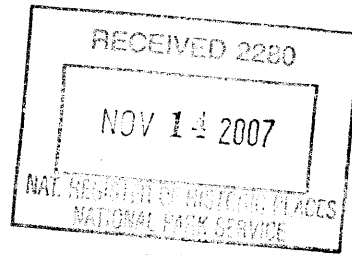


**United States Department of the Interior
National Park Service**

**National Register of Historic Places
Registration Form**



1313

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an 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 entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Eitel Hospital
other names/site number Doctors' Memorial Hospital

2. Location

street & number 1367 Willow Street (formerly 1375 Willioow Street) not for publication N/A
city or town Minneapolis vicinity
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 nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register Criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)
Britta L. Bloomberg 4/2/07
Signature of certifying official Date
Britta L. Bloomberg, Deputy State Historic Preservation Officer, Minnesota Historical Society
State or Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)
Signature of certifying official/Title Date
State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that this property is:
 entered in the National Register. See continuation sheet.
 determined eligible for the National Register. See continuation sheet.
 determined not eligible for the National Register.
 removed from the National Register.
 other, (explain): _____
Signature of the Keeper Edson D. Beall Date of Action 12.26.07

Eitel Hospital
Name of Property

Hennepin, Minnesota
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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
		structure
		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
0

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)
Late 19th and 20th Century Revivals
Classical Revival (abstracted)

Materials
(Enter categories from instructions)
foundation concrete
walls tile brick
roof asphalt, crushed stone
other limestone
sheet metal

Narrative Description
(Describe the historic and current condition of the property on one or more continuation sheets.)

Eitel Hospital
Name of Property

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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 a grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

Health/Medicine

Period of Significance

1911-1929

Significant Dates

1911-1912

Significant Person

(Complete if Criterion B is marked above)

Eitel, George G., Eitel, Jeannette Larsen

Cultural Affiliation

Architect/Builder

Lamoreaux, Lowell A (architect).

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

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

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

Eitel Hospital
Name of Property

Hennepin, Minnesota
County and State

10. Geographical Data

Acreege of Property less than 1 acre

Minneapolis South, Minn.
1967, photorevised 1993

UTM References

(Place additional UTM references on a continuation sheet)

1.	<input type="text" value="1"/> <input type="text" value="5"/>	<input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="6"/>	<input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/>
	Zone	Easting	Northing
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zone	Easting	Northing
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title	<u>Marjorie Pearson, Ph.D.</u>		
organization	<u>Hess, Roise and Company</u>	date	<u>July 2007</u>
street and number	<u>100 North First Street</u>	telephone	<u>612-338-1987</u>
city or town	<u>Minneapolis</u>	state	<u>MN</u>
		zip code	<u>55401</u>

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

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.

Photographs

Representative **black and white photographs** of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)

name	<u>Eitel City Apartments LLC c/o Village Green Residential Properties</u>		
street & number	<u>30833 Northwestern Highway</u>	telephone	<u>248-851-9600</u>
city or town	<u>Farrington Hills</u>	state	<u>MI</u>
		zip code	<u>48334</u>

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. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503

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Eitel Hospital
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Eitel Hospital, constructed in 1911, is a five-story building above a high basement (now classified as six stories). It is set on a prominent site facing Loring Park, just south of downtown Minneapolis, at the northeast corner of Willow Street and West Fourteenth Street. The building was designed by Lowell A. Lamoreaux of the Minneapolis architectural firm of Long, Lamoreaux, and Long in an abstracted classical style that evokes the contemporary Austrian Secessionist movement. It has two major facades. The Willow Street facade that faces Loring Park to the west was designed as the primary entrance facade. The shorter Fourteenth Street facade contains a secondary entrance that originally led to an apartment suite for the hospital proprietors. The building has a steel-frame, reinforced-concrete structure, designed to support an eight-story building, that is faced in a distinctive multi-color glazed tile brick in shades of orange and ochre. The tile brick also forms bands of rustication, window lintels, and window surrounds. Contrasting limestone detail accents the window openings, forms a shallow pediment above what was the original entrance (now modified by the removal of the front steps and the doorway, to be replaced by window infill), and marks the division between the first story and the upper stories. The flat roof is set below the perimeter of the brick walls. Originally a bracketed cornice extended along the Willow and Fourteenth Street facades with a short return on the north and east sides of the building. This cornice is being replicated and installed in the original location. New parapet walls faced in brick that replicates the original have been installed above the cornice line. (The original cornice and parapets were removed in the late 1970s in conjunction with the expansion of the hospital.) A brick-faced penthouse that concealed the elevator machinery is placed on the roof. Other structures that provide amenities for building residents are being constructed on the roof, but are not visible from the street.

Willow Street Facade: The facade fronting Willow Street extends 127 feet. The basement and first story (now called the first and second stories) are faced with multi-color glazed tile brick laid in bands to simulate rustication. The brick is an unusual size, 12 inches long and 4 inches high, and laid horizontally above two vertically set courses of brick that form a water table. Symmetrically arranged window openings (four on each side) flank the central entrance. The square-headed basement (now first story) window openings have paired sash recessed behind brick surrounds. New window sash has been installed that replicates the appearance of the original. The first-story (now second story) window openings have segmental brick arches with limestone keys and limestone sills. The original paired windows had arched tripartite-pane upper sash and single-pane lower sash. New sash has been installed that replicates this appearance. The central entranceway had a central doorway (removed in the late 1970s and filled in with brick and a window opening) flanked by paired paneled brick piers that frame single window openings at the basement and first story. The window infill in the entranceway area has been designed to recall the appearance of the original entranceway. The first-story (now second story) windows have limestone sills. A brick frieze, accented by colored tiles, spans the piers. A stone plaque (uncovered in 2006) above the doorway is inscribed "Doctors Memorial Hospital."¹ Elongated vertical brackets with foliation rise to a projecting limestone cornice and stylized pediment. Carved floral motifs punctuate the cornice above the brackets. The center of the pediment contains a date plaque reading "1911" surrounded by laurel leaves. The limestone cornice spans the facade, separating the first story

¹ The plaque was originally inscribed "Eitel Hospital."

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(now second story) from those above. The four stories above are simply articulated. The walls are faced with the same multi-color tile brick seen below. Four window openings with brick surrounds and limestone sills set on small brick corbels are placed on each side of a central bay with three grouped windows, each with a brick surround and a continuous limestone sill set on corbels. The one-over-one sash in the window openings was installed in the summer of 2007 to replicate the appearance of the original sash. The wall rises to a bracketed cornice that is being rebuilt to replicate the appearance of the original cornice and a rebuilt parapet wall faced in brick.

Fourteenth Street Facade: The facade fronting Fourteenth Street extends 51 feet. The basement and first story (now first story and second story) are faced with multi-color glazed tile brick laid in bands to simulate rustication. As on Willow Street, the brick is laid horizontally above two vertically set courses of brick that form a water table. At the basement (now first story), window openings with paired sash flank a central entrance. The windows, installed in the summer of 2007, replicate the appearance of the original windows. The recessed door has also been replaced with a metal and glass door flanked by sidelights. At the first story (now second story), square-headed window openings have brick surrounds. The two windows closest to Willow have limestone sills set on brick corbels. A central segmental-arched window opening has limestone keys. This central opening has been filled in with brick. A projecting limestone cornice that continues around from the Willow Street facade separates the first story (now second story) from the floors above. As on the Willow Street facade, the upper four floors are simply articulated with three openings per floor. The flanking openings have brick surrounds and limestone sills, and one-over-one window sash, installed in the summer of 2007, that replicates the appearance of the original. The central openings were designed without window sash and opened onto shallow loggias with recessed doorways. The window sash and openings on this facade were altered when an exterior fire escape was added in 1956. The first-story limestone cornice was interrupted and some limestone detail was removed. That fire escape was later removed and all the openings on the upper four floors filled in with brick when a full-height interior staircase was added.² The brick infill has been removed from the flanking windows but remains in the central openings. The limestone cornice and detail have been repaired. A brick-faced penthouse for the stair tower rises above the roofline. As on Willow Street, the wall rises to a bracketed cornice that is being rebuilt to replicate the appearance of the original cornice and a rebuilt brick parapet wall.

East Facade. The east facade will be visible from Fourteenth Street and a new courtyard that will be installed between the historic hospital building and a new residential building that is being constructed on Spruce Place. When the hospital was constructed, small apartment buildings partially blocked the view from Spruce. Nonetheless, this side of the building was designed with sufficient detail to present a pleasing appearance. It is faced with the same multi-color glazed tile brick seen on the street facades. The basement and first story (now first and second stories) are faced with brick laid in bands to simulate rustication. A small section of limestone cornice continues from Fourteenth Street, separating the first story (now second story) from the stories above. The rectangular window openings have limestone sills.

² This work was undertaken in conjunction with the expansion of the hospital in 1976-1977, Minneapolis Building Permit A42142, dated August 3, 1976.

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The one-over-one window sash, installed in the summer of 2007, replicates the appearance of the original. The rear wall of the elevator penthouse rises above the center section of the facade. The main wall south of the elevator penthouse terminates in a rebuilt parapet that is faced in brick and coped with metal. The wall north of the elevator penthouse has been added at the roofline to accommodate rooftop amenities.³ Three brick-faced extensions, dating from the 1920s and 1967-1968 that were added at ground level, have been removed, and the original wall repaired with compatible infill brick.⁴

1960-1961 Addition. The 1960-1961 addition is a noncontributing section of the building. The addition is a reinforced concrete structure that was faced in brick and glass and consisted of an eight-story tower immediately north of the original hospital building, a three-story wing that extended along Willow Street towards Grant Street, and a two-story block at the corner of Grant Street that enclosed the hospital heating plant. The brick and glass facing of the eight-story tower has been removed, and new windows and facing will be installed over the underlying reinforced concrete structure. The three-story wing and the two-story heating plant section have been demolished. Additions that date from 1967-1968 and 1976-1977 have been demolished.⁵

Interior. The interior of the original hospital was altered several times to accommodate the changing needs and functions of the hospital. The entrance was moved to ground-floor level through a lobby in the 1960-1961 addition. The main entrance to the larger building complex under construction in 2007 will be retained in this location. There are no surviving original interior finishes. The lower level (originally the basement), now the first floor, has been designed with building offices and tenant amenity spaces that flank a wide central corridor with a stepped ceiling. Floors two through six have been converted into apartments opening off central corridors, a plan that is similar to the original configuration. The full-height stairway added at the south end to meet safety codes remains in place.

³ The plans and details have been approved by the National Park Service under a historic preservation tax credits application.

⁴ The first of the extensions is described as a six by six foot brick and tile addition; Minneapolis Building Permit A141882, dated May 6, 1920. An X-ray vault was built under Minneapolis Building Permit A18092, dated August 6, 1926.

⁵ The first addition was made under Minneapolis Building Permit A34264, dated October 26, 1960. The new hospital addition opened on January 4, 1962. "Dr. Eitel's Hospital 'Uncle' Has \$1.6 Million Wing in 50th Year," *Minneapolis Star*, January 1, 1962. The second addition was filed under Minneapolis Building Permit A36506, dated December 2, 1966. "Eitel Hospital to Build Two-Story Addition," *Minneapolis Star*, December 30, 1966. This addition was filed under Minneapolis Building Permit A42220, dated September 15, 1976.

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Summary

Eitel Hospital has local significance under National Register Criterion A in the area of Health/Medicine. Its construction in 1911 reflected a rapid increase in the number of hospitals and their changing roles in the treatment of sickness, disease, injuries, and disabilities; advances in medical care particularly in the area of surgery; and the increased professionalism of doctors and nurses. The city of Minneapolis experienced all of these trends during the first two decades of the twentieth century. Eitel Hospital was one of only three hospitals devoted to surgery (all privately owned and operated) that were constructed in Minneapolis during this period. The period of significance for the hospital dates from its construction in 1911 to its sale to the Nicollet Clinic in 1929.

The hospital also has local significance under National Register Criterion B for its associations with George G. Eitel and Jeannette Larsen Eitel. George G. Eitel, although one of many prominent Minneapolis surgeons during the early twentieth century, was notable for introducing many surgical and treatment procedures and building the hospital where they could be carried out. Jeannette Larsen Eitel, co-founder and proprietor of the Eitel Hospital with her husband, had achieved professional success in the nursing field as an army nurse in the Spanish-American War, as superintendent of the nurses' training school at City Hospital; and as superintendent of the hospital and superintendent of the nursing school at the Sioux Falls (S.D.) Hospital. She founded the Eitel Hospital School of Nursing, which became a prominent hospital nursing school. She also furthered her professional success as superintendent of the Eitel Hospital and superintendent of the school for nurses, while managing the Eitel Hospital properties.

Eitel Hospital falls within the Minnesota statewide context "Urban Centers, 1870-1940," and within the local contexts: Religion and Social Organization.

Hospitals and Doctors in Nineteenth-Century Minneapolis

When the first settlers established themselves in Saint Anthony in 1847 and Minneapolis in 1854, medical care was given in private homes. Dr. J. H. Murphy arrived in Saint Anthony in 1850 and Dr. A. E. 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. Even when the two communities consolidated into the city of Minneapolis in 1872, the establishment of hospitals had barely begun. The first was the Cottage Hospital, founded in 1871 at the instigation of the Reverend D. B. Knickerbacker, rector of Gethsemane Episcopal Church and head of the Brotherhood of Gethsemane. Initially located in temporary quarters at Washington Avenue and Ninth Avenue North, the Cottage Hospital was renamed Saint Barnabas in 1885 and relocated to the Elliott Park area. 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

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Minnesota College Hospital in 1882. Hahneman Hospital, a homeopathic facility, was founded in 1881 and opened in 1883.¹

As the population of Minnesota increased, more residents needed treatment for sickness, disease, and injuries. Among the state'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. When it opened in 1888 it was located at Eighth Street and Eleventh Avenue South, then relocated to Sixth Street and Seventh Avenue South.²

Other Minneapolis hospitals were founded by philanthropic and religious groups, with most devoted to general care for both private and charitable patients.³ The first of these was Northwestern Hospital, founded in 1882 at the instigation of Harriet G. Walker, wife of Thomas Walker, to serve women and children. It soon evolved into a general hospital and was located at 2627 Chicago Avenue, at Twenty-seventh Street. Saint Mary's Hospital was established in 1888 by the Roman Catholic Diocese of Saint Paul and run by the Sisters of Saint Joseph. It was located at 2416 South Sixth Street, northwest of Riverside Park.⁴ The Maternity Hospital, founded by Dr. Martha Ripley in 1886, was devoted to the specialized treatment of mothers and infants. It was at 2201 Western Avenue (now Glenwood Avenue), near the western city boundary. The Norwegian Deaconess Institute, later Hospital, was incorporated in 1889 and located at Hennepin Avenue and Twenty-seventh Street, then moved to 1417 East Twenty-third Street, at Fifteenth Avenue South. Asbury Methodist Hospital was founded in 1892 and located at Ninth Avenue South and Sixth Street, then moved to Ninth Street and Elliott Avenue. The Swedish Hospital, founded in 1898 by a group of Swedish Lutheran clergy and lay people, was located at 725 Tenth Avenue South, at Eighth Street. All of these hospitals were in urbanized locations that could be easily reached by patients needing charitable care as well as by private patients.⁵

As a type, these late nineteenth-century hospitals shared certain physical characteristics. They were relatively small in size and somewhat resembled in their form and details the houses from which some of the early hospitals were adapted. Peaked or mansard roofs, towers, curved corner pavilions, and open porches were all features that 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

¹ 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.

² Hudson, 185-186; Shutter, I: 509. This institution was the predecessor of the Hennepin County Medical Center.

³ 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.

⁴ The site is now part of the Fairview-University Riverside hospital complex.

⁵ Hudson, 185-187; Shutter, 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).

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the urban environment, in contrast to the country-like settings that were thought appropriate for institutions and sanitariums.⁶

Two other developments accompanied the increase in hospitals. The first was the establishment of local medical training. At the instigation of Dr. F. A. Dunsmoor, the Minnesota College Hospital was organized in 1881, setting up facilities in the Winslow House hotel. In 1885 it moved to a new building at Ninth Avenue South and Fifth Street and renamed itself the Minnesota Hospital College. It also began to operate the Minneapolis Free Dispensary. The University of Minnesota, under the leadership of President Cyrus Northrop, established the Medical College in 1888 from several doctor-led training schools, including the Hospital College, the Saint Paul Medical College, and the Minnesota Homeopathic Medical College. With its establishment at the University, the Medical College provided a centralized point for medical training in Minnesota. It held classes for five years in the Hospital College Building, then relocated to the main campus. George G. Eitel received his initial medical training at the Minnesota Hospital College, which had merged with the University Medical College by the time he graduated. This was the beginning of a lifelong interest in medical education at the University of Minnesota.⁷

The second development was the establishment of training programs for professional nurses. Northwestern Hospital introduced such a program in 1883, only ten years after the first hospital program for nurses' training had begun at the New England Hospital for Women and Children. Additional hospital training schools for nurses were established at Asbury, Saint Barnabas, City, Swedish, and Saint Mary's, all soon after the hospitals themselves opened. Jeannette Larsen (Eitel) received her nurse's training at Northwestern, graduating in 1898.⁸

The hospitals, doctors, and nurses had a symbiotic relationship. The doctors wanted hospitals in which to practice their skills, and hospitals needed to be staffed by trained and reliable nurses, both to care for the patients and to support the doctors in their work. The solution was to institute training programs for nurses in the hospitals. The student nurses in turn worked in the hospitals as part of their training.⁹

Twentieth-Century Advances

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. Medical historian Paul Starr explained that

⁶ Nikolaus Pevsner, *A History of Building Types* (Princeton, N.J.: Princeton University Press, 1976), 158.

⁷ Hudson, 182-184; James Gray, *The University of Minnesota, 1851-1951* (Minneapolis: University of Minnesota Press, 1951), 89-93.

⁸ Bertha Estelle Merrill, *The Trek from Yesterday* (n.p., 1936), 11, 17, 93. *Eighteenth Annual Report of the Northwestern Hospital for the Year Ending November 1, 1900* (Minneapolis: Harrison and Smith, 1901), 32-33.

⁹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 154-156.

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“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 the volume of surgical work provided the basis for the expansion and profit in hospital care.”¹⁰

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. A number of the city’s doctors began to achieve prominence for their surgical techniques. Dr. Frederick Dunsmoor, one of the founders of the Minnesota College Hospital, was a prominent surgeon who held positions at Saint Barnabas, Saint Mary’s, City, and Asbury. He had special expertise in gynecological surgery. 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.¹¹

Dr. Amos W. Abbott, another prominent surgeon, had trained at the College of Physicians and Surgeons in New York. Like Dunsmoor, he was affiliated with the major Minneapolis hospitals, including Saint Barnabas, Saint Mary’s, and Northwestern. But in 1902 he established a private surgical hospital called Abbott’s Hospital for Women. It was located at 10 East Seventeenth Street in the Stevens Square neighborhood. In 1910, with the backing of William Dunwoody whose wife Kate had been treated by Abbott, the hospital constructed a new building at 1717 First Avenue South, close to the site of Abbott’s first hospital. The new building was called Abbott’s Surgical Hospital and was designed by William Channing Whitney, one of the leading architects of Minneapolis.¹²

Another well-trained local surgeon who wanted to establish a private surgical hospital was Dr. George G. Eitel.

George and Jeannette Eitel

George Gotthilf Eitel was born on September 28, 1858, to German immigrants on a farm near Chaska in Carver County. His father owned a flour mill in Chaska and wanted George to join him in the business. George studied at the Moravian Academy in Chaska and decided that he would be a teacher instead. However, he was also interested in medicine and began to apprentice with a local doctor, then determined to study further in Minneapolis. According to several accounts, he spent two years selling books door to door to raise money for his medical studies. He entered the Minnesota Hospital College in 1885, where he spent three years and graduated with honors. He went to study further for a year at Berlin University. Returning to the United States, he practiced medicine, including surgery, in Centralia, Washington, for two years. (The local newspaper described his skill in performing an operation on a strangulated hernia.) Then he entered the University of Pennsylvania Medical School, from which he graduated in 1891. When he came back to Minneapolis, he became the first assistant to Dr. F. A.

¹⁰ Starr, 156-157.

¹¹ Hudson, 195; Shutter, I: 506-510; *Polk’s Medical Register*, 1026.

¹² Hudson, 187; Shutter, I: 510; *Polk’s Medical Register*, 1013.

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Dunsmoor, professor of clinical and operative surgery at the University of Minnesota. With Dunsmoor's sponsorship, he was appointed staff surgeon at Asbury Hospital. He was also a consulting surgeon at Northwestern Hospital. Once again he returned to the University of Berlin to pursue his studies and further his skills in surgery, concentrating on appendectomies. He received a Doctor of Medicine degree in December 1901; back in Minneapolis he continued to study and practice surgery, "developing his proficiency as a surgeon to a position of first rank. During these years he had visions of establishing a hospital that would bear his name." He had surgical appointments at Asbury, Saint Barnabas, and City Hospitals, served as surgeon to the Soo Line, and also saw patients in his office in the Pillsbury Building at Nicollet Avenue and Sixth Street South. He lived at the West Hotel on Hennepin Avenue. During the 1890s and after his return from Berlin, Dr. Eitel published case studies on various surgical procedures in the *Journal-Lancet*, the Minnesota medical journal.¹³

Before the hospital came to fruition, Dr. Eitel married Jeannette E. Larsen, a talented professional in her own right. Larsen was born on July 6, 1875, in Mona, Iowa. After attending school in Brookings, S. D., she came to Minneapolis and studied nursing at Northwestern Hospital, beginning in 1896 and graduating in 1898. That April the Spanish-American War began. Army Surgeon General George M. Sternberg recruited Dr. Anita Newcomb McGee to establish criteria and select nurses for service in the war. A successful nurse candidate needed letters of recommendation from a physician and the superintendent of the nurse's training school assessing professional ability; a letter of recommendation from a Daughter of the American Revolution or a lady of good standing testifying to her moral character and reputation; and a physician's certificate substantiating her good health. Jeannette Larsen was one of almost one thousand nurses selected from five thousand candidates. She was sent to the Philippines with the First South Dakota volunteers and served in Manila and Corregidor, for two and a half years. Many years later she recounted some of her experiences as one of two nurses serving a ward of 110 patients in a military hospital in Manila.¹⁴

Some time after Larsen returned to Minneapolis, she became the superintendent of the nurses' training school at City Hospital, serving between 1903 and 1905. Coincident with her appointment, the nursing school program was increased from two to three years. She also became the first president of the

¹³ The account of the operation was reprinted in the *Weekly Valley Herald* (Chaska, Minn.), November 7, 1889, from the Centralia, Wash., *Daily News*. Polk's *Medical Register*, 1026; Dr. Eitel's quick thinking during a fire at the West Hotel was described in "A West Hotel Episode," *Weekly Valley Herald*, January 25, 1906. Quote from, "Dr. Eitel, Leader in Profession 35 Years Here, Dies," *Minneapolis Journal*, Feb. 9, 1928. See also "George Gotthilf Eitel, M.D.," in *Compendium of History and Biography of Minneapolis and Hennepin County* by Major R. I. Holcombe and William H. Bingham (Chicago: Henry Taylor and Co., 1914), 300; "Native of Chaska Achieves Fame as a Foremost Surgeon," *Weekly Valley Herald*, Dec. 22, 1927; "A Miller's Lad Who Became a Great Surgeon," *Northwestern Miller*, Feb. 1, 1928; "Dr. G. G. Eitel Dies Suddenly at Age of 69," *Minneapolis Tribune*, Feb. 10, 1928; Shutter, II: 176. Eitel's articles are indexed in the *Index-Catalogue of the Surgeon General's Office*, Series 2 and Series 3, available at www.nlm.nih.gov/hmd/indexcat/ichome.html.

¹⁴ *Who's Who Among Minnesota Women* (Minneapolis: Mar Dillon Foster, 1924), 97; Merrill, 82, 93; *Eighteenth Annual Report of the Northwestern Hospital*, 33; "A Brave Nurse," *Minneapolis Journal*, December 9, 1899; "McGee, Anita Newcomb," and "Sternberg, George Miller," *American National Biography* (New York and London: Oxford University Press, 1899); Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 29-30; "Hospital Founder Still Works to Give Nurses Better Break," *Minneapolis Sunday Tribune*, October 13, 1946.

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Alumnae Association of the Northwestern Hospital Nursing School in 1904. At City Hospital, she met Dr. Eitel, who performed surgeries there (or perhaps renewed an earlier acquaintance from her student nurse training at Northwestern Hospital). However, Larsen left City to take another position as superintendent of the Sioux Falls Hospital and the nurses' training school, for two years. She and Eitel were married in Sioux Falls in January 1908, and then returned to Minneapolis. They set up housekeeping in an apartment at 2504 Third Avenue South. By 1911 Jeannette Larsen Eitel had become a member of the Woman's Club of Minneapolis, joining the department of home conduct and education. This prestigious organization, which had been founded in 1907, was organized into several departments that capitalized on the interests of its members.¹⁵

The Establishment of Eitel Hospital

On July 30, 1906, the *Minneapolis Journal* announced that "Surgical facilities in Minneapolis are to be increased by the erection of one of the finest and most complete hospitals in the northwest. It will be a private surgical hospital to stand on the property which Dr. George G. Eitel bought Saturday at Willow street and Fourteenth. . . . Lowell A. Lamoreaux, expert hospital architect, has drawn the plans and J. & W. A. Elliott will be the contractors."¹⁶ The article went on to explain that the site was ideal as it faced Loring Park and would receive sun on three sides and prevailing western breezes. It also explained: "The latest designs in hospital architecture will be used. The conditions in the rooms and wards will be thoroly [sic] aseptic and the operating room will be arranged and equipped to compete with the demands of the best modern surgical experience."¹⁷ The site was also in an area that was being developed with flats and apartment buildings, and it was close to a clientele of prosperous private patients that Eitel hoped to attract.

In January 1907, the *Journal* published a rendering of the proposed new building and explained that the contractors had already put in the foundations. One of the more unusual features of the proposed design was an observation area next to the operating amphitheater. This would enable visiting doctors to watch Dr. Eitel's operations. The rendering depicts a Neo-Renaissance style building of four stories above a high basement. End pavilions flank a recessed center section with a porticoed entrance.¹⁸

Despite such optimistic accounts, construction did not resume for several years, because Eitel had difficulty in raising money to build. In 1910, Eitel filed for a hospital license with the Minnesota Secretary of State, asking that it be granted without fee on the grounds that the hospital would be a charitable institution. The secretary disagreed because the majority of patients were to pay their costs. The matter was taken to court. The Eitel Hospital was incorporated as a domestic corporation in June

¹⁵ "Will Superintend Nurses," *Minneapolis Journal*, July 17, 1903; Merrill, 93; "Physician Is Cupid's Victim," *Minneapolis Journal*, Feb. 1, 1908; "Dr. Eitel Married," *Weekly Valley Herald*, February 20, 1908; *Davison's Minneapolis Directory* (Minneapolis: Minneapolis Directory Co., 1910); *The Women's Club of Minneapolis Year Book, 1911* (Minneapolis, 1912); "Mrs. George Eitel Dies; Co-founder of Hospital," *Minneapolis Star*, June 8, 1951.

¹⁶ "New Hospital for Minneapolis," *Minneapolis Journal*, July 30, 1906.

¹⁷ *Ibid.*

¹⁸ "Dr. Eitel's New Surgical Hospital Will Be a Model of Construction," *Minneapolis Journal*, January 20, 1907.

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1910, and the Eitel Hospital Company was similarly incorporated in May 1911. George G. Eitel was the president, Jeannette E. Eitel was the vice president and treasurer, and August Champion was the secretary. He was later replaced by David Eitel of Seattle, one of George's brothers.¹⁹

Architecture and Planning of the Eitel Hospital

On January 22, 1911, the *Minneapolis Journal* again announced: "Plans are completed for the hospital building which Dr. G. G. Eitel has contracted with H. L. Stevens of Kansas City to build at Fourteenth and Willow streets, with front on Willow opposite Loring Park." The published rendering, signed Long, Lamoreaux & Long, Architects, depicts a five-story building above a basement, with a recessed sun-porch wing on the north end and a two-door center entrance set below a balcony. Both the massing and exterior details of the building are quite different from those shown in the 1907 rendering. The article also states that "nurses will have a class room, and reception of ambulance patients will be opposite the main entrance on Willow" (presumably the rear of the building).²⁰

The architects produced a series of alternate building elevations (which do not correspond to the newspaper rendering) and floor plans, some of which are dated April 12, 1911. They are titled "Hospital for G. G. Eitel, M. D." None of the elevations were executed as depicted, although the floor plans are probably accurate.²¹ The building permit was filed on May 13, 1911. It calls for a five-story building of brick and reinforced concrete that is to be 127 feet along Willow and 51 feet deep. The sun porch wing is of "B"-skeleton construction with dimensions given as 12 feet-8 inches wide and 30 feet-10 inches deep. The permit card notes that the building was "designed for 8 stories."²² A rendering published in the *Minneapolis Journal*, June 4, 1911, depicts the hospital as an eight-story building. Aside from the difference in height, the hospital was built much as shown in the latter rendering.

The latter article describes the interior arrangements:

Modern hospital equipment is to be placed in the building. The floors are to be cement finished with cork carpets in the rooms and tile in the corridors. In the high basement which is practically the first story, is to be the laundry, the heating plant, dining room for attendants, refrigerating plant, heating equipment. On the first floor, besides the regular complement of consulting rooms and reception rooms, Dr. Eitel will have his family apartments and also those of the superintendent and the head nurse.

¹⁹ "Wants Hospital License," *Minneapolis Journal*, April 10, 1910. For the hospital incorporation, Filing No. 9821-AA, June 15, 1910, and Filing No. 4440-AA, May 5, 1911; "Hospital Files Articles," *Minneapolis Journal*, May 5, 1911. "A Foreword," *Report of the Eitel Hospital, Minneapolis, for the Years 1912-1917* (Minneapolis: Press of the Journal-Lancet, 1918), 3, states: "On account of financial difficulties, the enterprise was not carried out until 1911."

²⁰ "Dr. G. G. Eitel Surgical Hospital," *Minneapolis Journal*, Jan. 22, 1911.

²¹ The elevations and plans are available in the Cerny Associates Papers (N 29), Northwestern Architectural Archives, University of Minnesota Libraries, Minneapolis.

²² Minneapolis Permit No. B 92971, May 13, 1911.

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Rooms for patients will be on the other floors, to be served by modern conveniences, with the usual complement of laundry chute, dumb waiters, and other paraphernalia. The operating rooms will be on the top floor. For the first floor is being considered a hydrotherapeutic suite of rooms. Patients received by automobile ambulance will be taken direct to the large elevator on the street level.²³

The second floor was planned to have several multi-bed open wards, while private and semi-private rooms were located on the third and fourth floors. Recovery rooms and additional rooms with beds for four patients each were on the fifth floor.

Further details are contained in an article published shortly after the hospital opened in January 1912. It comments: "Time and time again the plans of the new hospital were changed to keep pace with improvements suggested from medical and surgical experience gained while the building was evolving." Because of the changes, the foundation that had been constructed in 1906 was removed and rebuilt. It noted that the new foundation could carry a nine-story building although it was built as only five stories above a high basement. It describes the exterior as "a peculiar type of tile brick." In addition to the main entrance on Willow Street and the automobile entrance for patients at the rear, an entrance that led to the private apartments of Dr. and Mrs. Eitel was located at the Fourteenth Street end. The hydrotherapeutic section with a water bed was installed on the first floor and two operating rooms were located on the top floor, at the north end, and lit by rooftop skylights. "Entrances to the operating rooms are arranged in such a way that persons may leave the room without getting in the way of the surgeons and assistants."²⁴

The Architect

Lowell A. Lamoreaux of the Minneapolis architectural firm of Long, Lamoreaux and Long met the challenge of translating Dr. Eitel's vision and ideas into a buildable form. The exterior design with the distinctive tile brick facing and abstracted classical details such as the brackets at the entrance and cornice and keyed window heads reflect Lamoreaux's architectural sensibility of the second decade of the twentieth century.

Lowell A. Lamoreaux (1861-1922), a resident of the Prospect Park neighborhood of Minneapolis, designed for himself in 1887 one of the very first houses constructed in that section shortly after his studies at the University of Minnesota. He then is said to have worked for Cass Gilbert and James Knox Taylor (Gilbert and Taylor) in Saint Paul for a short time as a draftsman. In association with James MacLeod between about 1896 and 1899, Lamoreaux designed many notable residences for wealthy clients in the Kenwood, Linden Hills, Lowry Hill, and Whittier sections of Minneapolis, as well as other houses in Prospect Park. He practiced by himself between 1900 and 1908, then joined the firm of Long and Long, successor firm to Long and Kees. When he became a partner in 1909, the firm became Long, Lamoreaux, and Long.

²³ "Eitel Hospital on Loring Park," *Minneapolis Journal*, June 4, 1911.

²⁴ "New Hospital in Service," *Minneapolis Journal*, January 14, 1912.

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Lamoreaux, working independently and in the firm of Long, Lamoreaux, and Long, achieved success in the design of large institutional and commercial buildings in Minneapolis, including the Dyckman (1909), Radisson (1908-1909), and Curtis (1910, 1919) Hotels; the Central Y.M.C.A. (1917; listed in the National Register of Historic Places in 1995); the Syndicate Building (1911); the Palace Building (1910), Plymouth Building (1909, 1910); additions to Dayton's Department Store (1910, 1915, 1916, 1919, 1920); the City (1911-1913), Swedish (1907, 1914), and Eitel (1911) Hospitals; the Boyd Transfer Company Warehouse (1902); and the Twin City Telephone Exchange (1901), as well as the Main Building of Concordia College, Saint Paul (1917).²⁵

The Eitel Hospital in Context

When the Eitel Hospital opened in January 1912, it joined several other new and enlarged hospitals in Minneapolis, which were the subject of an article in the *Minneapolis Journal*. In addition to Eitel, two other new hospitals were devoted primarily to surgery. Abbott Hospital, founded in 1902, received funding for a new thirty-bed building from William H. Dunwoody in 1910. The building, located at 1717 First Avenue South at Eighteenth Street, was designed by William C. Whitney. It "has sun rooms, silent signal systems, spacious corridors, pleasing decorations, and light and air in abundance." The Hillcrest Hospital was founded in 1909 as a private institution by four doctors: Archa E. Wilcox, C. G. Weston, Frank C. Todd, and J. Warren Little. The thirty-six bed hospital was located at 501 Franklin Avenue West at Harriet "in the heart of one of the leading residence districts." The *Minneapolis Journal* commented: "[It] was built after ideas obtained by the physicians on visits to many other institutions in this country and abroad. It has sun rooms and sun porches for the convalescent patients, and the equipment is the latest and most approved." Eitel was much larger than either of these with its 100 beds. The *Journal* further noted: "The operating rooms of these three hospitals are equipped and arranged exactly to suit the needs of surgeons as the surgeon builders saw them, and as the ventilating and heating apparatus was carefully installed, and in each building the architects aimed to give the homelike atmosphere and at the same time make the building conform to every requirement of an up-to-date hospital."²⁶

The same article discussed the other new and expanded hospitals in the city. They fall into several categories. The public City Hospital added a new wing, also designed by Lowell A. Lamoreaux, to its existing building, bringing the number of beds to 340. City Hospital also built the new Hopewell Hospital, located at Forty-ninth Avenue North and Sixth Street North, with 120 beds for the treatment of tuberculosis patients. The Marcy Hospital, a unit of the City Hospital located in the old Marcy School at

²⁵ "L. A. Lamoreaux, Resident Half Century, Dead," *Minneapolis Tribune*, February 2, 1922; Marjorie Pearson, "Prospect Park, Minneapolis: An Historical Survey," October 2000, prepared for the Prospect Park and East River Road Improvement Association, 21-22; Jack El-Hai, *Lost Minnesota: Stories of Vanished Places* (Minneapolis: University of Minnesota Press, 2001); Larry Millett, *Lost Twin Cities* (Saint Paul: Minnesota Historical Society Press, 1992), 30, 254, 288-289; Cerny Associates Papers.

²⁶ "How Minneapolis Cares for the Sick of the Northwest," *Minneapolis Journal*, Feb. 4, 1912, 12.

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Fifth Street and Ninth Avenue Southeast, cared for “incurables and slow convalescents.” It had thirty-six beds.²⁷

Among the general sectarian and philanthropic hospitals, Norwegian Lutheran Deaconess built a new eighty-five bed hospital in 1910 at 1412 East Twenty-fourth Street. The Fairview Hospital, founded by the United Church Hospital Association, was to be located at Twenty-fourth Avenue South and Sixth Street (it opened in 1916 with 110 beds). The late nineteenth-century hospitals, Saint Barnabas (165 beds), Swedish (150 beds), Asbury (103 beds), and Northwestern (100 beds), all expanded their existing buildings. The new wing at Northwestern was devoted to private rooms and operating rooms. The Swedish Hospital expansion was a Lamoreaux design.²⁸

The Minnesota Soldiers’ Home, which had been caring for ill and disabled veterans since it opened in 1888, converted part of the Women’s Building to a hospital with 93 beds. The Minnesota Soldiers’ Home, located to the east of Minnehaha Park at 5101 Minnehaha Avenue South, was listed in the National Register in 1989. Unlike the other hospitals mentioned in the article, this was an institutional hospital located in a non-urbanized setting that was intended to be conducive to the veterans’ long-term care.²⁹

One new category of hospital was the newly established Elliot Memorial Hospital at the University of Minnesota, funded with a bequest in 1905 from the estate of Dr. and Mrs. A. F. Elliot. This was to be the center of a group of hospital buildings on the University of Minnesota campus. All were to be components of a teaching hospital, part of the expanded medical education program at the University. Elliot Hospital opened in September 1911 with 180 beds. The *Journal* noted: “The building represents the best in fireproof construction and the best in hospital equipment. It is a state hospital, patients being admitted from all parts. Patients are treated only by members of the faculty of the college of medicine who are among the leading physicians of the twin cities and the state.”³⁰

By the second decade of the twentieth century, the forms of the new hospital buildings and the new wings of older hospital buildings had begun to shift from the smaller picturesque pavilions of the nineteenth-century hospitals to what architectural historian Nikolaus Pevsner calls the “big block.” With the advent of electricity and elevators, as well as fireproof construction, usually of reinforced concrete, new hospital buildings could have larger footprints and more stories. (The Lamoreaux addition to City Hospital was eight stories high.) A flat roof, or very shallow hipped roof, marked by a prominent cornice, became the norm. Even so, these new buildings allowed for ample light and air by incorporating sun porches or sun rooms, and the surgical hospitals or surgical wings had their operating rooms situated on the top floors to take advantage of natural light.

²⁷ Ibid.

²⁸ Ibid. The number of beds in each new or enlarged hospital is given in this article.

²⁹ Ibid.

³⁰ Ibid.; Shutter, I:511.

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The *Journal* calculated that once construction was completed, the number of hospital beds in the city would almost double from 953 to 1,713. This increase reflected changing medical practices, impelled “by the growing desire for the most expert care and the use of the best equipment in cases of sickness. The day of even the minor surgical operation in the home is past.”³¹

Clearly the Eitel Hospital was intended by its founders to capitalize on this desire. Its 100 beds made it one of the larger hospitals in the city and the largest surgical hospital, and the surgical and medical skills of Dr. Eitel and his associates were anticipated to create sufficient demand to fill the beds. In addition to Eitel, who was the chief surgeon, other associates of the hospital in its early years were Dr. Henry L. Ulrich, internist and anesthesiologist (and a cousin of Eitel); Dr. Emil C. Robitshek, surgeon; Dr. Charles A. Reed, orthopedist; Dr. David N. Jones, surgeon; Dr. David W. Bolles, general diagnostician; Dr. Alfred T. Baker, pathologist and supervisor of the laboratory; and Dr. Richard N. Jones, supervisor of the X-ray Department. Dr. Frederick W. Dunsmoor, Dr. Franklin W. Wright, and Dr. Oscar Owre, all of the University of Minnesota, were consulting surgeons. (Dr. Wright was a specialist in the diseases of the eye and ear and Owre was a urologist.)³²

Eitel Hospital enjoyed great success from the time it opened its doors. During the first year, it treated almost 1000 patients, about sixty percent women and forty percent men. The numbers increased in the next few years as more wards were created on the second floor of the building.

In 1916, the *Journal-Lancet* reported on “the large and genuine success of the Eitel Hospital in Minneapolis, opened four years ago after many years of planning and with many misgivings on the part of many of the friends of George G. Eitel.” Eitel was given a dinner at the newly opened Minneapolis Athletic Club. “Ministers, newspaper men, bankers, city officials, members of the staff of the Medical School, and other prominent citizens spoke, each expressing the city’s high appreciation of Dr. Eitel. A handsome bronze clock for the hall of the Eitel Hospital was presented.”³³

Dr. Eitel was justifiably proud of what he had accomplished, describing the hospital in the *Report of 1912-1917*:

The present unit, or building, is of re-enforced-concrete construction, and the walls are of hollow brick and tile, thus making it practically fire- and tornado-proof. The rooms are all of good size, large enough for two beds, thus making the institution expansible in case of emergency. There are five sun-porches, each one large enough to accommodate six cots, which would greatly add to the present capacity in case of necessity. Every room and ward is connected with a bath; in fact, most rooms have private baths.

³¹ “How Minneapolis Cares.”

³² *Report of the Eitel Hospital for 1912-1917*, 2; Hudson, 211; George D. Eitel, Eitel Hospital History, untitled typescript, [1959], available at Abbott-Northwestern Hospital, Public Relations Office.

³³ Quoted in Barbara Martin, “History of the Hennepin County Medical Society, Minnesota, 1855-1955,” 332, unpublished typescript, available at Wangensteen Bio-Medical Library, University of Minnesota.

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The ventilation of the building is most excellent, so that there are no odors, which very generally exist in hospitals. The building is heated by the steam vacuum system, which is very satisfactory.

The x-ray and laboratory equipments are complete, and are conducted by competent workers in their respective departments.³⁴

The sun porches were considered to be an important amenity for the patients. They were adorned with wicker furniture, Navajo rugs, and "dainty cretonne curtains." The *Report* is illustrated with photographs of one of the sun parlors, an operating room, a private room, and one of the X-ray rooms.³⁵

Dr. Eitel had not given up the idea of expanding the hospital building and illustrated two ways to enlarge the building to the north and to the east: "It is readily seen that the present unit is so planned, located, and constructed that additions can be made without necessitating changes in the present building, in order to maintain harmony in external and internal appearance." A perspective watercolor sketch, now in the possession of Abbott-Northwestern Hospital, depicts an enlarged Eitel Hospital with four eight-story wings connected to a central wing extending through the block from Willow to Spruce and surmounted by a cupola.³⁶

This success was balanced by larger political concerns. The United States had entered World War I in April 1917, joining the countries allied against Germany. The loyalty of German immigrants and Americans of German background was soon called into question. The Minnesota Commission of Public Safety zealously pursued complaints of disloyalty. Dr. Eitel was not immune. He was strongly supported by the *Journal-Lancet*, and on October 19, 1918, he issued his own statement, asserting his loyalty and his efforts to support the American cause.³⁷

Training for Nurses

Another important aspect of the Eitel Hospital was the establishment of a training school for nurses, at the instigation of Jeannette Eitel. Since she had graduated from the Northwestern Hospital Training

³⁴ *Report of the Eitel Hospital for 1912-1917*, 4-5. *Western Architect* (November 1914) published a photograph of the hospital, along with plans of the first floor and a typical hospital floor. The latter illustrates the patient room and bathroom arrangements.

³⁵ *Report of the Eitel Hospital for 1912-1917*, 37-38, 40. Cretonne is heavy unglazed printed cotton or linen cloth used for curtains. The original photographs, taken by S. E. Johnson and Co. Studio are available at Abbott-Northwestern Hospital, Public Relations Office.

³⁶ *Ibid.*, 3-4.

³⁷ Martin, 393; "Dr. George G. Eitel Kills Absurd Rumors," October 10, 1918, unidentified clipping in Minneapolis History Collection, Minneapolis Public Library. For background on the Public Safety Commission, see Hildegard Binder Johnson, "The Germans," 175-177, in *They Chose Minnesota*, ed. June Drenning Holmquist (Saint Paul: Minnesota Historical Society Press, 1981).

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School in 1898, the training of nurses had improved and the nurses themselves had enhanced their professional standing. The Northwestern program was two years long and emphasized the practice of nursing. Doctors and others requiring private nurses were invited to contact the training school for candidates. Student nurses sent out on jobs turned their earnings over to the training school. Once a student had completed the two-year course, she was entitled to a certificate and a badge to place on her uniform.³⁸

In the early years of the twentieth century, graduates of hospital training schools began to organize for more recognition and better working conditions. They formed school Alumnae Associations; Jeannette Larsen (Eitel) was the first president of the Northwestern group, as has been mentioned. In 1902 the graduates established a state register of nurses and through the Minnesota State Graduate Nurses' Association began to press for state licensing. The law that established the title of "registered nurse (R. N.," and the necessary requirements was passed in 1907. A registered nurse had to be a graduate of a systematic three-year hospital training program and pass a series of examinations. Jeannette Eitel is listed as a registered nurse by 1914, but presumably established her registration shortly after her return to Minnesota in 1908.³⁹

By the time Jeannette Larsen (Eitel) took up the superintendency of the nursing school of City Hospital in 1903, the school was extending its training program from two to three years. Other hospital training schools had instituted similar changes as the registered nurse requirements suggest.

When Eitel Hospital established its training school in 1912, it was not alone. The other new Minneapolis hospitals—Abbott, Fairview, and Hillcrest—also established nursing school programs. The nursing program at Norwegian Lutheran Deaconess was intended to train missionary nurses. The University of Minnesota established a Training School of Nurses as a teaching department of the University under the control of the College of Medicine and Surgery. Its three-year nursing program began in 1909, two years before the University's Elliot Hospital opened, with eight students. Also in 1912, the Minnesota State League for Nursing Education was formed by members of the various hospital training schools to consider questions relating to nursing education; to define and maintain minimum standards for admission and graduation; and to develop and maintain the highest ideals of the nursing profession. It also established a committee to prepare curriculum recommendations for training schools.⁴⁰

³⁸ See *Fourteenth Annual Report of the Northwestern Hospital for Women and Children for the Year Ending November 1, 1896* (Minneapolis: Harrison and Smith, 1897) and *Eighteenth Annual Report of the Northwestern Hospital*, for a description of the Training School for Nurses and lists of graduates. "Jennie E. Larson" (later known as Jeannette E. Eitel) is listed in the latter report.

³⁹ Merrill, 20-22, 43-44; *Official Directory of the Hennepin County Registered Nurses' Association, Minneapolis, Minnesota, and Blue Book of Minnesota State Registered Nurses, January 1st, 1914* (Minneapolis, 1914), 5, 7, 15, 82. The first official directory was published in 1912; see "Year Book of Nurses," *Minneapolis Journal*, March 29, 1912.

⁴⁰ Merrill, 17, 93; James Gray, *Education for Nursing: A History of the University of Minnesota School* (Minneapolis: University of Minnesota Press, 1960), 19-23; Louis M. Powell, "The History of the Development of Nursing Education at the University of Minnesota," *Alumnae Quarterly, University of Minnesota School of Nursing* 18 (1937): 4-13; *Official Directory*, 11.

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The Eitel Hospital Training School for Nurses opened in January 1912, along with the hospital. The first class had eighteen students. Candidates had to be at least twenty-one years old, have a high school diploma, and be in good physical health. Frances Morley was the first superintendent of the hospital and of the training school. She also designed the nurses' uniforms. The nurses' dormitory and classrooms were initially located on the second floor of the hospital. Miss Morley returned to Boston City Hospital in September 1912, to be succeeded by Ethel Jacobs for eight months. Mary Jeannette Fraser, a graduate of Saint Barnabas Hospital, served as superintendent between April 1913 and October 1915. At that point Jeannette Eitel became the superintendent of the hospital and of the training school. The school graduated three nurses in 1913, six nurses in 1914, and six nurses in 1915. It then received state accreditation. The graduates of the first two classes all had preliminary training at other hospitals. Nettie Peterson, a graduate in 1914, became the superintendent of nurses at Eitel and also the first secretary of the Eitel Hospital Training School Alumnae Association. Tragically, she contracted pernicious anemia in 1916; after being hospitalized at Eitel Hospital for several months, she returned home to Dawson, Minnesota, dying on March 15, 1917. An Eitel student nurse, Rose Lynch, died of pneumonia on April 10, 1918.⁴¹

Two houses on West Fifteenth Street, a block away from the hospital, were purchased in 1913 and 1917, to house the nurses, as well as provide classrooms (no longer extant). By 1918, the three-year course of study for nurses included: nursing technique (32 hours), nursing ethics (16 hours), anatomy and physiology (32 hours), hygiene (24 hours), material medica [the study of the therapeutic action of drugs and medicine] (32 hours), dietetics (32 hours), bacteriology (24 hours), sociology (16 hours), obstetrics (16 hours), chemistry (72 hours), pediatrics (16 hours), contagious diseases (16 hours), surgical nursing (16 hours), medical nursing (16 hours), gynecology (16 hours), nervous and mental diseases (12 hours), orthopedia (12 hours), eye, ear, nose, and throat (12 hours), laboratory training (32 hours), roentgenology [X-ray training] (32 hours), and anesthetics (48 hours).⁴²

For a number of years, the *Reports* of the hospital and training school published lists of graduates. Beginning in 1918, the list was accompanied by the caution: "It has been brought to our notice that there are several unscrupulous women posing as graduates from our School for Nurses; we therefore submit,

⁴¹ *Report of the Eitel Hospital for 1912-1917*, 39-43; *The Eitelite* [Yearbook], (Minneapolis, [1919]), 12-13, 20-21; Merrill, 93; "Miss Peterson Given Mournful Funeral," *Dawson Sentinel*, March 23, 1917; Rose Agnes Lynch, Minnesota Death Certificate Number 6287, March 15, 1917. According to a surviving volume of the Eitel Hospital Monthly Time Book (available at Abbott-Northwestern Hospital, Public Relations Office), Jeannette Eitel was paid \$150 per month between 1918 and 1920. Dr. Baker, the pathologist, was paid \$100 per month.

⁴² *Report of the Eitel Hospital for 1912-1917*, 39-41; "Nurses to Have Dormitory," *Minneapolis Journal*, Aug. 15, 1913. The coursework appears to be comparable to that offered at the University of Minnesota Training School in its early years. Gray, 27-29. The University did not begin to offer the combined course in the College of Science, Literature and the Arts and the School of Nursing until 1919. Upon completing the course, the student would be a Graduate in Nursing and have a B.S. degree. Powell, 9.

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for the benefit of the public, a complete list of the nurses who have graduated from our Training School.”⁴³

The Eitel Training School was proud of its record of government service. Given Jeannette Eitel’s work as an army nurse, she no doubt encouraged Eitel graduates in such pursuits. Forty of the fifty-two graduates listed in the 1912-1917 *Report* are identified as being in Army, Navy, or Red Cross service. By the time the list was compiled in April 1918, the United States was heavily involved in World War I. The 1918 *Report* notes that the government had asked hospital nursing schools to increase their number of students; Eitel added thirty more students in response. (Such contributions also countered the disloyalty complaints filed against Dr. Eitel.)⁴⁴

The state of Minnesota experienced two grave emergencies in the fall of 1918. First the “Spanish flu” hit with such severity, that the head of the Minneapolis Department of Health shut down the city on October 11 for the duration of the epidemic. Over 2000 cases had been reported in Minneapolis alone. The next day, October 12, major forest fires broke out in northeastern Minnesota between Crookston and Moose Lake. Fifteen hundred square miles were burned, and more than 50,000 people were displaced. Many of them sought shelter in Duluth and West Superior. Many were also stricken by the influenza pandemic. Relief efforts were coordinated by the American Red Cross. The Eitel Training School sent five student nurses to assist in the relief efforts in Duluth.⁴⁵

The Eitels and the Hospital in the 1920s

During this decade the hospital continued to expand and prosper. The number of beds was increased to 125. (Gratia Countryman, head of the Minneapolis Public Library, was a patient for an emergency appendectomy in 1921.)⁴⁶ More property was acquired on the hospital block and in the block to the south. Five buildings to the north of the hospital were converted to nurses’ housing (demolished, 1958). A small apartment building at 1401-1405 Willow was renamed the Eitel Apartments. Dr. Eitel commissioned a clinic building from architect Perry E. Crosier. It was built in 1926 at 1407-1409 Willow, next to the apartment building, and was called the Eitel Clinic.

Dr. George G. Eitel remained the chief of staff of Eitel Hospital to 1927, then continued as proprietor, along with his wife. In addition to his surgical duties, he lectured in the training school, carried out research in the hospital laboratories, and wrote and presented papers that were published in medical journals. He continued as a consulting surgeon to the Soo Railroad and acted as an examiner to various insurance companies. He was a member of the College of Physicians and Surgeons, the American

⁴³ *Report of the Eitel Hospital, Minneapolis, for the Year 1918* (Minneapolis: Press of the Journal-Lancet, 1919), 25.

⁴⁴ *Report of the Eitel Hospital for 1912-1917*, 41-44; *Report of the Eitel Hospital for 1918*, 23-27.

⁴⁵ *Report of the Eitel Hospital for 1918*, 23; *The Eitelite*, 84-85; Tim Brady, “Fire and Flu,” *Minnesota Medicine* 88 (January 2005), available at www.mmaonline.net/publications;MNMed2005/January/Brady.html.

⁴⁶ Gratia Countryman to L. N. Countryman, March 6, 1921, in Gratia Countryman Archives, Manuscript Collections, Minnesota Historical Society.

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Medical Society, the Minnesota State Medical Society, and the Hennepin County Medical Society, as well as a high degree Mason and a member of the Elks Club.⁴⁷

Jeannette Eitel remained as superintendent of the hospital and of the nurses' training school throughout the decade. As superintendent, she played an important role in cultivating the professionalism of student, graduate, and registered nurses. She also lectured in the training school. She was also active in the Minnesota Registered Nurses' Association, retained her membership in the Minneapolis Women's Club, was a founder in 1921 of the Minneapolis Business and Professional Women's Club, and was a member of the Auxiliary of Hennepin County Medical Association, the Minnesota Hospital Association, the Minnesota League of Nursing Education, and the American Hospital Association.⁴⁸

By 1924, Dr. George D. Eitel, a nephew of George G. Eitel and a graduate of the University of Minnesota Medical School, had joined the surgical staff of the Eitel Hospital. The younger Eitel's father David had been the secretary of the Eitel Hospital Company. His mother Minnie, now widowed, had also joined the family in Minneapolis and was living in one of the Willow Street apartments. In 1927, George D. Eitel married Katherine Scott, and then studied for a year in Berne, Switzerland. When they returned to Minneapolis, they moved to the Eitel Apartments at 1401 Willow Street.⁴⁹

According to George D. Eitel, the U.S. Veterans' Bureau tried to lease the hospital as the first local veterans hospital in 1925, on the condition that the nurses training school be disbanded. The Eitels refused the offer because of "loyalty to the girls in training." In 1927, Saint Barnabas wanted to take over the hospital and expand. That offer was refused, because the younger Eitel wanted the name to be carried on.⁵⁰

Beyond their successes at the Eitel Hospital, both George G. Eitel and George D. Eitel were involved in the controversial eugenics movement in Minnesota. George G. supported the law that allowed for the surgical sterilization of the feeble-minded, passed by the Minnesota legislature in 1925. He also gave support to the Minnesota Eugenics Society, founded in 1926 by Charles Dight, a Minneapolis physician and socialist member of the Minneapolis City Council. In 1926 George G. was appointed the official surgeon to the School for the Feeble-Minded and Colony for Epileptics at Faribault. Both Eitels, as well as other surgeons affiliated with the University of Minnesota, traveled to Faribault every month to

⁴⁷ "Dr. G. G. Eitel Dies"; "Dr. Eitel, Leader in Profession"; Shutter II: 178-179. *Welcome to the New Eitel Hospital: Dedication of Our New Wing, January 4, 1962* (Minneapolis: Eitel Hospital, 1962), available at Abbott-Northwestern Hospital, Public Relations Office.

⁴⁸ "Mrs. George Eitel Dies"; Merrill, 82; *Who's Who Among Minnesota Women*.

⁴⁹ Neal Holtan, "The Eitels and Their Hospital," *Minnesota Medicine* 86 (Sept. 2003); Minneapolis City directories; 1930 census.

⁵⁰ George D. Eitel, 5. Funding for the construction of a Veterans' Hospital at Fort Snelling was authorized in 1925. Prior to that time, the Veterans' Bureau leased hospital space for general and surgical treatment of veterans. See Marjorie Pearson, "Minneapolis VA Medical Center—Buildings 11, 12, 13, and 14: An Assessment of Significance, Minneapolis, Hennepin County, Minnesota, SHPO Number: 2004-0546," 2004, prepared by Hess, Roise and Company, available at Minnesota State Historic Preservation Office.

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perform sterilization operations (vasectomy on the male patients and severance of the Fallopian tubes on female patients).⁵¹

Dr. George G. Eitel died of a heart attack on February 8, 1928, apparently a complication of a bout of influenza. He had been reading a newspaper in bed while in his apartment in the Eitel Hospital. After services at Lakewood Cemetery Chapel, he was buried there with the minister of the First Unitarian Society presiding. Under the terms of his will, his estate was placed in a trust, with the interest to be used to pay monthly stipends to Horace and Jeannette Lien, nephew and niece of Jeannette Eitel, and his mother-in-law Anna Larsen, with the remaining income to go to his widow. Jeannette Eitel was authorized to continue to manage the Eitel Hospital—recognition by Eitel of her role and importance to the hospital.⁵² After her death, the hospital was to be sold and the proceeds placed in trust. Also after her death, the original trust would be used to fund medical scholarships at the University of Minnesota. A life insurance policy of \$80,000 left to the University of Minnesota was to fund worthy medical students. Dr. Eitel was remembered by the Hennepin County Medical Society at its annual memorial. Dr. W. B. Roberts read a biographical sketch that praised his example of achievement resulting from hard work and perseverance. He was praised for his charitable contributions and his donations. “Although he was considered somewhat of a controversial figure, his death was a great loss to the Society.”⁵³

Jeannette Eitel retired from the hospital and the nursing school after her husband’s death, although continued to manage the Eitel properties. She was succeeded by Ida Hummel, who had been the assistant superintendent. By 1930, she had moved to 90 West Minnehaha Parkway, where she was living with her nephew Horace Lien and niece Jeannette Lien Manning and her husband Warren Manning. On March 5, 1929, Jeannette Eitel sold the hospital and the nurses’ residences on Willow and Grant Streets to the Nicollet Clinic, but retained a 100-year ground lease underneath the buildings. Under the terms of the agreement, Nicollet was to construct a new hospital building within a specified period of time. The clinic transferred the leasehold to the newly formed Nicollet Hospitals, Inc., on April 24, 1929. Nicollet announced that it soon hoped to expand the hospital by three stories according to Dr. Eitel’s original vision.⁵⁴

⁵¹ For further information on the Eitels and their involvement with eugenics see: Holtan, “The Eitels and Their Hospital”; Neal Ross Holtan, “Breeding to Brains: Eugenics, Physicians, and Politics in Minnesota in the 1920s,” (M.A. thesis, University of Minnesota, 2000), 62-67. Some thirty-five years later, the younger Eitel seemed to want to remove himself from his role. He was quoted, “When people find I am [related to Eitel Hospital], I either get blamed or credited for a lot of things over which I never have had and never will have control.” “Dr. Eitel’s Hospital ‘Uncle’ Has \$1.6 Million Wing in 50th Year,” *Minneapolis Star*, Jan. 1, 1962.

⁵² The *Weekly Valley Herald*, Dec., 22, 1927, commented: “Her knowledge and executive ability have had a great deal to do with the success of the Eitel Hospital, which they are jointly conducting.”

⁵³ See note 13. “Dr. George G. Eitel, Noted Surgeon, Called Beyond,” *Weekly Valley Herald*, February 16, 1929; “Eitel Will to Set Up Medical Students Fund,” *Minneapolis Tribune*, February 17, 1928; “Students’ Aid Fund Created by Eitel’s Will,” *Minneapolis Star*, February 18, 1928; Martin, 521-523.

⁵⁴ Jeannette Eitel is listed at 90 West Minnehaha Parkway in the 1930 Minneapolis city directory and in the 1930 federal census. “Historical Brief, Eitel Hospital (Doctors Memorial Hospital), 1929-1954,” 1-3, unpublished typescript available at

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Dr. George D. Eitel remained at Eitel Hospital, serving as chief of surgery into the 1930s. By 1930 he had formed a clinical practice with Archa Wilcox, who had been one of the founders of the Hillcrest Hospital and was consulting at Eitel; their clinic operated out of the Eitel Clinic building at 1407 Willow Street.⁵⁵

Later History

Eitel Hospital, like many institutions, had difficulties as a profit-making entity during the Depression, as hospital occupancy dropped by about fifty percent. Its smaller rival, the Hillcrest Hospital, closed its doors completely in 1931. Abbott Hospital, the third surgical hospital contemporary with Eitel and Hillcrest, had been bequeathed to Westminster Presbyterian Church on William Dunwoody's death in 1914. It had been enlarged to 75 beds in the 1920s with the construction of a surgical pavilion for children, and the church operated it on a non-profit basis. Eitel Hospital had the advantages of size (more beds had the potential to generate more revenue), reputation, and a strong nursing program, but still was losing money, as real estate, personal property, and income taxes accumulated. Nicollet Hospitals, Inc., tried to obtain a tax exemption. After a series of adverse court rulings, the hospital was incorporated in Minnesota in 1934 as a "charitable trust," thus making it comparable to the other sectarian and philanthropic hospitals. The ground lease with Jeannette Eitel was renegotiated to account for the changed economic conditions and the time period to construct the new building was extended.⁵⁶

That status remained until 1949, although the hospital board continued to negotiate adjustments to the ground lease. The discussions halted after Jeannette Eitel was bedridden as the result of a stroke in 1947. As part of the post-World War II recovery effort and assessment of hospital needs, the Minnesota Department of Health, Division of Hospital Services, undertook a study of the hospitals of Minneapolis. The hospitals covered were: Abbott, Asbury, Eitel, Fairview, Homewood (for the mentally disturbed), Kenny Institute, Lutheran Deaconess, Maternity, Minneapolis General, Northwestern, Parkview (built as the Hopewell tuberculosis hospital), Saint Andrew's, Saint Barnabas, Saint Mary's, Sheltering Arms (a polio hospital), Swedish, and University Hospitals.⁵⁷

The Eitel Hospital was called "one of the smaller general hospitals in Minneapolis." The report was generally critical, finding overcrowding in the rooms and halls, lack of toilets, lack of sterilization and wash-up facilities, cramped laboratory space, and an inadequate heating system. There was also criticism of the facilities for the nursing school. (The school closed in 1952.) Most of the other

Abbott-Northwestern Hospital, Public Relations Office; "Nicollet Clinic to Take Over Eitel Hospital," *Minneapolis Tribune*, February 28, 1929.

⁵⁵ See note 13 and note 53; Minneapolis city directories; Holtan, "The Eitels and Their Hospital"; "Dr. A. E. Wilcox Dies; Medical, Civic Leader," *Minneapolis Star*, April 7, 1954.

⁵⁶ Minnesota Filing No. 1867-NP, March 24, 1934; "Historical Brief, 3-7.

⁵⁷ "Historical Brief," 7-8; Minnesota Department of Health, Division of Hospital Services, Minneapolis Hospital Study Files, Minnesota State Archives, Minnesota Historical Society.

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Minneapolis hospitals did not fare very well in the study, clearly reflecting the lack of funding in the 1930s and during the war years.⁵⁸

That same year, the Eitel Hospital corporation was reorganized again. A new non-profit corporation, the Doctors Memorial Hospital Staff Foundation, was created, and the hospital was renamed the Doctors Memorial Hospital.⁵⁹

Changes and improvement were needed. After Jeannette Eitel's death in 1951, George D. Eitel, her husband's nephew, inherited the land on which the hospital was located. He sued for back ground rent; eventually a compromise was reached, and the period to construct a new hospital building was extended to 1962.⁶⁰ The hospital explored the possibility of expansion, planning to take advantage of the original building foundations that would accommodate an eight-story building. Thorshov and Cerny, a successor firm to Long, Lamoreaux, and Long, was hired to produce the design, which was published in the *Minneapolis Star*.⁶¹ That project was not realized, but meanwhile the hospital had to deal with violations that had been issued by the fire prevention bureau in 1951. While the violations were being corrected, the hospital operated under a series of temporary licenses. Most of the work had been done by the end of 1956, including the installation of a new exterior fire escape on the south end of the building, when disaster struck. On December 23, a fire broke out in the lobby, igniting the Christmas decorations, and smoke quickly spread throughout the building, because the newly installed interior fire doors had been left open. Eight patients on the upper floors died of smoke inhalation. The other patients and staff were evacuated to Minneapolis General Hospital.⁶²

Once again, the hospital, which was already in the process of making changes to the board of trustees, reorganized. It resumed its original name of the Eitel Hospital and embarked on a building campaign in earnest. The nurses' housing north of the hospital was demolished in 1958. Architect Robert Cerny of Cerny Associates was given the commission for the new hospital design, which was to be constructed as an eight- and three-story addition to the original building. The building permit was filed in 1960. The steel structure was to be clad in orange brick. The sun-porch wing was removed from the original hospital and replaced by an eight-story tower section that contained a new entrance lobby at its base. While the original entrance remained in place, it was covered by a glass-enclosed vestibule that led to the curb. The new building opened on January 4, 1962. Dr. George D. Eitel was in attendance, recounting the early years of the hospital. Another two-story wing, extending eastward from the tower section to Spruce Place, was added on a permit filed in 1966. The hospital expanded again in the late

⁵⁸ Ibid.; Minnesota Nursing Board, Closed Nursing School Files, "Eitel Hospital School of Nursing Minneapolis Brief Historical Statement 1912-1952," Manuscripts, Minnesota Historical Society, Saint Paul.

⁵⁹ Minnesota Filing No. 5322-NP, July 20, 1949.

⁶⁰ "Historical Brief," 7-13.

⁶¹ "Eitel to Add Three New Floors, Service Building," *Minneapolis Tribune*, June 27, 1954.

⁶² Minneapolis Building Permit A 32571, Nov. 2, 1956; "Hospital Flash Fire Takes 8," *Minneapolis Star*, Dec. 24, 1956; "Cleanup Operations to Begin Immediately," *Minneapolis Star*, Dec. 24, 1956.

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1970s, after several years of planning necessitated by a state moratorium on hospital bed increases. A five-story section was added to the east of the tower on top of part of the two-story wing.⁶³

In 1982, the Eitel Hospital merged with Abbott-Northwestern Hospital; those two institutions had merged in 1970. In 1985 the hospital was closed because of a decline in hospital use. It was then converted to a mental health center for children. The hospitals became a part of Allina Health Systems in 1993. In recent years, Eitel Hospital has housed the information technology systems and personnel of Allina. Allina relocated this function in early 2006 to another corporate location in the rehabilitated Sears Building (Midtown Exchange, NRHP 2005).⁶⁴

The Eitel Hospital building has been sold to Village Green, Inc., a housing developer, which is rehabilitating the original hospital building and adding new apartment buildings to the remainder of the block. As part of the rehabilitation, a number of character-defining architectural features, such as the cornice, windows, and original entranceway, will be replicated in appearance.

⁶³ Demolition permit applications are recorded on Minneapolis Building Permit cards, available at the Minneapolis History Collection, Minneapolis Public Library. The new building was constructed under Minneapolis Building Permit No. A 34264, filed October 26, 1960. The opening is described in "Dr. Eitel's Hospital 'Uncle' Has \$1.6 Million Wing in 50th Year," and *Welcome to the New Eitel Hospital*. The second addition was filed as Minneapolis Building Permit A36506, Dec. 2, 1966. "Eitel Hospital to Build Two-Story Addition," *Minneapolis Star*, December 30, 1966. "Eitel Hospital Plans Expansion by 60 Beds." *Minneapolis Star*, Jan. 10, 1975; "Eitel Hospital Seeks \$3 Million, 60-Bed Expansion," *Minneapolis Tribune*, Jan. 10, 1975; "Eitel Hospital Expanded," *Minneapolis Tribune*, July 30, 1976. The last addition was filed under Minneapolis Building Permit A42220, dated September 15, 1976.

⁶⁴ "Eitel Hospital to Close in Abbott Northwestern Merger," *Minneapolis Star Tribune*, May 14, 1985. See www.abbottnorthwestern.com/anw.nsf/page%20/history, for a brief overview of the hospitals and Allina. The Sears Building was listed in the National Register of Historic Places in 2005.

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Conclusion

A number of the hospitals established in Minneapolis in the late nineteenth and early twentieth centuries remain as institutions and continue to play an important role in health care. Many have gone out of business, have been consolidated with other hospitals, or otherwise have lost their institutional identities. Even fewer of the historic buildings constructed by those hospitals survive. The original Eitel Hospital remains a prominent example of an early twentieth-century hospital building. Despite alterations, the building retains sufficient architectural character to evoke the contributions that the hospital and its nursing school made to medicine/health in the city of Minneapolis. Missing elements such as the cornice and entrance can be sympathetically restored. It also evokes the contributions of Dr. George G. Eitel and Jeannette Larsen Eitel to medical care and training in Minneapolis. For those reasons, Eitel Hospital is eligible for National Register listing under Criterion A and under Criterion B.

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UTM coordinates are NAD 27.

Verbal Boundary Description

Eitel Hospital is located on Lots 8 and 9 and the western half of lot 7, Block 2, of E.B. Places Addition to Minneapolis. It forms part of Hennepin County Parcel 27-029-24-31-0131.

Boundary Justification

The boundary is that of the historic Eitel Hospital during the period of significance and the surviving structural portion of the eight-story tower of the 1960-1961 addition. It includes the footprint of the original building and the eight-story tower of the 1960-1961 addition, approximately 175 feet along Willow Street and 51 feet along West 14th Street, and the lawn and areaways fronting the buildings. The boundary excludes the portions of the block that contained the demolished portions of the hospital complex that postdated the period of significance and new construction elsewhere on the block.

United States Department of the Interior
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George G. Eitel ca. 1914
Courtesy of Abbott-Northwestern Hospital

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Jeannette Larsen Eitel ca. 1914
Courtesy Abbott-Northwestern Hospital

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Eitel Hospital in 1912.

Photo: Charles Hibbard, Minnesota Historical Society

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National Park Service

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Eitel Hospital as seen across Loring Park in 1915
Photo: Minnesota Historical Society

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Eitel Hospital in 1938
Photo: Minneapolis Public Library



Eitel Hospital in 1967
Photo: Norton and Peel, Minnesota Historical Society

United States Department of the Interior
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Index to Photographs

Photographer: Marjorie Pearson
Date: October 17, 2007

Negatives: Hess, Roise and Company, Minneapolis, Minnesota 55401

1. Eitel Hospital, Minneapolis, Hennepin, Minnesota. Willow Street and West 14th Street facades. View to northeast.
2. Eitel Hospital, Minneapolis, Hennepin, Minnesota. Willow Street facade with noncontributing 1961 structure and new construction at the left. View to southeast.
3. Eitel Hospital, Minneapolis, Hennepin, Minnesota. West 14th Street and east facades. View to northwest.