United States Department of the Interior National Park Service		1111		71	6
National Register of Histor	ric Places		0 2012		
Registration Form	ne r laces	NAT. REGISTER OF NATIONAL PA	historic pl RK service	ACES	
This form is for use in nominating or requesting determinating to Complete the National Register of Historic Places Regist" not applicable." For functions, architectural classification instructions. Place additional certification comments, er	stration Form. If any iter n. materials, and areas	n does not apply of significance	to the prop	perty bein	ng documented, enter '
1. Name of Property					
historic name Children's Hospital					
other names/site number					
2. Location					
street & number 68 High Street				N/A	not for publication
city or town Portland			3.1	N/A	vicinity
state ME code ME co	ounty Cumberland	code	005	zip c	ode 04101
3. State/Federal Agency Certification					
As the designated authority under the National I I hereby certify that this <u>X</u> nomination <u>req</u> registering properties in the National Register of set forth in 36 CFR Part 60. In my opinion, the property <u>X</u> meets <u>does</u> be considered significant at the following level(s <u>national</u> <u>X</u> statewide <u>X</u> lo	uest for determination f Historic Places and s not meet the Nation) of significance: pcal	on of eligibility d meets the pr	meets th ocedural	and pr	ofessional requirer
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NPS Form 10-900

OMB No. 1024-0018

(Expires 5/31/2012)

Name of Property	CUMBERLAND COUNTY, MAINE County and State			
5. Classification				
Ownership of Property (Check as many boxes as apply.)	Category of Property (Check only one box.)	Number of (Do not include	Resources within Pr previously listed resources	operty s in the count.)
I al a starter	Terle and the	Contributi	ng Noncontributi	and the second se
X private public - Local	X building(s)	2		buildings
public - State	site		9 <u></u>	district site
public - Federal	structure			structure
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		2	0	Total
Name of related multiple property is not part of	operty listing a multiple property listing)		contributing resourc National Register	es previously
N/A			0	
6. Function or Use				
Historic Functions (Enter categories from instructions.)	p.	Current Fun (Enter categori	nctions es from instructions.)	
HEALTHCARE / Hospital		VACANT		
		/		
CONTRACTOR AND A CONTRACTOR OF A DESCRIPTION OF				
Architectural Classification (Enter categories from instructions.)		Materials (Enter categorie	es from instructions.)	
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7. Description Architectural Classification (Enter categories from instructions.) LATE 19 TH & 20 TH C. REVIVA	LS / Colonial Revival	(Enter categorie foundation:	STONE / Granite BRICK	er (Membrane)

2

CHILDREN'S HOSPITAL

Name of Property

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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

Constructed in 1909, the former Children's Hospital is a fine example of the Colonial Revival style by architect Frederick A. Tompson (1857-1919). It is located in a largely residential neighborhood bordering on the commercial downtown area of Portland, Maine. The property fronts on two important streets, High and Danforth, which are both wide streets with tree lined esplanades and brick sidewalks in this area. High Street is the principal artery for traffic entering the city over the Casco Bay Bridge and Danforth Street is an important connecting street between the residential West End and the commercial downtown and Old Port. Built adjacent to, and originally connected with, the Federal style Mussey Mansion (built 1801, demolished in 1962), the hospital building intentionally replicated features of the mansion, such as the five-bay fenestration pattern, columned portico, and fan-lit entry below a Palladian window on the principal (east) façade. By placing the new building behind the mansion and screening the rear portion of it with a service wing, Tompson skillfully gave this much larger structure the scale and character of its smaller domestic neighbors, when viewed from the street.

The hospital is a three story brick rectangular building with an attached connecting ell and service wing, and a boiler house connected by tunnel to the main building's basement. A subterranean brick coal pit is located between the main building and the boiler house. The building has a steel frame and a concrete and steel floor system. The main building is 57' x 89', the ell is 24' x 31', the wing is 26' x 45' and the boiler house is 28' x 40'. All portions of the complex have flat roofs. A chimney on the service wing served the basement laundry and the first floor kitchen. The boiler house has a large square brick stack, which is approximately four stories tall. The main building faces east and is located at the northeast corner of the property. The ell extends to the south of the main building and the service wing extends to the west behind it. The boiler house is located at the northwest corner of the property, largely screened by the main building, ell, and service wing. A large lawn area is located to the south of the buildings, where the Mussey Mansion stood, and is enclosed by an iron fence with granite posts, which dates to the Children's Hospital period.

Narrative Description

Grounds.

The lawn area south of the hospital (which occupies the former site of the Mussey Mansion) retains the eroded terraced land form that the mansion sat upon. A 20th century wrought iron fence and gate are set between granite posts along the Danforth and High Street sidewalks. The gate aligns with the former location of the mansion's front portico. The fence dates from the Children's Hospital period. The front portico of the hospital sits on a concrete base. The concrete front steps of the hospital building have been largely encased in a modern concrete accessibility ramp that extends to the north in front of the building. Concrete window wells with iron pipe rails remain at either side of the portico. A large window well of similar construction has been removed on the north side and the basement level windows in-filled with concrete block. A second, intact, light well on the north elevation contains an egress door and is served by a concrete stair at the east end of the north wall. A dirt driveway runs along a concrete and stone retaining wall along the north property line. A modern chain link fence closes off the driveway between the building and the retaining wall. The area in front of the ell, out to the street, has been paved for parking.

Main Building, 1909, altered 1949. Contributing building. Frederick Tompson, architect.

The exterior of the main building replicates a classic Federal style five bay façade on the east side. The symmetrical elevation features an interpretation of a Palladian window on the second floor which has stone panels in place of the typical flanking windows and is capped by a semicircular arch with a wreath motif in relief. The Composite Order fluted columned portico protects an elliptical leaded fan doorway. The north elevation of the main building is thirteen bays wide, with varying groupings of window openings from floor to floor. The fenestration on the west (back) elevation is arranged in a group of four openings on the left and three on the right, separated by a section of blank wall, and is now somewhat altered to accommodate doors in several former window locations, to access the fire escape added in 1949. The south side of the main building is interrupted by the projecting ell just two bays back from the front façade. There are five

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additional windows on each floor behind the ell, facing into the narrow courtyard between the main building and service wing. An arched secondary entrance (in-filled with brick) is located on the south wall, adjacent to the ell. Two secondary entrances are located on the north side of the main building, one from the first floor toward the rear and one at the basement level (with an areaway and concrete steps to grade), toward the front of the building. Window openings on the east façade and first two bays of the south facade have limestone entablatures and surrounds, replicating the shape of those on the Mussey Mansion (which were wood). All windows are wood 6/6 double hung sash with modern triple track metal storm windows. A large window in the north wall of the original third floor operating room has been replaced with two 6/6 sash similar to those on the remainder of the elevation. The steel lintel for the original larger opening remains in place and is visible from the exterior. The main building is topped with a parapet cornice with a standing seam metal hipped "roof", approximately 30" deep and 18" tall, as if a typical Federal style hipped roof had been sliced off a bit above the drip edge. At the top, this "roof" forms a short (4"-6") curb around the flat graveled roof, which was originally covered by a 30' x 60' "sun parlor" with a glazed roof, surrounded by a 10' wide walkway. When the rooftop solarium was removed in the 1980s, its glass walls and roof had long since been replaced with wood siding and asphalt shingles. Period photos of the "promenade" deck around the solarium show that it sat lower than the current roof level, creating a parapet approximately 18" high, topped with a wrought iron railing.

The floor plan and interior finishes are largely intact in approximately 70% of the building. Substantial alterations were made to the first and second stories in 1949 and a number of modern partitions dividing some of the large original spaces on the upper stories were installed after the building was purchased by the University of Southern Maine in 1962. Original terrazzo floors and baseboards, wood trim, doors, and transoms remain in place throughout the building. It appears that original doors and trim were relocated and additional new matching trim created for the 1949 alterations. Many of the doors and transoms retain original patterned glass. There is little evidence of original walls being removed other than for the 1949 changes on the first and second stories. On the first story, the alterations replaced the series of "examination rooms" (shown on floor plans from 1909 and in a photo from 1912) with larger rooms, taking some space from the lobby. The published plans were modified before or during construction in several portions of the building, as is documented in a series of photographs and a published description of the interior, both from 1912. A large room at the northwest corner of the first floor contains a stage and three large roll-up doors, which open the space into the adjoining corridor. These elements do not appear in the 1909 plans or 1912 photos and are alterations made when the Salvation Army purchased the building in 1949. The original iron staircase with terrazzo treads and wood handrails has been enclosed at each floor in recent years, further reducing the width of the lobby as seen in early photos. Original plaster walls appear to be largely intact. Most ceilings are hidden by modern drop ceilings, but are in good condition where visible. In the basement, moisture has damaged some interior partitions, exposing an early example of metal stud and wire lath construction. A modern elevator serves the basement, 1st, 2nd, and 3rd floors. The original ornamental iron elevator cage is disassembled and stored in the basement. It served the rooftop solarium as well as the lower floors.

Ell, 1801, altered 1909 and 1949.

The exterior of the ell appears to be the significantly altered rear ell of the 19th century Mussey Mansion with an additional story added and the exterior brick veneer replaced except for a small area at the base of the west side. Period descriptions of the new hospital suggest that the ell of the original house was retained, but there is little evidence of its appearance prior to alterations at that time. The east façade has two arched entrances (one now in-filled with brick), located at the corners where the ell met the original mansion and the main building of the new hospital. Each of these doors had columned porticos similar to that on the front of the main building. These porticos did not match in width and there is evidence that the portico abutting the mansion was an original feature of that building (a fragment of stone foundation and granite cap stone that clearly predate the 1909 work remains on the left side of the portico location). The outlines of both porticos are retained in the paint on the brick walls. There are two 6/6 windows on the first floor, between the two arched doors, with stone entablatures and surrounds like those on the principal façade of the main building. The upper two floors have a five bay treatment, with a narrow window at the center flanked by two wider windows, on each floor. The upper floor windows have only stone lintels and sills, not entablatures and full surrounds. The south wall of the ell was constructed when the mansion was demolished in 1962 and was never painted to match the 1909 brick exterior. The west wall is partially shared with the service wing, leaving a single bay of windows looking into the courtyard on that side. The front edge of the ell roof has an iron railing from 1909, related to the use of this area for "airing bedding" when the hospital was in operation.

The interior of the ell does not appear to retain any visible fabric from the 1801 Mansion ell. However, unusual structural bracing on the second story (the original top story) and contemporary references to the retention of the ell suggest that the core of the exterior walls may date from 1801. The floor plan is largely intact from the 1909 renovations on the upper stories with alterations from 1949 on the first story. It contains period restrooms on the upper floors and restrooms from the Salvation Army renovations on the first floor. Hallways connecting the main building to the service wing are also located on each floor. These originally connected the main building to the Mussey Mansion. The service wing was

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accessed from the mansion. When the mansion was demolished in 1962, the ell and service wing were connected by filling the 6' gap between them and creating new door openings from the hallways to the service wing on each floor.

Service Wing, 1909.

This portion of the structure was originally entered through the Mussey Mansion and was not attached to either the ell or the main building. It was connected to the ell when the mansion was demolished. Like the adjoining south wall of the ell, the short east wall of the service wing received new brick veneer at that time. A portion of the east wall and the south connector wall are the exterior walls of the northwest corner of the Mussey Mansion with new brick veneer applied in 1962 on the exterior faces (originally the interior of the Mansion). The south elevation of the service wing is five bays wide. One window opening on the second floor is an original blind window (in-filled with brick). All of the window openings in the north and west elevations of the service ell have been in-filled with brick in more recent years. The 6/6 window sash are wood and have modern triple-track aluminum storm windows. A first floor door into the courtyard on the north side of the wing is its only exterior entrance. The door originally served a stairway which was the only entrance to the isolation ward on the third floor. There was no internal connection between the ward and the rest of the building complex.

The service wing originally contained a laundry in the basement, kitchen on the first floor, rooms for nursing staff on the second floor, and the hospital's isolation ward on the top floor. The isolation ward could only be reached by a staircase that opened onto the courtyard between the main building and the service wing. No other floor had access to the staircase, leaving the third floor of the wing completely isolated from all other parts of the complex. The interior of the service wing currently has little integrity of design or material on the upper stories, as the floor plans are altered and it does not appear to retain any original trim, doors, windows, etc. The basement level and first floor retain the exposed painted brick of the exterior walls and the chimney that served the laundry facilities and kitchen. Portions of these brick walls are the 1801 exterior walls of the northwest corner of the Mussey Mansion. The original staircase is still in place, now connecting the first and second floors, but sealed off from the third floor.

Boiler House, 1909. Contributing Building

The rectangular brick boiler house contains a single 16' tall room, which is sunk approximately 18' into the ground. The only exterior entrance is on the north side and is reached by an interior staircase. The boiler house is connected to the basement of the main building of the hospital by a tunnel. The flat roof is covered with modern membrane roofing material. Three large 6/6 windows are grouped in the center of the east wall, above the arched brick entrance to the coal bunker. A single 6/6 window on the north elevation lights the stairs up to the entrance. Additional window openings on the south wall are in-filled with brick.

The boiler house interior has exposed stone and brick walls and a concrete ceiling and floor. The square brick stack rises in the northwest corner. Two large boilers occupy the center of the space. The boiler on the right was coal fired and is not in service. A more modern oil fired boiler is on the left. A brick enclosure for the oil tank has been constructed in the southwest corner of the space. The coal bin opens off the east side of the space through a brick arch. It has brick walls and a concrete vaulted ceiling supported on exposed iron beams.

Name of Property

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.)



Property is associated with events that have made a significant contribution to the broad patterns of our history.



Property is associated with the lives of persons significant in our past.

xC

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.



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Areas of Significance

(Enter categories from instructions.)

ARCHITECTURE

SOCIAL HISTORY

HEALTH / MEDICINE

Period of Significance

1909 - 1948 (Architecture, Medicine, Social History)

1909-1938 (Dr. Edville G. Abbott, M.D.)

Significant Dates

1911

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.

(Complete only if Criterion B is marked above.) Abbott, Dr. Edville Gerhardt, M.D. (1871-1938)

Cultural Affiliation

Significant Person

Architect/Builder

Tompson, Frederick (1857-1919)

Period of Significance (justification)

The period of significance begins in 1909 with the construction of the Children's Hospital building as an addition to the 1801 Mussey mansion (demolished 1962). The period of significance for Criterion A and C (local level significance) ends in 1948 with closing of the Children's Hospital and the sale of the building to the Salvation Army for other uses. The period of significance for Criterion B (state level significance) ends in 1938 with the death of Dr. Edville G. Abbott, the physician who was responsible for the construction of the hospital and who developed the Abbott Method for the treatment of scoliosis in children at the Children's Hospital.

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Criteria Considerations (explanation, if necessary)

N/A

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

Erected in 1909 as an institutional building in a neighborhood of Federal style homes, the Portland' Children's Hospital is notable both for its architecture and for its contribution to the health and welfare of Maine and the state and the nation. The Children's Hospital is located within the Spring Street National Register Historic District but falls outside its "19th century" period of significance. The district is characterized by two and three story residences, primarily in the Federal, Greek Revival, and Italianate styles. The Victoria (Morse-Libby) Mansion and the McLellan-Sweat Mansion, both National Historic Landmarks, are within sight of the Children's Hospital property. The Children's Hospital is eligible for individual listing on the National Register of Historic Places on the local level under Criterion A for its significance in the context of Social History and Health/Medicine. It is eligible under Criterion B on the state level, for its association with Edville G. Abbott, M.D., who, as Surgeon in Chief of the Children's Hospital, developed the "Abbott Treatment" for correcting curvature of the spine in children suffering from scoliosis in 1911 (the Abbott Treatment was considered the standard of care for several decades and continues to be referenced in medical journals). It is also eligible on the local level under Criterion C, Architecture, as a notable example of early 20th century Colonial Revival style architecture by Portland architect Frederick Tompson. Originally connected to the 1801 Federal style Mussey Mansion, the property retains integrity of location, design, setting, material, workmanship, feeling, and association, despite of the demolition of the mansion in 1962.

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

Criterion A: Health/Medicine and Social History

The facility is significant for its association with broad trends in medical history, especially in the treatment of orthopedic conditions. The recognition of the treatment of children as a specialized branch of medicine was a relatively new concept at the beginning of the 20th century. Its roots reached back to the foundling "hospitals" (really orphanages) which began to be established in Europe in the fourteenth century and the out-patient "dispensaries," the first of which to offer care to children was established in London in 1786. The first children's hospital for the treatment of ill children was founded in Paris in 1802. The opening of the Hospital for Sick Children in London in 1852 inspired the first such institutions in the United States, starting in 1855. The American Medical Association established a Section on the Diseases of Children in 1880 and the American Pediatric Association was founded in 1888. However, there were fewer than 50 physicians specializing in the field, and none working in pediatrics exclusively, at that time. By the first decade of the 20th century, approximately 500 physicians in the U.S. either practiced pediatrics exclusively, or devoted more than 50% of their practice to the field.¹ By 1900, there were more than 30 children's hospitals in the United States, the majority founded in the 1890's.

In 1908 the Mussey Mansion in Portland was acquired for the establishment of a children's hospital by a newly formed by a group of prominent Portland residents concerned about the lack of adequate medical care for poor children. The hospital's 1908 Annual Report makes clear that it was the first such hospital in Maine. In a story about the new hospital published in the Lewiston Evening Journal of January 21, 1909, it was reported that the Children's Hospital opened in the Mussey Mansion on December 14, 1908. A long description of the mansion notes that it was "...one of the most attractive houses of Colonial architecture in Portland" and that "... there is ample ground for the erection of additional buildings." Writing about plans for additional buildings, it states, "In order to carry on the work to the best advantage, certain additions are necessary. Plans for these improvements consist of an out-patient department, surgery, nurses' home, machine and shoe shops, laboratories and solariums. As soon as arrangements can be made, a beginning will be made on the new out-patient department which will consist of a three story building with rooms for examinations of patients, operating room, gymnasium, clerk's office, plaster of paris (sic), x-ray rooms, etc. This building will be situated on High Street and connected to the Mussey Mansion through the ell. The architectural design of the present hospital [the Mussey Mansion]

¹ Markel, Howard, M.D., PhD. "For the Welfare of Children: The Origins of the Relationship Between US Public Health Workers and Pediatricians", American Journal of Public Health, Vol. 90, No. 6, June, 2000.

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will be followed out." A description of the hospital in the 1912 Annual Report of the Children's Hospital makes clear that once the new buildings were completed, the Mussey Mansion was used for administrative purposes and housing of staff.

The Children's Hospital is also significant for its associations with broad trends in social history, especially the history of efforts to promote the welfare of society by socially prominent and wealthy individuals. The first children's hospital in the United States had been founded in Philadelphia in 1855 by two prominent doctors and several other wealthy residents. In 1869, a similar group of individuals opened the second children's hospital opened in Boston. Writing in the American Journal of Public Health, Howard Markel, M.D., PhD, notes that, "Early in the 20th century, the paucity of children's health and welfare programs and the alarming rates of infant mortality were major causes taken up by activists among social workers, nurses, public health workers, government officials, philanthropies, immigrant societies, concerned citizens, and pediatricians."2 On the title page of the first Annual Report of the Portland Children's Hospital, in 1908, it states, "The Children's Hospital: For the Care of the Crippled and Deformed in the State of Maine." Within the same report, the lists of the Corporation, Board of Trustees, Board of Managers, Executive Committee, Advisory Board and Visiting Board read like a "who's who" of turn-of-the-century Portland society and includes well-known family names such as Baxter, Brackett, Brown, Burnham, Chisholm, Clifford, Cobb, Dana, Davis, Deering, Frye, Hale, Merrill, Longfellow, Noyes, Payson, Shaw, Southard, Thaxter, Tompson, Verrill, and Washburn, among many others. The consulting and attending medical staff lists are equally prominent within the field of medicine. The report states that, "The Children's Hospital was organized on the 14th day of October, 1908, as a charitable corporation for the care of the crippled and deformed of the State of Maine. In the opening of a hospital for the free treatment of the poor and crippled, a much needed charity has been supplied."

The report goes on at some length to "make the case" for why such an institution is needed. They begin by explaining that in the treatment of "consumption," "investigations have shown that a human life is worth to any community, at least one thousand dollars, and their argument in the appeals to the public is based upon the fact that a life saved is worth this amount of money to any commonwealth," and, "Therefore, from an economical point of view it is a good investment to establish sanatoria where lives can be saved." Following this, the narrative moves on to the purpose of the Children's Hospital. It is quoted at some length here because as it appeals for support of the new hospital it provides a good overview of the concerns and objectives of the individuals who formed the organization:

That the treatment of cripples is even a more worthy object, whether considered from an economical or a charitable point of view, is not difficult to maintain. Generally speaking the crippled and deformed are not self-supporting and the vast majority of them are dependents who not only are obliged to appeal for aid either to their friends or to the public for their maintenance, and are also obliged to live a long, dreary life filled with suffering and pain. Now if these unfortunates can be taken to a suitable institution, even for a short time, where they can have the necessary treatment, many, if not all, can be helped or completely cured so that they are able to take their places among their associates and perform their part in life's work.

Can there be a more worthy charity than to take a poor, helpless, pain-suffering dependent and make him pain free and independent?

There is another phase in the life of these unfortunates which is often left unconsidered, and that is the effect of deformity upon individual pride and its influence in this way upon the character of a person.

Statistics on Criminology show that a relatively larger per cent of our criminals come from deformed people – the mis-shapen character in all our literature is familiar – than in any other class. Handicapped in the struggle with their associates for an existence in this busy world where health and physical ability count for more in success than any other one thing, it is no wonder that they turn to what seems the easiest way to make up for their inability.

For the prevention of this tendency, if for no other reason, our neglected children, especially among the poorer classes, should be sought out and brought to an institution where they may have proper care and attention. ...

It is a well recognized fact that, in cases of this character, the longer a deformity exists the more pronounced it becomes and the greater is the drain on the general health of the individual and the more susceptible is he to disease in general. A deformity which at first seems of little consequence is likely in the course of a few years to develop into a condition which will leave the unfortunate individual an object

² Markel, p. 893

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of pity for his friends and a seeker after the public charity. It is well known that early and efficient treatment assures, in most cases, a practical cure and all may be relieved. Our papers and journals are filled with articles on the enormous strides which are being made in preventive medicine, and in no department of medicine does the trite saying "a stitch in time saves nine," hold more true than in the treatment of cripples.

This clearly shows the various motivations and aspirations behind the "civic minded" effort to establish the hospital. This bringing together of the hopes and fears of the well-to-do part of the community for the well being of the "have nots" (and also the protection of the "haves") is reflective of a widespread approach to maintaining social order and stability in a rapidly changing society in early 20th century America.

Criterion B: Dr. Edville Gerhardt Abbott, M.D.

The Children's Hospital's first Surgeon in Chief, Edville G. Abbott, M.D. (1871-1938), developed a new treatment for curvature of the spine in children in 1911 which became the standard treatment until 1959. Abbott published an article titled "Simple, rapid and complete reduction of deformity in fixed lateral curvature of the spine" in the New York Medical Journal in 1911. In 1913 he demonstrated his method in England and Europe. His method is frequently mentioned in medical journal articles in the following years. Several photographs in the collections of the Bangor Public Library show patients in beds on the roof deck of the hospital while being treated for Scoliosis in 1935-36. A 1981 article by I.W. McCall, E. Galvin, J.P O'Brien, and W. M. Park, published in Acta Othipedica, titled "Alterations in Vertebral Growth Following Prolonged Plaster Immobilization" states "The use of corrective plaster jackets for scoliosis was popularized by Abbott (1911), and became a common form of treatment until it was replaced by extensive posterior fusion with Harrington instrumentation."³ The treatment developed by Dr. Abbott at the Children's Hospital had remained the standard treatment for curvature of the spine for nearly fifty years.

A long biographical sketch of Abbott was published in *Maine*, A *History* in 1919. It is quoted here at length because it provides a good overview of Abbott's background and professional development:

Edville Gerhadt Abbott, M.D. -

Like all its sister sciences, that of medicine has made wonderful advances during the past half century, and its practice has become a matter of even greater difficulty than in former years for anyone that would hope to keep abreast of the most modern advance of knowledge in its various departments. In response to the new demands it places upon its votaries, physicians have adopted the very natural expedient of going more and more into various separate departments of the science, becoming specialists as the only way to practically apply the immense mass of knowledge now at their disposal. Among the most brilliant specialists in Maine, none has in a shorter time won a higher regard or established a wider reputation, both among his professional colleagues and the people of the community at large, than has Dr. Edville Gerhardt Abbott, of Portland, Maine, who is now one of the leading physicians of the State and a recognized authority on orthopedics throughout the country. Dr. Abbott is a member of an old New England family which had it origin in England, and is descended through an indirect line from Sir William Chase, of Chesham, England, who was one of the Court of King Henry the Eighth and was a prominent figure in those remote days. He is the son of Alonzo Abbott, an adopted son of Shimuel Abbott. He has made his home at Hancock, Maine, where he is engaged in business as a wholesale granite dealer. In 1860, he married Maria B. Mercer, a daughter of Robert and Nancy Mercer, and a member of an old Scotch-Irish family, and to them the following children were born: Nancy M., who became the wife of Galen H. Young; Edville Gerhardt, with whose career this sketch is especially concerned; and Charles H., who married Flora Foss.

Born in Hancock, Maine, November 6, 1871, Dr. Edville Gerhardt Abbott was the second child of Alonzo and Maria B. (Mercer) Abbott. The preliminary portion of his education he received in the public schools of his native town, and later attended the East Maine Conference Seminary at Bucksport, Maine, from which he graduated in 1889. He then returned to Hancock, where he engaged in the granite business in association with his father and brother, and was given general supervision of their quarries on Mount

³ Dr. Paul Harrington presented his paper on the treatment of scoliosis at the Annual Meeting of the American Academy of Orthopaedic Surgeons in Chicago in 1958. In 1959, Harrington contracted with a medical manufacturing firm to produce his instrumentation and within a few years it was in common use.

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Desert Island. Even in early years, however, the young man's taste impelled him toward the professional career, and ere he had completed the period of six years already referred to, he had determined to take up the subject of medicine. Accordingly, in the year 1895, he matriculated at the Medical Department of Bowdoin College and was graduated from the same with the class of 1998. He was appointed house physician to the Maine General Hospital, where he served one year, adding the requisite practical experience to his theoretical training. After twelve months of this work he went to Boston and later to New York, where he took post-graduate work in the subject of orthopedic surgery. It was Dr. Abbott's ambition to become a master of his subject, and not satisfied with the knowledge already gained he traveled in Europe, and took further work in orthopedics at the Fredrich Willhelm Universitat in Berlin. After remaining a year in this famous institution, he returned to the United States and in the year 1900 opening his office in Portland, which has been his headquarters ever since. Dr. Abbott is a man who is never satisfied with his attainments, and upon returning from Europe decided to re-enter Bowdoin College and pursue there the regular academic course. This he did at the same time he was building up his medical practice, with the result that he graduated from the same with the degree of Bachelor of Arts. He did not stop even here, however, but continued to study two years longer at the same institution, taking additional courses in literary subjects, at the end of which he received the degree Master of Arts, pro merito. In the meantime his practice had been growing with phenomenal rapidity and he had begun to take a leading place among the physicians of his State. His practice at the present time is probably the largest in Maine and in addition to his private clientage, he is surgeon-in-chief to the Children's Hospital at Portland, orthopedic surgeon to the Maine General hospital, visiting surgeon to St. Barnabas Hospital, consulting surgeon to the Sister's Hospital, Webber Hospital, and Professor of Orthopedic Surgery at the Maine Medical School connected with Bowdoin College. He is also a member of a large number of medical and surgical organizations, among which should be mentioned the Maine Medical Association, the American Orthopedic Association, the American Medical Association, the American College of Surgery, the German Orthopedic Association, the International Surgical Association, and many others of minor importance. He is also a member of several Greek letter fraternities. Besides his other professional activities, Dr. Abbott is a frequent contributor to the leading medical journals of the country, his contributions being regarded as valuable additions to the mass of professional knowledge, especially on the subject of Orthopedic Surgery.4

Abbott's lasting renown would come from his work in the treatment of scoliosis, specifically, the development of the Abbott Method, or Abbott's Method. A page-and-a-half story in the New York Times, dated December 3, 1911, is headlined, "Cripples Made Straight By Marvelous Surgery – Medical Men From Far and Wide Flock to Portland, Maine to Witness the Wonderful Work of Dr. E.G. Abbott in Curing Fixed Lateral Curvature of the Spine, Which Heretofore Has Baffled Surgical Skill." The article includes photos of the Children's Hospital, interior and exterior, and states, "The memorable work in which Dr. Abbott is engaged is being carried out in the Children's Hospital in Portland... It is one of the most splendidly equipped and up-to-date hospitals of its kind in the world." The American Illustrated Medical Dictionary, published in Philadelphia, 1922, describes the Abbott Method as "Abbott's m., treatment of scoliosis by lateral pulling and counterpulling on the spinal column by means of wide bandages and pads until the deformity is overcorrected, and then applying a plaster jacket to produce pressure, counterpressure, and fixation of the spine in its corrected position" (p. 627).

The inclusion of plaster casting rooms for boys and girls, a machine shop (for the construction of the "frames" used in the Abbott Method), and a gymnasium in the design of the new hospital suggests that the treatment of scoliosis was a focus of Dr. Abbott from the founding of the hospital, several years before the publication of his article on the topic. The close relationship between the work of Dr. Abbott and the purpose of the Children's Hospital is clear in an article on the hospital in the January 23, 1909 edition of the *Lewiston Evening Journal* states, "...the Children's Hospital has for its aim the rebuilding of crooked bodies, the restoring of warped limbs, and the making of sound men and women out of deformed and crippled children, who, without proper treatment, would go through life physically handicapped." "Abbott's Method" is included in The American Heritage Medical Dictionary, 2010 edition, published by Houghton Mifflin Harcourt Publishing Company.

Dr. Abbott continued as Chief-of-Surgery at the Children's Hospital until his death in 1938.

Criterion C: Architecture

⁴ The remaining portion of this biographical sketch is concerned with Dr. Abbott's community involvements and family life, rather than his professional development and career. It has been included below under Developmental history/additional context information.

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The Children's Hospital is an extraordinarily fine example of Colonial Revival architecture in Portland. Unlike many buildings in the style, it is not a loose interpretation of earlier Colonial, Federal, or Greek Revival style elements, but a more rigorous application of the style and quite academic in its replication of the Mussey Mansion's Federal style mansion façade. It is a large institutional building which was designed to present a domestic scale to the street. Consequently, it fits into the historic homes in the neighborhood in a way that belies the actual scale of the building. The hospital's classical exterior concealed a thoroughly up to date (for 1909) medical facility on the interior. The architect utilized steel frame and concrete floor construction and included features such as terrazzo floors, and specialized rooms for plaster casting, a machine shop for constructing therapeutic apparatus, and a laboratory. In 1911, the New York Times described it as, "...one of the most splendidly equipped and up-to-date hospitals of its kind in the world." The building is among the finest designed by one of Portland's leading architects of the period, Frederick A. Tompson, and is particularly successful in how seamlessly it fits into its residential neighborhood.

Portland, Maine is a seaside city with one of the finest natural harbors in New England. The colonial town was largely destroyed by British bombardment in 1773. In the post-Revolutionary period, the town rebuilt rapidly and, taking advantage of the harbor and vast resources of virgin timber just inland, many ships' owners and merchants prospered. At the turn of the 19th century many of these individuals built substantial residences in the new Federal style. The majority of these mansions were built some distance from the busy waterfront and commercial area, at what was then the edge of the town. Three story Federal style mansions were built on Congress Square, High Street, Spring Street, Danforth Street, Park Street, and State Street, the majority of brick. The Embargo Act of 1807 caused the financial ruin of a number of the men who had built the new mansions, and many houses passed into the hands of others within a decade of construction. By 1909, most of the Federal style mansions along Congress Street and around Congress Square had been demolished for new commercial development. South and west of Congress Square there were at least a dozen of these mansions still standing when the Children's Hospital was built and nearly the same number survive today. In addition to the large brick and wood-frame three-story mansions, there were and are a number of smaller brick Federal style homes. Because of the residential development pattern in Portland, in which new housing spread to the west on the peninsula throughout the 18th and 19th centuries, there was only a limited amount of later construction in the Italianate and Second Empire styles in the neighborhood around the Children's Hospital. The greatest concentration of those styles in the city is approximately onehalf mile to the west of the Children's Hospital, where new development was focused in the 1860's and 70's. Development of the city continued westward into the early years of the 20th century, by which point the fashionable neighborhood for Portland's wealthy residents had shifted a mile west, to the Western Promenade neighborhood. As commercial encroachment along Congress Street displaced the residences around Congress Square, many of the Federal era homes in the neighborhood were converted to institutional uses.

When Architect Frederick A.Tompson was commissioned to design the new hospital complex there was already a Federal Style house on the property. As such, he designed the new hospital complex to compliment the numerous Federal style mansions in the neighborhood, particularly replicating key architectural elements from the to-be-connected Mussey Mansion, as it was then called. By replicating the formal front entry portico below a Palladian window and other architectural elements on the new High Street frontage, he gave the new building a principal façade of equal importance to the façade of the Mussey Mansion, which faced onto Danforth Street. Because the Mussey Mansion served the hospital as an administrative wing, the main entrance to the Children's Hospital was through the new entrance on High Street.

The Federal style mansion that the new hospital was connected to was built in 1801 for Ebenezer Storer on a large lot at the corner of High and Danforth Streets, two of Portland's most prestigious streets at the time. The building was likely designed by John Kimball, Sr. (1758-1831), one of Portland's leading house wrights during the Federal era. It was sold to John Mussey, a merchant, in 1817. By the third quarter of the 19th century, the house was known as "The Elms" and was the home of Mussey's daughter, Margaret Jane Mussey Sweat (1823-1908) and her husband, physician and Congressman Lorenzo de Medici Sweat (1818-1898). In 1880, the Sweats purchased and moved to the former McLellan Mansion, another large brick Federal style house by Kimball, just up High Street. Sanborn maps from 1886 and 1896 show the three story brick Mussey Mansion with a two story ell, and a one story wood framed extension to the ell and also a large one and a half story barn separated from the house, at the north edge of the property. A brick retaining wall is indicated on the north side of the barn. Maine, a Guide "Down East", Federal architecture, presenting one of the best studies of hallways and stairways west of Wiscasset. The delicate details of the sidelights and panels of the front entrance are exceptional and the doors and fireplaces and the woodwork of the interior are in keeping with the appearance of the exterior. Set above a terraced lawn, it offers an excellent view of the harbor." In 1908 the Mussey Mansion was acquired

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by the Children's Hospital, newly formed by a group of prominent Portland residents concerned about the lack of adequate medical care for poor children.

The Children's Hospital was built at a time when respect for and appreciation of Federal and Colonial period architecture had been on the rise for several decades. Today referred to as the "Colonial Revival" this sensibility was reflected in many of the contemporary descriptions of the Mussey Mansion, and also seen in the neo-Federal/Colonial Revival style of the new hospital addition. Included in the section below on hospital founder Dr. Edville G. Abbott, M.D., are excerpts from published biographical sketches from the period which invariably include some reference to Abbott's colonial era New England and earlier English antecedents. His wife's family background receives the same scrutiny in the sketches. The "rediscovery" of America's colonial and post-colonial period architecture by architects in New England seeking an "American style" in the 1870's and 80's laid the foundation for the Colonial Revival movement. By the early 20th century, it had become associated with the "nativist" movement, as described by historian William Fitzhugh Brundage:

The ascendancy of the Colonial Revival was linked to rising American nationalism and Anglo-Saxon nativism in the face of massive immigration and labor and class turbulence. Popular architectural literature presented the Colonial Revival as the architecture of Americanness, patriotism, stability, longevity, and specifically, "our Anglo-Saxon heritage."⁵

While governmental and institutional buildings in the Colonial Revival style were built in Portland and across the nation, the vast majority of the buildings in the style were residences. In the Children's Hospital, the various cultural and architectural strands of the Colonial Revival movement came together in an institutional building with a strong residential character which was built by prominent Portland residents of English ancestry who clearly were conscious of creating "*a re-production of the Colonial type*" in the new building. The result was a new building that was exceptionally sensitive to the historic character of its residential neighborhood setting and which, a century later, adds to that historic character.

The architect of the new hospital, Frederick A. Tompson (1857-1919), had apprenticed in the office of Portland architect Francis H. Fassett beginning in 1876 and formed a partnership with Fassett in 1885. He established his own firm in 1891. Although he designed his own home on Carroll Street in Portland in the Shingle style, much of his work was, like the Children's Hospital, in the Colonial Revival style. The Mary Brown "Old Women's Home" on Capisic Street is another example of Tompson's use of the Colonial Revival style for an institutional building. In that building, Tompson freely combined elements of the Georgian, Greek Revival, and Neo-Classical styles to express a Colonial Revival sensibility. He used a similar combination of stylistic elements (blown up to a massive scale) with a Spanish Colonial Revival red tile roof added, for the George C. West mansion (1911) on the Western Promenade, still Portland's largest private residence a century after it was built. His Masonic Temple Building (1911), next to City Hall on Congress Street, is one of the city's most impressive non-governmental Beaux Arts style buildings. Although remembered primarily for his late work in the Colonial Revival and Beaux Arts/Neo-Classical styles, in his long career he did fine work in many different styles, including the Queen Anne style (Walker Memorial Library, Westbrook), turn-of-the-century Commercial style (The Y.M.C.A. Building, Congress Square, Portland), and the Gothic Revival (Wilde Memorial Chapel, Evergreen Cemetery, Portland).

The front façade of the hospital is an unusually faithful version of the Federal style, no doubt resulting from the hospital founders' desire that the new buildings blend seamlessly with the Mussey Mansion. References to the mansion in the early annual reports of the hospital clearly indicate a Colonial Revival sensibility. The 1908 report (the first) notes that the mansion "... is one of the best specimens of the Colonial style left in Portland ... The house is more than one hundred years old, yet shows not the least signs of decay. Its preservation should appeal strongly to the artistic taste of any community, as it is of a type which is now fast disappearing from all sections through encroachment of business." An elevation of the proposed new hospital published in the report shows a somewhat more generic and less faithful copy of the Mussey Mansion façade than what was built the next year. The 1909 Annual Report again gives a detailed description of the mansion and then an equally detailed description of the new buildings, stating that "The new additions are connected to this old building by corridors and are shut off from it by fire-proof doors." The modern construction of the new portions is noted, "The north wing is built like the rest of the new construction of steel and concrete with terrazzo floors ... " Writing about the new façade, it says, "The frontage of the new building is on High Street and the entrance is a reproduction of the Colonial type in the old administration building." The building description concludes with "All of this new construction is in harmony with the architecture of the original building which has been left untouched." The red brick of the new construction was painted a cream color to match the painted brick of the Mussey Mansion. Much of Tompson's Colonial Revival residential work mixed elements of Colonial Georgian, Federal, Shingle, and Queen Anne styles freely.

⁵ Brundage, William Fitzhugh, Where These Memories Grow: History, Memory, and Southern Identity. University of North Carolina Press, Chapel Hill, NC. 2000. Pg. 158.

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Here, he provided a restrained residential façade design in a neo-Federal mode for this institutional building. His most dramatic departure from the historic model was the glass roofed solarium on top of the building, which he set well back from the front façade to limit its visibility from High Street.

The conversion of this Federal style mansion to institutional use was not unique in the neighborhood. Following the death of Margaret Mussey Sweat in 1908, the Federal style McLellan Mansion was bequeathed to the Portland Society of Art for use as a museum of art. Mrs. Sweat's bequest included funds for the construction of a large new gallery building on the rear of the property, fronting on High Street. The Lorenzo de Medici Sweat Memorial Gallery was designed by John Calvin and John Howard Stevens in the Colonial Revival style in 1909. As at the Mussey Mansion, the original barn was demolished for the new construction and the principal entrance was reoriented toward High Street. In a manner similar to the conversions to institutional use of these two residential buildings associated with Margaret Mussey Sweat, the St. Elizabeth's Orphanage purchased another Federal style mansion midway between the Mussey and McLellan Mansions, and had a Colonial Revival wing added to the rear in the early 20th century. Two blocks to the west, the Federal style Dunlap Mansion at the corner of Danforth and State streets was converted to use as the first Osteopathic Hospital in Portland. Other similar buildings nearby were purchased by fraternal organizations, clubs, and a daycare center by 1922.

Developmental history/additional historic context information (if appropriate)

Following is the portion of the long biographical sketch of Abbott published in *Maine*, A *History* that was not included in the section above as it deals only with Abbott's community involvement and family life. It is included here to provide additional information on the life of Dr. Abbott:

Unlike most men, upon whose time and energies such great demands are made by a subject for which they care so much, Dr. Abbott has not allowed his professional calls to interfere with his general duties as a citizen, and he is even associated in a prominent manner with a number of important business interests in the city. His is a director of the Fidelity Trust Company, and a member of the Portland Board of Trade. Although by no means a politician in any sense of the word, he has given a remarkable amount of time for one so occupied to participation in public affairs and has allied himself with the local organization of the Republican party, of which he is a strong supporter. He has been chairman of the Republican City Committee for several years. In 1913 he received the honorary degree of Doctor of Science from Bowdoin, his old college, and honor which he highly valued.

On March 14, 1891, Dr. Abbott was united in marriage with Sara Sargent, a native of Prospect Harbor, Maine, born July 12, 1868, a daughter of Benjamin and Frannie (Hancock) Sargent. Mrs. Abbott traces her ancestry back to one William Sargent, of Bristol, England, who came to this country in early colonial times and is recorded at Gloucester, Massachusetts, in 1678, upon which date he received a grant of land.

Dr. Abbott is a man in whom the public and private virtues are admirably balanced. He is regarded in the professional world and in all his public relations as one whose principles are above reproach, and whose strict ideal of honor and justice are applied to every detail of his professional conduct. Nor is it only in the association with his patients that these characteristics are displayed, but with all those whom he comes in contact in his professional career and in every other department of life. His courtesy and unfailing concern for the welfare of all makes him a highly popular figure in every circle and has established the esteem in which he is held upon the firmest kind of a basis. In his private life these virtues have their analogues. A quiet and retiring character makes him a great lover of home and the domestic ties, and his never failing geniality endears him to the members of his family and to the friends of whom he possesses so many.

Later history of the building:

From its founding, the Children's Hospital provided free care to patients who could not afford treatment and in 1948 the Board of Directors concluded that the institution could not continue to operate at a deficit. The 20 patients then in the hospital were transferred to Maine General Hospital and the facility was closed. In 1949 it was sold to the Salvation Army, which apparently made few exterior changes other than the erection of a metal fire escape on the back of the main building. On the interior, the first story experienced a number of alterations, such as the elimination of a row of examination rooms, and the second story received some alterations as well. John Howard Stevens was the architect for these changes. The basement level and third story were virtually untouched. In 1962 it was sold to the University of

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Maine (now the University of Southern Maine) to house the university's law school. A permit was issued by the Portland Building Inspections department to the University of Maine for demolition of the Mussey Mansion in May, 1962. The common wall between the mansion and the connecting ell was faced with new brick and the same material used to connect the service wing to the ell. The site of the mansion was graded and seeded, leaving the terraced ground form it sat on. An iron fence, and a gate set between granite posts at the location of the steps to the mansion's portico, was left along the frontage on Danforth and High Streets. The fence was installed during the Children's Hospital's ownership but its exact date has not been determined (a 1908 photo shows a wooden fence). A 1976 Building Permit records the installation of a sprinkler system in the building. City records show that its use was changed from law school to Adult Learning Center in 1972. Alterations costing four thousand dollars were permitted with the change of use. In 1982 a permit was issued for the replacement of the roofing and solarium. This may have been the point at which the rooftop solarium was removed and not replaced. There are no later permits in the records related to its removal.

The loss of the 1801 Mussey Mansion in 1962 created a large lawn to the south of the 1909 Children's Hospital. Because the 1909 building was intended to be the seen as the primary building of the complex, with its own principal façade facing High Street, the demolition of the connecting mansion did not have the effect of leaving it "orphaned" on the site. It is a commanding presence in its own right, successfully designed in the Colonial Revival style to carry the Federal style architecture of its neighborhood into the 20th century.

The University of Southern Maine vacated the building in 2010. An Historic Preservation Certification Application Part 1 was approved by the National Park Service on March 31, 2010 and a Part 2 application has been submitted for conversion of the building to work force housing by Community Housing of Maine.

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U.S. Passport Applications, 1795-1925 [d Previous documentation on file (NPS): <u>x</u> preliminary determination of individual listing (3 requested)	County ar rawings for the Children's Hos hn Calvin Stevens Collection,	spital (with penciled notes and over-drawing by Jo Maine Historical Society, Portland, Maine. 1909.
Tompson, Frederick A. Original design d Howard Stevens, 1949), 14 sheets. Jo J.S. Passport Applications, 1795-1925 [d Previous documentation on file (NPS): <u>x</u> preliminary determination of individual listing (3 requested)	County ar rawings for the Children's Hos hn Calvin Stevens Collection,	nd State spital (with penciled notes and over-drawing by Jo Maine Historical Society, Portland, Maine. 1909.
D.S. Passport Applications, 1795-1925 [d Previous documentation on file (NPS): <u>x</u> preliminary determination of individual listing (3 requested)	nn Calvin Stevens Collection,	Maine Historical Society, Portland, Maine. 1909.
Previous documentation on file (NPS): <u>x</u> preliminary determination of individual listing (3 requested)	atabase on-line]. Ancestry.co	om. Web. [accessed July 12, 2011].
x preliminary determination of individual listing (3 requested)		
requested)	Prima	ary location of additional data:
previously listed in the National Register previously determined eligible by the National I designated a National Historic Landmark	36 CFR 67 has been C C Register	State Historic Preservation Office Other State agency Federal agency Local government University
recorded by Historic American Buildings Surve recorded by Historic American Engineering Re recorded by Historic American Landscape Surve	y #C cord #Name	Other e of repository:
10. Geographical Data		
Acreage of Property .54 acres (Do not include previously listed resource acreage.)		
JTM References Place additional UTM references on a continuation	sheet.)	
1 19 398370 4833780		
Zone Easting Northing		Easting Northing
		assung horizontal
Zone Easting Northing	4 Zone	Easting Northing
Verbal Boundary Description (Describe the	boundaries of the property.)	
The property is identified in City of Portland Street.	I tax maps as Map 44, Block F	F, Lot 1, located at the corner of High and Danfort

Boundary Justification (Explain why the boundaries were selected.)

The boundary encompasses the historic lot first occupied by the Mussey Mansion and subsequently by the Children's Hospital and represents the full extent of the property during the period of significance.

11. Form Prepared By					
name/title	Scott Hanson				
organization	Sutherland Conservation & Consulting	date 7-18-2011			
street & numb	per 295 Water St., Suite 209	telephone _207 620-6291			

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NPS Form	10-900
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(Expires 5/31/2012)

CHILDREN'S Name of Property		CUMBERLAND COUNTY, MAINE			
city or town	Augusta	state	ME	zip code	04086
e-mail	scotthanson@sutherlandcc.net				

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 1600 x 1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property:	Children's Hospital	
City or Vicinity:	Portland	
County:	Cumberland	State: Maine
Photographer:	Scott Hanson	
Date Photographed:	December 2011	
Description of Photog	raph(s) and number:	See attached list.
1 of 15. ME_Cumberla Exterio	andCounty_ChildrensHo r, view west from Danfor	spital_0001.tif th Street, across High Street.
2 of 15. ME_Cumberla Exterio	andCounty_ChildrensHos r, view west from corner	spital_0002.tif of Danforth Street and High Street.
3 of 15. ME_Cumberla	ndCounty_ChildrensHos r, view southwest from H	spital 0003.tif
4 of 15. ME_Cumberla Exterior	ndCounty_ChildrensHos	pital_0004.tif igh Street.
5 of 15. ME_Cumberla Exterior	ndCounty_ChildrensHos ; view south from High S	pital_0005.tif Street.
6 of 15. ME_Cumberla Exterior	ndCounty_ChildrensHos , view west of front portion	pital_0006.tif co.

CHILDI	REN'S HOSPITAL	CUMBERLAND COUNTY, MAINE
Name of	Property	County and State
7 of 15.	ME_CumberlandCounty_ChildrensHospit Exterior, view northwest of boiler h	
8 of 15.	ME_CumberlandCounty_ChildrensHospit Exterior, detail of column on front	al_0008.tif portico, looking southwest.
9 of 15.	ME_CumberlandCounty_ChildrensHospit Exterior, detail of window above fro	
10 of 15	 ME_CumberlandCounty_ChildrensHospit Interior, view northeast toward from 	
11 of 15	 ME_CumberlandCounty_ChildrensHospit Interior, view of main staircase on 	al_0011.tif first floor, looking north.
12 of 15	. ME_CumberlandCounty_ChildrensHospit Interior, second floor: view west of	al_0012.tif typical hospital ward space.
13 of 15	. ME_CumberlandCounty_ChildrensHospit Interior, view southwest of boiler ro	

- 14 of 15. ME_CumberlandCounty_ChildrensHospital_0014.tif Interior, detail view northeast of the front entrance from the interior.
- 15 of 15. ME_CumberlandCounty_ChildrensHospital_0015.tif Interior, third floor: detail view west of typical interior door.

Property Owner:

(Complete this item at the request of the SHPO or FPO.		
name		
street & number	telephone	
city or town	state zīp	

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.



MAINE HISTORIC PRESERVATION COMMISSION 55 CAPITOL STREET 65 STATE HOUSE STATION AUGUSTA, MAINE 04333 BECEIVE

	BECEIVED 2280		
	JAN 2 0 2012	EAR	E G. SHETTLEWORTH, JR. DIRECTOR
NAT	REGISTER OF HISTORIC P NATIONAL PARK SERVICE	LACES	

6 January 2012

Keeper of the National Register National Park Service 2280 National Register of Historic Places 1201 "I" (Eye) Street, NW, Washington D.C. 20005

To Whom It May Concern:

Enclosed please find three (3) National Register nominations for properties located in the State of Maine:

. .

Children's Hospital, Cumberland County

The photographs for this nomination were printed on an Epson Stylus Photo R 1900 printer using Epson UltraChrome High Gloss 2 Ink for the R1900 series on Epson Premium Photo Paper Glossy.

Portland Waterfront Historic District Additional Documentation

This nomination simply updates the inventory list and resource count for the Portland Waterfront Historic District (1974) and Boundary Increase (1984). There are no photographs accompanying this document.

Portland Waterfront Historic District Boundary Increase.

This new Boundary Increase adds three new resources, and updates the period of significance and areas of significance for the historic district. The photographs for this nomination were printed on an Epson Stylus Photo R 1900 printer using Epson UltraChrome High Gloss 2 Ink for the R1900 series on Epson Premium Photo Paper Glossy.

The above described combination of printer, ink, and paper were tested by Wilhelm Imaging Research and found to meet the archival standards of the National Register.

If you have any questions relating to these nomination, please do not hesitate to contact me at (207) 787-2132 x 2.

Sincerely,

Unit G. Witchey

Christi A. Mitchell Architectural Historian

Enc.

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Children's Hospital NAME:

MULTIPLE NAME:

STATE & COUNTY: MAINE, Cumberland

DATE RECEIVED: 1/20/12 DATE OF PENDING LIST: 2/21/12 DATE OF 16TH DAY: 3/07/12 DATE OF 45TH DAY: 3/08/12 DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12000065

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N PROGRAM UNAPPROVED: N PDIL: N PERIOD: N OTHER: N REQUESZ: N SAMPLE: N SLR DRAFT: N NATIONAL: N COMMENT WAIVER: N · 7.12DATE RETURN REJECT ACCEPT

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.















CHILDREN'S HOSPITAL; CUMBERLAND CO., ME 7 OFIS



CHILDREN'S HOSPITAL; CUMBERLAND CO., ME





CHILDREN'S HOSPITAL; CUMBERLAND CO., ME









CHILDREN'S HOSPITAL; CUMBERLAND CO., ME. 14 0F15



