

SHRINERS HOSPITAL FOR CRIPPLED CHILDREN
8200 Northeast Sandy Boulevard
Portland
Multnomah County
Oregon

HABS OR-179
OR-179

HABS
OR-179

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
PACIFIC WEST REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
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Oakland, CA 94607

HISTORIC AMERICAN BUILDINGS SURVEY
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN

HABS No. OR-179

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Location: 8200 NE Sandy Boulevard, southeast corner of Sandy Boulevard and 82nd Avenue, Portland, Multnomah County, Oregon

Present Owner: John Goss
1300 NE 16th Street
Portland, OR 97232

Present Use: Demolished, 2003
Property was vacant from 1983 to 2003
First, last and only occupant was Portland Shriners Hospital

Significance: Architecturally significant in the body of the work of the Portland architectural firm of Sutton & Whitney and specifically their designers Fred Fritsch and Fred Aandahl. Also significant for its association with the Shriners and their development of 22 hospitals nationwide.

PART I HISTORICAL INFORMATION

A. PHYSICAL HISTORY

1. Date of Erection: 1923.

The contract let for construction on March 3, 1923. The cornerstone was laid on May 26, 1923. The Shriners dedicated the hospital on December 9, 1923 and the building was occupied on January 15, 1924.

2. Architect: Sutton & Whitney with Fred Fritsch and Fred Aandahl as chief designers
3. Original and subsequent owners: The Shrine of North America, 1923-1985
John Goss, 1985 – present.
4. Original and subsequent occupants: The building's original occupant was the Shriners Hospital. In 1983, the hospital was relocated to Marquam Hill. The building was vacant from 1983 to 2003 and demolished in 2003.
5. Builder, contractor, suppliers

Contactor: Stebinger Brothers, Portland, Oregon

6. Original plans and construction: At the time of design, the Shriners desired all of their hospital buildings to appear similar in design. The hospital was built as designed, reminiscent of a southern 5-part Georgian mansion, sited on the knoll of a nearly 10-acre parcel. The main house was used for the hospital while the first floor of the west wing and east wing housed a gymnasium and garage respectively.

The building is constructed of reinforced concrete with a red-brick skin laid in Flemish bond. The floorplate is illustrated in original plans from the architect and from 1928 Sanborn Maps. The façade was also photographed in the Oregon Journal, December 31, 1923. Construction was awarded to Stebinger Brothers for \$168,000 exclusive of furnishings and equipment. The final cost was approximately \$260,000.

7. Alterations and additions: There have been five principal additions and numerous interior modifications to upgrade the facility.

1926 One story addition to the west wing

- 1940 F. M. Stokes-designed addition to the north façade of the west wing.
- 1944-7 Wolff & Phillips design additions to the south façade of the west wing and interior renovations.
- 1954 Stanton, Boles, Maguire & Church-designed \$300,000 additions to the south facades of the east and west wings, and construction of the emergency generating building.
- 1963 Stanton, Boles, Maguire & Church-designed \$100,000 additions to the south façade; interior renovations for an X-ray facility, hydrotherapy facility, living quarters and offices.

B. HISTORICAL CONTEXT

History of the Building and Association with the Shriners

The site is the northwestern portion of East Portland Homestead, being the 1855 Donation Land Claim of German-born Charles G. Schramm. Schramm, who arrived in Portland around 1852, established a claim for the 320 acres bounded by 82nd Avenue, Skidmore to 92nd Avenue to Prescott to 102nd Avenue and to Fremont Street. The claim abutted Sandy Road, which had its origin as an Indian trail and was by the late 19th century a wagon road to Portland.

In the early 1890s, Schramm's claim was platted by then owner C. F. Holcomb into 5-acre blocks measuring 330 feet by 660 feet. Subsequently, the parcels running along Sandy Boulevard were acquired by the Oregon Washington Railroad and Navigation Company, a wholly owned subsidiary of the Union Pacific Railroad.

In October 2, 1922, the Shriners purchased the 9.92 acres from the Oregon Washington Railroad at cost for \$18,000 with the intent of building a hospital for "crippled children." The Ancient Arabic Order of the Nobles of the Mystic Shrine of North America began in 1871 as an organization dedicated to good fun and fellowship with an original 13 members in one temple in New York. By the turn of the century, there were 55,455 members in 82 temples in the United States and Canada. In the early decades, more and more of the fraternal leaders were urging an official policy of philanthropy, since many temples had been participating in such an activity individually.

At the 1920 national convention held in Portland, with 75,000 in attendance, the Shriners voted to create a series of such hospitals. The year before, at that national convention in Indianapolis, Imperial Potentate Freeland Kendrick had introduced a resolution that the Shriners undertake the establishment of a great centrally located home for unfortunate children. The idea was tabled for consideration in Portland and over the next year, Kendrick discussed the idea with other Shrine temples. He found that a hospital would be a more acceptable initiative and so on June 23, 1920, he offered Recommendation No. 12 calling for the establishment of a hospital supported by an assessment of \$2 on each member. A storm of protests arose until Noble Forrest Adair of Atlanta – the driving force behind the establishment of the Scottish Rite Hospital for Crippled Children in Atlanta – rose to speak. He spoke of how he had been awakened at 2 a.m. at his room in the Imperial Hotel by celebrating bandsmen playing "I'm Forever Blowing Bubbles." He lay awake listening to the song and, this being the 46th anniversary of the Mystic Shrine, worried that the existing purpose of the 500,000 member Shriner organization was perhaps merely "blowing bubbles" with nothing being done for anyone but themselves. Instead, he offered, the emancipation of crippled children regardless of race, creed or color would be an accomplishment worthy of the organization. The resolution passed.

As the Shriner organization set upon assessing and collecting money from the members, specific temples came to adopt the vision and seek permission to locate the hospital in their community. The national leadership came to an arrangement whereby several cities would be given the opportunity for a hospital supported through the member assessment but with about two-thirds of the funds being raised locally.

The Portland hospital was the fifth to be established and expected to be one of 22. The first opened in Shreveport, Louisiana on September 16, 1922. Other early hospitals were located in St. Paul-Minneapolis, San Francisco and later St. Louis, Chicago, Philadelphia, Dallas and Montreal.

Portland Mayor George L. Baker headed the building committee. Baker, a one-time theater manager, had been first elected to City Council in 1898 and became mayor in 1917. He served four terms in that office, until 1933, and is generally respected as Portland's most popular mayor. Among his roles, Baker embraced that of official greeter and ambassador.

With the purchase of the land, planning of the hospital to be constructed began shortly. The prominent Portland architectural firm of Sutton & Whitney was chosen to do the design. Both partners were Masons and Harrison A. Whitney, himself was a Shriner.

Design work was largely complete in the winter of 1923. The specific work can be attributed to Sutton & Whitney's talented design team of Frederick Fitch and Frederick Aandahl.

The building committee let a contract of \$168,000 for general construction work to Stebinger Brothers Contractors on March 3, 1923. Total construction costs were estimated at \$260,000 plus \$100,000 in kind for furnishings and fixtures. The Stebinger contract did not include mechanical equipment, lighting and plumbing. Of the cost, the national organization would pay \$100,000, the local organization was expected to raise \$160,000 as well as the in-kind donations.

Completion was scheduled for mid-October and progress celebrated with ceremonies along the way, each with thousands in attendance. The cornerstone was laid on May 26, 1923. Halfway through construction, on September 13th, the national board of trustees publicly presented the local building committee a check for \$100,000. And on December 9, 1923, 3,000 people attended the dedication ceremonies. The 50-bed hospital opened on January 15, 1924.

Nearly immediately, additions were being made to the building to expand it and modernize it. In 1926, a \$17,000 one-story addition was built to create the laundry

area at the south. In 1932, a tunnel was built between the boiler house and the hospital. In 1940, Fred M. Stokes designed a \$16,000 1,000 square foot one-story addition and interior reconfiguration. Immediately following World War II, Wolf & Phillips designed a series of improvements to the west wing of the south façade to house hydrotherapy and classrooms. The \$100,000 project also involved adding ten additional beds, new elevators, remodeled surgery, upgraded laundry and interior remodeling along the south. In 1954, Stanton, Boles, Maguire & Church designed a pair of additions to the wings of the south façade at a cost of \$300,000, adding 10 more beds and other facilities for the hospital. Then in 1963, Stanton, Boles, Maguire & Church designed another addition, this time \$100,000 two-story structure with an air conditioned apartment for the hospital administrator on the ground floor and space for medical records and stenographers on the second floor. The funds would also pay for a 24 by 42 foot one-story addition to house a board room and chairman's office, and a 20 by 25 foot air-conditioned recovery room adjacent to surgery.

On June 20, 1978, the Shriners announced plans to move to a site on Marquam Hill in a new cooperative affiliation with the University of Oregon Health Science Center. The new facilities were planned to have 40 beds at a cost of \$6.5 million. The Shriners Hospital on Sandy Boulevard then closed in 1983.

Sutton & Whitney, Architects of the Shriners Hospital

The Shriners Hospital was an important building in the body of work by the Portland architectural firm of Sutton & Whitney, which produced some of the most outstanding designs in the Northwest in the 1920s and 1930s.

Albert Sutton and Harrison Allen Whitney formed the partnership in 1912, and the firm soon developed a busy practice with offices in Portland and Tacoma. As the firm grew, Whitney headed up the Portland branch while Sutton chose to reside in Tacoma and head that office until his death in 1923. After 1923, Frederick Fritsch and Frederick Aandahl, who had been key employees since 1919, were made associates in the firm. In 1929, Fritsch left the firm because of ill health, and in 1934 Aandahl became a partner, with the firm name of Sutton Whitney & Aandahl. The firm continued until Aandahl's death in 1950, after which Whitney organized a new firm, Whitney, Hinson & Jacobsen.

In Tacoma, Sutton & Whitney's most important projects were the Annie Wright Seminary, the College of Puget Sound and the Rust Building.

In Portland, the firm's important work began after Fritsch and Aandahl came into the office in 1919. Major projects included the Ballou & Wright Building (1920), two Meier & Frank warehouses (1922 and 1927), Leon Hirsch House (1923), Shriners Hospital (1923), McKesson & Robbins Warehouse (1924), Beth Israel School (1924), Masonic Temple (1928), Bates Motoramp Garage (1928), Neighborhoods of

Woodcraft (1928), Fruit & Flower Mission (1928) and the Waverly Children's Home (1931).

After the change of the firm name to Sutton, Whitney & Aandahl, the firm designed the Good Samaritan Nurse's Dormitory (1936) and the Parish House addition to Trinity Church (1939).

Most of the above projects were in the Georgian Revival and Art Deco styles, but several showed Scandinavian Modern influence, notably the Beth Israel School, Masonic Temple and Neighbors of Woodcraft. Sutton & Whitney's portfolio was of very impressive design quality, and an important addition to the richness of Portland architecture.

Harrison A. Whitney: The firm's Portland principal, Harrison A. Whitney, was born on March 20, 1877 in Osage, Iowa. He attended public school in Adrian, Michigan after which he attended the Armour Institute of Chicago. Subsequently, he attended the Massachusetts Institute of Technology, graduating with a BS in architecture in 1904. Whitney thereupon moved to Portland. Initially, he worked as a draftsman for Whidden & Lewis. One of his first large assignments was to supervise construction for several of the Lewis and Clark Exposition buildings. Of note is the now demolished Oregon Forestry Building, the largest log house ever built.

After a year in Portland, Whitney took a sabbatical, going to a tuberculosis sanitarium near Forest Grove, Oregon. Regaining his health, he returned to the offices of Whidden & Lewis until 1912 when he went into partnership with Albert Sutton.

On October 10, 1905, Whitney married Hazel Paulus of Portland. The couple had two daughters, Jeannette and Ruth. He was a charter member of the Oregon chapter of the American Institute of Architects, having helped organize the chapter in 1911. He was active in the Portland Chamber of Commerce, the City Club, Rotary, Scottish Rite, the Masons (where he attained the 32nd degree), Rosarians, Al Kader Shrine and Salvation Army. He was an avid singer, participating in the Portland Symphony Chorus, the Trinity Episcopal Church Choir, and as a soloist at Grace Episcopal Church. Whitney died of heart disease on Saturday, August 18, 1965.

Frederick Fritsch: The driving design force at Sutton & Whitney, and designers of the Shriners Hospital, were Frederick Fritsch and Frederick Aandahl.

Frederick Armbrust Fritsch was born in Portland on April 7, 1891. His parents were of German and French descent, and his grandfather, F. J. Fritsch, a painter and engraver by profession, came to the United States from Germany about 1841, making his living by preparing colored engravings of historical American scenes. Fred Fritsch's father, Charles Fritsch, a skilled upholsterer and cabinetmaker, came to Portland about 1883.

Fritsch, as a youth, worked as a helper in his father's upholstery shop, and also was employed as a clerk for the Mutual Life Insurance Company and for the Blumauer-Frank Drug Co. After he graduated from high school, he worked as an apprentice of the architectural firm of Whidden & Lewis, Portland's leading architects at the time. From 1911 to 1917, he worked on and off as a draftsman and designer with another prominent architectural firm, Whitehouse & Fouilhoux. In 1917, Fritsch joined the staff of Dean Ellis F. Lawrence at the Architectural Department of the University of Oregon at Eugene.

During World War I, he served in the University of Oregon Medical School Unit of Medical Corps in the U.S. Army. He received an honorable discharge in 1919 and returned to Portland. There, he joined the firm of Sutton & Whitney as chief designer, and after the death of Albert Sutton in 1923, an associate of the firm. He worked for the firm from 1919 to 1929 and during this time he produced his finest work. In 1922, Fritsch's design won the competition for the proposed Scottish Rite Cathedral of Oregon, which was, however, never built. In 1924 another competition was won by Fritsch's design, this time to be constructed in 1927 as the Masonic Temple. The project of the Masonic temple occupied most of Fritsch's time from 1924 to 1927. The building is considered to be one of the best examples of Fritsch's work.

In 1928, Fritsch married Margaret Goodin, also an architect. In 1929, ill health, from which he had suffered since 1924, caused him to leave Sutton & Whitney to seek medical treatment in Philadelphia, where he and his wife collaborated on his last known work, the design of the Delta Delta Delta sorority house at the University of Pennsylvania. Fritsch and his wife returned to Portland where he seldom left his home because of his illness. On October 27th, 1934, discouraged by his apparently incurable illness, Fritsch took his own life at the age of 43.

Frederick Aandahl: The second half of Sutton & Whitney's design team was Frederick Aandahl. Born in Norway in 1887, Aandahl graduated from Trondheim Technical Institute (now University) and then continued his architectural studies in Sweden in 1908 and Norway in 1909. In 1909, Aandahl moved to the United States, first living in New York City as a draftsman and associate with Henry M. Congdon & Sons to 1915. From 1916 to 1918, he was a draftsman and superintendent with Scopes & Feustman in New York City and Saranac, New York.

In 1919, he came to Portland and he joined the firm of Sutton & Whitney. He worked as the chief draftsman until 1923, as associate from 1923 to 1934 and finally a partner from 1934 to 1950.

He worked with Fred Fritsch on the firm's designs until Fritsch left the firm. Subsequent, Aandahl was responsible for design in the firm entirely. His first major

assignment was the Ballou-Wright Warehouse on NW 10th Avenue. In 1934, he became a partner in the firm. Active in the American Institute of Architects, he served as secretary of the Oregon chapter from 1928-30, director from 1937-39, vice president from 1931-32 and president from 1935-36. He also was active on the Oregon board of architect examiners and the Oregon State Board of Health's Hospital Survey and Construction Advisory Council. He died May 11, 1950 at the age of 63.

PART II ARCHITECTURAL INFORMATION

A. GENERAL STATEMENT

1. Architectural character: The Shriners Hospital is a reinforced concrete building with a single 3-story central block flanked by two 2-story "T" shape wings connected by two sets of two-story hyphens. The entire mass is essentially in the Georgian Revival style. The building was constructed as a hospital for children in 1924 and remained so until 1983 when the building was vacated. There have been five major additions, all along the southern façade, and numerous interior alterations and upgrades.

2. Condition of fabric: The building was demolished in 2003. In 1978, the Shriners announced plans to relocate to a new facility on Marquam Hill in cooperation with the University of Oregon Health Sciences University. At that time, long-term capital maintenance was reduced. In 1983, the building was vacated. Since then, no significant effort was made to maintain it. Portions of the east wing and surgery interior areas were demolished in preparation for proposed projects and adaptations, though none came to fruition. By 2002, the roof had failed in numerous sections and the building was no longer watertight. Water caused considerable damage to ceilings, walls and floors on the second floor areas. The building also had been vandalized numerous times with increasing frequency and cumulative damage. Numerous non-load-bearing, non-concrete interior walls had failed and/or were removed.

B. DESCRIPTION OF SITE

1. Parcel: The Shriners Hospital is located on a 9.92 acre site on the southeast corner of 82nd Avenue and Sandy Boulevard. To the east is the 62-acre site of the National Sanctuary of Our Sorrowful Mother, a Catholic Shrine first established in 1924. The remaining adjacent area is comprised of smaller auto-oriented commercial establishments, with motels directly located to the north, south and northwest. Both Sandy Boulevard and 82nd Avenue are major traffic arterials with Sandy Boulevard provided access between Portland and Troutdale, Fairview and beyond. 82nd Avenue provides north-south access.

The parcel is trapezoidal in shape, formed by Sandy Boulevard cutting across otherwise rectangular parcel at the north end of the parcel at an approximate 45-degree angle. It is 840.62 feet on the east and 461.37 feet on the west. The parcel is 644.33 feet wide east to west. The land rises gently north to south from approximately 150 feet above sea level to approximately 235 feet above sea level. It is generally flat east to west.

2. Setting/Landscape: The hospital faces true north and is set back along the southern third of the parcel. Between the hospital and the southern boundary is a single outbuilding and asphalt surface with a two-lane service drive leading to 82nd Avenue. To the north in front of the hospital are two 40-foot curvilinear bands of surface asphalt used

for parking adjacent to the hospital. The southern-most parking band dates to the 1923 construction; the northern band was installed in the 1960s. This parking is off a 24 feet wide asphalt parabolic driveway from the northeast corner of the parcel at the intersection of 82nd Avenue and Sandy Boulevard to the northeast corner of the hospital to the northwest corner of the hospital returning to Sandy Boulevard near the northeast corner. At the northwest corner is a handsome entryway with painted brick pillars installed in 1952.

The property has notable landscape features that generally are substantially overgrown. Surrounding the building and the front parking lot are numerous foundation planting beds that include rhododendrons and roses. Within the driveway parabola is a lawn. At the northeast corner between the drive and the property line is a stand of mature white spruce. Additional mature deciduous and coniferous trees provide a visual screen along the southern and northeast property line; particularly along the south, these features are overgrown. Shrubbery also screens the western boundary along 82nd Avenue.

Midway along the drive at the east is a modern fountain and a pedestrian path that leads to the northeast corner of the property.

C. DESCRIPTION OF EXTERIOR

Georgian revival in style, the building originally was an east-west assembly of rectilinear forms along a symmetrical north-south axis that collectively formed a slight "U" for the complex at the south. Subsequent additions to the south disrupt and fill in this "U" form. The exterior is brick, mostly laid in Flemish bond.

The building is constructed on a rising grade. The north façade is three stories with entry at a grade of 212.23 feet above sea level. The south façade is two stories with the ground floor unexcavated on the south; the south façade begins at 223 feet above sea level.

The entire building is approximately 360 feet east and west, and varies in width from 40 feet north and south to 180 feet. It has a reinforced concrete foundation with concrete footings and columns with clay tile partitions. Floors are concrete on the ground floor and clay tile on the second and third floor. The roof is wood truss.

The central block measures roughly 80 feet east and west and 40 feet north and south, with a perpendicular wing at the center on the south that measures 40 feet east and west and 60 feet north and south. The block is three stories with a central two-story projecting pavilion; the perpendicular wing is built at grade beginning on the first floor. A decorative geometric band distinguishes the third floor from the lower floors. The cornice is a simple classic slightly projecting band. The roof is gabled, clad in copper, running along an east-west axis to a low parapet and massive chimneys built into the brickwork of the gable ends.

Fenestration is regular, wood-frame double-hung windows. At the first two levels, windows are 8 lights over 8; at the third floor, windows are proportionately smaller, 6 lights over 6. The windows in the entry projection are wood casement with diamond shaped lights. Contemporary photographs indicate that the central block has always been painted white.

Originally, side-facing "T"-shaped wings flanked the central block in mirror fashion. These were two-story in height with hipped roofs and brick quoins. At their greatest measure, they are roughly 108 feet north and south, and 64 feet east and west. The decorative geometric band of the central block is continued as the cornice for the wings. These wings were unpainted except for the ends within the quoins, the trim and the cornice that were painted white. Over time, the additions on the south were infilled and the "T" shape lost. The brick was also painted white.

Connecting the block and wings are two sets of hyphens. The outside hyphens were originally 20 feet east and west while the inside hyphens were approximately 32 feet. As built, they were 40 feet wide (north and south), though over time with the numerous additions on the south, the symmetrical "hyphen" form lost its definition.

Both hyphens are two story in height with flat roofs. The decorative geometric band of the central block is continued as the cornice. The more central hyphens are three bays wide with second story arched windows and defined by brick quoins. The second outer hyphens are five bays wide and slightly projecting with rectangular windows. Though now painted, these also were unpainted originally except for the cornice and trim.

As originally built, the assembly of forms was symmetrical and offered simple lines. In 1926, the building was expanded on the south side of the hyphen. In 1940, the northern indentation of the westernmost hyphen was enclosed. Subsequent additions in 1944-47 and 1954 were located on the south façade, presumably to protect the prominent northern façade. These additions were generally functional and while often somewhat sympathetic in detail they were not necessarily sympathetic in form.

D. DESCRIPTION OF INTERIOR

The Shriners Hospital has approximately 80,900 square feet of interior space. Built on grade, the ground floor extends the length of the building, but is largely unexcavated on the south side. The first floor or main floor, extends throughout the complex, is elevated on the north and on grade at the south. The second floor is limited to the central block.

As designed, the Shriners Hospital attempted to emulate a residential atmosphere in the public spaces. Finishes were home-like with plaster walls and ceiling, and wall-to-wall carpet. Details were classical with paneled wood doors, stairwell and trim. This is most true in the foyer that is flanked by a pair of wood-detailed stairwells. Non-public spaces tended to be functional, and the whole building moved toward a more institutional look

over time. In non-public spaces, linoleum floors were standard treatments and detailing considerably less. The design of specific rooms—such as the surgery, laundry, hydrotherapy and kitchen—became driven by function and building code-requirements for fire, life and safety and demanded specific treatments.

The original floorplan was relatively simple. Entry was at the center of the building on the north side. It led to a wood-paneled stair hall that allowed visitors forward into the ground floor, or to the second floor by way of a grand stair that flanked the east and west walls.

At the ground floor, the stair hall led to a long double loaded corridor perpendicular to the entry that ran east-west the length of the building, including the wings. With the building built on a slope, the rooms at the south tended to be shallow, did not have windows and were generally used for utilitarian functions. In the main building, these uses included laundry, mechanicals and storage for clothing, orthopedic braces and mattresses. In the wings, the south side of the ground floor was not excavated. The north side of the main building was split between the east half, which served as female staff bedrooms, and the west half, which served as admitting rooms for boys and girls, X-ray and orthopedic rooms. This pattern was continued in the wings with the east wing serving as bedrooms and the west wing serving as outpatient services. The very eastern portion of the wing was a two-car garage accessed from folding doors on the north. The mirror space on the west served as a gymnasium.

Access to the first or main floor was by the grand stair, by an elevator located just inside the first floor hall across from the stair hall, or a second dog-legged stair just west of the elevator. The grand stair ran only from the ground floor to the first floor; the elevator and second stair ran to the second floor. The grand stair is built with wood balustrades, risers, tread and handrails. The dog-legged stair had wood treads, risers and handrail, with metal balustrade.

This floor served as the primary patient care rooms. Given the slope of the knoll, the first floor was at grade on the south and one-story up on the north. Again, a single double-loaded corridor ran the east-west length of the building. In the central block, the first floor served as living space for the superintendent and staff with some reception and office areas intermixed. The central block on the south was a kitchen for the facility. At the southeast was a minor operating room. The wings served as wards, the north for boys and the south for girls. A sun porch was located at the southeast and southwest corners of the "T" in each wing.

The second floor only extended the length of the middle block of the building. As with the ground and first floor, it had an east-west double loaded corridor that led to staff residences.

A metal stair provided access to an unfinished attic, which was used for storage.

As the hospital expanded, the fundamental layout and orientation around the central east-west corridor remained on all three floors. However, as subsequent architects worked to maintain the prominence of the north façade, the south façade became a hodge-podge of structures and spaces, with awkward passages. The primary entry continued to be that of the center ground floor doorway, though a second doorway was located just to the west in 1940. This new doorway provided access for day-patients to a clinic area with examination rooms and X-ray. This clinic area featured art deco-style finishes with terrazzo floors and glass-brick partitions.

First floor additions and wholesale remodeling on the south included:

- * A 1944 boy's ward extended south from the east wing, and then an adjacent children's play/dining area added in 1954 to the west wall of that extension at the south end.
- * A 1944 girl's ward extending south from the west wing with a 1954 classroom addition to the south and east.
- * A 1947 remodeling of the surgery area located at the south wall of the north hyphen.
- * A 1963 remodeling of the kitchen located at the south wall of the main block.

Most of the modifications were one-story so the second story retained more of its original form. The surgery room included a second story viewing balcony, bedrooms were located above the kitchen, and a recreation room and bedrooms were located above the classroom.

As built, finishes in the building consisted of linoleum floors with terrazzo in the toilets, painted plaster walls and ceiling. Over time and with remodeling, these finishes remained utilitarian, but often with modern materials.

PART III SOURCES OF INFORMATION

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PART IV PROJECT INFORMATION

The Shriners Hospital was demolished to create a mixed-density, multi-generational, transit-oriented residential project. The project will provide housing for nearly 500 people, incorporate a variety of building types and unit sizes. The current scheme includes 122 units for senior independent living, 86 units for senior congregate, and 118 family rental units. The primary building will be located approximately on the site of the existing Shriners Hospital main building and will consist of five inter-connected structures ranging from 2 to 4 stories; this building will house the senior housing units. Eight 3 and 4 story buildings will be located scattered along the east and west perimeter; these will provide 14 family-sized apartments each. In addition, the site will have a 2,800 square foot community center and 262 parking spaces.

Developer SRI of Bellevue, Washington has been particularly focused in Oregon and Washington on creating opportunities for seniors to continue living independently in a safe and supportive environment with low rents and high attention to the particular needs of seniors. To date, they have completed over 50 major projects.