

ST. ELIZABETHS HOSPITAL, EAST WING
(Building No. 4)
539-559 Cedar Drive, Southeast
Washington
District of Columbia

HABS DC-349-Y
HABS DC-349-Y

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, EAST WING (BUILDING 4)

HABS NO. DC-349-Y

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 East Wing (Building 4) is significant for its association with the treatment of mental illness at the St. Elizabeths campus. As part of the original Center Building group, it formed an integral part of the function and use of the campus from its inception, and remained in use for patient treatment into the second half of the twentieth century. Throughout its history, the Center Building group reflected the development and evolution of St. Elizabeths.

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

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

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

PART I: HISTORICAL INFORMATION

A. Physical History

1. Date of erection: 1859–1860; 1866–1869¹
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.² 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.³ 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.⁴ The campus facilities were stabilized and the buildings were mothballed by 2005.⁵

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.⁶ 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 appendage. In 1864, the Army General Hospital

¹ 1859 and 1860 *Annual Reports*; 1867, 1868, and 1869 *Annual Reports*.

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

³ 1970 *Annual Report*.

⁴ *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.

⁵ *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.

⁶ *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).⁷

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.⁸ 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.⁹

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. The more “feeble and untidy” patients were located in the Cypress and Elm wards of the East Wing.¹⁰

The building remained in use as a male patient ward until 1965 when patients were transferred from the western portions of the East Wing. That portion of the East Wing was converted into a headquarters for the housekeeping staff. 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 group, were cleared and patients were relocated to the lettered buildings of the west campus or to the east campus.¹¹ Based on available documentary sources and physical evidence, it appears that the East Wing was used as office space after 1970, at least at the first floor level.

By 1980, the Center Building group 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.¹²

4. Builder, contractor, suppliers: Not known

⁷ 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.

⁸ *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.

⁹ 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.

¹⁰ 1905 *Annual Report*.

¹¹ 1970 *Annual Report*.

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

5. Original plans and construction: As outlined by the Kirkbride plan, the original design for the Center Building was composed of a four-story Center Building, with attached wings stepping down to three and two-story buildings. Superintendent Charles Nichols opted to complete the project through a series of orchestrated phases of construction. Construction started with the West Wing with the intent that, upon substantial completion of that portion of the building, patients most urgently in need of care would be the first admitted. The rest of the hospital could then be constructed with minimal disruption or relocation of patients. Furthermore, by completing the side wings, Nichols could ensure that additional funding would be provided by Congress until construction of the entire Center Building group was completed.

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."¹³

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.¹⁴

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."¹⁵ A 12-

¹³ 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.

¹⁴ Interior description is based on extensive 1905 archival photo documentation (GSA archive database nos. DC0070SE-P003 to DC0070SE-P018), with comparison to documented changes in the *Annual Reports*.

¹⁵ 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).

foot-diameter fan propelled by a 24-horsepower engine supplied year-round fresh air to the entire building.¹⁶ 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, consisting of the Center Building. The Center Building was completed in 1859; upon its completion, 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.¹⁷

In 1858, \$40,000 was appropriated for the construction of the East Wing of the hospital, a portion of the nearly \$80,000 estimated for completion of this wing. In the spring of 1859, the third phase of construction commenced and included the erection of two ward wings, oriented east-west, and two cross-wings, on a north-south axis, that were connected to the east end of the Center Building. The westernmost ward wing and cross-wing were three-story structures that stepped down to a two-story ward wing and cross-wing on the east end of the building.¹⁸ The third phase of construction completed the symmetrical plan of the Center Building group as originally envisioned by Charles Nichols and Thomas Walter.¹⁹

Upon substantial completion in 1860, the structure housed female patients. Although mechanical systems and furnishings were not complete, the plan was a mirror image of the West Wing building with patient rooms, attendants' dormitories, dining rooms, and common areas accessed by a central corridor and stair halls located at the north end of the cross-wings. Although the exterior was completed, the interior remained unfinished. Heating, lighting, and furnishings were required throughout the westernmost wards of the structures. During the Civil War, completion of the interior was halted due to lack of funding and use of the facility as a Union Army hospital.

Following the Civil War, small appropriations continued to be made to extend the supply of heating, lighting, and furnishings in the East Wing and to accommodate the population of female and military patients. The Locust Ward was completed in 1866, followed by the Birch Ward in 1868, and the Spruce Ward in 1869.²⁰

6. Alterations and additions: In 1869, Dawes (Building 7, no longer extant) was added to the complex, 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, a front porch extension, south addition (Building 2), and fourth floor addition at the eastern and western wings were completed at the Center Building.

¹⁶ Ibid.

¹⁷ 1859 *Annual Report*, 889–890.

¹⁸ 1859 *Annual Report*, 889–890.

¹⁹ 1860 *Annual Report*, 542.

²⁰ 1867, 1868, and 1869 *Annual Reports*.

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.²¹ 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.²² Throughout Godding's tenure, appropriations were made for the reconstruction of floors in the Center Building group. Appropriations were requested in small increments, one or two wards at a time, and were awarded in 1883, 1895, and 1901. As described in the *Annual Reports*, floors at selected locations were modified by the removal of wood framing or brick arches and subsequent replacement with steel beams. The new flooring material was laid over top. The change in structure was initiated over fire safety concerns as the steel-framed floors were more fire-resistant and would thus reduce the risk.²³ Based on existing physical evidence, it is not clear where this work was performed at the Center Building group.

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 group.²⁴ 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.²⁵ Toilet systems encased in wood were replaced, and tile flooring and marble partitions were installed within lavatory rooms.

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.²⁶

Repairs to the East Wing included the renovation of lavatory facilities in the Elm and Cypress wards in 1928 and the replacement of wood floors in the Birch, Locust, Spruce, and Cypress wards in 1934.²⁷ It is unclear if the floors were repaired with the species of wood correlating to the name of the ward, as originally constructed.

²¹ Historically, this building is referred to as "Retreat" or "East Wing Extension," although currently it is identified as Pine. 1882 and 1884 *Annual Reports*.

²² 1882 and 1885 *Annual Reports*.

²³ 1883, 1895, and 1901 *Annual Reports*.

²⁴ Correspondence between Superintendent Richardson and the Department of the Interior, December 26, 1904.

²⁵ 1907 *Annual Report*.

²⁶ 1915 *Annual Report*, 23.

²⁷ 1928 and 1934 *Annual Reports*.

At the beginning of Superintendent William Overholser's tenure (1937–1962), efforts were made to renovate the Center Building, including continued alterations to fireproof the building as well as work to restore the north facade of the center tower entrance. As part of an effort to fireproof the building, wood stairs, floors, and doors were removed and replaced with iron staircases, concrete terrazzo floor slabs, and Kalemeyn doors (a composite fire-rated door construction composed of a solid wood core and a galvanized sheet metal cladding).²⁸ Upgrades were made to the existing plumbing system and guard screens were added to the windows to enhance security.²⁹

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 1955.³⁰

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 unit consisted of surface-mounted sprinklers and was installed in every room. That same year, a study of the existing plumbing and electrical systems was initiated. The study led to the appropriation of funds for a multi-million-dollar building facilities modernization project. Plans for building alterations were generated between 1963 and 1965 and included the replacement of electrical wiring and outlets, upgrades to lavatory and plumbing systems, and the installation of fluorescent light fixtures. All additions were surface-mounted. Construction began in 1966 and continued through 1970.³¹

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.³² New downspouts were installed in 1960.³³

In 1962, Superintendent Overholser retired and became the last superintendent to reside in the Center Building. Due to its dilapidated condition, Dawes was demolished in 1965.

In 1965, patients were removed from portions of the East Wing and the area was converted into a headquarters for the housekeeping staff. Projects initiated in 1967 aimed to improve security and safety. Metal-framed screen doors and windows were installed throughout the Center Building group and stairwells were renovated to incorporate code-compliant handrails.³⁴

²⁸ 1938 *Annual Report*.

²⁹ 1939 *Annual Report*.

³⁰ 1956 construction documents.

³¹ 1961–1968 and 1970 *Annual Reports*. Construction documents from 1960 and 1963.

³² 1959 *Annual Report*.

³³ 1960 *Annual Report*.

³⁴ 1967 construction documents.

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.³⁵

Few changes other than normal maintenance were apparently made to the Center Building group after patients were transferred from all nineteenth-century buildings in 1970. In the East Wing, changes were made to interior finishes and systems at the first floor circa 1970s and 1980s to permit the office use, including the addition of suspended acoustic tile ceilings and carpet tile, and changes to electrical systems and light fixtures. In 1991, repairs were made to the roof of the Center Building and the western half of the East Wing. Deteriorating coping stones were patched, drainage systems were fixed, and the parapet and flashing were repaired.³⁶

B. Historical context³⁷

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.³⁸

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

³⁵ 1969 construction documents.

³⁶ 1991 construction documents.

³⁷ 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.

³⁸ *Report of the Secretary of the Interior*, 33rd Congress, 1st sess., S. doc. 35, February 21, 1854, 6.

linked the wings together. The stair-stepped plan also provided more interior space and allowed for the wings to be connected through a series of corridors.

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

During the Civil War, construction at St. Elizabeths was halted as the hospital tended to Union soldiers housed in tents on the property grounds. Following the Civil War, Congressional legislation on July 13, 1866, extended medical services at St. Elizabeths to include military veterans seeking medical attention for issues of mental illness.³⁹ New patient facilities were required to keep up with the increased population of Civil War veterans and change in treatment needs.⁴⁰

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.⁴¹ The architecture allowed for the orderly separation of patients and maintained the peaceful family atmosphere of the ward units but without the constraints or limitations of a single large building. At the Center Building, new construction was focused on expanding the female ward facility and improving existing plumbing and building facilities.

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

Alonzo Richardson took office in 1899 and was immediately faced with issues of hospital overcrowding, inadequate infrastructure, and an aging building stock. Superintendent Richardson approached Congress for a large appropriation and outlined a plan for an extensive and important building campaign that would provide adequate space for patients and staff and improve the campus infrastructure. Congress responded by approving the Sundry Civilian Appropriations Act, which allocated \$1,500,000 for the expansion of the Government Hospital for the Insane to house 1,000

³⁹ *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.

⁴⁰ *Cultural Landscape Report*, II.14.

⁴¹ 1938 Key Plan of Buildings.

patients and 200 employees through the construction of fifteen new buildings.⁴² Improvements were made to the Center Building group during the Richardson era in an effort to make them safe and functional as patient wards.⁴³

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.⁴⁴ 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.

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 East Wing is the eastern portion of the original echelon plan developed for the Center Building group in the 1850s. It consists of two L-shaped portions, one of which is three stories, and the other, two. 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, and crenellated parapet wall; and wood-framed multi-light windows. 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, and brick masonry vaulting at the first floor corridor.
2. Condition of fabric: At the time of the field survey for the Historic Structure Reports/Building Preservation Plans project in 2009, the East Wing was in poor condition overall. Exterior conditions of note included cracking, spalling, displacement, and deterioration of mortar

⁴² 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.

⁴³ *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.

⁴⁴ *Cultural Landscape Report*, IV.7-8.

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: 210'-0" long by 131'-4" wide and 48'-6" tall above grade.
2. Foundations: The foundation construction for the East Wing is stone masonry supporting load-bearing brick masonry walls. The bathroom addition has a brick masonry foundation.
3. Walls: The exterior walls are brick masonry laid in a common bond pattern with a header course located every six to eight courses. The brick walls are composed of common brick units that are typically 8-1/4 inches long and appear to be a low-fired clay brick masonry. The walls have a continuous painted cast iron string course at the second floor window sill level. Sandstone masonry is used for lintels, sills and surrounds of the basement windows. Many of the basement window sills have been painted. A water table at the top of the basement level is present at all facades; this water table is typically constructed of molded brick, while at some locations sandstone is used, such as at the eastern bays of the north facade of the three-story portion. At this same location, the entire above-grade portion of the basement level is sandstone masonry. Where the water table is molded brick, sandstone units maintain the same profile at building corners. Above the head of the top floor windows and defining the parapet zone is a molded brick string course, which is painted red. Sandstone units maintain the same profile at building corners.

At the bathroom wing, there is a similar molded brick water table above the basement level with sandstone units at the corners. There is no continuous sill at the second floor, and the string course defining the parapet zone is cast iron.

4. Structural system, framing: The load-bearing masonry exterior walls and corridor walls are typically 18 to 19 inches thick and are composed of four wythes. The walls located between adjacent rooms are typically 9 to 10 inches thick, with two wythes of masonry, and bear on arches within the basement level that span between the foundation walls at the corridor and exterior. The original wood framed floors have 3-inch by 7-inch (actual) floor 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. 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 basement level, brick masonry vaults span between interior bearing walls below first floor corridor locations; it appears that wood framing at the first floor corridor is partially supported by this masonry vaulting. Also, a brick masonry vault is located at the first floor level at the north-south corridor in the Elm Ward; the wood-framed floor at the second floor corridor of the Cypress Ward is partially supported by this vault.

The west half of the roof at the three-story portion of the East Wing has 3-inch by 4 1/2-inch (actual) rafters spaced at approximately 26 to 27 inches on center, spanning in the north-south direction. The roof has a continuous 3-inch by 4-inch ridge beam. The rafters are notched and bear on continuous 3-inch by 4-inch (actual) beams supported by tapered masonry sections from the corridor walls below. The notched rafter ends engage a continuous sill plate set into notched ceiling joists that bear on the exterior masonry walls. The roof decking over the rafters is 1-inch-thick by 12-inch planks.

The east half of the roof at the three-story portion of the East Wing has similar details, except that the rafters are spaced at 24 inches on center, and bear on two continuous 3-inch by 4-inch wood beams supported by 3-inch by 4-inch posts in lieu of the masonry walls. The beams are notched at rafter locations and connected end to end with nailed butt joints. The 3-inch by 4-inch posts are spaced at approximately 6 feet on center and bear on ceiling joists. The ceiling joists are spaced at 18 inches on center and do not consistently align with the rafters; the sill plates span between joists to support the rafters.

The two-story portion of the East Wing has a hip roof similar to that over the three-story portion, except that the slope varies between about 21 degrees with rafters spaced at approximately 27 inches at the west, and 13 degrees with rafters spaced at 21 to 24 inches at the east. The west section ridge bears on two continuous 1-inch by 4-inch wide (actual) wood members supported by sections of masonry that extend up from the centrally located corridor wall. The rafters are notched at the 1-inch by 4-inch members that span between sections of the masonry walls. The ceiling joists are 3-inch by 6-inch (actual) spaced at 16 inches on center and do not consistently align with the ceiling rafters. The east roof portion (ridge running north to south) bears on continuous 3-inch by 4-inch beams set atop tapered sections of masonry that extend from the two corridor walls below, similar to the roof at the three-story portion. The rafters are notched at the 3-inch by 4-inch beams as well as at the ends to engage with the sill plate at the exterior masonry walls. Wood plank sheathing and cricket assemblies are located along the parapets.

The bathroom addition has concrete floors reinforced with expanded steel that span between intermediate iron beams supported by load-bearing masonry at the perimeter. The floor slab depth could not be measured but is estimated to be approximately 6 inches including the tile floor finish. The wood roof structure includes joists and rafters that appear to be of similar construction to those of the adjacent two-story wing.

5. Porches, stoops, balconies, porticoes, bulkheads: The East Wing has three exterior doors: one door at the first floor in each stairwell, and one door opening at the bathroom wing.

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

The south stairwell door is on the west-facing side elevation. There is a sandstone masonry stoop with non-original steel pipe railings along both sides, identical to the stoop and railings at the north stairwell door.

The bathroom wing west-facing exterior door also has a masonry stoop, but with brick masonry side walls supporting a cast-in-place concrete landing and four risers. At this stoop, the stairs abut

the building wall rather than extending out perpendicular from the door opening as at the stairwell doors. There is a painted steel pipe handrail embedded in the concrete and bolted to an adjacent building wall along the outside edge of the stoop and stairs.

An underground storage room, which appears to have been a coal storage facility, was built to the south of the exterior foundation wall of the East Wing adjacent to the western three-story portion of the building. The original stepped stone spread footings are exposed within the vault and have been underpinned with brick masonry. The vaulted structure is roughly 25 feet 6 inches (north to south) by 57 feet 6 inches (east to west), and consists of six barrel vaults that extend out from the south wall. The vaults are supported by four intermediate 16-inch-thick masonry arcades set on 16-inch by 20-inch brick masonry piers. The structure also bears on the adjacent foundation walls of the East Wing and a brick masonry wall around the perimeter. The floor consists of a concrete slab that is 5 feet 6 inches lower the basement level of the East Wing.

6. Chimneys: A large masonry chimney is located at the roof of the two-story portion of the East Wing. The chimney is detailed with a continuous sandstone string course and one brick inset panel on each face, and is topped by a continuous molded brick string course and a crenellated parapet matching the design of the building facades.
7. Openings
 - a. Doorways and doors: The exterior door openings are detailed similarly to the window openings, with cast iron hoods at the two stairwell doors, and a corbelled brick masonry hood at the bathroom wing door. All of the door openings have stone sills.

The north stairwell door is a six-panel, metal-clad wood stile-and-rail door. This door has a single-light transom above. At the south stairwell door and the bathroom wing door, the original transom zone above each door has been infilled with brick masonry. Both of these doors are single-panel, painted hollow metal doors.
 - b. Windows and shutters: The window openings in the original portions of the East Wing have painted Gothic Revival-style cast iron hoods and painted cast iron sills. At the bathroom addition, the window openings have painted corbelled brick hoods and painted sandstone sills. All of the windows have painted wood double-hung sash. 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 East Wing roof has hip roof areas at various levels, surrounded by parapet walls. The roofing is standing-seam galvanized sheet metal, over which an elastomeric coating has been applied. Typically, there is a perimeter gutter behind the parapet wall with crickets to create cross-slope to drain locations. The original internal roof drainage system for the East Wing 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.
 - b. Cornice, eaves: The parapet wall of the East Wing is crenellated brick masonry with each crenellation typically aligned with a window bay of the facade. A painted continuous molded brick string course, which defines the parapet zone, is located several brick courses above the

heads of the top floor windows. Where the molded brick course turns building corners, 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 parapet copings above the three-story portion of the building are clad with painted metal.

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

C. Description of Interior:

1. Floor plans: The East Wing includes two L-shaped wings. A two-story bathroom addition was added later at the southeast corner of the East Wing. The double-L plan consists of a western three-story wing containing the Birch, Locust, and Spruce wards, and a two-story wing containing the Elm and Cypress wards. A continuous basement is located throughout the East Wing. A railway system, which connects to other structures, is also located within portions of the basement of both wings.

Within each L-shaped portion of the East Wing, the long leg runs east-west in plan, with a corridor extending the length of the leg at each floor. In the western portion, the corridors are double-loaded with bedrooms on both sides. In the eastern portion, the corridors are single-loaded, with bedrooms lining the south side of the east-west corridor. The short leg within each L-shaped portion of the East Wing runs north-south in plan. In the western portion, the short leg of the plan contains common rooms (such as dormitories and dining rooms) for the patient wards, and the building stairwells. In the eastern portion, the short leg has a north-south corridor double-loaded with rooms on both sides.

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

Attached to the south facade at the easternmost part of the two-story portion is a two-story bathroom addition. The bathroom wing is entered through a lavatory. Doors in the lavatory lead into a shower room and a toilet room. Beyond the shower room is a linen storage room.

2. Stairways: The East Wing has two stairwells located in the three-story portion of the building. One stairwell is located on the north side of the building and is expressed as a four-story tower on the facade. The north stairwell extends from the basement to the third floor; at the third floor, a metal ladder at the north end leads up to a small fourth floor landing in the tower, providing access to the roof of the three-story portion. The second stairwell is located just south of the first stairwell, at the junction between the wards in the three-story portion and the wards in the two-story portion, along a west-facing side elevation of the building. The south stairwell extends from the basement to the third floor.

The north stairwell has cast iron treads and risers secured to continuous metal stringers attached to the masonry walls. The stair landings are ribbed cast iron plate and are typically finished with

steel baseboards. Wall finishes are painted plaster on brick masonry. Ceiling finishes are painted steel plate of the landing above.

The south stairwell is an open steel U-shaped wrap-around stair. The stair treads and risers are cast iron. The central core shaft has a steel security cage that extends continuously from the bottom to the top of the stairwell to prohibit potential falling hazards. The landings consist of textured iron plate with a metal base. The walls are brick masonry construction finished with painted plaster.

3. Flooring: Finish flooring varies from room to room and sometimes from area to area within a room, due to deterioration and subsequent partial removal of floor finishes and/or the entire floor construction. In general, floor finishes were originally wood tongue-and-groove flooring, over which linoleum and/or vinyl tile was added in some areas, with carpet tile added over the linoleum/vinyl tile at some areas of the first floor. Temporary painted plywood flooring is also present throughout the East Wing. Original painted wood baseboards typically exist on the upper floors, where wood or linoleum flooring remains; replacement baseboards associated with carpet tile at the first floor are vinyl.

The bathroom wing has both terrazzo flooring and ceramic tile flooring composed of hexagonal white tiles. Terrazzo base is present at both types of flooring. The non-original men's and women's restrooms in Birch Ward have 1-inch-square ceramic tile flooring.

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 either expanded metal or wood lath. Typically, a chamfer detail is present where the walls meet the ceiling, created by three courses of corbelled brick masonry. Some corridor and dayroom walls have a plaster crown molding around the ceiling. In some first floor areas, a suspended acoustic tile ceiling system has been added below the original plaster ceiling. Unusually for the Center Building group, the ceilings in the north-south corridor of the Elm Ward are a brick masonry vault covered with plaster.

The bathroom wing interior partition walls are approximately 2-1/2-inch-thick cementitious plaster, reinforced with an expanded metal lath system. The bathroom wing ceilings are concrete at the first floor and plaster supported by the wood roof framing at the second floor.

The non-original men's and women's restrooms in Birch Ward have a 4-1/4-inch-square modern tile wainscot on the wall. Above the wainscot, the wall finishes are painted gypsum board and plaster. In the bathrooms, both the suspended acoustic tile ceiling and original plaster ceiling finishes have been removed, exposing the wood floor structure above.

5. Openings

- a. Doorways and doors: Throughout the East Wing, 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 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. Wood stile-and-rail doors are present throughout the interior. In most areas, the doors have four panels. Some of these doors retain the original stained and varnished finish; some doors are

partially painted with only the inset panels retaining a stained and varnished finish; and other doors are fully painted. At the Elm and Cypress wards in the two-story portion of the building, the wood doors have two panels. Most of these doors retain a stained and varnished finish.

The stairwell doors are six-panel sheet metal-clad wood stile-and-rail doors. The transom for these doors is a solid metal panel. The third floor has a similar door at the east wall that provides access to the roof of the two-story portion of the building.

At non-original partitions on the first floor of the East Wing, some stained and varnished single-panel hollow-core wood doors are present.

- b. Windows: As noted above, a variety of wood sash configurations are present in the building. Typically the sash are painted while the trim is usually stained and varnished. The window trim generally has a plain profile, with a cornice detail at the head. Most windows are installed with the glazing putty toward the interior side. Steel expanded mesh security grilles are present at the interior side of most windows.
6. Decorative features and trim: A painted wood picture rail trim is present in most rooms just below the chamfer transition at the top of the wall. Built-in painted wood shelving is present at the first floor linen room at the bathroom wing; similar shelving has been previously removed from the second floor linen room.
 7. Hardware: 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 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.⁴⁵ 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.

⁴⁵ *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.

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.

- b. Lighting: Most areas of the building have ceiling-mounted dome-shaped light fixtures. At the first floor areas remodeled for office use, rectangular fluorescent light fixtures are incorporated into the suspended acoustical ceiling system. Electrical conduit is surface-mounted to the walls throughout the building.
- c. Plumbing: A few porcelain fixtures remain in place in the bathroom wing. The shower rooms have a shower stall in the northeast corner; the shower partitions are 6-foot-tall marble panels. 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 group and separates the building from the ravine. To the north of the East Wing, the landscape consists of a grass lawn and large trees. A narrow asphalt-paved parking lot extends diagonally in front of the East Wing. To the south of the East Wing, an asphalt-paved parking area directly abuts the building wall at the two-story portion. This parking area continues west in front of the three-story portion of the building but is separated from it by a small grass lawn with several trees. Beyond the parking lot, a grass lawn extends to Hemlock Street. The east end of the East Wing is connected to Pine, while the west end is connected to the Center Building.

PART III: SOURCES OF INFORMATION

- A. Architectural drawings: Copies of architectural drawings are included in the attached Supplemental Material. The archival drawing documentation is in the collection of the General Services Administration.
- B. Early Views: Copies of selected early and historical views of the East Wing 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, or 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 East Wing has been performed for this and other studies, as documented in the publications and other sources listed above.

F. Supplemental Material:

1. National Archives, Record Group 418.
2. National Archives, Record Group 418.
3. Library of Congress.
4. GSA archives, image DC0066SE0P035.
5. GSA archives, image DC0080SE0006.
6. GSA archives, image DC0080SE0007.
7. GSA archives, image DC0080SE0008.
8. GSA archives, image DC0080SE0001.
9. GSA archives, image DC0080SE0002.
10. GSA archives, image DC0080SE0003.
11. GSA archives, image DC0080SE0004.
12. GSA archives, image DC0080SE0005.
13. GSA archives, image DC1343SE0104.
14. GSA archives, image DC0080SE0P001.
15. GSA archives, image DC0179SE0P001.
16. GSA archives, image DC0080SE0108.

PART IV: PROJECT INFORMATION

This historical narrative was prepared by WJE in conjunction with Mills + Snoering 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

EAST WING (Building 4)
St. Elizabeths West Campus
539–559 Cedar Drive SE
Washington, D.C.

HABS No. DC-349-Y



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

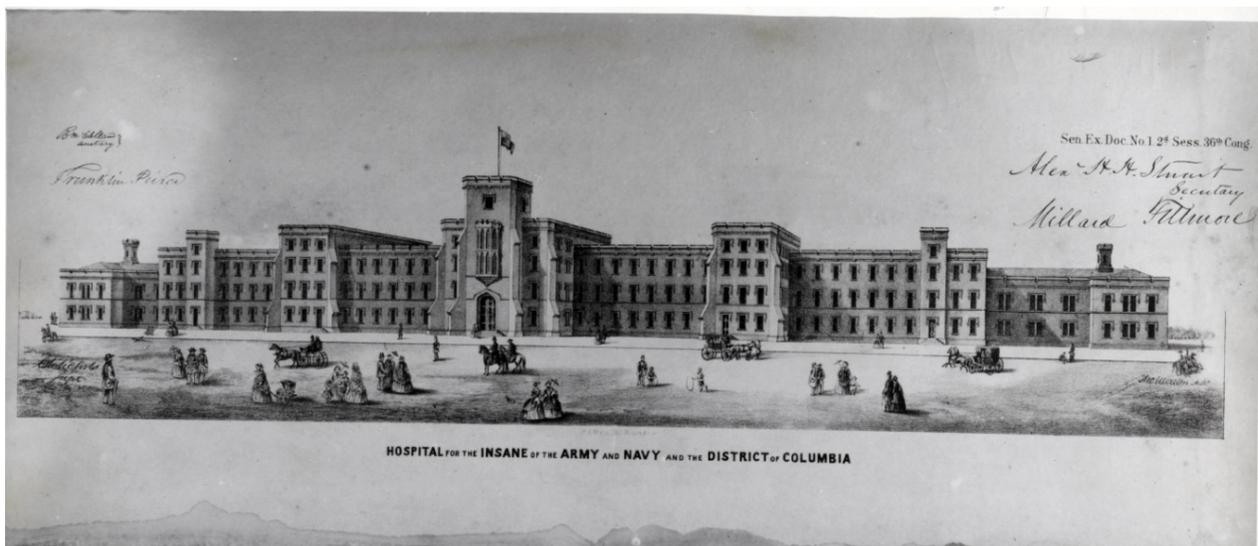


Figure 2. Sketch of St. Elizabeths Hospital by Thomas U. Walter and signed by Millard Fillmore, 1860. Source: National Archives, Record Group 418.

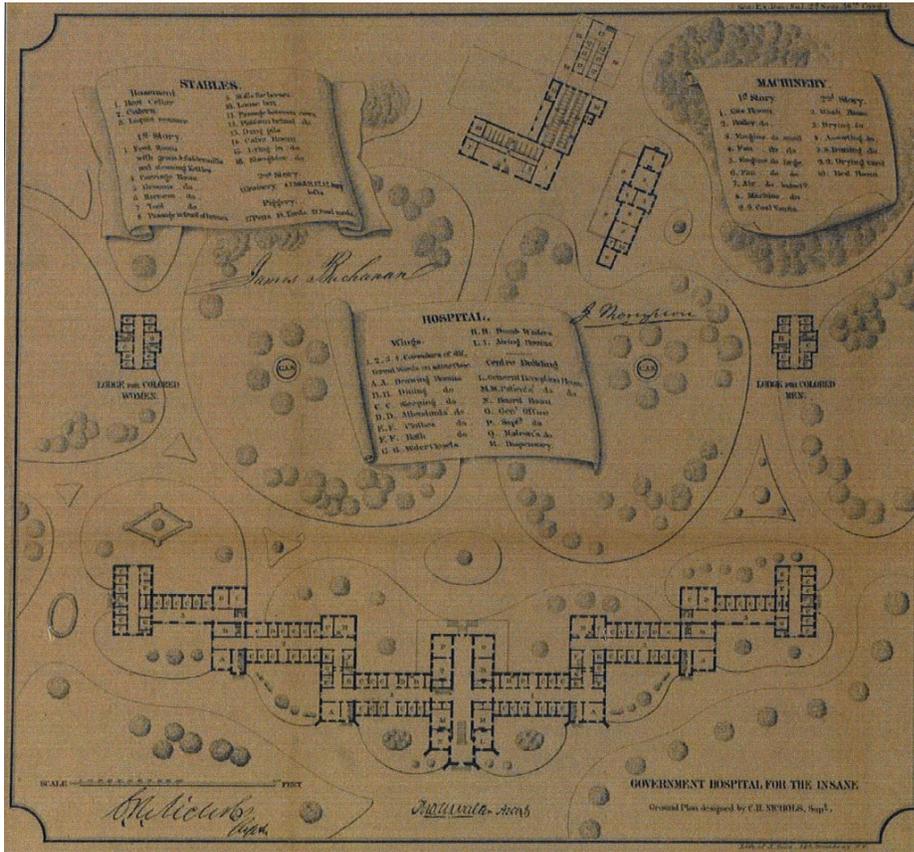


Figure 3. 1860 Ground Plan designed by Charles Nichols and signed by Architect Thomas U. Walter and President James Buchanan. Source: Library of Congress.



Figure 4. 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.

ST. ELIZABETHS HOSPITAL
 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 3)

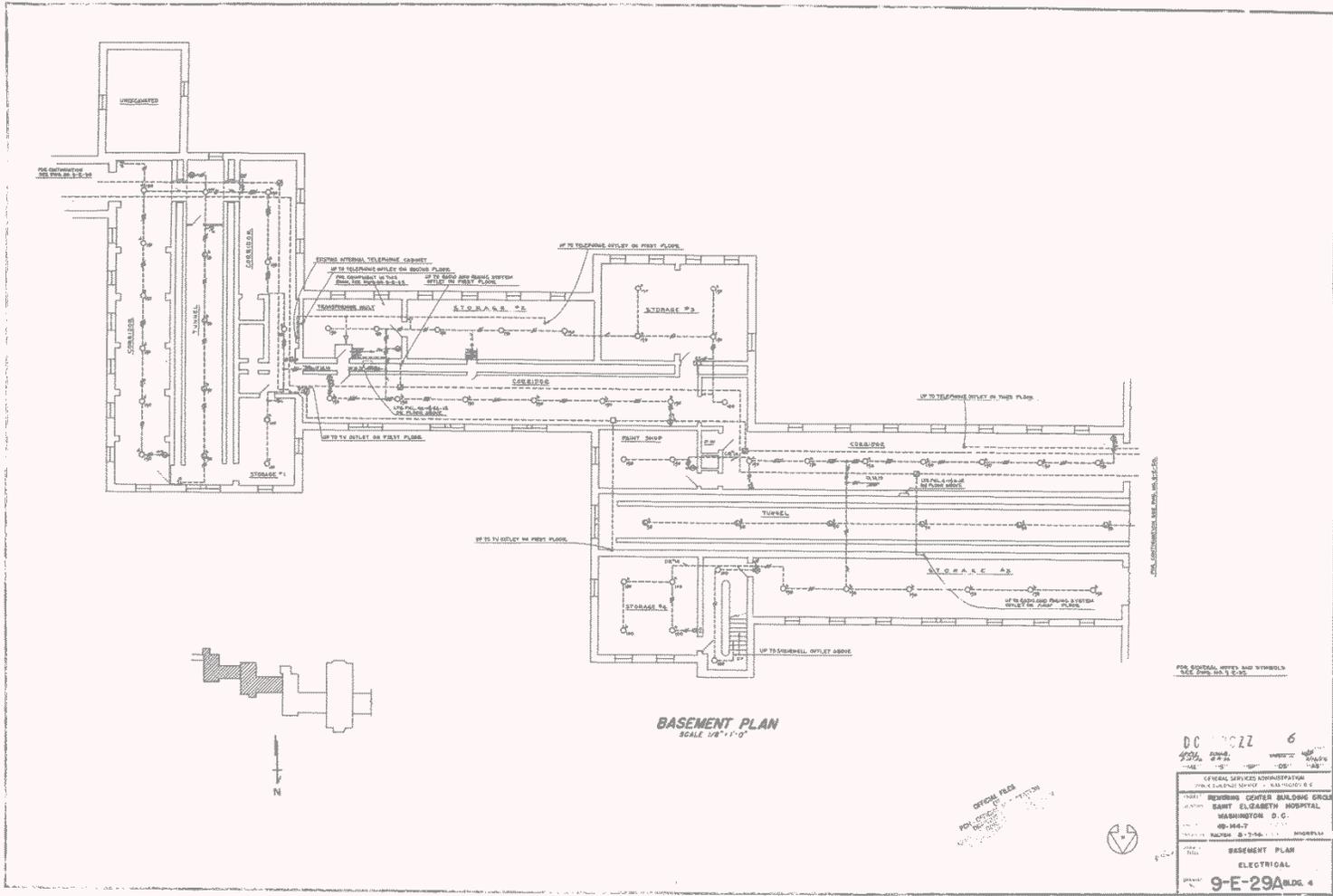


Figure 5. Basement plan of the East Wing outlining electrical system improvements, 1956. Source: GSA archives, image DC0080SE0006.

ST. ELIZABETHS HOSPITAL
 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 5)

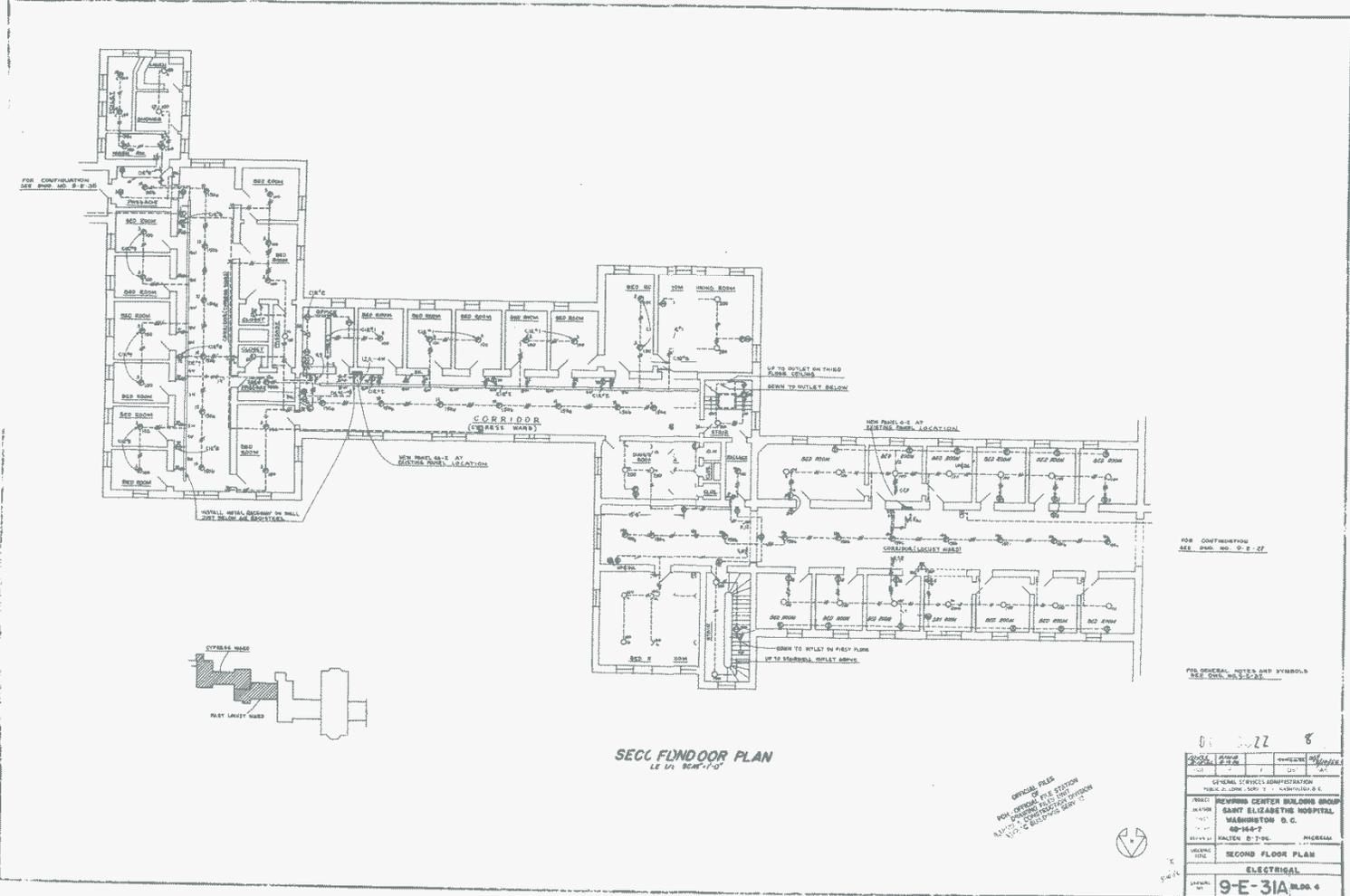


Figure 7. Second floor plan of the East Wing outlining electrical system improvements, 1956. Source: GSA archives, image DC0080SE0008.

ST. ELIZABETHS HOSPITAL
 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 6)

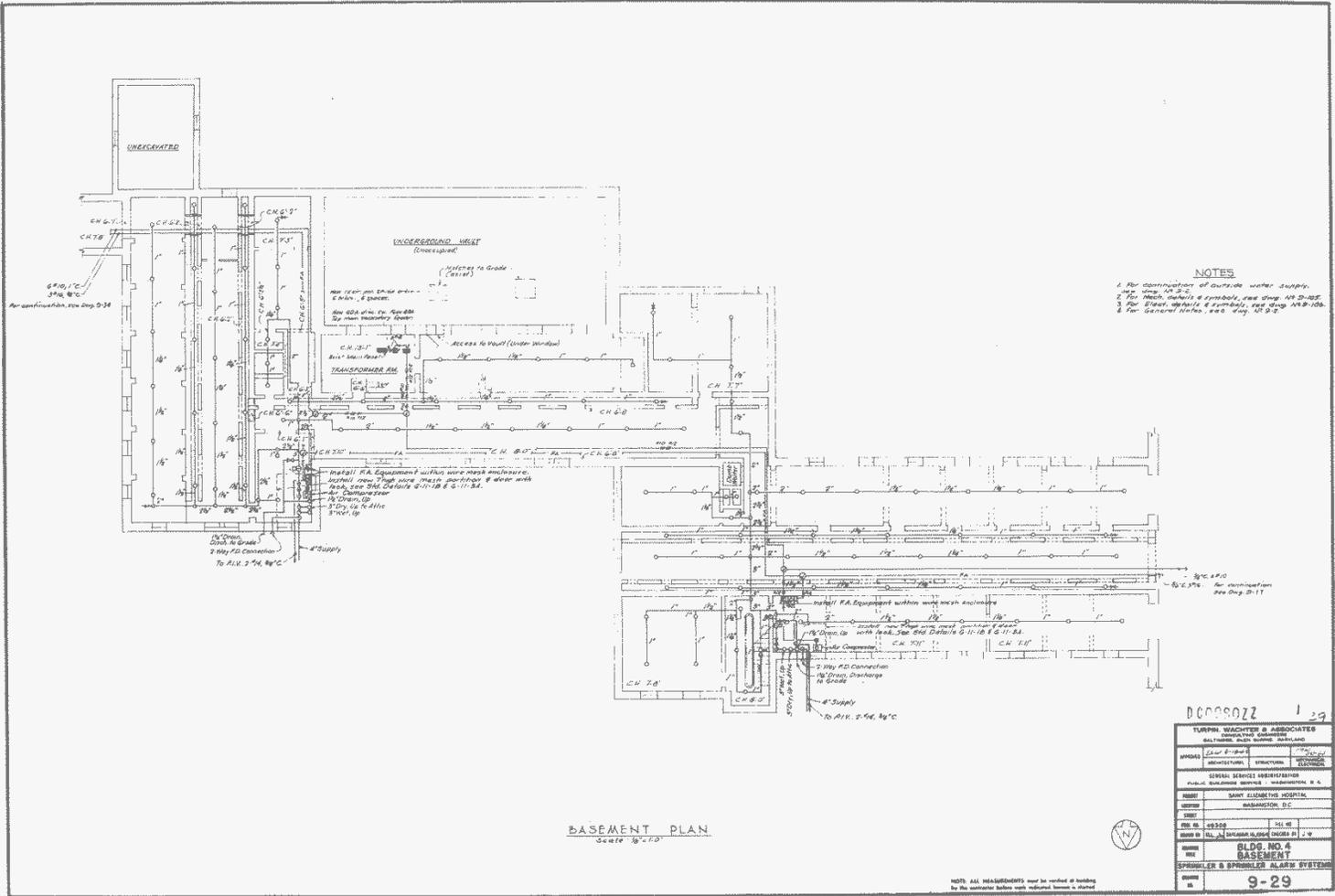


Figure 8. Basement plan of the East Wing outlining fire suppression system improvements, 1964. Source: GSA archives, image DC0080SE0001.

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 EAST WING (BUILDING 4)
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 SUPPLEMENTAL MATERIAL (Page 7)

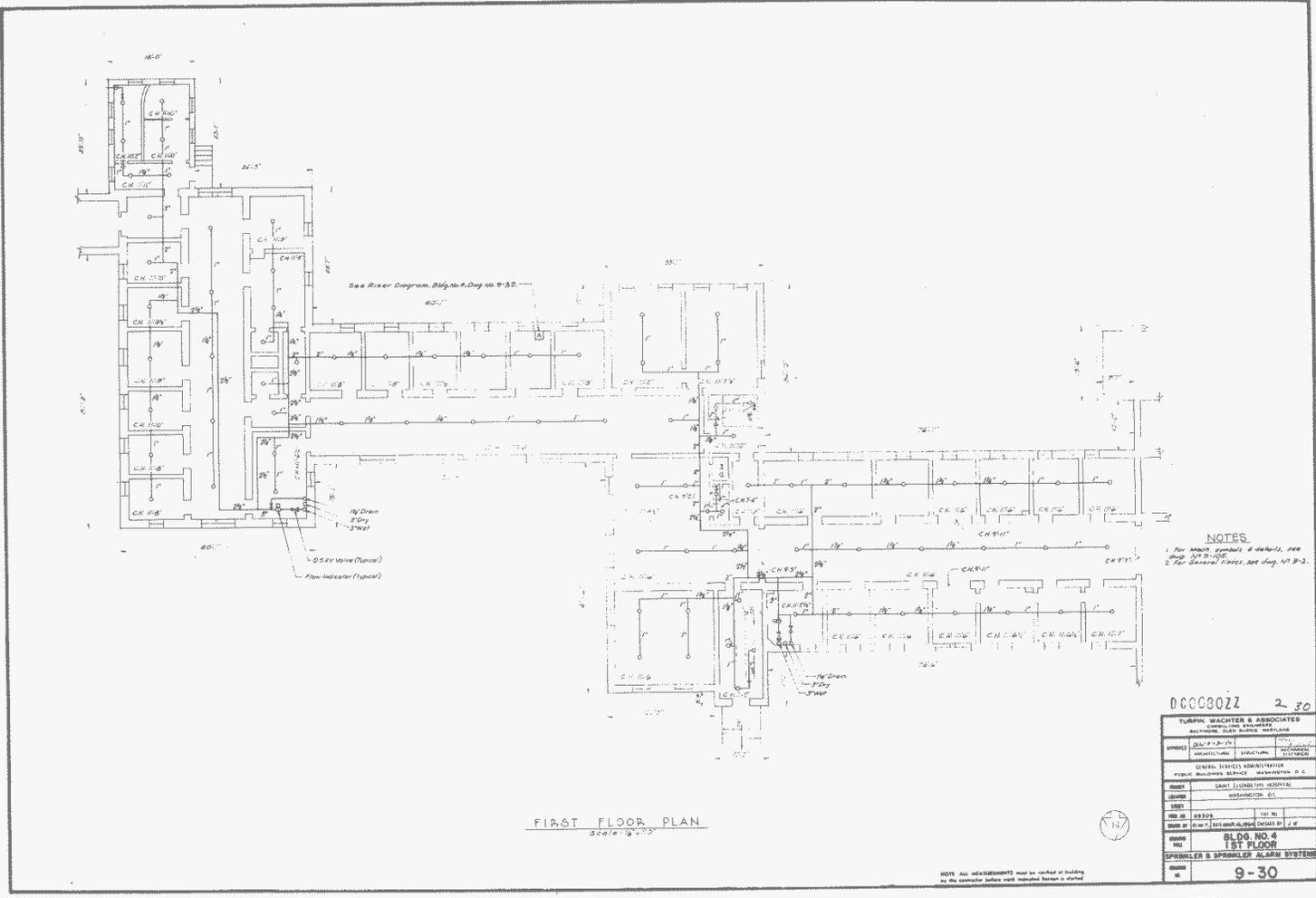


Figure 9. First floor plan of the East Wing outlining fire suppression system improvements, 1964. Source: GSA archives, image DC0080SE0002.

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 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 8)

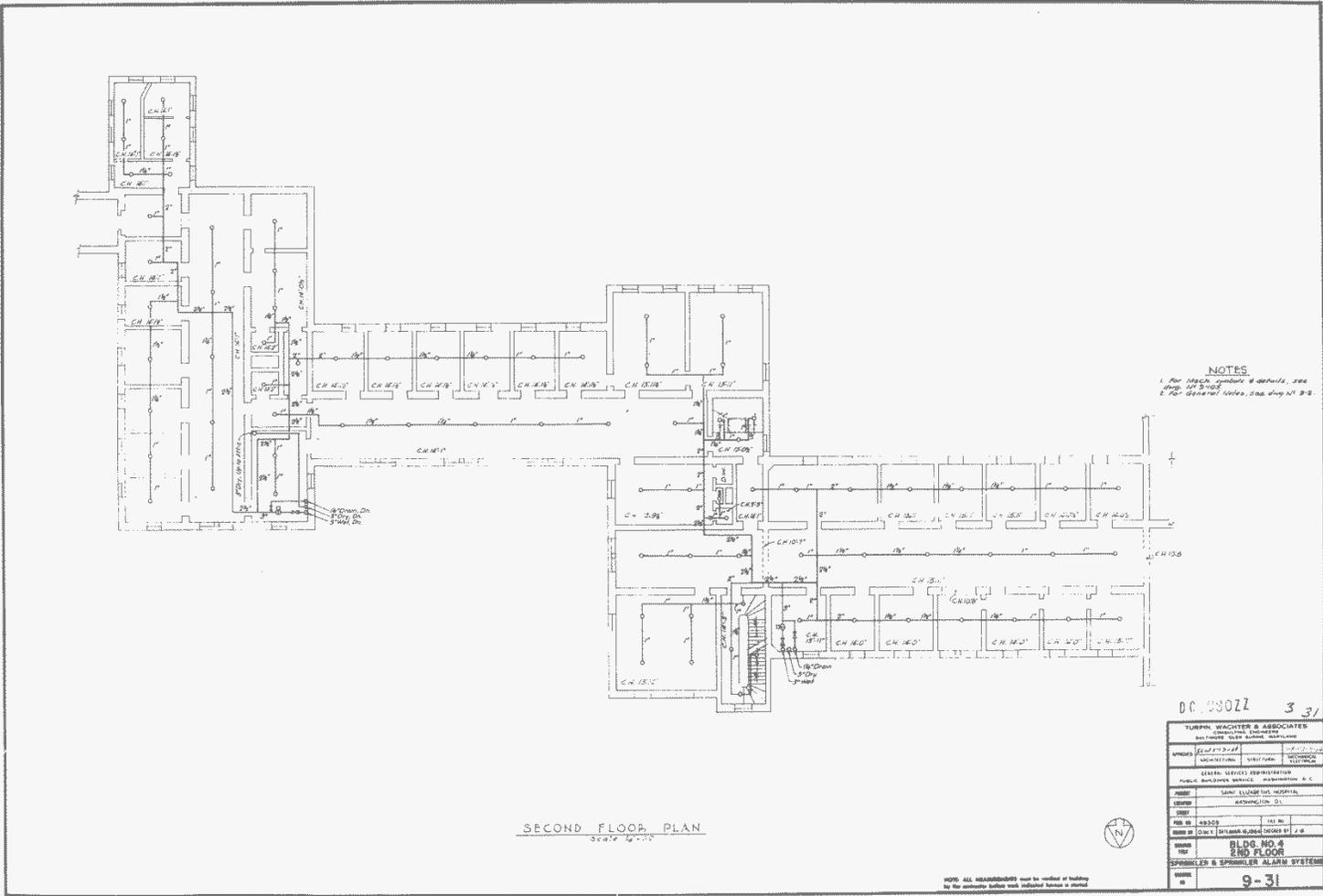


Figure 10. Second floor plan of the East Wing outlining fire suppression system improvements, 1964. Source: GSA archives, image DC0080SE0003.

ST. ELIZABETHS HOSPITAL
 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 9)

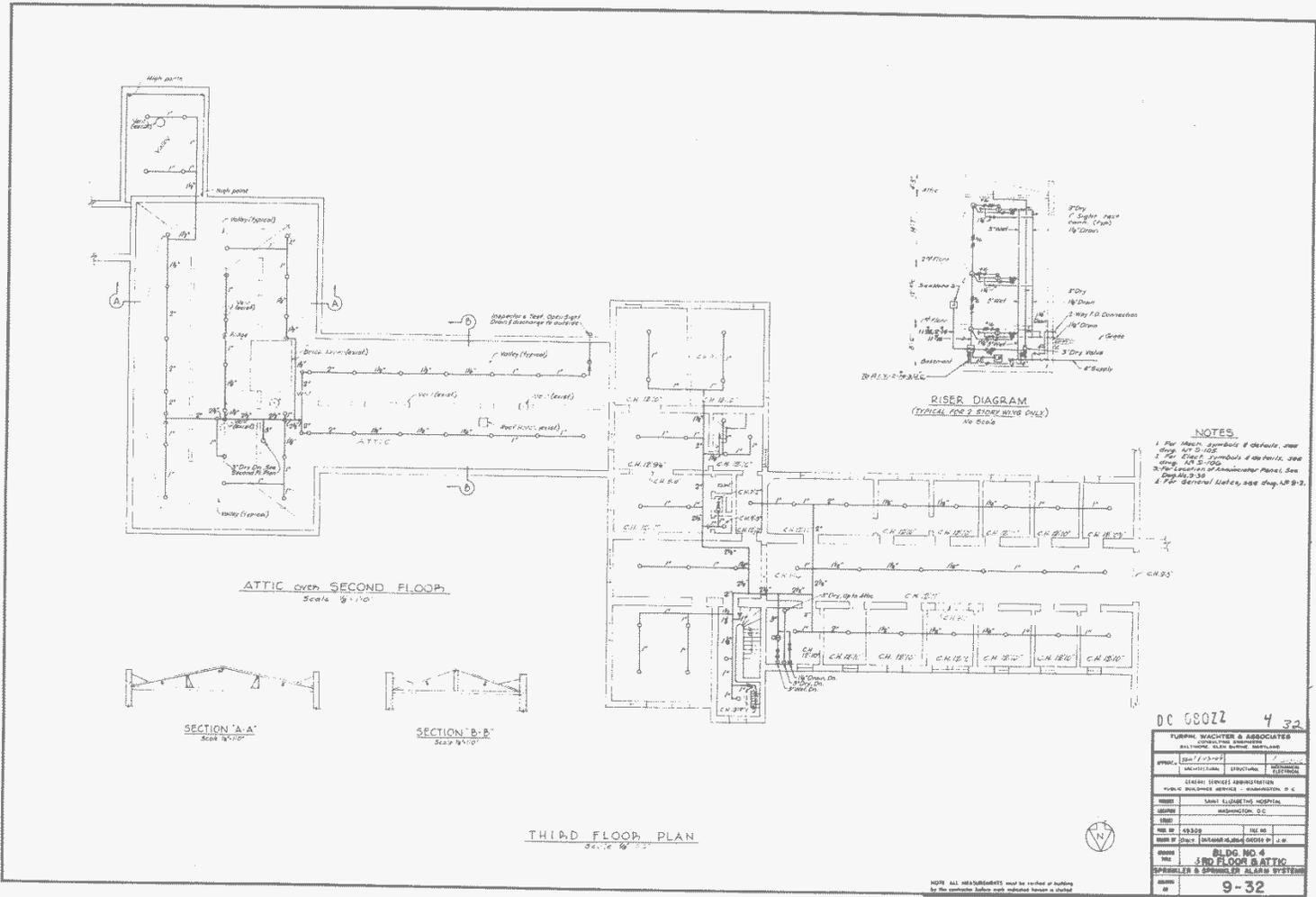


Figure 11. Third floor plan of the East Wing outlining fire suppression system improvements, 1964. Source: GSA archives, image DC0080SE0004.

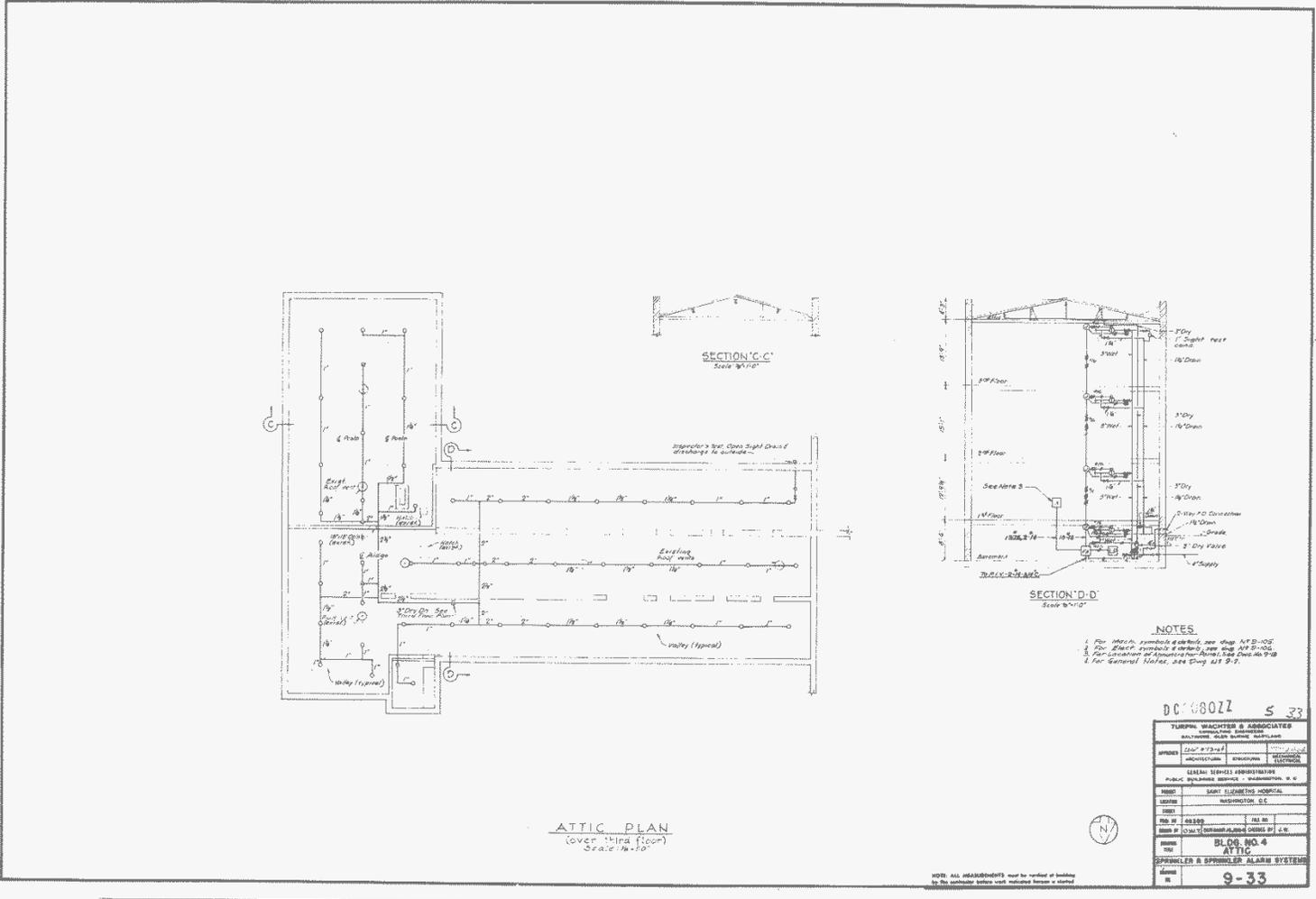


Figure 12. Attic plan of the East Wing outlining fire suppression system improvements, 1964. Source: GSA archives, image DC0080SE0005.

ST. ELIZABETHS HOSPITAL
 EAST WING (BUILDING 4)
 HABS No. DC-349-Y
 SUPPLEMENTAL MATERIAL (Page 11)

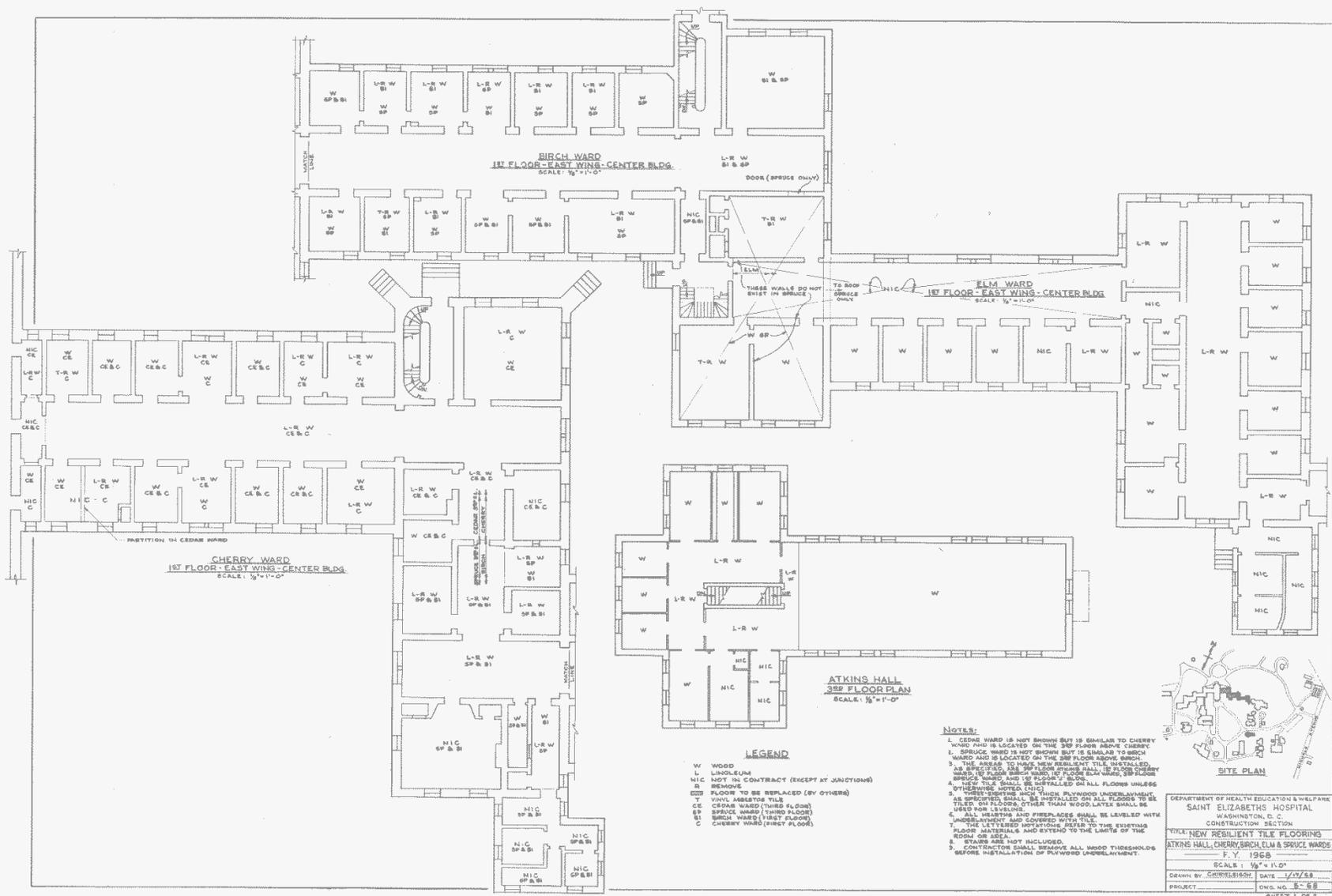


Figure 13. First floor plan of the East Wing outlining new floor covering installation, 1968. Source: GSA archives, image DC1343SE0104.



Figure 14. The north elevation of the East Wing, 1968. Source: GSA archives, image DC0080SE0P001.



Figure 15. The south elevation of the connecting link between the East Wing (left side of image) and Pine (right), 1968. Source: GSA archives, image DC0179SE0P001.

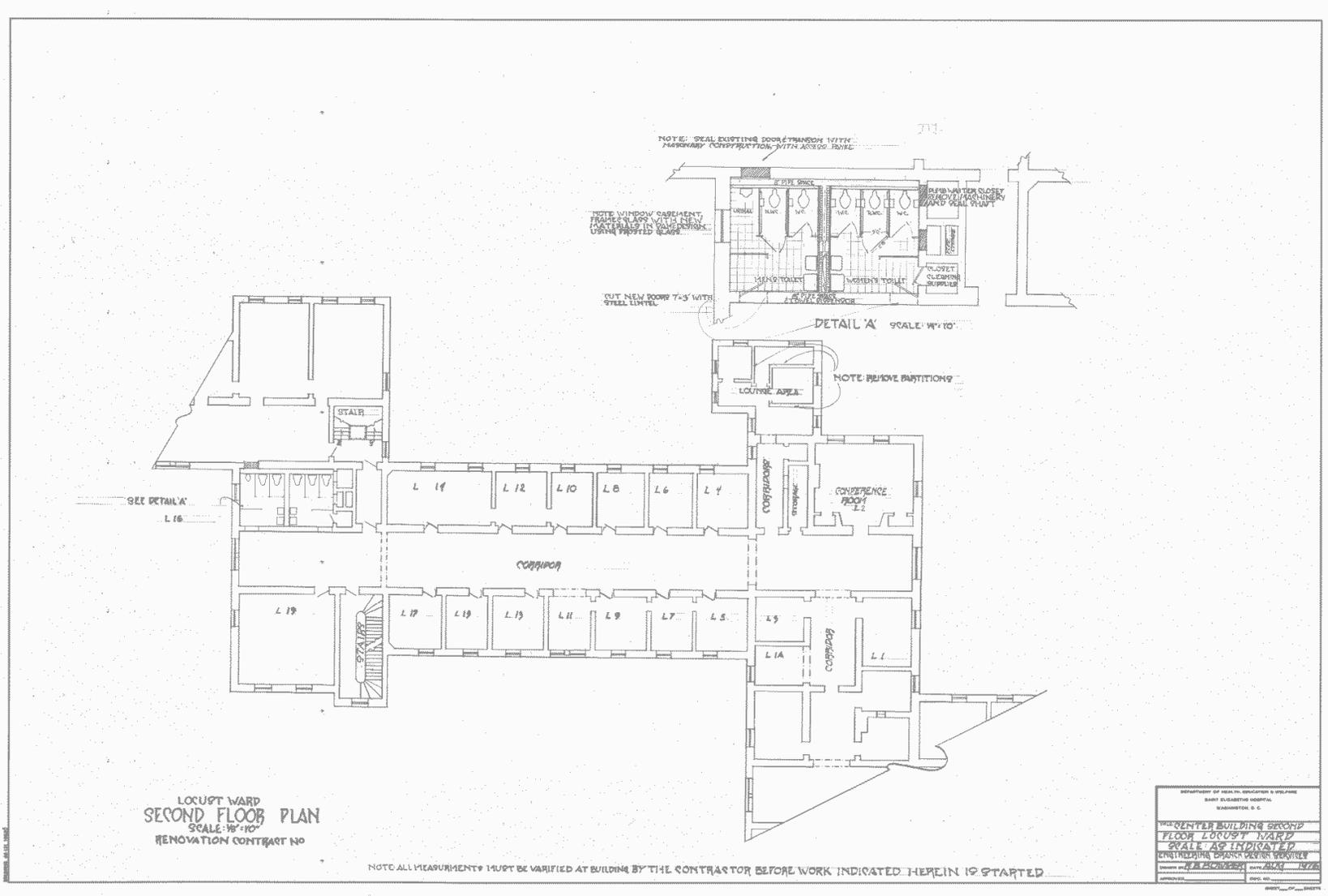


Figure 16. Second floor plan of East Wing outlining bathroom addition, 1976. Source: GSA archives, image DC0080SE0108.