Origins of a Modern Medical Center

MINNEAPOLIS CITY HOSPITAL, 1887–1907

IRIC NATHANSON AND THOMAS R. MATTISON

Those early buildings on Eleventh Avenue South were modest, at best. The larger of the two, at 720 Eleventh, housed the male wards along with the matron's apartment, dining room, kitchen, and operating rooms. The smaller building next door at 716 was reserved for female patients. Together, the two frame structures, formerly used as boardinghouses, constituted City Hospital, Minneapolis's first public medical facility. It opened in November 1887 and for the next six years would occupy these rental quarters in a quiet residential neighborhood not far from the city's thriving downtown.

With a total of 61 beds, City Hospital was staffed initially by a matron, four nurses, and two interns, all of whom lived on site. The city physician, a public official, oversaw medical care at the fledgling public hospital when he was not attending to indigent patients at the city's private hospitals. The *Minneapolis Tribune* commented favorably on the new hospital soon after it opened, noting that the surgical ward contained "three light airy rooms, as pleasant as are to be found in the city."[1]

But after the first few years, the *Tribune*, along with other local critics, came to realize that City Hospital was clearly not up to the task it was expected to perform in an urban center undergoing a population boom. By 1892, the paper was describing hospital as a "shabby excuse . . . that disgraces the city."[2]

The *Tribune* kept up a drumbeat of criticism, augmented by a series of exposés that helped generate popular support for a new hospital to replace the ramshackle rental buildings on Eleventh Avenue. Stung by the public criticism, local political leaders purchased a new site for City Hospital in 1893 on what is now Portland Avenue between Fifth and Sixth Streets. Five years later they hired a talented local architect, Lowell A. Lamoreaux, to design a series of modern hospital buildings on the site, which eventually expanded to include a full city block.

When City Hospital opened in 1887, Minneapolis was already served by a handful of small private hospitals, some of which were managed by local physicians as for-profit adjuncts to their medical practice. Other early hospitals were charitable arms of religious organizations. Some in this latter group survived into the modern era, including St. Barnabas (then known as Cottage Hospital), North-

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Thomas R. Mattison, a life fellow of the American College of Healthcare Executives, worked at General Hospital/Hennepin County Medical Center from 1966 to 1984, serving as the center's administrator for seven years. He notes that it is, today, one of the nation's last publicly owned hospitals that is financially sound and maintains its original mission.

Ambulance at City Hospital, from a 1910 postcard. Built in 1894, the ambulance was kept in a livery stable, which supplied the horses and driver for $1.50 per trip. By 1900 the hospital had bought a horse, hired a driver, and was sending interns on runs.

western, and St. Mary's. During this era, hospitals in Minneapolis and throughout the country were just beginning to emerge as organized and structured community institutions.

At the start of the nineteenth century, hospitals—where they existed—played an insignificant role in American life. According to medical historian Charles E. Rosenberg, "No gentleman of property or standing would have found himself in a hospital unless stricken with insanity or felled by epidemic or an accident in a strange city. When respectable persons or members of their family fell ill, they would be treated at home." Up through the middle years of the century, the broader community continued to view hospitals mainly as charitable endeavors intended to aid the needy and the destitute. Many considered these facilities to be extensions of the much-feared almshouses, which self-sufficient Americans wanted to avoid at all costs.[3]

By 1873, a national survey was able to identify only 178 hospitals in the U.S. which, together, contained fewer than 50,000 beds. Only a handful of these institutions incorporated medical-school instruction, and none were subject to accreditation or outside quality reviews. The next 40 years would see a huge increase in these numbers as urbanization intensified, administrative structures and professional training programs developed, and medical care improved substantially. Advances in the use of anesthesia and a fuller understanding of germ theory, which led to improved, more hygienic practices in operating rooms and wards, made hospitals a better choice for care than the middle-class home.[4]

In 1909 a new survey identified more than 4,000 hospitals, a 25-fold increase over 1873. Now widely distributed across the country, they had become "a potential resource for a much larger proportion of Americans; the prosperous and the respectable as well as the indigent were now treated in hospitals, frequently by their regular physicians," according to Rosenberg. American hospitals, including those in Minneapolis, had moved beyond their almshouse origins and were emerging as the modern institutions of the twentieth century.

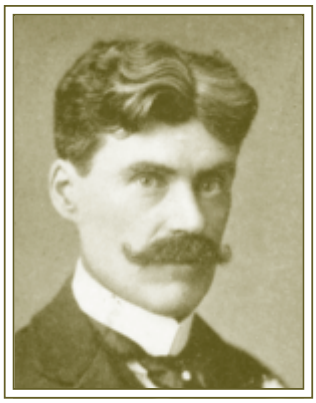
This cultural and social transformation was occurring at a time when Minneapolis was undergoing rapid industrialization and a population explosion. Between 1880 and 1900, the city's population quadrupled—from 50,000 to 200,000—as regional migrants and

a steady stream of European immigrants arrived, all attracted by the economic opportunities of the booming metropolis.[5] Crowding and poor sanitation in some areas, as well as the simple increase in numbers, generated mounting public pressure to expand and improve the city's medical services.

In Minneapolis, as in most nineteenth-century American cities, early public medical care was an outgrowth of the civic responsibility to provide at least a modest amount of support to needy residents. As early as 1880, local political leaders had appointed a city physician who doled out public stipends to the city's small private hospitals to pay for the care of indigent patients. In his annual reports for 1884, 1885, and 1886, Mayor George Pillsbury reported that the city was paying $9,000 to $10,000 per year to private hospitals.[6]

During Pillsbury's tenure, the city physician, Dr. James H. Dunn, found that he was spending much of his time driving from one hospital to another. With the mayor's support, Dunn advocated for the establishment of a city hospital, arguing that it would provide more efficient and economical care than the current fragmented system that relied on the resources and facilities of private hospitals.

Not all of the city's civic leaders were convinced that Minneapolis needed its own public hospital. Some inside and outside of City Hall argued against the idea, maintaining that hospital care should remain the province of the private sector. In 1887, even as the city council was moving ahead with a resolution to establish City Hospital, the *Minneapolis Tribune*'s editor was lining up with opponents of the plan. "There is not at present a single valid argument in favor of the new hospital and there are many against it," he asserted on July 5. "The plan has been concocted for their own pecuniary and political advantage by a group of politician-doctors." The editor went on to note that patients were currently distributed about the city's private hospitals, which "have abundant room for all city cases, and they charge the city a bare cost price for the accommodations they give. . . . They can give good hospital service at less cost than would be possible at a city institution."[7]



James H. Dunn, city physician in the 1880s as well as surgeon and professor of surgery at the University of Minnesota

The editorial provoked a sharp retort from Edward T. Gibson, who believed the reference to politician-doctors was directed at him. Gibson, a 33-year-old alderman from the city's Tenth Ward, was a physician and one of City Hall's staunchest advocates for a public hospital. In a July 8 letter to the editor, he acknowledged that he was a "prime mover in the creation of a city hospital." Gibson went on to warn adversaries in the medical community that he and his supporters had, until now, refrained "from saying anything about the management and treatment that their patients receive in their hospitals as we had no desire to injure their business." Now, he threatened to "lay before the people of Minneapolis some facts and dates that will cause them to point with scorn at . . . the private hospitals" if his opponents continued to "cast suspicion about the motives that animate the supporters of City Hospital."[8]

Gibson's views were endorsed by one of his medical colleagues, Edward J. Brown, in a letter that appeared in the *Tribune* the very next day. Brown, too, cast a skeptical eye at the private-hospital system.

> Aside from a certain amount of genuine, intelligently applied philanthropic effort, there is a vast deal of unhealthy sentimental gush in the way of the charity, which is a curse to both donor and recipient. In my judgment public hospitals whose officers are responsible to the taxpayer are far more efficient for good, all things considered, than those which are under the control of religious or benevolent associations."[9]

The debate moved into City Hall when newly elected Mayor Albert Alonzo Ames, himself a physician, had some sharp words of his own to say about the role of the private hospitals. Ames maintained that "charitable hospitals in this city do not exist. Let a poor person go to any of them and if there is no one to guarantee his expense, he does not get in. The first objective of all of them is to get pay for every patient taken care of."[10]

While Ames's comments might seem unduly harsh, his claim about admissions policies may have been based on first-hand experience. Historian David Rosner has noted that

prospective patients all across the country in this era "could not simply admit themselves." Instead, they needed "a prominent community member like a wealthy merchant or minister, who would write a letter to the lay trustee of the hospital attesting to their worthiness, and by implication, to their stable lower-class position." Charity patients came to be seen as a burden, Rosner explained, because the demand for care was rapidly mounting. "In the face of the seemingly intractable poverty created by industrialization, trustees retreated from their previous commitment to charity."[11]

Data for this era in Minneapolis is spotty, but one private hospital acknowledged the economic pressures it was facing. In its 1900 annual report, Swedish Hospital (founded two years earlier) noted that its patients were charged six dollars a week, to be paid in advance, and that charity cases would be treated "as long as the Special Charity Fund allows." Eight years later, a report explained that Swedish Hospital was "not, strictly speaking, an eleemosynary institution. It gladly accepts donations, small or large, for the aid of the sick that cannot pay. . . . But so long as the institution is laboring under heavy indebtedness and improvements and equipments must be maintained . . . the Board dares not use ordinary income for charity."[12]

While the dispute between the supporters and opponents of a city-run hospital continued to simmer—even after City Hospital was a fait accompli—another controversy soon arose. Some political officials wanted to place the new facility under the jurisdiction of the Supervisors of the Poor, a public agency; others wanted the 26-member city council to maintain control.

Although the issue was fiercely debated in City Hall, the *Minneapolis Tribune* was not sure that it mattered much to the outside world. "The Supervisors of the Poor hold that they are entitled to run the hospital because they are to furnish the patients. The council committee on health and hospitals proposes to run the institution, because it was their job from the outset; and as matters stand they are now in possession," the paper observed. "The public can hardly expect anything better at the hands of one body than of the other."[13]

This controversy, too, simmered. The city council committee continued to exercise control until 1891, when the state legislature authorized Minneapolis to create a new public agency, the Board of Charities and Corrections, to manage the hospital. One local historian applauded this change, calling it a "triumph for the cause of . . . intelligent direction of hospital affairs by a group who were unaffected by politics."[14] Later renamed the Board of Public Welfare, this quasi-independent body would oversee the operation of the hospital through the 1960s.

Almost immediately, the Board of Charities and Corrections began receiving disturbing reports about conditions at the four-year-old hospital. In August 1891 a two-member committee reported to the full body about fire-safety deficiencies. The committee recommended that the hospital establish an exterior rope-and-pulley system attached to a stretcher that could transport patients down from the second floor in case of fire. This makeshift apparatus was necessary because "the stairways are so narrow and winding that it would be difficult to carry patients down them." The committee also determined the need for a stairway or ladder at the rear of the building, reaching from the third-floor balcony to the ground, in order to provide "a means of escape." These recommendations were intended as "a partial means of obviating the great dangers from fire which exist where so large a number of persons are crowded into an old frame building like the present hospital."[15]

Rental property on Eleventh Avenue South that became the first City Hospital in 1887. This photo was taken in the 1970s before the building was razed.

The next year, the *Minneapolis Tribune* published the results of its own investigation of conditions at City Hospital. In a lengthy article entitled "The City's Shame," the paper provided a graphic account of what it called "a place . . . wholly unfit for habitation by a human being in any condition."

> Those who have never been inside its walls have not the faintest conception of the awful—the word is used advisedly—shape the place is in. They do not for a moment imagine that the generous city of Minneapolis, a city whose people are known the country over for

their progressive spirit and liberality, is caring for those thrown on her bounty in an old rookery which the average tramp would turn from in disgust. Yet such is the case, and a half hour's visit to the place will convince the most skeptical.[16]

The paper went on to describe in lurid detail the hospital's dismal conditions. Inside the main door, "the visitor finds himself in a short hall with several rooms opening into it. An unpleasant odor greets him." A few steps beyond was a "small, dimly lighted room, in which are several water closets. . . . The floor is worn and cracked and . . . the odor which arises is sickening. Disinfectants are freely used but these fail to disguise the fact that there is a disease-breeding institution right where there should be pure air and light." The ceilings of almost every room were broken, exposing the lath in spots.

> Moisture drips from the ceiling, forming little pools on the floor, and roaches and other vermin scamper away at the approach of a human being.
>
> Adjoining this sink hole are three medical wards, with the floor warped, broken and decaying. The air is dead and heavy, there being no possible means of ventilation except by the windows, which are directly over the beds of the patients. The ceiling is cracked and broken, water leaks through, and now and then, some poor unfortunate laying in bed gets his eyes full of falling plaster.

Far from responding defensively to this dramatic exposé, the Board of Charities and Corrections, in effect, confirmed the *Tribune's* findings,

THE CITY'S SHAME.

Her Hospital a Disgrace to Civilization.

It Has Been Condemned by the Health Department Several Times.

A Visit to the Place Discloses a State of Things Which Words Cannot Describe.

Leaky Roofs Let in Rain and Snow, While Broken Floors Hide Noxious Vermin.

Patients Crowded Into Small Rooms and in Danger of Being Burned in Their Beds.

Does Minneapolis need a new city hospital? Well, rather. If you doubt it, take a trip to the corner of Eleventh avenue south and Eighth street and size up the shabby excuse for one that now disgraces the city.

It has been an open secret for a good while that the institution was not a model of its kind, but very few citizens have the faintest conception of the actual condition of things. If the public had had a realizing sense of the situation something would have been done long ago besides talk.

The place is wholly unfit for habitation by a human being in any condition. In the event of a fire the consequences are too horrible to contemplate. That's the size of it in a nutshell.

The members of the Board of Corrections and Charities, in whose charge the hospital is, seem to realize the urgency of the case painfully. The hospital committee of the board is now preparing a communication for the next council meeting, setting forth the fact that the building is a disgrace to the city, unfit for the purpose for which it is being used and dangerous to a marked degree, and asking that the council appropriate the $25,000 authorized by the last legislature for a new hospital. That the request will meet with favorable action is almost certain, as the aldermen are beginning to

Front-page news in the Minneapolis Tribune, *February 19, 1892*

acknowledging "the unsanitary and generally dilapidated and run down conditions" in its 1892 annual report. The next year, in an effort to generate public support for a new hospital, the board used even stronger words. An April 1893 report declared: "Into this ramshackle, tumbledown old building, entirely unfit for human habitation, with its quaking floors, swarming with vermin. . . . [i]n rooms with no system of ventilation are crowded the sick poor of Minneapolis." Continuing to use the building as a hospital would "perpetuate a relic of barbarism in a civilized community, and it is not putting it too strongly to say that it is a disgrace to our municipality." The board also pointed out that the unfortunate patients were "not by any means a tramp class . . . but as a rule, they are sober, industrious citizens."[17]

Then, addressing the city council, the board noted that other American cities with populations ranging from 50,000 upward had moved ahead of Minneapolis in caring for their sick residents. Among them were New York, which had six city hospitals; Brooklyn, with three; and Denver, "which has one four or five years old . . . and expended $44,000 on a building."

In making its case for a new hospital, the board maintained that it was far better for "the sick poor" to be treated in a hospital dedicated to their care than in private hospitals because: "(1) There are no class distinctions. (2) There is not the temptation to curtail expenses in the matter of diet, stimulants and medicines at the expense of the patient, for the hospital is not a money making institution."

The board followed up with what it believed was its most telling argument: "It is more economical financially for the city to care for its sick in a hospital of its own than to farm them out to private hospitals," which Minneapolis continued to do, given City Hospital's limited facilities. To bolster its point, the board revealed that care for 2,312 patients at City Hospital over the previous four years had cost an average of $22.12 per patient; during that same period, Minneapolis paid the private hospitals an average of $85.64 per patient.

Later in the year, Minneapolis's city physician, C. G. Weston, would make another key point. City Hospital played a unique role in caring for

patients suffering from contagious diseases. In his report to the Board of Charities and Corrections, Weston maintained, "No other place in the city is open to this class of case, and a patient taken sick with a contagious disease in a hotel or a boarding house has no other resource."[18]

The board's campaign for a new hospital, no doubt assisted by the *Tribune's* exposé, succeeded when the city council agreed in May 1893 to spend $100,000 to purchase a new, permanent hospital site to replace the dilapidated rental facility on Eleventh Avenue. The council then considered several locations, including two on the outskirts of the city in the vicinity of Twenty-Sixth Avenue South and Riverside Park. Eventually, however, it selected an in-town site owned by George A. Brackett, a prominent local businessman who had served one term as Minneapolis mayor in the 1870s. The Brackett property, on what was then Sixth Avenue (today, Portland) between Fifth and Sixth Streets, included the former mayor's mansion and several outbuildings. For the next 80 years, that property—eventually expanded to cover a full city block—would serve as the site for the city's public medical center.[19]

Brackett offered to furnish the main ward of the new hospital, to be located on the first floor of the mansion, at his own expense provided that the ward was named for his wife, Annie. At its June 16 meeting, the board accepted Brackett's offer and "acknowledged its appreciation of his very generous proposition."[20]

Not everyone in Minneapolis shared the board's enthusiasm for Brackett's offer. Before the selection was made, the *Tribune* noted that the city's medical community opposed the mansion site. According to the newspaper, doctors claimed that the buildings, "though substantial, are in no way adopted for a modern hospital, such as Minneapolis is entitled to have if $100,000 is to be expended. The only way to have a good hospital will be to build a new one . . . anything else will be make-shift."[21]

Despite these concerns, plans moved ahead during the summer and fall of 1893 to convert the Brackett property into a medical facility. In September the *Minneapolis Journal* reported that the homestead "had proved easily adaptable for hospital purposes" and that "for the first time in the history of this city, Minneapolis will soon own a hospital that will be worthy of the name." Fears that the property was not suited "for the work intended. . . . had no basis."[22]

The paper noted that Brackett's former home would become the main hospital building, with wards that could house 60 to 80 patients. The operating room would be located on the second floor, with a row of seats arranged around the side of the room to accommodate medical students. Female patients were to be housed in a second building on the site, containing 13 rooms; infectious patients would go to a third building with 10 rooms. The *Journal* told its readers that all wallpaper and whitewash had been removed and the walls were being painted in warm colors. "The floors have all been relaid with hardwood flooring and all of the woodwork is being repainted and cleaned so that everything will be as clean and free from disease germs as in a new structure."

In November 1893, a city delegation led by Mayor William H. Eustis inspected the hospital soon after it opened. While the *Minneapolis Tribune* had previously voiced doubts about the Brackett site, now the paper declared that new medical facility was "in truth a model hospital, and one Minneapolis should be proud of."[23]

The new hospital acquired a new workforce, as well. Student nurses began to provide a large share of the medical care following the 1893 establishment of a nurse-training program. Trainees lived on-site and received on-the-job instruction for two years. They were paid an eight-dollar monthly stipend for the first year and twelve dollars the next.[24]

Brackett's property, possibly before the city acquired it

The city's pride in its new hospital was short lived. Within a year of its opening, the facilities were already overcrowded and, even so, there were too few beds to accommodate all who sought admission. The 1894 typhoid-fever epidemic added to the crush of patients; tents were pitched on the hospital grounds to house the overflow.[25]

By 1898 conditions had deteriorated, making the new site little better than the original. That year, the *Minneapolis Tribune* reported on an inspection tour conducted by Mayor Robert Pratt and a delegation of aldermen. Visiting the women's building, they found all beds occupied and crowded together. Dr. Weston, the city physician, explained that the patients had only 500 cubic feet of air each, while the standards in most modern hospitals called for 1,200 cubic feet per patient and 20 percent of the beds remaining vacant most of the time.[26]

The inspectors moved on to the main building and its male wards. There, they found 15 patients crowded into an attic room that had been used for storage when the building was a residence. Two patients, one of them a young soldier, were sitting in chairs, gazing out through the one tiny window that provided the only source of light for the room. Casting a critical eye at the scene, the *Tribune* observed, "It was like a solitary cell in a prison—a little worse, because the poor men up there are sick and don't deserve such treatment while the man in the cell has his health and is paying for the wrong he committed."

Mayor Pratt was deeply distressed by what he saw. "There is not a man in Minneapolis who, if he were to visit this building, would not agree to almost anything to have such conditions remedied. . . . it is a burning shame that such an institution should be known as city hospital of Minneapolis." Alderman Abram Adams shared the mayor's distress. "It is the poorest apology for a hospital I ever saw," he declared. "During the civil war, I had much to do with hospitals and there was not a man in all the military institutions who was not better cared for, as far as accommodations are concerned, than that poor soldier boy we saw in the attic."

While the *Minneapolis Tribune* had once questioned the need for a public medical facility in its home town, by 1898 the paper had come around. On September 30 it declared that the need was "urgent." The paper went on to note, "Minneapolis people are too humane, too proud of their civic reputation to permit the unfortunate sick in their charge to remain without proper care."[27] The article was intended to generate support for a move, already underway in City Hall, to build a new facility that would bring City Hospital into the modern era at the dawn of the twentieth century.

During its first 11 years, City Hospital was essentially a makeshift affair housed in buildings that were not designed for medical purposes. Now, operating under the watchful eye of Minneapolis's leading daily paper, the Board of Charities and Corrections decided that the time had come to build a new facility from the ground up, one that would serve the function for which it was intended.

To undertake this task, the board in 1898 selected 37-year-old Lowell Lamoreaux, a local architect who was just beginning to make a name for himself. Lamoreaux was part of a firm whose predecessor entity, Long and Kees, had designed Min-

Nurses posing outside the new hospital. The style of their caps suggests the photo was taken around 1893.

neapolis's monumental new City Hall at Third Avenue and Fifth Street. Earlier in his career, he had worked for one of Minnesota's most eminent architects, Cass Gilbert. Before being hired, Lamoreaux had proposed to design a building on the Seventh Avenue side of the site, which would incorporate the latest improvements in hospital design and construction.[28]

The board's records do not indicate how or why it chose Lamoreaux, but the agency's members must have been pleased with his work. Over the next ten years, they would hire him to design a series of buildings for the rapidly expanding City Hospital, first with his partner, William McLeod, and later as a principal with the prestigious firm of Long, Lamoreaux, and Long.

On May 11, 1898, the board voted to authorize Lamoreaux to "draw plans for a building to be used for the purpose of a City Hospital" and to "secure and supervise all bids of contractors" during construction. In return, his firm would receive a fee equal to five percent of the first $50,000 in construction costs and four percent of any remaining costs.[29]

By September, Lamoreaux had selected his contractors and prepared $20,000 in construction bids, which the Board of Charities forwarded to the Minneapolis city council for approval. There, the idea of spending $20,000 ran into opposition from at least one member. Alderman John Crosby questioned whether the city should be spending this much on the hospital when it had been forced to suspend construction on the new City Hall because of lack of funds. But Alderman Joseph Phillips countered that the city needed to move ahead because, at the current hospital, patients were "crowded together almost like sheep."[30]

With the support of a council majority, Lamoreaux was able to start work in October on the city's first newly constructed hospital building. Four stories in height, the 220-foot-long addition would contain six large wards. The *Tribune* reported that the new building would be "absolutely fireproof," with tiled laboratories and mosaic flooring in the corridors. "In every respect it will be thoroughly modern and will provide ample accommodations for four or five years to come."

After some construction delays, resulting in part from funding shortfalls, the new wing was ready for occupancy in November 1900. While work was in progress, need for hospital services continued to grow. "The city has been compelled to make use of three old frame buildings . . . poorly fitted for the purposes to which they have been put," the *Tribune* explained as the wing opened. One month later, the paper reported, "Many patients have been admitted,

The new East Wing, which opened in 1901 with 200 beds. Located on what is now Park Avenue between Fifth and Sixth Streets, it was the first of seven major buildings constructed by 1915 that would constitute the hospital campus for the next 60 years.

although all those desiring to be treated have not been taken in. Last night there was not a spare bed."[31]

Through the early years of the new century, as needs continued to increase, Lamoreaux was ready with plans for more additions to what was becoming a major medical campus. By 1905 there was a new building facing Sixth Street, designed to house the hospital's service functions, including kitchen, laundry, and boiler room. The *Tribune* reported that the steel-frame structure was "as nearly fireproof as it is possible to build" and the kitchen, "one of the best equipped . . . to be found anywhere," was a welcome advance over the previous food-preparation area, which was "far from satisfactory."[32]

The narrow new wing, 164 feet long and 44 feet deep, included a large new operating theater with room for 100 medical students, mainly from the University of Minnesota, to observe procedures in progress. It was furnished with up-to-date equipment, making City Hospital "in some respects among the finest in the country," the *Tribune* noted.

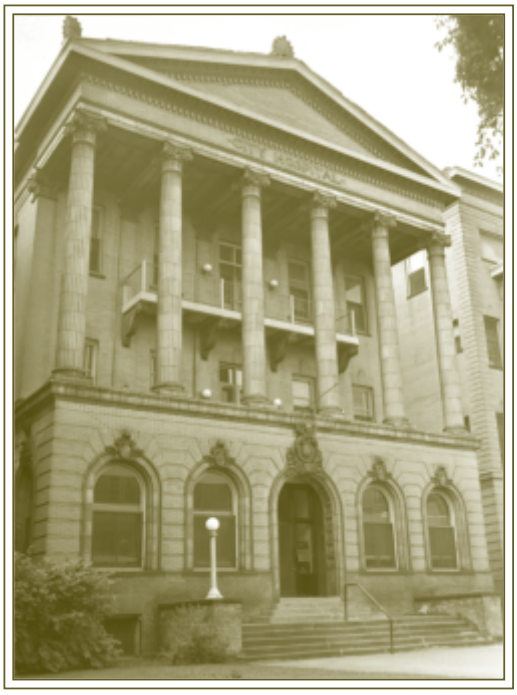
In 1906 Lamoreaux embarked on a tour of medical facilities in large eastern cities as he prepared to begin work on another major addition to City Hospital. Returning home, he reported to the *Tribune* that he was impressed with the "lavish expenditures" on these buildings. He noted that Boston's City Hospital, which covered four square blocks, did not impose a heavy tax burden on its city because a large portion of its expansion costs were covered by bequests and donations.[33]

The following year, Lamoreaux designed his most notable work for the expanding City Hospital complex: the ornate, Beaux Arts-style administration building with its arched windows, colonnaded façade and classical pediment. Facing Fifth Street, it housed a public reception area, staff offices, and two emergency operating rooms. It stood for almost 70 years, the signature structure for the institution later known as Minneapolis General Hospital.[34]

In March 1908, soon after the administration building opened, Peter Holl, City Hospital's superintendent, would look back at his institution's record during the previous year. Holl reported that a total of 1,656 patients had been admitted in 1907, with an average daily census of 124. The medical staff, which included 72 visiting physicians and eight interns, had treated 84 cases of tuberculosis, 68 cases of pneumonia, 60 of diphtheria, and 58 of typhoid fever. While 156 patients had died during their stay, 562 who were admitted with serious diseases were either cured or improved markedly while in the hospital.[35]

Holl did not include nurses in his census, but Bertha Erdmann, superintendent of nurses, reported that the training program had received 123 applications in 1907. Of that number, 20 applicants were accepted on probation and 16 were

Lamoreaux's drawing for the ornate Administration Building, which opened in 1908, and a view of the building in 1952



admitted outright into what had grown to be a three-year program. Two years earlier she had sounded a note of professional cheer, reporting that standards were "certainly on the rise when we consider the class of intelligent and refined young women applying for admission to the training school."[36]

Twenty years earlier, City Hospital, housed in two small, ramshackle rental buildings, had been a source of civic disgrace. During the opening decade of the new century, the public hospital on Sixth Avenue was emerging as one of Minneapolis's most highly prized civic endeavors. It would continue to move ahead on a path leading to its prominence as one of the nation's most respected public hospitals. Disgrace and difficulties notwithstanding, that journey had begun during those humble early years. ◘

Notes

1. *Minneapolis Tribune*, Nov. 22, 1887, p. 5.

2. *Minneapolis Tribune*, Feb. 19, 1892, p. 1. In 1892 local leaders were particularly sensitive about Minneapolis's image, since the city would soon be in the national spotlight as the site of the Republican National Convention.

3. Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987), 4–5. For more on the emergence of modern American hospitals, see Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999).

4. Here and below, Rosenberg, *Care of Strangers*, 5–6.

5. *New York Times*, Aug. 22, 1900, p. 12.

6. Here and below, Mary McNare McCune, "History of Minneapolis General Hospital, 1887–1930" (master's thesis, University of Minnesota, 1933), 6, 7, copy in Hennepin Medical History Center archives, Hennepin Co. Medical Center, Minneapolis.

7. *Minneapolis Tribune*, July 5, 1887, p. 4. Eighty years later, some policymakers would make the same arguments when the city, once again, had to consider its future role in providing hospital care. See Iric Nathanson and Thomas R. Mattison, "A Public Hospital Changes Hands—Minneapolis General Goes to Hennepin County," *Hennepin History* 70 (Winter 2011): 18–31.

8. *Minneapolis Tribune*, July 8, 1887, p. 8.

9. *Minneapolis Tribune*, July 9, 1887, p. 8.

10. *Minneapolis Tribune*, Nov. 22, 1887, p. 5.

11. David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885–1915* (New York: Cambridge University Press, 1982), 9, 22.

12. Swedish Hospital, Minneapolis, *Annual Report, 1900,* p. 5, and *Tenth Anniversary, 1908*, p. 16.

13. *Minneapolis Tribune*, Nov. 23, 1887, p. 4.

14. McCune, "History of Minneapolis General," 14.

15. *Report of the Board of Charities and Corrections, 1891*, p. 17.

16. Here and below (through long quote), *Minneapolis Tribune*, Feb. 10, 1892, p. 1. The *Tribune*'s concerns about ventilation reflected the widely held nineteenth-century belief that disease was spread via foul vapors generated by ill patients. Johns Hopkins Hospital, then under construction in Baltimore and considered state of the art, incorporated an elaborate ventilation system designed to evacuate vapors from the wards. See Risse, *Mending Bodies*, 402–06.

17. Here and three paragraphs below, *Report of the Board of Charities and Corrections, 1892,* p. 23; *Proceedings of the Minneapolis City Council, 1893,* p. 201. U.S., *Census*, 1900, *Population*, 1: 219 counted almost 165,000 Minneapolitans.

18. *Report of the Board of Charities and Corrections, 1893,* p. 73.

19. *Minneapolis Tribune*, May 14, 1893, p. 6.

20. *Report of the Board of Charities and Corrections, 1893,* p. 42.

21. *Minneapolis Tribune*, May 14, 1893, p. 6. The selection generated even more controversy later, when officials discovered that the property was encumbered by a mortgage, a fact that Brackett had failed to disclose when he sold his family homestead to the city.

22. Here and below, *Minneapolis Journal*, Sept. 30, 1893, p. 7.

23. *Minneapolis Tribune*, Nov. 17, 1893, p. 5.

24. *Minneapolis Tribune*, Nov. 29, 1893, p. 5.

25. McCune, "History of Minneapolis General," 22.

26. Here and two paragraphs below, *Minneapolis Tribune*, Sept. 30, 1898, p. 8.

27. *Minneapolis Tribune*, Sept. 30, 1898, p. 4.

28. Here and below, Alan K. Lathrop, *Minnesota Architects: A Biographical Dictionary* (Minneapolis: University of Minnesota Press, 2010), 135. In addition to his City Hospital buildings, Lamoreaux designed Minneapolis's Central YMCA and the Curtis Hotel (razed in 1984).

29. *Report of the Board of Charities and Corrections, 1898*, p. 12.

30. Here and below, *Minneapolis Tribune*, Sept. 10, 1898, p. 9.

31. *Minneapolis Tribune*, Nov. 13, 1900, p. 7, Dec. 16, 1900, p. 7.

32. Here and below, *Minneapolis Tribune*, Feb. 19, 1905, p. 30.

33. *Minneapolis Tribune*, Feb. 4, 1906, p. 31.

34. Lathrop, *Minnesota Architects*, 135. The administration building was torn down in the 1970s when the hospital, by then Hennepin County Medical Center, was being relocated to its current site at Sixth Street and Park Avenue.

35. Minneapolis City Hospital, *Annual Report, 1907*, p. 10. Care for patients with infectious diseases took its toll on staff. This same report (p. 11) noted that a student nurse contracted scarlet fever while working the contagious ward and died within five days.

36. Minneapolis City Hospital, *Annual Report, 1907,* p. 11, *1905*, p. 9. During nursing's early years, the occupation was not the admired and respectable calling it later became. In 1890 there were only about 35 training schools in the U.S., producing fewer than 500 graduates. By 1900 there were more than 400 schools; Risse, *Mending Bodies*, 411.

The images on p. 115, 117, 119, 120, 121, and 122, left, are courtesy Hennepin Medical History Center at Hennepin County Medical Center. All others are in MHS collections.