

ST. ELIZABETHS HOSPITAL, CENTER BUILDING  
(Building Nos. 1 and 2)  
539-559 Cedar Drive, Southeast  
Washington  
District of Columbia

HABS DC-349-W  
*HABS DC-349-W*

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, CENTER BUILDING (BUILDINGS 1 AND 2)

HABS NO. DC-349-W

**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 Center Building (Buildings 1 and 2) is significant for its association with the treatment of mental illness at the St. Elizabeths campus. As the central part and administrative core of the original Center Building group, it formed an integral part of the function and use of the campus from its inception. In addition to men's and women's patient wards, it housed the superintendent's offices and primary administrative functions of the hospital from initial construction in the 1850s until completion of the new A Building (Building 74) in 1905, and it 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. A railway system ran through the basement of the Center Building and adjacent free-standing buildings. Originally, the railway system allowed for the quick transport of food from the bakery and kitchen as well as supplies between buildings. The building was also technologically innovative; the 1859 *Annual Report* described the heating system, which was an early example of central heating and ventilating 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: 1856–1859; 1874<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 limb. In 1864, the Army General Hospital

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<sup>1</sup> *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.

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. Cedar and Chestnut wards, in the eastern wing of the Center Building, were established as open wards for convalescent patients.<sup>10</sup>

In 1970, 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 most of the Center Building was used as office space after 1970.

By 1980, the Center Building housed administration offices for the Management Analysis, Engineering, Facilities Management, General Services, Nutrition Services, Internal Audit, Housekeeping, and Industrial and Environmental departments. The Dixon Plan Foster Care program was also headquartered in the building as well as a staff lounge and gymnasium located on the second and third floor, respectively, of the Center Building.<sup>12</sup>

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

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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> 1909 *Annual Report*.

<sup>11</sup> *Ibid.*

<sup>12</sup> Office of the Superintendent, *Master Facilities Use Plan* (Washington, D.C.: Government Printing Office, 1980).

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.

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>13</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>14</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>15</sup> A 12-foot-diameter fan propelled by a 24-horsepower engine supplied year-round fresh air to the

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<sup>13</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>14</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>15</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).

entire building.<sup>16</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 began as the first component of the Government Hospital for the Insane. By January 15, 1855, the westernmost sections of the West Wing had been enclosed and completely furnished. By 1856, all five sections of the West Wing building were complete and ready for occupancy by ninety patients.

In the fall of 1856, work began on the second phase of construction on the Center Building group. The scope of the planned project consisted of four interconnected four-story parts: the west wing, oriented east-west, which linked to the previously completed West Wing building; the north half of the center building, on a north-south axis; the adjacent east wing, situated on an east-west corridor; and an east cross-wing, running north-south. The structure was to serve as patient wards and as an administrative center for the hospital upon its completion. A budget of \$138,673 was appropriated for the construction phase.<sup>17</sup> The 1858 *Annual Report* noted:

From the commencement of the center and three sections of the wings now in progress the constant effort has been made to secure the most perfect mechanical execution of the work, and thereby its greater durability and beauty. Endeavoring to profit by the experience gained in the erection of the finished and occupied portions of the west wing, and by further study and observation touching the whole subject of the architecture of hospitals for the insane, I think I have been able to introduce some real improvements, both in the selection or manufacture and in the preparation and use of materials. . . .<sup>18</sup>

The Center Building phase of construction was completed in 1859. The additional space allowed for the further classification of patients by illness and separation by gender. The western wing of the newly constructed Center Building was a three-story structure that housed the Walnut, Maple, and Poplar wards for male patients who were of a quiet class and required less medical attention. The visitor reception area, administrative offices, and housing for the superintendent, matron, and medical staff were located in the central wing. Upon completion of the Center Building, male 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>19</sup>

The four-story administration building was the focal point of the Center Building. The main entrance was located on the north facade and marked by a five-story tower, framed by a pair of buttressed piers. A two-story octagonal oriel window with multi-light double-hung windows was centered on the facade at the third and fourth stories of the structure.<sup>20</sup> The main entrance was centered on the first floor below the oriel bay and provided access to a vestibule and stair. The interior of the administration building consisted of a central hall with reception rooms and administrative offices on the first floor, including the matron and superintendent's offices. Stairs in the center of the hall provided access to the second floor which served as the library, conference room for the Board of Visitors, and residence for the superintendent. Finally, the third

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<sup>16</sup> Ibid.

<sup>17</sup> 1858 *Annual Report*, 734.

<sup>18</sup> 1858 *Annual Report*, 735.

<sup>19</sup> 1859 *Annual Report*, 889–890.

<sup>20</sup> 1852 Lithograph of the Center Building by Thomas U. Walter.

and fourth floors consisted of the two-story-tall chapel/assembly hall as well as apartments for medical officers.

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>21</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 growing population of patients. The Locust Ward was completed in 1866, followed by the Birch Ward in 1868, and the Spruce Ward in 1869.<sup>22</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. This was followed by the construction of Garfield (Building 5) in 1871–1872, attached to the western end of the West Wing.

In 1874, additional funds were allocated for the erection of a three-tiered front entry porch surrounding the projecting octagonal bay on the north facade and the expansion of the oriel window to the building's first and second floors. The expanded octagonal bay better protected the main entrance from cold and inclement weather and allowed more light into the second floor room centered on the building's north facade.<sup>23</sup> An elaborate tiered porte cochère and balconies were created on the north facade to protect the main entryway from harsh climate. The porte cochère extended over the first floor entrance and had a flat roof with cornice, and brackets under the eave. An ornate cast iron rail was mounted onto the perimeter of the porte cochère roof. Light posts were installed at the corners of the roof on turned metal bases. Metal-framed wrap-around balconies were installed at the third and fourth floor level of the octagonal oriel bay and supported by decorative brackets. Ornamental cast iron balustrades were installed on the balconies. Double-hung windows in the oriel window on the third and fourth floors were removed and replaced with multi-light doors that provided access to the ornamental balconies. The same treatments were used on the newly added portions of the oriel on the building's second floor.<sup>24</sup>

Also in 1874, the original south wall of the Center Building was removed and a four-story brick extension was constructed; although fully integrated with the Center Building, this extension is known as Building 2. The addition extended the chapel of the Center Building by 45 feet, nearly doubling its size. At the same time, alterations were made to extend the assembly hall stage. Administrative offices and officers' quarters were added on the floors below.<sup>25</sup> A crenellated parapet roof, drip mold above window openings, a string course, and water table were built to match the existing building in design and material. Also as part of this construction effort, a

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<sup>21</sup> 1860 *Annual Report*, 542.

<sup>22</sup> 1867, 1868, and 1869 *Annual Reports*.

<sup>23</sup> 1874 *Annual Report*, 775.

<sup>24</sup> Archival photographs from 1897 and 1905.

<sup>25</sup> 1875 *Annual Report*, 940.

fourth floor was added to the western and eastern wings of the Center Building, creating dedicated male and female infirmary wards.<sup>26</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>27</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>28</sup> 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>29</sup> Based on existing physical evidence, it is not clear where this work was performed at the Center Building group.

In 1883, two brick additions were constructed that extended from the south elevation of the outermost wards of the Center Building. The two-story extensions housed lavatory facilities and utilized the Gothic Revival vocabulary of the Center Building group.<sup>30</sup>

Between 1883 and 1895, a one-story wood-framed enclosed corridor was constructed between the General Kitchen (Building 45) and the south end of the western wing of the Center Building. The enclosed connection provided for the easy transport of food carts between the two buildings. The gable-roof structure had a brick foundation and wood-framed multi-light casement windows.<sup>31</sup>

In May 1885, plans were outlined for alterations to the stage in the Center Building assembly hall (Figure 38). The thrust stage and decorative proscenium were replaced by a smaller version. The proscenium was a painted plaster flat arch with expressed keystone. The thrust stage had side stairs and was flanked by dressing rooms. An archival photograph from 1897 indicates that the planned construction was completed by that date.

In 1895, a one-story Stick-style breezeway was constructed to connect the basement level of the western wing of the Center Building (Building 1) to the ground floor of the Bakery (Building 46).

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<sup>26</sup> Existing physical evidence, 1873 and 1875 *Annual Reports*, and archival photographs from 1897.

<sup>27</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>28</sup> 1882 and 1885 *Annual Reports*.

<sup>29</sup> 1883, 1895, and 1901 *Annual Reports*.

<sup>30</sup> The additions first appear in an 1883 Ground Plan. It appears as if late alterations were made to the drawing through the addition of wall opening in the adjacent Center Building to accommodate the additions. Archival photographs and maps verify that the additions were made between 1877 and 1883. Quinn Evans Architects, *St. Elizabeth's West Campus Center Building Rehabilitation Study* (Washington, D.C.: GSA, September 2007) also indicates an 1883 construction date.

<sup>31</sup> The enclosed corridor first appears on the 1895 site plan. An archival photograph from 1898 verifies the appearance.

The passageway had a standing-seam metal gable roof and multi-light casement windows and allowed for the easy and efficient transport of supplies and fresh baked goods between the buildings.<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. The compromised structural condition of the original porte cochère resulted in its dismantlement in 1908. The third and fourth floor balconies of the center tower remained.<sup>35</sup>

In 1912, the main hall of the Center Building was remodeled, as described in the 1912 *Annual Report*:

The main stairway in the center of the hall and the small one in the rear of the building have been torn down and these places refloored and replastered. This has improved the main hall and shows the full length without any obstruction. The linoleum has been pieced, covering up all vacant spaces, and new settees, made in the institution, line both walls. The second floor of the old Center has been remodeled, carrying out the idea from the first floor, and partitions erected separating entirely the stairways passing to the floors above and the wards on each side.<sup>36</sup>

The main stairway referenced in the 1912 *Annual Report* was an ornamental stair that connected the first and second floor, located at the north end of the hall. The added partition walls infilled the flat arch openings that separated the main hall from the flanking ward wings and stair hall.

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>

In 1928, the hospital constructed a beacon on the center tower of the Center Building at the request of Bolling Aviation Field.<sup>38</sup>

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<sup>32</sup> A site map from the 1895 *Annual Report* indicates that construction of the breezeway was underway. An archival photograph from 1898 depicts the completed passageway.

<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.

<sup>36</sup> 1912 *Annual Report*, 500 and comparison of 1905 archival photograph (GSA archive database no. DC0066SE0P072) and 1953 construction documents.

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

<sup>38</sup> 1928 *Annual Report*, 4.

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. In 1938, the porte cochère over the north entrance was reconstructed to match its 1874 appearance. The flat roof structure with dentilated cornice was supported on accoupled columns and had iron fretwork along the roofline. The decorative fretwork pattern was fabricated from the original balcony rails existing at the third and fourth floor levels. The support columns and cornice were replicated from historic photographs.<sup>39</sup> Additionally, the iron staircase at the exterior south entrance to the Center Building was removed and replaced by a concrete stair with pipe metal handrails. 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 Kalemein doors (a composite fire-rated door construction composed of a solid wood core and a galvanized sheet metal cladding).<sup>40</sup> As part of this work, a new staircase was installed on the east side of the central wing in the Center Building. The four-story flight of stairs was constructed of iron and had concrete terrazzo landings at each level.

In 1939, two rooms in the basement level of the Center Building were converted into a barber shop. The renovation was finished with tile floors and plaster walls and ceiling. Upgrades were made to the existing plumbing system, and guard screens were added to the windows to enhance security.<sup>41</sup> Additional basement rooms were converted into a locker room for employees in 1943.<sup>42</sup>

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>43</sup> These improvements were a precursor to the campus-wide upgrades and helped define the scope of electrical alterations.

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

In 1963, an \$865,000 appropriation was made for the installation of sprinkler systems in non-fire-resistant buildings. The suppression system 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

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

<sup>40</sup> 1938 *Annual Report*.

<sup>41</sup> 1939 *Annual Report*.

<sup>42</sup> 1943 *Annual Report*.

<sup>43</sup> 1956 construction documents.

plumbing systems, and the installation of fluorescent light fixtures. All additions were surface-mounted. Construction began in 1966 and continued through 1970.<sup>44</sup>

In 1966 the third floor chapel and assembly room in the Center Building was converted to a gymnasium. The chapel was located at the south end of the building and was a two-story space with elevated stage. In the 1966 construction, a new concrete floor with open web truss structure was laid over the existing floor, window openings were partially infilled with brick to reduce the size of the openings, and a suspended tile ceiling was installed below the existing ceiling line. The existing elevated stage was removed and the octagonal bay was partitioned off to provide additional storage space.<sup>45</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>46</sup> New downspouts were installed in 1960.<sup>47</sup>

In 1962, Superintendent Overholser retired and became the last superintendent to reside in the Center Building. Shortly after Overholser resigned, efforts were made to catalog historic artifacts contained within the Superintendent's apartment and convert the south portion of the space into a museum and the north portion into a staff lounge. In 1963, a steel-framed stair with concrete treads was constructed at the south end of the center hall in the Center Building. The stairway provided access between the first and second floors and was constructed in association with the conversion of the Superintendent's apartment into a museum.<sup>48</sup>

Due to its dilapidated condition, Dawes was demolished in 1965. Other projects initiated in 1967 aimed to improve security and safety. Metal-framed screen doors and windows were installed throughout the Center Building and stairwells were renovated to incorporate code compliance handrails.<sup>49</sup>

In 1969, historic wood flooring was repaired and replaced and existing linoleum and carpeting was removed throughout the Center Building group. The floor was 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 all other areas.<sup>50</sup>

After patients were transferred from all nineteenth-century buildings in 1970, the Center Building remained in use as office space and staff facilities; minor interior remodeling or the replacement of interior finishes occurred in some spaces during the 1970s and 1980s. In 1991, repairs were made to the roof of the Center Building and the western half of the East Wing. Deteriorating coping stones, drainage systems, and the parapet and flashing were repaired.<sup>51</sup> The central tower of the building was damaged by fire following a lightning strike in 2010.

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<sup>44</sup> 1961–1968 and 1970 *Annual Reports*. Construction documents from 1960 and 1963.

<sup>45</sup> 1966 construction documents.

<sup>46</sup> 1959 *Annual Report*.

<sup>47</sup> 1960 *Annual Report*.

<sup>48</sup> 1963 construction documents.

<sup>49</sup> 1967 construction documents.

<sup>50</sup> 1969 construction documents.

<sup>51</sup> 1991 construction documents.

B. Historical context<sup>52</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>53</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, new patient facilities were required to keep up with the increased population of veterans and change in treatment needs.<sup>54</sup>

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<sup>52</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>53</sup> *Report of the Secretary of the Interior*, 33rd Congress, 1st sess., S. doc. 35, February 21, 1854, 6.

<sup>54</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.

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>55</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 facilities 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>56</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>57</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>58</sup> Throughout White's tenure, St. Elizabeths Hospital continued to grow as a clinical institution, patient 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.

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<sup>55</sup> 1938 Key Plan of Buildings.

<sup>56</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>57</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>58</sup> *Cultural Landscape Report*, IV.7-8.

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 Center Building is the central portion of the original echelon plan developed for the Center Building group in the 1850s. The Center Building has a main north-south wing, four stories tall with an engaged five-story tower, that provided office and residential space for hospital staff as well as a large assembly hall later converted into a gymnasium. The central wing is flanked by two L-shaped four-story wings that housed patient wards. Building 1 is the original portion of the building, while Building 2 is a southward extension of the central wing constructed in 1874. Bathroom additions were added to the southernmost end of the eastern and western wings. 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; wood-framed multi-light windows; and wood-framed porte cochère and bay windows on north elevation with iron railings. On the interior, character-defining 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, cast iron ventilation grilles, wood and glass room dividers, wood casework, fireplaces and surrounds, and brick masonry vaulting.
2. Condition of fabric: At the time of the field survey for the Historic Structure Reports/Building Preservation Plans project in 2009, the Center Building was in fair to 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.

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

1. Overall dimensions: 192'-2" long by 294'-4" wide and 60'-0" tall above grade, with an 81'-8" tall tower.
2. Foundations: The foundation construction for the Center Building is stone masonry supporting load-bearing brick masonry walls. The bathroom additions have brick masonry foundations.

3. Walls: The exterior walls are brick masonry laid in a common bond pattern with a header course every six courses. The masonry walls are composed of common brick units that are typically 8-1/4 inches long and appear to be a low-fired clay brick. The building corners on the north facade are emphasized by diagonal brick masonry buttresses; each amortizement in the buttresses is topped by cast iron plate.

On the north facade, the exposed portion of the basement level is clad with sandstone masonry. On the south facade, the basement level is similarly clad with sandstone masonry at the eastern wing. At the east-facing side elevation of the central wing at the demarcation between Building 1 and Building 2, there is an offset in grade with a brick masonry retaining wall; the construction of the basement masonry changes at this location. To the west, the basement level is almost entirely above grade and is built of rusticated brick masonry, 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. In the rusticated portion, the basement level windows typically have flat rectangular cast iron sills and heads, painted red. The rusticated portion of the basement level is topped by a continuous sandstone water table. At the bathroom additions, the basement level is built of brick masonry, with sandstone used for window heads and sills; the water table at the top of the basement level is built of molded brick.

The walls have a continuous painted string course at the second floor window sill level; in most areas, this string course is cast iron, but some sections are sandstone. A different detail is used at the bathroom additions; the second floor windows have individual cast iron sills matching the other floors, and between the cast iron sills is a corbelled three-course high band of painted brick masonry, giving the appearance of a continuous string course.

Above the head of the top floor windows and defining the parapet zone is a molded brick string course, which is painted red. Where the molded brick course turns building corners, sandstone units maintain the same profile. At the east-west portion of the fourth floor in the eastern and western wings of the building as well as at Building 2, this string course is composed of cast iron. At the bathroom additions, a four-course high band of corbelled brick, painted red, mimics the design of this string course.

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 inches thick, with two wythes of masonry, and bear on arches within the basement level that span between the foundation walls at the corridor and exterior. The original floor construction consisted of wood joists spaced approximately 16 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. The original joist sizes ranged between 2-1/2-inches by 8-inches to 2-1/2-inches by 12-inches. Extensive portions of these floors have been replaced with temporary floor systems composed of 2-inch by 8-inch joists and plywood decking.

At the third floor gymnasium, the floor construction consists of steel bar joists that were added above the elevation of the original wood-framed floors and bear on the masonry walls. The steel bar joists support a reinforced concrete slab.

The roof areas located over the eastern and western wings are wood-framed with 3-inch by 6-inch rafters spaced at roughly 24 inches on center and sloped approximately 15 degrees. The rafters bear on wood sill plates notched into the top of the ceiling joists at the exterior walls and on continuous interior 3-inch by 4-inch (actual) wood beam and post assemblies that are supported along the top of the two corridor walls. The rafters are notched to engage both the interior 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 about 6 feet on center. These posts bear on wood sills that sit on either the ceiling joists or brick masonry that is above the corridor walls. The ceiling joists are typically 3-inch by 6-inch members that are spaced 16 inches on center. Wood plank sheathing (about 1-inch-thick) is provided over the rafters. Additional wood framing is located along the exterior walls to form crickets along the interior face of the parapets.

The roof over the central wing has 3-inch by 5-inch rafters spaced approximately 24 inches on center that span east to west in a similar fashion to the framing located at the eastern and western wings. The rafters are supported by the exterior walls and by the masonry corridor walls, which extend up through the attic to meet the sloped rafters. The ceiling within this portion of the building is framed with 3-inch by 9-inch joists spaced approximately 16 inches on center.

The roof on the north tower has tapered rafters that direct the low-slope roof to a centrally located drain. This roof framing is located above 3-inch by 10-inch ceiling joists spaced 16 inches on center that span 24 feet 8 inches north to south across the fifth level of the tower.

A series of three Howe timber trusses support the roof over the south end of the central wing of Building 1. These trusses were originally supported by a masonry wall at the south end. This wall was removed when Building 2 was constructed and four iron and timber trusses were provided to support the original Howe trusses. Wrought iron bands have been suspended from steel pins and are secured the top chords of the hybrid iron and timber trusses. The iron bands support iron bearing plates that in turn support the Howe trusses. Solid wood blocking and iron straps engage the top chords of the four adjacent hybrid trusses near the suspended straps, to distribute the load of the three Howe trusses.

The Building 2 roof is framed with inverted king-post trusses at the hips that are constructed with iron bottom chords and timber top chords. The Howe roof trusses support 3-inch by 5-inch rafters that are spaced approximately 20 inches on center with an approximate slope of 11 degrees, which in turn support 1-inch-thick plank roofing sheathing. The roof above the hybrid trusses has a slope of about 30 degrees. Four 12-inch-deep steel beams are located approximately 7 feet above the fifth floor level and span east to west between exterior walls; these beams appear to be supports for a former water tank. The trussed roof structure provides an unobstructed gymnasium space below.

The bathroom additions have load-bearing brick masonry walls that support cast-in-place concrete floors and a wood-framed roof. The floors are reinforced with diamond steel mesh and span between steel beams.

5. Porches, stoops, balconies, porticoes, bulkheads: At the center of the north facade there is a projecting porte cochère at the first floor. The porte cochère is a low-slope roof structure with a bracketed cornice and iron fretwork supported on coupled columns. The roof is surrounded by a cast iron balustrade. Within the porte cochère, the entrance door is located at grade, with interior

stairs at the vestibule providing access to the first floor. Above the porte cochère is a four-story projecting bay window with balconies at the third and fourth floors. The third floor balcony is supported by a bracketed cornice, while the fourth floor balcony is supported by cast iron brackets. Each balcony level has a cast iron balustrade.

On the south facade of the central wing, a masonry stoop leads from the rear entrance door to grade. The walls of the stoop are built of rusticated brick masonry matching the basement level walls. The landing and stairs are concrete. Along each side of the landing and stairs is an ornamental cast iron balustrade.

At the eastern and western wings on the north facade, there are masonry stoops that descend to grade from exterior doors at the interior stairwells. These stoops are built of sandstone masonry side walls supporting monolithic sandstone stair treads and landing. At the western wing only, painted metal pipe handrails are located on each side of the landing and stairs; the eastern wing stoop and stairs have no railings.

At the south facade, there are a number of basement-level doors that discharge either directly to grade or into sunken area wells defined by sandstone masonry retaining walls. The sunken area wells are typically surrounded by painted steel pipe guardrails.

6. Chimneys: A brick masonry chimney with five flues is located near the northwest corner of the central wing roof. Other chimneys are integrated with the central wing crenellated parapet wall and are now covered with sheet metal.
7. Openings
  - a. Doorways and doors: The exterior door openings are detailed similarly to the window openings, with cast iron hoods and sandstone sills. The north main entrance door is a painted wood stile-and-rail door with two wood panels at the lower half and a four-light glazed panel at the upper half. This door is set within a wood-framed window assembly of fixed and double-hung units. Within this outer door is a vestibule space enclosed by sandstone knee walls, with sandstone stair treads that ascend to the first floor level; there is a metal railing along the stairs. At the interior side of the vestibule is a single flat-panel hollow-core steel door set within a steel frame and steel infill panels. The door and infill panels fill a space originally intended to feature paired entrance doors and are surrounded by wood-framed sidelights and transom.

The south rear entrance door is an original painted wood stile-and-rail door, with two vertically oriented panels. This door is surrounded by wood-framed sidelights and transom.

The exterior door at the western wing stairwell is a painted hollow steel door in a steel frame, with an inset square window at the upper half. The transom has been infilled with brick masonry. The exterior door at the eastern wing is a painted six-panel, metal-clad wood stile-and-rail door. This door has a single-light transom above.
  - b. Windows and shutters: The window openings in the Center Building have painted Gothic Revival-style cast iron hoods and painted cast iron sills. The second floor window sills are typically cast iron, integrated with the continuous cast iron string course at this level. At the south part of the central wing, there were originally two-story window openings at the third floor level, corresponding to the location of the original assembly hall. These window openings were partially infilled with brick masonry as part of the conversion of the assembly

hall to a gymnasium. A variety of sash designs are present, including eighteen-over-eighteen, fifteen-over-fifteen, nine-over-nine, and six-over-six lights.

8. Roof

- a. Shape, covering: The Center Building roof has hip roofs at various levels, surrounded by parapet walls. The roofing is standing-seam galvanized sheet metal, over which several coatings have 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 Center Building has been abandoned, and non-original prefinished steel downspouts are present throughout the facades. Generally, these downspouts penetrate the wall below the parapet zone, and are connected by piping inside the building to the original roof drains. The non-original elevator penthouse in the central wing has a shed roof, which is covered by sheet membrane roofing with a sheet metal perimeter flashing/gravel stop. This roof slopes toward a continuous hanging gutter along the south roof edge.
- b. Cornice, eaves: The parapet wall of the Center Building is crenellated brick masonry with each crenellation typically aligned with a window bay of the facade. A painted continuous molded brick or cast iron 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, sandstone 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 replaced (and is partially formed around) the original molded brick coping. The concrete copings are clad with painted sheet metal.
- c. Dormers, cupolas, towers: Each roof area has sheet metal ventilators at the ridgeline.

C. Description of Interior:

1. Floor plans: The Center Building is four stories high and is composed of a central north-south wing and two L-shaped wings on the eastern and western sides. The southern quarter of the central wing comprises Building 2; the remainder of the structure is Building 1. The Center Building is nearly symmetrical about its north-south axis, with a few differences in room configurations. The eastern and western wings are divided into wards by floor. The west wing includes the Walnut Ward on the first floor, Maple Ward on the second floor, Poplar Ward on the third floor, and the infirmary on the fourth floor. The east wing has the Cherry Ward on the first floor, Chestnut Ward on the second floor, Cedar Ward on the third floor, and personnel quarters on the fourth floor.

The central wing of the Center Building is composed of a long north-south double-loaded corridor on the first and second floors. The Center Building entrance is located at the north end of the first floor corridor; access to the exterior is also provided through a door at the south end. The corridor is truncated on the third and fourth floors, accommodating the gymnasium in the southern half of the wing. The gymnasium is two stories tall, spanning the third and fourth floors. At each level, the central corridors connect to the eastern and western wings through central vestibules on each side of the corridors. The central corridors are lined with large offices.

Each floor of the eastern and western wings of the Center Building is laid out with a double-loaded east-west corridor serving bedrooms on both sides, and a dayroom and stairwell on the north side. Two alcove rooms are centrally located on the north and south sides of the corridor.

The corridors originate at the central wing of Building 1 with a small vestibule and terminate at a pair of windows at the far exterior elevation and a north-south transition corridors. Boundaries between different areas of the corridors are marked by corridor-wide full height plaster arches, supported by pilasters at the corridor walls. These arches are typically found at the interior end, dividing the central wing vestibule from the main corridor; at the north and south alcoves; at the exterior end, separating the main corridor from the section accessing the stairwell and dayroom; and at the far end leading to the south vestibule and transition corridor.

The north-south transition corridors connect to the main east-west corridors that continue into the West Wing (Building 3) and the East Wing (Building 4) at the first, second, and third floors. On the fourth floor, the transition corridors terminate at a suite of rooms on the south end. The transition corridors are double-loaded, serving small rooms on both sides. Some of these small rooms were renovated to serve as restrooms in conjunction with the later office use of the Center Building. At the south side of the main east-west corridors, the Center Building has a dining room at each floor and a narrow lavatory containing sinks and connecting to the bathroom addition. The bathroom addition has three spaces on each floor, typically a shower room, a toilet room, and a storage closet.

2. Stairways: The Center Building has three main stairwells that connect from the basement to the fourth floor: one at the east side of the central wing central corridor and one each at the north side of the eastern and western wings. There is also a stairway that connects the first and second floors at the south end of the central wing central corridor, and a stairway connecting the fourth and fifth floors of the main tower.

The central wing east side stairwell landings include an elevator shaft in the northeast corner. At the fourth floor, there is also a closet with a ladder leading to the roof in the southeast corner, accessed through a wood-framed opening. The stairs run in a U-shape with two intermediate landings per floor. The stairs are open with cast-metal balustrades paired with wood railings running along the stairs and landings. Each turning point is marked by a cast-metal newel post with cap. The stairs are cast-metal treads and risers finished with terrazzo on top and plaster underneath. The landings are finished similarly. The baseboard is painted wood at the landings and metal at the stairs. The walls and ceiling are plaster, and are chamfered at the fourth floor where they meet the ceiling. A skylight at the fourth floor brings light into the stairwell. There are doors at each floor on the east and west ends leading to the adjacent corridors. Most of these doors are flat slab painted metal doors with painted metal frames.

The stairwells in the eastern and western wings of the building have identical configurations. The stairwell is a hybrid of cast-metal treads and risers coupled with concrete landings. The underside of the stairs is painted. There is a metal handrail along the stairs. The walls are plaster applied directly to the brick masonry construction. The ceiling at the landings is painted concrete. The doors leading to the corridor are sheet metal-clad wood stile-and-rail doors, each with seven horizontal recessed panels. Each door is accompanied by a solid panel metal transom.

The stairway that connects the first and second floors at the south end of the central wing is a steel stair system with rubber treads. The stairway is enclosed within a partition wall at the first floor, but is open to the hall at the second floor. The stairwell opening at the second floor is surrounded by a painted steel balustrade constructed of welded square and rectangular bars.

The north tower has a continuous run of stairs that starts at the northwest end of the fourth floor and wraps around the sides of the tower, with landings at the fifth floor attic and at the roof access door. The stairs are wood construction with a wood banister supported by a knee wall clad with wood beadboard.

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. Painted plywood flooring, installed as a temporary repair, is also present throughout the building.

In the central wing, the corridors and offices typically have original tongue-and-groove wood flooring accompanied by a painted wood baseboard. Vinyl asbestos tile and carpet tile flooring finishes are present over the original flooring in some areas, and some wood baseboard has been replaced with vinyl base. The gymnasium floor is a concrete slab finished with vinyl asbestos tiles.

In the eastern and western wings, most areas have original tongue-and-groove wood floor accompanied by a painted or stained and varnished wood baseboard. Vinyl asbestos tile and carpet tile flooring finishes are present over the original flooring in some areas.

In the bathroom additions at the south end of the eastern and western wings, flooring includes ceramic tile or concrete with a ceramic tile or integral concrete base. At the non-original office bathrooms in the eastern and western wings, flooring is typically ceramic tile.

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, which varies between expanded metal and wood lath from room to room.

In the central wing, the first-, second-, and third floor offices and corridors have a plaster crown molding at the ceiling. The fourth floor rooms have a chamfered wall-ceiling transition created by three courses of corbelled brick at the top of the walls. Some offices have acoustic tiles affixed to the walls and ceiling. The gymnasium walls are plaster applied directly to the brick masonry construction with a tongue-and-groove wood paneled wainscot. The ceiling throughout the gymnasium is lath and plaster.

In some locations, original alcoves or corridor extensions have been enclosed with gypsum board-clad partition walls to create office spaces. Also, suspended acoustical tile ceiling systems are present in some areas below the original plaster ceilings.

In the bathroom additions at the south end of the eastern and western wings, the partition walls are approximately 3-inch-thick cementitious plaster, reinforced with an expanded metal lath system. The bathroom wing ceilings are typically concrete, with plaster supported by the wood roof framing at the fourth floor. At the non-original office bathrooms in the eastern and western wings, the walls are finished with a ceramic tile wainscot. Above the wainscot, the walls are painted plaster. These bathrooms have a suspended acoustical tile ceiling system.

## 5. Openings

- a. Doorways and doors: At the first, second, and fourth floors, the central wing office doors are typically recessed on the corridor side within cased plaster openings with iron bullnose trim.

The openings at the first and second floors are surmounted by a projecting plaster cornice supported by plaster Ionic-order brackets. The third floor openings have wood trim and casing of a different design on the corridor side; 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. On the interior side of the offices, the doors wood bullnose trim. The doors leading to the corridor and between offices also have a three-light wood-framed transom. The doors are wood four-panel stile-and-rail doors, generally painted, although a few doors retain a stained and varnished finish.

Throughout the eastern and western wings, except at portions of the western wing that open directly to the adjacent West Wing, the interior door openings generally lack trim on the interior side. Rather, the door and frame are recessed within a plastered opening defined by half-round painted iron corner bead. Most bedroom door openings include a five-light transom with metal mesh instead of glazing; some other door openings have six-light glass transoms. Within each room, the door has painted wood trim, generally of a plain profile, with a cornice detail at the head of the opening. Painted wood stile-and-rail four-panel doors are present. At a few areas, the wood doors retain a stained and varnished finish at the inset panels only.

At the portion of the western wing that is directly connected to the West Wing, interior door openings are 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 frames 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. The doors are four-panel wood stile-and-rail doors, partially painted, with only the inset panels retaining a stained and varnished finish.

The doors at the fourth floor corridors in the eastern and western wings have a different design. These doors have painted wood trim and casing on the corridor side and on the interior. The openings have three-part transoms with either glazing or metal mesh, and painted wood stile-and-rail four-panel doors.

In some locations, original alcoves or corridor extensions have been enclosed with new partition walls. At these non-original partitions, flat slab hollow-core wood veneer or metal doors are typically present. Similar flat slab metal doors are present at the non-original office bathrooms in the eastern and western wings and at the gymnasium. Also, flat slab wood veneer doors have been installed into some original wood door frames, especially in the eastern wing.

- b. Windows: As noted above, a variety of wood sash configurations are present in the building. At the central wing, the windows typically have six-over-six double-hung wood sash and are typically finished with a wood bullnose trim. The third floor offices lack the bullnose profile and instead have simple flat wood trim. The windows are recessed with wood shutters with a mixture of louvered and recessed wood panels. The window shutters fold into the side returns, creating the appearance of paneled returns. All wood components are either painted or varnished. The gymnasium windows have metal mesh security screens on the interior side.

In the eastern and western wings, the interior window sash and trim is typically painted. 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 in the western wing.

6. Decorative features and trim: Some of the central wing offices have a painted wood picture rail. Rooms used as storage closets typically have built-in wood shelving and hooks. Many of the central wing offices have closets with shelving or built-in wood bookshelves with glass doors. Some of the corridors in the eastern and western wings have plaster rosettes at the ceiling. Some fireplaces are intact in the central wing, with ceramic tile or encaustic tile surrounds and hearths; a few carved wood mantelpieces remain in place.

The corridors are divided by plaster arches marking the various sections. The arches are corridor-wide, typically resting on engaged columns capped with simple Doric capitals. At the second floor of the central wing, some arches are accompanied by a wood spindle-work lattice trim fitting into the top of the arch. At the fourth floor of the central wing, similar transitions are demarcated by engaged pilasters with chamfered tops.

The northern ends of the second and third floor corridors are divided by glazed partitions. On either side of a louvered wood door is a wide framed opening extending to the adjacent wall with three six-light windows atop wood panels. The windows are frosted glass with etched patterns.

7. Hardware: Doors in the central wing have mortised locksets with round knobs; knobs are brass, iron, or porcelain. There are circular rosettes at the knobs and separate escutcheons at keyholes. Patient bedrooms generally have iron pulls on the corridor side, mortised iron hinges, and keyholes with iron escutcheons. As part of the renovation of the building for office use, some of these doors were modified to receive brass-plated knobs and cylindrical locksets. Stairwell doors have mortised lockset with round 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>59</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 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.

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<sup>59</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.

The central wing also includes fireplaces in many of the offices that could supplement the original central heating system.

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 fitted 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.

Air conditioning was provided in some spaces by window air conditioning units, which have been removed. Central air conditioning has been installed in one location to condition the offices on the second floor of the central wing.

- b. Lighting: In the central wing and corridors throughout the building, most areas have suspended fluorescent light fixtures. The rooms of the eastern and western wings of the building typically have ceiling-mounted, dome-shaped light fixtures, although some spaces have suspended fluorescent fixtures. The gymnasium has fifty-four recessed incandescent square lights arranged in a grid across the ceiling. Electrical conduit is surface-mounted to the walls throughout the building.
- c. Plumbing: The central wing has porcelain toilets and pedestal sinks at private office washrooms, and wall-mounted porcelain sinks in some offices. The Matron’s Office has a unique wall-mounted enameled cast iron folding sink. Office area restrooms have non-original late-twentieth-century fixtures. Porcelain fixtures remain in place in the bathroom additions. 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 of the Center Building and separates the building from the ravine. To the north of the Center Building, the landscape consists of a grass lawn and large trees. Cedar Drive connects to an asphalt-paved parking lot in front of the building; brick paving level with the parking lot is continuous under the porte cochère and extends to the front door of the building. On the south side of the building, the courtyard defined by the eastern wing is planted with grass and mature trees, and includes an ornamental fountain. The lawn continues to the edge of Hemlock Street. At the central wing, the south entrance stoop discharges to a brick paved sidewalk along Hemlock Street, which continues south on axis with the central wing. Half of the courtyard defined by the western wing is planted with grass, while the other half is paved with asphalt as a parking lot. The parking lot paving directly abuts the building exterior walls. At the south end of the bathroom addition to the

western wing, there is a wood-framed enclosed corridor connecting the Center Building group to the Bakery and General Kitchen (Building 45) complex to the south.

### **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 of the Center Building 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 Center Building 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. GSA archives, image DC0066SE0P036.
5. GSA archives, image DC0066SE0P035.
6. GSA archives, image DC0066SE0P021.
7. GSA archives, image DC0066SE0P003.
8. GSA archives, image DC0066SE0P018.
9. GSA archives, image DC0066SE0P020.
10. GSA archives, image DC0066SE0P019.
11. GSA archives, image DC0066SE0P014.
12. GSA archives, image DC0066SE0P011.
13. GSA archives, image DC0070SE0P008.
14. GSA archives, image DC0070SE0P015.
15. GSA archives, image DC0070SE0P017.
16. GSA archives, image DC0066SE0P072.
17. GSA archives, image DC0066SE0P069.
18. GSA archives, image DC0066SE0P070.
19. GSA archives, image DC0066SE0P071.
20. GSA archives, image DC0066SE0P073.
21. GSA archives, image DC0066SE0P074.
22. GSA archives, image DC0066SE0P075.
23. GSA archives, image DC0070SE0P013.
24. GSA archives, image DC0070SE0P014.
25. GSA archives, image DC0070SE0P016.
26. GSA archives, image DC0066SE0P010.
27. GSA archives, image DC0066SE0P015.
28. GSA archives, image DC0080SE0P003.
29. GSA archives, image DC0080SE0P004.
30. National Photo Company archives at the Library of Congress.
31. GSA archives, image DC0066SE0P026.
32. GSA archives, image DC0066SE0P025.
33. GSA archives, image DC0066SE0109.
34. GSA archives, image DC0066SE0004.
35. GSA archives, image DC0066SE0005.
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45. GSA archives, image DC0066SE0015.
46. GSA archives, image DC0066SE0016.
47. GSA archives, image DC0066SE0132.

48. GSA archives, image DC0066SE0P031.
49. GSA archives, image DC0066SE0P034.
50. GSA archives, image DC0066SE0029.
51. GSA archives, image DC0066SE0030.
52. GSA archives, image DC0070SE0P021.
53. GSA archives, image DC0070SE0P001.
54. GSA archives, image DC0070SE0P002.
55. GSA archives, image DC0080SE0P001.

#### **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

CENTER BUILDING (Buildings 1 and 2)  
St. Elizabeths West Campus  
539–559 Cedar Drive SE  
Washington, D.C.

HABS No. DC-349-W



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

ST. ELIZABETHS HOSPITAL  
 CENTER BUILDING (BUILDINGS 1 AND 2)  
 HABS No. DC-349-W  
 SUPPLEMENTAL MATERIAL (Page 2)

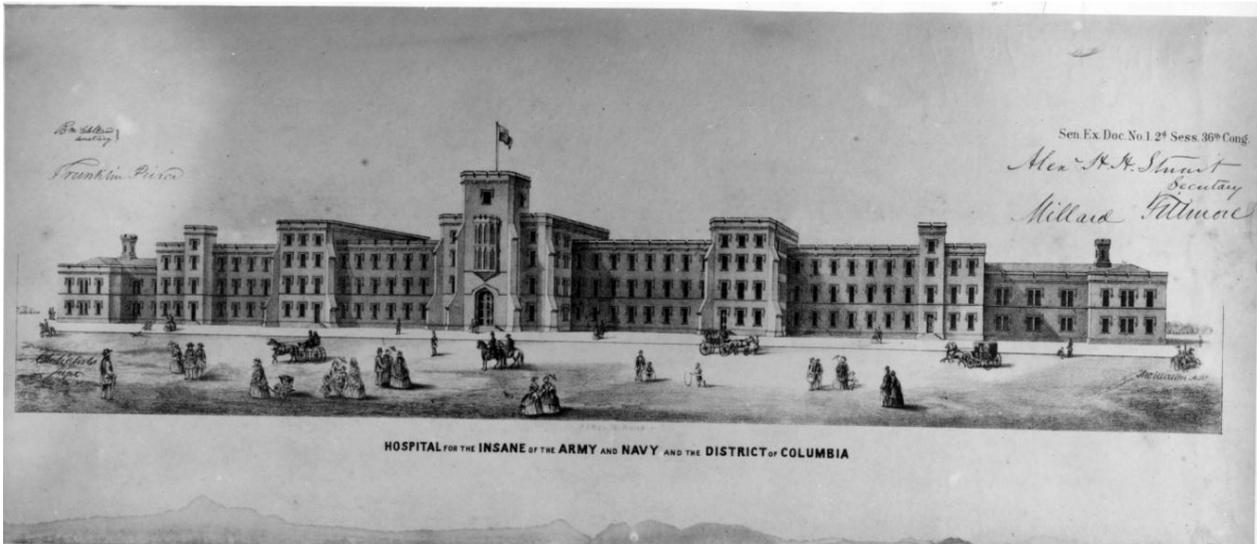


Figure 2. Sketch of St. Elizabeths Hospital by Thomas U. Walter and signed by Millard Fillmore, 1860. Source: National Archives, Record Group 418.

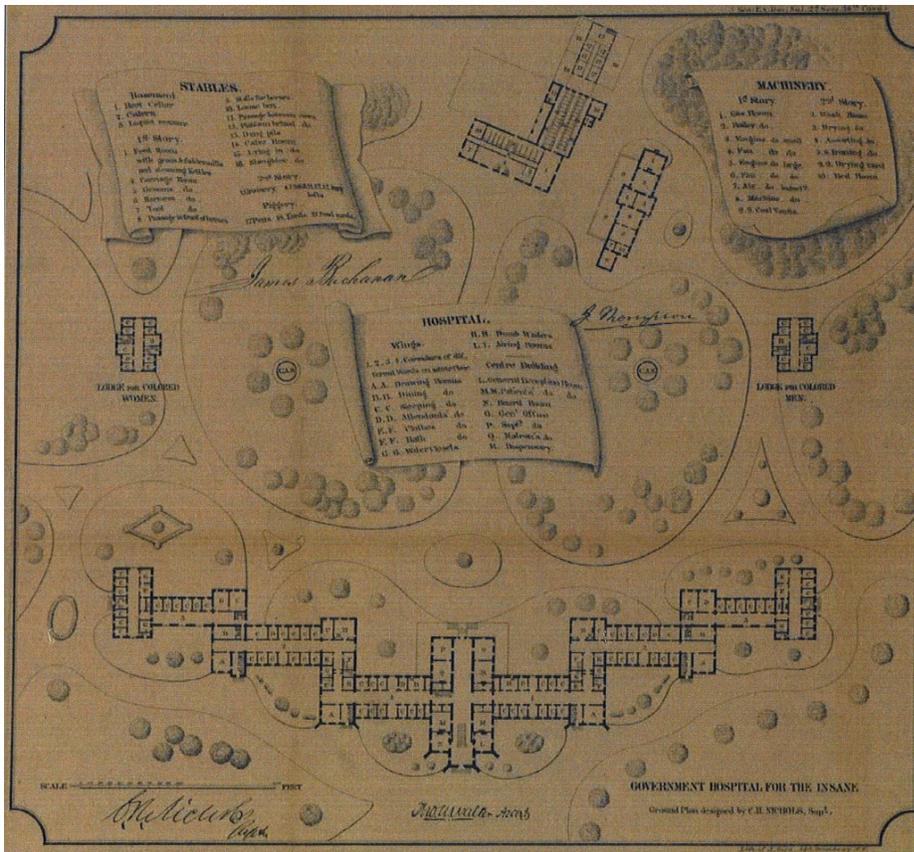


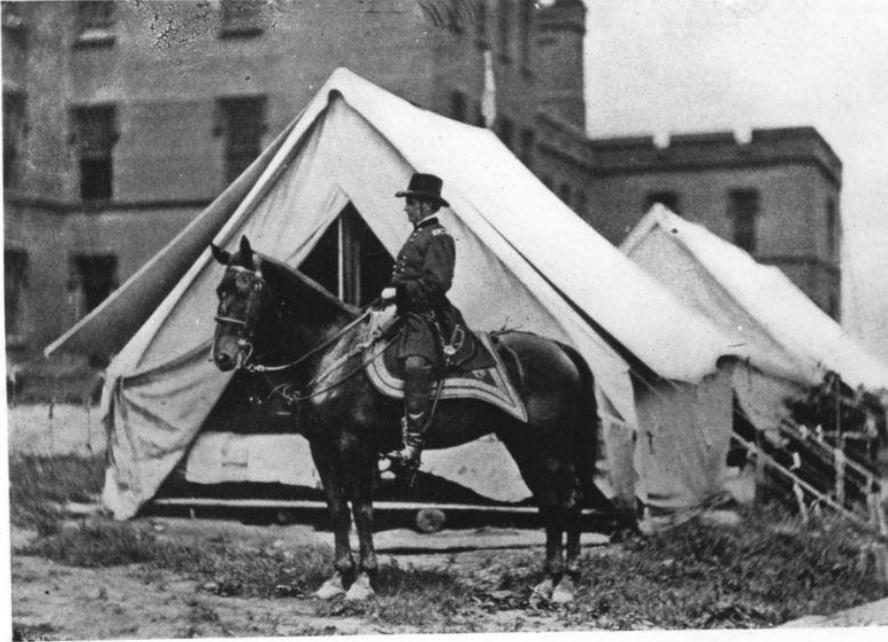
Figure 3. 1860 Ground Plan designed by Charles Nichols and signed by Architect Thomas U. Walter and President James Buchanan. Source: Library of Congress.



*Figure 4. A view of the Center Building during initial construction, undated. Source: GSA archives, image DC0066SE0P036.*



*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.*



No. 81  
GEN'L HOOKER ON HORSE  
Fighting Joe Hooker as he was called was appointed in command of the Army of the Potomac January 25—1863 succeeding Burnside. He was himself succeeded by Gen'l Meade June 27th 1863. This was taken just before he started with the army of the Potomac after Gen'l Lee up in Pannsylvania. Gen'l Hooker was born in Holly Mass Nov 3. 1814 died in Garden City N.Y. Oct 31—1879.

*Figure 6. General Joseph Hooker on a horse in front of the Center Building. Source: GSA archives, image DC0066SE0P021.*



*Figure 7. View from the north of the Center Building with porte cochère, balconies, and fourth floor additions to side wings, circa 1889. Source: GSA archives, image DC0066SE0P003.*



*Figure 8. The south elevation of the Center Building, 1897. Source: GSA archives, image DC0066SE0P018.*



*Figure 9. Back wall of the chapel in the Center Building, 1897. Source: GSA archives, image DC0066SE0P020.*



*Figure 10. Stage at the chapel in the Center Building, 1897. Source: GSA archives, image DC0066SE0P019.*



*Figure 11. North entrance elevation of the Center Building, 1897. Source: GSA archives, image DC0066SE0P014.*



Figure 12. West end of the south elevation of the Center Building, 1898. Source: GSA archives, image DC0066SE0P011.



Figure 13. Dining Room in Center Building, Maple ward, 1905. Source: GSA archives, image DC0070SE0P008.



Figure 14. Alcove in Center Building, Poplar ward, 1905. Source: GSA archives, image DC0070SE0P015.



Figure 15. Patient room in Center Building, Poplar ward, 1905. Source: GSA archives, image DC0070SE0P017.



*Figure 16. Main hall in the Superintendent's apartment at the second floor of the Center Building, 1905. Note the staircase located at the center of the hall in the background. Source: GSA archives, image DC0066SE0P072.*



*Figure 17. The study room at the north end of the second floor of the Center Building, 1905. Source: GSA archives, image DC0066SE0P069.*



*Figure 18. The Superintendent's dining room on the second floor of the Center Building, 1905. Source: GSA archives, image DC0066SE0P070.*



*Figure 19. The Superintendent's east sitting room on the second floor of the Center Building, 1905. Source: GSA archives, image DC0066SE0P071.*



*Figure 20. The second floor north sitting room at the end of the main hall on the second floor of the Center Building, 1905. Source: GSA archives, image DC0066SE0P073.*



*Figure 21. View of the north sitting room in the Center Building, 1905. Source: GSA archives, image DC0066SE0P074.*



Figure 22. View of the Superintendent's library in the Center Building, 1905, Source: GSA archives, image DC0066SE0P075.



Figure 23. Dayroom in the Center Building, Poplar ward, 1905. Source: GSA archives, image DC0070SE0P013.



Figure 24. Dining room in Center Building, Poplar ward, 1905. Source: GSA archives, image DC0070SE0P014.



Figure 25. Patient single room in Center Building, Poplar ward, 1905. Source: GSA archives, image DC0070SE0P016.



Figure 26. The main corridor in the Maple ward, the second floor of the west wing of the Center Building, 1905.  
Source: GSA archives, image DC0066SE0P010.



Figure 27. An alcove in the Maple ward, the second floor ward of the west wing of the Center Building, 1905.  
Source: GSA archives, image DC0066SE0P015.



Figure 28. Reception room in the Center Building, Cherry ward, 1905. Source: GSA archives, image DC0080SE0P003.



Figure 29. Cherry ward corridor, Center Building. Source: GSA archives, image DC0080SE0P004.



*Figure 30. North facade of the Center Building following the dismantlement of the porte cochère, between 1908 and 1932. Source: National Photo Company archives at the Library of Congress.*



*Figure 31. The Center Building, 1930. Source: GSA archives, image DC0066SE0P026.*



center building, showing newly constructed porte-cochere, St. Elizabeths Hospital  
*Figure 32. The Center Building, 1938. Source: GSA archives, image DC0066SE0P025.*

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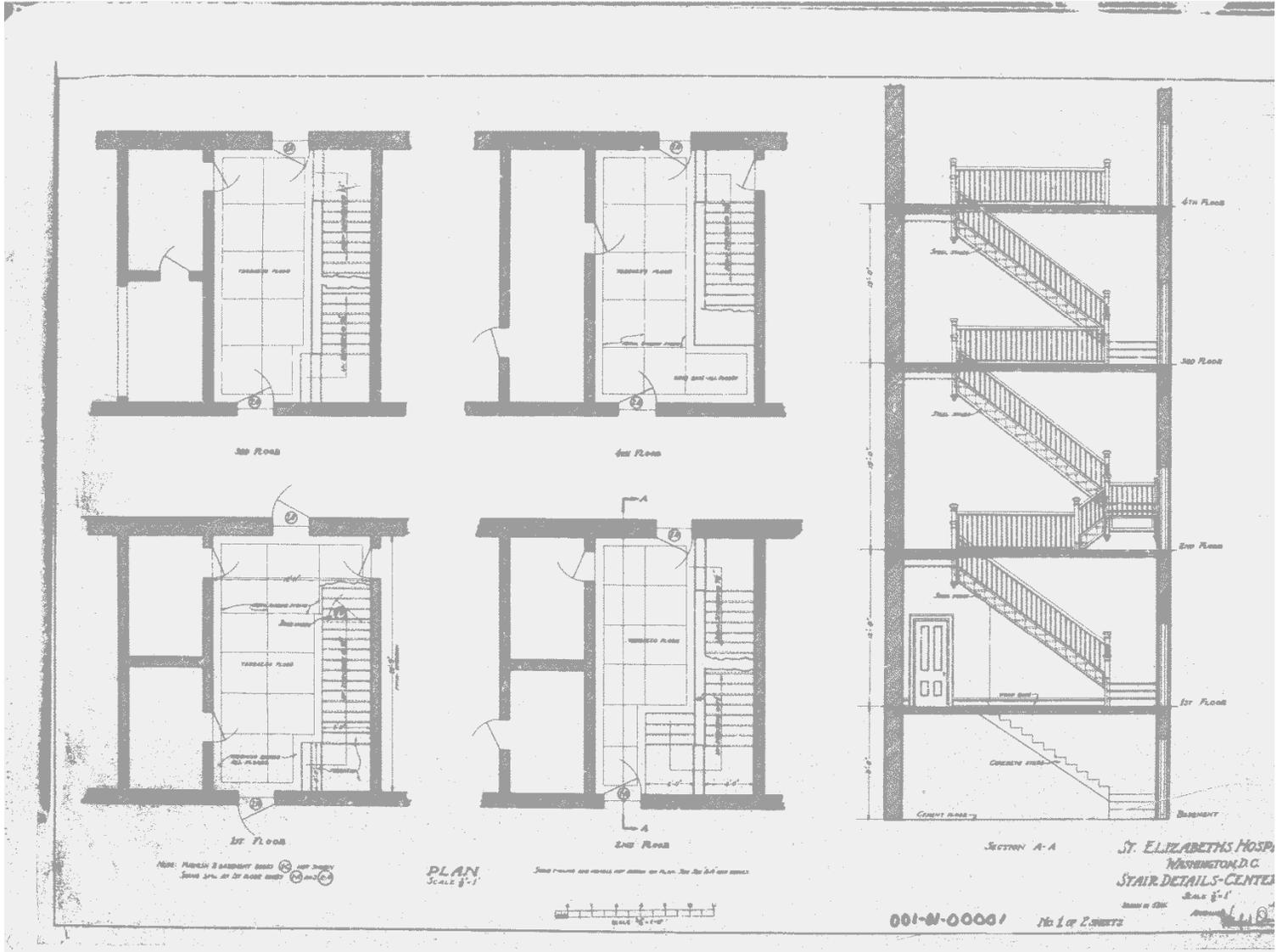


Figure 33. Stairwell renovation at the center Building, 1938. Source: GSA archives, image DC0066SE0109.

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 CENTER BUILDING (BUILDINGS 1 AND 2)  
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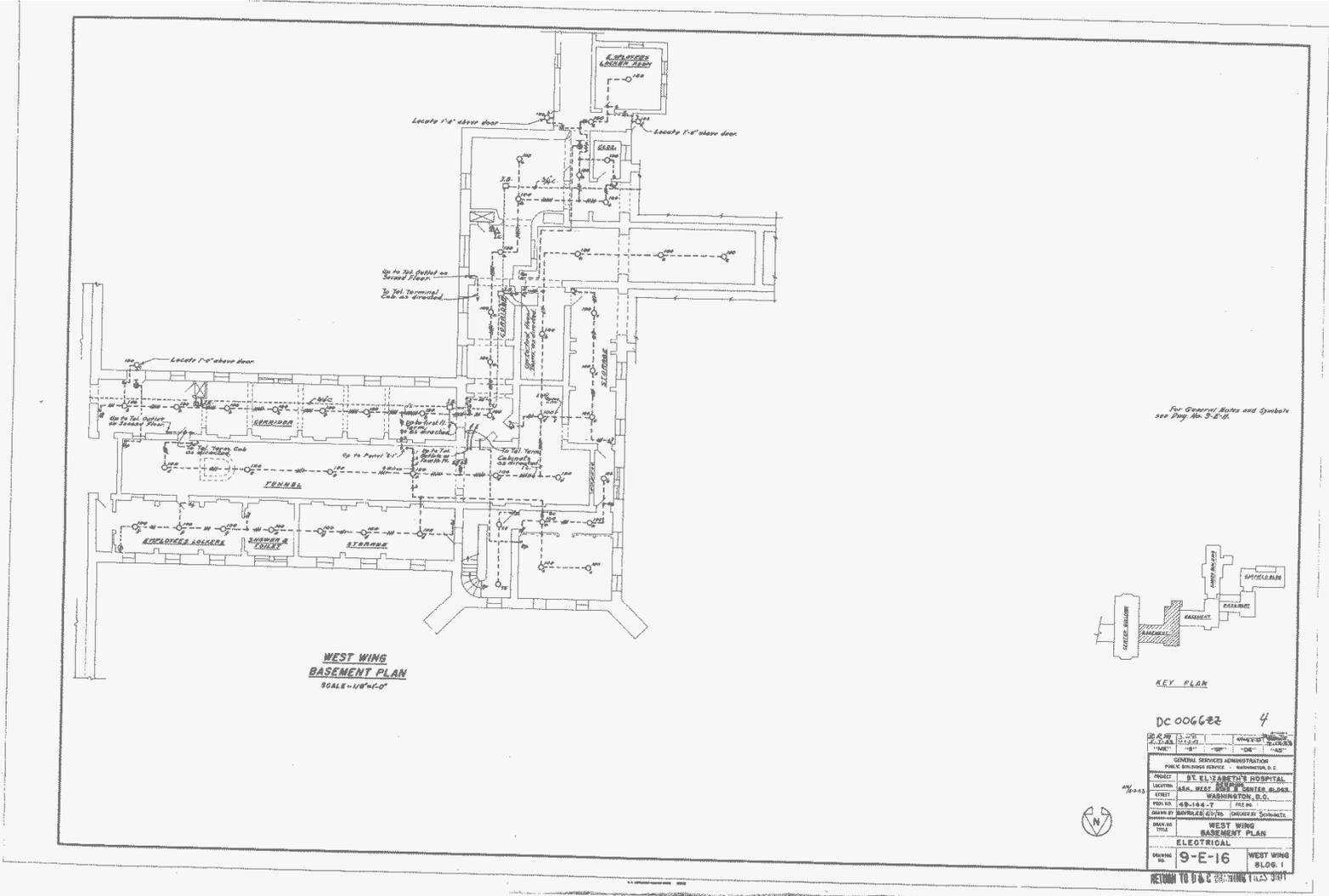


Figure 34. Basement plan of the west wing of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0004.



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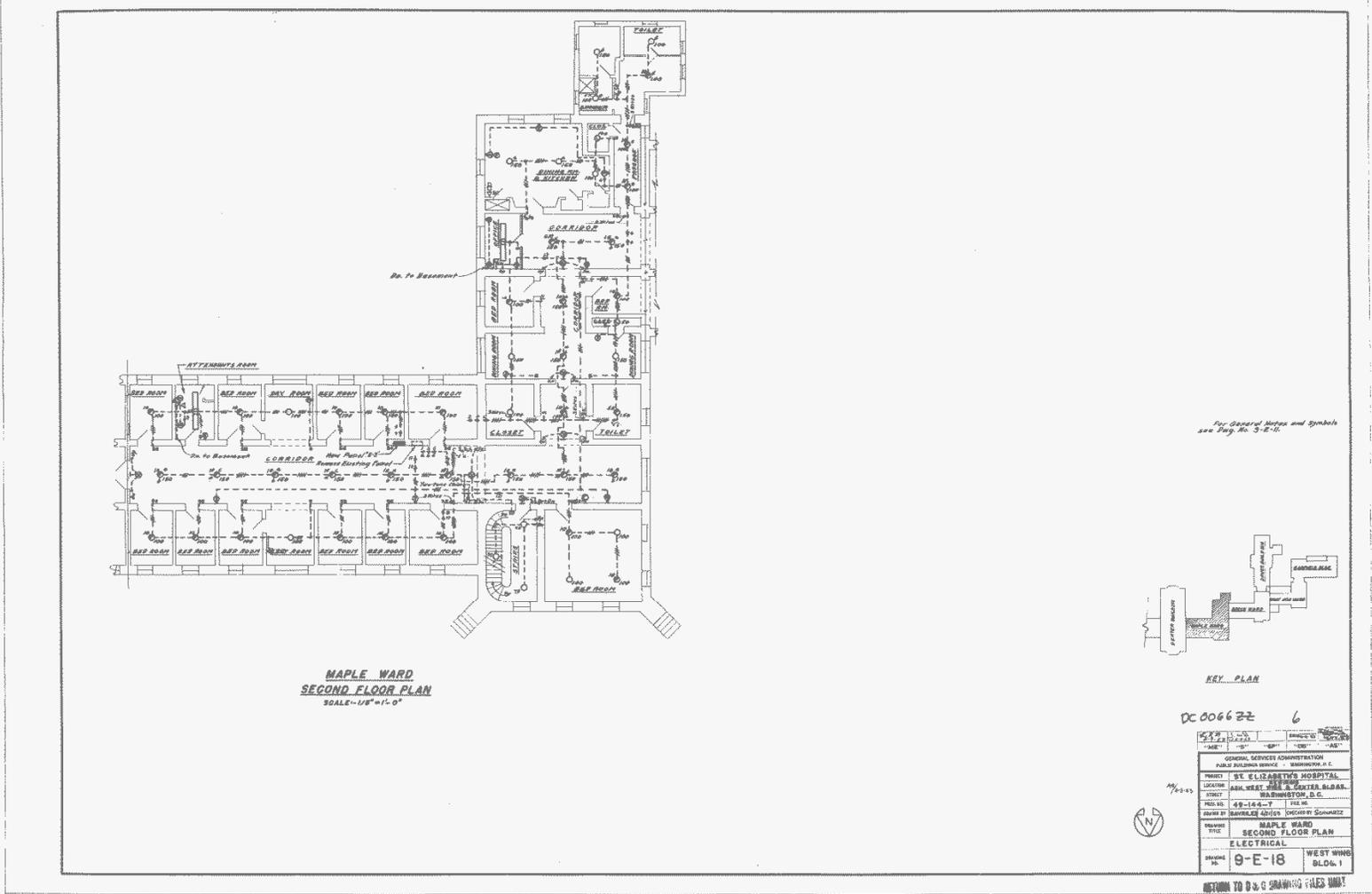


Figure 36. Second floor plan of the west wing of the Center Building, Maple ward, outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0006.

ST. ELIZABETHS HOSPITAL  
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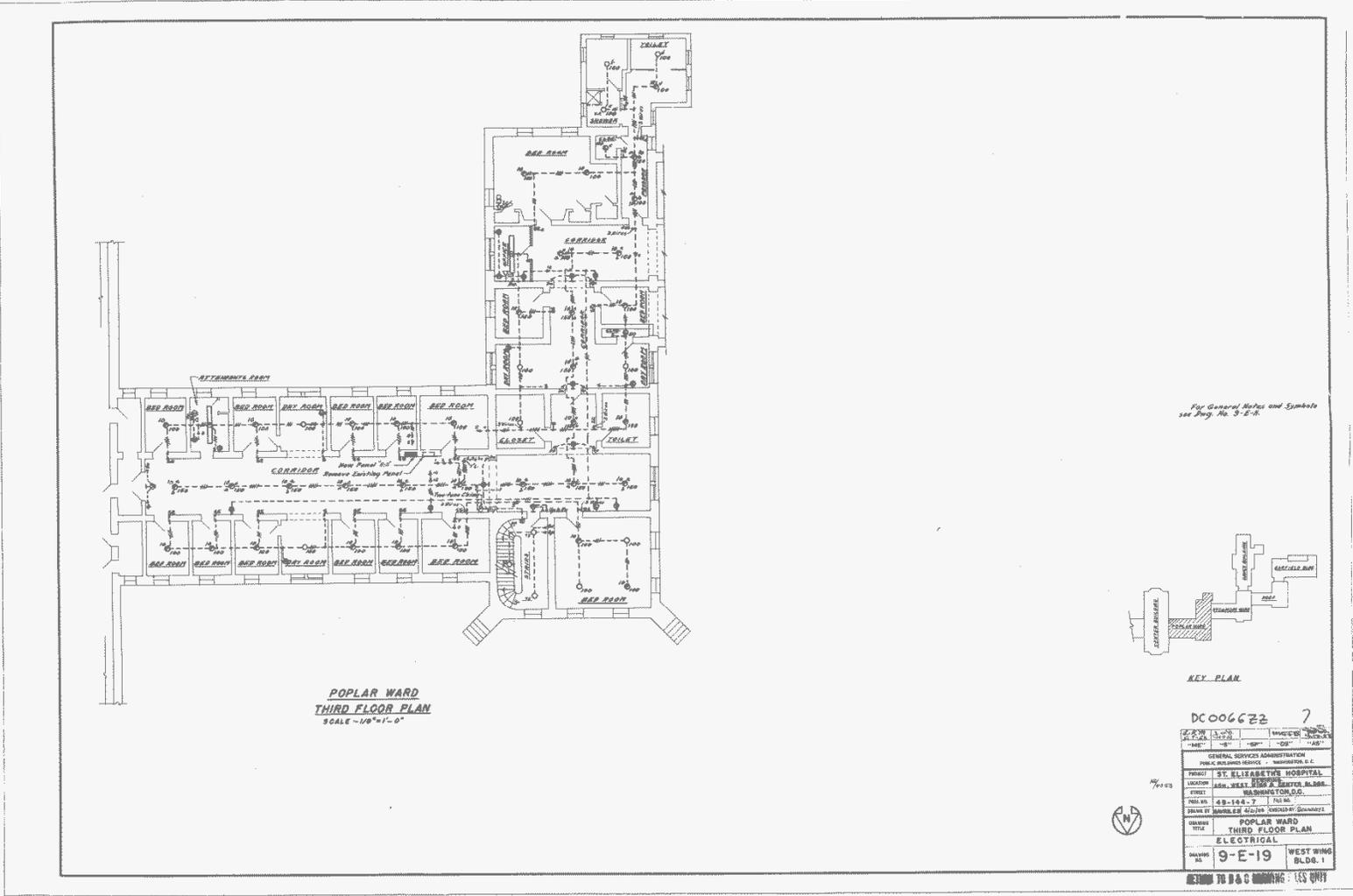


Figure 37. Third floor plan of the west wing of the Center Building, Poplar ward, outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0007.



ST. ELIZABETHS HOSPITAL  
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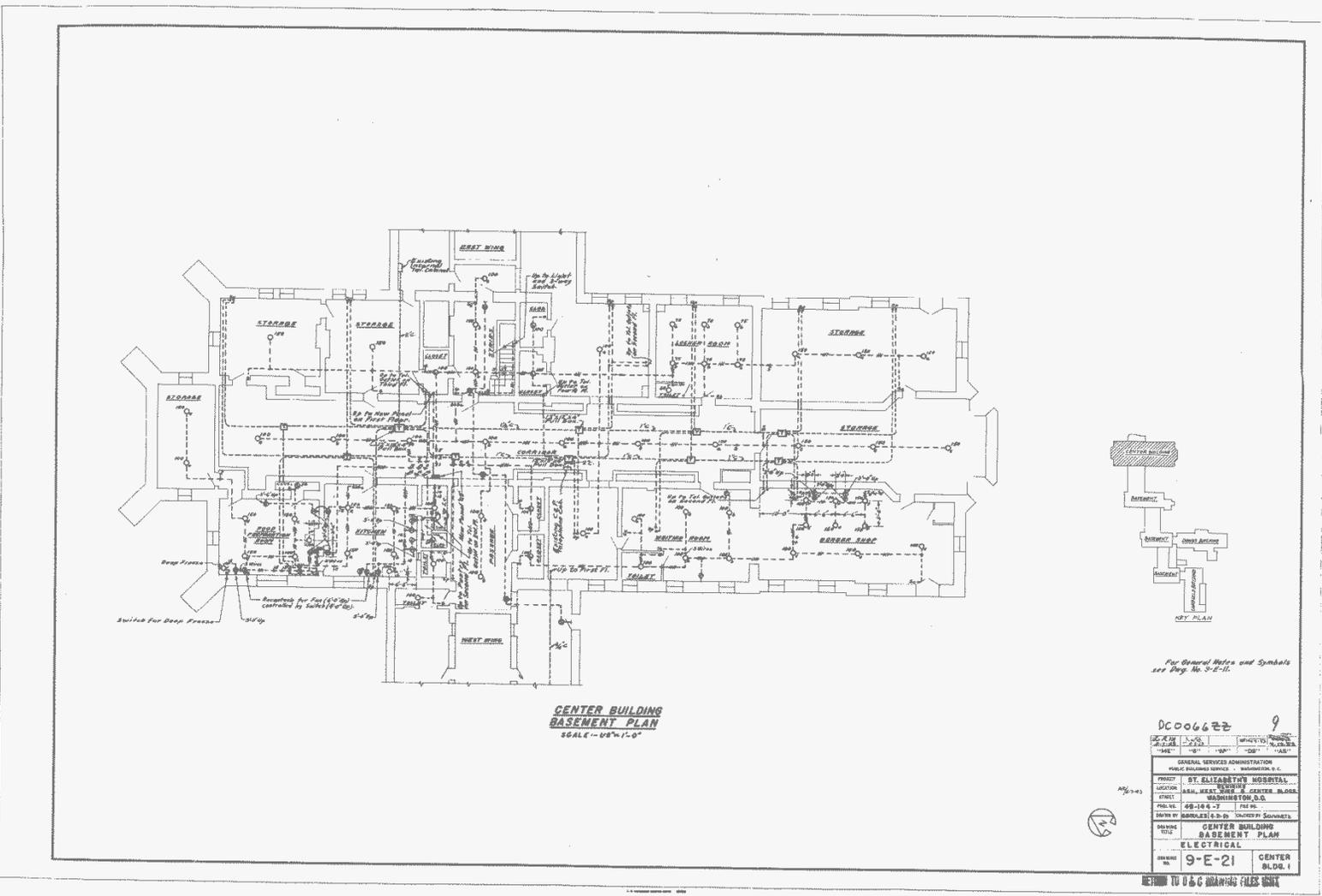


Figure 39. Basement plan of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0009.

ST. ELIZABETHS HOSPITAL  
 CENTER BUILDING (BUILDINGS 1 AND 2)  
 HABS No. DC-349-W  
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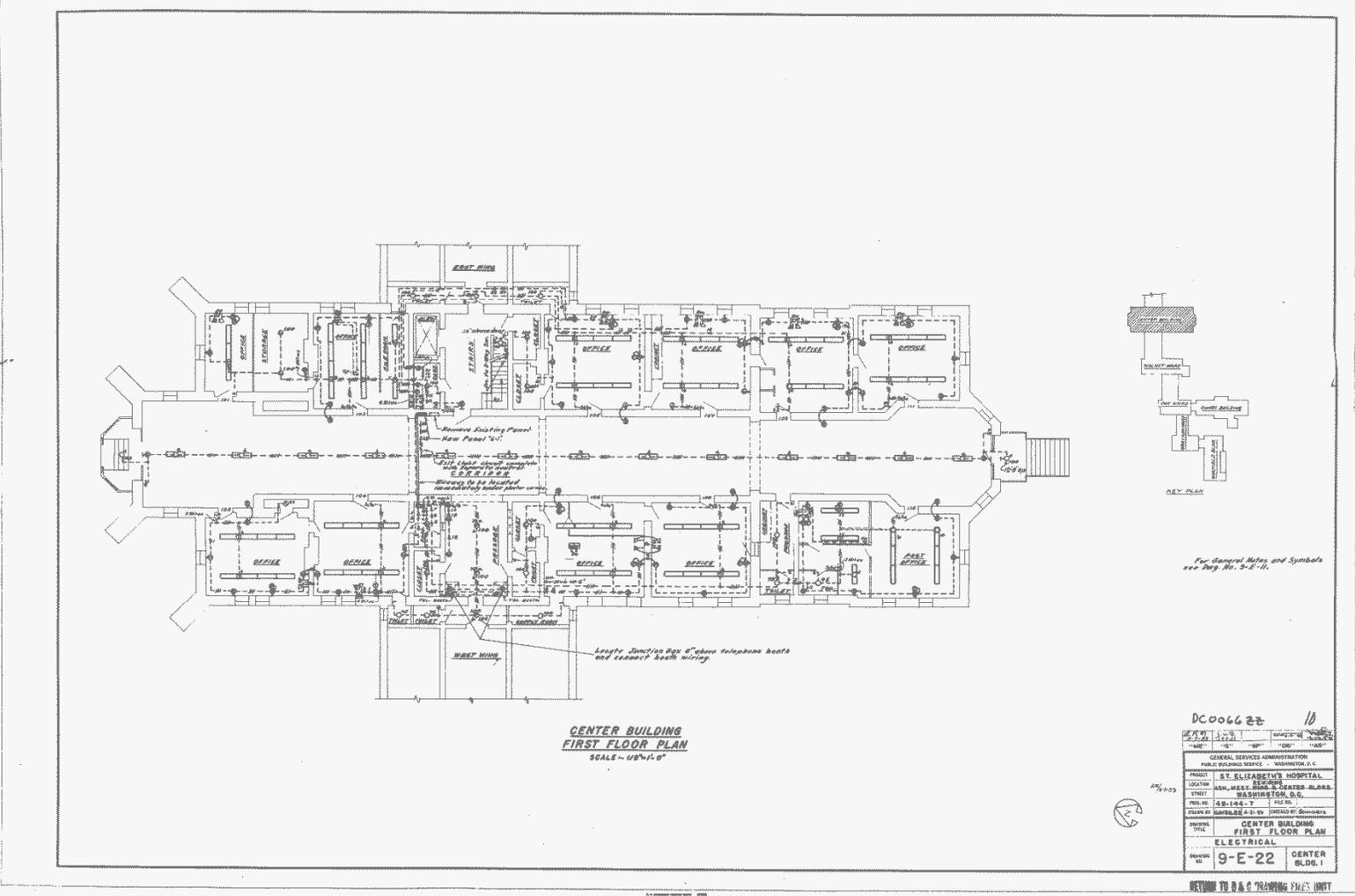


Figure 40. First floor plan of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0010.



ST. ELIZABETHS HOSPITAL  
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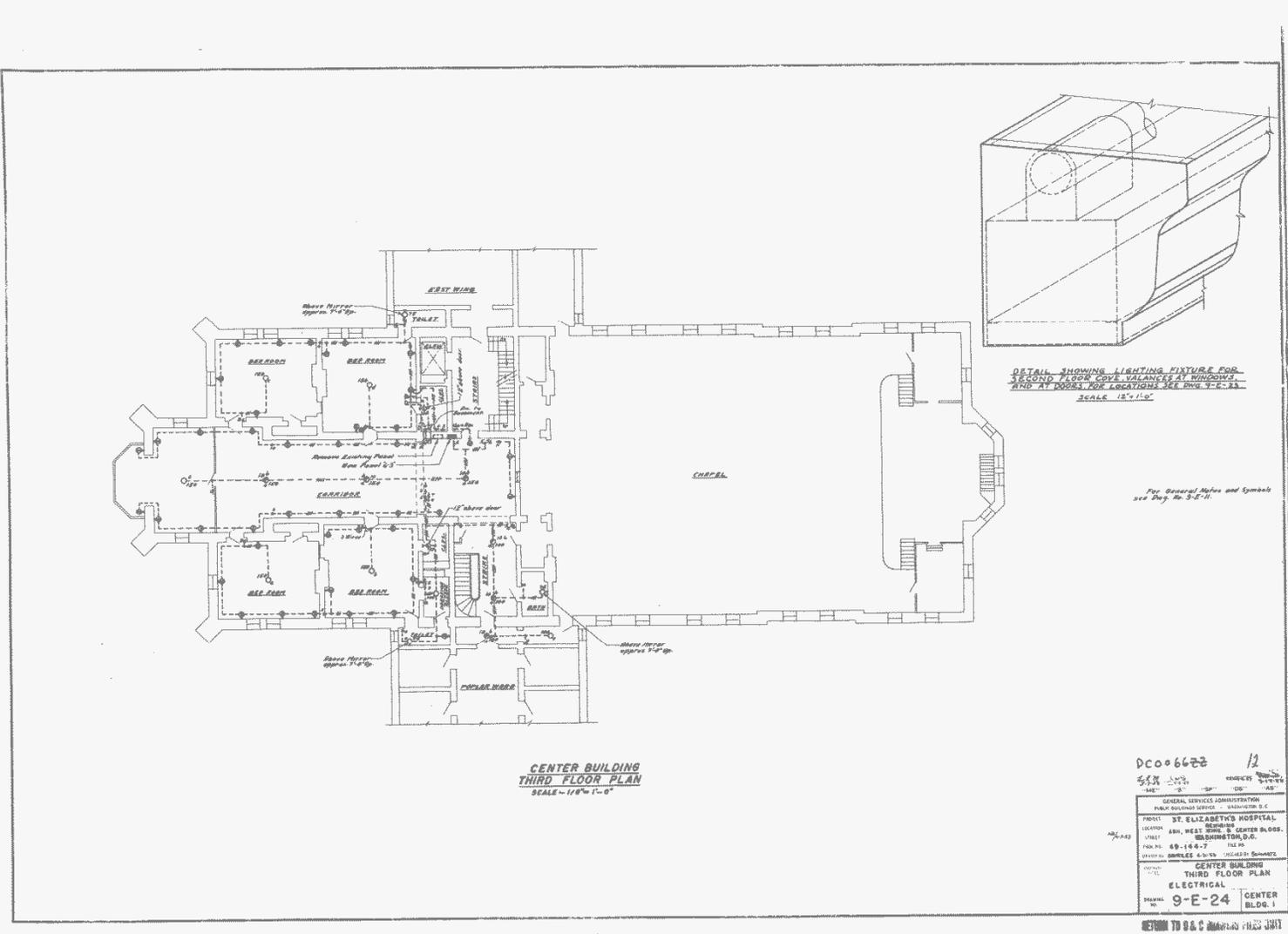


Figure 42. Third floor plan of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0012.

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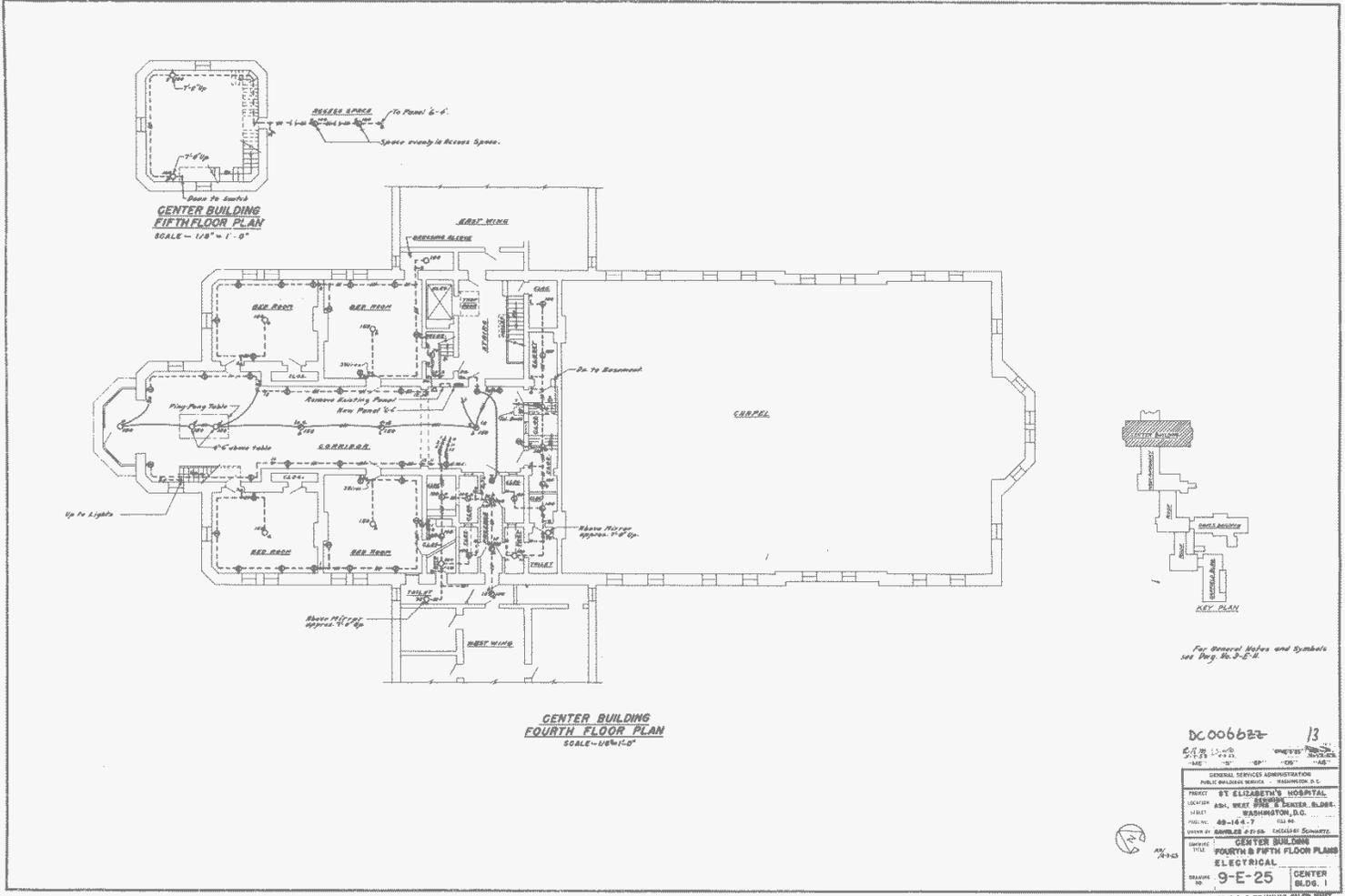


Figure 43. Fourth floor plan of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0013.

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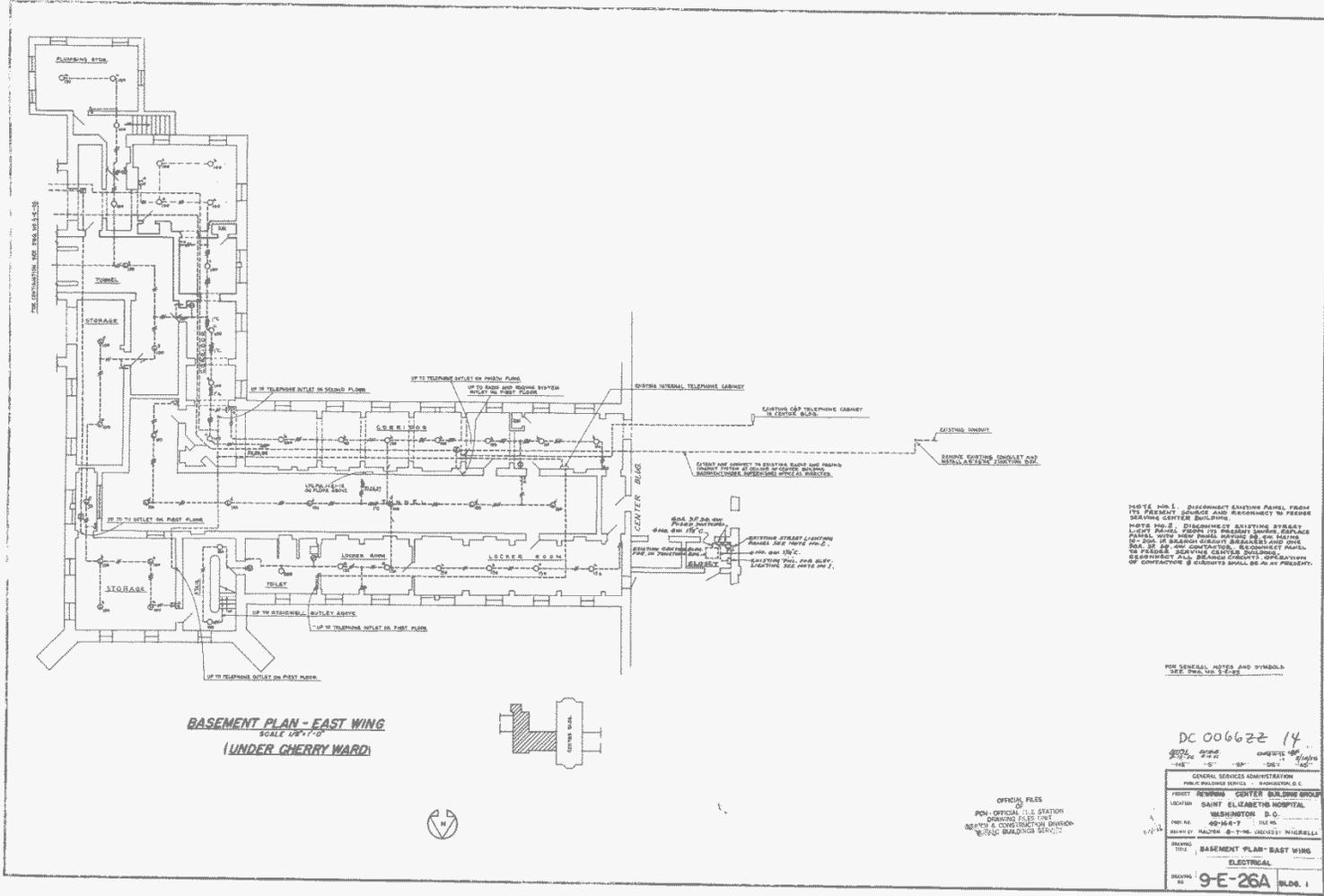


Figure 44. Basement plan of the east wing of the Center Building outlining improvements to the electrical system, 1953. Source: GSA archives, image DC0066SE0014.





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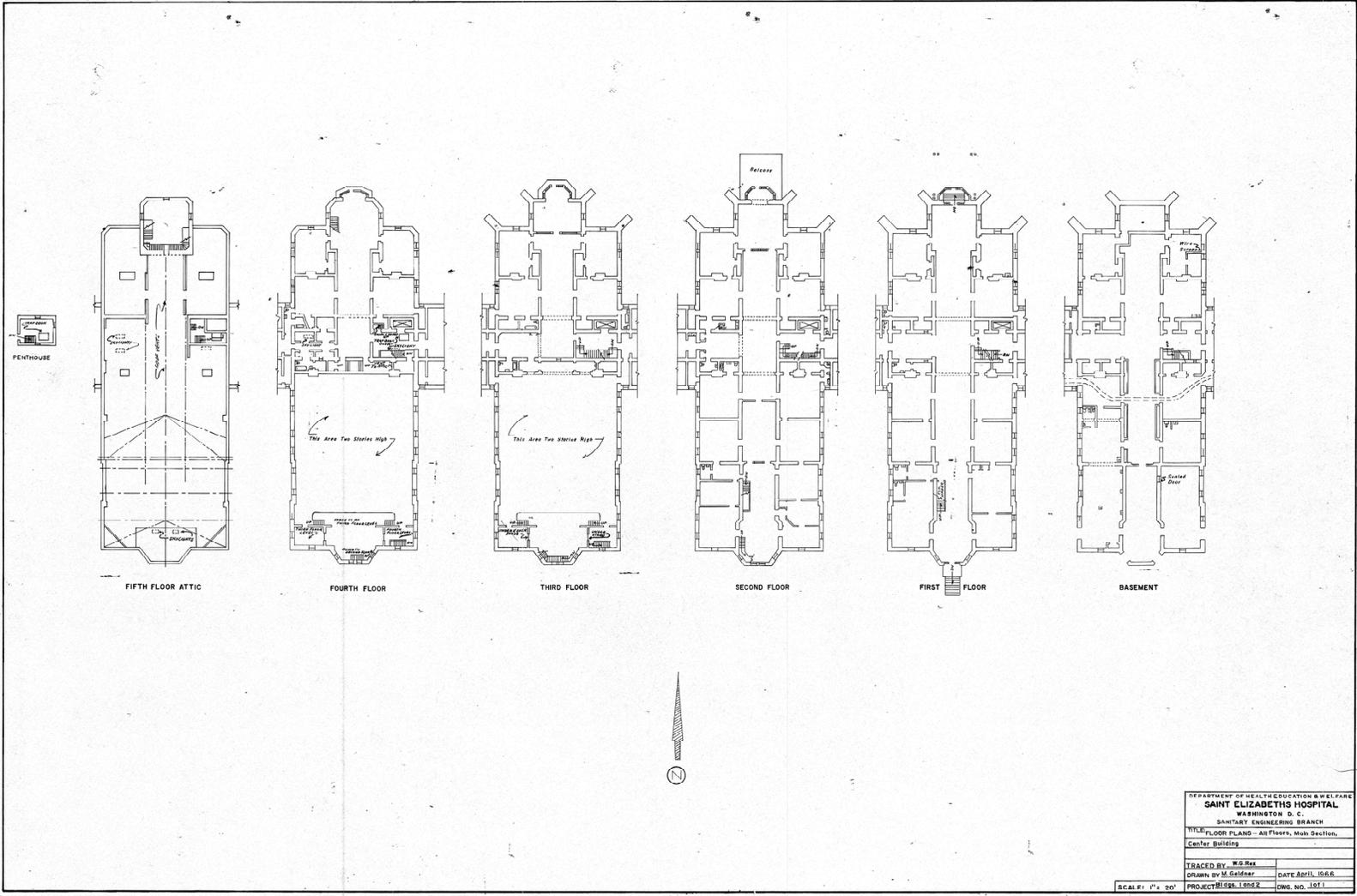


Figure 47. Floor plans of the Center Building, 1966. Source: GSA archives, image DC0066SE0132.



*Figure 48. The porte cochère at the Center Building, 1964. Source: GSA archives, image DC0066SE0P031.*



*Figure 49. South elevation of the Center Building, 1964. Source: GSA archives, image DC0066SE0P034.*

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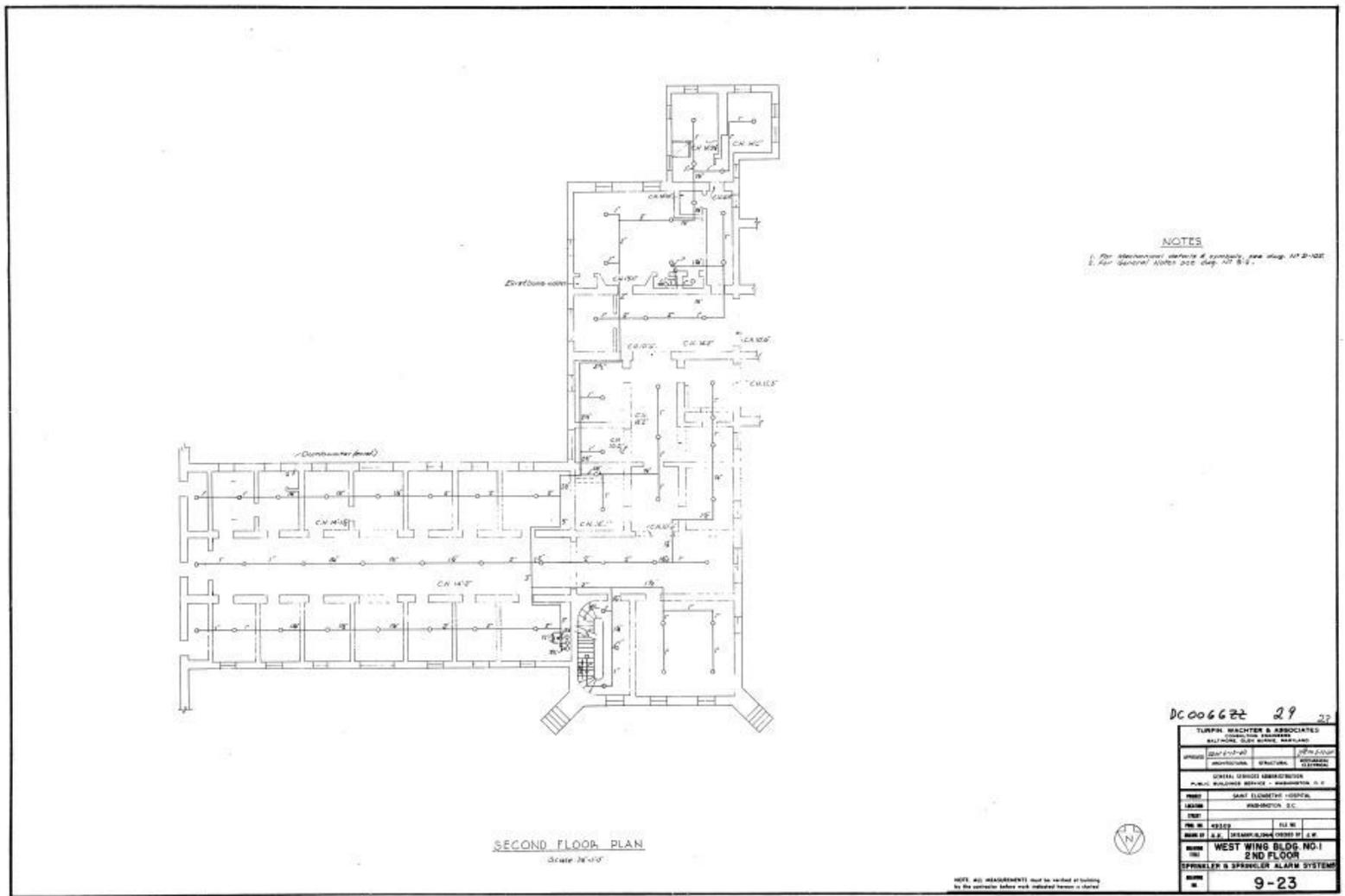


Figure 50. Second Floor Renovation Plans, West Wing, 1964. Source: GSA archives, image DC0066SE0029.

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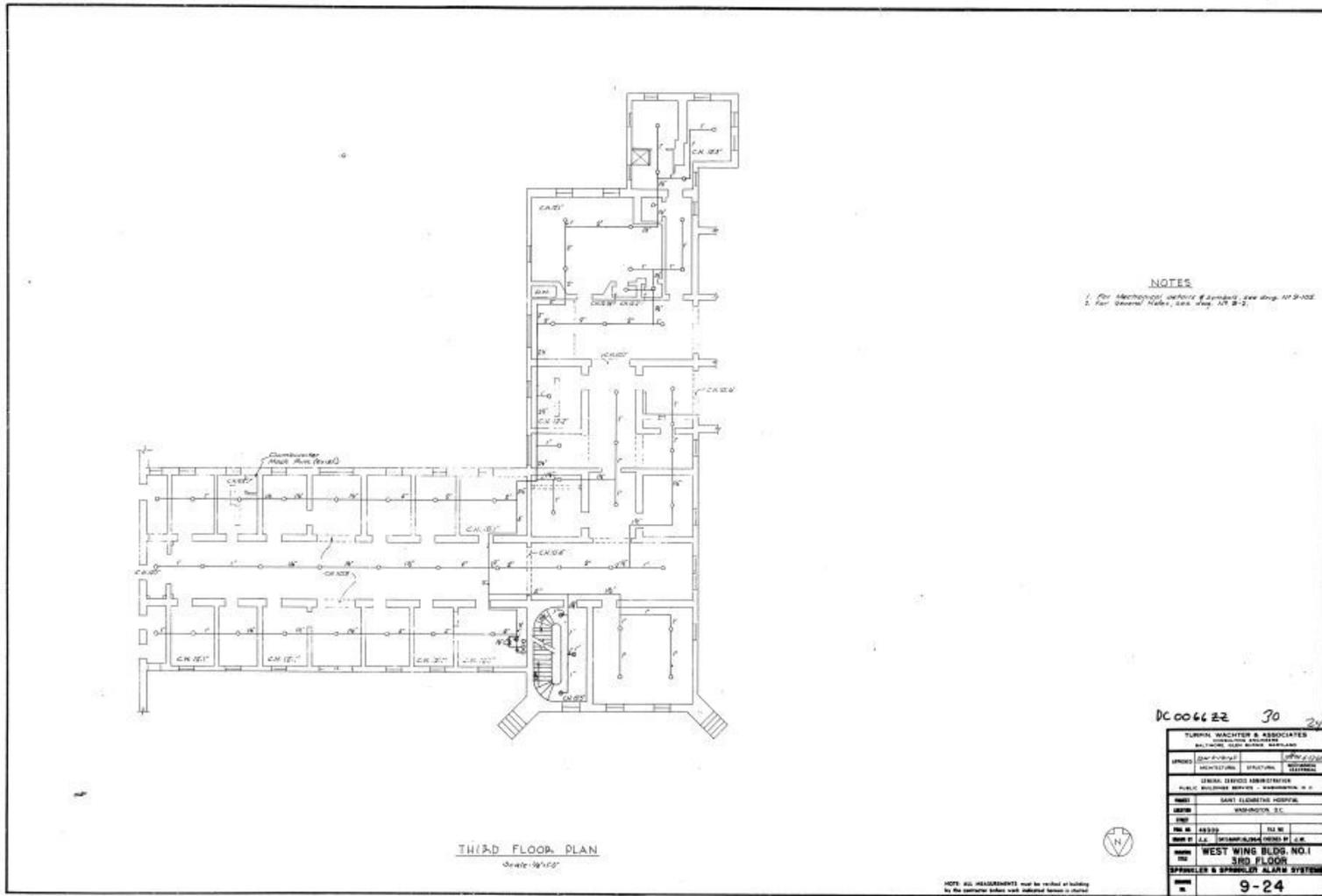


Figure 51. Third Floor Renovation Plans, West Wing, 1964. Source: GSA archives, image DC0066SE0030.



*Figure 52. Bathroom in the Center Building, Maple ward, 1965. Source: GSA archives, image DC0070SE0P021.*



*Figure 53. West end of the north elevation of the Center Building, 1968. Source: GSA archives, image DC0070SE0P001.*



*Figure 54. South elevation of the Center Building (right side of image) and West Wing (left), 1968. Source: GSA archives, image DC0070SE0P002.*



*Figure 55. East end of the north elevation of the Center Building, 1968. Source: GSA archives, image DC0080SE0P001.*