

LANDMARK DESIGNATION REPORT



North Chicago Hospital Building

2551 N. Clark St.

**Preliminary Landmark recommendation approved by the Commission
on Chicago Landmarks, January 8, 2009**



CITY OF CHICAGO
Richard M. Daley, Mayor

Department of Zoning and Land Use Planning
Patricia A. Scudiero, Commissioner

The Commission on Chicago Landmarks, whose ten members are appointed by the Mayor and City Council, was established in 1968 by city ordinance. The Commission is responsible for recommending to the City Council which individual buildings, sites, objects, or districts should be designated as Chicago Landmarks, which protects them by law.

The landmark designation process begins with a staff study and a preliminary summary of information related to the potential designation criteria. The next step is a preliminary vote by the landmarks commission as to whether the proposed landmark is worthy of consideration. This vote not only initiates the formal designation process, but it places the review of city permits for the property under the jurisdiction of the Commission until a final landmark recommendation is acted on by the City Council.

This Landmark Designation Report is subject to possible revision and amendment during the designation process. Only language contained within the designation ordinance adopted by the City Council should be regarded as final.

North Chicago Hospital Building

2551 N. Clark St.

Built: 1928-29

Architect: Meyer J. Sturm (with M. Louis Kroman, associated)

Located in the Lincoln Park neighborhood, the North Chicago Hospital Building at 2551 N. Clark St. stands as an elegant visual anchor along one of the North Side's busiest commercial thoroughfares. The eight-story limestone-clad building rises grandly above surrounding buildings. Its main façade, designed in the Italian Renaissance Revival architectural style, offers a wealth of elegant Classical ornament. Located just south of Wrightwood at a bend in N. Clark St., the building is a visually-prominent building in the context of the east Lincoln Park neighborhood.

Built to house a small neighborhood hospital, the North Chicago Hospital Building exemplifies the history of hospitals and their design in Chicago's outlying neighborhoods. In addition, the building, now largely housing medical offices, also boasts an interesting history of institutional uses related to progressive trends both in education for physically challenged youth and in the juvenile correctional system.

HISTORY OF CHICAGO HOSPITALS BEFORE 1930

Institutional health care began fitfully in Chicago, with the first hospital being no more than a small wooden structure with a dozen beds near what is now North Avenue and Lake Michigan. That isolated facility served contagious-disease victims too poor to pay for a physician's visit. Attempts to maintain a

viable city hospital ultimately failed for economic and other reasons, including the United States government taking over an existing hospital to treat injured Union soldiers during the Civil War.

In 1865, the City finally established a hospital (the building fell victim to the Chicago Fire of 1871). Even in a new building, conditions were primitive in the days before knowledge of germs, infection and sterilization, and only the sickest, most poverty-stricken victims of disease would go to the charitable institutions run by the government or religious orders. So-called “hospital diseases” thrived in the unsanitary wards, and if a patient’s ailment didn’t kill him or her, a contagious disease caught in the hospital might.

A year after the City’s hospital opened, Cook County took over its administration, and the first Cook County Hospital was born. From the very beginning, as the city’s population burgeoned, with many of the new residents being poor immigrants, the hospital struggled to accommodate the patient load with too few beds. But there were few alternatives except for a handful of religious institutions that could take in a limited number of patients.

So Cook County Hospital became the major hospital for the rapidly growing city, and its reputation waxed and waned over the years. The institution was rebuilt from the ground up more than once, and the new facilities each time would be commended. Then only a few years later visitors would decry the hideous conditions in an otherwise solid structure. But this big hospital with its thousands of patients served annually attracted a wide range of physicians, educators and students, innovative medical practices were developed and perfected, and a phalanx of medical institutions rose in proximity, including the University of Illinois’ College of Physicians and Surgeons. That was where two of the founders of the North Chicago Hospital received their medical education in the early 1890s.

Chicago’s earliest private hospitals, such as Mercy Hospital and the men-only Alexian Brothers Hospital, continued the traditional function of charitable institutions as caretakers of the poor. A desire to serve a particular religious or ethnic community within the larger City of Chicago led to the establishment of most small, private hospitals in the city. There were many hospitals for Roman Catholics, including St. Elizabeth’s, St. Anne’s, Columbus and St. Joseph’s. Michael Reese Hospital on the South Side was founded by some of the City’s earliest German-born Jewish settlers, while Mount Sinai Hospital facing Douglas Park was founded in the early 20th century to serve the waves of Eastern European Jewish families on the West Side.

Chicago’s large German population supported German Hospital (later Grant Hospital) in the Lincoln Park neighborhood. A number of Lutheran hospitals were established, beginning with Augustana, which catered to the Swedish community. The Norwegians opened their own hospital, and the Poles opened St. Mary’s. The Chicago Maternity Hospital—barely two blocks from the eventual North Chicago Hospital—served the area’s new mothers and infants.

There was even an Iroquois Memorial Hospital that was founded as a tribute to the 575 persons who had lost their lives in the Iroquois Theatre fire on December 30, 1903. Its purpose was to tend to accident victims, and in fact the small hospital was much in demand when the Eastland boat disaster that claimed 845 lives occurred on July 24, 1915. In an increasingly diverse city such as Chicago, the list of community hospitals continued to grow apace.



The North Chicago Hospital Building is an eight-story Italian Renaissance Revival-style building built in 1928-29. It is located at 2551 N. Clark St. in the Lincoln Park community area.

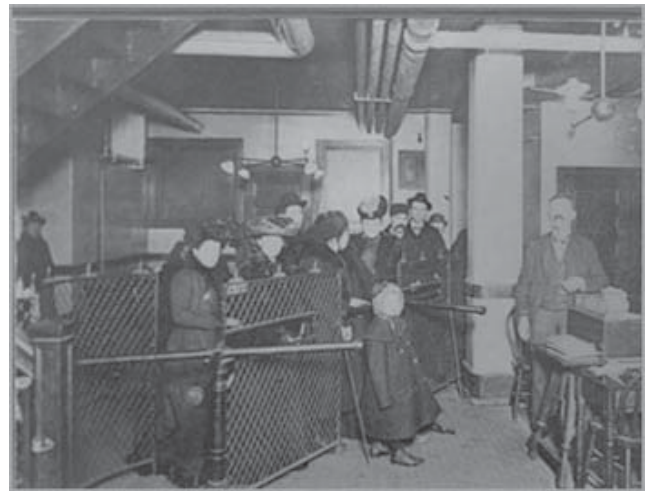




In the years following its establishment immediately after the Civil War, Cook County Hospital was Chicago's most prominent hospital, providing care to immigrants and the poor. Top: The hospital complex upon completion in 1882. Bottom: Cook County commissioned a new building from architect Paul Gerhardt in 1913.



Left: St. Luke's Hospital (a predecessor institution to today's Rush-Presbyterian-St. Luke's Hospital) was a private hospital that catered to Chicago's wealthy. This building in the larger hospital complex remains standing on the 1400-block of S. Indiana Ave.



Immigrants to Chicago in the late 19th and early 20th centuries taxed available medical facilities beyond Cook County Hospital. Above right: Patients wait at the Chicago Free Dispensary, a public clinic, circa 1875. Left: When the Polyclinic established the Henrotin Hospital, the new building was reserved for paying patients, while the old building in the 200-block of W. Chicago, seen here, continued to serve the poor. (Both the Polyclinic and Henrotin Hospital buildings have been demolished.)

Nonetheless, it was understood that hospitals of any sort still were for the poor. But the congregation of so many medical professionals in one place inevitably put Chicago in the forefront of medical research and education. As the science became more precise, the technology more advanced, and hospitals more business-like, there came to be less stigma associated with a hospital stay. As more and more patients of the smaller institutions were willing and able to pay, private hospitals tried to make themselves increasingly attractive. Eventually the public came to consider their local clinics and hospitals to be essential institutions for good health, a far cry from being a necessary evil as earlier Chicagoans had viewed them.

Chicago's importance as a medical center cannot be overstated. Chicago was a mecca for physicians of all practices and for surgical innovations. The world's first successful open-heart surgery was performed at the African-American-run Provident Hospital in 1893. Other Chicago firsts include the use of antiseptic medicine around the turn of the century, the first diagnosis of a heart attack in 1912, the use of the first incubator in 1922, and the world's first blood bank, established at Cook County Hospital in 1937. It was claimed that at one point, one out of four American physicians received their training directly or indirectly from Cook County Hospital alone.

In January 1908 the *Chicago Tribune* boasted in a two-page illustrated spread that “[Chicago's] West Side Is Scientific Center of America.” The article noted that within a half-mile radius of Jackson and Wood, one could find 10,000 students in medicine, engineering and other science-based professions, and 1,000 instructors.

At the smaller hospitals, Chicago's middle-class citizens who had been resistant to patronizing hospitals could be enticed with amenities such as private rooms, enhanced services, and a professional, increasingly scientific approach to health care. Eventually there were enough paying patients to encourage the establishment of for-profit institutions such as Lakeside, Garfield Park, Westside, Washington Park, South Shore, Chicago General, Belmont, and North Chicago Hospital.

HISTORY OF THE NORTH CHICAGO HOSPITAL BEFORE 1928

The North Chicago Hospital was founded by three brothers from Bohemia, all of them surgeons. When Carl, Emil and Joseph Beck established the North Chicago Hospital in 1906, all were active in their own practices and at other hospitals in the city. Some of those activities continued, but the brothers intended to focus on practice, research and teaching in their respective specialties on their own terms. As a family-run institution, the North Chicago Hospital was a remarkable undertaking. Among small private hospitals, it was notably nonsectarian, did not cater to a particular ethnicity, and due to the brothers' limited medical interests, took in many fewer charity cases than did other hospitals. That was no small advantage for a for-profit institution.

Control of the institution afforded each brother (and later, other surgeons) the opportunity to maximize the possibilities for research in his specialty. In particular the North Chicago Hospital offered the latest in otolaryngology (Joseph Beck), x-ray technology (Emil Beck), and plastic and orthopedic surgery (Carl

Beck). In the early 1920s, however, the hospital added obstetric and maternity facilities.

Carl Beck (1864-1952), surgeon-in-chief to the North Chicago Hospital, received his medical training in Europe, then emigrated to Chicago where he worked as an orthopedic surgeon. He was a cofounder of St. Anthony's Hospital. He became a pioneer in plastic surgery, focusing at first on reconstructive work but later including elective surgery for the affluent. A world traveler who documented medical conditions in less-advanced countries, he hosted a soiree for Albert Einstein upon one of the noted scientist's early visits to the United States.

Emil G. Beck (1866-1932) graduated from the University of Illinois College of Physicians and Surgeons in Chicago in 1896. He served as surgeon-in-charge at the North Chicago Hospital from its very beginning in 1906. By 1908 he had earned renown for his simple cure for tuberculosis of the bone in children. His advanced use of radiation to treat cancer earned him the Gold Medal in 1923 from his fellow Roentgenologists.

Joseph C. Beck (1870-1942), otolaryngologist to the North Chicago Hospital, had overcome a notable lack of formal education to gain acceptance to the University of Illinois College of Physicians and Surgeons, where he received his degree in 1895. He pursued his specialty at various times at the Cook County and University of Illinois hospitals, and later consulted with the U.S. Public Health Hospital. He was considered a leading ear, nose and throat specialist in the United States.

The first North Chicago Hospital, with twenty beds and two operating rooms, opened in 1906 in a sprawling twenty-room house at the same address as the current building. Not long afterward, in early 1909, the Becks built a one-story brick addition. Another addition in 1911 was designed by Meyer J. Sturm, the architect of the current North Chicago Hospital Building. These additions provided another thirty beds. In about 1914, a clinic and another forty beds were added, bringing the hospital's total capacity to ninety beds. The facilities on the site grew in this incremental manner as the hospital acquired adjacent land and housing to the north on Clark Street. As late as 1927, just a year before the present building was designed, the North Chicago Hospital built a three-story addition with twelve private rooms with baths and a staff dormitory.

Expansion of the earlier hospital building included housing for nurses, medical residents, and staff. Nurses were a scarce commodity, and Chicago's hospitals advertised widely in newspapers around the Midwest for young women to be trained in the profession. In addition to free education and lodging, in its classified advertisements the North Chicago Hospital touted its proximity to Lake Michigan, Lincoln Park and a golf course, and the fact that it was in a generally fashionable neighborhood.

HISTORY OF EARLY 20TH CENTURY HOSPITAL ARCHITECTURE IN CHICAGO

As civic buildings, government hospitals tended to look monumental, resembling other public buildings of the day. The first major structure to house Cook County Hospital was a sprawling complex of buildings with fine High Victorian-style detailing and polychromy. Its successor building, on the other hand, remains a visually-formidable presence on Harrison Street with its massive Classical Revival-style,



The Beck brothers, who founded the North Chicago Hospital, were prominent in Chicago medical circles for more than half a century. From left above, Carl Beck (1864-1952) specialized in orthopedic surgery but later became a pioneer in plastic surgery. By the time the brothers opened the North Chicago Hospital in 1906, Emil Beck (1866-1932) was already famous for curing tuberculosis of the bone in children. He became a leading advocate of radiation as a treatment for cancer. One of the nation's leading otolaryngologists, Joseph Beck (1870-1942) practiced at a number of hospitals and trained many resident doctors over the years.

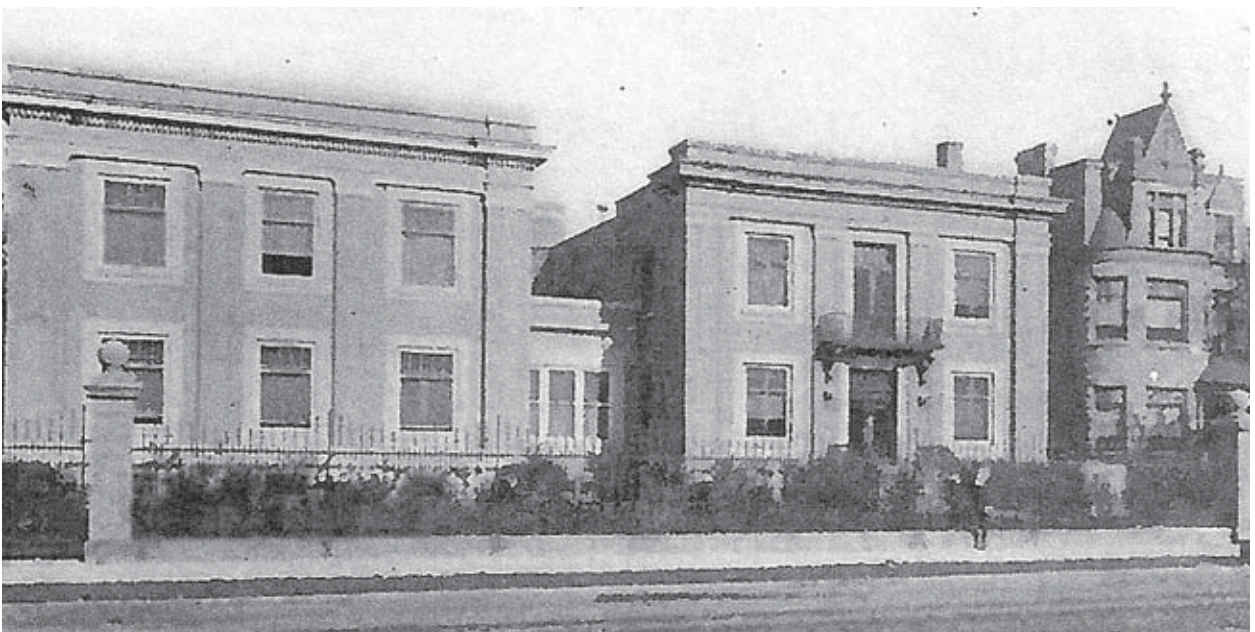


The Becks studied at or were associated with a number of other Chicago medical institutions. Emil and Joseph Beck attended the College of Physicians and Surgeons (above), later the University of Illinois School of Medicine (demolished). From 1902 to 1914 Joseph taught at the Chicago Eye, Ear, Nose and Throat Hospital (left).



Carl Beck cofounded St. Anthony's Hospital (top) with the Franciscan Sisters. The building remains and is located on W. 19th St. at S. Marshall Blvd., across from Douglas Park.

The Beck brothers established the first North Chicago Hospital (below) in a 20-room house at the same location on Clark Street as the present building. The original 20-bed facility is the gabled house on the far right, with later additions to the north (left).



block-long facade.

In contrast, most private hospitals did not have the resources of a public hospital and were simple and nondescript in appearance. Most began as very small structures that looked little different from the typical apartment building of the day. Frequently, the only indication that the building was a hospital would be huge painted letters announcing that fact on the side of the building.

As these urban hospitals expanded, a certain utilitarianism predominated, driven by economics. Virtually all hospitals, private or not, took in charity cases, some handling many more than others, and the largely unornamented brick hospital buildings of the late 19th and early 20th century reflected that fact.

The most important part of hospital design was the plan. By 1900 the pavilion model for hospital design that had long been popular in Europe and in some of the first “model” hospitals on the East Coast of the United States had been deemed inefficient and had fallen out of favor. Relying on multiple low-rise buildings to isolate germs and allow plentiful open space around each pavilion made less sense once doctors and nurses learned how to control the spread of germs by other means.

The result in an urban context such as Chicago’s was the “skyscraper” hospital, where a relatively tall building with a tight footprint and centralized plan brought all patients closer together. Hospital staff could treat more of them at once, and fewer common facilities had to be repeated. Some of the new, compact hospitals introduced private rooms, which not only appealed to paying patients but also contributed to the prevention of contagious illnesses frequently found in large open wards such as those at Cook County Hospital.

The rapid growth in hospitals and the need for guidance among architectural and medical professionals inspired the 1907 book, *The Organization, Construction and Management of Hospitals*, by the prominent Chicago surgeon Albert J. Ochsner, M.D., and Meyer J. Sturm, who would later design the North Chicago Hospital Building. Just two years later a revised second edition of the book would be published. The design focus of the book was on practical spatial considerations driven by the internal functions of a hospital. Floorplates should be minimized, and necessary numbers of beds should be achieved through increased building height, making the most of the building site regardless of location. The importance of natural light and ventilation was as important as ever, and Sturm believed that corridors should run east-to-west so that each room would benefit from the more plentiful light available through north or south windows. He concerned himself with every thing from the number of footsteps required for repetitive tasks to the flow of fresh air, lighting and location of plumbing stacks.

Up until the Great Depression, hospitals throughout the United States proliferated to serve a population that had burgeoned from 76,000,000 in 1900 to 123,000,000 in 1930. Chicago more than kept pace, its population nearly doubling from 1,700,000 at the turn of the century to 3,376,000 when the North Chicago Hospital Building was erected.

In the city alone, the rate of hospital construction was dizzying. In 1928, for example, the *Chicago Tribune* ran items about a new complex for Henrotin Hospital at Oak and LaSalle; a 100-bed addition at Calumet and 26th to the 400-bed Mercy Hospital, making it Chicago’s largest Roman Catholic hospital; the new 12-story, 200-bed Passavant Memorial Hospital on Northwestern University’s



Many small neighborhood hospitals were founded to serve a particular ethnicity or religion. Norwegian American Hospital (left), located on the 1100-block of N. Leavitt, was one of several Lutheran hospitals established in the city.



The Iroquois Memorial Hospital (far left) was a monument to the 575 victims of the Iroquois Theatre fire of December 1903. The hospital served as an emergency facility for those injured by accidents in the Loop. It has been demolished.

The Chicago Maternity Hospital (near left) occupied a modest structure just a few blocks south of the North Chicago Hospital Building at 2314 N. Clark (demolished).



Passavant Memorial Hospital (above) was founded with the medical needs of poor immigrants in mind. (This building in the 100-block of W. Superior has been demolished.)

Mt. Sinai Hospital (right) was started in the early 1900s to serve Jewish immigrants that were flocking to the West Side. Located on S. California Ave. across from Douglas Park, this building remains as part of a larger hospital complex.



downtown campus; a new building for Chicago's second-oldest hospital, Women's and Children's Hospital; a group of new buildings at Garfield and Western for the homeopathic Hahnemann Institution; the dedication of a 200-bed addition to Swedish Covenant Hospital at California and Winona that doubled the institution's size; the new Holy Cross Hospital at California and 68th, the first to be founded by Lithuanian-Americans; and the new 140-bed Edgewater Hospital at Hollywood and Ashland, which touted a marble lobby and private rooms furnished to rival those of a luxury hotel.

The "luxury" aspect of the neighborhood hospital, and the attempt to make a hospital even seem like "home," attracted valuable paying patients who had to be convinced that being treated at a hospital would be preferable to being treated at home by a private physician. In addition to the creature comforts, new facilities and technologies created modern scientific institutions that inspired confidence. Organizations such as the American Hospital Association and periodicals such as *Modern Hospital* came into existence to promote and monitor standards in the building and administration of health-care facilities.

By the 1920s most new hospitals were designed as tall buildings. The largest structures could be found using a "U" or "E" plan that allowed for multiple wings, each with a double-loaded corridor with patient rooms along each side. Internal courtyards between wings provided attractive views and places for patients to go for fresh air. Many hospital architects sought to bring the exteriors in line with the technology. The more modern a building appeared, the more efficient and advanced the services a patient could expect.

BUILDING HISTORY AND DESCRIPTION

On December 9, 1928, the *Chicago Tribune* announced the upcoming construction of a new development at 2551-69 N. Clark St. on a lot 208 feet wide by 268 feet deep in the Lincoln Park community area. A new hospital building was to be part of an ambitious partnership between the North Chicago Hospital Corporation and the Clark-Wrightwood Building Corporation. The latter group was to develop a speculative commercial project on the northern 158 feet of the North Chicago Hospital's former property. It would include a three-story commercial building with two stories of hotel rooms or offices above storefronts, and a 300-car parking garage behind. Meyer J. Sturm was to be the architect, with M. Louis Kroman associated. The Callner Construction Co. was named the general contractor for the project, which was slated to cost \$1,750,000—about \$950,000 for the new hospital and \$800,000 for the retail, office and garage structure next door.

The newspaper referred to the existing North Chicago Hospital as a familiar "landmark" on the street, and the new hospital was to be the key building in the new development. What was slated to have been an eleven-story, 300-bed hospital, however, was scaled back to a facility that was seven stories plus solarium, 164 feet long instead of the full 268 feet of the lot, and which offered only 130 beds. The adjacent three-story commercial building was built as planned, but the rear garage was built to accommodate only 200, not 300, cars. It may be that the original scale of the hospital proved too ambitious as the prosperity of the 1920s came to an end with the stock market crash in October 1929 and the subsequent Great Depression. The hospital itself was not dedicated until May 13, 1931.

With Joseph Beck primarily in charge, the physician brothers reorganized the hospital by letting outsiders participate in its ownership. The hospital would sell the valuable land and have part of it developed with a new building to lease back.

By the standards of several of the largest community hospitals in Chicago that were being built or expanded during the 1920s—Mercy, Michael Reese and St. Luke’s come to mind—the new North Chicago Hospital Building with its 130 beds was modest in size. Apparently there was no neighborhood objection to the construction of the hospital, but at least one neighbor on Wrightwood just to the north thought the two-story public parking garage behind the adjacent commercial building would be intrusive. This opposition is not hard to imagine, considering the elegant, low-density character of the side streets east of Clark Street.

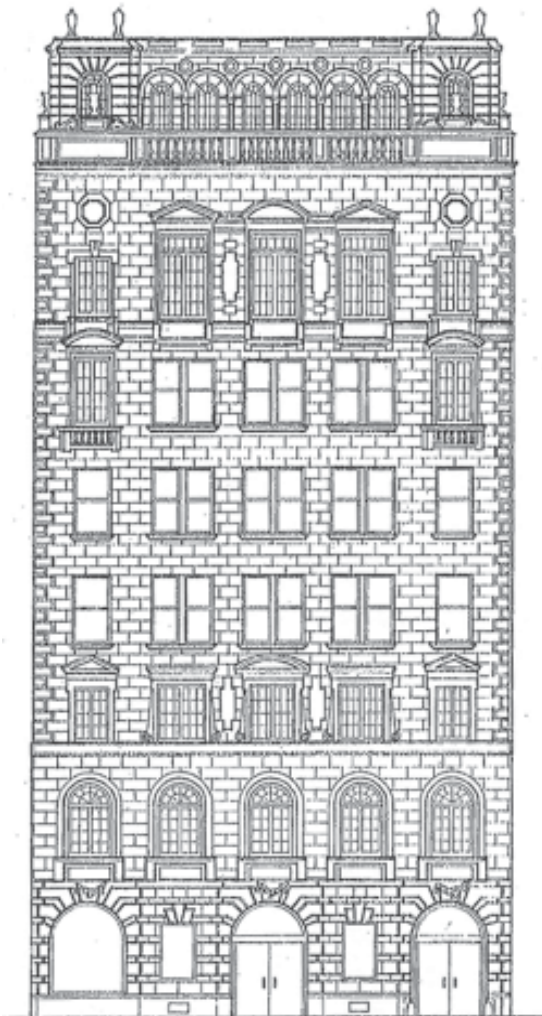
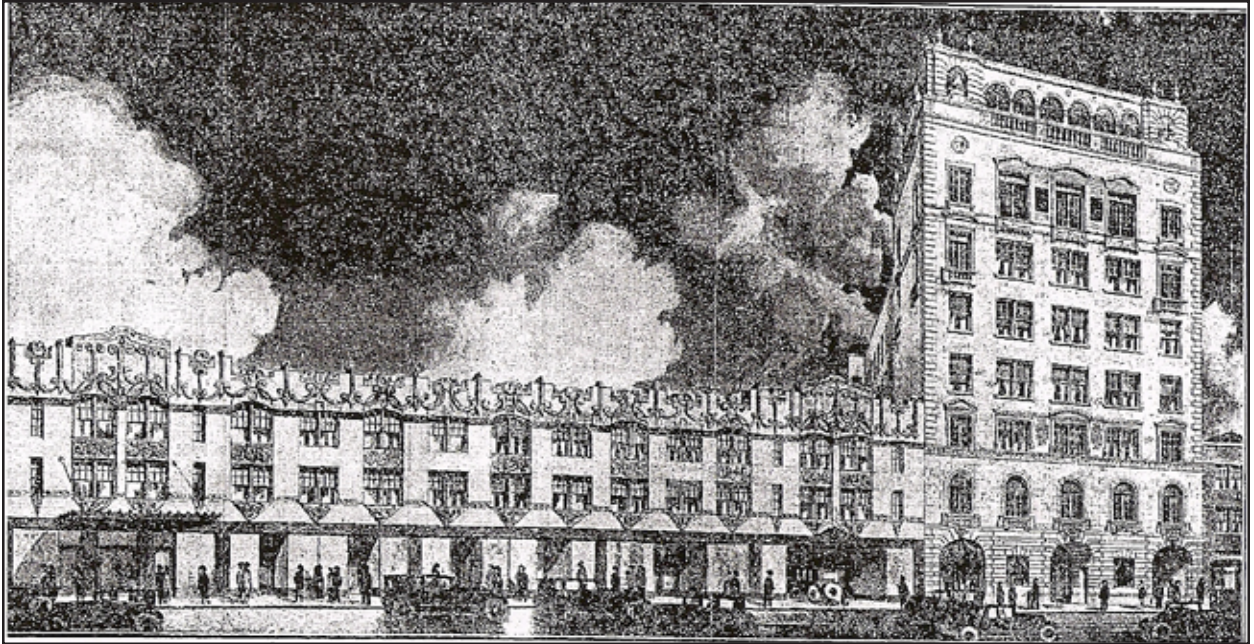
The handsome new building should have been the crowning achievement in the North Chicago Hospital’s history, but events dictated otherwise. In fact, the Becks had to remove themselves altogether from the institution they had founded. Contrary to the brothers’ expectations, they discovered the entire hospital would have to close while the new project was built. This may have had to do with the scale of the building, quite different than the low-rise, incremental expansions of the physical plant that the brothers had sponsored throughout the years.

In Joseph C. Beck’s memoir *Fifty Years of Medicine*, he described the unhappy transition, “A buyer was easily obtained. This man had a personal interest in the purchase, because his family physician, a prominent internist, was interested in the new hospital.” The stockholders overwhelmingly approved the sale. But then there were complications:

[I]t came to pass that we had to close the hospital while the new one was being built. That was our great misfortune. The staff had to scuttle to different hospitals, and we never did get them back, even after the new eight-story building with its connecting two-story office building was finished. By that time the depression hit this country and our builder could not furnish and equip the hospital.

During the boom years of the 1920s, a for-profit venture like the North Chicago Hospital could thrive, able not only to cover its operating expenses but also the taxes from which its nonprofit competitors were exempt. As the Depression took hold, however, all private hospitals suffered greatly as the number of patients able to pay declined sharply, and the North Chicago Hospital—in the midst of building a large, modern facility with the latest technology—was not spared.

A few doctors, including Joseph Beck, worked briefly out of offices in the new commercial building, hoping to return to the hospital itself once it was outfitted and opened. But the hospital under new management was never recognized by the American Medical Association and the American College of Surgeons, so Beck moved on. Although the Beck brothers never worked in the new hospital building, it was their twenty years of expertise and dedication that led to the construction of the building that has stood at 2551 N. Clark for eighty years.



As private hospitals proliferated in the early 20th century, their administrators were very aware of the draw that new, modern, attractive facilities would have for middle-class, paying patients. The North Chicago Hospital Building at 2551 N. Clark St. (above at right in 1928 sketch) was planned with mostly private rooms with the latest appointments. At left in the sketch is the adjacent three-story commercial building built as part of the development. (It was demolished in 1988.) Left: The hospital building was meant to express a visual sense of quality with its Italian Renaissance Revival-style facade.



The North Chicago Hospital Building is a visually-striking, Italian Renaissance Revival-style building clad with gray limestone.



Details of the building, including round-arched windows and other Classical-style ornament.



Additional building details include a variety of pediments, decorative marble panels, and moldings.



Building Description

The North Chicago Hospital Building as built was a grandly-detailed building in the context of N. Clark Street in the Lincoln Park neighborhood. The handsomely-detailed façade was designed in the Italian Renaissance Revival architectural style with a variety of Classical details based on the architecture of 15th- and 16th-century Italy. Instead of looking institutional, the new hospital building more closely resembled a luxury apartment building or hotel. Unlike many other tall hospital buildings of the period, situated on their own blocks or with open space around them, North Chicago rose from a more crowded urban streetscape. The building's handsomely-detailed design allowed it to stand out within its neighborhood context.

The limestone façade of the North Chicago Hospital Building provides an encyclopedia of Italian Renaissance-style ornament. The heavily rusticated ground floor provides a solid visual base for the building. Elaborate Classical-style swags and decorative pink-marble panels are placed between ground-floor round-arched entrances and windows and second-floor round-arched windows. Third-floor windows are topped with both triangular and rounded pediments, as are seventh-floor windows. In addition, garlands and egg-and-dart moldings accent stone window sills, while dark-green marble panels and balconettes provide other visual accents. A set-back penthouse originally housing a hospital solarium is ornamented with rusticated stone walls and round-arched windows.

Architects Meyer J. Sturm and M. Louis Kroman

Meyer J. Sturm (1872-1954) was a nationally renowned specialist in hospital design and expert in the latest technologies for institutional buildings. He received a B.S. in Architecture from the Massachusetts Institute of Technology in 1896. In Chicago he worked as a draftsman and superintendent for various architects, then as chief engineer for the Luminous Prism Co. from 1898 to 1900. From 1900 to 1902 he was in partnership with Lawrence Gustav Hallberg, an architect of Swedish descent who later designed Augustana Hospital in consultation with Sturm.

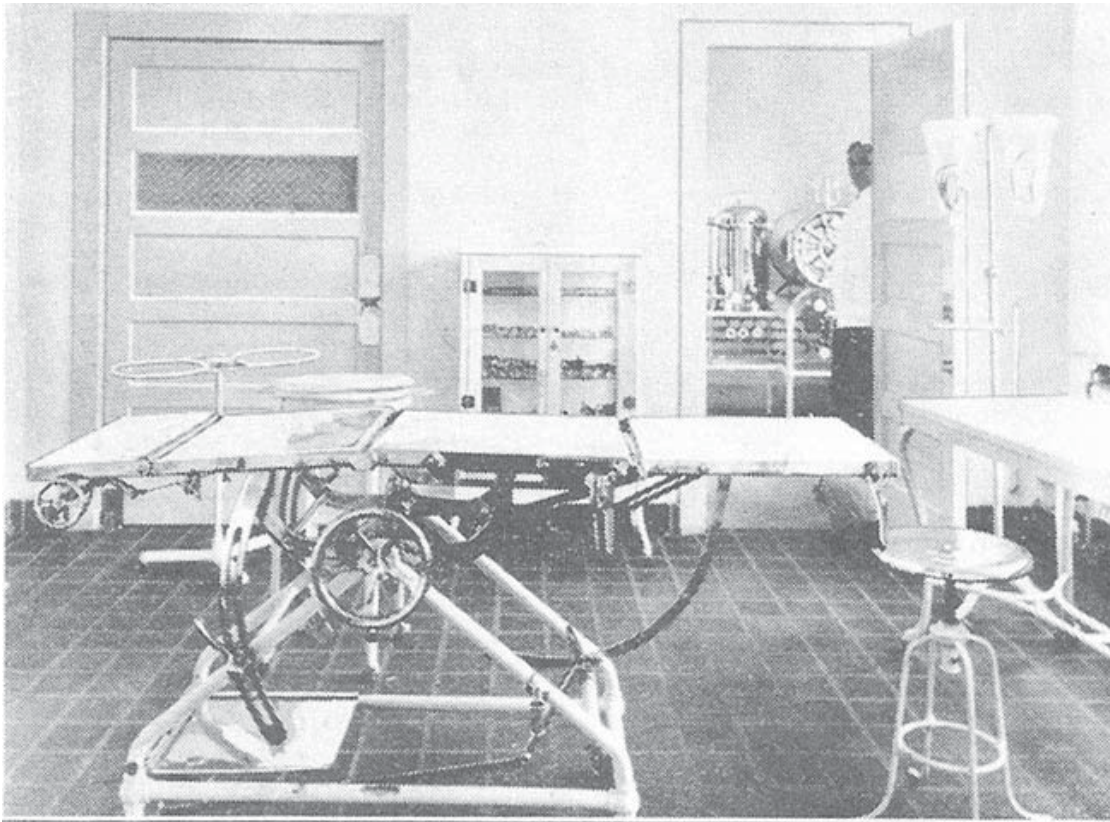
Sturm began his solo practice in 1902. With the noted Chicago surgeon Albert J. Ochsner, he won the Gold Medal in the Charities and Corrections architectural design competition at the St. Louis World's Fair in 1904 for a series of hospital designs. Three years later, he and Ochsner published their groundbreaking book, *The Organization, Construction and Management of Hospitals*.

That was the only book Sturm co-authored, but he remained an active commentator thereafter, giving lectures, writing articles and trade journals, and chapters in books. He was zealous about the need for planning in hospitals, and in 1912, he wrote an article titled "The Economic Principles of Efficiency in Hospitals" in the professional journal *American Architect*. He promoted the best innovations in mechanical, electrical and plumbing systems at the institutional scale. When Chicago formed its first Commission on Ventilation in 1914, Sturm represented the Illinois Society of Architects.

Sturm served as consulting architect for a number of hospitals, including for the Harbin Hospital (1920) in Rome, Georgia. He consulted on several large hospitals in Ohio, notably the seven-story Mercy Hospital (1918) in Toledo, Ohio, and a five-story brick-and-terra-cotta addition (1914) to the St. Vincent Charity Hospital in Cleveland, the first institutional project by the noted Cleveland architecture firm of Walker & Weeks.



Meyer J. Sturm, the architect for the North Chicago Hospital Building, dedicated most of his professional life to hospital design as both a designing and consulting architect. One hospital that he designed was St. Luke's (1916) in Marquette, on Michigan's Upper Peninsula. The exterior (above) shows open porches for fresh air. The photo below shows an operating room.





Sturm designed several large hospitals in Ohio, one of them a seven-story addition for Mercy Hospital in Toledo, Ohio (above).



Typical of the need for hospital beds as the U.S. population increased was the Harbin Hospital (left) in Rome, Georgia. A new 40-bed hospital was erected in 1917, but only three years later the town found it necessary to add three stories, for an additional 35 beds. The local architects brought Sturm in as a consultant for the rooftop addition, seen in this photograph.



With older architect L. G. Hallberg, Sturm designed the Augustana Hospital (demolished) in the Lincoln Park neighborhood. Sturm's co-author for his book on hospital design, *The Organization, Construction, and Management of Hospitals*, was A.J. Ochsner, surgeon-in-chief at Augustana.

M. Louis Kroman (1894-1989) was the associated architect with Meyer J. Sturm on the North Chicago Hospital development. He is specifically credited with designing the speculative commercial building that extended north of the hospital building itself. It was a three-story building facing N. Clark that comprised nine storefronts with two stories of offices above. Behind that building was a parking structure for some 200 automobiles. (This commercial building was demolished in 1988 for a tall apartment building with ground-floor retail.)

Kroman's other Chicago projects include several other parking garages, including a ten-story garage at 12-14 E. Monroe St. that was later incorporated into the Carson, Pirie Scott & Co. department store complex in the Loop. (It is a contributing structure in the Jewelers Row District.) He also designed the Art Deco-style Ritz Garage, with its visually-striking automobile-related ornament, at S. Lake Park Ave. and E. 55th St. in the Hyde Park neighborhood, identified as "orange" in the Chicago Historic Resources Survey.

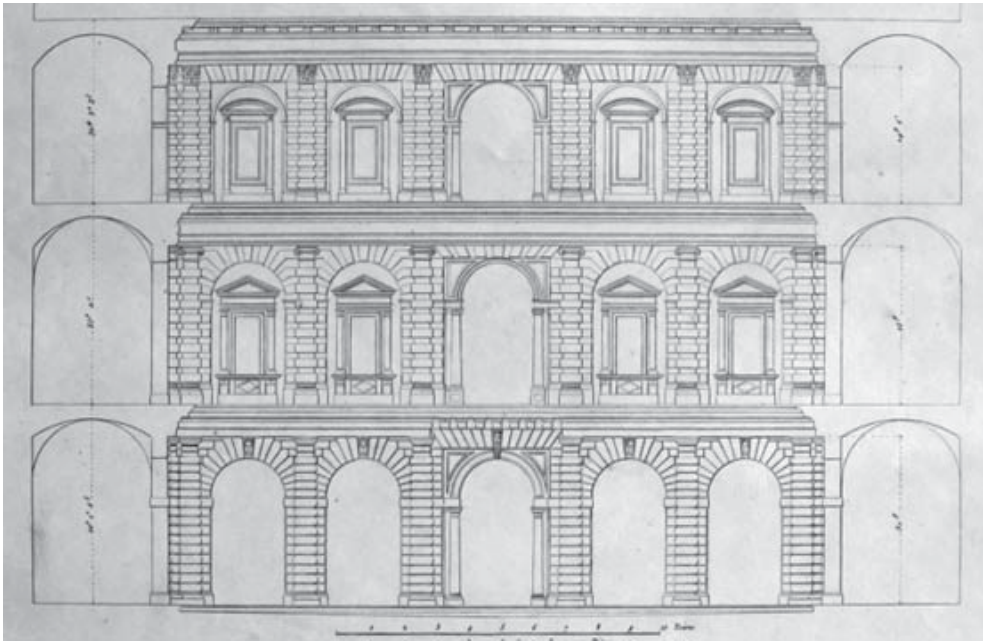
THE ITALIAN RENAISSANCE REVIVAL ARCHITECTURAL STYLE

The Italian Renaissance Revival architectural style—the style used for the North Chicago Hospital Building—is a Classical style based on the architecture of 15th- and 16th-century Italian architecture, especially that of palazzi and public buildings. Key architects of this period include Brunelleschi, Alberti, Bramante, and Michelangelo. Italian Renaissance-style architecture began in Florence in the 1420s, then spread throughout the Italian peninsula through the next 150 years.

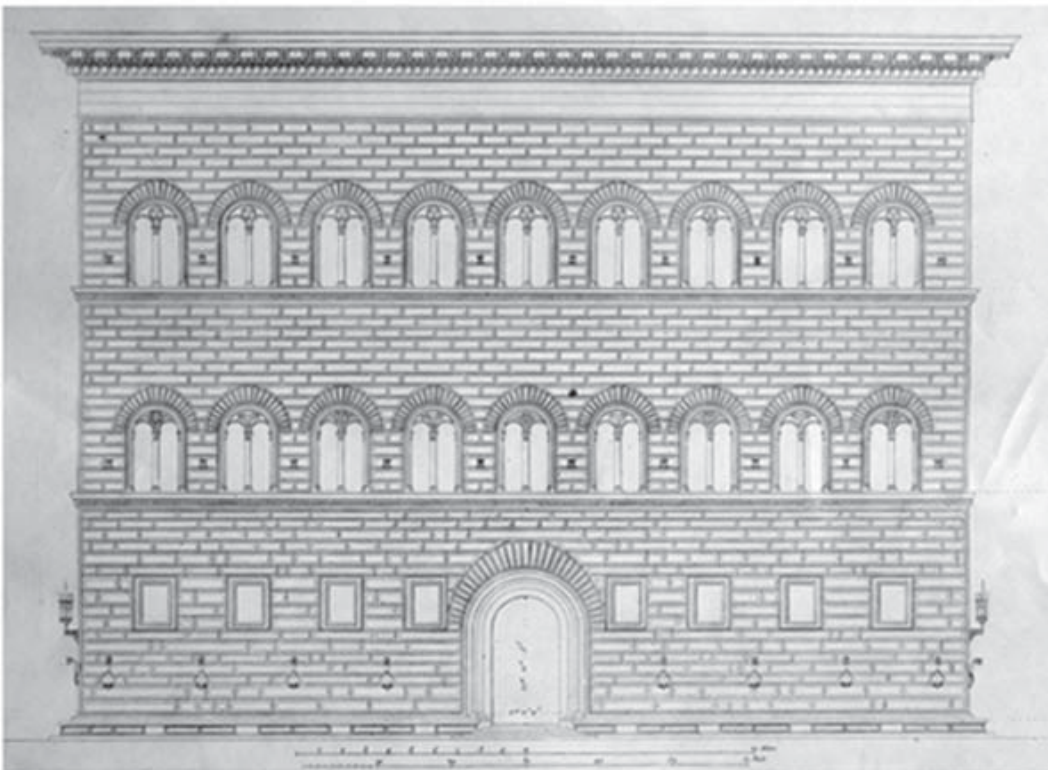
Symmetry and the use of Classical ornament are significant visual characteristics of both the original Italian Renaissance style and its later 19th- and early 20th-century revival. Heavily-rusticated ground floors visually support more smoothly-finished upper facades. Doors and windows are typically ornamented with heavily-molded surrounds, often accented by triangular and round-arched pediments. Projecting string courses, balustrades and cornices provide horizontal emphasis. A variety of Classical moldings, garlands, scrolls, rosettes, spandrels, capitals and urns are typically used as finely-detailed ornament.

In the mid-19th century, the Italian Renaissance Revival style originated with the design of clubs and other institutional buildings in both Europe and America, including the Reform Club in London and the Athenaeum in Philadelphia. During the years of its popularity, the style remained most popular for institutional buildings, including clubs and museums, but was also used for a variety of other buildings.

Chicago is home to a number of buildings in the style. Two of the most visible are the original building for the Art Institute of Chicago, built in 1893, and the Chicago Cultural Center (originally the Chicago Public Library), which occupy prominent sites on Michigan Avenue. (Both are contributing buildings in the Historic Michigan Boulevard District.) Others include the Rothschild Department Store (later Goldblatt's Department Store/now the DePaul Center) on S. State St. and the Harris and Selwyn Theaters (now part of the Goodman Theater and designated as Chicago Landmarks) on N. Dearborn St. The use of the Italian Renaissance Revival style for the North Chicago Hospital Building expresses the ambition of the Beck brothers and their desire to create a hospital that would be seen as a major institution in the Lincoln Park community.



The Italian Renaissance Revival architectural style is based on the architecture of 15th- and 16th-century Italy, especially its grand palace, or *palazzi*. Two examples are the courtyard elevation of the Palazzo Pitti (above), which provided later architects a model for arcades and window pediments, and the Palazzo Strozzi (below), noteworthy for its rusticated stone base, cornice, and repetition of windows and arches.





One of the most influential Italian Renaissance structures is Michelangelo's Laurentian Library, the construction of which was begun in 1524.

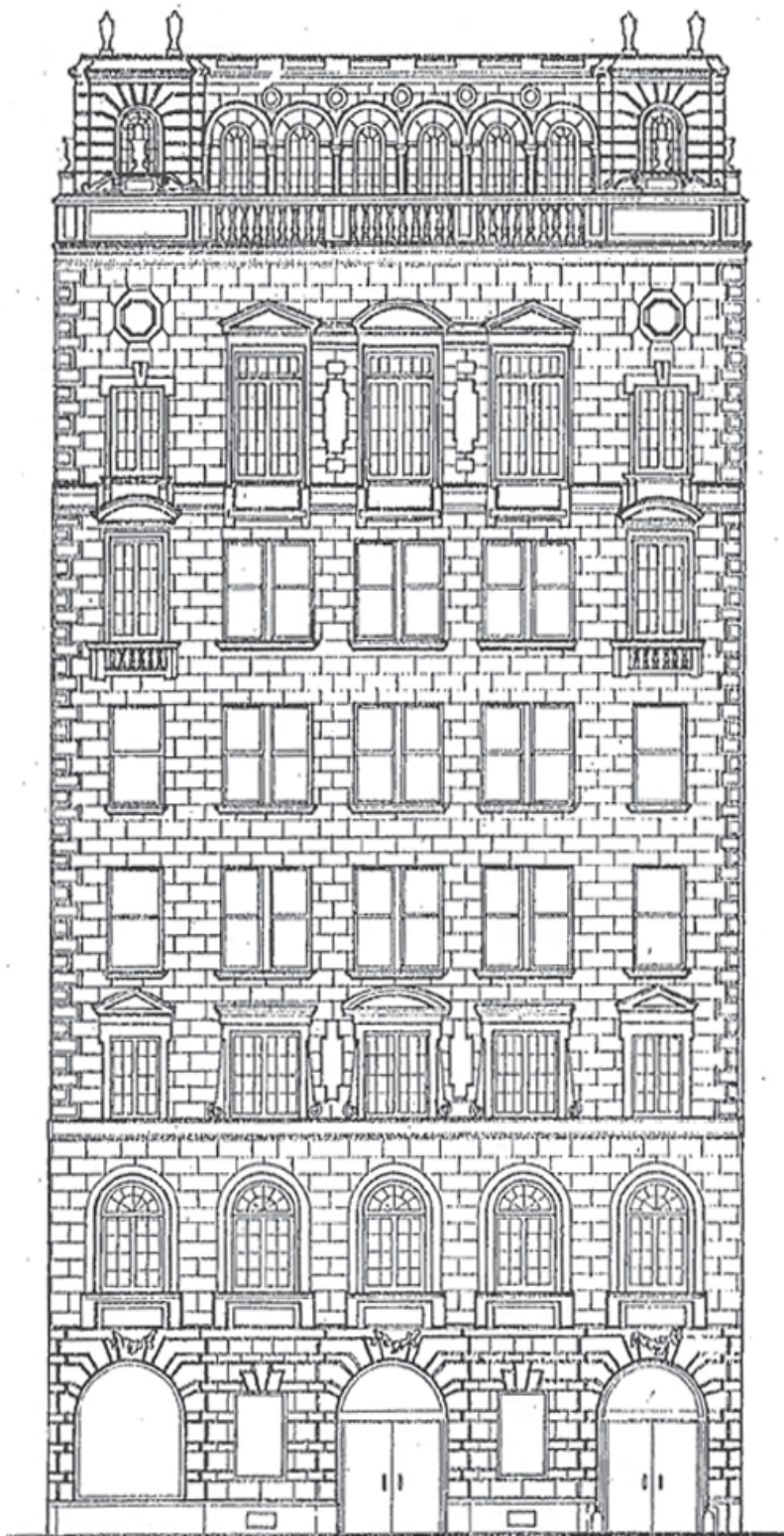


The Chicago Cultural Center (originally the Chicago Public Library and a designated Chicago Landmark), designed in 1893 by Shepley, Rutan & Coolidge, is a handsome example of Italian Renaissance Revival-style architecture in Chicago.

The former Illinois Athletic Club Building at 112 S. Michigan Ave. (now the McLean Building, School of the Art Institute of Chicago and a contributing building in the Historic Michigan Boulevard Chicago Landmark District) displays elements of the Italian Renaissance Revival style, including a rusticated ground floor, pedimented windows and elaborate moldings and swags.



Outside of Chicago, examples of Italian Renaissance Revival-style architecture include the Ritz Tower in New York City, with its round-arched storefronts with rusticated surrounds, topped by visually-dramatic Classical-style heraldic shields and swags.



The facade of the North Chicago Hospital Building offers a great variety of details typical of the Italian Renaissance Revival style, including a rusticated stone base, rusticated corner pavilions at the top, arched portals and windows, arched and triangular pediments above windows, decorative spandrels, cornices and friezes, relief ornamentation including consoles, medallions, scrolls and garlands, balustrades and balconets.

LATER HISTORY

Not surprisingly, in the midst of the Great Depression, by the mid-1930s the North Chicago Community Hospital Association had gone into receivership. Quite in contrast to the Beck brothers' selective intake of patients, in 1936 the hospital's receiver faced the accusation of running an "ambulance-chasing" establishment. Nonetheless, in at least one respect, the Beck legacy lived on. In January 1932 the hospital announced that it would open a center to make available to indigent cancer patients some \$200,000 worth of radium. That would have suited well Dr. Emil Beck's sense of altruism and scientific purpose, although by then he had retired to California. Otherwise the North Chicago Hospital operated as best as it could as a general hospital. But in 1945, the North Chicago Hospital Association finally closed its doors.

Illinois Children's Hospital-School

At that time, the State of Illinois leased the building for \$30,000 a year from the hospital association. On September 24, 1946, the state-run Illinois Children's Hospital-School opened its doors with thirteen children and thirty staff members. This was the first boarding school in Illinois—and possibly in the nation—for physically-challenged youth, most of them relying on wheelchairs for mobility. Chicago was an excellent location for a statewide facility of this nature due to the city's already exceptional medical facilities, including Cook County Hospital and the University of Illinois Hospital complex.

The new hospital could handle about 100 youngsters ages 5 through 20. Many of the children had been afflicted with polio or were born with cerebral palsy, but at least one boy had been paralyzed at age six by a stray bullet from a shotgun. A Cardinals fan from St. Louis, he was thrilled to be able to play baseball on the roof of the hospital-school. In his memoir sixty years later, he vividly recalled his parents visiting and letting him roll his wheelchair the mile north on Clark Street to Wrigley Field to see the Cubs.

Resident children lived two to a room on four floors. There also were classrooms and spaces for extracurricular activities. Despite the attention given to physical and other therapies, the staff worked hard to make the place feel like a school and not a hospital. The focus was on educational possibilities as opposed to limitations.

Long before there were laws to address the schooling of special-needs children, the Illinois Children's Hospital-School offered opportunities for a child who otherwise might have remained at home with no formal education or been institutionalized with little regard for individual attention. Even so, the children ran the gamut of ability. For some, the curriculum was not advanced enough and the pace too slow, while others found novelty in social or other situations to which they had never been exposed.

By the time the hospital-school moved in December 1965 to a new \$3,000,000 facility at the southwest corner of the University of Illinois at Chicago medical campus, it employed 150 teachers, therapists, office and operating personnel. The new one-story building on Chicago's West Side offered amenities that the building at 2551 N. Clark could not provide, including an auditorium and, more basically, large elevators, ramps and other disabled-accessible features.



From 1946 to 1965, the building housed the Illinois Children's Hospital-School, a state-run facility for physically-challenged children. Photos from 1950 show the hospital's former rooftop solarium used as a chapel (above) and children enjoying the adjacent rooftop play area.

FACES/Halfway House for Teenaged Boys

The State of Illinois had bought the building for \$400,000 in 1947 and now sought to sell it, but found no private buyers. Instead, the Illinois Youth Commission acquired the North Chicago Hospital Building in August 1967, and one year later it opened a halfway house there for teenaged boys that were judged to benefit more from a progressive approach to rehabilitation than from languishing in a state reformatory. The idea was that the boys would be mainstreamed into the surrounding community, using its educational and recreational resources, and eventually becoming responsible citizens contributing to the neighborhood. As with the boarding-school concept for physically-challenged children, this represented a progressive departure for the state.

The new halfway house was called FACES [Freedom, Alternatives, Confrontation, Equality, and Success] and was described as a “minimal security institution with intensive supervision.” The residents were to be carefully screened and selected from the Illinois State School for Boys in St. Charles and similar correctional institutions. Unlike the earlier Illinois Children’s Hospital-School, the halfway house would house a more transient group, with the state hoping to serve 500 youths per year at the center before releasing them. Each boy was to participate in a three-to-four-week program. Unlike at the reform schools with their dormitories of 40 or 50 boys per room, the halfway house’s private rooms housed one parolee per room.

The first floor housed administrative and parole offices and a community relations center. The fourth and fifth floors were used as living quarters, with each floor having dining, reading, television and recreation rooms, a counselor’s office and a check desk. The third floor contained educational facilities and a craft shop. Other floors were occupied by staff members, and for physical and social activities. As with the hospital and the hospital-school, the fenced roof remained available for use. There also was a fenced backyard for outdoor sports.

In 1971 the Chicago Board of Education began to offer educational services as part of the state’s rehabilitation program. Another tenant in 1972 was the Inter-Agency Council of Lincoln Park, an organization of thirty community service groups that promoted awareness of socioeconomic diversity in the area, focused on problems of youth, and studied health and education resources.

Medical and Dental Offices

In the mid-1980s the building again came up for sale, and it was redeveloped by Horwitz/Matthews Development into twenty offices, most of which currently have medical tenants. The renovation architect was Pappageorge Haymes. At that time the building’s interior was gut-rehabilitated, and rear and side secondary elevations had changes to window fenestration. The front elevation was embellished with a steel-and-glass awning that projects from the building’s main retail entrance.

CRITERIA FOR DESIGNATION

According to the Municipal Code of Chicago (Sect 2-120-690), the Commission on Chicago Landmarks has the authority to make a final recommendation of landmark designation for a building, structure, object or district if the Commission determines it meets two or more of the stated “criteria for

designation,” as well as possesses a significant degree of its historic design integrity.

The following should be considered by the Commission on Chicago Landmarks in determining whether to recommend that the North Chicago Hospital Building be designated as a Chicago Landmark.

Criterion 1: Critical Part of the City’s History

Its value as an example of the architectural, cultural, economic, historic, social, or other aspect of the heritage of the City of Chicago, State of Illinois, or the United States.

- Built in 1929 to house a neighborhood hospital, the North Chicago Hospital Building exemplifies the importance of small hospitals in the history and development of Chicago’s neighborhoods during the late 19th and early 20th centuries. As a small private institution, North Chicago and other such hospitals provided important medical services to Chicago’s growing middle and upper classes by providing them the best in medical technology, the finest in surgeons, and greater privacy through the availability of private and semiprivate rooms.
- Carl, Emil, and Joseph Beck, noteworthy Chicago physicians in their respective fields and the doctors that built the North Chicago Hospital Building, represent the entrepreneurial spirit of early 20th-century hospitals, which were often the vision of founding doctors such as the Becks.
- The Building, through its later history as a resident hospital and school for physically-challenged children and a halfway house for troubled boys, represents the application of mid-20th-century progressive ideals and practices in treating and educating special-needs children.

Criterion 4: Important Architecture

Its exemplification of an architectural type or style distinguished by innovation, rarity, uniqueness, or overall quality of design, detail, materials, or craftsmanship.

- The North Chicago Hospital Building is significant as a finely-detailed, handsome example of a small-scale neighborhood hospital building, a building type of importance to Chicago neighborhood history.
- The Building is a fine example of the Italian Renaissance Revival architectural style, one of several historic architectural styles important in defining the historic character of Chicago’s architecture.
- The Building features a wealth of Classical-style ornament, including triangular and segmental-arched pediments, balustrades, decorative medallions and reliefs, and exemplifies fine craftsmanship and detailing in a variety of historic building materials, including limestone and marble.

Criterion 5: Important Architect

Its identification as the work of an architect, designer, engineer, or builder whose individual work is significant in the history or development of the City of Chicago, State of Illinois, or the United States.



The North Chicago Hospital Building is crowned with a solarium that features arcaded french doors set back from the facade behind a continuous balustrade.



Three windows at the seventh floor are connected by stone courses at pediment level and by deep stone sills. Dark green marble panels accent the spaces between.



The windows at the second floor sit atop elaborately framed span-drels of pink marble.



Another view of the building's Classical details.

- The architect of the North Chicago Hospital Building, Meyer J. Sturm, was a nationally-important expert and innovator in hospital design. With Chicago surgeon A.J. Ochsner, he co-authored a book in 1907, *The Organization, Construction and Management of Hospitals*, that became a key treatise on the design of the “modern” hospital.

Criterion 7: Unique Visual Feature

Its unique location or distinctive physical appearance or presence representing an established and familiar visual feature of a neighborhood, community, or the City of Chicago.

- The North Chicago Hospital Building is a distinctive physical presence in the Lincoln Park neighborhood, located at a visually-prominent location where N. Clark Street angles just south of Wrightwood, making the building a visual focus both north and south along Clark.

Integrity Criteria

The integrity of the proposed landmark must be preserved in light of its location, design, setting, materials, workmanship and ability to express its historic community, architectural or aesthetic interest or value.

The North Chicago Hospital Building possesses excellent exterior physical integrity, displaying through its siting, scale, overall form, and details its historic relationship to Clark Street, one of the most important streets in the Lincoln Park neighborhood. The historic materials and detailing of the building’s street front are largely intact. The building retains its historic ornament, including a plethora of pediments, swags, balustrades and other Classical-style ornament.

Minor changes to the building’s exterior include a glass-and-steel roof over the building’s main retail entrance, replacement windows, and banners between second-floor windows. The building’s interior was gut-rehabbed in the mid-1980s when converted to medical offices and ground-floor retail.

SIGNIFICANT HISTORICAL AND ARCHITECTURAL FEATURES

Whenever a building, structure, object, or district is under consideration for landmark designation, the Commission on Chicago Landmarks is required to identify the “significant historical and architectural features” of the property. This is done to enable the owners and the public to understand which elements are considered the most important to preserve the historic and architectural character of the proposed landmark.

Based on its preliminary evaluation of the North Chicago Hospital Building, the Commission recommends that the significant features be identified as:

- All exterior elevations, including rooflines, of the Building.

“When we build, let us think that we build forever. Let it not be for present delight nor for present use alone. Let it be such work as our descendants will thank us for, and let us think, as we lay stone on stone, that a time is to come when those stones will be held sacred because our hands have touched them, and that men will say as they look upon the labor and wrought substance of them, ‘See! This our Fathers did for us.’”

HOSPITAL CONSTRUCTION.

By MEYER J. STURM, B.S.

THE CONSTRUCTION OF SURGICAL HOSPITALS.

An efficient hospital is so absolutely necessary for the carrying on of efficient surgical work that the surgeon himself should carefully study the important features of hospital planning.

It is for this reason that the following section has been introduced.

An efficient hospital reduces the wear and tear and the waste of time of the surgeon. It increases the comforts of the patient and it means an important economy for the community.

Herbert Spencer says, “The wise man must remember that while he is a descendant of the past, he is a parent of the future, and that his thoughts are as children born to him, which he may not carelessly

In addition to his design and consulting work, hospital architect Meyer J. Sturm published widely in books and trade journals.

Practical Idealism in Planning Hospitals*

MEYER J. STURM, B.S.,

Hospital Architect and Consultant.

THE distinction between ideals which are practical ideas and ideas which are impractical ideals is so marked that I hardly need go into a precise definition of their difference. Nevertheless, despite the wide line of demarcation between the two, there has been up to within very recent years little or no practical idealism in hospital planning. The causes for this are many and varied, but the principal one, and the one upon which I wish to lay most stress, is the fact that hitherto the question has been

their opportunity for studying the hospital from its administrative and maintenance point of view, has been rather limited. The busy physician and surgeon had, or took, no time to acquaint himself with what he considered the minor details of the general administrative requirements of such institutions. These very points are the ones which are so necessary in the planning of hospitals, as ultimately the entire planning of a hospital must resolve itself about the necessary details of administration.

Perfection in Hygiene

Realized in Chicago's New AUGUSTANA HOSPITAL

IT IS A FAR CRY today from the little building with only fifteen beds out of which the great Augustana Hospital has grown. But its founders looked for beyond the resources of their own day and decade.

It has grown from the day it was born. From the tested discoveries of medical research, and the trained ingenuity of equipment designers, the best that science could devise has been adopted, to serve until replacement by a new discovery. Within its walls, progress was an instinct—it was inevitable that the walls themselves should grow.

So now an entirely new structure is rising to accommodate 500 patients, with every detail representing the ultimate in modernity—from operating rooms to roof-garden. And—as no hospital is more aware than its glowing future—this vital branch of its equipment reveals the "hardest yet" in sanitation.

Watrous

Duojet Wall Closets and Flush Valves

Will be standard equipment throughout
the new Augustana Hospital

A choked outlet or an overflow in a toilet bowl should be absolutely out of the question in a hospital. Nothing should be left to chance; every closet bowl should be structurally proof against clogging. And the Watrous Duojet is the bowl that meets this important requirement.

Watrous Duojet Wall Closets Cannot Clog or Overflow. Most Sanitary of All. Most Easily Cleaned



In this type of bowl are combined all excellent features for good sanitation. The design eliminates the narrow, slight outlet passage which is an essential feature of the commonly used siphon closet. In the latter type it is needed to start and maintain siphon action, but it often causes obstructions, leading to overflows. In the Watrous Closet, two powerful converging jets effect an instant and thorough flush, and make a rational siphon outlet unnecessary. The passage is now nearly wide, and no siphon outlet flange is at the entrance to the trap, so that the water can pass over the other end. The fact that the Watrous Duojet Wall Closet does not come in contact with the floor makes it easy to keep the room perfectly clean and safe. The Watrous Duojet Closet is used in combination with the Watrous Flush Valve, shown in the upper portion of the illustration on the left. The round, polished surface of the lower housing of the valve is kept clean in minimum time, and the self-cleaning feature of the regulating screw automatically prevents its part from clogging. The valve delivers the exact amount of water required for operation and will. The Watrous Wall Closet contributes effectively to speed and economy in the construction of new buildings, because the floor and the wall are laid without leveling provision in the floor for closet construction. Another saving. The ordinary single jet closet wastes most of the water in starting a flush. The Watrous Duojet Bowl avoids this waste, and also contributes still further to economy by eliminating draft bills incidental to an overflow.

PLUMBING DIVISION

Watrous Flush Valves—Duojet Closets—Self-Cleaning Toilet Seats—Combinations
Lavatory Fixtures—Pan-Up Wipers—Drinking Fountains—Liquid Soap Fixtures—etc.

THE IMPERIAL BRASS MANUFACTURING COMPANY 1200 West Harrison Street (Established 1895) CHICAGO

For full details describing the Watrous Flush Valve and Duojet Closet, write for booklet S. T.



The upper view shows the new
AUGUSTANA HOSPITAL
Carefully planned by the illustrious architect of the Southwestern Clinic
Under construction at Garfield Ave. and Sedgwick St., Chicago
Architect, MEYER J. STURM
Planning Architects, KELLY & JONES CO.
Plumbing Contractors, FETTER, LOVE & BERREN
Equipped with the
WATROUS FLUSH VALVE AND DUOJET WALL CLOSET

A Few of the Buildings Equipped with Watrous Plumbing Fixtures

- | | |
|--|--|
| The New Marston Hotel, Chicago | New Augustana Hospital, Chicago |
| The New Kinross Hotel, Chicago | German Dispensary Hospital, Chicago |
| Metropolitan Office Bldg., Chicago | Metzger Hotel, St. Louis |
| Deborah Street Police Station, Chicago | Crawford Hotel, St. Louis |
| U. S. Post Office Bldg., Washington | West Suburban Hospital, Oak Park, Ill. |
| U. S. Gen. Land Office Bldg., Washington | Liberty Plaza Hotel, Evanston |
| U. S. Weather Bureau Bldg., Washington | Illinois State Psychiatric, Joliet |
| U. S. Post Office Bldg., Washington | San Franklin Hotel, Philadelphia |
| Harrison Club, Chicago | Federal Reserve Bank, Dallas, Texas |
| Bellevue Hotel, Chicago | Kansas City Athletic Club, Kansas City |
| Argentine Hotel, Chicago | Buildings of the Children's Home |
| Amsterdam Hotel, Chicago | The Local Order of Women, Moor- |
| Pratt Hotel, Chicago | head, Ill. |

A proponent of efficiency, economy and technology in hospital design, architect Meyer J. Sturm must have relished the opportunity to achieve "perfection" in his new Augustana Hospital in Lincoln Park. This advertisement in the *Chicago Tribune* of July 26, 1925, represented the effort by smaller hospitals to compete for paying patients.

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Opposite page top: When this photo of the North Chicago Hospital Building as seen from the north was taken in May 1964, the Illinois Children's Hospital-School still occupied the premises. It would relocate a year and a half later. Visible at left is the three-story 2555-69 N. Clark retail/office/parking complex (demolished) that was the speculative portion of the project, north of the hospital building, when the site was developed in 1929.

Opposite bottom: A view of the North Chicago Hospital Building after the construction of the adjacent highrise apartment building in 1988. This new building was set back from N. Clark St., allowing the former hospital building to remain more visually prominent from the north.

Top: This photo from April 1971 shows the building from the south. At this time the North Chicago Hospital Building was home to a state-run halfway house for delinquent teenage boys.

Louis Kroman, an architect associated with Meyer J. Sturm for the North Chicago Hospital Building project, designed several public garages for the Ritz-Chicago Parking Company, including one at 55th and Lake Park (right).



Kroman designed the terra-cotta-faced building originally to the north of the North Chicago Hospital and built as part of the hospital project. Its storefronts and medical offices fronted a 200-car parking garage. In contrast to the hospital's classical facade, Kroman's building had Art Deco-style details. This portion of the original development was demolished.

Acknowledgements

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Illustrations

Pappageorge/Haymes: pp. 3 (top left), 16.

Randall Van Vynckt: pp. 3 (top right), 17, 18, 32, 33, 33.

www.digitalpast.org: pp. 4 (top), 5 (top), 8 (bottom left).

Chicago History Museum: pp. 4 (bottom), 5 (bottom left), 38 (top), 39, 40 (bottom).

www.aneuroa.org: p. 5 (bottom right)

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