

United States Department of the Interior
National Park Service



National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets (NPS Form 10-900a).**

1. Name of Property

Historic name Palo Alto Medical Clinic

Other names/site number Roth Building

2. Location

street & number 300 Homer Avenue not for publication

city of town Palo Alto vicinity

State California code CA county Santa Clara code 085 zip code 94301

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,
I hereby certify that this ___ nomination ___ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.
In my opinion, the property ___ meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:
___ national ___ statewide ___ local

Signature of certifying official/ Date

Title State or Federal agency and bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of certifying official/ Date

Title State or Federal agency and bureau

4. National Park Service Certification

I, hereby, certify that this property is:	Signature of the Keeper	Date of Action
___ entered in the National Register	_____	_____
___ determined eligible for the National Register	_____	_____
___ determined not eligible for the National Register	_____	_____
___ removed from the National Register	_____	_____
___ other (explain:)	_____	_____

5. Classification

Ownership of Property
(Check as many boxes as apply)

Category of Property
(Check only **one** box)

Number of Resources within Property
(Do not include previously listed resources in the count.)

<input type="checkbox"/>	private
<input checked="" type="checkbox"/>	public - Local
<input type="checkbox"/>	public - State
<input type="checkbox"/>	public - Federal
<input type="checkbox"/>	private

<input checked="" type="checkbox"/>	building(s)
<input type="checkbox"/>	district
<input type="checkbox"/>	site
<input type="checkbox"/>	structure
<input type="checkbox"/>	building(s)
<input type="checkbox"/>	object

Contributing	Noncontributing	
1		buildings
		sites
		structures
		Objects
		buildings
1		Total

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing)

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions

(Enter categories from instructions)

HEALTH CARE/CLINIC

Current Functions

(Enter categories from instructions)

VACANT/NOT IN USE

7. Description

Architectural Classification

(Enter categories from instructions)

Late 19th and 20th Century Revival

Others: Spanish Colonial Revival/Monterey Style

Influence

Materials

(Enter categories from instructions)

foundation: Concrete

walls: Concrete

roof: Terra-Cotta

other: (see continuation sheet)

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

300 Homer Avenue is a one- and two-story, Spanish Eclectic style, U-shaped concrete building clad in beige cement stucco and topped by a clay Mission tile roof. The building sits on a corner lot, at the edge of Heritage Park, bounded by Homer Avenue and Bryant Street. It is oriented northwest, facing Homer Avenue with a playground to the northeast, an open grassy space to the southeast and residential development facing it on the surrounding blocks. The neighborhood is a mixture of new infill, multi-family housing and traditional turn-of-the-century residences. Limited ground-floor commercial enterprises are located along Bryant Street. The subject building wraps around a landscaped courtyard that is centered on a large oak tree. The central spine of 300 Homer Avenue runs parallel with Homer Avenue and is two-stories with a hipped, tile-clad roof. A three-story elevator shaft and stairwell punctuates the roof plane at the central rear of the building. Opposite the elevator shaft and stairwell, facing the courtyard, is a second floor rusticated wood balcony, reminiscent of the Monterey style. Below the balcony, also facing the courtyard is an arched arcade, which protects the primary entry to the building. Perpendicular to the spine are two, one-story wings with front-facing gables and tile-clad roofs. The building predominantly has five-lite steel casement window modules, arranged in large, roughly square assemblies of various sizes. Most windows are currently covered by plywood on the exterior surface of the building. The interior is a mix of office and unfinished spaces arranged around a central, U-shaped circulation corridor. The offices traditionally functioned as doctors' offices and examination rooms with some limited storage in the basement. The finishes and configuration of the one-story wing interiors closely resemble their original forms and appearance, while more liberal modifications to the two-story spine have been made to accommodate modern waiting rooms and office administration. Overall, the building is in good conditions with many original features and finishes.

Narrative Description

300 Homer Avenue has a restrained design that was typical for its architect, Birge Clark. The simplicity of the exterior finishes is contrasted with large features, such as the wood balcony overlooking the courtyard and smaller decorative features such as green scalloped wood eave molding, circular roof vents filled with overlapping Mission tiles and large window openings facing mature trees and landscaping in the examination and office rooms. Each element is part of the overall composition and is harmonious with creating a soothing, peaceful environment for the clients of the Palo Alto Medical Clinic.

The primary elevation of 300 Homer is the most articulated. The main entrance is recessed from the street wall, at the far end of a small brick and landscaped courtyard. A three-bay arched arcade shelters a series of medically themed frescos painted by famed muralist and student of Diego Rivera, Victor Arnautoff. The four color frescos depict modern medical practices, including a pediatric examination, an internist using a stethoscope to examine a woman, surgery being performed with an Albee saw, and an early fluoroscope (x-ray machine). They are paired with smaller frescos illustrating like procedures used by "modern medicine's" predecessors. All are in excellent condition and have not been modified since their creation. (They remain the only public exterior fresco murals in Palo Alto). Wood double doors with five horizontal lights open into the clinic lobby. The original herringbone pattern brick floor of the loggia is intact on both sides, but the center section has been changed to cement for handicapped entry.

The original primary entrance to the building is centered on this wall, surrounded by frescos. On the exterior wall, centered above the arch columns, are four painted medallions depicting Lister, Hippocrates, Pasteur and Roentgen, also completed by Arnautoff. Above the arcade is a cantilevered wood balcony supported by rusticated beams (visible from below) with carved ends. Similar beams and decorative ends are used to support the roof above the balcony. The balcony runs the length of the central spine and is accessed through two pairs of multi-lite wood French doors. (A multi-lite steel window of the same dimensions has replaced a third pair of French doors). Eight square wood posts with simple wood brackets support the roof and a low railing and turned wood balustrade. The balustrade is composed of three styles of randomly mixed turned wooden balusters. The courtyard is bounded on the remaining two sides by the original one-story clinical wings. These elevations have a mirrored fenestration pattern of different modulations of the multi-lite steel window form found throughout the structure. Each window is recessed into the concrete wall with a simple slightly projecting concrete sill. These windows are currently covered with plywood. The one-story wings terminate their gable ends at the street wall. These facades are similar in composition, with a central door or window (originally a door but converted to a window by 1959), flanked by two larger windows and topped by a circular roof vent opening centered under the roof peak. (See Continuation Sheets)

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply)

Property is:

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years old or achieving significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

A - Development of healthcare in Palo Alto; first group medical practice in Palo Alto

C - Architecture/Design

Period of Significance

A 1932-1999

C 1932

Significant Dates

1932 – Date of Construction

1947 – U-shaped addition added at rear (wings now removed)

Significant Person

(Complete only if Criterion B is marked above)

Cultural Affiliation

Architect/Builder

Birge Clark, Architect

Wells P. Goodnough, Builder

Period of Significance (justification)

The period of significance encompasses the building's period of use by the Palo Alto Medical Clinic. It spans from construction of the original clinic building to the year the clinic vacated the property (1932-1999).

Criteria Considerations (explanation, if necessary) N/A

Statement of Significance Summary Paragraph (provide a summary paragraph that includes level of significance and applicable criteria)

The Palo Alto Medical Clinic building at 300 Homer Avenue in Palo Alto, California was the home of the first multi-specialty group practice in the community, founded in 1932. The Palo Alto Medical Clinic was a leader in advancing Palo Alto's health care resources and, from the beginning, introduced new ideas and medical technology to the practice of medicine both in Palo Alto and to the Bay Area. The clinic's founders pioneered a model of group practice in the community that, though at first controversial, would later become common within the healthcare community nationwide. The clinic was one of the first in the region to offer a specialist in obstetrics and the first to offer a specialist in pediatrics. One of Palo Alto's first female physicians was also a founding member of the practice. Known today as the Roth Building, the building is eligible for the National Register under Criterion A at the local level for its association with persons and events important to the development of the healthcare in Palo Alto. The organization's long-term commitment to innovative community healthcare and research laid the foundations for the progressive healthcare network that thrives in Palo Alto today.

Founded by Palo Alto's beloved Dr. Russell Lee, the Palo Alto Medical Clinic group practice built its first clinic building in 1932. The new building, designed by architect Birge Clark, was constructed in the Spanish Eclectic style, the architectural style for which he is best known. A unique feature of the building is the series of fresco paintings, completed by noted Depression-era muralist Victor Arnautoff, that decorate the wall face around the front entry. They are the only known exterior frescoes visible to the public in Palo Alto. Many of the building's original decorative and functional features are still extant and some, especially the frescoes themselves, are of high artistic value to the community. Interior features unique to the function of the building as a medical clinic are also still intact including the physicians' offices, examination rooms, and accompanying original finishes as well as the "in use" lights above the examination room doors along each corridor of the original clinic. As such, the building is eligible for the National Register at the local level under Criterion C as representative of the work of a master architect and artist and a resource displaying high artistic value.

Narrative Statement of Significance (provide at least **one** paragraph for each area of significance)

THE BEGINNINGS

Dr. Russel Lee, the founder of the Palo Alto Medical Clinic, was born in Spanish Fork, Utah in 1895 as one of eight children.¹ He came to California in 1913 to study chemical engineering at Stanford University and, to earn his living expenses, took a job washing glassware for Hans Zinsser, the first professor of bacteriology at Stanford. Inspired by the professor's work, the young student switched to pre-med and studied at Stanford for three years before he transferred to the University of California in 1913 when he got a job in the State Hygiene Laboratory in Berkeley.²

Lee completed his pre-med degree at Berkeley and moved back across the Bay to complete his medical degree at Stanford University Medical School, then located in San Francisco. In 1920, having earned his M.D. at Stanford, Dr. Lee entered into private practice with San Francisco internist Dr. Harold Hill. In 1924, Dr. Lee accepted an offer to go into partnership with Dr. Thomas Williams in Palo Alto. The doctors initially worked out of Dr. Williams' office building at the corner of Bryant Street and Hamilton Avenue in Palo Alto (601 Bryant).³ It was out of this early partnership that the seeds of the Palo Alto Medical Clinic began to grow.

From the beginning of this joint venture, the two doctors had a tremendous workload. In an attempt to stem the tide of incoming patients, Dr. Lee raised the price of care. He famously stated, "I didn't particularly enjoy obstetrical practice, so I upped my delivery fee from \$35 to \$100. This immediately quadrupled my practice. My patients said, 'If he charges that much, he must be pretty good.'" The practice quickly grew to a point where the two men could not handle it alone and their practice soon grew with the addition of surgeon-obstetrician Dr. E. B. (Fritz) Roth in 1925 and pediatrician Dr. Esther B. Clark in 1927. At the time that she joined, Dr. Clark was the only pediatrician between San Francisco and San Jose.⁴ Dr. Wilbur, a surgeon who had spent time training at the Mayo Clinic, was added to the practice in 1930.⁵ (See Continuation Sheets).

¹ *Palo Alto Medical Foundation House Report*, "Russ Lee – 'He Was the Person With Vision'," (Vol. 1, No. 1, 29 January 1982), 1.

² *Ibid.*, 3.

³ *Ibid.*, 3. Also see the Palo Alto Medical Foundation website, "The Founding Physicians," accessed 22 October 2009.

⁴ R. Hewlett Lee, M.D., "Historical Notes on the Palo Alto Medical Clinic (Revised in part from notes of Russel V. Lee, M.D.)", (11 September 1989), 1-2.

⁵ *Palo Alto Times* (Palo Alto, CA), "Dr. Blake Wilbur dies; surgeon for 49 years," 11 March 1974. Also see the Palo Alto Medical Foundation website, "The Founding Physicians," accessed 22 October 2009.

Developmental history/additional historic context information (if appropriate)

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets) See Continuation Sheets for list of references.

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67 has been requested)
- previously listed in the National Register
- previously determined eligible by the National Register designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other
- Name of repository: **Palo Alto Historical Association archives**

Historic Resources Survey Number (if assigned): Antonio Aguilar of the NPS determined that the property “appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the SHPO according to the procedures set forth in 36 CFR Part 60 (12.06.2007, Project # 21121).

10. Geographical Data

Acreage of Property Less than an acre.
(do not include previously listed resource acreage)

UTM References

(Place additional UTM references on a continuation sheet)

1	<u>10</u>	<u>574680</u>	<u>4144250</u>	3	<u> </u>	<u> </u>	<u> </u>
	Zone	Easting	Northing		Zone	Easting	Northing
2	<u> </u>	<u> </u>	<u> </u>	4	<u> </u>	<u> </u>	<u> </u>
	Zone	Easting	Northing		Zone	Easting	Northing

Verbal Boundary Description (describe the boundaries of the property)

The Palo Alto Medical Clinic (Roth) Building is located at 300 Homer Avenue I the City of Palo Alto, County of Santa Clara, State of California, on: A portion of Lot 1 in Block 24 as shown upon that certain map entitled “University Park,” which was filed for record in the office of the Recorder of the County of Santa Clara on February 27, 1889, in Book D of Maps, page 69, more particularly described as follows:

Beginning at the intersection of the northeasterly line of Bryant Street, 60 feet wide, with the southeasterly line of Homer Avenue, 60 feet wide; thence along said Southeasterly line of Homer Avenue, North 39 degrees, 20 minutes, 51 seconds East 140.00 feet; thence parallel with the Northeasterly line of Bryant Street, South 50 degrees 40 minutes 04 seconds East 125.00 feet; Thence parallel with the Southeasterly line of Homer Avenue, South 50 degrees 20 minutes 51 seconds West 140 feet to the Northeasterly line of Bryant Street; thence along said Northeasterly line, North 50 degrees 40 minutes 04 seconds west 125.00 feet to the Point of Beginning.

The portion of Lot 1, Block 24 that is occupied by the subject property is referred to as Parcel B. Said parcel contains 17,500 square feet more or less. The Santa Clara County Assessors Property Number for the subject property is APN 120-17-093 (a portion).

Boundary Justification (explain why the boundaries were selected)

The building is located within a large parcel of land formerly owned and developed by the Palo Alto Medical Clinic. The boundary includes property now owned by the City of Palo Alto and under long-term lease to the Palo Alto History Museum. The boundaries of the lot currently occupied by subject property encompass the building and the site immediately surrounding the building envelope.

11. Form Prepared By

name/title Palo Alto History Museum assisted by Sarah Hahn and Becky Urbano, Architectural Historians
organization Garavaglia Architecture, Inc. date 11/17/2009
street & number 1 Sutter Street, Suite 910 telephone (415) 391-9633
city or town San Francisco state CA zip code 94104
e-mail sarah@garavaglia.com

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.
A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
 - **Continuation Sheets**
 - **Additional items:** (Check with the SHPO or FPO for any additional items)
-

Photographs:

Submit clear and descriptive black and white photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger.

Name of Property: Palo Alto Medical Clinic

City or Vicinity: Palo Alto

County: Santa Clara

State: CA

Photographer: George Koerner (all original digital image files held by photographer)

Date Photographed: Various, see matrix.

Description of Photograph(s) and number:

Photo Number	Photo Date	Photo Description
0001	14 March 2009	Northwest (front) elevation; camera facing southeast.
0002	20 November 2009	Northwest (front) elevation, showing front gable ends; camera facing south.
0003	20 November 2009	Northeast (side) elevation; camera facing southeast.
0004	14 March 2009	Southeast (rear) elevation; camera facing north.
0005	20 November 2009	Southwest (side) elevation; camera facing east.
0006	20 November 2009	Setting; camera facing northeast.
0007	9 Nov 2009	West corridor; camera facing northwest toward front of building.
0008	9 Nov 2009	Room 114, Office overview; camera facing west.
0009	9 Nov 2009	Room 138, Examination room; camera facing west.
0010	9 Nov 2009	Rear stairwell; camera facing southeast.
0011	9 Nov 2009	Mural: Pediatric Examination; camera facing northeast

0012	9 Nov 2009	Mural: Women's Health Examination; camera facing northeast
0013	9 Nov 2009	Mural: Albee Saw; camera facing southwest
0014	9 Nov 2009	Mural: Fluoroscope examination; camera facing southwest
0015	9 Nov 2009	B&W Murals – Right of entrance; camera facing southwest
0016	9 Nov 2009	B&W Murals – Left of entrance; camera facing northeast
0017	14 March 2009	Medallion: Lister; camera facing southeast
0018	14 March 2009	Medallion: Hippocrates; camera facing southeast
0019	14 March 2009	Medallion: Pasteur; camera facing southeast
0020	14 March 2009	Medallion: Roentgen; camera facing southeast
0021	14 March 2009	Courtyard detail; camera facing southeast

Palo Alto Medical Clinic

Name of Property

Santa Clara, CA

County and State

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, PO Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reduction Project (1024-0018), Washington, DC 20503.

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DESCRIPTION (continued)

The northeast elevation of 300 Homer Avenue is largely devoid of the decorative detailing found within the central courtyard. The stucco wall plane is broken by large window openings (all covered with plywood) and the same slightly projecting sills found in the courtyard. At the rear of this elevation, along the two-story spine, the wall is solid with no window or door openings.

The southeast elevation (rear) of the building has a more modern stucco finish as the result of the recent removal of two later additions to the building. These wings connected to the building along the central spine. They were removed, and the surface was finished with a modern interpretation of the original stucco finish and scored to approximately indicate the former floor levels of the removed building sections. The remaining windows on this elevation are associated with the central circulation stair and elevator core and are a mixture of two arrangements of steel casements similar to the rest of the building and two arrangements of glass block.

The final elevation is the southwest elevation facing Bryant Street. This street façade is quite different from the formal Homer Avenue entry. The Bryant Street side of the building was used for supply deliveries and other functional, non-public activities. Toward the rear, as part of the two-story spine, a projecting one-story gable roof extends to the street wall. It is access by a small entry porch with a single wood column, with wood brackets at the porch roof. It is similar, although simpler in composition, to the courtyard balcony. The remainder of the elevation is marked by a series of multi-lite steel casement windows arranged similarly to those on the northeast elevation. This section marks the street-facing wall of the southern one-story wing.

Detailed Description - Interior

The interior of 300 Homer continues to exemplify the building's history as a medical clinic. Its first floor areas are arranged in a series of small examination rooms and office spaces that are both interconnected and accessed by a central hallway. Many of these rooms still retain their original finishes while others have been modified, but traces of the original materials remain. Generally, the building is divided into three types of spaces – doctors' offices, administrative spaces and patient care areas.

Today, the primary entrance through the courtyard opens into a small foyer flanked by two smaller rooms and facing a series of very small rooms used for storage or as restrooms. Beyond this entry point, a modern reception desk and waiting room has been created by combining a series of the original laboratory and examination rooms at the rear of the building. Originally, the front doors opened to a large foyer and reception area with a black and rust colored clay tile floor. Beyond the reception area are the 1947 terrazzo Streamline Moderne stairs. They begin in the basement and rise to the second floor. The balusters are matte finish aluminum with a graceful walnut handrail bending at each landing. Slightly less ornate stairs continue on to the top of the elevator tower where the original machinery and switch panels remain in place. These stairs are lighted by the use of glass brick windows and original lighting fixtures. The adjacent Otis elevator was operable when the clinic moved out in 1999. Original center-opening doors remain on each floor. The elevator car has wood paneling with horizontal aluminum bands and rounded Moderne corners. Beyond the modern waiting room areas, an open, unfinished space marks the location of the central two-story spine. This area was formerly connected to two 1947 rear wings and to an adjacent building via a short hallway. These later additions and features were removed in 2003 and the space was left unfinished.

Off the open unfinished central spine, two perpendicular hallways provide access to the one-story wings. Each of these wings is dedicated to doctors' offices and examination rooms of various types. Many of the original offices retain their Flexwood wall paneling, decorative radiator plates, Art Nouveau door and window hardware and built in cabinetry. These highly refined rooms are generally arranged to face one another across the central hallway. They are spread out throughout the one-story wings. Between the offices are small examination rooms. The original black and white tile backsplashes, hexagonal tile counters, black porcelain soap dishes and glass shelf brackets and sinks remain in several of the examination

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rooms. The rest have been replaced in whole or in part with c.1960s equivalents. Each of these rooms originally had a door that opened to a small hallway with access to a shared water closet. Generally two rooms shared a single water closet. Original restrooms are finished with green floor tile. Today, most of the restrooms have their original tile but the fixtures have been replaced. Where examination rooms have been combined, the restrooms have been removed or allocated to access to a single examination room. All of the restrooms in the two single-story wings retain all or a significant portion of their original finishes.

The second floor consists of another open unfinished space along the central spine with a suite of offices and examination rooms toward the front of the buildings. These rooms were finished after original construction, but before the rear additions were added. As such, they exhibit slightly later finishes, but these finishes are original to the spaces. They consist largely of bleached wood paneled walls in the rooms and painted white wallboard in the hallways and restrooms. The entire suite is carpeted and shares a single waiting room that opens onto the balcony. Some walls have been relocated since original construction but the suite, in general, remains in its original configuration.

Beyond the functional features of each room, the interior retains a good representation of period fixtures and lighting. On the first floor, small semi-circular globes are placed above each doorway of the original examination rooms. While no longer functional, they were used to indicate whether the patient had been seen or not, or if they needed assistance. A corresponding switch was placed in each room to activate the light. On the second floor, light fixtures consisting of concentric rings of white metal are found in the office suite. They appear to date to the original finishing of the spaces in 1937. Drawer pulls, solid wood doors, doorknobs and plates, window hardware and switch plates remain, providing an authentic aesthetic to the entire space.

Alterations

300 Homer Avenue was originally constructed in 1932 as a medical clinic. At that time the building was a U-plan design with a two story, hip-roof spine and two one-story gable roof wings. The first floor housed the medical clinic and the smaller second floor contained an unfinished office suite. This suite was completed in 1937 to accommodate additional doctors' offices and examination rooms.

In 1947, the building was greatly expanded by the construction of a U-plan addition that connected at the rear of the building. Designed by the original architect, Birge Clark, this new construction was a full two-stories in height and consisted of a new two-story spine and two, two-story wings. The spine contained a new circulation core consisting of a Moderne-style Otis elevator and three-story terrazzo, metal and oak stair. The rest of the work was executed in mostly mass-produced materials and had greatly simplified interior finishes and detailing. The resulting structure had an H-plan and housed a number of additional medical services including expanded x-ray and surgery capabilities.

Additional room was needed as the clinic continued to expand. In 1961, a new building was constructed just east of 300 Homer Avenue on the site of the current playground. Known as the Lee Building, it was larger in size than 300 Homer Avenue. An opening was cut into the east wall of the 1947 spine to accommodate a hallway to connect the two buildings. At this time, the courtyard entry ceased to be the primary patient entry point. The lobby was converted into a nurses' station and this is the configuration that remains today.

The Palo Alto Medical Foundation (formerly the Palo Alto Medical Clinic) operated the facility until 1999 when they sold the property to the City of Palo Alto. In 2000, the Lee Building was demolished and the hallway opening in the east wall of 300 Homer Avenue was filled in.

In 2003, the 1947 wings at the rear of the building were also removed. Key character-defining features of these wings were salvaged (roof tile, gutters, wood trim elements) and the 1947 spine, including the central circulation corridor was retained. This portion of the building was seismically retrofitted and left unfinished pending a new use for the building.

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Of an unknown date are the alterations that transformed the original X-ray and surgery rooms in the 1932 west wing into the examination room, office and support spaces that are currently in place. The date of conversion of the east waiting room into examination rooms and support spaces is also unknown. However, many of the existing walls and finishes appear to be original even if their former configurations have been modified.

The building's current form is approximately that of the original 1932 construction. It contains all portions from the original construction plus the form and volume of the 1947 spine. Representative rooms, displaying the original 1932 finishes and uses remain to provide a clear image of the patients' experiences and the doctors' work environments in the early years of this highly influential medical institution. The overall appearance, both inside and out, is that of an early mid-20th century medical clinic, uniquely designed to fit within the architectural traditions of Palo Alto.

CONCLUSION

300 Homer Avenue was constructed in 1932 to house the newly formed Palo Alto Medical Clinic. It has served as a medical building for this organization until its sale to the City of Palo Alto in 2000. The exterior design of the building is in keeping with the predominant architectural style executed in Palo Alto in the early part of the 20th century and the interior is specifically designed to create an efficient medical clinic operation. The decorative features throughout the building are of a high quality and design that is atypical for modern medical facilities and give 300 Homer Avenue an overall welcoming character that exemplified the Clinic's mission and dedication to the surrounding community of Palo Alto. It retains its integrity despite years of continued use as a medical facility and recent alterations to later additions to the property. While currently unoccupied, it has been stabilized and protected for future use and is subject to regular inspections and maintenance.

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NARRATIVE STATEMENT OF SIGNIFICANCE (continued)

The continued rapid growth of the practice soon necessitated the addition of more physicians. As such, Dr. Milton Saier, an internist and allergy specialist joined the practice in 1931, and Dr. Niebel, a family practitioner and specialist in anesthesiology, joined c.1932. Dr. Williams, the elder of the group, retired in 1929.¹ In the first years of the 1930s, the evolving group practice was still operating out the crowded 601 Bryant Street location and plans were beginning to form for a new partnership and a new facility.

THE FOUNDING MEMBERS²

In 1932, six Palo Alto physicians formally agreed to join their practices in a new and innovative type of medical partnership in Palo Alto. The partnership agreement, just three pages long, offers little indication of how unusual their decision was at a time when many doctors viewed group practice as something close to communism.³ Nor does it foretell how the fledgling Palo Alto Clinic, founded in a small college town several miles south of San Francisco, would become one of the largest and most well-respected physician groups in the United States.⁴ In addition to Dr. Russel Lee, the founding members are as follows:

Dr. Edward Frederick (Fritz) Roth

Known interchangeably as “Fritz” or “Butch” by those who knew him, Dr. Roth was born in Ukiah, CA and educated at Stanford University and Stanford University Medical School, graduating from the latter in 1920. Roth later went to Boston where he received additional training in general surgery and obstetrics/gynecology. He joined Dr. Russell Lee in practice in 1925 initially handled most of the group’s work in that specialty. Later, when more doctors joined the clinic, he turned to his first love, orthopedics and sports medicine. Dr. Roth was noted for his outstanding work as an orthopedist and became team physician for Stanford University in the 1930s, a position in which he continued throughout his career. Roth was a founding member of the group practice and the original clinic building at 300 Homer Avenue, the Roth Building, is named for him.

Dr. Esther Clark

Dr. Esther Bridgeman Clark, sister of famed Palo Alto Architect Birge Clark, was one of the first female doctors in Palo Alto and the first pediatrician in the Palo Alto area. Clark was born in 1900 and attended Stanford University and later Stanford University Medical School (then located in San Francisco), receiving her M.D. in 1925. She began her pediatric practice in Palo Alto after graduation and joined the Palo Alto Clinic as a partner in 1927. She joined the clinical faculty of Stanford Medical School in the 1930s and in 1953 established the Children’s Health Council. Dr. Clark retired in 1972 at age 72.⁵

¹ R. Hewlett Lee, M.D., “Historical Notes” (11 September 1989), 2.

² Various accounts exist about the formation and development of the Palo Alto Clinic and its founding members. Some list only four founding members (Lee, Roth, Clark and Wilbur), and some as many as nine. According to the “Historical Notes,” written by Dr. R. Hewlett Lee (Dr. Russel Lee’s son), the group formally established itself as the Palo Alto Clinic in 1929. A 1953 *Palo Alto Times* article indicates that Palo Alto Clinic Ltd. incorporated in 1932. An August 1932 *Palo Alto Times* article entitled “Medical Staff In New Building” identifies the physicians present at the time the building at 300 Homer Avenue was originally occupied as the following: Lee, Roth, Clark, Wilbur, Saier and Niebel. These six physicians are also recognized as the founding members by the Palo Alto Medical Foundation (website) and in the publication entitled *Palo Alto Medical Clinic: the First 75 Years* by Sara Katz O’Hara. A reproduction of another formal partnership agreement, dated 1 October 1936, is shown in the latter publication on page 20 (same six doctors).

³ *Palo Alto Times* (Palo Alto, CA), “Redistribution of Stock Started by P.A. Clinic,” 25 July 1953. Another early partnership agreement was made in 1936, see: Sarah Katz O’Hara, *Palo Alto Medical Clinic, the First 75 years*. Dr. Francis A. Marzoni, Editor, (Palo Alto Medical Foundation, Palo Alto, CA: n.d.), 20.

⁴ The Palo Alto Clinic added the word “Medical” to its title in 1955 when a law passed by the California Legislature required it.

⁵ *Palo Alto Times* (Palo Alto, CA), “Esther Clark,” 27 March 1972. Also Online Archive of California (<http://oac.cdlib.org>), Guide to the Esther Bridgeman Clark Papers (accessed 22 October 2009).

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Dr. Blake C. Wilbur

Born in San Francisco, Dr. Blake Wilbur, son of Stanford University president Ray Lyman Wilbur, attended Stanford and Harvard medical schools, graduating from Harvard in 1925. He trained at the Mayo Clinic in Rochester, Minnesota and practiced briefly in San Francisco before returning to Palo Alto in 1930. Dr. Wilbur joined the Palo Alto Medical Clinic that same year and became renowned for his work as a surgeon. For many years, he was a clinical professor of surgery at Stanford University Medical School and he practiced surgery up to the time of his death in 1974.⁶

Dr. Milton H. Saier

Dr. Milton Saier joined the Palo Alto Clinic group practice in 1931, when the group was still operating out of an overcrowded office in a two-story house at 601 Bryant Street. Born in Fresno, California in 1902, he earned a biochemistry degree at Stanford University in 1924 and a medical degree from Stanford Medical School in 1928. Dr. Saier practiced internal medicine and specialized in allergies. When he joined the clinic, he was the only allergist between San Francisco and San Jose, and he created the first allergy department at the clinic. Dr. Saier retired in 1968.⁷

Dr. Herbert Lee Niebel

An Ohio native, Dr. Herbert Niebel graduated from Stanford University with a degree in civil engineering in 1914, and following graduation served for a period as an assistant instructor in bacteriology at Stanford. The latter experience led to an interest in clean air and water as well as a decision to enter Stanford Medical School where he received his M.D. degree in 1923. Dr. Niebel entered into private practice in Palo Alto for a time before joining the Palo Alto Medical Clinic as a general practitioner skilled in anesthesiology. He remained with the clinic until his retirement in 1956.⁸

THE EARLY YEARS

As common as it might seem today, group medical practices were relatively uncommon in 1932, when Dr. Lee and the five partners incorporated as Palo Alto Clinic Ltd.⁹ Group medical practices had existed in the United States from the late 1800s, when the Mayo Clinic was founded in Rochester, Minnesota. As Mayo-trained physicians spread throughout the country, some set up their own group practices. By 1932, there were approximately 125 group practices in the country, with nearly a third of them located in the Midwest.¹⁰

As medicine in the United States had traditionally been practiced on an individualized, fee-for-service basis, the early group practices that did exist were seen by many independent physicians as forms of corporate or "socialized" medicine that threatened their professional autonomy.¹¹ At one point, a resolution was introduced in the Santa Clara County Medical Society barring any Palo Alto Medical Clinic physician from membership. This was a reaction both to the clinic's growing presence in the community, and to a 1946 agreement to provide pre-paid medical care to Stanford University students – an

⁶ *Palo Alto Times* (Palo Alto, CA), "Dr. Blake Wilbur dies; surgeon for 49 years," 11 March 1974; *Palo Alto Times* (Palo Alto, CA), "Blake Wilbur's fete on Anniversary," 25 June 1973; *Palo Alto Times* (Palo Alto, CA), "Scholarship for Surgeons established," 13 September 1972. Also see the Palo Alto Medical Foundation website, "The Founding Physicians," accessed 22 October 2009.

⁷ *Palo Alto Daily News* (Palo Alto, CA), "D. Milton Saier, Founding Partner of Palo Alto Clinic,," 1 June 1996; *San Francisco Chronicle* (San Francisco, CA), "Dr. Milton H. Saier," n.d.

⁸ *Palo Alto Times* (Palo Alto, CA), "Dr. Herbert Lee Niebel," 26 February 1979. Also see the Palo Alto Medical Foundation website, "The Founding Physicians," accessed 22 October 2009.

⁹ *Palo Alto Times* (Palo Alto, CA), "Redistribution of Stock Started By Palo Alto Clinic," 7/25/1953.

¹⁰ "A Brief History of Group Practice." Palo Alto Medical Foundation, 2001(accessed 17 November 2009). <http://www.pamf.org/about/pamfhistory/grouppractice.html>.

¹¹ "The 1930s: Medicine And Health: Overview." *American Decades*. The Gale Group, Inc. 2001. *Encyclopedia.com* <http://www.encyclopedia.com/doc/1G2-3468301278.html> (accessed 17 November 2009). Also, "The Bonds of Brotherhood, Teamwork and the Group Practice." Mayo Foundation for Medical Education and Research." <http://www.mayoclinic.org/tradition-heritage/group-practice.html> (accessed 17 November 2009).

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uncommon arrangement at the time and one that many independent practitioners saw as unfairly exclusive.¹² The group practice, however, became increasingly more common in the following decades and by 1969, it is estimated there were just over 6,000 group medical practices in the United States; in 1999 there were approximately 20,000.¹³

To accommodate the new Palo Alto Clinic's expanding operations, Palo Alto architect Birge Clark was contracted in 1931 to draw up plans for a new office and clinic building.¹⁴ The new location was designed to accommodate twelve doctors, thereby allowing for future growth. Notice of a building permit issued for the clinic was printed on the front page of the February 10, 1932 issue of *The Palo Alto Times*.¹⁵ The building at 300 Homer Avenue, which was at the outer edge of Palo Alto's commercial district at the time, opened later that year.¹⁶ An article in the *Palo Alto Times* on August 4, 1932, described the new clinic as "a complete, self-contained unit, providing not only doctors' suites, but an X-ray department, an operating room, clinical laboratory, together with bookkeeping office and other facilities."¹⁷

The Palo Alto Clinic was the first group medical practice in Palo Alto, and one of the earlier group practices in California.¹⁸ Not only was the clinic a different type of medical practice than was common in those days, it was also innovative in its application of that practice. Whereas the Mayo Clinic and most other clinics of the time operated on a "referral" system, with patients referred by outside physicians for "secondary" care by a clinic's specialists, the Palo Alto Clinic's primary care physicians referred patients to specialists within the clinic if the need arose, thus providing both primary and secondary care in a single setting.¹⁹

The structure and operation of the organization itself was unique as well. The clinic was organized as a partnership and in the early years each partner was assigned whatever percent of income the individual deemed appropriate for his or her services. Dr. Lee's philosophy was, "Give a guy what he wants and then make him earn it."²⁰ A separate corporation was also established by the group, in which each partner held stock, owned the real estate, the medical equipment and office furniture. Governing decisions were made as a group, with each physician's vote carrying equal weight.²¹

Prior to Palo Alto Clinic's opening in 1932, Palo Altans' local health care options had consisted primarily of individual physicians and a one hundred-bed hospital, which was built in 1929, owned by the City of Palo Alto, and operated by Stanford Medical School. The opening of the Clinic widened the scope of medical care available in Palo Alto by having specialists, a rare feature at the time, within the Clinic's practice. Further, the group practice setting made it possible for primary doctors and specialists to easily interact with one another within the clinic when making a diagnosis of a patient.²² It also allowed for new technology to be made available as it was developed, something that was often too expensive for individual doctors to afford.

¹² "A Brief History of Group Practice." Palo Alto Medical Foundation, 2001 (accessed 17 November 2009).

<http://www.pamf.org/about/pamfhistory/grouppractice.html>.

¹³ Sarah Katz O'Hara (Dr. Francis Marzoni, Ed.), *Palo Alto Medical Clinic: The First 75 Years 1930-2005*, (Palo Alto: Palo Alto Medical Foundation).

¹⁴ Architectural Plans, *Office Building for Doctors Lee, Roth, Clark and Wilbur*, by Birge Clark, 19 December 1931.

¹⁵ *Palo Alto Times* (Palo Alto, CA), "Three Building Permits Issued, Total \$93,400," 2/10/1932.

¹⁶ *Palo Alto Times* (Palo Alto, CA), "Medical Staff In New Building," 8/4/1932.

¹⁷ *Ibid.*

¹⁸ Sarah Katz O'Hara (Dr. Francis Marzoni, Ed.), *Palo Alto Medical Clinic: The First 75 Years 1930-2005*, (Palo Alto: Palo Alto Medical Foundation).

¹⁹ *Ibid.* Also: *Palo Alto Times* (Palo Alto, CA), Medical Insert Section, "Facility Seeks Complete Community Care," 9/15/1959.

²⁰ *Palo Alto Weekly* (Palo Alto, CA), "PA Medical Clinic Marks 50th Year," 3/13/1980.

²¹ Sarah Katz O'Hara, *The First 75 Years*, 13.

²² Sarah Katz O'Hara (Dr. Francis Marzoni, Ed.), *Palo Alto Medical Clinic: The First 75 Years 1930-2005*, (Palo Alto: Palo Alto Medical Foundation).

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Palo Alto, like the rest of the nation in the 1930s, felt the burden of the Great Depression. Clinic physicians often waived their fees - \$3.00 for an office visit, \$4.00 per daytime house call, and \$10.00 per nighttime house call – since many patients could not afford to pay. Some patients brought in food from their gardens to offer as compensation. After the war however, many patients returned to pay off old debts.²³

POST WAR BOOM

Until 1946, the Palo Alto Clinic grew at a measured pace, adding doctors as they were needed. However, the large increase in the Peninsula's population following World War II created an urgent need for more doctors and the office space to accommodate them. In 1946 alone, 12 doctors joined the staff.²⁴ The increased demand was met by the 1947 opening of a U-shaped addition, designed by the firm of (Birge) Clark and Stromquist, which attached to the rear of the 1932 building.²⁵ The rear addition tripled the clinic's capacity and was constructed for an estimated \$450,000.²⁶

The clinic continued to grow, increasing the variety of specialists and services offered. A 1953 *Palo Alto Times* article noted that the Palo Alto Clinic had 1,000 patients a day filing through its doors, only one-fifth of that number coming from Palo Alto. The same article states that by 1953, the clinic had 58 doctors and new patients were being added at a rate of 1,200 per month.²⁷

By 1961, Palo Alto Medical Clinic (as it became in 1955 to conform to a law requiring that "medical" be added to its name) had undergone further expansion into a new building on the property, adjacent to the original Roth building.²⁸ The new building was named the Lee building in honor of Dr. Russel V. Lee, and the original building at 300 Homer Avenue became known as the Roth building after Dr. "Fritz" Roth.²⁹ Both buildings provided medical offices and treatment rooms for clinic doctors.

The Palo Alto Medical Clinic and the Palo Alto Medical Research Foundation were combined in 1981 to form the not-for-profit Palo Alto Medical Foundation (PAMF); the Palo Alto Medical Clinic continued to exist as a "separate for-profit corporation under the Foundation umbrella".³⁰ In 1993, the Foundation became an affiliate of Sutter Health. Today the Palo Alto Medical Foundation is one of the largest multispecialty group practices in California.³¹

ACHIEVEMENTS

From its inception, innovation and commitment to community health care were tenets of the Clinic's philosophy. In 1946, the Palo Alto Clinic became one of the earliest medical groups to work with managed care insurance plans when it contracted with Stanford University to care for students under a prepaid medical plan. This was the first time in its history that Stanford had offered a comprehensive health service to its students.³²

²³ Palo Alto Medical Foundation website, "Depression, War and a Population Explosion," <http://pamf.org> (accessed 1 October 2008).

²⁴ Ward Winslow and others, *Palo Alto: A Centennial History*, (Palo Alto: Palo Alto Historical Association, 1st edition), 174.

²⁵ Palo Alto Medical Foundation, *A History of Innovation: the Story of the Palo Alto Medical Foundation*, 1987.

²⁶ *Palo Alto Times* (Palo Alto, CA) "Work to begin on \$450,000 Clinic Addition," 25 July 1946.

²⁷ *Palo Alto Times* (Palo Alto, CA) "P.A. Clinic major medical center," 30 July 1953. Also, *San Francisco Examiner* (San Francisco, CA), "Palo Alto Clinic Treats 1000 A Day," 7/26/1953.

²⁸ Palo Alto Medical Foundation, *A History of Innovation: the Story of the Palo Alto Medical Foundation*, 1987.

²⁹ Conversation between Dr. Robert Roth and Beth Bunnenberg, Palo Alto, CA, June 2004.

³⁰ Sarah Katz O'Hara (Dr. Francis Marzoni, Ed.), *Palo Alto Medical Clinic: The First 75 Years 1930-2005*, (Palo Alto: Palo Alto Medical Foundation).

³¹ Palo Alto Medical Foundation, *A History of Innovation: the Story of the Palo Alto Medical Foundation*, 1987.

³² *Palo Alto Times* (Palo Alto, CA) "Stanford now offers students full prepaid health program," 9 April 1946.

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Known initially as prepaid health care, managed care first manifested in Southern California when the Los Angeles Department of Water and Power contracted with a local clinic to provide medical care for its workers at the rate of \$2.69 per month. Shortly thereafter, industrial baron Henry J. Kaiser made similar arrangements for workers at the Grand Coulee Dam and in his shipyards and steel mills.³³ Though a handful of similar plans were set up following those models, prepaid health plans did not become common until the 1970's, when the Nixon Administration announced its plan (in 1971) to fund the development of prepaid health maintenance organizations or HMOs.³⁴

The agreement between Stanford and the clinic was that the clinic would provide medical care for all university students for an advance fee of \$5.00 per semester, taken out of tuition. This was the first prepaid medical care plan on the Peninsula and it initially caused a stir with the Santa Clara County Medical Society, prompting unsuccessful efforts to remove the clinic doctors from the membership organization. A similar prepaid plan was developed by the Clinic in the 1950's for Stanford faculty and staff.³⁵

In 1950, the Clinic became one of the first facilities in the country to offer radiation therapy for cancer patients in an outpatient setting. In the same year the Clinic founded the Palo Alto Research Foundation, a separate legal entity, located in a separate building.³⁶ Originally conceived to provide Palo Alto Clinic doctors with the opportunity to engage in medical research, it instead developed into a facility for scientists doing basic research; research that has produced a number of medical advances.³⁷ Clinic doctor Esther Clark established the Children's Health Council, as a separate entity, to care for disabled children in 1953.³⁸ Dr. Lee had long fostered an interest in care for the aged and in 1964, founded the retirement community Channing House, providing lifetime medical care by Palo Alto Medical Clinic's doctors. Both the Children's Health Council and Channing House were established with the help of the Palo Alto Clinic founded not-for-profit Medical Research Foundation.³⁹

Dr. Russel V. Lee had long supported pre-paid health care and was a national advocate for the development of group practice. In 1951, he was appointed to President Truman's Commission on Health Needs of the Nation, which proposed a plan that later became a basis for Medicare.⁴⁰

The Clinic also "served as a model for other nascent medical groups. Indeed, Dr. Lee claimed that the first partnership agreement of the Permanente system - 'was worked out in my living room right after the war'.⁴¹ The desire to bring innovative medical approaches and new technology to the community was an original goal of the Palo Alto Medical Clinic that still continues today. Examples are: the first mammography machine on the West Coast purchased in 1965, the pioneering in the early 1970's of outpatient surgery to reduce hospital stays, and, also in the 1970's, the establishment of one of the first stand alone Sports Medicine Departments in the United States.⁴² This department was rooted in the work and interest of one of the Clinic's founders, Dr. "Fritz" Roth.⁴³

³³ Palo Alto Medical Foundation website, "Early Experiments With Managed Care," <http://pamf.org> (accessed: 10.23.2009).

³⁴ Ibid.

³⁵ Palo Alto Medical Foundation website, "Early Experiments With Managed Care," <http://pamf.org> (accessed: 10.23.2009).

³⁶ Ibid.

³⁷ Palo Alto Medical Foundation, *A History of Innovation: the Story of the Palo Alto Medical Foundation*, 1987.

³⁸ Ward Winslow and the Palo Alto Historical Association, *Palo Alto: A Centennial History* (Palo Alto: Palo Alto Historical Association, 1993), 179.

³⁹ Sarah Katz O'Hara (Dr. Francis Marzoni, Ed.), *Palo Alto Medical Clinic: The First 75 Years 1930-2005*, (Palo Alto: Palo Alto Medical Foundation).

⁴⁰ Article: "Dr. Russel V. Lee: A Radical or Simply Ahead of His Time," no date. Palo Alto Historical Association files.

⁴¹ Ibid.

⁴² "Timeline: 1930-2005." Palo Alto Medical Foundation (website). <http://www.pamf.org/about/pamfhistory/timeline.html> (accessed 17 November 2009).

⁴³ *Palo Alto Times* (Palo Alto, CA), "Letter from Russell V. Lee, Dr. Roth Linked Two Medical Eras," 4/6/1972.

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Over the years, the Palo Alto Medical Foundation had expanded into various neighboring buildings. A decision was made to consolidate these facilities, and in September 1999, most of the facilities had been moved to a new building and campus in Palo Alto, approximately five blocks from its original home. The obsolete property of the Medical Foundation was sold, including the Roth building, which the City of Palo Alto purchased in 2000.

The Palo Alto Medical Clinic's group medical practice was a forerunner in the evolution of Palo Alto as a progressive medical center. In 1959, in conjunction with the construction of a new hospital owned jointly by Palo Alto and Stanford University, Stanford moved the campus of its medical school in San Francisco to Stanford's main campus in Palo Alto. The Stanford Lane Hospital was also moved from San Francisco and to the new Palo Alto/Stanford Hospital at that time. The Palo Alto Medical Clinic's long-standing and mutually beneficial relationship with Stanford University and its medical school played a significant role in facilitating this move.

In the late 1960s, Stanford University bought out the City of Palo Alto's interest in the above-mentioned hospital and subsequently embarked on an extensive medical expansion program that has continued into the 2000's. A number of other medical facilities were subsequently developed. Among them were the Veteran Affairs Hospital, which opened on Stanford land adjoining Palo Alto's border in 1960, the Peninsula Children's Center (1960), and the Community Association for the Retarded (1963). Interplast, Inc., providing free reconstructive surgery in third world countries, was founded in Palo Alto in the late 1960's.⁴⁴ Today the Palo Alto Medical Foundation, Stanford University Medical complex, and groups of individual physicians, form Palo Alto's health industry - an industry which attracts regional, and to some degree, national and international patients.

PALO ALTO MEDICAL CLINIC BUILDING

The Palo Alto Medical Clinic building is an excellent example of the Spanish Eclectic style of architecture and retains many interesting decorative and functional features from its original conception. Birge Clark, an architect of major local importance, designed the building in 1931-32 in the architectural style for which he is best known. Victor Arnautoff, a depression era artist of note in the Bay Area, painted the frescos at the entryway. They are the only known exterior frescoes visible to the public in Palo Alto.

Birge Clark

Birge Clark (1893-1989) was a significant Palo Alto architect whose work had a major impact on the City of Palo Alto. Paula Boghosian, an architectural historian, in 1979 wrote in *Historical and Architectural Resources of the City of Palo Alto* that Birge Clark's "Spanish Colonial Revival designs are largely responsible for the coherent Spanish Colonial Revival image of much of Palo Alto and for the consistency between the downtown commercial area and the Spanish Colonial Revival residential neighborhoods of the town."⁴⁵

A lifelong resident of Palo Alto, Clark earned an undergraduate degree from Stanford University, graduating in 1914 with a major in art and a minor in engineering. He earned his master's degree in architecture from Columbia University. Birge Clark used many architectural styles for his commercial and residential buildings but is best known for the Spanish Eclectic style, or what he called California Colonial.⁴⁶ His three National Register listed buildings and all of his buildings in the National Register-listed Ramona Street Architectural District were designed in this style.⁴⁷ It is also in this same style that the Roth building was designed at the height of Birge Clark's Spanish Eclectic period.

⁴⁴ Ward Winslow and the Palo Alto Historical Association, *Palo Alto: A Centennial History* (Palo Alto: Palo Alto Historical Association, 1993).

⁴⁵ Paula Boghosian, Architectural Historian, *Historical and Architectural Resources of the City of Palo Alto* (1979), 13.

⁴⁶ *San Francisco Chronicle* (San Francisco, CA), "Peninsula Architect Birge Clark, 96," 3 May 1989.

⁴⁷ The listed National Register properties designed by Birge Clark are the Norris House, Dunker House and the U.S. Post Office building in Palo Alto.

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According to Birge Clark's memoirs, at the time they began planning the new clinic building in 1931, clinic physician Russell Lee was in favor of using the Art Moderne style of architecture. Though the architect made a number of sketches for a Moderne building, he advocated for a design in the California Colonial style that he felt more comfortable with. As stated in his memoirs, he felt that, "the 'moderne' was still in its infancy at best and would probably change a good deal as time went on, while the California Colonial was a developed, mature style with its tile roofs, thick walls, wrought iron, balconies [and] arches."⁴⁸ After much debate, the doctors settled on the "California Colonial" or Spanish Eclectic style promoted by Birge Clark and the building was completed in 1932.

Birge Clark, and his architecture firm Clark & Stromquist, was employed by the Palo Alto Medical Clinic to design numerous projects over the years including a small office building at 321 Channing and the two-story rear addition to the Clinic building in 1946. They also finished the interiors on the second floor of the original clinic building in 1937. The last large addition, added in 1969, was completed in a more modern style than the first portions of the building, as it was intended to be the first three stories of a nine-story high rise.⁴⁹

As is evident today, the building combined a commercial use with a predominately residential-type exterior design. Employing two single-story wings enclosing a courtyard with a mature oak tree, and using residential scale doors and windows, and French doors opening onto a gallery on the front elevation of the recessed second story, Birge Clark enabled the Roth building to blend into its residential surroundings. Additionally, the familiar architectural style made the building comfortable and inviting to patients who had, up to that point in time, largely been treated by medical practitioners working out of their own homes.

Victor Arnautoff

In 1931, Dr. Russell V. Lee commissioned Russian artist Victor Arnautoff (1896 – 1979) to paint the fresco murals around the front entry to the new Clinic building. Alfred Frankenstein, *San Francisco Chronicle's* long-time art critic, described Arnautoff in 1955 as "one of the best mural painters in the United States".⁵⁰ Arnautoff was born in Russia in 1896 and emigrated to Mexico in the early 20th Century where he studied mural painting and became an assistant to Diego Rivera in the late 1920s. In 1931, he came to San Francisco and worked with Rivera on the mural commissioned for the San Francisco Art Institute.⁵¹ Arnautoff also studied art at the California School of Fine Arts in San Francisco.

His first solo commission in California was for the Palo Alto Clinic, which was completed in 1932.⁵² In 1933-34 Arnautoff was chosen by the Works Progress Administration as one of the artists for the murals at Coit Tower in San Francisco. Some of his other murals include the large fresco in the Main Post Chapel in the Presidio (1935) as well as frescoes in high schools and other buildings in the Bay Area. Arnautoff taught art at Stanford University from 1939 until his retirement in 1963 after which he returned to Russia, where he lived out his life.⁵³

The Roth building's frescoes have a medical theme contrasting modern medicine with earlier medical methods. There are four fresco panels in color. Three of these panels depict the modern medical branches of pediatrics, surgery, and internal medicine, and include three doctors whose contributions to modern medicine Dr. Lee felt were most important. The fourth panel depicts modern technology.

Underneath each of the colored fresco panels is a smaller monochromatic panel depicting a contrasting primitive method of treatment. Beginning on the left of the entrance wall, the first colored fresco is of Emmett Holt (1855-1924) a distinguished

⁴⁸ *An Architect Grows up in Palo Alto: Memoirs of Birge Malcom Clark*, F.A.I.A., (typescript: 1982), 69.

⁴⁹ Ibid. The nine-story addition was never constructed.

⁵⁰ *News and Notes – Medical Murals*, Palo Alto Medical Clinic, August 1959. Also, *San Francisco Chronicle* (San Francisco, CA), "Artists Can Do Better Than A Dick McSmear," 10/3/1955.

⁵¹ Stanford Historical Society, *Memorial Resolution: Victor Arnautoff (1896-1979)*, n.d.

⁵² Ibid.

⁵³ "The Chapel, Hallowed Ground" at: http://www.interfaith-presidio.org/the_chapel.html (accessed 10.19.2009). Also "Victor Arnautoff, 1896-1979," at: <http://www.helfenfinearts.com/biogs/arnautoffFset.html> (accessed 10.19.2009).

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American pediatrician and a pioneer in children's diseases. The monochromatic panel beneath him has a Flathead Indian pressing a board against an infant's head to produce a sloping forehead, believed to be a sign of intelligence. The next color panel, located between the window and door, is of Sir William Osler (1849-1919) a Canadian internist, highly regarded teacher and writer on medicine. His contrasting monochromatic panel depicts a witch doctor exorcising evil spirits. The third colored panel, to the right of the entrance door, is of Harvey Cushing (1869-1939) a Boston neurosurgeon who refined the use of the Albee saw. Beneath him the monochromatic fresco is of a wound being cauterized with a hot poker. The final color panel, between the right window and far wall, shows an early form of x-ray, a fluoroscope, being used. This panel is in contrast with the monochromatic fresco beneath depicting the use of horoscopes to diagnose illness.

Underneath each window on the entrance wall is a monochromatic fresco with a reclining man and woman. The left-hand fresco depicts the woman holding a scythe and the man a set of scales; in the right-hand fresco the woman holds a laurel wreath and the man a sword. Beneath the windows on the two end walls of the entrance loggia are monochrome frescoes depicting the modern microscope and Bunsen burner (left end) and the old remedies of herbs and roots (right end). Above the entrance door is a narrow monochromatic fresco with a skull and a snake surrounded by books representing knowledge.⁵⁴

Arnautoff's cohesive design integrated the frescoes with the wall's fenestration and door to produce a unified, rhythmic, and forceful composition. The predominant colors in the murals echo the warm tones of the red clay tile roof, the blue green tones of the cornice molding, window and door trim, and the beige tones of the medallions. Similar colors appeared on the interior in the original tile floors, warm Flexwood walls and the beige window sill tiles. His subject matter emphasizing the advancement of modern medicine and technology was appropriate for a newly opened medical building, and the depiction of pediatrics, internal medicine, surgery, and x-ray technology focused on the broad range of medical care that was available at the Palo Alto Clinic.

The murals caused a minor scandal when the clinic building opened in 1932, due to depictions of several patients receiving medical care in a state of partial undress. Palo Alto's reaction was so intense that the controversy was covered in San Francisco newspapers. Under the title, "Murals and Morals: Palo Alto's Pulse Quickens," a San Francisco Chronicle reporter wrote, "The builders, aided and abetted by the nationally known doctors who make up the staff, have gone in for art in a big way, and the startling result has set this little college town by the ears!" The article continued to state that, "the consensus is that a clinic ought to be a clinic, and not an art gallery. Especially a modern art gallery!"⁵⁵ On the first Sunday after the murals were unveiled, the steady stream of townspeople driving along Homer Avenue to see the mural for themselves caused a traffic jam and clinic surgeon Fritz Roth threatened to have the walls whitewashed before he would move in. In time, the uproar faded away and the artwork became a fixture.⁵⁶

CONCLUSION

From its conception, the Palo Alto Clinic was a leader in advancing Palo Alto's health care resources. The early group practice introduced new innovations in the practice of medicine and the use of new medical technology to both in Palo Alto and the Bay Area. It drew patients not only from the immediate community but from throughout the Peninsula, featured specialists as part of the Clinic's practice, and attracted accomplished physicians from around the nation that were interested in the Clinic's facilities and its use of new technology. The legacy of the Palo Alto Medical Clinic is closely associated with the long pattern of events that helped to establish Palo Alto's health care industry as one of the leading medical networks in the country.

⁵⁴ *News and Notes*, Palo Alto Medical Clinic, 1959.

⁵⁵ *San Francisco Chronicle* (San Francisco, CA), "Paintings of Seminudes In Clinic Stir Palo Alto", 21 August 1932.

⁵⁶ Palo Alto Medical Foundation website, "A Moral Dispute Over Murals," <http://www.pamf.org/about/pamfhistory/moral.html> (Accessed 10.20.2009).

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300 Homer Avenue was constructed in 1932 to house the newly formed Palo Alto Medical Clinic. It served as a medical building for this organization until its sale to the City of Palo Alto in 2000. The Spanish Eclectic style was the architectural style of choice in Palo Alto throughout the early part of the 20th century and the interior was specifically designed to form an efficient medical clinic operation. The decorative features throughout the building are of a high quality and design that is atypical for modern medical facilities, imparting an overall welcoming character that exemplified the Clinic's mission and dedication to the surrounding community of Palo Alto. Overall, the building retains a high degree of integrity despite years of continued use as a medical facility. The architectural design and historic character of the original clinic building is still intact, despite removal of the later rear wings.

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