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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 if needed (NPS Form 10-900a).

1. Name of Property

historic name Abbott Hospital

other names/site number _____

2. Location

street & number 110 East Eighteenth Street

not for publication

city or town Minneapolis

Vicinity N/A

state Minnesota code MN county Hennepin code 053 zip code 55403

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,
I hereby certify that this X 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 X 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 X local

Britta L. Bloomberg
Signature of certifying official/Title

4/13/11
Date

Britta Bloomberg, Deputy State Historic Preservation Officer, Minnesota Historical Society
State or Federal agency/bureau or Tribal Government

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

Signature of commenting official _____ Date _____

Title _____ State or Federal agency/bureau or Tribal Government _____

4. National Park Service Certification

I hereby certify that this property is:

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): _____

John Edson H. Beall
Signature of the Keeper

6-1-11
Date of Action

Abbott Hospital
 Name of Property

Hennepin Co., MN
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5. Classification

Ownership of Property
 (Check as many boxes as apply.)

- private
- public - Local
- public - State
- public - Federal

Category of Property
 (Check only one box.)

- building(s)
- district
- site
- structure
- object

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

Contributing	Noncontributing	
1		buildings
		sites
		structures
		objects
1		Total

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

N/A

Number of contributing resources previously listed in the National Register

1 See continuation sheet

6. Function or Use

Historic Functions
 (Enter categories from instructions.)

HEALTH CARE / hospital

Current Functions
 (Enter categories from instructions.)

VACANT / NOT IN USE

7. Description

Architectural Classification
 (Enter categories from instructions.)

Dunwoody Building and Janney Children's Pavilion
 LATE 19TH AND 20TH CENTURY REVIVALS /
 Classical Revival
 Wyman Building – MODERN MOVEMENT /
 Moderne
 Stevens Wing / MODERN MOVEMENT

Materials
 (Enter categories from instructions.)

foundation: CONCRETE
 walls: BRICK
 roof: OTHER
 other: _____

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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

See attached continuation sheets.

Narrative Description

See attached continuation sheets.

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Number of contributing resources previously listed in the National Register, cont.

Abbott Hospital is located within the boundary of the Stevens Square Historic District which was listed in the National Register in 1993 (# 93000594). Stevens Square is a high density residential area consisting of apartment buildings constructed between 1916 and 1926. Abbott Hospital was included in the Stevens Square Historic District because the Dunwoody Building and the Janney Children's Pavilion complemented the district's apartment buildings in scale, design, feeling, and materials. However, the Stevens Square Historic District nomination did not address the significance of Abbott Hospital as it relates to the development of the health care system in Minneapolis thereby requiring a separate nomination for the hospital.

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DESCRIPTION

Summary Paragraph

The former Abbott Hospital is located at 110 East Eighteenth Street in the Stevens Square Historic District, which is locally and nationally designated. The building sits on several lots that were purchased over time as sections were added to the hospital. The oldest sections of the building face First Avenue South and the hospital entrances were oriented to the street. After a new section was added in 1938, the main entrance to the building was relocated to East Eighteenth Street, on the property's south side. The building extends out to the lot lines on the east, south, and west sides. There are also shallow yards on the west and south sides that are landscaped with grass, shrubs, and trees, all of which have become overgrown. There is a surface parking lot on the north side. All of the landscape features, including the parking lot, as well as a series of black light fixtures around the perimeter of the property, date from the period of significance.

The hospital's construction history dates from 1910 through 1958. Within those decades, four sections were added to the original building. Each section represents a significant phase in the hospital's history and follows national trends in hospital development. All five sections, from the original 1910 building to the final 1958 addition, have similar character-defining features. Each part has rectangular massing, dark-brown brick walls, and is three- to four-stories in height. The building has been vacant for six years and has been vandalized. Despite the damage, the building retains good integrity.

The building will be described by these sections, which are known by the following names: Dunwoody, Janney Children's Pavilion, Wyman, Janney Pavilion Addition, and Stevens.

Narrative Description

Dunwoody

The Dunwoody section was built in 1910 and is the oldest portion of the hospital (photographs 2 and 3, figures 1, 9, 10, 11, and 12). It was designed by William Channing Whitney and named after its funder, William Dunwoody. The building overlooks First Avenue South to the west. It is set back from the sidewalk and has a shallow lawn that extends the length of the building. The structure is reinforced concrete and fire-proof tile. The exterior is dark-brown brick that is laid in a rusticated pattern on the first story. A two-story brick and stone portico is centered on the west facade. The building's original entrance was through the porch on the second story. The large staircase that led to the ground was removed in the late 1920s.

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The window openings on the west and east facades are rectangular with stone sills and brick headers that have raised brick keystones. Most of the original wood, double-hung-sash windows are extant and protected by newer metal storm windows. The windows have six-over-one glazing. Rectangular openings for individual heating and air-conditioning units have been cut in the brick under many windows and through some window sills. The north and south elevations had similar windows and ornamentation, but later building expansions covered the openings. On the east elevation, the rear of the building, the lower stories are completely covered by one- and two-story additions from the 1960s.

The hipped roof has its original wide wood eaves and metal gutters. The roof was originally slate but is now covered with a rubber membrane. On the west side of the building, one dormer window projects from the roof. The roof slope is shorter on the east side to allow for a fourth story. The north and south ends of the roof have been modified by later expansions. The most visible addition, dating from 1938, is a full fourth-story section on the south end of the building. The fourth-story wall was extended to full height with a parapet that matches the Wyman section, and a flat roof installed (see figures 9, 10, 11, 12). The hipped roof has two small brick chimneys, one each on the east and west slopes. A large metal duct, added sometime after the 1960s, protrudes from the roof's ridge.

Janney Children's Pavilion

The four-story, flat-roofed Janney Children's Pavilion was built in 1919-1920 on the north end of the Dunwoody section (see photograph 4, figures 2, 3, 9, and 10). It took its name from Thomas B. Janney, who funded its construction. William Kenyon and Francis Maine were responsible for the design. The building overlooks First Avenue South and abuts the sidewalk, unlike Dunwoody, which is set back. It originally connected to the Dunwoody section through a three-story passage that was an extension of Dunwoody's central corridor. Additions on the east and west sides of the passage and a fourth story were built as part of the Janney Addition in 1954. The original Janney Pavilion has a reinforced-concrete structure with exterior dark-brown brick walls that closely match the brick used for the Dunwoody section. The rusticated pattern on the first floor of Dunwoody is continued on Janney. Stone stringcourses run above the first story and at the level of the fourth-floor window sills on the north, south, and west facades; a stone cornice is below the parapet.

A recessed entrance is located on the first story of the west facade. It served as the primary entrance to the hospital from the late 1920s until 1938. The entrance is lined and surrounded by carved stone panels. It has a newer solid metal door and doorframe and a fabric awning. Above the awning, stone brackets support a stone cornice. The cornice acts as the base of a small balcony below the second-story window opening. A carved stone surround frames the second-story window opening and is topped by a broken pediment and urn.

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The section's rectangular window openings have brick headers and sills. The windows on the second and third stories of the west facade also have stone keystones. Most of the windows are the original wood, six-over-one, double-hung sash. Four-over-one and eight-over-one windows, also original, are located on the north and south elevations. The east elevation has a variety of window types dictated by a variety of uses inside the building. Sun porches originally located in the southeast corner had large openings with French casement windows on the east facade. These windows have been replaced by new aluminum-frame windows with proportions similar to the originals. The large openings and new windows continue around the southeast corner to the east end of the south elevation. The northeast corner of the east facade has one-over-one sash windows for hospital rooms. In the center of the facade, fixed single-light windows have been paired with one-over-one sash windows that open into a stairwell. All of the windows are replacements. A newer metal-sided addition obscures the first story of the east facade. Rectangular openings have been cut under many of the windows on all the facades for individual heating and air-conditioning units.

Wyman

In 1938, the hospital expanded with another wing on the east side of Dunwoody. The Wyman section, named in honor of its benefactor, Oliver C. Wyman, was designed by Magney and Tusler, considered one of the most successful architecture firms during the twentieth century in Minnesota (see photographs 1 and 2, figures 4, 11, and 12). It overlooks East Eighteenth Street to the south and is set back approximately 40 feet from the sidewalk paralleling the street. The area between the building and the sidewalk originally had a landscaped lawn, but it was covered in 1957 by a one-story addition to the south facade (see figures 6 and 11). The remaining land in front of the building was redesigned with a more structured landscape that incorporated retaining walls for new basement window wells. The four-story Wyman has a reinforced-concrete structure with dark red-brown brick walls. The brick is laid in a common bond and the parapet has an alternating pattern of recessed brick. The bond and cornice pattern are continued on the fourth-story addition to Dunwoody, which was part of the Wyman expansion.

The building's entrance is on the south facade. It was originally accessed through a small glass-and-metal vestibule. The vestibule was replaced in 1957 with the current one-story addition that runs the full length of Wyman's south facade. The addition has stucco walls with fixed, single-light aluminum-frame windows. The windows and stucco panels are aligned in bands along the length of the facade. The glass and metal doors are centered on the facade and covered by a newer fabric awning.

The windows on the second through fourth stories are wood, one-over-one, double-hung sash. The windows have been fixed closed and another layer of glazing installed on the interior to improve the windows' energy efficiency. Rectangular openings have been cut under the windows for individual heating and air-conditioning units. On the north elevation, the windows are grouped in pairs. Some of

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the openings have been replaced with metal louvers. The first story of the north elevation is hidden by newer additions from the 1950s and 1960s. On top of the building, an original brick penthouse rises above the flat roof on the north side. A large metal penthouse was built around the brick penthouse in the 1960s.

Janney Pavilion Addition

In 1954, Magney and Tusler oversaw the design of the Janney Pavilion Addition (see photograph 2, figures 5 and 12). The expansion took place in two locations on the building. Floor space was added on either side of the corridor connecting Dunwoody and the Janney Children's Pavilion. A fourth story was also built on top of the enlarged link. On the south end of Dunwoody, sun porches were removed and a three-story stairwell and additional hospital rooms built.

The Janney Pavilion Addition sections are reinforced-concrete construction with flat roofs and dark red-brown brick walls. The large, rectangular windows are one-over-one sash with metal frames. The south section has no windows on its south wall. A sign for the "City of Lakes Transition Care Center" is located on the first story.

Stevens

The final large hospital expansion began in 1957. It was designed by the architectural firm Magney, Tusler, and Setter, which had gained an additional partner since working on some of the earlier additions. The four-story section was built on the east end of Wyman and named for Stevens Avenue South, which runs along the east side of the building (see photographs 6 and 7, figures 7, 8, and 12). The section's walls are dark red-brown brick similar to the brick used in the Wyman section. The building has no brick ornament and the brick is laid in a common bond. The flat roof has brick parapets capped with brown, metal flashing.

There are no prominent entrances into the building; it is designed to be secondary to the Wyman wing. Single emergency exits are located on the east and west facades. An ambulance entrance covered by a newer metal awning is on the north elevation. All of the doors are windowless, hollow-core, and metal with metal frames. The building has no windows on the north and south elevations, which hold stairwells. There are also no windows on the first story because radiology laboratories were located there. The windows on the second through fourth stories of the east and west facades are tripartite units comprised of a fixed sash between a pair of casements, all with black-finished aluminum frames. Black porcelainized-enamel metal panels connect the window groups, creating continuous ribbon patterns across the facades.

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The building's interior is an interconnected series of central corridors flanked by rooms and nurses' stations. The original plan for each section is mostly preserved, but some finishes have been updated with newer materials. Reception areas and other larger spaces were removed in later interior renovations in the 1960s through the 1980s. Even with these modernizations, the plaster and gypsum-board walls are still intact and the interior plan is clearly that of a hospital.

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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.)

HEALTH / MEDICINE

Period of Significance

1910-1958

Significant Dates

1910, 1920, 1937-1938, 1957-1958

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

Whitney, William Channing

Kenyon and Maine

Magney, Tusler and Setter

Period of Significance (justification)

Abbott Hospital's period of significance extends from the opening of the Dunwoody Building in 1910 to the opening of the Stevens wing in 1958, dates marking the beginning and end of the facility's physical development.

Criteria Considerations (explanation, if necessary)

N/A

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

See attached continuation sheets.

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

See attached continuation sheets.

Developmental history/additional historic context information (if appropriate)

See attached continuation sheets.

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Statement of Significance Summary

Abbott Hospital, located in the Stevens Square neighborhood near downtown Minneapolis, is a physical record of key phases in the evolution of the medical industry, which went from its infancy to maturity during the course of the twentieth century. Abbott's 1910 Dunwoody Building reflects the era when hospitals became a property type and management was overseen by the founding doctor. The attached Janney Pavilion, opened as the city's first pediatrics facility in 1920, shows the increasing trend towards specialization as medical practices advanced. Business practices became more sophisticated as well, replacing the hands-on approach of early doctors and donors, as Abbott's 1938 Wyman Wing illustrates. Finally, the Janney Addition and Stevens Wing, which date from the 1950s, represent the influence of outside funding and a growing effort to consider hospital needs on a regional basis. This effort resulted in a major period of consolidation in the 1960s and 1970s, leading Abbott to merge with Northwestern Hospital and ultimately leave its Stevens Square campus. Unlike contemporary hospitals in Minneapolis, where evidence of these formative eras has been lost through substantial alterations or demolition, Abbott stands as an excellent physical documentation of these important phases of hospital evolution in the first half of the twentieth century. For this reason, Abbott Hospital is individually eligible for the National Register for its local significance under **Criterion A** in the category of Health/Medicine. The property's period of significance extends from the opening of the Dunwoody Building in 1910 to the opening of the Stevens wing in 1958, points marking the beginning and end of the facility's physical development. Abbott Hospital can be considered within the Minnesota statewide context "Urban Centers, 1870-1940" and the south Minneapolis historic contexts "Urbanization: 1880 to 1920" and "Growth and Renewal: 1920 to 1960."

Narrative Statement of Significance

Nineteenth-Century Hospitals in Minneapolis¹

Hospitals in the nineteenth century were bad places to be sick, a last resort for the poorest in society who had no other alternative for care. Thirty-bed wards were typical, an ideal setting for spreading rather than healing contagious diseases. "The intent was to make the patient as comfortable as possible and also to minister to his soul while waiting for him to die," according to New York architect Charles Butler, one of the leading authorities on hospital design in the first half of the twentieth century. "Before the last hundred years," historian Paul Starr wrote in 1982, "hospitals and medical practice had relatively little to do with each other."²

That dire situation began changing shortly after the Civil War. As Starr explained, "In a matter of decades, roughly between 1870 and 1910, hospitals moved from the periphery to the center of medical education and medical practice." The trend accelerated in the following decades. "An extraordinary development of physiological, psychological, medical, and surgical knowledge has marked the first half

¹ The following section is taken, in part, from a National Register Nomination Form for Eitel Hospital prepared by Marjorie Pearson, Hess, Roise and Company, available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. Text used from that nomination has been adapted for this use.

² Charles Butler, "Hospitals," in *Forms and Functions of Twentieth-century Architecture*, ed. Talbot Hamlin, 4:276 (New York: Columbia University Press, 1952); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 145.

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of the twentieth century," Butler observed. "It is increasingly clear that national and community health depends in large measure on having adequate medical facilities available to all."³

Improvements in hospitals were prompted by the evolution of the medical profession. As early as the colonial period, some physicians worked to professionalize the field. Their efforts to set standards, however, were weakened by challenges from without—like midwives and druggists—and within, such as doctors who moonlighted as clergymen. It was only when the practice of medicine became more scientific and effective, when medical schools were established and gained influence, and when licensing became mandated and enforced that physicians staked an immutable claim as professionals. The roots of the American Medical Association go back to 1846, but it had little clout until the turn of the century.⁴

During the same period that hospitals emerged as respectable institutions, Minneapolis evolved from a hamlet into a city. In the mid-nineteenth century, when settlers formed the nucleus of what became Minneapolis, medical care was given in private homes. Dr. J. H. Murphy arrived in the area in 1850 and Dr. Alfred Elisha Ames came in 1851. Both were graduates of Rush Medical College in Chicago and soon established a partnership. Dr. Ames was a founder of the Union Medical Society in 1855, predecessor to the Hennepin County Medical Society. It was not until 1871 that the first hospital was founded at the instigation of the Reverend D. B. Knickerbacker, rector of Gethsemane Episcopal Church and head of the Brotherhood of Gethsemane. The Cottage Hospital, initially located in temporary quarters at Washington Avenue and Ninth Avenue North, was renamed Saint Barnabas in 1885 and relocated to the Elliott Park area. Another medical facility, the Minneapolis Free Dispensary, was organized in 1878 by several leading citizens "to treat without charge any of the deserving poor who apply." It merged with the Minnesota College Hospital in 1882. Hahneman Hospital was founded in 1881.⁵

As the population of Minneapolis increased, more residents needed treatment for sickness, disease, and injuries. Among the city's new residents were doctors with training from hospitals further east. The increasing population and the larger number of doctors led to the construction of more hospitals. The Minneapolis City Hospital (later known as Minneapolis General Hospital) was founded in 1887 as a public hospital. It opened in 1888 at Eighth Street and Eleventh Avenue South, then relocated to Sixth Street and Seventh Avenue South.⁶

Saint Barnabas and the Minneapolis Free Dispensary established a precedent, followed by many hospitals in the growing metropolis, by associating with religious and philanthropic groups. Most of

³ Starr, *Social Transformation of American Medicine*, 146; Butler, "Hospitals," 4:271.

⁴ Starr, *Social Transformation of American Medicine*, 30-59, 90-91.

⁵ George M. Warner and Charles M. Foote, *History of Hennepin County and the City of Minneapolis* (Minneapolis: North Star Publishing, 1881), 435, 459-460, 462; H. B. Hudson, *A Half-Century of Minneapolis* (Minneapolis: Hudson Publishing Co., 1908), 183-186; Marion Shutter, *History of Minneapolis, Gateway to the Northwest* (Chicago and Minneapolis: S. H. Clarke Publishing Co., 1923), I:505.

⁶ Hudson, *A Half-Century of Minneapolis*, 185-186; Shutter, *History of Minneapolis*, I:509. This institution was the predecessor of the Hennepin County Medical Center.

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these hospitals were devoted to general care for both private and charitable patients.⁷ Northwestern Hospital, for example, was founded in 1882 at the instigation of Harriet G. Walker, wife of lumber baron Thomas Walker, to serve women and children. It soon evolved into a general hospital located at 2627 Chicago Avenue. Saint Mary's Hospital was established in 1888 by the Roman Catholic Diocese of Saint Paul and run by the Sisters of Saint Joseph of Carondelet. It was located at 2416 South Sixth Street, northwest of Riverside Park.⁸ The Maternity Hospital, founded by Dr. Martha Ripley in 1886, specialized in the treatment of mothers and infants. It was at 2201 Western Avenue (now Glenwood Avenue), near the western city boundary. The Norwegian Deaconess Institute, later Deaconess Hospital, was incorporated in 1889 and located at Hennepin Avenue and Twenty-seventh Street, then moved to 1417 East Twenty-third Street. Asbury Methodist Hospital, founded in 1892, was first at Ninth Avenue South and Sixth Street, then at Ninth Street and Elliott Avenue. The Swedish Hospital at 725 Tenth Avenue South was founded in 1898 by a group of Swedish Lutheran clergy and lay people. All of these hospitals were in urban locations that could be easily reached by patients needing charitable care as well as by private patients.⁹

As a type, these late nineteenth-century hospitals shared certain physical characteristics. They were relatively small in size, and resembled in form and detail the houses in which some of the early hospitals were established. Features such as peaked and mansard roofs, towers, curved corner pavilions, and open porches reflected prevalent medical thinking that emphasized fresh air and ventilation as the key to disease prevention and cure. The architectural character was also responsive to the urban environment, in contrast to the rural settings that inspired different designs for institutions and sanitariums.¹⁰

Advances in medical treatment, assisted by specialized training and practice for doctors and by improved technology, led to changes in attitudes towards hospitals. No longer the domain of charitable cases where patients went to die, the modern twentieth-century hospital was a place to be cured. Improvements in surgery, aided by advances in antiseptic techniques and such diagnostic tools as the X-ray, had a major impact on hospital expansion and design.

The major hospitals of Minneapolis that had been established in the nineteenth century, including all of those with nurses' training programs, implemented special facilities for surgery. Starr described the national trend: "The amount, scope, and daring of surgery enormously increased. . . . Surgeons began to operate earlier and more often for a variety of ills, many of them, like appendicitis, gallbladder disease, and stomach ulcers, previously considered medical rather than surgical cases. . . . Growth in

⁷ They differed from hospitals for the treatment of long-term disabilities, such as soldiers' hospitals, and sanitariums for the treatment of such debilitating diseases as tuberculosis. While such institutions were common in more crowded East Coast cities, their advent was somewhat later in Minnesota.

⁸ The site is now part of the Fairview-University Riverside hospital complex.

⁹ Hudson, *A Half-Century of Minneapolis, 185-187*; Shutter, *History of Minneapolis*, I:506-510; "Maternity Hospital," National Register of Historic Places Registration Form, prepared for the Minnesota State Historic Preservation Office, 1979. The addresses of the hospitals are those listed in *Polk's Medical Register and Directory of North America* (Detroit, Baltimore and Chicago: L. L. Polk and Company, 1908).

¹⁰ Nikolaus Pevsner, *A History of Building Types* (Princeton, N.J.: Princeton University Press, 1976), 158.

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the volume of surgical work provided the basis for the expansion and profit in hospital care."¹¹ A number of doctors in Minneapolis began to achieve prominence for their surgical techniques, such as Dr. Frederick Dunsmoor, one of the founders of the Minnesota College Hospital. Dunsmoor, who had special expertise in gynecological surgery, held positions at Saint Barnabas, Saint Mary's, City, and Asbury. He went on to train many other surgeons as chair of operative and clinical surgery at the College of Medicine at the University of Minnesota.¹²

A Doctor, a Donor, a Hospital

One of Dunsmoor's associates, a charter member of the university's medical school faculty, was Dr. Amos W. Abbott. In addition to his teaching responsibilities, he established the city's first private surgical hospital, Abbott's Hospital for Women, in 1902. Abbott was born in India in 1844 to missionary parents who were originally from New Hampshire. He returned to the United States to attend the Phillips Academy and Dartmouth College, but dropped out of college to enlist in the Sixteenth New Hampshire Volunteer Infantry during the Civil War. After the war, he trained at the College of Physicians and Surgeons in New York, now the medical school of Columbia University, where he received the M.D. in 1869. He did an eighteen-month internship at the Colored Home Hospital in New York City, and in 1870 moved to practice in Delhi, New York, where he met his future wife.¹³

In 1877, Abbott joined his sister, a teacher, in Minneapolis. In addition to his private practice, he helped found the Minnesota College Hospital, serving as a professor of anatomy and gynecology. He taught the same subjects at the University of Minnesota Medical School, where he was among the first members of the faculty when the school was created in 1888. He remained active at the university as an emeritus professor even after his retirement from teaching. Abbott established the Minnesota Pathological Society with doctors J. Clark Stewart and F. F. Westbrook and held leadership positions in many medical organizations including the Hennepin County Medical Society, Minnesota State Medical Society, Academy of Medicine, and Western Surgical Association. His obituary noted that he "had the distinction of being the first delegate to the first House of Delegates" of the American Medical Association, where he was a Fellow. He was also a founding member of the American College of Surgeons.¹⁴

Beginning in 1887, Abbott rented houses where he treated patients, but was never able to care for more than eight people at a time. When he became affiliated with major Minneapolis hospitals including Saint Barnabas, Saint Mary's, and Northwestern, he gave up boarding patients, but only for a short time. In 1902, he established Abbott's Hospital for Women in a large house located at 10 East Seventeenth Street in the Stevens Square neighborhood. As part of the hospital's program, he founded a training program for nurses, which would become affiliated with Macalester College and produce

¹¹ Starr, *Social Transformation of American Medicine*, 156-157.

¹² Hudson, *A Half-Century of Minneapolis*, 195; Shutter, *History of Minneapolis*, I:506-510; *Polk's Medical Register*, 1026.

¹³ Shutter, *History of Minneapolis*, I:510-512 and III:651-652.

¹⁴ *Ibid.*; *Minneapolis City Directory 1928* (Minneapolis: Minneapolis Directory Company, 1928), 2684; "Dr. Amos Wilson Abbott, 1844-1927," *Minnesota Medicine* 10 (April 1927): 245; Loyal Davis, *Fellowship of Surgeons: A History of the American College of Surgeons* (Springfield, Ill.: Charles C. Thomas, 1960), 71-87, 477

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some 1,600 graduates over the course of the next seven decades.¹⁵

He finally gained a purpose-built hospital in 1910-1911 with the backing of wealthy local businessman William Dunwoody, whose wife, Kate, had been one of Abbott's patients. Located at 1717 First Avenue South, the building was close to the site of Abbott's first hospital and was one of the earliest structures on the blocks adjacent to Stevens Square. The new facility, called Abbott's Surgical Hospital, was designed by William Channing Whitney, one of the leading architects of Minneapolis. The hospital held only thirty beds, an intimate scale that allowed Dr. Abbott to maintain close oversight of all cases. His motto was "Make the patients comfortable and make them feel at home." Personal attention was one of the hospital's hallmarks, even as it grew.¹⁶ As a historical study observed, "Dr. Abbott at last had a hospital where he had his medical home and where he gathered about him a distinguished medical family."¹⁷

The state-of-the-art facility had only single- and double-occupancy rooms; the communal ward, with its lack of privacy and high potential for disease transmission, was banished. Some of the hospital's rooms had the amenities of fireplaces and private toilet rooms. All of the rooms had access to general toilet/bathroom facilities. A contemporary newspaper commented on the hospital's "sun rooms, silent signal systems, spacious corridors, pleasing decorations and light and air in abundance."¹⁸

Dunwoody apparently owned the building and land, which Abbott used for free.¹⁹ When Dunwoody died in 1914, he endowed the hospital with \$100,000 and transferred ownership of the property to the Board of Trustees of Westminster Presbyterian Church. Westminster was the second-oldest Presbyterian congregation in Minneapolis and one of the largest Presbyterian congregations in the country. The congregation's board of trustees oversaw the hospital as a division of the church. It leased the property and equipment to Dr. Abbott, who continued to manage the operations and pay taxes, assessments, and insurance for the property.²⁰

¹⁵ "A Man . . . A Dream: Abbott Hospital," *Bulletin of the Hennepin County Medical Society* 31 (November 1960): 473; Hudson, *A Half-Century of Minneapolis*, 187; Shutter, *History of Minneapolis*, I:510; Polk's *Medical Register*, 1013; Abbott-Northwestern Hospital, *A Report on the Merger of Two of Minnesota's Great Hospitals* (Minneapolis: Abbott-Northwestern Hospital, 1970), n.p. The house at 10 East Seventeenth Street is no longer extant.

¹⁶ "A Man . . . A Dream: Abbott Hospital," 473, 476; Hudson, *A Half-Century of Minneapolis*, 187; Shutter, *History of Minneapolis*, I:510; Polk's *Medical Register*, 1013; Agnes Lewis, "Make Them Feel at Home: A History of Abbott Hospital," 86-88, typed manuscript, available in the Hospital Records, 1882-1982 files for Abbott Hospital, Abbott-Northwestern Hospital Collection, Minnesota Historical Society, Saint Paul.

¹⁷ Thomas F. Wallace, "Some Things I Remember," 1953, pamphlet, available in the "Abbott Hospital Album, 1903-1982," Minnesota Historical Society, Saint Paul. One of the fireplaces survives; development plans call for it to be retained.

¹⁸ "How Minneapolis Cares for the Sick of the Northwest," *Minneapolis Journal*, February 4, 1912; Carol Zellie, "Stevens Square Historic District," National Register of Historic Places Nomination Form, January 1993, prepared by Landscape Research, available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul.

¹⁹ Lewis, "Make Them Feel at Home," 86-88; "A Man . . . A Dream," 476.

²⁰ Minutes of the Board of Trustees of Westminster Presbyterian Church, July 12 and August 9, 1915, and January 10, 1916, Trustees Records, January 9, 1899 to March 14, 1927, Westminster Presbyterian Church Archives, Minneapolis.

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The Dawn of Specialization

As a surgeon, Dr. Abbott was part of the American College of Surgeons, which has taken credit for bringing standardization to hospital practices. After the college was incorporated in 1912, the organizing committee, a group of a dozen men including William Mayo of Rochester, invited the nation's most prominent surgeons to Washington in May 1913 for an initial meeting. Included on the list was Dr. Abbott and only two other physicians from the Twin Cities—Archibald MacLaren from Saint Paul and James E. Moore from Minneapolis.²¹

An applicant for membership in the college had to submit medical records for one hundred surgeries he had performed "as evidence of surgical judgment and technical ability." It soon became apparent that hospitals had inadequate record-keeping, making it difficult for applicants to comply. "It was also discovered," a later publication of the organization reported, "that the average hospital lacked laboratory, x-ray, and other essential diagnostic and therapeutic facilities necessary to the surgeon in making a proper pre-operative study of his patient. Furthermore, medical staffs of hospitals were not organized and the professional work generally lacked supervision."²²

In 1918, after evaluating best practices for several years, the college launched what it later described as "the epoch-making program in hospital and medical history, known as Hospital Standardization." To meet the minimum standard set by the college, each hospital had to pledge that it "shall have an organized, competent, and ethical medical staff; that the staff shall hold regular conferences for review of the clinical work; that fee-splitting shall be prohibited; that accurate and complete medical records shall be written for all patients treated; and that adequate diagnostic and therapeutic facilities, including a clinical laboratory and x-ray department, shall be provided." In 1946, the college reported that "the growth of the movement has been constant and substantial and now its influence extends to foreign countries, where many institutions are applying the principles advocated, which insure efficient and scientific care of the patient."²³

Standardization need not produce homogeneity. "Every hospital is encouraged to seek individual growth and development," the college maintained. "The fundamental idea is that the individuality of the hospital must be conserved. . . . The very spirit of the movement is intended to encourage each institution in individual growth so that it may render an efficiently standardized and scientific service made even more effective by a genuine attitude of individualized humanitarianism."²⁴

With hospitals increasingly available, the public enthusiastically embraced the services they offered. Prior to the late nineteenth century, there had been little alternative to experiencing birth, illness, and death at home. Within a few decades, hospitals were taking on those activities, gaining a prominent role in American life in the process. In Minneapolis, for example, only 14 percent of births were in hospitals in 1914, but that number leapt to 87.5 percent in 1933 and 99.7 percent in 1954.²⁵

²¹ Davis, *Fellowship of Surgeons*, 476-479.

²² *Manual of Hospital Standardization* (Chicago: American College of Surgeons, 1946), 5.

²³ *Ibid.*

²⁴ *Ibid.*, 7.

²⁵ Wendell Weed, unpublished and untitled report on the United Hospital Fund, 1956, 3, available in the

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Minnesota's rate was apparently much higher than the country's average, where "as of 1935, half of all births attended by doctors were home births." In any event, "by 1930 it was unusual for a woman in comfortable circumstances in a large city to be delivered at home, anywhere in the United States." By the 1950s, 96 percent of the nation's births occurred in hospitals.²⁶

Increased use by a growing population justified dynamic expansion for hospitals, but that required money. Fees for services were rarely sufficient to support capital improvement campaigns. The concept of paying for treatment was actually a fairly recent expectation as hospitals were transformed to serve the burgeoning middle class; the "patients" in nineteenth-century hospitals were often indigent and the facilities functioned as charities, an extension of the almshouse tradition. In the twentieth century, the most likely source of funds depended on whether the hospital was public, private for-profit, or private nonprofit. Public hospitals sponsored by municipalities and counties picked up much of the poverty-stricken clientele while expanding their base, becoming important training grounds for doctors. For-profit hospitals morphed over the decades, catering to various niches depending on the era and region.²⁷

As patients were increasingly able to pay for their own care, private donations became an important means to build and expand hospital facilities rather than pay for annual operating costs.²⁸ In the nonprofit sector, "the impulse for founding the early hospitals typically came from physicians who struck up alliances with wealthy and powerful sponsors," according to historian Starr. These patrons made donations, rather than investments for financial gain. Sponsors were often motivated by charitable and religious concerns, but their interests were not always entirely altruistic: they, too, benefited from advances in medical care. In addition, "the sponsorship of hospitals gave legitimacy to the wealth and position of the donors, just as the association with prominent citizens gave legitimacy to the hospital and its physicians. Hospital philanthropy, like other kinds of charity, was a way to convert wealth into status and influence."²⁹

Often a group, not a single benefactor, supported a hospital. As historian Rosemary Stevens explained in her book *In Sickness and in Wealth: American Hospitals in the Twentieth Century*, "Clubwomen, clergymen, bankers, and business leaders came together to establish hospitals as part of their commitment to ideals of Judeo-Christian obligation, to class and group solidarity, and to civic duty, that is, as a positive act of charity." The dominant motivation varied by region. Starr observed that by the early 1900s, "the Middle West [had] a disproportionate number of church hospitals" compared to the rest of the country. A 1923 federal census found that "hospitals with religious sponsorship rose from a low of 8 percent in New England to 23 percent in the Midwest, but fell to just 13 percent in the Pacific states." Virtually all of these hospitals were associated with a religious organization rather than an

Minneapolis Collection, Minneapolis Public Library.

²⁶ Starr, *Social Transformation of American Medicine*, 359; Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York: Basic Books, 1989), 107.

²⁷ Both Starr and Stevens provide overviews of the evolution of hospitals in the nineteenth and twentieth centuries.

²⁸ Starr, *Social Transformation of American Medicine*, 152-153, 157-162.

²⁹ *Ibid.*, 152-153.

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individual congregation.³⁰

Regardless of the funding source, the number of hospitals mushroomed in the United States—from 178 in 1872 to more than 4,000 by 1910. World War I diverted attention and money for a few years, but the nation's hospitals experienced another surge of construction in the 1920s, especially in the last half of the decade when about \$890 million was invested in hospitals and related structures. The total capitalization of hospitals by 1930 totaled over \$3 billion, making hospitals "one of the largest enterprises in the United States, outstripped only by the iron and steel industry, the textile industry, the chemical industry, and the food industry," according to Stevens.³¹

During this period, the interior design of hospitals underwent a transformation with improved and more numerous labor and deliver rooms, surgery facilities, and diagnostic and technical spaces. Also noteworthy was a shift from wards to private and semiprivate rooms. Stevens commented that "privacy was the new commodity, the American's due."³²

Abbott Hospital Evolves

In June 1919, Dr. Abbott reported to the Westminster trustees that "certain parties" were interested in erecting a children's facility adjacent to the hospital. The call for more pediatric beds at Abbott Hospital was justified by demand. When the Dunwoody building opened, Dr. Abbott had set aside four beds as a permanent pediatric unit and enlisted a pediatric colleague, Dr. Julius Sedgwick, to handle the unit. Dr. Sedgwick recruited other pediatricians to the hospital, including Dr. Nate Pearce, Dr. Rood Taylor, and Dr. Frederick C. Rodda. The pediatric unit was given the south side of the second floor, but often overflowed into other areas. By 1919, pediatrics and obstetrics had grown too large for the existing facilities and the doctors decided a new wing was needed.³³ The proposal to enlarge the pediatric unit apparently expanded the trustees' vision of the hospital's future. They approved the expansion on the condition that the facility, like the existing building, would be deeded to Westminster. They also purchased several lots north of the hospital to bring the entire west half of the block under the church's ownership.³⁴

The next step in making the children's wing a reality came at the trustees meeting in September 1919 when one of the members, Thomas B. Janney, announced that he would fund it. Estimates of the size of his donation range from \$200,000 to \$330,000. After his death in 1924 Janney's name was added to the facility, which until then was simply known as the Children's Pavilion. Janney had been involved from the beginning of Westminster's relationship with the hospital because he was on the board of trustees. Like Dunwoody, Janney was a successful Minneapolis businessman. He was one of the founders of Janney, Semple, Hill and Company, one of the largest wholesale hardware firms in the Northwest, and served as its president. He was also president of Farmers and Mechanics Savings

³⁰ Ibid., 169-170; Stevens, *In Sickness and in Wealth*, 25.

³¹ Starr, *Social Transformation of American Medicine*, 169; Stevens, *In Sickness and in Wealth*, 111.

³² Stevens, *In Sickness and in Wealth*, 111-112.

³³ Lewis, "Make Them Feel at Home," 51-53.

³⁴ Minutes of the Board of Trustees of Westminster Presbyterian Church, March 21, June 24, and July 14, 1919, Trustees Records, January 9, 1899 to March 14, 1927, Westminster Presbyterian Church Archives, Minneapolis.

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Bank and a director of Northwestern National Bank.³⁵

Janney chose the architectural firm Kenyon and Maine to design the new children's wing. William M. Kenyon and Maurice F. Maine had formed the partnership in 1913 and practiced together until 1929. For the hospital addition, they developed plans that were compatible with the original structure, using a brick of a similar color to the Dunwoody building. The roof of the new wing, though, was flat rather than hipped, and the overall design was more modern, complimenting the style, massing, and setback of neighboring apartment buildings around Stevens Square.³⁶

The Children's Pavilion increased the hospital's capacity to one hundred beds when it opened in December 1920. The *Minneapolis Journal* reported that it was "the only institution of its kind in the northwest," offering "separate medical and surgical care to children" by "specialists in diseases of children." At the same time, its affiliation with Abbott Hospital meant that the knowledge and skills of a wider medical staff could be called upon if needed. The pavilion's layout was state of the art: "Examination, reception and private rooms and wards have been so arranged that children will not come in contact with each other. Special isolating rooms have been provided for those believed to have communicable diseases. Every room will be provided with hot and cold water. There will also be individual bathtubs, basins and other necessary articles to eliminate contagion." This was a radical change from the typical situation in hospitals, where "sick children were being huddled together in children's wards, and as a result, the mortality from crossed infections was disgracefully high." The Children's Pavilion also featured another innovation: "Because experience shows, according to Dr. Abbott, that in 70 per cent of all cases the mothers wish to be with their children, special accommodation has been prepared for them."³⁷

Abbott was not the only hospital to address the dearth of adequate facilities for treating children. Since 1897, there had been a state-supported hospital, now known as Gillette Children's Hospital, to help children with physical abnormalities. Other general hospitals in Minneapolis had pediatric wards, but Abbott's Children's Pavilion was the first hospital building in the Twin Cities specifically dedicated to treating children with general illnesses. Soon, though, it faced competition, particularly with the founding of Children's Hospital in Saint Paul in 1923.³⁸

³⁵ Thomas F. Wallace, remarks made at a staff meeting, March 8, 1927, attached to "Some Things I Remember," 1953, pamphlet, available in the "Abbott Hospital Album, 1903-1982," Minnesota Historical Society, Saint Paul. Shutter, *History of Minneapolis*, III:547-548, and II:309; Minutes of the Board of Trustees of Westminster Presbyterian Church, September 8, 1919, Trustees Records, January 9, 1899 to March 14, 1927, Westminster Presbyterian Church Archives, Minneapolis; Lewis, "Make Them Feel at Home," 53-56.

³⁶ William M. Kenyon and Maurice F. Maine, drawings for Abbott Hospital, Minneapolis, Minnesota, November 1919, available at the Northwest Architectural Archives, Manuscripts Division, University of Minnesota Libraries; John Edward Bushnell, *The History of Westminster Presbyterian Church of Minneapolis, Minnesota, 1907-1937* (Minneapolis: Lund Press, 1938), 126-127; Lewis, "Make Them Feel at Home," 55-56.

³⁷ "Abbott Children's Pavilion, Latest Clinical Innovation, Opens to Public Tomorrow," *Minneapolis Journal*, December 21, 1920; Lewis, "Make Them Feel at Home," 53.

³⁸ "T. B. Janney is Dead after Ten-Day Illness," *Minneapolis Tribune*, February 6, 1924; Victor M. Anderson, Business Manager, to J. Cameron Thomson, Northwestern National Bank, letter, February 27, 1929, available in the Hospital Records, 1882-1982 files for Abbott Hospital, Abbott-Northwestern Hospital Collection, Minnesota Historical Society, Saint Paul; Steven E. Koop, *We Hold This Treasure: The Story of Gillette Children's Hospital*

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Development of an Industry

As the American College of Surgeons had hoped, a variety of hospitals evolved as their numbers grew in the early twentieth century. While the most common type, the general hospital, often had distinct departments to address a range of needs, other hospitals became known for particular types of care, such as pediatrics, psychiatry, and chronic illness. Some hospitals were associated with medical schools; many had nurse training schools. In fact, hospital programs were the primary source of professional nurses in the early twentieth century. In 1912, for example, hospitals ran nearly all of the country's 1,100 nursing schools, which claimed 30,000 students.³⁹

Despite the economic depression, the building boom continued in the 1930s. The number of general hospital beds in Minnesota jumped by over 75 percent between 1930 and 1948. During the same period, hospitals experienced a shakeout. The big got bigger, while the total number of facilities declined. Hospitals became concentrated in urban areas, where regional medical centers appeared.⁴⁰

America's love affair with the hospital—and the chronic shortage of space that resulted—continued in the decades after World War II. Ready access to hospital care, like ownership of cars, suburban houses, and modern appliances, had become an expectation of middle-class life. "The studies of the Committee on the Costs of Medical Care, carried out between 1928 and 1931, showed that middle-income families then used health services at a rate that was closer to the low use by the poor than the high use by the rich," Starr reported. "But by the 1950s the receipt of health services among people of moderate incomes was approaching the level of higher-income households."⁴¹

A national survey conducted in the mid-1950s found that over the course of a year, 12 percent of Americans were admitted to a hospital, staying on average 7.4 days. (This was a reflection, in part, of the baby boom, at a time when mothers often remained hospitalized for a week after giving birth.) A study of hospitals in Minneapolis found that the city's facilities mirrored the national trend: "Its hospitals are jammed to capacity, even above the recommended limit, much of the time. Many cases of 'elective' surgery, the non-emergency type, wait three to six weeks for bed space." In addition to shortages of beds and operating rooms, back-of-house services, such as kitchens and laundries, were also strained. All in all, service areas often occupied up to 40 percent of the total area of a hospital.⁴²

(Afton, Minn.: Afton Historical Society Press, 1998), 15-16; Robert Rosenthal, *The Story of the Children's Hospital* (Saint Paul: The Children's Hospital, 1972), 7; "Minutes of Meetings Staff, Janney Children's Hospital—Abbott Hospital, December 6, 1927 to March 1, 1932," available in the Hospital Records, 1882-1892 files for Abbott Hospital, Abbott-Northwestern Hospital Collection, Minnesota Historical Society, Saint Paul. The current Children's Hospital of Minnesota was created in 1994 by the merger of the Children's Hospital of Saint Paul with the Minneapolis Children's Medical Center (founded 1969). Children's Hospitals and Clinics of Minnesota, "About Children's: History," <http://xpedio02.childrensmn.org/stellent/groups/public/@XCP/@Web/@aboutus/documents/PolicyReferenceProcedure/web096719.asp> (accessed August 7, 2008).

³⁹ Butler, "Hospitals," 4:278; Stevens, *In Sickness and in Wealth*, 24.

⁴⁰ Lowry Nelson, "Trends in Numbers and Distribution of Physicians and Hospital Facilities in Minnesota, 1930-1948," *Miscellaneous Journal Series*, Paper No. 702, University of Minnesota Agricultural Experiment Station, Saint Paul, May 1950, 2-3.

⁴¹ Starr, *Social Transformation of American Medicine*, 373.

⁴² Weed, unpublished and untitled report on the United Hospital Fund, 3-4; Butler, "Hospitals," 4:276, 287.

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The business of managing a growing hospital was becoming more competitive and complex at the same time that Dr. Abbott and his patrons were reaching old age. By the early 1920s, it was increasingly apparent that Westminster would need to take on a bigger role at the hospital. This was underscored in December 1922 when Westminster's Hospital Committee reported that the hospital was in financial trouble. "No set of books was kept" and no one at the hospital had training or experience with business administration. The trustees decided to intervene in the hospital's management, something they had avoided for seven years. The Hospital Committee was empowered to install a "proper system of bookkeeping and take such further steps as might be necessary to put the business management of the Hospital on a sound business basis." The trustees ultimately hired a business manager to oversee the finances of both the hospital and the church, but a major structural change was still needed in the hospital's on-site administration. That transition occurred in June 1925 when Dr. Abbott received the new title "chief of staff" and officially handed over management of the hospital to an executive committee of doctors and administrators. The committee answered to Westminster's Hospital Committee.⁴³

Dr. Abbott witnessed the new arrangement for only a short time, passing away in February 1927 at the age of 83. He had lived in Minneapolis for fifty years and worked as a doctor until a few days before his death.⁴⁴ Tributes from colleagues recalled not just his professional skill but his personality, which shaped the hospital's culture. As one of the hospital's pediatricians, Dr. Rodda, explained: "We never heard him make an unkind or disparaging remark about anyone. . . . Perhaps the most striking character of this lovable man was his poise. He refused to permit the hurry and bustle of this twentieth century to disturb the even tenor of his ways. . . . He spread a spirit of calm and consequent helpfulness about the institution. This, coupled with kindness, gave to Abbott Hospital an intangible something different from the factory air of large institutions."⁴⁵

Changes and Growth

During these tumultuous times, as the trustees worked to put the hospital on solid financial footing, another large bequest to Abbott provided some relief. The donor, local businessman Oliver C. Wyman, attended Westminster. He was president of Wyman, Partridge and Company, as well as a chairman of the board of directors of Northwestern National Bank and vice president and trustee of Farmers and Mechanics Savings Bank. Janney's friendship with Wyman was a significant factor behind the gift to Abbott: instead of including contributions to several charitable organizations in his will as Wyman had originally planned, his wife and Janney convinced him to make one large, single donation to Abbott Hospital. Upon Wyman's death in 1923, his estate gave \$500,000 to the trustees to be used at their "discretion for the erection of a General Hospital to stand connected with those created by his friends."⁴⁶

⁴³ Minutes of the Board of Trustees of Westminster Presbyterian Church, May 8 and December 11, 1922, May 12, September 8, and November 12, 1924, and June 6, and June 11, 1925, Trustees Records, January 9, 1899 to March 14, 1927, Westminster Presbyterian Church Archives, Minneapolis.

⁴⁴ Lewis, "Make Them Feel at Home," 86-88; "A Man . . . A Dream," 476.

⁴⁵ Wallace, "Some Things I Remember."

⁴⁶ "Oliver C. Wyman, Founder of Wyman, Partridge and Co., Dies," *Minneapolis Tribune*, October 2, 1923; Bushnell, *History of Westminster Presbyterian Church*, 128.

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Mrs. Wyman insisted the money go towards constructing a hospital-related building and acquiring additional land. In December 1924, the trustees complied, in part, purchasing land behind Dunwoody along East Eighteenth Street from the Young Woman's Christian Association, which had operated a Traveler's Aid Home on the property. The trustees proceeded with greater caution on the new building wing. The local firm Magney and Tusler was hired in 1926 to prepare preliminary plans, which were submitted for review to a New York physician who worked as a hospital consultant.⁴⁷

Debate about the financial viability of expanding the hospital continued into 1927. Abbott had been operating at a loss for some time, but Dunwoody's \$100,000 endowment covered the deficit. When the trustees showed signs of balking on plans for the expansion, the hospital's business manager, Victor Anderson, tried swaying the trustees with economy: "The present Hospital is not economical to operate due to the necessity of maintaining an efficient Staff to provide the high standard of efficiency and service which the Hospital is called upon to render in competition with larger institutions." A 200- to 250-bed facility could be "operated much more successfully than the smaller institutions which are obliged to maintain a larger Staff in proportion to their bed capacity for the purpose of providing the high standard of service required by the American College of Surgeons." Anderson momentarily succeeded before momentum was once again lost when higher-than-expected estimates for construction costs convinced the trustees to delay the project.⁴⁸

The trustees decided to survey local hospitals to determine if Abbott's new space would "have a reasonable percentage of occupancy" and good potential for profitability. The results of the study, presented to the trustees in October 1930, confirmed what many had feared. After participating in the national boom in hospital construction in the 1920s, Minneapolis had too many hospital beds. If Abbott were to expand, its occupancy rate would probably be too low to cover expenses. Given these findings, the trustees decided to hold off on the construction and move half of the Wyman bequest into an endowment fund for safe-keeping. Mrs. Wyman was disappointed by the delay, and the Wyman family brought suit against the church to revoke the \$500,000 bequest.⁴⁹

In 1936, after years of litigation, the suit was settled in the hospital's favor. By this time, the demand for hospital beds had risen, so the trustees decided to proceed with the new wing and renovate the interiors of the Dunwoody and Janney sections. Magney and Tusler reworked their earlier plans to meet the latest standards in hospital architecture. The new wing would feature a modern design, but relate to its surroundings by using brick that complimented the Dunwoody and Janney buildings and massing

⁴⁷ Sanborn Fire Insurance Company, *Insurance Maps of Minneapolis, Minnesota*, vol. 3 (New York: Sanborn Fire Insurance Company, 1912), Sheet 313; Minutes of the Board of Trustees of Westminster Presbyterian Church, January 14, September 8, September 24, and December 24, 1924, June 6, June 11, and July 13, 1925, September 13 and December 13, 1926, February 10, 1927, Trustees Records, January 9, 1899 to March 14, 1927, Westminster Presbyterian Church Archives, Minneapolis.

⁴⁸ Minutes of the Board of Trustees of Westminster Presbyterian Church, May 6 and June 27, 1927, May 21, 1928, Westminster Presbyterian Church Trustees Record, April 1927 to March 23, 1942, Westminster Presbyterian Church Archives, Minneapolis.

⁴⁹ Minutes of the Board of Trustees of Westminster Presbyterian Church, April 24 and November 18, 1929, October 1 and November 17, 1930, November 23, 1931, Westminster Presbyterian Church Trustees Record, April 1927 to March 23, 1942, Westminster Presbyterian Church Archives, Minneapolis.

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similar to adjacent apartment buildings. The wing, which increased the hospital's capacity by sixty beds, was completed in September 1938 and the renovation of Dunwoody and Janney by the following December.⁵⁰ The trustees lauded the remodeling and new construction as "an outstanding contribution to the hospital facilities of the city."⁵¹

Wyman's gift was the last individual sponsorship of a major expansion at Abbott. While congregation members donated money to furnish rooms or chapels, the time of the single donor was over. During the 1940s, the hospital's growth was curtailed by the war and a subsequent period of economic recovery.⁵²

New Frontiers for Funding and Function

In 1942, the American Hospital Association (AHA) organized a commission to develop a systematic approach to the nation's hospitals. The first step was to survey community needs and see where beds and services were in short supply. The commission completed a pilot survey of Michigan that was used as a model for other states. Around the same time, the federal government took a more active interest in hospital construction and in the overall improvement of medical coverage. The completion of the AHA's Michigan survey coincided with the passage in 1946 of the Hospital Survey and Construction Act, commonly known as the Hill-Burton Act after its Senate sponsors. The act's objective was to improve coordination of hospital development. The federal government would provide construction funds for hospitals in communities that established regional plans for hospital development. In addition, communities had to raise two-thirds of the construction costs and prove that hospitals applying for federal grants would be financially viable.⁵³

In response to the act, the Minneapolis Hospital Research Council was formed in 1949 to prepare a hospital development plan for Minneapolis and Hennepin County. To draft the plan, the council hired a local hospital consulting firm with an international reputation, James A. Hamilton and Associates, whose principal also directed the hospital administration course at the University of Minnesota. The firm delivered a confidential report, "A Hospital Plan for Hennepin County, Minnesota," to the council in 1950.⁵⁴

The report provided a thorough survey of the twenty-nine hospitals in Hennepin County, including descriptions of physical plants, departmental operations, and nursing services and education. Its recommendations looked forward twenty years to 1970. It found that more hospital beds would be needed, but recommended that hospitals should be consolidated into "hospital centers" rather than continuing the pattern of independent facilities scattered throughout the area. Hennepin County should

⁵⁰ Lewis, "Make Them Feel at Home," 90-93; Minutes of the Board of Trustees of Westminster Presbyterian Church, December 19, 1938, Westminster Presbyterian Church Trustees Record, April 1927 to March 23, 1942, Westminster Presbyterian Church Archives, Minneapolis.

⁵¹ Minutes of the Board of Trustees of Westminster Presbyterian Church, December 19, 1938, Westminster Presbyterian Church Trustees Record, April 1927 to March 23, 1942, Westminster Presbyterian Church Archives, Minneapolis.

⁵² Lewis, "Make Them Feel at Home," 163.

⁵³ Starr, *Social Transformation of American Medicine*, 348-350.

⁵⁴ Weed, unpublished and untitled report on the United Hospital Fund, 4; James A. Hamilton and Associates, *A Hospital Plan for Hennepin County, Minnesota: A Study of the Hospital Needs and a Proposed Program of Development*, Part II (Minneapolis: n.p., June 1950), 37-57.

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have at least two regional hospital centers located in Minneapolis and affiliated with the University of Minnesota's medical program. In downtown Minneapolis, a regional Hennepin Hospital Center should be created on the site of Saint Barnabas and Swedish Hospitals. Asbury Methodist, Northwestern, Abbott, and Maternity (Ripley Memorial) Hospitals and the Kenny Institute should be integrated into the Hennepin Hospital Center. The report proposed that Abbott's pediatric unit move to a new children's hospital, with its existing facility continuing to operate as a general hospital for the short term. Between 1955 and 1970, though, Abbott should build a new 200-bed structure at the Hennepin Hospital Center and convert the old building in Stevens Square to a chronic-care unit. In being the subject of such sweeping recommendations, Abbott was not alone: the report anticipated that every hospital in Hennepin County be administratively and physically restructured in some way.⁵⁵

In considering the report objectively, its recommendations would have resulted in the most economically efficient plan for Hennepin County. Vigorous resistance was to be expected, though, from those with vested interests in the existing system. As a later report noted, the consultants "completely cut across historic and dedicated interests and aroused strong opposition among some groups."⁵⁶ Initially, there was little support for the plan. An attempt to create a Hennepin Hospital Center by merging Saint Barnabas with eight or nine other hospitals failed in 1952.⁵⁷

Collaborative efforts finally began to gain momentum in 1955 after Charles B. Sweatt, head of the Minneapolis Honeywell Regulator Company, became president of the Minneapolis Hospital Research Council. The council hired a management consultant to prepare an action plan and employed a new executive secretary who had led a united hospital fund drive in Indianapolis. With the new action plan, the council backed away from hospital consolidation and focused on fundraising. The group planned a community-wide drive to raise \$17 million, which would be distributed to participating private hospitals. The Minneapolis War Memorial Blood Bank and the Minneapolis Rehabilitation Clinic were included in the drive because their work supported hospitals. While the unified drive created more cooperation within the hospital community, it did not win over everyone: Fairview, Swedish, and Mount Sinai Hospitals, which were originally part of the group, left to pursue individual fund drives.⁵⁸

Undaunted, Sweatt and his colleagues continued their efforts. The council's name was changed to the United Hospital Fund, and a prominent local businessman and philanthropist, George W. Dayton II, became the fundraising spokesperson. In addition to Dayton, the UHF's members came from Minneapolis's well-known pioneering families including the McKnights, Pillsburys, Lowrys, Crosbys, and de Laitres. To kick off the fundraising campaign, local corporations made significant contributions, with Honeywell providing the lead gift of \$1 million.⁵⁹

The UHF succeeded in its goal, raising over \$17 million by January 1959. Before the goal was reached,

⁵⁵ James A. Hamilton and Associates, *A Hospital Plan for Hennepin County*, Part II, 37-57.

⁵⁶ Weed, unpublished and untitled report on the United Hospital Fund, 5. In a 1954 article in the *Minneapolis Star*, Weed is identified as the secretary of the Minneapolis War Memorial Blood Bank. ("Blood Bank Reports 12% Increase," *Minneapolis Star*, January 22, 1954).

⁵⁷ Weed, unpublished and untitled report on the United Hospital Fund, 2-18.

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*; "Honeywell Hospital Gift Is a Million," *Minneapolis Tribune*, July 22, 1956.

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money had already been distributed to Abbott, Saint Barnabas, Asbury Methodist (Methodist Hospital), Lutheran Deaconess, Doctors Memorial (Eitel), and North Memorial Hospitals for expansions. All of the participating hospitals used a combination of Hill-Burton funding and Ford Foundation grants, and matched UHF funds with private borrowing. In 1972, after all of its funds had been distributed, the UHF was disbanded. Together with the matching funds, the UHF had resulted in an investment of \$34.5 million to upgrade local hospitals, one of the larger community-driven hospital expansions in the nation.⁶⁰

Before Abbott Hospital took part in the UHF, it made smaller additions to the older Dunwoody and Janney sections in 1954. Magney and Tusler continued its relationship with the hospital and oversaw the expansion. A narrow three-story corridor that linked Dunwoody and Janney was extended to the east and west to create hospital rooms. A fourth story was also added to the corridor to tie in with Janney and Dunwoody's uppermost floors. On the south side of Dunwoody, a three-story sun porch, original to the building, was replaced with a three-story stairwell and more hospital rooms. At the same time, a post-anesthesia recovery room and a new clinical and pathology laboratory were completed, and the decor was updated.⁶¹

This turned out to be a prelude to a much more substantial expansion, which the hospital administration justified in a 1955 report to Westminster's congregation:

The forward advance of medical practice and the increasing demand for more and better hospital services have combined to produce a situation in which hospitals find themselves in an almost continuous expansion and physical improvement program. Abbott Hospital is not immune from this.

As one of the hospitals which has been a major factor in the acute medical care picture in Minneapolis for more than half a century, Abbott Hospital, through its trustees, has been keenly aware for several years of the pressing need, particularly in the adult medical-surgical area, for additional beds.⁶²

Guiding the expansion was a master plan with multiple development phases that had been prepared by a hospital consultant. The first phase called for the construction of "a multi-story wing on Stevens Avenue running from the property line on 18th Street to the south property line on Stevens (as a 'T' off the Wyman unit)."⁶³ Each patient floor in the new addition would have thirty beds. The operating rooms

⁶⁰ Daniel J. Hafrey, "United Hospital Fund Tops 17-Million Goal," *Minneapolis Tribune*, January 30, 1959; Daniel J. Hafrey, "City Sees Results of Biggest Hospital Expansion Plan in the U.S.," *Minneapolis Tribune*, January 11, 1959; "Hospital Fund Closes Books after Raising \$17 Million," *Minneapolis Tribune*, September 24, 1972.

⁶¹ Lewis, "Make Them Feel at Home," 163; Minutes, March 4, 1946, Abbott Hospital—Executive Committee Minutes of the Medical Staff, 1919, 1923-1949, available in the Hospital Records, 1882-1982 files for Abbott Hospital, Abbott-Northwestern Hospital Collection, Minnesota Historical Society, Saint Paul; *A Report to the Westminster Presbyterian Church Congregation on the Activities of Abbott Hospital During 1955* (Minneapolis: Abbott Hospital, 1956), n.p.

⁶² *A Report to the Congregation, Abbott Hospital 1955*, n.p.

⁶³ *Ibid.*

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and radiology department on the fourth floor of Wyman would be removed and that area converted to patient rooms. New operating rooms and a central sterile supply department would be built in the basement of the new addition. The first floor would hold the ambulance entrance, emergency rooms, and the radiology department. Updates would also be made to the hospital kitchen and the business administration department.⁶⁴

With funding from the UHF, as well as other sources, Westminster's trustees soon implemented this recommendation, bringing back Magney, Tusler, and Setter. Construction started in April 1957. Some items, such as moving the operating rooms to the basement of Stevens, were cut from the project because of rising construction costs. The basement was completed and left unfinished and the operating rooms remained on the fourth floor of Wyman. The Stevens wing opened in November 1958, along with a one-story addition along the entire length of the Wyman wing's south facade. The addition housed a new lobby, offices, gift shop, and coffee shop. Like the other hospital wings, Stevens massing and setback were similar to the existing building stock around Stevens Square, and its pared down Modern style respected the older, more elaborate apartments.⁶⁵

The final cost of the Stevens wing was nearly \$1.3 million, the most expensive expansion the hospital had undertaken. The funding came from three sources: an \$85,000 grant from the Ford Foundation, a \$590,000 grant from the United Hospital Fund (UHF), and a \$618,000 loan from Westminster Presbyterian Church. To raise money for the loan, the congregation mortgaged its church property, an exceptional sign of commitment to the hospital and its mission.⁶⁶

Upheaval and Consolidation

By the late 1950s, "the emerging view among liberals in health policy was that federal policy over emphasized hospital construction, while ambulatory care was neglected." The shift away from expansion gained momentum in the early 1960s with President Kennedy's endorsement of policies to deinstitutionalize mental health patients. In 1963, he signed the Community Mental Health Centers Act, which authorized a network of centers to provide outpatient services.⁶⁷

Another landmark of the transformation was the Medicare/Medicaid law, signed by President Johnson in 1965 and effective the following year. Starr described the "three-layered cake" of the new federal approach to health care crafted from political compromises: "The first layer was the Democratic plan for a compulsory hospital insurance program under Social Security. This became Part A of Medicare. The second layer was the revised Republican program of government-subsidized voluntary insurance to cover physicians' bills. This became Part B of Medicare. And the third layer, called Medicaid, expanded assistance to the states for medical care for the poor." One of the benefits of the program, which covered citizens sixty-five years and older, was inpatient hospital care of up to ninety days per illness. The federal government reimbursed hospitals for this care at a set rate through intermediaries such as Blue Cross.⁶⁸

⁶⁴ Ibid.

⁶⁵ Lewis, "Make Them Feel at Home," 166-167, 171-172; "A Man . . . A Dream," 478.

⁶⁶ *A Report to the Congregation, Abbott Hospital 1955*, n.p.; "A Man . . . A Dream," 478.

⁶⁷ Starr, *Social Transformation of American Medicine*, 364.

⁶⁸ Ibid., 369-370; Stevens, *In Sickness and in Wealth*, 281.

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The next step in the evolution of modern health care was to apply this approach more broadly. The government began prepaying for comprehensive care services for Medicare and Medicaid recipients and urged the private and nonprofit sectors to develop similar programs. Using the model pioneered by Kaiser-Permanente, which grew out of Kaiser's need to care for construction workers building Grand Coulee Dam in the 1930s, the government embraced the concept of health maintenance organizations (HMOs) in 1970.⁶⁹

As new programs were introduced, they radically changed the way that the medical industry did business. One of the effects, historian Starr noted, was that "in a short time, American medicine seemed to pass from stubborn shortages to irrepressible excess, without ever having passed through happy sufficiently." Hospitals responded to the economic upheaval by consolidating. While the country witnessed the merger of only five hospitals in 1961, that number had jumped to about fifty a year in the early 1970s. By 1980, nearly one-third of the nation's hospitals were part of multihospital systems.⁷⁰

In Minneapolis, the campaign for hospital expansion proved to be too successful, producing a surplus of hospital beds and an increase in hospital expenses to pay debt service and cover overhead costs. Abbott administrator Robert Millar was part of a nine-man committee formed in October 1962 to study the issue of hospital overbuilding in the Minneapolis area. The committee's report, released in February 1963, recommended a countywide agency to coordinate hospital planning. Openness to this concept by local hospital administrators was a positive outcome of the UHF initiative, which had illustrated the benefits of collaboration.⁷¹

A newspaper editorial a few days after the report's release reflected a wider interest in the issue: "Only a small part of the money for those new wings comes from fund drives or federal aid; most of it is borrowed privately, and repaid through increased room charges—assuming there are patients in the new beds. When the beds stand empty, the burden is greater still." The editorial outlined the arguments for individual expansion and for hospital regulation. It ended: "The evidence is beginning to suggest that if we don't co-ordinate [*sic*] these building programs, then all of us had better be prepared for still larger increases in hospital bills and in the cost of hospital insurance in the years ahead."⁷²

Those advocating for regional hospital planning won the debate, and in 1964 the Planning Agency for Hospitals of Metropolitan Minneapolis (PAHMM) was incorporated. Thirteen area hospitals joined the group, which immediately began a study of the area's hospital needs. The next year, PAHMM issued a moratorium against hospital construction until 1967, an edict strengthened by financial realities as operating and other costs rose. In 1970, the first major merger of Minneapolis hospitals occurred when Saint Barnabas and Swedish Hospitals became the Metropolitan Medical Center (MMC). Abbott and Northwestern Hospitals were soon to follow.⁷³

⁶⁹ Starr, *Social Transformation of American Medicine*, 395.

⁷⁰ *Ibid.*, 379, 430.

⁷¹ Victor Cohn, "Agency to Control Hospital Construction to Be Asked," *Minneapolis Tribune*, February 19, 1963; Victor Cohn, "15 Area Hospitals Urged to Join Planning Council," *Minneapolis Tribune*, February 20 1963.

⁷² "Too Many Hospitals?" *Minneapolis Tribune*, February 23, 1963.

⁷³ "Hospital Planning Agency Completes Its Organization," *Minneapolis Tribune*, May 7, 1964; Richard Steele,

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A New Era

Abbott had already experienced significant change in the 1950s. The final stage of a campaign to modernize patient rooms, which started in 1957, was completed in 1960. After that, work began on installing the latest technology on the building's lower floors. Something of far greater import, though, occurred in 1963 with a change in the unique relationship that the hospital and Westminster Presbyterian Church had maintained for almost half a century. By this time, Westminster was the only congregation in the country that owned and operated a private, nonprofit hospital. It was an onerous responsibility. The hospital had grown to 240 beds and had a medical staff of 235, with an additional 625 full- and part-time employees. The financial liability became too great of an exposure for the church, so it created a nonprofit corporation to hold title to the property and be responsible for the hospital's operation. While the congregation would continue to control the corporation's board, an era had ended.⁷⁴

Rather ironically, given Abbott's leading role in advocating for county-wide planning, it embarked upon a \$1.3 million expansion in 1964 to inaugurate its new independence, just before the PAHMM issued its moratorium on hospital additions. The funding was apparently raised privately, since the hospital had used its share of the UHF in 1957. With the exception of an underground extension for an expanded HVAC system, the hospital maintained the physical boundaries of the Dunwoody, Janney Pavilion, Wyman, and Stevens wings. Work on upgrading the interior and installing new equipment started in 1964 and continued for several years. The operating rooms and laboratories in the basement of the Stevens wing were finally built, and the upper floor of the Wyman wing was converted into patient rooms. The hospital also increased its outpatient facilities. Air conditioning was expanded to over 90 percent of the building. When the remodeling was underway in 1965, the administration felt confident enough of the success of the updated facility to announce plans to build a satellite hospital in Plymouth. These plans, though, were halted by the PAHMM moratorium that year.⁷⁵

Soon Abbott's administration realized that it would be more prudent to expand by joining forces with another hospital. In October 1969, Abbott and Northwestern Hospitals announced plans to merge. Both hospitals would continue to operate separate facilities—the Abbott Division and the Northwestern Division—but administration would be streamlined into one corporation, Abbott-Northwestern Hospital, Inc. Robert Millar, the president of Abbott, was executive vice president when the new corporation was launched January 1, 1970; he became president that September. A local newspaper reported that the merger would make "health care more efficient" by eliminating the duplication of services. The merger

⁷⁴ "Agency Seeks to Halt Hospital Bed Surplus," *Minneapolis Tribune*, October 21, 1965; Minneapolis Public Library, "A History of Minneapolis: Religion, Social Services, and Medicine," Medicine sub-page, <http://www.mpls.lib.mn.us/history/rs3.asp> (accessed August, 7, 2008); Lewis Cope, "Approval Is Voted in Hospital Merger," *Minneapolis Tribune*, October 28, 1969.

⁷⁴ "A Man . . . A Dream," 474; "Renovation of Patient Areas Completed," *F. Y. I. – Abbott Hospital / Janney Children's Pavilion* (November 1960): 3; "Church Seeks to Sever Tie with Hospital," *Minneapolis Tribune*, June 25, 1963.

⁷⁵ "Physical Medicine Area Construction Started," *F. Y. I. – Abbott Hospital / Janney Children's Pavilion* (December 1960): 1; *F. Y. I. – Abbott Hospital and Janney Children's Pavilion* (January 1968): 1-8; "Abbott Hospital Expansion Will Cost \$1.3 Million," *Minneapolis Tribune*, December 6, 1964; "Abbott Given Hospital Site in Suburbs," *Minneapolis Tribune*, July 29, 1965.

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was lauded as "a milestone event for the Twin Cities area" by Governor Harold LeVander and as "an outstanding example of grassroots planning on a voluntary basis" by Dr. Robert Barr, the head of the Minnesota Department of Health.⁷⁶

A report published in 1970 by the new corporation cited several reasons for the merger. The roots of the relationship dated back to 1882 when Dr. Abbott served as a consulting physician to Northwestern Hospital for Women and Children, which originally had only women (including two female physicians) on staff. Interconnections between the institutions grew during the twentieth century; at the time of the merger, "over 60% of the doctors have been members of both the Abbott and Northwestern Medical Staffs." Among other factors that fostered the merger were "the impact of higher costs, the growing scarcity of qualified hospital personnel and the increasing complexity of modern health care." The new hospital corporation would allow for "'optimum size' as it relates to technological advances and highly skilled paramedical personnel, in addition to the highly skilled, intensely trained physician who requires a broad base so as to effectively utilize his talents." It would also justify investment in computers and new laboratory equipment—only large hospitals could "achieve optimum results" with the new technology.⁷⁷

Abbott was also attracted by the chance to be part of the Minneapolis Medical Center, Inc. (MMCI), which Northwestern had established in 1966 "to increase the quality of patient care in a cost-effective manner."⁷⁸ By 1970, MMCI included the American Rehabilitation Foundation, Minneapolis Children's Hospital, Lutheran Deaconess Hospital, and Mount Sinai Hospital, in addition to Abbott-Northwestern. The organization eventually evolved into the Allina Health System, a pioneering health maintenance organization.⁷⁹ A step in that evolution came in 1973 when Abbott-Northwestern collaborated with the neighboring Children's Health Center and the Sister Kenny Institute to create a regional medical center. Sister Kenny broke ground for a new \$3.8-million rehabilitation center just south of Abbott-Northwestern in 1974, then ran into trouble raising funds to complete the facility. This led to Sister Kenny merging with Abbott-Northwestern in the following year.⁸⁰

In the meantime, programs at the Abbott campus continued to evolve in response to changing needs in the medical industry. The deinstitutionalization of mental health patients begun in the 1960s dramatically increased the need for psychiatric hospital services. In December 1972, Abbott launched a major mental health care initiative, which included both a walk-in clinic and an expansion of inpatient facilities. "In the process," a newspaper reported, the hospital would "add specialized units for young

⁷⁶ David Kuhn, "Two City Hospitals May Merge," *Minneapolis Tribune*, October 17, 1969; "Northwestern Votes for Hospital Merger," *Minneapolis Tribune*, October 24, 1969; Lewis Cope, "Approval Is Voted in Hospital Merger," "Millar to Guide Merged Hospitals," *Minneapolis Star*, September 26, 1970; "Millar Named Hospital Head," *Minneapolis Tribune*, September 26, 1970. LeVander and Barr quotes in Abbott-Northwestern Hospital, *Report on the Merger*.

⁷⁷ Abbott-Northwestern Hospital, *Report on the Merger*.

⁷⁸ Abbott-Northwestern Hospital, "About Abbott-Northwestern—Our History," <http://www.allina.com/ahs/anw.nsf/page%20/history> (accessed August 7, 2008).

⁷⁹ Abbott-Northwestern Hospital, *Report on the Merger*.

⁸⁰ Ron Ostman, "Study Recommends Closing of Abbott Hospital, Expansion of Northwestern," *Southside Newspaper*, March 5, 1975; Lewis Cope, "Hospital Board Postpones Abbott Closure Decision," *Minneapolis Tribune*, April 27, 1975.

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children and young adults." The existing adolescent and adult psychiatric facilities had fifty-two beds, and "the expansion to 100 beds would give Abbott one of the largest inpatient psychiatric programs in the Minneapolis area."⁸¹

By 1975, Abbott and Northwestern had developed distinct specialties, as a local newspaper reported: "Abbott Division has led in ophthalmology (eye diseases), community mental health and geriatrics (problems and diseases associated with old age). It has 385 hospital beds." The Northwestern Division "has led in alcoholism rehabilitation, cardiac diagnosis and surgery, and X-ray therapy. It has 480 hospital beds and about 1,300 staff persons." "Together," the article continued, "the two divisions provide over 220,000 patient days of care per year, which Millar says is 'about the biggest number in the state for a single hospital corporation.'"⁸²

Despite these strengths, though, the inefficiency of running separate campuses—"each," according to Millar, "with 100 percent specialized medical staffs"—was increasingly questioned. In comparing the two facilities, Abbott's limitations were apparent. Its growth was restricted by Interstate 94 to the north. A shortage of parking was a pressing issue in the densely built Stevens Square neighborhood. Northwestern, on the other hand, had a larger facility and room for expansion. In March 1975, Millar sent a letter to employees and volunteers announcing the recommendation of a committee of the hospital's board to shut down Abbott in 1978. "The effect would be to make two medium-size hospitals into one large one at the Northwestern location," a contemporary newspaper reported. According to another newspaper account: "Millar cited as major reasons for the proposed action the tightening of governmental controls, as well as the need to reduce operating costs, to modernize, to avoid duplication of equipment and to provide a specialized medical staff with diverse specialty services."⁸³

The board, however, had yet to vote on the consolidation of the campuses. A month after Millar's announcement, some disgruntled doctors and employees convinced the board to conduct yet another study of the plan. The report resulting from this study, eight months in the making, was considered by the board in early 1976. It apparently resulted in a more detailed analysis of the cost of expanding the Northwestern campus to accommodate Abbott's operations: the estimate had grown from the \$7 to \$10 million budget anticipated in March 1975 to \$19 million.⁸⁴

Another obstacle in the way of the consolidation was the Minnesota Board of Health. The new construction at the Northwestern site to accommodate the move needed the blessing of this agency, which was authorized to restrict unnecessary hospital construction under the state's Certificate of Need Act. Although the average occupancy rate for hospitals in the area stood at 75 percent, in 1975, the state board eventually approved the construction at the Northwestern campus.⁸⁵

⁸¹ Lewis Cope, "City Hospital Plans to Start Major Mental Health Effort," *Minneapolis Tribune*, December 27, 1972.

⁸² Ostman, "Study Recommends Closing of Abbott Hospital."

⁸³ Ibid.; Cope, "Hospital Board Postpones Abbott Closure Decision."

⁸⁴ Cope, "Hospital Board Postpones Abbott Closure Decision;" "Hospital Directors May Close Abbott," *Minneapolis Star*, January 30, 1976.

⁸⁵ Cope, "Hospital Board Postpones Abbott Closure Decision."

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By 1979, the Abbott-Northwestern Hospital board had voted to physically consolidate the hospitals and sell the Abbott site. The move was completed in 1980 and the vacated hospital was converted into the Ebenezer Franklin Geriatric Center. The nursing home later came under different management, and finally closed in 2004.⁸⁶

Conclusion

Abbott Hospital provides a physical record of decades of changes in the medical industry. The Dunwoody section significantly reflects the era when hospitals first developed as a specific building type. The Janney Children's Pavilion, as the first hospital building in Minneapolis dedicated to pediatric medicine, significantly reflects the specialization that occurred in hospitals in the early twentieth century. The expansion of the hospital with the Wyman section in the 1930s significantly represents the standardization of hospitals and the ability of hospitals to increase services. The Janney Pavilion Addition and the Stevens wing significantly represent the impact of funding, the growing role of the federal government in the nation's health care system, and the move towards regionally based hospital centers.

Abbott Hospital significantly represents important phases of hospital development in the twentieth century. While other hospitals in Minneapolis also went through these phases, the buildings representing earlier phases have been demolished or substantially altered, making Abbott Hospital the only example that retains integrity. As a result, Abbott Hospital is locally eligible for listing in the National Register of Historic Places under **Criterion A** for its significance in Health/Medicine.

⁸⁶ Lewis Cope, "Plan Suggests Closing of Abbott Hospital," *Minneapolis Tribune*, March 4, 1975; Lewis Cope, "Patients Turned Out in Cold, but for a Good Purpose," *Minneapolis Tribune*, January 27, 1980; "Construction Starts on Geriatric Home," *Skyway News*, June 17, 1980.

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9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

See attached continuation sheets.

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67 has been requested)
- previously listed in the National Register (see 5.1)
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other
- Name of repository: Minnesota Historical Society

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property 1.6 acres
(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>15</u>	<u>478280</u>	<u>4978940</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.)

Lots 1 to 4 and 8 to 14, including the adjacent 1/2 of the vacated alley except the street, also including the adjacent part of the vacated street, of Block 15, Jackson Daniels & Whitney's Addition to Minneapolis.

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the property acquired during the period of significance and associated historically with the hospital's development.

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United States Department of the Interior
National Park Service

**National Register of Historic Places
Continuation Sheet**

Abbott Hospital

Name of Property

Hennepin Co., MN

County and State

Name of multiple listing (if applicable)

Section number 9 Page 4

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Abbott Hospital
Name of Property

Hennepin Co., MN
County and State

11. Form Prepared By

name/title Elizabeth A. Gales and Charlene K. Roise
organization Hess, Roise and Company date December 10, 2010
street & number 100 North First Street telephone 612-338-1987
city or town Minneapolis state MN zip code 55401
e-mail gales@hessroise.com; roise@hessroise.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 photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

See attached continuation sheets.

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).
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 Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

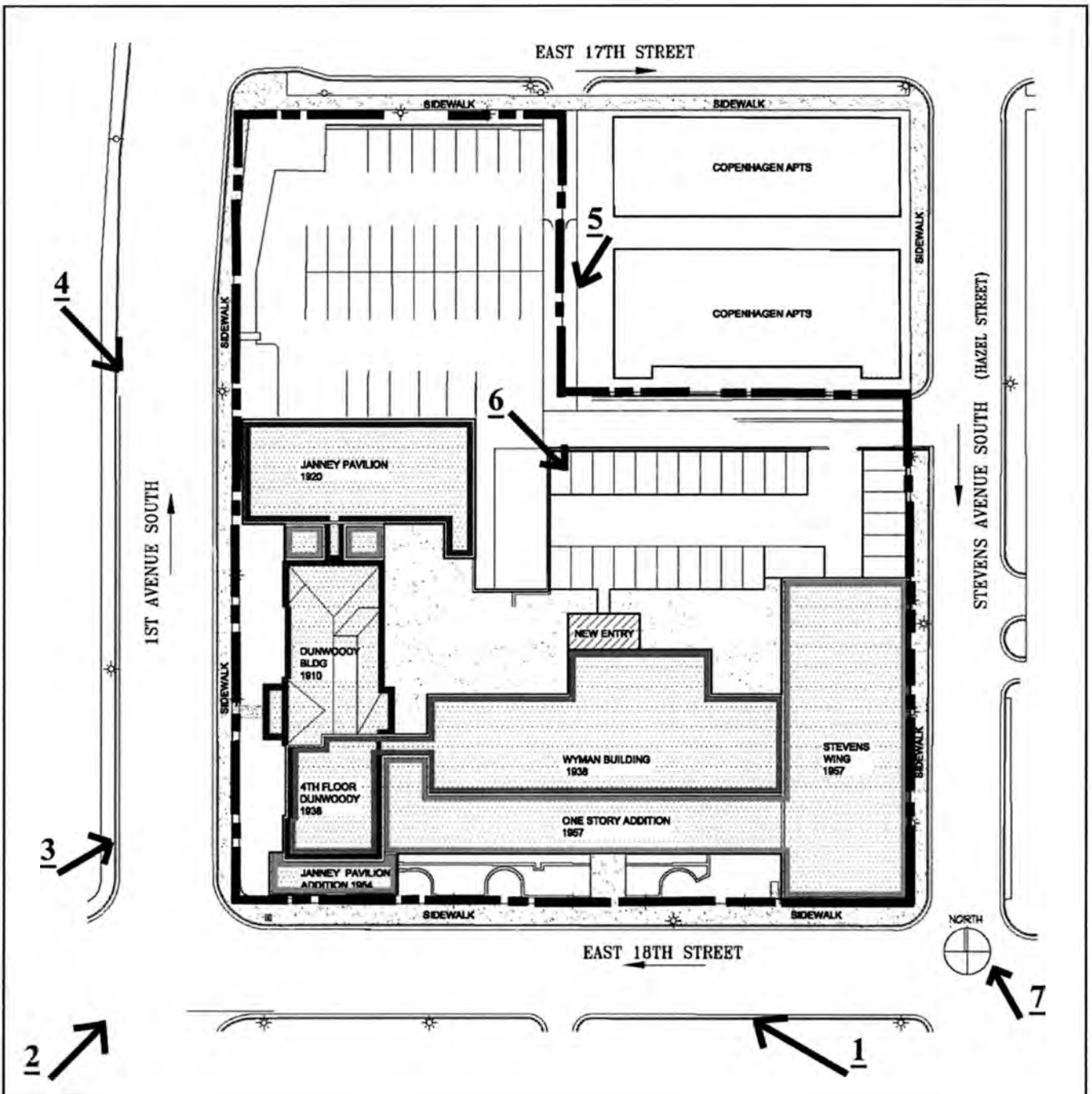
United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
Name of Property
Hennepin Co., MN
County and State
Name of multiple listing (if applicable)

Section number Site Plan with Photograph Key

Page 1



United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital

Name of Property

Hennepin Co., MN

County and State

Name of multiple listing (if applicable)

Section number Photographs Page 1

PHOTOGRAPHS

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

1 of 7

The south (front) facade of the Wyman section. View to the northwest.

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

2 of 7

The west facade of the Dunwoody Building and the south facades of the Janney Pavilion Addition and Wyman Building. View to the northeast.

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

3 of 7

The west facade of the Dunwoody Building. View to the northeast.

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

4 of 7

The west and north facades of the Janney Children's Pavilion. View to the southeast.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital

Name of Property

Hennepin Co., MN

County and State

Name of multiple listing (if applicable)

Section number Photographs Page 2

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

5 of 7

The east (rear) facades of the Janney Children's Pavilion (right) and the Dunwoody Building (left). View to the west-southwest.

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

6 of 7

The north (rear) facades of the Wyman Building (right) and the Stevens Wing (left). View to the south-southeast.

Name of Property: Abbott Hospital
City or Vicinity: Minneapolis
County: Hennepin
State: Minnesota
Name of Photographer: Penny A. Petersen
Date of Photograph: July 2008

7 of 7

The east and south facades of the Stevens Wing. View to the north.

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
Name of Property Hennepin Co., MN
County and State
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Section number Additional Information Page 1

INDEX OF FIGURES

- Figure 1.** Photograph showing the Dunwoody wing of Abbott Hospital, 1911 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 2.** Photograph showing the Dunwoody wing and Janney Children's Pavilion of Abbott Hospital, 1927 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 3.** Photograph showing the Janney Children's Pavilion, 1925 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 4.** Photograph showing the Wyman wing of Abbott Hospital, with its original entrance, ca. March 1957 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 5.** Photograph showing the completed Janney Pavilion Addition in foreground, May 1956 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 6.** Photograph showing the new one-story addition to the Wyman wing, which was part of the Stevens Addition, 1960 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 7.** Photograph showing the construction of the Stevens wing, January 1958 (Abbott-Northwestern Hospital photograph collection, Minnesota Historical Society)
- Figure 8.** Photograph showing the East Eighteenth Street facade of the Stevens wing, September 1958 (Photographer: Norton and Peel, Minnesota Historical Society)
- Figure 9.** Photograph showing the labeled First Avenue facades of the Janney Children's Pavilion, Dunwoody Building, and Dunwoody expansion, July 2008 (Photographer: Penny A. Petersen)
- Figure 10.** Photograph showing the labeled First Avenue facades of the Janney Children's Pavilion, Dunwoody Building, and Dunwoody expansion, July 2008 (Photographer: Penny A. Petersen)
- Figure 11.** Photograph showing the labeled Eighteenth Street facades of the Janney Pavilion Addition, Dunwoody expansion, one-story addition, and Wyman Building, July 2008 (Photographer: Penny A. Petersen)
- Figure 12.** Photograph showing the labeled First Avenue and Eighteen Street facades of the Dunwoody Building, Dunwoody expansion, Janney Pavilion Addition, Wyman Building, and Stevens wing, July 2008 (Photographer: Penny A. Petersen)

United States Department of the Interior
National Park Service

National Register of Historic Places
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Abbott Hospital
Name of Property
Hennepin Co., MN
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Section number Additional Information

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Figure 1



Figure 2

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
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Name of multiple listing (if applicable)

Section number Additional Information Page 3



Figure 3



Figure 4

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Abbott Hospital
Name of Property
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Section number Additional Information Page 4



Figure 5



Figure 6

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
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Name of multiple listing (if applicable)

Section number Additional Information

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Figure 7



Figure 8

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Abbott Hospital
Name of Property
Hennepin Co., MN
County and State
Name of multiple listing (if applicable)

Section number Additional Information

Page 6

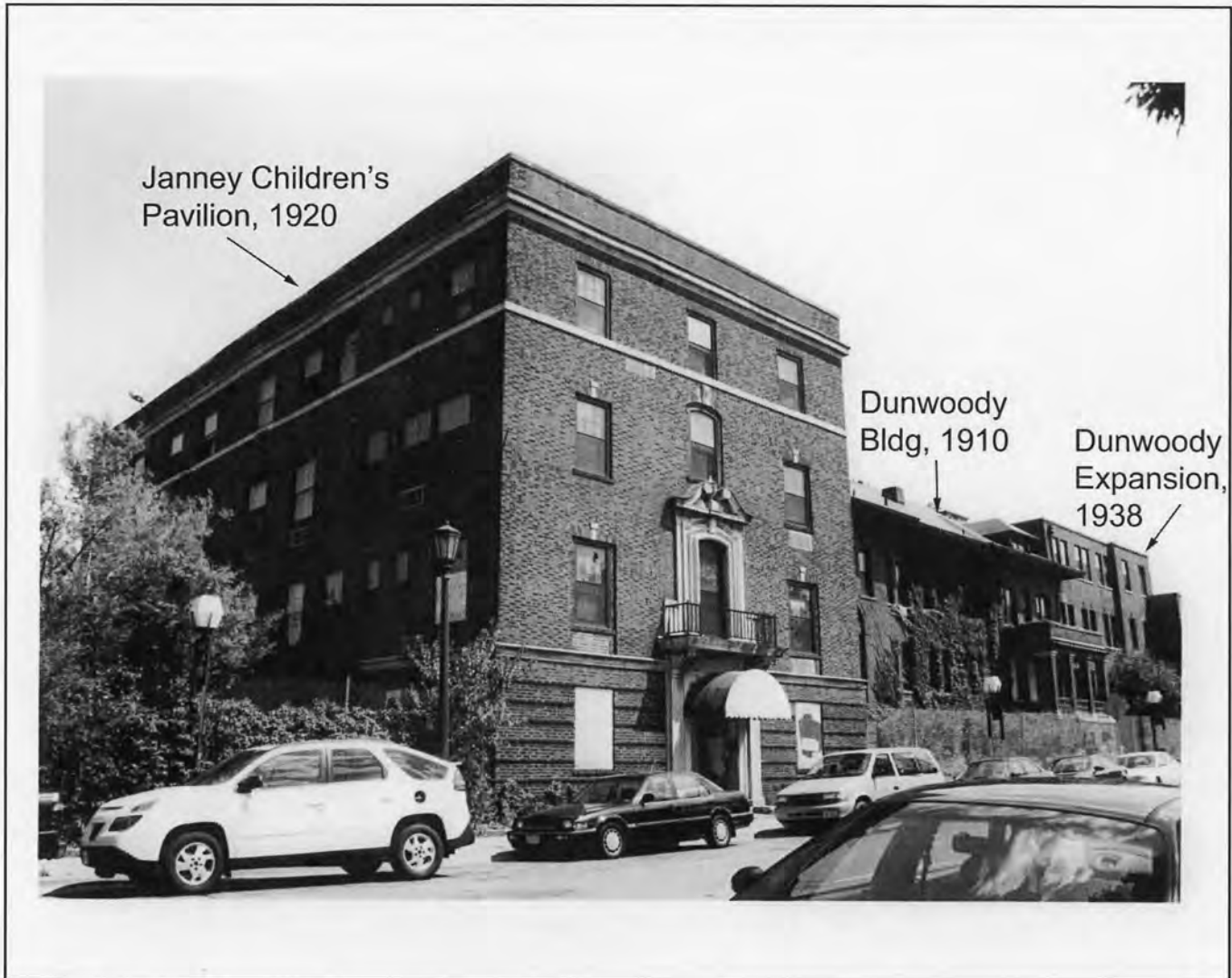


Figure 9

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
Name of Property
Hennepin Co., MN
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Name of multiple listing (if applicable)

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Page 7



Figure 10

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Abbott Hospital
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Hennepin Co., MN
County and State
Name of multiple listing (if applicable)

Section number Additional Information

Page 8

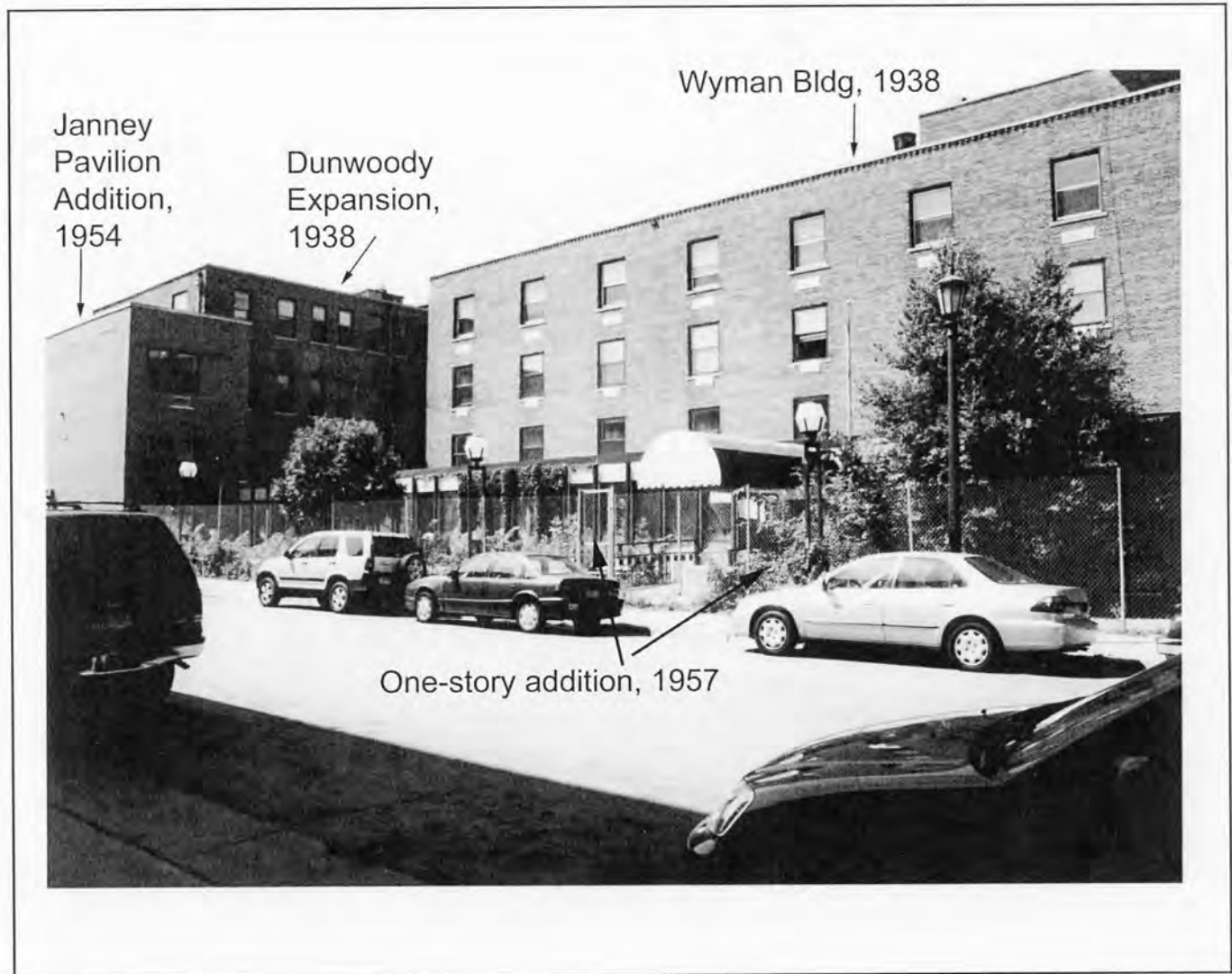


Figure 11

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Abbott Hospital
Name of Property
Hennepin Co., MN
County and State
Name of multiple listing (if applicable)

Section number Additional Information

Page 9

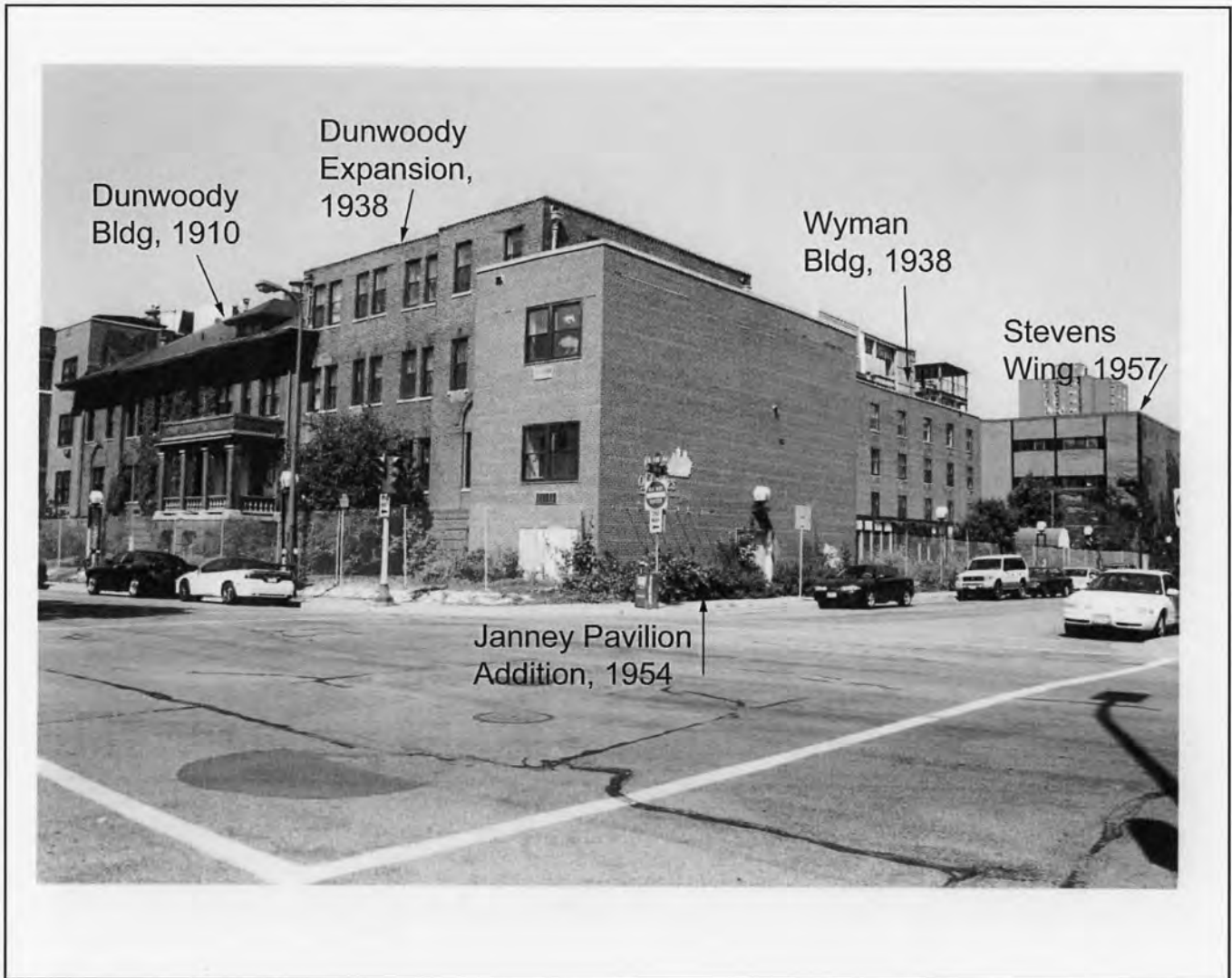


Figure 12

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Abbott Hospital
NAME:

MULTIPLE
NAME:

STATE & COUNTY: MINNESOTA, Hennepin

DATE RECEIVED: 4/21/11 DATE OF PENDING LIST: 5/11/11
DATE OF 16TH DAY: 5/26/11 DATE OF 45TH DAY: 6/06/11
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 11000323

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT RETURN REJECT 6.1.11 DATE

ABSTRACT/SUMMARY COMMENTS:

**Entered in
The National Register
of
Historic Places**

RECOM./CRITERIA _____

REVIEWER _____ DISCIPLINE _____

TELEPHONE _____ DATE _____

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
NO. 1 of 7

0140627.006 08/05/08



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 2 of 7

0140627, 007 08/05/08



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 3 of 7

0140627, 003 08/05/08



Abdott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 4 of 7

0140627, 005 08/05/08



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 5 of 7

0140627, 001 08/05/08



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 6 of 7

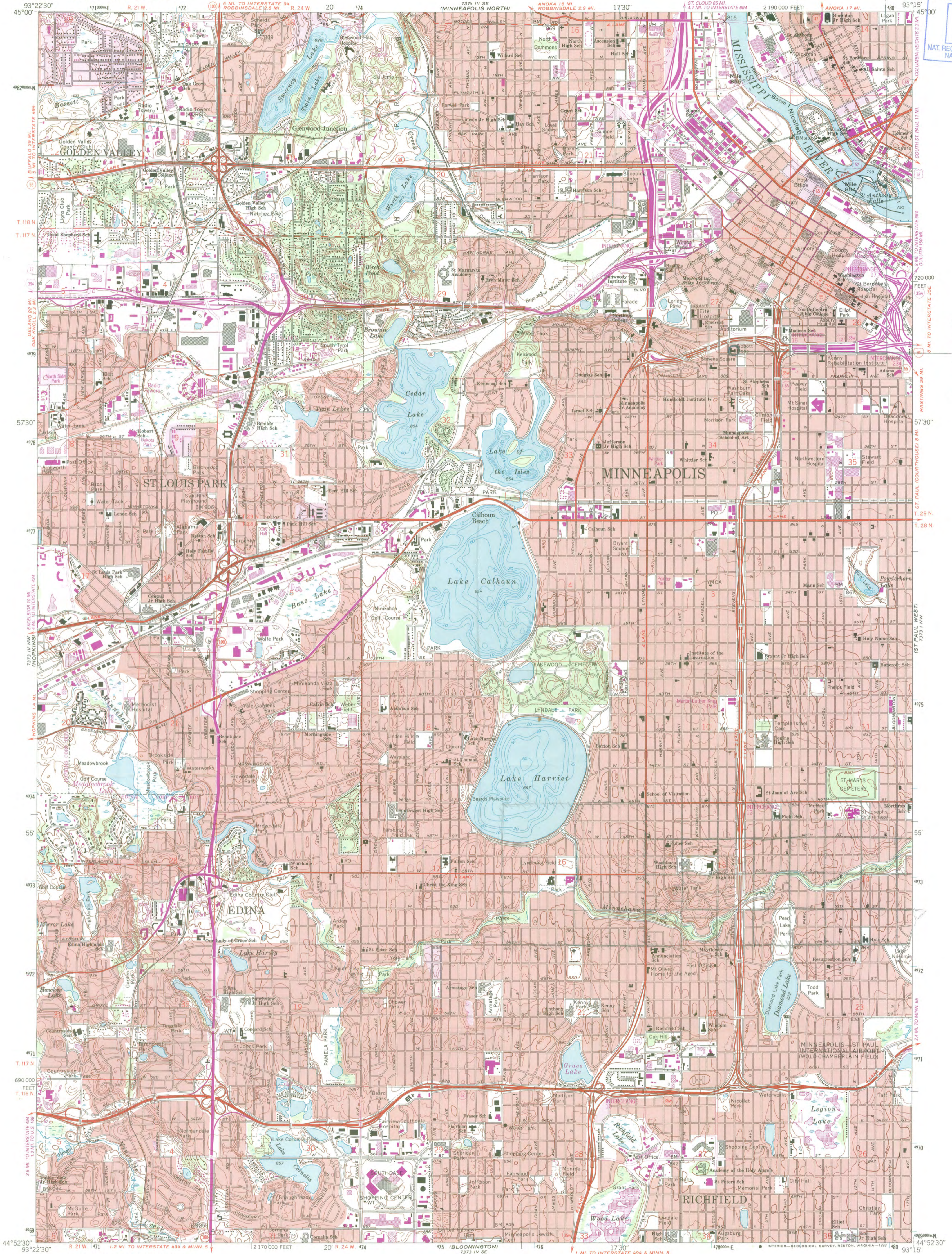
0140627, 004 08/05/08



Abbott Hospital
110 East Eighteenth Street
Minneapolis, Hennepin County, Minnesota
No. 7 of 7

0140627, 002 08/05/08

RECEIVED 2280
APR 21 2011
NAT. REGISTER OF HISTORIC PLACES
NATIONAL PARK SERVICE



UTM COORDINATE (NAD 27)
15: 478 280 : 497 894 D
ABBOTT HOSPITAL
MINNEAPOLIS,
HENNEPIN COUNTY,
MINNESOTA

Produced by the United States Geological Survey

Control by USGS, NOS/NOAA and USCE

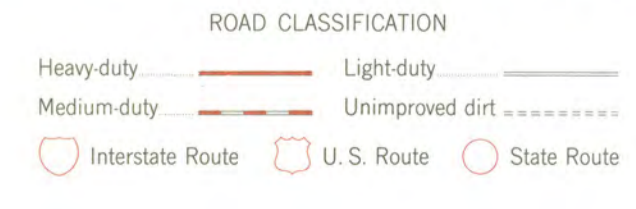
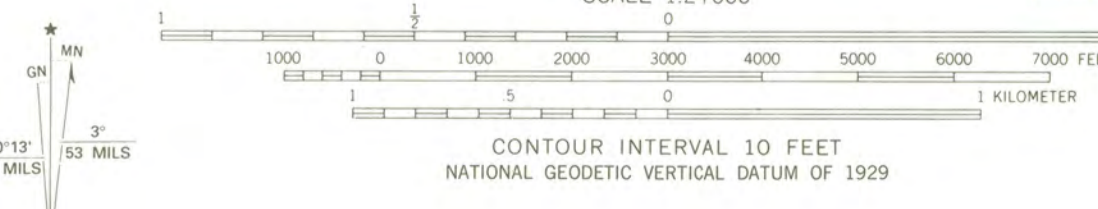
Topography by photogrammetric methods from aerial photographs taken 1947. Field checked 1952. Revised from aerial photographs taken 1966. Field checked 1967. Map edited 1967

Hydrography compiled from information furnished by Minnesota Department of Natural Resources

Projection and 10,000-foot grid ticks: Minnesota coordinate system, south zone (Lambert conformal conic)
1000-meter Universal Transverse Mercator grid ticks, zone 15, shown in blue 1927 North American Datum (NAD 27)

North American Datum of 1983 (NAD 83) is shown by dashed corner ticks
The values of the shift between NAD 27 and NAD 83 for 7.5-minute intersections are given in USGS Bulletin 1875

Red tint indicates areas in which only landmark buildings are shown



MINNEAPOLIS SOUTH, MINN.
44093-H3-TF-024

1967
REVISED 1993
DMA 7373 IV NE-SERIES V872

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Revisions shown in purple and woodland compiled in cooperation with State of Minnesota agencies from aerial photographs taken 1991 and other sources. This information not field checked. Map edited 1993



March 3, 2011

**Community Planning &
Economic Development
Planning Division**

250 South 4th Street - Room 110
Minneapolis MN 55415

Office 612 673-2597
Fax 612 673-2728
TTY 612 673-2157

Britta Bloomberg
Deputy State Historic Preservation Officer
State Historic Preservation Office
Minnesota Historical Society
345 Kellogg Blvd. West
St. Paul, MN 55102-1906

RE: Certified Local Government Comment on the nomination of: **Abbott Hospital
110 E 18th Street, Minneapolis, Hennepin County** to the National Register of
Historic Places

Ms. Bloomberg:

On behalf of the Chair of the Heritage Preservation Commission of the City of Minneapolis, I am pleased to submit the enclosed comments on the nomination of Abbott Hospital, 110 E 18th Street, Minneapolis, Hennepin County to the National Register of Historic Places. The Heritage Preservation Commission reviewed the nomination, accepted public comment before and during their March 1, 2011 meeting, and unanimously resolved to adopt the report as presented, approve the nomination, and direct staff to transmit the report to the State Historic Preservation Officer, as indicated in the enclosed actions.

Please let me know if you have any questions.

Sincerely,

Chris Vrchota
City of Minneapolis
Preservation and Design Team
250 South 4th Street, Room 300
Minneapolis, MN 55415
612-673-5467
christopher.vrchota@ci.minneapolis.mn.us

MAR 07 2011

cc: Charlene Roise, Hess, Roise and Company
Cara Letofsky, Office of Mayor R.T. Rybak
Property File



Minnesota Historical Society
State Historic Preservation Office
345 Kellogg Blvd West, St. Paul, Minnesota 55102
651/259-3451



TO: Carol Shull, Keeper
National Register of Historic Places

FROM: Susan Roth, National Register Historian

DATE: April 15, 2011

NAME OF PROPERTY: Abbott Hospital

COUNTY AND STATE: Hennepin Co., MN

SUBJECT: National Register:

- Nomination
- Multiple Property Documentation Form
- Request for determination of eligibility
- Request for removal (Reference No.)
- Nomination resubmission
- Boundary increase/decrease (Reference No.)
- Additional documentation (Reference No.)

DOCUMENTATION:

- Original National Register of Historic Places Registration Form
 - Multiple Property Documentation Form
 - Continuation Sheets
 - Removal Documentation
 - Photographs
 - CD w/ image files
 - Original USGS Map
 - Sketch map(s)
 - Correspondence
 - Owner Objection
- The enclosed owner objections
Do Do not constitute a majority of property owners

STAFF COMMENTS:

Abbott Hospital expanded through a series of wings and as such represents the historical and physical evolution of a medical facility. For this reason, the property is classified as 1 building.



April 21, 2011

Dr. Carol Shull
Keeper, National Register of Historic Places
Mail Stop 2280, 8th Floor
1201 Eye Street NW
Washington, DC 20005

RE: Photographs for Abbott Hospital, Hennepin County; Duluth Armory, St. Louis County;
and Duluth Young Women's Christian Association, St. Louis County, Minnesota

Dear Dr. Shull:

Enclosed are the above photographs which were inadvertently left out of the National Register Nominations that were recently received by your office. We apologize for any inconvenience this omission may have caused.

Sincerely,



Britta L. Bloomberg
Deputy State Historic Preservation Office
Minnesota Historical Society