

MINNESOTA HISTORIC PROPERTY RECORD

Fergus Falls State Hospital

OT-FFC-072

PART I. PROPERTY IDENTIFICATION and GENERAL INFORMATION

A. Name

Historic Name: Fergus Falls State Hospital

Current Name: Fergus Falls Regional Treatment Center

B. Location

1400 Union Avenue

(State Highway 297 north of Fir Avenue)

Fergus Falls

Otter Tail County

Minnesota

Property Boundaries—Legal Description

Main Campus

Lots 3, 4, 5, 6, 11, 12, 13, 14, 19, 20, 21, 22, 27, 28, 29, 30 of the State Subdivision of Section 27, Township 133, Range 43, Otter Tail County, Minnesota, except that part described as follows:

Commencing at the center of said Section 27; thence south 88 degrees, 01 minutes, 50 seconds east along the north line of the southeast quarter of said Section 27 a distance of 1252.84 feet; thence south 01 degree, 28 minutes, 55 seconds west along the west right-of-way line of Park Street a distance of 1334.71 feet; thence north 41 degrees, 28 minutes, 39 seconds a distance of 1838.35 feet to the point of beginning.

And the east half of the southwest quarter of Section 27, Township 133, Range 43, Otter Tail County, Minnesota, except that part described as follows:

Commencing at the southwest corner of said east half of the southwest quarter; thence on an assumed bearing of south 88 degrees, 18 minutes, 23 seconds east along the south line of said southwest quarter of Section 27 a distance of 150.0 feet to the point of beginning of the land to be described; thence north 1 degree, 20 minutes, 56 seconds east a distance of 852.06 feet; thence north 47 degrees, 58 minutes, 41 seconds east a distance of 609.18 feet; thence south 53 degrees, 59 minutes, 24 seconds east a distance of 69.03 feet; thence south 38 degrees, 21 minutes, 24 seconds west a distance of 78.84 feet; thence southwesterly on a tangential curve, concave to the southeast, having a radius of 114.64 feet and a delta angle of 16 degrees, 08 minutes, 09 seconds, for an arc distance of 32.28 feet; thence south 22 degrees, 13 minutes, 15 seconds west a distance of 38.14 feet; thence south 15 degrees, 44 minutes, 57 seconds west a distance of 99.25 feet; thence North 69 degrees, 28 minutes, 33 seconds west a distance of 9.72 feet; thence south 35 degrees, 13 minutes, 13 seconds west a distance of 33.10 feet; thence south 21 degrees 46

minutes, 35 seconds west a distance of 35.36 feet; thence south 8 degrees, 26 minutes, 04 seconds west a distance of 44.34 feet; thence south 1 degree, 52 minutes, 38 seconds east a distance of 97.79 feet; thence south 24 degrees, 24 minutes, 25 seconds east a distance of 29.34 feet; thence south 56 degrees, 34 minutes, 38 seconds east a distance of 32.82 feet; thence north 85 degrees, 23 minutes, 11 seconds east a distance of 22.99 feet; thence north 67 degrees, 34 minutes, 45 seconds east a distance of 23.18 feet; thence south 28 degrees, 48 minutes, 51 seconds east a distance of 26.74 feet; thence southeasterly on a tangential curve, concave to the northeast, having a radius of 285.61 feet and a delta angle of 30 degrees, 01 minutes, 45 seconds, for an arc distance of 149.69 feet; thence south 58 degrees, 50 minutes, 36 seconds east a distance of 18.94 feet; thence southeasterly on a tangential curve, concave to the southwest, having a radius of 218.55 feet and a delta angle of 18 degrees, 33 minutes, 54 seconds, for an arc distance of 70.81 feet; thence south 40 degrees, 16 minutes, 43 seconds east a distance of 67.04 feet; thence south 36 degrees, 46 minutes, 05 seconds east a distance of 111.83 feet; thence south 33 degrees, 12 minutes, 51 seconds east a distance of 137.14 feet; thence south 30 degrees, 35 minutes, 55 seconds east a distance of 162.78 feet; thence south 29 degrees, 58 minutes, 04 seconds east a distance of 190.52 feet; thence south 1 degree, 41 minutes, 37 seconds west a distance of 49.91 feet to said south line of the southwest quarter of Section 27; thence on a bearing of North 88 degrees, 18 minutes, 23 seconds west along said south line a distance of 1008.80 feet to the point of beginning. Containing 124.22 acres, more or less.

Cemetery

NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 27, Township 133 North, Range 43 West, Otter Tail County, Minnesota

Property Boundaries--UTM Coordinates

See attached USGS topographical map.

Main Campus

A: Zone 14 / Easting 724800 / Northing 5131740
 B: Zone 14 / Easting 725200 / Northing 5131400
 C: Zone 14 / Easting 725220 / Northing 5130960
 D: Zone 14 / Easting 724780 / Northing 5130940
 E: Zone 14 / Easting 724400 / Northing 5131200
 F: Zone 14 / Easting 724380 / Northing 5131740

Cemetery (Center of Cemetery)

G: Zone 14 / Easting 725100 / Northing 5132500

C. Present Owner

State of Minnesota

Present Occupant / Present Use

See attached campus map and key to buildings

Minnesota Department of Human Services

Building 1—Administration
Building 2—Administration Wing
Building 3—Auditorium
Building 22—East Center Wing (Residential/Program-Chemical Dependency)
Building 24—Northeast Wing (Residential/Program-Chemical Dependency)
Building 25—Kitchen
Building 26—West Center Wing (Residential/Program-Mental Illness)
Building 28—Southwest Wing (Residential/Program-Mental Illness)
Building 30—Power Plant
Building 32—Old Power Plant
Building 40—Staff Residence (Crisis Services)
Building 41—Staff Residence
Building 47—Staff Residence (Waiver Services)
Building 50—Nurses Garage (Support)
Building 51—Nurses Garage (Support)
Building 52—Vehicle Garage (Support)

Minnesota Department of Health

Building 5, Detention Hospital (Offices)

Minnesota Veterans Home

Building 10, Horse Barn (Support)

City of Fergus Falls

Building 16—Greenhouse
Building 17—Hothouse
Building 53— Incinerator

Fergus Falls School District

Building 33—Receiving Hospital (Offices)

Catholic Charities

Building 6—Male Employees Dormitory (Adolescent Residential Treatment Program)

Other Leased Space

Building 29—Memorial Building
Building 45—Staff Residence
Building 46—Staff Residence
Building 48—Staff Residence

Vacant

Building 19—Industrial Building
Building 21—Men’s Tuberculosis Pavilion
Building 23—East Detached
Building 27—West Detached

Building 31—Nurses' Dormitory
Building 42—Contagious Hospital

D. Significance

A portion of the institution's central campus, described as the Fergus Falls State Hospital Complex, was listed on the National Register of Historic Places on 26 June, 1986. The National Register historic district includes ten contributing and three non-contributing buildings. Buildings marked with an asterisk (*) are linked by a system of underground tunnels and above-ground corridors to form a contiguous structure known as the Kirkbride complex. Contributing buildings and their dates of construction include:

- Building 27—West Detached (1890)*
- Building 28—Southwest Wing (1893)*
- Building 26—West Center Wing (1893)*
- Building 1—Central Administration (1897)*
- Building 22—East Center Wing (1897)*
- Building 24—Northeast Wing (1897)*
- Building 23—East Detached (1899)*
- Building 25—Kitchen (1894)*
- Building 32—Powerhouse/Carpentry Shop/Laundry (1894)
- Building 19—Industrial Building (1904)

Non-contributing buildings include:

- Building 2—Administration Wing (1964)
- Building 3—Auditorium (1962)
- Building 30—New Power Plant (1962)

Criterion A

The buildings, structures, and grounds of the Fergus Falls State Hospital provide tangible evidence of the state's early and enduring commitment to providing humane care for its mentally ill citizens. Authorized by the legislature in 1885 and opened in 1890 to serve a part of the state that was experiencing a tremendous surge of settlement spawned by extension of the railroads, the Fergus Falls facility was Minnesota's third institution for the insane, augmenting those already established in St. Peter (1866) and Rochester (1878). Unlike the earlier state asylums, which sought merely to provide safe haven and meet the basic human needs of their patients, the Fergus Falls facility was given an explicit 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.

Criterion C

Like its predecessors at St. Peter and Rochester, the centerpiece of the Fergus Falls State Hospital is its magnificent, sprawling main building, designed according to the precepts of the so-called Kirkbride or linear plan. Named for Dr. Thomas Story Kirkbride of the Pennsylvania Hospital for the Insane, linear plan buildings were conceived as carefully controlled environments where fresh air, ample light, pleasant surroundings and an

unvarying routine were combined to impose order on disorderly minds, making the building itself an integral part of the treatment. Formally adopted by the precursor to the American Psychiatric Association in 1851, Kirkbride's principles were considered the state of the art in mental hospital design for nearly half a century.

The Kirkbride complex at Fergus Falls was designed by Minneapolis architect Warren B. Dunnell, one of the state's first formally trained architects. Today Dunnell's complex has achieved statewide significance as the only fully intact example of the liner plan remaining in Minnesota, and as one of the last and most complete Kirkbrides remaining in the United States.

Fergus Falls State Hospital Complex National Register District--UTM Coordinates

See attached historic district map.

- A. Zone 14, Easting 725150, Northing 5131230
- B. Zone 14, Easting 724930, Northing 5130990
- C. Zone 14, Easting 724800, Northing 5131120
- D. Zone 14, Easting 725030, Northing 5131350

PART II. HISTORICAL INFORMATION

A. Physical History

See individual building information below.

B. Historical Context



Figure 1. Postcard view, ca. 1910. Minnesota Historical Society

Introduction

For well over a hundred years, the Fergus Falls State Hospital has been an important and highly visible landmark in its northwestern Minnesota host community. From a distance, the red-tiled, pyramidal roof of the administration building can be seen towering above the trees, pointing would-be visitors to their destination. From closer up, the main complex, built according to the precepts of the so-called “Kirkbride” or linear plan, stretches away on either side of the tower, too big to be taken in with a single glance.

In the mid-1880s, when the hospital was still nothing more than an idea in the minds of state legislators, it nonetheless became a prize, highly sought after by a handful of nascent towns that were certain the new state institution would be an enduring engine of prosperity for whichever community won it. When it was new, the complex represented the state of the art in psychiatric facilities and treatment, tangibly demonstrating a young Minnesota’s willingness to invest significant capital to ensure the social welfare of its citizens.

An architectural wonder worked in brick and stone, the complex also exemplifies the work of Warren B. Dunnell--one of the state's first formally trained architects. In developing his plan for the facility, Dunnell appropriated a set of design principles devised, codified, and named by Dr. Thomas Story Kirkbride of the Pennsylvania Hospital for the Insane, and adopted by the precursor to the American Psychiatric Association as the ideal for state mental institutions. The Fergus Falls State Hospital was one of three Kirkbride-plan facilities erected in Minnesota and one of several dozen built in the United States during the second half of the nineteenth century. Today the complex has statewide significance as the only fully intact example of this plan remaining in Minnesota, and possesses national significance as one of the last and most complete Kirkbrides remaining in the United States.

The Rise of Moral Treatment and the Beginnings of the State Hospital Movement in the United States

In most parts of the United States before 1800, there was no formal structure for treating the mentally ill. People deemed insane were subjected to the will, be it good or bad, of the communities in which they lived. Those with families received care at home. Those who were homeless and harmless were left to wander the streets. Those who were disruptive or violent were often put into jails or poorhouses along with other social outcasts. Treatment and rehabilitation programs were nonexistent. Mental illness was considered a sign of demonic possession or moral laxity. Under the best of circumstances, the insane could hope to be housed, clothed and fed by sympathetic relatives. Just as often, however, they faced ridicule, imprisonment, starvation and abuse.¹

During the first third of the nineteenth century a number of energetic and highly vocal social reformers in the United States sought to improve conditions for the mentally ill by advocating a regimen of so-called "moral treatment" for the insane. Basing their ideas on the humane treatment theories of the French physician Philippe Pinel, and on the progressive methods being practiced at such model institutions as the Quaker retreat at York, England, the American reformers had begun to theorize that most mentally ill individuals could be cured by removing them from society at large, and placing them in a decent, protected environment where their basic physical needs would be met and where they would be treated with simple kindness.

Within a few years the moral treatment movement had started to transform long-held ideas about dealing with madness. "The old notion that none, or at best, very few, of the mentally ill could be cured was suddenly discarded," observed writer and activist Albert Deutsch in his critical history of mental health care in the United States. "In its place, the conviction took root that all, or nearly all, were curable. Wild claims on the probabilities of recovery were widely circulated and given full credence."²

¹ The information in this section was adapted from an unpublished historic context study prepared in 1995 for the North Dakota State Historic Preservation Office in Bismarck. See John Lauber and Charlene Roise, "Development of the North Dakota State Hospital, Jamestown, ND."]

² Albert Deutsch, *The Mentally Ill in America* (New York: Columbia University Press, 1937, revised 1949), 132.

Among the strongest American proponents of moral treatment for the mentally ill was Dorothea Lynde Dix, a social reformer from Cambridge, Massachusetts. During the 1840s, Dix began to report in explicit detail on the wretched conditions that still prevailed inside the jails and madhouses that dealt with the insane. “Weigh the iron chains and shackles,” she told her rapidly growing audience, “breathe the foul atmosphere, examine the furniture, a truss of straw, a rough plank.” She spurred her disciples to action with what historian David Rothman has described as a simple, three-part formula: “First assert the curability of insanity, link it directly to proper institutional care, and then quote the prevailing medical opinion on the rate of recoveries.”³

Dix crusaded with a specific goal in mind. She felt that responsibility for treating the insane should be placed in the hands of state governments, rather than with counties or cities. She advocated for the creation of a system of state-financed, state-operated mental hospitals, arguing that ultimately it would be both more humane and more economical for society to treat and cure mentally ill individuals than to merely lock them up in local jails. “With extraordinary persuasion,” marveled one mental health historian, “she led one legislature after another to appropriate funds for mental hospitals and to get mental patients out of prisons.” By the time Congress carved out the Minnesota Territory in 1849, the state mental hospital had become a well-established social service institution all across the country.⁴

Out of Mind, Out of Sight:

Caring for the Indigent Insane in Early Minnesota

The creation of the Minnesota Territory resulted from the efforts of the new European-American settlers to establish an organized society in what many still considered to be an untamed wilderness. It also provided evidence of a common aspiration to move the Territory toward statehood. As Territorial leaders sought to attain that goal they began to create a public infrastructure that would signal Minnesota’s readiness to join the union—electing a legislature and erecting a capitol, establishing a university and a historical society, and building a prison, among other projects. They also began to consider how the new society would deal with citizens who were afflicted with mental illness.

“The problem of persons with mental and nervous disorders was sufficiently pressing to come to the attention of the first legislative assembly,” observed University of Minnesota doctoral candidate J. Lucile Poor in her 1962 dissertation. The result was an 1849 law empowering probate court judges to assemble a panel of “not less than seven nor more than twelve good citizens of the neighborhood” in order to decide whether someone whose sanity was in question was indeed “an idiot, person *non compos mentis*, lunatic, insane person or habitual drunkard, as the case may be.” If the person was determined to

³ Both quotations in this paragraph are from David Rothman, *The Discovery of the Asylum* (Boston: Little, Brown and Company, 1971), 132.

⁴ J. Lucille Poor, “Historical Growth and Development of Attitudes, Care and Treatment in the Minnesota Mental Health Program,” Unpublished PhD. Dissertation, University of Minnesota, Minneapolis, June 1962, 1. Subsequent references to this document will be cited as “Poor, ‘Growth and Development,’” followed by relevant page numbers.

be mentally ill and incapable of taking care of his or her personal affairs, the judge could appoint a guardian to take care of these matters.⁵

Although this action provided a legal mechanism for dealing with the mentally ill, the burden of caring for these individuals in Minnesota Territory continued to rest heavily upon families, churches, and charitable organizations. Those without personal means or family ties all too often still had to fend for themselves. In an effort to address such situations, legislators also passed the First Act for the Relief of the Poor in 1849. This legislation provided a detailed line of succession for coping with those who were both poor and insane, stipulating that

every poor person, who shall be unable to earn a livelihood, in consequence of bodily infirmity, idiocy, lunacy, or other unavoidable cause, shall be supported by the father, grandfather, mother, grandmother, children, grandchildren, brother or sister of such poor person, if they, or either of them be of sufficient ability.⁶

In cases where relatives were unwilling to provide direct care for a mentally ill person, the board of county commissioners was authorized to provide support and charge the family fifteen dollars a month. In instances where the family was unable to pay, the funds were to be withdrawn from the county treasury. What this meant in practice was that Minnesota's mentally ill, particularly those who were violent, insolvent, or estranged from their families, often ended up in county jails.

The Territorial legislature's actions served to formally acknowledge society's responsibility to provide for the mentally ill. But they were still a far cry from the kind of help that would really do some good. "The need for an institution [in Minnesota] was recognized," noted Poor,

But the actual construction of [a] hospital was delayed because of a critical shortage of funds. Scanty resources, [the] severe economic depression of 1857, the Civil War, and skirmishes with the Indians discouraged our struggling young state from undertaking any major expenditure for this group of people.⁷

In fact, the situation did not change for nearly a decade after Minnesota attained statehood in 1858. Reluctant to provide public funds for construction of a mental hospital, and greatly underestimating the need for mental health treatment, the legislature in the new state arranged to send patients to institutions in the "old states." Beginning in 1863, Minnesota sent a total of fifty-five patients to the recently opened Iowa State Hospital at Mount Pleasant, shipping each inmate⁸ by riverboat or stagecoach with a

⁵ Ibid., 115.

⁶ Ibid., 116.

⁷ Ibid., 119.

⁸ The term "inmate" was one of many that have been used over the years to describe individuals who have been remanded to the state for treatment of mental illness. During the second half of the nineteenth century, the term was an accurate reflection of a system in which the mentally ill were placed involuntarily under the care of superintendents who exerted absolute control over their lives. For example it was up to the superintendent, not the patient or the family, to determine whether and when an individual had been

year's supply of clothing. This arrangement was never intended to be a permanent solution—a fact that was underscored in 1862, when R. J. Patterson, the superintendent of the Iowa facility, wrote to an acquaintance in St. Paul, pointedly asking when Minnesota would fund a hospital of its own. That letter eventually made its way to Governor William Marshall, who promptly wrote back, asking Patterson to provide suggestions for siting and building an insane hospital for Minnesota. Although Patterson replied in copious detail, Marshall and other state leaders failed to implement his suggestions.⁹

The idea of building a state hospital suddenly acquired new urgency in the spring of 1866, when a new superintendent at Mount Pleasant notified Governor Marshall that the Iowa hospital was filled to overflowing, and that all of the Minnesota patients would be sent home that fall. State officials made temporary arrangements to send patients to St. Vincent's Institution for the Insane in St. Louis. But clearly the time had come for Minnesota to create a facility of its own.¹⁰

**Sick Minds within Healing Walls:
the Architectural Theories of Thomas Story Kirkbride
and the Design of Minnesota's First State Hospital**

On 2 March, 1866, at the urging of Governor Marshall, the legislature passed "An Act for the Establishment and Location of a Hospital for the Insane in the State of Minnesota." The new facility was to be administered by a board of trustees and directed by a physician.¹¹

After looking at sites in St. Paul, Mankato, Red Wing, and several other cities, officials eventually selected St. Peter as the location for the hospital, and began to transform the Ewing House, a vacant, threadbare, three-story hotel, into a temporary asylum for Minnesota's insane. By late 1866, the makeshift facility was ready. The first patients arrived on December 6 in the middle of a raging blizzard—weather that somehow seemed appropriate for the official opening of Minnesota's first state hospital for the insane. It was the forty-second such public facility in the United States.¹²

With the Ewing House in operation, the trustees began to make plans for a permanent facility. As they set about that task Minnesota authorities revisited the suggestions that Mount Pleasant superintendent R.J. Patterson had sent governor Marshall two years

"cured" of a particular malady. Once that determination had been made, the superintendent had the authority to place the person "on parole." As therapeutic treatments replaced custodial care at state hospitals during the early twentieth century, the term "patient" came into general use. In recent years, residents of the state's mental health treatment facilities have been referred to as clients.

⁹ William D. Erickson, "Establishing Minnesota's First Hospital for the Insane," *Minnesota History* 53:2 (Summer 1992): 45-47. The Iowa State Hospital in Mount Pleasant was built between 1855 and 1861. It received its first patient on 26 February 1861. For more about the history and architecture of this institution, see the State of Iowa Department of Human Services website, Mental Health Institute, Mt. Pleasant, Iowa: www.dhs.ia.us/institutions/mtpleasantmhi.asp.

¹⁰ Erickson, "First Hospital for the Insane, 45-47.

¹¹ Poor, "Growth and Development," 121-122.

¹² Erickson, "First Hospital for the Insane," 52.

earlier. In a 1992 article tracing the history of the St. Peter institution, medical director Dr. William Erickson noted that, once the plans began to take shape “[Patterson’s] recommendations were carried out practically to the letter, essentially replicating the Iowa hospital down to the exterior design.”¹³

The trustees had good reason to use the Mount Pleasant asylum as a model. During the middle third of the nineteenth century, the most important tool for treating mental illness in a state hospital was not a medicine, apparatus, or philosophy, but the building itself. As the historian and mental health advocate Albert Deutsch explained in his landmark 1937 study *The Mentally Ill in America*: “Any institution labeled ‘Hospital for the Insane’ was expected to restore the sick mind, by simply enveloping that mind within its healing walls.”¹⁴

The design of such a crucial therapeutic tool was not to be left to chance. In fact, the Mount Pleasant institution had been constructed in strict conformity to a set of architectural principles devised by Dr. Thomas Story Kirkbride, superintendent of the prestigious Pennsylvania Hospital for the Insane in Philadelphia. Kirkbride had detailed his theories in an extraordinarily thorough architectural treatise published in 1854. “Through his writings on asylum construction,” notes biographer Nancy Tomes,

Kirkbride [extended his] influence . . . far beyond his own hospital. His book, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, remained the standard text on the subject for thirty years. State mental hospitals all over the country were built according to the ‘Kirkbride plan’ that it detailed. . . . Kirkbride’s professional concerns reveal his conviction that the ‘moral architecture’ and moral order of the new hospital were the most powerful means he possessed to summon up belief in the new asylum treatment. His reputation as a healer of mental disease depended almost entirely on his ability to inspire confidence in his most persuasive asset, the hospital. To this end, Kirkbride sought to control every aspect of the hospital environment. Every detail, from the design of the window frames to the table settings in the ward dining rooms, had to be arranged to sustain the impression that here was an institution where patients received kind and competent care.”¹⁵

According to Kirkbride, the design of a mental hospital was to begin with the selection of a proper site. An ideal location should be in the country, near a large town, with good links to transportation. It should occupy at least one hundred acres of land, of which no less than fifty acres were to be devoted “to gardens and pleasure-grounds for patients.”

¹³ Ibid., 47.

¹⁴ Cited in Poor, “Growth and Development,” 119.

¹⁵ Nancy J. Tomes, “A Generous Confidence: Thomas Story Kirkbride’s Philosophy of Asylum Construction and Management,” in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia: University of Pennsylvania Press, 1981), 124. The Kirkbride plan is often called the “linear” or “congregate” plan, reflecting both its sprawling physical character and the fact that it concentrated large groups of patients under a single—albeit very large—roof.

The site should provide an ample supply of water, good drainage and adequate means for the disposal of sewage.¹⁶

The structure erected on the site, wrote Kirkbride, “should consist of a main central building with wings,” with “a basement and two principal stories above.” The central building was to provide offices, receiving rooms for company, a central kitchen and private apartments for the superintendent and his family. It was also to serve as the port of entry for incoming patients. The wings were intended to house patients in a safe, sanitary environment and to provide them with a modicum of privacy, as well as a healthy dose of fresh air and sunlight. They would also facilitate classification and control of patients and allow easy access by supervisory and medical staff. One wing was to be reserved for male patients and the other for women. Each wing was to consist of a series of modular ward buildings, stepping back from the central structure, and connected to each other by a system of enclosed corridors and basement-level tunnels. As the population of the hospital inevitably increased, the capacity of a wing could be expanded by adding a new module.¹⁷

Each ward unit would have a central hallway opening onto a series of small private rooms. Patient activities would take place in large “parlors,” or dayrooms on each floor. Meals would be prepared in the central kitchen, transported through the tunnels, and lifted by dumbwaiters to dining rooms on each ward. Each ward would also provide toilet and bath rooms, sleeping rooms for staff, an infirmary, “one or two rooms of sufficient size for a patient with a special attendant,” and a number of specialized spaces, ideally including “two work rooms, a museum and reading room, [and] a school room.”¹⁸

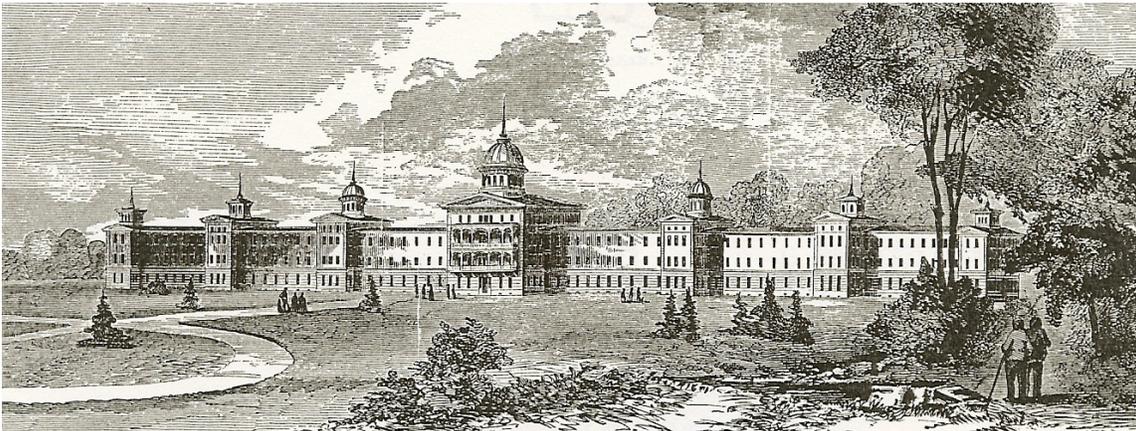


Figure 2. Elevation of a linear plan building, as depicted in the 1880 edition of *On the Construction, Organization and General Arrangements of Hospitals for the Insane*.

¹⁶ Thomas S. Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: J.B. Lippincott & Co., 1880; reprint edition, New York: Arno Press, 1973), 303.

¹⁷ *Ibid.*, 54-56.

¹⁸ *Ibid.*, 55.

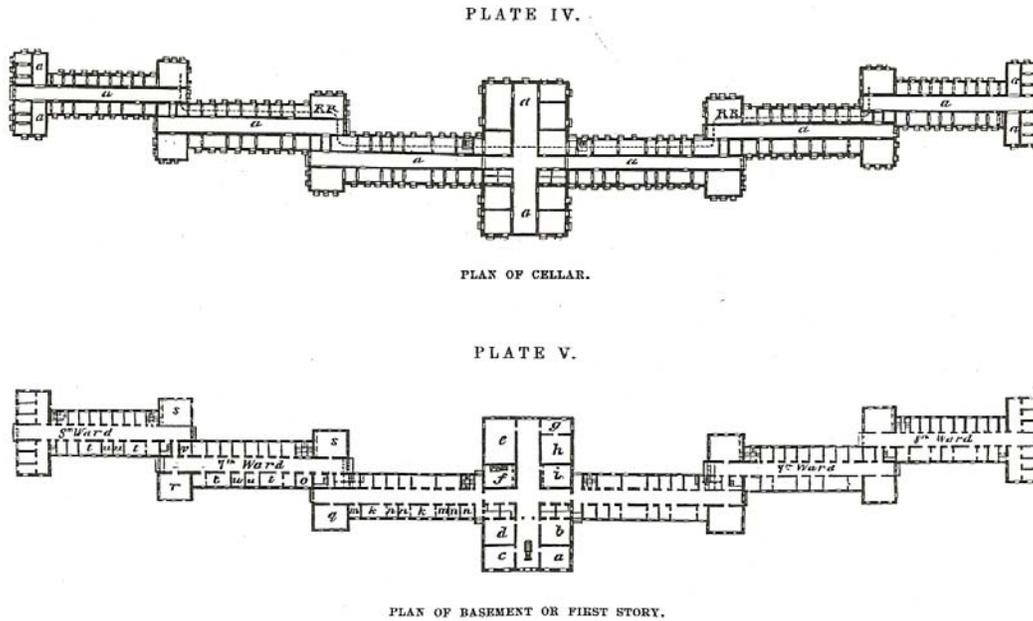


Figure 3. Floor plans of an ideal linear plan building, as depicted in the 1880 edition of Dr. Kirkbride's treatise.

Kirkbride stressed the importance of fireproof construction, durable, easy-to-maintain materials in rooms that were “likely to be much abused by patients,” and of an aesthetically pleasing, but not ostentatious architectural style: “Although it is not desirable to have an elaborate or costly style of architecture,” he wrote,

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 always . . . have a cheerful and comfortable appearance--everything repulsive and prison-like should be avoided.¹⁹

Control and organization were also key components of the Kirkbride philosophy, which saw an orderly institutional environment as an important means for healing disorderly minds. The responsibility for maintaining such an environment was vested solely in the hands of the superintendent, who, as the chief executive officer of the hospital, was to be given the authority to function more or less as a benevolent dictator. According to Dr. Kirkbride, the superintendent should be “a well-educated physician” who also possessed “the mental, physical, and social qualities” needed to fill the position. The superintendent’s responsibilities included

the entire control of the medical, moral, and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their

¹⁹ *Ibid.*, 52. Also see pages 15-16.

care, and . . . general supervision and direction of every department of the institution.²⁰

The superintendent was expected to create and maintain an orderly environment by establishing a rigid and unvarying routine, and by carefully “classifying” patients, grouping them by gender and by the nature of their affliction. In Kirkbride buildings, classification was accomplished by assigning patients to specific parts of the complex:

It will be found desirable, in practice, that the least excited—what is commonly called the best class of patients—should occupy the upper stories and be nearest the centre [*sic*] building, while the noisy should be at a distance, and the feeble in the lower stories. . . . The best arrangement . . . will be to associate in the same ward those who are least likely to injure, and most likely to benefit each other, no matter what may be the character or form of their disease, or whether they are supposed to be curable or incurable. No one, of course, would think of placing the violent and the calm, the noisy and the quiet, or the neat and the filthy together.

Kirkbride’s ideas were first fully realized at the New Jersey Lunatic Asylum in Trenton in 1850. A year later, the Association of Medical Superintendents for American Institutions for the Insane (AMSII), precursor to the American Psychiatric Association, formally adopted Kirkbride’s twenty-six “Propositions Relative to the Construction of Hospitals for the Insane,” at their annual meeting in Philadelphia. The Kirkbride propositions remained the basis for the design of most state hospitals erected during the middle of the nineteenth century, serving as the model for at least thirty institutions completed in the United States between 1851 and 1880.²¹

In their efforts to provide state-of-the-art care for Minnesota’s mentally ill citizens, officials retained Dr. Kirkbride himself to help with the plans for the state’s first insane asylum—making the St. Peter facility one of only thirteen hospitals in the nation where he was directly involved in the design. For the Minnesota project, Kirkbride worked closely with Philadelphia architect Samuel Sloan, who had also designed the Iowa State Hospital at Mount Pleasant. Consequently, the St. Peter State Hospital was very nearly a textbook example of a Kirkbride plan building.²²

²⁰ Ibid., 309.

²¹ For more information about the Trenton facility, see the Historic Asylums website: www.rootsweb.com/~asylums/Trenton_nj/index.html. The statistics on the number of Kirkbride facilities erected in the United States between 1851 and 1880 appears in Deutsch, *Mentally Ill*, 209-210. A brief account of AMSII’s adoption of the propositions is given in Kirkbride, *On the Construction*, 303.

²² In fact, the only major departure from the propositions at St. Peter was that the facility was not built exclusively with fireproof materials and methods—an omission that would come to be recognized as a significant oversight in November 1880, when a catastrophic fire destroyed the hospital’s north wing and took the lives of eighteen patients. That event led officials to specify fireproof construction for all subsequent state hospitals built in Minnesota. See Patricia Murphy, *The Public Buildings of Minnesota: An Architectural Heritage*, (St. Paul, MN: Minnesota Historical Society, 1986), 17. For more on Samuel Sloan, see the Philadelphia Architects and Buildings website: www.philadelphiabuildings.org/pab/app/pj/display_alldates.cfm/155736

“A race that would last a hundred years:”**Making Room for the Mentally Ill**

Construction on the first ward unit of the Kirkbride building at St. Peter was started during the summer of 1868. The unit was occupied by patients in February of 1870, and the entire complex was completed in the fall of 1875. During approximately this same period, the hospital population increased more than six-fold, growing from 84 in 1867 to 530 in 1875. As a consequence of this steady increase, the capacity of the new state hospital had been unable to keep pace with the influx of patients despite nearly five years of continuous construction.²³

According to J. Lucille Poor, this resulted in a state of chronic overcrowding at St. Peter that made life utterly miserable for inmates:

The flood of patients demanding admission and the provision of bare necessities of life plus simple care discouraged any progress or experimentation relative to ‘cure’ or prevention. Tuberculosis, dysentery, and typhoid which raged through the institution resulted from the lack of even elementary sanitation. The early [biennial] reports continued to remind anyone who read the written word that patients were sleeping on the floors, in the chapel, in unheated attics, and in the basement of the hospital. The lack of privacy and indignities created by herding together idle, helpless and disordered as well as untidy patients into exceedingly small places prompted the trustees to doggedly persist in their demands that appropriations be made for more buildings and increased staff.²⁴

Despite such pleas, the Minnesota legislature steadfastly refused to provide funding for additional buildings at St. Peter. But in 1875 lawmakers did appoint a commission to select a site for an additional state hospital. It was the first step in what Dr. Erickson has described as “a race to stay ahead of overcrowding . . . a race that would last a hundred years.”²⁵

A Second State Hospital

The events that ultimately led to the creation of Minnesota’s second state hospital had actually begun a few years earlier as an effort to establish an entirely different kind of institution. In the early 1870s, Dr. Charles N. Hewitt, secretary of the newly formed State Board of Health, urged the state to create a facility for individuals afflicted with “‘inebriety,’ —the uncontrollable propensity to get drunk.” Asserting that alcoholism “was a disease akin to . . . other forms of insanity [and] that, like other forms of insanity, it could be treated,” Hewitt and others convinced the 1873 legislature to pass “An Act to Establish a Fund for the Foundation and Maintenance of an Asylum for the Inebriates.”²⁶

The new legislation met with immediate opposition from Minnesota’s business community. The inebriate asylum act imposed a ten-dollar annual tax on the state’s

²³ Poor, “Growth and Development,” 125, 130. Also see Erickson, “First Hospital for the Insane,” 53.

²⁴ Poor, “Growth and Development,” 77.

²⁵ Erickson, “First Hospital for the Insane,” 52. Also see Poor, “Growth and Development,” 125.

²⁶ Poor, “Growth and Development,” 154-155.

liquor dealers, stipulating that the proceeds were to be used to establish and operate a treatment facility for alcoholics. The dealers challenged the act's constitutionality and mounted a series of challenges and appeals that took more than three years to make their way through the courts.²⁷

While legal proceedings were under way, state officials continued to make plans for the new facility, retaining the esteemed St. Paul architect LeRoy S. Buffington to prepare the plans. Rochester was selected as the location, overcoming stiff competition from Worthington and High Forest, a newly-incorporated village in southern Olmsted County. A 160-acre farm was purchased for a building site, and by January 1878 the foundations had been completed for the first two buildings.²⁸

Despite this apparent progress, the idea of building an asylum for alcoholics continued to meet with skepticism. "An institution for reclamation of inebriates," wrote a *St. Paul Pioneer Press* commentator in 1878 "is an impracticable humbug, which has proved an expensive failure in every state where it has been tried. Let us make our new building at Rochester available for practical purposes instead of a towering monument of extravagance and imbecility." Governor John S. Pillsbury was also reluctant to back the asylum idea, willing only to concede that Minnesotans would learn "by experiment whether such an institution in our state is needful, and will be as valuable as many believe."²⁹

One reason for the state's reluctance to fully support the idea of a facility for alcoholics was clear. By 1878, the State Hospital at St. Peter was filled to overflowing. Inspections revealed horrible conditions . . . "It was becoming apparent and was admitted generally," noted Poor, "that facilities for the rapidly increasing insane of the state were much more urgently needed than was a hospital for . . . inebriates." Mindful of the pressing need for more beds for the mentally ill, the 1878 legislature took legal steps to change the purpose of the institution at Rochester. Instead of serving as an asylum for inebriates, the new facility would be used to provide care for the mentally ill. Legislators renamed the partially completed facility the Rochester State Hospital for the Insane and formally transferred the assets of the original institution to the new one.³⁰

Shortly after this maneuver, the superintendent and trustees of the St. Peter State Hospital paid a visit to Rochester. There, according to Poor, they encountered an unfinished building consisting of "a central structure and a small east wing without any inside furnishings, and without accessory buildings such as laundry and engine houses. The trustees expressed the opinion that the building was entirely inappropriate for use as a hospital for the mentally ill." Following their visit, the team of inspectors convinced the legislature to provide a \$15,000 appropriation to get the Rochester facility ready to accept its first male psychiatric patients from St. Peter.³¹

²⁷ The Minnesota Supreme Court declared the legislation constitutional on 25 November 1876.

²⁸ L.S. Buffington papers, Northwest Architectural Archives, Minneapolis.

²⁹ The quotations in this paragraph appear in Poor, "Growth and Development," 156.

³⁰ *Ibid.*, 157.

³¹ *Ibid.*, 158.

A west wing for women was completed in 1880, just in time to receive 125 patients displaced from St. Peter by the fire. Further additions were completed in 1883-1884 and in 1890. Despite this *ad hoc* approach to design and construction, the main building at the Rochester State Hospital eventually incorporated virtually all of Dr. Kirkbride's architectural ideas.

A Third State Hospital

The advent of the new facility at Rochester did little to alleviate the chronic shortage of bed space for the state's mentally ill, however. During the final third of the nineteenth century, Minnesota was experiencing a tremendous increase in population, spurred by the availability of free or cheap land, and the simultaneous development of a new network of railroads that made it easily accessible. Much of the new settlement was taking place in the northwestern counties. As the population of the state increased, so did the number of individuals requiring treatment for mental illness. During this period patient censuses at both St. Peter and Rochester were increasing by nearly ten percent each year. Exacerbating this problem was the fact that the two existing state hospitals were both located in the southern part of the state. In an effort to cope with the burgeoning patient population and reduce the burden on the St. Peter and Rochester facilities, the 1885 Minnesota legislature authorized creation of a third state hospital to serve the northwestern part of the state, and appointed a commission to select a site.³²

The passage of the act establishing a third state hospital marked an important milestone in the history of mental health care in Minnesota. The facilities at St. Peter and Rochester, like most state mental institutions of their era, had concentrated on providing "environmental treatment" for mental illness--placing patients in a safe, humane setting where their physical needs were satisfied, and putting them under the supervision of a superintendent who would strive to cure them by imposing order on their chaotic minds. The legislature, however, wanted the state's newest psychiatric facility to take a more therapeutic approach to curing insanity. Lawmakers stipulated that the third state hospital should be "of the school of homeopathy," and that patients [should] be treated with remedies prescribed by doctors of homeopathic medicine.³³

Originally developed by the German theorist Samuel Hahnemann in the late 1700s, homeopathic medicine advocated the use of highly diluted compounds of herbal, mineral or animal substances to rebalance an afflicted person's "vital forces" and stimulate the innate ability of the mind and body to heal themselves. This approach to healing was considered to be on the cutting edge of medicine and was enjoying great currency in the United States during the second half of the nineteenth century. By specifying this method of treatment, legislators hoped to make Minnesota's newest state mental institution a hospital in the truest sense of the word.³⁴

³² Philip D. Jordan, *The People's Health: A History of Public Health in Minnesota to 1948* (St. Paul, MN: Minnesota Historical Society, 1953), 460.

³³ Poor, "Growth and Development," 173-174.

³⁴ Elise McCrea Fischbacher, "The Medical Science of Homeopathy," at www.arnica.com/homeo/homeopath2.html.

“A site that would tempt the sanest to pretend insanity:”**Finding a Place for Minnesota’s Third State Hospital**

The legislature’s action spurred intense competition among northern Minnesota towns interested in playing host to the new institution. Major contenders included Sauk Centre, Alexandria, and Brainerd as well as Fergus Falls. Leaders in these communities may have been motivated less by altruism than by economic self interest in their pursuit of the hospital, recognizing that the town that garnered Minnesota’s newest state institution would be virtually guaranteed a prosperous future.

The site commission had outlined a set of general conditions for locating the new facility, clearly based on the Kirkbride propositions. The group sought property on high land, “commanding a cheerful and interesting view.” The preferred site should be “in a healthy location . . . within a short distance of a town and of railroad facilities.” Its soil should be “fertile and easily tilled, and the more of it under cultivation the better.” It should be well-drained to allow sewage to be disposed “without deleterious effects.” The site should also provide a water supply “of the purest kind, almost unlimited in quantity, [with] sufficient force to provide adequate fire protection for the buildings.”³⁵

Fergus Falls was a strong contender for the hospital. Located on the Otter Tail River, and served by the Northern Pacific Railroad, the community had been at the center of Minnesota’s settlement boom, growing from a dozen inhabitants in 1870 to well over two thousand by 1885. The Fergus Falls Chamber of Commerce spearheaded the local effort to attract the institution, appointing a committee to assemble nearly 1,000 acres for the hospital and farm by securing guarantees from local property owners willing to sell their land. The committee focused its attention on an area on the north edge of town, including the county fairgrounds. The group obtained guarantees for a parcel of 840 acres, (of which 240 acres were within the city limits, and another 200 acres were under cultivation) at a cost per acre of \$31.50, with an option for an additional 80 acres. The community also agreed to extend municipal water and sewer lines to the site, and to provide inexpensive building materials and fuel for heating.³⁶

On 14 December 1886, the commission selected Fergus Falls as the site for Minnesota’s third state hospital. The local paper reported that

the asylum building will probably be erected on [a] 40 acre tract . . . 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

³⁵ “The Asylum Corralled,” *Fergus Falls Daily Journal*, 16 December 1886. Subsequent references to this newspaper will be cited as *FFDJ* followed by the date of publication.

³⁶ Benjamin Leonard, “Fergus Falls State Hospital Patients, 1890-1925,” Unpublished M.A. Thesis, Arizona State University, Tempe, 2000, 17. Also see “The Insane Asylum,” *FFDJ* 9 December 1886, and “The Asylum Corralled,” *FFDJ* 16 December 1886.

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.”³⁷

“Equal to Any in the Country:”

Designing the Fergus Falls State Hospital

The site selection commission recommended that the state erect a building “similar in its general plan to the St. Peter institution.” The structure would be erected in stages, beginning with “two cross-shaped buildings, one of which will be suitable to accommodate 100 male and the other 100 female patients. The buildings are to be detached, and will form the wings of the main building.” The group projected a cost of approximately \$200 per bed, and urged the legislature to appropriate \$50,000 to begin construction.³⁸

The architect chosen to prepare plans for the Fergus Falls State Hospital was Warren B. Dunnell of Minneapolis, the son of Mark H. Dunnell, a career politician from Owatonna, who had represented his district in the Minnesota state legislature and served six terms in the United States House of Representatives.³⁹

By the mid-1880s, the younger Dunnell had assembled an impressive résumé of his own. Beginning his academic work at the University of Minnesota, he had continued his education at the Massachusetts Institute of Technology, the nation’s first and finest architecture program. He had then enrolled at the École des Beaux Arts in Paris, which was generally acknowledged to be the best architectural school in the world. Upon his return to the United States, Dunnell went to work for the Supervising Architect of the Treasury in Washington, helping to plan a number of federal buildings in the southern states. He returned to Minnesota in 1880, working briefly in the office of the prominent St. Paul architect Abraham Radcliffe before establishing his own practice in Minneapolis in 1881. There, Dunnell had made a specialty of designing public and institutional buildings, completing commissions for the State School for Dependent and Neglected Children in Faribault (1887), the State Soldiers Home in Minneapolis, (1888), and the State Training School in Red Wing (1889). He had been named to the State Hospital Board in 1885, and, according to the Fergus Falls newspaper, “his work shows[ed] a thorough knowledge of hospital construction in a most substantial manner.”⁴⁰

By the time Dunnell began making plans for the Fergus Falls State Hospital, the Kirkbride plan had been the standard design for psychiatric institutions for more than thirty years. But some mental health professionals during this period were starting to

³⁷ “The Asylum Corralled,” *FFDJ*, 16 December 1886.

³⁸ “The Insane Asylum, Opinions and Comments from Various Sources,” *FFDJ*, 17 December 1886. The quotations in this paragraph originally appeared in the *St. Paul Pioneer Press*.

³⁹ The elder Dunnell’s political career is described in *A Biographical Directory of the United States Congress, 1774-1989* (Washington, D.C.: Government Printing Office, 1989).

⁴⁰ “The Hospital,” *FFDJ*, 21 November 1895. Information about Dunnell’s career was drawn from a biographical data sheet on file at the Northwest Architectural Archives in Minneapolis. Also see Murphy, *Public Buildings*, 6 and Paul Clifford Larson, *Minnesota Architect: The Life and Work of Clarence H. Johnston* (Afton, MN: Afton Historical Society Press, 1996), 110-111.

reexamine Dr. Kirkbride's precepts. As University of Chicago student Mildred Buck observed in a 1926 study on the architecture of mental hospitals:

By the latter part of the [1870s] many members of the Association [of Medical Superintendents of American Asylums for the Insane] were beginning to see the possibilities in certain changes in both architectural construction and management, and recognized the needless expense which elaboration of the Kirkbride plans had brought to many institutions; they were forced to recognize the success of foreign institutions in spite of variations from many of the most forcefully stressed propositions of the Kirkbride propositions. . . . The time was at last ripe for the initiation of the experiment which was to revolutionize the methods of care of insane patients in the United States.⁴¹

The experiment that was gaining favor was the so-called "cottage" or "segregate" plan of institutional design. Unlike Kirkbride-plan hospitals, which one historian has described as "part palace, part barrack, and part prison," cottage plan facilities placed small groups of patients in a series of home-like individual ward buildings, which the same author has described as "detached villas on the grounds." Inspired by the success of facilities and treatment practices that had been used for decades in the British Isles and Europe, cottage plan institutions began to appear in the United States after the Civil War, prompting a flurry of controversy as asylum superintendents argued the relative merits of each arrangement.⁴²

Simply stated, the debate focused on the relative costs of constructing each type of facility and on the perceived value of separating chronic or incurable patients from those with more promising prognoses. While acknowledging the high cost of building and maintaining their sprawling congregate-plan complexes, Kirkbride loyalists steadfastly maintained that the standard design gave medical staff more regular and more direct access to patients, thereby increasing the likelihood of curing them. Proponents of the cottage plan recognized that the state hospitals were filled with large numbers of chronic patients who were unlikely ever to be cured, and who were considered unlikely ever to benefit from direct contact with medical staff. They felt that these "custodial" patients could receive adequate care in small, relatively inexpensive buildings, where they would be treated with simple kindness and where their basic physical needs would be satisfied.

⁴¹ Mildred Evelyn Buck, "The Illinois Eastern State Hospital for the Insane (Kankakee State Hospital), 1877-1909, With Special Reference to Standards of Architectural Construction," Unpublished PhD. Dissertation, University of Chicago, June 1926, 20.

⁴² William L. Parry-Jones, "The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain," in Andrew Scull, ed., *Madhouses, Mad-Doctors and Madmen*, 206-207, 212. Parry-Jones describes the European origins of the cottage plan concept. For a brief discussion of the debate the cottage plan concept engendered among hospital superintendents in the United States, see Buck, "Illinois Eastern State Hospital," 9-10. According to Buck, the most important early examples of the cottage plan in this country were the Willard Asylum in New York state, where patients were housed in detached wards as early as 1865; and the Illinois Eastern State Hospital in Kankakee, which in 1879 became the first American institution built entirely according to cottage plan precepts.

Dunnell was apparently well aware of this discussion. An early aerial perspective of his design for the Fergus Falls campus suggests that the architect originally intended to incorporate elements of both the Kirkbride and cottage plan approaches in his plan for Minnesota's third state hospital. Dunnell's concept drawing depicted a Kirkbride-plan central structure flanked by long, curvilinear wings. But just beyond each wing stood a large detached ward and a cluster of relatively small, freestanding cottages, three for women on one side and three for men on the other.⁴³

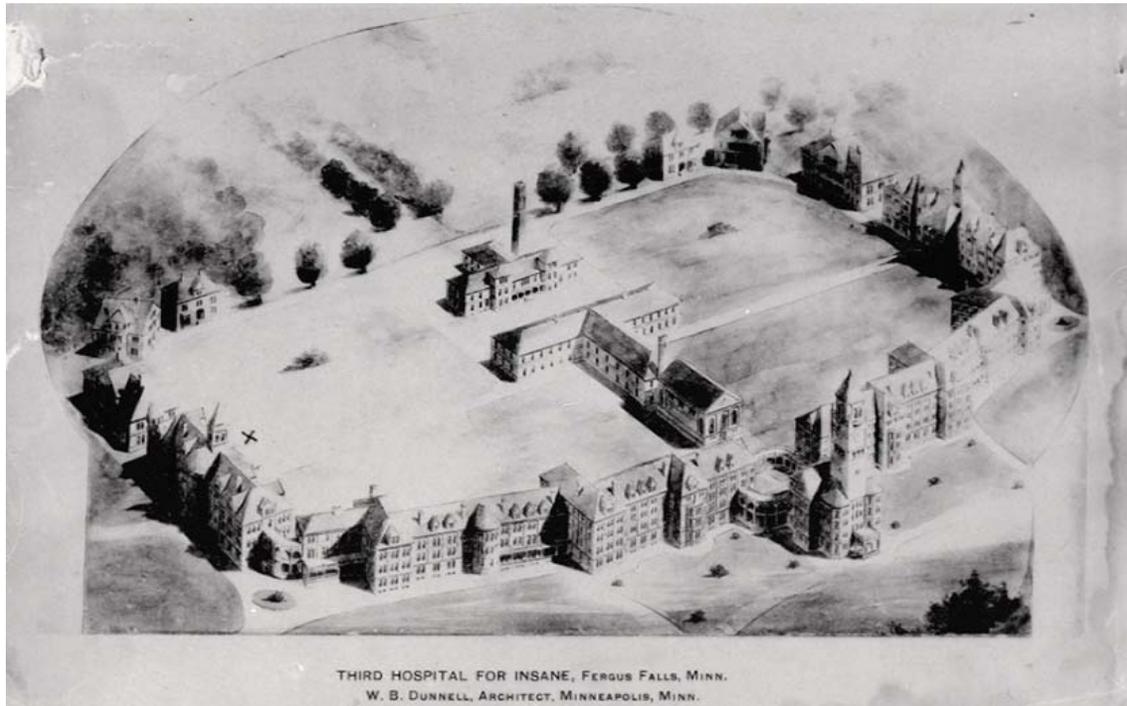


Figure 4. Aerial perspective of the Fergus Falls State Hospital complex, as originally conceived by Warren B. Dunnell, ca. 1891. Collection of the Otter Tail County Historical Society.

As he developed the plans for the new hospital, Dunnell had an opportunity to help the state avoid some of the problems that had afflicted its antecedents elsewhere in the state. In an effort to deal with the problem of overcrowding, officials had specified that the Fergus Falls facility should have a capacity of at least thousand patients. Its main building was to be entirely fireproof to reduce the potential for a catastrophic fire like the one that had killed eighteen inmates at St. Peter in 1880. It was to be constructed with high quality materials and high levels of craftsmanship to avoid the kinds of problems that had ultimately required rebuilding entire sections of the main building at Rochester.⁴⁴

⁴³ See photograph number OT-FFC-072-11. This illustration was also published in the local newspaper. See "The Hospital," *FFDJ*, 21 November 1895.

⁴⁴ For a brief description of the problems encountered with the buildings at St. Peter and Rochester, see the *Fourth Biennial Report of the State Board of Charities and Corrections to the Legislature of Minnesota* (St. Paul, MN: The Board, 1890), 10, 16.

The Minnesota governor and legislature have created a number of administrative bodies to oversee the State Hospital system. From 1866 to 1883, the system was administered solely by an unpaid Board of Trustees. In 1883, the Board of Trustees began to report to a newly created advisory group—the State Board of Corrections and Charities—which consisted of six members appointed by the governor and

Dunnell carefully thought through every detail of the new campus before the first construction got under way. He plotted the location of every building and collaborated with the noted Chicago landscape architect H.W.S. Cleveland to lay out roads and landscape the grounds. His efforts at comprehensive planning engendered considerable local pride in the hospital long before the facility was finished. “The other two state asylums,” boasted the *Daily Journal*,

Were not completed under a thoroughly studied plan, but have been added to from time to time, making an incongruous whole. The proposed building for the third asylum, if carried out according to the drawings, will be equal, so far as completeness goes, to any in the country.⁴⁵

“The twentieth century will dawn before it is completed:”

Building the Fergus Falls State Hospital

Although Dunnell had conceived the Fergus Falls campus in its entirety, the actual construction of its centerpiece, the Kirkbride complex, took place in stages as patient populations increased and legislative appropriations became available. From start to finish, the project spanned more than a decade.

The work got under way at the end of January 1888, when a \$41,500 contract was awarded to Mankato builder Oliver R. Mather. Mather took over a brick factory in the nearby settlement of Elizabeth, installed new equipment, and began to produce the cream-colored brick that would form the walls of the new hospital. Later that spring, Mather’s crews began to lay the foundations for the new hospital’s first structure—the West Detached building.⁴⁶

By the summer of 1890, the detached ward was nearly complete. Described as “a plain, substantial structure of brick with stone trimmings,” the edifice was 184 feet long, 50 feet wide, with three stories above a raised basement. In the interest of safety, the building

approved by the senate. In 1901 the legislature replaced the state’s dual-track administration with a single State Board of Control which was given complete authority for the management of the “charitable, reformatory and penal institutions of the state.” The Reorganization Act of 1939 abolished the State Board of Control and replaced it with a Division of Institutions headed by a single director with administrative responsibility for state hospitals, schools, and colonies for those with mental and physical handicaps. In 1949 administrative authority for the state mental hospitals was vested in a Commissioner of Mental Health, appointed by the governor and lodged in 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. The Department of Public Welfare became the Minnesota Department of Human Services in 1984.

Each of these administrative bodies summarized its activities, and the activities of the institutions under its authority, in a series of published biennial reports. The titles, numbering sequence, and publishers for these reports changed as each new administrative unit began its tenure. In the interest of simplicity, references to the biennial reports will be cited henceforth with the abbreviation “BR,” followed by the date of the report and pertinent page numbers.

For an extensive discussion of the role of the various administrative entities in the evolution of the Minnesota state hospital system, see Poor, “Growth and Development,” 70-100.

⁴⁵ “The New Asylum,” *FFDJ*, 27 October 1887.

⁴⁶ “O.R. Mather Gets It,” *FFDJ*, 24 January 1888.

was 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.”⁴⁷

Designed primarily for “a quiet class of patients” not likely to be unruly, the West Detached building’s upper floors were arranged into a series of large day rooms and dormitories, “with a sufficient number of smaller rooms for patients requiring closer attention.” The first floor contained offices and apartments for the superintendent and steward. A kitchen, dining room, storage room, laundry and boiler room were all located in the basement. The upper levels were reserved for patients.⁴⁸

The West Detached building was designed to accommodate 150 patients suffering from chronic mental illness. By 1890, another building “of similar size, but having more small rooms” appropriate for acute patients, was already in the works. This section eventually came to be known as the Southwest Wing of the main building. Mather died before it was completed, and the work was turned over to John Lauritzen, a Danish-born immigrant who had been employed by Mather for more than seven years. Lauritzen was later awarded a \$90,000 contract for the Northeast Wing, bidding against “a big field of competitors,” and went on to build most of the remaining sections of the Kirkbride complex, as well as the original Dining Hall, an Amusement Hall, and the underground tunnel system.⁴⁹

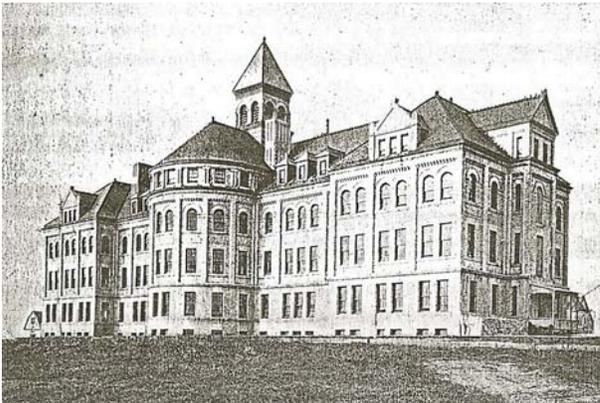


Figure 5. *The West Detached Building was the first structure erected at the Fergus Falls State Hospital. This illustration appeared in The Improvement Bulletin on 15 January 1898.*

In the summer of 1894, the superintendent somewhat prematurely reported that the hospital was “now approaching completion. The buildings are of the most substantial character,” he wrote, “being with one exception [West Detached] fireproof. It is believed that this plan of construction, while more expensive at the outset, will in the end prove economical, owing to the reduced cost for repairs, while at the same time it removes the liability of loss of life by fire.”⁵⁰

There was, however, one aspect of the new hospital that did not elicit praise from the superintendent: The officers of this institution,” he grumbled,

Have been subjected to great inconvenience, owing to the absence of any administration building. The rooms occupied for administrative purposes have

⁴⁷ *Fifth BR* (1893), 25. Also see Emery Johnson and Rose Linda Aune, *The History of the Fergus Falls Regional Treatment Center, 1890-2000* (Fergus Falls, MN: The Fergus Falls RTC, 2000), 2.

⁴⁸ “The New Asylum,” *FFDJ*, 27 October 1887.

⁴⁹ “The Hospital,” *FFDJ*, 21 November 1895.

⁵⁰ *Sixth BR* (1894), 15.

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.⁵¹

That problem was resolved in 1897, when the Administration building was finished, and a year later major construction on the Kirkbride complex came to an end with completion of the East Detached building. Essentially a duplicate of the West Detached building, the new structure was described as

A neat, three-story brick building, without architectural display, but one that is well arranged for the accommodation of the 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 its facilities.⁵²



Figure 6. The Kirkbride complex at Fergus Falls as it appeared ca. 1906—prior to completion of the central tower. Collection of the Otter Tail County Historical Society.

The completed Kirkbride complex was a sprawling, three-story expanse that stretched out for nearly 1600 feet from end to end. It was built of locally manufactured cream colored brick with buff colored limestone detailing and a steeply pitched roof of charcoal gray slate. Combining elements of the Romanesque, Beaux Arts and Chateausque styles, the Kirkbride was an exercise in geometry, featuring an assortment of rectangular, semi-octagonal, and semi-circular bays surmounted by conical and faceted roofs; gabled and hip-roofed dormers; pyramid-capped cupolas; and windows set into rectangular or arched openings. The most elaborate detailing was reserved for the Administration building, which featured a rusticated brick base, window openings with brick Gibbs surrounds and limestone keys, molded limestone belt and string courses, and a massive metal cornice. The main entrance was set into an enormous round-arched opening sheltered by a porte

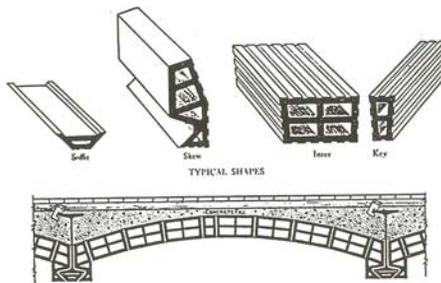
⁵¹ Ibid.

⁵² *Eighth BR* (1898), 13. The bathrooms were designed to prevent suicide by drowning. To accomplish this, they were equipped with showers and floor drains rather than more common—and presumably more dangerous--bathtubs.

cochère. Flanking the entrance was a pair of engaged octagonal turrets capped with spire-like roofs.

The construction system used for all but the West Detached building at Fergus Falls consisted of massive stone foundations supporting double-wythe, bearing brick outer walls, with an interior structure of iron columns and beams. Spanning the iron beams to form floors and ceilings were vaulted, structural terra cotta tiles covered with a layer of reinforced concrete. Large double hung windows provided ample light and ventilation throughout the complex, and porches at each level allowed patients to get a breath of fresh air without leaving the wards. Porches and windows were fitted with heavy screens to prevent suicides and “elopement” (escape). The buildings fairly bristled with ornately corbelled brick chimneys connected to fireplaces on each floor.

Interior partition walls were built with hollow terra cotta blocks surfaced with hard plaster. Doorways had bullnosed corners to prevent violent patients from injuring themselves, and contained heavy frame-and panel doors with small “wickets” that allowed staff to observe patients without disturbing them. Sleepers set into the concrete floor slabs provided a nailing surface for hardwood strip flooring throughout the structure. Each building was served by fireproof stairways that allowed patients and staff to enter or leave each section of the complex without passing through other wards.



Once the three buildings comprising each wing were completed, the detached buildings were linked to the main complex by way of gracefully curved, fully enclosed two-story connecting corridors. The corridor on the west [women’s] side was completed in 1893, and the east [men’s] side was completed in 1899. By 1900, the Kirkbride complex was substantially complete.

The finished wings embraced a broad service court containing a central kitchen and dining room, an amusement hall, the hospital laundry, a central boiler and power house, and shops for carpenters, masons, and other skilled workers.

The construction had taken a dozen years and the cost of land acquisition, construction, and infrastructure improvements had totaled approximately one million dollars. As local boosters watched the new hospital take shape on the edge of town, however, they had no doubt that the expenditures of time and money had been well worth while: “No state in the union has provided more generously for its wards and unfortunates than Minnesota” glowed the *Fergus Falls Daily Journal*:

Its splendid educational facilities are supplemented by institutions for caring for the deaf, the dumb, the blind, the defective, the indigent, the insane, and are all cared for in the most perfect institutions which money can secure. Of the fifteen

or more public institutions in the state, the greatest, the most complete, the most perfectly constructed, is the state hospital for the Insane in Fergus Falls.⁵³



Figure 8. *The newly landscaped grounds in front of the completed Kirkbride, about 1910. Collection of the Otter Tail County Historical Society.*

The Hospital Landscape:

“A Pleasure Ground for Patients”

As construction of the sprawling hospital complex at Fergus Falls moved forward, an effort was also underway to turn the land around the building into a therapeutic “pleasure ground” for patients, in keeping with Dr. Kirkbride’s prescription. That effort had started in the fall of 1887 when the *Daily Journal* reported that “Mr. W. B. Dunnell, the architect of the building, [and] Prof. A. W. Cleveland [*sic*] the well known landscape artist . . . 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.”⁵⁴

The “Professor Cleveland” named in the newspaper was presumably the estimable Horace William Shaler Cleveland of Chicago, who had laid out the now-famous Minneapolis and St. Paul park systems, and who is credited by one historian as “pushing the frontier of landscape architecture and civic improvement into the West.” During this period, Dunnell and Cleveland joined forces to design campuses for a number of Minnesota state institutions, including the Soldiers’ Home in Minneapolis, the State Training School in Red Wing, and the State School for Dependent and Neglected Children in Owatonna.⁵⁵

⁵³ “The Hospital,” *FFDJ*, 21 November 1895.

⁵⁴ “The New Asylum,” *FFDJ*, 27 October 1887.

⁵⁵ The quotation appears in William H. Tishler and Virginia S. Luckhardt, “H.W.S. Cleveland: Pioneer Landscape Architect to the Upper Midwest,” *Minnesota History* 49:7 (Fall 1985), 281. The authors attribute to comment to Theodora Kimball Hubbard, who discussed Cleveland’s contributions to the field in a 1930 article in *Landscape Architecture*. For more on Dunnell’s collaboration with Cleveland, see Murphy, *Public Buildings*, 51. Although these references to Cleveland’s landscape scheme for Fergus Falls are tantalizing, documentary evidence delineating the precise nature of his involvement was not discovered during the research for this study.

Despite Cleveland's early involvement in planning the Fergus Falls campus, the ever-expanding Kirkbride complex continued to stand for many years in the middle of an almost unspeakably barren landscape. "Little can be done towards beautifying the grounds until the work of construction is completed," explained the *Daily Journal* in 1895. The paper then went on to describe the "landscape artist's" still unrealized vision for the site:

In front of the buildings are about sixty acres of land which will be parked. . . . The plans . . . 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.⁵⁶

As various elements of Cleveland's landscape plan were slowly put into place, a great deal of the work was done by patients. By making extensive use of inmate labor, officials were able to accomplish the goal of beautifying the campus at little or no cost to the state. By 1900, patients had planted 4,700 trees, which were, to the great relief of superintendent George Welch, "transforming the rear view from the hospital, and reducing the bleakness of the front view."⁵⁷

The hospital operation also included a more utilitarian landscape in the form of a 640-acre farm, which produced a steady supply of fresh food for the kitchen and also provided an early form of occupational therapy for patients: "In the hospital are many men accustomed to out of door work, and it is not only profitable to the state to have them employed but it is conducive to the health of the patients" wrote a reporter for the local paper in 1895. "Very little help is hired, yet under the direction of farmer McFadden, the state raises practically all the vegetables and milk needed by the hospital. . . . Many patients are able to do almost a man's work."⁵⁸

⁵⁶ "The Hospital," *FFDJ*, 21 November 1895. The tennis courts, baseball field, and roadways were all completed before 1913, but there is no evidence that the lake referred to in the article was ever completed. The Minneapolis landscape firm of Morell and Nichols may also have had a hand in shaping the environment of the Fergus Falls campus. The firm completed a survey of the Hospital grounds as early as 1913, was hired on an ongoing basis to provide landscape engineering services to State Bureau of Construction in 1919, and completed another survey of the Fergus Falls Campus in 1922. For more on the firm's formal association with the Bureau of Construction, see Larson, *Minnesota Architect*, 145. Photographic copies of the 1913 and 1922 survey drawings are included in this report. See photographs OT-FFC-072-14 and OT-FFC-072-15.

⁵⁷ *Ninth BR* (1900), 11.

⁵⁸ "The Hospital," *FFDJ*, 21 November 1895. A five-acre apple and plum orchard was added to the farm operation in 1905 and additional acreage was acquired in 1908. By the middle of the twentieth century, the farm complex included barns and loafing sheds for horses, dairy and beef cattle; hog houses and farrowing buildings; a milk house; a slaughter house; silos, granaries and machine sheds. Farm operations were discontinued at the end of the 1968 fiscal year, and most of the structures were demolished. As large portion of the hospital's farm land was eventually transferred to the Minnesota Department of Natural Resources. For more information about agriculture at the Fergus Falls State Hospital, see Benjamin Leonard, "The State Hospital Farm," *Otter Tail Record* 7:2 (1998).



Figure 9. Bedridden patients in a men's ward, ca. 1900. Collection of the Minnesota Historical Society.

Life at the Hospital:

“The State Does All in its Power to Make Them Healthy and Happy Again”

As the Fergus Falls hospital's physical plant grew, so did its patient population. The new institution officially opened on 29 July 1890, with the admission of two male patients. The next day an additional patient was sent to Fergus Falls by a county judge, and eighty more chronically insane men arrived from the state hospital at St. Peter. One of the first to come was a boot maker-turned-bartender from Hubbard County—an individual who was by one account “as violent a patient as was ever confined within the asylum walls.” This unfortunate man spent the last fifteen years of his life at Fergus Falls, during which time he was “constantly handcuffed, his head encased in [a] padded mask, and . . . strapped in a chair.” The hospital remained an all-male institution until 19 December 1893, when 125 women were transferred there from St. Peter.⁵⁹

Patients were admitted for a variety of reasons. The newspapers attributed the prevalence of insanity to such varied causes as “the modern fad of Christian Science,” “the reading of “cheap novels,” “the virus of heredity” and “King Alcohol,” but took pains to point out that “crazy professional men are not numerous.” One local editor matter-of-factly reported that the heavy increase of insane persons was “largely among the foreign born.” The solution, he suggested, was simple: “One of the first things to be done is to

⁵⁹ *Fourth BR* (1890), 25. “First Patient,” *FFDJ*, 28 August 1907. Johnson and Aune, *History*, 3.

effectually shut out all European idiots and insane persons.” From the vantage point of the twenty-first century, the diagnoses offered by hospital doctors don’t seem much more scientific. Hospital records cite patients who were admitted due to “disappointment in love, death of wife . . . financial troubles . . . overwork, solitude, fright and typhoid fever.”⁶⁰

But whatever their reasons for joining the hospital community, most patients at the Fergus Falls facility fared considerably better than the gentleman from Hubbard County. Upon arrival at the hospital, patients were immediately put to bed and given copious amounts of hot milk in an effort to calm them down. Once they had settled in, their life became only slightly more varied.

On a typical day, patients were roused before dawn, and went to dining rooms on each ward, where they had a hearty breakfast of coffee, “some kind of mush,” hash and sausage. After eating, they spent a few quiet hours in the day rooms, reading or playing games. At eight o’ clock those who were able went to work. The men helped in the hospital’s central kitchen, maintained the grounds, and worked the farm. The women helped with sewing and housekeeping tasks. At 11:30 the patients were served a heavy meal consisting of “meat, potatoes, two kinds of vegetables, bread, and pie or pudding.” In the afternoons, working patients returned to their chores, while others resumed their activities in the dayrooms or spent time outside. On pleasant days, male patients were assembled into “squads” for brisk walks around the grounds, while women clambered into carriages for driving tours around the hospital’s road system. A light supper completed the daily routine. To relieve the monotony of this rigid schedule, the patients were occasionally taken on outings to circuses, fairs, ball games, and other off-campus events. “In short,” concluded the *Daily Journal*, “the state does all in its power to make them happy and restore them to health again.”⁶¹

Patients were expected to bathe at least once a week, and an effort was made to ensure that no two were dressed alike, “as the hospital does not want to give the impression that the patients are convicts.” There were no cells in the new building. Still, there was plenty of evidence that inmates did not enjoy unrestricted mobility—including window grates “to prevent the patients from throwing themselves out or from escaping.” And although hospital superintendent A.P Williamson had boasted in his 1892 report that the milk and rest regimen had enabled the hospital “to largely dispense with every kind of physical restraint,” an article published in the local paper a few years later calmly described a device that was used to handle violent patients:

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 him.⁶²

⁶⁰ “The Insane,” *FFDJ*, 6 March 1889. “Increase of Insanity,” *FFDJ*, 11 July 1891. Johnson and Aune, *History*, 2.

⁶¹ “The Hospital,” *FFDJ*, 21 November 1895.

⁶² *Ibid.*

Despite a regimen that was often boring and occasionally outright cruel, the population of the new institution increased at a meteoric pace during its first decade. In the summer of 1898, superintendent George Welch marked a significant milestone, noting in his biennial report that “the Fergus Falls hospital, although the youngest, has become the largest of our state institutions.”⁶³

Meeting the Challenges of a New Century

By 1900, only one significant detail of the Kirkbride complex at Fergus Falls remained to be completed. In his original design for the hospital Warren Dunnell had depicted a steeple-like tower, soaring seven stories above the center of the Administration Building. But in an apparent nod to fiscal reality the tower had not been completed when the rest of the Administration Building was erected in 1897. Instead, the structure was abruptly truncated at the fourth story, and its shaft was capped by a temporary Mansard-style roof. The tower stood in this half-finished state until 1906, when it was finally completed according to a design by recently appointed state architect Clarence H. Johnston. Standing on a knoll overlooking the city, and rising high above the newly planted trees, the graceful Romanesque spire, with its elaborate brick corbelling, carved stone detailing, and red-tiled, pyramidal roof, immediately became an important local landmark.⁶⁴

Even before the last piece of the Kirkbride complex was put into place, however, some officials had begun to question whether the new facility was appropriate for its true purpose. By 1900, the state had opened new asylums at Anoka and Hastings. Both of these facilities were intended to provide long term custodial care for chronically ill patients and were built according to the new cottage plan principles. The advent of the Anoka and Hastings institutions pointed to the harsh reality that, despite a wave of scientific investigation into the causes and potential cures for insanity during this period, the number of people remanded to the state for mental health treatment continued to increase at a staggering rate--and that once they entered the system, many of these individuals were destined to remain there for life.⁶⁵

Fergus Falls superintendent George Welch was painfully aware of this situation. “At least sixty per cent of the population of the state institutions is of the asylum type, chronic cases in fair physical health that require principally custodial care,” he wrote to the State Board of Control in 1904. And when it came to providing proper care for that constituency, he lamented, “it is now an acknowledged fact that the cottage system is much superior to the congregate [Kirkbride] system.” The only way to break away from the congregate plan in an institution already completed, concluded Welch, “would be to erect new cottages for patients and convert the facility’s two detached wings into housing for nurses.” That transformation did not take place. But for the next fifty years, hospital officials at Fergus Falls were engaged in a continuous and often unsuccessful struggle to

⁶³ *Eighth BR* (1898), 13.

⁶⁴ *Third BR* (1906), 45.

⁶⁵ The state opened a third cottage plan institution at Willmar in 1912. Originally conceived as the State Hospital Farm for Inebriates, the facility became a custodial care institution for the chronically mentally ill in 1917.

make a nineteenth century facility meet a constantly evolving assortment of twentieth century challenges.⁶⁶

The problem of severe overcrowding continued to plague hospital officials. As more and more people were squeezed into already tight quarters, there was an increasing probability that an outbreak of fire or disease at the institution would eventually cause a catastrophe. Fire, in particular, was a constant worry. Although most sections of the Kirkbride complex at Fergus Falls were of fireproof construction, the West Detached Building had been constructed with an interior framework of heavy timbers. Beginning in the 1906-1908 biennium, workers gutted the building section by section and replaced the timbers with an iron skeleton frame and vaulted span tiles like those in the rest of the complex. An important fire safety improvement was completed in 1914, when a new concrete water reservoir (Building 34) was constructed behind the Kirkbride complex, solving a longstanding problem of low water pressure from the city's mains. The perennially crowded conditions would also make it more difficult to evacuate patients, many of who were bedridden or in restraints, if a fire broke out. To provide an additional means of egress, a number of enclosed spiral fire slides fabricated of sheet iron were added to each of the wings during the late 1920s. And the original wood strip flooring in the Kirkbride's wards had all been replaced by fireproof, easy to clean ceramic tile by the early 1930s.⁶⁷

Hospital officials also worried that any outbreak of contagious disease could quickly escalate into a full-blown—and deadly—epidemic. Diphtheria, typhoid fever, tuberculosis and influenza all posed significant threats in an era lacking effective antibiotics and immunizations. The state hospital staff initially tried to control the spread of such diseases by placing infected individuals in quarantine wards within the main building—a less than ideal solution to the problem. In 1909 it became possible to remove these patients from the Kirkbride complex altogether when a cottage-like one-story Contagious Hospital (Building 42) was completed near the southeast corner of the campus. A second such facility (Building 21), intended primarily for male tuberculosis patients was erected in the courtyard behind the east wing in 1921. Both facilities were designed by state architect C.H. Johnston.⁶⁸

Crowding also caused some problems that were not life threatening. During the hospital's first few decades, unmarried nurses and attendants were expected to reside in staff dormitories or small apartments located within the ward units. As the wards became more and more congested, however, it was soon evident that this space could be put to better use as additional housing for patients. This situation was addressed in 1910, when a new dormitory for female nurses (Building 31) was completed atop a bluff behind the main complex. Designed by state architect C.H. Johnston in the Tudor-revival style, the

⁶⁶ *Second BR* (1904), 165, 167, 170.

⁶⁷ *First BR* (1902), 46; *Fourth BR* (1908), 21, 155; *Sixth BR* (1912), 151; *Sixteenth BR* (1932), 117.

⁶⁸ It would be difficult to overstate the danger of contagious disease during this period. For example, the only significant dip in institutional census figures during this period came in 1920, when deaths from the influenza epidemic reduced Minnesota's state hospital population by 400 patients. See "Patients to Go," *FFDJ* 31 March 1920.



new dormitory included a large parlor with a fireplace, as well as a number of spacious double rooms, and was almost identical to a nurses' dormitory erected at Rochester at about the same time. A more modestly appointed dormitory for 50 male employees (Building 6), also designed by C.H. Johnston, was added across the campus in 1920. By providing staff with a welcome refuge from the bedlam of the wards, the two dormitories helped to improve staff morale

and also made it easier for the hospital to retain veteran employees.⁶⁹

Facilities were also provided to improve the morale of patients during this period. Although patients supplied much of the labor for daily chores required to operate the institution, those who were unable to work in the kitchen, laundry or farm often faced years of unrelieved boredom. "One of the most disheartening sights in a hospital for the insane," wrote superintendent George Welch in 1902, "is the large number of patients sitting about in the wards doing nothing. . . . The idle hand is as prone to mischief among the insane as among their more fortunate brethren, and an interesting piece of work put into the hands of a restive or quarrelsome patient has often proved a blessing." Apparently subscribing to this point of view, the superintendent's spouse, Phebe Lyon Welch, had begun to organize arts and crafts activities in the ward units during the 1890s, with help from community volunteers. "Mrs. Welch's Sewing Circles," as these gatherings were known, constituted the first attempt to provide occupational therapy for inmates. When a new occupational therapy building (Building 29) was completed behind the west wing in 1924, it was named in memory of Mrs. Welch. Designed by C.H. Johnston, the structure resembled a large Dutch colonial residence. Its homelike interior contained several cozy workrooms, offices and a salesroom for patient projects.⁷⁰

Another new building erected on the Fergus Falls campus during the early years of the twentieth century reflected an important change in Minnesota's commitment laws. Despite the development of a substantial state hospital system during the second half of the nineteenth century, the rules for taking new patients into that system were still configured as legal rather than medical procedures. In practice, this meant that potential mental patients were typically charged with insanity, arrested by their local sheriffs, and locked up in the nearest county jail until a judge and jury could determine whether or not to commit them to a state institution for treatment.⁷¹

⁶⁹ *First BR* (1902), 46; *Fourth BR* (1908), 21; *Tenth BR* (1920) 44. Also see "Nurses' Dormitory, State Hospital," *Wheelock's Weekly*, 9 January 1910.

⁷⁰ *First BR* (1902), 157; *Twelfth BR* (1924), 72. Also see Johnson and Aune, *History*, 4.

⁷¹ For a thorough discussion of Minnesota's commitment laws through 1960, see Poor, "Growth and Development," 101-113.

Superintendents from Minnesota’s state hospitals had begun to advocate for changes in the commitment laws as early as 1893, and in 1901, legislators passed a new law specifying that jails could no longer be used as holding tanks for individuals waiting to be evaluated for insanity. The new legislation had little effect, however, and the mentally ill continued to find themselves “sharing the cells of alcoholics, criminals, vagrants, and others not sick in the same way.” Nonetheless, the practice of jail detention continued until 1907, when the legislature approved construction of new “detention” hospitals for incoming patients at the three state mental institutions.⁷²

The Detention Hospital at Fergus Falls (Building 5) was designed by C.H. Johnston. Construction began in 1908 and was completed two years later at a cost of nearly \$56,000. As the contractors finished up their work, a local paper reported that the facility marked “a radical innovation in the way of receiving patients.” Individuals who “feel that their nervous system is in danger . . . who fear insanity, or are conscious that they are becoming insane,” would be now be admitted to the Detention Hospital for evaluation. Patients “who prove not to be insane” would never enter the general hospital population housed in the Kirkbride complex.⁷³

The new building opened on August 1, 1910, with beds for fifty patients. Pleased that the state had finally “broken away from the barbarous methods of committing its insane,” superintendent Welch was confident that the new building would be a useful addition to the campus, noting that “already, before the opening of the new hospital, we have had several applications for admission from persons who are suffering from mental break down.”⁷⁴



Figure 11. This full-color postcard, issued ca. 1910, celebrated a wave of new construction at the State Hospital during the opening years of the twentieth century. Collection of the Otter Tail County Historical Society.

⁷² Poor, “Growth and Development,” 110.
⁷³ “Detention Hospital,” *Wheelock’s Weekly*, 14 July 1910.
⁷⁴ *Fifth BR* (1910), 159.

Within a few years, the change in the commitment law had precipitated yet another facilities crisis at Fergus Falls. “The number of admissions to Detention Hospital is large and is gradually increasing,” reported Welch in 1912. “We find the present building is too small to make it possible to keep patients there long enough for a satisfactory period of observation. Furthermore, it does not allow much opportunity for a stay long enough to provide for extensive treatment.” He ended his report by urging the legislature to provide funds “to build another Detention Hospital.”⁷⁵

That request would elicit no response until 1927, when Dr. W. L. Patterson was named superintendent at Fergus Falls. He wasted little time in renewing the request for a new building to replace the 1910 Detention Hospital. In his 1930 biennial report he stated his case with vigor. “Modern psychiatry,” he wrote,

Is largely a study of the individual case. Naturally the admission service is the point at which this type of psychiatry begins. We are much handicapped by the lack of a proper admission building, to which all new cases can be admitted and properly examined and classified. It is difficult to provide the proper kind of attention for new patients unless a suitable building is provided for this purpose. The detention hospital . . . is entirely inadequate as a receiving ward. It is too small to take care of the number of admissions, and it is likewise not properly constructed or equipped for this kind of service.⁷⁶

Patterson’s pleas finally bore fruit, convincing the legislature to fund a new and substantially larger receiving hospital. Designed in 1931 by the Duluth architectural partnership of Sullivan and Orrfalt, the new building (Building 33) was to have twice the capacity of its predecessor, would be entirely fireproof, soundproof, and escape-proof, and would contain a full complement of hydrotherapy apparatus. The earlier facility was converted into a convalescent ward for patients expected to recover in a few months without requiring admission the general hospital population.⁷⁷

The First to be Affected and the Last to Recover: The Great Depression and World War II

In 1932 long awaited Receiving Hospital was opened. It was to be the last major construction to take place on the Fergus Falls campus for a long time. As the nationwide economic depression deepened, the revenue stream that had funded a nearly continuous program of construction for more than three decades suddenly dried up. Development of the campus had reached a plateau, and with each passing month, the Kirkbride complex exhibited more and more evidence of neglect. The only new buildings to appear on campus during this period were a garage and greenhouse erected with the help of Federal relief programs. Even the landscape around the buildings began to exhibit signs of duress

⁷⁵ *Sixth BR* (1912), 149.

⁷⁶ *Fifteenth BR* (1930), 95.

⁷⁷ *Sixteenth BR* (1932), 116-117.

as blistering heat and relentless drought killed or damaged hundreds of trees and shrubs and turned the lawns into weed patches.⁷⁸

One thing remained abundant during the Depression years, however, and that was the number of Minnesotans requiring treatment for mental illness. The completion of the Receiving Building had increased the nominal capacity of the Fergus Falls State Hospital to approximately 1,300 patients. But by the spring of 1937, the population had risen to an all-time high of 2,037, and the institution was bursting at the seams. To accommodate all these individuals, attic spaces on the fourth floor of the Kirkbride were pressed into service as patient dormitories, and beds were wedged into corridors throughout the complex with no space in between.⁷⁹

In yet another effort to alleviate crowded conditions at Fergus Falls and elsewhere in the mental health care system, Minnesota began to build its fourth state hospital in 1936 with a grant from the federal Public Works Administration. Located in the northeastern Minnesota community of Moose Lake, the new facility has been described as “the largest Depression era work relief project undertaken at a state hospital or state school complex in Minnesota.” When the Moose Lake State Hospital opened in October of 1938, its first occupants included two hundred patients transferred in from Fergus Falls. As it turned out, the respite provided by completion of the new institution was to be short-lived.⁸⁰

By the end of 1941, the United States had entered World War II, and for the next four years, an enormous portion of the nation’s human, financial, and material resources were diverted to military purposes. Although few questioned its necessity, the war effort made an already bad situation at the Fergus Falls State Hospital significantly worse. The hospital experienced increasingly dire staff shortages as more and more young men and women enlisted in the military services. Construction came to a standstill, and maintenance on the physical plant was reduced to a bare minimum because of severe shortages of building materials and skilled labor. Conditions at Fergus Falls were not unique: “All mental hospitals in every state of the Union have been affected by this war,” complained hospital superintendent W. L. Patterson in 1944. “All have lost ground. 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.” In an interview several years later, Patterson offered an even more succinct evaluation of the conflict’s impact on Fergus Falls, stating simply that “the war wrecked this place.”⁸¹

⁷⁸ Paul F. Cummings, “An Analysis of Factors Entering Into Decisions for Reconstruction of Minnesota State Hospitals at Fergus Falls and Rochester,” Unpublished M.A. Thesis, University of Minnesota, Minneapolis, 1966, 1. Also see *Seventeenth BR* (1934), 141 and *Eighteenth BR* (1936), 171.

⁷⁹ Cummings, “Factors,” 30; *Eleventh BR* (1946), 74.

⁸⁰ Murphy, *Public Buildings*, 17; “200 Patients Go From Here,” *FFDJ*, 17 October 1938.

⁸¹ *Tenth BR* (1944), 82; *Eleventh BR* (1946), 79. Also see Dorothy Collins, “Recovery Rates High at Hospital,” *Fargo Forum*, 27 April 1958.

“They’re Worthy of the Very Best We’ve Got:”

The Dawn of a New Era in Mental Health Care in Minnesota

By the mid-1940s, conditions at Fergus Falls and Minnesota’s other state hospitals were deplorable, a state of affairs that had remained unresolved and largely unnoticed while the state and the nation struggled first with the economic depression and then with World War II. But when the war came to an end, the state hospital system in Minnesota and elsewhere was subjected to an unprecedented wave of public scrutiny that ultimately brought about significant changes in mental health policy, facilities, and treatment.

The process began just a few months after the armistice when returning World War II veterans started to flood the nation’s mental hospitals, immediately revealing serious shortcomings in the system. The press quickly picked up the story, publishing detailed exposés of the horrific conditions that existed inside asylum walls all across the country. “Through public neglect and legislative penny pinching,” charged Albert Maisel in a 1946 *Life* magazine article, “state after state has allowed its institutions for the care and cure of the mentally sick to degenerate into little more than concentration camps.” Reciting a long list of injustices and humiliations suffered by the nearly 400,000 “patient-prisoners” then in the nation’s state hospitals, Maisel charged that “such conditions cannot be explained away as a result of wartime personnel shortages; the war merely accentuated long-existing failings.”⁸²



Figure 12. Crowded conditions after World War II forced patients to sleep in the connecting corridor between Buildings 27 and 28.

Collection of the Minnesota Historical Society.

state to make significant improvements in the care and treatment of its own mentally ill citizens.⁸³

This kind of postwar consciousness raising helped convince Congress to pass the National Mental Health Act of 1946, which created 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. By providing substantial new support for the training of psychiatric professionals, the National Mental Health Act was an important step toward improving the caliber of mental health care all across the country. It may also have helped inspire a sequence of events that began in Minnesota the following year, and that eventually led the

That effort was initiated in December 1947, when a committee from the Minnesota Unitarian Conference issued a report on conditions at the seven psychiatric facilities then operating in the state. The study contained scathing criticism of the system, reporting

⁸² Albert Q. Maisel, “Bedlam 1946,” *Life* 20:18 (6 May 1946), 102-103.

⁸³ Don Martindale and Edith Martindale, *Social Psychiatry in Minnesota: Coping With Mental Illness, Alcoholism and Drug Dependence*, (St. Paul, MN: Windflower Publishing Company, 1972), 19.

that Minnesota's public mental institutions were grossly underfunded, understaffed, and overcrowded. None of the state's facilities met even the minimum standards for mental hospitals that had been established by the American Psychiatric Association.⁸⁴

The study charged that treatment was largely nonexistent in Minnesota's state hospitals, with "the majority of wards . . . present[ing] a common picture of unkempt patients vegetating." The Unitarian committee found that in some wards even sitting was impossible because of a lack of chairs or benches. Many patients were not provided with underwear, shirts, socks, or shoes. Sanitary conditions were abysmal, with soap, toothbrushes, and toilet paper in short supply. Only one institution had seats on its toilets. Physical restraints, including strait jackets, mitts, cuffs, shoulder straps, ropes and chains, were applied to one out of every thirteen patients in the system, a situation that was attributed to insufficient staff and inadequate programming. Perhaps most damning was the statement that "many patients [in the state hospitals] do not receive the care and attention which the state provides livestock on the grounds of these same institutions."⁸⁵

The allegations from the Unitarian committee prompted an almost immediate response from governor Luther W. Youngdahl. In the spring of 1948, the governor embarked upon a series of unannounced fact-finding tours of Minnesota's mental hospitals and appointed a task force to improve conditions for the forgotten residents of the state institutions. "We must remember," he said, "that these unfortunate people are human beings—they have souls. They are worthy of the very best we've got."⁸⁶

Within a week of the governor's call to action, the *Minneapolis Tribune* undertook an investigation of its own--publishing a series of six articles by reporter Geri Hoffner describing conditions at Minnesota state institutions in graphic detail. Hoffner essentially corroborated the charges made earlier by the Unitarian committee, reporting that patients at Fergus Falls and Minnesota's other state hospitals were "crowded like animals, many of them sleep in dingy attics where every hot or cold change in the weather brings acute discomfort, on cots in hallways and corridors and in day rooms which were meant for recreation. There is no privacy. Patients are herded together for walks, meals, medical treatment and baths." According to social historian J. Lucille Poor,

The reporters pointed out that livestock on the farms of the institutions often get better treatment than the patients and cited the fact that at one of the hospitals the cows were bathed daily, brushed and combed twice daily. The animals were housed in bright clean barns. Pigs occupied sties with thermostatically controlled heat and air conditioning. At this same institution, the report continued, "the forgotten people" were fortunate to get a weekly bath. Their hair hung matted

⁸⁴ Minnesota Unitarian Conference Committee on Institutions for the Mentally Ill, "A Summary of Conditions in Minnesota State Hospitals for the Mentally Ill," Unpublished report, N.P., December 1947, 2. The entire document is available on a website maintained by the Minnesota Governor's Council on Developmental Disabilities. The web address is: www.mncdd.org/past/pdf/47-mn-dpw-sum-conditions.pdf

⁸⁵ Unitarian Conference Committee, "Conditions," 2, 5-7.

⁸⁶ Geri Hoffner, "Improved Mental Hospitals Urged: Youngdahl Asks New Attitude," *Minneapolis Tribune*, 6 May 1948.

and uncombed and in the attic six hundred patients slept on beds, some of which had no sheets or pillow cases because the hospital was “short of linens.”⁸⁷

These revelations prompted significant and immediate changes in the state’s approach to mental health care. One result of the clamor was passage of the Minnesota Mental Health Policy Act of 1949, which laid the groundwork for a statewide network of community-based mental health centers. Another result was a major reorganization of the state mental health system’s administrative structure, culminating with the appointment of the state’s first Commissioner of Mental Health. In 1950 the new commissioner offered words of hope:

The days of the custodial insane asylum are gone; the new 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



Figure 13. Governor Luther Youngdahl burned strait jackets on the campus of the Fergus Falls State Hospital in 1949 to symbolize the state’s new attitude toward treatment of the mentally ill.. Life Magazine.

“A Bright Haven of Hope and Recovery”

During the first full decade after World War II, the new public attitude toward mental illness, coupled with a host of new treatment options and an increasingly progressive public policy framework, helped to bring enormous and unprecedented change to the Fergus Falls State Hospital. One byproduct of the new thinking was a team approach to

⁸⁷ Poor, “Growth and Development,” 2. Poor quote’s from Hoffner’s articles, which were published in May 1948. For complete citations, see the bibliography.

⁸⁸ *Thirteenth BR* (1950) 17.

therapy initiated in 1951, when the institution's tubercular patients were transferred to Anoka and the Tuberculosis Pavilion for Men (Building 21) was converted into a center for "intensive treatment" of chronic cases. *Life* magazine described the procedures that had been implemented to rescue some of the hospital's most seriously ill patients from hopelessness:

Eighteen months ago, twenty 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 twenty 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 twenty now work voluntarily around the hospital. Two of the twenty are being prepared for eventual discharge.⁸⁹

Another important step forward in treatment came in 1955, when the hospital began widespread use of new psychotropic medications that had been developed in Europe. By 1958, these new therapies had helped to reduce the average stay at the hospital from nine months to four, and the number of discharges had exceeded the number of admissions for two years in a row. Following a visit to the hospital in the spring of 1958, *Fargo Forum* reporter Dorothy Collins summarized the transformation that had taken place there since the end of World War II. "Emerging from dark decades when its reputation was that of a land of no return," she wrote, "the Fergus Falls State Hospital today is regarded by many as a bright haven of hope and recovery."⁹⁰

Perhaps the most obvious sign of change at Fergus Falls during the 1950s, however, was a dramatic improvement in the institution's physical plant. Lawmakers had responded to an acute shortage of beds for elderly patients as early as 1947 by funding construction of identical new geriatric facilities for men and women (Buildings 13 and 14) at both Fergus Falls and Rochester. Another modest wave of activity had followed passage of the Minnesota Mental Health Policy Act in 1949, when the legislature appropriated money to remodel the central kitchen and build new housing for medical staff at Fergus Falls.⁹¹

⁸⁹ Albert Q. Maisel, "Scandal Results in Real Reforms," *Life* 31:20 (12 November 1951), 154.

⁹⁰ Collins, "Recovery Rates High," *Fargo Forum*, 27 April, 1958.

⁹¹ Cummings, "Factors," 31. Designed by Tolz, King and Day of St. Paul, the geriatrics buildings are single-story structures with Y-shaped plans, a configuration that was originally intended to increase accessibility for patients with limited mobility, and to simplify the nursing staff's ability to monitor and

A more ambitious program of improvements got under way in 1957, when the legislature provided the first in a series of major appropriations that continued through 1963. During this period, Fergus Falls received nearly five million dollars in facilities funding. Just over half of this money was used to build Patterson Hall (Building 12), an activities center linking the men's and women's Geriatric Buildings. Other buildings erected in the early 1960s included the Administration Wing (Building 2), a new Auditorium (Building 3), and a new Power Plant (Building 30). The remainder of the money was used to substantially remodel most of the interior spaces in the Kirkbride complex and the Nurses Dormitory. Elevators were installed, and lighting, ventilation, plumbing, and communications systems were upgraded. The original double-hung wood sash in the ward units were replaced with glass block, and the wire grates on several of the porches were replaced with concrete block screens. Interior spaces were modernized with new glass-enclosed nurse's stations, and redecorated with low maintenance ceiling, wall, and floor coverings. Despite all this work, the basic structural configuration of the Kirkbride complex at Fergus Falls remained virtually unchanged.⁹²



Figure 14. *What might have been. A proposal by Lang and Raugland Architects, Minneapolis, for “modernizing” the central administration area, ca. 1962. Only the wing at right was built. Collection of the Otter Tail County Historical Society.*

care for them. The two buildings, along with a connecting link constructed later, were sold to Otter Tail County in 1998, and have been substantially rehabilitated as a new county government center.

⁹² *Ibid.*, 31-33; *Minnesota Welfare BR* (1958), 48-49. The work was completed by the Minneapolis architectural partnership of Liebenberg and Kaplan, which had earned a reputation as a creator of cutting-edge designs for motion picture theaters. The third and fourth level wards in the East Detached Building were not included in the interior remodeling program and have retained much of their original character. The Auditorium and the Administration Wing were designed by Lang and Raugland of Minneapolis. The new Power Plant was designed by the engineering firm of Jackson and Orr-Schelen.

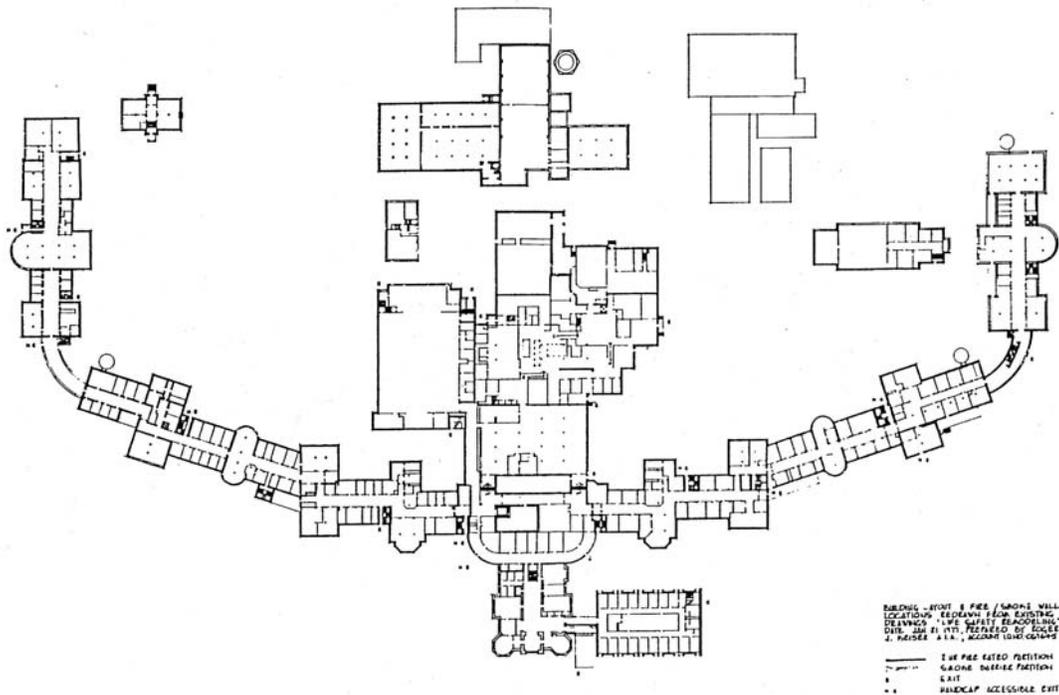


Figure 15. Floor plans of the Kirkbride complex and associated buildings in the central campus, ca. 1990. Foss Associates Master Plan, Fergus Falls State Hospital, Minnesota Department of Human Services.

“Getting Out of the Mental Hospital Business:”

The Rise of the Therapeutic Community

Although there was an enormous effort during this period to update the physical facilities at Fergus Falls, emphasis was increasingly focused, not on centralized institutional care within the confines of the state hospital, but on decentralized delivery of mental health treatment through a network of community mental health centers. The first glimmer of this approach came with passage of the Mental Health Policy Act of 1949, which formally recognized the potential value of community mental health clinics. During the next two years, Minnesota opened experimental outpatient clinics in Minneapolis, Albert Lea, and Fergus Falls. By the mid-1950s it had also become clear that medications and other new treatments were making long-term institutionalization unnecessary for many mentally ill individuals.

In 1957, the legislature passed the Community Mental Health Services Act, which called for the establishment and expansion of a statewide system of community based, state-operated outpatient psychiatric services. By 1962, the state had opened sixteen community health centers throughout Minnesota, and by 1966 the network had grown to twenty-two. Meanwhile, the state had also begun to place large numbers of geriatric patients in newly opened state nursing homes. These changes reduced the overall population of the state hospital system to less than half what it had been at its high point

in September of 1954. At Fergus Falls, the patient population in 1966 stood at just 1082, down nearly a thousand from what it had been twelve years earlier.⁹³

The growing awareness of civil rights issues in the 1960s also brought change to Fergus Falls. In 1967 the legislature passed the Minnesota Hospitalization and Commitment Act, modifying commitment procedures in order to protect patients' legal rights, and prevent involuntary lifelong institutionalization. Concerns about the use of inmate labor at Fergus Falls, coupled with a steadily shrinking patient population, precipitated closure of the state hospital farm at the end of the 1968 fiscal year. The institution's livestock were sold or slaughtered, farm buildings were vacated, and hundreds of acres of former agricultural land were transferred to the Minnesota Department of Natural Resources, the Fergus Falls Community College, and the city's industrial park.⁹⁴

By 1970, an estimated 40,000 patients had been treated at the Fergus Falls State Hospital. But there was new competition for patients from outside the state hospital system. In the quarter century since World War II, private psychiatry had emerged as an important medical specialty and twenty private hospitals around the state provided a total of nearly a thousand beds for psychiatric patients. These new treatment options also helped reduce the population at Fergus Falls and elsewhere.⁹⁵

Writing in 1972, University of Minnesota sociology professor Don Martindale and psychiatric social worker Edith Martindale summarized the dramatic changes in treatment that had taken place during the previous twenty five years:

The major forms of therapy employed on the mentally ill since World War II have been: the use of shock treatment and to a declining extent lobotomy; the use of tranquilizers permitting the elimination of restraints; the treatment of acute phases of mental illness . . . with the tranquilizers and anti-depressant drugs; the employment of psychotherapy and social therapy. All these forms of therapy have been, to some extent, generalized into the idea of transforming the hospital in its internal operations and in relation to the outside world into a therapeutic community.⁹⁶

The trend toward the therapeutic community in Minnesota was given further impetus in 1973 when the legislature passed an act calling for development of a comprehensive plan to decentralize delivery of public mental health services. Among other things, the act enabled county and regional governments to convene area Human Services Boards, and authorized expenditures of more than \$50 million over a five-year period to help establish community based mental health programs. In December of the following year, the Department of Public Welfare announced a plan "to get out of the mental hospital business" by placing patients in "appropriate community settings." According to the plan, the state would close six of its ten hospitals by 1980 and would actively work

⁹³ Martindale and Martindale, *Social Psychiatry*, 23; *Minnesota Welfare BR* (1966), 13, 25, 29.

⁹⁴ *Ibid.*, 45, 66, 72; *Minnesota Welfare BR* (1968) 28-29.

⁹⁵ *Ibid.*, 21; Johnson and Aune, *History*, 10.

⁹⁶ Martindale and Martindale, *Social Psychiatry*, 20-21.

toward discontinuing state operation of mental hospitals altogether. The Fergus Falls State Hospital was to be one of the first two facilities closed, officials said, because the city was “more ready for community alternatives.”⁹⁷

Thirty Years of Uncertainty

By the mid-1970s, the twenty year shift toward community based delivery of mental health services, along with increasing awareness of and concern for the legal rights of mental health patients had produced a full-blown, nationwide, deinstitutionalization movement. But this movement would not fully play itself out for nearly three more decades. Meanwhile, officials and staff at the Fergus Falls State Hospital were subjected to a roller-coaster ride of alternating hopefulness and despair as they pondered the future of the institution.

By 1975, the average daily population at Fergus Falls had been reduced to about 500 patients. Governor Wendell Anderson announced his intention to reduce that number even further--calling the state hospital system “a relic of a less enlightened era,” and urging the state to maintain its focus on community based delivery of mental health care. In keeping with that goal, the state began developing plans to demolish portions of the Kirkbride complex, beginning with the central Administration Building—an action which was strenuously opposed by officials of the seventeen-county region served by the facility. For a moment it seemed that the end of the Fergus Falls State Hospital was at hand. The closure plan eventually fell by the wayside, however, and by 1978 state officials had awarded the institution \$168,000 in federal funds to undertake a program of interior remodeling and landscape improvements.⁹⁸

In the meantime, Minnesota’s state hospitals had begun to expand beyond their traditional role as providers of residential treatment for adult psychiatric patients--introducing new programs for treating adolescent, alcoholic, chemically dependent, and developmentally disabled individuals. These programs brought the number of admissions at Fergus Falls to an all-time high in 1978, and continued to draw large numbers of patients in subsequent years. In an effort to more accurately reflect both the state hospital’s broadened scope of services and its geographical reach, the Fergus Falls State Hospital was renamed the Fergus Falls Regional Treatment Center in 1985.⁹⁹

Despite the obvious value and extensive public use of the new programs, daily population figures at Fergus Falls declined steadily as average stays at the hospital grew shorter and opportunities for community based outpatient care increased. Nonetheless, the state and the community of Fergus Falls continually renewed their commitment to and investment in the former State Hospital throughout the 1980s. In 1986, the Kirkbride complex was listed on the National Register of Historic places following a comprehensive survey of

⁹⁷ Johnson and Aune, *History*, 18. The ten hospitals identified by the Department of Public Welfare included facilities for the treatment of both mental illnesses and developmental disabilities.

⁹⁸ James Gray, “Demolition Plans Proceed for State Hospital,” *FFDJ*, 10 January 1975; Bill Bank, “RDC Urges Postponing Any Demolition Action Considered for Hospital,” *FFDJ*, 15 January 1975; “Fergus Falls State Hospital Faces Challenge,” *FFDJ*, 7 March 1975; Johnson and Aune, *History*, 21.

⁹⁹ “FFSH Is No More,” *FFDJ*, 9 October 1985.

historically significant public buildings in Minnesota. A year later, the city of Fergus Falls completed construction of a solid waste incinerator on the campus, designed to convert refuse from the State Hospital's seventeen-county service area into steam heat for its buildings. In 1989, the legislature offered another vote of confidence in the institution's future, approving a six-year, \$7.2 million plan for capital improvements at Fergus Falls and other state hospitals. Work items included life safety upgrades, re-roofing, remodeling and maintenance of existing facilities, and construction of new off-campus supervised living facilities for psychiatric patients in transition.¹⁰⁰

By the time the State Hospital celebrated its centennial in August of 1990, its population was a mere shadow of what it once had been. Entire sections of the Kirkbride complex and other campus buildings were vacant. As the state bolstered its capacity to serve clients through community based residential and outpatient programs, it became increasingly evident that the sprawling, multi-story Kirkbride complex, encompassing well over 500,00 square feet of space, was simply too big and too poorly configured to efficiently deliver modern mental health services to a rapidly diminishing number of inpatient clients. In the years following the centennial celebration, the state initiated a nearly continuous program of condition assessments, program analyses and planning studies in an effort to chart the best course for the institution's future.

The city of Fergus Falls also began to look ahead during this period. Well aware that the Kirkbride complex no longer represented the state of the art in psychiatric facilities, and recognizing the impact that loss of the treatment program would have on the local economy, community leaders went to the legislature in 1991 seeking funds to build a new psychiatric hospital on the FFRTC grounds. They also brokered arrangements with the school district and several non-profit organizations to lease space in vacant buildings on the campus, and began to solicit proposals for alternative uses for the Kirkbride complex, noting that "the historic building will not be needed for its current uses once the proposed new psychiatric hospital is built."¹⁰¹

The legislature approved a significant investment in the facilities as late as 1998, when a major exterior restoration was completed on the Administration Building and its red-tiled tower. The funding for a new treatment center did not materialize, however, and by 2001, the Minnesota Department of Human Services was operating a program for about 100 people in a facility originally intended to house well over a thousand. Late that year, the Department sponsored a Historic Properties Reuse Study in an effort to identify potential new uses for the historic state hospital buildings and campus. While that study was still under way, governor Jesse Ventura proposed a plan that would consolidate treatment facilities in order to reduce costs. As part of the plan, mental health services offered at the Fergus Falls Regional Treatment Center would eventually be relocated into other northwestern Minnesota communities.¹⁰²

¹⁰⁰ Johnson and Aune, *History*, 21, 29, 30.

¹⁰¹ Peg Kalar, "RTC Coalition Aims to Fill Empty Buildings," *FFDJ*, 1 February 1991.

¹⁰² Mary Mahoney, "Task Force Still Moving Forward with RTC Plans," *FFDJ*, 11 January, 2002; Mary Mahoney, "70 State Jobs at Stake in FF," *FFDJ*, 11 January 2002.

In September of 2002, the Department of Administration declared the Fergus Falls campus to be surplus property, thereby initiating the process of transferring the property out of state ownership after one hundred and twelve years. The formal death knell for the aging asylum, however, came in February of 2003, when newly elected Minnesota Governor Tim Pawlenty announced a plan to move the hospital's remaining mentally ill population into smaller community based facilities as a cost-saving measure. "The once-grand Regional Treatment Center in Fergus Falls," wrote a reporter for the Minneapolis Star-Tribune "has become a white elephant."¹⁰³

The Fergus Falls State Hospital is currently slated for closure in 2005. The future of the facility's historic buildings and campus remains uncertain, but this study is intended to provide an enduring record of its past.



Figure 16. The Fergus Falls campus from the air, ca. 2003. Minnesota Department of Administration.

¹⁰³ Robert Franklin, "What to Do with a City of Ghosts?" *Minneapolis Star-Tribune*, 16 February 2003; Joel Hagen, "State Puts Fergus RTC Up For Sale," *FFDJ*, 5 September 2002; "Pawlenty May Decide RTC's Fate," *FFDJ*, 17 February 2003; Jim Sturgeon, "Commissioner Expresses Support for RTC Plan," *FFDJ*, 18 August 2003.

PART III. ARCHITECTURAL INFORMATION**Building 1—Administration**

Date of construction: 1897

Architect: Warren B. Dunnell

Builder: John Lauritzen (?)

Plans

A set of seven hectographs for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The undated set, attributed to Warren B. Dunnell, includes floor plans, elevations and structural details. The Department also has a single blueprint of drawings for completion of the central tower. The set, attributed to C.H. Johnston, is dated 15 October 1906, and includes an elevation, partial plans, a section and brick details.

Alterations

Tower completed 1906, C.H. Johnston

Interior remodeled 1964, Liebenberg and Kaplan

Exterior restoration, 1998

Construction on the Administration Building was begun in 1895, and the structure was completed in 1897 with its central tower abruptly truncated at the fourth level. The upper portion of the tower was completed in 1906. A one-story porte cochère was originally centered in the building's principal façade, providing shelter for a pair of glazed wood double entrance doors with sidelights and a transom that were set into a round-arched stone surround. The porte cochère was removed in 1964 when the entrance was moved to the newly constructed Administration Wing. The original entrance surround was partially filled with brick and windows were installed in the tympanum of the arch. The building's interior was remodeled at the same time. The connecting corridors were originally built as two story structures. A third story was added to each corridor in 1910.

The Administration Building originally served not only as the business office for the State Hospital, but also as an intake and evaluation center and as a housing facility for the hospital superintendent and other staff. The structure remains in use today as the administrative office for the hospital.

Exterior

Although the Administration Building at the Fergus Falls State Hospital was one of the last sections of the Kirkbride Complex to be completed, it served as the focal point and port of entry for all who entered the hospital community, and its architecture was intended to reflect that role. The Administration Building is a three-story Romanesque style building with a full basement and a steeply pitched hipped roof. The structure is essentially rectangular in plan, measuring approximately 74 by 92 feet overall. The building's most dramatic feature is a square tower with a red-tiled, bellcast pyramidal roof that rises eight stories above the center of the principal façade. Flanking the tower and engaging each corner of the façade are octagonal turrets with steeply pitched

pyramidal roofs. The turret roofs are surfaced with gray slate shingles and capped with dark red metal finials. Centered in each of the side elevations is a three-story box bay with a gabled roof. The back of the building is connected to the Kirkbride Complex's flanking wings by a pair of gracefully curving, fully enclosed three-story connecting corridors with flat roofs.

The Administration Building stands on a two-foot thick limestone foundation. The outer walls are of bearing brick construction with a face veneer of locally produced buff-colored brick. The walls are elaborately detailed with brick rustication on the first level, brick corbelling on the turrets and tower, and Kasota stone belt courses beneath the windows on each level. A dark red metal cornice surrounds the building at the eaves. Windows are set into openings with rectangular, segmental or round-arched tops. Openings are detailed with Gibbs type brick surrounds and Kasota stone keys. The building has one-over-one double hung wood sash throughout. The roof structure on the main portion of the building is framed with iron and is surfaced with charcoal gray asphalt shingles. The location of the original main entrance is marked by a round-arched molded stone surround set beneath a round arched window on the second level.

Interior

The Administration Building's interior structure consists of bearing masonry partition walls supporting a floor system comprised of iron channels and tile vaulting topped with concrete. Floors on the main level are carpeted. Floors on upper levels are covered with wood strip flooring, except in bathrooms, which have ceramic tile floors. Walls and ceilings throughout the building are plastered. The building has wide baseboards with molded caps, and wide molded wood casings around door and window openings. Doorways contain heavy frame-and-panel wood doors with ornamental cast iron hardware. Woodwork on the main level is varnished oak. Woodwork elsewhere in the building is painted white.

The interior arrangement of the building consists of a wide central hall, extending from the front of the building to a wide, ornate cast iron stairway at the back. The stairway has composition treads and oak railings and ascends from the main level to the fourth level. On the main level, 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, as well as smaller rooms for servants. The third floor contained smaller apartments for medical staff and their servants. The fourth floor contained large dormitory-style rooms for hospital staff.

The office and reception areas on the main level have been modernized with carpet, vinyl wall covering and acoustical ceiling tiles applied to the original plaster. The apartments on the second and third levels are lavishly appointed, featuring fireplaces with elaborate mirrored surrounds and tile hearths, large dining rooms, and tiled bathrooms. Access to the tower is provided by a cast iron spiral stairway at the front of the fourth level.

Building 2—Administration Wing

Date of construction: 1964

Architect: Lang and Raugland

Plans

No plans for this building were encountered during research for this project.

Exterior

The Administration Wing is a rectangular, one story office building with a raised basement and a flat roof with a rectangular monitor rising above the central section. The structure is measures approximately 40 by 70 feet. The structural system consists of reinforced concrete floor and roof slabs supported by a system of reinforced concrete columns. Walls are constructed of concrete block with exterior panels of light brown brick veneer. The main level is slightly cantilevered over the basement. Windows are set into rectangular openings framed with concrete fins. Windows are aluminum with ventilators.

Interior

The interior of the building contains a large rectangular central room surrounded by a narrow corridor providing access to a series of small individual offices arranged around the perimeter. The offices have wood doors. Floors are tiled, walls are painted concrete block, and ceilings are surfaced with acoustical tile. Stairs are terrazzo.

Building 3—Auditorium

Date of construction: 1962

Architect: Lang and Raugland

Builder: Noyes Construction

Plans

A full set of architectural drawings for the Auditorium building is included in the collection of the Facilities Management Department at the Fergus Falls State Hospital. The set is dated 1961 and is attributed to Lang and Raugland of Minneapolis.

Exterior

The Auditorium is a rectangular gymnasium building with a full basement and a flat roof. The structural system consists of reinforced concrete floor slabs, steel columns and a roof system consisting of long span steel trusses supporting a gypsum deck, covered with asphalt built up roofing. Exterior walls are constructed of concrete blocks with an exterior veneer of light brown brick.

Interior

The interior of the Auditorium building contains a large gymnasium with a raised stage at one end. Folding doors at the opposite end of the room open into a small chapel with wood paneled walls, a wood altar and faceted stained glass windows. The gymnasium floor is surfaced with wood strips laid in a parquet pattern. Walls are of glazed and

painted concrete block. Walls flanking the state are veneered with light brown brick. The ceiling is surfaced with white acoustical tile. Stairs and hallways are surfaced with terrazzo.

Building 5—Detention Hospital

Date of construction: 1910

Architect: C.H. Johnston

Plans

No plans for the Detention Hospital were encountered during the research for this project.

The Detention Hospital was originally opened in 1910 to provide facilities for evaluation of incoming patients before they were introduced into the general hospital population. The building was later used to house adolescent treatment programs. In recent years, the main level has been leased to the Minnesota Department of Health for office space. The upper level is vacant.

Exterior

The Detention Hospital is a two-story building with a full basement and intersecting hipped roofs. In plan, the Hospital consists of a long, narrow rectangular central section with a wide central pavilion projecting slightly from the principal façade, and a wing projecting from the center of the rear elevation. Another wing projects from the front of the building near each end of the main section. The building measures approximately 120 by 180 feet overall. The structural system is reinforced concrete; the roof system is framed with wood. The exterior walls are veneered with dark brown brick with Bedford limestone detailing. There is a limestone water table, a stone belt course beneath first story windows, and a corbelled brick belt course beneath the second story windows. The walls above the brick belt course are detailed with brick-framed panels containing brick laid in a herringbone pattern with square and diamond shaped limestone accents. Windows are set into segmentally-arched openings with stone sills. Openings contain horizontal sliding sash with mill finish frames and salmon-colored spandrel panels. Projecting from each of the three pavilions on the principal façade is a one-story open porch with a flat roof. Each porch has massive brick corner piers framing wood Doric columns supporting a full wood entablature. The columns and entablatures are painted buff. Stretched between each pair of columns is a wood railing. The roof has wide overhanging eaves and is surfaced with light gray asphalt shingles. Five square brick chimneys with sheet metal hoods rise above the roof at the ridge.

Interior

The interior plan of the building is built around a long central corridor flanked by small individual rooms. The pavilions at the ends of the main section contain large day rooms on the first level and ward rooms on the second level. Interior circulation is provided by terrazzo staircases in each pavilion. Walls and ceilings are plastered. Floors were originally terrazzo. Floors have been carpeted in most areas.

Building 6—Male Employees Dormitory

Date of construction: 1920

Architect: C.H. Johnston

Engineer: Charles Pillsbury

Plans

A set of seven ink-on-linen drawings for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set, attributed to C.H. Johnston, is dated May 1919. The set includes floor plans, elevations, sections and details. The department also has a set of three blueprints of the building prepared by the engineering firm of Charles L. Pillsbury Company, and dated 10 May 1919. This set includes a plot plan and floor plans depicting heating and electrical work.

Alterations

Originally built as a dormitory for male employees, the building was remodeled ca. 1980 and now serves as a secure facility for adolescent youth, operated by Catholic Charities.

Exterior

The Dormitory for Male Employees is a modest two story building with a raised basement and a steeply pitched hipped roof. The building is rectangular in plan, and measures approximately 43 by 94 feet. The foundation walls are of reinforced concrete construction. Exterior walls above grade are of bearing brick construction with a limestone water table at the base of the walls, a slightly projecting belt course beneath the first story windows and vertical checkering at the corners. Windows are set into rectangular openings with soldier brick lintels and limestone sills. Openings originally contained wood double-hung windows. All original windows have been replaced with horizontal sliding windows with mill finish aluminum frames beneath salmon colored spandrel panels. The main entrance is centered in the southeast elevation. There is a large open porch with classically inspired detailing at this entrance. The porch has an elevated brick base with a stone cap and a quarry tile floor. Access is provided by a wide flight of stairs with stone treads, and wrought iron balustrades. A series of square wood columns rest atop the platform, support a full wood entablature and a flat metal roof.

The building's roof system is framed with wood and surfaced with gray fiber-cement shingles applied in a diamond pattern. Two small hip roofed dormers project from the slope of the roof above the main entrance, and a single hip roofed dormer is centered in the roof above the back of the building. A two story brick stair tower was added to the northwest end of the building ca. 1977.

Interior

A security door at the main entrance opens into a large lobby. Leading from each side of the lobby is a narrow central hallway that provides access to a series of small individual rooms. A concrete stairway at the back of the lobby provides access to the basement and the second floor. The basement originally contained a trunk room, a shower room and a

large amount of unassigned space. It has been remodeled to serve as a kitchen and lounge area for the adolescent program. The second floor contains a central hallway flanked by small individual rooms. Interior floors were originally polished concrete. Some have been carpeted. All interior partitions were built of clay tile with a plaster finish. Walls and ceilings were plastered. Walls in public spaces now have a vinyl wainscoting beneath painted plaster. The original ceilings in some areas have been concealed by suspended acoustical panels. Individual rooms are fitted with steel flush doors in steel frames.

Building 11—Maintenance Garage

Date of construction: 1961

Architect: Liebenberg and Kaplan

Plans

No plans for Building 31 were encountered during the research for this project.

Description

The Maintenance Garage is a one-story concrete block building with a rectangular plan and a flat roof. The structure is built on a concrete slab. The roof system consists of steel bar joists supporting a steel deck. A single-width overhead garage door is centered in each end of the building. A series of square window openings filled with glass block is spaced evenly along the perimeter of the structure. The interior of the building consists of a single large room with space for parking and repairing vehicles.

Building 16—Greenhouse

Date of construction: 1905

Plans

No plans for Building 16 were encountered during the research for this project.

Alterations

Addition by Works Progress Administration, 1932

Office by Liebenberg and Kaplan 1961

Description

Building 16 is a one story conservatory building with a rectangular plan and a gabled roof. The structure rests atop a concrete slab foundation. The wall and roof structure consists of steel framing, with painted transite panels on the lower walls, operable glazed windows in the sidewalls, and corrugated, translucent fiberglass panels on the enwalls and roof. A small one-story concrete block office building with a flat roof was built between the Greenhouse and the Maintenance Garage in 1961.

Building 17—Hothouse

Date of construction: 1963

Builder: Fergus Falls State Hospital

Plans

No plans for Building 17 were encountered during the research for this project.

Description

Building 17 is a one story conservatory building with a rectangular plan and a gabled roof. The structure rests atop a concrete slab foundation. The wall and roof structure consists of steel framing. Wall and roof surfaces are covered with translucent corrugated fiberglass panels.

Building 19—Industrial Building

Date of construction: 1904

Architect: C.H. Johnston

Plans

A set of five ink-on-linen drawings for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set is undated and does not include a title block. The drawings include two elevations and plans of the basement and upper two floors.

Exterior

The Industrial Building is a two-story shop building with a raised basement and a steeply pitched hipped roof. The building is rectangular in plan and measures 36 by 60 feet. The walls and floor systems are built of reinforced concrete. Strips of brick veneer on the outer walls divide the elevations into three bays on each elevation. Wall surfaces between the brick strips are covered with stucco. The entire exterior has been painted buff. The roof structure is wood surfaced with dark gray slate. A narrow hip roofed dormer projects from the roof on each end of the building. Windows are set into rectangular openings, and many have been boarded over. Openings originally contained wood, double-hung sash with divided lights. Some openings on the basement level contain glass block with aluminum ventilators. The main entrance is set into a wide, round-arched opening in the center of the northeast elevation. This opening contains a single leaf flush door, flanked by windows and surmounted by a large transom. The windows and transom have been boarded over.

Interior

The Industrial Building's main entrance opens into a vestibule with a short flight of stairs leading to the basement, and another flight of stairs leading to the second floor. The basement contains a small oil room, a mason's shop, and a large upholstery shop. The first floor contains a small paint storage room with a narrow stairway connecting it to the oil room in the basement below. This level also contains a large room for general painting, a small area for painting carriages and wagons and a large glazier's shop with

steps leading to the upholstery shop below. The second level contains a tailor shop, a shoe shop, and a large storage area. Interior partitions and stairs are reinforced concrete. Walls and ceilings have been plastered.

Building 21—Tuberculosis Pavilion for Men

Date of construction: 1921

Architect: C.H. Johnston

Plans

A full set of drawings for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set includes drawings of the original one-story structure, prepared by C.H. Johnston in 1921; as well as plans for the second story addition completed by McEnary and Krafft in 1948.

Alterations

Upper level added ca. 1950, McEnary and Krafft, Minneapolis

Interior remodeled by Liebenberg and Kaplan, ca. 1964

The building served as an isolation ward for male tuberculosis patients from 1921 until 1951, when tuberculosis patients were transferred to the Anoka State Hospital. Following the transfer, the building housed an innovative “intensive treatment” program for severely withdrawn patients. It was later used as an education center for the State Hospital. The building has been vacant and unheated for many years.

Exterior

The Tuberculosis Pavilion for Men is a two-story building with a full basement and a flat roof. The building is essentially rectangular in plan, and measures approximately 40 by 120 feet. The structure was originally constructed as a one-story building with a basement. A second floor was added in 1950. The lower level has a reinforced concrete foundation and a structural system of reinforced concrete columns and beams supporting concrete joists. The upper level has steel columns and beams supporting a flat roof comprised of steel bar joists covered with metal decking. The exterior walls are of reinforced concrete with a brick veneer, a stone water table, a stone belt course beneath the first story windows, and brick checkering at the corners. The brick has been painted buff. The parapets are capped with a tile coping. Rectangular window openings contain glass block with aluminum framed ventilators. A small flat roofed bay at one end of the building contains a steel flush door. A flight of brick and stone steps with wrought iron balustrades leads to the entrance door.

Interior

The entrance door of the Tuberculosis Pavilion opens into a central hallway flanked by individual rooms. The hallway terminates at a large day room. A concrete staircase and an elevator provide interior circulation between levels. Interior partition walls are of painted concrete block. Floor coverings include both terrazzo and vinyl tile. Ceilings are covered with painted wallboard. Interior doors are wood frame and panel on level one and wood solid core on upper level.

Building 22—East Center Wing

Date of construction: 1897

Architect: Warren B. Dunnell

Builder: John Lauritzen?

Plans

A set of eighteen hectographs for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The undated set is attributed to Warren B. Dunnell. The set includes foundation, floor and roof plans, elevations, structural and interior details and details of the original open wrought iron porches.

Alterations

Porch alterations by C.H. Johnston, 1920

Remodel by Liebenberg and Kaplan, 1960

The wing was substantially remodeled in 1960. At that time all of the fireplaces were removed or covered over. A nurses' station with glazed block walls and glass panels was built near the center of each floor. Acoustical panels were applied to ceilings in the corridor and in dayroom areas. Floors in dayrooms were covered with vinyl tile. Walls in corridors and dayrooms were covered with vinyl wall covering. Patient rooms were carpeted, and the original doors were replaced with solid core wood doors in hollow steel frames.

Exterior

The East Center Wing is a mirror-image duplicate of the earlier West Center Wing (Building 26).

The East Center Wing is a long, narrow three-story building with a steeply pitched roof. The building is irregular in plan, consisting of three roughly equal rectangular sections that meet at two intermediate transverse pavilions. The first two sections are slightly offset from each other. The outermost section meets the rest of the structure at a slight angle. A semi-octagonal bay is centered in the façade of the innermost pavilion, and both pavilions are capped with parapet gabled wall dormers. The building measures approximately 85 by 185 feet overall.

The East Center Wing has a massive stone foundation and bearing brick outer walls embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with steel and surfaced with charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with aluminum framed ventilators as part of the 1960 remodel. A series of small hip roofed

dormers projects from both slopes of the main roof, and a brick chimney projects from the roof near the front of the building.

The East Center Wing originally had a two-story open porch, framed with cast and wrought iron on the principal façade. In 1920, the original porch was expanded to three-stories and rebuilt with brick and reinforced concrete to create a three-tiered semi-enclosed with brick parapet railings, heavy woven wire security screens, and a flat roof.

Interior

The interior structure of Building 22 consists of a series of cast iron columns supporting a floor system comprised of steel beams and tile vaulting topped with concrete. Interior partitions are tile and pyrobar covered with plaster.

The plans for levels one through three are essentially identical. Each floor has a long central corridor flanked for most of its length by a series of small individual patient rooms. A transverse pavilion near the center of the wing contains a large dayroom on the front side and bath and toilet rooms on the back. A second transverse pavilion near the outer end of the wing contains two large dining rooms connected to the central kitchen via a dumbwaiter and a tunnel system. Floors were originally covered with wood strip flooring laid on sleepers. Bathroom floors were surfaced with glazed ceramic tile. The wood flooring throughout the building was removed and replaced with white ceramic tile by the 1930s. Walls are covered with hard plaster with bullnoses at all door and window openings. Doors were originally heavy wood frame and panel units with sliding wickets. Windows were fitted with heavy woven wire exterior security screens. The vaulted ceiling system was originally covered with a layer of plaster, but otherwise left exposed. Dayrooms, Dining rooms and hallways originally had fireplaces. The wing is served by two fireproof stairways, each consisting of an enclosed masonry tower with winding cast iron steps. The attic contains a central corridor flanked by a series of large ward rooms. Floors are polished concrete, and the vaulted ceiling systems are covered with a layer of plaster.

Building 23—East Detached Building

Date of construction: 1898

Architect: Warren B. Dunnell

Builder: John Lauritzen?

Plans

No plans for the East Detached Building were encountered during the research for this project. Although it has a completely fireproof interior and roof structure; and lacks a porch addition on its outer end, the East Detached building is essentially a mirror-image duplicate of the earlier West Detached Building (Building 27).

Alterations

Connecting corridor, 1899

Window replacements ca. 1960

Although this building was slated for interior remodeling in the mid-1960s, most of the work was never completed, making the East Detached Building the most intact example of the original patient ward spaces at Fergus Falls.

Originally built as part of the men's wing at Fergus Falls, the East Detached Building has stood vacant for many years.

Exterior

The East Detached Building is a three-story Romanesque-style structure with a full basement and a complex hipped roof. The structure consists of a long, narrow, central section, rectangular in plan, with a transverse rectangular pavilion at each end, and a transverse pavilion in the center. On the principal façade, the central pavilion forms a projecting semicircular bay with a conical roof. On the rear elevation, the pavilion forms a rectangular bay with a hipped roof. A square brick tower with an elaborate metal cornice and a pyramidal roof rises from the intersection of the central pavilion and the main portion of the building. A series of small hip roofed dormers projects from both slopes of the main roof, and parapet gabled wall dormers intersect with the roofs of each of the outer pavilions. The East Detached Building measures approximately 74 by 175 feet overall.

The building stands on a massive limestone foundation. Exterior walls are of bearing brick embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with iron trusswork and surfaced with charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with aluminum framed ventilators ca. 1960.

The East Detached Building was never truly detached from the rest of the Kirkbride Complex. Upon its completion in 1899, a curvilinear two-story corridor was constructed to connect it to Building 24. A third level was added to this connecting corridor ca. 1966.

Interior

The interior of the East Detached Building has remained relatively intact, and thus provides the best glimpse of the original configuration of the patient spaces at the Fergus Falls State Hospital.

The interior structure of the East Detached Building consists of bearing masonry partition walls, cast iron columns, and a floor system of steel beams and tile vaulting topped with concrete.

The plans for levels one through three are essentially identical. Each floor has a long central corridor flanked for most of its length by a series of small individual patient rooms. A transverse pavilion near the center of the wing contains a large dayroom on the

front side and a ward room on the back. The pavilions at each end of the building contain large rooms that may have served as dining rooms and ward spaces. The bath and toilet rooms are located along the main corridor on the front side of the building. The arrangement of the attic level is similar, except that it has large dormitory spaces in place of the individual patient rooms found on other floors.

Floors on levels one through three were originally covered with wood strip flooring laid on sleepers. Bathroom floors were surfaced with glazed ceramic tile. The wood flooring throughout the building was removed and replaced with white ceramic tile by the 1930s. The attic space has polished concrete floors.

Walls are covered with painted, hard-finish plaster. The vaulted ceilings throughout the building are covered with a thin layer of plaster. The structure's two winding stairways are enclosed in fireproof masonry towers, and have cast iron stringers with composition treads. Door and window openings throughout the building have bullnosed edges. The original doors remain in place throughout most of the building. They consist of heavy painted wood frame-and-panel doors with sliding observation wickets, set beneath glazed transoms. The jambs and casings are painted wood. The original wood double-hung sash and exterior security screens were removed from the building ca. 1960, and replaced with glass block infill with aluminum-framed ventilators.

Building 24—Northeast Wing

Date of construction: 1897

Architect: Warren B. Dunnell

Builder: John Lauritzen

Plans

No plans for the Northeast Wing were encountered during the research for this project. The building, however, is essentially a mirror image duplicate of Building 28, the Southwest Wing.

Alterations

Porches altered C.H. Johnston 1920 (concrete floors, brick parapet walls, security screens.)

Elevator installed, interior remodeled 1958, Liebenberg and Kaplan

Screen block porch enclosure, Liebenberg and Kaplan 1962

The Northeast Wing is a three-story building with a full basement and a steeply pitched hipped roof. In plan, the structure consists of two slightly offset rectangular volumes with a transverse rectangular pavilion between them and a lozenge shaped transverse pavilion at the inner end. The building measures approximately 80 by 174 feet overall.

The Northeast Wing has a massive stone foundation and bearing brick outer walls embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with wood timbers and surfaced with

charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with aluminum framed ventilators ca. 1962. There is a three-story porch on the front of the building near the outer end. This porch is three bays wide, and was “modernized” ca. 1962 with installation of concrete screen block panels framed by square concrete pillars. A series of small hip-roofed dormers project from both planes of the main roof, and there is a parapet-gabled wall dormer above each side of the central pavilion.

Interior

Building 24 has an interior structural system consisting of bearing masonry partition walls and cast iron columns, with a floor system comprised of steel beams and tile vaulting topped with concrete.

The plan on levels one through three consists of a central corridor flanked by small individual patient rooms. The central pavilion contains a large dining room on the front side with bath and toilet rooms on the back side. The space inside the lozenge-shaped pavilion served as a large day room.

Floors inside the Northeast Wing were originally surfaced with wood strip flooring in ward rooms, and with ceramic tile in bathrooms. The wood strip flooring was removed and replaced with ceramic tile by the early 1930s. Floors in some areas are now covered with vinyl tile or carpet. Walls and ceilings in the Wing were originally surfaced with hard finished plaster. Walls in many areas now have vinyl wall covering, and ceilings in many parts of the building are covered with acoustical panels. The building is served by a single stairway, located near the center of the building on the back side. The stairway is enclosed in a fireproof masonry tower. The winding stairs are fabricated of cast iron with composition treads. New nurses’ stations with glazed block and glass block walls were installed in dayroom areas as part of the 1962 remodeling.

Building 25—Kitchen

Date of construction: 1894

Architect: Warren B. Dunnell

Builder: John Lauritzen?

Plans

A full set of original plans for the kitchen is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The undated set, attributed to W.B. Dunnell, consists of nine hectographs, including floor plans, elevations, structural details and sections. The Department also has a set of seven ink and linen drawings prepared by C.H. Johnston in 1910 for the addition of a large wing to the original Kitchen Building. This set includes elevations, floor plans, sections and structural details. A full set of architectural drawings for the 1962 remodel is also included in the collection. The set is dated 1961 and is attributed to Lang and Raugland of Minneapolis.

Alterations

1910 remodel by C.H. Johnston—new wing with dining room and lodging space for employees.

1949 remodel by B. Person

1962 remodel by Lang and Raugland, Noyes Construction

The Kitchen Building as it stands today represents several phases of construction, demolition, and remodeling. The building originally consisted of a three story structure with a rectangular plan, a raised basement and a gabled roof. Measuring 70 by 106 feet, the original building stood directly behind the Administration Building. The original kitchen contained a bakery in the basement, a kitchen and congregate dining room on the main level, and a two story amusement room with a stage at one end on the upper level. The basement was linked to a system of underground tunnels that were used to transport prepared food to wards throughout the Kirkbride complex. Adjacent to the Kitchen stood a U-shaped two-story building that served as a steward's warehouse and root cellar.

In 1910 a large (72 by 160 feet) two-story wing with a full basement and a steeply pitched hipped roof was appended to the northwest side of the original building. The new wing included a larger kitchen and an employees' dining room on the main level, and small dormitory rooms for staff on the upper level. The basement contained bathrooms, a dressing room and a lounge.

The Kitchen complex was remodeled in 1949 and again in 1962. As part of the 1962 remodeling, the second level of the original building (containing the amusement room) was removed, and recreational activities were moved into a new Auditorium (Building 3) that was erected at about the same time. The original root cellar was expanded to two floors, and the entire root cellar/warehouse building was connected to the Kitchen building. The building remains in use as a Kitchen today, although the congregate dining area is no longer utilized.

Exterior

The Kitchen/Dining Building is a complex one- and two-story building with a full basement and an array of intersecting gabled, hipped and flat roofs. The structure is irregular in plan, and measures approximately 200 by 255 feet overall. The oldest portions of the building have a stone foundation with bearing brick outer walls. Newer portions are constructed of reinforced concrete with a brick veneer. The brick is painted a buff color and detailed with painted stone belt courses and brick corbelling. Roof systems in the older sections of the structure are framed with steel. Newer sections have steel bar joists with steel decking. All pitched roofs are surfaced with black asphalt shingles. Flat roofs are surfaced with asphalt built-up roofing. Window openings throughout the building contain glass block with aluminum framed ventilators. Exterior door openings contain steel flush doors in steel frames. There is a raised truck dock with a metal overhead door on the rear elevation.

Interior

The Kitchen's interior structural system consists of cast iron and reinforced concrete columns supporting structural tile and concrete floor slabs. Floors are surfaced with terrazzo, polished concrete, quarry tile and ceramic tile. Partition walls are of tile, reinforced concrete and concrete block. Wall and ceiling surfaces in the older areas are plastered and painted. Walls in the kitchen area are covered with glazed ceramic tile. Walls in the congregate dining room are surfaced with vinyl wall covering. The Kitchen Building continues to serve its original function, although most original surfaces have been remodeled several times. The main level contains a large institutional kitchen with stainless steel fixtures, as well as a bakery and dishwashing area. Adjacent to the kitchen is a large congregate dining room with a stainless steel buffet line along one side. Other sections are used primarily for food storage, and contain pantry shelving and large walk-in refrigerators and freezers.

Building 26—West Center Wing

Date of construction: 1893

Architect: Warren B. Dunnell

Builder: Oliver R. Mather / John Lauritzen

Plans

No plans for Building 26 were encountered during research for this project. However, the West Center Wing is a mirror-image duplicate of the later East Center Wing (Building 22). A full set of plans for the later building is housed in the Facilities Management Department at the Fergus Falls Regional Treatment Center.

Alterations

Porch alterations by C.H. Johnston, 1920

Remodeled 1961 by Liebenberg and Kaplan

Exterior

The West Center Wing is a long, narrow three-story building with a steeply pitched roof. The building is irregular in plan, consisting of three roughly equal rectangular sections that meet at two intermediate transverse pavilions. The first two sections are slightly offset from each other. The outermost section meets the rest of the structure at a slight angle. A semi-octagonal bay is centered in the façade of the innermost pavilion, and both pavilions are capped with parapet gabled wall dormers. The building measures approximately 85 by 185 feet overall.

The West Center Wing has a massive stone foundation and bearing brick outer walls embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with steel and surfaced with charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with

aluminum framed ventilators as part of the 1961 remodel. A series of small hip roofed dormers projects from both slopes of the main roof, and a brick chimney projects from the roof near the front of the building.

The West Center Wing originally had a two-story open porch, framed with cast and wrought iron on the principal façade. In 1920, the original porch was expanded to three-stories and rebuilt with brick and reinforced concrete to create a three-tiered semi-enclosed with brick parapet railings, heavy woven wire security screens, and a flat roof.

Interior

The interior structure of Building 26 consists of a series of cast iron columns supporting a floor system comprised of steel beams and tile vaulting topped with concrete. Interior partitions are tile and pyrobar covered with plaster.

The plans for levels one through three are essentially identical. Each floor has a long central corridor flanked for most of its length by a series of small individual patient rooms. A transverse pavilion near the center of the wing contains a large dayroom on the front side and bath and toilet rooms on the back. A second transverse pavilion near the outer end of the wing contains two large dining rooms connected to the central kitchen via a dumbwaiter and a tunnel system. Floors were originally covered with wood strip flooring laid on sleepers. Bathroom floors were surfaced with glazed ceramic tile. The wood flooring throughout the building was removed and replaced with white ceramic tile by the 1930s. Walls are covered with hard plaster with bullnoses at all door and window openings. Doors were originally heavy wood frame and panel units with sliding wickets. Windows were fitted with heavy woven wire exterior security screens. The vaulted ceiling system was originally covered with a layer of plaster, but otherwise left exposed. Dayrooms, Dining rooms and hallways originally had fireplaces. The wing is served by two fireproof stairways, each consisting of an enclosed masonry tower with winding cast iron steps. The attic contains a central corridor flanked by a series of large ward rooms. Floors are polished concrete, and the vaulted ceiling systems are covered with a layer of plaster.

The wing was substantially remodeled in 1961. At that time all of the fireplaces were removed or covered over. A nurses' station with glazed block walls and glass panels was built near the center of each floor. Acoustical panels were applied to ceilings in the corridor and in dayroom areas. Floors in dayrooms were covered with vinyl tile. Walls in corridors and dayrooms were covered with vinyl wall covering. Patient rooms were carpeted, and the original doors were replaced with solid core wood doors in hollow steel frames. The original windows were replaced with glass block infill with aluminum framed ventilators.

Building 27—West Detached Building

Date of construction: 1890

Architect: Warren B Dunnell

Builder: Oliver R. Mather

Plans

The original plans for the West Detached Building were not encountered during the research for this project. However, the collection of the Facilities Management Department at the Fergus Falls Regional Treatment includes a set of nine ink-and-linen drawings of the building, dated 23 February 1906. The drawings are attributed to C.H. Johnston, and may have been prepared as part of the structural retrofit project that began that same year. The set includes floor plans, an elevation, and details of the building's floor and roof framing. The Department also has plans for the 1915 sun porch addition in its collection.

Alterations

Structural retrofit by Fergus Falls State Hospital 1906-1914

One-story porch added 1915, C. H. Johnston, upper stories added later

Interior remodel by Liebenberg and Kaplan, 1966

The West Detached Building was the first building erected at the Fergus Falls State Hospital, and it was the only portion of the Kirkbride Complex that was not built entirely of fireproof construction. The interior structure and roof system in Building 27 were originally framed with heavy timber or “mill construction.” The heavy timbers were set into open topped pockets in the walls so that if they burned through, they could fall free without toppling the masonry on the building's exterior. By 1906, staff and patients at the hospital had begun an eight-year project 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 surfaced with concrete. The work was completed in 1914. The roof system was not included in the project, and retains its original wood trusses and rafters. In 1915, a one-story sun porch with a flat roof was added to the northwest end of the building. This structure was designed by state architect C.H. Johnston, and was constructed of reinforced concrete with brick cladding. The flat roof was surrounded by cyclone fencing to form an “inclosed cage” where residents of the building could exercise in safety. This porch was later enclosed and expanded to three stories. Exterior iron fire slides were added to the building in the 1920s and the original wood strip flooring in ward spaces was replaced with ceramic tile by the 1930s. Window retrofits and a complete interior remodeling were completed by the Minneapolis firm of Liebenberg and Kaplan in 1966.

In recent years, the West Detached building has been used to provide housing for college students.

Exterior

The West Detached Building is a three-story Romanesque-style structure with a full basement and a complex hipped roof. The structure consists of a long, narrow, central section, rectangular in plan, with a transverse rectangular pavilion at each end, and a transverse pavilion in the center. On the principal façade, the central pavilion forms a projecting semicircular bay with a conical roof. On the rear elevation, the pavilion forms a rectangular bay with a hipped roof. A square brick tower with an elaborate metal cornice and a pyramidal roof rises from the intersection of the central pavilion and the main portion of the building. A series of small hip roofed dormers projects from both slopes of the main roof, and parapet gabled wall dormers intersect with the roofs of each of the outer pavilions. The porch addition has parapet walls and a flat roof. The West Detached Building measures approximately 74 by 215 feet overall.

The building stands on a massive limestone foundation. Exterior walls are of bearing brick embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with wood timbers and surfaced with charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with aluminum framed ventilators as part of the 1966 remodel.

The West Detached Building was truly detached from the rest of the Kirkbride Complex for only a few years. In 1893, a curvilinear two-story corridor was constructed to connect Building 27 to Building 28. A third level was added to this connecting corridor ca. 1966.

Interior

The interior structure of the West Detached Building consists of bearing masonry partition walls, cast iron columns, and a floor system of steel beams and tile vaulting topped with concrete.

The plans for levels one through three are essentially identical. Each floor has a long central corridor flanked for most of its length by a series of small individual patient rooms. A transverse pavilion near the center of the wing contains a large dayroom on the front side and a ward room on the back. The pavilions at each end of the building contain large rooms that may have served as dining rooms and ward spaces. The bath and toilet rooms occupy the back portion of one of the outer wings. The arrangement of the attic level is similar, except that it has large dormitory spaces in place of the individual patient rooms found on other floors.

Floors on levels one through three were originally covered with wood strip flooring laid on sleepers. Bathroom floors were surfaced with glazed ceramic tile. The wood flooring throughout the building was removed and replaced with white ceramic tile by the 1930s. The attic space has polished concrete floors. Floors in some parts of the building have been covered with carpeting or vinyl tile

Walls are plastered and covered with vinyl wall covering in some areas. Ceilings are plastered in some areas, and covered with painted acoustical board in other areas. The structure's two winding stairways are enclosed in fireproof masonry towers, and have cast iron stringers with composition treads. The original doors throughout the building have been replaced with wood solid core doors in hollow steel frames. Nurses' stations were added to the dayroom areas as part of the 1966 remodeling and are enclosed with glazed block walls and glass panels.

Building 28—Southwest Wing

Date of construction: 1893

Architect: Warren B. Dunnell

Builder: Oliver R. Mather / John Lauritzen

Plans

A set of eight hectographs for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The undated set, attributed to W.B. Dunnell, includes floor plans, elevations, structural details and sections.

Alterations

Porches altered C.H. Johnston 1920 (concrete floors, brick parapet walls, security screens.)

Elevator installed ca. 1957

Remodeled 1964 by Liebenberg and Kaplan

Exterior

The Southwest Wing is a three-story building with a full basement and a steeply pitched hipped roof. In plan, the structure consists of two slightly offset rectangular volumes with a transverse rectangular pavilion between them and a lozenge shaped transverse pavilion at the inner end. The building measures approximately 80 by 174 feet overall.

The Southwest Wing has a massive stone foundation and bearing brick outer walls embellished with stone belt courses, recessed brick panels, bullnosed brick pilasters, and brick corbelling. All exterior masonry has been painted a buff color. There is a metal cornice at the eaves. The roof system is framed with wood timbers and surfaced with charcoal gray asphalt shingles. 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. Openings originally contained wood double-hung sash with divided lights. The original sash were replaced with glass block units with aluminum framed ventilators ca. 1964. There is a three-story porch on the front of the building near the outer end. This porch has a three story-high opening with a round arched top. This opening is filled with heavy screens in polished aluminum frames. A series of small hip-roofed dormers project from both planes of the main roof, and there is a parapet-gabled wall dormer above each side of the central pavilion.

Interior

Building 28 has an interior structural system consisting of bearing masonry partition walls and cast iron columns, with a floor system comprised of steel beams and tile vaulting topped with concrete.

The plan on levels one through three consists of a central corridor flanked by small individual patient rooms. The central pavilion contains a large dining room on the front side with bath and toilet rooms on the back side. The space inside the lozenge-shaped pavilion served as a large day room.

Floors inside the Southwest Wing were originally surfaced with wood strip flooring in ward rooms, and with ceramic tile in bathrooms. The wood strip flooring was removed and replaced with ceramic tile by the early 1930s. Floors in some areas are now covered with vinyl tile or carpet. Walls and ceilings in the Wing were originally surfaced with hard finished plaster. Walls in many areas now have vinyl wall covering, and ceilings in many parts of the building are covered with acoustical panels. The building is served by a single stairway, located near the center of the building on the back side. The stairway is enclosed in a fireproof masonry tower. The winding stairs are fabricated of cast iron with composition treads. New nurses' stations with glazed block and glass block walls were installed in dayroom areas as part of the 1964 remodeling.

Building 29—Memorial Building

Date of construction: 1924

Architect: C.H. Johnston

Plans

A set of eight ink-on-lingen drawings for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set, attributed to C.H. Johnston, is dated 14 April 1922. The set includes a plot plan, floor plans, elevations, sections and details.

Exterior

The Memorial Building is a one and one-half story building with a raised basement and a gambrel roof. The building is rectangular in plan and measures approximately 31 by 59 feet. The structure has a reinforced concrete foundation with bearing brick walls and a wood framed roof system. The exterior brick has been painted a buff color. There is a wood cornice with returns at the eaves. A two-story entrance bay with a gabled roof is centered in the principal elevation. The roof of the bay has a cornice with returns at the eaves. A set of wide stone stairs with wrought iron balustrades leads to the bay, which contains a glazed wood entrance door. The door is set into a projecting surround consisting of two Doric columns supporting a full entablature, and surmounted by a wrought iron balconette. There is a smaller and simpler entrance bay on the rear elevation. Windows are set into rectangular openings with stone sills. Windows themselves consist of wood double hung sash with divided lights. Flanking the entrance bays on both elevations are pairs of dormers with nearly flat hipped roofs.

The roof is surfaced with light gray asphalt shingles. There is a large brick fireplace chimney on one end of the building.

Interior

The main entrance opens into a wide central hallway with a staircase connecting all three levels of the building. The stairway has a reinforced concrete structure with stone treads and wrought iron balustrades. On one side of the hallway the first floor is divided into a basket room and a display room with built-in wood and glass cabinets. On the other side is a large workroom with a brick fireplace. The second floor contains a two-bedroom apartment for staff on one side, and a large “gymnasium” room on the other side of the stair hall. The basement contains a large space for woodworking, a dye room, and a storage room for supplies. The basement floor is surfaced with concrete. Floors on the main level are surfaced with terra cotta tile. Floors on upper levels are wood. Walls and ceilings throughout the building are plastered.

Building 30—New Power Plant

Date of construction: 1962

Engineer: Jackson and Orr-Schelen Engineers

Plans

No plans for Building 30 were encountered during the research for this project.

Description

Building 30 is a high, one story industrial building with a flat roof. Built in 1962 to replace the original Powerhouse, the building contains a single large boiler room. The New Power Plant has a concrete slab foundation and steel-framed roof and wall systems. The exterior walls are covered with tan sheet metal panels. The flat roof is surfaced with steel decking and rubber membrane roofing. Doors are flush steel set into steel frames. The New Power Plant generated steam for the State Hospital from 1962 until the city-operated garbage incinerator came on line in 1987.

Building 31—Nurses Dormitory

Date of construction: 1908

Architect: C.H. Johnston

Plans

A partial set of blueprints for the Nurses Dormitory is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set, attributed to C.H. Johnston, is dated 20 June 1906, and contains eight sheets, including floor plans, elevations, sections and structural details.

Alterations

Remodeled 1964 (Bathroom upgrade)

The Nurses Dormitory at Fergus Falls is similar to a nurses’ dormitory Johnston designed for the Rochester State Hospital at about the same time. For most of its life, the

Dormitory provided on-campus housing for hospital staff. In recent years it was used by the Fergus Falls school district as the venue for an alternative high school program. The building is currently vacant.

Exterior

The Nurses Dormitory is a sprawling two and one-half story Tudor-revival style building with a partial basement and a proliferation of intersecting, steeply pitched roofs surfaced with red clay tile. The building is roughly H-shaped in plan, consisting of a wide, hip-roofed crossbar with a transverse gable-roofed wing at each end. Centered in the crossbar is a wide, gable-roofed pavilion, slightly higher than the rest of the building. The structure measures approximately 88 by 162 feet overall.

The building has a foundation and structural system of reinforced concrete. Exterior walls have a veneer of dark brown brick on the lower portion and stucco with simulated half-timbering on the upper portion. There is a sandstone water table at the base of the walls, a stone belt course beneath first story windows, and a cap molding at the top of the brick. Wall surfaces are punctuated with numerous box bays and oriels. Windows on the first level are set into segmentally arched openings. Windows on the upper levels are set into rectangular openings. Openings originally contained wood double-hung sash with divided lights in the upper sash and single panes in the lower sash. On the first level, the original sash have been replaced with horizontal sliding units with mill-finish aluminum frames, and salmon-colored spandrel panels. The roof is framed with wood and has wide overhanging eaves and wide barge boards at the gables. The eaves and planes of the roof are interrupted by numerous wall and roof dormers—all with steeply pitched gabled roofs. Two large brick chimneys rise above the roof of the central pavilion. The main entrance to the building is located in the central pavilion. A large open porch with a low hipped roof shelters the entrance, which has glazed wood double doors. Roof is covered with red terra cotta tile.

Interior

The entrance doors open into a spacious common area with a brick fireplace. Flanking the common area are smaller side parlors that lead into a central hallway in each wing. Flanking the hallway are small rooms with closets for two people. The transverse wings on the ends of the building have corridors against the inner walls with a series of double rooms along the outside. Staircases at the back of the building on each side of the central pavilion lead to the upper levels and the basement. The upper level has a large dormitory room at the front of the central pavilion and a common bathroom at the rear. The side wings duplicate the first floor plan. There are five additional bedrooms (one double, four triple) on the third floor of the central pavilion. The basement contains laundry and storage space. Interior partition walls are of wood frame construction with plaster surfaces. Ceilings are also plastered. Interior floors were originally surfaced with wood strip flooring. This flooring has been covered with carpet and vinyl asbestos tile in some areas. Baseboards, window casings, crown moldings and other woodwork are oak with a dark brown stain. Woodwork is largely intact throughout the building.

Building 32—Carpenter Shop / Laundry / Old Powerhouse*Date of construction:* 1890*Architect:* Warren B. Dunnell*Plans*

A set of three hectographs of the original boiler house is included in the collection of the Facilities Management Department at the Fergus Falls Regional Treatment Center. The undated set is attributed to Warren B. Dunnell, and includes floor plans, elevations, and a sheet containing sections and details.

Alterations

Remodeled 1941, 1950, 1961

1941 Remodel by Toltz, King and Day

1961 Remodel by Liebenberg and Kaplan

Building 32 served as a central steam plant for the entire hospital from 1890 and until 1962, when the original plant was replaced by an entirely new facility (Building 30). The plant burned coal, which was stored in a tile silo that fed the boilers automatically. The steam produced 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 both housed in the same building. The plant was refitted in 1941 and 1950. In 1961, the original northeast wing was demolished and replaced with a one-story wing designed by Liebenberg and Kaplan. A smokestack added to the original plant in 1941 was demolished in 1990.

Exterior

The Powerhouse is a complex industrial building with an irregular plan. The building consists of a 49 by 164-foot, two and one-half boiler house with a rectangular plan and a parapet gabled roof. A rectangular one-story wing with a flat roof is appended to the northeast elevation of the boiler house. This wing contains the carpenter shop. Attached to the southwest elevation of the boiler house is a two-story wing with a hipped roof. This wing 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 laundry wing. A one-story addition with a flat roof wraps around the side and back of the laundry wing. The building has a partial basement and reinforced concrete foundations.

Building 32 was built in several stages over more than 70 years. The oldest portions of the building have bearing brick outer walls with stone belt coursing and corbelling at the parapets. The roof system in the older sections are framed with wood, and covered with light gray asbestos cement shingles. The newer sections have bearing masonry outer walls with steel bar joists supporting steel roof decking and built-up roofing. Window openings throughout the building contain glass block with glazed aluminum ventilators.

Interior

The interior of the Powerhouse Building is extremely utilitarian. The floor system consists of steel beams and cast iron columns supporting concrete-covered structural tile. Some floors are surfaced with terrazzo, ceramic tile, or vinyl asbestos tile. Interior partitions are of painted brick and concrete block. Ceilings are exposed. Stairs are built of reinforced concrete. The building is served by a freight elevator.

Building 33—Receiving Hospital

Date of construction: 1932

Architect: Sullivan and Orrfalt, Duluth

Plans

A set of ten blueprints for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set, attributed to Sullivan and Orrfalt of Duluth is dated only 1931. Drawings include floor plans, elevations, sections and details. Also in the Facilities Management collection are two pencil drawings on tracing paper delineating plans to remodel the basement kitchen in 1953. Those drawings were prepared by C.P. Erickson, and architect for the Minnesota Department of Administration.

Alterations

Remodeled 1953 (New Kitchen)

The Receiving Hospital was the second building erected at Fergus Falls specifically as an intake unit where patients were evaluated before being introduced into the general hospital population. In recent years, the building has been leased by the Fergus Falls School District for administrative offices.

Exterior

The receiving hospital is a long, narrow two-story building with a raised basement and a complex hipped roof. In plan, the building is comprised of a long, narrow central section with a wide pavilion at the center and a narrow transverse wing at each end. It measures approximately 60 by 250 feet overall.

The Receiving Hospital is built on a reinforced concrete foundation. Floor systems are of reinforced concrete with tile infill. The building has load-bearing structural tile outer walls faced with a veneer of brown brick. The brick is rusticated at the base of the walls and at the corners. There is a Bedford limestone water table at the base of the walls, a stone belt course above the basement windows, and a narrower belt course beneath the second-story windows. Windows are set into rectangular openings. Openings on the first level have stone sills and brick flat-arched lintels with limestone keys. Window openings originally contained wood double-hung sash with divided lights in the upper sash and single paned lower sash. All original windows have been replaced with horizontal sliding units with mill finish aluminum frames and salmon-colored spandrel panels. The roof system is of wood frame construction. The roof has wide, overhanging eaves and is surfaced with dark gray asphalt shingles. A number of small gabled dormers with round-

arched window openings project from the roof above each elevation. The building's main entrance is located in the central pavilion. An elevated, one-story open porch with a tile floor and flat roof shelters the entrance. The porch roof rests atop a wood entablature supported by square brick columns with stone caps. A set of stone steps with wrought iron balustrades provides access to the porch. The entrance contains a glazed wood single-leaf door with sidelights. There are similar porches centered in each of the building's transverse wings.

Interior

The Receiving Hospital's main entrance opens into a small vestibule and a central hallway flanked by an office and a reception room. The hallway leads to a terrazzo stairway at the back of the building. This stairway is flanked by a pair of examination rooms. Bisecting the hallway at right angles is a narrow central corridor that provides access to each of the long wings. In each wing the corridor is flanked by a series of small individual patient rooms, with somewhat larger ward rooms near its outer end. There is a terrazzo stairway on the back of the building about halfway down the length of each corridor. Each corridor terminates in a transverse wing containing a large dayroom. The arrangement of the second level is similar, with a large ward space replacing the day room at the end of each corridor, and a doctor's apartment located in the central pavilion. The basement contained a serving kitchen, a large dining room, storage space and a hydrotherapy room. The kitchen was remodeled in 1953.

Interior partition walls are of structural tile surfaced with plaster. Ceilings are also plastered. Floors in patient rooms, dayrooms and ward spaces were terrazzo. Floors in the hallways were cork tile with terrazzo borders. Most floor surfaces have been carpeted; walls have been redecorated with vinyl wall coverings beneath wood chair rails. Doors have steel frames with solid core wood doors.

Building 42—Contagious Hospital

Date of construction: 1909

Architect: C.H. Johnston

Plans

A set of six ink-on-linen drawings for this building is included in the collection of the Facilities Management Department of the Fergus Falls Regional Treatment Center. The set, attributed to C.H. Johnston, is dated 9 December 1907. The set includes floor plans, elevations, sections and details.

The Contagious Hospital was the first dedicated pest house at the Fergus Falls State Hospital, and was originally used for both male and female patients who were segregated in identical, but separate wings. After the construction of a Tuberculosis Pavilion for Men (Building 21) in 1921, the Contagious Hospital became an isolation ward for female patients. In 1951, tubercular patients from Fergus Falls were transferred to the Anoka State Hospital, and the Contagious Hospital was used as office space for volunteers and chaplains.

Alterations

The Contagious Hospital was the first dedicated pest house at the Fergus Falls State Hospital, and was originally used for both male and female patients who were segregated in identical, but separate wings. After the construction of a Tuberculosis Pavilion for Men (Building 21) in 1921, the Contagious Hospital became an isolation ward for female patients. In 1951, tubercular patients from Fergus Falls were transferred to the Anoka State Hospital, and the Contagious Hospital was used as office space for volunteers and chaplains.

Exterior

Measuring approximately 42 by 90 feet overall, the cottage-like Contagious Hospital consists of a gable-roofed, one and one-half story center section flanked by a pair of identical hip roofed wings with overhanging eaves and exposed, scroll-sawn rafter tails. The structure rests atop a concrete slab, and is constructed of reinforced concrete with a cobblestone veneer on the lower portion of the walls, and stucco with wood half-timbering on the upper portion. The roof is covered with light gray asphalt shingles. A gabled dormer projects from each side of the roof in the center section, and four chimneys of dark brown brick with metal hoods rise above the roof in this portion of the building. Windows are set into rectangular openings. Openings originally contained wood double hung sash. The outer portions of the wings were originally intended to serve as porches for open-air treatment of tuberculosis patients, and were equipped with wide casement sash and screens. Window openings throughout the building have been fitted with horizontal sliding sash with mill finish aluminum frames set beneath salmon-colored spandrel panels. The main entrance is tucked beneath the roof on the southeast side of the center section. There is an additional entrance door on the end of each wing.

Interior

At the main entrance, a glazed wood door opens into a small vestibule leading to a small kitchen area. The remainder of the first floor plan is bilaterally symmetrical, with the each side containing a hall with a built-in linen closet and a large bathroom in the center section, followed by a large ward room with glazed French doors leading into the area that was originally the open-air porch. Tucked beneath the dormers on the upper level are two large bedrooms. A basement beneath the center section contains a boiler room, and separate rooms that were originally used for infected and disinfected clothing. Interior walls and ceilings are plastered. Floors on the upper levels are carpeted, and the basement floor is concrete.

Building 40—Staff House

Date of construction: 1957

Architect: C.P. Erickson, Minnesota Department of Administration

Description

Building 40 is part of a cluster of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. It remains in use as a group home.

Building 40 is a one-story ranch style house with a full basement and a hipped roof. The building is of wood frame construction and stands on a concrete block foundation. Exterior walls are sided with tan painted clapboards, and the roof is surfaced with light gray asphalt shingles. An oversized single-stall detached garage stands behind the house.

On the interior, the building has an unfinished basement, three bedrooms, a living room, dining room, kitchen, and one bathroom.

Building 41—Staff House

Date of construction: 1956

Architect: C.P. Erickson, Minnesota Department of Administration

Alterations: A second story was added to this house in 1962. The addition was designed by Vernon M. Larson and Erling Boyer of the Fergus Falls State Hospital staff.

Description

Building 40 is part of a cluster of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. Originally built in 1956 as a one-story structure, it was substantially remodeled in 1962 to serve as a residence for the hospital superintendent. A second story and a double garage were added to the building at that time. It remains in use as a staff residence.

Building 41 is a two-story ranch style house with a full basement, a side gabled roof, and an attached two-stall garage. Of wood frame construction, the building has a concrete block foundation and a charcoal-gray, asphalt shingled roof. The structure has white clapboard siding with a veneer of dark brown brick on the first level of the principal façade. A brown brick fireplace chimney rises from one end of the residence. On the interior the house has five bedrooms, a kitchen, dining room, living room and family room, as well as one and one-half bathrooms.

Building 45—Staff House

Date of construction: 1949

Architect: Newstrom

Description

Building 45 is one of a cluster of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. It remains in use as a staff residence.

Building 45 is a one-story ranch style residence with a full basement and a hipped roof. Of wood-frame construction, the structure has a concrete block foundation and a charcoal-colored asphalt shingled roof. The exterior walls are sided with wood clapboards, painted dark red. A detached single-stall garage stands next to the residence on one side. On the interior, the house contains three bedrooms, a kitchen, dining area, living room and a single bathroom.

Building 46—Staff House*Date of construction:* 1949*Architect:* Newstrom*Description*

Building 46 is one of a cluster of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. It remains in use as a staff residence.

Building 46 is a one-story ranch style residence with a full basement and a hipped roof. A single stall garage is attached to one side via an enclosed breezeway. Of wood-frame construction, the building has a concrete block foundation, wood clapboard siding painted blue, and a light gray, asphalt shingled roof. On the inside, the house has an unfinished basement, three bedrooms, a living room, kitchen and a single bathroom.

Building 47—Staff House*Date of construction:* 1957*Architect:* G.P. Erickson, Minnesota Department of Administration*Description*

Building 47 is one of a cluster of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. It remains in use as a group home.

Building 47 is a one-story ranch style home with a full basement and a side gabled roof. It is of wood frame construction with a concrete block foundation. The house has light blue clapboard-style siding. The roof is surfaced with charcoal gray asphalt shingles. A single stall garage is attached to the side of the building via a covered breezeway. On the inside, the house has an unfinished basement, three bedrooms, 1.5 bathrooms, a kitchen and a living room.

Building 48—Staff House*Date of construction:* 1958*Architect:* Brooks Cavin*Description*

Building 48 is one of a series of staff houses erected during the late 1940s and the 1950s to provide on-campus housing for medical staff at the State Hospital. It remains in use as a staff residence.

This structure is a simple one-story ranch style residence with a full basement and a low-pitched side gabled roof. It is of wood frame construction with a concrete block foundation, manufactured tan-colored clapboard-style siding and a charcoal-colored asphalt shingled roof. The interior has a full unfinished basement, three bedrooms, a

living room, kitchen and 1.5 bathrooms. A single-stall garage is attached to one side of the main house via a breezeway.

Nurses' Garages

Date of construction: ca. 1908

Description

Two wood frame garages stand near the Nurses Dormitory, near its northwest end. One of the structures is a long narrow one-story building with side gables and a low shed-roofed bay built against the full length of one side. The building is sided with wood drop siding painted buff. The roof is covered with charcoal gray asphalt shingles. A series of hinged double-leaf doors comprised of vertical wood boards provide access to individual stalls inside the garage.

The other Nurses Garage is a two story, wood-frame building with an end gabled roof. The building is sided with narrow wood clapboards painted a buff color, and is roofed with charcoal gray asphalt shingles. On one end of the building a series of hinged, double-leafed doors made of vertical wood boards provide access to the interior. Six small window openings on one side of the building have been boarded over. A small wood door set into the end of the building on the second level provided access to a storage area on the upper floor.

Farmhouse Garage

Date of construction: unknown

Located in a grassy, wooded area directly behind the Kirkbride complex, the Farmhouse Garage was originally associated with a cluster of three houses (now demolished) that provided quarters for State Hospital staff. The garage is a wood-frame, two-story structure with a gambrel roof. It is rectangular in plan and stands atop a concrete slab. It has white wood drop siding and a wood shingled roof. There is a wood frame-and-panel tri-fold garage door in one end. Centered in the gable above the garage door is a vertical board hatch door that provides access to the upper level. There are two small windows with wood double hung sash on each side of the building.

Horse Barn

Date and architect unknown

Standing to the north of the Kirkbride complex, the Horse Barn is one of the few remnants of the once-substantial Fergus Falls State Hospital farm. This structure is a one, narrow one-story building with an intersecting hipped and pent roof. A narrow enclosure leading from the back side of the building was originally connected to an adjacent hay shed, which has been demolished. The Horse Barn is of wood frame and reinforced concrete construction with a stucco veneer, painted a buff color. The roof is surfaced with charcoal gray asphalt shingles. Two large sheet-metal ventilators rise from the ridge. Wood double hung sash with divided lights are set into rectangular openings in one end of the building. A series of garage doors provides access to the interior on the

other end. In recent years this building was transferred to the Minnesota Veterans' Home, which has used the structure for vehicle storage.

Site

The Fergus Falls State Hospital is located on State Highway 297 north of Fir Avenue in Fergus Falls, Otter Tail County, Minnesota. The hospital campus is situated on the north edge of the city. The site is bounded an industrial park on the west, by a single family residential neighborhood across Park Street on the east, and by a small business and multi-family residential district on the south. The land to the north of the campus was the site of the state hospital farm until 1968, when farm operations ceased and the land was transferred to the Minnesota Department of Natural Resources. Approximately twenty acres located in the northeast corner of the original campus are now occupied by the Minnesota Veterans Home. An additional five acres in the southwest corner, containing three buildings erected between 1950 and 1960 for the care of geriatric patients, were acquired by Otter Tail County in 1998. An eight acre parcel directly behind the Administration Building is owned by the city of Fergus Falls, which operates an incinerator on the site.

The facility's main building complex occupies a high knoll near the center of the site. The principal elevations face southeast, overlooking an expanse of wooded lawn that slopes toward Fir Street. The area in front of the main building contains tennis courts, a baseball diamond, and a stucco-clad bandstand. A system of curvilinear roads encircles the main building, the front lawn, and secondary clusters of buildings that once provided staff housing, intake and evaluation hospitals, and dedicated facilities for geriatric patients. A Great Northern Railway spur track that originally served the power plant behind the main building has been removed.

The state hospital cemetery is located approximately one-half mile to the north of the main campus. It occupies a grassy, sloping site with a few trees. A white stone cross, a steel flagpole and a handful of stone monuments stand on the site, but most of the more than 3,000 graves are unmarked.

PART IV. SOURCES OF INFORMATION

A. ARCHITECTURAL DRAWINGS

The most complete collection of architectural drawings for the state hospital is located in the facilities management office at the Fergus Falls Regional Treatment Center. This collection included partial or complete sets of drawings for all major buildings on the campus, including many drawings of buildings and structures that were part of the now-demolished farm operation.

Notably absent from the collection at the Regional Treatment Center were any drawings recording the original landscape plan ostensibly developed by H.W.S. Cleveland. The earliest site plans were those prepared by the Minneapolis landscape architecture firm Morel and Nichols in 1913 and 1922. Photographic copies of those site plans are included in this report.

A small number of drawings for campus buildings are also included in the collection of the Northwest Architectural Archives at the University of Minnesota in Minneapolis. Included in this collection is a full set of hectographs prepared by Warren B. Dunnell ca. 1890 for the East Detached Building. The set includes floor plans, elevations, sections, details of doors, windows and porches, and structural ironwork.

This collection also includes a number of drawings prepared by the Minneapolis firm of Liebenberg, Kaplan, Glotter and Associates in 1964, describing window replacements, porch alterations, and interior remodeling in the Southwest Wing of the Kirkbride complex.

The Otter Tail County Historical Society has a rendered perspective prepared by the Minneapolis firm of Lang and Raugland ca. 1962, depicting proposed changes to the central administration building. That drawing is reproduced in the body of this report.

B. EARLY VIEWS

The most extensive collection of historic early views of the Fergus Falls State Hospital is archived at the Otter Tail County Historical Society in Fergus Falls. The Society has hundreds of photographs, drawings and postcards of the State Hospital. The collection has been cataloged and indexed. Several photographs included with this documentation were taken from that collection.

The collections of the Minnesota Historical Society in St. Paul include approximately fifty historic views of the state hospital. Several photos from that collection have been reproduced in this report.

The Fergus Falls Regional Treatment Center has reportedly retained a large, uncataloged collection of photographs depicting the facility during all stages of its development and evolution. This collection was in storage and not available for research at the time this report was prepared.

C. INTERVIEWS

n/a

D. BIBLIOGRAPHY**Biennial Reports**

The richest and concise source of information about the evolution of the Fergus Falls State Hospital is a series of Biennial Reports issued by the various official bodies that have administered the facility over the years. The titles, numbering sequence and publishers for these reports changed as each new administrative unit began its tenure. In the interest of simplicity, references to the reports have been cited throughout this study with the abbreviation “BR” accompanied by the publication date. For a detailed discussion of the administrative structure of the state hospital system, refer to note 44 in the body of the context narrative.

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"Warren Barnes Dunnell." Architect biography sheet. On file at the Northwest Architectural Archives, University of Minnesota, Minneapolis.

E. LIKELY SOURCES NOT YET INVESTIGATED

The State Archives collection at the Minnesota Historical Society contains a large volume of material relating to the Fergus Falls State Hospital, including meeting minutes, subject files, correspondence, financial records, inventories, statistical compilations and information about approaches to treatment at various periods in the life of the institution. The State Archives collection also contains information about individual patients and staff at the hospital, although access to these materials is restricted.

The Fergus Falls Regional Treatment Center also has an uncataloged collection of photographs, newsletters, and other materials that could provide a glimpse of daily life at the hospital and shed additional light on the evolution of its physical plant.

F. SUPPLEMENTAL MATERIAL

The Kirkbride Propositions

At a meeting of "The Association of Medical Superintendents of American Institutions for the Insane," held at Philadelphia, in May, 1851, the following series of propositions relative to the construction of hospitals for the insane, was unanimously adopted as the sentiments of that body on the subjects referred to; and, in like manner, at the meeting held in Baltimore in 1853, the succeeding series of propositions in reference to the organization of these institutions was also adopted, and with the former, directed to be published in the "American Journal of Insanity," and to be appended to the annual reports of the different institutions:

PART I.

Propositions Relative to the Construction of Hospitals for the Insane

I. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

II. No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure-grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution for two hundred patients, to which number these propositions apply, unless otherwise mentioned.

III. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

IV. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

VI. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible, be made secure from accidents by fire.

VII. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.

VIII. Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes room, a bath-room, a water closet, a dining-room, a dumb-waiter, and a speaking tube leading to the kitchen or other central part of the building.

IX. No apartments should ever be provided for the confinement of patients, or as their lodging-rooms, that are not entirely above ground.

X. No class of rooms should ever be constructed without some kind of window in each communicating directly with the external atmosphere.

XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

XII. The floors of patients' apartments should always be of wood.

XIII. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

XIV. A large hospital should consist of a main central building with wings.

XV. The main central building should contain the offices, receiving rooms for company, and apartments, entirely private, for the superintending physician and his family, in case that officer resides in the hospital building.

XVI. The wings should be so arranged that, if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the free admission of both light and air.

XVII. The lighting should be by gas, on account of its convenience, cleanliness, safety, and economy.

XVIII. The apartments for washing clothing, etc., should be detached from the hospital building.

XIX. The drainage should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

XX. All hospitals should be warmed by passing an abundance of pure, fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 degrees F., and placed in the basement or cellar of the building to be heated.

XXI. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane; and no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.

XXII. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.

XXIII. All water-closets should, as far as possible, be made of indestructible materials, be simple in their arrangements, and have a strong downward ventilation connected with them.

XXIV. The floors of bath-rooms, water-closets, and basement stories, should, as far as possible, be made of materials that will not absorb moisture.

XXV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows of which should be large and have pleasant views from them.

XXVI. Whenever practicable, the pleasure grounds of a hospital for the insane, should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

PART II.

Propositions Relative to the Organization of Hospitals for the Insane

I. The general controlling power should be vested in a Board of Trustees or Managers; if of a State institution, selected in such manner as will be likely most

effectually to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

II. The Board of Trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence, and active benevolence, above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged that when changes are deemed desirable, the terms of not more than one-third of the whole number should expire in any one year.

III. The Board of Trustees should appoint the Physician, and on his nomination, and not otherwise, the Assistant Physician, Steward, and Matron. They should, as a board, or by committee, visit and examine every part of the institution at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the hospital, as to give to the community a proper degree of confidence in the correctness of its management.

IV. The Physician should be the Superintendent and chief executive officer of the establishment. Besides being a well educated physician, he should possess the mental, physical, and social qualities to fit him for the post. He should serve during good behavior, reside on or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as Assistant Physician, Steward, and Matron. He should have entire control of the medical, moral, and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution.

V. The Assistant Physician, or Assistant Physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of the Physician during his absence.

VI. The Steward, under the direction of the Superintending Physician, and by his order, should make all purchases for the institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment; have a supervision of the farm, garden and grounds, and perform such other duties as may be assigned him.

VII. The Matron, under the direction of the Superintendent, should have a general supervision of the domestic arrangements of the house; and under the same direction, do what she can to promote the comfort and restoration of the patients.

VIII. In institutions containing more than two hundred patients, a Second Assistant Physician and an Apothecary should be employed; to the latter of whom other duties in the male wards may be conveniently assigned.

IX. If a Chaplain is deemed desirable as a permanent officer, he should be selected by the Superintendent, and, like all others engaged in the care of the patients, should be entirely under his direction.

X. In every hospital for the insane, there should be one supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

XI. In no institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

XII. The fullest authority should be given to the Superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

XIII. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions; but in every hospital, at least all those that have been referred to are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the insane.

XIV. All persons employed in the care of the insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition; be educated, and in all respects trustworthy; and their compensation should be sufficiently liberal to secure the services of individuals of this description.

--Reproduced from Thomas S. Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: J.B. Lippincott & Co, 1880; reprint edition New York: Arno Press, 1973), 303-311.

PART V. PROJECT INFORMATION**A and B. Research Process**

Documentation of the Fergus Falls State Hospital Campus was compiled between January 2004 and April 2005 for the Minnesota Historic Property Record. John Lauber served as principal investigator and project historian; the large-format photographs included with the report were taken by Jerry Mathiason. The project was requested by the Minnesota Department of Administration as part of the process of transferring the Fergus Falls State Hospital out of state ownership. The documentation was submitted to the State Historic Preservation Office of the Minnesota Historical Society to provide a permanent record of the Fergus Falls State Hospital campus and to serve as mitigation for potential demolition of some or all of its buildings.

Research for the project began in January 2004 with background research into the history and evolution of institutional architecture and psychiatric treatment. More intensive research into the specific history of the Fergus Falls facility continued throughout the course of the project and involved both library research and field work. Sources examined included published works, biennial reports of the various agencies administering the state hospital system, historic property survey, inventory and designation studies, site plans, architectural drawings, and building maintenance records, historic photographs, newspaper clipping files and indices and unpublished dissertations and theses.

Field research included a reconnaissance visit by the principal investigator and photographer in January 2004, as well as four additional visits by project staff. During these visits, project staff toured campus buildings, took nearly 300 reference photographs of the interior and exterior features of the buildings, and made extensive field notes on materials, finishes and details on the campus and buildings.

C. Archives and Repositories Used

Property files at Minnesota State Historic Preservation Office, St. Paul
Collections of the Minnesota Historical Society, St. Paul
Plan files in Facilities Management Office at the Fergus Falls Regional Treatment Center
Collections of the Otter Tail County Historical Society, Fergus Falls
General Collections of the University of Minnesota Libraries, Minneapolis
Northwest Architectural Archives, University of Minnesota, Minneapolis
Social Welfare Archives at University of Minnesota, Minneapolis
Legislative Research Library, St. Paul

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