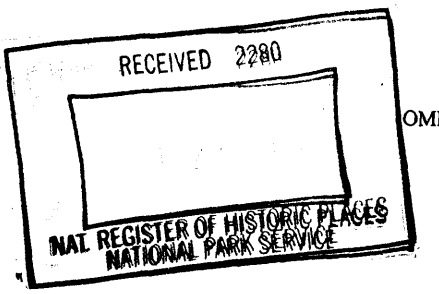
800

NPS Form 10-900
(January 1992)
Wisconsin Word Processing Format (Approved 1/92)

OMB No. 10024-0018



United States Department of Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and 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 MILWAUKEE HOSPITAL
other names/site number N/A

2. Location

street & number 2200 WEST KILBOURN AVENUE N/A **not for publication**
city or town MILWAUKEE N/A **vicinity**
state WISCONSIN **code** WI **county** MILWAUKEE **code** 079 **zip code** 53233

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.)

Signature of certifying official/Title — Date
June 1, 2006
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 for additional comments.)

Signature of commenting official/Title — Date

State or Federal agency and bureau

MILWAUKEE HOSPITAL	MILWAUKEE COUNTY	Wisconsin
Name of Property	County and State	

4. National Park Service Certification

I hereby certify that the 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.
___ See continuation sheet.
___ removed from the National Register.
___ other, (explain:)

Edson H. Beall — 9.6.06

Signature of the Keeper — Date of Action

5. Classification

Ownership of Property (check as many boxes as as apply)		Category of Property (Check only one box)		Number of Resources within Property (Do not include previously listed resources in the count)	
				contributing	noncontributing
x	private	x	building(s)	3	buildings
	public-local		district		sites
	public-State		structure		structures
	public-Federal		site		objects
			object	3	0 total

Name of related multiple property listing:
(Enter "N/A" if property not part of a multiple property listing.)
N/A

Number of contributing resources is previously listed in the National Register
0

6. Function or Use

Historic Functions (Enter categories from instructions)	Current Functions (Enter categories from instructions)
HEALTH CARE - HOSPITAL	DOMESTIC - MULTIPLE DWELLING
DOMESTIC - MULTIPLE DWELLING	EDUCATION - SCHOOL
	VACANT/ NOT IN USE

7. Description

Architectural Classification (Enter categories from instructions)	Materials (Enter categories from instructions)	
Late 19th and 20th Century Revivals	Foundation	CONCRETE
Modern Movement	walls	BRICK
	roof	SYNTHETICS
	other	STONE

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

8. Statement of Significance

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

_ 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.

X G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance
(Enter categories from instructions)

HEALTH / MEDICINE
HEALTH/MEDICINE

Period of Significance

1912 - 1958
1912-1943

Significant Dates

N/A

Significant Person
(Complete if Criterion B is marked)

Fritschel, Rev. Herman

Cultural Affiliation

N/A

Architect/Builder

Sturm, Meyer J.
Clas, Shepard & Clas
Clas & Clas
Arthur Reddemann & Rubens F. Clas
Ebling Plunkett & Keymar

Narrative Statement of Significance
(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographic References

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous Documentation on File (National Park Service):
X 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
Name of repository:

10. Geographical Data

Acreage of Property 7.5 acres

UTM References (Place additional UTM references on a continuation sheet.)

		Zone	Easting	Northing
1		1/6	4/2/3/3/9/0	4/7/6/5/7/4/2
2				
3				
4				

☐ See Continuation Sheet

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet)

11. Form Prepared By

name/title	GARY TIPLER and JOHN JENSEN				
organization	TIPLER & ASSOCIATES			**date**	02/16/2006
street & number	807 JENIFER STREET			**telephone**	608-286-1844
city or town	MADISON	**state**	WI	**zip code**	53703

MILWAUKEE HOSPITAL	MILWAUKEE COUNTY	Wisconsin
Name of Property	County and State	

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps A USGS map (7.5 or 15 minute series) indicating the property's location.
A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs Representative black and white photographs of the property.

Additional Items (Check with the SHPO or FPO for any additional items)

Property Owner

Complete this item at the request of SHPO or FPO.)

name/title	Attn: Chris Laurent				
organization	GORMAN & COMPANY			**date**	February 17, 2006
street&number	1244 S. PARK STREET			**telephone**	608-257-8878
city or town	MADISON	**state**	WI	**zip code**	53715

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects, (1024-0018), Washington, DC 20503.

DESCRIPTION

Site The old Milwaukee Hospital is situated on the top of a low hill, a mile west of downtown Milwaukee. It is generally bounded by W. Kilbourn Avenue, State, 21st and 23rd streets. The historic east boundary of the hospital was at 21st Street, which was closed and built over with the East Pavilion addition in 1985. Most of the historic core is arranged around an open landscaped court facing Kilbourn Avenue, traversed by a loop drive to the historic main entrance. One other building stands separate, to the northeast, along State Street. The buildings and additions range in date from 1912 to the mid-1980s. Enclosing the court along Kilbourn Avenue is an ornamental wrought iron fence atop a rough cut Waukesha blue stone wall, and at the Kilbourn Avenue entrance, gate posts in a Neo-Classical style of pressed St. Louis brick and limestone cap and details. These date to 1903, a gift of Milwaukee philanthropist Frederick Layton.[1] Dating from that installation is the iron fence produced by prominent German immigrant community activist and businessman Casper Hennecke. The fence is marked C. Hennecke Co. Iron & Wire Works, Milwaukee, Wis.[2] A far simpler version of the stone wall and fence runs along the State Street face of the original block.

For the purpose of describing the evolution of the existing hospital, a chronology is provided, describing each addition in succession. The hospital consists of three buildings: the main Hospital building (the result of numerous construction projects and additions), the Maternity Pavilion, and the Deaconess Motherhouse.

Surgery Annex The oldest remaining portion of the complex is the Surgery Annex, built in 1912 and designed by Meyer J. Sturm, of Chicago, a published hospital designer.[3] The classically proportioned building is five stories, with walls of brown vitreous brick, atop a base of rusticated buff limestone sheathing the first floor. Its symmetrical façade is five bays wide, with slightly projecting facets at both ends. White terra cotta lintels, sills and horizontal banding between the fourth and fifth floor dress the façade. Originally, a Neo-Classical cornice and rooftop balustrade adorned the building. The entrance pavilion, which projected slightly from the building, consisted of a stone entrance porch above which was located a two story open porch. The entrance pavilion was removed when the Central Wing was built in 1931, providing a new main entrance. In a 1958 renovation, the terra cotta cornice was removed and replaced with a dark brown brick similar to that of the walls. The rear of this building is cream brick and has single double-hung windows, except on the fifth floor, where double and irregularly sized triple windows were installed in a later remodeling that rebuilt the former sky-lit windows of the surgery rooms.

West Wing The West Wing, power plant and laundry additions were built in 1925-1926, designed by Clas, Shepard & Clas, architects, of Milwaukee.[4] The West Wing, a six-story reddish-orange brick building, joined the Surgery Annex at the west end of the Annex. The West Wing is three double-window bays wide, built in a classical style, with a one-story stone base, four stories of brick with quoins and double windows, terminated with a cornice and a one story top. The details that delineate these divisions include: on the first floor, a limestone sill at grade, windows with brick lintels and stone keystones; on the second through fourth floors, brick quoins on the outside corners and projecting piers separating the windows; and on the fifth floor brick and limestone keys and a simple projecting classical limestone cornice. Above the cornice, the top floor, a partial sixth story, has round-arch masonry panels above the windows, and above the elevator penthouse, a blue copper hipped roof. From a distance, the three narrow round-arch windows of the penthouse are visible. The West Wing building steps out a window bay width, thus is wider north of its connection with the Surgery Annex. The west side of the building

[1] Frank 1915: 148; Fritschel 1945: 66-67; Fritschel 1949: 84.
[2] Mijuskovic, Ben, Maine Antiques Digest, Dec. 2000.
[3] Sketches of Milwaukee Hospital 1913.
[4] Architectural drawings, City on a Hill, Inc. collection.

has single double-hung windows, except toward the north end of the 23rd Street side, where some small narrow single windows and two three-part windows on the fifth floor are located, and a single arched opening bricked shut. Also visible on the west side of the building is the sixth floor addition on the north half of the building, dating from the 1950s. The north end of the building has Neo-Classical elements, including three tightly-spaced window bays toward the west side of the building with round-arch windows on the fifth floor, double-windows below in each of the bays, brick quoins on both corners, and a continuation of the simple limestone cornice. These tightly spaced windows admitted light into sunrooms on each floor. On the east side of the same face, there are large double-hung windows located on the landings of a corner stair. Above the cornice line the change in color of brick denotes the stair tower, which was the only part of this face of the building that attained a sixth-floor height. On the east face of this building, the orange-red brick masonry returns a few feet and a cream brick masonry steps out a foot and constitutes the balance of the wall. The fenestration is similar to the west face of this building, though more irregular in placement. The same kind of windows are found throughout, single double-hung windows. Additions in the 1950s expanded the top or sixth floor. Parts of the upper levels of the building served as surgery units and the lower floors as patient rooms. After 1970, the top floor was used to house residents and interns.

Laundry In 1925-1926, at the same time as the construction of the West Wing, a two-story utilitarian addition of cream brick was added as a laundry at the rear of the 1912 Surgery Annex.[5]

Heating Plant The heating plant was built in 1926 at the north end of the West Wing as a semi-detached building, with a connecting hallway.[6] It is now fully incorporated into the hospital building. Like other buildings built close to 23rd Street it was built into the hill, as a two-story building on the inside of the block and three-story building on 23rd Street. It is an early Twentieth Century utilitarian industrial building. On the west face, piers separate six window bays with recessed masonry panels and large factory windows. The ground floor is differentiated from the upper two floors with a cast concrete wall, from which a two-bay segment of the building projects a few feet from the rest of the wall. The walls are of reddish orange brick similar to that of the West Wing and there is a simple projecting limestone cornice with a plain brick parapet top the third floor. The double-unit steel windows have hoppers mid-height, sixteen panes per window, and obscured glass. On the north side of the heating plant the walls and windows are the similar to those on the 23rd Street side. A small projecting wing, which includes a delivery dock, extends toward State Street, near the 23rd Street side. A tall cast-concrete chimney, painted white, stands all but independent of the building. A pinkish brick 1968 addition, which was constructed at the east side, flush with the north face, comprises a third of the building width. The north wall has only one window, a double steel window, perhaps salvaged from the previous rear wall. Various pipes, ducts and a chiller were added to this side of the building in 1968. A steel paneled rooftop structure was added in recent decades. On the east face of the heating plant addition, several steel factory windows are on the second level, and glass block and large vents occupy openings on the first level. A small part of the original rear wall with a steel door and concrete stair is at the south end of the east face.

Central Wing The Main Wing, or Central and East wing, as it was originally called, was built in 1931, and replaced the old building that had served as the hospital from 1884 to 1930.[7] It was joined to the east end of the Surgery Annex. The new building was placed somewhat west of the junction of 22nd Street at Kilbourn Avenue yet at the center of a planned group of buildings. The building has an ornamented six-story front projecting pavilion in a Jacobean style and features a highly ornamental copper canopied main entrance, brick quoins, limestone ornamental trim, and a gabled central pediment wall. The stone trim includes classically-detailed window surrounds on the first, second and sixth floors windows, lintel keys on floors three through five, three round-arch stone panels above the sixth floor windows and stone panels beneath. A gabled

[5] Architectural Drawings 1925-1926.
[6] Architectural Drawings 1926.
[7] Architectural Drawings 1931.

pediment wall is crowned with a crucifix, and has an ornamental stone piece set into the face. Pressed brown brick dresses the walls of the pavilion, the five-story side wing facing Kilbourn Avenue, and the east face of a rear wing. The ground floor windows have highly ornamental wrought-iron grills, and the entrance is flanked by ornamental iron or bronze pedestal lanterns set on limestone plinths flanking the entrance stair. The entrance doors are a pair of full-view type bronze doors with bronze push bars. This central pavilion housed a two-story admissions lobby and later, a library. The balance of the wing housed administrative offices, patient rooms and surgery rooms on the top floor of the rear wing. Along the Kilbourn façade several of the windows of the on the fifth floor were later closed with brick facing. A sixth floor addition was built of brick in about 1974, and later extended with a metal-sheathed structure.

Maternity Pavilion The Maternity Pavilion, built in 1941, is set apart from the rest of the hospital complex, toward the north edge of the block, and designed in the International Style by Clas & Clas, Inc., architects, of Milwaukee.[8] It is a separate three-and-four-story building with an L-shaped plan rotated at 45 degrees in orientation to the rest of the complex. The entrance is on the south side of the building facing the old Central Wing. The building features horizontal bands of contrasting yellow and red brick masonry that enhance the window lines, glass block windows, and an entrance lobby and stair tower at the crux of the two wings. It is connected to the heating plant, and more recently was connected to the newer wing of the hospital with a grade-level enclosed walk. On the State Street side of the building the lower level is fully exposed and finished in the same masonry and has an entrance, though not an important one, for patient use.

Senn Wing In 1951 and 1952 the Senn Wing was built between the West Wing and 23rd Street. It was designed by Arthur Reddemann and Rubens F. Clas, Inc., Architects. [9] It is built of a buff brick in a simple modern style: a low-slung, two-and-a-half to three-story building with horizontal expression and without articulation. The windows of the third floor are single double-hung windows, grouped in pairs, while the windows of the first and second level consist of a narrow horizontal glass block band (now partly covered) and a wider horizontal band, both running most of the length of the building, breaking only for the two-story glazed entrance wall roughly midway in the building. Adjoining the entrance is a fourth story projection, in which the elevator and stair are located. Two other entrances also facing 23rd Street are at either end. The building extends to the West Wing, and the end is somewhat closer to Kilbourn Avenue than that of the West Wing. A lower level of the Senn Wing fills the space between the east side of the building and the West Wing.

Laundry and Receiving Also in 1951-1952, the one-story laundry and receiving sections were added at the rear of the 1912 Surgery Annex. [10] The reddish brown brick flat roof addition has almost no windows.

Lutheran Deaconess Home Forming the west side of the court, the Lutheran Deaconess Home, was rebuilt in 1956, designed by Ebling Plunkett & Keymar, architects, and located on the site of the home it had occupied since 1908.[11] It is counted as a separate building. The four-story building has an L-shaped plan with a front orientation to Kilbourn Avenue, and sits a half-story flight of stairs above Kilbourn Avenue. The orange-buff brick masonry is panelized, with a first-story base defined by horizontal limestone trim along the sill line of the second-floor windows and the lintels and sills of the first-floor windows, along with recessed brick lines. The upper three floors are alternating broad vertical brick fields between vertical bays of windows with limestone spandrels between the windows and running to the roof-line. The main entrance has a broad limestone surround with the name "Lutheran Deaconess Home" incised in the stone above the door, a scalloped edge along the stone lintel and the date "1956". The recessed glazed double doors have further surrounds of tile. The four

[8] Architectural Drawings 1941.
[9] Architectural Drawings 1950-1952.
[10] Architectural Drawings 1951-1952.
[11] Architectural Drawings 1956.

window bays across the front are three-part windows, defined by horizontal muntins in the outside windows on the broader ground floor windows and in the center window in the upper three floors. The other units have single lights.

The 23rd Street side of the building is nearly symmetrical in elevation, with a projecting bay of one window bay depth and three window bays wide. The two parts of the building flanking it each have three window bays, as well. North of the projecting bay, at ground level is a two car garage and entrance with a narrow canopy. The windows on the 23rd Street side are all single units, each with three-part horizontal lights, the same as those on the upper levels of the front of the building. There is one exception, in the center bay in the projecting part of the building, where an odd window on the first-floor level is larger and extends higher than the other lintel lines, and is framed in limestone. A small two-story connector runs between the Home and the Senn Wing to the north. On the north end of the Home an elevator and stair tower rise above the rest of the roof-line. Two window bays, one narrow and one broad, are near the center of this face of the wall. On the east side of the building the easternmost face nearest Kilbourn has the same appearance as the projecting section of the 23rd Street side -- though the odd framed window is on the third level on this side and has a large fixed upper sash and a hopper. The first floor center window is double width-- appearing to be a replacement window—with a large fixed center window and two narrower fixed windows flanking it. The rear wing of this building has broad masonry panels and narrow window bays. A concrete deck with a second level porch above it is set in the ell of the building. There are entrances to the porches on the east wall. A simple one-story connector appears in plan to wrap around the Senn Wing to connect to the 1931 West Wing.

Hennekemper Wing In 1958, the Hennekemper Wing was built adjoining the Main Wing in the line of buildings running along the north side of the court. It was designed by Ebling, Plunkett & Keymar, architects, of Milwaukee.[12] The new building carried the proportion and height of the adjoining 1931 main building, and closely matched the reddish brown brick. The front wall is stepped slightly toward Kilbourn Avenue. Its masonry detail reflects that of the 1931 building. This wing is simply dressed with brick set on a limestone base to the first floor window sill. It has horizontal limestone courses at the top of the first floor level and a similar one at the cornice line. It has brick lintels with stone keystones on the first floor level, brick quoins on the outside corners, and on the fifth floor, brick lines suggest fenestration, similar to that of the top floor of the adjoining 1931 Central Wing.

East Wing In 1969, the original 1884 Chapel, which adjoined the rear of the Central Wing was demolished, and the rear wall of the adjoining 1931 Central Wing sheathed with red brick. In 1969 the hospital opened the first phase of the new East Wing, with the Herman L. Fritschel Auditorium-Chapel, designed by Plunkett, Keymar & Reginato of Milwaukee.[13] It was at the south end of the new East Wing, the rest of which was yet under construction.[14] It was dedicated to Herman L. Fritschel, the hospital's administrator for nearly 50 years. The two-story part of the East Wing, in which the chapel was located, abuts Kilbourn Avenue. It is a rectilinear mass with a flat roof, a simple stone exterior, and no windows or exterior entrances. Access was via the corridors, elevators and stairs connecting it to the Hennekemper Wing and the hospital's main entrance in the Central Wing. The East Wing required the demolition of the Layton Home for invalids, and the house that had served as the original rectory and after 1898 as the first Deaconess Home.

Along the east side of the court, in 1970, the initial four stories of the nine-story East Wing were completed for the cardiac, x-ray and nuclear medicine labs among other hospital support services.[15] The new wing abutted the east wall of the Hennekemper Wing and rose to its third floor level. In 1974, five more stories for patient beds and for the psychiatric unit

[12] Architectural Drawings 1958.
[13]. Architectural Drawings 1969.
[14] The Passavant Fall, 1969, Vol. 18, no. 3.
[15] Architectural Drawings 1970.

were added to the East Wing, though the stair and elevator shafts were built to accommodate two more levels.[16] The building has a reddish brick, similar to the adjoining hospital buildings, on its Kilbourn Street face with short returns on its east and west sides, and on the stair and elevator enclosures. Panels of white pre-cast concrete panels sheath the east and west walls, alternating with vertical bands comprised of window and metal spandrels.

East Pavilion In 1980, a merger with the Evangelical Deaconess Hospital resulted in a name change to the Good Samaritan Medical Center and an addition to accommodate the merger. In 1983, 21st Street was closed, and land on the adjoining block was cleared for parking in anticipation of the addition of the East Pavilion, an addition that culminated the final stage of merger of the former Milwaukee Lutheran Hospital with the Deaconess Hospital. In 1985, the two-story wing was completed at the east end of the complex.[17] It became the new main entrance, with a canopy with large pyramidal skylights, set at an angle on a drive near Kilbourn Avenue. The balance of the building is a rectilinear mass built with light gray pre-cast concrete panels along with an exterior insulating finish system sheathing. Both the Kilbourn Avenue and East sides have recessed window bays on the first and second levels, with continuous glazing panels as windows. The north east corner of the building is without windows for an auditorium. Where the East Pavilion joins the East Wing is a three-story building, in part matching the Kilbourn Avenue side and, in part, a glazed and angled wall atrium.

2005 Renovation In 2005, Gorman & Company acquired the Central Wing, Surgery Annex, West Wing and Hennekemper Wing and undertook a complete renovation and conversion to apartments. Portions of the hallways were retained and the entrance lobby and second level lobby mezzanine re-opened and restored. The balance of the rooms was reconfigured in the conversion to apartments.

INTEGRITY
In spite of significant additions following the period of significance, 1912-1958, few alterations have changed the overall integrity of the historic buildings. The additions include the two and nine-story East Wing in 1969, 1970 and 1974, and the two story East Pavilion in 1985. While the scale of the East Wing differs from the other buildings it was built according to the long term plan for a courtyard surrounded by the "U" shaped hospital buildings and wings. In keeping with the history of innovation and change, the East Wing was built according to the needs of the hospital at the time, as were all additions.

Perhaps the only noticeable alteration of the historic buildings since the period of significance was the replacement of the windows of the 1912 Surgery Annex, 1926 West Wing and 1931 Central Wing replaced in the 1980s, and again in the 2005 renovation in conversion to apartments.

In summary, the landscape setting and the historic buildings retain a high level of integrity and visually represent the evolution of the Milwaukee Hospital.

[16] Architectural Drawings. 1974; The Passavant March 1975 Vol.21 no.1.
[17] Architectural Drawings 1985.

SIGNIFICANCE

Criterion A

The Milwaukee Hospital campus, located at 2200 West Kilbourn Avenue, Milwaukee, Wisconsin, is locally significant under Criterion A as an intact example of a major urban voluntary hospital associated with events that have made significant contributions to the broad patterns of our history. It was a center of important surgical and medical research, innovation and medical education. It was a leader in radiological science since 1912, in nursing and health education, critical care and health care administration. The period of significance is from 1912, dating from the first extant construction, to 1958 with the construction of the last addition most strongly associated with the historic significance of the property. While the later additions carried the tradition of setting and innovation, they fall far outside the 50 year rule for inclusion and are therefore outside of the period of significance.

The former hospital campus is an integrated complex of buildings and landscaped grounds, constructed between 1912 and 1985. The buildings and grounds provide a tangible record of the series of dramatic and rapid changes that revolutionized medicine, both technologically and socially in the twentieth century. Each major step in this revolution resulted in an additional structure at the Milwaukee Hospital complex, which was sited in accordance with a campus design. The historic landscape of the campus and its buildings reflect the changes and continuities in social welfare and healing that defined the medical history of Milwaukee from its earliest days as a pioneer lake port to the late Twentieth Century.

The Milwaukee Hospital campus saw the early use and development of antiseptic surgery and there after was a leader in surgery. The 1912 Surgery Annex contained some of the most advanced surgery rooms in the nation when it opened. The hospital retained its renown for surgery, with more modern facilities built in each successive addition. The campus was the site of the first use of x-ray technology in Wisconsin, and surgeons at Milwaukee Hospital took an earlier interest in the use of x-rays than many of their peers, so an x-ray room was set up opposite the 1912 surgery rooms. The 1926 West Wing contained the most powerful x-ray machine in the U.S. at the time. The hospital maintained a leading role in the region in radiology and virtually each of the hospital wings added in 1912, 1926, 1951, and 1958 contained new radiology units. In the 1940s, when a child-birth was moving from the home into the hospital without reducing mortality, the hospital built a specialized maternity pavilion and undertook important reforms in maternity services that cut deaths to 1/3 the national average. Milwaukee Hospital was the state's first center for distribution of penicillin when that rare drug became available for civilian use. The hospital had the city's first intensive care unit. The hospital played a leading role in the training of nurses, opening the Milwaukee Hospital School for Nursing in 1903, and continuing to train nurses through a series of nursing programs until they were folded into the University of Wisconsin in 1973. The city's second general hospital, the institution rose from humble origins in 1863 to local, state, and national recognition for the quality of its medical care and for its progressive leadership in the modernization of hospital administration.[18]

Equally significant, the hospital campus's integrated collection of buildings represents the transformation of the hospital care in Milwaukee. Initially it was a charitable nursing facility for the sick poor and for transients such as sailors, immigrants, and travelers. It evolved into a technologically based, industrial-scale, center for the treatment of acute medical problems, often involving surgery, used by all levels of society. Both internally and externally, the heterogeneous complex of buildings is representative of critical changes in medical technology, cultural values, administrative philosophies, federal medical policies, and in architectural fashion. The Milwaukee Hospital's humble origins, phenomenal growth, and ultimate merger into a larger health care system and disappearance as an individual entity reveal more than a Milwaukee story; they

[18] Jensen 2000.

reflect broad patterns in the history of urban hospitals across the United States.

Criterion B
The Milwaukee Hospital complex is significant under Criterion B, for its local significance, for its nearly half-century association with Herman Fritschel, a leader and pioneering figure in the emergence of hospital administration as a profession and in organization of healthcare in Wisconsin. For forty-one years, from 1902 through 1943, Fritschel served as the General Director of Milwaukee Hospital--a revolutionary period of history of medicine in the organization and function of hospitals. Fritschel remained as President of the Milwaukee Hospital Managing Board until 1949, and though his influence on continued development of the hospital building plan continued into the late 1950s.[19] The campus we see today is the realization of Fritschel's vision of the ideal hospital. During Fritschel's long tenure, Milwaukee Hospital evolved from a small facility primarily devoted to persons who lacked access to domestic home healthcare, to a nationally recognized urban hospital that offered the full spectrum of modern medical and surgical treatments.

For more than half a century, Fritschel was a leading figure in the professionalization of hospital administration, and he was a leader in healthcare delivery in Milwaukee and throughout Wisconsin. In 1913, Fritschel joined the American Hospital Association, an increasingly important professional group working to raise hospital standards across the nation. In 1920, Fritschel helped found and later served as the president of the Protestant Hospital Association of America. Adding to his stature in the history of hospital administration is his role in 1933 as one the initial collaborators and executive committee members in establishing the American College of Hospital Administrators (now the American College of Healthcare Executives) a new professional organization that set the first standards for hospital administrators in the United States. The organization Fritschel help found continues to influence the healthcare industry seven decades later. Locally, in 1924, he helped establish the Milwaukee Hospital Council. From 1920-1927, he served as the president of the Wisconsin Hospital Association. Fritschel was also among the architects of the Blue Cross of Wisconsin hospital insurance plan.

Additional Importance
Discrete and clearly visible architectural elements of the campus collectively demonstrate the rapid evolution of the American hospital. Each building, including the 1912 Surgery Annex, 1926 West Wing, 1931 Central Wing, 1941 Maternity Pavilion, 1952 and 1958 additions, possesses distinctive identifiable characteristics that represent unique periods and concepts in medical technology, societal trends in hospital care, and healthcare economics in a time of rapid change in the history of American hospitals and medicine. The later buildings constructed in 1969, 1970, 1974, and 1985, although non-contributing due to age, continue the story by revealing the hospital's further evolution. Each building period reveals distinct changes as well as continuities. Each of its many components represents a definable hospital building type. The hospital's history on Kilbourn Avenue ended in 1994, the complex and grounds now offer a fixed and permanent record of the history of American medicine and hospital care during the late 19th and 20th centuries.

The History of the Milwaukee Hospital, 1863-1994

The Pioneer Period: 1863-1902

The Milwaukee Hospital campus, the site of the city's second oldest general hospital, offers a historic landscape that tells the story of the emergence and contested development of modern, hospital-based medicine in Wisconsin. The vast hospital complex that stands today seems to have little in common with the small house that first opened its doors to the sick during the difficult Civil War. The hospital's physical location and complex of varied buildings record its long evolution. What

[19] Milwaukee Hospital Board of Directors minutes, Aug. 25, 1949.

the campus and its history also reveal is the Milwaukee Hospital's enduring connection to the community and the energetic drive of generations of administrators, medical professionals, and volunteers to attain and maintain a position of medical leadership. These two elements provide an institutional continuity that defined the hospital's 132-year history—a period that encompassed the greatest changes in the delivery of healthcare in world history.

Opening its doors during the difficult year of 1863, the small Milwaukee Hospital offered an important alternative for the citizens of the fast growing city. Established by the Reverend William Passavant, the Director of the Protestant order of Deaconesses, the Milwaukee Hospital appealed to the religious and moral sympathies of the city's expanding German community and its established Yankee elite. Prior to its opening, Milwaukee's only general hospital was St. Mary's, a pioneer Catholic hospital that admitted its first patients in 1848. In the decades that followed, the competition and cooperation between Milwaukee's premier Catholic and Protestant hospitals helped define the culture of Milwaukee's medical profession—a pattern typical in the industrializing cities of the Midwestern United States. [20]

The Milwaukee Hospital opened its doors in 1863 as a traditional voluntary hospital. Depending upon community charity and an idiosyncratic mix of local, state, and, sometimes, federal revenues, a voluntary hospital's primary mission was social welfare rather than the specialized delivery of medical care. The early voluntary hospitals official mission included providing food, shelter, and basic nursing to indigent or transient persons who possessed good character or an ability to pay. Within the context of Nineteenth Century medical practices the hospital offered few, if any, advantages over a clean, well-ordered, home. [21]

The architecture, administrative organization, and patient populations reflected these realities. The earliest hospital buildings in the frontier Midwest did not begin as hospitals. Any building that provided relatively warm and dry wards, a place to cook food, and reasonable access to clean potable water, could serve as a general hospital. Former hotels, schools, office buildings, or, in the case of the first Milwaukee Hospital, a large house could readily fit the bill.

Milwaukee Hospital was founded by William A. Passavant, a Lutheran clergyman from Pennsylvania. Passavant, a prominent theologian with a strong social conscience and Director of the Pittsburgh-based Protestant Order of Deaconess, was an important force in the development of Protestant voluntary hospitals in the United States. Through his efforts and the efforts of his successors, Passavant institutions opened in many communities including Pittsburgh, Milwaukee, and Chicago. In 1850, Passavant came to Milwaukee and met with Reverend J. Muelhlhaeuser, the pastor of the Grace German Lutheran Church, a principled and committed leader who was determined to establish a Protestant hospital in his city. Despite a large and rapidly growing German population in Milwaukee, Muelhlhaeuser repeatedly failed to muster sufficient financial support for the project.

In 1863, the Board of Managers of the Deaconess Institution, headed by Passavant, agreed to take on the project. The initial plan called for renting a suitable building. However, upon his arrival in Milwaukee, Passavant found that no one would lease out property for use as a hospital. Despite a lack of capital, Passavant opted to purchase a site. After several days of searching, Passavant described finding his hospital: "The location so providentially discovered was all that could be desired for a hospital. It was central, suitable, within the city limits, yet in the country. The large brick mansion on the grounds was both convenient and attractive . . . .[T]he future wants of the Institution, demanding a free space on every side, it was

[20] Jensen 2000; Atwater 1979.
[21] Rosenberg 1987.

resolved to purchase the mansion and 10 acres."[22] While subsequent extensions of Milwaukee streets cut away at the 10 acres, Passavant's purchase provided the hospital with ample, though not unlimited room for expansion and proved a fortunate choice. The elevated location assured abundant fresh air--away from the city's marshes--and placement just outside the developed area of the city reduced fear of contagion.

An expression of community values, institutions such as the Milwaukee Hospital placed a premium on instilling and upholding Protestant Christian social philosophies that stressed independence, thrift, self-control, and social deference. By definition many, and in the public mind, most of those who entered hospitals in the United States during the Nineteenth Century, had failed to meet these expectations. For respectable citizens, hospitals were charities that one should support, but not enter—at least not as a patient. The appropriate locus for medical care during the Victorian Era remained the home, and the primary care giver, the family, assisted, when necessary, by a physician. [23] These stark lines, although embraced by the polite public, broke down in rapidly growing commercial and industrial Midwestern cities such as Milwaukee.

During the late Nineteenth Century, the largest percentage of people who entered general hospitals at Milwaukee and similar cities were men of working age. Typical in the region's medical history, the first patient to receive care at the Milwaukee Hospital was Elias Jennesen, a Great Lakes sailor suffering from tuberculosis.[24] Sailors were the most identifiable of a growing class of transient people settling in or passing through Milwaukee, most of whom who were making the hard transition from a rural agricultural to an urban industrial life. Transient people lacked the domestic infrastructure needed during times of medical distress. Of this class, Passavant worried: "I am often sorry that I cannot live and labor out in this vast region exclusively. The field is so large and so white to the harvest while the laborers are so few. Last week in one day fifteen hundred Norwegians passed through Milwaukee. The next day one thousand and for days as many as five hundred and upwards . . . " [25] For Protestant clergy such as Passavant, the hospital offered a public place for exhibiting the values of Christian charity.

From its beginning as a small charitable institution, the Milwaukee hospital underwent a dramatic transformation during its first 50 years of operation. Like its sister institutions across the region, the hospital shifted from being "an asylum for the indigent" (or in the case of Milwaukee, the indigent or transient) "into a modern scientific institution."[26] The first step in this evolution involved initially a gradual and then a dramatic growth in size brought about by the increasing demands of an urban industrial population. Overcrowded apartments provided little room for home care, and a sick person's family, where one existed, often could not afford to take the time away from work to provide care.[27] Both of pioneer Milwaukee's general hospitals built major new buildings during the 1880s. For the Milwaukee Hospital, this meant an imposing new structure built on a parcel of land adjacent to the original hospital. Through its long evolution, the Milwaukee Hospital campus retained its integrity of place as a landscape for healing.

Assessing the integrity of this urban medical campus requires an understanding of the historical forces that shaped its development. The construction and operation of an urban hospital posed significant challenges. Historically, hospitals occupied large tracts of land outside of, or completely removed, from large cities. Fear of contagion, the healthful effects of

[22] Gerberding 1906: 391.
[23] Rosenberg 1989.
[24] http://www.uwm.edu/Library/arch/hospital/1.htm
[25] Jensen 2000, 1997; Rosenberg 1989; Vogel 1980; Gerberding 1906: 401.
[26] Stevens 1989: 18.
[27] Vogel 1980: 134.

clear air and an agrarian landscape, and the limitations of contemporary architectural forms all argued for larger hospital grounds with structures that consisted of many wings, pavilions, or separate buildings. The rise of dense industrial cities such as Milwaukee, however, placed different requirements on the managers of hospitals. Writing in the 1870s, Dr. Caspar Morris, a leading Philadelphia physician and one of the medical masterminds behind the design of the first Johns Hopkins Hospital, argued that, "A city hospital must be adapted to the requirements of city life, and must be constructed on the same principles as the city itself." What Morris meant was that the concentrated nature of city living: its limited space, ventilation, and coordinated system of work required a hospital that was physically and economically more efficient--a hospital that balanced ideal healing properties with the limited time, money, and space of urban life.[28]

New medical technologies, however, had yet to make a serious impression on hospital architecture. When the Milwaukee Hospital's new building opened in 1884, patient care continued to focus on palliative measures. Good food, hygiene, and rest, supported by a limited regime of drugs were the norm. This required little more than a well laid out residential building. In 1883, Passavant described the hospital grounds and the new hospital under construction: "The hospital grounds, consisting of two entire squares of the highest land in the city remain untouched and are dedicated forever to the merciful purposes of their original purchase. On this beautiful elevation a new capacious hospital is now in progress of erection. . . . [T]he workmanship is of the very best character, the material of beautiful cream-colored Milwaukee brick and all the other component parts of qualities to secure the greatest possible strength and comfort to the Institution."[29] It is significant that Passavant did not comment about specialized hospital architecture; the age of the modern scientific hospital had not yet come to Milwaukee. However, the 1884 building left the Milwaukee Hospital well positioned to benefit from the staggering social and technological changes that would redefine the American hospital during the twentieth century.

As the new building opened, new medical and surgical practices and technologies were beginning to alter American general hospitals, fostering rapid growth and a century of constant change. During the latter part of the nineteenth century, surgery gained in status among physicians. Increasing use of anesthesia, the adoption of antiseptic and aseptic surgery, and the development of new procedures collectively made surgery less painful, safer, and, arguably, more effective. Regardless of the patient's social status, the place for modern surgery was the hospital, where electric lights, marble walls, and specialized equipment raised the odds of successful outcome. [30]

The history of modern surgery in Wisconsin is linked inextricably with the Milwaukee Hospital. Between 1879 and 1891, Dr. Nicholas Senn gained national and international acclaim for his antiseptic procedures at the Milwaukee Hospital that led him to explore dangerous gastro-intestinal areas of the body including the pancreas and intestines. Senn's path breaking surgical investigations began in the old Milwaukee Hospital where, shielded by screens, he operated in the middle of crowded wards. The 1884 building set aside a 16 by 20 room for surgery. It proved badly designed. South facing windows let the room heat up unmercifully, so much so that the legs of the wooden operating table sank into the heat-softened asphalt floor. During the 1870s and 1880s, American medicine was gradually adopting the germ theory of disease. Following the lead of Dr. Joseph Lister of Edinburgh, surgeons attempted to prevent the introduction of germs through greater control of operating room conditions. During this period, Senn, who had formerly operated behind thin screens in the middle of large patient wards, experimented with antiseptic surgery, a messy process that required the spraying of hot carbolic acid about the room during the surgery. Senn later shifted to aseptic surgical techniques which included measures now considered standard: washing of hands, clean cotton gowns and masks on all operating room personnel, limited and similarly clothed

[28] Thompson and Golden 1975: 182.
[29] Gerberding 1906: 406.
[30] Howell 1996: 57-59.

observers, along with sterilized instruments. Senn became one of the first to employ sterilized gloves in the operating room. Aseptic surgical techniques revolutionized surgery by greatly reducing the number of post-operative infections. This thus greatly increased the percentage of successful outcomes, permitted surgery within the body cavity, and thus expanded the scope of modern surgery.

By 1890, the Milwaukee Hospital was locally famous for its surgeries.[31] Becoming the Chair of Surgery at Chicago's Rush Medical College in 1888, Senn continued his connection with the Milwaukee Hospital. He remained Chief Surgeon until 1893, and as a consulting surgeon with the hospital until his death. Working in connection with Senn, Dr. William Mackie, Senn's assistant and successor as chief surgeon, experimented with new procedures for implanting bones, and for combating kidney neoplasms (uncontrolled growths). Senn and Mackie both passed away in 1908, but left a huge legacy in their published writings, students, patients, and in the reputation of the Milwaukee Hospital. They also promoted an activist tradition of surgery at the Milwaukee Hospital that continued under Dr. Harry Sifton, the first Wisconsin physician credited with removing the entire larynx, and publisher of several scientific papers on various surgical techniques. [32]

On June 7, 1894, William Passavant died. His son, William Jr. was named General Director of the Passavant institutions. In 1897, the younger Passavant relocated to Milwaukee to assume supervision of Milwaukee Hospital. His brief tenure ended with his premature death on July 1, 1901. In those intervening years, however, Passavant stabilized the hospital's finances, and completed a remodeling of the hospital that included the installation of new operating rooms.

The Development of a Modern Hospital: The Herman Fritschel Era 1902-1957

On August 18, 1902, Reverend Herman L. Fritschel became the Director of the Institution of Protestant Deaconesses and the General Director and Rector of Milwaukee Hospital. Born in Clayton County, Iowa in 1869, Fritschel, the son of a prominent Lutheran theologian and professor, attended Lutheran Theological Seminary at Mendota, Illinois, and graduated from the Wartburg Theological Seminary in Iowa in 1889. He undertook graduate studies at the University of Leipzig and at Erlenhangen in Germany, before his ordination in 1892. For ten years, Fritschel served as pastor to Lutheran congregations in Wisconsin, first in Superior and then Brandon. It is uncertain why church leaders chose Fritschel to succeed the Passavants. Perhaps the combination of his relative youth and extensive education was what was necessary for what church leaders recognized as an all-consuming post. His subsequent half century of service to the hospital indicate the wisdom of the decision.[33] Nearly all of the historic era construction on the Milwaukee Hospital campus reflect Fritschel's influence on the institution. In one of his first actions, Fritschel, with the backing of Milwaukee Philanthropist Frederick Layton, initiated a major landscaping project that transformed the grounds into a carefully designed park. Substantial elements of the 1902-1903 project remain, including the ornate iron and stone fence and imposing Kilbourn Avenue entrance. The trees, grass, macadamized driveway, and concrete pathways on the grounds have diminished some in size due to the many additions to the hospital, but surprisingly have changed little in the past century.

Another early Fritschel achievement was to open the Milwaukee Hospital School for the Training of Nurses in 1903. Nursing represented an important career path for the young women of Wisconsin, and they came to the Milwaukee Hospital from all parts of the state. By 1921, the Evangelical Deaconess School of Nursing, organized in 1917, had become an

[31] Natvig 1970: 5.
[32] Thayer, p. 140-142, Alcorn, Index-Catalogue of the Library of the Surgeon-General's Office. U.S. Army—National Library of Medicine, http://www.nlm.nih.gov/hmd/index.html
[33] Watrous 1909: 186; Dictionary of Wisconsin Biography 1960: 137.

accredited nursing school. The hospital later pooled resources with other Milwaukee hospitals in a Milwaukee Central School of Nursing. The school continued until folded into the University of Wisconsin Nursing School programs in 1973.

In 1902, Milwaukee Hospital admitted 687 patients; by 1905, this figure had risen to 1038.[34] In that latter year, a wide range of people entered the Milwaukee Hospital. Saloonkeepers and seamstresses, doctors and electricians, nurses and an amazing 280 housewives entered Milwaukee Hospital. While serving the worthy poor through subsidized and free medical care, the hospital was none-the-less becoming increasing reliant on middle and upper class patients for revenue. These latter groups were willing to pay a significant sum to enjoy the benefits of hospital medicine, primarily, surgery. By 1906, Milwaukee Hospital had outgrown its building. Chief of Staff William Mackie advised the hospital's board of visitors that hospital work had "been rendered more difficult during the past year by the very great demands upon the capacity of the institution, both as to private rooms and ward beds. This has resulted in great difficulties finding room for urgent cases and their proper classification." Mackie called for the construction of a new wing.[35]

Relief, however, was not immediate. In 1907, the hospital reported admitting 1,219 patients and conducting 818 operations. A frustrated Rev. Fritschel reported to the board: "requests for admission have to be refused every week repeatedly, almost daily." More private rooms, Fritschel explained were needed because they provided critical income to support the hospital. Fritschel suggested the construction of a fireproof wing, one that contained a few first class rooms, as well as three operating rooms and space for supporting services.[36]

To help articulate this vision Fritschel turned to Chicago architect, Meyer J. Sturm, a recognized expert in modern hospital architecture.[37] Sturm had just released the second edition of his jointly written text Hospital Construction, Organization, and Management. An examination of the 1907 edition provides evidence of Sturm's influence on Fritschel and the Milwaukee Hospital.

Sturm wrote that a hospital should be located at the highest possible point within practical limits. The entrance of the hospital should face south to maximize sunlight in patient rooms. Surgery rooms should be placed on the north end of the top floor of the building. The high elevation would provide a free flow of air, necessary to eliminate the smells associated with surgery, and avoid street dust and smoke in the operating room. The north facing windows would provide good indirect light but eliminate excessive heating. To plan for expansion, Sturm suggest that additional buildings be constructed to create a large "U." Ultimately, all of these ideas became incorporated into the Milwaukee Hospital complex.[38]

The Sturm designed Surgical Annex opened in 1912 and more than doubled the size and capacity of the hospital.[39] Sturm's design, still evident today in the building's hilltop siting, orientation to the south, location of surgical rooms on the top floors with north and east exposures for indirect light, and the U-shaped plan of the building reflect the coming of age of the Milwaukee Hospital as a modern medical institution. The oldest surviving section on the campus, the Surgical Annex is the first truly modern medical building in the Milwaukee Hospital's long history. The five-story building reflected the concept that urban hospitals should expand upward to conserve space and obtain greater building economies.

---

[34] Fritschel 1945: 69; Milwaukee Hospital Annual Report 1906.
[35] Milwaukee Hospital Annual Report 1905-6.
[36] Milwaukee Hospital Annual Report 1908.
[37] Golden and Thompson: The Hospital: A Social and Architectural History 1975.
[38] Sturm 1907.
[39] Golden and Thompson, 1975.

The Surgical Annex also reveals the hospital's rapid embrace of new medical paradigms. The Milwaukee Hospital was the first in Wisconsin to have an x-ray machine, a locally built model installed in the hospital laboratory in 1902 by a local pharmacist, J.S. Janssen. First developed by the German physics professor Wilhelm Conrad Roentgen late in 1895, the x-ray machine took the world by storm. Janssen had begun work on building his x-ray machines within weeks of reading of Roentgen's work. While many physicians at first proved reluctant to use the new technology, surgeons Nicholas Senn and William Mackie apparently took an early active interest in the x-ray—an interest apparently shared by Dr. Sifton. An entire x-ray room, one adjacent to the operating theaters, was set up on the fifth floor of the new Surgery Annex.[40]

With its x-ray room, managed by Janssen, and three modern surgical rooms, the Milwaukee Hospital may have been the city's best-equipped medical facility.[41] Fritschel also included private rooms -- larger deluxe corner suites with private baths and telephone connections. In 1913, the expanded hospital admitted 2,094 patients.[42] The 1912 Surgical Annex was the first installment of what became a comprehensive twenty-year plan of hospital expansion for Milwaukee Hospital.

The year 1913 was a watershed year for Reverend Fritschel in additional ways. That year he also joined the American Hospital Association, an increasingly important professional group working to raise hospital standards across the nation. For the next forty years, he was actively involved in hospital planning and working to raise standards in hospital administration.

The 1912 Surgical Annex soon proved too small. Between 1913 and 1924, annual admissions increased from 1600 to more 3,561. The hospital needed to expand again. The medical and cultural triumph of surgery and new medical technologies such as the x-ray radically changed the social composition of hospital patients. Well-publicized success translated to the public through movies helped create a potent consumer demand for services. By the 1920s, the number of patients entering hospitals in the United States had skyrocketed, with surgery and obstetrics accounting for about two-thirds of patient admissions across the country. One quarter of the patients came for tonsillectomies and adenoidectomies, a popular surgery inflicted on three generations of children to cure or prevent a bewildering array of diseases. The most popular of these procedures, the tonsillectomy, one scholar of the period has noted, could be justified in almost any patient. At the Milwaukee Hospital 2,648, patients came for surgical treatment in 1924.[43]

In 1924, Dr. S.S. Goldwater, the prominent superintendent of the Mt. Sinai Hospital in New York penned some prophetic words: "No hospital can escape its future...When concentration and simplicity are carried too far the hospital is forced either to live in a strait jacket or to cast off its original garment and acquire a new and more appropriate one."[44] An acute observer and participant in the design of hospitals, Goldwater understood the problems of urban hospitals and the unpredictability of the future.

Also in 1924, the American Hospital Association issued guidelines for planning new hospitals (The Report of Committee on Hospital Planning, American Hospital Association, August 1924). Among the telling attributes was the need for flexibility:

---

[40] Howell 1995: 103-4; Nobel Lectures: Thayer, p. 141; "Sketches of the Milwaukee Hospital".
[41] Turner 1981: 16.
[42] Milwaukee Hospital Annual Report for 1912 and 1913.
[43] Stevens 1989: 106; Howell: 1995: 60; Milwaukee Hospital Annual Report 1924-26.
[44] Thompson and Golden 1975: 195.

Principle 4. Flexibility.
Experience has shown that the conditions which constitute the environment of the hospital are constantly undergoing modifications; social changes, community growth, and scientific discovery create new demands which the hospital is called upon to satisfy. Healthy hospitals are growing hospitals, but their growth is not necessarily symmetrical. New discoveries are constantly opening up new lines of medical treatment which call for new space-consuming therapeutic apparatus. Nursing standards are forever advancing. Novel forms of record keeping are devised, and presently are regarded as indispensable. A hospital which begins as a medical boarding house is eventually called upon to participate in health education, in the clinical training of medical students, in post-graduate medical teaching, in scientific research. A sudden windfall enables the hospital to add a new or larger maternity department, and orthopedic department, a "tonsils clinic," a children's health center. Pressure is constant, both from within and without, and the hospital must be in a position to accommodate itself to every reasonable demand. An inflexible plan is a forerunner of trouble.

Bolstered by consumer demand and the expanding national economy, America went on a hospital building binge during 1920s. During the second half of the decade, the country spent $890 million dollars building hospitals and related facilities.[45] At the Milwaukee Hospital, this process led to the construction of a complex of new buildings, including the six story West Wing that opened in 1926. At the same time, the hospital added a heating plant to provide steam for the expanding facility. Designed by Clas, Shepard, & Clas, the West Wing contained the most advanced X-ray machine in the United States, a fitting continuation of Milwaukee Hospital's leadership in radiology. Floors one through four were devoted to private and semi-private rooms for 90 patients. Each floor included a pleasant sun porch to aid in convalescence. The fifth floor provided additional surgical facilities and laboratory space.[46] The 1926 addition was not planned in isolation. The large powerhouse constructed at the same time could support a much larger facility.

America had fallen in love with its hospitals and demand for beds and new services continued to rise in Milwaukee and elsewhere. By the end of the 1920s, it became time for the Milwaukee Hospital to "cast off its original garment." Admissions had risen in 1929 to 5,679 patients. In 1931, construction began with the new "Main Wing." This section has an ornamented six-story front and opulent receiving lobby reminiscent of a grand hotel. As an oasis from the home, the Milwaukee Hospital catered to the increasingly stringent demands of consumers and physicians. Built during a unique period in American hospital history, the 1926 West Wing and the 1931 Main Wing of the hospital are structures that preserve, in material form, the ideas, beliefs and values of progressive era physicians, hospital administrators, and patients. Their interior arrangements, which included more private rooms, and enhanced support facilities, provided more services but placed additional strains on nurses and physicians. They reflect a deliberate effort to attract and satisfy middle-class and elite patients and to present "a visual demonstration of success."[47] As icons of confidence, technology, and modernism, opulent new buildings such as the West and Central wings provided beacons of hope during the dark days of the Depression.[48] The push to present a modern face to the public underlies all of the major buildings on the campus.[49]

The May 1932 issue of *Modern Hospital* featured an extensive review of the new building:

---

[45] Stevens 1989: 111.
[46] Milwaukee Hospital Annual Report 1924-1926.
[47] Stevens 1989: 162.
[48] Stevens 1989: 161.
[49] Wheeler 1971: 80.

> To the Milwaukee Hospital, Milwaukee, goes the credit for having introduced to the hospital field an entirely new idea in lobbies—the lobby with a mezzanine....As the visitor enters the hospital he finds himself in a handsome and spacious lobby, impressive in its lofty proportions and in its dignified simplicity of design. . .Nothing could be further removed from the traditional hospital lobby, so austere and so aggressively "clean."
>
> The mezzanine floor takes the place of a sun parlor for convalescent patients. It has many windows through which the sun streams. . . .The floor is of rubber of a green and tan tile pattern and has a terrazzo border.
>
> ... The idea for the mezzanine lobby originated with Herman L. Fritschel, superintendent of the hospital for thirty years and was admirably carried out by the architects Clas & Clas.[50]

The private rooms of this hospital feature a new departure in their beautiful oak tile floors. The blocks are laid in sound deadening plastic cement. Noiselessness and comfort underfoot are therefore the attributes of this type of floor.

Sound and patient comfort apparently led Fritschel to employ another innovation. The hospital's structural steel frame was the first in Milwaukee to be erected using electrical welding. By going with electric welding, the construction of the new hospital proceeded quietly with less disturbance to convalescing patients. These distinguishing features remain a part of the building fabric. In isolated rooms, some oak parquet flooring has survived later attempts to modernize. The external appearance of the Main Wing is intact and the walk up to the entrance largely unchanged by the ensuing seven decades.

Writing in 1935, Fritschel summarized the hospital's expansion: "with the recent building costing $441,055.68 completed in 1933, this date marked the completion of the building program which had extended over a period of twenty years, and was the seventieth anniversary of the Milwaukee Hospital." [51]

Fritschel and the Professionalization of Hospital Administration

As Fritschel built up the Milwaukee Hospital, he also played a pioneering role in the evolution of hospital administration. Related to this, he was also the co-creator of and leader of important local, state, regional, and national professional organizations and hospital associations. In its December 1942 issue, *Hospital Management* featured an extensive biographical article on the Milwaukee Hospital administrator. Entitled "Rev. Fritschel's Life Mirrors Elevation of Hospitals to New Standards," the opening paragraph provides an elegant summary of his professional significance.

> Anyone contemplating a study of the development of the hospital as we know it today in its finest aspects could do no better than to study the career of the Rev. Herman L. Fritschel . . . For he not only has been the guiding figure for more than two score years in a hospital which is outstanding for its accomplishments but he has played a leading role in that time in constant betterment of hospital standards.

Fritschel took a direct role in shaping the hospital landscape in Milwaukee and beyond during the early and mid-twentieth century. In 1924, he helped establish the Milwaukee Hospital Council. From 1920-1927, he served as the president of the Wisconsin Hospital Association. In 1920, he help found and later served as the president of the Protestant Hospital Association of America. Adding to his stature in history of hospital administration is his collaboration in establishing the

---

[50] Peterkin 1932: 10.
[51] Milwaukee Hospital Annual Report 1929-1934.

American College of Hospital Administrators (now the American College of Healthcare Executives).

At a 1932 meeting in Detroit, Michigan, President of the American Hospital Association Paul H. Fesler called for the creation of a new professional organization dedicated to elevating the standards of hospital administration in the United States. At the time, there was little standardization in the training of hospital administrators. Fesler suggested modeling such an organization on the successful American College of Surgeons. Mathew O. Foley, the editor of *Hospital Management* immediately took up the challenge of creating the American College of Hospital Administrators. An important goal for the organization was to set high standards for hospital administrators. Beginning on October 7, 1932, Foley and four Chicago hospital administrators began the work of establishing the college. To set the tone, the core group invited 48 of most respected hospital administrators in the United States and Canada to start the organization, among them Herman Fritschel. On February 13, 1933, the College held their organizational meeting. With 30 years of experience in healthcare administration, Fritschel was elected to the ACHA executive committee. At that meeting and through subsequent work, Fritschel and his colleagues created an organization and set an agenda for the professionalization of hospital administration in the United States that continues to influence the healthcare industry seven decades later. [52]

Fritschel was also among the architects of the Blue Cross of Wisconsin hospital insurance plan. During its fiftieth anniversary meeting in 1948, the American Hospital Association named Fritschel a life member for his "eminent valuable services to the cause of the American Hospital Association and hospitals in the United States."[53]

Fritschel and the Maternity Pavilion at Milwaukee Hospital

In 1940, 55 percent of American births took place within the hospital and consumer demand for hospital births was rising rapidly. As with surgery, the new hospital obstetrical techniques provided patients with a host of new consumer oriented services and advantages over home care. The use of twilight sleep and other drugs made the pain of childbirth seem unnecessary. The hospitals also offered support services in the form of nursing and baby care that took the place of the disappearing network of friend and family who had traditionally provided support during and after the delivery.[54]

Hospitalization and a reduction in pain, however, did nothing to reduce the dangers of childbirth. Indeed mother and infant mortality seemed to climb with the increases in hospital deliveries. Puerperal infections rose during the 1930s. One problem, some physicians held, was the unsanitary conditions within general hospitals. There was no way, some physicians felt, to make the hospital safer short of complete isolation. Contributing to the problem, some believed, was a lack of standardized practices within the maternity wards. Extremists argued for the construction of completely isolated facilities.[55]

The background of growing demand for maternity beds and fear of infection set the context for construction of the distinctive Maternity Wing at the Milwaukee Hospital in 1941. A Milwaukee newspaper described the purpose of the new building:

> For many years the Rev. Herman L. Fritschel, hospital superintendent, and Ruben F. Clas, hospital architect have been working on ideas and plans for a new maternity wing which would give maximum sunlight, comfort, quiet and

[52] Neuhauser 1995: 21-23.
[53] Hospital Management, 1942; Fritschel, One Hundred Years of Deaconess Service, 1949.
[54] Leavitt 1986.
[55] Leavitt 1986: p.182-185.

protection against infection from within the building and as well as without.[56]

The A-shaped building had an estimated capacity of between 1200 and 1500 births per year. Maternity Pavilion rules and its internal arrangement focused on preventing and containing infections. A model of 1941 scientific efficiency, the pavilion also reflects a time when the mechanistic aspects of hospital delivery became overwhelming for some families. This is seen in the description of the new nursery facilities:

> The babies, indeed, live in little "colonies" of their own, with one door their only entrance to the adult world and an observation window their only exposure to the gaze of fathers, fond relatives and other such unnecessary elements in a scientifically run maternity hospital. Within each "colony" each infant is isolated again this time in an air conditioned, glass cubicle equipped with the little conveniences which babies demand. Open cribs are scarce now, said Clas, and there won't be any in the new hospital.[57]

New facilities and procedures as well as medical advancements in the form of sulfa drugs (1937) and penicillin the 1940s dramatically reduced the national death rate of new mothers from 1.64/1000 in 1933 to just .27/1000 in 1948. In 1952, the Milwaukee Hospital reported a maternal death rate that was 1/3 of the national average. On a local level, the Milwaukee Hospital took a leading role in this transformation. Under the guidance of its first female pharmacist, Sister Gladys Robinson, the Milwaukee Hospital became the region's official repository for penicillin when the initially rare drug first became available for civilian use.[58]

Today the distinctive Maternity Pavilion retains its original external appearance. A small brick garage has been added but does not substantially alter the appearance of the building. Internally, as with most hospital buildings, the layout has changed but key features related to Fritschel and Clas's design are untainted. The large north-facing window and clean daylight basement retain the light interior spaces that distinguished the building in 1941. The penthouse suite, used to house interns and nurses, suffers from neglect but retains excellent integrity. The 1970-74 hospital wing does little to obscure its panoramic views.

The Post-World War II Era

On September 1, 1943, the 74-year old Herman Fritschel relinquished his position as the Milwaukee Hospital's day-to-day administrator. However, he retained his position as the President of the Board of Managers and continued to serve as a consultant to the new administrator, Rev. William G. Sodt.[59] Freed from daily duties, Fritschel penned some brief histories of the hospital and the Deaconess mission and continued to help set the hospital's future course. In the meantime, radical changes were about reshape American hospitals yet again.

During the 1940s and afterwards, national political and medical forces had combined to create a high level of standardization among hospitals. The passage of the Hill-Burton Act in 1946 earmarked millions of federal dollars for hospital construction. Hill-Burton directly influenced the expansion plans of urban hospitals such as the Milwaukee

---

[56] Milwaukee Library Clippings File Hospitals May 7, 1941.
[57] Ibid.
[58] Milwaukee Library Newspaper Clippings File 1952 no date; Stevens 1989: 107; Leavitt 1986; Temkin 2002; Passavant Quarterly: Langill, p. 99
[59] Wisconsin Hospitals, July 1944.

Hospital by limiting funding to construction of new buildings.[60] The most influential health care policy prior to the beginning of Medicare and Medicaid in 1966, Hill-Burton made public funds available to a vast array of hospitals. Between 1946 and 1966, more than 4,000 Hill-Burton-funded projects changed America's hospital landscape.[61] This reflected the nation's seemingly endless demand for hospital care. By 1960, almost 13 percent of Americans entered a hospital each year.

In 1945, more than 15 million Americans entered the hospital, compared with only 9 million just ten years before. The pressure in Milwaukee and across the nation encouraged the building of new and better hospitals. Better, in post war sense, meant more focus on technology. Writing in the March 1945 issue of *Hospital Progress*, Surgeon General of the United States Thomas Parran described the modern hospital as a "complex technical machine, employing the latest diagnostic aids, preventative and curative measures, and professional skills."[62] This widely accepted mechanistic philosophy emphasized a flexible functionalism and required expensive new buildings.

During the mid- to late 1940s, while still under Fritschel's overall leadership, the hospital began planning to expand again. In February 1949, Fritschel stepped down from the hospital presidency after a remarkable 46 years in office. He remained an active member of the hospital's board of directors, and served on the building committee until the approval of the basic concept for new Senn Wing on August 25, 1949. One of the principal activities to be housed in this wing were new out-patient clinics, the beginning of a development in hospital services that would revolutionize hospitals. Substantial financing for the new wing came, it appears, from a trust fund from the estate of Milwaukee Hospital's most famous surgeon.[63] Designed in part by Ruben Clas, the new wing blended visually with the existing hospital. Even before the construction of the Senn Wing was completed, the Milwaukee Hospital board of directors was planning an even larger expansion. On May 24, 1951, Rev. Fritschel moved to have the building committee plan a $1,500,000 capital campaign to support a long-range building plan. The motion carried and planning went forward for what would become the Hennekemper Wing on the hospital's east side.[64] The extent of Fritschel's involvement with the new hospital plans is unknown. Construction was underway but far from complete prior to his death at age 88 on November 22, 1957. [65]

The 1950s through the mid-1970s were a time of optimism in hospital medicine, when coupled with a new regulatory regime created intense pressure for new construction. For institutions such as Milwaukee Hospital the choice increasingly was to continually expand and modernize or lose their leading role in medicine and their financial solvency.

The 1952 Wisconsin Hospital Construction Plan, an out-growth of the federal Hill-Burton Act, provided a detailed analysis of hospital facilities and use across the state. An outgrowth of Hill-Burton, the state-administered office set guidelines for hospital expansion and minimum standards for hospital beds. According to the report, as of June 1, 1951, the Milwaukee region required 3,888 acceptable hospital beds. At the time, the city had just 2,515. Area hospitals had other beds that did not meet federal standards. Bed occupancy rates at the cities ten largest general hospitals ranged from 84 to 116%, with the more charity-focused hospitals having the highest rates. [66] Bed allocations changed from year to year and the competition

[60] Wheeler 1971.
[61] Stevens 1989: 216.
[62] Quoted in Stevens 1989: 219-20.
[63] Milwaukee Public Library Newspaper Clippings, Hospitals 1949; Milwaukee Hospital Executive Committee Minutes 8/25/1949.
[64] Milwaukee Hospital Board of Directors Quarterly Meeting Minutes, May 24, 1951.
[65] Dictionary of Wisconsin Biography, 1960.
[66] Wisconsin Hospital Construction Plan 1952.

between hospitals for new bed space became fierce. A conservative approach was not feasible. Constantly changing federal standards rendered once acceptable hospital beds obsolete and the introductions of new medical technologies demanded increasing space.

On September 27, 1959, the Milwaukee Hospital celebrated the dedication of the Hennekemper Memorial Wing. Named for a generous benefactor, the $1,750.000 wing designed by Ebling, Plunkett & Kaymar, blended sympathetically with the 1931 Central Wing. Internally, the building featured ten new operating rooms, 18 private and 18 semi-private rooms. Geared for middle-class consumers, the rooms had their own lavatories, temperature controls, direct dial telephones, radios and Muzak. They were also piped for oxygen delivery and wired with intercoms to speak with the nurses' station. In terms of Milwaukee's medical history, the remodeling undertaken during construction created Milwaukee's first intensive care unit, a 14-bed facility in the 1931 Main Wing. The ward introduced a new standard of acute care that the city's other hospitals ultimately adopted. [67]

During the 1960s, competition for patients became intense in Milwaukee's saturated medical marketplace. In 1964, Milwaukee Hospital admitted of 11,000 patients but registered only 68% occupancy rates—a figure in line with other area hospitals. Some, including Columbia and St. Joseph's hospitals had fallen to well under 50 %. [68] Administrators regarded 80% occupancy as ideal, providing both flexibility and adequate income. Expansion and the latest medical technologies seemed to be the answer. By 1964, Milwaukee Hospital was planning yet another wing. On May 27, 1965, the Hospital Board listened to a twenty-year expansion plan that would, if fully realized, give the hospital a capacity of 1,000 beds. The centerpiece of the expansion was a large wing on the east end of the facility.[69] Considerable debate conducted over the following months and years ultimately led to the construction of a new nine-story wing, in two stages. Adding to this frenzy was the implementation of Medicare in 1966, which gave hospitals, in the words of historian Rosemary Stevens, a "license to spend." [70]

The mid-1960s proved an era of important choices and change at the Milwaukee Hospital. In 1966, the name was changed to Milwaukee Lutheran Hospital—in an effort to facilitate a hoped-for merger with Froedtert Lutheran Hospital. A more substantial accomplishment was the establishment of Milwaukee's first cardiac intensive care unit and cardiovascular laboratory—yet another important first in the history of Milwaukee medicine. Less glamorous but indicative of the hospital's innovative outlook, the Milwaukee Hospital became the first in the nation to accept credit cards.[71]

In 1969 and 1970 the hospital opened the new East Wing, with the attached Herman L. Fritschel Auditorium-Chapel, designed by Plunkett, Keymar & Reginato of Milwaukee (who had a relationship with the hospital since the 1950s).[72] The wing's interior was designed to reduce steps for hospital staff, an important factor in large hospitals. Rather than a single long corridor as in the older buildings, the new wing featured two parallel corridors with common services located in the center. Hospital services and the new radiology, nuclear medicine, and cardiology departments were located in the new wing.[73] In 1974, the East Wing was raised another five stories, adding 200 beds. It provided patients with private

[67] Milwaukee Public Library Newspaper Clippings File September 28, 1959; Milwaukee Sentinel September 27, 1959.
[68] Wisconsin Board of Health: State Plan for Medical Facilities 1965-66.
[69] Milwaukee Hospital Board Minutes May 27, 1965.
[70] Stevens 1989: 284.
[71] The Passavant, Spring, Winter 1966.
[72] Krause 1985.
[73] Passavant 1970, Vol.18 no.4. Article on nuclear medicine and the hospital's School of Radiologic Technology.

bathrooms, air-conditioning, and television.

The East Wing continued the hospital's medical leadership with a brand new suite of modern operating rooms, state-of-the art equipment in cardiac care and radiology with a wide array of the newest diagnostic tools. In 1976, the hospital was selected as the site for a new whole body CAT scanner, Milwaukee's first, to be shared by five area hospitals. The hospital was also statewide leader in eye surgery.

The Milwaukee Hospital's consistent effort to maintain state of the art facilities often bore fruit in the form of cutting-edge medicine. During the 1960s, Dr. Richard Bentley Bourne conducted pioneering work in the field of infertility treatments. In 1978, Dr. Gerald Dorros became only the third physician to perform a coronary angioplasty. Dorros became world-renowned in the field of interventional cardiology and peripheral vascular disease diagnosis. [74]

Consolidation, Expansion, and Closure

From the 1960s through the early 21st century, Milwaukee Hospital and its successors faced ever-larger technological, economic, and political changes that occurred at a faster pace than ever before. Through much of the period, Milwaukee Hospital clearly remained in the forefront of medical technology. Change, however, nearly outpaced the ability of the boards of Milwaukee's non-profit hospitals to develop institutional and building plans and execute them before further changes rendered them obsolete.

Additionally, negotiations over the large Froedtert bequest for a research and teaching hospital hung over Milwaukee regional hospital planning generally during the entire 1970s; the Milwaukee Hospital especially hoped to benefit, given its leadership in medicine. Milwaukee Hospital's courtship of the Froedtert board from 1968 until 1980, however, failed to produce a merger.

After four years of courtship between Milwaukee Hospital and Deaconess Hospital, from 1976 to 1980, at times pressed on them by health-care planners concerned with the excess of health care facilities and Milwaukee Hospital's 50% occupancy of the East Wing, resulted in a successful merger. It was led by Deaconess president Kenneth Jamron, who became president of the combined organization, renamed Good Samaritan Medical Center. Jamron led the move to consolidate at the Milwaukee Hospital site and sell the Deaconess site. A new addition was planned for the Milwaukee Hospital campus to accommodate the combined organization.

"The Good Samaritan Medical Center was the first health care facility to combine two acute care hospitals into one institution for the purpose of cost containment"[75] The estimated savings in operating costs alone came to $6.5 million annually.[76]

Closing of 21st Street allowed for another addition to Milwaukee Hospital, at the base of a bluff, adjoining the East Wing, several stories below most of the complex. The hospital's long-time architects Plunkett, Keymar & Reginato of Milwaukee created a contemporary design rendered in pre-cast concrete panels. It was extensively landscaped with a separate budget for that purpose. Construction started in 1983 and the building occupied in 1985. In the words of Joy Krause (1985), "It's a

[74] Bourne, Journal-Sentinel, March 18, 2004.
[75] Center Scope: Good Samaritan Medical Center, Vol. 6, No.2, 1985.
[76] Good Samaritan Medical Center 1982.

symbol, part of an effort to enhance the medical center's image. In the increasingly competitive health-care business providers must sell themselves, and a pleasant environment helps." She described the interior as having "a crisp inviting image that smacks of sophistication and permanence."[77]

The new wing contained an all-new state-of-the-art surgery suite, an intensive care unit and a cardiac care unit. The first floor contained an outpatient clinic and the wing provided the hospital's first emergency entrance with a contemporary emergency department.

In contrast to the many hospitals that gradually ate up their surrounding neighborhoods as they grew, under Jamron's leadership, the Milwaukee Hospital, then the Good Samaritan Medical Center, was unusual in claiming a leadership role in historic preservation efforts in the neighborhood in which it was located. It was actively involved with the community, investing in and rehabilitating properties, acquiring outside capital, and encouraging businesses and homeowners in the rehabilitation of numerous historic buildings in the neighborhood.[78]

The seeds of disaster for the facility, however, were already germinating. The merger creating Good Samaritan had planned for a reduction from 701 beds to 503 beds.[79] In the 1980s, advances in medical technology and pressure from insurers drastically cut the average length of a hospital stay. Formerly major surgery, such as the removal of cataracts (which 20 years earlier required a week's hospitalization), was now done on an outpatient basis. For a normal baby delivery, the average stay fell from five days to three or fewer. Microsurgery resulted in smaller incisions with more rapid recovery. Outpatient surgery accounted for forty percent of all operations, even those involving anesthesia. By 1984, the average number of beds occupied plunged to only 242 per day, half the hospital's capacity. With 1,684 employees, the greatly over-staffed hospital eliminated 550 jobs over two years. This stemmed enormous financial losses, and restored a balanced budget.

Good Samaritan CEO Jamron quickly spotted an important trend in medical services delivery, the formation of hospital-clinic networks. In 1984, Good Samaritan Medical Center affiliated with the noted cardiology hospital, St. Luke's. Both had nascent systems of clinics. As the *Milwaukee Sentinel*[80] put it, "the institutions also hope to expand a system of 'feeder' neighborhood clinics that would serve patients with minor illnesses but refer those with more serious problems to the hospitals." For consumers, this would provide convenience of care close to home, reduced costs, with full back up of the sophisticated medicine of a major hospital.

A further consolidation came in 1987, when Good Samaritan Medical Center agreed to merge with Sinai Hospital, creating the largest private hospital in Wisconsin, Sinai Samaritan. Officials anticipated saving $7 million/year on combined budgets of $135 million through administrative efficiencies and consolidation of services such as heart surgery, obstetrics and psychiatry. Sinai functioned as an important teaching hospital for the University of Wisconsin and the Medical College of Wisconsin. Sinai Samaritan President Al Greene envisioned developing "Centers of Excellence" so people would by-pass the more convenient suburban medical facilities to come to Sinai Samaritan. Both hospital campuses, Green believed, would continue in operation.[81] When the two hospitals merged, they suffered from a 50% vacancy rate of their beds. By fall

[77] Krause 1985; Bauer 1985: Medical Staff Briefs, Good Samaritan Medical Center Vol. V, No.9, 1987.
[78] Ibid.
[79] Good Samaritan 1982.
[80] Milwaukee Sentinel April 27, 1984.
[81] Medical Staff Briefs, Good Samaritan Medical Center Vol. V, No.9, 1987.

of 1989, the total occupancy for the combined institutions was a mere 325 and plunging downwards. [82]

The end for the historic Milwaukee Hospital came in 1995, when Sinai Samaritan resolved to consolidate at a single campus close to the new Outpatient Health Center and Milwaukee Heart Institute near 12th Street. Today Sinai Samaritan's world-class medical facilities are part of Aurora Health Care, a region-wide system of hospitals and clinics. Sinai Samaritan continues Milwaukee Hospital's leadership role in a number of areas, particularly in cardiovascular care, the best in the region, which not only uses, but also develops the latest technology. The historic hilltop hospital that for 132 years had served as a single evolving institution for compassionate and innovative medical care awaited new uses. Today the complex is coming back to life through conversion to apartments, a high school and a social service agency. Its place in Wisconsin medical history and its contributions to the people of Milwaukee, however, remains.

Evolution of the Hospital Campus

Milwaukee Hospital today has the fully realized architectural plan for a model hospital that took nearly 75 years to complete. The foundation of the plan goes back a half century earlier to 1863 when a national leader in establishing Protestant hospitals, William A. Passavant, selected the current hilltop site at a time when fresh air and sunlight were among the principal therapeutic treatments. In the 1870s Dr. Caspar Morris, one of the medical masterminds behind the first Johns Hopkins Hospital and again in 1924 the prominent superintendent Dr. S.S. Goldwater of New York's renowned Mt. Sinai Hospital both set forth basic principals by which a modern hospital must grow in an urban context. Milwaukee Hospital followed these principals.

More directly, architect Meyer J. Sturm, a Chicago architect who specialized in hospital design, outlined several important criteria in a handbook, published in 1907. Sturm called for locating the hospital as high as was practical, facing south to maximize sunlight in patient rooms, with surgery rooms on the top floor for the best light and cleanest air. Fritschel went directly to the source and hired Sturm to design the 1912 Surgery Annex in which he incorporated all these features. Sturm had advocated planning for expansion by siting a building to create a large "U" or court. Sturm and Fritschel placed the 1912 Surgery Annex at the west end of the top of the hill, so that subsequent additions created a range of buildings running along the hilltop, completed with the construction of the Hennekemper Wing in 1958. A projecting central pavilion, constructed in 1931 served as the focus of the composition, and contained the main entrance. These buildings were generally designed in revivalist styles.

The 1958 Hennekemper Wing, completing the north side or main wing of the court, was designed by Ebling, Plunkettt & Keymar architects of Milwaukee. In 1956, the firm had proceeded to complete the "U" shaped court envisioned in 1912, by constructing the four-story Modern style Lutheran Deaconess Home along the west side of the court, giving it an "L" along Kilbourn Avenue to suggest enclosure. In 1969 and 1970 the firm designed the Modern style Chapel-Auditorium and East Wing, enclosing the east side of the court. The Chapel-Auditorium created a matching "L," again suggesting enclosure along Kilbourn Avenue. In the design of the East Wing in 1969, the materials were chosen to reflect components of the existing buildings. The red brick of the Kilbourn façade reflected that of the main wing of buildings, while the white vertical panels of the curtain wall on the East Wing made a nod to the vertical white limestone spandrels of the Home facing it across the court. When more space became available through the closing of 21st Street, the same firm designed a low-rise Modern style addition, completed in 1985.

[82] Sinai-Samaritan Medical Center 1989.

The landscaping of the hospital grounds, includes the remaining stone and ornate iron fence and gateposts enclosing the south side of the grounds, the result of a collaborative effort of Milwaukee philanthropist Frederick Layton and Herman Fritschel in 1903. The plan established the pattern of a lawn with trees and a curving drive remaining today.

Today, the experience of approaching the principal side of the Milwaukee Hospital remains essentially unchanged since 1931. The visitor travels up 22nd Street, with the Central Wing of 1931 serving as a focal point. From the intersection of 22nd Street and Kilbourn Avenue, the visitor passes between the limestone gateposts of the 1903 iron fence, up the same steep loop drive, crossing a spacious lawn with mature trees, to the ornate block of the Central Wing which was the main entrance from 1931 to 1985. Patients and visitors alike passed beneath an ornamented bronze canopy, up a limestone step, through a pair of bronze doors into a grand two-story lobby embellished with a terrazzo floor with a polychromatic star and monogram "M H", walnut columns, iron balcony rails and brass lighting fixtures which appear today much as they did in 1931. This remained the main entrance to the hospital until 1985, and this approach is essentially unaltered since 1931.

For a person standing today in the "U" shaped court, the East Wing which has its own historical importance does not dominate the experience of the court and the approach to the main entrance. It was designed by Ebling, Plunkett & Keymar, later known as Plunkett Keymar Reginato, the same architectural firm that designed the adjoining Hennekemper Wing. From the casual viewer's perspective view from most locations on site, the foreshortening effect by the naked eye, makes the wing look lower and smaller than it is. Furthermore, the Hennekemper Wing and the trees—some quite large—hide much of the East Wing. The auditorium, which has no external entrance, is effectively obscured from view along Kilbourn Avenue by intentionally dense plantings. Thus the older historic buildings which provide the defining boundary of the majority of the broad court remain the visual focus without real intrusion.

The 1985 East Pavilion addition, designed by the same architects, cannot be seen from the court, nor from the west or north side of the historic complex.

More importantly, the buildings of every period in the complex represent two important expressions of modernity, a key concept in 20th century hospital operations, as noted when the hospital was featured in the May 1932 issue of *Modern Hospital*. One aspect of modernity that drove the constant schedule of renovation and expansion of the hospital is the extraordinarily rapid series of changes in medical science, altering the practice of medicine, and constantly requiring new equipment and facilities, with the direction of growth being unpredictable. Since critical facilities such as operating rooms could not be shut down for renovation, new ones were built again and again in new spaces. Another aspect of modernity was the need to attract and satisfy middle and upper class paying customers by projecting an image of modernity, success, confidence, technology, and even opulence. Newspaper accounts of the opening of the 1931 Central Wing and the 1985 addition both emphasize modernity. The definition of modernity in the world of hospitals, however, constantly changed, and the highly varied buildings of Milwaukee Hospital reflect this history.

Integrity in the Context of the Evolution of the Modern Hospital

The integrity of the buildings and grounds of the former Milwaukee Hospital is sufficient for the critical observer to understand the evolution of the hospital's growth and change from 1903 to 1958. The extant buildings (the first extant section dating to 1912) represent both the physical and the historical growth of this institution as it adopted and incorporated modern medicinal practices and methods.

Urban hospitals had to frequently reevaluate their uses of space, by their very placement within restricted city confines. The symbolic value of hospital buildings in the Twentieth Century was centered on their ability to present an image of modernity, though this, too, constantly evolved. Between the construction of the first building on the Milwaukee Hospital campus in 1884 and the ultimate closure in 1994, American medicine experienced a series of revolutions. Hospitals went from the periphery of medical practice to its center. Each step along the way, from antiseptic surgery and biological laboratories, to x-rays and MRI has forced the physical organization of hospitals to change.

Reflected in the Milwaukee Hospital and similar medical campuses are the powerful changes that redefined, on many occasions, the relationship between the community and its voluntary hospitals. Beginning as a charitable institution for the sick indigent or transient, the Milwaukee Hospital soon became a source of local pride for its successes in the field of surgery, for its early adoption of X-ray technology, and for its first class facilities. The Milwaukee Hospital and other leading hospitals across the country worked energetically to maintain public support and patient trust. For successful urban institutions such as the Milwaukee Hospital this process created a complicated historic landscape; an intertwining series of structures that, when examined closely, embody important and identifiable moments in the local and national history of medicine. Smaller, less successful city hospitals might possess a more unified architectural integrity, but they tell us little about the dynamic history that repeatedly recast the place of hospitals in our community and in our culture. Read as a physical text, the Milwaukee Hospital complex reveals an unparalleled record of changes and continuities in the provision of healthcare in Wisconsin's largest city.

The figure that most links Milwaukee Hospital with these complex processes is Reverend Herman L. Fritschel, the Lutheran clergyman and pioneering hospital administrator. Inheriting the Passavant mantel, Fritschel brokered a series of phenomenal transitions in the physical, medical, and organizational structure of American hospitals. His evolving professional vision and his enduring dedication to provide first class hospital care in Milwaukee is recorded in the hospital campus that remains today.

Conclusion
The Milwaukee Hospital campus is locally significant under Criterion A as an intact example of a major urban voluntary hospital known for significant surgical and medical research, innovation and medical education. It was a leader in radiological science since 1912, in nursing and health education, critical care and health care administration. The Milwaukee Hospital is also locally significant under Criterion B, for its association with Herman Fritschel, a leader and pioneering figure in the development of hospital administration as a profession and in the organization of healthcare in Wisconsin. For forty-one years, from 1902 through 1943, Fritschel served as the General Director of Milwaukee Hospital. Fritschel remained as President of the Milwaukee Hospital Managing Board until 1949, and though his influence on continued development of the hospital building plan continued into the late 1950s.[83] During Fritschel's tenure, Milwaukee Hospital evolved from a small facility to a nationally recognized urban hospital that offered the full spectrum of modern medical and surgical treatments.

Criteria Consideration G
The period of significance for the Milwaukee Hospital extends beyond the historic period to 1958. This date corresponds with the construction of the Hennekemper Wing, which continued the architectural vocabulary of the main block of the hospital.

[83] Milwaukee Hospital Board of Directors minutes, Aug. 25, 1949.

Furthermore, it represents the last addition that may be tied to the leadership of Rev. Fritschel. While Fritschel died before the addition was completed, he was involved in the long range plan and capital campaign that led to the wing's construction.

BIBLIOGRAPHICAL SOURCES

Alcorn, Franklin, M.D., Chicago Radiological Society, Centennial of Radiology, 1995.

Architectural drawings of Milwaukee Hospital buildings and additions, 1912-1985. Collection of City on a Hill, Inc., 2224 W. Kilbourn Ave., Milwaukee.

Atwater, Edward C. "Women, Surgeons, and a Worthy Enterprise: The General Hospital Comes to New York State." In The American General Hospital: Communities and Social Contexts, ed. Diana Elizabeth Long and Janet Golden, Ithaca: Cornell University Press, 1989.

Bauer, Fran. Samaritan is hub of area renovation. Milwaukee Journal, January 3, 1985.

Dictionary of Wisconsin Biography. State Historical Society of Wisconsin: Madison, 1960.

Frank, Louis. The Medical History of Milwaukee 1834-1915. Milwaukee: Germania Publishing, 1915.

Fritschel, Herman L., One Hundred Years of Deaconess Service, 1849-1949, Lutheran Deaconess Motherhouse, Milwaukee, 1949.

Fritschel, Herman L., The Story of Milwaukee Hospital, The Passavant, During Four Score Years, 1863-1943. Milwaukee Hospital, Milwaukee, 1945.

Gerberding, G.H., Life and Letters of W.A. Passavant, D.D. Young Lutheran Co., Greenville, 1906.

Good Samaritan Medical Center, Building Consolidation Project: An Additional Certificate of Need Alternative: Part I - 2.004, April 15, 1982, Milwaukee. University of Wisconsin-Milwaukee Archives.

Golden and Thompson, The Hospital: A Social and Architectural History. 1975.

Howell, Joel D., Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century. Baltimore: Johns Hopkins University Press, 1995.

Index-Catalogue of the Library of the Surgeon-General's Office. U.S. Army—National Library of Medicine. http://www.nlm.nih.gov/jmd/index.html

Jensen, John Odin., "Bulwarks Against a Human Tide: Governments, Mariners, and the Rise of General Hospital on the Midwestern Maritime Frontier, 1800-1900." Ph.D. dissertation, Carnegie Mellon University, 2000.

Jensen, John Odin., "Before the Surgeon General: Marine Hospital Care in Mid-Nineteenth-Century America." Public Health Reports 112 (1997): 525-27.

Jensen, John Odin., "Hospitals and Mariners: A Great Lakes Case Study." The American Neptune 57 (1997): 47-62.

Krause, Joy. 1985. Good Neighbor Sam: Hospital has a new look and a new approach. Milwaukee Journal, November 3, 1985.

Langill, Ellen D., A Tradition of Caring: The History of Milwaukee's Three Primary Service Hospitals - Lutheran, Mount Sinai, and Evangelical Deaconess, Sinai-Samaritan Hospitals, Milwaukee: Sinai-Samaritan Hospitals History Committee, 1999.

Leavitt, Judith Waltzer, The Healthiest City: Milwaukee and the Politics of Health Reform. Princeton: Princeton University Press, 1982.

Leavitt, Judith Waltzer, Brought to Bed: Childbearing in America 1750-1950. Oxford: Oxford University Press, 1986.

Mijuskovic, Ben, Maine Antiques Digest, The Seductress of Magazine Street, December, 2000. Article on C. Hennecke Co. Iron & Wire Works, Milwaukee.

Milwaukee Hospital architectural drawings. City On A Hill archives, 2224 W. Kilbourn Ave., Milwaukee.

Milwaukee Hospital Records, Sinai Samaritan Medical Center Records, 1878-1997, UWM Manuscript Collection 108, Milwaukee Area Research Center, University of Wisconsin - Milwaukee.

Milwaukee Public Library Newspaper Clippings File.

Natvig, Paul, M.D., Nicholas Senn (1844-1908), Senn Journal, A publication of the medical staff of Lutheran Hospital of Milwaukee, June, 1970.

Nobel Lectures: Physics 1901-1921, Amsterdam: Elsevier Publishing Company, 1967.

The Passavant Quarterly, Milwaukee Hospital.

Peterkin, Janet, "Innovations That Feature a New Hospital Building," The Modern Hospital, 1932, Vol. 38, no.5.

Rosenberg, Charles A. The Care of Strangers, the Rise of America's Hospital System, Baltimore, Johns Hopkins University Press, 1987.

Rosenberg, Charles A., "Community and Communities: The Evolution of American Hospitals" in The American General Hospital: Communities and Social Contexts, ed. Diana Elizabeth Long and Janet Golden, Ithaca: Cornell University Press, 1989.

Sinai-Samaritan Medical Center. 1989 Statistical Summary and Graphs: 10th Period Ending October 7, 1989. University of Wisconsin-Milwaukee Archives, Box 61, Folder 11.

"Sketches of Milwaukee Hospital 'The Passavant', 1863-1913, In commemoration of the Fiftieth Anniversary," August 3, 1913.

Stevens, Rosemary, In Sickness and in Wealth: American Hospitals in the Twentieth Century, New York: Basic Books, 1989.

Temkin, Elizabeth. "Rooming In: Redesigning Hospitals and Motherhood in Cold War America." Bulletin of the History of Medicine 76.2 (2002): 271-298.

Thayer, Earl R., Seeking to Serve: A History of the Medical Society of Milwaukee County, 1846-1996, Wauwatosa, Wisconsin: Vilar Arts, Inc., 1996.

Thompson, John D. and Grace Goldin., The Hospital: A Social and Architectural History, New Haven: Yale University Press, 1975.

Turner, Mary, editor, "New Directions in Health Care," Vol. II, No. 4, March, 1981, Good Samaritan Medical Center.

Verderber, Stephen and David J. Fine., Healthcare Architecture in an Era of Radical Transformation. New Haven: Yale University Press, 2000.

Vogel, Morris J. The Invention of the Modern Hospital: Boston 1870-1920. Chicago: University of Chicago Press, 1980.

Watrous, Jerome. Memoirs of Milwaukee County. Western Historical Association: Madison, 1909.

Wisconsin Board of Health. State Plan for Medical Facilities 1965-66.

Wisconsin Hospital Construction Plan, 1952.

Wheeler, E. Todd., Hospital Modernization and Expansion. New York: McGraw-Hill, 1971.

Interviews with Ann Towell, Sister Gladys Robinson, Sister Rose Kroger, members of the Sinai-Samaritan Hospitals History Committee, January, February, May 2004.

Interview with Caroline Nelson, granddaughter of Herman Fritschel, February 2006.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

GEOGRAPHICAL DATA

Verbal Boundary Description

The nominated boundary corresponds to portions of the legal description as detailed below:
Hospital complex except for the East Wing and Pavilion
Legal Description:
Parcels 1, 2 and 3 of Certified Survey Map No. 6876 in the Northeast One-Quarter (1/4) and Southeast One-Quarter (1/4) of the Northwest One-Quarter (1/4) of Section 30, Township 7 North, Range 22 East, in the City of Milwaukee, Milwaukee County, Wisconsin. Kilbourn Square Condominium, Units 1 and 2. The condominium document replaced the standard Block and Lot description in Milwaukee.

East Wing and Pavilion, 2100 W. Kilbourn Avenue
Legal Description:
Certified Survey Map No 6830 IN NE 1/4 & SE 1/4 OF NW 1/4
Description Sec 30-7-22, Parcel 2.
(A portion thereof, per map).

Justification

The boundary is based on the original block historically bordered by W. Kilbourn, 21st, 23rd, and W. State streets, part of the former 21st street right of way and the block to the east occupied by the 1983 East Pavilion, along with a 20-feet-wide band of the land surrounding it and extending toward Kilbourn Avenue. The boundary includes buildings along 23rd Street, a property owned by City on A Hill, Inc., now used for a school, along with the central core of buildings owned by Gorman & Company, now used for apartments, as well as the grounds of these buildings which are in condominium ownership, and shared jointly. The East Wing and Pavilion are owned by Milwaukee Science Education Consortium for the Milwaukee Academy of Science. Excluded for the nominated boundaries is additional acreage to the east of the newest portions of the hospital. These areas are large parking lots and are not related to the significance of the property.

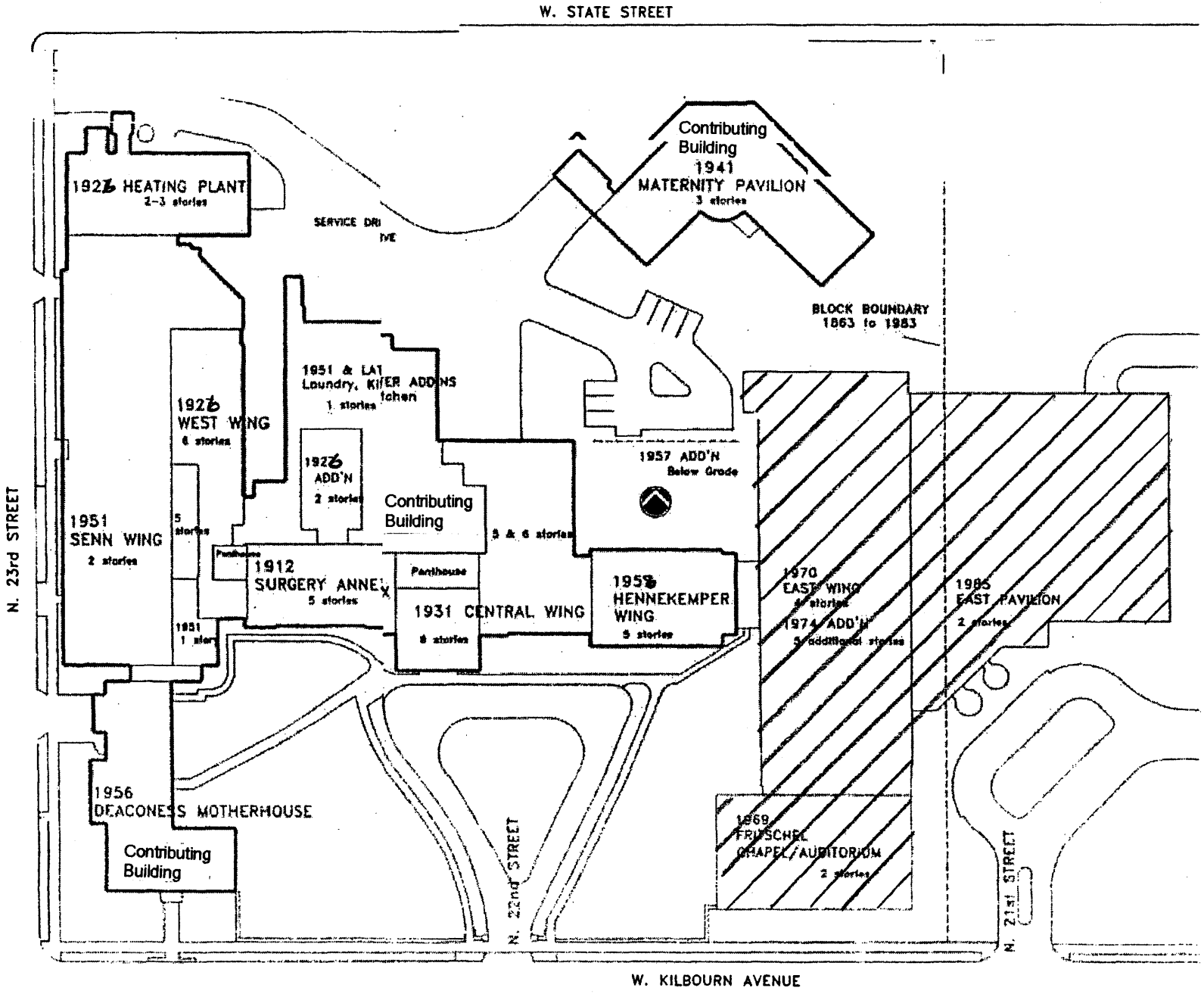
United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

PHOTOS & NEGATIVE NOTES

Milwaukee Hospital, Milwaukee, Milwaukee County, WI
Photos by Gary Tipler, January 2006
Negatives on file at the Wisconsin Historical Society.

Photo 1. View looking NW through the 1903 entrance gateposts on Kilbourn.
Negative A-21
Photo 2. View looking NW across Kilbourn Avenue.
Negative A-13
Photo 3. View looking NW at Kilbourn façade.
Negative A-9
Photo 4. View looking NW from Kilbourn at the Lutheran Deaconess Home.
Negative A-11
Photo 5. View looking N at the 1926 West Addition and the 1912 Surgery Annex.
Negative A-19
Photo 6. View looking NE at the Kilbourn façade of the 1931 Central building, the 1958 Hennekemper Wing
Negative A-18
Photo 7. View looking NE across 23rd and Kilbourn at Lutheran Deaconess Home.
Negative B-9
Photo 8. View looking E at the West facades of the 1926 West Wing, the 1926 Heating Plant, and the 1951 Senn Wing.
Negative B-6
Photo 9. View looking SE across 23rd and W. State Street at the 1926 Heating Plant.
Negative B-4
Photo 10. View looking SEE across 23rd & W. State Sts. at 1941 Maternity Pavilion, 1970 East Wing & Heating Plant.
Negative B-3
Photo 11. View looking NE from center of block toward entrance of 1941 Maternity Pavilion.
Negative B-1
Photo 12. View looking S from rear toward 1958 Hennekemper Wing and 1931 Central Wing.
Negative B-23
Photo 13. View looking SW at rear of laundry, Surgery Annex and West Wing.
Negative B-22
Photo 14. View looking NE at main entrance of 1931 Central Wing.
Negative A-7
Photo 15. View looking NE in main lobby of 1931 Central Wing.
Negative C-15
Photo 16. View looking S in second floor mezzanine of lobby of 1931 Central Wing.
Negative C-3
Photo 17. View looking SE in first floor office adjoining lobby & entrance, 1931 Central Wing.
Negative C-14
Photo 18. View of typical apartment in West Wing.
Negative C-12



MILWAUKEE HOSPITAL

2200 W. KILBOURN AVENUE
MILWAUKEE, WI

MILWAUKEE COUNTY

BLOCK BOUNDARY
1863 to 1983

NC additions
no scale