

ST. ELIZABETHS HOSPITAL, WEST WING  
(Building No. 3)  
539-559 Cedar Drive, Southeast  
Washington  
District of Columbia

HABS DC-349-X  
*HABS DC-349-X*

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

HISTORIC AMERICAN BUILDINGS SURVEY

ST. ELIZABETHS HOSPITAL, WEST WING (BUILDING 3)

HABS NO. DC-349-X

**Location:** 539–559 Cedar Drive SE, Washington, D.C., on the West Campus of St. Elizabeths Hospital

**Present Owner:** General Services Administration, United States Government

**Present Use:** Vacant (rehabilitation of St. Elizabeths West Campus in progress)

**Significance:** The West Wing (Building 3) is significant for its association with the treatment of mental illness at the St. Elizabeths campus. As part of the original Center Building group, it formed an integral part of the function and use of the campus from its inception, and remained in use for patient treatment into the second half of the twentieth century. Throughout its history, the Center Building group reflected the development and evolution of St. Elizabeths.

The Center Building group was sited to offer views of Washington, D.C., as part of the overall landscape planning for the campus. The north-south axis of the original central wing of the Center Building group, which does not correspond to orthogonal compass points, established the axis for most of the nineteenth-century buildings at St. Elizabeths. The Center Building group formed the core of the campus during its initial period of development.

The Center Building group is also significant for its architectural design. The building as it evolved from 1853 through the onset of the Civil War exemplified the innovative echelon plan, as developed by Superintendent Charles Nichols and architect Thomas U. Walter; this plan was a variation of the Kirkbride plan that became widely adopted in the second half of the nineteenth century. The detailing of the masonry facades incorporates Gothic Revival stylistic elements that were popular in the mid-nineteenth century, including masonry buttresses and towers, cast iron window hoods, wood window sash with narrow divided lights, rusticated masonry bands, and a crenellated parapet wall. The brick units used in construction of the building were reportedly manufactured on the site. The West Wing was connected to a railway system that ran through the basement of the Center Building group and adjacent free-standing buildings. Originally, the railway system allowed for the quick transport of food from the Bakery (Building 46) and General Kitchen (Building 45) as well as supplies between buildings. The building was also technologically innovative; the 1859 Annual Report described the heating system in detail, which was an early example of central heating and ventilating installation for a building of this size.

**Historians:** Mike Ford, Kenneth Itle, Tim Penich, and Deborah Slaton, Wiss, Janney, Elstner Associates, Inc.

## PART I: HISTORICAL INFORMATION

### A. Physical History

1. Date of erection: 1853–1856<sup>1</sup>
2. Architect: Thomas U. Walter with Charles Nichols
3. Original and subsequent owners, occupants, uses: St. Elizabeths Hospital (then the Government Hospital for the Insane) was placed under the control of the Department of the Interior by an act of Congress on March 3, 1855. The hospital remained under the control of the Department of the Interior until 1940, when St. Elizabeths was transferred to the Federal Security Agency. The Federal Security Agency was a new government agency that oversaw federal activities in the fields of health, education, and social insurance. In 1953, the Department of Health, Education and Welfare was created. At that time several of the functions of the Federal Security Agency, including control of St. Elizabeths Hospital, were transferred to the new department.<sup>2</sup> In 1968, St. Elizabeths was transferred to the National Institute of Mental Health, an agency within the Department of Health, Education and Welfare. The Institute sought to demonstrate how a large mental hospital could be converted into a smaller, more modern facility for training, service, and research.<sup>3</sup> In 1979, the Department of Health, Education and Welfare became the Department of Health and Human Services with the creation of the Department of Education. The Department of Health and Human Services retained control of the St. Elizabeths Hospital west campus until 2004, when the property was transferred to the GSA.<sup>4</sup> The campus facilities were stabilized and the buildings were mothballed by 2005.<sup>5</sup>

In the original use of the Center Building group, the central wing of the Center Building (Building 1) housed administrative facilities. Male patients occupied the western wing of the Center Building and the adjoining West Wing (Building 3), while female patients occupied the eastern wing of the Center Building and the adjoining East Wing (Building 4). Patients were segregated by ward so that the most severe or violent patients were located in more secure wards farthest from the central wing.

During the Civil War, construction at St. Elizabeths was halted as the hospital tended to Union soldiers housed in tents on the property grounds. Mentally ill patients at St. Elizabeths were housed in the West Wing, Center Building, and the furnished areas of the East Wing, while the Army and Navy used the remaining buildings of the west campus as hospitals until the end of the war.<sup>6</sup> In 1863, a structure was built on the campus to support the manufacturing of artificial limbs. Soldiers were transferred from nearby hospitals and fitted for prosthetics. They remained at the hospital until they were able to use the new appendages. In 1864, the Army General

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<sup>1</sup> 1855 and 1856 *Annual Reports*.

<sup>2</sup> *Federal Register*, accessed at <http://www.federalregister.gov/agencies/saint-elizabeth-s-hospital>, January 5, 2012.

<sup>3</sup> 1970 *Annual Report*.

<sup>4</sup> *St. Elizabeths West Campus: Cultural Landscape Report*, Heritage Landscapes, Preservation Landscape Architects & Planners, and Robinson & Associates, Inc., prepared for the General Services Administration, April 2009, V.2.

<sup>5</sup> *St. Elizabeths West Campus Preservation, Design, & Development Guidelines*, Oehrlein & Associates Architects and Robinson & Associates, Inc., Architectural and Historical Research, prepared for the General Services Administration, November 10, 2008, 18. A photograph of the building taken in 2005 by FMG Architects shows the building in a stabilized and protected state.

<sup>6</sup> *Cultural Landscape Report*, II.9.

Hospital ceased use of the East Wing building and the artificial limb shop was dismantled. However; it was not until October 1866, when the United States Navy Hospital in Washington, D.C. was complete, that the Navy General Hospital was moved from the West Lodge (Building 47, no longer extant).<sup>7</sup>

Following the Civil War, Congressional legislation on July 13, 1866 extended medical services at St. Elizabeths to include military veterans seeking medical attention for issues of mental illness.<sup>8</sup> The change in admission policy altered the demographics of the institution. The population of St. Elizabeths increased more than 10 percent per year during the early 1870s, with the majority of the new patients being Civil War veterans.<sup>9</sup>

Because of overcrowding in the late nineteenth century, the orderly arrangement and segregation of patients by condition, diagnosis, and sex was gradually lost. As part of an administrative restructuring in the first decade of the twentieth century, patient ward facilities were reconfigured to accommodate as many patients as possible. A part of the campus redevelopment initiated by Superintendent Richardson in the early twentieth century included the reorganization of patient housing so that orderly classification could be restored. As a result, almost all of the Center Building group was allocated to white male patients and, in conjunction with Willow, was referred to as the West Side Department after 1905.<sup>10</sup>

The building remained in use as a ward for male patients until 1970 when patients were transferred from all pre-1900 buildings. Dormitories constructed during the Nichols and Godding era, which constituted half of the west campus buildings and included the wards of the Center Building, were cleared and patients were relocated to the lettered buildings of the west campus or to the east campus.<sup>11</sup> Based on available documentary sources and physical evidence, it appears that the West Wing has remained vacant from 1970 to the present day.

4. Builder, contractor, suppliers: Not known
5. Original plans and construction: As outlined by the Kirkbride plan, the original design for the Center Building was composed of a four-story Center Building, with attached wings stepping down to three- and two-story buildings. Superintendent Charles Nichols opted to complete the project through a series of orchestrated phases of construction. Construction started with the West Wing with the intent that, upon substantial completion of that portion of the building, patients most urgently in need of care would be the first admitted. The rest of the hospital could then be constructed with minimal disruption or relocation of patients. Furthermore, by completing the side wings, Nichols could ensure that additional funding would be provided by Congress until construction of the entire Center Building group was completed.

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<sup>7</sup> 1865 *Annual Report*, 828-830 and Suryabala Kanhouwa and Jorge R. Prandoni, *The Civil War and St. Elizabeths Hospital: An Untold Story of Services from the First Federal Mental Institution in the United States*, *Journal of Civil War Medicine* Vol. 9, No 1. 2005, 1–15.

<sup>8</sup> *An act to extend to certain persons the privilege of admission, in certain cases, to United States Government Asylum for the Insane*, 39th Congress, 1st sess., July 13, 1866, 89–94.

<sup>9</sup> As a federal mental institution, admission to the hospital following the Civil War was open to all veterans. Marked headstones in the St. Elizabeths cemetery affirm that both Union and Confederate veterans resided in the hospital.

<sup>10</sup> 1905 *Annual Report*.

<sup>11</sup> 1970 *Annual Report*.

The Center Building group was situated at the top of the bluff overlooking the United States Capitol building and positioned to take advantage of the view of Washington, D.C. The central wing of the Center Building was oriented on a diagonal north-south axis, with wings extending to the east and west. The structure was constructed of red bricks manufactured on site and had a crenellated parapet with low-slope metal hip roof and wood coping. The building had a brick and field stone foundation brown sandstone sills, Gothic-inspired drip molding, string course, and water table, and iron-framed double-hung windows. The source of the sandstone used in the construction of building is not documented in the archival materials reviewed as part of this study; correspondence dated May 25, 1857, in the National Archives indicates that some pieces of stone from the Virginia Sand Stone Quarries were personally delivered to the hospital's wharf by Mr. Duncan, the quarry agent, on May 6, 1857, but that Mr. Duncan advised that the "quarries have just been closed and will not be worked further, and that he can't furnish the hospital any stone from there."<sup>12</sup>

Typical interior finishes included plaster walls and ceiling with baseboard, chair rail, and picture rail. Low-hanging pendent light fixtures were mounted to plaster ceiling modillions. Wood flooring and trim were standard throughout the building; however, the wood species differed on each floor and within each wing. Thus, patient ward units were identified by the species of wood used in their construction (i.e., ash, sycamore, beech, oak, poplar, maple, walnut, cedar, chestnut, cherry, spruce, locust, birch, cypress, and elm). Interior door openings were detailed with wood panel stops and four-panel wood doors with divided-light transoms. Sitting alcoves, framed by a plaster arched opening, flanked the center of the main corridors.<sup>13</sup>

The West Wing, Center Building, and East Wing were distinctive in their heating and ventilation system. Heating was provided by the construction of a network of pipes circulating hot water throughout the building. Two boilers were placed in the basements of the East and West Wing. This installation was an early example of a hot water heating system applied to a building of this size and was described as "exceedingly simple and once put in successful operation can be conducted by any faithful laborer who understands the figures upon a thermometer scale."<sup>14</sup> A 12-foot-diameter fan propelled by a 24-horsepower engine supplied year-round fresh air to the entire building.<sup>15</sup> The forced air was pumped into rooms through wall-mounted vents. Interior hallway walls were unusually thick to incorporate this heating system.

In 1853, construction of the West Wing building began as the first component of the Government Hospital for the Insane. Designed to be the outer wing of the initial Center Building group, the structure housed white male patients considered "violent" or "excited." The most disruptive patients were isolated so as to maintain a peaceful and orderly environment throughout the

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<sup>12</sup> Letter from C. H. Nichols, May 25, 1857, National Archives, College Park, Maryland. The exact location of this quarry is not documented. It is likely a different quarry than the well-known Aquia Creek sandstone quarried in Stafford County, Virginia, and used in the late eighteenth and early nineteenth centuries for construction of the White House and U.S. Capitol. Several decades prior to the 1850s, this stone had fallen out of favor due to concerns about its durability.

<sup>13</sup> Interior description is based on extensive 1905 archival photo documentation (GSA archive database nos. DC0070SEP003 to DC0070SEP018), with comparison to documented changes in the *Annual Reports*.

<sup>14</sup> 1859 *Annual Report*, 13. A similar system was installed at Eastern State Penitentiary in Philadelphia beginning in 1838, replaced by steam heating in the 1860s. Refer to "Addendum to: Eastern State Penitentiary," HABS No. PA 1729, Sarah E. Zurier (1996).

<sup>15</sup> *Ibid.*

hospital construction process. “Violent” patients, in desperate need of urgent medical care, could be admitted immediately.

For construction purposes, the West Wing was divided into five sections correlating with the differentiation of wings and cross-wings. Section A was a four-story building, sections B and C were designed as three-story wings, while sections D and E stepped down to two-stories. Construction was started at section E, the westernmost section, and continued east. By February 1854, the initial \$100,000 appropriation had been designated for the acquisition of land and construction of the first three sections (E, D, and C) of the West Wing building. An additional \$22,512 was provided for the completion of the last two sections of the West Wing (sections A and B).<sup>16</sup> The 1855 *Annual Report* noted:

That portion of the hospital now completed constitutes not far from one-third of the entire design, and contains 829,390 cubic feet. . . . The work already done has been well done, but plainly and with the strictest economy, and an estimate of the cost of continuing the work, based on the cost of what has been completed, will probably be more just and reliable than one made up of an aggregation of details.<sup>17</sup>

By January 15, 1855, the westernmost sections of the West Wing (sections C, D, and E) had been enclosed and completely furnished. The first patient, Thomas Sessford, a District of Columbia resident, was admitted to the hospital. By June 30 of that year, the patient population was sixty-three, most of whom were District of Columbia residents transferred from one of two state facilities in Baltimore. Nearly all of the patients had chronic cases of mental illness and had been diagnosed more than a year prior to admission into St. Elizabeths. Only one serviceman had been admitted, a soldier of the U. S. Army.<sup>18</sup> By 1856, all five sections of the West Wing building were complete and ready for occupancy by ninety patients. As described by Superintendent Nichols in the 1856 *Annual Report*:

It gives me great unfeigned satisfaction to be able to report that the present wing of the main hospital, a portion of which has now been finished and occupied nearly two years, has proved to be, in all essential particulars, an architecturally and mechanically sound structure, while experience in the use of this part of it has abundantly testified to the eminent fitness of the entire design for the convenient management of all classes of the insane.<sup>19</sup>

The West Wing was originally constructed as two wings, oriented east-west and separated by three cross-wings, situated north-south, creating the echelon plan. The wings consisted of a central corridor that provided access to single patient rooms, attendants’ quarters, dining rooms, and common areas. Stair halls were located at the north end of the cross-wings. Each floor of each wing of the building housed a different patient ward. The Gray and White Ash wards occupied the westernmost section of the West Wing, while the Oak, Beech, and Sycamore wards comprised the easternmost wing.<sup>20</sup>

In the fall of 1856, work began on the second phase of construction, consisting of the Center Building (Building 1). The Center Building was completed in 1859; upon its completion, male

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<sup>16</sup> Although constructed with funds appropriated for the erection of the West Wing building, Section A has historically been considered the western wing of the Center Building (Building 1). Refer to HABS No. DC-349-W.

<sup>17</sup> 1855 *Annual Report*, 635.

<sup>18</sup> *Ibid.*, 629.

<sup>19</sup> 1856 *Annual Report*, 881.

<sup>20</sup> 1860 Ground Plan.

and female patients could be further segregated. Female patients, temporarily housed in the West Wing building, were moved to the Cherry, Chestnut, and Cedar wards, located in the three-story eastern wing of the Center Building.<sup>21</sup>

In 1859, the third phase proceeded with the construction of the East Wing, completing the symmetrical plan of the Center Building group as originally designed by Charles Nichols and Thomas Walter.<sup>22</sup> Although the exterior was completed in 1860, the interior of portions of the building remained mostly unfinished due to the Civil War. During the Civil War, completion of the interior was halted due to lack of funding and use of the facility as a Union Army hospital.

Following the Civil War, small appropriations continued to be made to extend the supply of heating, lighting, and furnishings in the East Wing and to accommodate the population of female and military patients. The Locust Ward was completed in 1866, followed by the Birch Ward in 1868, and the Spruce Ward in 1869.<sup>23</sup>

6. Alterations and additions: In 1869, Dawes (Building 7, no longer extant) was added to the complex as a three-story brick building extending from the south end of the West Wing. The exterior used a similar vocabulary of materials and details to the existing complex, with a crenellated parapet roof, string course, and Gothic-inspired drip molds. However, the interior and exterior were described as “plainer” in appearance than the existing standard established by the Center Building group.<sup>24</sup> The interior of the building consisted of a double-loaded corridor flanked by patient rooms, attendants’ quarters, a patient dormitory, and a central stair and sitting room. Dawes was connected to the West Wing through a narrow enclosed corridor. The building was designed under a tight budget to provide ward facilities for nearly 100 patients of the quiet and chronic class.<sup>25</sup> At the time of the construction of Dawes, upper window openings along the south facade of the West Wing were infilled with brick and nearby patient dormitories were converted into dining rooms for use by the Dawes residents.

In 1871, a \$6,000 appropriation was requested to replace “heating-boilers” in the West Wing. The boilers had been in use since the wing was opened in 1855 and were “very nearly worn out, as they were liable to give out at any time.”<sup>26</sup> It was believed the boilers would not last the approaching winter and by replacing them, adequate improvements could be made to provide heat to the West Wing and the newly built Dawes, as well as the proposed Garfield extension. No documentation has been discovered to substantiate these improvements to the West Wing heating system.

In 1871–1872, construction of Dawes was followed by the construction of Garfield (Building 5), attached to the western end of the West Wing. In 1874, a front porch extension, south addition (Building 2), and fourth floor addition at the eastern and western wings were completed at the Center Building. Throughout the 1870s, various alterations were made to the Center Building group to increase occupancy. Shortly after initial occupancy, the basement of the Dawes Building was converted into a patient ward to accommodate thirty-five patients.<sup>27</sup> The roof over the first

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<sup>21</sup> 1859 *Annual Report*, 889–890.

<sup>22</sup> 1860 *Annual Report*, 542.

<sup>23</sup> 1867, 1868, and 1869 *Annual Reports*.

<sup>24</sup> 1870 *Annual Report*.

<sup>25</sup> 1870 *Annual Report*.

<sup>26</sup> 1871 *Annual Report*.

<sup>27</sup> 1872 *Annual Report*.

three completed sections of the West Wing building was replaced and the roof-framing repaired. In addition, the Sycamore Ward at the third floor of the West Wing, which had been damaged due to roof leaks, was repaired through the replacement of flooring. The ward was reopened for patient use.<sup>28</sup>

In 1882, construction began on an expansion of the female wards of the Center Building group with the addition of Pine (Building 6), also known as Retreat.<sup>29</sup> The structure was connected by a narrow enclosed corridor to the east facade of the East Wing and was completed in 1884.

Throughout the remainder of Superintendent Godding's tenure, construction at the Center Building group focused on improving plumbing and fire safety conditions and upgrading interior spaces to accommodate the hospital's growing needs. Between 1882 and 1885, wood staircases in the Center Building group were replaced with iron to address issues of fire safety. Additional fire walls and doors had been installed throughout the complex to separate wards.<sup>30</sup> Throughout Godding's tenure, appropriations were made for the reconstruction of floors in the Center Building group. Appropriations were requested in small increments, one or two wards at a time, and were awarded in 1883, 1895, and 1901. As described in the *Annual Reports*, floors at selected locations were modified by the removal of wood framing or brick arches and subsequent replacement with steel beams. The new flooring material was laid over top. The change in structure was initiated over fire safety concerns as the steel-framed floors were more fire-resistant and would thus reduce the risk.<sup>31</sup> Based on existing physical evidence, it is not clear where this work was performed at the Center Building group.

In 1895, construction was completed on a three-story brick lavatory addition to the westernmost wards of the West Wing. The structure had a crenellated parapet roof and drip molding over the second and third floor window openings. The building had a rectangular plan, oriented on a north-south axis, and extended parallel to the south end of the east facade.<sup>32</sup>

Minor alterations and repairs were made to the Center Building group throughout the tenure of Superintendent White. In 1904, Alexandria Iron Works was commissioned at a cost of \$1,500 to install fireproof ironworks in the Center Building.<sup>33</sup> The exact location where these ironworks were installed is unknown. In 1907, work was contracted for the replacement of deteriorating electrical and plumbing facilities throughout the Center Building group.<sup>34</sup> Toilet systems encased in wood were replaced and tile flooring, and marble partitions were installed within lavatory rooms.<sup>35</sup>

The two-story portions at the western half of the West Wing were originally constructed with iron-framed window sash that were designed and installed for added security at these wards, which were originally reserved for the most violent or disturbed male patients. The windows

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<sup>28</sup> 1874 *Annual Report*.

<sup>29</sup> Historically, this building is referred to as "Retreat" or "East Wing Extension," although currently it is identified as Pine. 1882 and 1884 *Annual Reports*.

<sup>30</sup> 1882 and 1885 *Annual Reports*.

<sup>31</sup> 1883, 1895, and 1901 *Annual Reports*.

<sup>32</sup> Site plan in the 1895 *Annual Report* and archival drawing in the collection of the AIA/AAF.

<sup>33</sup> Correspondence between Superintendent Richardson and the Department of the Interior, December 26, 1904.

<sup>34</sup> 1907 *Annual Report*.

<sup>35</sup> Archival photograph obtained from the National Photo Company dated between 1902 and 1932. Source: Library of Congress.

consisted of small glass panes of 4 to 6 inches in width and were restricted from being raised more than 4 inches. These windows, although successful for security, were insufficient to provide adequate ventilation. In 1915, the glass was removed from the iron-framed sash, which were left in place as security grilles. New wood double-hung window sashes, with the potential to be raised and lowered to full height, were installed to the interior of the original sash. By 1915, this work had been completed in the Gray Ash and White Ash wards.<sup>36</sup>

Throughout the early 1910s, the existing roofing of the Center Building group was removed and replaced with new tin. Reroofing of the entire Center Building was completed in 1916. As noted in the 1915 *Annual Report*:

We are continuing our practice of replacing old roofs by putting new roofs in various portions of the old Center Building. We have purchased the necessary tin to continue this practice and expect in another year the whole of the old building will have been overhauled and new roofs put in place.<sup>37</sup>

Through a 1936 Public Works Administration project, a dayroom porch structure was constructed at the West Wing south facade. The three-story addition was designed in a utilitarian style and intended to provide a suitable extension to the open dormitory space. Brick pilasters framed the new addition and were accompanied by multi-light ribbon windows, concrete lintels, corbelled brick sills, concrete coping, and flat composite roofs.<sup>38</sup>

At the beginning of Superintendent William Overholser's tenure (1937–1962), efforts were made to renovate the Center Building, including continued alterations to fireproof the building as well as work to restore the north facade of the center tower entrance. As part of an effort to fireproof the building, wood stairs, floors, and doors were removed and replaced with iron staircases, concrete terrazzo floor slabs, and Kalemeyn doors (a composite fire-rated door construction composed of a solid wood core and a galvanized sheet metal cladding).<sup>39</sup> Upgrades were made to the existing plumbing system and guard screens were added to the windows to enhance security.<sup>40</sup>

Between 1938 and 1953, a one-story electrical transformer room was constructed on the north side of the building at the intersection of the Oak, Beech, and Sycamore wards and the Gray and White Ash wards. The brick addition had a concrete foundation, metal-framed door on the west facade, and openings with louvered vent screens.<sup>41</sup>

In the 1960s, an extensive effort was made at St. Elizabeths Hospital to modernize mechanical, plumbing, and electrical systems in the aging west campus buildings. The effort was initiated in response to the series of conflagrations that had plagued the campus for the previous two decades. In 1961, a fire in the Larch Ward of the Pine Building resulted in a patient fatality. Funds were quickly directed by the Department of Health, Education and Welfare towards creating a campus-

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<sup>36</sup> 1915 *Annual Report*, 21. The Gray Ash and White Ash wards are the first and second floors of the west portion of the West Wing.

<sup>37</sup> 1915 *Annual Report*, 23.

<sup>38</sup> 1937 *Annual Report, Historic Resources Management Plan, Report by the Public Buildings Administration*, comparison of historic photographs from 1935 and 1968.

<sup>39</sup> 1938 *Annual Report*.

<sup>40</sup> 1939 *Annual Report*.

<sup>41</sup> The construction date is unknown. The structure first appears as an existing structure on construction documents from 1953 outlining alterations to the electrical system. A 1938 site plan does not depict the addition. Based on physical evidence, it is assumed that the structure was constructed post WWII.

wide plan to improve fire suppression plans, plumbing facilities, heating units, and electrical systems.

Electrical improvements to the Center Building and West Wing were planned in 1953, immediately following the transfer of the west campus to the Department of Health, Education and Welfare, and completed by 1955.<sup>42</sup> These improvements were a precursor to the campus-wide upgrades and helped define the scope of electrical alterations.

In 1963, an \$865,000 appropriation was made for the installation of sprinkler systems in non-fire-resistant buildings. The suppression unit consisted of surface-mounted sprinklers and was installed in every room. That same year, a study of the existing plumbing and electrical systems was initiated. The study led to the appropriation of funds for a multi-million-dollar building facilities modernization project. Plans for building alterations were generated between 1963 and 1965 and included the replacement of electrical wiring and outlets, upgrades to lavatory and plumbing systems, and the installation of fluorescent light fixtures. All additions were surface-mounted. Construction began in 1966 and continued through 1970.<sup>43</sup>

The tin roof of the Center Building group was entirely replaced in 1959. The project included the replacement of deteriorated wood sheathing and the installation of approximately seventy roof ventilators.<sup>44</sup> New downspouts were installed in 1960.<sup>45</sup>

In 1962, Superintendent Overholser retired and became the last superintendent to reside in the Center Building. Due to its dilapidated condition, Dawes was demolished in 1965. The connecting corridor openings on the West Wing were infilled with brick and fieldstone. Landscaping and site circulation were redeveloped in accordance with the building demolition.

In 1967, a basement bathroom in the Oak Ward was converted into a locker room. The change in function resulted in the removal of brick partition walls, installation of vinyl-asbestos tile, infill of various window openings, and replacement of double-hung windows at the basement level.<sup>46</sup> Other projects initiated in 1967 aimed to improve security and safety. Metal-framed screen doors and windows were installed throughout the Center Building group and stairwells were renovated to incorporate code compliant handrails.<sup>47</sup>

In 1969, historic wood flooring was repaired and replaced and existing linoleum and carpeting was removed throughout the Center Building group. Portions of the floor were structurally reinforced with steel framing, and resilient flooring was laid. Sheet vinyl was installed in corridors and vinyl-asbestos tile was installed over repaired wood flooring or plywood underlayment in other areas.<sup>48</sup>

Based on physical and documentary evidence, the West Wing was apparently left vacant after patients were transferred from all nineteenth-century buildings in 1970.

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<sup>42</sup> 1956 construction documents.

<sup>43</sup> 1961–1968 and 1970 *Annual Reports*. Construction documents from 1960 and 1963.

<sup>44</sup> 1959 *Annual Report*.

<sup>45</sup> 1960 *Annual Report*.

<sup>46</sup> 1967 construction documents.

<sup>47</sup> 1967 construction documents.

<sup>48</sup> 1969 construction documents.

B. Historical context<sup>49</sup>

In 1852, St. Elizabeths Hospital was established in large part through the efforts of Dorothea Lynde Dix, who led a national crusade for the ethical and humane treatment of the mentally ill. Under the direction of Superintendent Charles Nichols (1852–1877), the hospital endeavored to become a curative treatment center for the mentally ill of Washington, D.C., and the United States Army and Navy. Patients were grouped into wards by their perceived mental condition and emphasis was placed on creating a peaceful and serene family environment in which to rehabilitate.

Nichols's first responsibility was to identify an ideal location for the federal hospital. Working with Dorothea Dix, a suitable site was found. The 185-acre farm owned by the Blagden family possessed many of the attributes deemed necessary for a hospital site, and was purchased for a reasonable price of \$25,000. The property was situated on a bluff overlooking Washington, D.C., Alexandria, and Georgetown. As a former farmstead, the site consisted primarily of cultivated land with the remaining landscape being timber. Two springs were located on the grounds that supplied fresh water and provided drainage. An additional 8-acre tract with an existing wood-framed structure was obtained in December 1852 at a cost of \$2,000. The structure was located on the Anacostia River and was to function as a wharf, allowing direct access of goods and materials to the site.<sup>50</sup>

Nichols undertook the design of the first hospital buildings using principles outlined by Thomas Kirkbride for the ideal arrangement of structures for treatment of the mentally ill. The initial structure consisted of a central administrative building with a linear organization of wings and a symmetrical plan. Using this arrangement, patients could be separated by gender, with males in the west wing and females in the east wing, as well as by severity of their illness, with the most "violent" or "excited" patients housed in the outermost wings. Kirkbride's principles were eventually published, as *On the Construction and General Arrangement of Hospitals for the Insane*, in 1854. Nichols made modifications to the Kirkbride plan by setting the wings in echelon, thus improving circulation through the building and enhancing the benefits of natural light and ventilation. Kirkbride's more linear plan called for building wings to be oriented in the same direction, with a slight offset. Nichols advocated the development of cross-wings that were situated perpendicular to the primary axis and linked the wings together. The stair-stepped plan also provided more interior space and allowed for the wings to be connected through a series of corridors.

Nichols enlisted Thomas Ustick Walter, a Philadelphia architect, to assist in finalizing the design of the Center Building group. Walter, who had previously designed Moyamensing Prison in Philadelphia, had moved to Washington, D.C., to supervise work at the United States Capitol. The result of Nichols's and Walter's collaboration was a handsome Gothic Revival building complex that served as the center of hospital administration and patient treatment throughout Nichols's tenure as superintendent.

During the Civil War, construction at St. Elizabeths was halted as the hospital tended to Union soldiers housed in tents on the property grounds. Following the Civil War, Congressional legislation on July 13, 1866, extended medical services at St. Elizabeths to include military veterans seeking

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<sup>49</sup> A context history for the entire St. Elizabeths West Campus, as well as an overview history of the Center Building group, is to be developed under separate cover as part of this HABS documentation project.

<sup>50</sup> *Report of the Secretary of the Interior*, 33rd Congress, 1st sess., S. doc. 35, February 21, 1854, 6.

medical attention for issues of mental illness.<sup>51</sup> New patient facilities were required to keep up with the increased population of Civil War veterans and change in treatment needs.<sup>52</sup>

In 1877, William Godding assumed control of St. Elizabeths Hospital and adopted the principles of his predecessor. Godding's tenure was marked by rapid growth of the patient population and overcrowding of the hospital. Construction efforts were increased to keep up with hospital needs. Godding encouraged the construction of small free-standing cottage buildings to promote a healthy environment and facilitate the orderly separation of growing patient groups. The change in architecture was a shift from Nichols's institutional to domestic imagery in caring for the chronically ill.

Starting in 1878 with Atkins Hall (Building 31), the ward buildings were constructed as detached cottages, clustered into small groups. Each building group was designed and designated for a specialized patient type.<sup>53</sup> The architecture allowed for the orderly separation of patients and maintained the peaceful family atmosphere of the ward units but without the constraints or limitations of a single large building. At the Center Building, new construction was focused on expanding the female ward facility and improving existing plumbing and building facilities.

The Center Building housed the superintendent and staff and was the hub of administrative activity; however, the institutional architecture and divided plan of the Center Building group did not embody the cottage-plan approach to treating mental illness adopted by St. Elizabeths Hospital under Superintendent Godding. A new administration building was required to meet to the needs of the growing patient population and reflect the current methods of treatment.

Alonzo Richardson took office in 1899 and was immediately faced with issues of hospital overcrowding, inadequate infrastructure, and an aging building stock. Superintendent Richardson approached Congress for a large appropriation and outlined a plan for an extensive and important building campaign that would provide adequate space for patients and staff and improve the campus infrastructure. Congress responded by approving the Sundry Civilian Appropriations Act, which allocated \$1,500,000 for the expansion of the Government Hospital for the Insane to house 1,000 patients and 200 employees through the construction of fifteen new buildings.<sup>54</sup> Improvements were made to the Center Building group during the Richardson era in an effort to make them safe and functional as patient wards.<sup>55</sup>

William White was appointed superintendent upon the sudden death of Alonzo Richardson in 1903. It was under White's direction that the preferred method of treatment shifted from the humane environment to a more scientific approach. Research, experimental therapies, and medical prescriptions became the rule for treating patients. St. Elizabeths became the foremost clinical institution in the United States for the scientific study of psychology and psychoanalysis.<sup>56</sup> Throughout White's tenure, St. Elizabeths Hospital continued to grow as a clinical institution, patient

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<sup>51</sup> *An act to extend to certain persons the privilege of admission, in certain cases, to United States Government Asylum for the Insane*, 39th Congress, 1st sess., July 13, 1866, 89–94.

<sup>52</sup> *Cultural Landscape Report*, II.14.

<sup>53</sup> 1938 Key Plan of Buildings.

<sup>54</sup> 69th Congress, 2nd sess., House of Representatives, *Investigation of St. Elizabeths Hospital: Letter from the Comptroller General of the United States*, (Washington, D.C.: Government Printing Office, July 1, 1926), 68.

<sup>55</sup> *Report of the committee to consider the Organization and Needs of the Government Hospital for the Insane to the Secretary of the Interior*, 1911, 7.

<sup>56</sup> *Cultural Landscape Report*, IV.7–8.

hospital, and research facility. Construction on the west campus continued into the White era and was focused on improving infrastructure and existing building stock. Following completion of the Richardson expansion project, routine maintenance continued on the Center Building group to address evolving safety issues, deteriorating building condition, and the reorganized administrative system.

In 1946, it was determined that patients from the United States Army and Navy would no longer be admitted to the hospital. St. Elizabeths was relieved of the governing civilian body as well as the issue of overcrowding that had overwhelmed the institution since the end of the Civil War. The dramatic administrative changes continued when the federal government shifted control to the newly created Department of Health, Education and Welfare in 1953. Development at St. Elizabeths Hospital responded through the gradual relocation and consolidation of patient services from the older facilities of the west campus to the newly constructed east campus. With few exceptions, new construction was limited to the east campus while the existing structures of the west campus were renovated, maintained, or demolished, depending on their physical condition.

## **PART II: ARCHITECTURAL INFORMATION**

### **A. General Statement**

1. Architectural character: The West Wing is the western portion of the original echelon plan developed for the Center Building group in the 1850s and was the first portion of the complex to be constructed and occupied. It consists of two L-shaped portions, one of which is three stories, and the other, two. Due to the slope of the site, much of the basement level is above grade. Exterior character-defining features include brick and stone masonry detailed with string courses; Gothic Revival-style elements including masonry buttresses and towers, cast iron window hoods, crenellated parapet wall, and rusticated brick masonry at the raised basement; and wood-framed and iron-framed multi-light windows. On the interior, character-defining intact original elements include plaster wall and ceiling finishes with plaster cornices and iron bullnose edges at wall corners, wood trim and stile-and-rail doors, wood window trim, iron staircases, and cast iron ventilation grilles.
2. Condition of fabric: At the time of the field survey for the Historic Structure Reports/Building Preservation Plans project in 2009, the West Wing was in very poor condition overall. Exterior conditions of note included cracking, spalling, displacement, and deterioration of mortar throughout the masonry walls; corrosion, cracking, and missing portions of cast iron trim; wood decay, loss of paint, and broken glass at wood window sash; and insufficient roof drainage. On the interior, major condition issues related primarily to previous moisture infiltration and included the past removal of some areas of original floor construction; deterioration and cracking of remaining floor finishes; damage and decay to interior wood trim and other components; loss of paint, cracking, delamination, and in some areas wholesale loss of plaster finishes; and deterioration and localized failure of floor framing systems. Temporary shoring and bracing has been installed in many areas of the building to prevent further structural displacement or collapse.

### **B. Description of Exterior:**

1. Overall dimensions: 112'-0" long by 211'-4" wide. The three-story east portion of the West Wing is 56'-7" tall above grade and the two-story west portion is 43'-10" above grade.

2. Foundations: The foundation construction for the West Wing is stone masonry supporting load-bearing brick masonry walls. The bathroom addition has a brick masonry foundation. The dayroom addition has a concrete foundation.
3. Walls: The exterior walls are brick masonry laid in a common bond pattern with a header course every eight courses. The brick walls are composed of common brick units that are typically 8-1/4 inches long and appear to be a low-fired clay brick masonry. The above-grade basement level walls vary from area to area on the facades and are built of sandstone, fieldstone, or brick masonry. Where the basement walls are brick, the masonry is given a rusticated appearance with every fifth course of brickwork slightly recessed. These rustications stop short of each basement-level window or door jamb by the length of one brick unit, and the masonry surrounding each window opening is flush with the recessed portion. The basement level windows typically have sandstone sills and heads, painted red; a few basement level windows at the south facade have simple rectangular cast iron sills and heads. A continuous water table at the top of the basement level is present on all facades. This water table is built of sandstone on the entire north facade and the eastern portion of the south facade. In other portions of the south facade, the water table is formed by four courses of corbelled brick. There is a continuous sandstone masonry string course at the level of the second floor window sills, painted red. Throughout the facade, painted cast iron is used for Gothic Revival-style window hoods and individual window sills. Above the head of the top floor windows and defining the parapet zone is a molded brick string course, painted red. Cast iron units are used to maintain the same profile at building corners.

The walls of the bathroom wing are also brick masonry in common bond, with headers every sixth course. At the bathroom wing, the window sills consist of simple, flat, rectangular cast iron units. The basement level windows have flat rectangular cast iron heads, while the first and second floor windows have Gothic Revival-style cast iron hoods. A painted galvanized steel sheet metal cornice is used in lieu of the masonry string course to define the parapet zone. The bathroom wing lacks the basement-level water table.

The south elevation of the dayroom addition is constructed of brick masonry in common bond with headers every sixth course, topped by a cast-in-place concrete coping. Brick pilasters define four unequal bays across the facade. The windows have cast-in-place concrete heads. The second floor windows and one of the first floor windows have cast-in-place concrete sills, while the basement windows and the other first floor window have brick stretcher course sills.

4. Structural system, framing: The load-bearing masonry exterior walls and corridor walls are typically 18 to 19 inches thick and are composed of four wythes. The walls located between adjacent rooms are typically 9 to 10 inches thick, with two wythes of masonry and bear on brick masonry arches at the basement level that span between the bearing walls at the corridor and exterior. The original wood framed floors have 2-1/2-inch by 7-inch (actual) floor joists spaced approximately 15 inches on center with tongue-and-groove subflooring and finish flooring. The assembly also has a counter floor with wood fillets secured to the sides of the joists that support wood planks and a cementitious fill material, apparently provided for sound isolation. Extensive portions of these floors have been replaced with temporary floor systems composed of 2-inch by 8-inch joists and plywood decking.

The hip roof at the three-story portion of the West Wing is framed with tapered rafters spaced at approximately 21 inches on center. The rafters span north to south and measure about 3-inches wide by 6-inches deep near the ridge, tapering from about 8 inches deep at the exterior masonry

walls. The rafters bear on sill plates notched into the top of the ceiling joists at the exterior walls and on two continuous 3-inch by 4-inch (actual) wood beams. The rafters are notched to engage both the 3-inch by 4-inch beams and the sill plate atop the ceiling joists. The continuous beams are connected end to end with nailed scarf joints and are supported by 3-inch by 4-inch (actual) posts spaced at approximately 6 feet on center that bear on the masonry corridor walls below. The ceiling joists are spaced at 18 inches on center and do not consistently align with the rafters. The sill plates span between joists to support the rafters. Wood plank sheathing (approximately 1-inch-thick) is located over the rafters. Additional wood framing is presumed to be located along the exterior walls to form the crickets located along the interior face of the parapets, which are divert water toward drain locations at the roof. The ceiling joists over the third floor are 3-inch by 5-inch (actual) joists spaced at 18 inches on center with three added built-up ceiling joist girders, each consisting of three 3-inch by 10-1/2-inch (actual) timber beams, spaced at approximately 9 feet 6 inches on center.

The eastern part of the two-story portion of the West Wing has a hip roof similar to that over the three-story portion. This roof area is framed with 3-inch by 5-inch rafters spaced at approximately 24 inches on center spanning in the north-south direction and bearing on the exterior walls similar to the three-story portion. The rafters are supported by a continuous 4-inch by 4-inch ridge beam. The ridge beam is supported by a series of 4-inch by 4-inch posts set atop the centrally located load-bearing masonry wall of the corridor. The rafters are notched on the ends to engage with the sill plate atop the exterior masonry walls. Wood plank sheathing and cricket assemblies similar to the three-story wing are also located at this roof. The western part of the roof at the two-story portion of the West Wing consists of 3-inch by 6-inch rafters spanning in the east-west direction that are supported by continuous beams and posts corresponding to the load-bearing masonry walls of the corridor near the one-third point of the spans, similar to the three-story wing. However, in lieu of the cut nail connections observed on the three-story wing, the wood beam to post joinery at this location utilizes mortise-and-tenon joints with treenails.

The dayroom addition is a reinforced concrete structure. The ground floor appears to be a slab-on-grade that generally corresponds to the basement floor elevation. The floor structures at the upper levels and roof are concrete slabs cast monolithically with concrete beams. The slab and beams are supported by the adjacent original exterior masonry walls of the West Wing and the new south wall of the dayroom. The slab depth could not be measured but is estimated to be approximately 5 to 6 inches. The beams were measured from the underside of the slab. The 12 to 14 inch wide beams extend approximately 12 to 15 inches below the slab.

5. Porches, stoops, balconies, porticoes, bulkheads: Most of the exterior doors on the West Wing are at the basement level and discharge directly to grade. The two first floor exterior doors have stone stoops.

The north stairwell door on the north facade has a masonry stoop, with sidewalls and stair treads of sandstone. Four risers descend to grade from the stoop. A non-original painted steel pipe railing is attached to the steps and the building wall along both sides of the stoop.

From the south facade first floor door opening between the Gray Ash and Oak wards, a staircase descends to grade, parallel and attached to the south wall of Oak Ward. This staircase is supported on a brick masonry side wall. At the wall of the building, a sandstone band follows the run of the stairs partway up the wall. The stair treads consists of individual sandstone blocks, except for the top four steps and landing, which are cast-in-place concrete. This change in

material, together with a change in the brick color of the side wall, indicates that the top portion of the staircase has been rebuilt. The railing along the stair is wrought iron.

At the corner between the two-story and three-story portions of the building on the front facade is a non-original one-story addition at the basement level. This addition contains electrical equipment. The masonry walls of the addition are red brick masonry in a common bond pattern, with headers every fifth course. Except for the header courses, the inner wythe of masonry consists of hollow clay tile. The addition has a cast-in-place concrete roof structure. Within the addition, original basement-level window openings have been infilled solid with brick. The addition has one louver opening each on its north and west elevations; these openings have cast-in-place concrete sills, painted steel lintels, and painted steel louvers. There is also one door opening from the west elevation. The painted steel door has a two-panel design with a lower solid panel and an upper glazed panel divided into nine lights. The flat roof of the addition is covered with membrane roofing and has a metal gutter on the north and west sides.

6. Chimneys: A large masonry chimney is located at the roof of the two-story portion of the West Wing. The chimney is detailed with a continuous sandstone string course and one brick inset panel on each face, and is topped by a continuous molded brick string course and a crenellated parapet matching the design of the building facades.

7. Openings

- a. Doorways and doors: There are three exterior doors on the front (north) facade, and four exterior doors on the rear (south) facade.

One first floor front exterior door is aligned with the north interior stairwell and is located on the north-facing elevation of the three-story portion of the building. This door has a cast iron sill and a cast iron hood matching the first floor window openings on this elevation. The door is a seven-panel hollow metal door with a solid panel transom.

On the west-facing side elevation adjacent to this first floor door, there is also a basement-level exterior door. The door opening originally extended up to the sandstone water table course, but has been reduced in height with a steel lintel and brick masonry infill. The door is a non-original flat steel door with a four-light glazed upper panel.

The final front facade exterior door is on the west-facing side elevation of the westernmost wing of the building. The door opening is two steps below grade within an area well defined by brick retaining walls capped by a stone coping. The head of the door opening is formed by a brick segmental arch.

One first floor exterior door on the rear facade of the building is on an east-facing return wall and discharges from a vestibule between the Oak and Gray Ash wards. The door consists of a wood four-panel door with a six-light wood transom. This door has a sandstone sill and a Gothic Revival-style cast iron hood matching the window openings. A staircase descends to grade from this door.

The next rear facade door is at the basement level, at the south elevation of the north-south wing in the taller portion of the building. This door opening has a flat rectangular cast iron head. The door was obscured by temporary board-up materials during the survey.

Another basement-level door is located at the south wall of the dayroom addition. The door was obscured by temporary board-up materials during the survey.

The final exterior door opening on the rear facade is a basement-level door in the corridor connecting the bathroom addition to the original building. This door is set within a recessed porch defined by a brick masonry arch. The door was obscured by temporary board-up materials during the survey.

- b. Windows and shutters: The window openings in the original portions of the West Wing have painted Gothic Revival-style cast iron hoods and painted cast iron window sills, except at the second floor level where a continuous sandstone string course forms the sill. A wide variety of sash designs are present, including eighteen-over-eighteen, fifteen-over-fifteen, nine-over-nine, and six-over-six lights. The patient bedrooms in the two-story wing have an unusual double window configuration, related to the original use of this portion of the building to house high-risk male patients. The typical window at this area is a painted fifteen-over-fifteen single-hung unit. The operable lower sash is wood, and the opening is secured on the exterior side by a fixed iron security grille. The fixed upper sash has wood stiles and rails and an inset iron muntin grid. Typically, the glazing has been removed from this original window system. To the interior side of this window, new double-hung nine-over-nine wood window sash have been installed.

The bathroom addition has wood double-hung ten-over-ten windows.

At the dayroom addition, there are two sizes of windows defined by the pilasters of the masonry exterior wall. The smaller window opening on each floor has a three-part steel-framed window: a center unit with twenty lights and outer units with fifteen lights. There is an eight- or six-light hopper sash within each of the three units. The larger window opening on each floor has a similar four-part steel-framed window, consisting of four equal twenty-light units, each with an eight-light hopper sash. The first and second floor window openings have exterior fixed aluminum awnings.

## 8. Roof

- a. Shape, covering: The West Wing roof has hip roof areas at various levels, surrounded by parapet walls. The roofing is standing-seam galvanized sheet metal, over which an elastomeric coating has been applied. Typically, there is a perimeter gutter behind the parapet wall with crickets to create cross-slope to drain locations. The original internal roof drainage system for the West Wing has been abandoned, and non-original prefinished steel downspouts are present throughout the facades. Generally, these downspouts are connected by piping inside the building to the original roof drains, and penetrate the wall below the parapet zone.

The dayroom addition has a flat roof with a low parapet wall. This roof area is covered with a built-up membrane.

- b. Cornice, eaves: The parapet wall of the West Wing is crenellated, and each crenellation typically aligned with a window bay of the facade. A continuous painted molded brick string course, which defines the parapet zone, is located several brick courses above the heads of the top floor windows. Where the molded brick course turns building corners, cast iron units maintain the same profile. The top of the crenellated parapet wall includes several courses of

shaped brick topped by a cast-in-place concrete coping. The existing concrete coping apparently replaces (and is partially formed around) the original molded brick coping.

Within the crenellations of the bathroom addition only, the coping is covered by painted sheet metal. The remainder of the bathroom addition coping consists of a brick header course topped by a thin concrete parging on its upward-facing surface.

- c. Dormers, cupolas, towers: Each roof area has sheet metal ventilators at the ridgeline.

### C. Description of Interior:

1. Floor plans: The West Wing is the western part of the original Center Building group and includes two L-shaped wings. The double-L plan consists of an eastern three-story wing containing the Oak, Beech, and Sycamore wards, and a western two-story wing containing the Gray Ash and White Ash wards. A continuous basement is located throughout the West Wing. Due to the slope of the site, most of the basement level is fully above grade. A railway system, which connects to other structures, is also located throughout the basement.

Within each L-shaped portion of the West Wing, the long leg runs east-west in plan, with a corridor running the length of the leg at each floor. In the eastern portion, the corridors are double-loaded, with bedrooms on both sides. In the western portion, the corridors are single-loaded, with bedrooms lining the south side of the east-west corridor. The short leg within each L-shaped portion of the West Wing runs north-south in plan. In the eastern portion, the short leg of the plan contains common rooms (such as dormitories and dining rooms) for the patient wards and two of the building's three stairwells. In the western portion, the short leg has a north-south corridor double-loaded with rooms on both sides. The third stairwell is located off the west side of this corridor at the center of the wing.

The main east-west corridors are the longest, widest, and most elaborately decorated halls in the West Wing. The small patient bedrooms, approximately 8 feet by 10 feet in plan, are accessed from the corridors. The demarcation between the Center Building and West Wing (typical on all floors) is a corridor-wide full-height plastered arch supported by engaged pilasters at the corridor walls. Similar arches subdivide the corridors at other transitions in the plan. In the eastern portion of the building only, alcoves on the north side and the south side of the corridor are demarcated by similar plastered arches.

Attached to the east-facing side wall of the westernmost part of the two-story portion is a two-story bathroom addition with a full basement. The bathroom wing is entered through a short connecting passageway. From the passage, doorways connect to a private toilet room with a sink and to the main lavatory where sinks were located. Doorways in the lavatory lead into a shower room and a toilet room.

Within the angle of the L-shaped plan at the western portion of the building, and also connected directly to the bathroom addition, is the dayroom addition. This addition is two-stories in height above a full basement, and contains a single large space on each level.

2. Stairways: The West Wing has three stairwells, two of which are located at the western end of the three-story portion of the building. One stairwell is located at the north end of the wing, at a location expressed as a four-story tower on the facade. The north stairwell extends from the basement to the third floor; at the third floor, a metal ladder at the north end leads up to a small

fourth floor landing in the tower, providing access to the roof of the three-story portion. The second stairwell is located just south of the first stairwell, between the wards in the three-story portion and the wards in the two-story portion. The middle stairwell extends from the basement to the third floor. The third stairwell is at the west side of the westernmost corridor of the building. The west stairwell connects the first and second floors.

The north stairwell has cast iron treads and risers secured to continuous metal stringers attached to the masonry walls. The stair landings are concrete construction at all levels, accompanied by a concrete base. Wall finishes are painted plaster on brick masonry. Ceiling finishes are the painted steel plate of the landing above.

The middle stairwell has similar finishes and cast iron treads and risers. In this stairwell, the landings are ribbed cast iron plate and are typically finished with steel baseboards.

The west stairwell is an open steel U-shaped wrap-around stair. The stair treads and risers are cast iron. The central core shaft has a steel security cage that extends continuously from the bottom to the top of the stairwell to prohibit potential falling hazards. The second floor landing consists of textured iron plate, while the first floor landing is concrete. The walls are brick masonry construction finished with painted plaster.

3. Flooring: Finish flooring varies from room to room and sometimes from area to area within a room, due to deterioration and subsequent partial removal of floor finishes and/or the entire floor construction. In general, floor finishes were originally wood tongue-and-groove flooring, over which linoleum and/or vinyl tile was added in some areas. Temporary painted plywood flooring is also present throughout the West Wing. Original stained and varnished, or painted, wood baseboards typically remain where the original floor construction is intact.

The bathroom wing has ceramic tile flooring composed of hexagonal white tiles. Some areas have a 6-inch-high ceramic tile base, while others have a painted cementitious plaster base.

The dayroom flooring consists of red 6-inch-square ceramic tiles with grouted joints.

4. Wall and ceiling finish: Wall finishes typically consist of painted plaster applied directly to brick masonry wall construction. The ceiling is painted plaster supported on lath, varying between expanded metal or wood lath from room to room. Typically, a chamfer detail is present where the walls meet the ceiling, created by three courses of corbelled brick masonry. Most corridor and dayroom walls at the eastern half of the building have a plaster crown molding around the ceiling.

The bathroom wing interior has similar painted plaster wall and ceiling finishes.

Within the dayroom, the original exterior wall construction is exposed, with the brick masonry painted. The south wall of the dayroom is exposed brick masonry wall construction, also painted. The dayroom ceiling is the cast-in-place concrete structure, painted.

## 5. Openings

- a. Doorways and doors: At the eastern portion of the building, interior door openings are typically recessed from the corridor wall with wood trim and casing; the trim features a cornice detail at the head, and the inset casing has a smaller ogee trim aligned to the base of the transoms. Typically, the perimeter trim is painted, while inset panels of the casing and

plinth blocks at the floor are stained and varnished. Most wood doors and frame include a five-light transom with metal mesh instead of glazing. Within each room, the door has painted wood trim, generally of a plain profile, with a cornice detail at the head of the opening; where present the wood plinth block is stained and varnished. Wood stile-and-rail doors are present throughout the interior. In most areas, the doors have four panels. Typically, the doors are partially painted with only the inset panels retaining a stained and varnished finish. In a few rooms, the interior side of the door and trim is entirely covered with a stained and varnished finish.

At the Gray Ash and White Ash wards in the western portion of the building, the wood trim is similar but with a simpler profile. Most door openings have solid panel transoms, although some have three-light glass transoms. Some four-panel doors are present, but the patient room doors are typically wood two-panel stile-and-rail doors. The doors and trim typically have a stained and varnished finish at the first floor (Gray Ash Ward), and a painted finish at most areas on the second floor (White Ash Ward).

The transition between the eastern and western wards is marked by a wood-framed partition with a wood door and a wire mesh upper light, transom, and sidelights.

The stairwell door openings on the corridor side are finished with plaster jambs with iron bullnose trim at the corners rather than with wood trim. The north and west stairwell doors are six-panel sheet metal-clad wood stile-and-rail doors, while the middle stairwell has flush wood veneer doors. The transom at the north and middle stairwell doors is a solid metal panel, while the west stairwell doors do not have transoms.

- b. Windows: As noted above, a variety of wood sash configurations are present in the building. Typically the sash are painted while the trim is usually stained and varnished. The window trim generally has a plain profile, with a cornice detail at the head. Most windows are installed with the glazing putty toward the interior side. Steel expanded mesh security grilles are present at the interior side of most windows.
6. Decorative features and trim: A stained and varnished wood chair rail is typically present in the corridors and alcoves at the eastern half of the building. Built-in painted wood shelving is present at the storage and linen rooms in the building. Several of the larger rooms have molded plaster ceiling rosettes.
  7. Hardware: Patient bedrooms generally have iron pulls on the corridor side, mortised iron hinges, and keyholes with iron escutcheons. Stairwell doors have mortised lockset with round brass or iron knobs.
  8. Mechanical Equipment
    - a. Heating, air conditioning, ventilation: The original heating and ventilating system for the Center Building group was described as a hot water circulation system.<sup>57</sup> Hot water was fed by four boilers in the basement; two in the East Wing and two in the West Wing. The basement was described as an “air chamber,” indicating that it served as a heating plenum for the building. The boilers had water jackets on all exterior sides, thus serving as large

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<sup>57</sup> *Compendium of the Report of the Superintendent for the Erection of the Government Hospital for the Insane for the Year Ending October 1, 1859*, 13–14.

radiators; in addition, other radiators were located throughout the basement. Heat was apparently fed by convection throughout the Center Group via vertical chases constructed within the thickness of the masonry bearing walls. A wide variety of ventilation grilles are present throughout the interior associated with these vertical chases; some of the grilles incorporate integral dampers that allowed the vents to be opened and closed for seasonal adjustment. Ventilation was to be provided by a single fan, 12 feet in diameter, propelled by a 24 horsepower engine. The location of this fan is unknown. For the described system, it would have been most efficient for such a fan to be placed within the basement air chamber, although it could have also been housed within the attic or on the roof. The fan was to be run at high speeds during the summer and at slow speeds in the winter.

In 1871, an appropriation was requested to replace the original boilers in the West Wing, which were described as “very nearly worn out, as they were liable to give out at any time.” A centralized Boiler House for the campus was built circa 1878. It was probably at this time, when heating for the campus became centralized, that the heating system in the Center Group was changed from hot water to steam. The steam system within the Center Group is indirect radiant heat. This was accomplished by having separate radiators in the basement, which are either fit within a cavity in the brick wall or encased in sheet metal housing, with a sheet metal duct to convey the heat to the original vertical air shaft within the interior masonry bearing walls. Throughout the building in offices, corridors, alcoves, bathrooms, the gymnasium, and other larger rooms there are additional hot water radiators. Within the dayrooms, radiator piping is present along the exterior walls; a wooden enclosure that formerly existed around these pipes is mostly missing.

A dumbwaiter is located in the vestibule between the wards in the eastern part of the building and the western part of the building.

- b. Lighting: Most areas of the building have ceiling-mounted dome-shaped light fixtures. Some rooms in the Gray Ash and White Ash wards have recessed ceiling fixtures protected by metal mesh grilles. A few of the larger rooms have suspended fluorescent light fixtures. Electrical conduit is surface-mounted to the walls throughout the building.
- c. Plumbing: A few porcelain fixtures remain in place in the bathroom wing. A fire sprinkler system with exposed piping is present throughout the building.

#### D. Site

1. Historic landscape design: Documentation of the landscape of the west campus of St. Elizabeths Hospital can be found in Historic American Landscape Survey documentation submittal DC-11.

The Center Building group is situated on a bluff that overlooks the Anacostia River and the Washington, D.C., skyline to the north and west. The immediate site slopes to a ravine at the northwest and is heavily forested. Cedar Drive provides access to the north entrance and separates the building from the ravine. To the north of the West Wing, the landscape consists of a grass lawn and large trees extending out to Cedar Drive. Connected to the northwest corner of the three-story portion of the West Wing is a brick masonry retaining wall incorporating a brick masonry staircase; to the west of this retaining wall, nearly the full height of the basement level of the West Wing is exposed above grade. Similarly, at the south facade, the entire basement level is above grade. To the south of the eastern portion of the West Wing is an asphalt-paved parking

area, separated from the building wall by a narrow grass strip. This parking lot extends south to the Kitchen and Bakery complex (Buildings 44, 45, and 46). A grass lawn, approximately marking the location of the demolished Dawes Building, separates the parking area from an asphalt-paved outdoor exercise yard. The exercise yard directly abuts the south wall of the dayroom addition at the western portion of the West Wing. The west end of the West Wing is connected to Garfield, while the east end is connected to the Center Building.

### **PART III: SOURCES OF INFORMATION**

- A. Architectural drawings: Copies of architectural drawings are included in the attached Supplemental Material. The archival drawing documentation is in the collection of the General Services Administration.
- B. Early Views: Copies of selected early and historical views are included in the attached Supplemental Material. The original photographs and other archival photographic documentation are in the collection of the General Services Administration, the Library of Congress, the National Archives, College Park, Maryland, or the St. Elizabeths Hospital Health Sciences Library archives on the St. Elizabeths East Campus.
- C. Interviews: No oral history interviews were performed for this documentation project.
- D. Selected Sources:

*Centennial Papers: St. Elizabeths Hospital, 1855–1955.* Winfred Overholser, ed. Washington, D.C.: Centennial Commission, St. Elizabeths Hospital, 1956.

*Condition & Reuse Assessment: St. Elizabeths West Campus (draft).* Oehrlein & Associates Architects. Prepared for the General Services Administration, January 4, 2006.

*The DHS Headquarters Consolidation at St. Elizabeths: Final Master Plan.* Oehrlein & Associates Architects and Robinson & Associates, Inc. Prepared for the General Services Administration. November 10, 2008.

*General Correspondence and Other Records of the Federal Board of St. Elizabeths Hospital.* Records of the Office of the Superintendent, (1855–1967), Record Group 418.

*Historic Preservation Report: St. Elizabeths West Campus,* John Milner Architects. Prepared for the General Services Administration. December 7, 2005.

*Historic Structure Report: Center Building Group (Buildings 1 through 6), St. Elizabeths West Campus, Washington, D.C.* Wiss, Janney, Elstner Associates, Inc. Prepared for the General Services Administration, March 12, 2010.

Library of Congress. Washington, D.C.: Geography & Maps Reading Room. Collection contains various topographical maps for the District of Columbia and St. Elizabeths campus from 1855–1985.

*Maps and Plans of the Government Hospital for the Insane (St. Elizabeths Hospital), 05/27/1839–12/14/1938.* Department of the Interior, St. Elizabeths Hospital (1916–06/30/1940). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

National Archives and Record Administration. Textual Documents Division. Washington, D.C. Record Group 418, Records of St. Elizabeths Hospital. Entry 20, Records of the Superintendent, Annual Report of the Subordinate Units, 1919–1966.

National Archives and Record Administration. Textual Documents Division. Washington, D.C. Record Group 42, Records of St. Elizabeths Hospital, National Archives, Washington, D.C.

National Archives and Records Administration at College Park, Cartographic and Architectural Drawings Division, College Park, Maryland. Record Group 418, Records of St. Elizabeths Hospital, National Archives at College Park, College Park, Maryland.

National Archives and Records Administration at College Park, Cartographic and Architectural Drawings Division, College Park, Maryland. Record Group 48, Records of the Secretary of the Interior.

*Photographic Prints of Buildings, Grounds, and People, 1870–1920.* Department of Health, Education and Welfare, St. Elizabeth Hospital (04/11/1953–08/09/1967). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

*Photographs of Structures at St. Elizabeths Hospital, Washington, D.C., 1968.* Department of Health, Education and Welfare. Public Health Service, Health Services and Mental Health Administration, National Institute of Mental Health, Saint Elizabeths Hospital, Office of the Superintendent (04/01/1968–07/01/1973). Records of St. Elizabeths Hospital, 1820–1981. Record Group 418, National Archives at College Park, College Park, Maryland.

*St. Elizabeths Hospital Historic Resources Management Plan.* Devroux & Purnell Architects-Planners, PC, with Betty Bird, Historian, and Rhodeside & Harwell Inc., Landscape Architects. Prepared for the D.C. Office of Business and Economic Development and the Office of the Assistant City Administrator for Economic Development, Washington, D.C., September 1993.

*St. Elizabeths Hospital Tunnel Inspection Report.* Burgess & Niple, Inc. Prepared for the General Services Administration, Washington, D.C., February 2006. Accessed through the General Services Administration archives.

*St. Elizabeths West Campus: Cultural Landscape Report,* Heritage Landscapes, Preservation Landscape Architects & Planners, and Robinson & Associates, Inc. Prepared for the General Services Administration. April 2009.

*St. Elizabeths West Campus Preservation, Design, & Development Guidelines.* Oehrlein & Associates Architects and Robinson & Associates, Inc., Architectural and Historical Research. Prepared for the General Services Administration. November 10, 2008.

E. Likely Sources Not Yet Investigated: Extensive research on the history of the West Wing has been performed for this and other studies, as documented in the publications and other sources listed above.

F. Supplemental Material:

1. National Archives, Record Group 418.
2. National Archives, Record Group 418.
3. Library of Congress.
4. 1854 *Annual Report*.
5. GSA archives, image DC0066SE0P035.
6. GSA archives, image DC0066SE0P086.
7. GSA archives, image DC0070SE0P003.
8. GSA archives, image DC0070SE0P004.
9. GSA archives, image DC0070SE0P012.
10. GSA archives, image DC0070SE0P006.
11. GSA archives, image DC0070SE0P007.
12. GSA archives, image DC0070SE0P018.
13. GSA archives, image DC0070SE0P019.
14. GSA archives, image DC0070SE0P020.
15. GSA archives, image DC0070SE0004.
16. GSA archives, image DC0070SE0005.
17. GSA archives, image DC0070SE0006.
18. GSA archives, image DC0070SE0007.
19. GSA archives, image DC0070SE0108.
20. GSA archives, image DC0070SE0109.
21. GSA archives, image DC0070SE0110.
22. GSA archives, image DC0070SE0104.
23. GSA archives, image DC1441SE0P001.

#### **PART IV: PROJECT INFORMATION**

This historical narrative was prepared by WJE in conjunction with Mills + Schnoering Architects, LLC, who prepared the measured drawings, and Leslie Schwartz Photography, who prepared the photographic documentation. The HABS documentation was completed for the General Services Administration.

**HISTORIC AMERICAN BUILDINGS SURVEY**

**SUPPLEMENTAL MATERIAL**

WEST WING (Building 3)  
St. Elizabeths West Campus  
539–559 Cedar Drive SE  
Washington, D.C.

HABS No. DC-349-X



*Figure 1. Rendering of the St. Elizabeths Hospital, 1860. Source: National Archives, Record Group 418.*

ST. ELIZABETHS HOSPITAL  
 WEST WING (BUILDING 3)  
 HABS No. DC-349-X  
 SUPPLEMENTAL MATERIAL (Page 2)

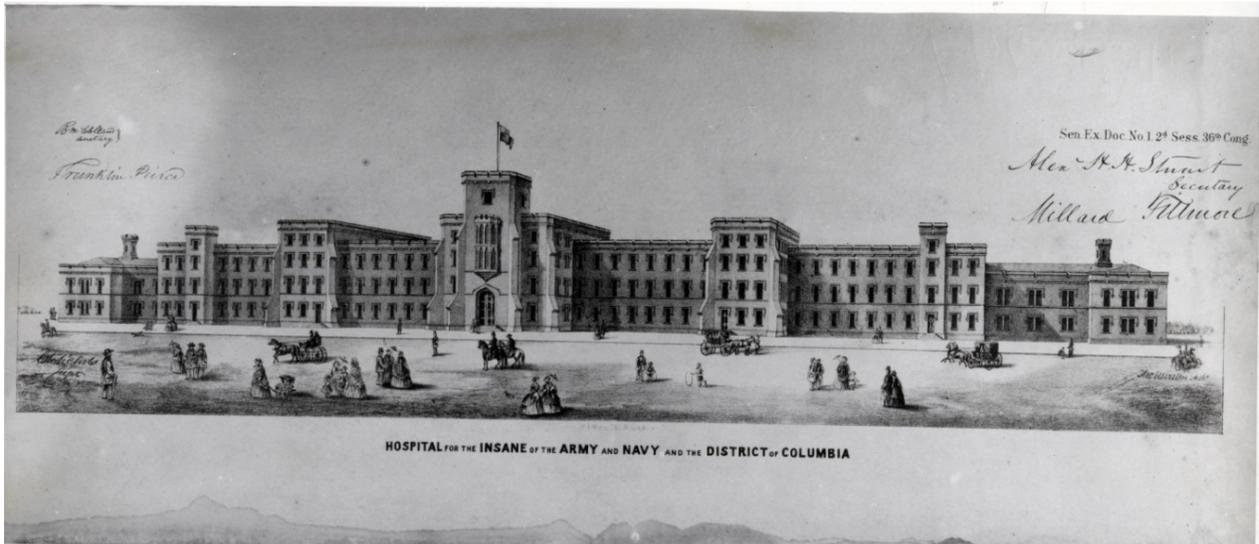


Figure 2. Sketch of St. Elizabeths Hospital by Thomas U. Walter and signed by Millard Fillmore, 1860. Source: National Archives, Record Group 418.

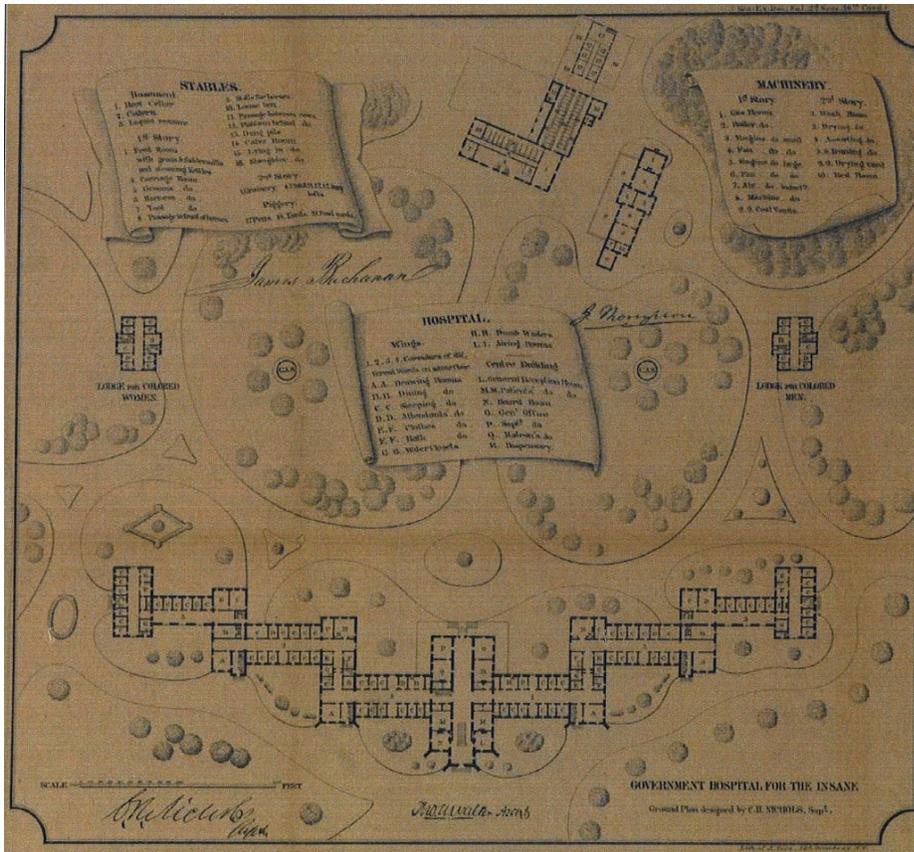


Figure 3. 1860 Ground Plan designed by Charles Nichols and signed by Architect Thomas U. Walter and President James Buchanan. Source: Library of Congress.

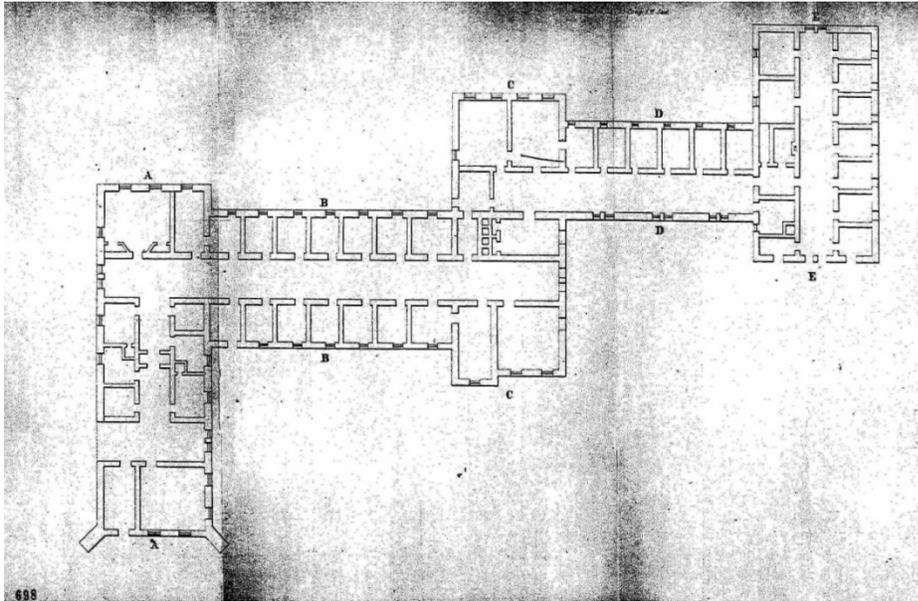


Figure 4. Initial plan of construction for the West Wing component, 1852. Source: 1854 Annual Report.



Figure 5. Archival photograph from the southeast of the Center Building group, Detached Nurses Home, and West Lodge (no longer extant), 1860. Source: GSA archives, image DC0066SE0P035.



Figure 6. South facade of the West Wing with the 1895 lavatory addition. Garfield is at left, and Dawes is at right.  
Source: GSA archives, image DC0066SE0P086.



Figure 7. Main Corridor of the West Wing, Beech ward, 1905. Source: GSA archives, image DC0070SE0P003.



Figure 8. End of main corridor in West Wing, Beech ward, 1905. Source: GSA archives, image DC0070SE0P004.



Figure 9. Alcove along the main corridor of the West Wing, Oak ward, 1905. Source: GSA archives, image DC0070SE0P012.



Figure 10. Alcove in West Wing, Beech ward, 1905. Source: GSA archives, image DC0070SE0P006.



Figure 11. Dining Room in West Wing, Beech ward, 1905. Source: GSA archives, image DC0070SE0P007.



*Figure 12. Patient room in West Wing, Gray Ash ward, undated. Source: GSA archives, image DC0070SE0P018.*



*Figure 13. Patient room in West Wing, Gray Ash ward, undated. Source: GSA archives, image DC0070SE0P019.*



*Figure 14. Patient room in West Wing, Gray Ash ward, undated. Source: GSA archives, image DC0070SE0P020.*

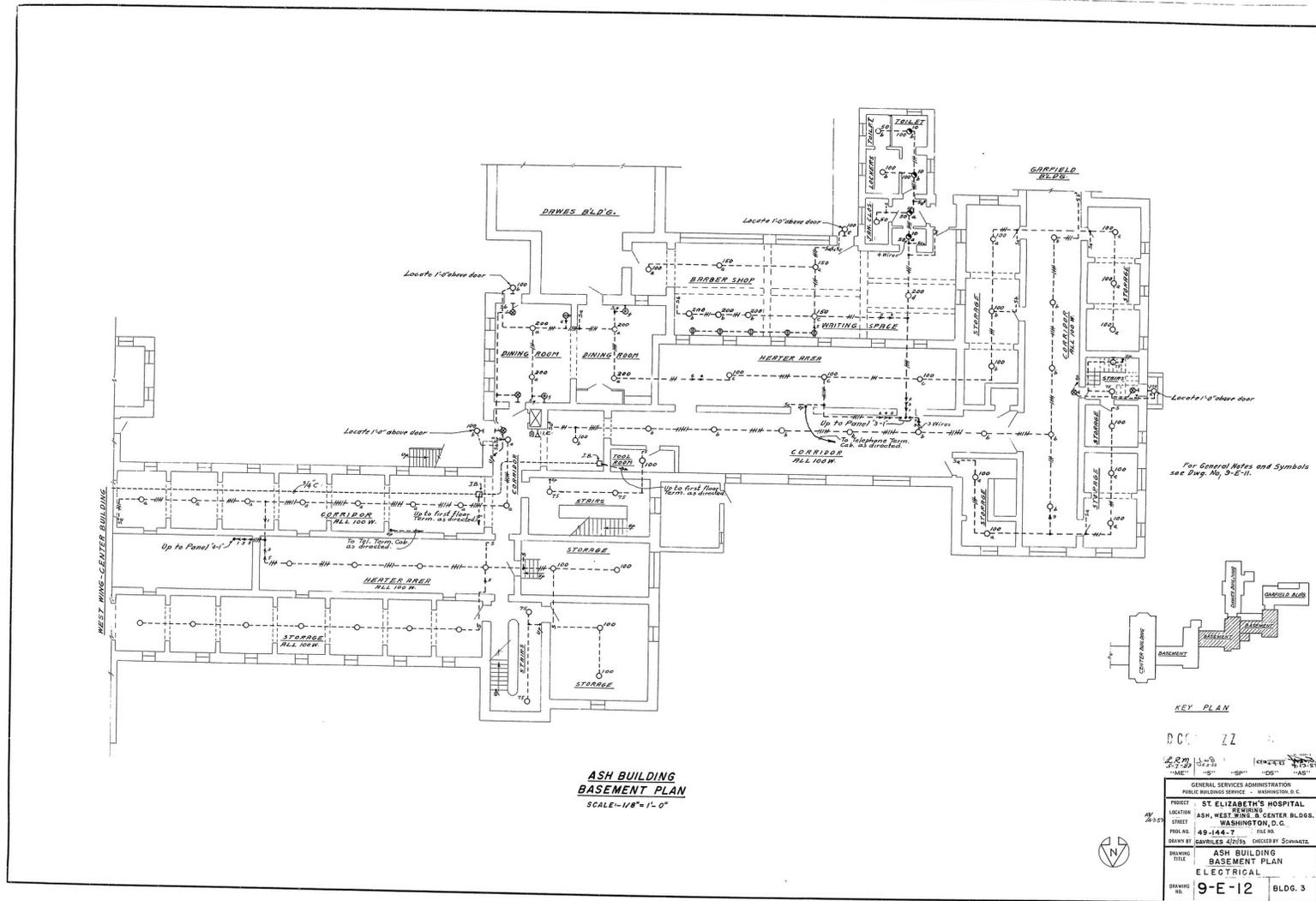


Figure 15. Basement plan of West Wing, outlining improvement to the electrical system, 1953. Source: GSA archives, image DC0070SE0004.

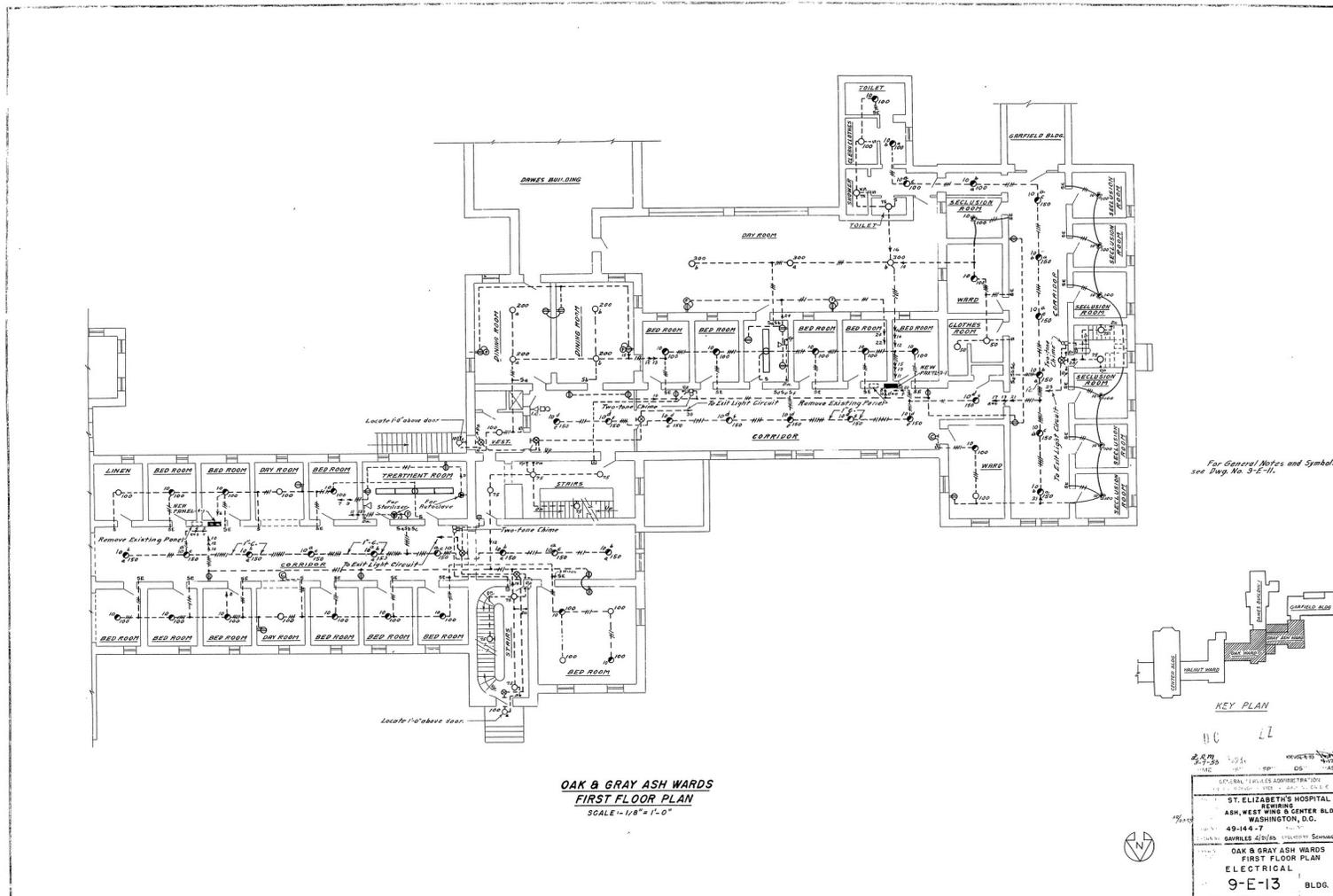


Figure 16. First floor plan of the West Wing, Oak and Gray Ash wards, outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0070SE0005.





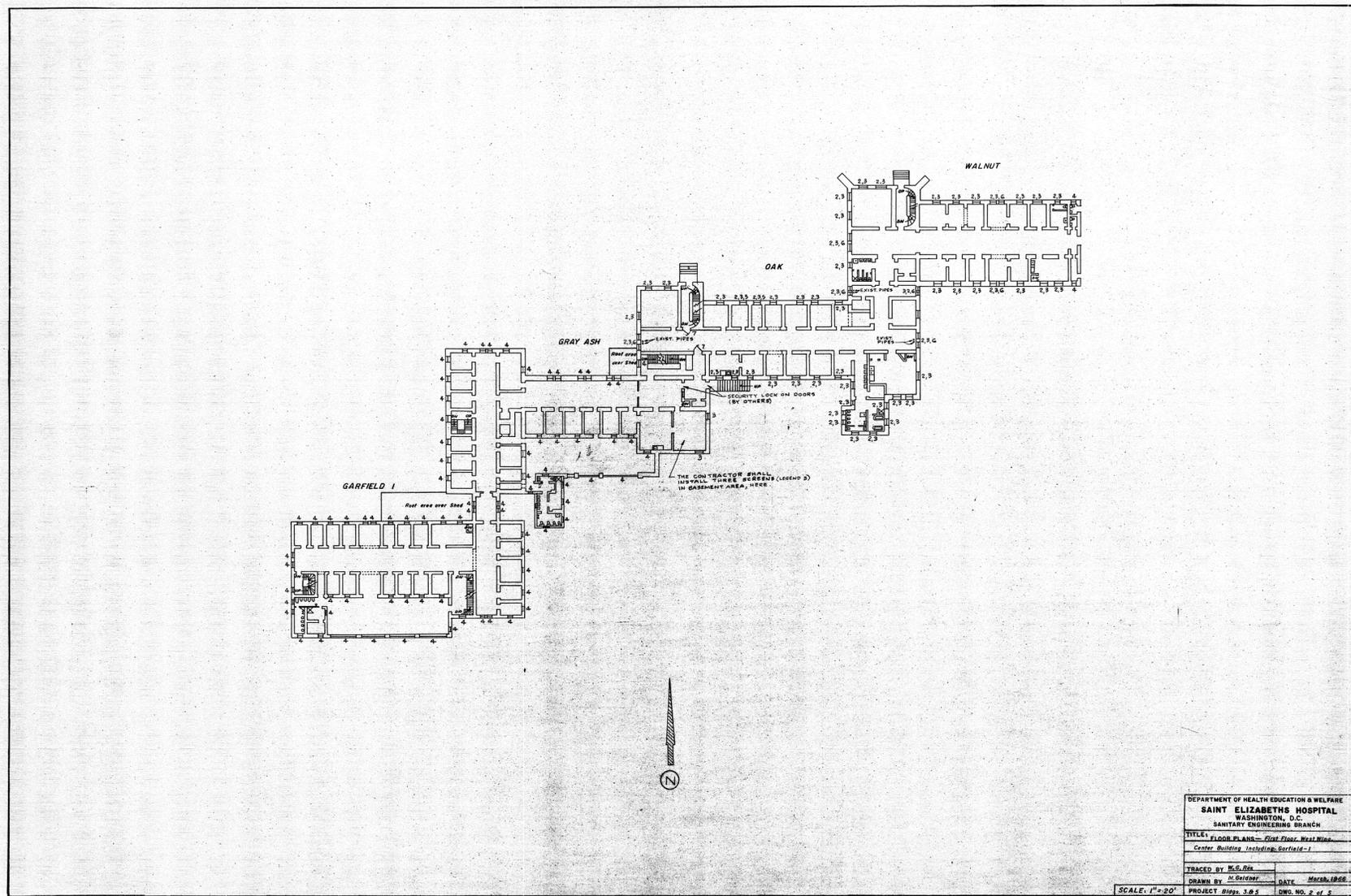


Figure 19. First floor plan of the West Wing, Oak and Gray Ash wards, 1966. Source: GSA archives, image DC0070SE0108.

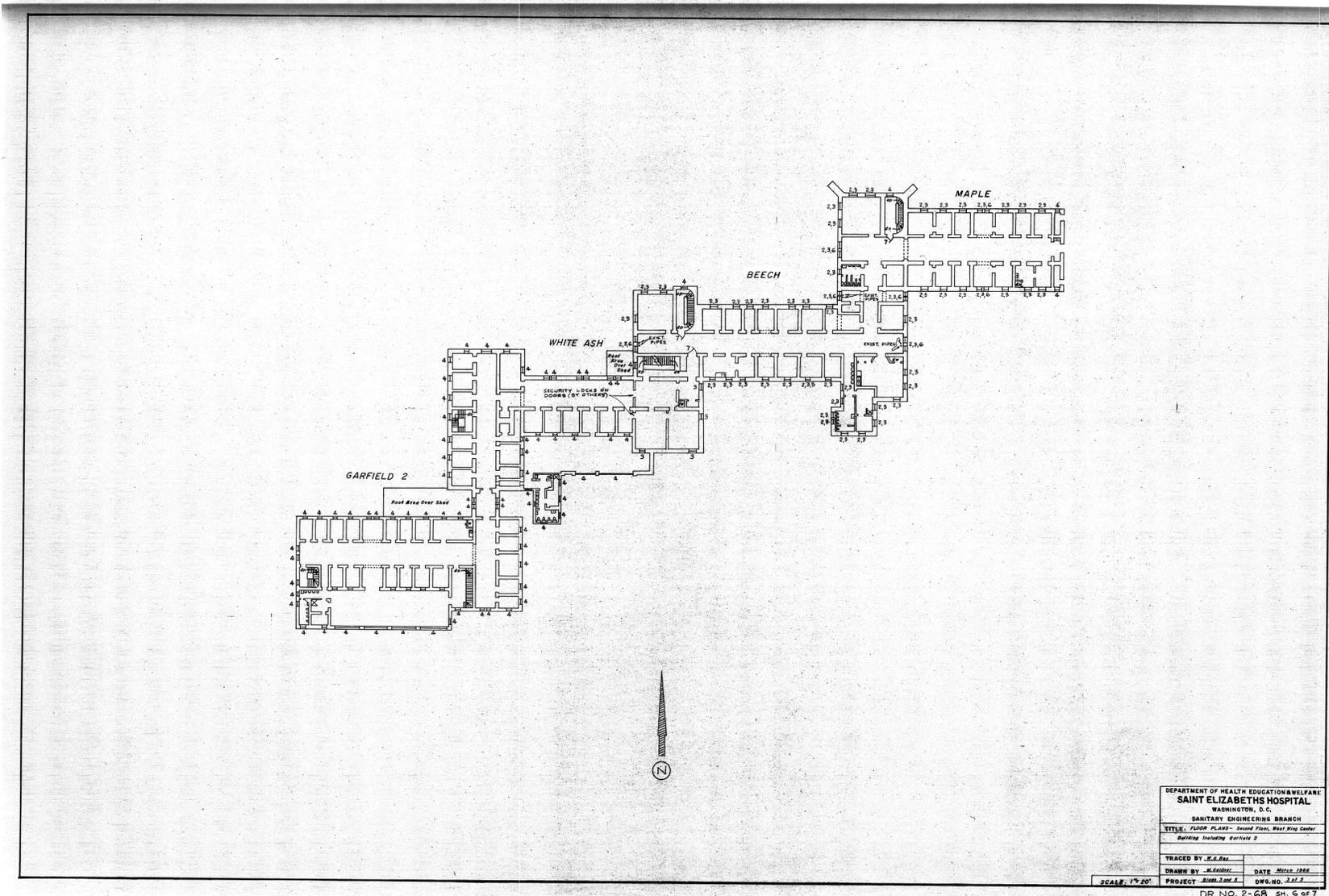


Figure 20. Second floor plan of the West Wing, Beech and White Ash wards, 1966. Source: GSA archives, image DC0070SE0109.

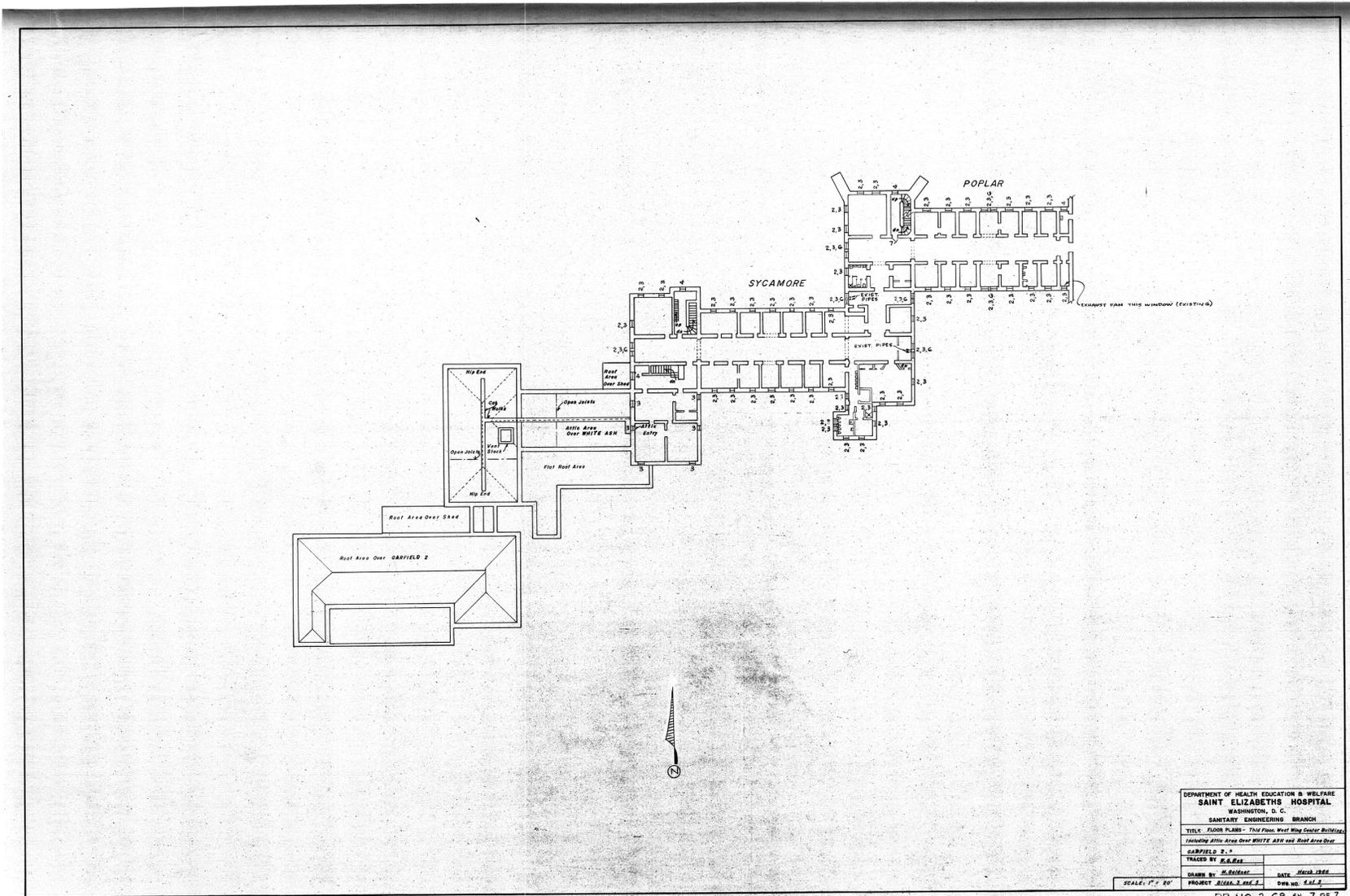
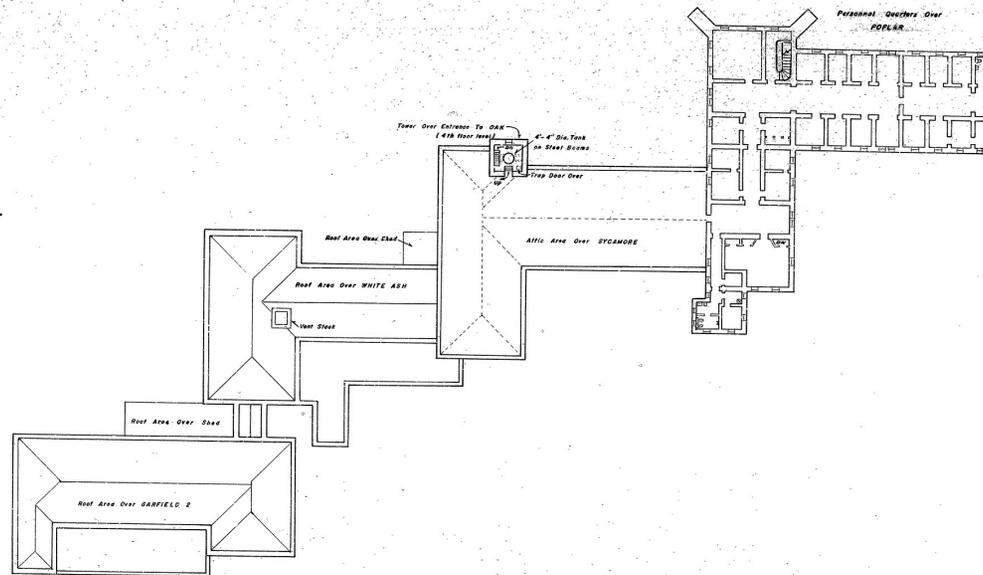
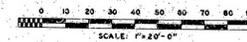


Figure 21. Third floor plan of the West Wing, Sycamore ward, 1966. Source: GSA archives, image DC0070SE0110.



001-01-03007



DEPARTMENT OF HEALTH EDUC.
SAINT ELIZABETHS
WASHINGTON, D. C.
SANITARY ENGINEERING
TITLE: FLOOR PLANS - PERSONNEL
DATE: 1966
Drawn Over WHITE ASH & Garfield -
DRAWN BY: H.S.D.
TRACED BY: H.S.D.
SCALE: 1"=20'
PROJECT: 001-01-03007

Figure 22. Roof and attic plan of the West Wing, 1966. Source: GSA archives, image DC0070SE0104.



*Figure 23. A view of the West Wing and Garfield, 1968. Source: GSA archives, image DC1441SE0P001.*