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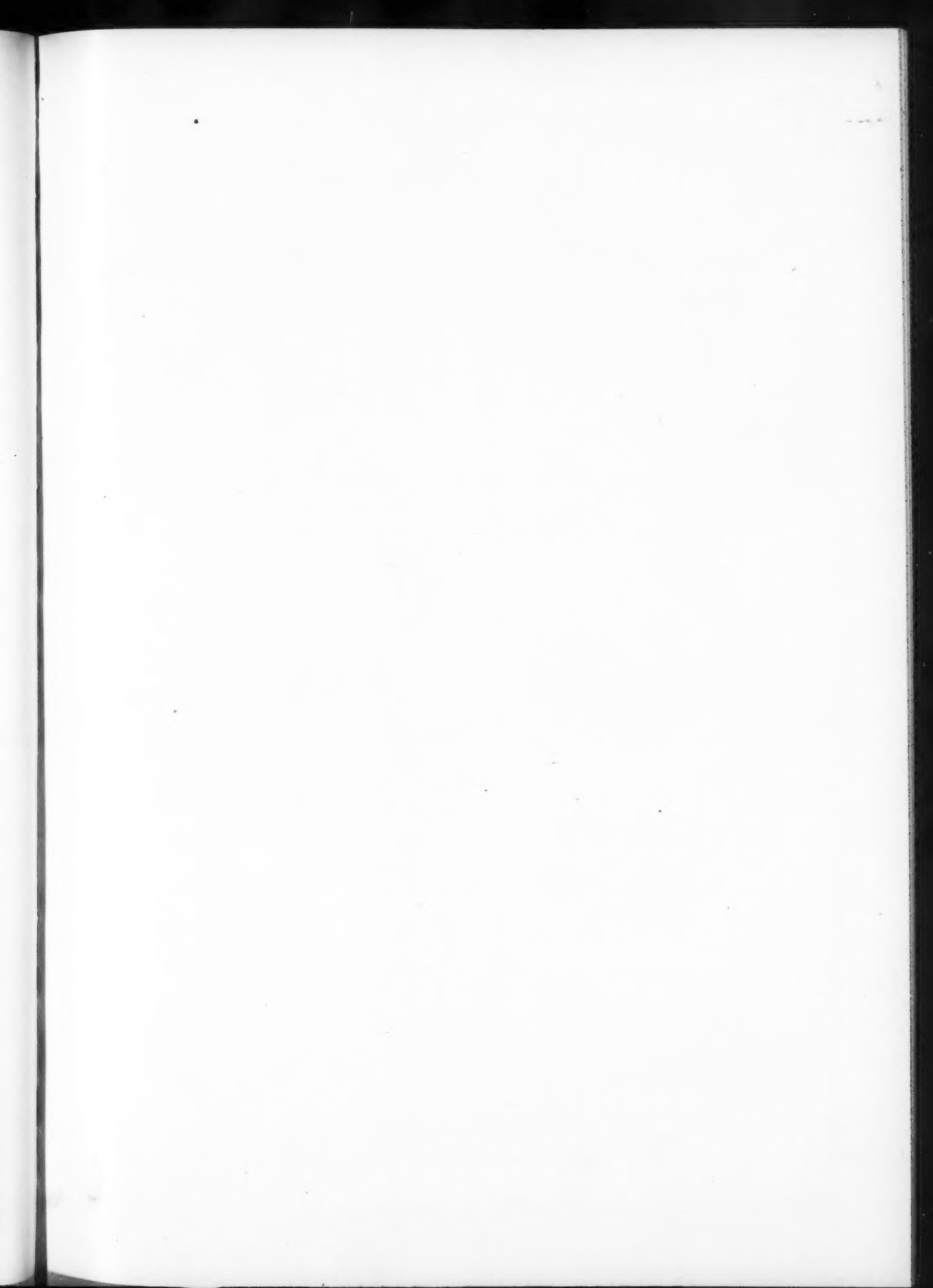
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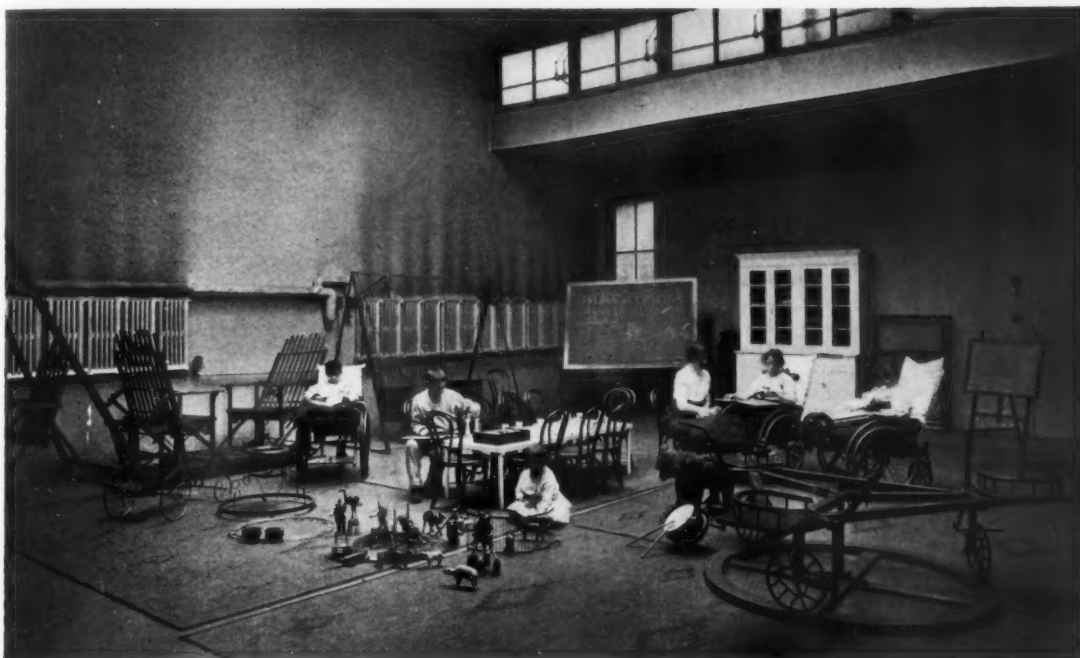
LAON CATHEDRAL, FRANCE
From the Water-color sketch by Cass Gilbert

THE AMERICAN ARCHITECT

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PLAY ROOM, SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

HOSPITAL CONSTRUCTION THE VIEWPOINT OF A HOSPITAL SUPERINTENDENT

By OLIVER H. BARTINE

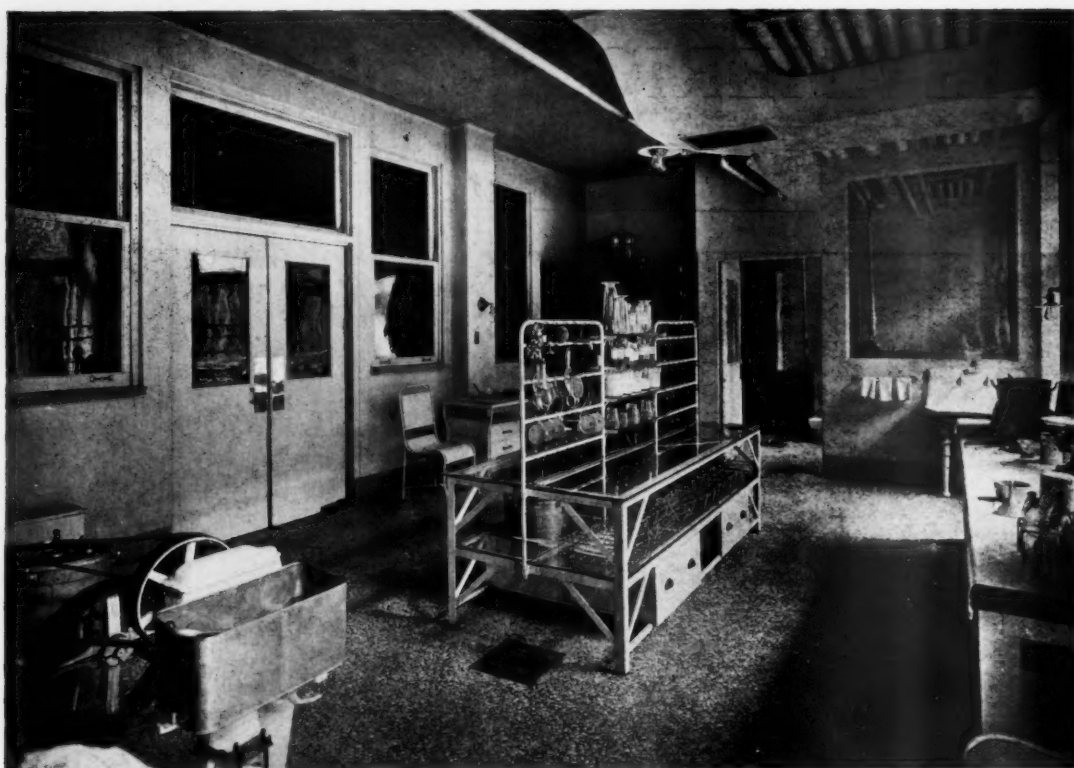
Superintendent, New York Society for the Relief of the Ruptured and Crippled

FROM the architect's standpoint the building of a hospital is a sufficiently complex problem, but from that of the building committee, usually inexperienced in building operations and confronted by a mass of apparently conflicting requirements, it is infinitely more complex, and recently attempts have been made to direct the attention of building committees and hospital authorities about to build to the

salient facts in connection with the planning of new structures and institutions. In like fashion it is to the advantage of architects to consider the viewpoint of the hospital authorities in order to bring about closer cooperation between them, and it is with this end in view that I have undertaken the task of discussing the subject of hospital building.

The primary consideration in connection

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MILK STATION

SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

with construction is, of course, the selection of the site. After studying this from the general aspects of the population, the character and needs of the immediate neighborhood, the accessibility of the site itself, both to patients and physicians, should be considered. It may be unnecessary to remind the architect here of fundamental questions, such as drainage and rock excavation, but the history of hospital construction discloses instances of sites selected in damp or badly drained soil, necessitating either an excessive amount of water-proofing or the continuous employment of a drainage pump. Similarly, a lack of investigation of suitable foundations before beginning excavation has meant the expenditure of thousands of dollars for solid foundations which could have been expended to better advantage.

In the general arrangement of the hospital the first thing to consider is the convenience of the patients. This should be

borne strongly in mind by the hospital planner, for a neglect of this important element has even in some of the newer hospitals produced grave practical faults. In some cases the first floor is so much taken up by other departments that visiting patients are forced to use the elevator or stairs to reach the out-patients or dispensary departments. In other cases the out-patients and emergency patients have to go to a considerable distance around the building before reaching the proper entrance. It is desirable that the departments have outside entrances located as nearly as possible to trolley lines or the other avenues of access.

The practice of locating the operating units at a remote part of the building, where the proper isolation is obtained, is a good one, but this should not prevent its being made accessible to elevators or passageways. The ambulance station and power plant may well be located at a distance from that por-

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tion of the building occupied by the patients and the employees. Indeed, where possible, these buildings are best made separate, and this is equally true of the laundry. If it becomes necessary to locate the power plant in the basement of the main building, as is frequently the case of a hospital on a congested city site, complete insulation of the foundations is necessary, and sound and heat-proof ceilings should be used. Obviously, the entrance to the furnace room, where the coal supply is delivered and the ashes removed, should be at a remote and isolated location.

In considering the construction of the floors of most of the rooms of a hospital, the cement or composition flooring is probably the most suitable material. Pipe trenches with removable covers should be constructed in the foundation of the flooring rather than that the pipes should be laid directly in the floor foundation, which so often causes crack-

ing. Where wood flooring is used a cinder fill provides the necessary deadening foundation. In operating rooms the ideal flooring is a hexagonal non-absorbent gray tile; gray, since it is less trying to the eyes than white and is more easily kept in proper condition.

Linoleum has a great many advantages for use in wards and private rooms, also in private room corridors, but it has the disadvantage of being easily cut or marred and is unable to stand any rough usage, while its non-absorbent qualities are lost as soon as its surface is worn off. Sometimes when linoleum is used a tile border is added, and to avoid the crevice occurring between the tile and the linoleum, a metal strip may be fitted into the opening with the flanges spreading over the edges of the tile and the linoleum.

A wood floor is desirable in private rooms, since it adds a homelike appearance, and in these rooms this is generally of equal importance for the patients to that of questions

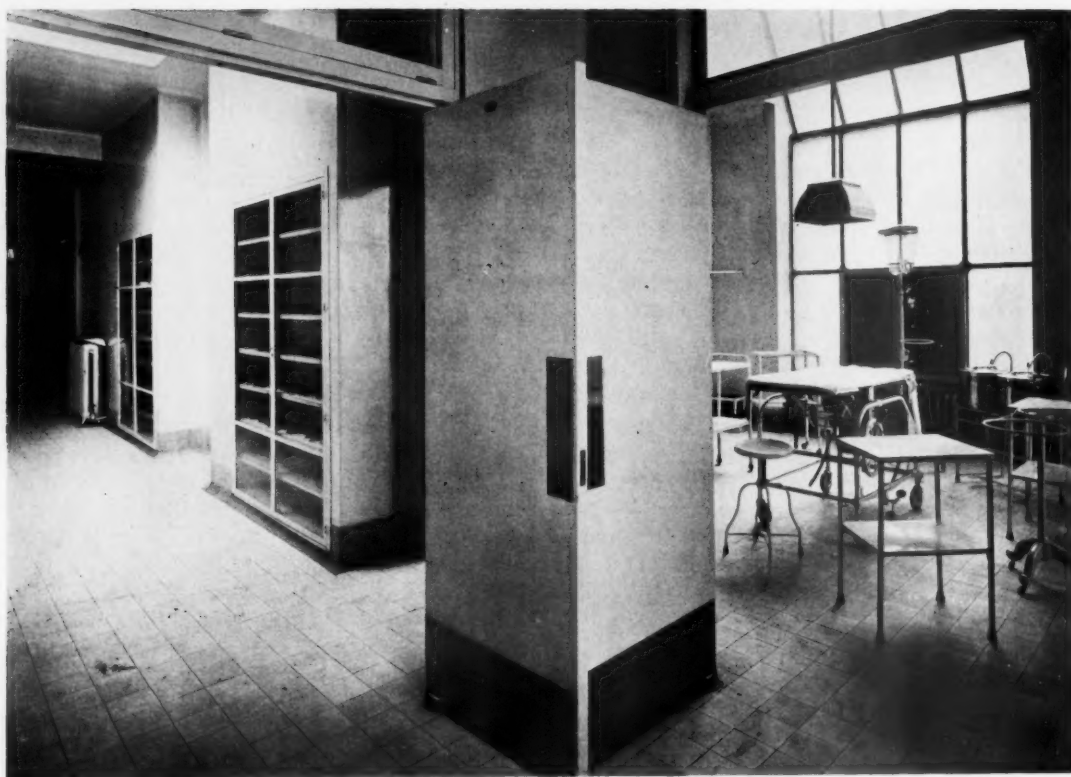


WARD

SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

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OPERATING ROOMS

SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

of hygiene. For pantries, corridors, dressing-rooms and toilets either tile or terrazzo flooring may be used, as well as in the out-patients departments. In the laundries and kitchens a tile floor tends to be hard on the feet of the employees, and here a composition floor can be used, but the space around the ranges, which is liable to be affected by heat, should be floored by vitrified brick.

Hospital authorities are very properly opposed to the use of any dust-catching mouldings on door trims or window casings, while they insist that cabinets and closets should, as far as possible, be built within the wall. The use of hangings should be restricted to private rooms, sun rooms and general recreation rooms.

Too much importance cannot be attached to the heating and power plant, for the heaviest proportion of the operating expense of the hospital is involved in this item. Without going into this subject deeply, let

me mention the necessity for a complete artificial ventilating system for the operating rooms, as well as exhaust ventilation for all large wards, toilets, kitchens, serving kitchens and service rooms generally.

In considering the lighting fixtures, a general rule should be laid down that they be simple in design, but neat in appearance, as free as possible from ornamentation, heavy and durable, easily cleaned and not expensive to repair or replace. The reflector now in use on the indirect and semi-indirect fixture is a troublesome dirt collector which is not easily cleaned, and is expensive to renew in case of breakage. The problem of obtaining a fixture free from these objections needs careful study, for the indirect and semi-indirect methods of illumination have many advantages which warrant their retention.

The proper illumination of the operating room is one of the most important as well as most difficult problems of the hospital. No

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stationary ceiling fixture should be used here, since these collect dust and concentrate heat. Probably the best method of obtaining a strong but well-diffused light is to build in at the junction of the side wall and ceiling around the four sides of the room a metal trough containing lights backed by properly designed reflectors. Additional light can be provided by other lights similarly built in the wall on each side of the room approximately at the height of the operating table. These troughs have cover plates of glass, and their exposed surfaces are finished in white enamel. The diffusion of light obtained by this disposition of lights is admirable, and from the sanitary point of view nothing is left to be desired. The setting of the reflector should be such as to throw the maximum of light upon the operating table. By the lack of a concentrated source of light, shadows on the table are avoided. In addition to the above a few base outlets should be provided for portable lights, electric saws and other modern electric appliances.

Relief from the monotonous glare of white in the operating rooms is a question that has received considerable study during recent years, and in several hospitals the once familiar white operating room has been to a large degree changed to a room with dark coloring. To show that the extreme of this plan is undesirable, let us consult the following table showing the approximate absorption of light by different colors:

White	18 per cent.
Chrome yellow.....	38 per cent.
Orange	50 per cent.
Plain deal.....	55 per cent.
Yellow	60 per cent.
Pink	64 per cent.
Emerald green.....	82 per cent.
Brown	87 per cent.
Vermilion	88 per cent.
Cobalt blue.....	88 per cent.
Chocolate	96 per cent.

It will be seen from a glance at the above table that the amount of light absorbed by a white surface is less than half that absorbed by a colored one.

Serious objections may be offered to any detail of the heating and ventilating equipment which is so arranged as to prevent the thorough cleaning of all parts thereof. To this end the hospital type of radiators should

be used, these being constructed with an enlarged space between the radiator sections, and the radiators should be suspended from the walls with a space of not less than three inches, and preferably four inches, at the back of the radiators, and not less than five inches between the bottom of the radiators and the floor.

The type of fixtures to be used in connection with the plumbing system are as varied as are the different purposes of hospitals and the different departments therein. As a rule, too little consideration is given to the exact needs of a hospital, and standard plumbing fixtures are often used instead of special fixtures available for hospital purposes. The fittings applied to the plumbing fixtures should be simple in design, but heavy and substantial, and they should be especially designed for the purpose served.

Duplication of plumbing lines, so frequently occurring in hospitals, should be avoided wherever possible, and the plumbing piping system should be simplified to the last degree.

Where vertical pipes must be concealed in the walls it is desirable that ample doors should be placed over the chases so as to permit of access to the pipes. In a similar way pipes concealed in the ceiling may be made accessible by the use of doors adjacent to the position of the pipes, preferably all such doors should be of metal. The ventilating grilles should be so installed that they may be readily removed or be easily opened to permit of cleaning of the backs of the grilles and the ducts connecting therewith.

The question of the advisability of the installation of an electric power plant depends only upon the size of the hospital. Wherever fire-room service for twenty-four hours is necessary and boilers of 100 H. P. capacity or greater are required, there can be no question as to the advisability of installing an electric power plant. In practically all hospitals steam at sixty pounds pressure is required for sterilizing purposes and also for laundry use. Steam is also required for cooking purposes at forty pounds pressure. The piping system for the sterilizing and laundry work may be combined, but the cooking apparatus should be provided with a separate system of piping, while the heating is connected with still another separate system of piping. Thus the steam must be

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generated originally at 60 pounds pressure and be reduced to 40 pounds for cooking and to approximately $2\frac{1}{2}$ pounds pressure for heating purposes. It is just as easy and quite as economical to generate steam at 80 to 100 pounds, or even 125 pounds pressure, for the operation of engines for driving electric generators.

The exhaust steam from the engines may be passed directly into the heating system through a grease extractor and be used a second time; thus the electricity produced becomes a by-product. Otherwise the steam leaving the boilers at a high pressure must be passed through a reducing valve to reach the low pressure required for heating. The engine merely serves as a reducing valve, and the most efficient kind of a reducing valve. Only about seven to ten per cent. of the thermal value of the steam is utilized by the engines, and the balance may be utilized in the heating system, thus making double use of the steam.

In the determination of the nature and amount of fixed equipment required, the size and character of the hospital must be the determining factor, and this is a matter which must be considered from many standpoints; first, the needs of the hospital are to be regarded; second, the quality of workmanship, material and finish are most important; and third, the efficiency of the equipment should be carefully considered. A consideration of the size of the hospital with the number of its beds and the kind and amount of work to be accomplished in a given time will all be determining factors. From the standpoint of economy of maintenance and operation much depends upon the character of the installation of the apparatus, which should be of the highest quality in every respect. The maintenance cost of cheap apparatus is so high, and the annoyance of frequent repairs and interruptions of service are so great that only the best apparatus may safely be used. Only such equipment should be selected as can be readily replaced in case of necessity. Much equipment is especially designed with a result that a great delay is experienced in purchasing repair parts when that becomes necessary. Standard equipment will in nearly every case answer the same purpose

as well as specially constructed equipment.

It is especially recommended that arrangements should be made so that every piece of apparatus in the laundry, or for that matter, in any part of the hospital, can be removed without serious expense. It is desirable that large doors or windows from the laundry directly to the outside should be of such size that any unit of the laundry equipment may be hauled in or out of the building. This is usually considered in connection with the power plant, but is more often overlooked in the construction of the laundry.

Taking into consideration the number of telephones necessary in the hospital, it is advisable to have an interior private telephone system, serving the public telephone connection for the offices, with possibly a few telephones placed at different points throughout the building. Outlets may be installed in patients' rooms for possible connections for those patients whose condition warrants it. A physicians' 'phone call service and a nurses' call system may be considered as necessary.

An electric clock system controlled by a master clock is without doubt preferable to the ordinary wall clock. Careful consideration should be given to the installation of an adequate fire alarm system as well as the most suitable appliances to be used in the case of fire. The most desirable form of watchman's clock system is that which utilizes the portable clock carried by the watchman, with keys located at stations throughout the building in such a way as to insure the watchman's visit to every portion thereof.

To the practical hospital manager, and the trained designer or builder, many of these facts concerning hospital construction may seem obvious. Familiarity with hospital building operations leads one to believe, however, that sometimes insufficient stress is laid upon them, and as a consequence many hospitals labor under a continual handicap in arrangement and equipment. The subject of hospital construction is becoming yearly a more complicated one, and too much time or effort cannot be spent in coordinating the various ideas that bear upon it.

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Cook County Hospital Chicago, Ill.

Designed by Paul Gerhardt, County Architect, 1911-1912. Constructed Under the Supervision of Richard E. Schmidt, Garden & Martin, Architects, 1913-1914

THE new Cook County Hospital is not to take the place of the whole of the existing institution. The children's, contagious, tuberculosis, children's tuberculosis, morgue and service buildings, and boiler and engine houses are to remain, and a psychopathic hospital has been built at the south end of the grounds.

The new hospital building accommodates the administration rooms, operating department, 656 patients and 71 internes. The building extends along West Harrison street, between Wood and Lincoln streets, for a distance of 500 feet, with its main front toward the north. It has two ward pavilions, one adjacent to South Wood street and the other to Lincoln street, extending toward the south—i. e., their longitudinal axes are on north and south lines. Two additional similar pavilions were planned, but have not been placed under contract. These will afford an additional capacity of 320 beds.

The ward pavilions have a first floor at the level of the ground, to be used for food and linen cart service to the dumb waiter and elevators, five floors upward, and a roof garden, with a roof sun parlor, toilet and serving and dining rooms.

The portion of the north front of the building which is not used for administration and operating department purposes is divided into ward units, being from 22 to 30 beds each. Each unit is complete, having utility, bath, toilet and linen rooms, and also a small laboratory.

The radiographic department is on the seventh floor, immediately below the operating department. The total space occupied is approximately 4,000 square feet, and appears to be a liberal and convenient arrangement.

The work-section of the operating department has a general work room, linen room, drum filling room, bandage room and

a general sterilizing room. This department is also in the seventh story, immediately below the sterile supply store room, distributing room, operating nurses' bath and toilet and locker rooms on the eighth floor.

The eighth floor contains the operating department. It occupies the whole length of the Harrison street frontage, with an area of approximately 31,000 square feet, an unusually large and spacious arrangement.

Students and other observers of operations are not allowed access to the operating room floor, but are taken to the seventh floor by elevator, and there pass along the corridor to stairways which lead directly into the observing balconies or to the amphitheatre seating in the two large clinics. There are no doors from these special stairs in the eighth story, so that no one can pass into it.

Tin-lined pipes have been laid from a central point to all basins, sinks and water sterilizers in this department.

The foundations are concrete piers resting on compact clay about 50 feet below the street level. The construction of the building is of the steel cage type, fireproofed with clay tile. The base course is granite and terra cotta made in imitation of granite, Kittanning brick trimmed with buff-colored terra cotta. The mansard roofs are green glazed terra cotta. The basement contains a machine room for pressure tanks, fire pumps, refrigerating machinery, sewage ejector, house pumps, vacuum cleaning machinery, switchboard and work shop.

The extensive equipment of automatic dumb waiters is operated from one control station and no one but the man in charge can move any one of the cars.

The building is equipped with a system of electric clocks. The master clock in the new building also controls the clocks in other buildings. The floors in the wards, dining rooms and internes' bed rooms are finished with magnesia composition floors. The corridors and all other rooms have artificial marble tile floors. The cove bases throughout are of terrazzo, ground and polished by special electric machines.

The nurses' signal system is of the silent type effected by electric lights. Several of the operating rooms are illuminated by lamps set in troughs which are built into the

THE AMERICAN ARCHITECT

ceilings so that the doors of these troughs which are glazed with prismatic glass are flush with the ceilings and other plaster surfaces.

The building contains two steel glass enamel lined clothes chutes, ventilated through the roof and arranged for flushing with hot water. The equipment has not been completed. The electric current and steam are obtained from the hospital power house.

The door frames are moulded drawn steel.

The Sarah Morris Hospital for Children, Chicago, Ill.

*Richard E. Schmidt, Garden & Martin,
Architects*

THE Sarah Morris Hospital for Children is part of the Michael Reese Hospital and is connected to it by a tunnel under Twenty-ninth street. It is a four-story and basement building of reinforced concrete and hollow clay tile fire-proof skeleton construction, a system which furnishes flat, unbroken ceilings.

The building is divided into as many separate units as possible to provide for the isolation of different classes of diseases and is also divided to obtain the desirable isolation.

The principal advantages of the arrangements shown are as follows:

Separation of departments;

Effective isolation where required;

Convenient circulation between the departments;

Many wards have complete equipment and auxiliary rooms so that nurses may remain with their patients as much as possible;

Elevators and stairs inclosed in buffer lobbies, shielding the wards from the noise of elevator and stair travel;

A variety of open and inclosed porches for patients.

The second and third floors can be divided into two separate units by using steel and plate glass doors which are normally out of the way in pockets in the corridor walls. These doors can be unfolded and placed across the corridor and the joints sealed. The portion in which an epidemic may exist must then be served by way of the exterior

porches and exterior stairway, which is open to the air and also serves as an emergency and fire escape stairway.

In order to keep the nurses in their respective wards as much as possible, many provisions have been made, such as placing separate linen cupboards, medicine cases and bath arrangements either directly in the ward or in an adjoining space separated from the ward by glass partitions.

Heat, light and power is furnished from the power house of the hospital; kitchen and laundry service also from the hospital by way of a tunnel built under Twenty-ninth street. A kitchen is provided for emergency use.

For a better understanding of the intended operation of the institution, the plans will be explained by beginning with the first story.

The building contains a number of special features and details, such as the following: Glass enameled steel water flushed clothes chute; artificial marble bases or mop boards throughout the building; artificial marble and battleship linoleum floors throughout the building; a new form of window frame and ventilating sashes; drawn steel combined door frames and casings for all doors; steel window frames and sash for the operating rooms; mechanical exhaust ventilation for sink rooms and all toilet rooms; radiators without legs, supported on brackets; indirect lighting fixtures; water closets bracketed from the walls without resting on the floor; a non-scalding arrangement of plumbing for bathing infants; mechanically refrigerated drinking water and mechanical refrigeration; vacuum cleaning; electric elevators and electric push button operated dumb waiters; elevator doors closed noiselessly by door closing and checking devices; white enameled steel cabinets for all uses, recessed into walls throughout the building; flush wood doors and smooth glass knobs; colored wall decorations.

The cylindrical clothes chute is of glass enameled steel thirty-six inches in diameter. The upper end extends through the roof with a skylight and ventilator. The lower end is dished and connected with drains. A perforated flushing ring connected with hot water supply is provided at the top.

(Continued on page 251)



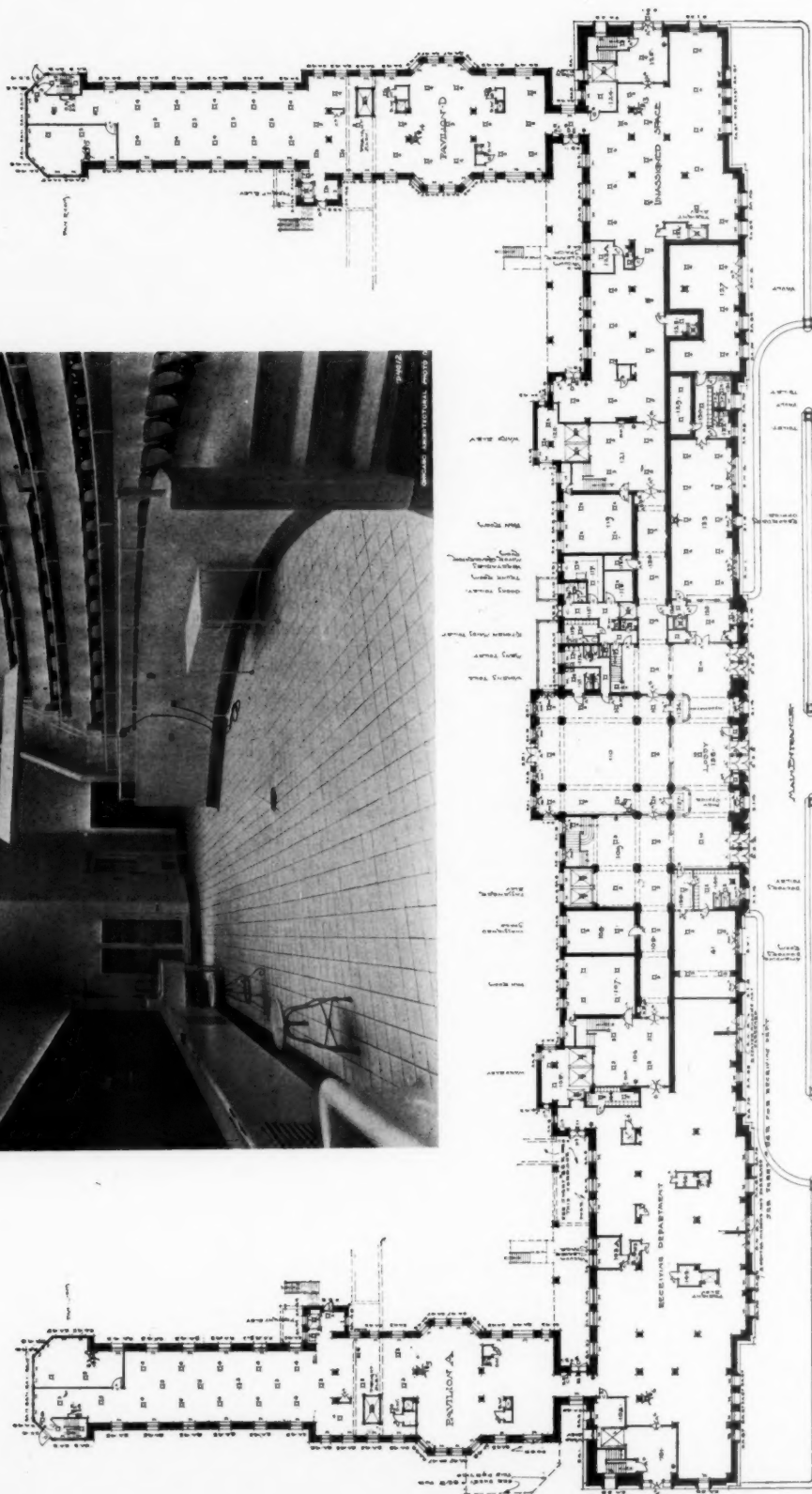
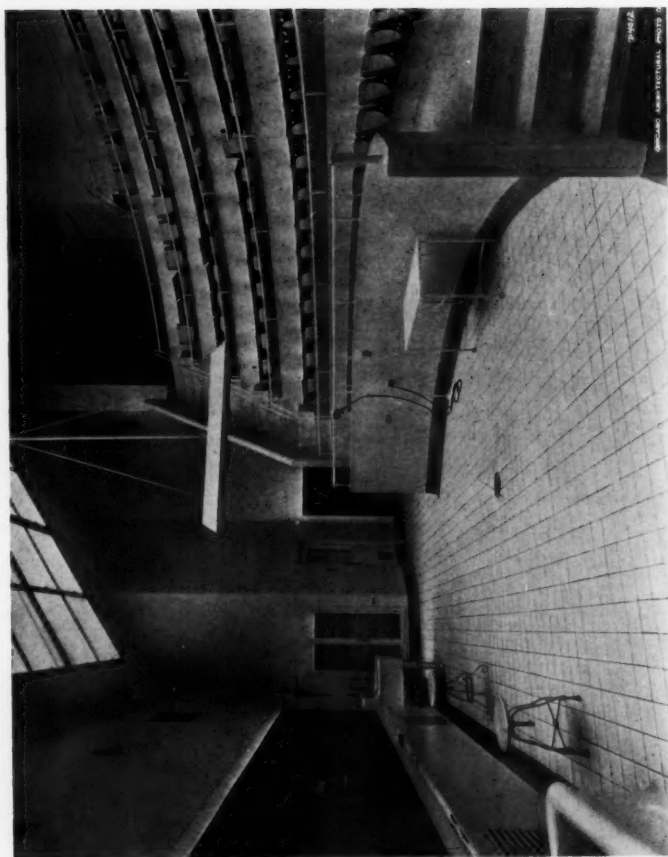


COOK COUNTY, ILLINOIS, HOSPITAL

MR. PAUL GERHARDT, ARCHITECT

CONSTRUCTED UNDER SUPERVISION OF MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

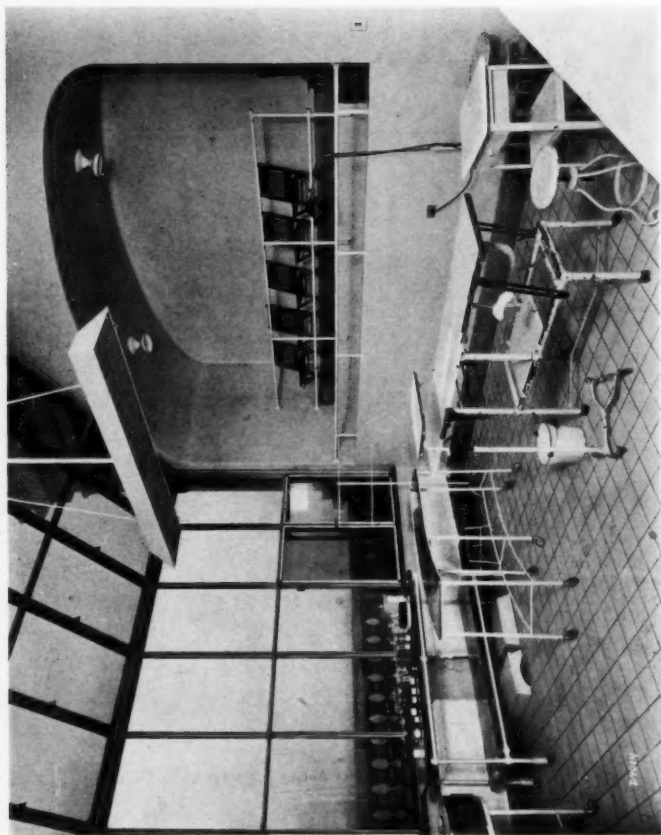
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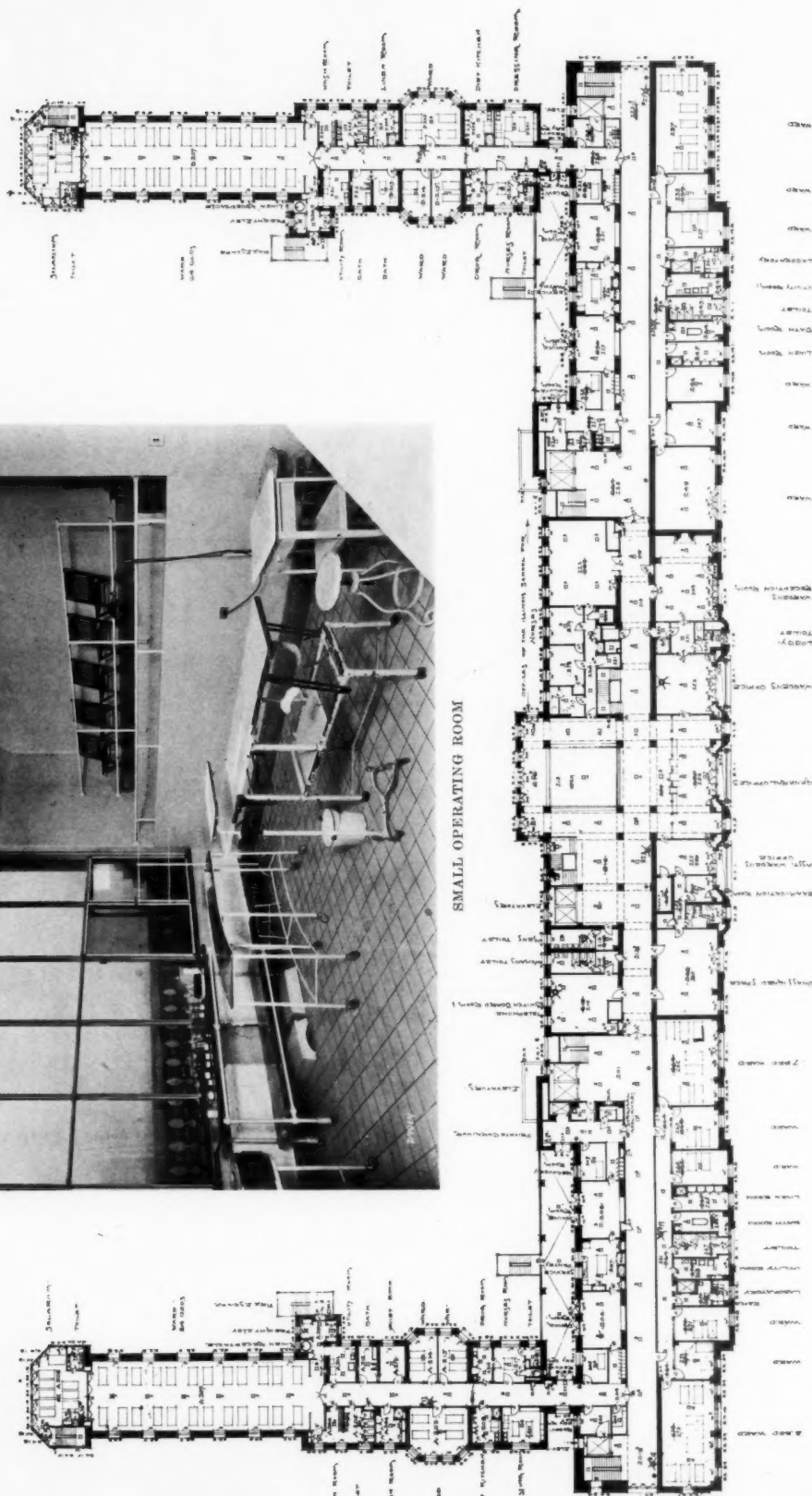
AMPHITHEATRE AND FIRST FLOOR PLAN

COOK COUNTY, ILLINOIS, HOSPITAL

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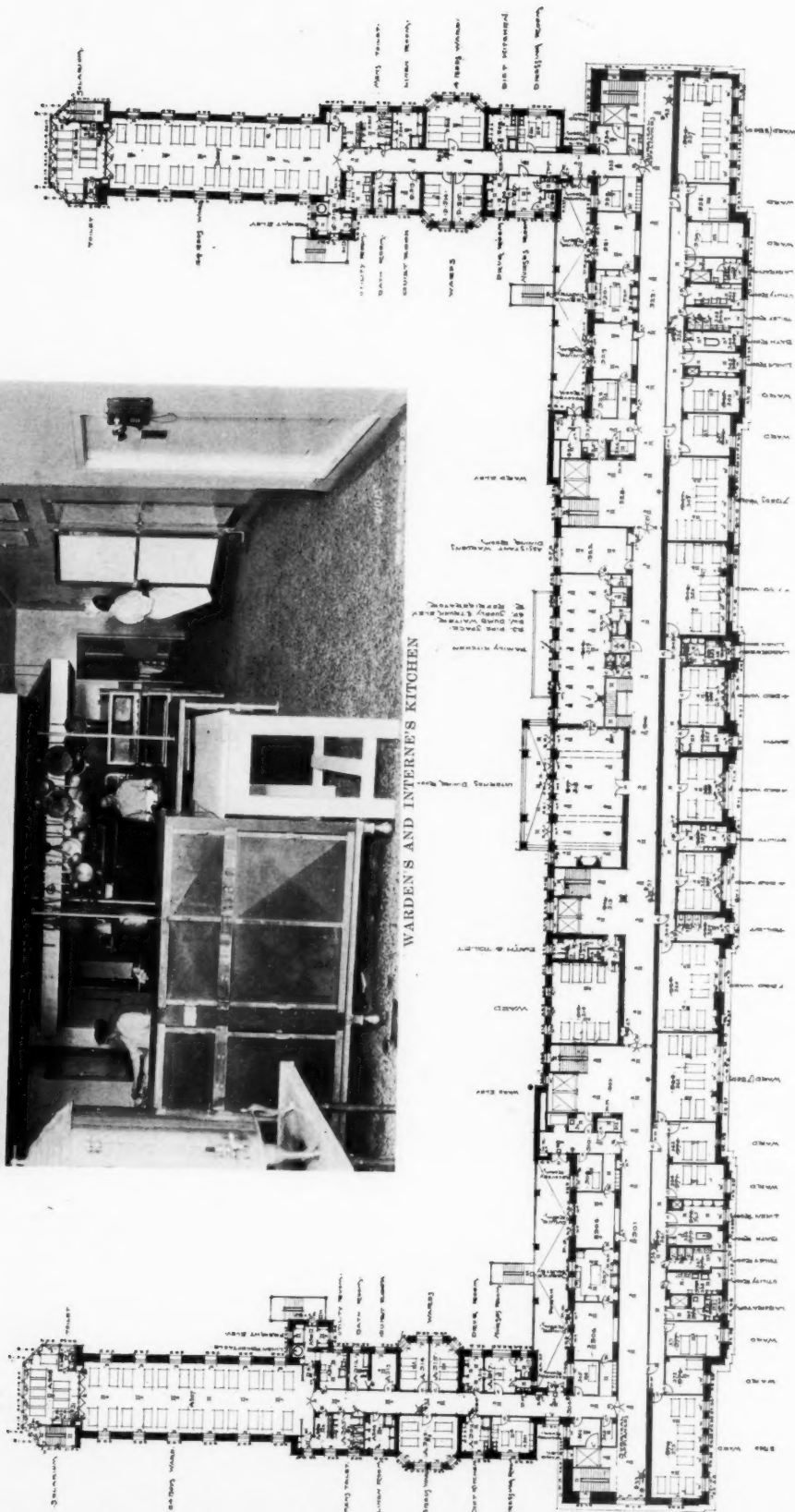
SMALL OPERATING ROOM



SECOND FLOOR PLAN
COOK COUNTY, ILLINOIS, HOSPITAL

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WARDEN'S AND INTERNE'S KITCHEN



THIRD FLOOR PLAN

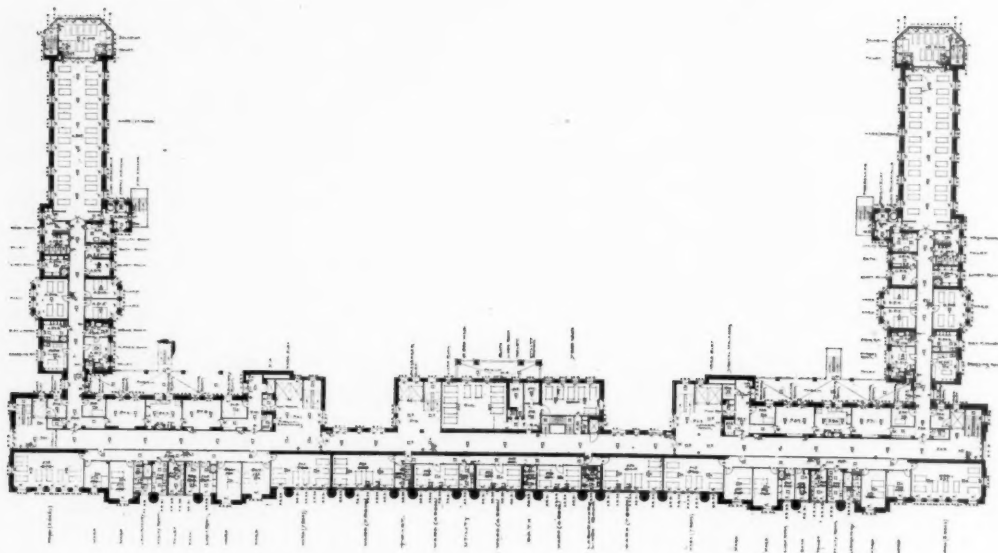
COOK COUNTY, ILLINOIS, HOSPITAL,

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MR. PAUL GERHARDT, ARCHITECT

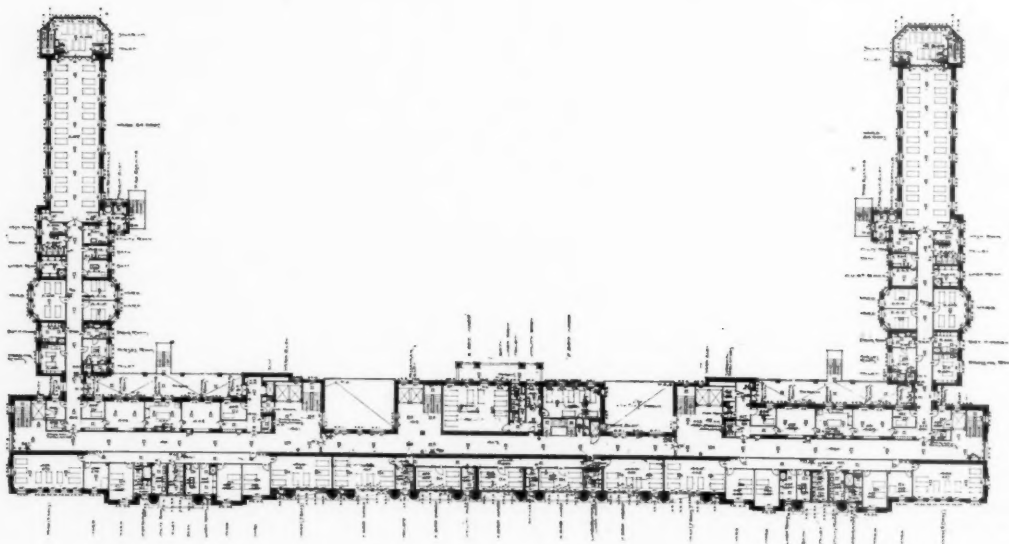
COOK COUNTY, ILLINOIS, HOSPITAL

MR. PAUL GERHARDT, ARCHITECT
CONSTRUCTED UNDER SUPERVISION OF MESSRS. HIGLEY & MARTIN, ARCHITECTS



FIFTH FLOOR PLAN -

NEW COOK COUNTY HOSPITAL
 1000 LEXINGTON AVENUE, CHICAGO, ILL.
 RICHARD E. SCHMIDT, ARCHITECT
 1000 LEXINGTON AVENUE, CHICAGO, ILL.
 1915

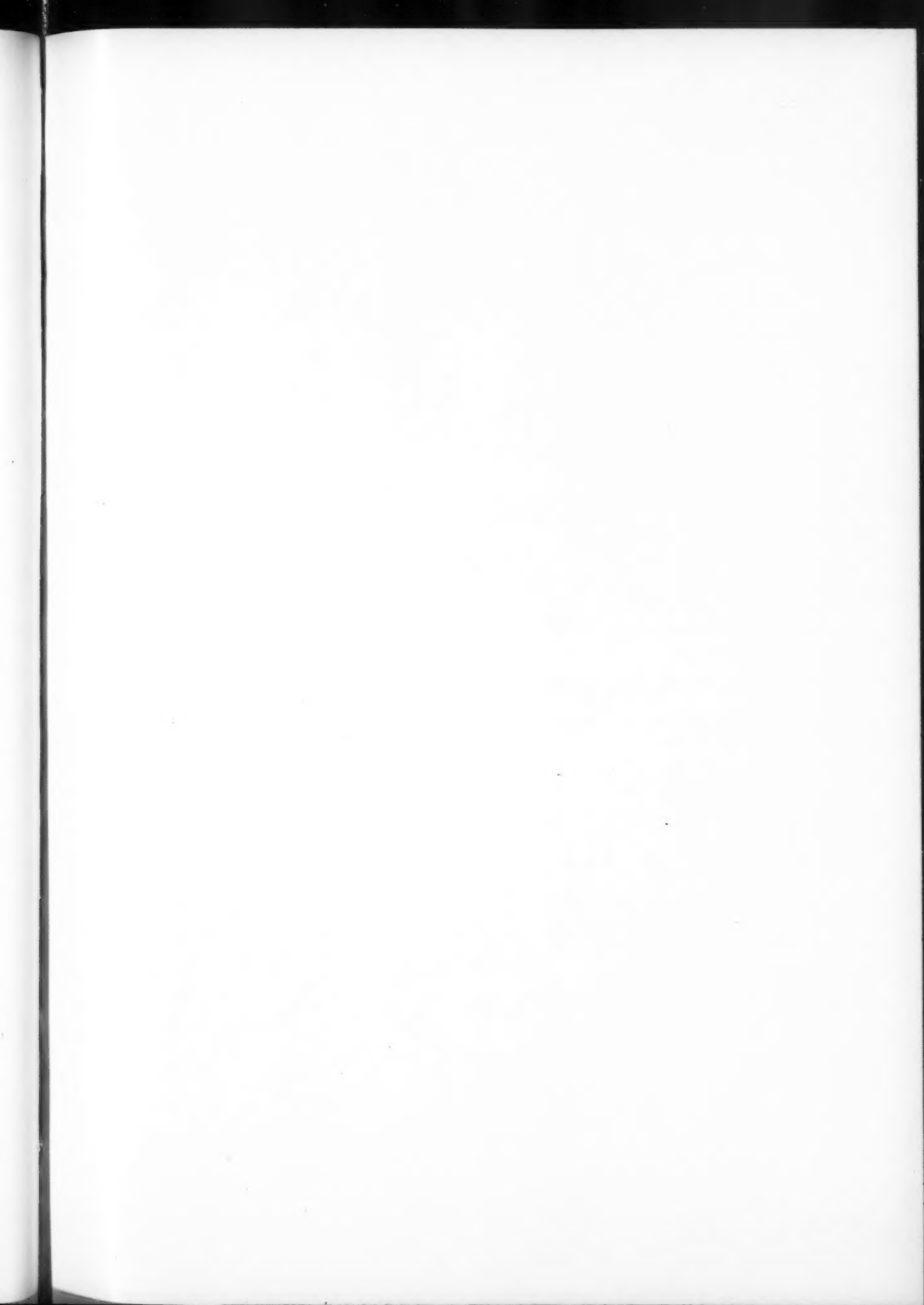


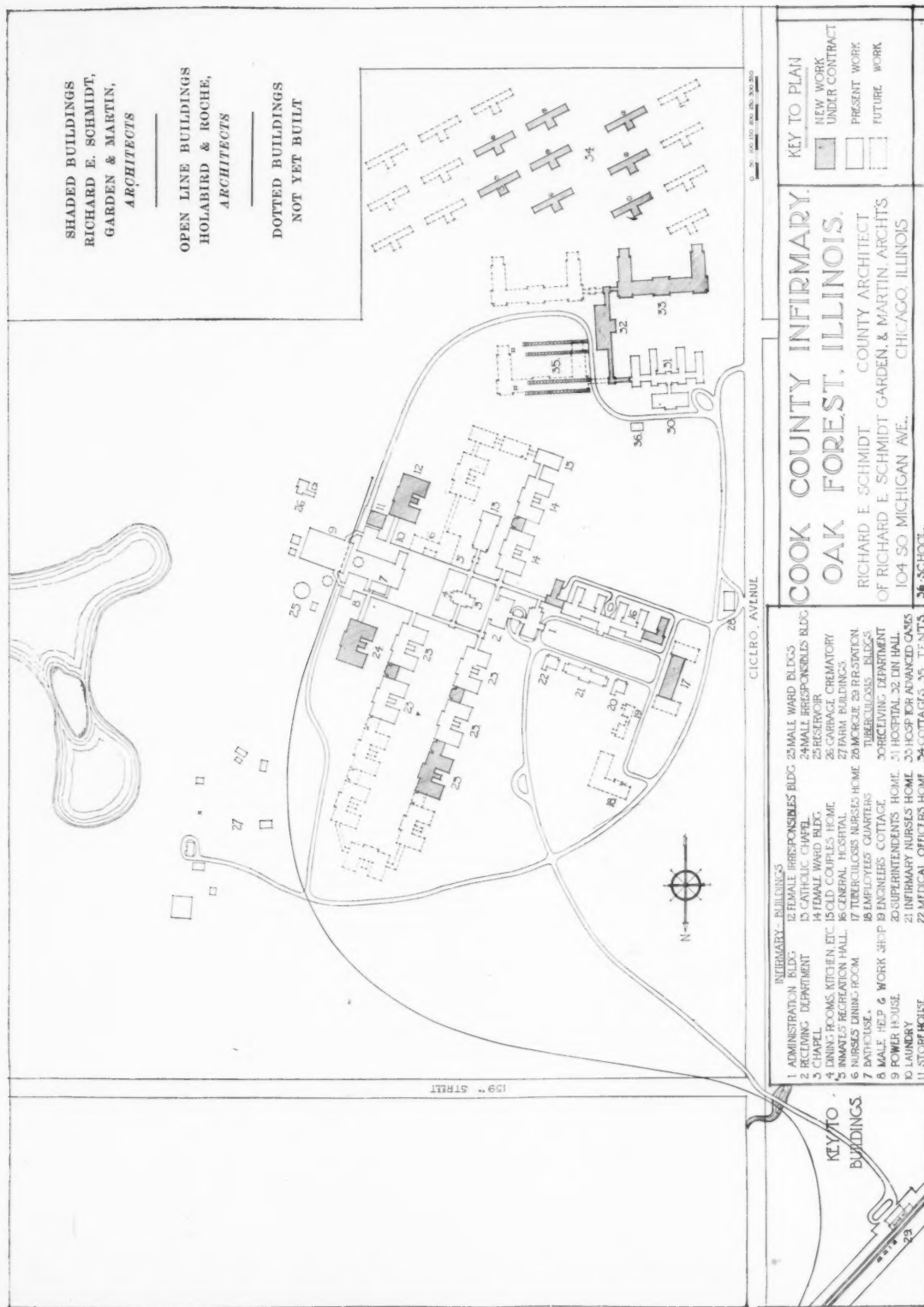
FOURTH FLOOR PLAN -

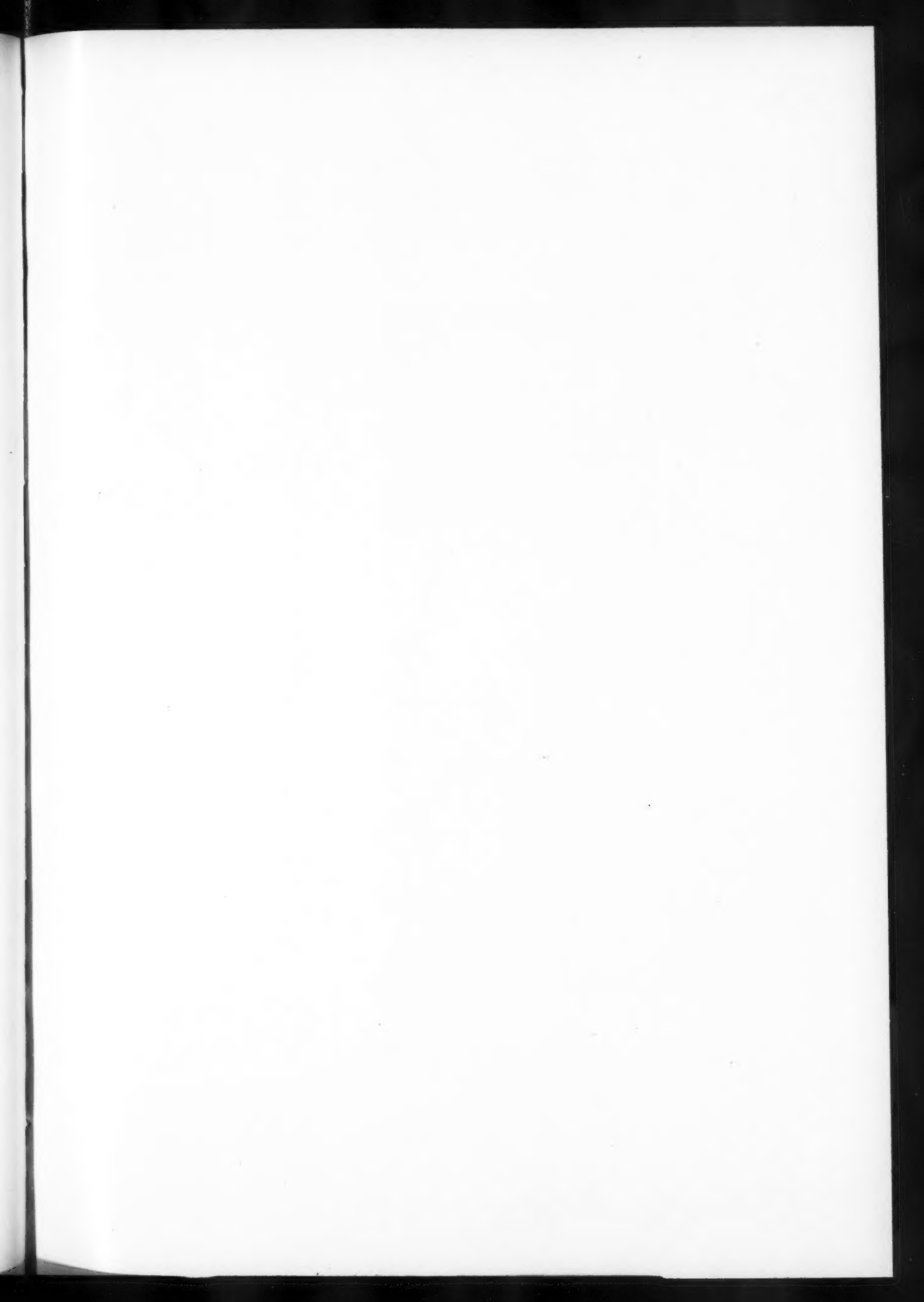
COOK COUNTY, ILLINOIS, HOSPITAL

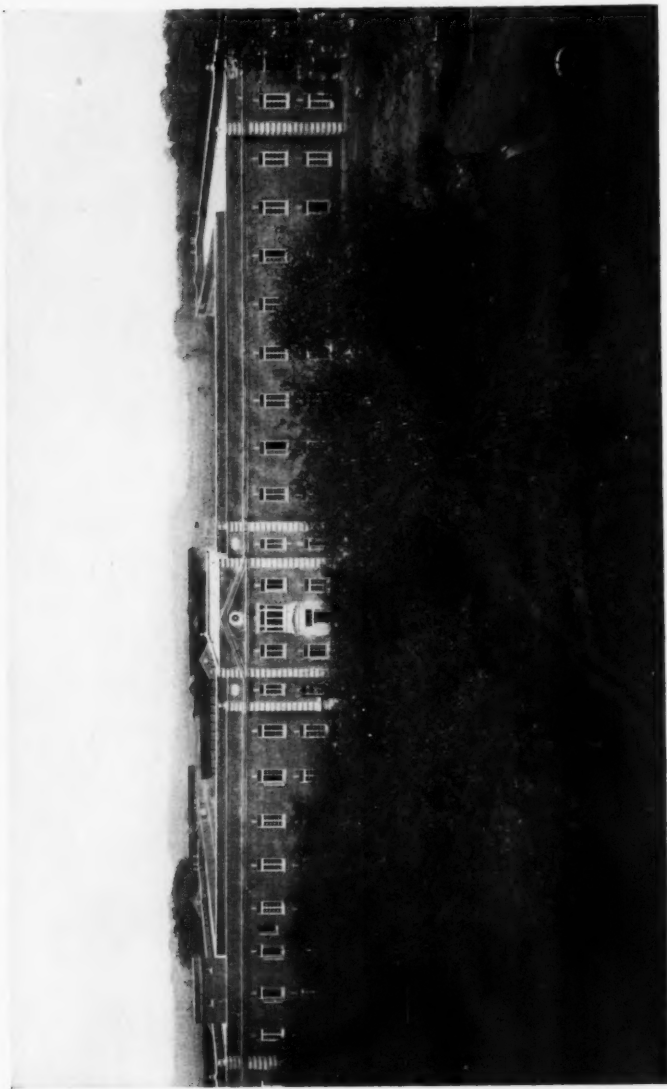
MR. PAUL GERHARDT, ARCHITECT

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SECOND-FLOOR-PLAN

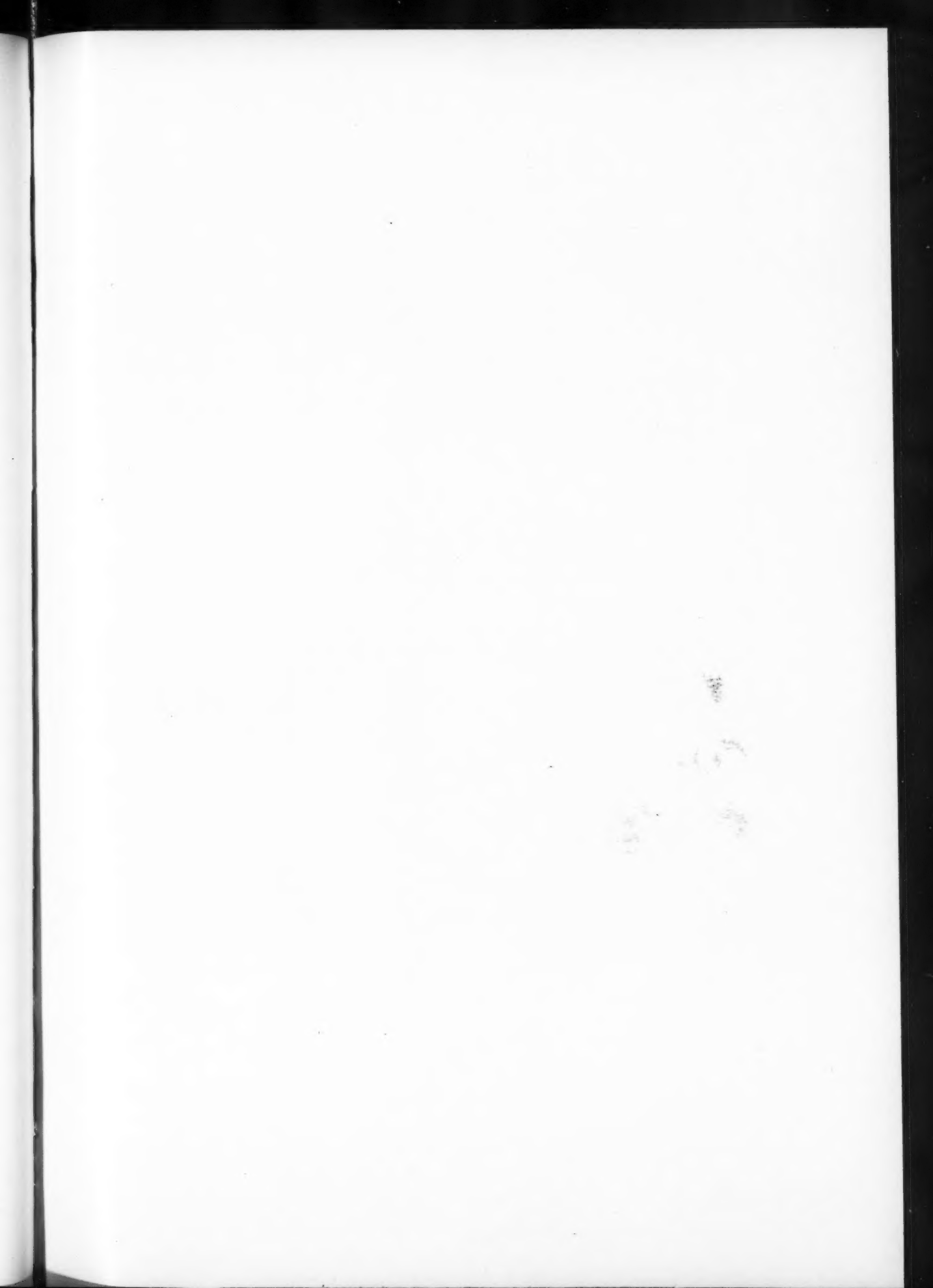
TUBERCULOSIS SECTION

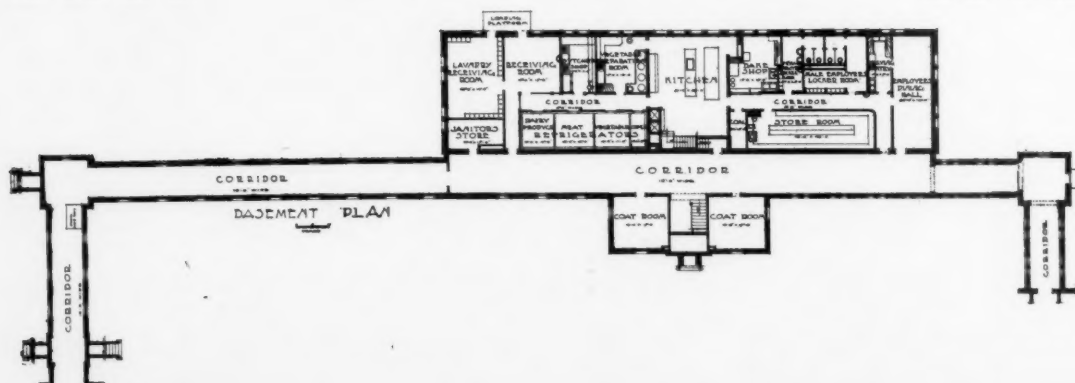


PART OF FIRST FLOOR PLAN

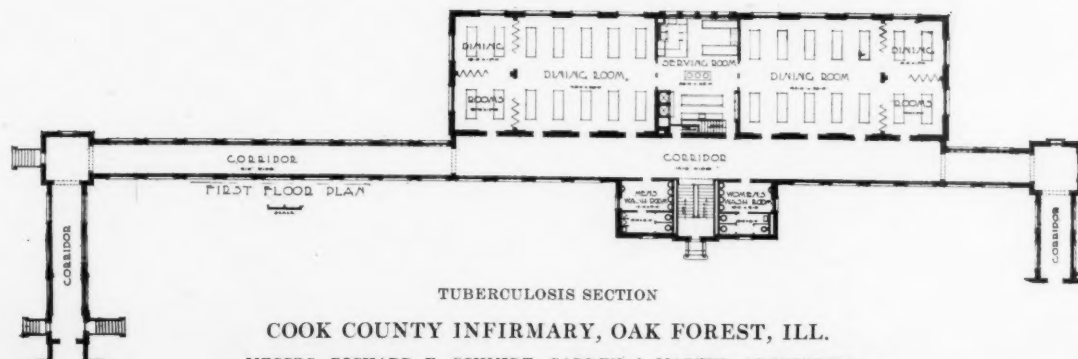
COOK COUNTY INFIRMARY, OAK FOREST, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS





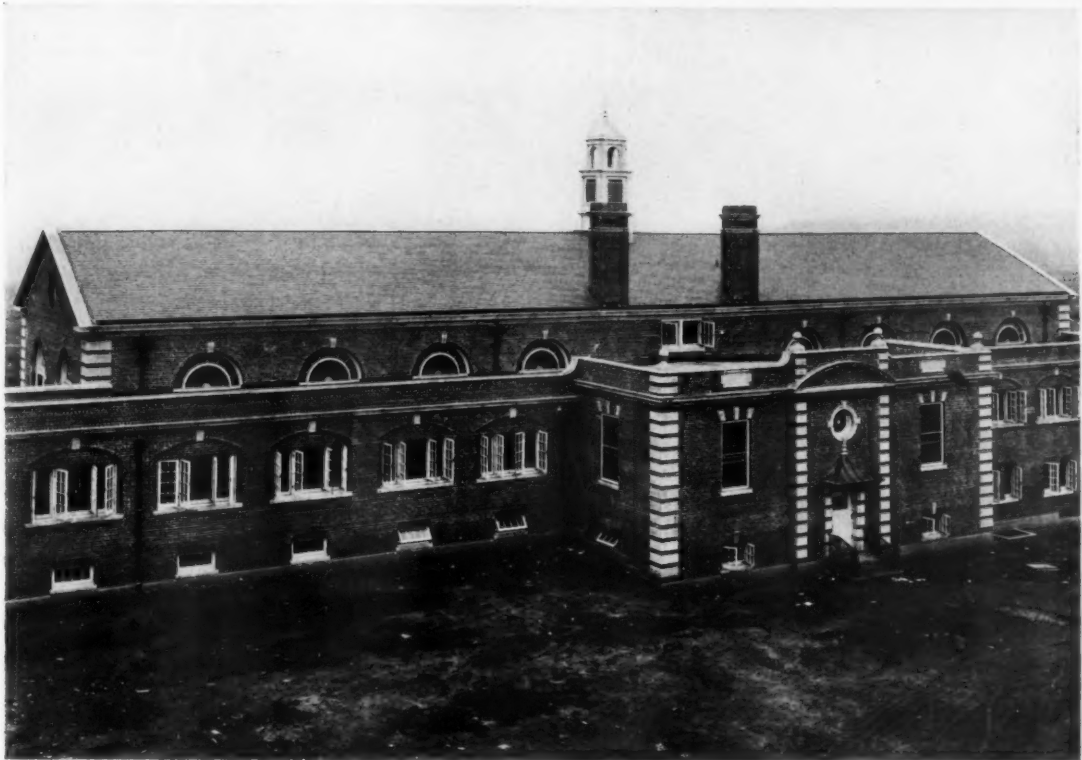
DINING ROOM



TUBERCULOSIS SECTION

COOK COUNTY INFIRMARY, OAK FOREST, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS



DINING HALL, TUBERCULOSIS SECTION



NURSES' HOME

COOK COUNTY INFIRMARY, OAK FOREST, ILL.

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS

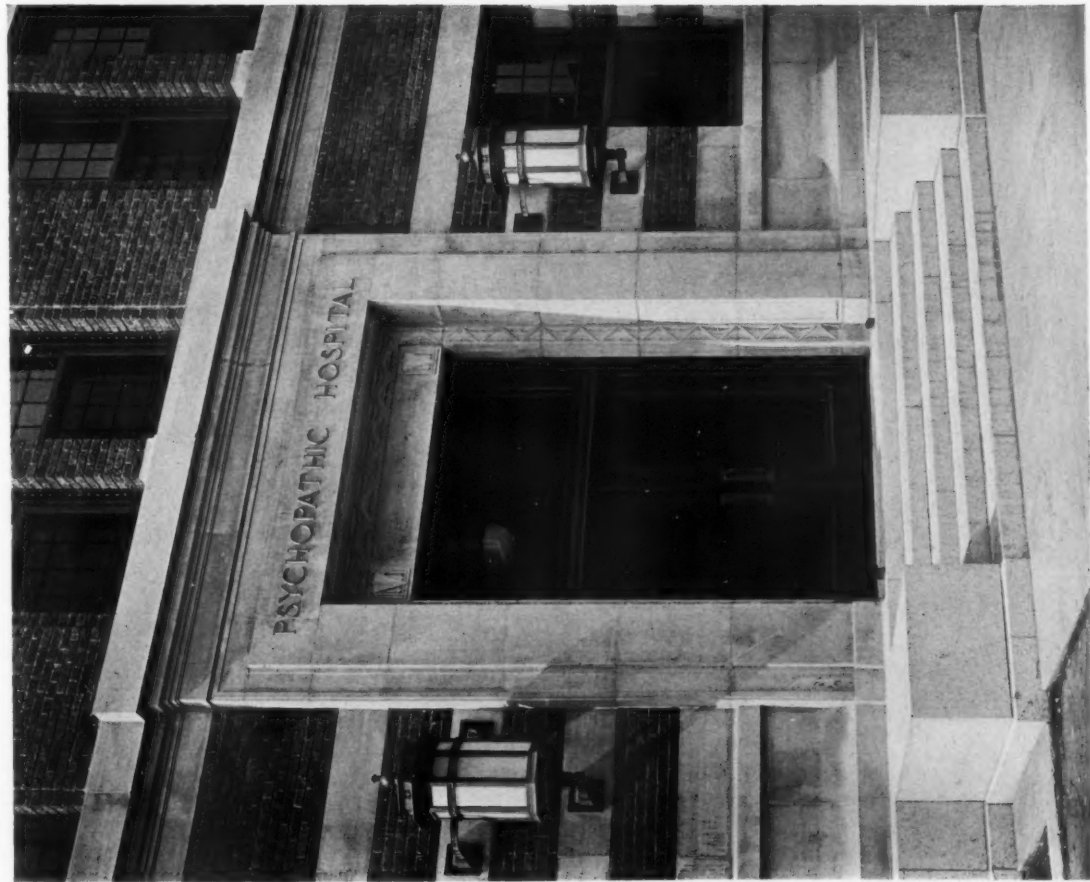




COOK COUNTY, ILLINOIS, PSYCHOPATHIC HOSPITAL

MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS





MAIN ENTRANCE DETAIL



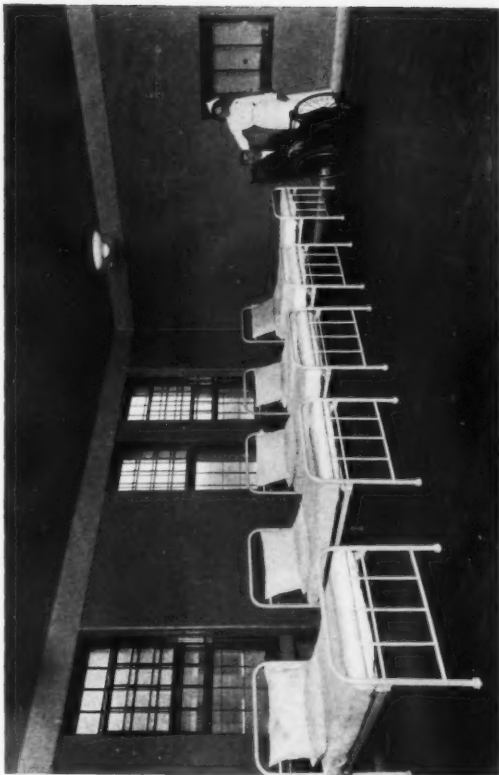
COURT ROOM

COOK COUNTY, ILLINOIS, PSYCHOPATHIC HOSPITAL

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FLOWING BATHS



A WARD

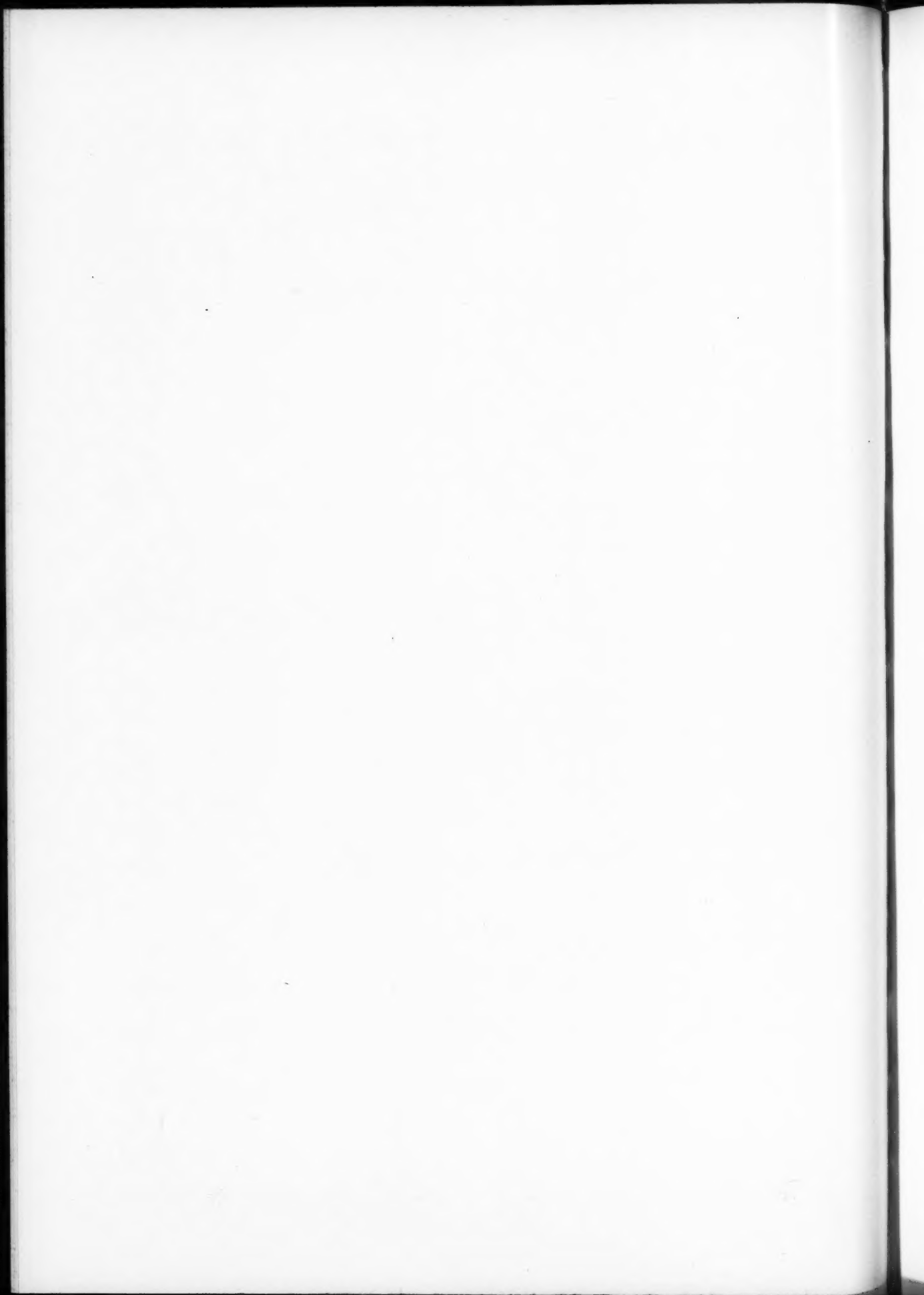


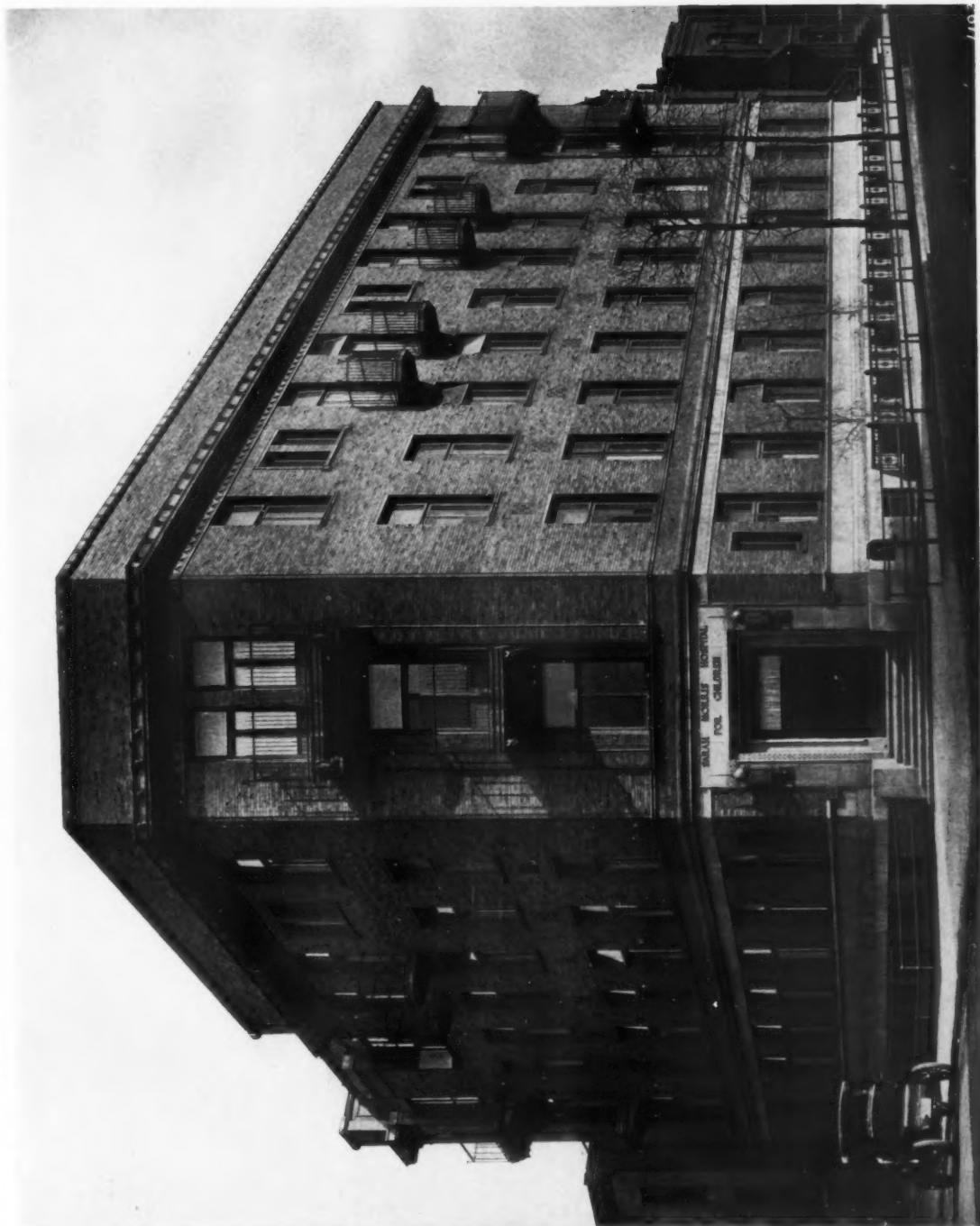
DAY ROOM



OFFICE

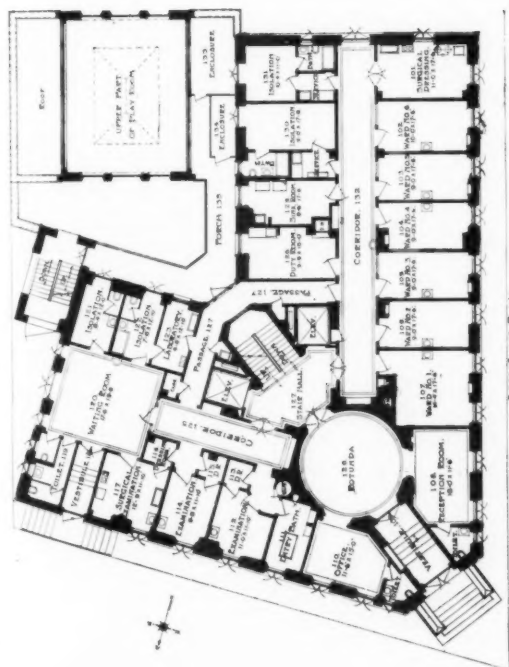
COOK COUNTY, ILLINOIS, PSYCHOPATHIC HOSPITAL.
MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS



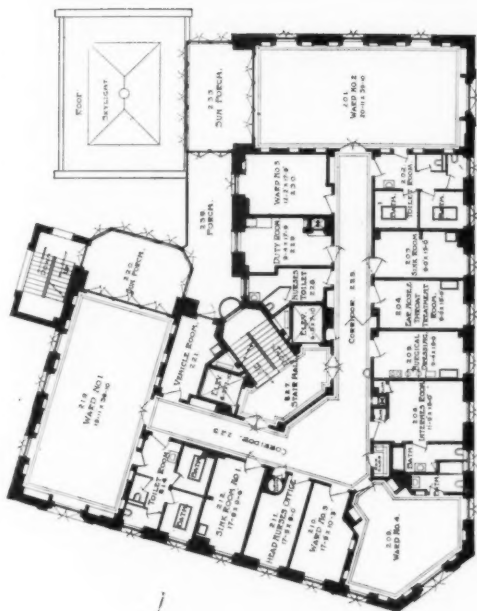


SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.
MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS





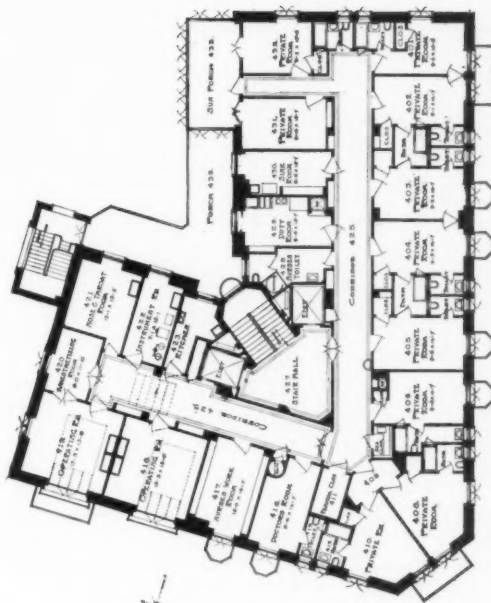
FIRST FLOOR PLAN



SECOND FLOOR PLAN

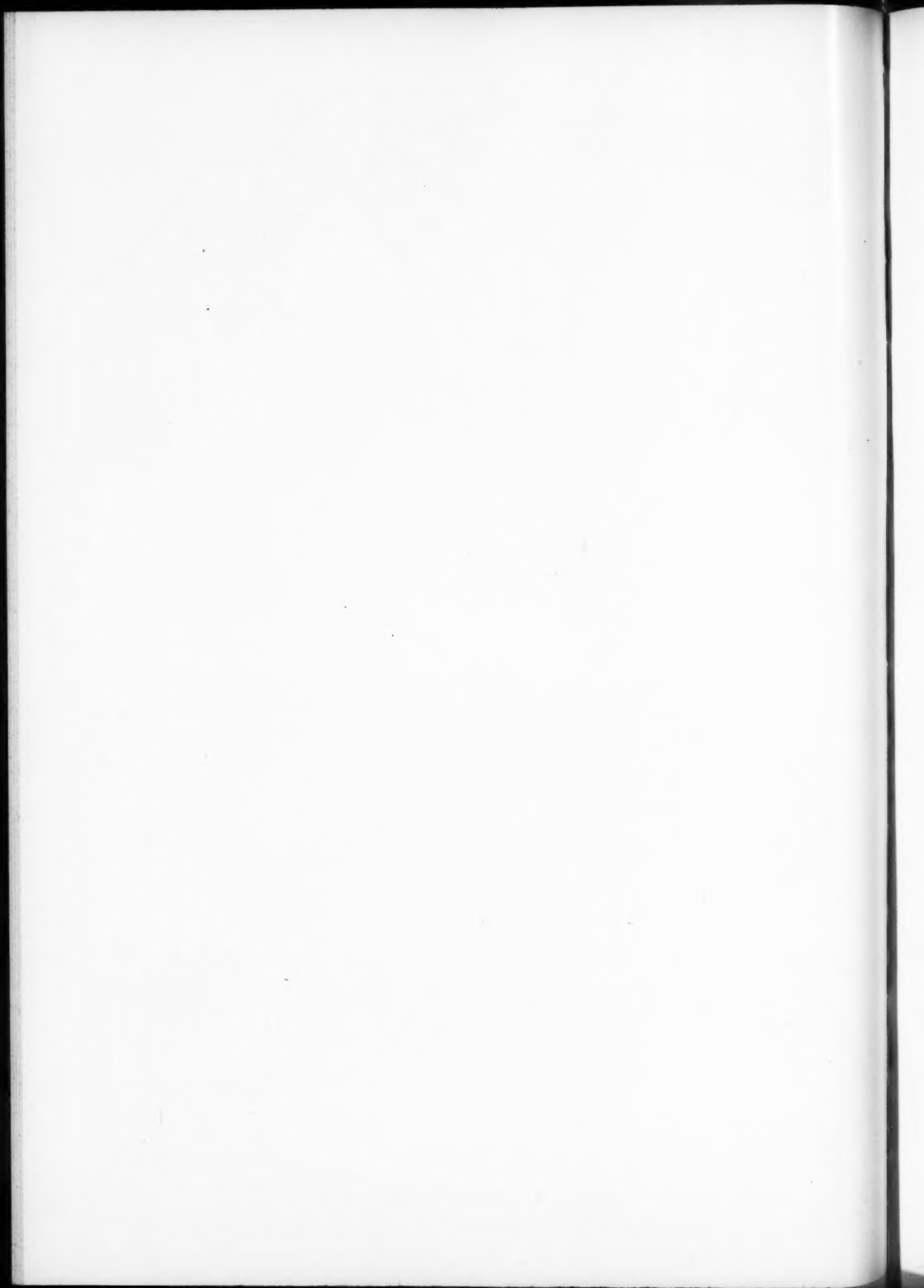


THIRD FLOOR PLAN



FOURTH FLOOR PLAN

SARAH MORRIS HOSPITAL FOR CHILDREN, CHICAGO, ILL.
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ROTUNDA



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MESSRS. RICHARD E. SCHMIDT, GARDEN & MARTIN, ARCHITECTS



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BUILDING SUPERVISION WITHOUT RESPONSIBILITY

THE extent to which municipalities can safely assume supervision of and direct the structural design of buildings, as well as control the processes, methods and materials entering into their construction, without becoming legally liable for any failures, is a question that is perhaps not definitely answerable. At the same time it seems reasonable to assume that unless allowed some discretion in matters of design and methods of construction, it would be unjust and therefore presumably impossible to legally hold either designer or builder responsible for the structural safety of a building.

In the case of a serious failure which occurred in New York some years since, the estates of those whose lives were lost attempted to make the city a party to suits in which recovery of damages was sought, on the ground that the failure had been due primarily to faulty design approved by the city's engineers. The contention was not upheld by the courts, and the city was relieved of any defense, but it would seem that where such close supervision is exercised, as

appears to be contemplated by a neighboring city in the case of concrete building construction, the matter might be viewed in a different light. It is reported that regulations recently adopted by the city in question require building bureau inspectors to be stationed continuously at the site of every concrete building operation in the city, said inspectors—who presumably have the power of rejection of materials or methods even to the point of stopping the work—to be paid by the builder. Daily reports covering the condition of the work, as well as its progress, must be filed with the Bureau of Buildings. This supervision, preceded as it is by applications for permits accompanied by detailed plans and copies of all calculations by means of which the dimensions of all members of the structure and the foundations supporting it were determined, would seem to connect a city very closely with a building operation, and whether it can legally enforce these regulations without incurring any responsibility for the untoward results that are always a possibility, is a question which will doubtless sooner or later be definitely answered by the courts.

THE INCREASED PROFESSIONAL INTEREST TAKEN IN DECORATIVE FURNISHINGS

RECOGNITION of the fact that the work of the architect is by no means finished when the structure of the building is completed and the exterior has received its allotted treatment, is becoming more general each year. The completion of the interior furnishings and decoration is undeniably an essential part of his work, and to be brought into complete harmony with his original conceptions must obviously be executed under his direction. The field of interior decoration and furnishing is, however, a broad one, requiring close study, and one that is, primarily, more concerned with the comfort, ease and the gratification of the artistic senses of those who are to inhabit the building in question, than with the more fundamental problems of design and construction.

While the principles of design and proportion are common to both the art of design and that of decoration, a special knowledge of textiles, furniture, etc., is necessary to the

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successful decorator and furnisher of interiors, that all architects have probably not taken the time to acquire in detail. It is true, however, that there is an increasing number of architects to whom the work of designing and selecting furnishings is making a strong appeal. This is evidenced in many ways, one of which is by the number of manufacturers who are finding it worth their while to direct the architect's attention to their products.

The primary reason for this professional interest in furnishings and decorations is that it constitutes a legitimate and important part of the architect's work as has been indicated, but the more direct one is probably an outcome of the desire on the part of clients on the one hand to have their homes conveniently and correctly furnished, and on the part of architects on the other to complete the picture they have undertaken to produce, and not leave it to be finished by unsympathetic or untutored hands.

Where an architect does not possess the requisite technical knowledge of fabrics and furniture to properly and completely decorate and furnish a building he has designed, it is obvious that he should recognize

his limitations in the interest of his art, and be sufficiently frank with himself, even if not with his client, to acknowledge his inability and call to his assistance some of the specialists in interior decoration and furnishing who, if they do, perchance, lack in artistic conception, can at any rate readily supply the technical information required by the architect. In such cases the ideal, in fact only proper, relation between the architect and the decorator reserves for the former the function of general artistic adviser, and treats the decorator as one versed in furnishing and decoration, collaborating with and working under the direction of the architect in much the same way that specialists assist him in problems of construction and heating. The greatest aid in reaching such an arrangement must come as a result of closer attention and study given by the architect to the subject of decorative furnishing, while the decorator, in order to more fully appreciate the architect's viewpoint and requirements, must give greater study to the architecture of the buildings to be treated. During the past decade we have seen much progress toward this common ground.



Sarah Morris Hospital

(Continued from page 248)

The base cove throughout is of polished marble terrazzo nine inches high and projecting five inches on the floor. The kitchen, laundry, milk station, stair hall, duty rooms, sink closets, lobby, waiting room, bath and toilet rooms have terrazzo floors. The entire operating department and dressing rooms have vitrified tile floors. All other floors have linoleum cemented to cement floors.

The door trim throughout is molded drawn steel combined casings and jambs, standing on terrazzo plinth blocks. The plastering is flush with the edges of the drawn steel casings.

The typical window frame has casement sash for the lower portion of the window swinging outwards, operated by casement sash adjusters. Above the transom bars there are two transom sashes, the outer one hung on the top and swinging outwards from the bottom, the inner one hinged at the bottom and swinging inwards from the top. The two are connected by a link motion so that when the inner one is opened the outer one opens simultaneously. The outer one, being awning-like, protects the open window from rain; the inner one deflects air currents upwards so that fresh air is diffused.

The cabinets throughout the building are recessed into the walls. They are of white enameled steel and have been designed in units of thirty inches in width with a pair of doors in front of each and also in unit heights.

By the use of these metal cabinets and the drawn steel door frames the woodwork has been reduced to a minimum.

Tuberculosis Section, Cook County Infirmary, Oak Forest, Ill.

*Richard E. Schmidt, Garden & Martin,
Architects*

THE Poor Farm of Cook County is located at Oak Forest about twenty miles southwest of Chicago on a rolling and wooded tract. The Poor Farm buildings, which were erected about six years ago, were designed by Messrs. Holabird & Roche. Their work also in-

cluded one hospital for tubercular patients.

This number contains illustrations of other buildings for tubercular patients built in 1913-1914, viz.: a new and larger hospital for tubercular patients, a building for the dining hall service of the whole section which connects the old and the new hospital buildings. Eight one-story brick and fire-proof cottages have also been erected, but are not shown in the illustrations.

The new hospital is two stories and basement in height divided into small wards for the classification and segregation of patients into sympathetic groups. The dining rooms in the dining hall building are for ambulatory patients and are on the second floor, but the topography of the ground is such that it is on the same level as the first floor of the new hospital. The first story contains the kitchen, kitchen storage and help's dining rooms, also a service passageway for transporting food to both hospitals. A tunnel under the corridor is a portion of the power, light, heat and water tunnel system connecting the power house with the buildings of the tubercular section.

These buildings are of reinforced concrete and tile wall bearing fireproof construction; door frames of drawn steel, flush wood doors, terrazzo bases, terrazzo floors in kitchens and toilet rooms, magnesia composition floors in all other rooms. The exterior is paving brick, trimmed with Indiana limestone.

New Psychopathic Hospital for Cook County, Chicago, Ill.

*Richard E. Schmidt, Garden & Martin,
Architects*

THE building has a frontage of 160 feet on Wood street and 157 feet on Polk street, is five stories in height, facing Wood street, and four stories in the rear. The building is U-shaped, the open court to the west is 80 feet by 110 feet. Wrecking of the old building on the site was started in September, 1913; the first floor of the new building was poured November 7th; the roof was on December 10th and the building ready for occupancy June 27, 1914.

The building is located on the Cook County Hospital grounds and is used for

THE AMERICAN ARCHITECT

the temporary detention of suspected cases of insanity committed by the County Court, until such time as the cases are disposed of by the judges of the court.

In the first story are the receiving department and wards for preliminary observation of entering patients, where they will remain until it can be decided if they should be detained for an observation period of two weeks, the north or right hand wing is divided for the sexes, lobby, administration offices, accommodations for social service workers and investigators; also court rooms and an out-patients' department. The court rooms consist of the court room proper, large witnesses' waiting room, patients' waiting room, judges' chamber and jury room. A feature of the design of the court is the avoidance of an appearance of a criminal tribunal; the effect produced on the patient is to be no different from that of going to a physician's office for diagnosis. The out-patients' department is for the treatment of suspected, incipient and paroled patients and consists of waiting room, consultation rooms and dispensary. Both the court and the out-patients' department have separate street entrances and are separated from the hospital for the purpose of avoiding disturbances, disorganization of routine hospital work on court and treatment days.

Hydrotherapy is the principal measure to be used for the allaying of restlessness in the mentally disturbed patients which are to be treated in this hospital. Physicians and trained nurses will have charge of the patients and will give orders to a small number of male and female attendants. There will be very little physical and drug restraint. These will be cut down to a minimum. Inasmuch as the building is on the grounds of the Cook County Hospital it was not necessary to provide separate surgical and obstetrical wards, for patients in need of such treatment can be temporarily transferred to the general hospital.

The second, third and fourth floors are typical hospital floors, each floor divided into two nursing units. Each unit is arranged with large and small wards, dining room, day room, doctors' examination room, attendants' work room, patients' locker and linen room, isolated rooms for disturbed

patients and large outside porch. Each floor has serving room and visitors' room in common.

The fifth floor is given to hydrotherapeutic apparatus, consisting of batteries of continuous tubs, showers, sprays, sitz baths, tables for massage and packs, electric cabinets and rest rooms. These rest rooms are equipped with small ice boxes for holding cooled water, milk or other beverages that may be offered to the patients. These rest rooms are for the use of the patients who are receiving hydrotherapeutic treatment. On the fifth floor is also our laboratory, with its modern equipment and surgical dressing rooms.

Each wing is provided with continuous baths in close proximity to the single rooms set aside for disturbed patients, thereby facilitating the treatment of such patients.

A large sodded yard is reached from each nursing unit by a private staircase or by elevator. A private automatic elevator is provided for the use of the medical staff and nursing service. Means for the restraint of patients such as window guards, enclosure of stairways, screening of porches are disguised by the architectural treatment. Exclusive of out-patients the building is designed to provide for 230 patients.

The basement contains a fully equipped kitchen with kitchen store rooms, clothing store rooms, water heaters, pumps, sewage ejector, vacuum cleaning machine, filters and pressure tanks; steam, electricity and refrigeration are obtained from the hospital power plant.

The building contains a steel clothes chute, lined with glass enamel.

The construction is reinforced concrete and tile, skeleton fireproof construction with floor and roof spans of forty feet, providing practically unbroken areas where desired.

The building is faced with wire cut face brick, granite base course and Indiana limestone trim. The window sash and the interior door trim and all built-in furniture are of steel.

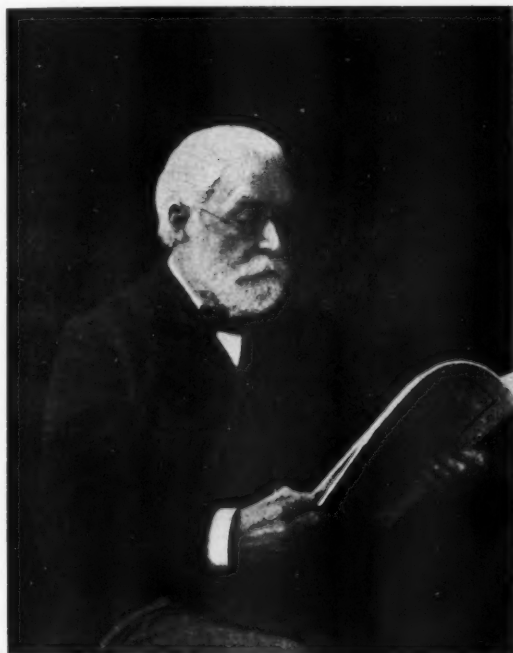
Floors of corridors, bathrooms, kitchens and other service rooms are of cement tile or artificial marble tile. The floors of all wards are of linoleum solidly cemented to the concrete sub-floors.

THE CURRENT ARCHITECTURAL PRESS

THE period of the classic revival in America has long been a favorite topic of architectural writers. In fact, the late Montgomery Schuyler labored arduously in this field, and his contributions to the subject have been notable additions to a discussion always of interest.

In the leading article in the September issue of *The Journal of the American Institute of Architects*, Professor Kimball, of the

(From *The Journal of the A. I. A.*)



WILLIAM ROBERT WARE

University of Michigan, discusses Thomas Jefferson, and the first monument (the capitol of Virginia) of the classical revival in America.

The article is worthy of very careful reading and will particularly recommend itself to students of the architectural history of the United States.

A series of photographs by Ben. J. Lub-schetz, taken in Philadelphia, Washington and New York, are interesting features of this issue.

Professor A. D. F. Hamlin contributes an account of the life and work of the late Professor Emeritus of the department of architecture at Columbia, William Robert Ware.

Professor Hamlin's tribute to the memory of Professor Ware is splendidly written. In conclusion, he states: "Professor Ware's death removed from the ranks of American

(From *The Journal of the A. I. A.*)



ORIGINAL MODEL OF THE VIRGINIA STATE CAPITOL

architects not only a rarely beautiful and genial spirit, but one of the greatest personalities in the development of modern American architecture."

* * *

The most important subject, architecturally, illustrated in September *Architecture*,

(From *The Architectural Record*)



TOWN HALL AT BOURNE, MASS.

JAMES PURDON, ARCHITECT

THE AMERICAN ARCHITECT

is Taylor Hall and entrance gate at Vassar College, Messrs. Allen & Collins, architects. This work follows in its architectural style previous buildings at this college, designed by these architects, and is a continuation of the very satisfactory results already attained.

The rooms of the Bankers' Club, E. R. Graham, Architect, located in the Equitable building in this city, are given considerable space in the illustrations of this issue. As an example of pure sumptuousness these rooms are notable. Whatever interest attaches to them, however, is perhaps due more to their decoration than to their architecture.

(From *The Architectural Review*)



DETAIL OF A HOUSE AT BRYN MAWR, PA.
MESSRS. NELSON EYRE & McILVAINE, ARCHITECTS

A city house, simple and straightforward, by William Welles Bosworth, a chapel in Philadelphia by Paul Monaghan, the interior view showing a modern adaptation of the Spanish Regeria, are among the more commendable illustrations.

The text, more amplified than is usual with this publication, will be found indexed in detail in our index on another page.

* * *

The Architectural Review, of Boston, after a considerable period of inaction, once

(From *The International Studio*)



THE MEAD, WRITTLE, ESSEX
REGINALD A. RIX, A.R.I.B.A., ARCHITECT

more makes its appearance in the field of architectural publication.

The issue for August, 1915, is now at hand and retains the general character of "makeup" familiar to its former readers. It

(From *Architecture*)



INTERIOR, CHAPEL OF THE DIVINE LOVE
BALTIMORE, MD.

MR. PAUL MONAGHAN, ARCHITECT

THE AMERICAN ARCHITECT

presents for its leading article an illustrated description of the ledge-stone work of Philadelphia and vicinity.

We cannot recall any locality so marked in the selection of its building material as the district in and around Philadelphia.

(From *The International Studio*)



THE SPIRIT OF LIFE

DANIEL CHESTER FRENCH, SCULPTOR

Years of familiarity with this stone, its characteristics and possibilities, has resulted in some very attractive structures, and these are all described with much interesting detail by Mr. Joseph Linden Heacock, the author of the article in question.

In addition to a number of buildings, illustrating the better phases of ledge-stone work, there is featured in this issue the Princeton Charter Club, of Princeton, New Jersey, Messrs. Mellor & Meigs, architects.

The review of the architectural press in this country and in Europe is continued.

Mr. Stuart Duncan's country house at Newport, Rhode Island, designed and executed by Mr. John Russell Pope, is the principal subject of text and illustration in *The Architectural Record* for September. This house was also illustrated in *THE AMERICAN ARCHITECT* issue of September 22d, where it was commended as an unusually interesting and important example of the more pretentious American country house.

The Yale Club's new house in New York is illustrated in this issue, and described as to its inception, history, financial arrangements and incidentally as to its architecture, by Marrion Wilcox.

Part II of Mr. Benjamin Ores Gilman's series on "Glare in Museum Galleries" is to be found in this issue. These articles would appear to be a valuable contribution to a subject of much importance.

* * *

The department describing and illustrating recent designs in domestic architecture in England, of the *International Studio*, has always been of considerable interest to archi-

(From *Architecture*)



A NEW YORK CITY HOUSE

MR. WILLIAM WELLES BOSWORTH, ARCHITECT

THE AMERICAN ARCHITECT

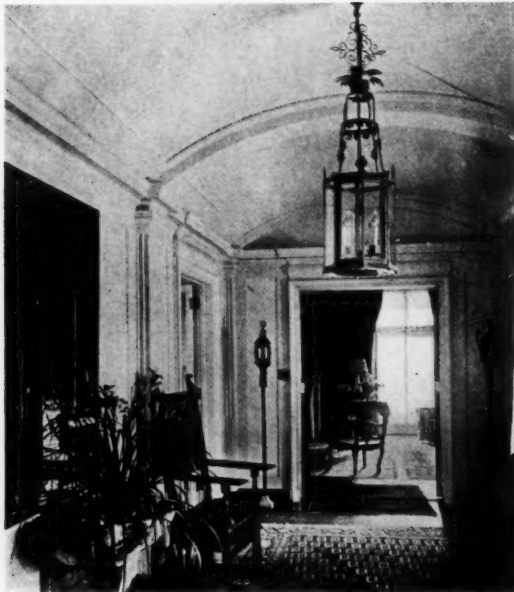
fects. The September issue illustrates two houses by Mr. Reginald A. Rix that may perhaps be considered typical of present tendencies of domestic architectural design in England.

Mr. George S. Bryan has contributed an interesting article on the alteration of an old New England home. When alterations of this sort preserve, as in the present instance, salient features of the home life of Old and New England, they result in a house that has a certain claim not possible to adequately describe. The quiet dignity of the house in question does not appear to have been at all lessened by the work of the restorer, and as this is unfortunately not always the case, it is worthy of special comment.

* * *

The leading article in the September issue of *Good Furniture*, by H. D. Eberlein and Abbot McClure, is on the necessary relationship between furniture and architecture.

(From *Good Furniture*)



AN INTERIOR, BY HOWARD VAN DOREN SHAW,
ARCHITECT

The joint authors state that "one important object of this paper is to emphasize the necessity for architects to have a comprehensive acquaintance with the characteristics

of furniture styles. We incline to the belief that many, in fact the majority of architects do possess this acquaintance, some in a very large degree, as is shown in the issue of *THE AMERICAN ARCHITECT* of September 22nd. We are further of the opinion that the shortcomings that are apparent in the furnishing of so many homes are due more to the co-operation between clients and dealers, than the lack of knowledge on the part of the architect, who, unfortunately, was probably discharged just at the time his services would have been of so much value to the client. Mr. Walter A. Dyer has in this issue an instructive article on Chairs of our Forefathers. It is profusely illustrated with fine examples of Colonial Chair-making. Mr. William Laurel Harris' series on Musical Instruments is continued, and a series by Mr. George Leland Hunter on damasks, brocades and velvets is commenced. The illustrations aside from the text are of a number of well selected interiors, skillfully furnished and decorated.

* * *

The Brick Builder for September illustrates a number of well-designed brick houses in suburban Baltimore and at Annapolis, Md., by Edward L. Palmer, Jr., Parker, Thomas & Rice, Howard Sill, Thomas Bond Owings, Jos. E. Sperry and L. N. Fowler.

In the text, Mr Irving K. Pond discusses the development of modern German architecture with the following introduction:

"Did I not believe that in Modern German architecture there lies more than a hint of helpful suggestion for us here in America, where we are just beginning 'to find ourselves' in the arts; and did I not believe that underneath our powers of mimicry and our demonstrated capacity for adaptation there lie deep wellsprings of idealism and fonts of real power and feeling which may be brought to the surface to the healing and enrichment of ourselves individually and communally—did I not believe this, I should neither care nor dare to write of German architecture at the present time."

A series of articles by C. Matlack Price on *The Use of Native Woods for Interior Finish* is commenced in this issue, and Part II of Mr. R. Randal Phillips' series on the Churches, etc., of Wren also appears.