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 _____

***Resource Name or #** (Assigned by recorder) North-South Wing

P1. Other Identifier: North/South Wing, 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 Location:** ☐ **Not for Publication** ☒ **Unrestricted** ***a. County** Sacramento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 2315 Stockton Blvd. 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)

The North-South Wing is east of the intersection of Stockton Boulevard and Colonial Way.

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

The North-South Wing of the main hospital at the University of California, Davis Medical Center (UCDMC) is located at the west end of the UCDMC campus in Sacramento and forms the far west side of the hospital (**Photograph 1**). When the wing was constructed in 1951, the existing three-story hospital administration building (built in 1929) was incorporated into the new modern six-story wing. From the outside, there is very little that remains visible of the older building. When the new wing was built it served as the central anchor of the existing pavilion-style hospital. As the pavilion became an outdated design for the needs of a modern and expanding hospital, the existing individual isolation wards were removed and the main hospital was transformed into the modern conglomeration of towers and wings that is present today. As this transformation occurred, the central role of the North-South Wing was diminished as the hospital's primary functions moved into the newer towers and wings (see Continuation Sheet).

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

***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:** North end of North-South Wing, camera facing southeast, October 22, 2014.

***P6. Date Constructed/Age and Sources:**
☒ Historic ☐ Prehistoric ☐ Both
1951 (UCDMC Facilities Management)

***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) _____

***NRHP Status Code** 6Z
***Resource Name or #** (Assigned by recorder) North-South Wing

B1. Historic Name: Sacramento County Hospital
B2. Common Name: UC Davis Medical Center Hospital
B3. Original Use: hospital B4. Present Use: hospital
***B5. Architectural Style:** International
***B6. Construction History:** (Construction date, alteration, and date of alterations) Administration building constructed 1929. North-South Wing constructed 1951 and incorporated the structure of the existing administration building. East Wing abutting and covering east side of North-South Wing built in 1964. In 1989 an ambulatory surgery unit was constructed abutting the south end of the North-South Wing.

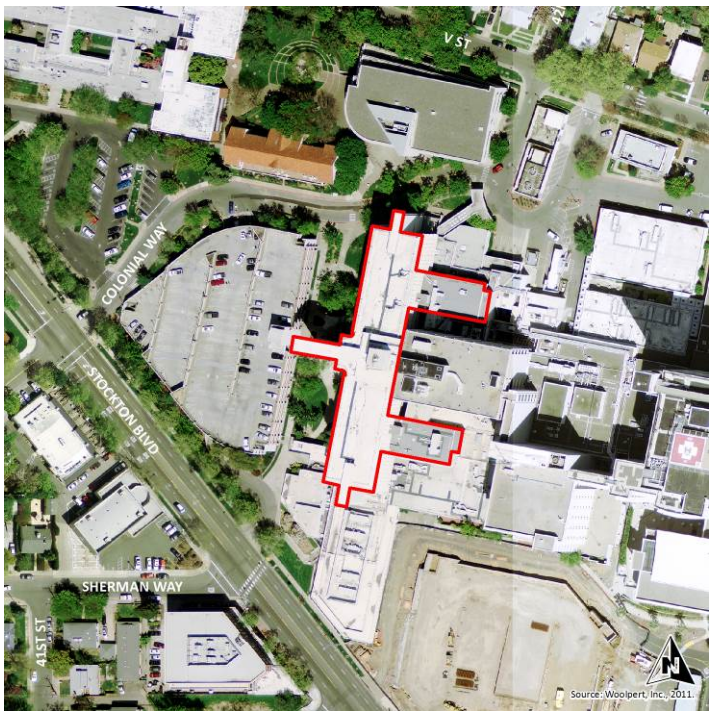
***B7. Moved?** ☒ **No** ☐ **Yes** ☐ **Unknown** **Date:** _____ **Original Location:** _____
***B8. Related Features:** East Wing, Ambulatory Surgery Unit

B9. Architect: George C. Sellon b. Builder: Lawrence Construction Co. and Edwin J. Mackey, joint venture
***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.)

This form is being prepared to update and inventory and evaluation prepared for the North-South Wing in 2002. The North-South Wing 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 and it has suffered substantial losses of historic integrity. 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.

Historic Context

The North-South Wing was constructed in 1951 to update and modernize the existing pavilion-style Sacramento County Hospital. Construction of this new wing did not, however, alter the hospital from the existing pavilion style. Rather, the new wing was sited at the location of the existing anchor of the pavilion, the hospital administration building. The new wing incorporated and subsumed that older structure and served as the new anchor for the existing hospital. Over time, the older pavilion wards were demolished and the hospital campus has been transformed into a modern conglomeration of towers and wings. The North-South Wing no longer serves as the primary anchor, but has been relegated to a secondary role away from the busiest areas of the hospital (see Continuation Sheet).



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 North-South Wing is a Modern-style cast concrete, reinforced steel building with a six-story north-south alignment and two perpendicular three-story wings on the east side. Long and narrow projections that are taller than the primary roofline project from the north and south ends and form narrow penthouses above the roof level at each end. A similar, but larger, projection is present on the west side near the main entrance. All components of the North-South Wing have flat roofs.

The two narrow projections on the north and south ends of the North-South Wing each house interior stairwells and have a unique repetitive window detail in the ends where two small fixed-pane aluminum sash windows measuring 3'10" by 2'2" are set at an angle on squared concrete landings spaced 3'2" apart (**Photographs 1** and **2**). Atop the highest landing at the penthouse level, the windows include an extra fixed sash on each side creating an almost circular window design (**Photograph 3**). The flat roof at the end of each projection has a wide overhang that extends further than the landings. The side walls of the projections are constructed of poured concrete with joints that form large rectangles in the otherwise smooth trowelled concrete surface (**Photograph 4**). While still poured concrete, the exterior walls of the penthouses differ from the primary walls of the projection; they feature two-inch vertical grooves evenly spaced across the full length of the penthouses.

The projection on the west side near the main entry houses an interior ramp and is longer and wider than the north and south projections, but comparably styled. The repetitive window detail at the end is very similar to the other projections but the window opening is wider and accommodates two 5' wide three-part windows set at an angle to one another atop squared concrete landings. Like the penthouse levels on the north and south projections, the walls are composed of vertically grooved concrete, but unlike the other penthouse levels, this one is punctuated with three-part fixed pane aluminum sash windows (**Photograph 4**). This penthouse connects to a centered square seventh-story component atop the roof of the main wing. This component has a flat roof and another smaller, block-like element built on top. An exterior metal staircase provides access to a single-panel metal entry door on the west side of this block (**Photograph 5**).

The front façade (west) of the North-South Wing is symmetrically organized, anchored at the center by the central ramp projection described above (see **Figure 6** in section B10, below). The north and south ends of the building meet each side of the central projection with a curved exterior wall component clad in Roman brick veneer. On either side of the central projection the building features four precast concrete spandrels clad with Roman brick veneers between continuous aluminum window sills and the head of the windows below. These spandrels, the ribbons of aluminum sash windows, and metal louvers attached to projecting metal platforms create a strong horizontal emphasis on the front façade. Aluminum sash windows on the top five stories consist of sets of four-part windows with two fixed panes at the center and four-part windows with casements at the center, a hopper beneath, and a fixed pane above (**Photographs 6** and **7**). Fenestration along the first floor is different from the other floors and consists of a row of single four-part aluminum sash windows with sills (**Photograph 8**). Flared concrete marquise supported by round columns shelter main entries on either side of the ramp projection. Entry doors are aluminum automatic sliding doors. A curved access ramp has been added to the entry on the north side of the projection (**Photograph 9**).

The rear (east) side of the North-South Wing has been heavily modified with a series of additions that have dramatically changed the appearance of this side of the wing since it was originally constructed. Much of the east side of the North-South Wing has been covered by the additions. As built, the east side had a central projection with a smooth exterior and different fenestration from the rest of the building; however, this portion of the rear façade has been entirely subsumed by additions. The remaining rear façade has the same cast concrete spandrels clad in Roman brick veneer found on the front (west) of the wing, and a similar window arrangement. Fenestration consists of two- and four-part aluminum sash windows. The flat roof has a wide overhang and there is a low railing around the perimeter of the roof (**Photograph 10**).

When the North-South Wing was constructed, a third story was added to each of the wings that projected perpendicularly to the east from the existing administration building. The space between these two wings has been entirely filled by additions. The south perpendicular wing has also been obscured by a single-story addition on the south side. What remains visible of this wing is the original second story that was part of the hospital administration building and the third story added as part of North-South Wing construction. The second story features a row of six-over-six double-hung wood-sash windows and a

decorative concrete cornice that was at the roofline before the third-story addition. Fenestration on the third story is consistent with fenestration throughout the North-South wing and consists primarily of three-part aluminum sash windows. The same Roman brick veneer present on the façade of the front and rear of the North-South Wing is present on the third floor of this wing. Full-length metal louvers are installed on the exterior just above the windows along both the second and third floors (**Photograph 11**). The north perpendicular wing is very similar to the one to the south; however, windows on the original second floor were not visible because of extensive additions. The same decorative cornice that was at the roofline of the original building is present. The third story addition has three-part aluminum sash windows and Roman brick veneer. There are no louvers affixed to the exterior of this wing (**Photograph 12**).

B10. Significance (continued):

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 "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]

These early voluntary hospitals in early America were derived plans, plans that often commandeered vacant structures or if newly built, were designed in a contemporary style without any functional adaptations. Instead, the activities associated with caring for the sick were fitted into an architectural form designed for some other purpose. Wealthy citizens, civic governments, and religious organizations built refuges for the sick using forms that were familiar to them and that were derived from county homes, so that often the two were indistinguishable.[5] These hospitals resembling ordinary residences reflected the idea of the hospital as a substitute household. Extremely few modifications were fitted into these buildings, and although honest attempts were made to provide adequate heating, lighting, ventilation, and toilet arrangements in wards, they were indifferently laid out. These plans conformed to the current architectural fashion and it was not until the late 19th century that hospitals became a more scientific and professional workplace for the production of health that they developed a distinctly public architecture.

The discovery of anesthesia and sterile procedures in the 1840s reduced high hospital mortality rates and gave hospitals a specialized curative purpose, surgery. Although surgery was not widely accepted in medicine until the early 1900s, as Pasteur and Lister's work gained acceptance, it changed the perception of hospitals. With these and other technological advances of scientific based medicine, hospitals moved from the periphery to the center of medical education and practice.[6] No longer considered places for the poor to die, hospitals began to evolve into doctor workshops for all types and classes of patients. In addition to scientific advances, the emergence of nursing as a scientific profession helped to produce a deep

[1] Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books), 1982.
[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] Thompson and Goldin, *The Hospital*, 79.
[6] Starr, *The Social Transformation of American Medicine*, 146.

change in the character of hospitals.[7] Inmates were no longer required to perform housekeeping and light nursing duties as hospitals hired trained staff.

Instead of a centralized system of hospitals under state ownership, America developed a variety of institutional forms, both public and private, of several kinds under independent management. These hospitals developed into three types each treating different segments of the population.[8] The municipal and county hospitals were usually the largest in terms of the number of beds, and cared for a full range of acute and chronic illness. The other welfare institutions such as mental hospital and homes for the deaf, the blind, and the aged provided long term care at a low average daily expenditure per person. Institution-like in character, they generally treated the poor, relied on government appropriations rather than fees, and were periodically plagued by scandals of graft and neglect.

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.[9] 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."[10] 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.[11] 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.

As rapid changes occurred in health care during the 1900s, hospitals began to develop specialized rooms and plans that eventually rendered the pavilion style hospital obsolete. The medical profession began to abandon the belief that the chief enemy of the hospital was stale air as the idea of bacteria and antiseptic treatment of wounds gained recognition. The need for contagion rooms diminished and modern hospital design turned to what became known as the big block. Regarding the new concepts, architectural historian Nicolaus Pevsner observed that "the advantage of the big block, -- the bigger, the better -- lies in the saving of staff journeys and ducts, i.e. heating, lighting, cleaning and much else. The new type was created in the United States."[12] The big block hospital came into vogue starting in the 1920s, presenting other advantages in terms of economics and space, as surgery became more common in hospitals, and the costs associated with larger hospitals skyrocketed. The vertical building meant that the least amount of space was required to build, and land and construction costs would be lower. Also, as steel skeletons became more common in building technology, taller buildings could be constructed. As hospitals went up, the advancements of the twentieth century meant that wards were constrained by requirements of the services. Once the shape of the hospital had been determined, reported medical historians John

[7] Starr, *The Social Transformation of American Medicine*, 155.
[8] Starr, *The Social Transformation of American Medicine*, 171.
[9] Nikolaus Pevsner, *A History of Building Types*, (Princeton: Princeton University Press), 157.
[10] 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.
[11] Nicolaus Pevsner, *A History of Building Types*, (Princeton: Princeton University Press, 1976), 158.
[12] Nicolaus Pevsner, *A History of Building Types*, 158.

Thompson and Grace Goldin, "the expensive multi-storied investment was frozen in steel and cement as the monumental philanthropies of the eighteenth century were frozen stone."[13]

Although the vertical arrangement did not become much simpler than the horizontal arrangement, skyscraper hospitals became a common building type. The main services were located on the block bottom floors, with the wards located on the top floors. When stacked on top of the services, the wards no longer had to conform to the shape of a laboratory, kitchen, X-ray department, outpatient department, or any non-nursing facilities. Thompson and Goldin noted that square, rectangular, and hexagonal wards have been proposed and designed with no end to the discussion of which was more appropriate. The ratio between private rooms and open wards shifted, so that the number of private room increased and ultimately open wards went out of design favor. New notions of security and privacy altered the way medical treatment was delivered and the hospital buildings increasingly became a series of cubes.[14]

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.[15]

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.[16]

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.[17] 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.

Until recently, the county hospitals in California were only open to the medically indigent; people able to pay had to be referred to private doctors and private hospitals. The courts upheld this practice in 1933, when a group of Bakersfield doctors sued to stop Kern General Hospital from admitting paying patients. The decision in the doctors' suit, and a decision in another case in 1939, held that county hospitals could admit paying patients only if there were not sufficient private hospitals in the area to handle medical needs.[18] In essence, the California courts determined that county and private hospitals would not compete with each other. Instead, county hospitals would fill the gaps. The private facilities would not have to compete against the tax-supported institutions.

[13] Thompson and Goldin, *The Hospital*, 195.
[14] Thompson and Goldin, *The Hospital*, 201.
[15] Section 17000, cited in Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.
[16] Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.
[17] Blake and Bodenheimer, *Closing the Doors on the Poor*, 11.
[18] Blake and Bodenheimer, *Closing the Doors on the Poor*, 12.

The Great Depression placed the county hospitals, like so many other institutions, in financial crisis, with the result that many people could not afford to be hospitalized. Commercial insurance, such as Blue Cross, provided support for the private hospitals, but the patients of the county hospitals did not have access to insurance. Because public hospitals relied on property taxes to fund their operational costs, they did not weather the economic crisis as well as private hospitals. In fact, public hospitals never emerged from the economic slump, and property taxes could not keep pace with the demands of growing costs of public hospital.[19]

It was not until the creation of government programs like California's Medi-Cal and federal Medicare that the county hospital system funding changed. After the Congress created the federal system of Medicare for the elderly in 1965, it also provided federal matching grants for the states to help pay for medical care for those who could not afford it.[20] Nationally this system was known as Medicaid and California's system became known as Medi-Cal, which went into effect in 1966. The system presented two problems for county hospitals: first, the counties had to contribute a significant portion of the Medi-Cal budget through yearly lump-sum payments to the state and second, the patients that qualified for Medi-Cal would move to private hospitals leaving the patients who were medically indigent and unable to qualify for Medi-Cal at the county hospitals.

To compensate for these two problems, the counties won passage of an important amendment to the Med-Cal law, called the "county option." The state agreed to pay all of the costs for the hospitals above the base of the 1964-65 rate. In addition the county option allowed paying patients to seek care in county hospitals, effectively reversing the court decisions in 1933 and 1939. In 1966, the change in leadership and political philosophy in California under Governor Reagan led to limited funding for the county option. As a result, many of the county hospitals failed to upgrade their facilities, and attract private patients. In a sense, the county option failed to create community hospitals, and they again became a place for the poor to go for medical care. Escalating medical costs and the failure of the county option made many county governments anxious to shed the burden of their hospitals. Throughout California, county hospitals were either closed, privatized, contracted out, transferred to medical schools for teaching purposes, or developed into hospital corporations.[21] In the case of Sacramento County Hospital, the option of allying with a university medical school became the selected alternative.

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.[22] 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.[23] 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,

[19] Blake and Bodenheimer, *Closing the Doors on the Poor*, 12.
[20] Walter Bean and James J. Rawls. *California: An Interpretive History*, (New York: McGraw-Hill Book Company, 1983), 483.
[21] Blake and Bodenheimer, *Closing the Doors on the Poor*, 13.
[22] 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.
[23] W. J. Davis, *An Illustrated History of Sacramento County, California*, 470.

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.[24]

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.[25] 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**.[26]

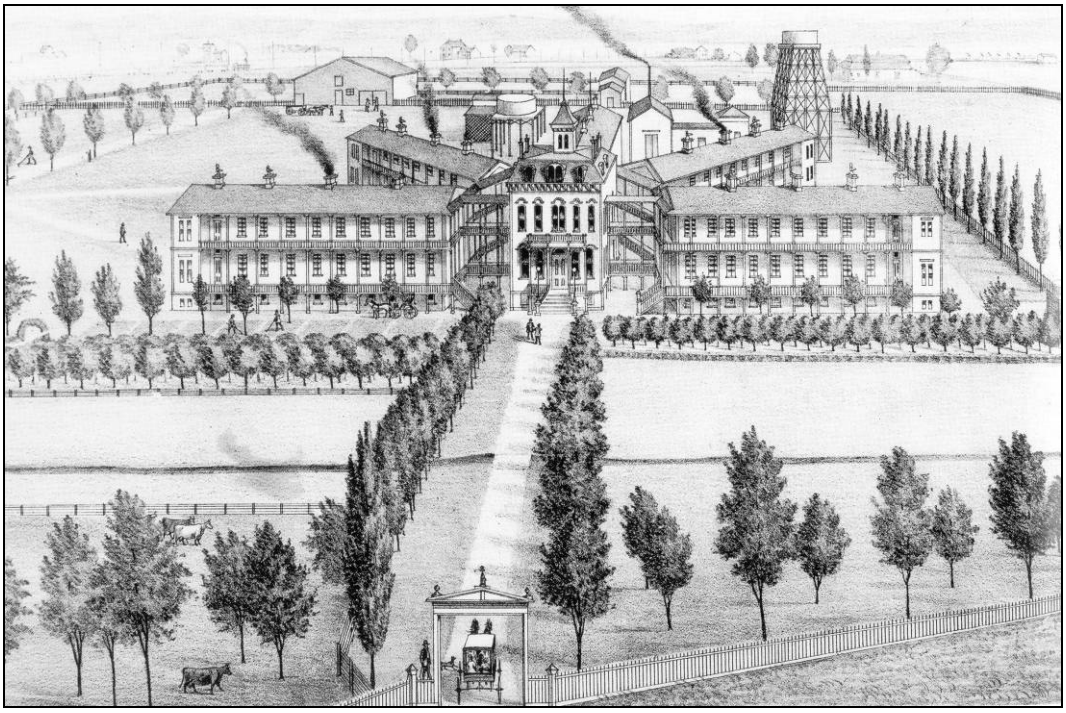


Figure 1: Goodell-designed Sacramento County Hospital.

[24],J. Roy Jones, *Memories, Men and Medicine*, 470.
[25] 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.
[26] Sanborn Fire Insurance Maps, Sacramento, California, 1895, 1915.

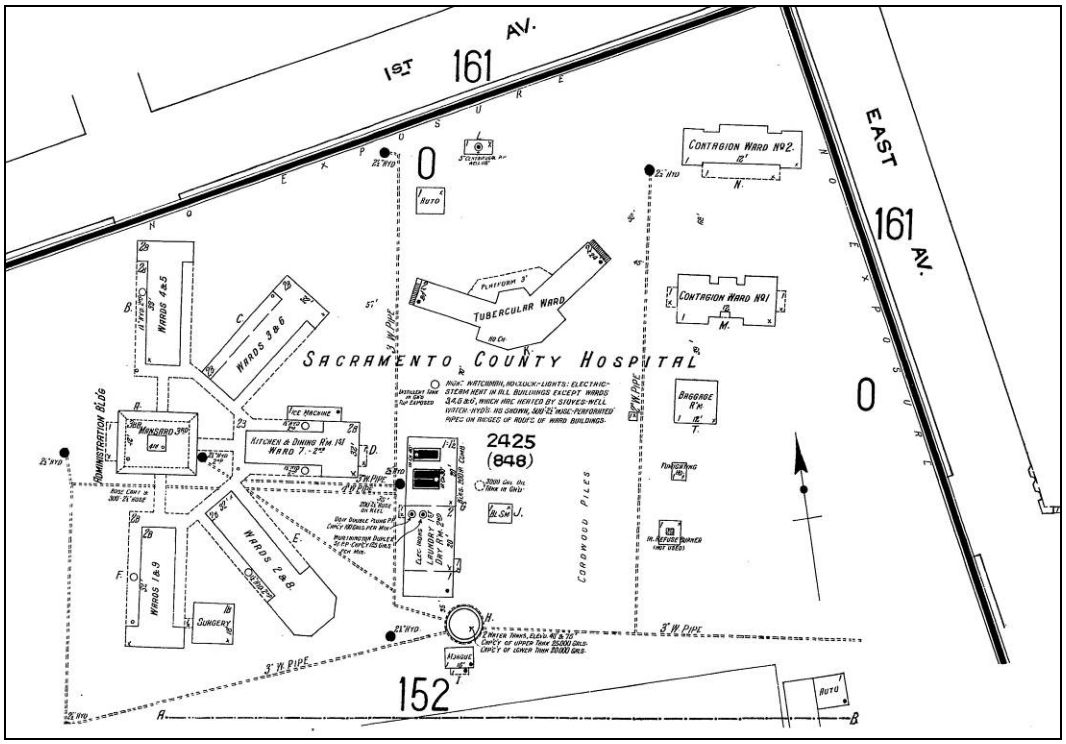


Figure 2: 1915 Sanborn Fire Insurance Company map showing layout of Goodell-designed Sacramento County Hospital.

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.[27]

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

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 and with some derision. The pavilion-style Sacramento County Hospital provided Herold with an ideal opportunity to articulate a classical design emphasis on symmetry and use contemporary building materials in his architectural design for the campus (**Figure 3**). The main administration building created the primary façade of the pavilion and served as the main focal point, which Herold emphasized with highly stylized and extensive ornamentation. It featured three primary mansard roofs, heavily ornamented buttresses and pilasters, and a heavy cornice (**Figures 4** and **5**). Almost all of these ornamental details were lost when the building was incorporated into the North-South Wing in 1951.

[27] 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.

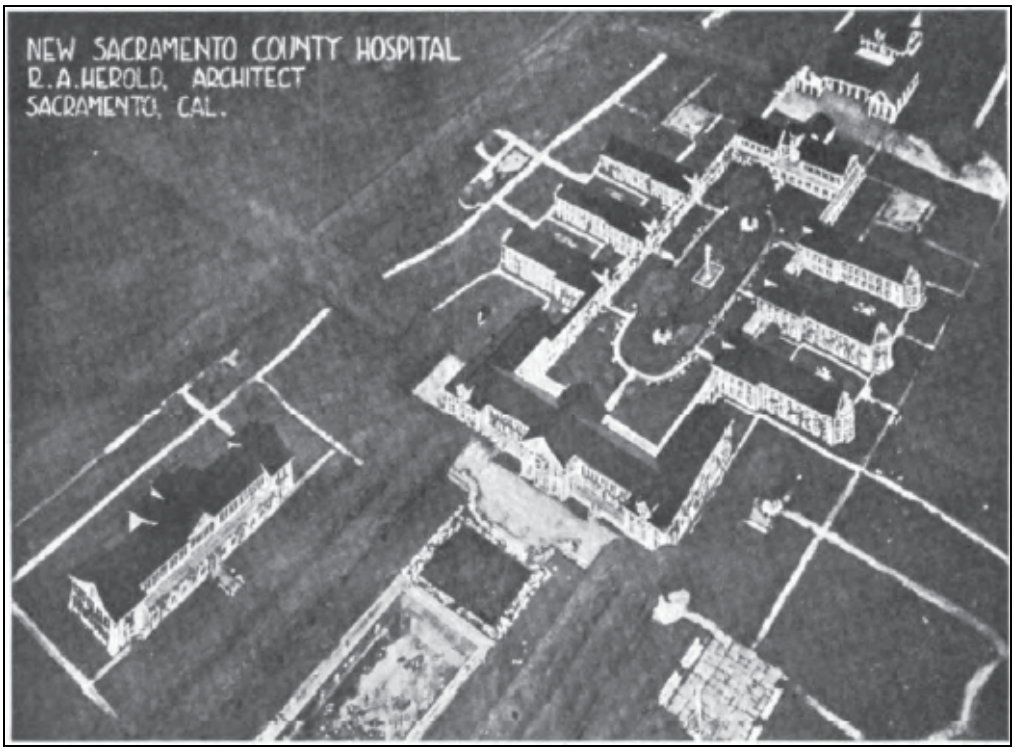


Figure 3: Perspective drawing of Sacramento County Hospital drawn by architect R.A. Herold.[28]

Figure 4: Sacramento County Hospital administration building designed by Herold that was later incorporated into the North-South Wing.

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

Figure 5: 1947 aerial photograph of Sacramento County Hospital before North-South Wing was constructed.

From Pavilion-Style to Modern Hospital

In 1948 Sacramento County authorized a $1,000,000 expansion program for Sacramento County Hospital because it had not kept pace with Sacramento's population increase. The county commissioned architect George C. Sellon to design a large addition to the existing administration building that had been designed by R.A. Herold. The North-South Wing, as this addition was called, raised the height of the building to six stories and increased the interior space to approximately 140,000 square feet. The façade and architectural features of the former administration building were almost entirely obliterated. The new wing no longer reflected Herold's design, but instead was heavily altered to a modern style (**Figure 6**). **Figure 7** is a general plot plan of the new wing that shows how the footprint of the existing administration building was incorporated, and **Figure 8** is a photograph of the old administration building being stripped to accommodate new construction. The new wing was completed in 1951 by Lawrence Construction Co. and Edwin J. Mackey, joint venture.[29]

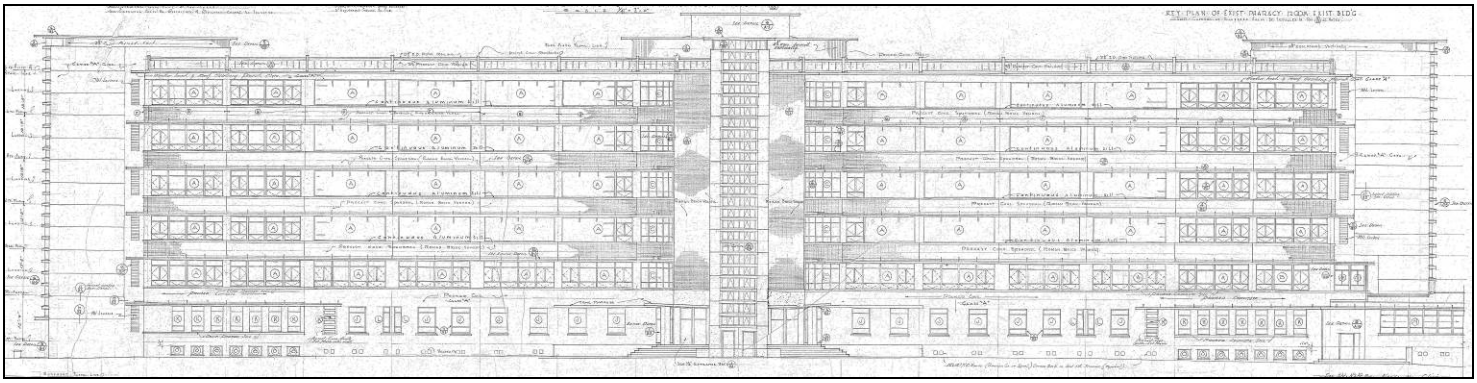


Figure 6: Front façade North-South Wing designed by George C. Sellon.

[29] J. Roy Jones, *Memories, Men and Medicine*, (Sacramento: Premier Publications, 1950) 471; Valerie Golihur, "A History of Sacramento Medical Center," April 1976, on file at UCDMC Facilities Management; *University of California, Davis Medical Center: Long Range Development Plan*, Environmental Impact Report, 1989, 4-3.

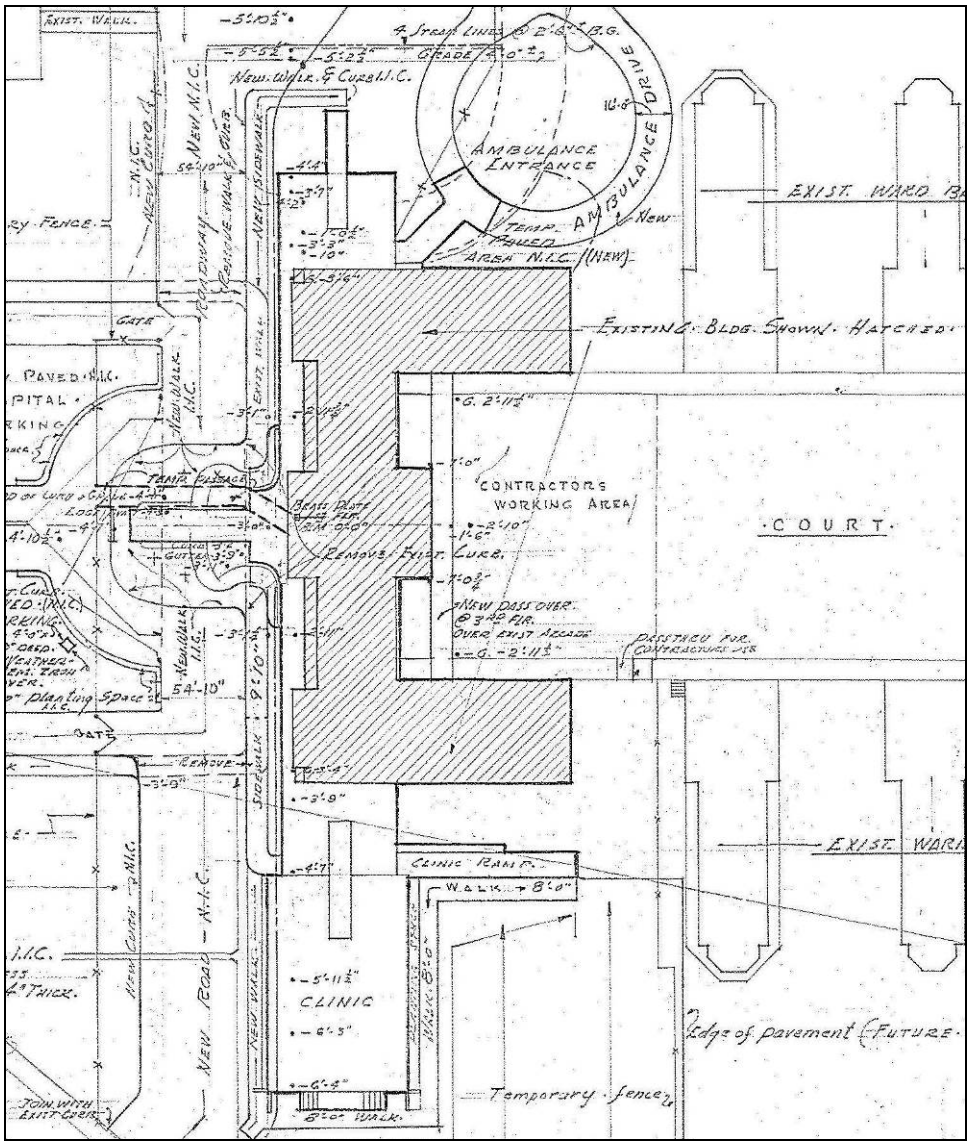


Figure 7: General Plot Plan for North-South Wing showing incorporation of existing administration building (hatched line). Design by George C. Sellon.

Figure 8: Sacramento County Hospital administration building designed by R.A. Herold and built in 1929 being retrofitted for construction of North-South Wing, 1950. Photograph courtesy of UCDMC facilities management.

Architect George C. Sellon designed the North-South Wing in 1949 near the end of a successful career spent predominantly in private practice in Sacramento. Sellon was born in San Francisco in 1881 but spent much of his childhood in Sacramento. He studied architecture at the Chicago Art Institute and remained in Chicago for a brief period before returning to California where he contributed to the reconstruction effort in San Francisco immediately following the earthquake and fires of April 1906. Then, in 1907, he moved to Sacramento to accept a position as the first State Architect, a position which he held for two years from 1907 - 1909. During his tenure as State Architect, he designed or collaborated on the designs of a number of important state buildings including the State Normal School at San Jose, the State Hospital at Agnew, the State Penitentiary at San Quentin, and the Sonoma State Home. His early work drew heavily on the Classical Revival Styles popular in the late nineteenth and early twentieth centuries. In 1909 Sellon formed a private firm in Sacramento with partner Charles Hemmings. He remained in private practice in Sacramento until 1953 when he became ill. He died the following year.[30]

By the 1930s, Sellon had become well versed in Streamline Moderne and Art Moderne architectural styles and designed buildings constructed by the Works Progress Administration (WPA) like the Auburn City Hall and Fire House (1935-37), and the Nevada County Courthouse (1936-37). He designed twelve county courthouses in California, and more than 100 school buildings in northern California. After the WPA era, his architectural style continued to evolve and reflect trends of

[30] William L. Willis, *History of Sacramento County, California* (Los Angeles: Historic Record Company, 1913), 828-829; "California's First State Architect," *Architect and Engineer* 199, n. 1 (October 1954): 33.

modernism in architecture. The North-South Wing, designed to anchor an existing, symmetrical, axial pavilion, created a modern new face for the Sacramento County Hospital that had been designed in the 1910s.[31]

The new North-South Wing articulated many elements of International Style Modernism that had begun to dominate civic and institutional buildings by the 1950s. Modernism in architecture was part of a broader movement that emerged in the 1930s to become the preeminent influence in architecture in the United States. The movement had strong ideological underpinnings that sought to elevate function over the adornment, particularly ornament used in historic period revival or Classical Revival styles of the late nineteenth and early twentieth centuries that the movement deemed excessive. Buildings in the International Style were intended to not only be functional and efficient, but also be representative of the essence of their material, eschewing concealment and extraneous decoration for the simplicity, clean graceful lines, expressiveness of the modern era. Flat roof forms were almost always used and the end result was often something with distinct cubist heritage. Many International Style buildings have walls and glass in same plane, use of glass, steel, and reinforced concrete extensively to present a machine, manufactured image that overtly illustrates its technological design. Sellon designed the North-South Wing with a strong horizontal emphasis, cubist forms, flat roof, smooth surfaces with exposed concrete, and very little functionless ornamentation (**Figures 9** and **10**).[32]

Figure 9: North-South Wing shortly after construction was complete, 1952. Note that the new wing was sited to fit into the existing pavilion-style hospital.[33]

[31] "George C. Sellon, ExState Architect, Dies in Livermore," *Sacramento Bee*, 14 October 1954, 8:2; National Register of Historic Places Draft Registration Form, Auburn City Hall and Fire House, Prepared by Carmel Barry-Schweyer, 13 May 2011.

[32] Alan Colquhoun, *Modern Architecture* (Oxford University Press: New York, 2002), 9-11, 142-146; Lawrence Wodehouse, *The Roots of International Style Architecture* (Locust Hill Press: West Cornwall, CT, 1991), xiii-xviii, 107-109; Hasan-Uddin Khan, *International Style: Modernist Architecture from 1925-1965* (Taschen: New York, 1998) 7-9, 27-28.

[33] "Sacramento County Hospital," Photograph 1998/722/915, September 1952, Frank Christy Collection, Center for Sacramento History.

Figure 10: North-South Wing was still central anchor of the pavilion-style Sacramento County Hospital in 1959. The façade of the North-South Wing (east) visible in this photograph has mostly been obscured by additions in the courtyard. Also note third story additions present on perpendicular wings abutting the wing. These were added atop the existing administration building.[34]

[34] "Sacramento County Hospital," Photograph 1998/722/914, October 15, 1959, Frank Christy Collection, Center for Sacramento History.

By the mid-1960s Sacramento County Hospital began to lose its pavilion form when a new tower was added onto the east side of the North-South Wing in 1964. 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.[35]

From County Hospital to University of California Medical Center

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.[36]

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. Only the remnants of Herold's administration building encased within the North-South Wing, and the Housestaff Facility remain from the Herold design of the Sacramento County Hospital. More broadly, the hospital is no longer a pavilion style, but has been transformed into a modern conglomeration of towers and wings with the North-South Wing at the far west edge. An above-ground parking structure has also been constructed in front (west) of the North-South Wing obscuring the view of the front of the building and altering access to the building (**Figure 11**).

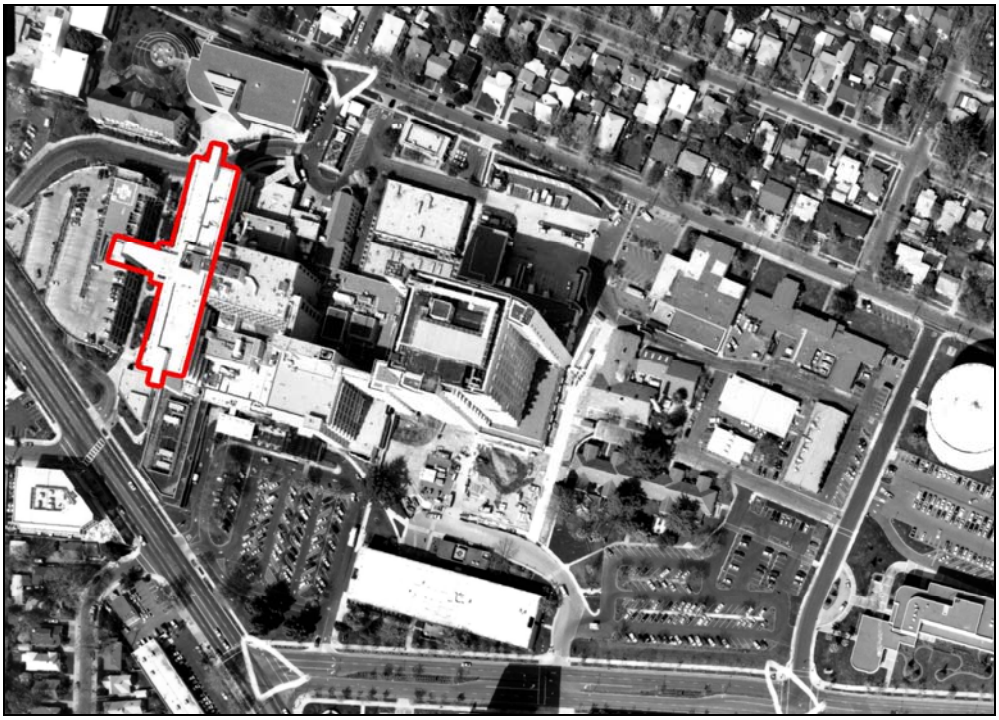


Figure 11: 1998 aerial view of UCDMC hospital with North-South Wing outlined in red. Note parking structure at far left and multiple towers and wings adjoining North-South Wing.

[35] *University of California, Davis Medical Center: Long Range Development Plan*, Environmental Impact Report, 1989, 4-3.
[36] *University of California, Davis Medical Center, Long Range Development Plan*, 1987, 4-1.

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.[37]

The North-South Wing is not eligible for listing in the NRHP or CRHR under Criterion A / 1 because it does not have direct important associations with events or patterns of events that are significant to our history at the local, state, or national level. This wing was built to accommodate the growing needs of a county hospital in the immediate post-World War II era and then later subsumed into a modernizing university medical center. There is no evidence in the historic record that indicates that anything other than ordinary hospital functions have occurred in this wing that would imbue it with significance under these criteria. As the wing has aged and new towers and wings built, the North-South Wing has played a less central role in both the overall design as well as the functions of the hospital.

There is no evidence that any individual or group of individuals has had direct and important associations with the North-South Wing that merits significance under NHRP Criterion B / CRHR Criterion 2. Over the decades countless medical personnel and administrative staff have worked in the wing and there is no indication that any individual's achievements would be best represented by this wing.

The North-South Wing is not eligible for listing on the NRHP or CRHR under Criterion C / 3 for architectural merit because it is not an important example of International Style Modernism, it was built as an addition to an existing pavilion, and it has been heavily modified since it was constructed and has suffered substantial losses of historic integrity. When it was constructed, the North-South Wing was a nice example of modern architecture that stood in sharp contrast to the older aesthetic of the Herold-designed pavilion. The wing was the face of the modernizing county hospital and it was a handsome building with deftly articulated elements of International Style Modernism like strong emphasized horizontality, flat roof, smooth wall surfaces, cubist forms, and minimal superfluous ornamentation. There is no indication; however, that the building stood out against other similarly styled buildings of the era. It did not receive special accolades within the architecture community and research did not reveal that it received any design awards or any other type of recognition.

[37] *National Register Bulletin 15*, 44-45.

Further, it would be difficult for a building like this that is essentially an addition to an existing campus, and an existing building in particular, to rise to the level of significance required under these criteria.

The North-South Wing is also not eligible under NRHP / CRHR Criteria C / 3 as an example of the work of a master architect or builder. Previous studies of other buildings designed by George C. Sellon have considered him a master architect, particularly citing his WPA commissions that were designed according to the Streamline Moderne and Art Moderne styles of the 1930s.[38] The North-South Wing is an example of his later work designed near the end of his career. The design shows that he, like most of his contemporaries, had moved away from the styles popular in the 1930s to a modernism that more stripped down and focused on form. The North-South Wing, however, is not a good representative example of this architect's work because it has lost substantial integrity to his original design because of the extensive additions to the east and south sides, the intrusion of the parking structure to the west, and the wing's loss of its position as anchor of a pavilion. Further, it would not be a good representative of Sellon's work because it was designed as a piece or addition of something already extant. There is no indication that the joint venture that constructed the North-South Wing should be considered master builders and even if they were, because of this building's losses of integrity of design, it would not be a good representative example of their work.

The North-South Wing is well documented in the historic record with plans, drawings, and photographs, and is not eligible under NHRP Criterion D / CRHR Criterion 4 for information potential.

In addition to the loss of historic design integrity discussed above, the North-South Wing has also suffered substantial losses of integrity of setting and feeling because of the multiple additions constructed that adjoin the wing, or are sited very near. The wing no longer conveys the sense of the modern front of a pavilion-style hospital, but now is a remnant of an older hospital that has been nearly subsumed by extensive additions of new towers and wings.

The North-South Wing does not meet the criteria for listing in the NRHP or the CRHR, has suffered substantial losses of historic integrity to its date of construction, and is not eligible for listing in either register.

B12. References (continued):

Bean, Walter and James J. Rawls. *California: An Interpretive History*. New York: McGraw-Hill Book Company, 1983.

Blake, Elinor 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.

"California's First State Architect." *Architect and Engineer* 199, n. 1 (October 1954): 33.

Colquhoun, Alan. *Modern Architecture.* Oxford University Press: New York, 2002.

Davis, W. J. *An Illustrated History of Sacramento County, California.* Chicago: Lewis Publishing Company, 1890.

"George C. Sellon, ExState Architect, Dies in Livermore." *Sacramento Bee.* October 14, 1954.

Golihur, Valerie. "A History of Sacramento Medical Center." April 1976. On file at UCDMC Facilities Management.

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

Hornsby, John Allen, 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.

[38] National Register of Historic Places Draft Registration Form, Auburn City Hall and Fire House, Prepared by Carmel Barry-Schweyer, 13 May 2011; The Nevada County Courthouse, an impressive Art Moderne design constructed in 1937, is a contributor to the Nevada City Downtown Historic District. Sellon has also been considered a master architect for his design of the Lassen County Courthouse designed in 1917 using a Classical Revival style; National Register of Historic Places Registration Form, "Lassen County Court House," prepared by JRP Historical Consulting Services, February 8, 1997.

Jones, J. Roy. *Memories, Men and Medicine.* Sacramento: Premier Publications, 1950.

Khan, Hasan-Uddin. *International Style: Modernist Architecture from 1925-1965*. Taschen: New York, 1998.

National Register of Historic Places Draft Registration Form, "Auburn City Hall and Fire House." Prepared by Carmel Barry-Schweyer, May 13, 2011.

National Register of Historic Places Registration Form, "Lassen County Court House." Prepared by JRP Historical Consulting Services, February 8, 1997.

Pevsner, Nicolaus. *A History of Building Types*. Princeton: Princeton University Press, 1976.

"Sacramento County Hospital." September 1952. Photograph 1998/722/0915. Frank Christy Collection. Center for Sacramento History.

"Sacramento County Hospital." October 15, 1959. Photograph 1998/722/0914. Frank Christy Collection. Center for Sacramento History.

Sacramento Union. January 14, 1871, 5/1.

Sanborn-Perris Map Co. *Insurance Maps Sacramento, California.* [map]. 1895.

Sanborn Map Co. *Insurance Maps Sacramento, California.* [map]. 1915.

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

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

University of California, Davis Medical Center: Long Range Development Plan. Environmental Impact Report, 1987.

University of California, Davis Medical Center: Long Range Development Plan. Environmental Impact Report, 1989.

University of California, Davis Medical Center Sacramento. "Master Planning Studies." 1978.

Wade, William. "The Architecture of Small Cities." *The Architect and Engineer* LXI, n. 3 (June 1920): 50-64.

Willis, William L. *History of Sacramento County, California.* Los Angeles: Historic Record Company, 1913.

Wodehouse, Lawrence. *The Roots of International Style Architecture.* Locust Hill Press: West Cornwall, CT, 1991.

US Department of the Interior, National Park Service. *National Register Bulletin 15: How to Apply the National Register Criteria for Evaluation*, 1995.

Photographs (continued):

Photograph 2: South end of the North-South Wing. Note narrow projection that houses an interior stairwell and repetitive window detail at the end. Camera facing north, October 22, 2014.

Photograph 3: Detail of penthouse level at north projection. Camera facing southwest, October 22, 2014.

Photograph 4: Projection on front (west) façade of North-South Wing that houses an interior ramp. Note texture and pattern of exterior walls. Camera facing southeast, October 22, 2014.

Photograph 5: Front façade, North-South Wing,. Note penthouse level at left connecting to components atop main roof. Camera facing northeast, October 22, 2014.

Photograph 6: Front (west) façade, North-South Wing. Note rounded junction with westward projection. Camera facing northeast, October 22, 2014.

Photograph 7: Front (west) façade, south end. Note cast concrete spandrels, window arrangement, and metal louvers. Camera facing east, October 22, 2014.

Photograph 8: Front façade (west) North-South Wing. Note windows on ground level. Camera facing southeast, October 22, 2014.

Photograph 9: Main entry on west side of North-South Wing. Camera facing east, October 22, 2014.

Photograph 10: South end of rear (east) façade North-South Wing. Note three-story perpendicular wing. Camera facing northwest, October 22, 2014.

Photograph 11: Detail of wing on the east side of the south end of the North-South Wing that was original to 1929 administration building. Third floor added when North-South Wing was constructed. Camera facing north, October 22, 2014.

Photograph 12: Detail of wing on the east side of the north end of the North-South Wing that was original to 1929 administration building. Third floor added when North-South Wing was constructed. Camera facing southwest, October 22, 2014.