

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

7. Description

Architectural Classification

(Enter categories from instructions.)

Romanesque
Beaux Arts
Late 19th and 20th Century Revivals
Other: Chateausque
Tudor Revival
Bungalow/Craftsman
Colonial Revival
Modern Movement

Materials: (enter categories from instructions.)

Principal exterior materials of the property: STONE, BRICK, WOOD, ASPHALT

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The Fergus Falls State Hospital is located at the northern edge of Fergus Falls, a city in west central Minnesota with a population of about 13,000. The 120 acre property contains a large complex of buildings, located on landscaped grounds, that was constructed for the treatment of the mentally ill. The property is dominated by the main hospital complex, an immense, awe-inspiring building based on the design principals of nineteenth century physician Dr. Thomas Story Kirkbride.

The hospital first opened in 1890, but as the number of patients increased and the needs of the institution evolved, buildings were continually added to the hospital complex. Specialized hospital buildings, staff quarters, and even a hospital farm were built, until an eclectic mix of buildings surrounded the Kirkbride complex. The buildings feature a variety of architectural styles that range from Romanesque, Tudor Revival, and Craftsman, to modernism of the post-war era. The nominated property also includes the eight acre hospital cemetery.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>21</u>	<u>11</u>	buildings
<u>2</u>	<u> </u>	sites
<u>3</u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>26</u>	<u>11</u>	Total

Number of contributing resources previously listed in the National Register 10

6. Function or Use

Historic Functions

(Enter categories from instructions.)

MEDICAL/HOSPITAL

Current Functions

(Enter categories from instructions.)

GOVERNMENT/government office
DOMESTIC/multiple dwelling
VACANT/NOT IN USE

Fergus Falls State Hospital
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Otter Tail County, MN
County and State

4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:) _____

Signature of the Keeper

Date of Action

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

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: Fergus Falls State Hospital

Other names/site number: Third State Hospital for the Insane

Name of related multiple property listing:

N/A

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

2. Location

Street & number: 1400 Union Avenue North and bounded by Fir Avenue and Park Street

City or town: Fergus Falls State: MN County: Otter Tail

Not For Publication: N/A

Vicinity: N/A

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 at the following level(s) of significance:

national statewide local

Applicable National Register Criteria:

A B C D

Signature of certifying official/Title:	Date
State or Federal agency/bureau or Tribal Government	

In my opinion, the property ___ meets ___ does not meet the National Register criteria.	
Signature of commenting official:	Date
Title :	State or Federal agency/bureau or Tribal Government

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

built to the southeast of the main complex. Next, buildings to the southwest of the main complex are described followed by a number of smaller buildings on the grounds. Finally, the last property in the narrative description is the hospital cemetery. All resources are considered contributing unless otherwise noted. Buildings included in the original nomination are identified with an asterisk (*).

1. Site

Date: 1887

Landscape Architect: Horace W.S. Cleveland

Landscape architect Horace Cleveland designed the site for the Fergus Falls State hospital. He determined the location of the buildings and their specific orientation, the location of roads, the overall circulation system, and the layout of the grounds (Photos 1-5).

The main entrance road to the Fergus Falls State Hospital enters the grounds directly from Union Avenue and takes a long approach before arriving at the Kirkbride complex. The road forms a large loop by first curving gently to the northeast and then curving to the northwest past the main entrance to the hospital. From there the road curves to the southwest and then to the southeast, exiting on Fir Avenue. The loop road is approximately 2,500 feet long and frames 15 acres of landscaped grounds, creating a primary view shed for the main hospital.

The main complex is set on a high point of land with expansive views of the town and countryside. One of the most distinguishing characteristics of the site design for the main complex is its precise orientation to the southeast in order to maximize sunlight entering the buildings. This feature is not necessarily obvious as the road system disregards the nearby north-south street grid and conforms to the landscape. The majority of the later buildings are also oriented to the southeast.

There are secondary roads that branch off from the main road and curve around both sides of the façade of the Kirkbride complex and continue all the way around the complex to the rear. The roads fit easily into the landscape, particularly within the gentle hillsides at the perimeter of the property. Roads and sidewalks also extend to some of the surrounding buildings.

There are also major landscape features that are incorporated into the circulation system. A large, landscaped oval is positioned opposite the main entrance. A triangular median is positioned at the intersection of the main road with the road that curves around the west side of the building in order to facilitate the flow of traffic. A sidewalk extends from the main entrance through the hospital grounds to Union Avenue for those walking to and from the hospital from town. The sidewalk also curves gently, and runs parallel to the main entrance road at points, but does not conform exactly to the roadway.

The dozens of acres of landscaped grounds include a variety of deciduous trees and evergreens. Trees line the hospital's roads and the main walkway to town. Trees and bushes are used to create and define large open areas throughout the grounds. The hospital grounds are considered a contributing site.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

The main complex was listed on the National Register of Historic Places on June 26, 1986 under National Register Criterion C in order to recognize the architectural significance of the Kirkbride-inspired design of the hospital. The boundary for the historic district closely adhered to the footprint of the main complex and included 10 contributing buildings: the Administration Building, the six wings that branch off from the Administration Building, the Kitchen and Dining Hall, the Powerplant, Laundry, and Carpenter Shop Building, and the Industrial Building. However, the Industrial Building has since been demolished. The original nomination also included three non-contributing buildings: the Administration Wing, the Auditorium, and the New Power Plant.

The current nomination supersedes the 1986 nomination and expands the boundary of the original historic district. This nomination provides the opportunity to fully encompass the history and significance of the property in addition to the importance of the Kirkbride complex. The revised boundary includes the hospital grounds and additional buildings that were constructed over time to meet the evolving needs of the facility. The boundary also includes the hospital cemetery, which is located one-half mile north of the hospital. Because the cemetery and the main hospital complex were geographically separate historically, the nominated property is considered a discontinuous historic district.

Narrative Description

The Fergus Falls State Hospital is located about one mile north of the downtown business district, just to the north of a residential neighborhood. The property is bounded by Fir Avenue to the south and Park Street to the east. The northern and western boundaries are defined by lands once associated with the hospital farm, but which have been sold or transferred to other state agencies.

The hospital closed in 2005 after serving the people of Minnesota for 115 years. Previously, the state had transferred a portion of the hospital grounds, along with several buildings, to Otter Tail County. Land at the northeast corner of the property was transferred to the Minnesota Department of Veterans Affairs. In 2007, the City of Fergus Falls purchased all remaining lands and buildings from the state, including the main Kirkbride complex. In 2011, the city sold a number of buildings that surround the main complex to Campus Development Group, which has begun to restore the buildings one by one and convert them into apartments. The city retains ownership of the Kirkbride complex and the greater part of the landscaped grounds. Today, the vast Kirkbride complex remains vacant, awaiting a development proposal that will ensure its preservation.

The building descriptions are organized in a general chronological order based on their geographic locations within the property. The descriptions begin with the site itself followed by the original Kirkbride complex and later buildings constructed adjacent to the complex. Next, the buildings to the north of the main complex are described followed by an enclave of buildings

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Main Hospital Complex

The main hospital complex was designed by architect Warren B. Dunnell based on the architectural principles of Dr. Thomas Story Kirkbride, the superintendent of the Pennsylvania Hospital for the Insane who influenced the construction of mental hospitals throughout the United States. The sprawling three-story building, with a raised basement and attic, is somewhat semi-circular in shape and measures nearly 1,600 feet long from end to end. The complex consists of a series of connected buildings including the Administration Building, West Center Wing, East Center Wing, Southwest Wing, Northeast Wing, West Detached Wing, East Detached Wing, and the Kitchen and Dining Hall. The adjacent Powerhouse is also part of the original complex.

The construction system for the majority of the buildings of the original complex consisted of a massive stone foundation supporting load-bearing outer walls. The interior structure consisted of iron columns and beams. Spanning the beams were vaulted structural terra cotta tiles. Interior partitions were also built with terra cotta tiles faced with plaster. Built with locally manufactured cream-colored brick with buff colored limestone trim and covered with a steeply pitched gable roof, the building combines elements from the Romanesque, Beaux-Arts, and Chateausque styles. The building features a variety of rectangular and semi-circular bays surmounted by conical and faceted roofs, gabled and hip-roofed dormers, pyramid-capped towers, and windows set into rectangular or arched openings. Over a decade was required to complete construction, which began in 1888 and was essentially complete by 1898.¹

2. Administration Building*

Date: 1897, 1906

Architect: Warren B. Dunnell, Clarence H. Johnston

The Administration Building was completed in 1897, although the upper four stories of the central tower were not finished until 1906. The building is the most elaborate of the complex and served as the focal point and main entrance for the hospital. The three-story building measures approximately 74' by 92'. Originally, a one-story porte-cochere was centered on the principal elevation and sheltered the double entrance doors that were set into a round-arched stone surround. In 1964, the porte-cochere was removed and the entrance was moved to the newly constructed Administration Wing. The original entrance surround was partially filled with brick at that time (Photo 6).

The building features a stone foundation, elaborately detailed walls with rusticated brick on the first story, brick corbelling on the turrets and tower, and stone belt courses, sills, and keystones.

¹ Information for the building descriptions was derived from the "Minnesota Historic Property Record: Fergus Falls State Hospital," by historian John Lauber and a review of the architectural drawings for the hospital buildings located at Northwest Architectural Archives, Otter Tail County Historical Society, the Minnesota Historical Society, the City of Fergus Falls, and the Minnesota Department of Administration.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

A three-story box bay with a gabled roof is centered on each of the side elevations. A dark red metal cornice is positioned under the eaves. The windows are set into openings with flat segmental, or round-arched tops. Windows are one-over-one double hung sash throughout.

The building's most dramatic feature is the central tower that rises eight stories and is capped by a red-tiled, pyramidal roof. Flanking the tower are octagonal turrets with steeply pitched pyramidal roofs. The turret roofs are clad with gray slate shingles and feature dark red metal finials. The roof of the main portion of the building is surfaced with charcoal gray asphalt shingles. The back of the building connects with the flanking East and West Center Wings by a pair of curving, fully-enclosed, three-story corridors. The rear of the building also connects with the Kitchen and Dining Hall, which is located to the north.

At some point in the modern era, the entire main complex was painted white. The paint has been removed from the Administration Building when the building was restored, which reveals the original appearance of the building with its original tan colored brick and stone trim.

The interior of the first story consists of a wide central hall that extends from the main entrance to an ornate cast iron stairway at the back (Photo 7). The rooms flanking the hall originally served as offices for the superintendent and medical staff, a reception room, an examination room, a pharmacy, and a private dining room. The second floor contained a large apartment for the superintendent and his family. The third floor contained smaller apartments for medical staff. The fourth floor contained large dormitory-style rooms for hospital staff. Access to the tower is provided by a cast iron spiral stairway on the fourth floor. The apartments on the second and third floors contain spacious rooms, ornate fireplaces, and tiled bathrooms. The fireplaces feature elaborate carved wood and tile surrounds in a variety of finely-executed designs ranging from detailing typical of the Victorian era to an Arts and Crafts style design (Photos 8-9). The apartments have not been occupied for decades and remain in excellent original condition.

3. New Administration Wing*

Date: 1964

Architect: Land and Raugland

The New Administration Wing was constructed along the east side of the Administration Building and became the new main entrance to the hospital complex. The one story building is constructed on a raised basement and covered with a flat roof. It measures approximately 40' by 70'. The main level projects slightly over the basement. The walls are clad with light brown brick and windows are set into rectangular openings with concrete fins.

The interior contains a large central room surrounded by a corridor providing access to a series of small individual offices arranged around the perimeter. Because it was constructed after the period of significance, the New Administration Wing is considered a non-contributing building.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

4. West Center Wing*

Date: 1893

Architect: Warren B. Dunnell

The West Center Wing is a long, three-story building that measures approximately 185' by 85'. A steeply pitched hip roof covers the building (Photo 10). The wing consists of two rectangular sections that are offset from each other. The offset allows space for windows to bring light into the long interior hallways. There is a transverse pavilion at the point the two sections meet and a second transverse pavilion at the west end of the wing. A three-sided bay is centered in the façade of the innermost pavilion and both pavilions are capped with gabled dormers.

The West Center Wing is built on a massive stone foundation. The brick walls feature stone belt courses, recessed brick panels, brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. A series of hip-roofed dormers project from both sides of the roof. Windows on the lower levels are set into rectangular openings with flat-arched brick lintels. The windows on the third story are set into round-arched openings with brick surrounds. The openings originally contained wooden double-hung sash with divided lights. The windows were fitted with heavy woven wire security screens.

The floor plans for the three floors are nearly identical. Each floor has a long central corridor flanked by a series of small individual patient rooms. The transverse pavilion near the center of the wing contains a large dayroom on the south or front side and bathrooms to the back. The second pavilion contains two large dining rooms connected to the central kitchen via a dumbwaiter and through the tunnel system. The third story or attic contains a central corridor flanked by large ward rooms. The wing is served by two stairways, each consisting of an enclosed masonry tower with winding cast iron steps.

The floors were originally covered with wood flooring, which was replaced with ceramic tile by the 1930s. The wing was remodeled in 1961 by the firm of Liebenberg and Kaplan. Fireplaces in the dayrooms, dining rooms, and hallways were removed or covered over. Original heavy wood frame doors with sliding wickets were replaced with solid core doors. The windows were replaced with glass block with aluminum framed ventilators. A nurse's station with glazed block walls and glass panels was built near the center of each floor.

5. East Center Wing*

Date: 1897

Architect: Warren B. Dunnell

The East Center Wing is a mirror image of the West Center Wing (Photos 11-12). The remodeling of this wing was consistent with the changes made to the West Center Wing. The remodeling was done in 1960 by Liebenberg and Kaplan.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

6. Southwest Wing*

Date: 1893

Architect: Warren B. Dunnell

The Southwest Wing is attached to the West Center Wing at an angle, which helps create the curvilinear feel of the overall façade of the main hospital complex. The wing is a long, three-story building that measures approximately 174' by 88'. A steeply pitched hip roof covers the building. The wing consists of two rectangular sections that are offset from each other; a longer section to the east and a shorter section to the west. The offset allows space for windows to bring light into the long interior hallways. There is a semi-circular transverse pavilion near the center of the wing and a second transverse pavilion that joins the two sections of the building. The second pavilion is rectangular. The semi-circular pavilion is capped with a conical roof while the second pavilion features a hip roof with a large gabled dormer.

The design of the Southwest Wing is very similar to the East and West Center Wings. The building is constructed on a massive stone foundation and the brick walls feature stone belt courses, recessed brick panels, brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. A series of hip-roofed dormers project from both sides of the roof. Windows on the lower levels are set into rectangular openings with flat-arched brick lintels. The windows on the third story are set into round-arched openings with brick surrounds. The openings originally contained wooden double-hung sash with divided lights. The windows were fitted with heavy woven wire security screens. During a 1964 remodel, the windows were replaced with glass block with aluminum framed ventilators.

Two distinctive features of the Southwest Wing are porches at the east and west ends of the building. The porch at the east end was originally a two-story open porch, framed with cast and wrought iron. In the 1920s the porch was expanded to three stories and rebuilt with brick and reinforced concrete. The redesigned porch featured brick parapet railings and heavy woven wire security screens. The porch at the west end is set within a recess and capped with a round arch. The opening is filled with heavy screens.

The floor plans for the three floors are nearly identical. Each floor has a long central corridor flanked by a series of small individual patient rooms. The rectangular transverse pavilion contained a large dining room on the front side and bathrooms to the back. The semi-circular pavilion contained a large dayroom. The wing is served by one stairway located near the center of the building at the back side. The stairway is enclosed in a fireproof masonry tower and the winding stairs are fabricated with cast iron.

The floors were originally covered with wood flooring, which was replaced with ceramic tile by the 1930s. New nurse's stations with glass brick walls and glass panels were installed in the dayroom areas as part of a 1964 remodeling by Liebenberg and Kaplan.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

7. Northeast Wing*

Date: 1897

Architect: Warren B. Dunnell

The Northeast Wing is a mirror image of the Southwest Wing (Photo 13). The two-story open porch was also expanded to three stories in the 1920s. The three-story recessed porch was remodeled in 1962 and expanded to create a larger porch that projected from the face of the building. The new porch featured walls of pierced concrete block panels framed by square concrete pillars. New nurse's stations were installed in the dayroom areas as part of a 1962 remodeling by Liebenberg and Kaplan.

8. West Detached Wing*

Date: 1890

Architect: Warren B. Dunnell, Clarence H. Johnston

The West Detached Wing was the first building constructed at the Fergus Falls State Hospital. When the hospital opened in 1890, all functions were housed in this building (Photo 14). The building was detached from the rest of the hospital complex for only a few years. In 1893, a curvilinear two-story corridor was constructed to connect the building to the Southwest Wing. Third and fourth levels were added to the connecting corridors in about 1966. But the term "detached wing" has remained in place, perhaps as a means to help differentiate the various components of the hospital complex.

The West Detached Wing was the only portion of the Kirkbride complex that was not built entirely with fireproof construction. The interior structure was originally framed with heavy timber. The timbers were set into open topped pockets in the walls so that if they burned through they could fall free without toppling the masonry walls. In 1906, an eight-year project was begun to demolish portions of the original interior structure and replace it with a fully fireproof system of cast iron columns supporting a floor structure comprised of steel beams and tile vaulting that was surfaced with concrete. This is the same structural system that was used in the rest of the hospital complex. Clarence H. Johnston designed the fireproof system. The project was completed in 1914.

The West Detached Wing has overall dimensions of approximately 215' by 74'. The building is covered with a steeply pitched, complex hip roof. The building is a long rectangle in plan with a transverse rectangular pavilion at each end, and a transverse pavilion in the center. On the primary elevation, the central pavilion forms a projecting semicircular bay with a conical roof. On the rear elevation, the pavilion is in the form of a rectangular bay with a hip roof. A square brick tower with an elaborate metal cornice and a pyramidal roof rises from the intersection of the central pavilion with the main portion of the roof. Each side of the tower features two, round-arched, louvered openings. The tan brick of the tower remains unpainted. A series of hip roofed dormers project from both slopes of the main roof while large gabled dormers intersect with the roofs of each of the outer pavilions.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

The design of the West Detached Wing is very similar to the design of the remaining wings. The building is constructed on a massive limestone foundation and the brick walls feature stone belt courses, recessed brick panels, brick pilasters, and brick corbelling. All exterior masonry walls have been painted a buff color. Windows on the lower levels are set into rectangular openings with brick, flat-arched lintels. Windows on the third level are set into round-arched openings with brick surrounds. The attic windows in the semi-circular pavilion are framed by stone columns.

In 1915, a one-story sun porch was added to the north end of the building. The porch was designed by Clarence H. Johnston and was constructed with reinforced concrete with brick cladding. At a later date the porch was enclosed and expanded to three stories. This addition is covered with a flat roof. Exterior iron fire slides were added to the rear elevation of the building in 1927. The slides have the appearance of tall vertical tubes. They contain circular escape slides on the interior.

The plans for levels one through three are nearly identical. Each floor has a central corridor flanked by a series of small individual patient rooms. The transverse pavilion near the center contains a large dayroom at the front and a ward room at the back. The pavilions at each end of the building contain large rooms that may have served as dining rooms or wards. Bathrooms occupy the back portion of one of the outer wings. The arrangement of the attic is similar, except it has large dormitory spaces in place of the individual patient rooms found on the other floors. The building is served by two winding stairways with cast iron stringers. The stairways are enclosed in fireproof masonry towers.

The wood flooring throughout the building was replaced with white ceramic tile by the 1930s. As part of a 1966 remodeling by Liebenberg and Kaplan, the original doors were replaced with wooden solid core doors and the windows were infilled with glass block. New nurse's stations with glass brick walls and glass panels were installed in the dayroom areas. However, the attic was not remodeled and remains in very original condition.

9. East Detached Wing*

Date: 1898

Architect: Warren B. Dunnell

The East Detached Wing is a mirror-image of the earlier West Detached Wing, although a porch was never added to the building (Photo 15). Like the West Detached Wing, the building did not remain detached for long. In 1899, a curvilinear two-story corridor connected the building to the Northeast Wing. In about 1966, third and fourth levels were added to the corridor. Nonetheless, the building continues to be referred to as the East Detached Wing.

The windows were replaced with glass block in about 1960. However, the interior of the East Detached Wing has remained relatively unaltered. As a result, the building provides the most intact example of the original patient ward spaces at the Fergus Falls State Hospital.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

10. Kitchen and Dining Hall*

Date: 1894

Architect: Warren B. Dunnell

The sprawling Kitchen and Dining Hall building represents several phases of construction, additions, and remodeling. At one time, the Kitchen and Dining Hall were separate buildings. The Dining Hall was positioned behind the Administration Building. It was connected to the main complex by two hallways that led from the center hallways of West Center and East Center Wings. The Dining Hall was a three-story building covered by a gable roof and measured 70' by 106'. The congregate dining room was on the first floor and a two-story auditorium with a stage on the upper level. It's possible there was a kitchen in the basement before the adjacent kitchen building was constructed. The Kitchen is immediately to the north of the Dining Hall, but a short distance separated the buildings, probably as a means to limit fires. The Kitchen is a large rectangular building covered by a steeply pitched hip roof. A tunnel connected the Kitchen to the Dining Hall and continued to the Administration Building.

The kitchen itself was a cavernous two-story space, so large that even its large ovens could not keep the cooks warm. As a result, in 1910 Clarence H. Johnson prepared plans for a second story that was inserted into the space. The second floor included an employee's dining room and a sewing room. Johnston also designed an addition to the north of the building, which expanded its dimensions to 160' by 72'. The building also included the steward's office. An unfinished attic reveals the massive timbers that support the gable roof and large dormer windows.

Next to the kitchen was an ice house and root cellar. In time, the buildings were expanded and connected to form a U-shaped building. The kitchen complex was remodeled in 1949 and again in 1962. As part of the 1962 remodeling, the upper levels of the Dining Hall, which contained the auditorium, were removed and the activities were moved into the new auditorium, which was erected at about the same time. The U-shaped building was also connected to the kitchen.

The resulting building is a complex combination of one and two-story buildings with an array of intersecting gable, hip, and flat roofs. The building is irregular in plan and measures approximately 220' by 225' overall. The oldest portions of the building have stone foundations with brick outer walls. The walls feature stone belt courses and brick corbelling. Newer portions are constructed with reinforced concrete with a brick veneer. All the masonry is now painted a buff color. The pitched roofs are surfaced with black asphalt shingles. Window openings have been filled with glass block with aluminum framed ventilators. There is a raised truck dock with a metal overhead door on the rear elevation.

The large institutional kitchen is divided into areas for cooking, baking, food storage, dishwashing, and other functions. There are large walk-in refrigerators and freezers. The walls of the kitchen are covered with ceramic tile. Floors are surfaced with terrazzo, polished concrete, quarry tile, and ceramic tile. Large concrete vats are still in place in the basement for storing various types of pickles.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

11. Auditorium*

Date: 1962

Architect: Lang and Raugland

The Auditorium is a large, rectangular, one-story building constructed along the west side of the Kitchen and Dining Hall. The building is covered with a flat roof. The structural system consists of reinforced concrete floor slabs, steel columns, and long-span steel trusses that support the roof. Exterior walls are built with concrete block faced with light brown brick.

The interior consists of a large gymnasium with a raised stage at one end. Folding doors at the opposite end open into a small chapel with wood paneled walls, a wooden altar, and stained glass windows. The gymnasium floor is surfaced with wooden strips laid in a parquet pattern. The walls feature glazed and painted concrete block. Walls flanking the stage are surfaced with light brown brick. Stairs and hallways are surfaced with terrazzo. Because the Auditorium was built after the period of significance, it is considered a non-contributing building.

12. Powerhouse/Laundry/Carpenter Shop*

Date: 1890

Architect: Warren B. Dunnell

The Powerhouse served as the central steam plant for the entire hospital from 1890 until 1962 when the New Power Plant was built (Photo 16). The steam was used to generate both heat and electricity for the hospital. The plant also provided steam for the laundry and power for the carpenter shop, which were housed in the same building.

The Powerhouse is a complex building with an irregular plan that was expanded and remodeled over time. The boiler house is a two-story rectangular building covered with a steeply pitched gable roof. The boiler house measures 164' by 49'. Attached to the west elevation of the boiler house is a two-story wing with a hip roof that contained the hospital's laundry facilities. A square, three-story tower with a pyramidal roof is located at the intersection of the boiler house and the laundry wing. There is a one-story, flat-roofed wing constructed along the east side of the boiler house that served as the carpenter's shop. A similar one-story addition wraps around the side and back of the laundry wing. The plant was retrofitted in 1941 during a remodeling by Toltz, King, and Day. There was also a remodeling in 1961 by Liebenberg and Kaplan.

The oldest sections of the complex include design features consistent with the main hospital complex, such stone belt courses, brick corbelling at the parapets, and round-arched windows. The masonry throughout has been painted a buff color and windows have been infilled with glass block. The interior of the complex is utilitarian with exposed ceilings, partitions of painted brick and concrete block, and floors surfaced with concrete or terrazzo.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

13. New Power Plant*

Date: 1962

Engineer: Jackson and Orr-Schelen

The New Power Plant was built to replace the original Powerhouse, which is immediately to the south. The building is a tall, one story industrial building with a flat roof. The building has a concrete foundation and steel-framed roof and wall systems. The exterior walls are covered with tan colored sheet metal panels. Doors are flush steel and set into steel frames. The building contains a single large boiler room. Because the New Power House was built after the period of significance, it is considered a non-contributing building.

14. Memorial Industrial Building

Date: 1924

Architect: Clarence H. Johnston

The Memorial Industrial Building was dedicated to the memory Phebe Lyon Welch, the wife of hospital superintendent George Welch. Phebe Welch had organized arts and crafts activities in the wards during the 1890s. Her efforts constituted the first attempt to provide occupational therapy for patients. The building provided a new facility dedicated to occupational therapy.

The building is located in the courtyard area between the West Detached Wing and the Kitchen and Dining Hall. The building is designed in the Dutch Colonial style and features a gambrel roof. Along with the Contagious Hospital, it displays a domestic scale amidst massive institutional buildings.

Built on a raised basement, the one and one-half story building is faced with brick and measures 59' by 31'. The brick is now painted a buff color. Each of the four elevations is symmetrical. The principal north facing elevation includes a two-story entrance pavilion with a gable roof with returns at the eaves and a dentil course (Photo 18). A set of wide stone stairs leads to the entrance, which contains a glazed wooden entrance door. The door is set into a surround consisting of two Doric columns supporting a full entablature. The frieze contains a panel with the following incised inscription (Photo 19):

Phebe Lyon Welch
Memorial Industrial Building

A panel of three, six-over-six double-hung windows is positioned to each side of the entrance. Pairs of dormers are positioned above each panel on the second story. The south elevation is very similar, although the entrance bay is supported by pilasters rather than full columns (Photo 17). The east elevation includes a central fireplace flanked by single six-over-six double hung windows on both the first and second stories. The west elevation contains the same window arrangement.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

The main entrance opens into a wide central hallway. A large workroom with a fireplace was located to the left of the hallway and occupies nearly half the floor space of the first story. The ornate fireplace features a mantel with dentil courses and decorative panels that are supported by pairs of slender Corinthian columns. An office and display room are located to the right side of the hallway. The display room contains built-in wood and glass cabinets (Photo 20). The basket room was located next to the office along with a bathroom. The floors on the first story are surfaced with small, square ceramic tiles. Red tiles are arranged in large squares, which are framed with tan tiles.

The second floor contains a large space used as a gymnasium and an apartment for staff that contained a living room, two bedrooms, and a bathroom. The floors on the second story are wood. The basement included a large space for woodworking, a room for "dyeing and soaking," and a storage room.

15. Maintenance Garage

Date: 1961

Architect: Liebenberg and Kaplan

The Maintenance Garage is a one-story, rectangular building covered with a flat roof. The building is constructed with concrete block. A large overhead garage door is centered in each end of the building. Square window openings filled with glass block are evenly spaced along all elevations. Some of the windows have been filled with concrete block. The interior of the building consists of a single room with space for parking and repairing vehicles. Because the Maintenance Garage was constructed after the period of significance, it is considered a non-contributing building.

16. Garage

Date: ca. 1990s

Architect: Unknown

The Garage is a large rectangular building clad with white metal siding and covered with a gable roof. Two large overhead garage doors are positioned in each end of the building. There are no windows. Because the Garage was constructed after the period of significance, it is considered a non-contributing building.

17. Horse Barn

Date: 1894

Architect: Unknown

Located to the northeast of the main complex, the Horse Barn is the only surviving building from the hospital's once extensive farming operation, which was established in 1891 (Photo 21). The barn is a one-story, T-shaped building covered with an intersecting hip roof. The wood frame and concrete building is clad with stucco that has been painted a buff color. The west elevation includes a series of tall rectangular double-hung windows with divided lights that are spaced along the north end of the building. The south end includes several large openings containing

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

garage doors that provide access to the interior. There are also two, small rectangular windows at the extreme south end of the west elevation that are placed under the eaves. The east elevation includes small rectangular windows at the south end, a large opening near the center, and several rectangular windows at the north end. All of the windows and some of the large openings have been boarded over. The opening on the east elevation lead to a passageway that connected to an adjacent hay storage building, which has been demolished. The barn's roof is covered with gray asphalt shingles, although a portion of the east slope has been covered with metal roofing. At one time there were two large, sheet-metal ventilators that were centered on the ridge, but they have been removed.

By the late 1950s, the horse barn was used as a machine shop and garage. The Horse Barn is now on land managed by the Minnesota Veteran's Home, which uses the building for storage.

18. Storage Building

Date: ca. 2011

Architect: Unknown

The Storage Building is a large, rectangular, one-story building located to the northeast of the Horse Barn. The building is clad with metal siding and a metal roof. The building contains large garage door openings on the south and west elevations. The Storage Garage was built by the Minnesota Veteran's Home after the period of significance and is considered a non-contributing building.

19. Nurse's Dormitory

Date: 1908

Architect: Clarence H. Johnston

The Nurse's Dormitory was built to provide separate living quarters for nursing staff apart from the main hospital complex. The dormitory is sited on a hillside to the west of the main complex with an orientation to the south. It is one of the few buildings at the hospital that is not aligned to the southeast. Clarence Johnston personally travelled to Fergus Falls to site the building.

The Nurse's Dormitory is a picturesque Tudor Revival style building that resembles a large ornate mansion (Photos 22-23). The sprawling two and one-half story building is roughly H-shaped in plan with a projecting central pavilion and transverse wings at each end. The overall dimension of the building are 162' by 91'. A steeply pitched gable roof with red terra cotta tile covers the building. Cross gables cover the center pavilion and the wings. Two brick chimneys rise above the roof of the central pavilion.

The building has a foundation and structural system constructed with reinforced concrete. The exterior walls are faced with dark brown brick on the first story and stucco with simulated half-timbering above. There is a sandstone water table at the base of the walls and a stone belt course below the first story windows. The walls feature numerous box bays and oriel windows. The roof is framed with wood and has wide overhanging eaves and barge boards at the gables. The

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

eaves and planes of the roof are interrupted by numerous wall and roof dormers, with steeply pitched gable roofs.

Windows on the first story are set into segmentally arched openings. Windows on the upper levels are set into rectangular openings. Originally, the windows contained wooden double-hung sash with divided lights in the upper sash and single panes in the lower sash. Many of the first story windows have been replaced with aluminum-framed windows with sliding sash and salmon-colored spandrel panels. Some first story windows have been infilled with glass block. The windows on the upper stories are original.

The main entrance to the Nurse's Dormitory is located in the central pavilion on the southwest elevation. A large open porch shelters the entrance, which features glazed wooden double doors. The cross-gable roof above the porch features an ornate barge board with a foliated design (Photo 24).

The entrance doors open into a spacious common space with brick fireplace. The dark brick of the fireplace has been painted white. The room is referred to as a parlor on the original plans. Smaller side parlors lead into a central hallway and to the hallways in each wing. The first story contains a two-room suite for the matron, 19 bedrooms, some of which are double rooms, a linen room, and a large bathroom. Staircases off the central hallway at the back of the building lead to the upper levels and the basement. The plan of the second story is similar to the plan for the first story and contains 23 bedrooms and a dormitory room over the parlor. Only the central portion of the third story is finished and it contains five bedrooms. The transverse wings are unfinished and reveal the immense roof structure. The basement contained a laundry room, a sewing room, and two rooms for trunk storage. Baseboards, window casings, crown moldings, the fireplace mantel, and other woodwork are oak with a dark brown stain. The woodwork is largely intact throughout the building. The Nurse's Dormitory is scheduled to be restored and converted into apartments.

Johnston designed a smaller version of this building for the Rochester State Hospital (now razed).

20. Stone Fireplace and Wall

Architect: Unknown

Date: ca. 1930s

A Stone Fireplace and Wall are located off an unpaved loop road west of the Nurse's Dormitory and were part of a recreation area for the nurses. The Fireplace is a large, four-sided masonry structure built with fieldstone. There are fireplaces with concrete surrounds on the east and west sides of the structure, while the north and south sides featured low projecting sidewalls that supported a grate for cooking. A low, semi-circular stone wall with a concrete cap flanks the east side of the fireplace. The Stone Fireplace and Wall are considered one contributing structure.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

21. Nurse's Garage I

Date: ca. 1930s

Architect: Unknown

Two automobile garages associated with the Nurse's Dormitory are located off the loop road to the northwest of the dormitory building. The garages are not aligned with each other and their somewhat haphazard and atypical placement suggests that Morrell and Nichols, landscape architects who consulted on the hospital beginning in 1909, were not involved in siting the buildings. Moreover, the appearance of the garages suggests they might have been moved from the hospital farm, or their designs were based on buildings found at the farm.

Nurse's Garage I is a rectangular, two-story frame building covered with a gable roof with gray asphalt shingles. Three sides of the buff-colored building are clad with clapboard siding, while the east elevation is covered with vertical board and batten siding. Each end wall includes three sets of double-leaf garage doors built with vertical boards. Six rectangular windows spaced along the west elevation have been boarded over. The second story includes a square opening on the south elevation that provides access to the upper level. A narrow rectangular window is positioned above the opening, just below the peak of the gable roof. The building has the appearance of a small barn.

22. Nurse's Garage II

Date: ca. 1930s

Architect: Unknown

Nurse's Garage II is a long, one-story, rectangular frame building covered with a gable roof with gray asphalt shingles. The buff-colored building is clad with drop lap siding. Two, large double-leaf doors are positioned in the east end wall. The south side wall includes a series of approximately a dozen double-leaf garage doors built with vertical boards that provide access to the individual stalls. The north elevation contains a low, shed-roofed bay that extends the entire length of the building. It may have been constructed so that the building could accommodate the length of an automobile. The shed-roofed section of the building, as well as the large doors on the east end wall, suggest the building may have been repurposed to serve as a garage.

23. Engineer's Garage

Date: ca. 1920

Architect: Unknown

The Engineer's Garage is the last surviving building from a residential enclave that was located to the north of the main hospital complex and to the east of the Nurse's Dormitory. The enclave contained three houses for hospital staff that were described as cottages for the steward, physician, and engineer. The Engineer's Garage is located just to the east of the site of the engineer's cottage.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

Resembling a small barn, the Engineer's Garage is a rectangular, two-story building with white clapboard siding (Photo 25). The building is covered by a gambrel roof with wood shingles. The south side wall contains two double-hung windows with divided lights. A tri-fold wooden garage door is positioned on the west elevation. An opening providing access to the upper level is centered in the gable end above the garage door. The interior features a concrete floor, a ladder to the upper level, and a radiator that was connected to the hospital's heating system.

24. Contagious Hospital

Date: 1909

Architect: Clarence H. Johnston

The Contagious Hospital is located to the east of the main hospital complex. The building was the first facility at the hospital constructed for the treatment of infectious diseases. It was originally used for both male and female patients who were segregated in identical but separate wings. After the construction of the Tuberculosis Pavilion that was built for men in 1921 (now razed), it became an isolation ward for female patients.

Architect Clarence H. Johnston designed the Contagious Hospital in a picturesque Craftsman style, perhaps as a way to provide a more home-like setting in contrast to the serious nature of the building's function (Photos 26-27). Measuring approximately 90' by 42', the building consists of a gable-roofed, one and one-half-story center section flanked by identical one-story, hip-roofed wings. The roof for each wing tucks under the roofline of the center section of the building. The building's roof features wide overhanging flared eaves and exposed, scroll-sawn rafter tails.

The lower portion of the walls are faced with cobblestone while the upper portion features stucco with wood half-timbering. Johnston provide instructions for the stonework with a notation on the architectural plans that stated, "Use large boulders at all angles." A large gabled dormer supported by wood brackets projects from each side of the roof in the center section of the building. The dormers are clad with wooden shingles. Four chimneys built with dark brown brick with metal hoods rise above the roof in this portion of the building. The roof is covered with gray asphalt shingles. Originally, the roof featured four eyebrow windows that were centered on the slope of the roof over the building's wings, but they have been removed.

The main entrance is tucked beneath the roof on the southeast side of the center section of the building. There is an additional entrance door centered on the end of each wing. An exterior stairway along the north elevation provides access to the basement. The windows were originally multi-light, double-hung sash in the center portion of the building. The outer portions of the wings were intended to serve as porches for open-air treatment for tuberculosis patients and were equipped with casement windows and screens. All the original windows have been replaced with aluminum-framed windows with sliding sash and salmon-colored spandrel panels.

The main entrance opens onto a small vestibule that leads to a kitchen area, which also contained a pantry. The remainder of the first floor plan is symmetrical, with each side containing a hall with a built-in linen closet and a large bathroom in the center section, followed by a large ward

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

room with glazed French doors leading into the area that was originally the open-air porch. Two bedrooms are tucked beneath the dormers on the upper level. There is a small basement beneath the center section of the building that originally contained a room for infected clothing and a room for disinfected clothing. There was also a boiler room on the plans but a hand-written notation stated, "Steam main through tunnel." The Contagious Hospital was one of the few buildings on the hospital campus that could not be accessed from the main complex through a tunnel. Perhaps because contagious diseases were being treated, it was decided to eliminate a full tunnel and just provide space for a utility tunnel.

25. Detention Hospital

Date: 1910

Architect: Clarence H. Johnston

In spite of its ominous sounding name, the Detention Hospital was in fact a receiving hospital where incoming patients would be evaluated before they were admitted to the main hospital. The hospital is a large two-story building faced with dark brown brick with Bedford limestone trim and covered with an intersecting hip roof (Photos 28-29). The building consists of a long, rectangular central section with a wide central entrance pavilion that projects slightly from the principal facade as well as projecting wings at each end. A wing also projects from the rear of the building, which gives the Detention Hospital a T-shaped appearance. The building is approximately 185' long.

The building features a stone water table and a stone belt course beneath the first story windows that also serves as the window sills. The second story windows also feature stone sills that are linked with a corbelled brick belt course. The walls above the belt course are detailed with recessed panels containing brick laid in a herringbone pattern with square and diamond shaped limestone accents. Windows are set into segmentally-arched openings. The original double-hung windows have been replaced with aluminum-framed windows with sliding sash and salmon-colored spandrel panels. There are entrance doors that open into stairwells at each side of the rear elevation. The entrances are sheltered by oversized gabled pediments supported by large wooden brackets.

Each of the three pavilions on the principal facade features a projecting one-story open porch with a flat roof. Each porch has massive brick corner piers framing wooden Doric columns supporting a full entablature. A wood railing featuring a diamond-shaped geometric pattern extends between the columns. The roof has wide overhanging eaves and is covered with gray asphalt shingles. Five, brick chimneys with sheet metal hoods rise from the ridge of the roof. Two chimneys project from the roof of the wing that extends to the north. Johnston's plans depict a number of dormer windows that project from the roof. Historic photographs confirm that the dormers were built, but they have been removed. There were three dormers centered on the roof above the main entrance bay, an additional dormer centered above the adjacent flanking wings of the building, and one dormer projecting from the roof above each end wall. The dormers were capped with gabled pediments supported by engaged columns. The central dormer above the entrance featured a round-arched window

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

According to Johnston's architectural plans for the building, the main entrance opened into a vestibule, which then opened into a short hallway. An office was positioned to one side of the hallway and a reception room to the other. The hallway opened onto the main corridor that ran the length of the building. The floor plan was nearly symmetrical and it is likely that one side of the building was for male patients and the opposite side was for female patients. Each wing of the first floor includes five wards, two quiet rooms, a room with toilets and sinks, and a room with bath tubs. A large day room was located in the projecting wings at each end of the building.

A dining room was located in the wing that projects to the rear and forms the leg of the T-shaped building. The room contains a fireplace with highly ornamental brickwork. The fireplace is set within a recessed panel capped with a rounded arch consisting of four bands of brickwork in geometric patterns. The arch terminates with diamond-shaped stone accents. The center of the arch includes a circular panel with a star motif (Photo 30). The kitchen is located at the base of the T along with a pantry and a store room as well as a stairway to the basement. The floors and stairways throughout the building are terrazzo. The balusters are wrought iron.

The second story is nearly identical in terms of the areas for the patients. An area above the main entrance contained staff quarters. A separate hallway led to two rooms for the matron, two rooms for nurses, and a bathroom. The wing to the rear included a doctor's room and what appear to be five examination rooms. The lower level only contained a partial basement that was located beneath the dining room and kitchen. The plans depict a cellar and a space for a "future hydrotherapeutic room."

The restoration of the Detention Hospital began in the fall of 2015. The building will be converted into 21 apartments.

26. Male Employee's Dormitory

Date: 1920

Architect: Clarence H. Johnston

The Male Employee's Dormitory was built to provide separate living quarters for male staff members apart from the main hospital complex (Photo 31). The rectangular, two-story building features a raised basement, dark brown brick, and a medium pitch hip roof covered with diamond-shaped shingles. The building measures 94' by 43'. The exterior walls include a limestone water table at the base, a projecting brick belt course linking the first story windows, and checkered brickwork at the corners. Six-over-six double-hung windows are arranged symmetrically along the primary elevations. The corresponding basement windows are six-light casements. The windows are capped with soldier-brick lintels and the sills are limestone. Each end wall of the building includes a stair tower. The stair tower on the northeast end wall is original to the building while the stair tower on the southwest end wall was added in 1977. The new tower was built with a compatible brown brick. Two dormers project from the slope of the roof along the primary southeast elevation while a single dormer is centered on the rear elevation.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

The main entrance is centered on the southeast elevation, off a large open porch. The porch is built on an elevated brick base with a stone cap and is paved with quarry tile. Access is provided by a broad flight of stairs with stone treads. A series of square, wooden columns with full entablature support the flat roof of the porch.

According to Johnston's architectural plans, the first floor included a spacious lobby, twelve bedrooms, and a bathroom. The rooms were organized along a central hallway that extended the length of the building. The second floor included 14 bedrooms and a bathroom, which were also organized along a central hallway. It is possible the bedrooms were intended to accommodate two people as each room contains two closets. The basement was largely unfinished, but it included a room with four showers and a bath tub, and a trunk room.

In 2014, the building was restored and converted into 13 apartments. The original hallway configuration was retained along with all the interior doors, although some are now blind entrances. The sliding windows with aluminum frames that had been installed in the modern era were all replaced with replicas of the original multi-pane, double-hung windows. Several windows had also been infilled and the infill was removed and windows were reinstalled.

27. Receiving Hospital

Date: 1932

Architect: Sullivan and Orrfalt

The Receiving Hospital was built to provide additional space to evaluate incoming patients. The building is very similar to the adjacent Detention Hospital in terms of overall design, massing, and materials (Photo 32).

The Receiving Hospital is a large, rectangular, two-story building approximately 250' long. Built on a raised basement, the building is constructed with reinforced concrete faced with dark brown brick with Bedford limestone trim. The principal elevation features a central pavilion and projecting wings at each end. The building is covered with a hip roof with wide overhanging eaves. The roof is covered with gray asphalt shingles. A number of gabled dormers with round-arched openings project from the roof above each elevation.

The building features rusticated brick at the base of the building and at the corners, a belt course above the basement windows, and a narrower belt course beneath the second-story windows. The first-story windows feature stone sills and brick lintels with stone keystones. The original double-hung windows have been replaced with aluminum-framed windows with sliding sash and salmon-colored spandrel panels.

The building's main entry is located in the central pavilion. A raised, one-story open porch with a tile floor and flat roof shelters the entrance. The porch roof rests atop a wooden entablature that is supported by square brick columns with stone caps. Stone steps with wrought iron balustrades provides access to the porch. There are similar porches attached to each end wall of the building. An elevator tower centered on the rear elevation was constructed in the modern era. The tower is built with dark brown brick and stone trim similar to the materials used to

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

construct the original building. There are three entrances at the rear of the building. The entrances to each side of the building are capped with a stone lintel while the entrance in the center is sheltered by a triangular stone pediment supported by brackets.

According to the architectural plans by Sullivan and Orrfalt, the main entrance opened into a vestibule that was flanked by an office and a reception room. This central portion of the building included medical and physical examination rooms and "receiving bath rooms" for men and women that included a toilet, sink, and bathtub. A long hallway runs the length of the building. The wing for female patients was at the west side of the building and the east side was for male patients. The women's wing included nine single bedrooms, three wards with three beds each, and a large day room in the projecting wing. The men's wing was identical except there were 10 single bedrooms. Floors and stairways are terrazzo. The floor plan for the patient areas on the second story is nearly identical to the first story. The second story also included living quarters for a doctor, which contained a living room, bedroom and bathroom.

The basement originally contained a large L-shaped dining room, a serving kitchen, and rooms for hydrotherapy. The hydrotherapy rooms contained whirlpool-type bathtubs. The tubs have been removed, although the tiled walls and some original fixtures and controls for operating the hydrotherapy equipment remain in place. The basement also contains a mechanical room with equipment that re-pressurized the steam heat conveyed through a tunnel from the main heating plant.

The Receiving Hospital is scheduled to be restored and converted into apartments.

28. Bandstand

Date: ca. 1930s

Architect: Unknown

The Bandstand is located on a grassy knoll to the south of the main entrance of the hospital (Photo 33). The structure is somewhat semi-circular in appearance, but with its angled walls it actually represents half an octagon in plan. The Bandstand is built with poured concrete with its outside walls faced with stucco. It features sidewalls that are about 4' high. Two steps lead into the structure followed by two tiers where performers could be seated. The audience was seated on the surrounding lawn.

29. Women's Geriatric Building

Date: 1950

Architect: Toltz, King, and Day

In 1950, two adjacent buildings were constructed to the south of the West Detached Wing in order to provide modern facilities for male and female geriatric patients. The Women's Geriatric Building is a Y-shaped, one-story building covered with a flat roof. The leg of the Y is 112' long and 72' wide, while the two arms are 48' wide and 160' long. The building features light brown brick and buff colored stone trim. The stone trim is employed in continuous belt courses that form the sills and lintels for the windows, which are evenly spaced along the facades. The

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

main entrance to the building is located in a rectangular bay that projects from the intersection of the two arms. Multi-sided bays project from each arm and provided space for sun rooms.

According to the architectural plans, the entrance bay included a visitor's room, a doctor's office, and a treatment room. The nurse's station was located at a central control point at the intersection of the building's three wings. A dining room and an adjacent serving room were also located in the central portion of the building. The two arms of the "Y" extend to the northwest and the southeast from the central control point. Each wing is very similar and is accessed by a broad corridor that extends the length of the wing. The corridor also served as a day room. The multi-sided sun rooms are located off the dayrooms. A total of nine, six-bed wards are located in the two wings, along with bath and toilet rooms, and a room for linen storage. The leg of the "Y" extends to the northeast and includes a central corridor. The wing includes four, six-bed wards, along with bath and toilet rooms, and an additional nurse's station. Nine smaller rooms are located at the north end of the wing and are described as "quiet rooms."

The lower level includes a partial basement that is positioned under the leg of the "Y". The basement included mechanical space, rooms for storage, and a trunk room. A tunnel from the West Detached Wing entered the basement at the north end and continues to the southeast to the adjacent Men's Geriatric Building. Meals were transported to the geriatric buildings through the tunnel from the hospital's main kitchen.

The building is now used by Ottertail County for its Government Services Center. The original double-hung windows have been replaced and changes have been made to the interior to provide office space. But the broad corridors that also served as the dayrooms continue to serve as the primary circulation system.

30. Men's Geriatric Building

Date: 1950

Architect: Toltz, King, and Day

The Men's Geriatric Building is identical to the Women's Geriatric Building (Photo 34). In 1959, the firm of Liebenberg and Kaplan designed an addition that linked the Men's and Women's Geriatric Buildings. Formally known as the Geriatric Activation Wing, the building was named Patterson Hall for hospital superintendent Dr. William Patterson. The design of Patterson Hall is compatible with the buildings that it joined. The brick is very similar and the entire west elevation is curved in order to create a smooth link with the angled wings of the geriatric buildings. The west elevation also features a continuous band of windows that are separated by brick piers. The one-story building provided space for an auditorium with a stage and dressing rooms, a room for occupational therapy, a reading room, a carpenters shop, a kitchen, and an office. This building now serves as the principal entrance for the Ottertail County Government Services Center. A three-sided, glass-walled entrance has been added to the east elevation.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

31. Tunnel System

Date: Various
Architect: Unknown

Typical of many state institutions, a system of tunnels connects most areas of the hospital. Over time, the tunnels developed into a circulation network that provided an efficient means to move between buildings, particularly during inclement weather. The tunnels also carried steam pipes and other mechanical systems and provided a convenient way to transport food between the kitchen and the various wards and buildings.

In the early years of the hospital, there were two tunnels; one that lead from the Kitchen to the Dining Hall, and a second tunnel that led from the Dining Hall to the Administration Building. But the areas between the buildings were later infilled and the tunnels were absorbed within the new construction. Over the years additional tunnels were added. The longest tunnel extends from the West Detached Wing to the East Detached Wing, passing beneath the Kitchen Building. A branch tunnel extends off this tunnel to the Memorial Building. A tunnel also extends from the Kitchen Building to the Power House and continues to the Nurse's Dormitory. Another tunnel extends from the West Detached Wing and connects with the Detention Hospital and continues to the Receiving Hospital and the Men's Dormitory. There is a problem with water entering this tunnel near the Detention Hospital and it is not passable at that point

The last tunnels built connected the West Detached Wing to the Women's Geriatric Building and continued to the Men's Building. In June 2007, about half the tunnel was removed between the West Detached Wing and the Women's Building. The tunnel system is considered one contributing structure.

32. Restroom Building

Date: ca. 1960s
Architect: Unknown

The Restroom Building is located to the southwest of the Amphitheater. It is a rectangular building constructed with concrete block. A flat roof cantilevers over the sidewalls. Because the Restroom Building was constructed after the period of significance, it is considered a non-contributing building.

33. Picnic Shelter

Date: ca. 1970s
Architect: Unknown

The Picnic Shelter is a large, open-sided building located to the west of the Restroom Building. The shelter is built on a concrete slab. Nine steel posts support the low pitch gable roof, which has a wood structure. Corrugated metal sheets cover the roof. Because the Picnic Shelter was constructed after the period of significance, it is considered a non-contributing building.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

34. Gazebos

Date: ca. 1980s

Architect: Unknown

Three Gazebos are located on the hospital grounds; one to the southeast of the Northeast Wing, one to the southwest of the West Detached Wing, and one to the northeast of the West Detached Wing. The Gazebos are octagonal structures. Each consists of two courses of concrete block topped by a low wooden wall with horizontal, waney-edge siding, and followed by open walls that are screened. The octagonal roof is covered with gray asphalt shingles and features a decorative fascia board. Because the three Gazebos were constructed after the period of significance, they are considered non-contributing buildings.

35. Hospital Cemetery

The eight-acre Hospital Cemetery is located approximately one-half mile north of the hospital.² Framed by wooded areas and cultivated fields, the land is grass-covered and rises to a low hill near the north end. There are several trees on the property, located mainly near the center. A white concrete cross on a concrete base is positioned at the crest of the hill. A flagpole is placed nearby (Photos 35-37).

The cemetery is organized into three contiguous sections. The additional sections were platted as more space was needed. The sections are identified as Cemetery One, Cemetery Two, and Cemetery Three. Cemetery One contains graves for patients who died between August 28, 1890 and June 11, 1907, although one grave contains a date of 1937. There are 644 graves in this section. Cemetery Two contains graves for patients who died between June 14, 1907 and January 24, 1949. There are 2,240 graves in this section. Cemetery Three contains graves of patients who died between February 2, 1949 and September 4, 1968. There are 304 graves in this section. The Hospital Cemetery contains a total of 3,188 graves.³

Because of the stigma associated with mental illness, for both the patient and their families, the practice of the time was to identify graves with only a number. This practice took place at state mental hospitals throughout the United States. At the Fergus Falls State Hospital Cemetery, the graves were identified with metal markers that contained an identifying number. However, there are a number of graves that contain traditional headstones (Photo 38). Presumably, these were installed by families who were willing to defy convention and wanted their family member identified.

All the numbered markers have been removed from the cemetery. A local organization has begun a project to install conventional markers that are inset in the ground with the name, date of

² Cemeteries at state hospitals and other institutions were typically located some distance from the main facility. There seems to have been an effort to create a visual separation between the facility and the cemetery so that patients or residents were not reminded of its presence.

³ The information about the cemetery was compiled from a cemetery map found in the records of the Fergus Falls State Hospital in the State Archives at the Minnesota Historical Society.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

birth, and date of death of the patient. The Hospital Cemetery is considered one contributing site.

Assessment of Integrity

The Fergus Falls State Hospital retains very high integrity. It is unusual for a property of this age, size, and complexity to remain so unaltered. Facilities of this type often experience considerable modification over the years. The excellent condition of the main Kirkbride complex is particularly noteworthy since preserving examples of the Kirkbride plan has been a challenge on a national level. The site design, with its circulation system and landscape features, is also very intact.

One significant loss was the removal of all the farm buildings except the Horse Barn. However, the primary significance of the property is associated with the state hospital, rather than the ancillary farming operation. Yet, the surviving Horse Barn is a very rare example of a hospital farm building. Few farm buildings survive from any state hospitals or institutions in Minnesota.

A number of buildings have been removed, including the Tuberculosis Pavilion, the Men's Industrial Building, two Greenhouses, and three residences. While unfortunate, some degree of evolution is inevitable with a facility of this size and complexity.

Of the eleven non-contributing buildings, five are very small buildings, such as gazebos scattered throughout the grounds, and three are garages. Only three of the non-contributing buildings are larger in size, and with a property of this scale they do not impact the overall integrity of the site.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

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.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Areas of Significance

(Enter categories from instructions.)

Health/Medicine

Architecture

Landscape Architecture

Period of Significance

1887-1954

Significant Dates

1890

1910

1954

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Dunnell, Warren B.

Cleveland, H.W.S.

Mather, Oliver R.

Lauritzen, John

Johnston, Clarence H.

Morell and Nicols

Toltz, King and Day

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Fergus Falls State Hospital is historically significant under National Register Criterion A in the area of Health and Medicine for its association with the state's enduring commitment to provide humane treatment for its mentally ill citizens. Officially known as the Third State Hospital for the Insane, the facility expanded the state's system of mental hospitals in addition to those previously established in St. Peter (1866) and Rochester (1878). It became the first state mental hospital to serve the growing population in northern Minnesota and by 1970 over 40,000 patients had received treatment. Unlike the earlier state hospitals, the Fergus Falls State Hospital was given a legislative mandate to incorporate the principles of homeopathic medicine into its program, making it the first state mental institution in Minnesota to formally adopt a therapeutic approach to the treatment of mental illness.

The Fergus Falls State Hospital is also important for its ability to represent the history of the treatment of the mentally ill from the late nineteenth century into the modern era. The complex history encompasses the hope and optimism in 1890 when the hospital first opened, the changes in legal, administrative, and medical processes, and the years when underfunding and overcrowding brought public outcry about the treatment of the mentally ill. The Fergus Falls State Hospital presents a challenging opportunity to acknowledge the problematic aspects in the history of the treatment of some of the state's most vulnerable citizens. No part of the site is perhaps as evocative as the hospital cemetery, where over 3,000 unmarked graves speak volumes about societal perceptions of the mentally ill.

The Fergus Falls State Hospital is significant under National Register Criterion C in the area of Architecture. Few buildings in the State of Minnesota command such a powerful architectural presence. It is no exaggeration to say that the visitor is often overwhelmed when approaching the immense and awe-inspiring main complex. Designed by architect Warren B. Dunnell, the hospital represents a very important example of the Kirkbride Plan. The Kirkbride Plan is based on precise design standards for the construction of mental hospitals developed by Dr. Thomas Story Kirkbride, Superintendent of the Pennsylvania Hospital for the Insane. Kirkbride joined other reformers who advocated for the humane treatment of the mentally ill in response to the prison-like environment of many early nineteenth century mental institutions. His ideal hospital called for a well-designed building on a large tract of land that provided a safe and carefully controlled environment for the patient. It was believed that a building and its setting could facilitate the healing process. The Kirkbride Plan set the standard for the design of mental hospitals that were built throughout the United States. Dunnell's semi-circular design represents a distinctive variation on the typical Kirkbride Plan, which was usually rectilinear. But many Kirkbride hospitals have been demolished or have fallen into disuse and few intact examples survive today. Their preservation has been a challenge on a national level. The Fergus Falls State Hospital represents an exceptional surviving example of the Kirkbride Plan.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

The hospital is also an important representation of a state hospital institution. State hospitals, as well as other institutions, were essentially self-contained villages, generating their own heat and electricity and managing large farming operations. Over the decades, additional buildings were added to the hospital as a result of changing needs and as the philosophy of institutional care evolved. The architectural expressions that were employed to meet those needs also evolved. In time, the hospital added specialized hospital buildings, employee dormitories, and geriatric facilities that represented a range of architectural styles. In addition, certain buildings represent extremely rare examples of specific property types. The small-scale Contagious Hospital is the type of building that rarely survived at state institutions. The Horse Barn is a reminder of the hospital's once extensive farming operation that included gardens, orchards, dairies, livestock, and hundreds of acres under cultivation. Only a few farm buildings are known to survive among the dozens that were constructed on the state's institutional farms. Of Minnesota's four state mental hospitals, the Fergus Falls State Hospital remains the best surviving representation of a hospital complex as it evolved from the late nineteenth through the mid-twentieth centuries.

The Fergus Falls State Hospital is also significant in the area of Landscape Architecture. The site for the Fergus Falls State Hospital was designed by Horace W.S. Cleveland, one of the most important landscape architects of the nineteenth century and whose professional legacy shaped the direction of the profession. Many of his important principals are illustrated in his design for the hospital site including the distinctive orientation of the buildings to the southeast to maximize sunlight, the disregard for the north-south street grid, and his organic approach to the layout of the hospital's grounds and circulation system.⁴

The Fergus Falls State Hospital is considered significant at the "statewide" level and may warrant consideration as "nationally" significant.

The period of significance begins in 1887 when the construction of the hospital began and continues until 1954, the year in which the population at the state's mental hospitals reached its high point and began a rapid decline as a result of changes in medical treatment and the transition to community-based treatment programs.

⁴ The original nomination cited Architecture as the only Area of Significance, which referred to the importance of the Kirkbride-inspired design for the main hospital complex. This nomination, along with increasing the boundary of the original nomination, expands the discussion of Architecture as an Area of Significance; includes Health and Medicine as an Area of Significance, in order to recognize the importance of the hospital in the history of the treatment of the mentally ill in Minnesota; and includes Landscape Architecture as an Area of Significance, in order to recognize the significance of the site design.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

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

Construction of the Fergus Falls State Hospital

As early as 1884, the State Board of Corrections and Charities recommended the establishment of a Third State Hospital for the Insane⁵ to augment the state mental hospitals in St. Peter and Rochester. Minnesota's population had been rapidly growing, particularly in the northwestern part of the state, and as the population increased so did the number of people requiring treatment for mental illness. Not only had the St. Peter and Rochester hospitals reached capacity, but both were located in the southern part of the state. The *First Biennial Report* of the board noted:

The two hospitals are now completed and nearly full. It is proposed to build three more detached wards at St. Peter and two at Rochester, accommodating six hundred and twenty-five more patients. This will barely bridge over three years more. It seems evident that the time has come for a hospital in the northern part of the state. The need is the more pressing when we consider the great distances which patients must now be sent. . . . We recommend, therefore, the appointment of a commission to locate and prepare plans for the Third Minnesota Hospital for the Insane.⁶

Governor Hubbard quickly acted on the recommendation and appointed a commission that was charged with reporting back to the state legislature with a specific proposal for a third state hospital. The board was also very concerned that if no action was taken to provide more hospital space, an increasing number of mentally ill people would be found living in county poor houses. This was considered completely unacceptable by the board as counties were not equipped to care for the mentally ill, and, moreover, the board believed that the mentally ill should be cared for by the state in a hospital setting.

The *First Biennial Report* also described visits to mental hospitals that were made by several board members to learn the best practices in other states. The report discussed five particular hospitals located in Lexington, Kentucky; Jacksonville and Kankakee, Illinois; Pontiac, Michigan; and Columbus, Ohio. The hospital in Lexington was one of the oldest in the country and the report stated, "It has advanced through every stage from the chains and underground dungeons of the early madhouses to the outdoor labor and freedom from restraint of the present day." The Kankakee hospital was described as a "pioneer of a new system," which aimed to

⁵ While the new hospital was officially known as the Third State Hospital for the Insane, it was usually referred to as the Fergus Falls State Hospital, even in the state's formal biennial reports on state hospitals and other institutions dating from as early as the 1890s. Thus, the property's historic name is considered the Fergus Falls State Hospital.

⁶ *First Biennial*, State Board of Corrections and Charities, 1884, 21.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

provide healthful employment for as many patients as possible, limit restraint and confinement, and introduce a "natural and somewhat domestic mode of life."⁷

As the commission began its search for a location for the Third State Hospital for the Insane, intense competition arose among a number of northern Minnesota towns including Fergus Falls, Sauk Centre, Alexandria, and Brainerd. A state institution could be an important asset to a community and bring opportunities and considerable employment.

The commission defined a set of general conditions for the new hospital. The commission stated, "The land must be high, commanding a cheerful and interesting view; it must be fertile and easily tilled, and the more of it under cultivation the better; it must be in a healthy location; and it must be within a short distance of a town and of railroad facilities." There must be a means to dispose of sewerage "without deleterious effects." Finally, "The water supply must be of the purest kind, almost unlimited in quantity, and must have sufficient force to provide adequate fire protection for the buildings."⁸

Fergus Falls was a strong contender for the new hospital. Located on the Ottertail River and served by the Northern Pacific Railroad, the town had been a center of Minnesota's settlement boom, growing from a few dozen inhabitants in 1870 to well over 2,000 in 1885. The Fergus Falls Chamber of Commerce led the local effort to attract the hospital, appointing a committee to assemble nearly 1,000 acres of land for the hospital, and a farm, by securing guarantees from property owners willing to sell their land. The committee focused on an area on the north edge of town and obtained guarantees for a total of 920 acres, at a cost of \$31.50 per acre. The city agreed to extend a sewer to the hospital site and split the cost with the state. The local waterworks agreed to extend a water line to the property and provide enough water to meet the hospital's needs at very favorable rates.⁹

On December 14, 1886, the commission announced that Fergus Falls had been selected as the site for Minnesota's third state hospital. The *Fergus Falls Daily Journal* reported the news in an article with the title, "We Have Won." The article stated, "The gratifying news has been received that the third asylum for the insane has been located and Fergus Falls is triumphant."¹⁰

⁷ *First Biennial Report*, State Board of Corrections and Charities, 1884, 261-262. Over the years, a number of administrative bodies were created to oversee the state hospital system. From 1866-1883, the system was administered by an unpaid Board of Trustees. In 1883, the board began to report to a new advisory group, the State Board of Corrections and Charities. In 1901, the State Board of Control was given authority over state hospitals. In 1939, the State Board of Control was abolished and replaced with the Division of Public Institutions. In 1953, the Division of Public Institutions merged with the Division of Social Welfare to become the State Department of Public Welfare, which became the Department of Human Services in 1984. Each of these administrative bodies published biennial reports to summarize the activities of the institutions under its authority. The titles and numbering sequence changed with each new administrative unit.

⁸ "The Asylum Corralled," *Fergus Falls Weekly Journal*, December 16, 1886, 4.

⁹ "The Asylum Corralled," *Fergus Falls Weekly Journal*, December 16, 1886, 4. Unfortunately, inadequate water pressure was a problem for years and eventually the hospital built its own reservoir.

¹⁰ "We Have Won," *Fergus Falls Daily Journal*, December 14, 1886, 2.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

The *Fergus Falls Weekly Journal* reported:

It should be added here that the asylum building will probably be erected on the 40 acre tract now used as the fair grounds, which commands a magnificent view of the entire country around, with the spires and busy streets of Fergus Falls to the southward, a massive forest of hardwood timber stretching far to the northward, and waving grain fields and sparkling wood embowered lakes to the eastward and westward; while far away south of the city is seen the silver ribbon that traces the course of the Red River through the landscape—a site that might in its beauty almost tempt the sanest of men to pretend insanity in order to dwell in such a favored spot.¹¹

Architect Warren Dunnell prepared plans for the entire hospital complex, but it was built in stages as patient populations increased and legislative appropriations became available (Figure 1). From start to finish the project required more than a decade to complete. The Board of Control requested an initial appropriation of \$367,600 for the construction of two wings of the hospital, the kitchen, laundry, and the engine and boiler house. The appropriation also included funds for the operation of the hospital for two years.¹²

In January 1888, a contract for \$41,500 was awarded to a Mankato builder, Oliver R. Mather. He took over a brick factory located in the nearby settlement of Elizabeth and began to produce the cream-colored brick that would form the walls of the hospital. Later that spring, Mather's crews began to lay the foundations for the hospital's first building, the West Detached Wing.¹³

The hospital officially opened in the West Detached Wing on July 30, 1890 with the admission of two male patients. The next day an additional patient was sent to Fergus by the admission of a county judge, and 80 patients arrived from the state hospital in St. Peter. The hospital remained an all-male institution until 125 women were transferred from St. Peter in December 1893.

The West Detached Wing was described as, "a plain substantial structure of brick with stone trimmings, 184 feet in length and 50 feet wide, four stories in height." The first floor contained the kitchen, dining room, and staff quarters. Patients were housed on the upper floors, which were arranged into a series of large day rooms and dormitories, "with a sufficient number of smaller rooms for patients requiring closer attention."¹⁴ The Board of Control Reported:

This hospital is under control of the homeopathic school of medicine, the superintendent and his assistant being of that school. The building now occupied can accommodate about 150 patients but has no conveniences for treating acute cases. Another building of similar size, but having more small rooms, is under cover but waits for additional appropriations.¹⁵

¹¹ "The Asylum Corralled," 4.

¹² *Third Biennial Report*, State Board of Corrections and Charities, 1888, 54.

¹³ "O.R. Mather Gets It," *Fergus Falls Weekly Journal*, January 24, 1888, 2.

¹⁴ "The New Asylum," *Fergus Falls Weekly Journal*, October 27, 1887, 8.

¹⁵ *Fourth Biennial Report*, State Board of Corrections and Charities, 1890, 25.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

The implementation of homeopathic medicine was an important milestone in the history of mental health care in Minnesota. The hospitals at St. Peter and Rochester, like most state mental institutions of the era, focused on providing “environmental treatment” for mental illness by placing patients in a safe, humane setting where their physical needs were satisfied, and putting them under the supervision of medical staff who would strive to cure them by imposing order on their chaotic minds. The Minnesota state legislature, however, wanted the state’s newest psychiatric facility to implement a more therapeutic approach to curing mental illness. Lawmakers stipulated that the Fergus Falls State Hospital should be “of the school of homeopathy,” and that patients [should] be treated with remedies prescribed by doctors of homeopathic medicine.¹⁶

Homeopathy was originally developed in the late 1700s by German physician Samuel Hahnemann. Homeopathic medicine advocated for the use of highly diluted compounds composed of herbal, mineral, or animal substances to treat diseases. The first mental hospital in the United States to employ homeopathy was the State Homeopathic Asylum established in Middletown, New York, in 1874. The hospital claimed a higher success rate than conventional mental hospitals and the approach gained popularity in the late nineteenth century as a cutting-edge approach for the treatment of the mentally ill.¹⁷ Dr. Alonzo P. Williamson, the first superintendent of the Fergus Falls State Hospital, was an advocate of homeopathic medicine.¹⁸

By 1892, the hospital population had increased to 250 patients. However, the *Fifth Biennial Report* noted that the “boiler and house kitchens, laundry, etc., will suffice for an institution of 1,000 patients.” A description of the hospital buildings stated:

The buildings thus far erected are of a substantial character. The detached ward is of “mill construction,” the floor being supported on timbers without air spaces; the partitions being of brick with no furring, studding or lath to carry fire. The first section of the main building is entirely fire proof, the floors and ceilings being composed of brick arches supported on iron beams.¹⁹

The report also discussed the patients and the working environment in the hospital:

The administration of the hospital has been very satisfactory. The patients have received a great deal of personal attention and care, and the attendants seem to be

¹⁶ J. Lucille Poor, “Historical Growth and Development of Attitudes, Care and Treatment in the Minnesota Mental Health Program” (PhD diss., University of Minnesota, Minneapolis, June 1962), 173-174, quoted in John Lauber, “Minnesota Historic Property Record: Fergus Falls State Hospital” (St. Paul: State Historic Preservation Office, 2004), 17.

¹⁷ Lauber, 17

¹⁸ Dr. Williamson remained at the hospital for about two years. His successor, Dr. George O. Welch, was also trained in homeopathy.

¹⁹ *Fifth Biennial Report*, State Board of Corrections and Charities, 1892, 25.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

attending assiduously to their work. There is an air of cheerfulness about the hospital which is unusual in a new institution.²⁰

Work had begun on the Southwest Wing, but construction was halted because funds had been exhausted. A special appropriation was requested to complete the building, in addition to a larger appropriation to continue construction of the remaining complex.

The appropriation asked from the last legislature for the southwest wing was only granted in part, and we are unable to finish that wing without a further appropriation, and on account of the emergency, the board have [sic] concluded that a special bill be introduced early in the session of the next legislature, asking for \$38,500 to finish, furnish, heat, light and plumb said wing and thereby furnish accommodation for two hundred more patients.²¹

The regular appropriation request was for \$357,100, which was for the construction of three additional wings, and for the construction of shops, the laundry, and a store house.²² Oliver Mather died before the Southwest Wing was completed, and the work was turned over to John Lauritzen, a Danish born immigrant who had been employed by Mather for seven years and served as his foreman. Lauritzen went on to build the remaining sections of the Kirkbride complex.²³

As of September 30, 1894, the patient population had increased to 545, and it was expected to reach 1,000 in less than three years. Because of the expected growth in the hospital population, the Board of Correction and Charities stated it was important that the 1895 legislature appropriate the funds necessary to complete the hospital. The board also complained that:

The officers of this institution have been subjected to great inconvenience, owing to the absence of any administration building. The rooms occupied for administrative purposes have been exceedingly small and inconvenient. The space is needed for the accommodation of patients. It would appear that the construction of the administration building ought not to be longer delayed.²⁴

But the board wasn't only concerned about the Fergus Falls State Hospital. Both the St. Peter and Rochester State Hospitals were already considered overcrowded. They noted that even if funding were received to increase the capacity of Fergus Falls by 500 patients, resulting in a capacity of 3,150 across all three institutions, at the present rate of increase that number would be reached before the adjournment of the legislature in 1897. The board had been advocating for the creation of a fourth state hospital, something that would not be achieved until the 1930s.²⁵

²⁰ *Fifth Biennial Report*, State Board of Corrections and Charities, 1892, 24.

²¹ *Fifth Biennial Report*, State Board of Corrections and Charities, 1892, 57.

²² *Fifth Biennial Report*, State Board of Corrections and Charities, 1892, 58.

²³ "The Hospital," *Fergus Falls Weekly Journal*, November 21, 1895, 15.

²⁴ *Sixth Biennial Report*, State Board of Corrections and Charities, 1894, 15.

²⁵ *Sixth Biennial Report*, State Board of Corrections and Charities, 1894, 12-13.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

By 1896, the patient population exceeded 800 patients. The buildings that were still under construction would be able to house another 200, for a total of 1,000 patients, which was considered the maximum that should be accommodated at the hospital.²⁶ By 1898, the construction of the Fergus Falls State Hospital was essentially complete. The Administration Building had been finished, with the exception of the tower, and the East Detached Wing had been completed, the final building of the main complex. The building was described as follows:

This is a neat, three-story brick building, without architectural display, but one that is well arranged for the accommodation of 200 chronic insane. The commodious, well lighted day rooms, with their fireplaces, and the bathrooms, in which suicide by drowning is impossible, are among the features of this latest addition to the facilities.²⁷

But accommodating the “chronic insane” would change in 1899 with the opening of two state asylums in Anoka and Hastings. Asylums were facilities for patients that were considered chronic or incurable, and who only required custodial care. This would allow the state hospitals to focus attention on providing treatment to patients for whom recovery was a possibility.²⁸

The State Board of Control complained that, “The tower on the main building has never been completed. Its absence destroys the architectural beauty of the building, and we recommend an appropriation be made for its completion.”²⁹ Finally, in July 1906 construction on the tower began and it was completed later that year. Although the plans for the tower were executed by Clarence H. Johnston, Warren B. Dunnell had depicted the tower in his birds-eye perspective rendering of the hospital.³⁰ The construction of the tower brought Dunnell’s design for the Fergus Falls State Hospital complex to completion.

The Kirkbride Plan and the Fergus Falls State Hospital

Dunnell’s design for the hospital was based on the principles developed by Dr. Thomas Story Kirkbride, superintendent of the Pennsylvania Hospital for the Insane in Philadelphia from 1840 until the 1880s. In keeping with the prevailing philosophy of the mid-nineteenth century, Kirkbride believed that a specially designed building, and its setting, was an important component in the treatment of the mentally ill. He promoted his ideas in his landmark 1854 book, *On the Construction, Organization, and General Arrangement of Hospitals for the Insane*, which even today seems remarkably forward-thinking.

Kirkbride’s book is organized in two sections. The first section discusses the construction of hospitals for the insane. Kirkbride stressed that the first step in the construction of a mental hospital should be careful site selection.

²⁶ *Seventh Biennial Report*, State Board of Corrections and Charities, 1896, 15.

²⁷ *Eight Biennial Report*, State Board of Corrections and Charities, 1898, 13.

²⁸ *Ninth Biennial Report*, State Board of Corrections and Charities, 1900, 8, 11-12.

²⁹ *First Biennial Report*, State Board of Control, 1902, 46.

³⁰ “The Hospital,” *Fergus Falls Weekly Journal*, November 21, 1895, 15.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

It is now well established that this class of hospitals should always be located in the country, not within less than two miles of a town of considerable size, and they should be easily accessible at all seasons. . . .Reference should also be made to the amount of wood and tillable land that may be obtained, to the supply of water, and to the facilities for drainage, and for enclosing the pleasure grounds.³¹

Kirkbride recommended that each hospital should contain at least one hundred acres of land in order to provide enough space for farming and gardening, and “exercise, labor and occupation to [sic] the patients, for all these are now recognized among the most valuable means of treatment.” Of the total amount of land, from thirty to fifty acres immediately surrounding the buildings should be set aside as “pleasure grounds.” Several acres of the grounds should be in “groves or woodland, to furnish shade in summer, and its general character should be such as will admit of tasteful and agreeable improvements.” He believed a much larger tract of land was ideal, particularly for a farming operation, and would also allow for “extensive walks and drives on the hospital premises,” which he said was very advantageous.³²

Kirkbride wrote that the hospital building should be carefully positioned to take advantage of views, scenery, and prevailing winds. The hospital itself should be two stories with a raised basement and consist of a central building with wings to each side. The central building was to contain a reception room for patients, a business office, the superintendent’s office, a medical office and library, a room where visitors could meet with patients, a lecture room and chapel, and apartments for the superintendent and his family and other officers of the institution. One wing was for male patients and the other for female. Each wing should be organized into separate wards in order to classify patients. Each ward should include a parlor, dining room, single rooms for patients, dormitories with not less than four beds, toilet and bath rooms, staff rooms, and “one or two rooms of sufficient size for a patient with a special attendant.” The dining room should include a dumb waiter to transport food from the kitchen. Each wing should include an infirmary, work rooms, a museum and reading room, and a school room.³³

Light and ventilation were also stressed. Kirkbride noted that, “The darkest, most cheerless, and worst ventilated parts of such establishments, will generally be found to be where a wing joins the centre building, or where one wing comes directly in contact with another running at right angles to it.” Where the first wing met the central building, Kirkbride proposed leaving an open space of about eight feet. The open space would contain windows to each side, “giving nearly every advantage of light, air and scenery.” Successive wings were to be set back from each other, allowing a window at each end of a corridor. Kirkbride said, “I deem these arrangements of great importance, and as being among the most valuable features of the plan under notice.”³⁴ His book includes a rendering of the ideal hospital building and detailed floor plans that identify

³¹ Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia; 1854; reprint), 7.

³² Kirkbride, 7-8.

³³ Kirkbride, 12-13.

³⁴ Kirkbride, 13-14.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

all the spaces proposed for the interior, and depict the intersections of the various components of the building.

Kirkbride discusses all aspects of a hospital building for the insane in astonishing detail. He stressed the importance of fire-proof construction and suggested strategies for reducing the risk of fires. He discusses the size of rooms and the height of ceilings and materials for the walls. When discussing the composition of plaster he notes, "When rooms are likely to be much abused by patients, the plastering may be very advantageously done with hydraulic cement and sand, and rubbed down as to be perfectly smooth." Kirkbride discusses floors, doors, locks, windows and window guards, stairs, infirmaries, bath rooms, water closets, dust flues, kitchens and the distribution of food, heating and ventilation, and the estimated cost of a hospital.³⁵

Architectural design and landscaping are also discussed:

No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements. The interior should be first planned, and the exterior so managed as not to spoil it in any of its details.

Although it is not desirable to have an elaborate or costly style of architecture, it is, nevertheless, really important that the building should be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit it. A hospital for the insane should have a cheerful and comfortable appearance, everything repulsive and prison-like should be carefully avoided, and even the means of affecting the proper degree of security should be masked, as far as possible, by arrangements of a pleasant and attractive character. For the same reason, the grounds about the building should be highly improved and tastefully ornamented; a variety of objects of interest should be collected around it, and trees and shrubs, flowering plants, summerhouses, and other pleasing arrangements should add to its attractiveness. No one can tell how important all these may prove in the treatment of patients, nor what good effects may result from first impressions thus made upon an invalid on reaching a hospital,--one who perhaps had left home for the first time, and was looking forward to a gloomy, cheerless mansion, surrounded by barren, uncultivated grounds for his future residence, but on his arrival finds everything neat, tasteful and comfortable.³⁶

The second section of Kirkbride's book discusses the operation of a mental hospital and essentially serves as an administrative and operational guide. He states that regardless of how well the hospital buildings are constructed and furnished, there will be "comparatively small benefit to the afflicted, unless the system of internal organization and the general arrangements are based on correct principles and carried out with judicious liberality."³⁷ This section includes

³⁵ Kirkbride, 14-30.

³⁶ Kirkbride, 11-12.

³⁷ Kirkbride, 37.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

a wide variety of topics including the role of officers and staff members, compensation, the classification and grouping of patients based on the nature of their affliction or behavior, the use of restraints, and activities for patients.³⁸

The appendix of the book contains two lists of principles relating to the construction and operation of mental hospitals. At their meeting in Philadelphia in May 1851, the Association of Medical Superintendents of American Institutions for the Insane (forerunner to the American Psychiatric Association) unanimously adopted a list of twenty-six "Propositions Relative to the Construction of Hospitals for the Insane." At their meeting in Baltimore in 1852, the group adopted fourteen "Propositions Relative to the Organization of Hospitals for the Insane."³⁹ Kirkbride's propositions and highly influential book served as the basis for the design of dozens of mental hospitals throughout the United States. Kirkbride himself consulted on the design for the St. Peter State Hospital (Center Building, NRHP, 1986). The Rochester State Hospital was also based on the Kirkbride Plan.

But the merits of the Kirkbride Plan, as it became known, were debated as early as the late nineteenth century. The Kirkbride Plan, also known as the congregate or linear plan, was criticized for its vast scale and endless corridors. A competing design approach for state hospitals and institutions was known as the cottage plan, which featured a more decentralized layout. Under the cottage plan, a number of "cottages" would be laid out along the lines of a village or neighborhood. Sometimes the buildings might be mistaken for large houses. Patients were separated into cottages based on their behavior or level of care that they needed. The individual buildings were more domestic in scale versus the institutional feel of the congregate plan. As early as 1884, the State Board of Charities and Corrections discussed the merits of each plan in conjunction with visits that board members made to state hospitals for the insane in other states. It was noted that, "The cottage plan gives a home feeling, and often operates favorably upon very troublesome patients."⁴⁰ The First State Asylum for the Insane, built in Anoka in 1899-1917, and the State Hospital Farm for Inebriates (NRHP, 1986), built in Willmar in 1912-33, were both based on the cottage plan. But depending on the size of the patient population, it was not always practical to construct large numbers of cottages.

There might have been less debate between the congregate and cottage plans if Kirkbride's recommended guidelines had been followed. Ironically, Kirkbride stated that any one hospital for the insane should be limited to 250 patients. If the population increased, an additional hospital should be built.⁴¹ But with the growing population in the United States in the late nineteenth century, and the increasing number of people requiring hospitalization, Kirkbride's goal became nearly impossible to achieve. Instead, hospitals built according to his design principles became vast complexes of buildings housing patients that could number into the thousands. At the Fergus Falls State Hospital, the patient population surpassed 2,000 patients at times, exceeding Kirkbride's recommended maximum by over eight fold.

³⁸ Kirkbride, 37-63.

³⁹ Kirkbride, 76-80.

⁴⁰ *First Biennial Report*, State Board of Corrections and Charities, 1884, 261-263; *Second Biennial Report*, State Board of Corrections and Charities, 1886, 255-257.

⁴¹ Kirkbride, 4, 10-11.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

Dunnell's design for the Fergus Falls State Hospital accurately represents Kirkbride's design philosophy and architectural recommendations. The hospital's prominent administration building, flanking wings, and service buildings, depict nineteenth century ideals for the humane and effective treatment of the mentally ill. A Sanborn Insurance Map from 1903 depicts the hospital in plan and helps clarify the arrangement of the various components (Figure 2). The map shows the Administration Building and the three wings to each side. The women's wards were on the west side and the men's on the east. The Kitchen and Dining Hall, and Powerplant are shown at the rear.

Historian Carla Yanni, an expert on nineteenth century asylums and mental hospitals, commented that Dunnell's design should be considered a distinctive variation of the Kirkbride plan. The unique, semi-circular design for the hospital departs from the typical Kirkbride plan where the wings step back from each other but remain parallel.⁴²

Site Design of the Fergus Falls State Hospital

The site design for the Fergus Falls State Hospital has been attributed to landscape architect Horace W. S. Cleveland. Cleveland had previously collaborated with architect Warren Dunnell on several institutional projects and his presence at the hospital site is documented. But because a site plan by Cleveland has not been identified, the extent of his involvement has been a matter of some speculation. However, an analysis of the design of the site in relation to Cleveland's stated design philosophy, and a comparison with other known works by Cleveland, confirms the attribution of the design to Cleveland.

The first documented information about the design of the Fergus Falls State Hospital site is found in an article in the *Fergus Falls Weekly Journal* dated June 9, 1887.

The trustees of the insane asylum came up this morning and are holding a meeting at the Grand hotel. . . .Accompanying the trustees are Superintendents Bartlett and Bowers, Secretary Hart and W.B. Dunnell, the architect of the new building. The forenoon was spent in looking over the ground(s), of which George Burbank is making a survey, and in locating the building. This has been done and the stakes have been set. The building will have a southeast front so as to give the members in the rear of the building some chance at the sunlight. It was also located farther back than was heretofore supposed it would be. . . .

Last night the trustees instructed Mr. Dunnell to prepare plans at once for a building which would accommodate 1,000 patients. The foundation will be put up in the fall. The matter of laying out the ground(s) and making an artificial lake was also discussed.⁴³

⁴² Carla Yanni, interview with Rolf Anderson on May 20, 2016

⁴³ "The Asylum Trustees," *Fergus Falls Weekly Journal*, June 9, 1887, 5.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

The precise 45 degree orientation of the main complex to the southeast is one of the most distinctive characteristics of the site design. Cleveland advocated for this exact building placement, as well as the need for sunlight, in his seminal work *Landscape Architecture as Applied to the Wants of the West*, which was published in 1873.

Before going farther, it is worthy of remark that the arranging of the streets according to the cardinal points involves a sanitary objection of no mean import. No fact is better established than the necessity of sunlight to the highest degree of animal health, and no constitution can long endure; without ill effect, the habitual daily privation of its health giving power. City houses at best can rarely be so well provided for in this respect as those which stand alone, as is generally the case in the county, and it is all the more important that every facility should be afforded to secure as much as possible of its genial influence. But every house on the south side of a street running east and west must have its front rooms, which are generally its living rooms, entirely secluded from the sun during the winter, and for most of the day during the summer. This fact, coupled with that of the indoor life of American, and particularly Western, women, is enough to account for a very large share of the nervous debility which so generally prevails. If the rectangular system must be adhered to in city arrangement, it would be far better that the lines of the streets should be northwest and southeast, and the cross streets at right angles with them, than as now disposed.⁴⁴

Not only were all the buildings associated with the main complex oriented to the southeast, but even the hospital's farm buildings were sited with a southeast orientation. The majority of the hospital's subsequent buildings were also oriented to the southeast. This pattern was continued by Morell and Nicols once they were appointed landscape architects for the State Board of Control in 1909. The firm oriented the Detention Hospital, the Receiving Hospital, the Men's Dormitory, and the Contagious Hospital all to the southeast.

The one documented instance of Cleveland's presence at the hospital site was noted in an article in the *Fergus Falls Weekly Journal* dated October 27 1887.

Mr. W.B. Dunnell, the architect of the building, Prof. A.W. Cleveland [sic], the well known landscape artist, Surveyor Burank, and ex-Gov. Barto and Judge Tyler, of the local board of trustees, are at the grounds to-day staking out the site. Prof. Cleveland is here and is arranging the site so that the grounds may be made as beautiful as possible.⁴⁵

Cleveland's design for the grounds completely disregarded Fergus Falls' rectilinear street grid that immediately bordered the hospital grounds to the south. Cleveland was not only critical of

⁴⁴ Horace W. S. Cleveland, *Landscape Architecture as Applied to the Wants of the West* (1873; reprint with an introduction by Daniel J. Nadenicek and Lance M. Neckar, Amherst and Boston: University of Massachusetts Press, 2002), 37-38.

⁴⁵ "The New Asylum," *Fergus Falls Weekly Journal*, October 27, 1887, 5.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

the ubiquitous rectilinear street grid that rigidly adhered to a north-south and east-west alignment because of the reduced sunlight that might enter a building, he also believed this arrangement disregarded the attributes of the existing landscape.

The duty of laying out the towns is entrusted to a surveyor, and is comprised in measuring and staking out a certain number of streets at stated distances apart, running north and south, and east and west, and then preparing a "plat" of the same, on which the blocks are divided into lots which are numbered, and sold to the highest bidder. No regard is paid to the topography of the ground; no reference is had to future interests or necessities of business or pleasure; no effort is made to secure the preservation of natural features which in time might be invaluable as a means of giving to the place a distinct and unique character. . . . In short, there is not the slightest recognition of the existence of such an art as landscape architecture.⁴⁶

But Cleveland also believed that the arbitrary alignment of streets was often unnecessarily costly, and he discusses the practical reasons for incorporating the natural landscape into site design.

How can the streets be best adapted to the natural shape of the ground, so as to economize cost of construction, and attain ease of grade and facility of drainage, by taking advantage of the opportunities offered by nature to save expense of cutting and filling, while preserving the most desirable buildings sites in the best positions relative to the roads?⁴⁷

Cleveland's ideas are clearly seen in not only the orientation of the main complex but also its position at the crest of a low hill allowing for acres of landscaped grounds to surround the hospital. The system of roads also fits easily into the landscape, particularly within the hillsides at the perimeter of the property and as the roads adapt to the placement of buildings. Landscape features such as the oval near the main building and the triangular median at the west side of the grounds are also characteristic of Cleveland. To Cleveland it was most important to work with the land and avoid excessive manipulation of the site. His organic approach to landscape design differed considerably from that of noted landscape architect Frederick Law Olmsted, whose highly naturalistic designs often required significant modification to the existing landscape.⁴⁸

But it took many years to complete the development of the site. An historic photograph dated August 25, 1895 depicts the immense main complex after eight years of construction (Figure 3). Yet, the grounds still have the appearance of a huge construction site. While roads are evident, the buildings reside in a vast open field without a single tree. A team of horses is pictured in the photograph, perhaps indicating that work on the grounds might finally begin.

⁴⁶ Cleveland, 78-79.

⁴⁷ Cleveland, 34.

⁴⁸ Cleveland, xxi.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

Later that same year an article in the *Fergus Falls Daily Journal* explained the plans for the grounds. The article states that a “landscape artist” has prepared plans for the grounds. This was the same term that described Cleveland in an earlier article, and it seems likely that he would have provided recommendations for the landscape when the grounds were first laid out.

Little can be done towards beautifying the grounds until the work of construction is complete. In front of the buildings are about sixty acres of land which will be parked. A landscape artist has already made the plans. These include an artificial lake, walks, drives, ornamental shrubbery, and pavilions where the patients can spend the pleasant days. Tennis courts, baseball grounds and the like are already laid out. All the work of beautifying the grounds will be done at little or no expense to the state.⁴⁹

Finally, by 1900, a total of 4,700 trees had been planted through the use of patient labor. Superintendent George Welch reported that the trees were, “transforming the rear view from the hospital, and reducing the bleakness of the front view.”⁵⁰ It is not known whether Cleveland provided a specific planting scheme for the hospital site. By the late 1890s, his health was failing and he returned to Chicago to live with his son where he died in 1900. But historic photographs of the grounds provide a means to trace the development of the site and to make comparisons with other known works by Cleveland.

A photograph from about 1904 shows the grounds beginning to take form before the tower of the Administration Building was completed (Figure 4). A photograph from about 1906, after the tower was finished, depicts smaller trees and bushes planted around the main building and the landscaped oval in front of the entrance (Figure 5). The oval includes a raised circular flower bed at the center, walkways through the oval, and additional flower beds planted nearby. The porte-cochere at the main entrance is covered in vines. A photograph from 1910 taken upon the completion of the Detention Hospital depicts taller trees flanking the main road and adjacent sidewalk (Figure 6). Groups of trees frame large open areas of the grounds. Crops planted by the hospital farm are shown in the area to the northeast of the main entrance road. A photograph about 1915 provides a close-up view of landscaping near the entrance (Figure 7).

An aerial photograph from sometime after 1920 includes the Men’s Dormitory, which was completed that year, and provides a clear depiction of the grounds (Figure 8). Trees flank the roads and walkways and groups of trees are positioned throughout the grounds. The tennis court is located at the east side of the oval. Groups or rows of smaller trees or bushes are shown, which indicates the continuing development of the grounds. Dense groups of trees are seen at the north side of the complex, particularly between the hospital and the farm, which might have been planted to serve as a buffer. Many of the farm building are included in the photograph and help illustrate the size of the extensive farming operation. It also appears that crops are still being grown to the east of the main entrance road and south of the Detention Hospital and Men’s Dormitory. When the site is compared with other known designs by Cleveland, it is clear that

⁴⁹ “The Hospital,” *Fergus Fall Weekly Journal*, November 21, 1895, 15.

⁵⁰ *Ninth Biennial Report*, State Board of Corrections and Charities, 1900, 11.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

the overall approach is similar. For example, Cleveland's design for Powderhorn and Elliot Parks show tree-lined walkways and large open areas framed by groups of trees. It is difficult to know to what extent Cleveland was aware of or followed Kirkbride's suggestions for a hospital's grounds. But the expansive landscaped grounds are clearly consistent with Kirkbride's ideals.

It is also interesting to compare Cleveland's design for Fergus Falls with the three other state institutions where he worked with Dunnell. The State School for Dependent and Neglected Children (Administration Building, NRHP, 1975) built in Owatonna in 1887 aligns with the adjacent north-south street grid. While there are some curvilinear roads, the majority of the buildings align with the grid. Both the Minnesota Soldier's Home (NRHP, 1989) built in Minneapolis in 1887, and the State Training School (NRHP, 1973) built in Red Wing in 1889 were constructed along the Mississippi River. In both cases it appears that the position of the river determined the location of the buildings rather than other considerations. Perhaps at Fergus Falls, with its distinctive southeast orientation, Cleveland was able to configure the site in a manner that most closely reflected his design principles.

Considerable documentation about the Fergus Falls State Hospital site was provided by the landscape architecture firm of Morell and Nichols once they began working for the Board of Control in 1909. The hospital was one of the many state-owned properties for which they consulted. The firm's first known project at the hospital was the completion of a "Topography and Record Survey" in October 1913. The document is a comprehensive site plan that includes the hospital's buildings, roads, landscape features, utilities, trees and vegetation, and contour lines for the property. The "Topography and Record Survey" was updated in October 1916, September 1919, and September 1922. The purpose of the document was to guide all future work and development at the hospital.

Following the preparation of the "Topography and Record Survey" in October 1913, Morell and Nichols completed a "Topography of Portion of Grounds" in October-November 1913. The site plan focused on the expanse of hospital grounds between the main complex and Fir Avenue to the south. Each tree was identified by type, trunk size, and the spread of the canopy. Other plants were also identified. The grounds included maple, box elder, poplar, balsam, catalpa, spruce, elm, mountain ash, and birch trees. Plants included lilac, sumac, spirea, rose, snowball, and barberry. A notation on the plan stated, "Contours shown by dotted lines for every foot rise in topography, every five feet rise being shown by heavier lines."

One month later in December 1913, Morell and Nicols completed a "General Layout and Location Plan." Compared to the earlier plans that were practical working drawings, this plan appears like a presentation drawing (Figure 9). The multi-colored site plan includes various proposals for the grounds, including narrowing the main road to a width of 20 feet and lowering an adjacent knoll, although it does not appear the knoll was ever modified.

A series of curvilinear walkways were proposed in the west portion of the grounds. The walkways feature a number of triangular medians similar to those that Cleveland designed for the roads. The most striking feature depicted in the plan is a formal garden proposed for an area south of the main road, just south of the Southwest Wing. The garden is oval shaped with a

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

rectangular pool in the center. A complex pattern of flower beds and walkways surround the pool, which in turn is surrounded by concentric rings of additional beds. It appears a pergola was planned for the west end of the garden. It is not believed the garden and pool were built as shown on the drawing, although the "Topography and Record Survey" from 1922 shows a somewhat oval-shaped feature in the same location, but the drawing does not contain a description of the feature.

The plan also shows the location of a "proposed additional hospital," which refers to the Receiving Hospital that was built some years later. Just as Cleveland had determined the location of the hospital buildings during the first phase of construction, Morrell and Nicols sited the buildings that were constructed during their tenure. But they adhered to the southeast orientation that Cleveland had established.

Trees and vegetation have continued to evolve over the years. In fact, during the drought years of the 1930s, many trees and shrubs died and some replanting was done in 1940. But the overall landscape design of the Fergus Falls State Hospital continues to retain integrity. The topography, circulation patterns, and spatial relationships reflect the original design and layout from over 100 years ago.

Life at the Fergus State Hospital

In the nineteenth century, patients were admitted to mental hospitals for a variety of reasons. People tried to kill themselves, threatened their children, talked to themselves, or claimed to have imaginary friends. Emotional reversals, financial troubles, excessive gratification, reading cheap novels, religious excitement, overwork, and "cheerful women who plummeted into darkness after the birth of a child" were all cited. Intemperance was frequently mentioned. Some doctors also believed there were physical causes. If a person had a tendency toward insanity, environmental conditions, such as pressure at home, could exacerbate the problem. In the nineteenth century, insanity came to be viewed as an interaction between biological and environmental factors. Regardless of the cause, the goal of the mental hospital was to restore the "disordered mind."⁵¹

At the Fergus Falls State Hospital, patients settled into a routine that included good food, plenty of rest, and a schedule of daily activities, which was thought to help keep the patients calm. Large quantities of milk were served, which was considered part of the homeopathic cure. A typical day was described in the *Fergus Falls Weekly Journal*:

The patients who are well bodily are called at 5 o'clock in the summer and 5:30 in the winter. As soon as they are up, all wash, and for breakfast are given coffee, some kind of mush, hash, sausage and the like. After breakfast they go into the day rooms, where they can read, play games or amuse themselves as they like. At 8 o'clock those who work go to their places. None are obliged to work, but nearly all of them well [sic] prefer to. Some help in excavating, others work on the farm,

⁵¹ Yanni, 1-3. Lauber, 28-29.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

others work in the kitchen. The women sew and do various kinds of housework. The men who work get tobacco, and a plug is a very good incentive. At 11:30 they come in for dinner, going out again for the afternoon. For dinner they have meat, potatoes, two kinds of vegetables, bread, and pie or pudding. . . .At night they have a light supper with tea. Milk is supplied them in great quantities. On pleasant days the men are taken out for walks. . . .The women ride and a team is on the road all the time. The patients are taken to circuses, to fairs, to ball games – in short, the state does all in its power to make them happy and to restore them to health again.⁵²

The article also noted that patients were expected to bathe once a week and, “An effort is made not to have any two patients dressed alike, as the hospital does not want to give the impression that the patients are convicts.”

The use of restraints was explained, although three years earlier Superintendent Williamson had remarked that because of the milk and rest regimen the hospital had been able to “largely dispense with every kind of human restraint.”

The old methods of restraint and confinement have given way to enlightened and humane methods. The buildings are scrupulously clean, the beds comfortable, and the food excellent. All that can be conceived of is done to make it pleasant for the unfortunates. The invention of the restraining sheet has made it possible to handle the most violent with no pain and little discomfort. It is made of canvas and is fastened to the bed. The patient when put into it is in the same position that a man would be in a bag which was gathered around the neck. Muffs are put on their hands and while comfortable the patient is unable to injure himself or those around. There are no cells. The only semblance is the gratings on the windows to prevent the patients from throwing themselves out or escaping.⁵³

Horticulture played an important role at state hospitals and both the grounds and interior spaces were decorated with plants and flowers to create an attractive setting for the patients. Historic photographs not only provide a visual image of the wards, but there are so many plants and flowers that the photos almost appear to be staged (Figure 10). But an inventory from 1906 confirms that an astonishing number of plants were grown in the hospital greenhouse and on the grounds. The inventory lists over 50 plants and flowers as well as a number of trees and bushes that were being grown in the hospital nursery. The plants included azaleas, begonias, cineraria, chrysanthemums, ferns, gloxinia, carnations, roses, and violets. The sheer volume was staggering: 1,800 tulip bulbs, 1,917 annuals for cut flowers, 970 geraniums, 400 coleus, 100 feet of window boxes filled with mixed plants, and so on. The inventory also listed garden tools and equipment including a horse drawn mower and four hand mowers.⁵⁴

⁵² “The Hospital,” *Fergus Falls Weekly Journal*, November 21, 1895, 15.

⁵³ “The Hospital,” 15.

⁵⁴ Fergus Falls State Hospital, Annual Inventories, Minnesota Historical Society.

Fergus Falls State Hospital

Name of Property

The Hospital Farm

Otter Tail County, MN

County and State

Patients were key to the operation of the hospital farm, which began operations in 1891. Farms were an expected component of state hospitals and other institutions and played an important role in supplying the facilities with food. The farms usually became large operations with hundreds of acres under cultivation and included orchards, vegetable gardens, dairy herds, and other livestock.

The farm lands were largely to the north and northwest of the main hospital. The farm buildings were grouped together to the north of the East Detached Wing and were sited with the same southeast alignment as the hospital buildings. Even as early as 1892, the Board of Corrections and Charities noted that at Fergus Falls, "The farm shows satisfactory results, justifying the policy of purchasing a large farm. The expenditure for food has been less per capita than in either of the other hospitals, notwithstanding the smaller number of patients."⁵⁵ Patient labor was crucial to the farming operation and it is likely there were farmers among the patient population.

In the hospital are many men accustomed to out of door work, and it is not only profitable for the state to have them employed but it is conducive to the health of the patients. Very little help is hired, yet under the direction of Farmer McFadden the state raises practically all the vegetables and milk needed for the hospital.⁵⁶

A site plan from 1922 depicts the dairy barn with two large silos, a milk house, separate barns for horses, cows, sheep, and other livestock, two buildings for machinery, several corn cribs, a building for storing hay, and a root cellar. Several pig barns and a slaughterhouse were located some distance from the other farm buildings. A later site plan shows a fire house, which was probably added after a disastrous fire in the 1930s destroyed the dairy barn. The farm also included a house for the farm manager, located north of the Contagious Hospital.

An annual inventory from 1905 provides a detailed account of the farming operation. The fields were planted as follows: barley – 80 acres; corn – 80 acres; oats – 173 acres; potatoes – 74 acres; wheat – 62 acres; and hay – 200 acres. There was a 60 acre pasture, a 25 acre vegetable garden, and a seven acre orchard. In terms of farm animals, there were 262 pigs, 112 cows, and 20 horses, although several horses were used by hospital staff. There were also two dogs who lived on the farm, a Gordon Setter and a Bull Terrier.⁵⁷

The Growth and Development of the Fergus Falls State Hospital

1908 was a notable year for the Fergus Falls State Hospital. The Nurse's Dormitory was completed and occupied, the Contagious Hospital was nearly complete, and work had begun on the construction of the Detention Hospital. These new buildings were constructed to meet the

⁵⁵ *Fifth Biennial Report*, State Board of Corrections and Charities, 1892, 24.

⁵⁶ "The Hospital," 15.

⁵⁷ Fergus Falls State Hospital, "Annual Inventories," Minnesota Historical Society.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

changing needs of the hospital and they represent the evolving ideas about institutional care. Architecturally, the buildings offered an opportunity to design in styles that differed from the imposing main complex and in a more intimate scale.

The need for separate quarters for the hospital's nurses apart from the main hospital had been discussed as early as 1898.

Whatever important reconstruction may be planned for any of the hospitals, we suggest that so far as possible provision be made for nurses' sleeping rooms away from the patients' wards. Improved service will follow each such change. The nurses' work is exhausting and cannot be done at its best unless they have the opportunity of refreshing sleep away from the environments of their daily labor.⁵⁸

The finely-crafted Nurse's Dormitory was the first building designed at the hospital by Clarence H. Johnston. The Tudor Revival style building resembled a large mansion and included living areas featuring heavy beams, a brick fireplace, and Craftsman style furnishings (Figure 11).

The need for a separate hospital building in order to isolate patients with contagious diseases had been discussed as early as 1904. It was also noted that an additional building should be built for patients with tuberculosis. Johnston's design solution for the Contagious Hospital was a picturesque Craftsman style building with a domestic, rather than institutional, scale and feeling (Figures 12-13). Buildings of this scale rarely survived at state hospitals or institutions. Historian Paul Larson commented,

Cottages intended for intermittent use were often the cheeriest components of the hospital complexes, although they also proved to be the least adaptable to institutional change. Nearly all have disappeared. . . . The scheme was raised to artistic heights for the contagion hospital at Fergus Falls. Built in 1907 for \$9,000, its purpose was to forestall potential epidemics at the hospital. It rose in clearly demarcated layers, from a boulder pedestal to long open walls of glass punctuated by plaster panels to a sweeping roof. Four prominent chimneys pierced the central pavilion, pinning all of the layers to the ground.⁵⁹

The construction of the Detention Hospital in 1910 represents a significant change in how incoming patients were treated, and also reflects changes in the laws associated with the commitment process (Figure 14). The mentally ill were often jailed, and for some years; the State Board of Corrections and Charities had complained:

We respectfully call attention to the fact that, at present, placing a person in a hospital for the insane involves essentially a criminal procedure. This very fact prevents hospital treatment in the earlier stages of the disease, when treatment is

⁵⁸ *Eighth Biennial Report*, State Board of Corrections and Charities, 1898, 9-10.

⁵⁹ Paul Clifford Larson, *Minnesota Architect: The Life and Work of Clarence H. Johnston* (Afton: Afton Historical Society Press, 1996), 118.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

most successful. It intensifies the delusions of many patients, and by such means prolongs their stay at the hospital, with the attendant expense. Therefore, we would respectfully recommend legislation providing for voluntary commitments.⁶⁰

In their *First Biennial Report* of 1902, the State Board of Control elaborated on this issue, pointing out that some progress had been made in other states where voluntary commitment laws had been passed. Such laws allowed a person to voluntarily enter a hospital for the insane, and many had taken advantage of this opportunity.

As they voluntarily place themselves under care, they have none of that feeling of unjust deprivation of liberty and imprisonment so usual at present and they enter the hospital with a confidence in it and its management which tends so largely to the successful treatment of any disease.

I hope in time to see all legal processes removed from admissions to insane hospitals, and the present barbarous method of commitment done away with, where a patient is seized, publicly tried and transported very much as if he were a criminal instead of a sick person sent to a place where he can hope for such treatment as will probably lead to his recovery.⁶¹

Finally, in 1901 the legislature passed a law specifying that jails could no longer be used as holding tanks for individuals waiting to be evaluated for insanity. In reality, the practice of “jail detention” continued but in 1907 the legislature approved construction of new “detention hospitals” at the state’s three mental institutions.⁶²

The Detention Hospital was in fact a receiving hospital where all new patients would be admitted. It was believed this was a better setting in which to evaluate patients rather than immediately placing them in the main hospital, or to determine whether the patient even required admission. The Detention Hospital was considered an ideal facility for voluntary patients. The new facility opened on August 1, 1910, the same day that a new state law concerning the admission of patients to state hospitals went into effect. A section of the old law still remained that allowed for the arrest of the insane, but a patient could now be admitted after examination by three physicians, “eliminating the disgrace of imprisonment and trial.” Patients could also enter the hospital voluntarily, without any legal commitment proceedings whatever.⁶³ Within just two years, the Detention Hospital was considered a notable success. Voluntary hospitalizations were taking place and the number of admissions was so high that a request was made for an appropriation of \$75,000 for a second receiving hospital.

⁶⁰ *Ninth Biennial Report*, Board of Corrections and Charities, 1900, 9.

⁶¹ *First Biennial Report*, State Board of Control, 1902, 156-157.

⁶² Lauber, 33.

⁶³ *Fifth Biennial Report*, State Board of Control, 1910, 159.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

Another notable change in the treatment process was the introduction of what was known as the “state agency plan.” Over the previous year, the State Board of Control had extended this program to include state hospitals for the insane. Previously, when a patient was returning to a “normal mental condition” nothing was known about the home setting to which the patient was returning. As a result, sometimes the “parole” was delayed, or a relapse might occur because of “uncongenial surroundings” to which the patient returned. Under the “state agency plan,” an agent would visit the home where the patient would be returning and talk to relatives, or even neighbors, to provide a better understanding of the returning patient and to offer advice and suggestions. The agent might make subsequent visits after the patient returned home. Thus far, the result had been very promising. The board reported that, “during the past year hardly a patient has come back unnecessarily, and in cases of contemplated returns, the agents have visited the homes and adjusted conditions so as to remove the friction that has arisen.”⁶⁴

Other improvements completed during the biennium included the remodeling of the kitchen, an addition to the laundry, improvements to the boiler, and the addition of an operating room in the Administration Building.⁶⁵

In 1912, the Board of Visitors issued a detailed report on the Fergus Falls State Hospital. The board had been established by the legislature in 1907 and its purpose was to visit and inspect state facilities to “guarantee the humanitarian welfare of the thousands of inmates in our public institutions.” The inspections were always unannounced. The board was complimentary of hospital staff and voiced their support for various funding requests that the hospital had made. In particular, the report stated that a separate dormitory building should be built for male staff, similar to the very fine building that had been constructed for female staff. Male staff members were still living in apartments adjacent to the patient wards. The report also stated that wages for the nurses and attendants were too low.

The report contained a number of photographs of the wards showing the crowded conditions at the Fergus Falls State Hospital, stating this was typical for all the state hospitals for the insane. One photograph depicted a ward filled with beds. There were also several photographs showing closely spaced beds under the eaves in the fourth floor attic.⁶⁶ As of July 31, 1912, there were 1,614 patients in the hospital, which was a slight decrease from two years earlier. During that time period over 800 patients had been admitted and over 800 had been discharged.

In 1920, the dormitory for male employees was completed. Three cottages had also been built for employees, just to the east of the Nurse’s Dormitory. They were built for the superintendent, steward, and engineer. In 1921, a Tuberculosis Pavilion for male patients was built in the courtyard area formed by the Northeast and East Detached Wings. The one-story building was designed by Clarence Johnston, who designed the foundation to be able to support a second story, although funds were not available at the time to complete the building. The second story,

⁶⁴ *Fourth Biennial Report*, State Board of Control, 1908, 154.

⁶⁵ *Sixth Biennial Report*, State Board of Control, 1912, 32.

⁶⁶ *Third Biennial Report*, Minnesota State Board of Visitors for Public Institutions, 1912, 39-41.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

designed by McEnary and Krafft, was not built until 1950. The Tuberculosis Pavilion has been razed.

In February 1924, a new building opened for occupational therapy. It was called the, "Phebe Lyon Welch Memorial Industrial Building." Named for the wife of Superintendent George Welch, Phebe Welch had been instrumental in promoting occupational therapy as early as the 1890s. The State Visitors Board stressed the importance of activities for patients, and in 1910 singled out the Fergus Falls State Hospital for its occupational therapy program. The report acknowledged the important contributions of Phebe Welch. The new building provided space for workshops and classrooms, as well as a salesroom. Women were instructed in sewing, embroidery, crocheting, tatting, knitting, rug-making, weaving, bead work, basket work, drawing and painting. Over a two year period, a total of 9,701 articles were produced for hospital use and 4,467 articles were made for sale. The men were involved in carpentry, constructing furniture, and making tools for the shop. There were also exercise and music programs for the patients. Dr. Welch commented that, "The homelike atmosphere of the Memorial building is a source of great comfort and pleasure to the patients, whose better physical condition and happier state of mind prove that the department has a place of real value in the institution."⁶⁷

Other activities included movies, dances, and concerts. There was also a library. In the summer there were baseball games, picnics, and trips to the circus and the fair. Each week the Elks club of Fergus Falls put on a band concert on the hospital grounds. Many patients worked on the hospital farm. Over a two year period, the patients gathered a total of 18,591 bushels of peas, beans, onions, potatoes, and apples; 1,994 quarts of berries; and 21,654 pounds of cabbage.⁶⁸

1927 was a landmark for the hospital as Superintendent George O. Welch retired after 35 years of service. During his administration, the hospital had grown from one building housing 200 patients to its position as the largest institution for the insane in Minnesota. Welch was succeeded by Dr. William L. Patterson, who had served as assistant superintendent. During 1927-28, the daily patient population averaged 1,683.⁶⁹

During this time period, the total hospital staff averaged about 250 people. In 1930, the ratio of all employees to patients was one employee for every 6.94 patients. The ratio of ward employees to patients was one to 12.6. Dr. Patterson stated this ratio was too low and more nurses and attendants should be hired so that patients could receive more individual attention.⁷⁰

On June 1, 1932, a second receiving hospital opened and replaced the Detention Hospital as the building where all new patients were admitted. Over twenty years had elapsed since the hospital requested this building. It had a capacity of 100 beds and included a large number of single rooms. Patients would be admitted to the building for observation, examination, and care, and

⁶⁷ *Second Biennial Report*, Minnesota State Board of Visitors for Public Institutions, 1910, 16-17; *Twelfth Biennial Report*, State Board of Control, 1924, 71-72; *Thirteenth Biennial Report*, State Board of Control, 1926, 82.

⁶⁸ *Thirteenth Biennial Report*, State Board of Control, 1926, 82; *Fourteenth Biennial Report*, State Board of Control, 1928, 80-81.

⁶⁹ *Fourteenth Biennial Report*, State Board of Control, 1928, 78-83.

⁷⁰ *Fifteenth Biennial Report*, State Board of Control, 1930, 99-100.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

classified and transferred to wards appropriate for their condition. The building featured acoustical tile and rubber flooring to reduce noise. Hydrotherapy tubs were installed on the lower level to provide therapeutic baths.

The adjacent Detention Hospital was now used as a convalescent ward. Patients who improved within a reasonable length of time at the Receiving Hospital would be transferred to the convalescent ward, eliminating the necessity of admitting them to the main building before they were discharged.⁷¹

Patients that were sent home on “parole” were visited by hospital social workers to insure they were making a good transition and to help address any problems. These visits had been first implemented by the Board of Control under the “state agency system.” The social worker covered 27 counties in the northwestern part of the state. There were an average of 200 patients on parole at this time and the social worker attempted to visit each patient three times a year. During a one year period from 1933-34, the social worker made approximately 500 visits and covered 16,000 miles. Because this area was sparsely settled and most of the patients lived on farms, time and distance was great and local social service agencies assisted with the effort.⁷²

There were 1,799 patients at the Fergus Falls State Hospital on June 30, 1934. On February 7, 1936, the patient population exceeded 2,000 for the first time and reached 2,006.⁷³ By June 30, 1936 the population had grown to 2,029. The hospital was now very overcrowded and it did not appear there would be any relief until the new Fourth State Hospital for the Insane in Moose Lake was completed. The construction of the long-awaited fourth state hospital was funded by the New Deal’s Public Works Administration. The request for a fourth state hospital had been first made decades earlier by the Board of Corrections and Charities in 1894.

The patient population at Fergus Falls State Hospital reached the all-time high of 2,078 on March 13, 1937. But it was hoped the population would decline with the opening of the Moose Lake State Hospital.⁷⁴

In 1936-38, numerous improvements were completed at the hospital through the assistance of the New Deal’s Works Progress Administration (WPA). In a typical project, the WPA provided the labor and the project’s sponsor, in this case the state, provided the building materials. The WPA built a greenhouse, a garage and repair shop, a tunnel to the Nurse’s Dormitory, and a new slaughterhouse. The WPA painted wards, updated electrical wiring, and replaced plumbing. Dr. Patterson commented, “It is quite impossible to enumerate the great amount of work that has been accomplished through WPA labor within the biennial.”⁷⁵

⁷¹ *Sixteenth Biennial Report*, State Board of Control, 1932, 117.

⁷² *Seventeenth Biennial Report*, State Board of Control, 1934, 136.

⁷³ “State Hospital Population Passes 2000 Mark for First Time in History,” *Fergus Falls Daily Journal*, February 8, 1936, 7.

⁷⁴ *Nineteenth Biennial Report*, State Board of Control, 1938, 197.

⁷⁵ *Nineteenth Biennial Report*, State Board of Control, 1938, 13, 201.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

In 1938-1940, the WPA built a granary, a root cellar, and work began on a new dairy barn for 100 cows; the old barn had burned down in a fire in January 1939. Fortunately, all the cows were rescued. The WPA built a tunnel to the Men's Dormitory, replaced bathroom fixtures in the wards, and installed drinking fountains. The WPA Recreation Division provided a physical education instructor and a dance and music instructor.⁷⁶

Dr. Patterson reported that in 1939-40 patients with schizophrenia had been treated with metrazol and insulin therapy. Insulin and metrazol were drugs that could produce a chemically induced type of "shock treatment." However, he noted it was too soon to determine if the drugs would have a permanent or temporary effect.⁷⁷

A major change took place at the hospital on May 16, 1941 when the Nurse's Training School was discontinued. The school had been in operation since 1896. Beginning in 1927, all graduates had been eligible for state registration. But the State Board of Nursing Examiners had decided that all nurse's training schools in specialized hospitals should be discontinued because it was believed they did not provide all-around medical training.

In 1942, Dr. Patterson began to comment on the impact of World War II on the institution:

It is a pretty safe prediction that the next few years will possibly be the most trying in the history of (mental) institutions and the longer the war continues the greater the difficulties are going to be. These difficulties will extend not only to the obtaining of proper personnel but also getting supplies of any kind with which to run the institution.⁷⁸

The hospital continued to face staffing shortages. But in spite of the staffing issue, the hospital opened its first affiliate course for psychiatric nurses. The first class consisted of 16 nurses from three general hospitals in the Twin Cities.

Dr. Patterson had also noted that over the past year, electroshock therapy had almost completely replaced insulin and metrazol. The results had been far superior in certain types of cases such as those with marked depression and with certain chronic cases. He later noted it was often important to combine electroshock treatment with psychotherapy and occupational therapy. In 1948, he stated that for extreme cases the hospital would recommend a lobotomy operation as long as the patient's family agreed. Although at the time the hospital was not able to perform the procedure and it would have to be done at another facility.⁷⁹

By 1944, Dr. Patterson was complaining bitterly about the effect of the war on mental hospitals throughout the United States.

⁷⁶ *Eighth Biennial Report*, Division of Public Institutions, 1940, 70-73.

⁷⁷ *Eighth Biennial Report*, Division of Public Institutions, 1940, 64-66.

⁷⁸ *Ninth Biennial Report*, Division of Public Institutions, 1942, 93.

⁷⁹ *Twelfth Biennial Report*, Division of Public Institutions, 1948, 104.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

All have lost ground and are not able to give the same service and treatment as was formerly the case. . . . The public cannot expect to receive the same standard of treatment as was in effect a few years ago. There is everywhere a lowering of the standards in every type of institution, public or private. The physical standard of institutions will deteriorate both due to the lack of material and personnel. It will be easier to restore the physical condition of institutions than it will be to bring back their former personnel standards. It is likely to be a long slow process. It has been well said that public institutions are the first ones to be affected by the war and the last to recover from its effects.⁸⁰

The Post-War Era

As of the end of the biennial on June 30, 1946, the State Division of Public Institutions reported that even though the war had ended, the situation had not improved at the state mental hospitals. The hospitals were crowded and understaffed and supplies were difficult to obtain. More doctors and nurses were needed and the state would need to provide the funds and facilities so that qualified people would be willing to accept employment.

Fergus Falls State Hospital reported that it could only accommodate all its patients by continuing to use the fourth floor attics. Dr. Patterson noted that the hospital relied on those attending the affiliate nursing school to help with the staff shortage. He stated there were only seven registered nurses on staff and that practically no applications were received from registered nurses.

But there was recognition at the state level that there were serious problems at the state mental hospitals. Acting on the recommendation of Governor Thye, the state legislature in 1945 appropriated \$5,000,000 for a post war building program at the state mental hospitals, as well as the state school in Faribault and the facility for epileptics in Cambridge.⁸¹ The legislature also created a committee to study the needs of these institutions and to report back to the legislature in 1947. The committee was told that the most pressing problems were overcrowding, the replacement of obsolete facilities, the need for a special facility at one location to treat mental patients with tuberculosis, and ensuring that all institutions had adequate sewage disposal facilities.⁸²

Soon national attention was focused on the treatment of the mentally ill. In 1946, a scathing article in *Life* magazine by Albert Q. Maisel exposed the horrific conditions in many of the nation's mental hospitals. Shocking photographs and gruesome accounts of abusive treatment brought national awareness to the country's failure to care and protect many of its most vulnerable citizens. Maisel concluded that, "Given the facts . . . the people of any state will rally . . . to put an end to concentration camps that masquerade as hospitals and to make cure rather

⁸⁰ *Tenth Biennial Report*, Division of Public Institutions, 1944, 82.

⁸¹ At this time there were seven facilities for the treatment of the mentally ill in Minnesota. These included St. Peter, Rochester, Fergus Falls, and Moose Lake State Hospitals, the State Asylums in Anoka and Hastings, and the State Hospital Farm for Inebriates in Willmar. All were now referred to as state hospitals.

⁸² Eleventh Biennial Report, Division of Public Institutions, 1946, 8-10, 74-77.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

than incarceration the goal of their mental institutions.” Conscientious objectors who worked in the nation’s mental hospitals during World War II were among those who reported the appalling conditions.⁸³

This type of publicity helped convince Congress to pass the National Mental Health Act of 1946, which established the National Institute for Mental Health, provided funds to establish faculty positions in psychiatry at major universities, and subsidized medical students who were willing to complete psychiatric residency programs. The National Mental Health Act was an important step toward improving the caliber of mental health care across the United States. It may have helped inspire a sequence of events in Minnesota that began the following year that led to significant improvements in the care and treatment of the mentally ill.⁸⁴

In December 1947, a committee of the Minnesota Unitarian Conference issued a report on conditions at the state’s seven mental hospitals. The scathing study reported that the institutions were underfunded, understaffed, and overcrowded (Figure 15). Not one hospital met the minimum standards of the American Psychiatric Association. Few patients were engaged in active treatment programs and many of the wards “present a common picture of unkempt patients vegetating.” Clothing was inadequate and minimum hygiene standards were not met. One in 13 patients were in physical restraints as a result of insufficient staff and the lack of adequate treatment programs and activities for patients. The discharge of patients was limited due to the lack of social workers who could facilitate the patient’s return to their family and community. One of the most damning statements was that, “Many patients do not receive the care and attention which the state provides livestock on the grounds of these same institutions.”⁸⁵

The report stated that the funding for Minnesota’s mental hospitals was one fifth the amount required. The report concluded:

The reason for these conditions is not difficult to find. Science has made progress, but public opinion is still in the Dark Ages. . . . The public has failed to demand or support hospitals offering the kind of treatment which could restore mentally sick people to full capacity and status in society.

Minnesota’s past failure to provide adequate operating funds, and to establish preventive social work and outpatient services is responsible for the neglect and privation for the majority of the 10,000 patients in its seven institutions for the mentally ill.⁸⁶

Recent scholarship has called attention to the role of one individual who helped convince the Minnesota Unitarian Conference to advocate for the mentally ill. Engla Schey had worked at the

⁸³ Albert Q. Maisel, “Bedlam 1946,” *Life*, May 6, 1946, 102-118.

⁸⁴ Lauber, 36.

⁸⁵ Minnesota Unitarian Conference Committee on Institutions for the Mentally Ill, “A Summary of Conditions in Minnesota State Hospitals for the Mentally Ill,” Unpublished report, December 1947, 2-12. A copy of the report is available at www.mncdd.org/past/pdf/47-mn-dpw-summ-conditions.pdf.

⁸⁶ Minnesota Unitarian Conference Committee on Institutions for the Mentally Ill, 1-2.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

Anoka, Hastings, and Rochester State Hospitals. Her own father, Anders Schey, had been voluntarily committed to the Fergus State Hospital where he later died. She was appalled by many of the conditions she witnessed and when she moved to Minneapolis she joined the First Unitarian Society of Minneapolis and became involved in social causes. Schey attended the 1946 Unitarian Conference where the topic of the treatment of the mentally ill was discussed. Reverend Arthur Foote, who became the chairman of the investigative committee, acknowledged Engla Schey's important role in urging the conference to act.⁸⁷

The conference report was presented to Governor Luther W. Youngdahl who took immediate action. In the spring of 1948, the governor conducted a series of unannounced fact finding tours of Minnesota's mental hospitals and appointed a task force to improve conditions. All these revelations brought significant improvements to the state's treatment of the mentally ill. One result was the passage of the Minnesota Mental Health Policy Act of 1949, which set the stage for a statewide network of community based health centers. The act also called for the establishment of a Commissioner of Mental Health. In the *Thirteenth Biennial Report* of the Division of Public Institutions it was noted that the report should be divided into two sections; one covered the period from June 1948 to July 1949, and the other from July 1949 to July 1950. "On this latter day a new era began so far as Minnesota public institutions were concerned." The state's new Commissioner of Mental Health stated,

The days of the custodial insane asylum are gone; the new day of the mental hospital, with standards equal to those of any general hospital is rising. This is clearly the "Will of the People" and is a mainspring of the mental health movement.⁸⁸

New public policies relating to the treatment of the mentally ill, along with more public awareness and new treatment options, brought significant changes to the Fergus Falls State Hospital. After July 1, 1949, 158 new employees were added to the payroll. The majority were psychiatric aids who worked on the wards. Two dietitians were hired and the services of a psychologist were obtained. In 1950, two new buildings for geriatric patients opened (Figure 16).⁸⁹ Dr. Patterson had suggested the need for the buildings as early as 1940 when he remarked how there was an increase in the number of aged people who were being admitted to the hospital. He stated that patients requiring geriatric care should be separated from the general hospital population and housed in a separate facility. He suggested that one-story buildings would be most appropriate and that they should be wheelchair accessible.⁹⁰ The new, one-story Y-shaped buildings represented a modern design solution and included an efficient layout and central nurse's stations.

In 1951, Minnesota received positive attention for its improvements in the treatment of the mentally ill. *Life* magazine featured a follow-up to its 1946 article that exposed the abuses at the

⁸⁷ Susan Bartlett Foote, "Finding Engla Schey: Catalyst for Mental Hospital Reform in Minnesota," *Minnesota History* 64/6 (2015): 249-260.

⁸⁸ *Thirteenth Biennial Report*, Division of Public Institutions, 1950, 17-18, 126.

⁸⁹ Lauber, 38. *Thirteenth Biennial Report*, 128-129, 133-134.

⁹⁰ *Eighth Biennial Report*, Division of Public Institutions, 1940, 90-91.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

nation's mental hospitals. This time, the same author, Albert Q. Maisel, discussed improvements that had been made over the past five years. Minnesota was singled out as a national leader and the Fergus Falls State Hospital was featured for its innovative intensive treatment program. The article noted, "Indeed, the most heartening progress made anywhere in the U.S. is taking place in Minnesota, where a common-sense program of intensive treatment plus new buildings is now in effect." The article pictured Governor Luther Youngdahl burning strait jackets on the grounds of the Anoka State Hospital on October 31, 1949 and discussed the reforms the governor had implemented. A detailed account of the new intensive therapy program at the Fergus Falls State Hospital was described:

This method has even been successful with so-called "hopeless" cases. Eighteen months ago 20 men and women, the most withdrawn patients at Minnesota's Fergus Falls State Hospital, were turned over to a team consisting of a psychologist, a nurse, six psychiatric aides and six student nurses. Most of the patients could not control their excrement. Fifteen had refused to feed themselves for years. Eleven were total non-talkers. On a five-point behavior-rating scale—where the number one signified "as far back as a person can slide and still be alive"—this group averaged 1.64.

All 20 received a series of electric shock treatments three times a week. Then they began simple recreational exercises. Often the tossing of a ball meant that the attendant had to put the ball into the patient's hand, draw his arm back and, sometimes, show him how to open his fingers to release it. After a while the patients could bathe themselves. The women had not handled toothbrushes, combs and lipsticks for years. They had to be taught, as children are, to use table implements. But step by step they learned. Seventeen of the 20 now work voluntarily around the hospital. Two of the 20 are being prepared for eventual discharge. One man, after six mute and virtually motionless years, is filling a skilled bookkeeping job in the hospital's business office.

The article also featured a photo of staff at the Hasting State Hospital who were involved with an intensive treatment program and described a successful program at the Anoka State Hospital that allowed 100 patients to walk freely on the hospital grounds even though many of the patients had been confined in restraints.⁹¹

Another turning point in the treatment of the mentally ill was the introduction of new drug therapies in the 1950s, including the first antipsychotic drug, chlorpromazine, and the first antidepressant drug, imipramine.⁹² Drug therapies reduced the duration of the hospital stay or often made hospitalization unnecessary. Emphasis also changed to the decentralized delivery of mental health treatment through a network of community mental health centers. The Mental Health Policy Act of 1949 recognized the potential of community clinics and during the next two years Minnesota opened outpatient clinics in Minneapolis and Fergus Falls. In addition to

⁹¹ Albert Q. Maisel, "Scandal Results in Real Reforms," *Life*, November 12, 1951, 151-152, 154.

⁹² Carla Yanni, *The Architecture of Madness* (Minneapolis: University of Minnesota Press, 2007), 148.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

accepting referrals from physicians in the region, the clinic in Fergus Falls assisted the hospital with follow-up visits to patients who had been discharged. By the mid-1950s, it had become clear that long-term institutionalization was not needed for many mentally ill individuals.

The trend toward community-based treatment continued and in 1957 the legislature passed the Community Mental Health Services act, which called for the creation of a statewide system of community based, state-operated outpatient psychiatric facilities. By 1966, the network had grown to 22 community health centers. The state also began to place large numbers of geriatric patients in newly opened state nursing homes at Ah-Gwah-Ching and Glen Lake. All these changes reduced the overall population of the state mental hospitals to less than half of what it had been at its high point in 1954.

During the 1964-66 biennium, the state's mental hospital population decreased by 1,300, continuing the downward trend that started in 1954-55. On June 30, 1966, there were 5,906 patients in Minnesota mental hospitals (5,632 mentally ill and 274 inebriates). The number of mentally ill in residence is now less than half the number hospitalized when the mental hospital population was at its highest point (September 1954).⁹³

These changes were reflected in the decrease in the patient population at Fergus Falls.

On June 30, 1966, the patient population of the hospital was at 1,082, a decrease of 261 patients from June 30, 1964, and of nearly 1,000 patients from 12 years ago. This decrease in population has occurred in the face of an increased admission rate each year. It has occurred for many reasons; such as increased community involvement and acceptance; increased staff with designated assignments to help people plan for discharge; increase in the development and use of staff in total as therapeutic agents; increase in the development and use of various community resources such as county welfare departments, sheltered workshops, day work placements; independent living situations and the development of better and more boarding and nursing care facilities.⁹⁴

Ironically, at Fergus Falls and the other state mental hospitals, even though the patient population was dwindling, improvements continued to be made. It was considered important to continue to provide up-to-date facilities, and some improvements were made to attract staff. Between 1949 and 1958, six staff residences were built on the perimeter of the hospital grounds. In 1960, an addition to the geriatric buildings known as Patterson Hall provided space for occupational therapy. In 1962, an auditorium and an administration building were constructed. A new power plant was built in 1964. Many interior spaces of the Kirkbride complex were remodeled. Elevators were installed, and lighting, ventilation, and plumbing were updated. The original double-hung wooden sash in the wards was replaced with glass block, and wire grates on a

⁹³ *Biennial Report*, Department of Public Welfare, 1966, 25.

⁹⁴ *Biennial Report*, Department of Public Welfare, 1966, 29.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

number of the porches were replaced with concrete block screens. Interior spaces were modernized with glass-enclosed nurse's stations and new wall and floor coverings.

Other changes were taking place as well. In December 1959, the hospital ceased manufacturing electricity and began purchasing power. In 1969, the hospital farm closed. There had been fewer patients to assist with the farming operation and, moreover, it was decided that patients should spend their time in active therapy, rather than other activities. The livestock was sold and the majority of the buildings were razed. Hundreds of acres of agricultural land were transferred to the Minnesota Department of Natural Resources, the Fergus Falls community College, and the city's industrial park.

Thirty Years of Uncertainty

By 1970, it was estimated that over 40,000 patients had been treated at Fergus Fall State Hospital. But the population continued to decline and the average population from 1973-74 was down to 528 patients. Governor Wendell Anderson intended to reduce the number even further, calling the state hospital system "a relic of a less enlightened era," and urging the state to continue its focus on community based delivery of mental health care. In keeping with this goal, the state began developing plans to demolish portions of the Kirkbride complex, beginning with the Administration Building. This was strenuously opposed by officials from the 17 counties served by the hospital and the plans fell through. By 1978, the state awarded the hospital \$168,000 in federal funds to make improvements.⁹⁵

At the same time, Minnesota's state hospitals had begun to expand beyond their traditional role as providers of residential treatment for adult psychiatric patients. New programs were introduced for treating adolescents, alcoholics, chemically dependent, and the developmentally disabled. In order to more accurately reflect its broadened scope of services and geographic reach, the Fergus Falls State Hospital was renamed the Fergus Falls Regional Treatment Center in 1985. The Kirkbride complex was listed on the National Register of Historic Places in 1986.

But the hospital population continued to decline as average stays grew shorter and opportunities for community based outpatient care increased. Yet, in 1989 the legislature offered a vote of confidence in the hospital's future, approving a six-year \$7.2 million plan for improvements at Fergus Falls and other state hospitals.

By the time the Fergus Falls State Hospital celebrated its centennial in 1990, its population was a fraction of what it had once been. Entire sections of the Kirkbride complex and other buildings were vacant. Realizing that the Kirkbride complex no longer represented an up-to-date psychiatric facility, and recognizing the impact the loss of the treatment programs would have on the local economy, community leaders went to the legislature in 1991 seeking funds for a new psychiatric hospital on the grounds. The city also arranged for the local school district and several non-profits to lease space in vacant buildings.

⁹⁵ Lauber, 43.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

The legislature approved a significant investment in the hospital as late as 1998, when a major restoration of the Administration Building was completed. But funding for the new treatment center did not materialize and by 2001 the Minnesota Department of Human Services was operating a program for about 100 people in a facility designed for over a thousand. The next year the Department sponsored a reuse study to identify new uses for the property. While the study was underway, Governor Jesse Ventura proposed a plan to consolidate treatment facilities. As part of the plan, mental health services offered at Fergus Falls would be relocated to other northwestern communities.⁹⁶

In September 2002, the Minnesota Department of Administration declared Fergus Falls to be surplus property, initiating the process of transferring the hospital out of state ownership after 112 years. The final blow came when Governor Tim Pawlenty announced a plan to move the hospital's remaining patients into smaller community based facilities as a cost-savings measure. A reporter for the *Minneapolis Star Tribune* wrote, "The once grand Regional Treatment Center in Fergus Falls has become a white elephant."⁹⁷

The Fergus Falls State Hospital closed in 2005. Previously, the geriatric buildings were transferred to Ottertail County in 2002 and are now used as a Government Services Center. Land at the northeast corner of the property had been transferred to the Minnesota Department of Veterans Affairs where a care facility for veterans was constructed in 2011. The City of Fergus Falls purchased all remaining land and buildings in 2002, including the Kirkbride complex. In 2011, Campus Development Group of Fargo, North Dakota, purchased the Detention, Receiving, and Contagious Hospitals, and the Men's and Women's Dormitories from the city. The buildings will be rehabilitated and converted into apartments. Work was completed on the Men's Dormitory in 2014 and work is now underway on the Detention Hospital.

Several development proposals for the main hospital have failed to come to fruition. The immense Kirkbride complex remains vacant. The City of Fergus Falls is making plans to mothball the main complex to secure the facility and prevent any deterioration until a successful development proposal will ensure its preservation.

Warren B. Dunnell

Warren Barnes Dunnell was born in Norway, Maine, on August 23, 1851. In 1863, the family moved to Winona, Minnesota, and two years later to Owatonna. Dunnell attended the University of Minnesota in 1869 and later transferred to the Massachusetts Institute of Technology. He began his career in architecture with the supervising architect of the treasury in Washington, D.C., and then left for Paris to study at the Ecole des Beaux-Arts. Upon his return, he resumed working for the federal government and supervised the construction of buildings in Memphis, Tennessee and Kansas City, Missouri. He worked briefly in St. Paul in 1876 during which time he and his partner, Samuel J. Brown, designed the Methodist Episcopal Church in Owatonna.

⁹⁶ Lauber, 43-44.

⁹⁷ Lauber, 45; Robert Franklin, "What to do with a City of Ghosts," *Minneapolis Star Tribune*, February 16, 2003, quoted in Lauber, 45.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

He resumed government service, but later returned to St. Paul in 1880 and entered the office of Abraham Radcliffe. A year later, he opened his own practice in Minneapolis. His practice focused on churches and public buildings and institutions, including schools and hospitals. He died in Minneapolis on December 28, 1931.⁹⁸

Dunnell was the architect of several of the state's large institutions. In addition to the Fergus Falls State Hospital (NRHP, 1986), he designed buildings for the State School for Dependent and Neglected Children (NRHP, 1975), the Minnesota Soldier's Home (NRHP, 1989), and the State Training School (NRHP, 1973).

Horace W. S. Cleveland

Horace William Shaler Cleveland was born in Lancaster, Massachusetts on December 16, 1814. As a youth he attended an innovative school operated by his mother that emphasized the observation and study of nature and landscape. Horatio Greenough, another student at the school, developed a set of aesthetic ideas working with Ralph Waldo Emerson, which argued for an organic approach to art. These ideas later influenced Cleveland as a landscape designer, leading him to conclude that he should be as true as possible to the landscape in which he worked. As a consequence, throughout this career he advocated for a starkly simple and natural style of design and maintained great disdain for superfluous decoration.

In the late 1820s, Cleveland moved with his family to Cuba where his father was in the diplomatic service and he learned about mulching techniques on coffee plantations and the healthful effects of tropical scenery. During the 1830s, he was employed as a surveyor in Illinois and other western states for railroad entrepreneurs and real estate speculators. Cleveland returned to Massachusetts in the late 1830s and stayed with his brother, Henry, in Jamaica Plain. He became involved with a literary organization called the Five of Clubs, where he met Henry Wadsworth Longfellow, whose ideas about social responsibility would influence Cleveland throughout his career. In the early 1840s, he purchased Oatlands, a farm in Burlington, New Jersey, where he established himself as a scientific farmer. He considered both the practical and aesthetic issues of landscape design and published articles in journals such as Andrew Jackson Downing's *The Horticulturist*.

In 1854, Cleveland moved back to Massachusetts to begin a practice in landscape and ornamental gardening with Robert Morris Copeland. One of their first important commissions was the design of Sleepy Hollow Cemetery in Concord where they were employed by Ralph Waldo Emerson and other members of the Concord Cemetery Committee. Cleveland and Copeland designed the cemetery to be sensitive to the existing landscape and also as a park that was connected to various public spaces in the Concord community. Their ideas about connecting public spaces informed their suggestions for a Boston park system. Copeland and Cleveland dissolved their partnership sometime before the Civil War.

⁹⁸ Alan K. Lathrop, *Minnesota Architects: A Biographical Dictionary* (Minneapolis: University of Minnesota Press, 2010), 63-64.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

In 1869, Cleveland moved to Chicago and used his connections with powerful railroad magnets to secure work. These men were convinced of the importance of planning communities and planting trees in the prairie landscape. Cleveland formed a partnership with William Merchant Richardson French, a civil engineer and later founding director of the Chicago Art Institute. They collaborated on cemetery and subdivision projects. During the 1870s, Cleveland worked on Chicago's Drexell Boulevard, a system of parks in south Chicago, and Graceland Cemetery. In 1873, he published *Landscape Architecture as Applied to the Wants of the West with an Essay on Forest Planting on the Great Plains*, one of the first books to define and develop the scope of the new profession of landscape architecture. He also corresponded with colleagues such as Frederick Law Olmsted Sr.

Cleveland's reputation spread quickly and soon he was working on a variety of projects in Minnesota. Cleveland designed Oakland Cemetery in St. Paul in 1873-74, the community of St. Anthony Park in 1874, and Washburn Park subdivision in Minneapolis in 1886. He also consulted with the City of St. Paul on the city's parks and on Summit Avenue.

In 1883, Cleveland began work on the Minneapolis Park System, considered the crowning achievement of his long career. He laid out a system of connected lakes, parks, and parkways that were integral to the city's development over the next several decades. Cleveland moved to Minneapolis in the mid-1880s and helped secure the area around Minnehaha Falls as a public park. Today the Minneapolis park system is considered one of the most important open space systems in the United States and stands as a testament to Cleveland's vision.⁹⁹

In addition to the Fergus Falls State Hospital, Cleveland also served as the landscape architect for a number of state institutions, including the State School for Dependent and Neglected Children (Administration Building, NRHP, 1975), the Minnesota Soldier's Home (NRHP, 1989), and the State Training School (NRHP, 1973). His health began to fail in the 1890s and he returned to the Chicago area to live with his son. He died on December 5, 1900 in Hinsdale, Illinois.

Cleveland has been over shadowed by some of his better known colleagues such as Andrew Jackson Downing and Frederick Law Olmsted. But recent scholarship has called attention to his important accomplishments. His book, *Landscape Architecture as Applied to the Wants of the West*, was written at a critical time when the nation was rapidly expanding. The introduction is an important manifesto on the role of landscape architecture in a changing nation. He hoped to influence civic leaders and others who were laying out new American cities along the western rail expansion. He was dismayed by the monotony and ugliness that he had seen. Each chapter in the book provides a detailed design philosophy for projects ranging from suburbs to park systems.

⁹⁹ Nadenicek, Daniel Joseph, William H. Tishler, and Lance M. Neckar, "Horace William Shaler Cleveland," in *Pioneers of American Landscape Design*, ed. Charles A. Birnbaum and Robin Karson (New York: McGraw-Hill, 2000), 61-64.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Cleveland played a significant role in redefining the scope of landscape architecture's focus, from agriculture, horticulture, and pleasure grounds, to conservation and the design of park systems and entire cities. In contrast, Olmsted had never been able to write a book about his approach to the new profession.

Cleveland's work was particularly important to urban designers. Many of his projects were described as models for civic improvement. Minnehaha Creek, where he had designed a parkway along the water to link lakeside parks with Minnehaha Falls and the Mississippi River, was one of two Midwestern projects depicted in Charles Mulford Robinson's 1903 book *Modern Civic Art or the City Made Beautiful*. Many of his ideas were considered visionary. When Prairie School landscape architect O.C. Simmonds gave an address at the American Park and Outdoor Art Association meeting in 1898 on the development and influence of landscape architecture at the turn of the century, he captured Cleveland's impact with the simple phrase, "he taught us how to make cities."¹⁰⁰

Clarence H. Johnston

Clarence Howard Johnston was born in Waseca County, Minnesota, on August 28, 1859. As a child, he moved with his family to St. Paul and was educated in public schools. After completing high school, he was employed by Abraham Radcliffe, a prominent St. Paul architect. While working for Radcliffe, he met Cass Gilbert and the two became good friends. They both left in 1878 to attend the Massachusetts Institute of Technology (MIT). Johnstone was forced to drop out because of financial difficulties and he returned to St. Paul where he entered the office of Edward P. Bassford. In 1880, one of his professors at MIT wrote to offer him a position at Herter Brothers, which was one of New York's leading interior designers and furniture makers. He worked there for about two years, spending part of his time on the immense William Vanderbilt mansion then being erected on Fifth Avenue. He moved back to St. Paul in 1882 and opened his own office, which he maintained for the rest of his life until his death in 1936.¹⁰¹

Johnston's practice became one of the most successful in the state and in the course of his career he designed hundreds of buildings. It is likely he designed more buildings in Minnesota than any other architect in state history. He designed residences, churches, schools, and commercial buildings, including 42 homes on St. Paul's Summit Avenue. His work at the Fergus Falls State Hospital was the result of his appointment as the state architect for the Minnesota State Board of Control, a newly created body that oversaw the construction and operation of all state-funded institutions. Johnston held the position of state architect until 1931 and in that capacity he designed buildings at thirty-five state-owned sites that included hospitals, schools and universities, correctional institutions, and government buildings.¹⁰²

¹⁰⁰ Horace W. S. Cleveland, *Landscape Architecture as Applied to the Wants of the West* (1873; reprint with an introduction by Daniel J. Nadenicek and Lance M. Neckar, Amherst and Boston: University of Massachusetts Press, 2002), vi-viii, xi-xiv, lii.

¹⁰¹ Lathrop, 116-117.

¹⁰² Paul Clifford Larson, *Minnesota Architect: The Life and Works of Clarence H. Johnston* (Afton, Minnesota: Afton Historical Society Press, 1996), 110-122, 170-194.

Fergus Falls State Hospital

Name of Property

Morell and Nichols

Otter Tail County, MN

County and State

Anthony Morell was born in France in 1875 and in about 1902 he immigrated to the United States. Morell spent some of his early career in the New York office of Charles Leavitt, Jr. There he met Arthur Nichols, another young landscape architect. Nichols was born in West Springfield, Massachusetts in 1880. In 1902, he became the first graduate of the landscape architecture program at the Massachusetts Institute of Technology. While employed by Leavitt, both men worked on a variety of projects including a development plan for Long Beach, New York, and the estates of John D. Rockefeller Sr. in Pocantico Hills, New York, George B. Post Jr. in Bernardsville, New Jersey, and Chester Congdon in Duluth, Minnesota.

In 1909, Morell and Nichols formed a partnership and moved to Minneapolis in order to take advantage of contacts established during their work in Duluth while employed by Leavitt. Morell and Nichols, Inc. became one of the first and most productive landscape architecture firms in Minnesota. The partnership combined Morell's European training and Nichols's eastern background with their appreciation for the state and its regional character. The firm's broad-ranging design services included master plans for residential subdivisions, state and city parks, country clubs, cemeteries, college campuses, hotels, resorts, and hospitals and institutions.

In 1909, the same year the firm was established, Morell and Nichols became a consultant to the Minnesota State Board of Control and were responsible for locating buildings and developing plans for the grounds of various state institutions. Nichols and the firm were particularly sought after for the design of college campuses. From 1910 to 1952, Nichols served as the consulting planner to the University of Minnesota system. In 1917, the firm designed the town plan for Morgan Park, a company town owned by the U.S. Steel Corporation.

The firm continued in operation after Morell's untimely death in 1924. From 1932 to 1940, Nichols served as a consultant to the Minnesota Department of Highways. He designed numerous wayside rests and other roadside development features throughout the state. His highway designs balanced the engineering requirements of highway design with preserving the natural beauty and scenic qualities of the land.

Nichols was known for his large-scale plans that met the needs of the present while providing flexibility for the future. He advocated maintaining long views wherever possible as well as working with the land. He cautioned against over-planning. Nichols died in 1970.¹⁰³

Toltz, King and Day

One of the state's most important architecture and engineering firms got its start in 1910 when Max Toltz left his job as chief engineer for the Great Northern Railway to establish his own company, Toltz Engineering Company. He was soon joined by Wesley King, and later by

¹⁰³ Gregory Kopischke, "Anthony Urbanski Morrell, Arthur Richardson Nichols, and Morell & Nichols, Inc.," in *Pioneers of American Landscape Design*, 253-257.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

Beaver Wade Day. Renamed Toltz, King and Day, the firm grew into a major company, well known not only in Minnesota but also across the nation.

Day died in 1931 and Toltz in 1932, but King maintained the company name until 1956 when Arndt Duvall and Gerald Anderson, longtime employees, became partners. The company was renamed Toltz, King, Duvall and Anderson. The firm operates today as TKDA. Toltz, King and Day designed the Hamm Building, the West Publishing Company building, and the Robert Street Bridge in St. Paul, and the Stearns County Courthouse in St. Cloud. The firm designed the Men's and Women's Geriatric Buildings at the Fergus Falls State Hospital.¹⁰⁴

Minnesota's State Mental Hospitals

In the early years of Minnesota's statehood, the mentally ill were sent to a hospital in Mount Pleasant, Iowa. But by 1865, the facility was full and no more Minnesota patients could be accepted. The following year the Minnesota legislature passed an act establishing the St. Peter State Hospital, also known as the First State Hospital for the Insane. State mental hospitals were subsequently built in Rochester, Fergus Falls, and Moose Lake. The hospitals were considered "receiving hospitals" where patients could be treated and released. These facilities were differentiated from state asylums for the insane that were built in Anoka and Hastings. Asylums were smaller facilities that provided custodial care for patients who were considered incurable.¹⁰⁵

The four hospitals were located in different geographic regions of the state in order to better serve local populations. They were typically located on the edge of a small town on a large tract of land. Towns often vied to be selected as the site of a state hospital or other institution because of the large employment that the facility provided. The state hospitals were in many ways like self-contained villages, which generated their own heat and power and operated large farms to produce their own food. A hospital farm might exceed 1,000 acres with vegetable gardens, orchards, and crops for livestock that included cattle, dairy cows, hogs, and chickens. State hospitals were often large facilities from inception, but then expanded into immense complexes as a variety of buildings were added over the decades as needs changed and the philosophy of institutional care evolved.

St. Peter State Hospital

The St. Peter State Hospital first opened in temporary quarters following its establishment in 1866. A permanent facility, built between 1867 and 1878, was designed by nationally-known architect Samuel Sloan. By selecting Sloan, the hospital trustees were following the most advanced ideas of the day for the design of mental hospitals that had been advocated by Dr. Thomas Kirkbride. Sloan had begun his career as a protégé of Kirkbride and designed 32 hospitals based on his design philosophy. In fact, Kirkbride himself was engaged as a consultant

¹⁰⁴ Lathrop, 54-55, 129, 212-214.

¹⁰⁵ Patricia Murphy, *The Public Buildings of the State of Minnesota: An Architectural Heritage* (St. Paul: State Historic Preservation Office, Minnesota Historical Society, 1986), 16.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

for the design of the main hospital building at St. Peter, one of 13 such collaborations known to have taken place, and the only example found in Minnesota.¹⁰⁶

The main building followed Kirkbride's design theories and featured a central administration building flanked by extended wings that housed the patients. The wings were staggered, which allowed natural light to illuminate the long interior hallways. Unfortunately, the wings were demolished in the late 1960s and only the administration building, also known as the Center Building, remains (NRHP, 1986).

A site plan prepared by Morell and Nicols in 1926 depicts the large main complex that included the administration building, wards for the patients, the kitchen, and power plant, two buildings that were described as "detached wards" for men and women, a tuberculosis hospital, three isolation cottages, a detention hospital, and a "criminal detention" building that housed the "dangerously insane." Service buildings included the machine shop, paint shop, carpenter's shop, laundry, ice house, several garages, and a green house. Staff housing included the superintendent's cottage, the engineer's cottage, the assistance engineer's cottage, two men's dormitories, and one women's dormitory. The hospital farm included a horse barn, cow barn, calving barn, hog barns, corn crib, granary, hay and grain storage building, a milk house, wagon shed, and a slaughterhouse.¹⁰⁷ According to the Morell and Nicols site plan, the landscape design included a number of curvilinear roads and other landscape features.

Today the facility is the only one of the state's four original mental hospital that still provides services for the mentally ill. The property also houses the Minnesota Security Hospital. But over the years nearly all the buildings have been demolished and replaced with new construction. The Center Building and an administration building constructed in 1937 are among the few buildings that survive from the hospital's historic period. Remarkably, the dairy barn from the hospital's farming operation still survives and is now used for storage. It is one of the few farm buildings that remain at any of the state hospitals or other institutions.

Rochester State Hospital

The Second State Hospital for the Insane was established at Rochester in 1873 as an asylum for inebriates. The hospital was funded by a ten dollar tax levied on all liquor dealers, who immediately began to lobby against the plan, claiming there was a more pressing need for an additional hospital for the insane. As a result, the act that created the facility was repealed in 1878 and it became a hospital for the insane, which also admitted inebriates.¹⁰⁸

The original buildings at Rochester were also based on the Kirkbride plan. The immense main building featured a linear plan that included a central administration building with a tall tower capped with a dome and flanking east and west wings. A site plan prepared by Morrell and

¹⁰⁶ Robert Ferguson, "Center Building," National Register of Historic Places Nomination Form," State Historic Preservation Office, Minnesota Historical Society, September 30, 1985, 8.1.

¹⁰⁷ Topography and Record Survey, St. Peter State Hospital for the Insane, 1926, St. Peter State Hospital, Blueprints and Drawings, Minnesota Historical Society.

¹⁰⁸ Murphy, 17.

Fergus Falls State Hospital

Otter Tail County, MN
County and State

Name of Property

Nicols in 1924 depicts the main building, detention hospital, a detached ward, men's and women's dormitories, an isolation hospital, the steward's office and store house, the engineer's quarters, three greenhouses, two pavilions, four summer houses, and a building described as a photo gallery. Service buildings included the power house, a laundry, a machine shop, a fire hall that included space for a blacksmith's shop and for cold storage, several garages, a warehouse, an ice house, and a paint shop. The farm buildings included a barn with a wagon shed, four chicken houses, a brooder house, two coops, and a duck pond. The site plan also indicated the location of a future dairy barn. The most prominent landscape feature was a large oval adjacent to main entrance to the administration building that featured a complex series of symmetrical walkways.¹⁰⁹

By the 1980s, all the original buildings had been demolished. A survey of state-owned buildings from 1986 identified three remaining buildings that were considered architecturally significant, including the detention hospital and the nurse's dormitory, both built in 1912 in the Tudor Revival style and designed by Clarence H. Johnston, and the Colonial Revival style superintendent's residence built in 1938 as a WPA project.¹¹⁰ By the 1980s, the state hospital had been partially converted into a Federal Medical Center operated by the Federal Bureau of Prisons to provide medical care for inmates. Today the property is used solely as a federal medical facility. New buildings were constructed for the federal facility and all remaining buildings associated with the Rochester State Hospital were demolished.

Moose Lake State Hospital

The Fourth State Hospital for the Insane was built in Moose Lake in 1936-38 in order to serve the population in northeastern Minnesota and to relieve the overcrowding at the other state mental hospitals. When the design of the complex was under consideration, it was debated whether to employ the cottage plan or the more centralized congregate system. Because the cottage plan had been criticized for the inefficiencies of its decentralized design, the congregate system was selected. In fact, the plans for the Moose Lake State Hospital recall the centralized design of the earlier Kirkbride-inspired linear schemes at St. Peter, Rochester, and Fergus Falls. Construction was funded by the New Deal's Public Works Administration (PWA) and was one of state's largest federal relief construction projects during the Great Depression.

The main hospital complex is an immense building representing an example of the Georgian Revival style on a massive institutional scale. Based on a cruciform plan, the building extends 475 feet to the east and west and 275 feet to the north and south. The north-south axis of the building includes the administrative and medical facilities while the east-west axis contains the hospital's receiving wards. A tower with a cupola rises above the intersection of the axes. A large service building and four dormitories for patients are located to the south of the main complex. The dormitories were also referred to as cottages, although they are actually large three-story buildings measuring 170 feet long. The hospital complex also included dormitories

¹⁰⁹ Topography and Record Survey, Rochester State Hospital, 1924, Rochester State Hospital, Architectural Drawings, Minnesota Historical Society.

¹¹⁰ Murphy, 17.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

for male and female staff, men's and women's geriatric buildings identical to those constructed at Fergus Falls, a power plant, and a large farming operation. While Morell and Nicols served as landscape architects, the landscape design as executed was rather straightforward. The main entrance road is rectilinear and runs parallel to the main building and the main landscape feature is an expansive lawn between the complex and Moosehead Lake.

Beginning in 1988, the Moose Lake State Hospital began a gradual conversion into a correctional facility as the treatment of the mentally ill began to shift from large institutions to community based facilities. The property had been determined eligible for the National Register of Historic Places but the nomination process did not proceed because of anticipated changes to the facility as a result of its conversion to a correctional facility. The changes included the demolition of the women's dormitory and the construction of several new buildings.¹¹¹

When comparing the St. Peter, Rochester, Fergus Falls, and Moose Lake State Hospitals, it is clear that the St. Peter and Rochester hospitals have experienced a significant loss of integrity. The Rochester State Hospital was completely demolished and the vast majority of the buildings from the historic period at the St. Peter State Hospital have also been demolished. The Moose Lake State Hospital holds an important place as the last large-scale institution built in Minnesota for the treatment of the mentally ill. Yet, its construction in the late 1930s best represents a later period in the history of the state's mental hospitals. Ultimately, Fergus Falls State Hospital is significant for its high integrity and its ability to represent the broad history of the treatment of the mentally ill beginning in the late nineteenth century and continuing into the modern era.

Preservation of the Kirkbride Hospitals

Nationally, it has been challenging to preserve Kirkbride-inspired hospitals. As the philosophy of institutional care began to evolve in the mid-twentieth century, many hospitals were vacated and completely demolished. Some surviving hospitals have been partially demolished or have been compromised by new construction. Even the Buffalo State Hospital in Buffalo, New York, by Richardson and Olmsted, which is designated a National Historic Landmark, has had three of its wings removed. Other hospitals are in deteriorating condition. Often the immense size of a hospital or its remote location hinders preservation and adaptive reuse. Historian Carla Yanni describes former mental hospitals and asylums as "buildings with difficult histories." There is still a stigma attached to mental illness and the stigma extends to the buildings that housed its sufferers. The marketing challenges can be significant.

The National Trust for Historic Preservation has recognized the importance of the nation's mental hospitals. When New York State placed four vacant mental hospitals on the market with no references to their National Historic Landmark status, the Trust sounded the alarm by placing them on its 1999 list of America's Most Endangered Places. In 2009, the Trust included an article in its *Forum Journal* on the reuse potential of nineteenth century state hospitals for the

¹¹¹ Rolf T. Anderson, "Moose Lake State Hospital," Draft National Register of Historic Places Nomination Form, State Historic Preservation Office, Minnesota Historical Society, August 15, 2002, 7.1-8.13.

Fergus Falls State Hospital

Otter Tail County, MN

Name of Property

County and State

insane. The article noted that the “Fergus Falls Hospital in Minnesota is a wonderful facility in need of development.”¹¹²

A January 2016 article in *Newsweek* also focused attention on the efforts to preserve the remaining historic mental hospitals. The article was prompted by the recent demolition of the Greystone Hospital in New Jersey. Kirkbride’s own grandson, Robert Kirkbride, joined the effort. He commented how, “The beauty of the buildings was meant to be part of the therapy.” For Kirkbride, the preservation of the buildings his ancestor designed is not just about remembering history and preserving architecture but also about overcoming the prejudice that still hinders the care of people with psychiatric illnesses.¹¹³

By some accounts, perhaps as many as three dozen examples of Kirkbride-inspired hospitals remain in various states of preservation. There are some success stories. The former mental hospital in Traverse City, Michigan, has been transformed into a “mixed-use walkable village.” The 1874 asylum in Athens, Ohio, is now used for offices and an art museum by Ohio University. But historian Carla Yanni refers to the historic mental hospitals as “endangered species.” She describes the Fergus Falls State Hospital as nationally significant as a particularly complete and distinctive version of the Kirkbride Plan that retains its original central block and wings, several service buildings, as well as some original interiors, all residing in its historic landscape.¹¹⁴

Conclusion

The Fergus Falls State Hospital represents a long and multi-faceted history. It is the story of Thomas Kirkbride, who believed that architecture could shape behavior in a positive way. It is the story of Horace Cleveland, who believed that landscape design could also have a positive impact. Ultimately, it is a human story of the countless patients who resided at the hospital and the efforts of the State of Minnesota to care for them over the decades as the philosophy of institutional evolved.

The Fergus Falls State Hospital is important as a rare surviving example of a Kirkbride-inspired design and for its ability to represent the complex history of the treatment of the mentally in Minnesota (Figure 17).

¹¹² Thomas J. Balduf, “Adaptive Use of 19th-Century State Hospitals for the Insane,” *Forum Journal* 24/1 (Fall 2009): 37.

¹¹³ Dan Hurley, “Saving Bedlam: The Effort to Preserve the Country’s Historic Mental Hospitals Isn’t as Crazy as it Sounds,” *Newsweek*, January 22, 2016, 64-67.

¹¹⁴ Yanni, 149-153. Interview with Rolf Anderson on May 18, 2016.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

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Otter Tail County, MN

County and State

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Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Ottertail County Historical Society. Fergus Falls, Minnesota

Interviews

Carla Yanni. Associate Professor of Art History, Rutgers University. Interview with Rolf Anderson on May 18, 2016.

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 # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
 - Other State agency
 - Federal agency
 - Local government
 - University
 - Other
- Name of repository: _____

Historic Resources Survey Number (if assigned): _____

10. Geographical Data

Acreage of Property 128

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

- | | |
|--------------|------------|
| 1. Latitude: | Longitude: |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

Or

UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

Main Hospital Complex

- | | | |
|-------------|-----------------|-------------------|
| 1. Zone: 14 | Easting: 724380 | Northing: 5131740 |
| 2. Zone: 14 | Easting: 725180 | Northing: 5131770 |
| 3. Zone: 14 | Easting: 725210 | Northing: 5130960 |
| 4. Zone: 14 | Easting: 724400 | Northing: 5130940 |

Cemetery

- | | | |
|-------------|-----------------|-------------------|
| 5. Zone: 14 | Easting: 725100 | Northing: 5132460 |
|-------------|-----------------|-------------------|

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Verbal Boundary Description (Describe the boundaries of the property.)

The boundary is shown on the enclosed map titled, "Fergus Falls State Hospital National Register Boundary."

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the lands and buildings historically associated with the Fergus Falls State Hospital and that maintain historic integrity. Large land holdings associated with the hospital farm that were sold or transferred to other agencies after the farm closed in 1969 have been excluded. Of the core hospital area, two areas have also been excluded from the boundary. Six staff residences built at the southeast corner of the property from 1949-1958 have been excluded. Four of the six were built after the period of significance and a number of changes have also been made. Moreover, their suburban-style layout adheres to adjacent residential grid pattern and detracts from the hospital's historic landscape. Another excluded area is located at the northeast corner of the property that once included several farm buildings. In 2011, the Minnesota Department of Veterans Affairs constructed a new care facility, which is excluded from the boundary. The inclusion of the hospital cemetery results in a discontinuous district. However, the hospital complex and the cemetery are spatially discrete, the space between them is not related to the significance of the district, and visual continuity is not a factor in the significance.

11. Form Prepared By

name/title: Rolf T. Anderson
organization: _____
street & number: 212 West 36th Street
city or town: Minneapolis state: MN zip code: 55408
e-mail roanders6@aol.com
telephone: 1-612-824-7807
date: May 18, 2016

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Fergus Falls State Hospital

City or Vicinity: Fergus Falls

County: Otter Tail State: Minnesota

Photographer: Rolf T. Anderson

Date Photographed: August 4-6, 2015

Description of Photograph(s) and number, include description of view indicating direction of camera:

- 1 of 38. Hospital grounds with Administration Building and landscaped oval, looking northwest.
- 2 of 38. Hospital grounds with curvilinear roadway, looking north.
- 3 of 38. Hospital grounds with tree-lined roadway and East Detached Wing, looking southeast.
- 4 of 38. Hospital grounds with clearing framed by trees, looking southwest.
- 5 of 38. Hospital grounds with tree-lined sidewalk, looking northwest.
- 6 of 38. Administration Building, looking northwest.
- 7 of 38. Stairway in the Administration Building, looking northwest.
- 8 of 38. Fireplace in the Administration Building, looking southwest.
- 9 of 38. Fireplace in the Administration Building, looking northwest.
- 10 of 38. West Center Wing and Administration Building, looking north.
- 11 of 38. East Center Wing, looking southwest.
- 12 of 38. Chimney and bracket detail on the East Center Wing, looking west.
- 13 of 38. Northeast Wing, looking southeast.
- 14 of 38. West Detached Wing, looking northeast.
- 15 of 38. East Detached Wing, looking northeast.
- 16 of 38. Power House, looking north.
- 17 of 38. Welch Memorial Industrial Building, looking northwest.
- 18 of 38. Welch Memorial Industrial Building, looking east.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State

- 19 of 38. Stone panel, Welch Memorial Industrial Building, looking southeast.
- 20 of 38. Display cabinet, Welch Memorial Industrial Building, looking south.
- 21 of 38. Horse Barn, looking northeast.
- 22 of 38. Nurse's Dormitory, looking southwest.
- 23 of 38. Nurse's Dormitory, looking northeast.
- 24 of 38. Gable detail, Nurse's Dormitory, looking north.
- 25 of 38. Engineer's Garage, looking north.
- 26 of 38. Contagious Hospital, looking southeast.
- 27 of 38. Contagious Hospital, looking west.
- 28 of 38. Detention Hospital, looking northwest.
- 29 of 38. Detention Hospital, looking southeast.
- 30 of 38. Dining room fireplace, Detention Hospital, looking northwest.
- 31 of 38. Men's Dormitory, looking north.
- 32 of 38. Receiving Hospital, looking north.
- 33 of 38. Bandstand, looking southeast.
- 34 of 38. Men's Geriatric Building, looking northwest.
- 35 of 38. Hospital Cemetery with cross and flag, looking northwest.
- 36 of 38. Hospital Cemetery, looking south.
- 37 of 38. Hospital Cemetery, looking northwest.
- 38 of 38. Headstone, Hospital Cemetery, looking south.

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

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

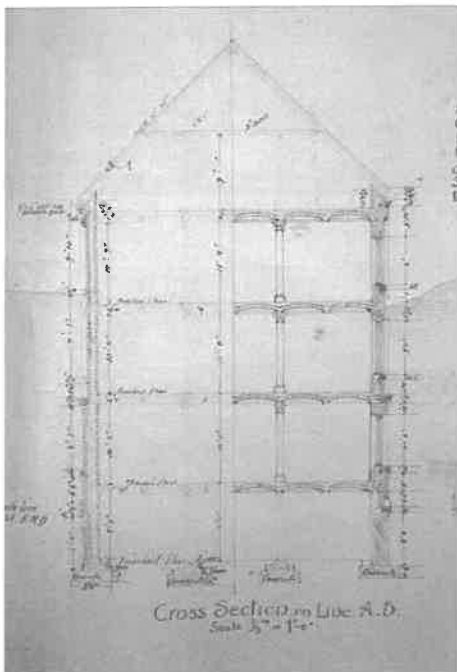
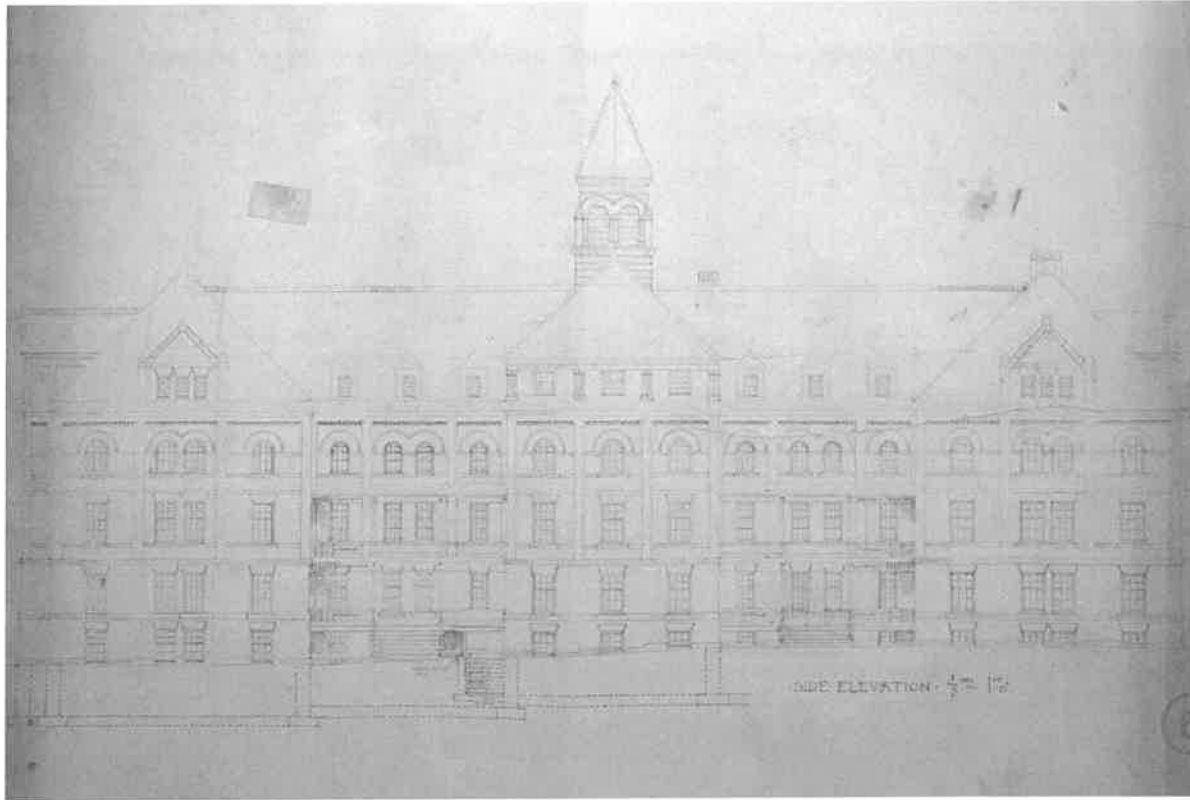


Figure 1. Architect Warren B. Dunnell's drawings for the West Detached Wing. Liebenberg and Kaplan Papers, Northwest Architectural Archives, University of Minnesota.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

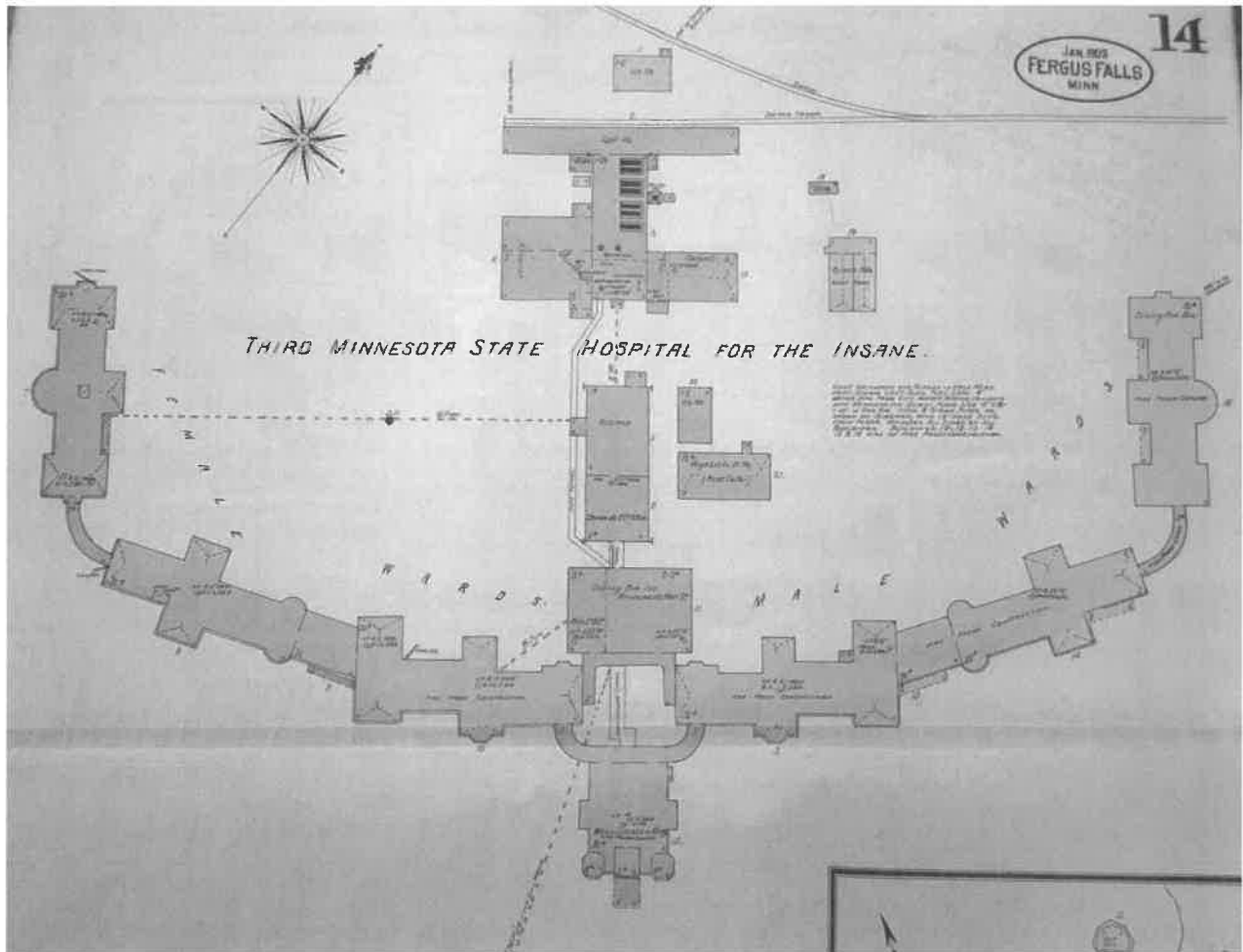


Figure 2. 1903 Sanborn Insurance Map from the collections of the Ottertail County Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 3. Fergus Falls State Hospital, August 25, 1895. Photo #32507 from the collections of the Otter Tail County Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

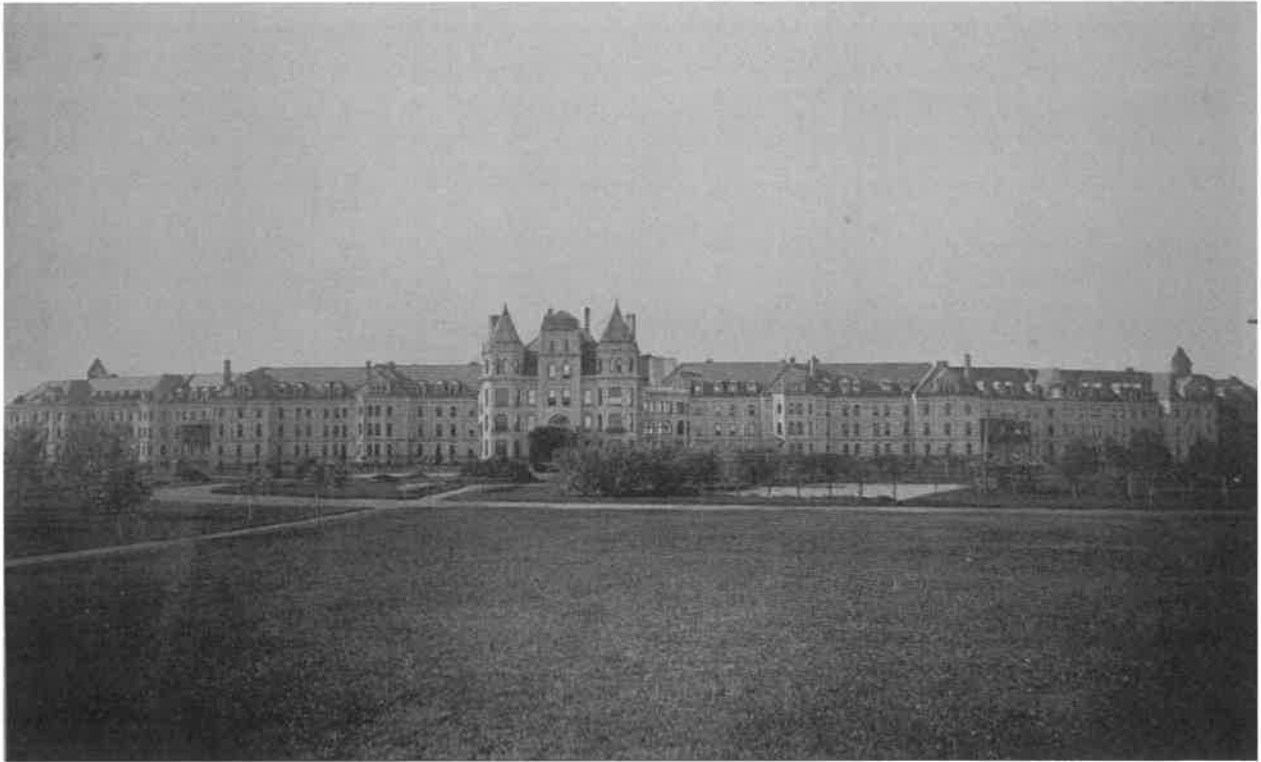


Figure 4. Fergus Falls State Hospital and grounds prior to the completion of the tower. Photo from ca. 1904 from the *Second Biennial Report*, State Board of Control, 1904.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State



Figure 5. Fergus Falls State Hospital ca. 1906 with the tower completed and early landscaping and oval near the main entrance. Photo #50293 from the collections of the Otter Tail County Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 6. Fergus Falls State Hospital, 1910, with the Detention Hospital at the right. Note main entrance road at center and walkway at left, and cultivated fields in the foreground. Photo Minnesota Historical Society

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 7. Fergus Falls State Hospital ca. 1915. Photo Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 8. Fergus Falls State Hospital ca. 1920s with the Detention Hospital and the Men's Dormitory at the center right and the hospital farm buildings at the upper right. Note roads and walkways, landscape features, and planting pattern. Photo #34066 from the collections of the Otter Tail County Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State

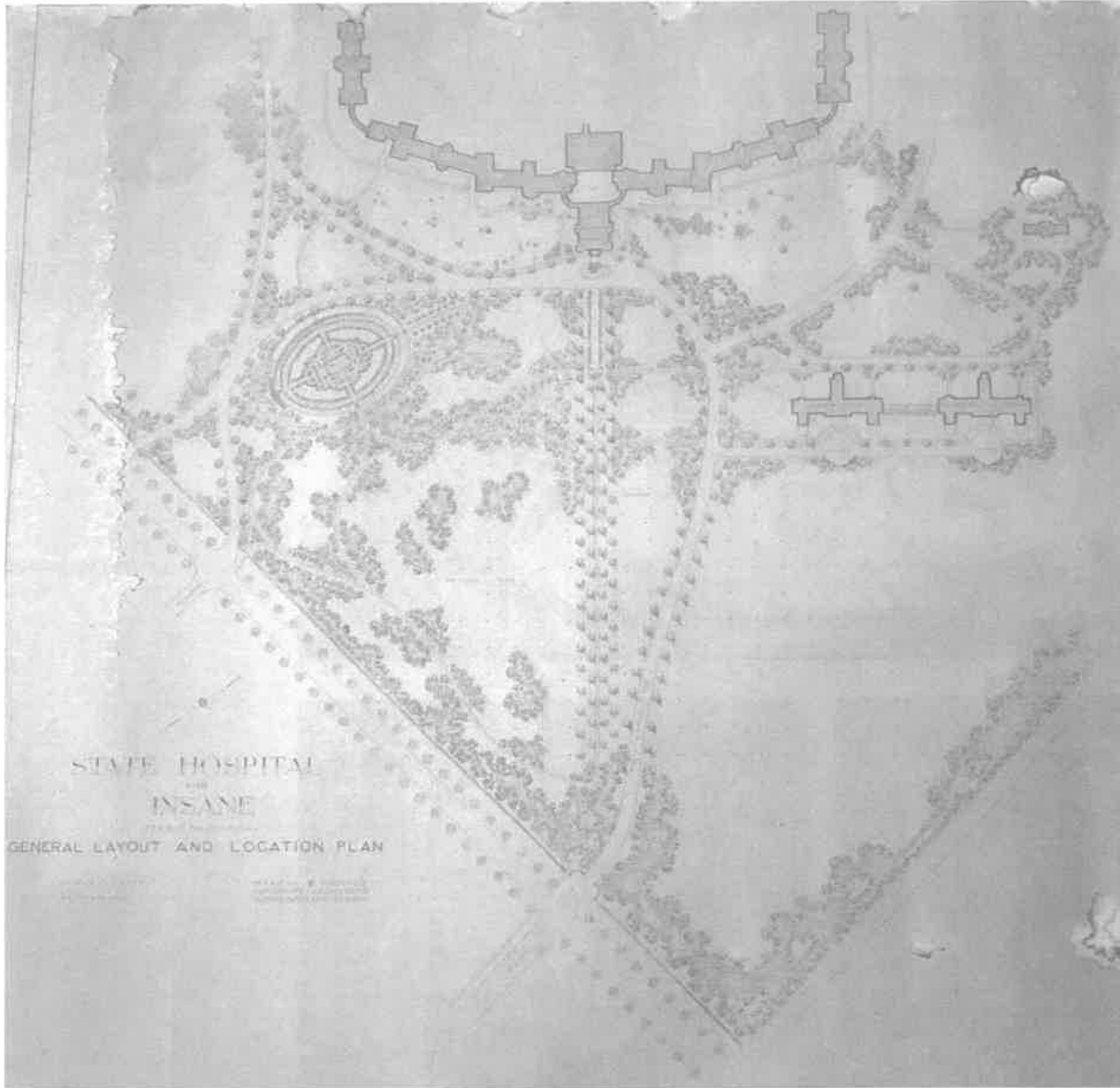


Figure 9. "General Layout and Location Plan" by Morrell and Nichols dated December 1913 from the collections of the Ottertail County Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 10. Top: Ward ca. 1900. Bottom: Ward in the West Center Wing ca. 1923. Photos Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 11. Interior of the Nurse's Dormitory ca. 1923. Photo Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 12. Contagious Hospital ca. 1908. Photo #34645 from the collections of the Ottertail County Historical Society.

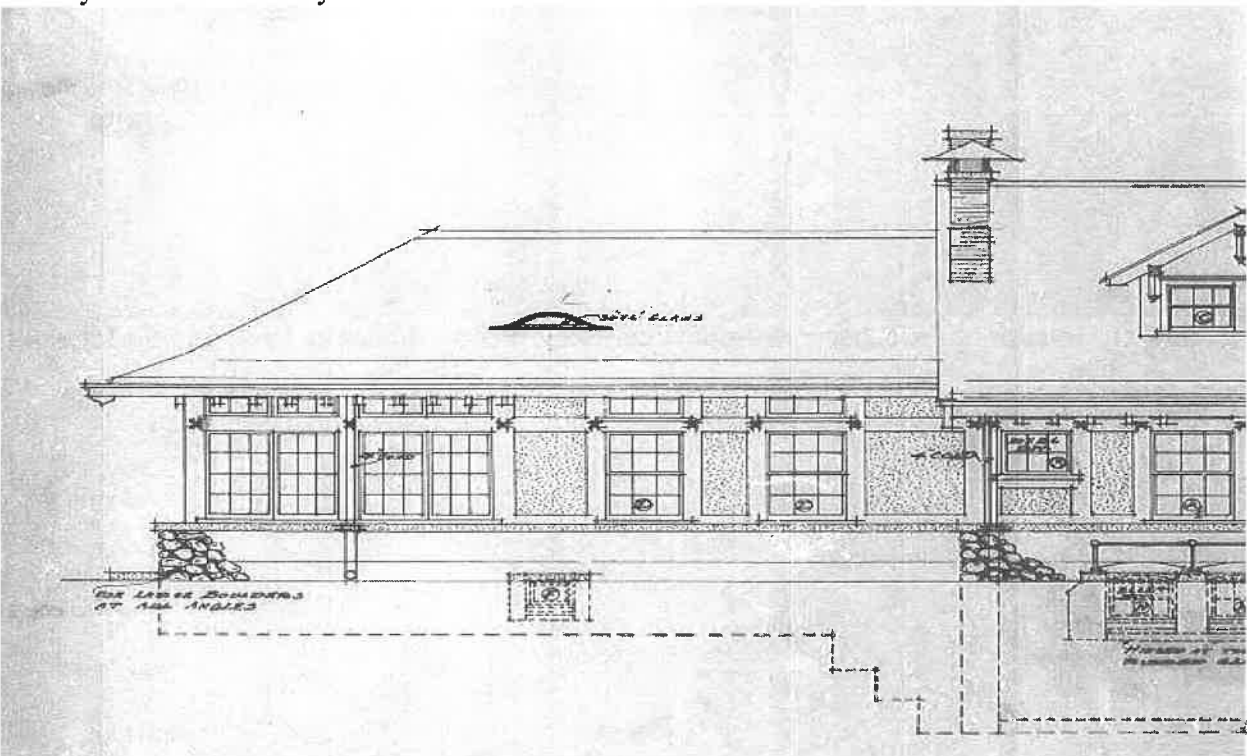


Figure 13. Contagious Hospital elevation. Image Minnesota Department of Administration.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 14. The Detention Hospital ca. 1910. Photo Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



Figure 15. Beds lining one of the connecting corridors ca. 1948. Photo Minnesota Historical Society.

Fergus Falls State Hospital

Name of Property

Otter Tail County, MN

County and State



Figure 16. The Women's and Men's Geriatric Buildings, November 1950. Photo Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



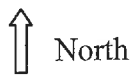
Figure 17. Aerial view ca. 2000. Photo Minnesota Historical Society.

Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State



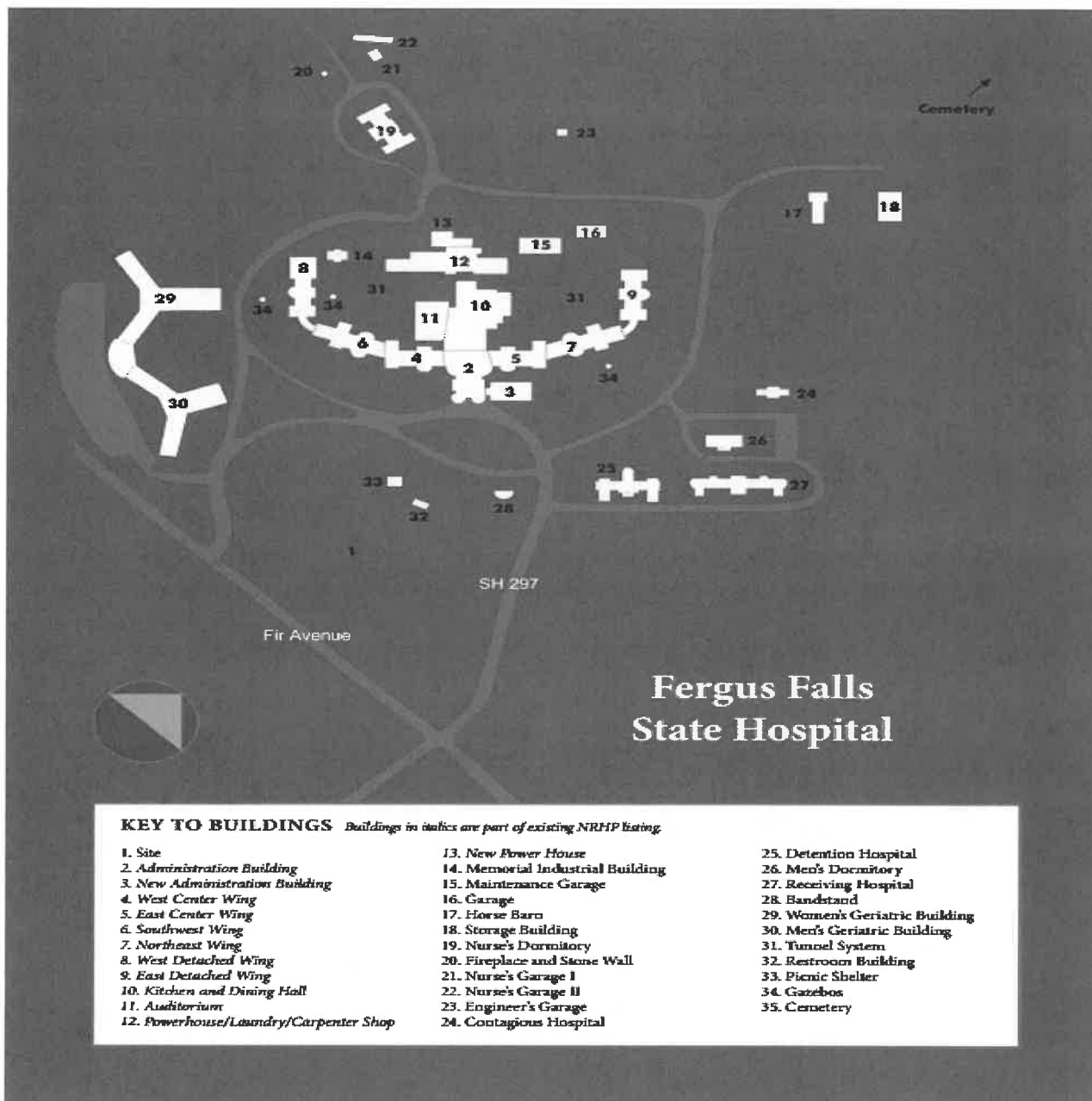
Base map: Google Maps 2014



3/8 inch equals approximately 250' feet

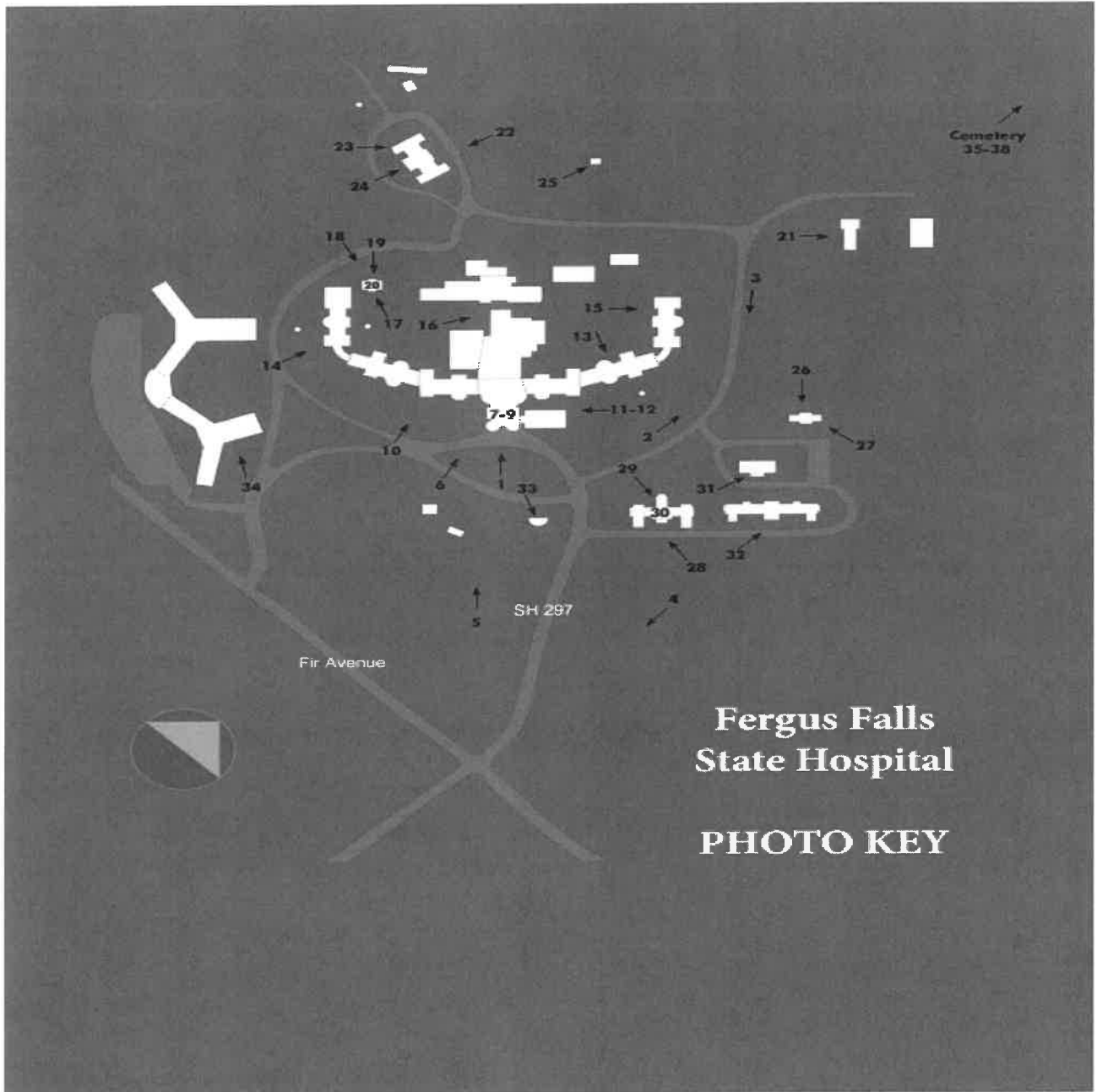
Fergus Falls State Hospital
 Name of Property

Otter Tail County, MN
 County and State



Fergus Falls State Hospital
Name of Property

Otter Tail County, MN
County and State





Fergus Falls State Hospital_0001

Hospital grounds with Administration Building and landscaped oval, looking northwest



Fergus Falls State Hospital_0002

Hospital grounds with curvilinear roadway, looking north



Fergus Falls State Hospital_0004

Hospital grounds with clearing framed by trees, looking southwest



Fergus Falls State Hospital_0003

Hospital grounds with tree-lined roadway and East Detached Wing, looking southeast



Fergus Falls State Hospital_0005
Hospital grounds with tree-lined sidewalk, looking northwest



Fergus Falls State Hospital_0006
Administration Building, looking northwest



Fergus Falls State Hospital_0007
Stairway in the Administration Building, looking northwest



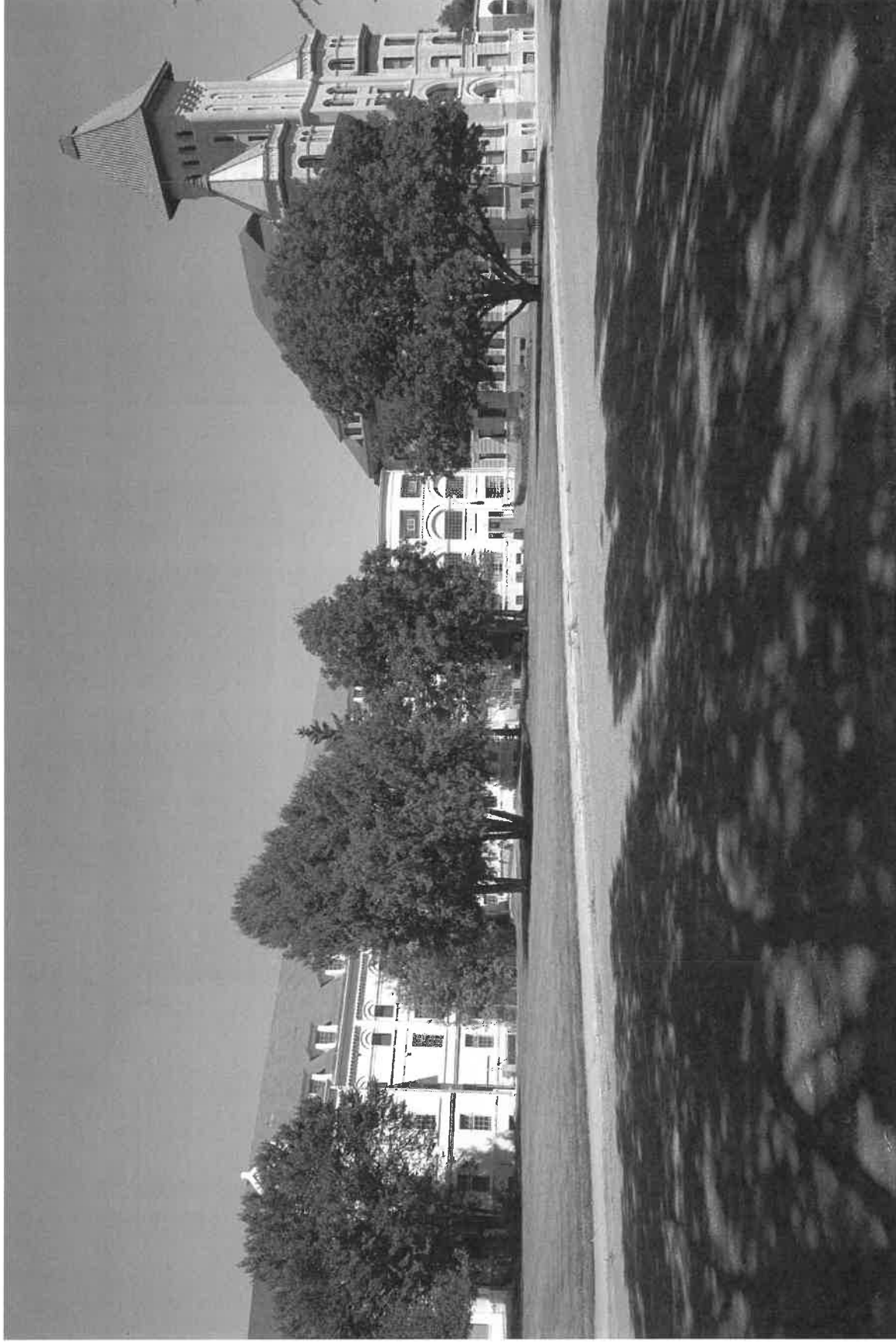
Fergus Falls State Hospital_0008

Fireplace in the Administration Building, looking southwest



Fergus Falls State Hospital_0009

Fireplace in the Administration Building, looking northwest

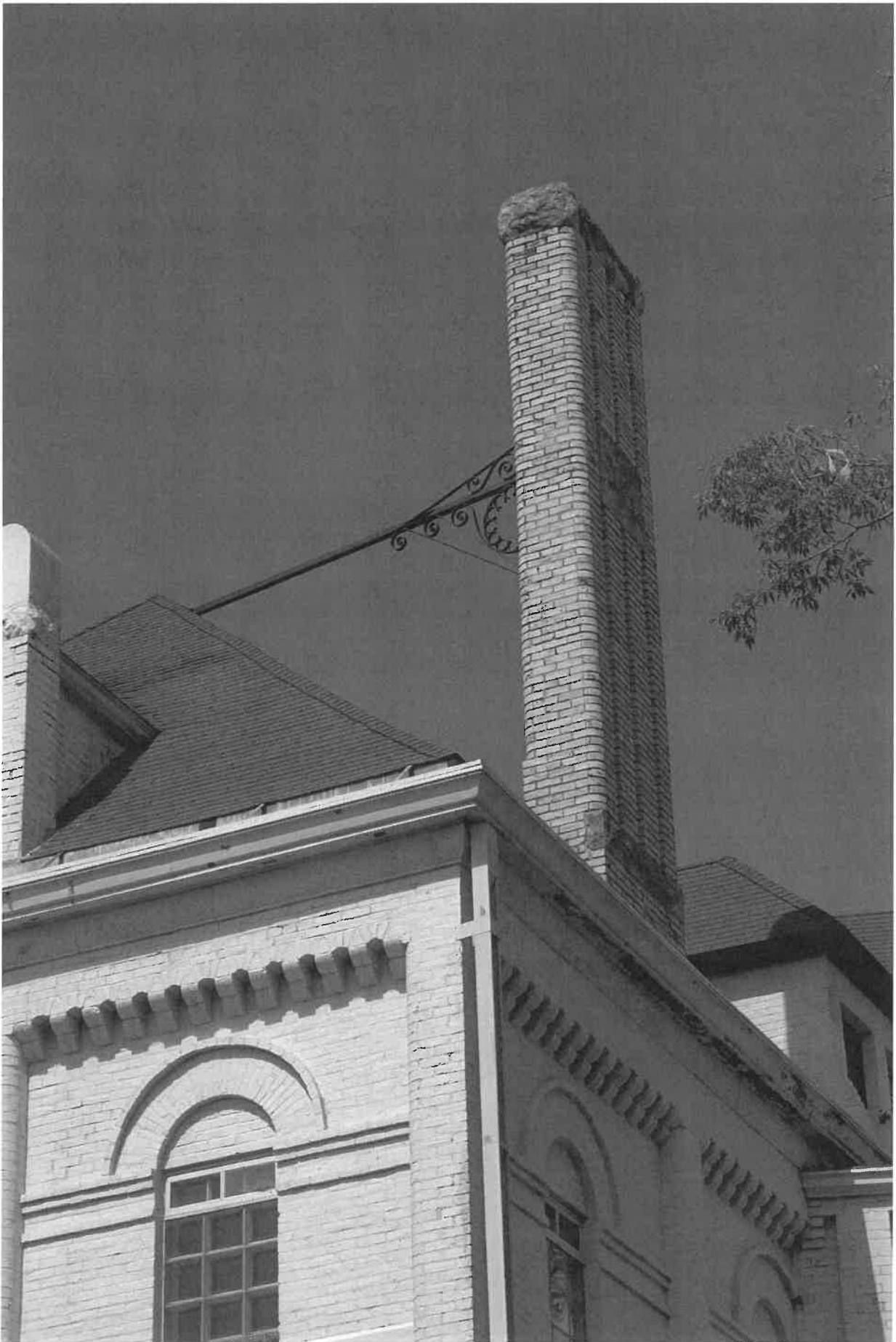


Fergus Falls State Hospital_0010

West Center Wing and Administration Building, looking north



Fergus Falls State Hospital_0011
East Center Wing, looking southwest



Fergus Falls State Hospital_0012

Chimney and bracket detail on the East Center Wing, looking west



Fergus Falls State Hospital_0013
Northeast Wing, looking southeast



Fergus Falls State Hospital_0014
West Detached Wing, looking northeast



Fergus Falls State Hospital_0015
East Detached Wing, looking northeast



Fergus Falls State Hospital_0016
Power House, looking north



Fergus Falls State Hospital_0017

Welch Memorial Industrial Building, looking northwest



Fergus Falls State Hospital_0018
Welch Memorial Industrial Building, looking east



Fergus Falls State Hospital_0019

Stone panel, Welch Memorial Industrial Building, looking southeast



Fergus Falls State Hospital_0020

Display cabinet, Welch Memorial Industrial Building, looking south



Fergus Falls State Hospital_0021
Horse Barn, looking northeast



Fergus Falls State Hospital_0022
Nurse's Dormitory, looking southwest



Fergus Falls State Hospital_0023
Nurse's Dormitory, looking northeast



Fergus Falls State Hospital_0024

Gable detail, Nurse's Dormitory, looking north



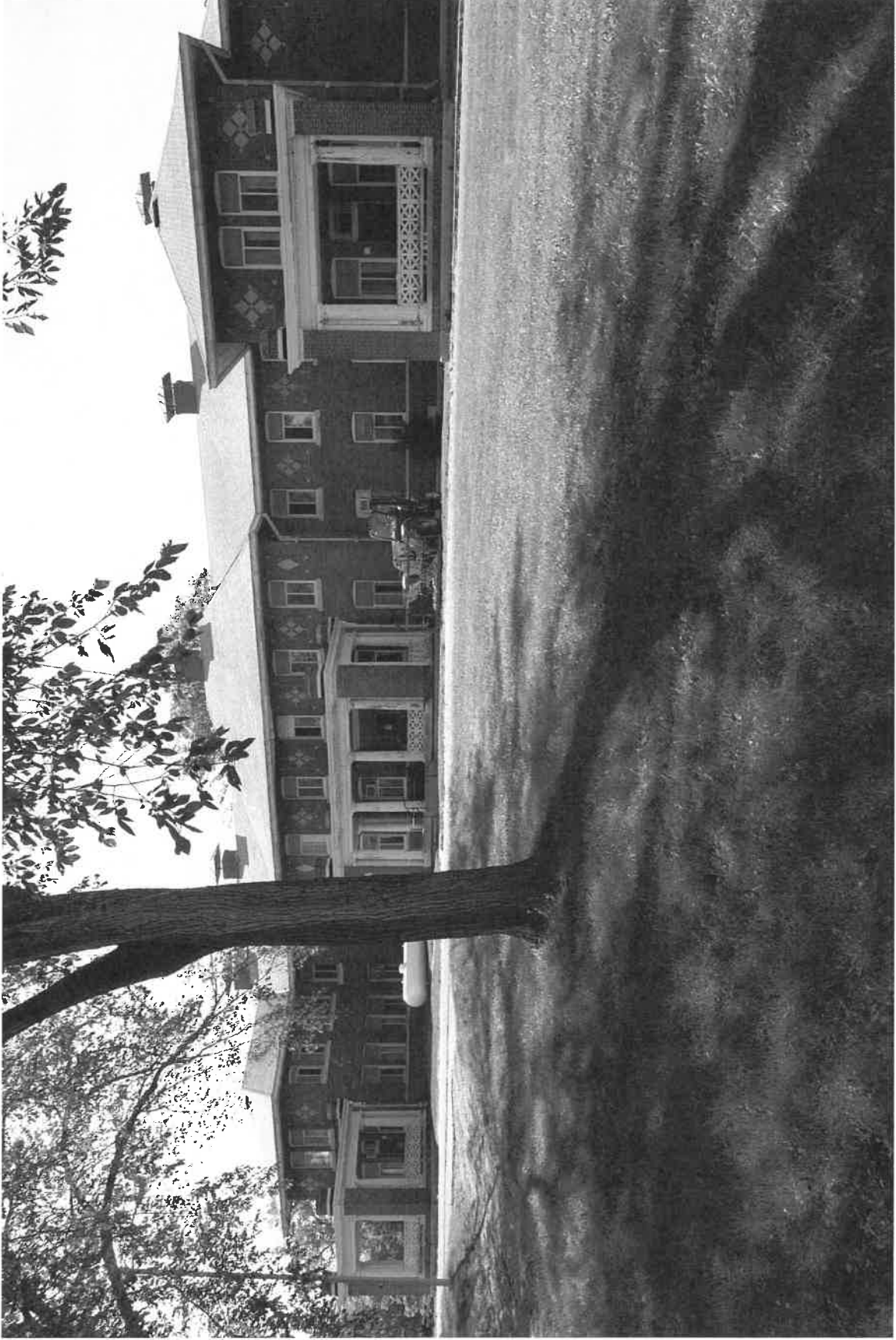
Fergus Falls State Hospital_0025
Engineer's Garage, looking north



Fergus Falls State Hospital_0026
Contagious Hospital, looking southeast



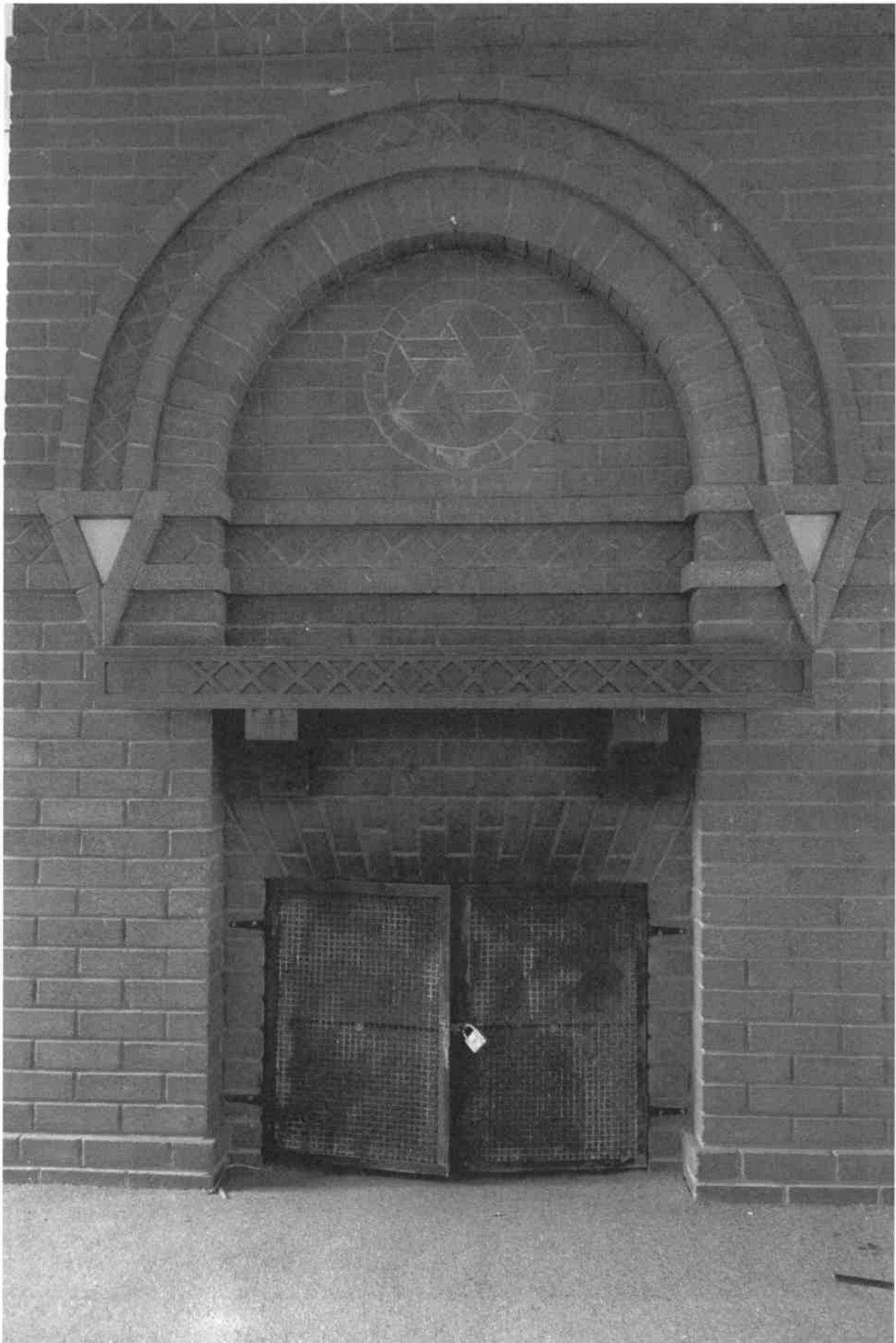
Fergus Falls State Hospital_0027
Contagious Hospital, looking west



Fergus Falls State Hospital_0028
Detention Hospital, looking northwest



Fergus Falls State Hospital_0029
Detention Hospital, looking southeast



Fergus Falls State Hospital_0030
Dining room fireplace, Detention Hospital, looking northwest



Fergus Falls State Hospital_0031
Men's Dormitory, looking north



Fergus Falls State Hospital_0032
Receiving Hospital, looking north



Fergus Falls State Hospital_0033
Bandstand, looking southeast



Fergus Falls State Hospital_0034
Men's Geriatric Building, looking northwest



Fergus Falls State Hospital_0035

Hospital Cemetery with cross and flag, looking northwest



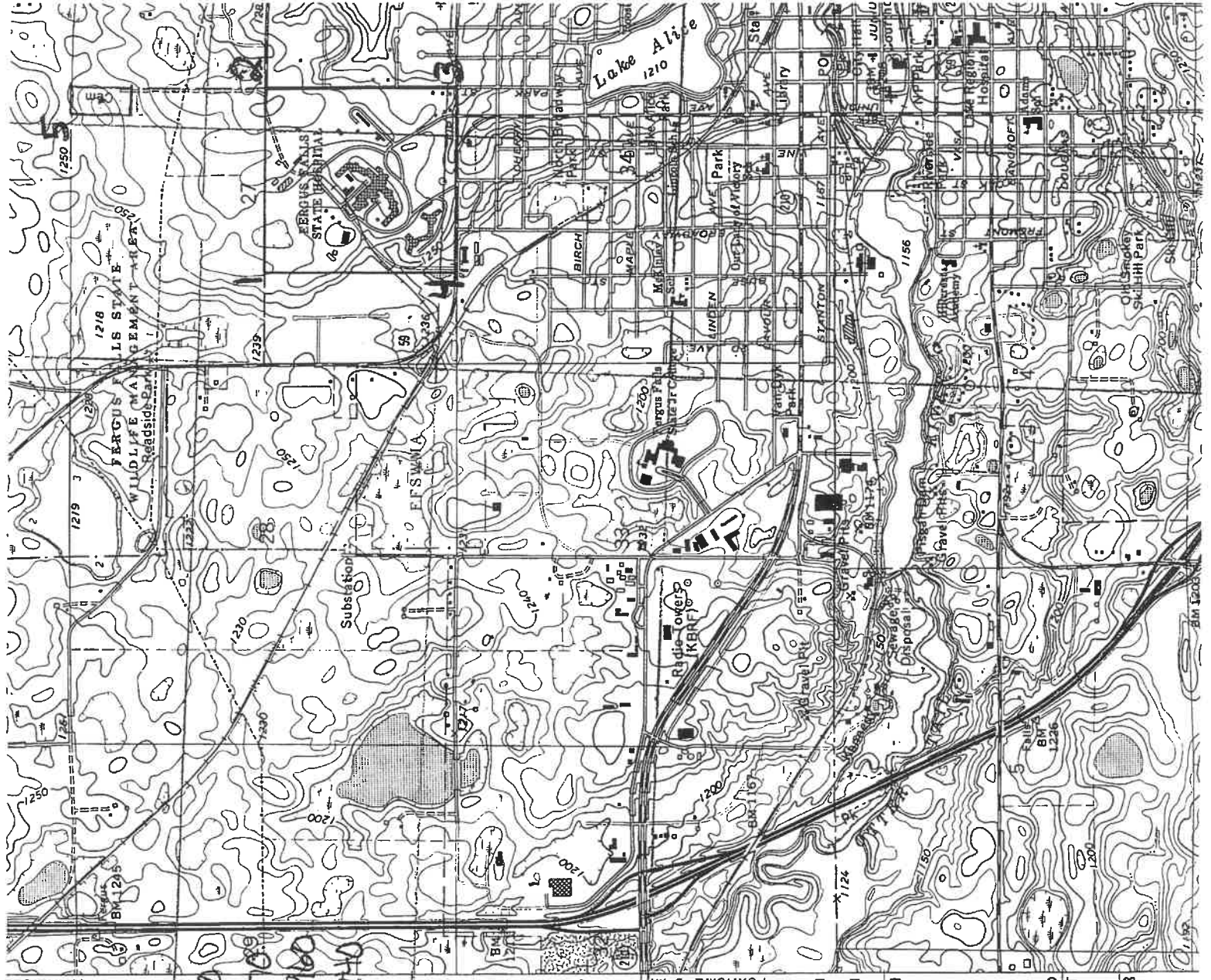
Fergus Falls State Hospital_0036
Hospital Cemetery, looking south



Fergus Falls State Hospital_0037
Hospital Cemetery, looking northwest



Fergus Falls State Hospital_0038
Headstone, Hospital Cemetery, looking south



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Fergus Fall State Hospital
Hospital

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- 4 - 14 724 400 5130940

Cemetery

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Otter Tail Co.

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