated at the center of the west wall with a single 6/6, sash, wood window. A molded stone beltcourse separates each story and marks the roofline of the addition. A terra cotta cornice ornamented with dentils caps the original composition. A low-pitched, hipped, clay tile roof with overhanging eaves covers the building.

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GARAGE

A two-story brick garage is located at the west edge of the service building complex. The garage is seven bays wide, with a central two-story pavilion flanked by one-story wings. Inspired by Italianate building traditions, the fireproof garage is constructed of earth-colored brick and decorated with stone and brick. Typical Italianate features include the building form, the corbelled brick cornice, and the second story arcade.

South Elevation

The south elevation, the facade of the brick garage, is seven bays wide. The center pavilion is two stories in height and covered with a gable roof. One story wings, each three bays in width and covered with a flat roof, extend to either side of the pavilion. Brick pilasters with flat stone capitals divide the bays. The five westernmost bays are filled with panel and light, wood garage doors. The easternmost bay is filled with brick and marked with a single-leaf panel and light door. A pair of pivoting metal windows marks the remaining bay. The garage door in the center bay is flanked by Roman arches filled with wood casement windows. A brick chevron and dentil cornice with stone coping crowns the one-story wings. The second story of the central pavilion is marked with a series of Roman arches filled with wood casement windows. In the center of the gable is a flat stone medallion. The line of the pavilion gable roof is emphasized with corbelled brickwork and stone coping.

East Elevation

The east elevation of the brick garage is two bays wide. The southern bay is marked with a metal awning window, while the opening in the northern bay has been filled with plywood. The brick cornice and stone coping found at the south elevation continues around the east elevation, marking the flat roof of the first story. The second story walls are covered in plaster and pierced with pivoting metal windows.

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North Elevation

The north elevation of the garage is similar to the facade. The seven bays are repeated at this elevation, but the wall surface of the wings is flat. The first story is marked with seven evenly-spaced openings. Pivoting metal windows fill five openings, while plywood fills the westernmost bay and the center bay of the eastern wing. The second story arcade is repeated at this elevation and crowned with a stone medallion. Stone coping echoes the line of the central pavilion's low-pitched gable roof.

West Elevation

The west elevation of the brick garage is two bays wide. The southern bay is marked with a metal awning window, while the opening in the northern bay has been filled with plywood. The brick cornice and stone coping found at the south elevation continues around the west elevation, marking the flat roof of the first story. The second story walls are covered in plaster and pierced with metal casement windows.

POWER HOUSE

Located on the slope down to a stream, the power house is one story in height and supports a large smokestack at the northwest corner. Like the other buildings at Sydenham, the power house is constructed of brick laid in stretcher bond and the ornamentation derived from Italianate tradition.

North Elevation

The openings in the brick wall at the north elevation or facade of the building are irregularly spaced. Two large openings are currently filled with rolling metal doors. There are also two pivoting multi-light metal windows. A corbelled brick chevron and dentil cornice capped with stone coping marks the flat roof above.

West Elevation

The brick west elevation is marked with four regularly spaced window openings which are filled with 9-light, pivoting, metal windows. A corbelled brick chevron and dentil cornice capped with stone coping marks the flat roof above.

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South Elevation

The basement of the power house is exposed at the south elevation. Irregular in form, the basement extends further to the east than the first story. A series of brick projections step out at each level. Brick cornices of dentils and angled brick mark the tops of the basement walls. The brick walls of the first story are pierced only by two single-leaf doors, one at the west elevation of each of the two projections, and by a grate at the south wall. The first story walls are capped with cornices of brick dentils and chevrons and with corbelled brick.

East Elevation

The brick-clad east elevation of the power house is like the west elevation. The east elevation is marked with four regularly spaced window openings filled with pivoting metal windows. A corbelled brick chevron and dentil cornice capped with stone coping marks the flat roof above.

A cylindrical smokestack with an octagonal base is located to the east of the building and reaches a height of 125'. Toward the top of the smokestack are four bands of stone and a band of corbelled brick. A decorative cap of corbelled brick with stone trim crowns the stack.

RESIDENCE FOR DIRECTOR OF MEDICAL RESEARCH

In 1939-1940, the residence for the director of medical research at Sydenham Hospital was constructed west of the kitchen building. Colonial Revival in style, this two-story, frame house was constructed on a concrete foundation, clad in asbestos shingles, and covered with a side-gable roof.

West Elevation

The west elevation, the facade of the house, faces the Wash Water Reservoir. The three-bay house is symmetrical with a central entranceway. This entrance, now boarded up with plywood, is ornamented with a Colonial Revival-style door surround with a scrolled pediment and pilasters. A single sash window, now boarded up with plywood, is located at either side of the doorway. Three 8/8, sash, wood windows mark the second story. Louvered shutters are located at all the window openings. A side gable, asphalt shingle roof covers the building, and an exterior end chimney rises at the south elevation.

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End wall porches flank the composition, but only the north porch is original. Both porches have knee walls that support square columns and are enclosed with screens or glass. The flat porch roofs are bounded by wooden balustrades.

South Elevation

The first story of the south elevation is entirely obscured by an end wall porch, as described above. An exterior end chimney of brick laid in 5-course American bond marks the center of the elevation. To the east is a single, 8/8, sash, wood window with louvered shutters, and to the west is a single-leaf, panel and light door that leads to the roof of the porch.

East Elevation

Like the facade, the east elevation is symmetrical. The three-bay elevation contains a central entry with flanking windows (now boarded up) at the first story, while the second story is articulated with three 8/8, sash, wood windows. Louvered shutters are located at all the window openings. The central entrance is marked by a projecting one-story entrance vestibule with a low-pitched, front gable roof. All openings in the vestibule are boarded up with plywood.

North Elevation

The first story of the north elevation of the house is obscured by a one-story porch, as described above. Two 8/8, sash, wood windows with louvered shutters mark the second story.

Integrity

The integrity of the Director's Residence has been compromised by deterioration and vandalism, and in its present condition the building is considered non-contributing to the hospital complex.

LAUNDRY BUILDING

The laundry building is sited at the base of a gently sloping hill southeast of the courtyard complex and the main historic hospital building. It is located among the original "service" oriented buildings of the hospital campus, which include the power house immediately to the south and the garage to the southwest. A modern maintenance building, distinguished by its materials and style, lies directly to the west of the laundry building. The east elevation of the laundry is partially obscured by the sloping site and deep ravine, and the large trees and overgrown vegetation.

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Constructed of earth-colored brick laid in stretcher bond and ornamented with stone trim, the laundry draws heavily on the Italian Renaissance style. It is rectangular in plan with a two-story, brick, front gable pavilion flanked by narrow, flat roof, one-story wings. The building's Italianate style and detailing echo the other buildings of the campus. (The following description was prepared before the initiation of the rehabilitation/adaptive reuse project currently in progress.)

North Elevation

The brick-clad north elevation of the laundry is a silhouette of the building, a two-story central pavilion with shallow flanking wings. Due to the change in grade, a parged concrete foundation is exposed at the east end of the elevation. A flush, two-story brick wall rises above. The east end of the basement wall is pierced with a multi-light, pivoted, steel window, currently obscured by plywood. A course of soldier brick marks the base of the first story of the building. A header-lined, arched opening is located in the center of the elevation between the basement and the first story. The original double-leaf, panel and light, wood door is obscured by plywood. This central opening is flanked at the first story by oeillets with rowlock sills. The original steel, three-light windows are currently hidden by plywood. These openings are in turn flanked by rectangular window openings with sills and lintels of rowlock. These two openings are crowned with fields of headers defined by soldier-lined, segmental arches outlined with a projecting arch of headers and piers of stack bond. The narrow one-story wings are terminated with a cornice of angled brick and sawtooth stone coping, marking the flat roof above. The two-story gabled section of the laundry continues to rise at the center of this elevation, and the second story is marked with three Roman arched openings with sawtooth stone sills and outlined with brick headers. The three openings are filled with 6/6, sash, wood windows. A stone medallion outlined with headers is located in the center of the gable, and the gable roof is lined with stone coping with a corbelled brick key detail at the corners.

West Elevation

The eight-bay west elevation is two stories in height across the northernmost six bays of this elevation while the southern two bays rise only one story in height. The first story is articulated with brick while the second story, slightly recessed, is covered with plaster. At the base of the first story is a course of soldiers. The northern seven bays at the first story are marked with Roman arches that define window and door openings. Each arch is outlined with a projecting row of headers and piers of stack bond that extend to the ground, interrupting the course of soldiers at the base. The field between each opening and arch is filled with headers.

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The northernmost Roman arch was originally a doorway, but the bottom of the opening was at some point bricked up, reducing the aperture to a window opening. A small, rectangular window opening with a projecting rowlock sill is located to either side of this large opening. In each of the five bays at the south end of the two-story portion of the building is a window opening; the opening in the second arch from the south was also originally a doorway, but was at some time reduced to the size of a window. Plywood or brickwork currently obscures the pivoted, steel windows that fill these openings. Each large opening contains a pair of 5-light, pivoted, steel windows separated by a mullion. The doorway at the southernmost Roman arch is flanked by the same small, rectangular openings seen in the northernmost bay. Plywood obscures the double-leaf door in this opening. A flat-roof, metal awning is mounted over this doorway. The southernmost bay of the building is occupied by three evenly spaced window openings that match the other small, rectangular openings at the first story of this elevation. Like the other openings at the first story, these apertures are filled with plywood, obscuring the original steel windows. A cornice of angled brick and stone coping marks the step back to the second story.

A series of metal downspouts is located across the first story of this elevation. A large, square, banded leader head leads to a smaller downspout, which in turn leads to a wider downspout base and shoe.

The second story of the building extends over the northernmost six bays of the first story. The stuccoed, terra cotta tile wall of the second story is recessed 6' 11-1/2" from the first story brick wall. The second story is punctuated with eleven regularly spaced openings. The ten northernmost openings are filled with 6/6, sash, wood windows with simple, flat panel, wood frames. The southernmost opening is a doorway currently filled with plywood. To the south of the doorway is a window opening that was, at some point, infilled and stuccoed. A corbelled stucco cornice surmounted by a metal gutter caps the composition, marking the eave of the built-up, low-pitched, gable roof. Two small, cylindrical, metal ventilators pierce the ridge of the roof.

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South Elevation

The south elevation of the laundry is five bays wide. The flat-roof first story projects 38' 2" in front of the second-story gable end wall. Again, at the base of the composition is a course of soldiers. The primary entrance through the south elevation is located in the center bay. This stack bond-lined opening is crowned with a brick, segmental arch which is outlined with a projecting row of headers. The four bays flanking the center bay are marked with rectangular openings. The two bays to the east and the inner west bay are window openings with stone sills. The openings are currently filled with plywood, obscuring pivoted, steel windows. The westernmost bay of the first story is a doorway with an original, single-leaf, panel and light door. A three-light transom, currently filled with plywood, is located above this entrance. The cornice of this brick wall is lined with angled brick and stone coping, marking the step back to the second story.

The recessed second-story gable wall is clad in brick laid in stretcher bond and is punctuated with three evenly spaced, 6/6, sash, wood windows capped with arches of headers. A flat stone medallion outlined with headers is located in the center of the gable, and the gable roof is lined with stone coping with a corbelled brick key detail at the corners.

East Elevation

The east elevation of the laundry is very similar in detail to the west elevation. The nature of the sloping site provides for a more exposed foundation at this elevation, revealing the parged concrete base at the north end. Two openings pierce the concrete foundation at the north edge of the basement wall. These openings, filled with pivoted, steel windows, are covered with plywood.

A course of soldiers forms a watertable above the concrete foundation. The first story of the east elevation mimics that of the west elevation, with seven Roman arch openings articulated like those on the west elevation. The northern six arches have brick sills and are filled with pairs of 5-light, pivoted, steel windows, now obscured by plywood or brickwork. The southern arch is also filled with a pivoted, steel window, but has a stone sill and is flanked by two small, rectangular window openings with stone sills. These smaller, flanking openings match those on the west elevation, as do the three openings in the southernmost bay, but with stone sills. Each of these smaller openings has been filled with plywood. A cornice of angled brick and stone coping marks the step back to the second story.

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A series of metal downspouts is located across the first story of this elevation. A large, square, banded leader head leads to a smaller downspout, which in turn leads to a wider downspout base and shoe.

The recessed, stuccoed second story of the east elevation is like that of the west elevation. Ten of the twelve openings on this elevation are filled with 6/6, sash, wood windows with flat panel frames. The remaining two openings, the second from each end, are doorways filled with panel and light Dutch doors. A corbelled, stucco cornice surmounted by a metal gutter caps the composition, marking the eave of the built-up, low-pitched, gable roof. Two small, cylindrical, metal ventilators pierce the ridge of the roof.

The Laundry Building is currently undergoing rehabilitation to serve as a residential facility.

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STATEMENT OF SIGNIFICANCE

Summary

Located in northwest Baltimore, north of Lake Montebello, Sydenham Hospital was constructed in 1924 as a hospital for the treatment of communicable diseases. The area surrounding Sydenham Hospital is notable for the presence of such prominent Baltimore landmarks as Memorial Stadium, the City Filtration Plant, and Clifton Park, as well as several substantial institutions including Morgan State University, Eastern High School, and City College. The hilly site overlooks several bodies of water including Herring Run, Quarry Pond, Lake Montebello, and Wash Water Reservoir.

Sydenham Hospital, a Baltimore city hospital, is both historically and architecturally significant. A number of treatments were pioneered at Sydenham, allowing for the development of break-through procedures in the field of communicable disease control, and several important doctors, including Dr. Francis F. Schwentker, Dr. Horace L. Hodes, and Doctor Margaret H.D. Smith, performed key research into the treatment of communicable diseases while at Sydenham. Furthermore, Sydenham Hospital provides a fine example of 1920s hospital planning and design as well as an excellent illustration of the work of prominent Baltimore architect, Edward Hughes Glidden, Sr.

Pioneering Research at Sydenham Hospital

At the turn of the century, communicable diseases such as diptheria, scarlet fever, and measles were often fatal to the victim. According to an 1899 report by Dr. C. Hampson Jones, Baltimore's Commissioner of Health, there was no city hospital specifically for the treatment of patients suffering from communicable diseases. With no means to check cross-infection, such diseases were epidemic. This meant that patients were usually treated at home, without constant medical supervision and in situations where cross-infection could easily occur.

In 1909, the city finally built a hospital for communicable diseases at Bay View (Baltimore City Hospital). With the rise of infectious diseases, the 40-bed hospital was quickly outgrown. In spite of an expansion of the hospital in 1914, allowing for the accommodation of 60 patients, it was soon apparent that a new hospital was needed. Hospital admittance records for 1909 indicate that only 77 patients were registered; by 1923 the number had risen to 620. This reflected a nationwide trend in hospital registration and patient admittance, and hospital building in the 1920s rapidly surpassed that of the previous decade.

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The volume of hospital care was impressive, even in the early 1920s; it was to
become more so under a rush of construction throughout the decade. Patients spent
over 53 million days in general hospitals in 1922, the equivalent of one day for
every two members of the population. Year by year a larger proportion of the
population had some connection with the hospital as a patient. Hospital
construction boomed in the 1920s, buoyed up by successful hospital fund-raising
efforts and by an increasing number of bequests. ... [By 1930] hospitals [were] one of
the largest enterprises in the United States, outstripped only by the iron and steel
industry, the textile industry, the chemical industry, and the food industry.[5]

By 1921 the city of Baltimore decided to replace the 60-bed communicable disease hospital they had
outgrown at Bay View. Edward Hughes Glidden, Sr., a Baltimore architect, was selected to design
the new hospital. Constructed in 1924, the building was fully equipped to care for 110 patients in
the hospital pavilion, and by September 25, 1924 the hospital was occupied. In his 1924 annual
report on Sydenham hospital, Dr. C. Hampson Jones wrote, "We are admitting patients suffering
with a large variety of Communicable Diseases, and are able to easily care for them without danger
of cross-infection, on account of the large number of private rooms and small wards available."[6]

Sydenham Hospital rapidly became important locally as the only communicable disease hospital in
the state of Maryland.[7] It was also used as a training hospital for a number of local institutions
including Johns Hopkins Hospital, West Baltimore General Hospital, University Hospital, United
States Marine Hospital (Baltimore), and Duke Hospital of North Carolina. Student nurses from
affiliated hospitals were required to train at Sydenham for 4-6 weeks. Local students in preventative
medicine, public health, and pediatrics were also required to study at Sydenham, which offered a
six-month course in the care and treatment of communicable diseases.

By the 1930s, Baltimore's health care system was touted nationwide. Baltimore ranked first of cities
with a population greater than 500,000 in a national health conservation contest, "The Interchamber
Health Conservation Contest." This competition, organized by the U.S. Chamber of Commerce
and the American Public Health Association, was based on local public health ventures contributing

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[5] Rosemary Stevens, *In Sickness and in Wealth* (New York: Basic Books, Inc., 1989), 111.

[6] Baltimore City Department of Health, *Annual Report of the Department of Health* (Baltimore: City of Baltimore, 1924).

[7] *Sydenham Hospital of the City of Baltimore: A Study of the Business Aspects of its Operation and Management* (Baltimore: Commission on Government Efficiency and Economy, November 1948).

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to disease prevention and health conservation. The contest was awarded to "the most effective and best balanced community health program."[8] Baltimore won this distinction in 1932 and again in 1934.

Until 1935, Sydenham's ministry focused on the treatment of communicable diseases and training students and hospital workers in the most effective care and therapy of patients suffering from communicable diseases. Most city hospitals across the country were unable to pursue research topics and theories. Typically, research was conducted at private hospitals, while "city government hospitals remained stepchildren of the hospital system, with an average cost per patient day half that of voluntary hospitals."[9] A few city hospitals like those in Providence, New York, and Detroit distinguished themselves by developing strong research capabilities. Sydenham was determined to follow the examples of these research institutes, and in 1935 established a full-time position for a Director of Medical Research.[10] The inadequate laboratories were modernized and fitted with the most current technology, and the administrative and nursing staff was reorganized. With the appointment of Dr. Francis F. Schwentker and the research into anti-biotics being performed at the hospital, Sydenham Hospital began to figure prominently in medical research and pioneering treatments on the national level.

In the late 1930s and early 1940s a number of critical research projects in the field of communicable disease control were undertaken at Sydenham Hospital. The most notable experiments conducted at Sydenham included the trial of sulfapyridine and sulfanilamide against measles-pneumonia and meningitis. Sulfanilamide was first given a conclusive trial in the fight against meningococcic meningitis by Doctor Schwentker, and several years later, his successor, Dr. Horace L. Hodes began to experiment with the use of sulfapyridine against measles-pneumonia. Before the development of the use of sulfapyridine, measles-pneumonia "was practically always fatal."[11] Sulfapyridine proved effective against not only measles-pneumonia but also pneumococcus meningitis, drastically reducing the mortality rate associated with these diseases. Likewise, sulfonamides were successfully used against meningococcic meningitis. Other medical developments resulting from research conducted

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[8] "Baltimore Wins Honor City Title in Health Contest," *Evening Sun.* 22 April 1932. 54.

[9] Stevens, *In Sickness and In Wealth.* 137.

[10] Baltimore Commissioner of Health (unnamed). Letter to Norman Boyd. 25 April 1939, MS 243, Box 81, File 14. History of Medicine Division, National Library of Medicine.

[11] Untitled article in Sydenham vertical file at the Enoch Pratt Free Library.

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at Sydenham included "the discovery of the value of tracheotomy in the treatment of bulbar polio-myelitis, the demonstration of the role of the measles virus in the production of encephalitis, improvements in the treatment of pyogenic meningitis, ... pioneer work on the cause of epidemic diarrhea in the newborn, [and] ... research regarding circulatory changes occurring in diptheria."[12] Indeed, the research at Sydenham so inspired the city Commissioner of Health, Dr. Hungtington Williams, as to declare "that Sydenham's research department will become as valuable in the prevention and cure of communicable diseases as the city communicable disease hospitals of New York and Providence, RI."[13]

Based on a 1948 assessment of the hospital, Sydenham was still highly valued shortly before its closing. It was considered "a local center of knowledge and research in communicable diseases and allied subjects, ... [and] the local hospitals and medical profession depend[ed] on Sydenham to provide the facilities that are needed for the care of patients with communicable diseases and to provide training for medical students in that field."[14] However, due to new methods of treatment and new drugs, particularly anti-biotics like those developed at Sydenham, the number of patients suffering from communicable diseases declined dramatically in the 1940s. Whereas the daily average number of patients in 1938 was 60, ten years later, this number had decreased by more than 50%.[15] This resulted in fewer patients and a rapidly rising per diem cost. Despite the objections of local doctors, Sydenham Hospital was closed in 1949, echoing a nationwide trend. The hospital remained closed until 1956, when it reopened as a chronic disease hospital.

The Doctors at Sydenham Hospital

In 1935, Sydenham Hospital was established as a research institute, and several prominent pediatricians specializing in epidemiology would hold the title of Director of Research at Sydenham. Each of Sydenham's medical professionals to hold this title, including Dr. Francis F. Schwentker, Dr. Horace L. Hodes, and Dr. Margaret H.D. Smith, were responsible for the research

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[12] "Baltimore's Sydenham Service for Hospital Care of Communicable Diseases. 1909-1924-1949," *Baltimore Health News,* August-September 1949.

[13] Harry Haller. "Sydenham Checks Two Scourges." *Sun,* 6 August 1939.

[14] "Sydenham Hospital of the City of Baltimore: A Study of the Business Aspects of its Operation and Management," 2.

[15] "Baltimore's Sydenham Service for Hospital Care of Communicable Diseases. 1909-1924-1949."

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and development of pioneering medical techniques while at Sydenham and, indeed throughout their careers. In its years as a research facility, Sydenham quickly moved to the forefront of the crusade against common infectious diseases, most notably measles-pneumonia, meningococcic meningitis, and pneumococcic meningitis.

In November of 1935, Dr. Francis F. Schwentker was appointed the first Director of Medical Research at Sydenham. By the time of his appointment, Francis Frederic Schwentker, of Schenectady, New York (1904-1954) had thoroughly established his reputation in pediatrics in Baltimore through his work at Johns Hopkins. After graduating from Union College in New York in 1925, Schwentker proceeded to Baltimore where he received his M.D. from Johns Hopkins in 1929. He remained at Johns Hopkins as an intern (1929-1930) and then as Assistant Resident in Pediatrics (1930-1931). Between 1931 and 1934, Dr. Schwentker was an assistant at the Rockefeller Institute for Medical Research. In 1934, he returned to Hopkins, becoming an associate pediatrician and instructor in pediatrics (1934-38).

With Schwentker's appointment as the first Director of Research at Sydenham, the hospital hoped to emerge as an important research facility, following in the footsteps of the New York, Providence, and Detroit City Health Departments. Despite the difficulties of establishing a city-run hospital as a noted research facility, these departments had developed strong reputations for their research and outstanding staff. With this goal in mind, the laboratories at Sydenham were upgraded and equipped with the most modern technology, and the administrative and nursing staff was reorganized to support the new research efforts.

In early 1937, Dr. Schwentker experimented with the use of sulfanilimide, in the fight against meningococcic meningitis. By 1937, the effectiveness Dr. Schwentker's use of the sulfonamide against the disease was widely reported in national medical journals. As a result of this work, Schwentker became known as a pioneer in sulfa therapy and an originator of the treatment of epidemic meningitis.

In 1938, Dr. Schwentker left Sydenham to join the staff of the International Health Division at the prestigious Rockefeller Foundation (1938-1946). During his tenure at the Rockefeller Foundation, Dr. Schwentker further distinguished himself through his discovery of a method for obtaining immunity to psittacosis (parrot fever). Between 1940 and 1942, Schwentker also served as an advisor to the Secretary of War, counseling on communicable diseases. In 1946, Dr. Schwentker left the Foundation to return to Johns Hopkins, where he was appointed Pediatrician in Chief and

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Professor of Pediatrics. In 1949, he was elected president of the Society for Pediatric Research. Dr. Schwentker held his position at Johns Hopkins until his death in Baltimore on November 8, 1954.[16]

When, in 1938, Dr. Schwentker joined the staff at Rockefeller Foundation, Dr. Horace L. Hodes was appointed to replace him as Director of Research at Sydenham. Dr. Horace Louis Hodes,[17] of Philadelphia (1907-1989), had received his A.B. from the University of Pennsylvania in 1927 and his M.D. from the same institution in 1931. Horace Hodes distinguished himself in the field of medicine even before completing his education by discovering, while only in his first year of medical school, that the primary purpose of Vitamin D is to induce the absorption of calcium from the intestines. Upon his graduation, Dr. Hodes became an intern at Children's Hospital in Philadelphia (1931-1933). He first worked in the Baltimore area when he was employed by Johns Hopkins as Assistant Resident Pediatrician (1933-1934). In 1934, Hodes became the Chief Resident Physician at the Philadelphia Children's Hospital but returned to Baltimore the following year to become director of the dispensary (Harriet Lane Home, 1935-1936). In 1936, Dr. Hodes left Hopkins to join the Rockefeller Institute, where he specialized in pathology and bacteriology until 1938, when he assumed posts at two Baltimore hospitals: Medical Director of Sydenham Hospital and Associate Professor of Pediatrics (Medical School) and lecturer on Epidemiology (School of Hygiene) at Johns Hopkins.

At Sydenham, Dr. Hodes continued where Dr. Schwentker left off, and began to experiment with the use of sulfapyridine against measles-pneumonia. In April 1939, the success of this drug was being reported in national medical journals, and by August 1939, the drug was being hailed by the national press as a success in the war against measles-pneumonia and pneumococcic meningitis. Subsequently, Dr. Hodes discovered a second use for sulfapyridine; the drug could successfully be used against meningococcic meningitis. Dr. Hodes' research at Sydenham included a number of other important projects, including "the discovery of the value of tracheotomy in the treatment of bulbar poliomyelitis, the demonstration of the role of the measles virus in the production of encephalitis, improvements in the treatment of pyogenic meningitis, and pioneer work on the cause of epidemic diarrhea in the newborn."[18] In December 1942, Dr. Hodes took a leave of absence from Sydenham to enter the U.S. Navy as a member of the Naval Medical Research Unit. During

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[16] "F.S. Schwentker. Pediatrician. 50," *New York Times*, 9 November 1954. *Who Was Who in America*, Vol. 3 (Chicago: The A.M. Marquis Co., 1960), 766. *American Men of Science* (Lancaster, PA: The Science Press, 1949), 2210.

[17] Also known as Horace Lewis Hodes.

[18] "Baltimore's Sydenham Service for Hospital Care of Communicable Diseases, 1909-1924-1949."

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his absence, Dr. Margaret Hamilton Donald Smith served as the Director of Medical Research at Sydenham.

Dr. Smith (1915-), of New York City, was educated in Switzerland and Germany. Following her European schooling, Smith moved to Baltimore, where she studied medicine at Johns Hopkins. She received her M.D. from Hopkins in 1939. Upon her graduation, Dr. Smith began working as an intern pediatrician at Baltimore City Hospital (1939-1940). In 1940, she joined Johns Hopkins Hospital as Assistant Resident Pediatrician, and in 1941 she travelled to Ann Arbor as a resident in pediatrics at the University of Michigan Hospital. The next year Dr. Smith returned to Baltimore and assumed Dr. Hodes' position. While heading the research department at Sydenham, Dr. Smith began to teach courses in pediatrics at Johns Hopkins. During her tenure at Sydenham, Dr. Smith directed important research, including key studies on the cause of shock in meningococcic meningitis. Dr. Smith also performed seminal experiments proving the effectiveness of streptomycin in the treatment of meningitis due to Hemophilus influenzae organisms.

In January 1946, Dr. Hodes returned from his service in the military and resumed his position as Director of Medical Research. Upon leaving Sydenham, Dr. Smith became a National Research Council fellow with the Rockefeller Institute (1946-1948). In 1948, she was named Associate Professor of Pediatrics at Tulane's medical school (1948-1952) and then of Microbiology (1952-1955). Between 1955 and 1959, Dr. Smith worked at New York University's school of medicine, returning to Tulane in 1959 to assume the title, Professor of Pediatrics and Epidemiology. While at Tulane, Dr. Smith evaluated antimicrobial drugs in the treatment of childhood tuberculosis, earning "a worldwide reputation as an authority on childhood tuberculosis and its indications."[19] Dr. Smith so distinguished herself in the field of pediatrics, that in 1973 she was appointed director of the Children's Hospital of Newark. She then served as a member of the microbiology and infectious diseases advisory committee for the National Institute for Allergy and Infectious Diseases (1975-80), and as a member of the advisory committee on the elimination of Tuberculosis Centers for Disease Control, and as Chairman of the Committee of Infectious Diseases of the American Academy of Pediatrics. She also held a number of prestigious posts, including Vice President of Society of Pediatric Research (1958-1959), President of the American Pediatric Society (1976), and Professor Emeritus at Tulane (1980-present) and received a number of awards including the Mead Johnson Award from the American Academy of Pediatrics for her work on pediatric infectious diseases

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[19] "School Honors Medical Team," *Times-Picayune*, 27 May 1973, 8.

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(1953), the Jacobi Award from the AMA (1979), and the Distinguished Physician Award from the Pediatric Infectious Disease Society (1989).[20]

When Dr. Smith left Sydenham, Dr. Hodes resumed his original position as Director of Medical Research. Upon his return to Sydenham, Dr. Hodes began to direct studies regarding the circulatory changes occurring in diptheria. Based on this research, it was possible to develop more effective treatments for patients suffering from the disease. In addition, he directed a number of studies of Japanese encephalitis. Dr. Hodes remained at Sydenham until it closed in 1949. After the hospital closed, Dr. Hodes continued to distinguish himself in the fields of pediatrics and infectious diseases. He was instrumental in the founding of the Mount Sinai School of Medicine in New York City and became Director of Pediatrics there (1949-1976). Concurrently, he was Professor of Pediatrics at Columbia University (1949-1970). During that time, Dr. Hodes wrote a number of articles and co-authored a book, *Common Contagious Diseases*. He rose to become chairman of the Department of Pediatrics at Mt. Sinai (1964-1976) until he was appointed Professor Emeritus (1976).

While in New York Dr. Hodes expanded his fields of expertise to include not only common contagious diseases, measles, antibiotics and immunology, but also neurotropic viruses, mosquito transmission viruses, viral gastroenteritis, and pertussis. Through his research, Dr. Hodes was responsible for a number of additional scientific contributions, including the isolation of the virus now known as the "Rostavirus," the most common cause of gastroenteritis among infants and children, and for assisting in the development of the polio vaccine.

Distinguished in his field, Dr. Hodes received a number of honors for his work in pediatrics and infectious diseases. He received the Mead Johnson Award from the American Academy of Pediatrics (1946) and the Howland Award, the highest honor bestowed by the American Pediatric Society (1982). He belonged to a number of academic societies, serving as an officer of several of these societies; Dr. Hodes was elected President of the Society of Pediatric Research (1951-1952) and President of the American Pediatric Society (1974-1975). In 1985, he was named to the Johns Hopkins University Society of Scholars.[21]

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[20] *Who's Who in America* (Wilmette, IL: MacMillan, 1994), 3219. *American Men and Women of Science* (New York: Jaques Cattell Press/R.R. Bowker Co., 1972), 2747.

[21] *Who Was Who in America*. Vol. 10 (New Providence, NJ: MacMillan, 1989-1993), 164. *American Men and Women of Science*, 1972, 2747. *American Men and Women of Science: The Physical and Biological Sciences*, Vol H-K (New York: R.R. Bowker Co., 1966), 2327. *American Men and Women of Science: The Physical and Biological Sciences*, Vol III (New

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Sydenham's role as a hospital for communicable diseases and development as a research facility allowed its doctors to focus their efforts on understanding and curing a number of infectious diseases, many of which were often fatal. Dr. Schwentker, Dr. Hodes, and Dr. Smith, all of whom served as Director of Medical Research at Sydenham, performed important medical research while at Sydenham and throughout their careers. Under Dr. Schwentker and Dr. Hodes, significant new treatments for patients suffering from number of contagious diseases, including pneumococcic meningitis, meningococcic meningitis, and measles-pneumonia, were developed and proven successful at Sydenham. Additional research was performed under Dr. Hodes into the treatment of a number of contagious diseases including bulbar poliomyelitis, encephalitis, pyogenic meningitis, epidemic diarrhea in newborns, and diptheria. Dr. Smith continued in this vein, directing additional studies critical to understanding and treating meningococcic meningitis during her tenure at the hospital. Thus, Sydenham was an unusual and noteworthy city hospital in that it functioned not only as a hospital, but as an important research establishment led by several illustrious doctors.

The Design of Sydenham Hospital

The plan and architecture of the Sydenham-Montebello Hospital represent a carefully conceived, designed and crafted medical campus that remains essentially intact. As the work of a prominent Baltimore architect, Edward Hughes Glidden, Sr., the hospital is an important example of design and plan applied to the functional aspects of medical practice, theory and treatment. The location outside the city provides a bucolic setting for the critically ill patients, and the restrained Italian Renaissance design offers a straight forward yet dignified approach to the architecture.

When the Baltimore City Health Department decided to construct a hospital for communicable diseases, site selection as well as the selection of an architect was crucial in the development of a hospital to successfully combat communicable diseases. Dr. John F. Hogan, a superintendent of Sydenham and a member of the team of doctors involved in the development of the hospital, addressed the development of the proposed institution saying, "Such diseases should be cared for not only by a specially trained staff but by an institution the architecture of which is specially arranged for this work."[22]

York: R.R. Bowker Co., 1982), 733. *American Men and Women of Science: Biological Sciences.* Vol II (Lancaster, PA: The Science Press, 1955), 519. *Who's Who in America,* Vol. 1 (Wilmette, IL: MacMillan, 1988), 1437. "Horace Hodes, a Pediatrician, 81; Linked Virus to Gastroenteritis," *New York Times,* 25 April 1989, B-10.

[22] "Sydenham Backed for Polio Control," *Evening Sun,* 16 July 1949.

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The selection of an architect seems to have been a slightly easier task as the Municipal Hospital Committee, directed by Dr. Winford H. Smith, superintendent of Johns Hopkins Hospital, proposed three Baltimore architects for the design of the new hospital.[23] Only two of the three proposed are known: Edward Hughes Glidden, Sr. and Simonson & Pietsch.[24] The three architects submitted plans for the new hospital. Of the three competitors, Mayor Broening and the Board of Estimates selected local architect E.H. Glidden, Sr. in 1921.

Edward Hughes Glidden (1873-1924) was born in Cleveland, Ohio, where his family lived until moving to Baltimore, where his father, William Glidden, founded Glidden Varnish Works.[25] Edward Glidden's early school years were spent in local schools. He chose not to follow in his father's footsteps, and instead began to study architecture in 1889.[26] In the late 1890s, Glidden entered an atelier in Paris to continue his formal training in architecture.[27] Glidden and his wife,

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[23] "Lists Hospital Architects," *Sun*, 17 February 1921, 7.

[24] Surmised from existing proposal for Sydenham Hospital & destroyed drawing at the Peale Museum and newspaper research.

[25] According to the corporate history at Glidden Paints, Glidden Varnish Works was a separate company. In the 1860s Francis Harrington Glidden entered the paint business and was established in Cleveland, Ohio in the 1870s. In the early portion of the decade, he opened a branch office of the New York firm of William, Tilton, and Matthew. Between 1871 and 1875, Francis and his brother, WPH Glidden, worked together in the paint manufacturing business. Around 1875, WPH Glidden, perhaps the father of Edward Hughes Glidden, left the company. Francis Harrington Glidden went on to work with Levy Brackett and Thomas Bowles, eventually forming the company that would become Glidden Paints. Glidden Varnish Works was a Baltimore company that was begun by William Glidden.

[26] Edward Hughes Glidden, Application to the American Institute of Architects, 12 August 1901.

[27] The information available regarding Glidden's education in Paris and the establishment of his own practice is somewhat contradictory. According to James Goode's *Best Addresses*, Glidden studied at the Ecole des Beaux Arts, returning to Baltimore in 1903. Glidden's obituary in the *AIA Journal* states that he attended school in Paris between 1908 and 1912. Although according to several accounts Glidden studied in Paris, it is not confirmed that he attended the Ecole, making it more likely that he studied at a Paris atelier. Both the 1903 and 1912 dates for Glidden's return seem too late, given that Glidden would have had to leave his wife and child alone in Baltimore for four years. (Based on an account of EH Glidden, Jr.'s life in the 1925 *Tercentary History of Maryland*, the younger Glidden was born in Baltimore in 1901 and educated in Baltimore public schools until 1917, when he began his studies at the Baltimore Polytechnic Institute.) Furthermore, Glidden is listed as a resident and practicing architect of Baltimore in the city directories from 1901 until 1924. Finally, several of Glidden's buildings date from the years he would have been in Paris (i.e., the Cecil, 1902; Canterbury Hall, 1910; and Calvert Court, 1911). Another discrepancy between the obituary and the facts known about Glidden's career is the date that Glidden established his own practice. The obituary states that upon his return from Paris in 1912, Glidden was "engaged in

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Pauline Boucher Glidden returned to Baltimore in 1901. Upon his return, Glidden opened his own practice in the Atlantic Trust Building.

Glidden designed a number of notable Baltimore apartments including the Mount Royal (1899), Cecil (1902), Rochambeau (1905), Washington (1907), Marlborough (1907), Canterbury Hall (1910), Homewood (1910), Calvert Court (1911), Tudor Hall, and Wentworth; in 1906 he also designed the impressive Wendell Mansions Apartments on Massachusetts Avenue in Washington, D.C.[28] These large, prestigious buildings drew on Glidden's training in Beaux-Arts design, using traditional plans, motifs, and decoration. These buildings secured Glidden's place in Baltimore architecture in the early 1900s.

Glidden's appointment as Inspector of the Works for the New Court House for the year of 1912 may have led him to take a partner. For three years (1911-1913) Glidden shared his practice with Clyde N. Friz. Examples of the work of this partnership exist in Roland Park, where Glidden & Friz worked with Edward L. Palmer, Howard Sill, the Olmstead brothers, and Ellicott & Emmart, who Glidden had known since his days in the Atlantic Building. Following his work on the court house, Glidden returned to solo practice.

Other notable Baltimore buildings designed by Glidden include 7th Baptist Church (1907), the Furness House (1917), and the Alexander Hamilton School. By 1921 Glidden was considered one of the city's premier architects and was one of three city architects recommended for the commission of Sydenham Hospital. That same year, he received the commission and began his work on what was to be his only hospital project. His final work would be a collaboration with Hobart Upjohn, "preparing plans in the competition for the new Baltimore City College,"[29] a project Glidden was involved in until his death in 1924.

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the capacity of inspector on the New Court House Building" and opened his own practice after holding this post. Based on his 1901 AIA application. Glidden had been studying architecture since 1889. and practicing since 1899. and city directory research confirms that Glidden opened his own office in Baltimore in 1901.

[28] It is interesting to note that throughout his career, Glidden and his wife lived in apartment buildings he had designed (Mount Royal: the Cecil, and the Homewood). He also figured prominently in the management of several Baltimore apartment buildings. serving as Treasurer of the Maryland Apartment House Company (1908-1921).

[29] "Edward H. Glidden. Elected to Institute in 1901, Died at Baltimore 2 May 1924." *AIA Journal* 13 (1925), 39.

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Glidden's son Edward Hughes Glidden, Jr. was born in Baltimore in 1901. Educated in Baltimore schools, he attended the Baltimore Polytechnic Institute and received his architecture degree from the University of Pennsylvania. Upon his father's death, Edward Glidden, Jr. assumed control of his father's firm. Throughout his career, he designed a number of residences in the Baltimore area. Designs of Frostburg State College, Lexington Market, Millford High School (Baltimore County), Villa Maria Orphanage near Towson, and Oakland High School in Garrett County are also credited to him. Glidden, Jr. retired in 1970 and died five years later.

The selection of a site for the new hospital was somewhat more problematic than the selection of an architect. When the committee set about finding a new location for the hospital for the treatment of communicable diseases, their preliminary efforts were thwarted by the public's perception of a local "pesthouse." This was a common problem, as reported by the *Modern Hospital Yearbook, 1926,* which wrote, "Many times there will arise stern opposition on the part of property owners in the neighborhood of a proposed site. Such opposition is not justified, for property values have increased rather than decreased near attractive contagious disease hospitals that are now in operation."[30] Allegedly the original location of Sydenham Hospital was ultimately approved only because the name, "Sydenham," was unfamiliar to neighboring residents.[31]

Once approved, however, the chosen site offered a number of amenities promoted in hospital planning of the day. According to a 1928 publication, *The American Hospital of the Twentieth Century,*

> The improvement of the patient, which is the fundamental purpose of the
> institution, depends in large measure on its situation and environment – the contour
> of the land, the surrounding country, the aspect, the accessibility for friends of the
> patient and for visiting physicians, remoteness from disturbing influences, a site of

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[30] "Hospital for Infectious Diseases." *Modern Hospital Yearbook.* 1926. 73.

[31] According to an untitled article from the *Sun.* the 1909 Baltimore City Hospital for Communicable Diseases was named Sydenham for Thomas Sydenham. an English physician who, in 1675. discovered that measles and scarlet fever were not the same disease. After fearing that the name of the new 1923-24 building. Municipal Hospital. would be confused with Bay View (the city general hospital). the old name, Sydenham. was adopted. There are conflicting stories about when the name Sydenham was used to diminish opposition to the site. Most accounts attach it to the current site near Montebello. This, however, seems unlikely, as one account attaches it to the 1909 site and is substantiated by the fact that in the annual reports of 1910 and 1911, the hospital is called Sydenham.

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sufficient size to insure (sic) privacy, are all contributory elements for the process of recovery. (pp. 1-2)

In 1921, a bucolic 33.89 acre plot offering all these benefits was purchased from the Green Estate for $40,740.[32] Indeed years later, in a memorandum from G. Canby Robinson, the chair of a committee appointed to evaluate the contributions of Sydenham Hospital, wrote:

> The Sydenham Hospital occupies a very fine site, said to contain about 33 acres on high ground overlooking the city with unusually good protection, Lake Montebello being on the south and the city filtration plant on the west. It is undoubtedly the finest site for institutional purposes in Baltimore City with good roads and attractive well-kept grounds.

The spacious rolling grounds not only provided an idyllic spot conducive to the patients' recovery, but allowed for later hospital expansion, another desirable feature of hospitals designed in the 1920s. Immediate expansion was anticipated as, due to a lack of funds, the hospital as constructed did not include two of the buildings originally planned by Glidden. It was the hospital's intention to add these two buildings, another communicable disease hospital and a maternity ward designed as part of the original plan by Glidden, at a later date.[33]

The seven buildings constructed in 1924 include the main hospital building, administration building, kitchen, nurses' home, laundry, power house, and garage. The placement of these buildings reflected contemporary hospital planning. Glidden used traditional Beaux-Arts strategies and contemporary principles of hospital design to establish formal relationships between the main

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[32] *Annual Report of the Department of Health*, City of Baltimore, 1924.

[33] "The architect, Edw. H. Gliddon (sic), provided drawings and specifications for nine buildings, but the bids for their construction were too high. It was necessary to limit the construction to seven buildings, thus eliminating two hospital buildings. This reduced the number of beds for patients from the original number of two hundred and fifty to one hundred and ten. The original drawings and specifications for the remaining buildings were not altered, so that we now have an overhead construction sufficient to care for about three times the number of patients now provided for. The seven buildings are The Administration, Hospital, Nurses' Home, Refectory, Laundry, Power House and Garage. The original grouping of these buildings was adhered to, so that we find two spaces, one to the right hand of Administration Building and the other between the Hospital and the Nurses' Home, left for the erection of the two buildings provided for in the original plans. These spaces we hope to see filled at an early date by much needed hospital buildings." *Annual Report of the Department of Health*, 1924, 11.

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hospital building and its supporting structures: the kitchen and the administration building. The largest building, the hospital, addresses the road. A small, rectangular courtyard is established by the flanking buildings: the kitchen building along the east of the courtyard, and the administration building along the west.

These buildings around the courtyard are connected by a network of tunnels, as was common in hospital campuses. The more service-oriented buildings, including the laundry, the power house, and the garage, are located southeast of this main core. While these buildings are less formal in their placement than the main hospital grouping, their orientation is informed by the placement of the main buildings, with the orientation of the garage reflecting that of the administration building and that of the laundry and power house mimicking the main hospital building. The nurses' home is separated from both groups of structures, but is aligned with the administration building.

As part of the hospital grounds, Glidden also planned a garden for the convalescents. Landscaped gardens were considered instrumental in the healing of the convalescent:

> Wherever one goes in any of the larger institutions of Europe, one will see the convalescent patients walking or being wheeled along the shady paths, sitting under special arbors or awnings, enjoying the green grass and the flowers, and chatting with one another. Comfortable benches and easy seats, splashing fountains and simple forms of amusement, all add to the pleasure, and shorten the convalescence.[34]

Although never executed, Glidden intended for ten or twelve acres of the land to be planted with trees and shrubbery, including elms, maples, sycamores, spruce, hemlocks, Austrian pines, white pines, scotch pines, junipers, barberry bushes and flowering shrubs. Even without the intended garden, the green, rolling hills overlooking the reservoir and the natural forest that grew along Herring Run provided the convalescents with the basic elements of the natural setting recommended by contemporary philosophy.

The complex reflects the coalescence of Glidden's traditional training and contemporary theories of hospital planning. The relationships established by the hospital buildings and their surroundings reflect the function of the hospital. The complex was sited away from the well-developed areas of the city in an effort to isolate those with communicable diseases, while the idyllic location overlooking the reservoir and surrounding open areas provided a restful environment for the

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[34] Stevens. *The American Hospital of the Twentieth Century*, 528.

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patients. The scale and placement of buildings reflects not only an interest in classical planning and design, but more contemporary concerns promoting convalescence through the use of light, ventilation, and nature.

A new ideology of hospital building was adopted by the medical community in the 1920s. These theories were expressed in contemporary writings. One such publication was *The American Hospital of the Twentieth Century*, which stated:

> A Hospital which is not rich in health values is a failure. Health values do not reside exclusively in smooth walls, smooth floors, and rounded inner corners; they are many and varied, including certain values which tend directly to the proportion of health, such as the proper orientation of wards, the sun exposure of balconies, grounds or flat roofs accessible to patients, effective ventilation, quiet bedrooms for night nurses, advantageously placed dormitories and recreation rooms for the resident staff, proper sleeping quarters for other resident employees, a cheerful and tonic outlook; and also features which tend to the prevention of disease or the mitigation of suffering, such as receiving wards, quiet rooms, isolation wards, sterilizing equipment of many kinds, sanitary construction, devices for noise prevention, restful colorings, etc.

Furthermore, as advocated, all the buildings at Sydenham were fireproof, with concrete slab floors and brick walls. The benefits of fireproof construction were enumerated in an article, "General Considerations in Planning a Small Hospital":

> Unless a hospital is definitely determined to be a one-story building, with one-story extensions later, only a fireproof type should be considered. The advantages of this type of construction are manifest even though the initial cost is somewhat higher than a composite or non-fireproof structure. Some of the more important advantages of fireproof construction are:
>
> 1. safety of patients.
> 2. permanence and low depreciation.
> 3. minimum upkeep and repair cost.
> 4. superior sanitary qualities.
> 5. low insurance rates.

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Sydenham hospital was designed as a series of pavilions, a popular solution when space permitted. As the focus of the complex, the orientation of the hospital ward was critical and determined the location of the surrounding buildings. "The orientation of a hospital building or group is an interesting study from the theoretical and the practical sides. Physicians and scientists are well satisfied that the healing effect of the sun's rays and open air is beyond question. To almost every patient it is desirable to bring these helpful agents in as full a measure as possible, and in the ideal hospital every room would have a full sun bath all day long."[35] To achieve as much sun as possible for all hospital rooms, Glidden placed the hospital on a north-south axis.

The main hospital building was three stories tall with a basement. While the basement connected the hospital building to the kitchen and was used for more utilitarian purposes, all the upper floors were devoted to housing patients. The wards were devoted to separate diseases like scarlet fever and diptheria. Designed to prevent cross-infection, much of the hospital was devoted to single rooms for patients - most with private toilets and all with lavatories. This, combined with the sanitary techniques employed by hospital staff, helped stay the spread of communicable diseases at the hospital. Likewise, small wards at the north end of the building were divided into glass-enclosed cubicles.

Airing balconies were considered a critical element in the hospital of the 1920s. "Sun and air are very important therapeutic agents. No hospital should be without an abundance of both. The open balcony is used for fresh air treatment."[36] Balconies were located at the first and second stories of Sydenham hospital. These balconies, however, provided more than ventilation. Like France's famous Pasteur Hospital, the window openings also provided a form of communication. The balconies that extended across the building allowed for friends and family to visit the patients housed there. "All visiting [was done] on the outside at the windows through glass, or in summer through wire screens."[37] This method of visiting provided an added measure of protection against the spread of contagious diseases. In addition to the verandas, Glidden fitted the hospital with a rooftop garden that served as a solarium for convalescent patients.

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[35] Kendall, Taylor & Co., "The Selection and Development of Hospital Sites." *Architectural Forum* 37 (December 1932), 259.

[36] Henry C. Wright, "Some Fundamentals of Hospital Planning -- Part II," *American Architect.* 21 December 1921, 472.

[37] "Communicable Disease Technique Employed in Sydenham Hospital," MS 243. Box 81. File 6. History of Medicine Division. National Library of Medicine.

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As widely recommended, separate buildings were provided for the administration building, the kitchen, the nurses' residence, and the laundry. These were separated for varying reasons. Allowing a distinct building to house the administration reflected a contemporary trend in hospital planning.

> Not many years ago the business office of a large hospital consisted of merely the desk of the superintendent. He was manager, bookkeeper and cashier, but today the well ordered hospital has a public business office with an information desk similar to that of a hotel, semi-private desks for quoting rates, paying bills, for bookkeepers, accountants and typists, and private offices so arranged that admissions, charges, financial matters and all other business of the hospital can be carried on quietly without publicity or annoyance of any kind.[38]

The administration building housed a series of laboratories in the basement, ten offices on the first floor, and living quarters for hospital staff members on the upper floors. All staff members lived in the administration building until 1940, when a house was constructed for the Director of Medical Research to the west of the courtyard. A second house, located north of the filtration plant, was reconditioned to accommodate the Superintendent of the hospital.

Contemporary articles also advised that the nurses' home, the kitchen, and the laundry be separated to protect the patients from noise and disturbance. It was recommended, however, that the nurses' residence and the kitchen remain convenient to the hospital. Glidden adopted both measures, locating these buildings at either side of the main hospital building. Glidden also employed tunnels in connecting the main hospital building to the kitchen to ensure that the patients would receive hot food. A cafeteria was provided in the kitchen, and the upper floors of the kitchen and laundry were devoted to living quarters for male employees.

Glidden looked not only to emerging developments in hospital design, but also incorporated traditional hospital motifs in his plan for Sydenham hospital. The new hospital buildings were derived from European models in plan, form, proportion, and decoration. Glidden looked to the Renaissance hospital, particularly those of Italy, as his model. With his education in Paris, Glidden would surely have been familiar with such famed institutions as Florence's Foundling Hospital, Milan's Ospedale Maggiore, and Rome's Hospital of Santo Spirito in Sassia. The formal relationships established by the placement of the hospital buildings at Sydenham are quite

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[38] Richard E. Schmidt, "Modern Hospital Design," *Architectural Forum* 37 (December 1922), 253.

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traditional. Perhaps most strongly linked to traditional hospital planning was the courtyard created behind the contagious disease ward.

The style of the buildings was also derived from the Renaissance hospital model. Like the Italian Renaissance hospital, Glidden's buildings were three-story, symmetrical, brick-and-terra cotta pavilions. The low-pitched, hipped, tile roofs, arcades, and decorative motifs - including the corbelled brick cornice, medallions, and capitals - are all derived from the Italian Renaissance hospital. Glidden's use of the Italian Renaissance Revival style allowed him to embrace a number of features of contemporary hospital planning as exemplified by his interest in light and ventilation, the importance of nature in the convalescent's recovery, and key design elements in preventing the spread of communicable diseases. Thus Glidden skillfully combined his knowledge of contemporary hospital planning with his vast vocabulary of classically-inspired buildings in distilling an elegant and effective solution for a hospital for communicable diseases.

Conclusion

Sydenham Hospital, a hospital for communicable diseases, is notable for the role it has played in medical history and the celebrated doctors who directed its Medical Research Department. It also provides a distinguished example of hospital planning (the physical manifestation of contemporary theory) and of the work of Edward Hughes Glidden, Sr., a prominent Baltimore architect.

In its day, Sydenham, a city hospital, was notable for the fact that it housed a research department; most city hospitals were not able to function in any arena other than the treatment of patients. The research department, established in 1935, quickly proved itself. A number of treatments contributing to the control of various communicable diseases, including the development of sulfa drugs for the cure of meningitis and measles-pneumonia, were pioneered at Sydenham; ironically these advancements ultimately led to the demise of Sydenham and other communicable disease hospitals.

The doctors who directed the Research Department at Sydenham, Dr. Francis F. Schwentker, Dr. Horace L. Hodes, and Dr. Margaret H.D. Smith, figured significantly in medical research and hospital administration, not only while at Sydenham but throughout their careers. While at the Rockefeller Foundation, Dr. Schwentker discovered a method for obtaining immunity to psittacosis (parrot fever). Even before he arrived at Sydenham, Dr. Hodes had discovered the importance Vitamin D plays in the absorption of calcium, and afterwards he helped found the Mount Sinai

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School of Medicine. Dr. Smith later headed the Children's Hospital at Newark and advised national councils on communicable diseases.

The hospital complex employed by the doctors was developed by a prominent Baltimore architect, Edward Hughes Glidden, Sr., providing an excellent example of the fusion of traditional hospital design and contemporary theories in hospital planning. The grounds and arrangement of the buildings reflect the importance of nature in the recovery of the patient, following the philosophy of the day. The plan of Sydenham Hospital also reflects Glidden's familiarity with Beaux Arts principles, and European hospitals inspired the pavilion form of the structures. The buildings themselves, modelled on Italian Renaissance hospitals, provide excellent examples of the Renaissance Revival style. Thus, Glidden, a master of Beaux Arts architecture, was able to expertly combine contemporary hospital planning with traditional design.

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Verbal Boundary Description

The nominated property, approximately 10 acres, is defined by the boundary shown on the accompanying map, drawn to the scale 1"=300'.

Boundary Justification

The nominated property includes all the buildings historically associated with the Sydenham Hospital for Communicable Diseases. The north and east boundaries are defined by more recent construction not associated with the original hospital; the south and west boundaries are based on property lines.

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Contributing Resources
A) Main Hospital
B) Administration Building
C) Kitchen
D) Nurses' Home
E) Laundry
F) Garage
G) Power House

Non-Contributing Resources
H) Superintendent's Residence
I) Service Garage

ARGONNE DRIVE
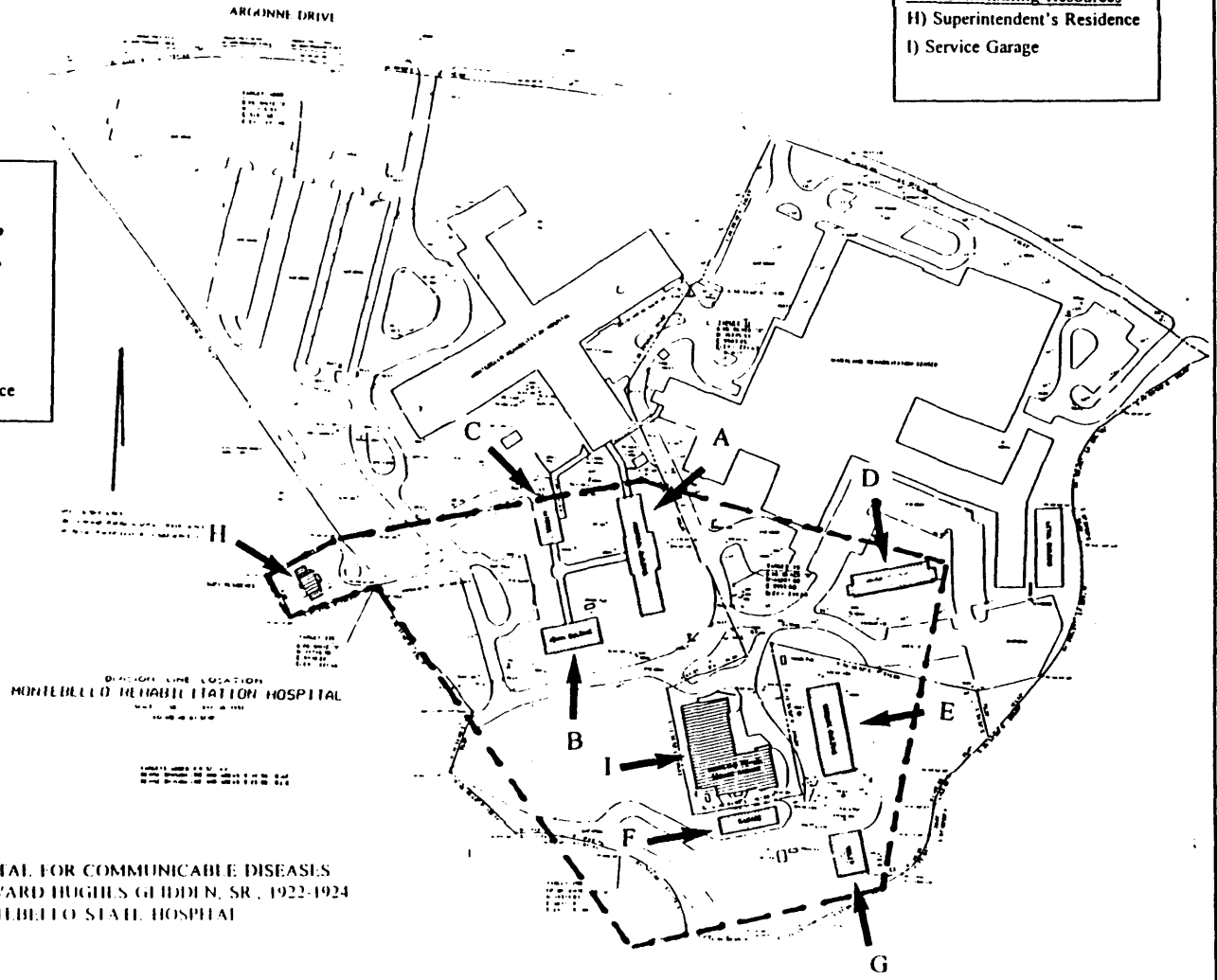
KEY

Proposed Boundary Lines

Contributing Resource

Non-Contributing Resource

Scale: 1"=300'

MONTEBELLO REHABILITATION HOSPITAL

SYDENHAM HOSPITAL FOR COMMUNICABLE DISEASES
DESIGNED BY EDWARD HUGHES GLIDDEN, SR., 1922-1924
CURRENTLY MONTEBELLO STATE HOSPITAL
1992