RESOURCES

PHOTOS



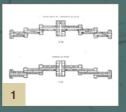








RESOURCES

















FURTHER RESOURCES

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- Kirkbride, Thomas S. On the Construction, Organization, and General Arrangements of Hospitals for the Insane. Philadelphia, 1854.
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- "St Elizabeths East," District of Columbia Government, accessed January 8, 2018, www.stelizabethseast.com.
- Yanni, Carla. The Architecture of Madness. Minneapolis: University of Minnesota Press, 2007.

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- 1. VIEW OF WASHINGTON D.C. FROM ST. ELIZABETHS: Photograph, 1955. A distant view of the urban landscape maintained separation between the hospital and the bustle and stress of the city. Courtesy U.S. National Library of Medicine.
- 2. CIVIL WAR TENTS: Photograph, 1864. The Union Army constructed dozens of military hospitals, army forts, and naval bases throughout Washington, D.C. during the Civil War. Almost 2,000 sick and wounded soldiers and sailors lived temporarily in the unfinished east wing of the Center Building, in West Lodge, and in tents on the grounds. Courtesy National Archives & Records Administration.
- 3. **A,B,C BUILDINGS:** Exterior. Lantern Slide, c. 1910. The "letter buildings," part of the Richardson expansion plan, provided space for 1,000 patients as well as kitchens, dining rooms, and support services. Courtesy National Archives and Records Administration.
- 4. CENTER BUILDING ARCHIVES: The Center Building at St. Elizabeths housed both offices for hospital administrators and wards for patients. Courtesy of the National Archives and Records Administration, 1900.
- 5. ALLISON BUILDING SLEEPING PORCH: The porches of the 1890s Allison Buildings were later enclosed to provide more space for patient beds. Courtesy of the National Archives and Records
- **AERIAL VIEW:** Aerial view of the new Coast Guard Building. Photo by Christopher Cavas.

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- 3. TOPOGRAPHICAL PLAN OF THE GROUNDS: From the Annual Report, 1860. Courtesy Library of Congress, American Architectural Foundation Collection.
- 4. 1895 SITE MAP: This site map shows the Center Building and other supporting structures of St. Elizabeths Hospital-then known as the Government Hospital for the Insane. Courtesy Library of Congress.
- 5. MALE RECEIVING BUILDING: Drawing, c. 1930s. The Male Receiving Building opened in 1934 and the women's counterpart in 1936. Each held several hundred acute patients. Courtesy Library of Congress, American Architectural Foundation Collection.
- 6. LABORATORY-AUTOPSY ROOM PLAN: Until its closure in 2010, doctors at the Blackburn pathology laboratory and its adjoining autopsy theater furthered the scientific study of mental illness. Courtesy Library of Congress, c. 1910.
- 7. PORTE COCHERE ELEVATION: A Victorian porte-cochère—a protective and decorative canopy for visitors to the Center Building-was demolished and rebuilt several times during the history of St. Elizabeths. Courtesy Library of Congress, 1938.
- 8. TUBERCULOSIS COTTAGE ELEVATION: The five tuberculosis cottages at St. Elizabeths provided patients with fresh air and sunlight, both thought to be curatives for the disease. Courtesy Library of Congress, c. 1913.



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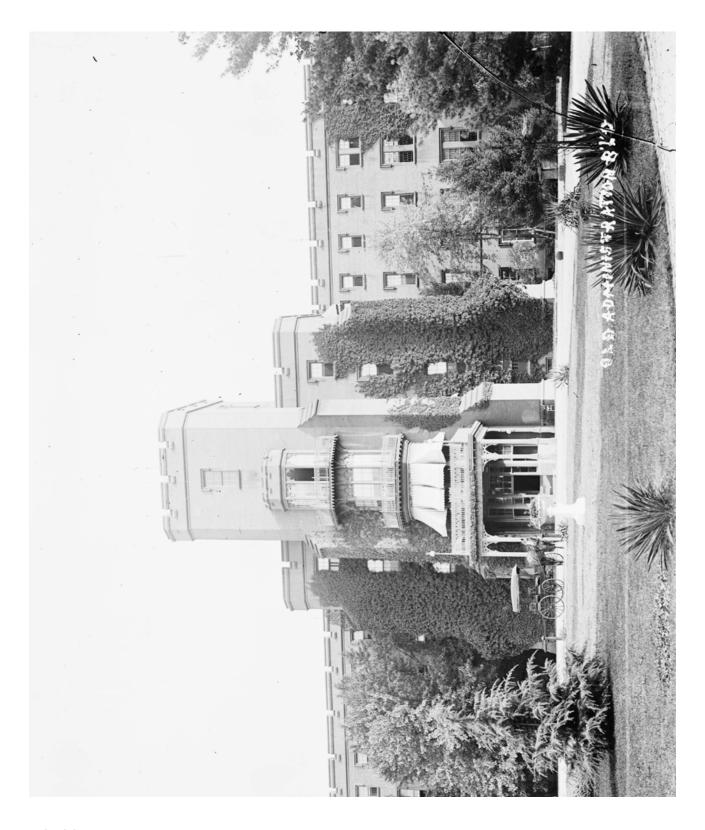
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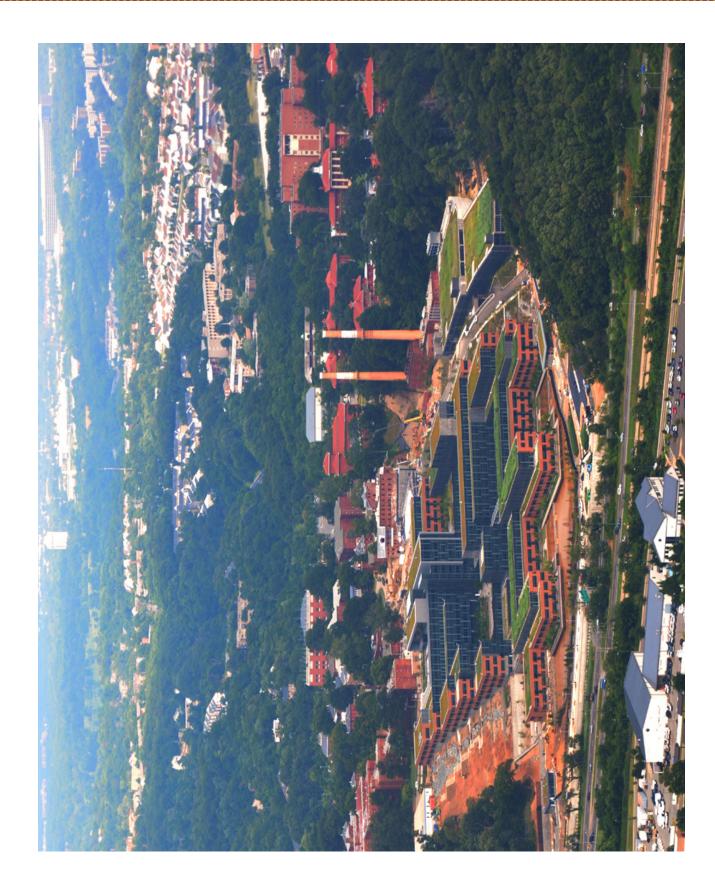
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PORCH: The porches of the 1890s Allison Buildings were later enclosed to provide more space for patient beds. Courtesy of the National Archives and Records Administration, 1910.



6. AERIAL VIEW: Aerial view of the new Coast Guard Building. Photo by Christopher Cavas.

EXCERPTS FROM DOCTOR THOMAS STORY KIRKBRIDE'S ON THE CONSTRUCTION. ORGANIZATION AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE

[P. 1] The proper custody and treatment of the insane are now recognized us among the duties which every State owes to its citizens and as a consequence, structures for the special accommodation of those laboring under mental disease, provided at the general expense and under the supervision of the public authorities, will probably before any long period, be found in every one of the United States. $[\ldots]$

[P. 6-8] SITE: When it has been determined to erect a hospital for the insane, the first object to be attended to, by those to whom this important duty has been delegated, is to select a suitable site for the buildings. The utmost caution should be observed in taking this step, on which may depend to no small extent, the future character and usefulness of the institution. For the best style of building and the most liberal organization can never fully compensate for the loss sustained by a location that deprives the patients of valuable privileges, or subjects them to varied annoyances. It is now well established that this class of hospitals should always be located in the country, not within less than two miles of a town of considerable size, and they should be easily accessible at all seasons. They should, if possible, be near turnpikes or other good roads, or on the line of a railroad. [...] Proximity to a town of considerable size has many advantages, as in procuring supplies, obtaining domestic help or mechanical workmen, and on account of the various matters of interest not elsewhere accessible to the patients. In selecting a site, facility of access from the districts of country from which the patients will be principally derived should never be overlooked.

The building should be in a healthful, pleasant, and fertile district of country. The land chosen should be of good quality and easily tilled; the surrounding scenery should be of a varied and attractive kind; and the neighborhood should possess numerous objects of an agreeable and interesting character. While the hospital itself should be retired and its privacy fully secured, it is desirable that the views from it should exhibit life in its active forms, and on this account stirring objects at a little distance are desirable. Reference should also be made to the amount of wood and tillable land that may be obtained, to the supply of water, and to the facilities for drainage, and for enclosing the pleasure grounds.

AMOUNT OF LAND: Every hospital for the insane should possess at least one hundred acres of land, to enable it to have the proper amount for farming and gardening purposes, to give the desired degree of privacy and to secure adequate and appropriate means of exercise, labor and occupation to the patients, for all these are now recognized as among the most valuable means of treatment. Of the total amount, from thirty to fifty acres immediately around the buildings, should be appropriated as pleasure grounds, and should be so arranged and enclosed as to give the patients the full benefit of them, without being annoyed by the presence of visitors or others. It is desirable that several acres of this tract should be in groves or woodland, to furnish shade in Summer, and its general character should be such as will admit of tasteful and agreeable improvements. To enable the patients generally to have the greatest possible amount of benefit from their pleasure grounds, those of the males and females should be entirely distinct. And one of the best means of separating them will be found to be the appropriation of a strip of neutral ground, properly enclosed between them, as a park for various kinds of animals, or to be otherwise handsomely cultivated. While less than one hundred acres should be deemed too little for any institution, many State hospitals having a large number of farmers or working men, will find it useful to possess double that amount. And extensive walks and drives on the hospital premises offer so many advantages, that the possession of a large tract for this purpose alone is often desirable. It is hardly possible under any circumstances for such an institution to control too much land immediately around it.

SUPPLY OF WATER: An abundant supply of good water is one of the necessaries of every hospital, and should be secured whatever may be the cost or trouble required to effect it. A very extensive use of baths is among the most important means of treatment, and the large number of water closets that are indispensable in the wards, the great amount of washing that is to be done, as well as various other arrangements requiring a free use of water, and above all, abundant means for extinguishing fire, in case such an accident should occur, make it of the utmost importance that the supply should be permanent and of the most liberal kind.

 $[\ldots]$

[P. 10] SIZE OF THE BUILDING: A suitable site having been selected, it will next become necessary to decide upon the size of the institution. [...] All the best authorities agree that the number of insane confined in one hospital, should not exceed two hundred and fifty, and it is very important that at no time should a larger number be admitted than the building is calculated to accommodate comfortably, as a crowded institution cannot fail to exercise an unfavorable influence on the welfare of its patients. The precise number that may be properly taken care of in a single institution, will vary somewhat, according to the ratio of acute cases received, and of course to the amount of personal attention required from the chief medical officer.

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[P. 11-13] POSITION FORM AND GENERAL ARRANGEMENTS: The size of the building having been determined, its form and general arrangements will next require attention. [...] No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements The interior should be first planned, and the exterior so managed as not to spoil it in any of its details.

Although it is not desirable to have an elaborate or costly style of architecture, it is, nevertheless, really important that the building should be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit it. A hospital for the insane should have a cheerful and comfortable appearance, everything repulsive and prison-like should be carefully avoided, and even the means of effecting the proper degree of security should be masked, as far as possible, by arrangements of a pleasant and attractive character. For the same reason, the grounds about the building should be highly improved and tastefully ornamented; a variety of objects of interest should be collected around it, and trees and shrubs, flowering plants, summer houses, and other pleasing arrangements, should add to its attractiveness. [...] Nor is the influence of these things on the friends of patients unimportant; they cannot fail to see that neither labor nor expense is spared to promote the happiness of the patients, and they are thus led to have a generous confidence in those to whose care their friends have been entrusted, and a readiness to give a steady support to a liberal course of treatment.

Great care should be observed in locating the building, that every possible advantage may be derived from the views and scenery adjacent, and especially from the parlors and other rooms occupied during the day. The prevailing winds of summer may also be made to minister to the comfort of the inmates, and the grounds immediately adjacent to the hospital should have a gradual descent in all directions, to secure a good surface drainage.

For an institution like that under consideration, I believe the best and most economical form will be found to be a centre building with wings on each side, so arranged as to give ample accommodations for the resident officers and their families, and for the classification and comfort of the patients. A building having a basement above ground, and two stories above this, will generally be adopted on account of its being less expensive and of smaller extent than one of only two stories. The centre building and projecting portions of the wings, may be carried up a few feet higher, but the wards should never be. In the highest part of the structure, as in a dome, the water tanks should be provided for.

In the centre building should be the kitchens, main store rooms, a reception room for patients, a general business office, superintendent's office, medical office and library, visiting rooms for friends of patients, a public parlor and managers room, the lecture room and chapel, and the apartments for the superintending physician's family, and for the other officers of the institution.

The wings should be so arranged as to have eight distinct classes of each sex. Each class should occupy a separate ward, and each ward should have in it a parlor, a dining room with a dumb waiter connected with it, and a speaking tube leading to the kitchen or some other central part of the basement story, a corridor, single lodging rooms for patients, an associated dormitory for not less than four beds, communicating with an attendant's chamber, one or two rooms of sufficient size for a patient with a special attendant, a clothes room, a bath room, a wash and sink room, and a water closet. There should also be provided for each sex in their appropriate wings, at least one infirmary for patients who are too ill to remain in their own chambers, two work rooms, a museum and reading room, a school room, a series of drying closets, at least one on each story, and various other fixtures, the general character, position and arrangement of which will be more particularly referred to when describing the accompanying plan in which they will all be found provided for. The parlors may be dispensed with in the wards for the most excited patients, but not elsewhere, and all the other conveniences suggested will be as necessary for them as any other class.

Although a forced ventilation is deemed indispensable in every hospital for the insane, still a natural ventilation should never be neglected. In most parts of the United States, during one half the year, there is a comfort in the fresh cool breezes that may often be made to pass through the wards, that can not be too highly estimated, and every precaution should be taken to derive full advantage from them.

[...]

[P. 14] MATERIALS OF WALLS: A hospital should be constructed of stone or brick as may be found most convenient and economical. If of stone, the walls may be pointed or stuccoed. If of good brick, they may be painted to give them an agreeable shade of color.

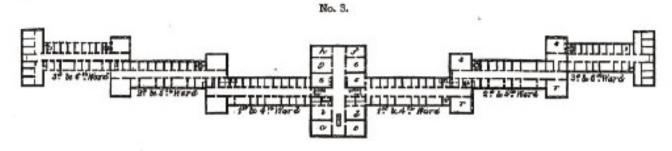
[P. 30, 32]: Images of hospital structure

LESSON PLAN RESOURCES

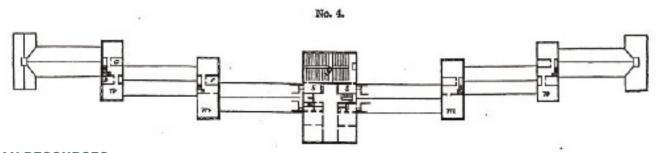
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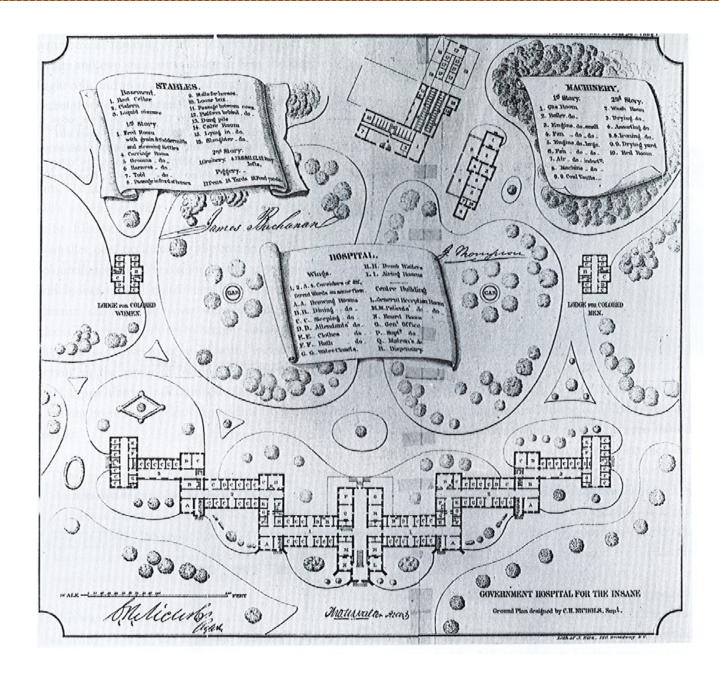
PLAN OF SECOND AND THIRD STORIES OF WINGS, AND SECOND STORY OF CENTRE BUILDING.



LESSON PLAN RESOURCES

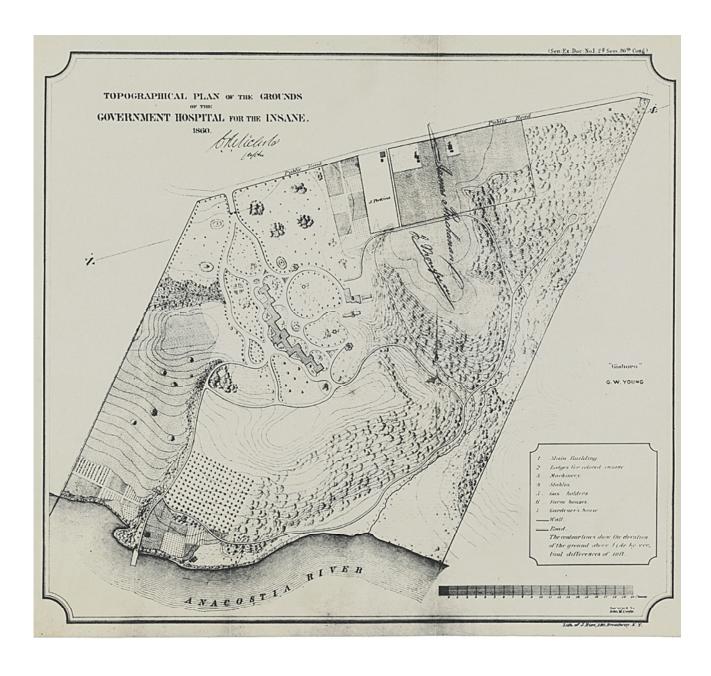
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STORY CENTRE BUILDING, AND PROJECTIONS OF WINGS.



2. PLAN OF KIRKBRIDE PLAN **HOSPITAL AND GROUNDS:**

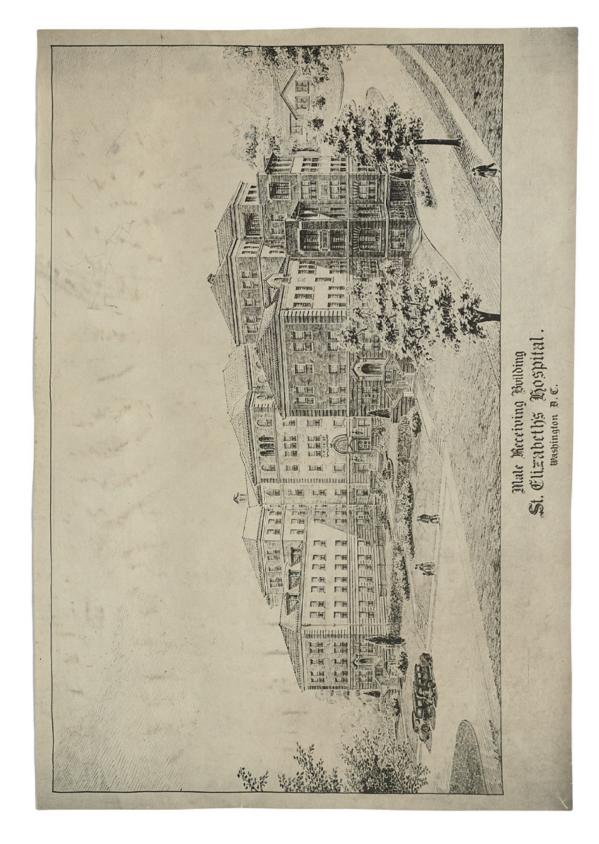
From record group 418, St. Elizabeths, item no. 20. Courtesy of United States National Archives and Record Administration.



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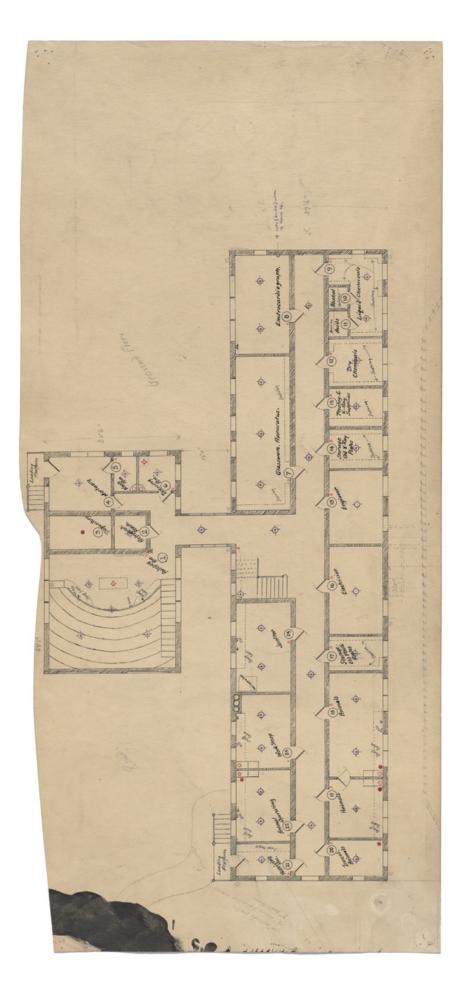


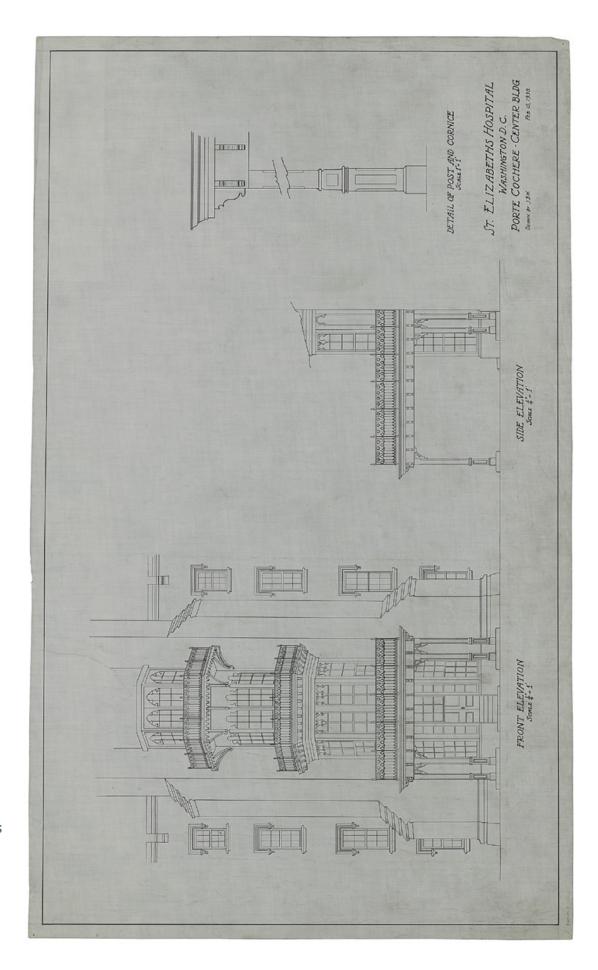
MALE RECEIVING BUILDING:

Drawing, c. 1930s. The Male Receiving Building opened in 1934 and the women's counterpart in 1936. Each held several hundred acute patients. Courtesy Library of Congress, American Architectural Foundation Collection.



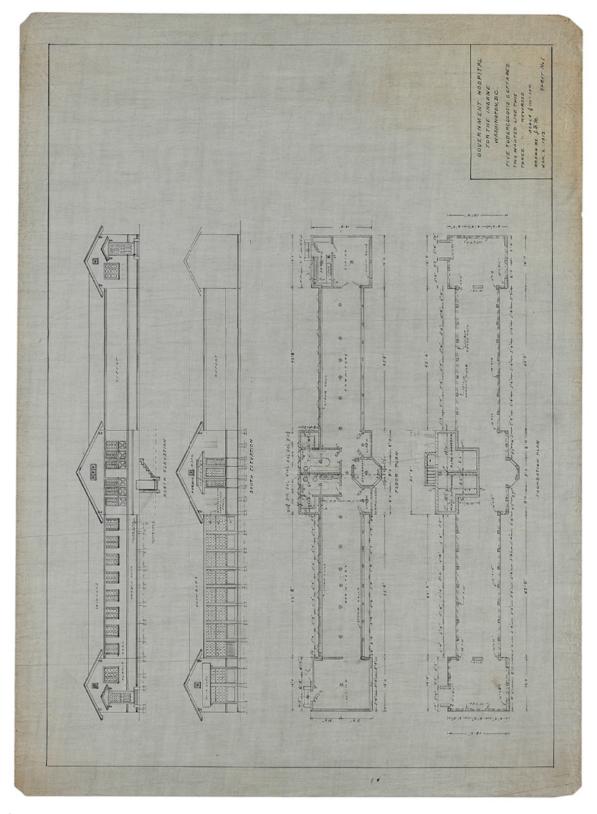
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PORTE COCHERE ELEVATION:

A Victorian porte-cochère-a protective and decorative canopy for visitors to the Center Buildingwas demolished and rebuilt several times during the history of St. Elizabeths. Courtesy Library of Congress, 1938.



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ELEVATION: The five tuberculosis cottages at St. Elizabeths provided patients with fresh air and sunlight, both thought to be curatives for the disease. Courtesy Library of Congress, c. 1913.

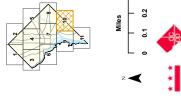
9. EXISTING LAND USE MAP: Existing land use, east and west campus. Courtesy of DC Office of Planning.

Existing Land Use Map Tile 14

10a. FUTURE LAND USE MAP 10: Future land use, east campus. Courtesy of DC Office of Planning.

Comprehensive Plan Future Land Use

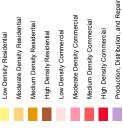






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Comprehensive Plan Future Land Use Мар9



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