National Register of Historic Places Inventory—Nomination Form

See instructions in *How to Complete National Register Forms* Type all entries—complete applicable sections

1. Name

historic Milwaukee County Dispensary and Emergency Hospital Milwaukee County Dispensary and Emergency Hospital and or common ocation 2 2430 West Wisconsin Avenue street & number not for publication Milwaukee vicinity of city, town Wisconsin 55 **Milwaukee** 079 code county state code 3. Classification Ownership Status Present Use Category <u>X</u> occupied X public agriculture district museum X building(s) __ private commercial park _ both work in progress private residence ____ structure educational ___ site **Public Acquisition** Accessible entertainment religious _ in process X_yes: restricted government scientific _ object being considered ... yes: unrestricted industrial transportation Х military other: Vacant no N.A. **Owner of Property** 4. Milwaukee County c/o Edward Kornblum name street & number 901 North 9th Street, Room 102 **Milwaukee** vicinity of state city, town WT 53233 Location of Legal Description 5. Milwaukee County Courthouse courthouse, registry of deeds, etc. 901 North 9th Street street & number Milwaukee ŴΙ 53233 city, town state **Representation in Existing Surveys** 6. Comprehensive Milwaukee Survey has this property been determined eligible? title _yes _X_no 1979 federal _ state _ county X local date Department of City Development, 809 North Broadway depository for survey records

city, town Milwaukee

state WI 53202

OMB No. 1024-0018 Exp. 10-31-84

For NPS use only Places received FEB 2 2 1985 date entered MAR 2 1 1985 IS Emergency Hospital

7. Description

excellent	deteriorated	X unaltered
X good S	ruins	altered
fair	unexposed	

Check one <u>X</u> original site moved date

Describe the present and original (if known) physical appearance

Check one

Milwaukee County Dispensary and Emergency Hospital is a three-story hospital and clinic designed in the Neo-Classical Revival style. It is constructed of tan, tapestry brick and is trimmed with caststone. Massive in scale, its form is four, cubic flat-roofed wings that are joined on an axial cross-plan. Its design is a severe interpretation of the Neo-Classical Revival with facades that are defined by the rhythm of the fenestration and the brick quoin work. Windows are largely six-over-six, wooden double-hung sash with caststone sills and no lintels. A heavy caststone belt course divides the second and third floors, and above this is a projecting caststone cornice from which rises a plain brick parapet.

Distinctive features are the main entry on West Wisconsin Avenue and the two-story, fanlight windows on both sides of the south wing. The main entry is flanked by Doric order columns carrying a full entablature and balustrade. This is completely enframed by monumental Corinthian order pilasters also with a full entablature. The fan-light windows are massive in scale; two stories in height and occupy almost 1/3 of the wall surface. This large expanse of glass on both the east and west facades was designed to allow maximum natural lighting of the hospital's waiting room. This window arrangement is also framed with monumental Corinthian order pilasters that support full entablatures. Additional classical ornament similar to that on the main entry is found on the entries of the east and west wings. All of this ornament is composed of caststone.

To the rear of the building is a one-story, gable roofed utility building and three-bay garage of similar materials. It is attached to the main building by an enclosed passage way. There appears to be no major alterations to the building.

The interior plan is largely intact and consists of health care units typical of a hospital, i.e. laboratories, wards, patient rooms, out-patient clinic, pharmacies, diagnostic and surgical facilities. By design the interiors are reflective of the building's Neo-Classical styling. The vestibule and main lobby are highly detailed spaces that exhibit quality in craftsmanship and materials. The vestibule is separated from the lobby by two Corinthian order columns in antis. Constructed of plaster, the bases and shafts were done in scagliola to resemble marble and the capitals were covered with gold leaf. Beycnd this the lobby is surmounted by a massive ribbed groin vault that is coffered and inset with gold leaf covered rosettes. The walls in both the vestibule and lobby were covered with three-quarter, oak wainscotting that is richly panelled. At the corners are pilasters that were also done in scagliola like the vestibule columns. Above this is a deep denticulated cornice with a wide plain frieze. Both of these spaces appear to have remained intact with no evident changes to the original fabric. The corridors, patient rooms and the like are utilitarian in design with floors of terrazo mosiacs and the walls covered three-quarters with white glazed terra cotta tiles. A typical stairway is of the same terrazo and simply milled, wood railings and balusters.

8. Significance

prehistoric 1400–1499 1500–1599 1600–1699 1700–1799 1800–1899 1900–	Areas of Significance—C archeology-prehistoric archeology-historic agriculture X architecture art commerce communications	community planning conservation economics education engineering exploration/settlement industry invention	military music t philosophy politics/government	religion _Xscience sculpture _X_social/ humanitarian theater transportation other (specify)
Specific dates	19271	Builder/Architect Hen	ry J. Van Ryn & Gerri	t J. DeĠelleke ²

Statement of Significance (in one paragraph)

The Milwaukee County Dispensary and Emergency Hospital is locally significant as a definitive example of Neo-Classical style institutional architecture. Built in 1927 for Milwaukee County, it remains as one of the finest examples of the style in the city of Milwaukee and is in an excellent state of preservation with no known changes to either the exterior or interior. Designers Henry J. Van Ryn and Gerrit J. DeGelleke were considered foremost among the city's institutional architect's of the period. The hospital is historically significant as the first full-service, public facility in the city of Milwaukee that served all classes of people, particularly the indigent and poor. Prior to this the poor either went without proper medical treatment or sought service at the city's emergency hospital which was irregularly staffed by volunteer doctors and nurses. The construction of this facility usurped all previous efforts to provide adequate health care in the public sector. Aside from medical care, the hospital was the national site for the pioneering research on the effects of high pressure oxygen for divers and patients. Research that began in 1936 centered about the exploitation of what was then Milwaukee's only hyperbaric or high pressure oxygen chamber. Test results enabled divers to plunge deeper with less harm and it reduced the risk of bends. Information gathered by Dr. Edgar End and engineer Max Nohl was used by the U.S. Navy in World War II. Continued experimentation led to today's standard hyperbaric treatment of decompression illness, carbon monoxide poisoning, and heart attack, gangrene and burn victims. See inclusion of Excepted Properties.

Architecture

In the realm of Neo-Classical style buildings in Milwaukee, the Milwaukee County Dispensary and Emergency Hospital stands as one of the major examples of the style in an institutional design. Unlike other health institutions of the period such as Good Samaritan, Children's or St. Mary's, County Emergency is the only facility not to have been altered by subsequent additions and remodelings. Since it was designed for treating emergency cases only, there has been little pressure to expand the existing building. Complicated medical cases have always been transported to the main hospital at the County Institutions grounds relieving County Emergency of the need to build for the latest in large scale high tech equipment. The hospital's park-like grounds, situated between 24th, 25th, Wisconsin and Wells, are unequalled by the grounds of any other city hospital.

County Emergency was built in a decade of intense private hospital construction (Children's Hospital 1923, additions to Deaconess and Mt. Sinai Hospital 1924) and is stylistically related to the trends of the time which favored many interpretations of Classical Revival forms. Such projects as the Milwaukee County Courthouse (1923-31) relied on heavier and more monumental Roman prototypes. Structures such as County Emergency, Children's Hospital and the unexecuted plans for Deaconess Hospital (photograph at the Wisconsin State Historical Society) all show an affinity for the lighter classicism of the Georgian Revival with use of brick, quoins, urn-topped entablatures, columned entries, splayed lintels and the like. Yet of all these examples, County Emergency remains the best detailed and nicest proportioned. The two-story coffered waiting area is unequaled in the other hospitals.

9. Major Bibliographical References

See Attached

10.	Geographi	cal Data			
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Verbal	boundary description	and justification			
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state	N/A	code	county	N/A	code
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city or to	own Milwaukee			state WI	53202
12.	State Hist	oric Prese	rvation	Office	er Certification
The eva	luated significance of this	property within the st	ate is: local		
665), I h	designated State Historic ereby nominate this prop ng to the criteria and proc	erty for inclusion in the	e National Regist	er and certify t Service.	tion Act of 1966 (Public Law 89– hat it has been evaluated
State Hi	storic Preservation Office	r signature	14 DU	lau	
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Chief of Registration

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Credit for the design must go to the architectural firm of Henry J. Van Ryn₃and Gerrit J. DeGelleke who were known for their institutional work throughout Wisconsin. County Emergency represents a departure from their usual Jacobean-inspired public school buildings (Wisconsin Avenue School 1920, Riverside High School 1912, Milwaukee Area Technical College 1926). The firm's only other classical design was that of today's Mitchell Hall, University of Wisconsin-Milwaukee (formerly Normal School 1909, 1912) but the heavier, more monumental forms used are distinct from the light, crisp treatment of elements at County Emergency.

Social/Humanitarian

The County Emergency Hospital was the first full service, accessible and on-going emergency hospital sponsored by county government in Milwaukee. Public health care prior to 1927-28 consisted chiefly of temporary assistance in times of plague or epidemic such as smallpox. County Emergency represents the shift in attitude toward publicly financed care of the poor and indigent. Private hospitals such as St. Mary's or Good Samaritan (formerly Milwaukee Passavant) formerly functioned in this capacity. Full service care had long been available at County General Hospital but its distance and a lack of adequate transportation made an in-town facility mandatory. Likewise, the City of Milwaukee established an emergency hospital on Michigan Street₅ in 1894 but it was irregularly staffed by volunteer doctors and eventually ceased oeprations. County Emergency provided much-needed nightime admissions and care, features not practised at Milwaukee's private hospitals until the 1960's - 1970's.

Science (INCLUSION OF EXCEPTED PROPERTIES)

The County Emergency Hospital served as the national site for pioneering research on the effects of high pressure oxygen for divers and patients. The research centered around the Hyperbaric (or high pressure oxygen) Chamber constructed at the hospital in 1928 at a cost of \$5,000. The 18 foot long by 7 foot diameter chamber was the first one in Milwaukee and was designed by the county's chief engineer Joseph C. Fischer (1888-1979). Located in the basement the chamber remained unused until 1936.⁶

In that year Dr. Edgar End and engineer Max Nohl began experimenting with artificial breathing mixtures in order to overcome the problems of deep diving. This had been an interest of Dr. End's since high school. The chamber could pressurize oxygen at three times its normal atmospheric state. Breathing this compressed air would allow for deeper dives and require less decompression time to prevent bends. It was also found that a mixture of helium and oxygen could modify the mental problems associated with deep diving. With these results, Max Nohl set the world's deep diving record of 400 feet in 1937. The previous record of 300 feet had been set back in 1914. This record has since been broken.⁷ The Navy subsequently used the results of Dr. End's work during World War II. Dr. End then began to use the chamber for various medical problems: Decompression illness in divers and deep tunnel workers, treatment of carbon monoxide poisoning (a process now standard) and help for burn, stroke and gangrene victims. Based largely on his research, hyperbaric medicine now treats a dozen conditions which are recognized and covered by Medicare.⁸ The hyperbaric chamber was dismantled in 1977 after it no longer met safety standards. By this time, there were four others in Milwaukee anyway.

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Historical Background

With the completion of the County Emergency Hospital and the new County General Hospital in Wauwatosa, Milwaukee finally achieved the goal of providing full-scale, publicly-funded health care to all segments of the community. Public health care in Milwaukee County dates from the establishment of pesthouses during epidemics and the founding of an insane asylum on the site of the present County Insitutions in Wauwatosa in the 1850's. A public contagious disease facility (quarantine hospital) was built in 1877 near the current intersection of South 24th Street and West Mitchell. The County had built a general hospital at the county poor farm in Wauwatosa in 1880 to provide full service medical care, but the stigma of the pesthouse remained. The distance out of town also made city patients reluctant to use the facility. In an attempt to ameliorate the situation, the city established an emergency hospital on Michigan Street in 1894, but the bulk of cage for the paying poor and indigent patients was provided by private doctors and hospitals.

As Milwaukee grew into a burgeoning industrial giant, community leaders sensed the need for a comprehensive health care program that would provide adequate facilities and services to all segments of the population. As early as the turn of the century, a fund drive nad been started by Dr. Victor Caro for the construction of a general public hospital with modern and complete services. There was, however, little public support for his efforts. By the end of World War I, the need had grown so acute that an agressive campaign was launched to raise funds for a public hospital. This eventually resulted in the construction of both the Emergency Hospital and a new County Hospital in Wauwatosa.

County Emergency occupied property that was initially part of the extensive land holdings of pioneer settler Cyrus Hawley, first Register of Deeds for Milwaukee. In the 1880's Emil Schandein purchased the Hawley estate which by then had been reduced to a city block bounded by Wisconsin, Wells Street, North 24th Street and north 25th Street.¹¹ Schandein, partner and officer in the Philipp Best Brewing Co. (later Pabst), erected a \$300,000 mansion in front of the Hawley dwellings in 1888. Since only the residence, the stables and a greenhouse occupied the block, the grounds remained open and spacious. The Schandein's owned the property until 1916, when they sold it to the County for \$115,000 as a site for a new hospital.

The plans for the proposed new hospital were criticized because they lacked emergency facilities. Debate over the location and purpose of the hospital further delayed construction. It was finally decided to build two separate hospitals—a general hospital at the County Institutions Grounds in Wauwatosa and a smaller emergency hospital at 24th Street and Wisconsin with a capacity of 50 beds.

Marquette Univeristy viewed the Emergency Hospital as a wasteful project and offered to buy the Schandein property from the County. A million dollar health complex was proposed. This complex would provide emergency service, a 500-bed hospital, and facilities to house 300 student nurses as well as dispensary service to the poor. The establishment of a college of hospital administration on the gounds would reportedly have made this the only such teaching hospital of its kind in the world.¹³ Controversy raged over the proposal. City supporters of Marquette were opposed by the socialist press and various Protestant denominations. They felt it wrong for a Catholic institution to be given such municipal encouragement. The Corporation Council decided the matter when it gave an opinion that the power to operate a hospital and dispensary should rest with the County and not a university.



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More than a decade after the project was proposed, the emergency hospital was finally built in 1927-28 after the Schandein mansion was demolished. Henry J. Van Ryn and Gerrit J. DeGelleke were the architects for the hospital. The firm was known for its school and institutional buildings in Milwaukee and throughout Wisconsin. A nurses' residence, ambulance stables and other structures planned by the County for the site never were built, with the result that today the grounds retain their park-like character.

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From its opening in 1928 through the 1940's, County Emergency provided needed emergency and short term health care to area residents. In the early 1950's controversy raged again. The County made long range plans to relocate emergency services to County General on the institution grounds in Wauwatosa. Residents complained that emergency facilities were needed in Milwaukee since other area hospitals closed their facilities at night and the travel time and the distance to Wauwatosa was excessive. But long term health care was also criticized. As its scope of services was reduced some of its floors were occupied by social service agencies. By this time, numerous private hospitals were offering the emergency treatment that the hospital had originally been built to provide. The County finally closed this facility in June, 1983.

At present, the building awaits an uncertain fate. Since the 1950's numerous rescue schemes have been proposed for the building and site. In 1956 a proposal was made to turn the building into a detention home and children's court with three added wings. In 1958 local developer George Bockl proposed a 420 room hotel and office structure for the site. In the 1960's a private hospital corporation wanted to acquire the building and operate it as a private health care facility. In the 1970's a proposal was announced to use the site for a 25 million dollar complex for the elderly. Most recently, the County has proposed to raze the building and sell the vacant site for development.

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Footnotes

- 1. Milwaukee City Building Permits.
- 2. Ibid.
- 3. John G. Gregory, ed. History of Milwaukee, Wisconsin, (4 Vols.; Milwaukee: S.J. Clarke Publishing Company, 1931), IV, pp. 287-88.
- 4. Milwaukee Sentinel, January 28, 1927.
- 5. Howard L. Conard, History of Milwaukee County, Vol. I: (Chicago: American Biographical Publishing Co., 1895), p. 248.
- 6. Milwaukee Sentinel, November 9, 1977, Sect. 2, p. 1, May 25, 1979
- 7. Milwaukee Sentinel, November 9, 1977, Sect. 2, p. 1.
- 8. Ibid.
- 9. Alfred T. Andreas, History of Milwaukee, (Chicago: n.p., 1881), p. 407.
- Milwaukee Sentinel, January 23, 1902. Milwaukee Leader, November 27, 1918.
- 11. Marion Ogden, Homes of Old Spring Street (2nd ed.; Milwaukee: Hammersmith-Kortmeyer Co., 1946) p. 30.
- 12. Milwaukee Sentinel, January 28, 1927.
- Raphael N. Hamilton, S.J. <u>The Story of Marquette University</u>, (Milwaukee: Marquette University Press, 1953), pp. 209-15.
- 14. Ibid.



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The pioneering work of Dr. Edgar End is chronicled in the book, The Uncertain Miracle by Vance H. Trimble. The author, who is considered the first person to write a complete history on the development and use of hyperbaric oxygenation in the treatment of critical illnesses, accredits End as the progenitor of hyperbaric treatment for carbon monoxide poisoning, ischemia or oxygen starved tissue, impared blood circulation, the healing of skin grafts, and reversing the effects of stroke. It is specifically stated that the experiments conducted by Dr. End beginning in 1936 and continuing until the late 1960's had a significant impact on the conventional methods used to treat critical illnesses by the medical profession. Previously, it was assumed the after effects of carbon monoxide poisoning or stroke were either permanent physical damage or even terminal. When Dr. End first revealed his discovery of carbon monoxide removal by use of the hyperbaric chamber to the County Emergency Hospital staff in February, 1942, he was met with a less than enthusiastic response. This was also the case with the medical profession as a whole and Dr. End's efforts were ignored for almost another 25 years. In 1967, when he announced that hyperbaric treatment would significantly reverse the effects of stroke, his findings were once again rejected and the Journal of the American Medical Association refused to publish his paper on the subject because it was too absurd. However, within a few years Dr. End's hyperbaric methods would be widely accepted, primarily because of its use in United States Naval hospitals. This would propel the decades of Dr. End's experimentation with the hyperbaric chamber into common use in major hospitals across the country.

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