# National Register of Historic Places Inventory—Nomination Form

For HCRS use only received MAY 2 0 1980 date entered JUN 1 9 1980

See instructions in *How to Complete National Register Forms*Type all entries—complete applicable sections

1. Na	ıme					
historic	Salina Hos	pital				
and/or comm	non Senior C	itizen Cent	ter			
2. Lo	cation					
street & nun	nber 330 West	Main Stree	et			not for publication
city, town	Salina		vi	cinity of	congressional district	01
state Ut	ah	code	049	county	Sevier	code $041$
3. Cla	assificat	tion				
Category district X building structur site object	re both Public Acq in proce		Accessib yes: re	upied in progress le	Present Use agriculture commercial educational entertainment government industrial military	museum park private residence religious scientific transportation Xother:
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	registry of deeds,	Corric		Courthou		
street & num	nber					
city, town	Richfield				state	Utah
6. Re	present	ation i	n Exi	sting	Surveys	
title Sevie	er County Surv	/ey		has this pro	pperty been determined e	elegible? <u>X</u> yes no
date St	ımmer 1979				federal st	ateX county local
depository fo	or survey records	Utah Stat	e Histor	ical Socie	ety	
city, town	Sa]	t Lake Cit	У		state	UT

Condition  excellent  good  fair	deteriorated ruins unexposed	Check one unaltered altered	Check one original sit	te date	_

Describe the present and original (if known) physical appearance

7. Description

An example of Prairie School architecture, the Salina Hospital is a two story brick structure with stucco trim. The major allusion to the Prairie School is a two story portion on the front of the building with a low hipped roof. This portion extends forward from the flat roofed central mass. Linked visually by a continuous cornice and by the horizontal arrangement of windows and spandrels, the two parts form a rectangular plan. The wide overhang and horizontal emphasis created by the cornice are characteristic elements of Prairie School architecture. Four brick piers of the main elevation rise the full two stories, terminating in decorative corbelled and stuccoed capitals. Similar capital motifs may be seen on other Prairie School buildings in Utah.

Stucco and brick were traditional materials of the Prairie School style and were also traditional materials of the regional vernacular from an early date. In organizing materials, brick was used in lower portions while upper portions were frequently stuccoed, a treatment suggested on the Salina Hospital by the stuccoed spandrels of the main facade and slightly recessed stuccoed areas of the upper, secondary elevations.

The interaction and tension of vertical and horizontal forms was a concern in Prairie School design. On the primary facade horizontality of design is created by the upper cornice, window arrangement and stuccoed spandrels. This influence is countered by the four brick pilasters creating an active balance.

Segmental arches over windows on the side elevations reflect the nineteenth century building tradition which still lingered in the rural areas. The building is joined to an annex in the east at the first floor by a breezeway.

#### 8. Significance

Period prehistoric 1400–1499 1500–1599	Areas of Significance—C archeology-prehistoric archeology-historic agriculture		landscape architectu	re religion science sculpture
1600–1699 —— 1700–1799 —— 1800–1899 —— 1900–	architecture art commerce communications	education engineering exploration/settlemen industry invention	military music nt philosophy	social/ humanitarian theater transportation other (specify)
Specific dates	1917	Builder/Architect	nknown	

#### Statement of Significance (in one paragraph)

The Salina Hospital is significant as one of the first medical facilities in Utah to provide health care to a rural agricultural community and as the most important health care center for central Utah during the 1920s and 1930s. The hospital was discovered through a county-wide historical survey to be the best locally recognized representative of the role medicine had in Sevier County history.

The Salina Hospital, built towards the end of the Prairie School period, represents the diffusion and acceptance of the style into outlaying regions. That the Prairie School style was accepted enthusiastically in Utah, was the consequence of several factors. Chicago had the longstanding status as the major city between Salt Lake City and the east coast, and was a place that Utahn's looked upon as a source of definitive culture. The Mormon Church, whose influence pervades Utah society, embraced the style early in the twentieth century, and was the only American religious group to do so. Several important Utah architects of the period had studied at the Chicago Art Institute, worked in Frank Lloyd Wright's office or were otherwise exposed to Prairie School theory at a firsthand level and practiced in this mode extensively. Many examples of the style exist in Utah to document these considerations but with few exceptions they are in or near larger metropolitan areas. I

Salina Utah was colonized by Mormon settlers in 1870. The economy of the new community was largely agricultural with the mining of salt from 1870, and coal from 1890, as important secondary economic factors. The extension of the San Pete - Sevier Branch of the Denver and Rio Grande Western Railroad into Salina in 1891 resulted in a rapid rise in the population and commercialization in the area. Other technological innovations like electricity, telephones and automobiles that came early in the 20th century, further tied this isolated rural community into the Progressive American network.

A narrative of medical history in Utah, up to the 20th century, is dominated by the suspicions and hostilities that Mormons felt toward doctors and doctor's cures. Mormons were not the only American community that questioned the competence or incompetence of physicians. For each community the degree

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9. Major Bibliographical References

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of isolation, the level of economic well-being, and the capacity for cultural acceptance determined the speed with which, and the way in which, health care systems were developed. In Utah the Mormon belief in faith healing and their cultural preference for using Thomsonian herberal remedies substantiated by a strong hostility for non-Mormon physicians, helped delay the arrival of modern medical facilities in Mormon rural areas of Utah until the early 1920s.

Those Mormons who had received medical training practiced their skills only part-time because their profession was not considered a legitimate way to earn a living. The doctors who practiced medicine full-time tended to be non-Mormons who catered to the non-Mormon miners or retailers, or to the more urbanized and liberal Mormons of the Salt Lake area. There were in fact no trained doctors outside Salt Lake until the 1870s; in 1890 there still was not a resident doctor in Sevier county. The Mormon suspicion of medicine was also exhibited in their opposition to being vaccinated against communicable diseases and in their opposition to the use of modern medical technology. These beliefs gave way to new ideas as the new generation of Mormons replaced the early settlers, but it took time and improved local economies before medical care was able to penetrate the rural areas of Central Utah.

Small pox, typhoid and diptheria epidemics were common in the West before 1900. The latter disease, especially as it affected children, was a constant fear in the settled agricultural communities of Utah. The first outbreak of diptheria in Sevier County occurred near Salina in 1886. It was not to be the last for the disease continued to plague the area into the early 1900s. Quarantining the epidemic was the most important function of local doctors. At first these doctors traveled south from Manti when epidemics threatened, but around 1890 Dr. Christian Madsen settled in Salina. Five years later Dr. Charles Edwin West moved into the new railroad town. In 1899 Margaret Arneson Freece, of Scipio Utah, returned from Northwestern Medical school and began practicing medicine in Salina. Both Dr. West and Dr. Freece became long-time residents and strong supporters for the erection of a local care facility.

In general, hospital care in Utah up to 1915 can be characterized as non-Mormon, urban centered and catering to the treatment of mining injuries or illnesses. The first Utah hospital, St. Marks, was built by Episcopalians in 1872. Holy Cross, the second, was erected by Catholics three years later. In 1882 the Mormon Relief Society started the Deseret Hospital but it closed its doors in 1890. The second Mormon attempt was more successful as the Dr. W.H. Grove's/Latter-day Saints Hospital built in 1905 has continued to operate up to the present.

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It wasn't until 1905 that the first rural hospital was constructed in Utah. It was located in the Tintic mining district town of Mammoth. By 1915 there were five hospitals located outside the Provo-Salt Lake City-Ogden urban center but all but one was situated in an intensive mining area. The disabilities resulting from lead poisoning and silicosis, and the massiveness and frequency of cave-ins required a centralized care center that could handle large numbers of injured miners at once for extended periods of time.

In 1917 the Utah State Legislature passed a law which legally required industries within the state to provide necessary medical services for their employees injured in job related accidents. This state law gave impetus to hospital construction in rural communities and it was during that year that the Richfield and Salina hospitals were built. Before 1917 the closest medical facility to Sevier County was over 100 miles to the north in Provo. Interestingly, both Sevier hospitals were two of the earliest non-mining rural care centers built in Utah. Contributing to this change in medical care were:

- 1. The growing acceptance by Mormons of modern medical treatment.
- 2. Technological advances in medicine which required ever greater outlays of capital.
- 3. Doctors were specializing and thus sharing patients.
- 4. The increased mobility of the auto gave the patient a greater range from which he/she could select medical treatment.

The Salina hospital was built at a cost of 15,000 dollars. Dr. William Thome was hired to manage the "new and modernly equiped," twenty-five bed facility which advertised in 1920 as having "trained nurses". Dr.'s C.E. West and Margaret Freece also used the building in the treatment of their patients. After the Richfield Hospital closed in the early 1920s, the Salina facility was the on,y care center in central Utah until 1939. By 1927 the management of the hospital had changed hands as Dr.'s Leo and Don Merrill took over. In 1930 Don left Salina and Leo assumed the directorship of the care center.

As the agricultural depression of the 1920s gave way to the Great Depression of the 1930s, the economy and the level of medical care dropped dangerously low. In 1936 the Federal Security Administration gave funds to the rural areas of Utah. Sevier County participated in the federal program which included dental care as well. A new care facility was constructed in Richfield in 1939 which made the Salina Hospital a marginal business. To keep the hospital open, Salina, Redmond and Aurora, joined forces and bought the building in 1945. In 1966 after 49 years of service, the Salina Hospital shut down. Today the building is used as a senior citizens care center.

Three important exceptions are the Parowan Third Ward, the Mt. Pleasant Library and the old Dixie College Gymnasium in St. George - scheduled for demolition in the spring of 1980.

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