

State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
PRIMARY RECORD

Primary # _____
HRI # _____
Trinomial _____
NRHP Status Code 6Z

Other Listings _____
Review Code _____ Reviewer _____ Date _____

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*Resource Name or # (Assigned by recorder) Housestaff Facility

P1. Other Identifier: Housestaff Facility, UC Davis Medical Center

*P2. Location: Not for Publication Unrestricted *a. County Sacramento

and (P2b and P2c or P2d. Attach a Location Map as necessary.)

*b. USGS 7.5' Quad Sacramento East, Calif. Date 1967(Photorevised 1975) T 8N; R 5E; ___ ¼ of Sec ___; ___ B.M.

c. Address Colonial Way City Sacramento Zip 95817

d. UTM: (give more than one for large and/or linear resources) Zone _____; _____mE/ _____mN

e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, etc., as appropriate)

Colonial Way, south of Stockton Blvd.

*P3a. Description: (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

The Housestaff Facility is located on the University of California, Davis Medical Center (UCDMC) campus in Sacramento, immediately northwest of the main hospital, fronting Colonial Way. There is a landscaped public area with a small amphitheater on the north (rear) side of the building. The Housestaff Facility was constructed in 1916 as the Nurse's Home, an auxiliary building to the Sacramento County Hospital. Architect R.A. Herold designed the building with an eclectic mix of revival styles, relying heavily on Spanish and Mission revival precedents and also referencing other aesthetic traditions in the ornamentation. The two-story, side-gable building has a generally rectangular footprint and emphasizes symmetry, displaying symmetrical façades on all four sides. It is constructed of hollow clay tiles with a smooth application of plaster applied to the exterior walls and red clay tiles applied to the roof. A heavy rounded cornice marks the roofline throughout and there are no eaves (**Photograph 1**). (See Continuation Sheet.)

*P3b. Resource Attributes: (List attributes and codes) HP41-Hospital; HP15-Educational Building; HP3-Multiple Family Property

*P4. Resources Present: Building Structure Object Site District Element of District Other (Isolates, etc.)

P5a. Photo or Drawing (Photo required for buildings, structures, and objects.)



P5b. Description of Photo: (View, date, accession #) Photograph 1: Housestaff Facility, camera facing northwest, October 22, 2014.

*P6. Date Constructed/Age and Sources:
 Historic Prehistoric Both
1916 (Jones 471)

*P7. Owner and Address:
UC Board of Regents
1111 Franklin St., 12th Floor
Oakland, CA 94607

*P8. Recorded by: (Name, affiliation, address)
Heather Norby & Heather Miller
JRP Historical Consulting, LLC
2850 Spafford Street
Davis, CA 95618

*P9. Date Recorded: October 22, 2014

*P10. Survey Type: (Describe) Intensive

*P11. Report Citation: (Cite survey report and other sources, or enter "none.") none

*Attachments: None Location Map Sketch Map Continuation Sheet Building, Structure, and Object Record Archaeological Record
 District Record Linear Feature Record Milling Station Record Rock Art Record Artifact Record Photograph Record
 Other (list) _____

B1. Historic Name: Nurse's Home

B2. Common Name: Housestaff Facility

B3. Original Use: dormitory B4. Present Use: administrative/offices

*B5. Architectural Style: eclectic with Mission-revival and Spanish-eclectic details

*B6. Construction History: (Construction date, alteration, and date of alterations) The Housestaff Facility, formerly known as the Nurse's Home, was constructed in 1916. By 1978, the second-story door on the south side had been replaced, the cast-concrete ornament in the gambrel dormer on the south side removed, and the ornamental trellises around two of the front windows removed. Between 1978 and 2014 all but one of the windows was replaced.

*B7. Moved? No Yes Unknown Date: _____ Original Location: _____

*B8. Related Features: UCDMC Hospital

B9. Architect: Rudolph A. Herold b. Builder: unknown

*B10. Significance: Theme n/a Area n/a

Period of Significance n/a Property Type n/a Applicable Criteria n/a

(Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

The Housestaff Facility does not meet the criteria for listing in the National Register of Historic Places (NRHP) or the California Register of Historical Resources (CRHR) because it does not meet any of the criteria for significance. This building has been evaluated in accordance with Section 15064.5(a)(2)-(3) of the California Environmental Quality Act (CEQA) Guidelines, using the criteria outlined in Section 5024.1 of the California Public Resources Code.

Please refer to the historic context and evaluation presented on the continuation sheets.

B11. Additional Resource Attributes: (List attributes and codes) _____

*B12. References: J. Roy Jones, *Memories, Men and Medicine*, (Sacramento: Premier Publications, 1950), 1-17, 456-470; W. J. Davis, *An Illustrated History of Sacramento County, California*, (Chicago: Lewis Publishing Company, 1890) 132; also see footnotes.

B13. Remarks: _____

*B14. Evaluator: Heather Norby

*Date of Evaluation: January 2015

(This space reserved for official comments.)



P3a. Description (continued):

The front (south) façade is anchored by a centered gambrel dormer. The original cast concrete ornament in the dormer has been removed and replaced with a centered metal vent (**Photograph 2**). The roof at each end of the building has flared extensions above two-story projections. These projections form the south corners of the building and each features a battered buttress at the corner. An arcaded walkway extends the length of the front façade between the projections. A low wall spans the length of the arcade between the walkway and the landscaped area outside the building, except at a break in front of a central arched opening that serves as the doorway to the walkway (**Photograph 3**). This arched opening is framed by a cast-concrete ornament with a Classical motif featuring a nude woman and floral, cornucopia, and scroll designs. The main entry is a multi-light wood door with sidelights and transom (**Photograph 4**). The roof of the arcaded walkway forms a second-story balcony accessed by a door centered beneath the gambrel dormer. It is a single-panel door that appears to be a replacement and it has a small pent hood above. Fenestration on the front façade consists almost entirely of rectangular window openings with wood framing and aluminum replacement sash. All are symmetrically organized on both stories. The only window in the entire building that retains one of its original wood sashes is a located on the west end of the arcaded walkway. This small window was retrofitted to accommodate a vent but the lower portion is a multi-light wood sash (**Photograph 5**). Downspouts with fluted catches are installed symmetrically at four locations on the front façade.

The east and west ends of the building are almost identical. Each has a centered and recessed secondary entry accessed through an arched opening flush with the exterior wall. Tall narrow vent openings with lug sills are centered beneath the gable peak. Each end has a metal staircase affixed to the exterior to provide access to a single panel door on the second floor. Pairs of windows flank the doors on both stories. Fenestration in both the east and west ends of the building represent two generations of replacement windows. The windows on the north sides of the entries have had all of the wood framing removed and four-part steel windows with hoppers installed (**Photograph 6**). Windows on the south sides of the doors are like the windows on the front and rear façades; they retain the wood framing but have aluminum replacement sash (**Photograph 7**).

The rear (north) side of the building has a central front projection with a shed-roof and centered gambrel dormer. The dormer has the original tall narrow cast concrete ornament (**Photograph 8**). Like the front façade, shed projections also anchor each end of the rear façade. All corners created by the projections feature battered buttresses. Fenestration on this side of the building consists entirely of single and paired openings with the original wood framing and aluminum replacement sash.

B10. Significance (continued):

Historic Context

The Housestaff Facility was one component of a plan designed by Sacramento architect Rudolph A. Herold for a new facility for the Sacramento County Hospital. The building was constructed in 1916 as the Nurse's Home, an auxiliary building to the hospital, built to house student and staff nurses.

Development of American Hospitals

Hospitals are one of the few institutions that have undergone a radical metamorphosis in modern history. Historian of medicine Paul Starr noted that during this time they became transformed from “places of dreaded impurity and exiled human wreckage into awesome citadels of science and bureaucratic order.”¹ Until the last one hundred years, hospitals and medical practice had relatively little to do with each other. Instead, the earliest hospitals in America were public almshouses, used like jails, to separate the sick, poor, and contagious from society. They accepted “strangers,” sick, or needy nonresidents

¹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books), 1982.

“from every corner of the world so that they came without restriction.”² Publicly run, they were often dirty, overcrowded and poorly ventilated, and almost never were used by middle class or wealthy citizens. They were communal in nature, and the convalescents and able “inmates” were required to help with nursing, washing and ironing, and cleaning rooms. Because medicine had little to offer the sick, they were instead a place for the indigent to die.³ By the nineteenth century, cities had grown too big and migrations of individuals too complicated to send the poor back home for care.⁴

The county hospital buildings themselves evolved into a pavilion or ward style plan that allowed hospital staff to efficiently treat patients. Typically an open plan with multiple beds, with a few private rooms, the wards reduced construction costs and improved sanitary conditions. The plan was a “sanitary code embodied in a building,” and provided for direct sunlight and ventilation with windows on both sides of the buildings. They allowed isolation of the different types of illnesses and they were self-contained with their own service units. The pavilion and ward hospitals, the first designed hospital plans, became the accepted plan in the mid to late nineteenth century, and the last are just now vanishing.⁵ Sacramento’s first county hospital was of this type, but is no longer extant.

These new style hospitals were located out of the dense urban core of cities and were located on the outskirts of growing cities. Manuals on hospital design began to emphasize that “ample air, distance from neighboring buildings, distance from the dust of the streets, and noises caused by the steam railroads, street traffic, electric railways, and manufacturing plants are all of them exceedingly important to hospital patients.”⁶ They often contained a central open courtyard between wards to aid the recuperation of patients. As the hospitals came to use more of their beds for surgery they had less room for convalescence. As a result, convalescence homes were frequently added to hospitals as patients were discharged earlier to accommodate the increased demand for beds by the acutely ill. Wards for the mentally insane, orphans, and elderly men and women were added to the pavilion plans as needed. The pavilion or ward plan hospital allowed for the construction of these homes by adding into the open spaces of the overall plan.⁷ The ward plan hospitals also often featured ancillary support buildings, such as heating plants, laundries, and residential buildings for hospital staff, like the nurse’s quarters building at the Sacramento County Hospital.

The perception of hospitals in American society has radically changed as medicine practice has become more integrated with hospitals. They have been directly connected to the advancement of medical theory and these changes in medical theory ultimately influenced the shape and look of the architecture of hospitals. Many of these changes were exemplified in the development of the Sacramento County Hospital (now UCDMC).

California’s County System of Hospitals

California’s counties have been responsible for the health care of the poor since 1855. The State Welfare and Institutions Code stated that,

Every county and city shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident herein, when such persons are not supported and relieved by their relatives or friends, by their own means or by state hospitals of either state or private institutions.⁸

² Elinor Blake and Thomas Bodenheimer, *Closing the Doors on the Poor: The Dismantling of California’s County Hospitals: A Health PAC report*, (San Francisco: Health Policy Advisory Center, 1975), 10.

³ Elinor Blake and Thomas Bodenheimer, *Closing the Doors on the Poor*, 10.

⁴ John Thompson and Grace Goldin, *The Hospital: A Social and Architectural History*, (New Haven and London: Yale University Press, 1975), 97.

⁵ Nikolaus Pevsner, *A History of Building Types*, (Princeton: Princeton University Press), 157.

⁶ John Allen Hornsby, M.D. and Richard E. Schmidt, AIA, *The Modern Hospital: Its Inspiration, Its Architecture, Its Equipment: Its Operation*, (Philadelphia and London: W.B. Saunders Co: 1914), 34.

⁷ Nikolaus Pevsner, *A History of Building Types*, (Princeton: Princeton University Press, 1976), 158.

⁸ Section 17000, cited in Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.

Several judicial decisions interpreted this to mean that counties have a mandatory duty to provide not only financial relief, but also medical care for indigent people. The law did not, however, require California counties to run their own hospitals; instead the obligations could be met by payment for services to private hospitals. The state legislature empowered counties in Sections 1441 and 1445 of the Health and Safety Code to operate their own hospitals by levying taxes for this purpose, but did not obligate counties to do so.⁹

Most of California's counties established their own general hospitals, as Sacramento County did, to comply with the code and California is one of the few states that built a well-developed system of county hospitals. By 1904, the state had 59, most of them combining the functions of caring for the sick and an almshouse for the poor.¹⁰ Most states in the country have laws similar to California's, placing responsibility for the medical care of indigent people on local government, but the great majority of states did not develop a system of public hospitals.

Establishment of Sacramento County Hospital

The first hospitals in Sacramento were established by fraternal organizations as private institutions that treated patients who could pay for their services. The Odd Fellows established a hospital in 1850, and several doctors ran the Sutter's Fort Hospital. Because there access to medical care was limited, the county established its first public hospital in the City of Sacramento in the early 1850s near the business district as a response to the growing population and medical problems. The Gold Rush established Sacramento not only as a mining center, but also as a medical center. Natural disasters of fire and floods along with early epidemics such as scurvy, diarrhea, dysentery, typhoid fever, malaria, and cholera threatened the everyday lives of the early settlers. The first hospital was quickly outgrown as demand for medical services grew and the need for a larger facility to accommodate Sacramento's growing population led to the purchase of sixty acres of land by the county from James Lansing for \$11,000.¹¹ Located on the Upper Stockton Road, the Sacramento County Hospital has remained at this location and is now the current site of the UCD Medical Center.

In addition to the early private hospitals, there were several charitable local organizations that established homes for children, the aged, and the mentally insane in the Sacramento area during the nineteenth century. Among these was the Marguerite Home established by Mrs. Margaret Crocker, to house elderly women. Opened in February of 1884, it housed twenty-eight women in what was the former residence of Captain William Whitney.¹² Located in downtown Sacramento on Seventh and Eighth Streets between P and Q Streets, the home consisted of two buildings and provided an office, kitchen, laundry and a dining room as well as furnished rooms. Mrs. Crocker endowed the home throughout her life, giving annually to provide for its maintenance.¹³

The first county hospital building at the Upper Stockton Road site was designed by architect A. Bennett and completed in 1871 for the cost of \$80,000. The building burned in 1878, at which time the Sacramento County Board of Supervisors hired Nathaniel D. Goodell, a prominent local architect, to design a new hospital.¹⁴ Goodell's plan consisted of a pavilion style hospital with a central administration building five radiating wards, a small surgery room, a tuberculosis ward, two contagion wards, a boiler plant and laundry building, and a kitchen and dining ward, a small incinerator as shown in **Figures 1 and 2.**¹⁵

⁹ Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.

¹⁰ Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.

¹¹ J. Roy Jones, *Memories, Men and Medicine*, (Sacramento: Premier Publications, 1950), 1-17, 456-470; W. J. Davis, *An Illustrated History of Sacramento County, California*, (Chicago: Lewis Publishing Company, 1890) 132.

¹² W. J. Davis, *An Illustrated History of Sacramento County, California*, 470.

¹³ J. Roy Jones, *Memories, Men and Medicine*, 470.

¹⁴ W. J. Davis, *An Illustrated History of Sacramento County, California*, (Chicago: Lewis Publishing Company, 1890) 133; *Sacramento Union*, January 14, 1871, 5/1; W. J. Davis, *An Illustrated History of Sacramento County, California*, (Chicago: Lewis Publishing Company, 1890) 133.

¹⁵ Sanborn Fire Insurance Maps, Sacramento, California, 1895, 1915.

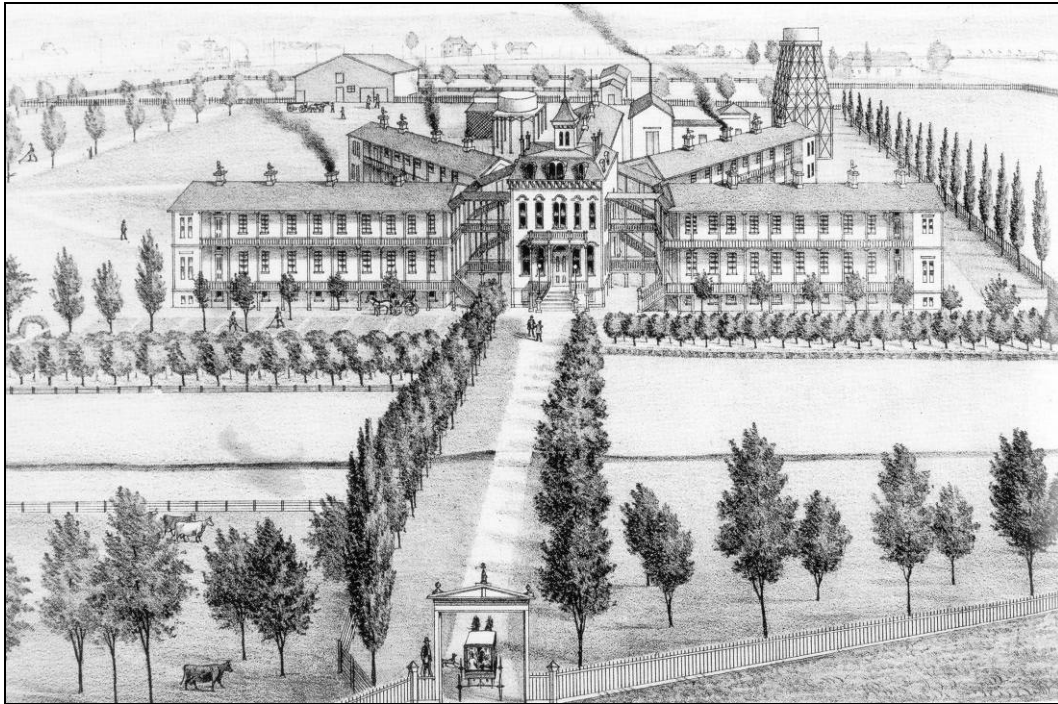


Figure 1: Goodell-designed Sacramento County Hospital.

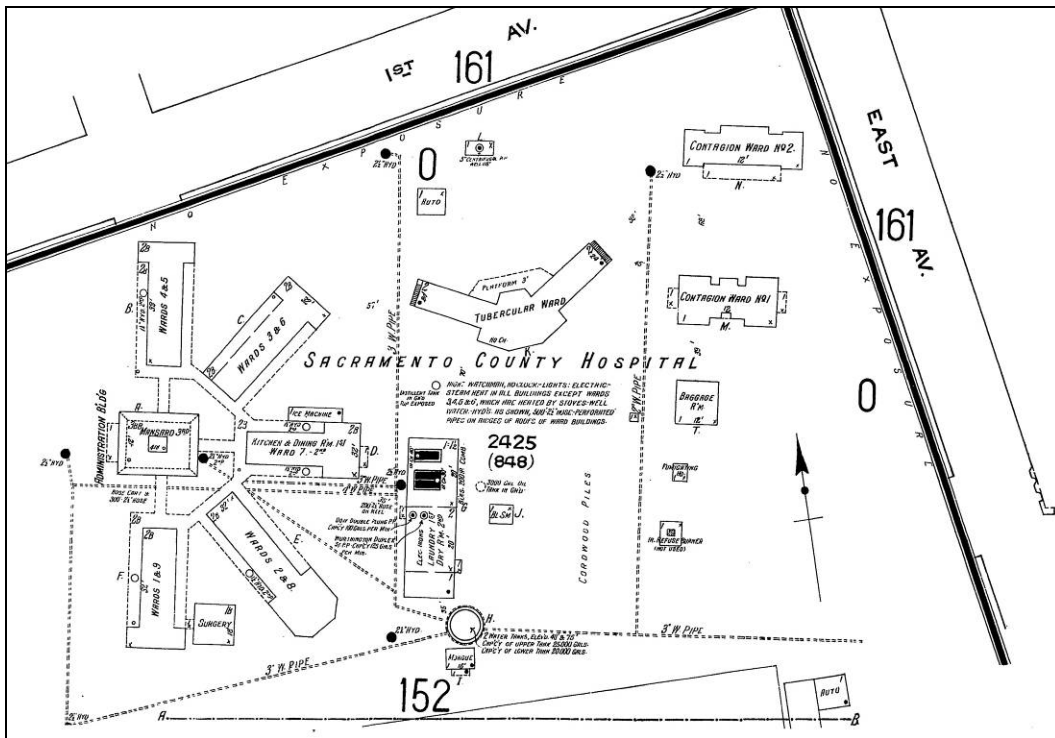


Figure 2: 1915 Sanborn Fire Insurance Company map showing layout of Goodell-designed Sacramento County Hospital.

By 1908, this hospital was inadequate and the city Board of Health and the public press first became critical of the sanitary problems and overcrowded conditions. In response to the criticism, the Board of Supervisors hired Sacramento architect Rudolph A. Herold (1870-1926) to design additions to the existing buildings. Herold's first plan for the project proved to be unfeasible and by 1914 he designed new plans for a County Hospital that consisted of a pavilion-style hospital set in a formal landscape with trees along the boundaries of the complex. Located at the end of a formal allee, the main hospital consisted of an administration building and ten separate wards connected by porches and underground tunnels. His design also included a surgical ward as well as a boiler / laundry / powerhouse and kitchen and dining facilities and the Nurse's Home recorded on this form. The other buildings remaining from the first Goodell design were demolished in stages to make way for the new hospital and the Sacramento County Board of Supervisors approved the final demolitions of old facilities in 1934.¹⁶

R.A. Herold's Design for the Sacramento County Hospital and Nurse's Home

Herold's design for the new Sacramento County Hospital adhered to the pavilion style hospital plan that had dominated hospital architecture since the mid-nineteenth century. Aesthetically, Herold unified the design of the new facility with an eclectic architectural style that drew influences from Mission-revival and Spanish-eclectic forms that were popular design choices in the 1910s. He also drew influence from other European styles and his contemporaries noted his rather syncretic style both favorably, as well as with some derision. An article featuring his work in a 1920 issue of the journal *Architect & Engineer* offers contemporary commentary on Herold's work. Regarding some of his large commissions in Sacramento – the Masonic Temple and Capital National Bank – the author noted that “whatever opinion one may hold as to their beauty and value, [they] are not ordinary. Their faults are obvious; they display unashamed all the studied gracelessness with which we have become familiar in European work.” After this rather harsh criticism, the article offers this praise:

However unmistakably foreign, even exotic, the sources of his inspiration, Mr. Herold has contrived to weld them into results which could not be mistaken for other than American. Other attempts have been made to adapt modern foreign motives to use in this country, but none have been carried out with equal consistence, naturalness, and genuine creative ability. Mr. Herold has not arbitrarily impressed a foreign style into unwilling service; he obviously thinks in the medium. For this reason our architecture would be somewhat the poorer without his contribution.

Many examples of Herold's work featured in the article show grand buildings with highly stylized Classical references and motifs including a heavy emphasis on symmetry, often elaborated by evenly spaced columns, and ornamental use of statuary, and cast concrete panels. The Forum Building, Masonic Temple (**Figure 3**), and Capital National Bank (**Figure 4**) each exhibit these characteristics. Others, like the Del Paso County Club (**Figure 5**) and Weimar Joint Sanitorium in Placer County, presented a more rural aesthetic without the heavy emphasis on ornamentation. The Del Paso County Club featured long arcaded walkways with arched openings. A private residence Herold designed also has some similarities to the style he used for the new hospital. While not strongly symmetrical like the hospital, the Wasserman residence has a clay tile roof, smooth plaster or stucco finish, an arcaded walkway, some cast concrete ornamentation, and a decorative trellis – like the one original to the Nurse's Home – around one of the prominent front windows (**Figure 6**).

¹⁶ J. Roy Jones, *Memories, Men and Medicine*, (Sacramento: Premier Publications, 1950) 187; *University of California, Davis Medical Center: Long Range Development Plan*, Environmental Impact Report, 1987, 118, *Sacramento Bee*, March 8, 1926.

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*Recorded by H. Norby & H. Miller

*Date October 22, 2014

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Figure 3: Masonic Hall in downtown Sacramento designed by R.A. Herold.¹⁷



Figure 4: Detail of Capitol National Bank in downtown Sacramento designed by R.A. Herold.¹⁸

¹⁷ Illustration appears in William Wade, "The Architecture of Small Cities," *The Architect and Engineer* LXI, n. 3 (June 1920): 56.

¹⁸ Illustration appears in William Wade, "The Architecture of Small Cities," *The Architect and Engineer* LXI, n. 3 (June 1920): 50.



Figure 5: Del Paso County Club designed by R.A. Herold.¹⁹



Figure 6: Wasserman residence designed by R.A. Herold.²⁰

Herold drew many of his design influences from his years of studying architecture abroad. He was born in San Francisco in 1870 and by the age of 19 was teaching architectural drawing at the Lincoln Evening School. After holding that position for five years and simultaneously practicing in the field, he traveled through Europe, working and studying for three years before returning to San Francisco. He later moved to Sacramento and acquired a large architectural practice. Later in his

¹⁹ Illustration appears in William Wade, "The Architecture of Small Cities," *The Architect and Engineer* LXI, n. 3 (June 1920): 58.

²⁰ Illustration appears in William Wade, "The Architecture of Small Cities," *The Architect and Engineer* LXI, n. 3 (June 1920): 64.

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career – 1917-1918 – he traveled to Asia, bringing back architectural sketches, photographs, and notes that influenced some of his later work and was published in the *Journal of the American Institute of Architects*. At the time of his death in Sacramento in 1926, he was a director and past president of the Sacramento Architects and Engineers club.²¹

The pavilion-style Sacramento County Hospital provided Herold with an ideal opportunity to articulate a classical emphasis on symmetry and use of contemporary building materials in his design for the campus (**Figure 7**). The main administration building created the front façade of the pavilion and served as the main focal point. As such, Herold's design called for this building to be highly stylized with extensive ornamentation. It featured three primary mansard roofs, heavily ornamented buttresses and pilasters, and a heavy cornice (**Figure 8**). He unified all of the buildings with a smooth plaster finish on the exterior walls and red clay mission tile roofing material.

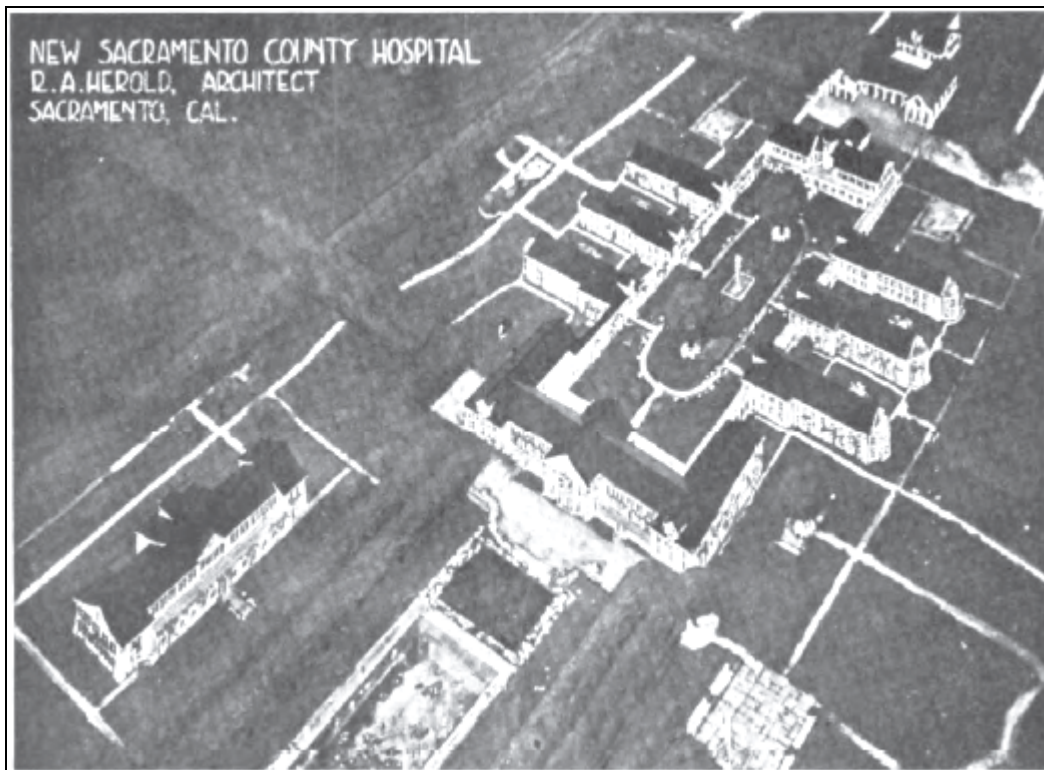


Figure 7: Perspective drawing of Sacramento County Hospital drawn by architect R.A. Herold.²²

²¹ "Obituary – Rudolph A. Herold," *Journal of the American Institute of Architects* XIV n. 8 (August 1926): 370.

²² Illustration appears in William Wade, "The Architecture of Small Cities," *The Architect and Engineer* LXI, n. 3 (June 1920): 61.



Figure 8: Sacramento County Hospital administration building designed by Herold.

Herold did not place the Nurse's Home within the symmetrical alignment of the pavilion that formed the main hospital. This was almost certainly dictated by the function of the building. The Nurse's Home was a residential dormitory, separate from the medical functions of the hospital. Herold architecturally incorporated the building into the campus by creating a symmetrical façade, using smooth plaster finish, red clay mission tiles, an arcaded walkway, and gambrel dormers that referenced other features of the overall design. The wards directly opposite of the administration building had gambrel dormers that faced the central courtyard. Long arcaded walkways also lined the central courtyard. Like Herold's other architectural designs, the Sacramento County Hospital – including the Nurse's Home – displayed an eclectic array of architectural influences. The smooth plaster finishes and red clay mission tile roofing material was a nod to the Mission-revival and Spanish-eclectic styles that were popular in the 1910s; however, the use of the ornament and the emphasis on symmetry clearly reflected his classical training. And finally, the use of gambrel roof forms, a form strongly associated with Dutch architecture, resulted in a rather unique and indigenously American design aesthetic. An article that appeared in a 1916 journal announcing the plans for the new hospital simply referred to the architecture as "a style of architecture typical of California."²³

Herold's design for the new Sacramento County Hospital was constructed in phases. The Sacramento County Board of Supervisors let the contract for the Nurse's Home out to bid in February 1916 and one of the ward buildings the following month. The power house and laundry were not put out to bid until 1924 and the board did not award a contract for the central Administration Building until 1927. At that time, the buildings completed were the Nurse's Home, power house, service building, six wards, and the residence of the medical superintendent.²⁴

²³ "New \$400,000 Hospital for California County," *Modern Hospital* 6 (June 1916): 294.

²⁴ *Sacramento Bee*, "New \$379,511 Hospital Unit Contract Given," January 31, 1927, 1; "Sacramento, Cal – Nurses' Home," *The American Contractor* 37, n. 6 (February 5, 1916): 44; "Sacramento, Cal. – Bids," *Electrical World* 84 (1924): 350; "Sacramento, Cal. – Ward Bldg.," *The American Contractor* 37, n. 13 (March 25, 1916): 21.

When it was completed, the Nurse's Home contained common areas and some sleeping quarters on the first floor, and 24 bedrooms, a sleeping porch, and two toilet rooms and bathrooms on the second floor. The common rooms on the first floor included a library, social and lecture hall, one classroom, dining room, kitchen, laundry room, sewing room, and a reception hall. The symmetry of Herold's design was emphasized by landscaping that prominently featured a pair of palm trees flanking the front entry. Ornamental trellises, since removed, framed the first-story windows at the east and west ends of the front façade (**Figure 9**).²⁵



Figure 9: Undated photograph of Nurse's Home. Note presence of cast concrete ornament in gambrel dormer, multi-light windows, ornamental trellises around windows on east and west ends, and symmetrically planted palm trees. Photograph courtesy of UCD Medical Center Facilities Management.

The layout of the new Nurse's Home contained many of the elements that would provide nurses with a home-like atmosphere. In the early twentieth century, social conventions caused many professional women to feel that they had to choose between having a profession, and getting married and having a family. In fact, Claudia Goldin, a historian of working women, has called the half-century from 1870-1920 the "era of the single woman."²⁶ Single working women, in this case student nurses or recent graduates, rarely had homes of their own and often lived in women-only boarding houses or apartment buildings. To accommodate the needs of student nurses and nursing staff, many hospitals built some type of housing on the hospital campus. In 1913, Blanche M. Thayer published an article on housing nurses, both during school and after graduation, in the *American Journal of Nursing*. She wrote that after a day of work in the hospital, a nurse "should have the cheer and comfort of a bright tasteful room, a chance to spend a little time quietly about her own concerns if she wishes it, to write home, to do a little sewing, to reflect upon the events of the day." She goes on to say that a suitable classroom for lectures and practical teaching, as well as a room for teaching cooking should be provided.²⁷ Herold – or a member of Herold's staff – were clearly attuned to the needs of nurses housing when they designed the Nurse's House for the Sacramento County Hospital. It features all of the rooms called for in Thayer's contemporary article.

From County Hospital to University of California Medical Center

In 1950 the county began a major construction program to upgrade the Sacramento County Hospital facilities and commissioned construction of a large addition on the west side of the existing main administration building. Designed by

²⁵ R.A. Herold, *Nurse's Home, Sacramento County Hospital*, Drawing 396. "First and Second Floor Plans," 1915.

²⁶ Claudia Goldin, "The Work and Wages of Single Women: 1870-1920," *The Journal of Economic History* 40, n. 1 (March 1980): 81.

²⁷ Blanche M. Thayer, "The Housing of Nurses During Training and After Graduation," *The American Journal of Nursing* 13 n. 8 (May 1913): 585-589.

George C. Sellon, the addition raised the height of the building to six stories and increased the interior spaces to approximately 140,000 square feet. The front façade no longer reflected Herold's design, but instead was heavily altered to a modern style. In 1964 a new tower was added onto the east side of the main hospital building. The tower, standing eight stories tall, was designed by Starks, Jozens, and Nacht. It added approximately 120,000 square feet to the existing hospital. East of the new tower a single story laundry / kitchen facility was attached that added another approximately 34,000 square feet.²⁸ By this time, the main hospital designed by Herold was no longer visible from the outside, being completely encased in the new additions.

The University of California first became affiliated with the Sacramento County Hospital in 1966. The creation of Medi-Cal and Medicare resulted in an agreement that allowed the University of California to use the Sacramento County Hospital as its primary teaching facility for the new Davis campus medical school. Temporary facilities existed on the campus, but plans for a permanent hospital in Davis were stopped in 1970 by the defeat of that year's Health Sciences Bond that provided for development of an on-campus hospital in Davis. A legislative effort to reform the 1965 Medi-Cal Act stimulated the County of Sacramento to initiate negotiations with the University that resulted in the transfer of ownership and operational responsibility of the county hospital to the University in 1972. When the University purchased the hospital in 1973, the buildings were in need of repair and expansion to meet its patient care, educational and research responsibilities.²⁹

The Nurse's Home, now referred to as the Housestaff Facility, appeared in a 1978 master planning study labeled as a seismically deficient structure, in part because of the hollow clay tile load-bearing walls. Hollow clay tiles made their debut in California in the 1910s but they were eclipsed by the 1950s because of their seismic instability and the availability of other cheaper materials. Hollow clay tiles do not have a distinct architectural identity because they are usually clad with stucco or a veneer. When the Housestaff Facility was photographed for the 1978 report, the cast concrete ornament had already been removed from the gambrel dormer on the front façade, the central second-story door had been replaced, and the ornamental trellises removed. The original windows were still in place and the paired palm trees remained flanking the main entry at that time (**Figure 10**).³⁰

²⁸ *University of California, Davis Medical Center: Long Range Development Plan*, Environmental Impact Report, 1989, 4-3.

²⁹ *University of California, Davis Medical Center, Long Range Development Plan*, 1987, 4-1.

³⁰ Jeremy C. Wells, "History of Structural Hollow Clay Tile in the United States," *Construction History* 22 (2007); 27-46; Jane Powell and Linda Svendsen, *Bungalow Details Exterior* (Layton, UT: Gibbs Smith, 2004): 81; Ed Jester, *Twentieth-Century Building Materials* (New York: McGraw-Hill, 1995), 154; University of California, Davis Medical Center Sacramento, "Master Planning Studies," 1978, 54-55.



Figure 10: Housestaff Facility photograph that appeared in a 1978 Master Planning Study prepared by UCDMC.

The nature of the old county hospital has changed drastically since the UCDMC has owned the facility and very few of the older buildings still exist. Other than the remnants of Herold's administration building encased within the north-south wing of the main hospital, the Housestaff Facility is the only building that remains from the Herold design of the Sacramento County Hospital. The building retains the basic form Herold designed but it has been stripped of many of its architectural details including original windows, cast-concrete detail in the gambrel dormer on the front façade, and the ornamental trellises. The setting of the building has also changed, with the widening of Colonial Way, the creation of the modern landscaped area to the north, and the construction of other modern hospital-related buildings to the northeast and northwest (Cypress Building and Patient Support Services Building). The Housestaff Facility is now used for office space.

Evaluation

In order to be eligible for the NRHP or CRHR, a resource must both be determined *significant* under at least one of the four criteria of significance and retain *integrity* to its period of significance. The criteria for the NRHP and CRHR are paraphrased below:

NRHP Criterion A/CRHR Criterion 1: Resources associated with important events that have made a significant contribution to the broad patterns of our history at the local, state, or national level.

NRHP Criterion B/CRHR Criterion 2: Resources associated with the lives of persons important to our past.

NRHP Criterion C/CRHR Criterion 3: Resources that embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master.

NRHP Criterion D/CRHR Criterion 4: Resources that have yielded, or may be likely to yield, information important in prehistory or history.

In addition to possessing significance under one or more of these criteria, a resource must retain enough physical integrity to allow the property to convey its significance. Integrity of a resource is defined by the following seven aspects:

- Location is the site where the resource was originally constructed.
- Design includes the form, plan and style of a property.
- Setting is the physical surroundings of a property.
- Materials are the physical components used in construction of the property.
- Workmanship is the evidence of the craftsmanship or ability of a culture.
- Feeling is the property's ability to express a sense of historic time.
- Association is the "direct link" evident between the property and an important event or person.³¹

The Housestaff Facility does not have direct and important associations with any events or patterns of events that have made a contribution to our history at the local, state, or national level that would merit eligibility under NRHP Criteria A / CRHR Criteria 1. The building was constructed in 1916 as part of the new Sacramento County Hospital to serve as a residence / dormitory for nurses working or training at the hospital. The design and layout of the interior space reflects the values that were deemed important to a young, single, and female workforce in the early twentieth century. It included sitting and social rooms, as well as a sewing room. Within the context of the social history of housing female professionals during the Progressive Era, it does not appear that this building has any outstanding significance. It was not a first of its type, or an experimental version of a housing type, but rather a typical dormitory-style, auxiliary building found on many hospital campuses of the era. Because the Housestaff Facility does not have any important associations with any events or trends in our history, it is not eligible for the NRHP or CRHR under Criterion A or 1.

Research did not reveal that the Housestaff Facility has any direct or important associations with any individual or group of individuals that would merit significance under NRHP Criterion B or CRHR Criterion 2. Since the building was completed in 1916, it has served to house numerous individuals and office space for many others. There is no indication that any particular individual has any important associations with this building. Even if it were found that one of the nurses housed at the building went on to make important contributions within the field of nursing, their residence, especially before the contribution, would not have an association with the building. Because no important associations with an individual or group of individuals could be substantiated, the Housestaff Facility is not eligible under NRHP Criterion B or CRHR Criterion 2.

When evaluating the Housestaff Facility for eligibility in the NRHP or CRHR under Criterion C / 3, it should be taken into consideration that it is the last remaining building on the UCDMC campus designed by R.A. Herold for the new Sacramento County Hospital in the early twentieth century.³² Also of note is the fact that in 1987, in support of preparing a long range development plan, UCDMC consulted with David Gebhard about historical resources potentially present on the campus. Gebhard, who was a well respected Professor of Art and Architectural history at the University of California, Santa Barbara, recommended that the Housestaff Facility, the Boiler and Laundry Building, and Camellia Cottage all be retained. He was not contracted to provide a formal NRHP evaluation of the UCDMC campus or these particular buildings, but rather to give his professional opinion about what buildings had historical or architectural value. Two of those three buildings – the Housestaff Facility and the Boiler and Laundry Building – were the last two buildings on the campus designed by Herold. The Boiler and Laundry Building has subsequently been demolished. The Housestaff Facility is now the only remnant of the hospital complex that Herold designed (see **Figure 7**). The buildings that have replaced the pavilion-style hospital buildings have a very different, and much more modern architectural aesthetic than Herold's design.

While a remnant building from a designed complex can still be eligible for the NRHP or CRHR if it has architectural merit in its own right, and the Housestaff Facility is somewhat interesting because of the blend of architectural influences it displays, is not among the best examples of Herold's work. He was most known for his designs of civic buildings in downtown Sacramento, like City Hall, Capitol National Bank, and the Masonic Temple, all of which are still extant. The

³¹ *National Register Bulletin 15*, 44-45.

³² There are remnants of the Herold-designed administration building encased in the North-South wing of the main hospital.

fact that the Housestaff Facility is the last of the Herold-designed buildings on the UCDCM campus does not in itself imbue it with significance that would make it eligible for listing under these criteria. It is a handsome building on the campus and it serves the function of illustrating aspects of the architectural style that preceded the modern era of campus architecture; however, neither of these attributes meet the NRHP or CRHR criteria for significance under Criterion C / 3. Because the Housestaff Facility is a remnant of a once larger complex, does not have architectural merit in its own right that rises to the threshold required under these criteria, and because other works better represent the work of R.A. Herold, this building is not eligible for listing in the NRHP or CRHR under Criterion C / 3.

The Housestaff Facility is well documented with historic photographs and original as-built drawings and does not have potential to yield important information about history or historic building methods, therefore it is not eligible for listing in the NRHP or CRHR under Criterion D / 4.

In addition to lacking significance under any of the criteria for evaluation, the Housestaff Facility has also suffered some losses of integrity. It remains in its original location; however, the setting has changed dramatically. It is no longer a part of a unified plan designed by one architect but is now a remnant building situated on a modern hospital campus. The adjacent roadway, landscaping, and other hospital buildings have all been replaced with new construction or modernized. In terms of design, workmanship, and materials, the building retains its basic form and architectural identity but has lost some of the details that helped define its architectural aesthetic. The ornament centered in the projecting gambrel dormer on the front façade has been removed. The door on the second floor that provides access to the patio has been replaced, and all of the windows have been replaced. These changes represent a moderate loss of integrity of design, materials, and workmanship. While the building still serves an auxiliary purpose to a hospital, the association between the building and the hospital has changed since original construction. The Housestaff Facility no longer provides housing for nurses working at a county hospital, but rather provides office spaces for employees of a university teaching hospital. This change also represents a moderate loss of integrity. And finally, in terms of feeling, the most subjective of the integrity considerations, this building retains fair integrity. It retains its ability to convey to an observer the sense of an earlier period of design and construction.

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Continuation Update

Photographs (continued):



Photograph 2: Main entrance (south), Housestaff Facility. Note gambrel dormer centered over entry. Camera facing north, October 22, 2014.



Photograph 3: Front (south) façade of the Housestaff Facility. Camera facing northwest, October 22, 2014.



Photograph 4: Detail of cast-concrete panel and main entry on front (south) façade. Camera facing north, October 22, 2014.



Photograph 5: Window at left front (south) façade is only original window remaining in Housestaff Facility. Camera facing north, October 22, 2014.



Photograph 6: North end of Housestaff Facility at right. Camera facing southeast, October 22, 2014.



Photograph 7: South end Housestaff Facility. Note two generations of replacement windows, one on each side of staircase. Camera facing southwest, October 22, 2014.



Photograph 8: Central projection of rear (north) side of Housestaff Facility. Camera facing southwest, October 22, 2014.