

NPS Form 10-900
(Rev. 8/86)
Wisconsin Word Processor Format (NRF.txt)
(Approved 3/87)

OMB No. 1024-0018

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United States Department of Interior
National Park Service

NATIONAL
REGISTER

**NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM**

This form is for use in nominating or requesting determinations of eligibility for individual properties or districts. See instructions in Guidelines for Completing National Register Forms (National Register Bulletin 16). Complete each item by marking "x" in the appropriate box or by entering the requested information. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, styles, materials, and areas of significance, enter only the categories and subcategories listed in the instructions. For additional space, use continuation sheets (Form 10-900a). Type all entries. Use letter quality printer in 12 pitch, using an 85 space line and a 10 space left margin. Use only archival paper (20 pound, acid free paper with a 2% alkaline reserve).

1. Name of Property

historic name Lake View Sanatorium

other names/site number Dane County Department of Human Services

2. Location

street & number 1204 Northport Drive N/A Not for Publication

city, town Madison N/A vicinity

state Wisconsin code WI county Dane code 025 zip code 53704

3. Classification

Ownership of Property	Category of Property	No. of Resources within Property	
		contributing	noncontributing
<u> </u> private	<u> X </u> building(s)	<u> </u>	<u> </u>
<u> X </u> public-local	<u> </u> district	<u> 4 </u>	<u> 3 </u> buildings
<u> </u> public-State	<u> </u> site	<u> </u>	<u> </u> sites
<u> </u> public-Federal	<u> </u> structure	<u> 1 </u>	<u> </u> structures
	<u> </u> object	<u> </u>	<u> </u> objects
		<u> 5 </u>	<u> 3 </u> Total

Name of related multiple property listing:
N/A

No. of contributing resources previously listed in the National Register 0

4. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1966, 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. ___ See continuation sheet.

[Signature] Date 2/22/93
Signature of certifying official
State Historic Preservation Officer-WI
State or Federal agency and bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria. ___ See continuation sheet.

Signature of commenting or other official Date

State or Federal agency and bureau

5. National Park Service Certification

I, hereby, certify that this property is:

entered in the National Register.
___ See continuation sheet.

___ determined eligible for the National Register. ___ See continuation sheet

___ determined not eligible for the National Register.

___ removed from the National Register.

___ other, (explain:) _____

Patrick W. Andrews 4/15/93

Signature of the Keeper Date

6. Functions or Use

Historic-Functions
(enter categories from instructions)

Current Functions
(enter categories from instructions)

HEALTH CARE/Sanatarium

GOVERNMENT/Government Office

7. Description

Architectural Classification

(enter categories from instructions)

Materials

(enter categories from instructions)

Art Deco

foundation concretewalls brickconcreteroof asphaltother wood

Describe present and historic physical appearance.

Main Sanatorium Building (C) 1929-1930

Lake View Sanatorium is situated on the top of a hill over-looking Lake Mendota on the northeast side of the City of Madison. The large expanse of groomed lawn of the front hill is flanked by bushes, shrubs and trees. There is a thickly wooded area to the rear of the building.

The sanatorium was constructed in 1929-1930. It is a rectilinear, four story building with a raised basement. It is essentially a utilitarian building, however, there are subtle Art Deco influences.

Lake View Sanatorium has a concrete foundation and interior walls are also foot thick concrete. Exterior walls are of red brick with concrete trim.

The main elevation of the facility faces west, looking out over Lake Mendota. This facade has a central projecting pavilion with flanking wings. The central section is three bays wide and the flanking wings are each five bays wide. Each bay is separated from the next by an abstract striated pilaster capped with abstract 'T'-shaped capitols, showing the influence of the Art Deco Style. These pilasters, however, only extend up to the top of the third story in the center of the building, and on the flanking wings, only up to the top of the second story. This is because the third and fourth floor porches were not originally enclosed and the building, at that time, had a stepped facade. When the third floor porch was enclosed (in the mid-1930s), that level became flush with the first two stories. The fourth story is still stepped back, since those porches were never enclosed.

The basement level has arched window openings in groups of three. Many of these have been infilled with wood and rectangular double hung sash windows. This level is capped by a continuous concrete watertable.

The first and second stories are nearly identical, with enclosed porches. The windows are in groups of six and sit on concrete sills. The second story porch windows are capped with a concrete lintel that connects with the 'T'-shaped capitols on top of each pilaster.

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The third story windows are the same as those on the first two floors except that they sit on a continuous concrete sill.

The fourth story does not have an enclosed porch so it is stepped back slightly from the rest of the facade (except on the central portion of the building, where it is flush with the lower stories). These windows, which look directly into the building rather than into the porch, are in groups of four and are double hung sash. There is a continuous concrete belt course above the windows. Above the middle four windows on the central portion of the building are circular medallions, above which is a stepped parapet.

The rear elevation is very irregular and asymmetrical with many different protruding elements of different sizes. Windows on the this, as well as the side elevations, are not symmetrically grouped in any way, nor are they of consistent sizing or spacing. They are however, mostly 1/1 double hung sash.

The main entrance is through an entry pavilion at the southeast corner of the rear elevation. The enclosed pavilion is archaded, with concrete arches on brick piers. The openings are enclosed with 2/2 fixed frame windows with four-light fanlights above.

Dormitory for Help C 1934

The Dormitory for Help lies to the south of the main sanatorium building. It is also on top of the hill, but it is largely shielded from the view of the sanatorium by trees and shrubs.

The building is rectilinear in plan, though it is also irregularly shaped. Like the sanatorium, there is a central pavilion on the south elevation. The building is three stories high but because it is built into the hill, the main entrance, on the north elevation enters into the second floor, and the first floor windows are only visible on the south elevation. There is a continuous concrete watertable between the first and second stories. The south elevation has the same abstract Art Deco influenced pilasters with the T-shapes capitols as the sanatorium building; the capitols are connected by a continuous concrete lintel-course above each of the third story windows.

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The windows on the central section on the south elevation are tripartite with a large fixed frame center glaze flanked by narrower pieces. All other windows on the building are 1/1 double hung sash and grouped in pairs. Like the sanatorium building, the Dormitory for Help has a flat roof.

Maintenance Building (Original Power House) C 1929-1930

This original power house was constructed in 1929-1930 to provide part of the power for the new facility, with the rest coming from the City of Madison. The building has a concrete foundation and red brick upper walls. Access is gained through a centrally located door on the west elevation. It appears that there were originally three large doors, possibly overhead, which have since been infilled with orange brick and glass block. The north elevation also looks as though there was once a large door, again possibly an overhead door, that has since been covered over with concrete. The exterior brick walls of the north and east elevations have been covered with concrete from the ground to about 3/4 of the way up the wall. The building has a tall red tile smokestack in the center of its south elevation. The building has a parapet and a flat asphalt roof. This building helped to serve the power needs of the other buildings; however most of the institutions electricity and heat came from the city of Madison. Around 1960 a new power house was constructed immediately to the east of this one. The original power house now functions as the maintenance building but can still serve as an emergency power plant. This building is contributing because it was constructed during the period of significance and helped to power the institution. While it did not supply all of the power for the facility, it did supply part, and it ensured that if there was a power stoppage from the City of Madison (e.g., in a severe storm), the facility would still have a source of power.

Power House (NC) c. 1960

This second power house was constructed c. 1960. The one story building sits on a concrete foundation and has orange brick walls. The main elevation faces west. It has six 4/2 windows grouped in pairs. Access is through a single door situated just to the right of center. The

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north elevation is a simple brick wall; there are no windows or doors. Because this building is built into a slight incline, the lower level is exposed on the east and south sides; the walls of the lower level are concrete. On the east side, a flat metal roof extends eastward from the building between the upper and lower levels to form a carport immediately next to the building and a garage with an overhead door next to that. There is a double metal door that enters into the lower level from the carport. The south elevation has two 4/2 windows near the east corner on the upper level. A tall orange tile smokestack also extends above the building on the south side. The building has a brick parapet and a flat asphalt roof. This power house was constructed c. 1960 to more efficiently power the facility.

Garage (NC) 1943-c.1945

The Garage was originally constructed for the storage of screens and storm windows from the sanatorium building. It is a long red brick building located just to the north and east of the main sanatorium building. This building is also constructed into the side of a hill so the lower concrete level is exposed on the south, east, and west elevations, but not on the north. The south elevation has seven overhead garage doors on the lower level and six 6/6 double hung sash windows, paired and symmetrically places. The west elevation had three 6/6 double hung sash windows on the upper level. On the north elevation, only the top level is exposed; like the south elevation, there are seven overhead garage doors. The east elevation has four 6/6 double hung sash windows. Additionally, on this elevation, there is a single metal door on the upper level which is reached by a set of metal stairs. The asphalt roof is flat and there is a parapet that extends around the east, west and south elevations. The garage was slow in being constructed because approval had to be received from the War Production Board before the project could begin.

Water Utility Building C 1938

The Water Utility Building is located just north of the garage. It is a small rectangular building of concrete block with clapboard gable ends. There is a single small fixed frame window centrally located on both the east and west elevations. There is one central door on the south

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elevation, but the north elevation is devoid of detail. The building has an asphalt shingled, gable roof with a small shed dormer on the north slope. The building was constructed in conjunction with the water tower to give the facility an independent water supply so that the institution no longer needed to worry about occasional stoppages from Madison.

Pumphouse NC c.1960

The pumphouse is located east of the power houses. This building also has a concrete foundation and orange brick upper walls. The north, south and west elevations have no fenestration or details, but there is a door near the north corner of the east elevation. The flat asphalt roof has a small chimney near the northwest corner.

Water Tower C 1938

The water tower is a contributing element because it was constructed within the period of significance and contributed to the everyday operation of the facility.

8. Statement of Significance

Certifying official has considered the significance of this property in relation to other properties: ___ nationally ___ statewide X locally

Applicable National Register Criteria X A ___ B X C ___ D

Criteria Considerations (Exceptions) ___ A ___ B ___ C ___ D ___ E ___ F ___ G

Areas of Significance
(enter categories from instructions)

Health/Medicine

Architecture

Period of Significance

Significant Dates

1929-1942

Cultural Affiliation

N/A

Significant Person

N/A

Architect/Builder

Law, Law & Potter

Stubenrauch, E. A.

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

The Lake View sanatorium is being nominated to the National Register for its local significance under criterion A and C. The sanitarium is architecturally significant as an excellent example of an institutional building designed specifically for tuberculosis (TB) patients. It is also being nominated for its historical significance to the history of health care as the only public TB sanitarium constructed in Madison.

Tuberculosis is primarily a lung disease, but in a small percentage of cases it attacks other parts of the body. The term "tuberculosis" came from the tuber-like growths formed when the body's immune system attacked the bacteria. With the discovery of the tuberculosis bacterium in 1882 by German researcher Dr. Robert Koch the cause of the disease was discovered and the mode of its transmission became clear.¹ Tuberculosis was then identified as an infectious disease whose primary mode of transmission was through contact with infected people. There were few visible symptoms in the early stages, therefore people were often not diagnosed as tubercular until the disease was far advanced.

As urbanization increased, mortality rates rose until they peaked in the late nineteenth century. Tuberculosis was the leading cause of death in Wisconsin at the turn-of-the-century, killing approximately 2500 people

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annually.² The disease primarily affected the lower class and was to some degree ascribed to the growth of urban slums.³ Occupations involving heavy labor or dusty conditions had the highest incidence of the disease, especially young people in the 15 to 40 age group. Early treatment efforts were dominated by patent medicines, electric shock, tapeworms and other spurious therapies.

As scientific knowledge of tuberculosis increased, so did a nationwide demand for the creation of sanatoria. Medical observation revealed a need for isolating afflicted patients from the general hospital population, as well as the essential curative effects of open space for exercise and fresh air. The first tuberculosis sanatorium in America was established in Ashville, North Carolina in 1875.⁴ The typical sanitorium was based on the open air treatment philosophy pioneered in the United States by Dr. E. L. Trudeau at the Saranac Lake Sanatorium in New York state. Dr. Trudeau had had the disease himself and found that when he went to the wilderness and lived in the fresh air, he began to recover. The treatment then, was essentially a passive one involving fresh air, a nutritious diet and enforced bed rest. Recuperation often took two or more years. The patient was considered "cured" if the disease was arrested for two years, although patients often suffered catastrophic relapses years after their treatment.

Impetus for tuberculosis treatment in Wisconsin came mainly from organizations such as the Tuberculosis Commission of the Medical Society of Milwaukee County and from newspaper articles and editorials which stirred public opinion in support of state intervention. In 1903, Governor Robert M. La Follette appointed a committee to study the erection of a state sanatorium. Upon the committee's recommendation the Wisconsin legislature passed an act in 1905 calling for the establishment of a sanatorium for treatment of pulmonary tuberculosis and they appropriated money for site acquisition at Wales and construction of the state-run sanatorium, Statesan.⁵ At the time, only three state sanatoria existed in the United States and none in the Midwest.⁶ During the next two decades, the number of tuberculosis sanatoriums in the United States rose dramatically. Nearly every state had at least one, and many states had more; either independent sanatoriums or sections of major hospitals that were devoted exclusively to that cause.

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Organization of sanitarium care in Wisconsin was very similar to the 'Wisconsin Plan' which had been implemented for mental health care in the state. Under this system, the State assumed responsibility for the care of the 'curable' mentally ill, while the counties provided care for the chronic mentally ill, with financial assistance from the State. It was logical that the sanitarium system would follow this system, though the distinction between curable and chronic tuberculosis patients was less clear.

The system arose where there was one state TB hospital (and one state TB rehabilitation camp), and several county TB sanitariums. This allowed patients to be hospitalized closer to home, and seemed to be a more cost efficient system.

Between 1905 and 1930 many county sanatoriums were constructed in the state, as well as several private ones. Dane County had one of the first private sanatoriums in the state: Morningside Sanatorium, south of Madison (now annexed to the city). The county was therefore slow to construct its own public sanatorium, as, for a long time it was felt that its needs were being met.

By the late 1920s, however, it was becoming clear that it was not fiscally wise for the county to be sending its tuberculous patients to other private and public sanatoriums around the state. As Dane County was obligated to pay for its citizens to reside in other county's sanatoriums, it became clear that it would be cheaper to build its own public hospital (for instance, it was costing Dane County \$25-\$30 per week for each of its citizens placed in Morningside, whereas it was estimated that it would cost the county only about \$18 per week if it had its own public sanatorium). A committee of county representatives conducted a study in 1928 to determine the number of TB infected people in Dane County needing treatment. The results of the study convinced the committee and the Dane County Board of Supervisors that a new TB sanatorium should be constructed in their own county. Apparently, Morningside Sanatorium, (which was run by the Madison Anti-TB Association) being in considerable debt, proposed to offer their institution to the county with the conditions that the county assume and pay the debt, and that it continue to function as a sanatorium. The offer was rejected by the committee who, in the course of their study had determined that a single unit sanatorium was much preferable and cost efficient than a cottage-style facility such as Morningside.⁷

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The committee, having gotten the approval of the Board of Supervisors, was empowered to locate a site, erect and equip a sanatorium in Dane County. Thirty-five sites were surveyed, and a site on Highway 113 in the Town of Westport was unanimously chosen. Thirty-six wooded acres were purchased for \$300 per acre. The site was thought to be perfect due to its location high on a hill to receive the fresh lake breeze, and also for its central location in the county and proximity to Madison, where an ample workforce could be found. Local folklore tells that John Muir paused on the site on his way from Madison to Portage, to view what he believed would be his last glimpse of the city.

The architectural firm of Law, Law and Potter of Madison was chosen, with E.A. Stubenrauch of Milwaukee as associate architect because of his specialization in sanatorium construction.* The cost for building the new sanatorium was limited to \$425,000.00, and a tax of 1 mill was levied on all taxable property in the county for that purpose.

It was the policy of the Board of Trustees to provide for the construction of a first class sanatorium, without regard to financial considerations. At the same time, they stated, wastefulness and extravagance were not tolerated. As a result the original appropriation was far from adequate and another \$225,000.00 was required. The new sanatorium was to have a first rate medical facility with an operating room and out-patient care program, as well as beds for 100 tuberculous patients.⁸

The facility was ready to be opened by June, 1930. By July 1, 1930, there were 78 patients already at the sanatorium, 68 of which were Dane County citizens that were immediately transferred from other counties where they had been cared for.

It was originally necessary to house much of the hospital staff at the sanatorium, and this cut the actual patient capacity down by 25. The staff living quarters were located on the fourth floor, which was one reason why this story never received an enclosed porch. The desperate need for more bed space led to the sacrifice of space that had been

(*This information comes from the Report of the County Supervisors; however, a plaque at the sanatorium building states that the relationship between the two firms was reversed.)

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planned for other purposes, such as occupational therapy. This was a very common situation in public facilities. Although the need for more room was temporarily satisfied, the Board of Trustees and the Superintendent pleaded with the Board of Supervisors for four years to allocate money to construct quarters for the staff. In 1934, the Board finally appropriated \$76,000.00, \$25,000.00 of which was received from the WPA fund, to build the 'Dormitory for Help', to house the entire staff (including doctors) of the sanatorium. This freed-up 25 beds within the sanatorium, increasing the capacity to 125.

The porches at Lake View Sanatorium were considered a key element in treatment and recovery. Since there was no cure for the disease at the time, the best solution seemed to be rest and plenty of fresh air. Patients at sanatoria spent most of their days (and often nights) sitting on porches breathing fresh air, and little else. Indeed, the 'cure' often resulted in exposure to severe elements, especially in a state like Wisconsin. At the Northern Wisconsin TB rehabilitation camp, Tomahawk Lake Camp, patients slept under as much as 40 pounds of wool blankets in the winter because their dorm was little more than a large screened porch. Lake View was intended to be a bit more sophisticated. Each room had a small anterior chamber called a 'germ trap' where medical staff could change into and out of sterilized hospital gowns before and after seeing patients. Each patient had a small room of their own, which would not be large enough to double up in if the hospital became over-crowded. Then, each room had another door which opened onto the large common porch which all of the patients shared. The tuberculous were to spend their days on the porch, and even their nights should the weather permit, however, when the weather was bad, patients could adjourn to their own rooms. Over-crowding caused a problem and made this ideal situation impossible. Eventually, beds were placed on the porches so that more patients could be admitted and the facility's capacity was raised to 150. Slowly over the first several years, small amounts of money were appropriated to improve the grounds of Lake View Sanatorium. The woods to the rear of the building were largely left intact, but paths were laid out so that patients could walk on the grounds to slowly build their strength. Trees, bushes and shrubs were planted around the building, retaining walls were built and stone or dirt paths were also laid. The grounds and the ability to walk freely and easily on them were seen as an integral part of the sanatorium environment and the landscaping around the facility reflect this.⁹

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The facility served Dane county for several decades, helping to dramatically decrease the incidence of TB in the area. In the 1940s, an anti-biotic was developed which could cure most instances of the disease.

From that point onward, the population of Lake View Sanatorium steadily decrease, as it did in sanatoriums all over the country. In the late 1960s, it became increasingly uneconomical to maintain the facility as a hospital and the sanatorium closed. The building, which continues to be owned by Dane County, was converted to use as its administrative offices for its Department of Human Services in 1966, and it continues in that capacity today.

Summary Statement of Significance:

Lake View Sanatorium is locally significant, under criterion C, in the City of Madison as an excellent example of a TB sanatorium property type. Its distinctive design characteristics such as: the isolated, hill-top location; landscaped grounds with paths so patients could walk and exercise; 'germ traps'; and porches for patients to take full advantage of the fresh air, are all typical of the medical establishments view of the appropriate method of treatment before the discovery and wide use of penicillin to cure the disease. Being the last county TB sanatorium constructed in the state, Lake View had the advantage of learning from earlier facilities, and so was thought by its administrators to be the best and most advanced sanatorium in the state. For instance, in addition to those examples mentioned above, several sites were visited and evaluated for their suitability, as were other sanatoriums. The County Board also chose the single unit building over a cottage plan facility (typified by Morningside) because the former was felt by that time to be a superior arrangement for the economical and efficient treatment of the disease. In all these ways, Dane County gave its citizens what it believed was the most technically and socially advanced treatment, as manifested in the design of the Lake View Sanatorium complex.

The facility is also locally significant in the area of health/medicine. From the beginning, the sanatorium was not merely a building for housing sick TB patients. While it did do a significant medical service to Dane County by treating its tuberculous, it also had a very strong and active community clinic and outreach department. The sanatorium clinic took thousands of x-rays of people from the county to screen them for TB. It

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also administered home health care programs for those either not sick enough for the sanatorium or for whom there was not enough room. This was a unique aspect of the Dane County sanatorium. Other county facilities limited themselves to serving as in-patient hospitals, and never developed the kind of community services Dane County did.

Although Dane County was the last county in the State of Wisconsin to establish a county TB sanatorium, this became a distinct advantage for the citizens it served. Not only was the facility physically the most modern and up to date in the state, and therefore the most efficient and economical, but it also learned from other institutions that in-patient care was not necessarily enough. While most other county sanatoriums simply acted as caretakers for chronic TB patients, the Lake View Sanatorium was exceptional in its pro-active stance toward the disease with a strong emphasis on early detection and treatment.

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ENDNOTES

1. Philip L. Gallos. Cure Cottages of Saranac Lake, (Saranac Lake, NY: Historic Saranac Lake, 1985), P. 5.
2. Gustav Schmitt, "A Review of the Fight Against Tuberculosis in Wisconsin and Elsewhere," (Milwaukee: North American Press, 1946), p. 16.
3. Richard Shryock, National Tuberculosis Association, 1904-1954, (NY: National Tuberculosis Association, 1957), p. 32.
4. Bennett O. Odegard and George Keith, A History of the State Board of Control and the State Institutions, (Madison, WI: State Board of Control, 1939), p. 136.
5. See Statesan National Register Nomination, State of Wisconsin Historical Society, Historic Preservation Division.
6. The Crusader, Nov. 1914, p.47.
7. Minutes from the Dane County Board of Supervisors Sessions, January, 1928-November, 1931.
8. Ibid.
9. Lake View Sanatorium Annual Reports, 1930-1942.

9. Major Bibliographical Reference

Previous documentation on file (NPS): X see continuation sheet

 preliminary determination of individual listing (36 CFR 67) has been requested

 previously listed in the National Register

 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 additional data:

 X State Historic preservation office

 Other State agency

 Federal agency

 Local government

 University

 Other

 Specify repository:

10. Geographical Data

Acreage of property 46 acres

UTM References

A <u> 1/6 </u>	<u> 3/0/6/7/2/5 </u>	<u> 4/7/7/9/0/0/0 </u>	B <u> 1/6 </u>	<u> 3/0/7/0/0/0 </u>	<u> 4/7/7/8/9/9/5 </u>
Zone	Easting	Northing	Zone	Easting	Northing

C 1/6 3/0/6/9/8/0 4/7/7/8/3/2/0 D 1/6 3/0/6/7/0/0 4/7/7/8/4/8/0

 See continuation sheet

Verbal Boundary Description

 X See continuation sheet

Boundary Justification

The boundaries are drawn to encompass all the property historically associated with Lake View Sanatorium. The lawn and wooded area are included because they were used extensively by patients for fresh air and walking since exercise was felt to be an integral part of recovery. These features are an essential component of the siting and setting of the complex and necessary to a full understanding of the See continuation sheet function of the sanatorium.

11. Form Prepared By

name/title Tricia Canaday

organization SHSW date 5-4-92

street & number 816 State Street telephone (608)264-6500

city or town Madison state WI zip code 53706

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Gallos, Philip L. Cure Cottages of Saranac Lake. Saranac Lake, NY:
Historic Saranac Lake, 1985.
Odegard, Bennett O., and Keith, George M. A history of the State Board
of Control of Wisconsin and the State Institutions. Madison, Wi.:
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Schmitt, Gustav. "A Review of the Fight Against Tuberculosis in
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Beginning at UTM Reference point Easting 306700-Northing 4778480, travel north 1700 feet to the curb of Havey Road, thence northeast along the curb 100 feet, thence east 925, thence south 975 feet, thence east 200 feet, thence south 125 feet, thence east 60 feet, thence south 175 feet, thence west 250 feet, thence south 900 feet to the curblines of Northport Avenue, thence northwest 1075 feet along the curblines to the point of beginning.

NPS FORM 10-900a
(Rev. 8-86)
Wisconsin Word Processor Format
Approved 2/87

United States Department of Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET

Lake View Sanatorium
Madison, Dane County
Wisconsin

Section number Photos Page 1

Lake View Sanatorium
Madison, Dane County, Wisconsin
Photographs by Jim Draeger--March, 1992
Negatives on file at State Historical Society of Wisconsin
The above information applies to all photos

Photo #1 of 6
Main Sanatorium Building
Main elevation--view looking north

Photo #2 of 6
Main Sanatorium Building
Rear elevation--view looking southwest

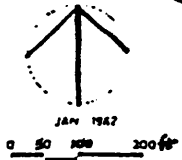
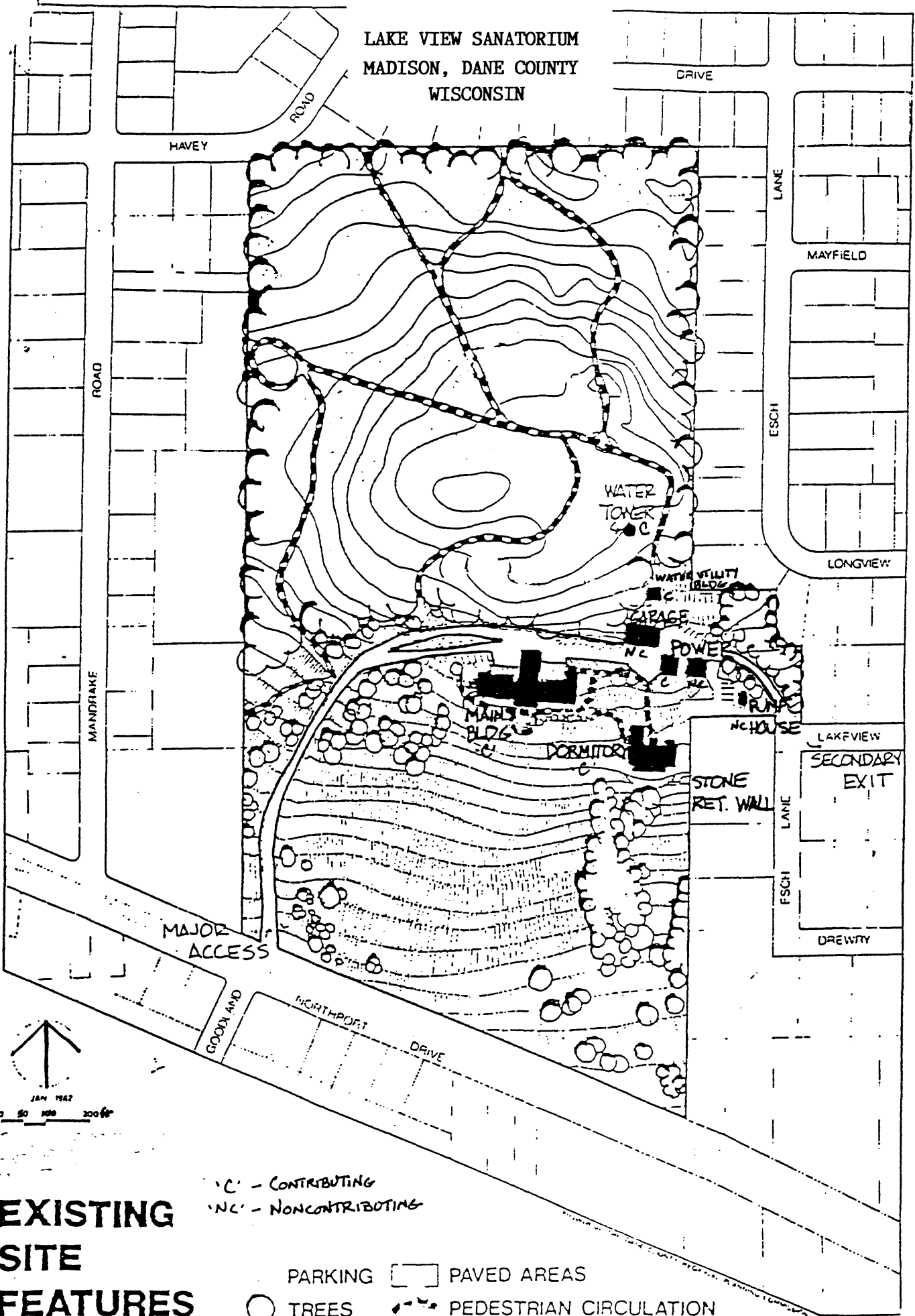
Photo #3 of 6
Dormitory for Help
Main elevation--view looking northwest

Photo #4 of 6
Grounds--view looking south

Photo #5 of 6
Grounds--view looking south

Photo #6 of 6
Overview of Site--view looking northeast

LAKE VIEW SANATORIUM
MADISON, DANE COUNTY
WISCONSIN



**EXISTING
SITE
FEATURES**

'C' - CONTRIBUTING
'NC' - NONCONTRIBUTING

- TREES
- ▭ PAVED AREAS
- PEDESTRIAN CIRCULATION