STURDY MEMORIAL HOSPITAL
1913 ~ 2003
Sercare Honor Est. “It is an Honor to Serve”
Throughout its first 90 years, the hospital has made continuous efforts to upgrade facilities in meeting its obligation to stay current with rapid changes in medicine and the demand for services.

The tremendous growth in the volume of patients and ongoing evolution of the physical plant are the result of a 90-year partnership between the hospital and its communities.
When Sturdy Memorial Hospital admitted its first patient on April 14, 1913, the Town of Attleborough was nearing the end of one of the most significant periods of development in its history.

Over the course of the proceeding half-century, the town was transformed from a small agricultural village into one of the leading manufacturing centers in Massachusetts, attracting thousands of new residents as workers. Between 1887 and 1914 – the year the town was reincorporated into the City of Attleboro – the population grew from about 6,000 to 18,840. New residential and commercial development and the extension of municipal services accompanied this increase in population. There was also increased demand for recreational, cultural, and educational amenities that were the hallmarks of progressive communities during the late 19th and early 20th centuries. When the municipal government was unable to fund the construction of such facilities, Attleboro’s civic-minded citizens stepped up to fill the void. Some of the most distinguishable landmarks in the city today, including Capron Park (1901) and the Attleboro Public Library (1907), were the result of gifts from wealthy individuals or community-based fundraising campaigns.

It was against this backdrop that consideration was first given to building a hospital in Attleboro. At the time, local residents traveled to hospitals in Boston or Providence, where they often had to wait for beds or were turned away. The options were even more limited for people who were unable to pay for hospital care.

In 1910, a group of public-spirited businessmen, doctors, and volunteers formed the non-profit Attleborough Hospital Corporation, dedicated to “establishing and maintaining a general hospital for the surgical and medical treatment and nursing of the sick and injured.” The need for the organization, spearheaded by Dr. Laura Gustin Mackie and prominent businessman Joseph Lyman Sweet, was made apparent some five years earlier when the town refused a gift earmarked for the establishment of a hospital because it lacked the necessary operating funds for the building.

An answer to this problem came in 1911 when Ellen Winsor, the heir to the estate of James H. and Adah S. Sturdy, left a large bequest to the town to establish a hospital as a memorial to her parents. The gift included the former James H. Sturdy homestead and some $93,000 of personal property for the establishment of an investment trust to provide money to run the hospital.

A special town meeting was held on May 14, 1912 to decide the fate of what was at the time the largest bequest ever offered to the town. Sweet and Dr. Joshua W. Clarke represented the Attleborough Hospital Corporation. Clarke introduced a series of motions asking that the town accept the gift, convey it to the corporation, and establish a committee with the power to negotiate and execute a trust agreement with the corporation.

Sweet and Clarke had previously visited the Sturdy homestead with Thomas Marsden, a Providence contractor, to investigate what it would take to renovate the property for use as a hospital. They determined that a significant amount of renovation was needed, in addition to a new operating wing, solarium, and heating plant. The initial estimate for the work was between $15,000 and $20,000. At the meeting, Sweet pledged that if the town placed the bequest in trust with the corporation it would undertake the “stupendous task… to put the property in condition to open as a general hospital in a credible manner.” The meeting culminated in the passage by unanimous vote of all motions without amendment.

A trust agreement was executed the following September for a corporation to establish and maintain a general hospital. The agreement included a provision that a Board of Managers be formed to oversee the hospital’s operation. The composition of the board initially included six elected members from the Attleborough Hospital Corporation, the treasurer of the Town of Attleborough, and two other members appointed by the Attleborough Board of Selectmen.
Early Development of Sturdy Memorial Hospital (1912~1946)

The Sturdy homestead consisted of three-and-one-half acres in the middle of the block surrounded by Park Street, Tappan Avenue, Dunham Street, and the Speedway (now Brook Street-O’Neill Boulevard). The large two-and-one-half-story Gothic Revival-style house was set back from Park Street on a low hill. A two-story barn was located southeast of the house and two small sheds were situated on the back of the lot. The front of the property was defined by a stone retaining wall, and a well and fountain were located directly in front of the house. A small orchard of fruit trees was planted along the eastern boundary of the lot. Bordering the property on the east was the estate of Charles H. Tappan, which included a mansion even larger than the Sturdy house. The Tappan property was ultimately purchased by the hospital in 1960.

Thomas Marsden was given the contract to renovate the former Sturdy house and construct the new operating wing, beginning in July 1912 and completing the project the following spring. During this time, Sweet initiated the fundraising campaign by contributing the first $5,000 and encouraged others in his circle of wealthy local industrialists and businessmen to do their share. He ultimately provided more than $12,500 in loans to the corporation to keep construction on schedule.

On April 10, 1913, the Attleborough Hospital Corporation invited the community to inspect the new hospital. The Attleboro Sun newspaper reported that it compared “favorably with any similar institution in New England.” The first floor of the Sturdy house was reworked to include two good-sized wards (one with three beds and the other with four), a fully equipped kitchen, and a dining room. A sun parlor led to an open piazza where patients could enjoy sunshine and fresh air. Every room was furnished to present a homelike atmosphere designed to make patients feel at ease.

Unlike the main building, the new operating wing presented a modern clinical appearance. The exterior was buff brick and featured large windows for better lighting and ventilation. The first floor was arranged around a fully equipped operating room, adjoined by an anesthetizing (anesthetizing) room, scrub room, doctor’s office, and drug storage. The scrub room featured hands-free shower baths and bowls, and the sterilizing room, which was located in the back of the building, contained “all the latest appliances for washing, drying and almost cooking... clothing.” An emergency operating room was located in the basement and two large private rooms and two five-bed wards were located on the second floor.

Sturdy Memorial Hospital formally opened on Monday, April 14, 1913 with Joseph L. Sweet as its first president. Sweet had persuaded Gwendolyn G. Rice, RN, to leave the Deaconess Hospital in Boston to become superintendent of the hospital and nurses at Sturdy. Rice was a graduate of St. Thomas Hospital in London, the first school of nursing organized by Florence Nightingale.

Dr. Joseph W. Battershall Sr., was the hospital’s first Medical Staff president. Between 1913-14, the medical staff divided its hospital assignments so that four doctors were available at any time, each one serving three months of the year. Dr. Conro, the only resident specialist, was on continuous service.

At 9:20 a.m. on April 14th, the hospital’s first patient, Robert Schofield of Hebronville, underwent hernia surgery performed by Dr. John Arnold Reese. The operation was a success, and he was discharged on April 26, after staying nearly two weeks.

At the end of 1913, Superintendent Rice reported that 183 patients had been admitted, 14 of them obstetrical patients. There had been 130 operations, and no deaths were recorded. The hospital’s total operating expenses were $7,634.09; receipts were $8,602.60. Rice’s report also noted the formation and “enthusiastic activity” of the Women’s Hospital Aid Association.

Dr. Mackie was the dominant force in establishing a training school for nurses. Gwendolyn Rice was the first administrator of the Sturdy Memorial Hospital School of Nursing, as it was later known, when it accepted sisters as its first two students on August 5, 1913: Muir and Naomi Abercrombie. Under Rice’s strict standards, students worked 12-hour days, 7 days a week throughout the 3-year program and earned $10 per month, plus room and board.
In order to provide housing for the students and more space for patients, the hospital renovated the former Sturdy barn, connecting it to the hospital with a covered passageway. The project was made possible through a timely gift of $10,000 from the estate of Fanny M. Tappan, widow of prominent jewelry manufacturer William C. Tappan.

By 1923 Sturdy Memorial Hospital was one of the first in the country to be accredited by the American College of Surgeons. The number of patients had more than tripled those treated in the hospital’s first full year of operation in 1914, and at times patients had to be turned away because there were no vacant beds.

The Attleborough Hospital Corporation undertook to rectify the situation with two significant construction projects. The first project addressed a critical need for a new wing for obstetrical patients, a patient population that had grown from about 4 percent of the total admissions in 1914 to nearly 25 percent by the early 1920s. Once again, J.L. Sweet came forward and donated $125,000 to construct the new maternity space, which was named in honor of his wife, Florence Hayward Sweet.

Kendall, Taylor & Co., a Boston architectural firm that specialized in hospitals, designed the building. Opening in June 1923, the building was much larger than the others on the campus and was constructed using fireproof materials. The interior had space for 21 beds under normal conditions and could handle as many as 35 patients when necessary. Each of the maternity floors had its own delivery and operating rooms. The basement included an outpatient clinic, X-ray room, and a dark room for processing film. Other significant features included an elevator and a modern electrical system. A boiler plant delivered steam to both new and existing buildings.

While the new building was an asset for maternity patients, it did not solve the problem of overcrowded conditions for other patients. The Board of Managers reported in 1924 that “more than once during the year we were compelled to notify the police authorities…that we could not take care of emergency cases as every available bed was filled – even the three in the basement.”

This situation necessitated the Board of Managers’ first public fund-raising campaign. The community’s strong vote of confidence in the hospital was evidenced by its generosity – more than $392,000 was donated to an appeal for $300,000. The funds were used to construct the 65-room, 3-story Sturdy Building that opened in 1926. It featured an elaborate Classical Revival design, which was particularly evident in its Park Street entrance bay. The main entrance was topped with an arched pediment and the windows of the ground floor were set in blind arch openings with decorative medallions and keystones. The building included space for 65 beds, a dispensary, physical therapy department, pathology laboratory, operating and accident rooms, reception area, and kitchen and dining facilities.

The original Sturdy homestead, formerly the main hospital, was relocated behind the Nurses’ Home and used to provide much needed additional accommodations for nurses.

No new construction projects were undertaken by the hospital during the lean years of the Great Depression. The economic downturn was especially hard on Attleboro’s industries and resulted in widespread unemployment. Within four years of the stock market crash in 1929, the value of goods produced annually fell by more than 50 percent. Sturdy Memorial Hospital was able to weather the hard economic times better than many other institutions, thanks to the legacy of J.L. Sweet and others, but nevertheless was forced to operate at a deficit throughout most of the period. Factors that contributed to the shortfalls included a rise in the cost of running the hospital after the Sturdy Building opened, a slow-down in donations, and a large increase in the number of patients who could not afford to pay for their care. Between 1927 and 1933, the hospital accumulated a deficit of about $21,000.

Joseph L. Sweet died in July 1932, after actively managing the hospital from its beginning. For more than 20 years, he was president of the corporation, and he brought not only executive expertise, but also the necessary financial support for the institution. He was intensely interested in seeing first, that the hospital was well equipped to meet the needs of the community, and second, that it was endowed and fortified against financial stress.

Harold Edward Sweet succeeded his father as president and, in turn, served in that capacity until his death in 1962. He also made significant contributions through the years to the institution that he loved.

During the 1930s enrollment in the nursing school increased. Bequests from the estates of Sarah Fisher Darrah and Charles C. Wilmarth were used to build the Sarah Fisher Darrah Nurses Home in 1941, at a cost of about $50,000.
Modernization and Medical Advances (1946 ~ 1975)

After World War II, the health care delivery system in the United States underwent a dramatic expansion aided by the passage of the Hill-Burton Act of 1946. Between 1946 and 1984 thousands of medical facilities throughout the nation, including Sturdy Memorial, benefited from construction grants available through the program in exchange for free care provided to the needy. Accompanying this upgrade in the nation’s hospital system were dramatic advancements in medicine and technology, and some major public health victories, including the near eradication of tuberculosis, measles, pertussis (whooping cough), and polio.

The immediate post-World War II years marked another significant period of expansion for the Sturdy Memorial Hospital campus as critical needs for more bed space, upgrades to existing facilities, and an expansion of services were addressed.

In 1950, the Board of Managers, Attleborough Hospital Corporation trustees, and the Medical Staff contemplated the first major expansion of hospital facilities since the construction of the Sturdy Building in 1926. While the average occupancy rate for the available 125 beds throughout the hospital was 80 percent of capacity, the medical and surgical departments operated at an average of 130 percent. Temporary beds were crowded into any available space, including the sun porches. It was noted that the overcrowding jeopardized the hospital’s ability to be able to respond to a major medical emergency.

The Board of Managers moved forward to expand bed capacity to 180 by building the H.E. Sweet Wing, which was dedicated on May 21, 1957 in honor of the long-serving Attleborough Hospital Corporation president.

In 1958 the Volunteer Department was established, drawing the commitment of community residents who wished to help by donating their time and skills to support the hospital and its good work.

In 1961 the nursing school facilities were expanded to comply with accreditation standards, and a new dormitory was named in honor of nurses Gwendolyn Rice and Helen Webb. Throughout the following decade, a national trend redirected nursing education away from hospital-sponsored training toward college-based programs that affiliated with hospitals for clinical experience. Consequently, in 1970, after 57 years of operation, the school was formally closed and its buildings were adapted for other hospital uses.

In November 1960 the hospital purchased the neighboring Tappan property from the widow of Frank E. Tappan, Charles H. Tappan’s son, to secure additional space for future expansion.

While the Rice-Webb building was in progress, the Florence Hayward Sweet Maternity Unit, ranked among the top 10 in Massachusetts in size, was expanded to accommodate an increasing number of babies being born. In the previous decade, during the post-World War II “baby boom,” births at the hospital increased from about 1,000 to 1,400 a year.
The hospital celebrated its fiftieth anniversary in 1963 by announcing plans for another significant expansion program. The New York City architectural firm of York and Sawyer, whose experience included commissions for Rockefeller, Manhattan and Fifth Avenue Hospitals in New York City, was hired. The architects proposed a large, three-story building that would accommodate on its first two floors all the areas identified for improvement by the Planning Committee, and leave the third floor empty to be finished at a later date according to need. An elevator shaft that extended two floors above the structure would provide for subsequent rooftop additions. The initial estimate for what was the largest building constructed to that time on the hospital grounds came in at $1.5 million.

The Richards Building opened in 1964, named after Grover C. and Edith C. Richards for their generous contribution of $457,000 to the $1.5 million building fund. The building expanded the institution to 225 licensed beds and housed a new Intensive Care Unit (ICU) and 34 medical-surgical beds.

The 1960s brought about the advent of Medicare and Medicaid, the federally sponsored health insurance programs for those over 65 and for the indigent. Increasing broad access to hospital services, they instituted the widest sweeping changes in healthcare history, and the federal government became the single largest purchaser of hospital services.

In the late 1960s the Planning Committee developed long-range plans to address clinical needs in the maternity, pediatrics, and ambulatory care departments. Renovation to the second floor of the Sturdy Building created a pediatric inpatient unit, made possible by $320,000 in gifts from the late Fred Bullock and Alfred Sparks.

In 1970 the hospital purchased the former Frank R. Sweet property at the southeast corner of Park and Brook streets from Sweet’s son, William O. Sweet. The Sweets were distant relatives of the hospital’s first president, J.L. Sweet. With the acquisition of the Sweet house, the hospital’s campus encompassed nearly the entire block bounded by Brook Street-O’Neill Boulevard, Park Street, Tappan Avenue and Dunham Street.

The first half of the 1970s was devoted to developing new accommodations for the obstetrical, ambulatory care, and emergency facilities. In his annual report for 1970, Philip F. Leach, chairman of the Board of Managers, reported the need for special obstetric sections for premature infants and critical patients that the outdated ward did not have. Leach also noted that expansion of the ambulatory care and emergency facilities was needed because of a rapidly growing trend toward less costly outpatient services made possible through advanced medical achievements and technology.
Modernization and Medical Advances (1975 ~1999)

After a careful study of options, the Board of Managers moved the maternity ward in 1975 to the vacant third floor of the Richards Building. The utilization of the space, which was designed to provide for just such a contingency, allowed this major project to move forward with a relatively manageable budget of just under $1 million. The hospital was able to pay for the entire project with money that was already in hand.

A new department of Ultrasound was also opened in 1975, followed in 1979 by the $3-million Emergency Care Center (ECC). The ECC was built on the site of the former Maternity building. Donald E. Conway Jr., a local industrialist, chaired the campaign that raised $1.2 million for this construction. It was connected to the Sturdy and Rice-Webb buildings, which were renovated to accommodate sections of ambulatory care and admitting.

In the early 1980s, the hospital underwent corporate restructuring to ensure continued astute fiscal management of what had grown into a sophisticated and complex entity. The hospital's parent corporation became the Sturdy Memorial Foundation, Inc. Sturdy Memorial Hospital, Inc., Sturdy Memorial Associates, Inc., Sturdy Memorial Hospital Auxiliary, Inc., and SHV, Inc. were subsidiaries of the Foundation.

At the same time, the hospital reached out to provide primary care to medically underserved people with its satellite health unit, the Mansfield Health Center. The permanent health center opened in 1982, dedicated to Mary Ann Sturdy Keach through a bequest of her granddaughter, Lilia Hodges. Additionally, an Occupational Health Service was formed in September 1981 to provide area employers and their employees with health care and education.

In 1985 when Sturdy Memorial’s new president, Linda Shyavitz, joined the hospital, new facilities were once again needed to accommodate patient volume and new technology to better coordinate existing clinical services. However, the proposed design exceeded the hospital’s resources. Instead, Shyavitz scaled the project back to incorporate essentials, proposing an ambitious two-year, $12.5 million program to modernize the inpatient medical/surgical, day surgery, diagnostic imaging, and kitchen facilities. The project included the construction of three major new structures that were built in stages between 1987 and 1989.

The initial stage consisted of adding a fourth floor to the Richards Building to create the 40-bed Balfour Pavilion in 1988.

The first phase of the Augat Imaging Center consisted of a one-story expansion to the east of the Sturdy Building. After patients in the Sturdy Building were relocated to the new Balfour Pavilion, the demolition of the north wing of the historic building made way for the second phase of the Augat Imaging Center and the Virginia N. and Philip F. Leach Surgical Day Care Facility.
The completion of the second phase of the Augat Imaging Center brought all of the diagnostic equipment, including mammography, X-ray, ultrasound, computerized tomographic (CT) scanning, and nuclear medicine, into a central location. The Leach Surgical Day Care Facility better accommodated the hospital’s outpatient services—by the late 1980s, close to two-thirds of all surgeries were outpatient or daycare surgical procedures. Also as part of the project, the remaining south wing of the Sturdy Building was renovated to accommodate pediatrics and physical therapy. Plans for a roof top helipad above the Emergency Care Center were formulated in the late 1980s. Dedication ceremonies of the helipad, funded in large part by a $150,000 donation from the Kiwanis Club, were held on May 20, 1990.

During the 1990s, the hospital invested more than $21 million on modernization that included several additions to the campus.

In 1992 President Shyavitz announced plans to modernize every clinical area of the hospital. The first major construction project was a new intensive care unit (ICU) and recovery room or post-anesthesia care unit (PACU), and a renovation to the laboratory.

In the fall of 1992, a mock ICU room was built in the basement of the hospital that was used by the medical and nursing staff to help refine the design. Construction of the $2.5 million facility was completed in 1994, atop the doctors’ parking lot along Park Street. Unlike the previous arrangement, the new ICU was adjacent to the PACU, which was, in turn, next to the operating rooms. All were on the same floor as the Emergency Care Center and Imaging. This allowed for more efficient delivery of urgent care.

The new ICU was named for Joan S. Morse, a community leader who was a major benefactor, Board member, auxilian, and volunteer during her 47 years of service to the hospital. The unit was approximately triple the size of the previous facility.

In 1994 the main lobby was restructured to reflect the professional image of the hospital, and to comply with the Americans with Disabilities Act (ADA). The hospital also began redesigning the Maternity Unit to create a more comfortable, private, and state-of-the-art environment. Work consisted of converting the existing patient space into labor, delivery, recovery, and postpartum rooms. Mothers could experience all stages of the birthing process in a single suite, making Sturdy’s unit one of the most contemporary in the state. When the Maternity Unit was fully renovated in the fall of 1995, the newborn nursery was dedicated as the Sturdy Memorial Hospital Auxiliary Newborn Nursery in acknowledgement of its many contributions.

The operating room renovation and expansion project was completed between 1997 and 1999. The project included changes to Day Surgery to add a nurses’ station, office space, and support areas, and also consisted of reconstructing the main operating rooms. More improvements made to other areas of the hospital during this timeframe included a new cardiac and pulmonary rehabilitation clinic on the first floor of the Richards Building, where the old ICU had been.

Toward the end of 1998, the hospital undertook a $3.9 million project to further expand the maternity unit from 10 to 18 suites. Meanwhile, the parking garage under the ICU became the new home for central services, purchasing, environmental services, and medical staff offices. Enhancements were made to the hospital’s mammography and imaging facilities.
Into The 21st Century

The hospital kicked off the new century by initiating the most ambitious modernization program since its inception. A facilities study conducted in 2000 identified 22 areas of the physical plant that had not been addressed in recent upgrades and were in need of immediate improvement. The hospital developed four major projects that would ultimately address each of the areas.

Phase 0, which was completed in 2003, consisted of a $9-million renovation of the Emergency Care Center, Intensive Care Unit, Imaging Department, and Surgical Day Care area. Work in the Emergency Care Center included nine new treatment rooms, a new waiting area, family room, discharge office, and a more private, reconfigured registration/triage area. A new decontamination unit ensured that patients exposed to toxic chemicals or biological agents could be decontaminated appropriately before treatment.

Sturdy Plus Specialty Services moved to the Wound Care Center, where three rooms were added.

Renovations to the Intensive Care Unit included the addition of two new critical care beds to enhance our capacity to care for critically ill patients, a procedure room, and a larger, more comfortable family room. An addition to the Imaging Department made space for magnetic resonance imaging (MRI) equipment that had previously been located in a mobile trailer. A fourth X-ray unit to expedite emergency room patients and renovations to the reception and ultrasound area were also done in this phase. Changes in Surgical Day Care included constructing a waiting area close to the operating rooms, with private space for consultation with staff and physicians.

The remaining stages of the construction program began in the late summer of 2003 following various local and state approvals. The three projects are estimated to cost $36.7 million to complete. Project 1 called for the demolition and replacement of the current laundry facilities, a major hospital-wide utility upgrade, and the creation of a new service tunnel and dock area.

Project 2 calls for the construction of a four-story, 62,500 square-foot addition that will house a new pharmacy, 40-bed Beatrice E. Montplaisir medical/surgical unit, sleep lab, respiratory therapy department, kitchen, cafeteria, and human resources department. One floor of empty shell space will accommodate future needs of the hospital. Some significant site improvement work will be done at this time as well. The third and final project includes renovations to the Sweet building, relocation of the pediatrics unit and physical therapy department. Additional parking spaces will be provided at the end of the project.

Here is the layout for the new addition:

1. The third floor will house 40 medical-surgical beds, replacing the 37-bed unit now in the Sweet Building.
2. The second floor will be empty shell space to accommodate future needs of the Hospital.
3. The first floor will house the Sleep Lab, Pain Clinic, Electroencephalography (EEG), Electromyography (EMG), Respiratory Services, Pharmacy, Human Resources and conference rooms.
4. The ground floor will provide new dietary space, including the kitchen, cafeteria, dietary offices and associated receiving and storage areas.
5. The basement area will contain mechanical services.
Throughout Sturdy Memorial Hospital’s 90-year history, its leaders have built a financially cost-effective, high quality, and technologically superb hospital that far surpasses the vision of its founders.

The next 90 years will hold even greater opportunities, accompanied by extraordinary challenges. The members of our communities can rest assured that there is unwavering commitment by today’s leadership to ensure quality care for generations to come.