

HISTORIC DESIGNATION STUDY REPORT

I. Name

Historic: Milwaukee County Dispensary and Emergency Hospital

Common: Same

II. Location

Street Address: 2430 West Wisconsin Avenue

Legal Property Description:

Hawley's Subd of W 100 Acres in NW 1/4 Sec 30-7-22 Block 282 Hospital

III. Classification

Site

IV. Owner

Name: County of Milwaukee, c/o Edward W. Kornblum

Street: 901 North 9th Street

City: Milwaukee

State: Wisconsin 53233

V. Physical Description

This structure is a three-story hospital and clinic designed in the Neo-Classical Revival. 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 fan-light 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 pilaster 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 appear to be no major alterations to the building.

VI. Statement of Significance

Date Built: 1927-1928

Architects: Henry J. VanRyn and Gerrit J. DeGelleke

The Milwaukee County Dispensary and Emergency Hospital is significant for both its architectural and historical associations. It is architecturally significant as the work of Milwaukee architects, Henry J. Van Ryn and Gerrit J. DeGelleke. They were master designers of the Neo-Classical Revival and their works were built throughout the State of Wisconsin; specifically public schools and institutional buildings. It is historically significant for its role in the expansion and development of public funded health care to the greater Milwaukee community.

VII. History

Public health care in Milwaukee County dates from 1856 when the first hospital or pesthouse was built on the site of the present county institutions in Wauwautosa. This facility was primarily intended for the care of people with highly contagious diseases, such as small pox and diphtheria. A similar facility was built in 1877 by the City on land near the present intersection of West Mitchell and South 24th Streets. These public facilities were supplemented by private hospitals that were primarily owned and operated by the Roman Catholic or Lutheran churches. These latter hospitals offered diagnostic and surgical services in addition to caring for patients with contagious diseases. Even though these were charitable institutions, the cost of care was often beyond the means of the very poor or else their religious affiliations made them unacceptable to some patients. As a result, adequate health care was not available to a sizable portion of Milwaukee's lower income residents.

In 1880 the original county hospital building burned. The new facility built to replace it was intended not only as a pesthouse or quarantine hospital, but also offered a broader range of services. Nevertheless, it did not offer care at the level of the private hospitals and its remote location and the stigma associated with its previous use as a pesthouse made it unappealing to many of its potential patients. During the decades

prior to World War I, a large number of private hospitals were established which specialized in surgical, maternity and diagnostic care. Each prided itself for accepting significant numbers of charity and reduced fee cases. Even the City government had established an emergency hospital on Michigan Street in 1894. Although it was publicly funded, it was staffed largely by private doctors who volunteered their services.

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 had 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 aggressive campaign to raise the necessary funds to build a public hospital in the city was launched. In 1920 the County Board approved plans to erect a 500 bed hospital on the site of the present building. The plan, however, was criticized for not having emergency services and it was decided to erect two separate hospitals instead; a general hospital at the County Institutions grounds and the present emergency hospital at 24th Street and Wisconsin Avenue. The completion of these two facilities in 1927-28 finally achieved the goal of providing full-scale, publicly-funded health care to all segments of the Milwaukee community.

The site of the present building was the former Emil Schandain estate which occupied the entire city block. Schandain was a partner and officer in the Philipp Best Brewing Company (now the Pabst Brewing Company). By the time the county purchased the property in 1916, the formerly magnificent mansion had been converted to a rooming house and was falling into disrepair. In 1920 the County Board held a national competition to select an architect for the general hospital. The Milwaukee firm of Henry J. VanRyn and Gerrit J. DeGelleke was awarded first prize and was also asked to design the emergency hospital. The firm already had a statewide reputation for their versatility in designing public and institutional buildings. In Milwaukee, for example, they were awarded the contracts to design all of the public schools between 1912 and 1925. The Caswell Building at 152 West Wisconsin Avenue and Sabin Hall on the campus of UWM are other examples of the firm's work.

This building served the community as an emergency hospital where patients could be treated and released or referred to one of the specialized hospitals in the area. During the past decade many of its medical care functions were gradually transferred to the County Institutions. In recent years the building served only as an out-patient clinic. The County closed this facility in June of 1983. It is currently a surplus county property awaiting disposition.

VIII. Staff Recommendation

Staff recommends that the Milwaukee County Dispensary and Emergency Hos-

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pital be designated a historic structure in accordance with the provisions of Section 2-335 of the Milwaukee Code of Ordinances. This recommendation is based upon both its architectural and historical significance.

IX. Preservation Guidelines

The following preservation guidelines represent the principle concerns of the Historic Preservation Commission regarding this historic designation. However, the Commission reserves the right to make final decisions based upon particular design submissions. These guidelines shall be applicable only to the Milwaukee County Dispensary and Emergency Hospital. Nothing in these guidelines shall be construed to prevent ordinary maintenance or restoration and/or replacement of documented original elements.

A. Roofs

Retain the original roof shape. Dormers, skylights, or solar collector panels may be added to the roof surfaces if they are not visible from the street. Avoid making changes which would alter the building height, roof line or pitch.

A. Materials

1. Masonry

- a. Unpainted brick or stone should not be painted or covered. Avoid painting or covering natural stone and unpainted brick. This is historically incorrect and could cause irreversible damage if it was decided to remove the paint at a later date.
- b. Repoint defective mortar by duplicating the original in color, style, texture and strength. Avoid using mortar colors and pointing styles which were unavailable or not used when the building was constructed.
- c. Clean masonry only when necessary to halt deterioration and with the gentlest method possible. Sandblasting brick or stone surfaces is prohibited. This method of cleaning erodes the surface of the material and accelerates deterioration. Avoid the indiscriminate use of chemical products which could have an adverse reaction with the masonry materials, such as the use of acid on limestone or marble.
- d. Repair or replace deteriorated materials with new material that duplicates the old as closely as possible. Avoid using new material which is inappropriate or was unavailable when the building was constructed, such as artificial cast stone or fake brick veneer.

C. Windows and Doors

1. Retain existing window and door openings on all elevations, except

for restoration to the original appearance. Retain the original configuration of panes, sash, sills, doors and hardware. Avoid making additional openings or changes on all elevations by enlarging or reducing window or door openings to fit new stock window sash or new stock door sizes. Avoid changing the size or configuration of window panes or sash. Avoid discarding original doors and door hardware when they can be repaired or reused.

2. Respect the stylistic period the building represents. If replacement of window sash or doors is necessary, the replacement should duplicate the appearance and design of the original window sash or door. Avoid using inappropriate sash and door replacements such as unpainted galvanized aluminum storm and screen window combinations. Avoid the filling in or covering of openings with inappropriate materials like glass-block or the installation of plastic or metal strip awnings or fake shutters which are not in proportion to the openings or which are historically out of the character with the building. Avoid using modern style window units such as horizontal sliding sash in place of double-hung sash or the substitution of units with glazing configurations not appropriate to the style of the building.

D. Porches, Trim and Ornamentation

There shall be no changes to the existing porches, trim or ornamentation except as necessary to restore the building to its original condition. The historic architectural fabric includes all cast stone elements including columns, pilasters, entablatures and cornices. Replacement features shall match the original member in scale, design, color and material.

E. Additions

All elevations are integral to the structure's architectural significance. No additions may be made unless approved by the Commission. Approval shall be based upon the addition's design compatibility with the building in terms of height, roof configuration, fenestration, scale, design and materials, and the degree to which it visually intrudes upon all elevations.

F. Fire Escapes

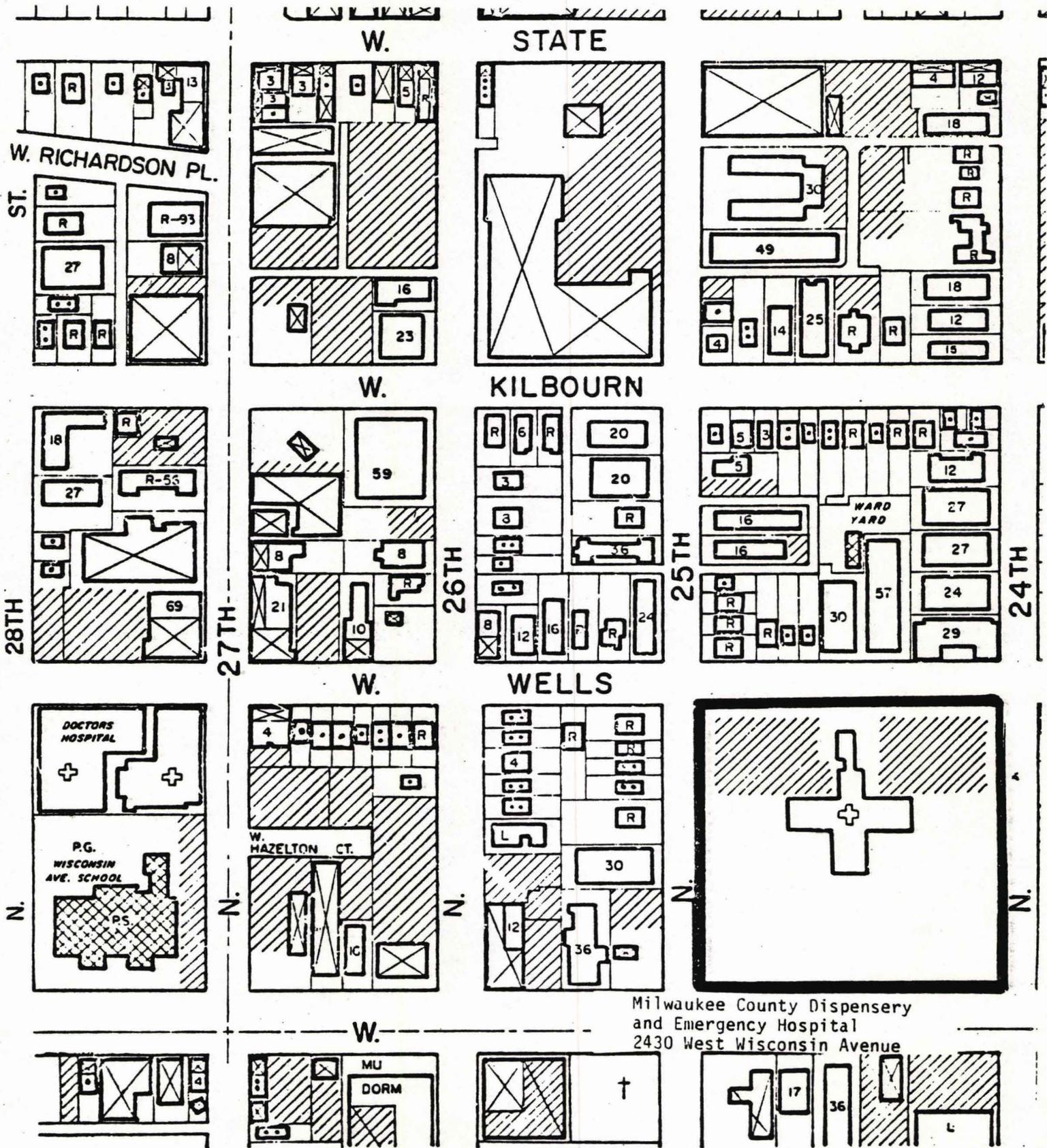
No additional exterior fire escapes shall be added to the structure unless approved by the Commission.

G. Site

The site includes all of the property as described in the legal description. Changes to the site shall be compatible to the historic character

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of the building. Mature trees and plantings shall be preserved to the greatest extent feasible.



JULY SCALE

1970
1" = 200'