



The City of Seattle

Landmarks Preservation Board

Mailing Address: PO Box 94649 Seattle WA 98124-4649
Street Address: 700 5th Ave Suite 1700

REPORT ON DESIGNATION

LPB 34/06

Name and Address of Property: **Medical Dental Building
509 Olive Way**

Legal Description:

All of Lot 6, except that portion condemned by the City of Seattle for Westlake Ave; all of Lot 7; all of Lot 5, except the south 20 feet thereof; and all of Lot 8, except the south 20 feet thereof; together with that portion of the vacated alley lying between said portion of Lots 5 and 6 on the West, and Lot 7 and said portion of Lot 8 on the East; all in Block 2, as laid off by the heirs of Sarah A. Bell, deceased. (Vol I of Plats, p 103, King County, Washington.)

At the public meeting held on February 1, 2006, the City of Seattle's Landmarks Preservation Board voted to approve designation of the Medical Dental Building at 509 Olive Way as a Seattle Landmark based upon satisfaction of the following standards for designation of SMC 25.12.350:

- C. It is associated in a significant way with a significant aspect of the cultural, political, or economic heritage of the community, city, state or nation.*
- D. It embodies the distinctive visible characteristics of an architectural style, or period, or of a method of construction.*
- F. Because of its prominence of spatial location, contrasts of siting, age, or scale, it is an easily identifiable visual feature of its neighborhood or the city and contributes to the distinctive quality or identity of such neighborhood or city.*

DESCRIPTION

Overview and Site Context

The Medical Dental Building is an eighteen-story, concrete-frame high-rise constructed in 1925 and later expanded with a fourteen-story addition in 1950. It is composed of a two-story base with "U" shaped tower above, with the northeast half of the "U" added in 1950.

**Administered by The Historic Preservation Program
The Seattle Department of Neighborhoods**

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Each of the two distinct halves of the building reflects its respective architectural era, although the first and second floors were altered significantly with the 1950 addition.

The 1925 building was originally conceived by doctors who wanted to establish a “real medical center in Seattle.”¹ Initially owned by the Bradner Building Company, and named the Medical and Dental Building; it was designed by John A. Creuzter with consultation by A.H. Albertson, and was constructed in less than a year by the A.W. Quist Company. It included medical offices for a wide range of physicians and dentists, with specific suites designed and constructed for them as a part of the original building construction. In addition, the building included amenities such as a seventeenth floor meeting room and basement-level parking garage, auditorium, locker rooms, and library.²

The building is located in downtown Seattle at the intersection of Olive Way between Fifth and Sixth Avenues and situated directly north of the Frederick and Nelson Department Store (now Nordstrom). The first two stories occupy the entire 256-foot width of the northwest end of the block to a depth of 100 feet. The remaining sixteen floors of the 1925 highrise tower occupy the west half of the site in a modified “L” shaped configuration. In accordance with the doctors’ expansion plans, the northeast half of the site above the second floor was left undeveloped for the future addition, which completed the “U” shape that exists today.

1925 Building - Structure and Exterior

The building is constructed of octagonal cast-in-place, reinforced concrete columns with concrete floor slabs over concrete pan joists spaced on 24” centers. The exterior facades facing the street consist of terra-cotta cladding over hollow clay tile wall infill on the southwest, northwest and northeast faces. The exterior façades facing southeast are Portland cement plaster over hollow-clay-tile wall infill. The first two floors occupy the entire site. Floors three through sixteen occupy the west half of the site and are “L”-shaped with a beveled corner that follows the property line. The seventeenth and eighteenth floors are stepped back to create a central tower form.

The building’s architectural elements and organization are clearly influenced by the earlier Gothic Revival movement, and are executed in a “warm white” glazed architectural terra-cotta cladding, manufactured by the Washington Brick, Lime & Sewer Pipe Company of Spokane, Washington.³

The tripartite façade consists of a two-story base, supporting the vertically-ribbed, fourteen story central block, topped with an ornate multi-storied “cornice” and tower. The two story base was originally constructed with slightly recessed bays, marked by full height terra-cotta clad columns and polished granite bases. Each ground floor retail storefront had a black and gold marble base, with large wood-framed display windows and door, and clerestory windows above. Directly above, the second floor offices had a single full-bay, elliptical-arched, plate-glass window and ornamental terra-cotta spandrel panel. This two-story base was subsequently modified over the years, including a complete replacement of the terra cotta, wood storefront and second floor wood windows in the 1950 renovation⁴, as well as various subsequent modifications. The entry marquee was an ornate cast-iron and steel

structure, chain hung from the façade. It is unclear when this was removed, as it appears to have remained on the building as late as 1951.

The rhythm of the building's original base is translated into the stories above with continuous projecting, ribbed terra-cotta pilasters. Each bay is further subdivided with a single vertical element, flanked by individual wood windows on both sides, with one-over-one sashes. The vertical ribbons of windows are broken at each floor line with an ornamental terra-cotta spandrel panel. The basic design utilized at floors five through fourteen is a simple insert with foiled corners. More ornate spandrel panels, employing a tracery pattern and central medallion, are featured at floors four and fifteen.

The main building volume is capped by a decorative banding above the fifteenth floor. This element hides an interstitial "plumbing attic" between floors fifteen and sixteen, and acts as a roof parapet where the building floors begin to set back from the perimeter. The primary and secondary terra-cotta pilasters at the building perimeter project above the coping and are capped with domes and finials. Between the pilasters, the banding is articulated with coupled, foliated ogee arches, crowned with paired quatrefoils; a motif repeated again at the main tower. With the exception of some upper floor window sashes that have been replaced by louvers, the 1925 exterior remains intact at floors three through eighteen.

1925 Building - Interior

The first floor lobby, like the exterior, was originally executed in 1925 with Gothic Revival style detailing. The entry sequence began with an exterior vestibule, recessed one bay into the building. Its terra-cotta and polished granite-wrapped columns, elliptical arched clerestory and wood entry doors reflected the detailing on the exterior façade. The vestibule floor was Pink Tennessee marble, and the ceiling a gothic inspired, plaster tracery pattern, both of which continued into the elevator lobby beyond. A Tennessee Throsher Grey⁵ marble wainscot, approximately seven feet high, wrapped the elevator lobby with raised ornate plaster arches, placed above each pair of elevator doors. A letterbox with decorative metal exterior was placed north of the elevators. It is still functioning today. In the 1950 renovation, the exterior recessed vestibule was absorbed into the building interior and was stripped of wood doors, terra cotta, granite and plaster detailing.⁶ The plaster ceiling and elevator doors were also removed. The marble wainscot is still intact at the elevator lobby, and the marble floor may remain below the current tile and carpet overlays, but its condition is not known. The building was originally constructed with only the four elevator cabs on the southwest side of the elevator lobby. Their original interior finishes no longer exist.

A main stair tower is located at the southeast end of the elevator lobby and extends the entire height of the building, connecting to each of the upper floor lobbies and the eighteenth floor dental school and meeting room. The tower is concrete with hollow clay tile infill and has a painted plaster finish at the interior. It is rectangular in shape at the basement, first and second floors. It is half octagon in shape at the remaining upper floors with a corresponding cast-iron and steel stair of the same geometry. The stair exhibits architectural detailing in a style consistent with the building exterior. It is open full height from floors one through eighteen and is naturally lit from floors three through eighteen by the southeast light court.

There are three steel sash windows wrapping each floor to floor run, except at the fifteenth floor, which has three lancet windows with cusped arches. The original doors that led from the first floor lobby to the stair have been removed and replaced by a new solid steel door at a different location. At the upper floors, the original painted steel and glass fire doors with wood casing, that lead from elevator lobby to the stair, are intact.

The upper floor lobbies are more simply appointed than the ground floor lobby. The walls are mostly gypsum plaster over hollow clay tile, with vertical panels made from applied, painted wood molding. The terrazzo floor and marble tile border are currently covered with carpet.

The corridors at each floor typically have an "L"-shaped configuration, following the angle of the building exterior, except at floors five, ten, twelve and sixteen, where the corridor has been truncated. The corridor at the ninth floor was removed in its entirety as part of a full floor interior demolition by the previous owner. Toilet rooms are typically located at the bend in the "L", but some have been modified or removed. The corridor walls are typically constructed with hollow-clay tile and plaster block and finished in gypsum plaster. The original plaster ceiling has been covered with acoustic tile, adhered directly to the plaster. There is painted wood door casing at most doors, painted wood cable tray near the ceiling and granite base. The original wood doors have been almost entirely replaced and suite entries have been added over the years, some of which include vestibules at the corridor. With a few exceptions, none of the original building fabric in the tenant suites is intact.

1950 Addition and Renovation - Exterior

The 1950 addition and renovation included the addition of floors three through sixteen on the northeast half of the site and a complete renovation of the first and second floor facades. Designed by architect William Henry Fey and owned by the United Medical and Dental Building Corporation/Metropolitan Building Company, it was influenced by the Modern Movement in architecture. Though the floor plans are an "L" shaped configuration similar to the 1925 building, the façade fundamentally departs from the original gothic-influenced design. It is flat and unadorned, with the exception of projecting hinges at the upper steel windows. The windows punctuate the terra-cotta skin in a similar pattern and proportion to the 1925 edifice, with two windows per each structural bay. Floors three through sixteen are identical with the exception of the pipe attic at the fifteenth floor, which has no windows. The entire volume is capped by a simple coping. The cladding is ceramic veneer terra cotta, set in a simple grid pattern with regular joints. It is similar in color to the 1925 terra cotta. The windows have paired casement sashes above a single full-width hopper sash.

The building structure is similar to the 1925 construction, with octagonal concrete columns, supporting concrete pan joists with concrete floor slabs. Unlike the 1925 building, the floor slabs of the addition are recessed, and have a built-up wood floor to match the 1925 floor level elevation. This "raised" floor contains horizontal pipe runs.

In conjunction with the upper floor addition, the exterior terra-cotta cladding at the entire first and second floors has been replaced with a flat terra-cotta tile⁷ of a blue-green color.

The tile cladding covers the concrete columns at the first floor to maintain a bay rhythm, but the continuation of the bay rhythm at the second floor has been eliminated in favor of a “band” type treatment of the second floor windows. The terra cotta was painted in the 1990s and is no longer a blue-green color.

The second floor windows were replaced along with the terra cotta, and are of a similar configuration to the steel windows above. All of the windows are surrounded by the continuous projecting terra-cotta band, running horizontally above and below the windows and vertically at the endmost windows on each façade. The windows are adjoined as groups of four, occupying a full bay width. Ten bays of the steel window have since been replaced with aluminum sash windows, and appear to date from the 1990s.

The first storefronts were similarly replaced, but in a piecemeal fashion over several years. The storefront bays are currently a mix of clear aluminum, dark bronze aluminum and black aluminum, as well as some granite panels and painted terra cotta infill. The fabric awnings were added in the 1990’s.

As previously mentioned, the lobby was significantly altered in the 1950 renovation. The main lobby entrance is currently a highly polished, clear aluminum storefront system with full glass doors and granite surrounds, circa 1980s. The lobby entry marquee is a simple black metal, box-type canopy. The interior of the lobby has been modified at least twice since the 1950 renovation, but still contains some elements, such as marble wainscot paneling, elevator cab surrounds and the 1925 letter box. The 1950 acoustic tile ceiling sits partially intact above the currently drywall ceiling, but has been heavily damaged by installation of mechanical equipment and duct runs.

1 The Medical and Dental Building Bulletin: Special Souvenir Announcement Number, 3.

2 Plans of Office Building for the Bradner Building Co, Seattle, Washington, 1924 Drawings 1-19.

3 Ibid. Souvenir Bulletin, 17.

4 Historic photographs, Medical Dental Building, northeast wing under construction, December 7, 1949. Museum of History and Industry, Seattle Post-Intelligencer Collection, PI20891; and Medical Dental Building, northeast wing under construction, March 31, 1950. Museum of History and Industry, Seattle Post-Intelligencer Collection, PI120893 (included in nomination).

5 Specification for Medical and Dental Building for Bradner Building Co, 1924, 35.

6 Plans for Addition to Medical & Dental Building, 509 Olive Way, United Medical & Dental Corp, Seattle, Washington, Metropolitan Bldg Co., 1949, Sheet No. 26.

7 Ibid. Historic photographs, Medical Dental Building, northeast wing under construction, December 7, 1949 and Medical Dental Building, northeast wing under construction, March 31, 1950.

8 Plans for Hospital, Medical & Dental Building, 509 Olive Way, United Medical & Dental Corp, Seattle, Washington, Metropolitan Bldg Co., 1949, Sheet No. 10.

9 Plans for Addition to Medical & Dental Building, 509 Olive Way, United Medical & Dental Corp, Seattle, Washington, Metropolitan Bldg Co., 1949, Sheet No. 4.

The upper floor corridors in the 1950 wing are generally finished more simply than the 1925 wing, with carpet covering the original vinyl tile floor, plaster over plaster block or terracotta tile at the walls, and acoustic tile attached to a plaster ceiling.⁸ There is no wood casing, wood cable tray, terrazzo floor or marble base. Most floors have the original “L”-shaped corridor configuration, though at floors three and seven the corridor has been moved or removed to accommodate tenants. As previously mentioned, the ninth floor corridor was removed.

Unlike the 1925 tenant improvements, the 1950 tenant space was treated as a speculative office build out, without specific tenants assigned to the various floors.⁹ Simple, flush birch entry doors with steel jambs and transom louvers were placed at regular intervals in anticipation of potential tenant entries. Some original doors still exist, but many entries have been added and modified over the years, and like the 1925 wing, some entries have been recessed to create vestibules.

The Medical Dental Building has proud history of continuous operation as an office building serving the Seattle medical and dental communities. Its architecture has equal merit, offering a rare opportunity to see two distinct attitudes toward modern medicine manifested in the building’s architectural language.

STATEMENT OF SIGNIFICANCE

The Medical Dental Building opened in 1925 as Seattle’s premier medical center, and was expanded in 1950 with a new wing that almost doubled its office space. Today, it is the only historic medical dental building in downtown Seattle, and one of only a few in the nation that remains true to its original mission.

Philosophy and Planning

Three years before the building opened, doctors and dentists held general meetings, and conceived the idea of establishing a “real medical center in Seattle,” where only highly qualified graduates of accredited medical and dental schools would be admitted to practice. The project’s early history is described in a promotional booklet, “The Medical Dental Building Bulletin—Special Souvenir.” Participants at the meetings voiced grievances about their current working conditions, including a lack of adequate facilities and landlords who made “repeated and unjustified advances in rental prices.”¹⁰ The local medical establishment was in tune with the AMA, which during the 1920s and 30s (and later) campaigned bitterly against socialized medicine and “quacks,” such as drugless healers, chiropractors, and acupuncturists. During the teens, Seattle’s population had exploded from 240,000 to more than 300,000. The Cobb and Stimson medical and dental buildings, both of which dated from the early teens, served downtown, but in the rapidly growing city, many doctors and dentists had to rent space in other office buildings.

Results of the general meetings included choosing the name, the Medical Dental Building, and a list of priorities, most notably:

- “The location must be ideal for present needs and permit of at least 100 percent expansion;
- the building in regard to tenants must be under professional control for the reason that heretofore many so-called medical buildings operated on a commercial basis have been a Mecca for the medical parasites and fakers, who in many instances found little difficulty in getting into them, and once there preyed upon the public at their will under the very noses of medical men of higher ideals;
- a large assembly room must be provided within the building for the use of the professional men when holding their county meetings, conventions, lecture and study courses, banquets, and other gatherings necessary to their advancement and progress;
- the structure itself must be most modern in every respect and must provide adequate and quite elevator service, a special forced ventilating system to carry off all odors of drugs or dressings, and replenish the offices with pure fresh air;
- every detail of the building must be planned along the lines of our most modern ideas of cleanliness and sanitation and safety from fire menace and all these things at a cheaper price than heretofore!”

A “professional committee” was appointed to advance the proposed project. ⁱⁱ

In addition to their professional associations, many of the doctors and dentists were active in the city’s social, religious, political and civic life: they were members of exclusive organizations, such as the all-male Rainier and City Clubs (the few women doctors joined the prestigious Women’s University Club); some were avid outdoor enthusiasts; some were patrons of the arts; and some were decorated veterans who had served in the medical corps during World War I.ⁱⁱⁱ In short, they were well connected with Seattle’s business leaders and moneyed establishment. It was the “roaring twenties” and investors were optimistic about taking a good risk. Bradner Building Company assumed ownership of the proposed building; its president, Leo Bradner, worked closely with the professional committee in all phases of planning and development, including fund raising. ^{iv}

Choicest Location in the City

The selected site was the remainder of the block northeast of Frederick & Nelson Department Store (John Graham Sr., 1918). Located north of the commercial district, the store would become the flagship of downtown’s retail core. Since the beginning of the century, the business and commercial district had gravitated northward from its original home in Pioneer Square. The Medical Dental Building would replace a small garage^v and rise as the defining structure on downtown’s northeast cusp.

The *Souvenir Bulletin* proclaimed, “The location is the choicest in the city, as there are more streets intersecting around this block than at any other downtown point.” This was significant at a time when the automobile was ascending, as the preferred mode of transportation. The lot has frontage on Sixth Avenue, Olive Way, and Fifth Avenue, which is widened near the intersection to accommodate merging traffic to and from Westlake Avenue. The configuration predetermined the Medical Dental Building’s widely visible chamfered corner. The building’s unobstructed prominence was further assured by the open

pedestrian triangle across Olive Way, which is flanked by Fifth and Westlake Avenues and Stewart Street. Streetcar passengers, bound for downtown and for outlying residential areas, gathered on the pedestrian island, where the statue of Washington State's second governor, John H. McGraw (sculpted by Richard Brocks, 1909), faces the Medical Dental Building. The statue has its back to the flatiron Times Square Building (Bebb and Gould, 1916), which had reigned as the predominant structure in the neighborhood of modest hotels, garages, and other small businesses for almost a decade.^{vi}

Collaborative Design and Construction

Bradner Building Company and the professional committee chose John Alfred Creutzer (d. August 1929) as architect with A. H. Albertson as consulting architect. Creutzer was born in Sweden and immigrated to Minneapolis as a child. He practiced there and in Spokane, before moving to Seattle in 1906 to design Swedish Tabernacle. The *Souvenir Bulletin* praises his skill "in designing beautiful and financially successful apartment houses and office buildings." Carolina Court (apartments) on Eastlake Avenue and the Vista Apartments near Cowen Park are extant examples of his work. His designs include a rendering of "the Seattle Sanipractorium."^{vii} Sanipractic, which was popular in the 1920s, advocated therapeutic sanitation and drugless healing, and "denounced regular medical practice as the despotic tyranny of serum-injecting, vaccine-crazed medics."^{viii} It seems ironic that the "professional committee" chose Creutzer, given the *Souvenir Bulletin*'s emphasis on professional qualifications of the building's tenants, and its derogatory remarks about "healing cults" and "so-called practitioners, including sanipractors."

A. H. Albertson (1872-1964) had come to Seattle in 1907 as the representative of Howells and Stokes of New York, to prepare a plan for development of the University of Washington's downtown Metropolitan Tract, where his designs included medical suites in the Cobb and Stimson Buildings. As one of the city's leading architects, his work included Cornish School of Fine Arts on Capitol Hill.^{ix}

The general construction contract was awarded to the A. W. Quist Company, where Mr. Quist and his associate, A. S. Downey, had earned a reputation for dependability, attention to complex details, and for completing projects on time. Their work included the Seattle Times Building and several other significant structures in the downtown area.

The "professional committee" screened and approved applicants for ten-year leases of spaces on the sixteen upper floors. The necessary qualifications, described in a lengthy essay in the *Souvenir Bulletin*, attracted many of Seattle's finest physicians and dentists, who wanted to avail themselves of the collegiality, as well as the building's amenities. The committee worked closely with the building's manager, Hartley Realty Company. First- and second-floor storefronts were leased to promising businesses with high ethical standards, such as Buster Brown Shoes (for children), Kelley-Ross Pharmacy, Marine National Bank, and Western Optical (which moved to the building in 1929). Interior commercial spaces included Burhardt Dental Supply and a smoke shop, adjacent to the lobby.^x

The *Seattle Daily Times* gave front-page coverage to the project in its Sunday, May 30, 1924 edition with a headline, "Eighteen-story Building Work Starts Monday." According to the

article, physicians and dentists had already signed ten-year leases for 75% of the space above the second floor, ensuring the building's future economic vitality. As the final phase of financing for the \$2,500,000 construction project, the article reported the purchase of a \$1,475,000 bond issue by S. W. Strauss & Company, which was selling first mortgage 6½% serial coupon bonds to investors. The article proclaimed that the "Gothic design" and the site would make the building "one of the dominating features of the downtown district and one of the handsomest business structures of the Pacific Coast."^{xi} The Times Building, which stood catty-corner from the site, later had floodlights on its roof to illuminate the new structure.^{xii}

As the building rose, its stately Gothic Revival architecture reflected the philosophy and mission of its founders. The architects designed the interior with tenants in mind, creating a holistic environment with laboratories, conference rooms, spaces for medical and dental schools, and the nine-bed hospital with two surgery suites that Nan Rowlands, a Scottish emigrant, founded on the sixth floor. Leased spaces were individualized with partitions and entries that met tenant specifications. During the latter stages of construction, eager doctors and dentists used the outside service elevator to transport dental chairs, examination tables, desks, and other equipment up to their offices, and Rowlands utilized it to ready her hospital for staff and patients. The northeast side of the basement was a parking garage, used by doctors on call at hospitals and by infirm patients who needed direct access. The basement's southwest side housed a medical library, meeting rooms, a kitchen, and a commodious auditorium. By late summer 1925, the building's tenants were in business.^{xiii}

Professional Medical Center

In the 1920s, the University of Washington had a premedical program, but no schools of medicine or dentistry; the nearest dental college was in Portland, Oregon; Seattle hospitals did not have their own medical centers, and most physicians on hospital staffs had their offices elsewhere.^{xiv} The Medical Dental Building became the professional center that its founders envisioned. Some of the original tenants were: Dr. Nils Johansen, an eminent surgeon and the founder of Seattle's Swedish Hospital (1910); Dr. John McVay, a highly decorated Navy veteran, who had served as a combat medical officer with the rank of rear admiral during World War I; Dr. Frederick Slyfield, a specialist in chest diseases and founder of a sanatorium in southwest Seattle; Dr. Mabel Seagrave, an obstetrician and gynecologist, who served on the staffs of four local hospitals;^{xv} Dr. Ralph Edgerton Plummer, a dentist and founder of the Academy of Gold Foil Operators; and Dr. Alvin Linne, who served as president of the Seattle-King County Dental Society from 1924-25.^{xvi}

Like Linne, many of the Medical Dental Building's tenants played leadership roles in their respective professional organizations. The King County Medical Society held social gatherings and weekly meetings in the auditorium, requiring members to attend at least twice per month. Programs featured speakers on new medical developments and on public health, often fueling socio-political action on issues, such as control of infectious diseases and care of the indigent. The Seattle-King County Dental Society had a similar agenda with programs in the auditorium. Other facilities in the building, such as the seventeenth-floor conference room, were utilized for specialized study groups—a forerunner of today's post-graduate education programs.^{xvii} Dr. Plummer, who may have been the building's first tenant, secured

space on the eighteenth floor, where he and his fellow dentists established a state-of-the-art classroom with four dental chairs.^{xviii} Over the years, the equipment has been updated. Today, the room remains significantly intact.

Expansion Delayed by Stock Market Crash

In August 1927, Oscar Drumheller and C.D. Bowles purchased the Medical Dental Building for \$2,750,000.^{xix} The upper floors were fully occupied with a growing roster of applicants for any spaces that became available. Architects drew plans for the originally-intended expansion, which would mirror the building's existing southwest side and almost double the office space on the upper floors.^{xx} Money was available and investors had deep pockets, as evidenced by the wave of ambitious new construction projects in the downtown area. The Bergonian Hotel (now the Mayflower, Stuart and Wheatley, 1926) contributed stature to the block southwest of the Medical Dental Building on Olive Way; the opulent Orpheum Theater (Marcus Pritica, 1927; demolished in 1968 and replaced by the first of the Westin Hotel's twin cylindrical towers) stood across the pedestrian triangle at Fifth and Stewart, where it featured vaudeville and movies.^{xxi}

In October 1929, the New York stock market collapsed, sending economic shock waves around the world. In downtown Seattle, private development came to a virtual standstill that would last for the next two decades. At the Medical Dental Building, plans for expansion were set aside. Commercial and medical tenants struggled to stay in business, and some of them failed. Doctors and dentists continued to hold annual elections of the professional committee, which was charged with screening new applicants and upholding the building's high standards, even when offices stood vacant. In 1933, the hospital was moved from the sixth to the third floor, where its capacity more than tripled to 33 beds. The hospital had its own lab facilities, a fully stocked pharmacy, and a kitchen.^{xxii} The buildings' professional staff collaborated to provide personalized, quality patient care that was often less expensive than the alternative of a larger hospital. The National Bank of Commerce became the building's major shareholder in 1937.^{xxiii} (Andrew Price had owned Marine National Bank, when it opened in the Medical Dental Building. He and his father, John Price, merged banks that they founded into Marine Bankcorporation in 1928, then into the locally-owned NB of C in the early 1930s.)^{xxiv}

The Great Depression ended abruptly on December 7, 1941, when Japan bombed Pearl Harbor. The United States was at war with jobs for every able hand in the military and on the home front. Wartime industries and the military spawned a population boom in Seattle. The Medical Dental Building was leased to capacity with a waiting list for available space.

During the war, the Washington State Medical and Dental Societies promoted the idea of opening a medical and dental school at the University of Washington. In 1945, the state legislature voted to establish a medical school and a school of dentistry and appropriated funds for buildings and salaries. Construction of the Health Sciences Building began in 1947 on the south side of the campus. The salary appropriation was not sufficient to fund all of the necessary programs, so local doctors and dentists pitched in as volunteers to help. Dr.

Frederick Lemere, who had opened his psychiatry practice in the Medical Dental Building in 1937, volunteered to serve as temporary head of the Medical School's Department of Psychiatry.^{xxv} As the university's programs grew, several of the Medical Dental Building's practitioners served in faculty positions and on boards.

On May 31, 1946, Metropolitan Building Company purchased a controlling interest in the Exchange and Medical Dental Buildings from United National Corporation. At between \$5 and 6-million, it was one of the largest real estate transactions in Seattle history. Metropolitan would own more than 60% of the Exchange Building capital stock and 100% of United Medical Dental Building Corporation stock. Metropolitan established United Medical Dental Building Corporation as its subsidiary, and United National Corporation remained a major shareholder. During the 1930s and 1940s, records indicate several changes in ownership of the Medical Dental Building, but the respective corporations were most likely major shareholders. United National Corporation's labels begin to appear on architects' drawings in 1928, suggesting that it was the actual owner.) The 1946 transaction marked Metropolitan's first outright ownership of property. Its other buildings, which were on a downtown tract owned by the University of Washington, were built and paid for by the firm, but were operated under a ground lease that was set to expire in 1954, when the buildings would revert to the university. Norton Clapp, a member of the Weyerhaeuser timber family, had founded Metropolitan to manage the downtown university tract.^{xxvi}

New Office Wing and Storefront Redesign

At the time of purchase, Metropolitan announced its intent to construct a \$1,000,000 expansion of the Medical Dental Building,^{xxvii} and assigned the project to one of its architects, William Henry Fey (1886-1977). His designs included the Fifth and Union Street Building and the plaque commemorating "Victory Square" (a rallying point on University Street in front of the Olympic Hotel for World War II war bond drives and patriotic celebrations).^{xxviii} Fey launched the Medical Dental Building project by designing three new elevators, which were installed in the elevator core. He drafted plans for the new wing to be built atop the two stories extending northeast of the tower, but there were delays. On June 24, 1949, in a front-page feature, *The Seattle Times*, announced that construction was to begin in about a month. Metropolitan's president, Andrew Steers, said, "When we acquired this property in 1946, it was our intention to add the wing to meet the rapidly increasing need for medical and dental office space. Postwar shortages of labor and materials forced postponement of the work until now." Inflation during the three years resulted in a revised budget of \$1,750,000. Steers said that the wing would "double the office capacity of the building, currently occupied by 130 physicians and 105 dentists."^{xxix} Construction was completed in a year. The new wing added 100,000 square feet, increasing the total office area to 260,000 square feet.

Unlike the original architects, Fey designed an open floor plate; he did not individualize office spaces while construction was underway. Like the original architects, Fey chose an architectural style that was popular in his day. He redesigned the lobby and the first and second floor storefronts, but did not alter the exterior of the original upper floors. As a result,

the building provides a unique combination of 1920s and 1950s design elements. The northeast wing mirrors the older southwest wing in mass, configuration, and color, but the modern architecture with its unadorned surfaces differs decisively from the building's original Gothic Revival style. The juxtaposition of 1920's and 1950's terra cotta is especially significant.

Terra Cotta: Traditional and Modern

The 1920's terra cotta is representative of a type of artistic, economical, fireproof cladding that could replicate carved stone and metal, and that was used extensively in Seattle from the turn of the century to the 1930s. Following construction of the Smith Tower in 1914, new technology enabled production of a lightweight, weatherproof, terra-cotta skin in pieces that had holes on the back. A combination of metal anchors, mortar, and masonry backfill made it easy to attach the pieces to a structural frame. This method was widely employed in downtown buildings, including the Medical Dental Building.^{xxx} Its architects, Albertson and Creutzer, produced detailed specifications, and contracted with the Washington Brick, Lime and Sewer Pipe Company, located in Concrete near Spokane, to manufacture the cream-colored terra cotta.^{xxxii} The labor-intensive process began with molds, some of which were boilerplate, and others that had to be custom made. The molds could be used repeatedly. Wet clay was modeled onto the molds and dried, prior to application of a glaze coat with the required color and textural details. The glaze coat had to dry before the tile was fired at 2000 degrees for three to four days; the kiln had to cool for another two to three days, after which the pieces were checked for alignment, cracking and other details. Then they were trimmed and delivered to the job site.^{xxxii}

In the 1930s, the demand for traditional terra cotta declined rapidly, because of rising production costs and the Great Depression. Newly developed ceramic veneer terra cotta took its place. The material could be mass produced. Unlike traditional terra cotta, it is not hollow cast, but is thin and flat with ribbing on the back, much like bathroom tiles. As in the northeast wing of the Medical Dental Building, ceramic veneer is commonly attached to a grid of metal ties that are anchored to the structure.^{xxxiii} The flat, unadorned veneer was not only popular and available; it had a "fifties look" that suited William Fey's design. Fey contracted with Gladding-McBean Company, which had manufactured terra cotta for Seattle buildings since the turn of the century. Founded in Lincoln, California, Gladding-McBean had grown into one of the nation's largest terra cotta producers. Its Van Asselt and Auburn plants in south King County served regional markets,^{xxxiv} and produced the cladding for the Medical Dental Building's northeast wing and for its storefronts. Fey's redesign at the first and second floors called for removal and replacement of the original terra cotta. Today, the building's 1920s and 1950s terra cotta are in good condition and remain intact. The juxtaposition provides a unique historical comparison of changes in cladding technology and architectural styles.

Tenancy and Transitions after 1950

The northeast wing opened during the summer of 1950, and was fully occupied by tenants who had satisfied the professional committee's requirements. They included some of the

first graduates from the University of Washington's medical and dental schools. One of them was Dr. John Sproule, a dentist, who worked closely with Dr. Ken Morrison, a practitioner in the Medical Dental Building and a founder of the dental school. Sproule joined Morrison as a member of the university faculty, where both of them were known for going to exceptional lengths to support aspiring students, including the school's first ethnic minorities.^{xxxv} At the Medical Dental Building, they recruited the first Japanese-American tenants, Watson Asaba and Sam Goto, both of whom were experienced certified dental technicians, specializing in crowns and bridgework. In the 1960s, Dr. Homer Harris, a Seattle-born African-American, broke racial barriers when the professional committee accepted his application to open a dermatology practice.^{xxxvi}

In the depths of the Great Depression, Walter Clark had leased one of the ground-floor commercial spaces for a restaurant, the first of what would become a prestigious, family-owned, local chain. In the 1950s, Clark's Red Carpet Restaurant opened on the southwest side of the building. It quickly earned a reputation as one of the best dining places in the city, and was a popular lunch venue for doctors and dentists, who had their own dining room. In addition, the Clarks developed and managed the Medical Dental Building's employee cafeteria, which was located above the restaurant on the second floor.^{xxxvii}

By the 1970s, local hospitals, notably Swedish, had their own rapidly expanding medical centers that featured advanced technology, modern hospital facilities, and fully-equipped suites for physicians. Several doctors closed their downtown offices and moved their practices up to what was popularly known as "Pill Hill." The Medical Dental Building had to relax its strict requirements. The professional staff altered its stance against socialized medicine and accepted Group Health Cooperative as a major tenant that leased an entire floor. Other previously excluded practitioners were admitted, including acupuncturists, naturopaths, and osteopaths.^{xxxviii}

In February 1977, Harsch Investment Properties, a Portland-based company, purchased the building from Northwest Building Corporation for \$3.5 million with plans to remodel and upgrade it.^{xxxix} (The older Metropolitan Building Company had dissolved its subsidiary, United Medical and Dental Building Corporation, and reorganized with two divisions: Northwest Building Corporation, which owned the property; and Metropolitan Building Corporation, which managed it.^{xl}) Harsch began publishing the *Medical Dental Building Gazette* as an internal newsletter. The opening article states, "It is our intention to make the Medical Dental Building the prestige address in Seattle for the medical profession. Surveys show that patients like to come downtown to combine their office visit with shopping or luncheons. . . . We want them particularly to enjoy coming to you in this building, which is centrally located to everything." The newsletter highlights technical schools for dental assistants and technicians on the second floor, the hospital on the third floor, and the day nursery on the tenth floor that cared for pre-schoolers during their mothers' doctor or dental appointments.^{xli}

In 1988, Harsch acquired the third floor hospital from a group of physicians, paid off \$300,000 in delinquent bills to rescue it from bankruptcy, and undertook a \$500,000 renovation. Promoters tried to establish the facility as a convenient and economical

alternative to larger hospitals, where doctors could perform outpatient surgery, and where day patients would have quality, personalized care.^{xlii} Ambulatory Resource Center leased and managed the facility, which was successful until 1999, when Swedish Hospital became involved and moved the program to its medical center. The hospital space in the Medical Dental Building had to remain vacant until the expiration of ARC's lease in 2005. In the interim, Group Health Cooperative moved its downtown facilities out of the building. Another significant loss was the 2004 departure of Kelley-Ross Pharmacy, an original tenant and long-term occupant of the storefront next to the entrance.^{xliii}

While struggling to revitalize the medical and dental center, Harsch entertained offers from prospective buyers. One of them was Jeff Rhodes, who purchased an option in 1996 to buy the building and convert the upper floors to offices for Nordstrom. Rhodes allowed the option to expire. He went on to build Pacific Place across Sixth Avenue from the Medical Dental Building, and to renovate the old Frederick & Nelson Building as the Nordstrom flagship store.^{xliv}

Revitalization as Historic Downtown Medical Center

In July 2005, Goodman Real Estate purchased the Medical Dental Building from Harsch Investment Properties for \$38 million. The building was approximately 70% occupied with a tenant base that remained predominantly medical and dental practices. In a spirit that recalls the founders, a Goodman representative said, "It's still an exceptionally well-located building."^{xlv} On its southwest side, the historic Frederick & Nelson Building is now Nordstrom's flagship; Pacific Place across Sixth Avenue and Westlake Center across Fifth Avenue have enlivened the heart of downtown's retail core; catty-corner across Olive Way, the historic flatiron Times Square Building has been converted to office use. The street configuration is unchanged. Directly east of the Times Square Building, the triangular pedestrian island with the statue of Governor John McGraw remains, flanked by Stewart Street and by Westlake and Fifth Avenues, which converge in front of the Medical Dental Building's chamfered corner at Olive Way. As in the past, the open space around the pedestrian island renders the building widely visible from the north and northwest; in addition, the intersecting streets that link downtown and residential neighborhoods make the building easily accessible via public transit or automobile.

In 2005, the Cobb Building is being converted from a medical office facility to high-end apartments. It leaves the Medical Dental Building to stand alone as the only historic medical center in downtown Seattle.

i The Medical and Dental Building Bulletin: Special Souvenir Announcement Number, 3.

ii The Medical and Dental Building Bulletin: Special Souvenir Announcement Number, 3-5.

iii Clarence Bagley, History of King County, vol. 3, 1928, biographical sketches on several different pages.

iv *ibid.* The Medical and Dental Building Bulletin, 17.

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- v Kroll Map of Seattle, 1920
- vi Walt Crowley, *National Trust Guide—Seattle*, 1998, 103.
- vii Jeffrey Karl Ochsner, ed. *Shaping Seattle Architecture*, 1994, 341; see also *Souvenir Bulletin*, 17. The rendering of the Seattle Sanipractorium is in the Creutzer file, Architects' files, Special Collections Division, University of Washington Libraries.
- viii Nancy Rockafellar and James Haviland, *Saddlebags to Scanners: The First 100 Years of Medicine in Washington State*. 109.
- ix *ibid.* Ochsner, 164; see also *Souvenir Bulletin*, 17.
- x Polk Directories, City of Seattle, 1925-29
- xi "Eighteen-story Building Work Starts Monday," *Seattle Daily Times*, May 30, 1924, A-1 and 8, illus. with architect's rendering. A related advertisement by S. W. Strauss & Co. announces sale of first mortgage 6 ½% serial coupon bonds in denominations of \$1,000, \$500 and \$100. S. W. Strauss's local address was at 255 Empire Building; its other locations were in San Francisco, Oakland, and Spokane.
- xii "Medical-Dental Home is 'High Spot' in Seattle," *Seattle Daily Times*, Aug 7, 1927.
- xiii "Medical Dental Hospital 60 Years Old," *Medical Dental Building Gazette*, Aug-Sept, 1985; "Dr. Robert C. McCarter, One of the Building's Original Tenants," *Medical Dental Building Gazette*, 1984; "Drs Robert C. (father) and Robert G. McCarter, Practicing Dentistry in Suite 1025," *Medical Dental Building Gazette*, Mar. 1981.
- xiv *ibid.* Rockafellar.
- xv *ibid.* Bagley.
- xvi Harold Sondheim, DMD., "Dr. Ralph Edgerton Plummer, 1891-1985," *Medical Dental Building Gazette*, 1988.
- List of Seattle-King County Dental Society Presidents with brief profiles, *Medical Dental Building Gazette*, nd.
- xvii Fredrick Lemere, M.D., Interview by Mildred Andrews, June 16, 2005. Lemere practiced psychiatry in the Medical Dental Building from 1937 to 2005.
- xviii *ibid.* Sondheim.
- xix "Medical-Dental Building Sold for \$2,750,000," *Seattle Daily Times*, Aug. 7, 1927.
- xx Unexecuted plans for the proposed addition are on file in the building manager's office.
- xxi *ibid.* Crowley
- xxii *ibid.* "Medical Dental Hospital 60 Years Old"
- xxiii King County Assessor's Records

xxiv *ibid.* Bagley

xxv *ibid.* Rockafellar

xxvi "5 Million Sale of Downtown Realty Made," *Seattle Post-Intelligencer*, June 1, 1946; "Metropolitan Firm Takes over 2 Big Structures," *Seattle Times*, June 2, 1946, B-2; Bob Burton (building manager, 1974-- , Interview by Mildred Andrews, Sept. 4, 2005; Steve Radmacher (building bookkeeper, 1975-78), Interview by Mildred Andrews, Sept. 1, 2005.

xxvii *ibid.* Metropolitan Firm Takes Over 2 Big Structures."

xxviii William Henry Fey [obituary], *Seattle Times*, Dec. 19, 1977.

xxix "16-Story Medical-Dental Bldg. Annex to Go Up Soon: Addition to Double Space," *Seattle Times*, June 14, 1949, A-1, photo on A-5.

xxx Lydia Aldredge, ed. *Impressions of Imagination: Terra-Cotta Seattle*, 1986.

xxxi *ibid.* Souvenir Bulletin 17

xxxii de Teel Patterson Tiller. *The Preservation of Historic Glazed Architectural Terra-Cotta*.

xxxiii *ibid.*

xxxiv *ibid.* Lydia Aldredge.

xxxv "Dr. John Sproule" [Obituary], *Medical Dental Building Gazette*, Oct. 1981.

xxxvi Sam Goto, Goto Dental Laboratory, Inc., *Medical Dental Building*. Interview by Mildred Andrews, Aug. 11, 2005.

xxxvii P. E. Tibbetts, *Mr. Restaurant: a Biography of Restaurateur Walter F. Clark*, c. 1990.

xxxviii *ibid.* Fredrick Lemere

xxxix "Medical Building Sold," *Seattle Times*, Feb. 3, 1977, F-3

xl *ibid.*, Bob Burton.

xli *Medical Dental Building Gazette*, vol. 1, no.1, April 1977

xlii "Downtown Building Back from Bankruptcy," *Puget Sound Business Journal*, Feb. 20, 1989, 23-4 and 32.

xliii Pat Riek, Asst. Property Manager, Harsch Investment Properties. Interview by Mildred Andrews, August 5, 2005.

xliv *Seattle Post-Intelligencer*, July 20, 1996

xlv "New Owner to Restore Historic 1925 Medical Dental Building," *The Seattle Times*, Aug. 3, 2005

Bibliography

Archives and Depository Files

City of Seattle Municipal Archives
City of Seattle Urban Conservation Division
King County, Office of the Assessor
Museum of History and Industry, Seattle, Archives
Seattle Public Library Downtown Branch: Architects and Building Index Files;
“Seattle Room” documents collection
University of Washington Libraries, Manuscripts, Special Collections and University
Archives
Washington State Archives, Puget Sound Regional Branch
Washington State Historical Society, Tacoma
Secondary Sources

Aldredge, Lydia, ed. *Impressions of Imagination: Terra-Cotta Seattle*. Seattle: Allied Arts of Seattle, 1986

Bagley, Clarence. *History of King County, Washington, vol. 2 and 3*. Seattle, WA: S. J. Clarke Publishing Company, 1929

Berner, Richard C. *1921-1940, From Boom to Bust. Vol 2 of Seattle in the Twentieth Century*. Seattle: Charles Press, 1992.

----- *Seattle Transformed: World War II to the Cold War. Vol 3 of Seattle in the Twentieth Century*. Seattle: Charles Press, 1999

Crowley, Walt. *National Trust Guide—Seattle: America’s Guide for Architecture and History Travelers*. New York: John Wiley & Sons, Inc., 1998

----- *To Serve the Greatest Number: A History of Group Health Cooperative of Puget Sound*. Seattle: University of Washington Press, 1996

de Teel Patterson Tiller. *The Preservation of Historic Glazed Architectural Terra-Cotta*. National Park Service: Preservation Brief #7, Technical Preservation Services, nd.

Gates, Charles M. *The First Century at the University of Washington*. Seattle: University of Washington Press, 1961.

The Medical and Dental Building Bulletin: Special Souvenir Announcement Number, Seattle: nd (ca. 1925)

Ochsner, Jeffrey Karl, ed. *Shaping Seattle Architecture: A Historical Guide to Architects*. Seattle: University of Washington Press, 1994

Reese, Michael. *King County Medical Society 1888-1988: 100 Years*. Seattle: King County Medical Society, 1998.

Rockafellar, Nancy M. and James W. Haviland, M.D., *Saddlebags to Scanners: The First 100 Years of Medicine in Washington State*. Seattle: Washington State Medical Association, 1989

Sale, Roger. *Seattle: Past to Present*. Seattle: University of Washington Press, 1976.

Tibbets, P.E., *Mr. Restaurant: A Biography of Restaurateur Walter F. Clark*. Seattle: Murray Publishing Company, c. 1990.

PRIMARY SOURCES:

“Allbertson, A. H.” Obituary. *Seattle Times*, Apr. 19, 1961, sec. B, p. 4.

“Built 1924-5.” *Seattle Journal of Commerce*, Nov. 24, 1925.

Burton, Robert, (1970s Manager of the Medical Dental Building for Harsch Investment Properties). Interview by Mildred Andrews, August 2005.

Creutzer, John A. and A. H. Albertson. Specifications for Medical and Dental Building for Brander Building Co., Owners, for plumbing and electrical wiring, July 25, 1924.

“Downtown Hospital back from Bankruptcy” in “Special Report on Fitness,” *Puget Sound Business Journal*, Feb. 29, 1989, pp. 23-5, and 32.

“5 Million Sale of Downtown Realty Made: Exchange and Medical Dental Buildings Control Transferred.” *Seattle Post-Intelligencer*, June 1, 1946

“Eighteen-story Building Work Starts Monday,” *Seattle Times*, May 30, 1924, sec. A, pp. 1 and 8.

“Fey, Wm. Henry,” Obituary. *Seattle Times*, Dec. 19, 1977.

Goto, Sam, Goto Dental Laboratory, Inc., Medical Dental Building. Interview by Mildred Andrews, August 2005.

“High Lights in Downtown Property Sales: Medical-Dental Home is ‘High-spot’ in Seattle.” *Seattle Daily Times*, August 7, 1927, sec. A, p. 1..

Lemere, Frederick, M.D., Medical Dental Building. Interview by Mildred Andrews, July 2005.

“Medical Building Sold,” Seattle Times, Feb. 3, 1977, sec. F, p. 3.

Medical Dental Building Gazette, an internal newsletter for the building’s tenants and employees, various issues from April 1977 to September 2001.

Medical-Dental Hospital 60 Years Old: Hospital to Celebrate its 60th Anniversary,” Medical Dental Building Gazette, August-September, 1985.

“Metropolitan Firm Takes over two big Structures.” Seattle Times, June 2, 1946, sec.B, p. 9.

“1,475,000 Medical and Dental Building: First Mortgage 6½% Serial Coupon Bonds,” Advertisement. Seattle Times, May 30, 1924

Polk, R. L. Seattle City Directory, 1925-1955 editions. Seattle, 1925-1955. Seattle Times, August 7, 1927.

Radmacher, Steve (Bookkeeper for Harsch Investment Properties, 1975-8). Interview by Mildred Andrews, Sept. 2005.

Riek, Pat, Asst. Manager, Harsch Investment Properties, Medical Dental Building. Interviews by Mildred Andrews, July and August 2005.

“16-Story Medical-Dental Building Annex to Go Up Soon: Addition to Double Space,” Seattle Times, June 14, 1949, sec. A, pp. 1-5.

***The features of the Landmark to be preserved, include:
The exterior of the building, including the 1950 addition.***

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