



ST. ELIZABETHS HOSPITAL

A HISTORY

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U.S. GENERAL SERVICES ADMINISTRATION

This history was researched and written by Thomas J. Otto under contract for the U.S. General Services Administration (GSA) under the auspices of the Campus Development Team in the National Capital Region of the Public Buildings Service. It fulfills one of the stipulations of a programmatic agreement executed by GSA pursuant to Section 106 of the National Historic Preservation Act of 1966 on December 9, 2008 for the development of the west campus of St. Elizabeths Hospital.

St. Elizabeths Hospital is a National Historic Landmark and a D.C. Historic Landmark in southeast Washington, D.C.

May 2013
United States General Services Administration, National Capital Region
Washington, DC

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Acknowledgements

I wish to thank the many people who helped make this history of St. Elizabeths possible. First and foremost, Shapour Ebadi, Frank Palermo, Bonnie Echoles, and Harry Debes ensured that the project had the resources it needed to get off the ground and stuck with it until it was completed. Beth Savage and Nancy Witherell provided crucial support and guidance along the way. Nancy was particularly helpful throughout the research and writing process with thoughtful feedback and encouragement to keep it moving in the right direction. Tim Dennée in the D.C. Historic Preservation Office went above and beyond with thorough comments that were always spot on. Frances McMillen was a helpful comrade-in-arms who offered many useful tips and perhaps one of the most important citations in the text. The helpful feedback of Drs. Suryabala Kanhouwa and Jogues Prandoni was informed not only by their medical expertise and their decades of professional experience at St. Elizabeths, but also by their avid enthusiasm for the history of the hospital. Carter Wormeley and Bill Willis are equally enthusiastic about the St. Elizabeths story and made helpful comments on my drafts, as did George Siekkinen. Danielle Breaux and Melissa Cohen, my colleagues and friends on the St. Elizabeths historic preservation team at GSA have provided much support over the years and much gratitude goes to them and to Teresa Preston who provided invaluable editing assistance. Thanks are also due to Velora Jernigan-Pedrick, librarian at St. Elizabeths Hospital, as well as to Deborah Slaton, Tim Penich, Mike Ford, Kenneth Itle, Stephen Kelley, Alan Dreyfuss, Judith Robinson, Tim Kerr, and Patricia O'Donnell. Finally, I would like to thank James S. Kane for having the forethought to initiate projects to preserve primary source material and document historic resources. The results of his efforts continue to be, almost ten years later, indispensable to GSA's stewardship of the history of St. Elizabeths.

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Preface

Discovering the History of St. Elizabeths

Over the years, many things have been written about St. Elizabeths Hospital. Since the hospital opened in 1855, there have been over a hundred years of annual reports submitted to Congress, decades of scientific articles about the work conducted at the hospital, and any number of articles, papers, and reports focusing on one aspect or another of the mission, operations, and history of the institution. Each of these has had its audience and its purpose, and each provides us a link to some part of the St. Elizabeths story. But some of the secondary resources are contradictory, or provide inadequate citations to primary sources. The researcher is left wondering which bits of information are trustworthy and which are not.

In exploring the history of St. Elizabeths and seeking out primary sources, the researcher is lucky to have the resources of the National Archives. As a federal institution from its inception to the late 1980s, the hospital was subject to the archiving requirements set down for federal agencies over the years. The result is a vast trove of historical resources, including letters, maps, invoices, log books, memoranda, patient records, and photos. Whenever possible, and in the vast majority of cases, the factual information provided in this history is from primary sources. The endnotes provide readers with the specific information necessary to track down these materials.

The primary resources housed at the National Archives pose a challenge in that they provide an uneven record of the hospital's operations. For some periods of the hospital's history, a topic has been well documented, while for other periods there may only be fragments, if anything at all, that address the same topic. Even within a period, a topic that appears again and again, and is working

up to a climax, suddenly disappears, leaving the researcher no clues as to how the issue was resolved.

Aside from the challenges presented by such a rich and vast body of documentary resources, any historian contemplating St. Elizabeths must come to terms with the breadth and depth of hospital's history. Within the 160 years of the hospital's history there are many important avenues to explore, as well as countless diverting and fascinating alleys in which one can get lost. With so much available, the challenge left to the researcher is deciding how to bring together the history of an institution that was hospital, home, farm, and federal agency all at the same time. One is also left to consider the ways in which St. Elizabeths distinguished itself in the development of mental health care, the scientific understanding of mental health, the creation of military psychiatry, the advancement of new patient therapies, and the eventual dissolution of the large asylum archetype itself. As a National Historic Landmark, St. Elizabeths also has an important story to tell about patterns of United States history that relate to advancements in mental health care, the significant individuals who were associated with the hospital, and the importance of its architectural and landscape history.

Just as important as issues related to the availability and integrity of source material and the considerable opportunities for exploration, is the related question of the audience for this history. Professional and amateur historians will no doubt continue to mine various aspects of the history of St. Elizabeths to satisfy their specific interests and provide additional layers to the historical record and our understanding of the hospital. Although it certainly provides fodder for historians in search of an avenue of research into St. Elizabeths, the history that follows may not satisfy those historians who have already begun their own explorations of the hospital. But what this history will do, I hope, is to illuminate the story of St. Elizabeths for those who didn't know they were interested.

In telling the story of a government institution—a topic bound to induce more than a few yawns—it was important to draw out as much color as possible from the administrative record of the hospital. This means that whenever possible, I relied heavily on direct quotations from primary sources. Not only do those quotes help tell the story, but they do so in language that is just strange enough to our modern ears as to make them much more interesting than if they had been translated into today's vernacular. Similarly, highlighting some of the minutiae found in the written record helps to round out our understanding of what life was

really like at St. Elizabeths. Simply stating that the hospital bought large quantities of cloth so that it could be turned into uniforms for patients and employees certainly communicates that fact, but detailing how many yards of flannel and other types of material were ordered helps us to begin to visualize the actual scene.

Attempting to make this history of St. Elizabeths enjoyable for general readers also resulted in some cases in the amplification of the unevenness of the historical record. Some topics are only covered in one or two periods for which there was good information in the record and only then when the information adds something new or particularly compelling. In other cases, a topic was important enough that it is covered in every period, despite being more noteworthy in one period than another.

This written history is meant to be part of a larger interpretive program aimed at telling the story of St. Elizabeths Hospital. Although this document stands on its own, its value is augmented by the continued existence of the buildings and the landscapes that evolved at St. Elizabeths over the years, as well as potential future programs that may include public tours, interpretive signs, school lesson plans, and a museum exhibit. This history is meant not only to serve as an interpretive bridge until those other programs are implemented, but also to serve as a contextual basis for their development.

Finally, a word must be said about the tens of thousands of patients who lived at St. Elizabeths. Some stayed a few days and some for well over forty years. Although this history sometimes includes details from the lives of various patients, the information was never taken from the patients' medical records. Indeed the National Archives has 356 linear feet of patient records on file with at least the first seventy-five years of it accessible to researchers, but it doesn't take long for one to see the humanity and pain documented in those files. There is certainly much to be gained from a historical and scientific point of view in the exploration of those files, but a history such as this only allows for a rather shallow treatment of the lives contained in those records. The result can too easily lead to a voyeurism that doesn't honor those who lived at St. Elizabeths. This isn't to say that anecdotes from patients' lives are absent from this history of the hospital, but it does try to avoid the *One Flew Over the Cuckoo's Nest* variety of fascination with mental health facilities and their residents. In that regard, famous and infamous patients, whose stories can be found elsewhere, have largely been left out of this story.

For the sake of clarity, the name St. Elizabeths Hospital (without an apostrophe S) is used throughout this history even though the institution was officially known as the Government Hospital for the Insane from 1855 to 1916. An explanation of the origins and use of the St. Elizabeths name can be found in Chapter Two.

Chapter 1

The Origins of an Institution

On January 15, 1855, on a wooded ridge overlooking the city of Washington, Dr. Charles Nichols prepared to open the doors of the Government Hospital for the Insane to its first patient. The hospital, which became popularly known as St. Elizabeths, was situated on a broad plateau above the Anacostia River and had sweeping views of Washington, Virginia, and Maryland. Over the tops of the leafless trees on that winter day, one could have seen across the river to the bustle of the city and the Navy Yard. The White House would have been easy to pick out, and the recently halted construction of the Washington Monument and the old dome of the Capitol would have framed the view looking north toward Maryland. The hospital building itself had been on the drawing boards and under construction for almost two years and was nowhere near complete. With less than half of the building constructed—and even that barely ready for occupancy—Dr. Nichols welcomed Thomas Sessford to the ward that would become his home for the next six months. For the first few nights, Sessford had the hospital and the staff to himself. Although very little is known about Sessford aside from the fact that he suffered from dementia, it is likely that his new surroundings were a great improvement on his previous living conditions at the city jail.

At the time that St. Elizabeths opened there were a handful of private and public mental hospitals in various parts of the country, but living conditions for the mentally ill tended toward the inhumane. Because there was little scientific or medical understanding of mental illness, care for the mentally ill was usually at the whim of prevailing moral attitudes toward those who were different from the norm. The first half of the 19th century saw an increasing interest in social welfare, but the mentally ill were still frequently warehoused in almshouses and

jails, a practice that was a throwback to less enlightened times. In colonial America, the insane were sometimes considered to be on the same level as criminals and so were often treated like criminals and kept in shackles or in prison. Somewhat less harshly, the mentally ill might instead be dealt with under the poor laws of the time, with the issue of their care considered a social and economic problem rather than a medical one.¹

Those who weren't treated as criminals were likely to end up in almshouses, which began to appear, in what later became the U.S., as early as the 1660s.² Almshouses were established to care for the "deserving poor"—that is, those who were poor but unable to work, a group that included the blind, feeble, elderly, and the very young.³ While almshouses provided a home for some of the mentally ill, they were a catchall and could probably not provide much better care for the mentally ill than the jails did.⁴

By the mid-18th century, insanity was increasingly seen as a medical illness. The first hospital in the United States, the Pennsylvania Hospital, opened in Philadelphia in 1752 and cared for the mentally ill as well as the physically ill.⁵ The first facility for the sole care of the mentally ill was Virginia's Eastern Lunatic Asylum in Williamsburg, which opened in 1773.⁶ In the 1810s and 1820s, private institutions like the Friends Asylum in Philadelphia, the McLean Asylum in Boston, the Bloomingdale Asylum in New York, and the Hartford Retreat in Connecticut began operation.⁷ Although many of the private hospitals that opened in the first part of the 19th century were short-lived, their example paved the way for a wave of publically funded state hospitals by building public awareness to the "humanitarian, medical, and economic benefits to both society and the individual of institutional care and treatment of mental illness".⁸ In the 1830s and 1840s, states began to open facilities modeled on these private hospitals. In 1833, the Worcester State Hospital opened in Massachusetts and became the prototype for other state hospitals that followed. By the end of the 1850s, at least twenty-nine state institutions were in operation, and by 1860, most states had at least one public mental hospital.⁹

Early champions of mental hospitals, such as Samuel Woodward who was the superintendent of the Worcester State Hospital, began to slow down or move on to other causes, leaving a leadership vacuum that was soon filled by a social reformer named Dorothea Lynde Dix who went on to become "the most famous and influential psychiatric reformer of the nineteenth century".¹⁰ Dix was born in 1802 on the Maine frontier.¹¹ She led a fairly unhappy childhood with an

inattentive mother and a father who was a Methodist evangelist and pamphleteer.¹² Little is known about Dix's education, but as a young woman she went to live with her strict grandmother Dix in Worcester, Massachusetts, where she was drawn into the movement to provide secondary schools for girls.¹³

While teaching Sunday school at the East Cambridge House of Corrections in 1841, Dix observed that several of the women in the prison were clearly insane. Dix also noticed that their rooms were "unheated, poorly ventilated, and stinking". Outraged by these conditions and the apathy of the jail keeper, Dix took the matter to court and won an order to have the rooms heated.¹⁴ Buoyed by her success, Dix decided to focus on reforming the care of the mentally ill. With a small legacy from her grandmother who had died in 1837, Dix was able to travel around Massachusetts inspecting jails and almshouses.¹⁵ In 1842, after her inspection tour, Dix petitioned the Massachusetts legislature for reforms. Her petition created much controversy but it also gained supporters in the statehouse who introduced legislation to improve conditions.¹⁶ Dix also worked behind the scenes, meeting with lawmakers and telling them stories of the conditions she had encountered in institutions around the state. As a result of her efforts, the Massachusetts legislature approved an expansion of the state hospital in Worcester.¹⁷

Dix followed up her success in Massachusetts with a campaign in Rhode Island, where she convinced private donors to fund a mental hospital, and another in New Jersey where she helped convince the legislature to build the State Lunatic Asylum at Trenton.¹⁸ Dix's success in New Jersey was a particularly good example of her "uncanny ability to overcome legislative inertia".¹⁹ Advocates in New Jersey had been trying for seven years to get an asylum built, but they weren't successful until Dix joined their efforts in 1844.²⁰ By 1845, Dix had also initiated action in New York, Maryland, Ohio, Kentucky, and Tennessee; she had visited 300 county jails and 500 almshouses, and had assisted in establishing six hospitals for the insane.²¹ Part of Dix's success was her ability to appeal to the moral sympathies of legislators, even if she had to exaggerate conditions in a way that doctors and other officials did not.²² Throughout this process, Dix learned a great deal about politics which prepared her for taking on bigger efforts with Congress in Washington, D.C.²³

Dix began working on legislation in 1848 to have a large federal land grant set aside for the benefit of the insane. At the time, land grants were being given for the construction of railroads and for the creation of public universities

across the United States.²⁴ Dix believed that such land grants could also provide a mechanism to fund mental hospitals. According to Dix, one in eight hundred inhabitants of the U.S. was insane,²⁵ and the federal government should play a role in ensuring they were cared for. In June of 1848, Dix petitioned Congress to set aside five million acres of public land for the sole purpose of providing a funding stream for the care of the mentally ill, an act that would “assure the greatest benefits to all who are in circumstances of extreme necessity, and who, through the providence of God, are wards of the nation, claimants on the sympathy and care of the public, through the miseries and disqualifications brought upon them by the sorest afflictions with humanity can be visited”.²⁶



Figure 1.1. Nineteenth century portrait of Dorothea Dix by Samuel B. Waugh that hung in the hospital’s chapel in the Center Building. The painting is now in the collection of the National Portrait Gallery, Washington, DC. (See also Figure 2.12) (National Archives RG 418-G-532)

While Dix was in Washington working on her lands bill, she also became involved in local efforts to have an asylum built in the city. By the time she arrived in the capital in 1848, several attempts had been made to provide care for the mentally ill in the District of Columbia. As early as 1832, there had been a campaign for the creation of a mental hospital in the District, and in 1838, a bill

was introduced in the Senate to fund such a hospital.²⁷ At the time, care for the mentally ill was normally handled by the states, but the District's unique status as a federal district and its inability to raise sufficient taxes were arguments in favor of Congress's providing funding. In addition, proponents argued that a disproportionate number of non-resident indigent insane had been drawn to the District because of the presence of the federal government.²⁸ Although efforts to create a mental hospital in the District had not been successful, Congress did provide some relief by appropriating funds that enabled the indigent insane in D.C. to be admitted to institutions in Baltimore.²⁹ In 1842, Congress also provided funds to convert space in the jail at Judiciary Square to house the insane, but the space was used instead for a general hospital and became the Washington Infirmary.³⁰

As she had done previously in various states, Dix brought her formidable powers of persuasion to bear on members of Congress and the public at large in the campaign for a mental hospital in the District. Like other proponents of the cause, Dix brought up the testimony of doctors, cure statistics, and other quantitative analyses. Unlike the others, however, Dix made deft use of the press and helped to define the issue in terms of national character.³¹ Dix had also developed relationships with important figures in Washington, including Vice President Millard Fillmore. It isn't certain how Fillmore and Dix met, but by April 1850, the two had begun to correspond with each other.³² Less than three months later, after the untimely death of President Zachary Taylor, Fillmore became president.

Even with the ear of the president and many advocates on Capitol Hill, Dix's success with Congress was mixed at best. In the summer of 1852, her land grant bill passed the House of Representatives but failed in the Senate.³³ Not one to give up easily, Dix would return to Congress with her land bill a few years later. In the meantime, however, she managed to get Congress to act on the long-standing request for the creation of a mental hospital for residents of the District of Columbia.

In August 1852, Congress appropriated \$100,000 for the construction and furnishing of a mental hospital for the District. The only direction given in the legislation was that the hospital be located in the "neighborhood of Washington" to provide for the insane of the District of Columbia as well as of the army and navy. In all other matters, Congress left the decisions up to the secretary of the interior under the direction of the president.³⁴ At the time, President Fillmore's

secretary of the interior was Alexander Hugh Holmes Stuart, a lawyer from Staunton, Virginia, who had served in both the Virginia House of Delegates and the United States Congress.

Prior to the creation of the Department of the Interior in 1849, the various domestic affairs of the government were apportioned by Congress to the three executive departments of State, War, and Treasury. At the time Congress directed the secretary of the interior to establish a mental hospital in Washington, the three-year-old Department of the Interior, was responsible for a diverse set of internal affairs. Those early responsibilities included matters of broad national concern, such as the exploration of western lands, regulation of territorial governments, and the oversight of patents, pensions, public lands, hospitals, and universities; but it also included more parochial issues surrounding the development of the national capital in Washington, such as the construction of the capital's water system, and oversight of the District of Columbia jail. Oversight of a mental hospital for the District was a natural fit.

With such a wide-ranging portfolio of responsibilities, it is understandable that Secretary Stuart relied on the expertise of others to aid him in establishing a mental hospital. Early on, Stuart, who was on the board of visitors of the Western Lunatic Asylum in Staunton, Virginia, consulted with an “experienced superintendent of an established asylum” to determine the best way to approach the creation of the hospital.³⁵ President Fillmore, no doubt channeling the sentiments of his friend Dorothea Dix, expressed a desire to create a “model institution, embracing all the improvements which science, skill, and experience, have introduced into modern establishments”.³⁶

In an attempt to live up to the president’s mandates, Stuart took the advice of his superintendent confidante who referred him to hospital guidelines that had been promulgated by the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI). AMSAAI was a professional organization founded in Philadelphia in 1844 by thirteen superintendents of mental institutions from across the Eastern seaboard.³⁷ The group was formed to provide its members a means of sharing best practices in the day-to-day operation of their respective institutions, but it also provided a means for the superintendents to present themselves to policy makers and the public at large as the voice for mental health care. This influential group of superintendent-psychiatrists “proclaimed its authority on the basis of its unique experience”.³⁸ This experience and authority were important at a time when state executives and legislators were putting

forward all sorts of candidates to run mental hospitals who didn't know the first thing about the mentally ill or running a hospital. Dix was a strong advocate of AMSAII, was well respected by its membership, and was a close confidante of many of its founding members.

At their convention in the spring of 1851, AMSAII had adopted twenty-six fundamental rules it believed were crucial to the establishment of hospitals for the humane care and treatment of the mentally ill. Their focus on "moral treatment" codified the ideas of French mental health reformer Phillipe Pinel who was "in many ways the father of psychiatry as a medical specialty".³⁹ Pinel focused on providing mental patients with "pleasant surroundings, kindness, personal attention, entertainment—in short the basic humanities".⁴⁰

The professionalization of psychiatry embodied by AMSAII was based not on new ideas but on the dominant values of society at the time and concepts of mental health care that its members were already practicing in their own institutions.⁴¹ The shift away from warehousing the mentally ill in the abject conditions that had been accepted for hundreds of years represented the culmination of decades of incremental reform.

The AMSAII rules were intended to provide practical advice for creating the ideal setting for the proper practice of moral treatment. Among other things, the organization's twenty-six rules went into detail about site selection criteria, room size and layout, construction materials, heating and ventilation, and patient capacity.⁴² Perhaps most significant, was rule number four, which Secretary Stuart purposefully highlighted in a report to Congress: the requirement that all plans for mental hospitals be reviewed and approved by physicians who have had "charge of a similar establishment".⁴³

Given Dix's professional relationships with many of the members of AMSAII and her role in advising President Fillmore in the early days, it isn't surprising that Stuart chose to follow AMSAII's guidelines in the creation of St. Elizabeths.⁴⁴ In doing so, the precedent of physician-led decision making about every aspect of mental hospital planning and operations—an approach that was already in use at similar institutions—was firmly set in place for St. Elizabeths.⁴⁵ Policy makers would defer to the practical advice of doctors to implement what was considered right and proper in the care of the mentally ill. This decision reinforced the self-regulating community that ensured AMSAII orthodoxy for decades to come. Considering the beliefs of Dix and the members of AMSAII,

this can be seen almost wholly as a positive precedent in recognizing the dignity of the mentally ill and for their moral and humane care.

With the AMSAII guidelines at hand, Secretary Stuart and President Fillmore spent several days visiting potential locations for the hospital but felt unqualified to make a selection. Stuart reported to Congress:

the President and myself devoted several days to the examination of a number of sites which had been brought to our notice in the neighborhood of the city. We personally visited and examined almost every tract of land north and east of the city, from the vicinity of Georgetown to the Potomac River, east of the navy yard. Finding ourselves somewhat embarrassed in making a selection, and foreseeing the necessity of employing a suitable superintendent to take charge of the establishment from its commencement, we concluded that it was the wisest course to avail ourselves of the assistance of an experienced medical superintendent in the choice of a site, as well as in the arrangement and construction of the building.⁴⁶

And so, after consultation with “persons well informed on the subject”, presumably including Dix, the president appointed Dr. Charles H. Nichols as superintendent.⁴⁷

Dr. Nichols was born into a Quaker family in 1820 in Vassalboro, Maine. The Quakers were early proponents of the moral treatment of the mentally ill and had founded the earliest facilities to care for them. It is likely that Nichols’s Quaker background helped steer him toward his chosen career.⁴⁸ In 1843 he earned his medical degree from the University of Pennsylvania.⁴⁹ He interned at the Utica State Hospital under the supervision of Dr. Amariah Brigham, one of the founding members of AMSAII, and was appointed medical assistant there in 1847. In 1849, he was appointed physician at the Bloomingdale Asylum in New York where he succeeded Dr. Pliny Earle, another founding member of AMSAII.⁵⁰

Nichols first got to know Dix while he was in charge at the Bloomingdale Asylum. Early on, he had professed to admire her, and she “set about trying to orchestrate the young man’s career”.⁵¹ Unfortunately, their mutual admiration for each other, their idealistic expectations for the Bloomingdale Asylum, and

perhaps their personal ambitions set them on a collision course with the hospital's board of governors. In 1850, Nichols began to complain to Dix about the poor state of the hospital's facilities and the difficulty in getting its divided board to allow him the freedom he believed he needed to make Bloomingdale live up to its "therapeutic mission". With Nichols feeding her information behind the scenes, Dix complained to the board about every aspect of the hospital, from its ventilation, heating, and water supply, to its architecture, which Dix said made it impossible to provide moral treatment. In her complaint, she inferred that the root of all the hospital's problems was its system of governance, and, citing AMSAII's positions, insisted that Nichols should have a free hand.⁵² Nichols's support of Dix's complaint led to his dismissal. Saving him the embarrassment of being fired, the board of governors changed the hospital's rules to require that superintendents be married. Still a bachelor, Nichols was forced to resign in January 1852.⁵³

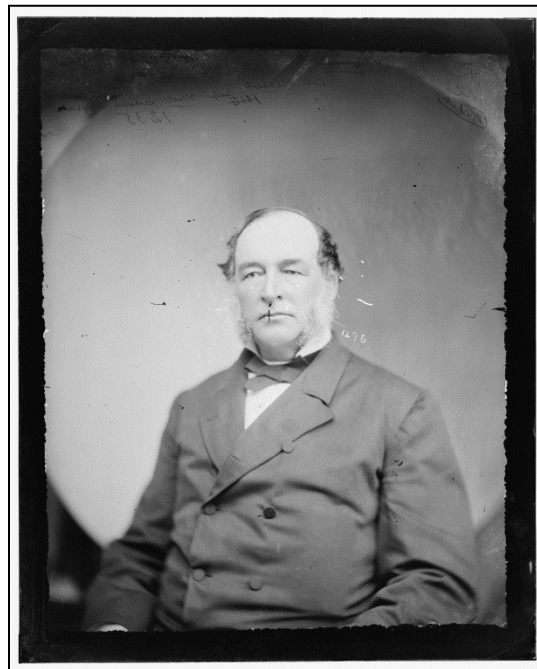


Figure 1.2. Dr. Charles Nichols circa 1865. (Library of Congress Brady-Handy Collection)

It would not be unreasonable to believe that Dix felt somewhat responsible for her protégé losing his job and got him the job at St. Elizabeths to make up for it. But it also stands to reason that Dix held him in high esteem for supporting the

ideals of AMSAII and for having the courage of his convictions. Regardless of her motivation, Dix recommended Nichols to President Fillmore, who appointed him as someone “possessing every qualification, mental, moral, and physical, for the able and faithful discharge of the duties”.⁵⁴ At the beginning of October 1852, Fillmore wrote to Dix confirming his satisfaction with the choice of Nichols: “He certainly writes like a man of sense, and I trust that his employment will give entire satisfaction”.⁵⁵

The appointment of Nichols to be the first superintendent, however, did not go unchallenged. President Fillmore wrote to Dix on October 21, 1852:

Dr. [Thomas] Miller has been to see me and protests very strongly against “importing” a physician to take charge of the hospital. He claims much merit, and for aught I know, truly, in having procured the passage of the law, and desires the appointment of governing or consulting physician. He is evidently much displeased at the selection which has been made, and manifestly suspects that it has been done through your influence.⁵⁶

Miller, local doctor and president of the District of Columbia Board of Health, was a long-time advocate for the creation of a mental hospital for the District.⁵⁷ He was also a personal friend of Senator Robert Hunter of Virginia, who called for the hospital’s first appropriation.⁵⁸ Staking a claim to the job by virtue of his role advocating the hospital’s establishment, Miller minced no words in a letter to the secretary of the interior: “As it was entirely through my instrumentality the appropriation was made by Congress for the establishment of the Asylum ... I cannot but feel a deep interest in the institution, and a sincere desire to see it properly organized, that the beneficent design of Congress may be fully carried out”.⁵⁹ Miller’s efforts included trying to get a local doctor, Benjamin Bohrer, appointed superintendent in place of Nichols.⁶⁰ When that failed he unsuccessfully tried to secure for himself the role of consulting physician at the salary of \$1,000 per year.⁶¹ His bid was unsuccessful, but both Miller and Bohrer were eventually given seats on the hospital’s unpaid board of visitors.

After Nichols’s appointment, he and Dix set about finding a site for the hospital. Over a two week period, Nichols and Dix reviewed each of the sites previously visited by the president and Stuart, as well as additional sites that had

not previously been considered. After close examination, they recommended the purchase of one of the new sites which they felt fulfilled all of the AMSAII guidelines. Located east of the Anacostia River and about a mile east of the Navy Yard, Thomas Blagden's farm was about 185 acres of cultivated land and forest.⁶² In addition to providing the necessary acreage in good proximity to the city, the farm was on a high ridge with fine views of Washington, Georgetown, Alexandria, and the "circumjacent country for many miles". The site had adequate flat land suitable for buildings and pleasure grounds, two "copious and permanent springs", and good drainage.⁶³ It had the additional benefit of expansive frontage along the east bank of the Anacostia, with a wharf that would allow for the direct delivery of building materials and heavy supplies.⁶⁴ The only problem was that it wasn't actually for sale.

A tireless advocate for the oppressed generally and the mentally ill specifically, Dix didn't take no for an answer when Thomas Blagden was reluctant to sell his farm. A letter from Blagden himself makes it clear that it was only Dix's passionate exhortations that caused him to reconsider his initial refusal to sell. As a testament to her considerable persuasive powers, Blagden finally agreed to sell the land to the government and wrote to Dix:

Since seeing you today, I have had no other opinion (and Mrs. Blagden also) than that I must not stand between you and the beloved farm, regarding you, as I do, as the instrument in the hands of God to secure this very spot for the unfortunates whose best earthly blessing will not rest on, nor abide with, those who may place obstacles in your way.⁶⁵

The government paid Blagden \$25,000 for his 185 acres, as well as another \$2,000 to another farmer for eight acres of adjacent land which "was almost indispensable for the purposes of the asylum".⁶⁶ Stuart justified the selection of the Blagden Farm to Congress by citing how well it fulfilled four key elements of the AMSAII guidelines: (1) that the hospital should be in the country and not within two miles of a large town, but accessible in all seasons; (2) that the hospital should be sited on a least 100 acres; (3) that there should be an abundant supply of water; and (4) that the site would have good drainage, convenient pleasure-grounds, and an agreeable prospect.⁶⁷

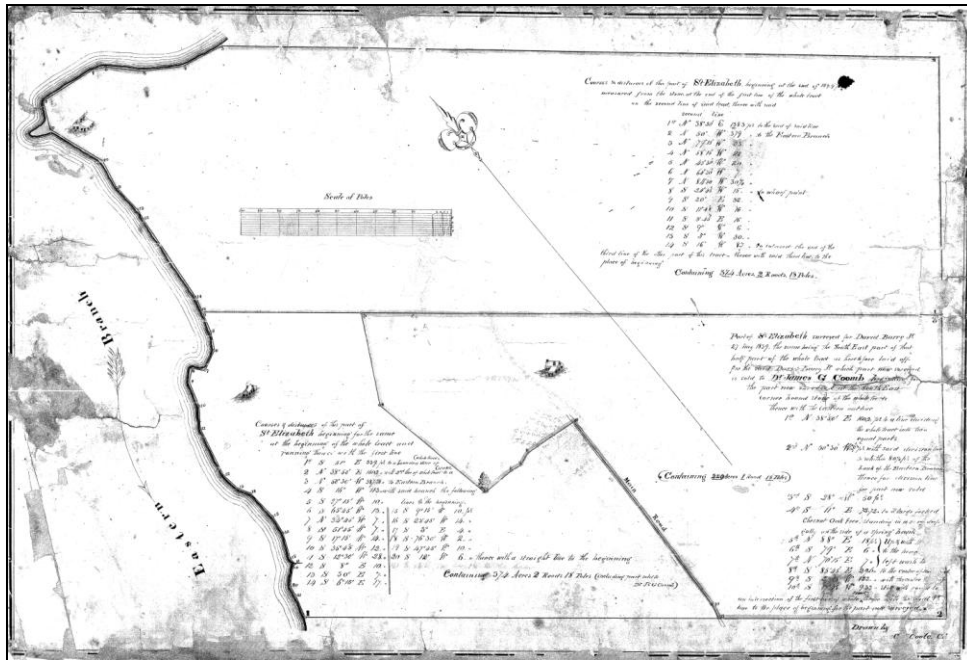


Figure 1.3. An 1839 map showing two parcels in the St. Elizabeths tract. When the government purchased the Blagden farm in 1852, it encompassed the lower left quadrant of the two parcels. Eventually the hospital would take up roughly the entire lower parcel. The Eastern Branch of the Potomac River otherwise known as the Anacostia River can be seen on the left. The angled line near the middle of the lower parcel shows part of the public road that would eventually become Nichols Avenue. See also Figure 2.15. (National Archives RG 418-STEP-1)

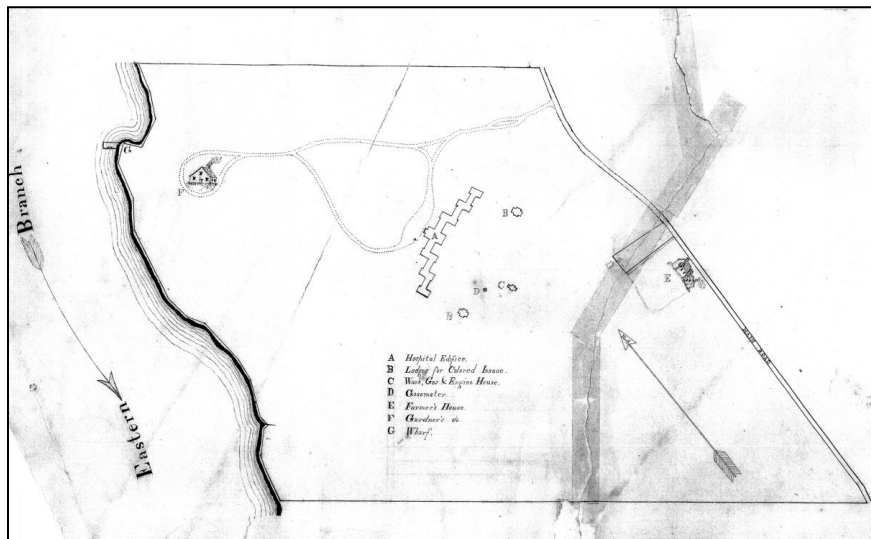


Figure 1.4. The hospital grounds beginning to take shape on the former Blagden farm circa 1856. The main road shown on the right can be matched to the main road in Figure 1.3. (National Archives RG 418-STEP-4)

To Nichols and Dix, finding the right site was the crucial first step in creating a model institution. Without it, successful treatment and cure would be elusive. Nichols wrote:

The moral treatment of the insane, with reference to their cure, consists mainly in eliciting an exercise of the attention with things rational, agreeable, and foreign to the subject of delusion; and the more constant and absorbing is such exercise, the more rapid and effectual will be the recovery; but many unbroken hours must elapse each day, during which it is on every account impracticable to make any direct active effort to engage and occupy the patients' minds. Now, nothing gratifies the taste, and spontaneously enlists the attention, of so large a class of persons, as combinations of beautiful natural scenery, varied and enriched by the hand of man; and it may be asserted with much confidence, that the expenditure of a thousand dollars each year, directed to the single object of promoting the healthy mental occupation of one hundred insane persons, with either amusements or labor, would not be so effectual in recalling reason to its throne, as will the grand panorama of nature and of art, which the peculiar position of the site chosen happily commands. The shifting incidents of the navigation of the Potomac, the flight of railroad cars to and from the city, the operations at the Navy Yard, &c., will continually renew and vary the interest of the scene.⁶⁸

The Blagden farm met all the site selection criteria laid out in the AMSAII standards, but it also raised some concerns that would face the hospital for decades to come. The first concern was the large size of the parcel, which Nichols defended by noting that almost all similar institutions had run out of space and either had to move or buy more land at increased prices. In addition, he noted that the farm purchased was in a high state of cultivation, which would allow the hospital to produce the majority of its own food, with the exception of beef, flour, butter, and other groceries.⁶⁹

The second issue had to do with what some saw as the potentially insalubrious location of the farm. There was a concern that the farm's proximity to the river would lead to unhealthy conditions at the hospital. To head off further

opposition on this account, Stuart submitted letters to Congress from four doctors practicing in the area that attested to its generally healthy environment and noted that the site was at a similar elevation to the balustrade of the roof of the Capitol and that there were no marshes, sluggish streams, or standing water. Demonstrating the period's ignorance of the cause of malaria, Nichols noted that the site was upwind from any sources of disease that may have been present in the area.⁷⁰

The AMSAII principles were central to Nichols's approach to the care and treatment of the mentally ill. Citing plausible, but unsupported statistics, Nichols believed that patients who were well cared for ultimately cost society less, and that 50 percent in "our best public institutions" are restored while only ten percent of those treated privately or held in jails and poorhouses recover.⁷¹ Beyond this basic support of humane care for the mentally ill, Nichols was a firm believer in the AMSAII principles and particularly the work of Dr. Thomas Story Kirkbride.

Kirkbride, also a Quaker, was born in Bucks County, Pennsylvania in 1809, and had long been a friend of both Dix and Nichols.⁷² Dix knew him through AMSAII and was an advocate of his approach to moral treatment. She had convinced the state of New Jersey to hire him as a consultant when they were planning the hospital at Trenton.⁷³ Nichols first met Kirkbride at the Pennsylvania Hospital for the Insane "during that happy period that intervenes between a successful examination for the degree of doctor of medicine and the public reception of the diploma" from the University of Pennsylvania.⁷⁴ Kirkbride was active in AMSAII and helped create the twenty-six principles in 1851. His experience at various hospitals and his thoughts on the physical environment that is needed to support the basis of "moral treatment" were detailed in his book *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, which was published in 1854.

Kirkbride believed that the ideal hospital building should house a maximum of 250 patients and be laid out so that the superintendent's office and quarters and other administrative functions were housed in a central building with symmetrical, linear wings for patient wards extending from its two sides. This linear plan would allow each of the patient rooms to have unobstructed exterior views and make it so that no patient's room overlooked another patient's room. The two side wings should be composed of sections that step back from each other to improve ventilation and allow for open space at the end of each ward to bring in added light and air. The organization of the building into wings would

improve the ability to segregate patients based on the severity and type of their mental illness. Each wing was to have its own staircase so that patients from one wing would not disturb patients in other wings when leaving or entering the building. Kirkbride also advised that the most disturbed patients should be located on the ground floor at the furthest point from the center of the building.⁷⁵ Kirkbride insisted that the building not look like a prison and that security details be concealed, but he also believed that exterior beauty should never take precedence over interior function.⁷⁶

Dix's day-to-day involvement in the establishment of St. Elizabeths tapered off with the purchase of the Blagden farm and the assurance that the layout of the grounds and the design of the hospital itself would cleave to the AMSAII standards and Kirkbride's building specifications. She still played a key role, however, during the construction of the hospital by advocating for more land to be added to the hospital campus and defending the increased costs of the project as a result of runaway inflation.⁷⁷ With the help of Congressman Solomon Haven of Buffalo, New York, who was a friend and law partner of former President Fillmore, she also helped push through an appropriation in 1854 to get the necessary funds to finish the construction of the hospital. In fact, she believed that the defeat of her land bill, which had been reintroduced into Congress (this time asking for 12 million acres instead of 5 million), was to the benefit of the additional appropriation for St. Elizabeth.⁷⁸

Dix remained influential in the professional and personal lives of both Kirkbride and Nichols until her death. In the years before Nichols's marriage, he and Dix exchanged many flirtatious letters. One from Nichols rather provocatively discussed marriage in a way that could be read as a suggestion that the two of them marry. The letter stopped short of expressing an explicit desire to marry Dix, and as far as the written record goes, the topic never came up again.⁷⁹

Nichols and Kirkbride and others revered Dix and her importance to their field. Nichols set aside a room in the hospital near his own apartment for her personal use while she was in Washington, a practice that continued even after Nichols left St. Elizabeths.⁸⁰ In 1861, Kirkbride worried that Dix wasn't getting the respect in Washington that he felt she deserved. Kirkbride wrote to Nichols:

Do pray take care of Miss D! I hear of her walking in the hot sun all over the District because the Government will not give her a one-horse wagon to ride it. Can this be in the 19th century in the

city of Washington and under the administration of President Lincoln!⁸¹

Dix died in 1887. At her burial in Mt. Auburn Cemetery in Cambridge, Massachusetts, Nichols provided the final words over her grave: “Thus has died and been laid to rest in the most quiet, unostentatious way the most useful and distinguished woman America has yet produced”.⁸²

In her will, Dix bequeathed to the hospital the mahogany desk “on which, with her own hand, she wrote the first paragraph of the original draught of the act under which this hospital was created”. The desk and a commemorative plaque were placed in the room in the main hospital building that was used by the board of visitors and “which was ever to her one of her homes”.⁸³

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- ¹ Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New Brunswick: Transaction Publishers 2009), 1.
- ² *Ibid.*, 13.
- ³ Gwendolyn Mink and Alice O’Conner, eds., *Poverty in the United States: An Encyclopedia of History, Politics, and Policy* (Santa Barbara: ABL-CLIO, Inc., 2004), 552.
- ⁴ Grob, *Mental Institutions in America*, 13.
- ⁵ *Ibid.*, 16-19.
- ⁶ *Ibid.*, 26.
- ⁷ Frank Rives Millikan, “Wards of the Nation: The Making of St. Elizabeths Hospital, 1852-1920”, (Ph.D. diss., The George Washington University, February 2, 1990), 12-13.
- ⁸ Grob, *Mental Institutions in America*, 84.
- ⁹ Millikan, “Wards of the Nation”, 13 and Grob, *Mental Institutions in America*, 85.
- ¹⁰ Grob, *Mental Institutions in America*, 103.
- ¹¹ Charles M. Snyder, *The Lady and the President* (Lexington: The University of Kentucky Press, 1975), 54.
- ¹² *Ibid.*
- ¹³ *Ibid.*, 64.
- ¹⁴ *Ibid.*, 67-68.
- ¹⁵ Grob, *Mental Institutions in America*, 67-68.
- ¹⁶ Snyder, *The Lady and the President*, 69.
- ¹⁷ *Ibid.*, 70.
- ¹⁸ *Ibid.*, 71.
- ¹⁹ Millikan, “Wards of the Nation”, 14.
- ²⁰ *Ibid.*
- ²¹ Snyder, *The Lady and the President*, 72.
- ²² Millikan, “Wards of the Nation:”, 16.
- ²³ Snyder, *The Lady and the President*, 72.
- ²⁴ *Ibid.*, 73-74.
- ²⁵ *Report to Accompany Bill S. 44, 33rd Cong., 2d sess., January 23, 1854, S. Rept. 57,*
2. ²⁶ *Ibid.*, 35.
- ²⁷ Millikan, “Wards of the Nation”, 20.
- ²⁸ *Ibid.*, 21.
- ²⁹ *Ibid.*
- ³⁰ *Ibid.*, 22.
- ³¹ *Ibid.*, 14-15.
- ³² Snyder, *The Lady and the President*, 16.
- ³³ *Ibid.*, 136.
- ³⁴ *An Act Making Appropriations for the Civil and Diplomatic Expenses of the Government for the Year Ending the Thirtieth of June, Eighteen Hundred and Fifty-Three, and for Other Purposes, 32nd Cong., 1st sess., August 31, 1842, 76.*

³⁵ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 13.

³⁶ *Ibid.*

³⁷ Grob, *Mental Institutions in America*, 137.

³⁸ *Ibid.*, 133.

³⁹ Winifred Overholser, "An Historical Sketch of Saint Elizabeths Hospital" in *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press Inc., 1956), 7.

⁴⁰ *Ibid.*

⁴¹ Grob, *Mental Institutions in America*, 132-33.

⁴² *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 11-13.

⁴³ *Ibid.*, 2.

⁴⁴ Overholser, "Historical Sketch of Saint Elizabeths", 5 and Millikan, "Wards of the Nation", 16.

⁴⁵ Overholser, "Historical Sketch of Saint Elizabeths", 56.

⁴⁶ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 2.

⁴⁷ Snyder, *The Lady and the President*, 137.

⁴⁸ Grob, *Mental Institutions in America*, 43-48 and Albert Deutsch, *The Mentally Ill in America* (Garden City: Doubleday, 1937), 83-87.

⁴⁹ William Whitney Godding, Sketch of Chas. H. Nichols, M.D., LL.D. (Utica: American Journal of Insanity reprint, 1889), 1.

⁵⁰ *Ibid.*, 2 and David Gollaher, *Voice For the Mad* (New York: The Free Press, 1995), 229.

⁵¹ David Gollaher, *Voice For the Mad* (New York: The Free Press, 1995), 229.

⁵² *Ibid.*, 229-30.

⁵³ *Ibid.*, 231.

⁵⁴ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 2.

⁵⁵ Snyder, *The Lady and the President*, 137.

⁵⁶ *Ibid.*, 140.

⁵⁷ Millikan, "Wards of the Nation", 23.

⁵⁸ *Ibid.*, 25-26.

⁵⁹ *Letter From the Secretary of the Interior, Transmitting, Propositions Relating to the Organization for the Hospital for the Insane of the Army and Navy*, 33rd Cong., 2d sess., December 30, 1854, H. Ex. Doc. 24, 6.

⁶⁰ Millikan, "Wards of the Nation", 35.

⁶¹ *Ibid.*, 37.

⁶² *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 2..

⁶³ *Ibid.*, 3.

⁶⁴ *Ibid.*, 6.

⁶⁵ Dorothy Clarke Wilson, *Stranger and Traveler* (Boston: Little, Brown and Company, 1975), 198.

⁶⁶ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 3.

⁶⁷ *Ibid.*, 2.

⁶⁸ *Ibid.*, 7.

⁶⁹ *Ibid.*, 6.

⁷⁰ *Ibid.*, 5.

⁷¹ *Message from the President of the United States to the Two Houses of Congress at the Commencement of the Second Session of the Thirty-Third Congress, Part I*, 33rd Cong., 2d sess., December 4, 1854, S. Ex. Doc. 1, 623.

⁷² Earl D. Bond, *Dr. Kirkbride and His Mental Hospital* (Philadelphia: J. B. Lippincott Company, 1947), 3.

⁷³ Millikan, "Wards of the Nation", 17.

⁷⁴ John Curwen, Charles H. Nichols, and John H. Callender, "Memoir of Thomas S. Kirkbride, M. D., LL. D." (read at the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, Saratoga, New York, June 16, 1885, printed, Warren, PA: E. Cowan & Co., Printers, 1885) 9.

⁷⁵ Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride* (Cambridge: Cambridge University Press, 1994), 142.

⁷⁶ *Ibid.*, 143.

⁷⁷ Snyder, *The Lady and the President*, 170.

⁷⁸ *Ibid.*, 198.

⁷⁹ Gollaher, *Voice For the Mad*, 316.

⁸⁰ Wilson, *Stranger and Traveler*, 331.

⁸¹ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, June 23, 1861.

⁸² Francis Tiffany, *Life of Dorothea Lynde Dix* (1918; reprint, Ann Arbor: Plutarch Press, 1971), 374-75.

⁸³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 2d sess., October 1, 1888, H. Ex. Doc. 1, 516. [Desk is now in the collection of the Smithsonian Museum of American History.]

Chapter 2

Dr. Nichols Builds

With the site for the hospital chosen and the AMSAII standards close at hand, Dr. Charles Nichols began to make specific plans for St. Elizabeths. In determining the layout of the hospital buildings, Nichols made a sketch outline that he shared with other superintendents to get their feedback.¹ At the time, those superintendents and the membership of AMSAII in general believed that mental illness was the result of what they referred to as moral causes. The belief was that mental illness stemmed from situations in a person's environment, such as overwork, marital problems, intemperance, jealousy, pride, and "above all, the pressures of an urban, industrial, and commercial civilization which was considered to be unnatural to the human organism".² To cure mental illness, the affected individual had to be removed from the stressors in his or her regular life and into a controlled environment.³ The physical environment of a mental hospital was therefore crucial to its success.

Nichols's overall plan for St. Elizabeths was for a central hospital building, two detached lodges for African American patients, and miscellaneous outbuildings to support the maintenance and operation of the hospital. Nichols intended for the main hospital building to follow Dr. Thomas S. Kirkbride's guidelines, which called for a linear building with wards stepped back on either side of, and connected to, a central administration wing. This arrangement made it possible, at least in theory, for all patients to be under the care of the superintendent.⁴ For St. Elizabeths, Nichols explained his intentions to Congress:

The ground plan of the main edifice has been appropriately denominated *en echelon*. It is a modification of what is known in this country as the Kirkbride or Trenton plan, and is thought to embrace peculiar advantages in respect to classification, light, and spontaneous ventilation, and in presenting the broken outline of a castle or villa. The façade of the building is called the collegiate gothic style, and is thought to be appropriate, and also highly effective, in view of its plainness and the cheapness of the materials in which it can be represented.⁵

Nichols made one significant change to Kirkbride's basic linear building layout by adding a perpendicular wing between each ward as they stepped back. Adding this connecting hallway allowed for better interior circulation and access for staff going from ward to ward and was a departure from a typical Kirkbride building layout at the time.⁶

Nichols's sketches for the layout of the hospital were given to Thomas U. Walter, the architect of the Capitol, to "arrange them so as to blend architectural beauty with practical convenience and utility".⁷ Walter, who was an architect from Philadelphia, was best known for his design of Girard College for Orphans in Philadelphia. He came to Washington in 1851 to oversee the extension of the Capitol, which consisted of adding wings for the House of Representatives and the Senate as well as the construction of the new cast iron dome.⁸ In early 1852, Walter had made sketches of an insane asylum for the D.C. commissioner of public buildings, but it is unclear if those sketches bore any relationship to the plans he drew for St. Elizabeths in December of that year.⁹

The main hospital building was positioned to take advantage of the views of the river, the city, and the surrounding countryside. The length of the building was oriented east to west, with the majority of the patient rooms looking north over the river or south over the hospital's farmland. Nichols wanted the views and landscape to provide a therapeutic benefit to patients by providing a picturesque environment, where the "changing and ever graceful beauties of trees, shrubs, and flowers, amid walks and parterres" helped to distract the "diseased mind from its delusions".¹⁰ Indeed, most of the AMSAII members held a romantic view of humanity and extolled the virtues of an agrarian life, which provided the basis for Kirkbride's insistence on unobstructed views.¹¹

The patient wards consisted of a central corridor flanked by patient rooms, small dining rooms, and alcoves for common use. The central corridor was wide enough to serve as a common area as well, with rocking chairs lining the hall for patients to use. The rooms were furnished with simple, solid furniture that could stand up to patient use.

It is proposed to make here, or have made to order, in the most durable manner, most of the furniture proper, after somewhat massive and imposing but plain designs, and almost wholly without upholstery. Made in this way, some articles will cost rather more than the “cheap” trumpery disguised in varnish, so general in the market, but will prove much the cheapest in the end, as well as most safe in the hands of a household of insane persons.¹²

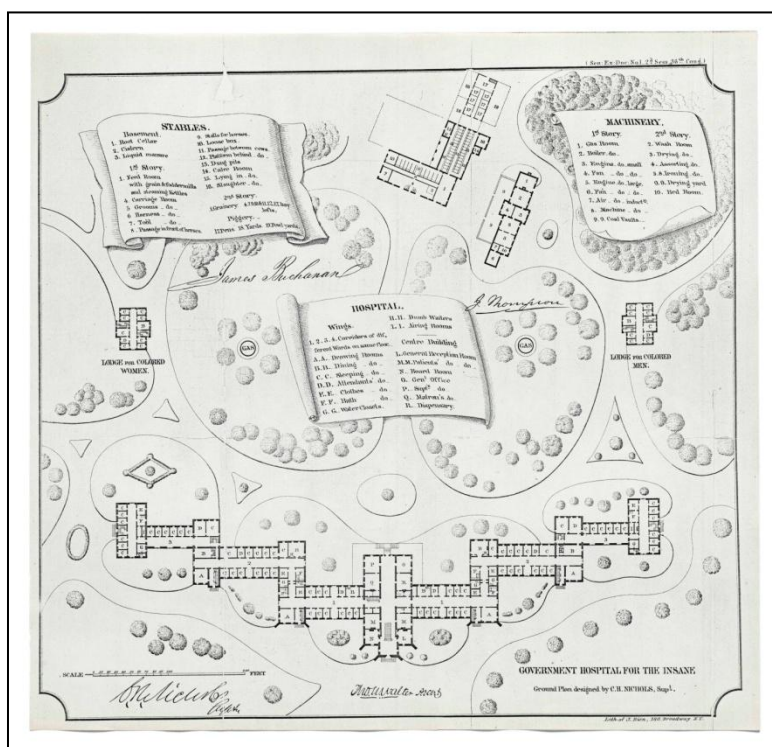


Figure 2.1. A site plan from the 1860 Annual Report showing the Center Building at the bottom of the image. The perpendicular halls that connect the wards as they step back from the center were Dr. Nichols’s modification to Thomas Kirkbride’s prototype design. The two small buildings set symmetrically behind the Center Building are the East and West Lodges for African American females and males respectively. The building nearest the top of the image is the stable and piggery. To the right of the stable is the machinery building that held boilers, fan equipment, and the laundry.¹³

Dr. Nichols's involvement in the construction of the hospital buildings was not limited to providing sketches and overseeing the designs. He also essentially served as general contractor for all of the building projects that went on during his twenty-five years at St. Elizabeths. Nichols was deeply involved in every aspect of the construction work. His correspondence from the 1850s is filled with letters of all sorts inquiring about, ordering, and paying for myriad building supplies, from nails to shipments of sand for mortar.

But not all construction materials were ordered. By 1860, it was estimated that over 9 million bricks had been manufactured on site.¹⁴ The bricks were two-thirds the usual cost, due partly to the fact that "certain strong patients of the laboring class" were employed "digging and shoveling clay, and in the many handlings to which both raw and burnt bricks are subject".¹⁵ In addition to the sourcing of clay for the bricks from the hospital grounds itself, trees of various species growing on the site were used to finish and furnish patient wards in the main hospital. Each ward was then named after the wood that was used for its trim work.¹⁶ Thus, the Poplar ward had trim made of poplar wood, and the Birch ward had trim of birch wood. Other raw material came from nearby sources as well. Some of the stone used for the perimeter wall was quarried on the neighboring Barry Farm property, and the wood for some of the fencing came from the Giesboro Cavalry Depot when it closed after the Civil War.¹⁷



Figure 2.2. The front façade of the completed Center Building shown here circa 1900. (National Archives RG 418-G-9)



Figure 2.3. Corridor on Cherry ward for white females in Center Building shown here in 1905. (National Archives RG 418-G-81)



Figure 2.4. Reception room on Cherry ward in Center Building shown here in 1905. (National Archives RG 418-G-90)



Figure 2.5. Corridor on Poplar ward for white males in the Center Building shown here in 1905. (National Archives RG 418-G-102)



Figure 2.6. Day room alcove on Poplar ward in the Center Building shown here in 1905. (National Archives RG 418-G-222)



Figure 2.7. Single room on Poplar ward. The quality of furniture and the plethora of personal effects suggest that this room and the Poplar ward in general were for less disturbed patients. (National Archives RG 418-G-224)



Figure 2.8. Another single room on Poplar ward. (National Archives RG 418-G-222)



Figure 2.9. This multi-bedded room on Gray Ash ward with no decoration and no personal effects shows how differently the wards were furnished. (National Archives 418-P-102)

The work of construction was not without its problems. By February of 1854, it was clear that additional funds would be needed to complete the initial phases of building.¹⁸ Due in part to the general strike of July 1853, the price of materials and labor had increased significantly since bid notices had been advertised. Among mechanics and laborers, costs increased between 12 and 50 percent, which "caused several of the lowest bidders to be released from their obligations to enter into contracts, and the most important contract entered into to be annulled, and also occasioned the partial or tardy fulfillment of most of the other contracts".¹⁹ The strikes forced Nichols to rely on day labor, rather than the services of a general contractor. Nichols believed that the work of the day laborers under his close supervision would prove more durable and economical over time than if it were left to a general contractor, but like other construction projects in

the District at the time, the costs for Saint Elizabeths increased by about 25 percent more than what had been anticipated.²⁰

Even in the days when construction technology relied heavily on human labor power rather than machines, the number of workers needed to build the campus can seem surprising to a modern observer. In 1861, with only the relatively small East Lodge under construction, there were at least thirty-four employees working on campus in the building trades. Among these were fifteen carpenters, five bricklayers, four painters, three plasterers, three cabinet makers, and four gas and water pipe fitters.²¹ Some of these workers may also have been involved in maintenance or other construction projects in other buildings on campus.

Over the years, Nichols continued to consult architect Thomas Walter even after Walter had finished his work on the Capitol and returned to Philadelphia to resume his private practice. When additional capacity was needed in the male wards after the completion of the original main hospital which became known as the Center Building, Nichols asked for Walter's advice in creating an extension connected by a short corridor to the rear of the west wing. Nichols indicated that the budget for the extension would be tight and that the building should be as inexpensive as possible but be in "architectural harmony" with the existing building. One of Nichols's cost-saving ideas for the extension was to use window sills and heads that were in the same style as the existing building, but smaller. He wanted Walter to give his aesthetic blessing or to make other suggestions that would achieve the same cost savings. In further deference to the small budget for the project, Nichols may have intended to pay Walter with praise rather than actual money:

Your work will go down to posterity as the architect of this Hospital edifice, and though a humble building as compared with some you have erected, it is much admired for the excellent effect produced by inexpensive means, and I feel as though ... the fate of one of the straws, it may be, upon which your fame will be borne down to posterity, and the kind readiness you have always exhibited to lend your professional aid in furtherance of this work, justify me in troubling you with the inquiry I have made in this letter.²²

In later years Nichols also worked on various issues related to the design of the hospital building with Edward Clark, Walter's successor at the Capitol. In 1866, before frescoes were added to the chapel in the Center Building, Nichols asked the painter to visit Clark for consultation and advice before beginning work.²³

ORGANIZATION OF THE HOSPITAL

Despite Nichols's best efforts and Secretary of the Interior Alexander Hugh Holmes Stuart's promise that the hospital would be operational by January 1854 it wasn't until January of 1855 that it accepted its first patient.²⁴ Even then, the building was far from complete, its organizing structure and bylaws had not been put into place, and it didn't even have a name. The hospital had been open almost two months before authorizing legislation was passed in March 1855. That act was essentially written by Dorothea Dix²⁵ and embraced and codified an important concept that would define the hospital for almost a hundred years. The legislation called for a medical doctor to serve as a single, central authority for operating the hospital.

The act to authorize the hospital officially called the institution the Government Hospital for the Insane. The use of the name St. Elizabeths, which was derived from the historical name of the tract of land on which the hospital was located, wasn't popularized until the Civil War. There is evidence that Dix referred to the hospital as St. Elizabeths as early as 1858, but it also seems likely that she, Nichols, and others may have called the hospital by that name in the three years between the selection of the site and the authorizing legislation.²⁶ After the Civil War, St. Elizabeths was used with increasing frequency until the title was officially changed by Congress in 1916. For some reason, Congress did not use an apostrophe S in the legislation that changed the name of the hospital, and so to this day an apostrophe is not used in the hospital's name.

The admissions policy laid out in the legislation limited admissions to the indigent residing in the District of Columbia at the time they became ill and to the insane of the army and navy. Although there would be slight modifications to this policy and some exceptions over the years, the intent of the admissions policy would remain substantively the same until after World War II. The law did allow for the admission of private patients whose families could afford to pay for their keep, regardless of their state of residence, as long as the hospital had excess

capacity.²⁷ The admissions policy sent a clear signal that the federal government had no intention of doing work that was seen as the responsibility of the states. St. Elizabeths Hospital, rather than being a hospital for the nation, was only intended to be a facility for two populations over which it had clear responsibility: the residents of the federal district of Washington, and those in the employ of the military.²⁸

The second concept that would help define the institution for years to come was Congress's decision to accept AMSAII's protocol for the placement of a physician as superintendent to guide the development of the hospital, as well as to be the central and sole authority over day-to-day operations, staff development and training, and patient care. The act specified that the superintendent should be "a well-educated physician, possessing competent experience in the care and treatment of the insane" and that he should live on the hospital premises and "devote his whole time to the welfare of the institution". Under the law, the superintendent would be appointed by the secretary of the interior and would report to the secretary as well as a board of visitors. The unpaid board of visitors was to be made up of nine members who would be charged with developing by-laws for the administration of the hospital, overseeing the work of the superintendent, and conducting monthly inspections.²⁹

The first meeting of the board of visitors was held at the Department of the Interior on July 2, 1855. Among the members of the first board were the surgeons general of the army and the navy as well as Dr. Thomas Miller and Dr. Benjamin Bohrer.³⁰ The presence of Miller, who had strongly opposed the appointment of Nichols as superintendent, and Bohrer, who had been put forward by the Medical Society of the District of Columbia in 1854 to replace Nichols, must have made for an awkward and perhaps even difficult situation for Nichols, who served on the board as secretary. However, the board's records over the years show almost no discord among its members and in many ways paint a picture of an entirely compliant board. Similarly, records of the monthly inspection visits of various board members depict a board in complete agreement with the results of Nichols's work. Typically, the board visited all patients and inspected the entire hospital establishment and almost universally found "entire satisfaction with its condition and management".³¹ This is not to say that the board wasn't interested or active in the life of the hospital. A committee of three was involved each year in putting together an annual report to Congress,³² and individual members brought their expertise to bear on the operations of the hospital when helpful. Dr. Miller, for

example, sometimes provided medical attention to injured patients. The board of visitors remained an integral part of the management of the hospital until it was abolished under a reorganization plan approved by Congress in 1946.³³

Even with the oversight of the board of visitors, the secretary of the interior, the president, and ultimately Congress, Superintendent Nichols was given a wide berth in the development and management of the hospital. To that end, he was responsible for an astonishing range of duties and found himself solely responsible for the day-to-day efforts to hire and organize staff and operational functions, determine patient care policy, and directly oversee individual patient care. He also had to plan and effectively serve as general contractor for the construction of the hospital buildings and campus and manage a large agricultural operation.

In these early days of the hospital, male and female patients were all housed in the completed west wing but separated by floor.³⁴ Prior to the completion of the West Lodge, African American males were also boarded in the west wing.³⁵ While these arrangements did not achieve the ideal separation of patients by type, class, sex, and race, they represented the make-do approach that the exigencies of capacity and demand often required.

PATIENT ADMISSIONS

The only information known about the first patient to be admitted comes from the patient register. Little can be determined about Thomas Sessford and the circumstances of his time at the hospital. He was an indigent civilian resident of D.C. of English birth with no age or birth date listed. He suffered from dementia, but there is no further information about his medical condition or the circumstances of his death less than seven months after his admission.³⁶

Between January 22 and March 12, Nichols personally transferred fifty-one D.C. residents to St. Elizabeths from Baltimore where they had been living in the Maryland State Hospital and the Mount Hope Institution.³⁷ Most of these patients were chronic cases. Of the first sixty-three patients, fifty-six were said to be in a state of chronic dementia. Nichols held out little hope for their recovery, noting that such a large proportion of chronic cases would necessarily have a negative impact on recovery rates of the total hospital population.³⁸ It was also during this time that the hospital accepted Richard Lawrence, its first forensic (criminal) patient.³⁹ (Before being admitted to St. Elizabeths, Lawrence had been

in various institutions since he had been found not guilty by reason of insanity in 1835 for his failed assassination attempt of President Andrew Jackson.⁴⁰⁾

Prior to opening the hospital, Nichols had estimated that there would be approximately ninety-four “unfortunates actually in hospital, jail, and private custody, who will be entitled to the benefits of this institution”.⁴¹ His predictions proved to be fairly accurate. By July 1855, the hospital had sixty patients in residence, and by the end of the first full fiscal year in June 1856, the patient population was ninety-three.⁴²

The admissions policy for St. Elizabeths was pretty straightforward, but there were still plenty of questions surrounding who should be admitted. The most frequent inquiry in the early days seemed to deal with the admission of indigent patients from outside the District. These were easily dispensed with but still required a fair amount of the superintendent’s ink explaining the hospital’s policy to petitioners.

Despite the law and the policies in place, Nichols made exceptions, sometimes under pressure. In 1869, the secretary of the interior wrote Nichols a letter about the insane fifteen-year-old daughter of the keeper of Blackistone Lighthouse at St. Clement’s Island, Maryland. The secretary acknowledged that the patient did not meet any of the admission criteria for St. Elizabeths but essentially asked Nichols to bend the rules, equating her father’s service with military service.⁴³ At other times, circumstances prompted Congress to modify the admission criteria to remedy a gap in coverage. During the Civil War, Congress allowed transient insane found in D.C. as well as civil employees of the quartermaster’s and commissary’s departments of the army to be treated at St. Elizabeths.⁴⁴

The policy of the hospital was to accept private patients only when there was excess capacity. It wasn’t long, however, before the hospital ceased to have excess capacity on the male side of the house. In the 1870s, Nichols wasn’t accepting male private patients but continued to accept female private patients because the female wards were still operating under capacity.⁴⁵ In 1876, there was some overcrowding in the East Lodge for African American females, but the major overcrowding was in the male wards. Out of the 550 male patients, 147 of them were sleeping on mattresses on the floors in the corridors and in overcrowded patient rooms. Additionally seventy-seven single rooms were being used as doubles and twenty as triples.⁴⁶

When paying patients were accepted, the family or friends responsible for paying their fees were usually required to pay in advance on a quarterly basis. The patient's guardian was also responsible for providing clothing and other personal items, paying for any damage done to the property by the patient, and collecting the patient's body in the case of death or providing funds to defray the cost of burial.⁴⁷

There were times when Congress appeared to be pushing for increasing the number of private patients to help provide funding for the hospital. Not only was this approach not feasible due to overcrowding, but Nichols also noted that most of the families of the private patients were not able to pay much more than the actual cost of the patient's care.⁴⁸ In the 1860s, fees for private patients ranged from \$5 to \$15 a week depending on the condition and means of the patient, the ability of the patient's guardian to pay, and the type of accommodation desired. In a letter to the guardian of a potential patient Nichols outlined what the hospital could offer.

We make persons who are accustomed to a plain but respectable style of living and who make one of a family or class of 15 to 20, very comfortable for \$5 per week. For \$7 per week female patients are associated in somewhat smaller and more select classes ... for \$10 the patient has a private attendant in a single room; for \$15 private attendant in a large, entirely private room, either in the Center Building or one of the wings. Whatever is charged or paid, we aim to give full worth of the money. If the patient to whom you refer is placed in the care of this Institution you may rely upon the strictest attention to her comfort and welfare.⁴⁹

A letter to the sister of another potential private patient gives a glimpse of how patients were segregated by severity of disease. Nichols noted that the patient

would have a comfortable room to himself, and if I rightly understand his disposition and state of mind be placed in a ward with quiet, genteel patients, who would be no annoyance to him. The classification is very complete in this Institution, and I think it safe to say, that if he is himself quiet, tidy and harmless, he would see as little of violent and noisy patients as in any similar

establishment in the world. At any rate, if you conclude to place him with us, we will do all in our power to realize your greatest desire that he may be as happy as possible.⁵⁰

One of the more difficult challenges for the hospital was the increasing prevalence of alcoholism after the Civil War. Nichols argued for court-ordered coercion for inebriates to ensure that their enforced abstinence was long enough to effect a change in behavior.⁵¹ Even though the hospital was over capacity for male patients, Nichols still occasionally admitted paying male dipsomaniacs because he believed that they were “not kept in inebriate asylums in sufficiently strict abstinence, nor long enough, as a rule, to do them much good. We cannot boast of the good we do them, but the fact that one does now and then recover and hold fast to habits of the strictest abstinence, encourages us to continue to make such limited efforts in their behalf as are in our power”.⁵² In general, however, Nichols lamented the increase of inebriates and their impact on the smooth operation of the hospital. He was particularly troubled by the effect that alcoholic patients had on the general hospital population. “The insane and inebriates disdain each other's company ... Skilled in deception by long practice, and devoted to self-indulgence, the inebriate, in spite of the interposition of authority and the vigilance of attendants, almost always drives the lunatic to the wall, and secures all the little prizes of their associated life”.⁵³

In general, it is hard for a modern reader not to be surprised by what passed for mental health care in 19th century. Certainly patients were better off in an institution like St. Elizabeths than they would have been in the basement of a jail or some other situation, but the lack of scientific methods and knowledge about mental disease in general can seem startling. Nichols had this to say about the treatment of a patient who became more disturbed after returning to her family in Akron, Ohio:

In regard to Mrs. Wolf's treatment, she needs tonics and nourishing diet, bathing with whiskey or warm salt water baths and regularity of all the alimentary functions. It is very important that she should sleep, but an intelligent physician at Akron can prescribe the proper soporifics, by his personal observations more judiciously than he could from suggestions of mine at this distance from the patient ... In regard to Mrs. Wolf's moral treatment: I advise that it

should be as passive as possible. Not only contradict and oppose her as little as practicable, but talk with her and make as few suggestions as possible; Least of all do not attempt to argue with her. She can hardly ride too much. She might over-fatigue herself by walking.⁵⁴

With continual overcrowding, Nichols was constantly looking for ways to either make do or plan for expansion. In 1876, he began to push for a separate women's building at a cost of \$395,000 on the hospital's agricultural land on the opposite side of the public road from the existing hospital buildings.⁵⁵ In his request for funds, Nichols noted that "The treatment of insane patients of both sexes in the same connected structure is attended with many embarrassments, occasionally, in spite of all precautions, with serious evils, and is a source of unremitting anxiety to the officers of institutions of this class".⁵⁶

Another reason Nichols wanted to move female patients to what would later become known as the east campus, was to make it possible to allow female patients more freedom outdoors. The high ratio of male patients to female patients and the need to keep the sexes separate meant that female patients had far fewer options for outdoor recreation than their male counterparts. Unlike male patients, females were only allowed outdoors accompanied by an attendant.⁵⁷ Rather than constructing additional female wards on the west campus, Nichols believed it would be far better to build a hospital building for females on the east campus that would rival the existing center building in size and layout. This would free up all of the wards on the west campus for the use of male patients and would provide recreation grounds for female patients entirely separate from male patients, which would allow the women greater freedom. Nichols's plan didn't account for the fact that limiting women to the east campus meant that they would be removed from the most scenic landscapes of the hospital grounds.

Nichols remained a strong adherent to Kirkbride's principles throughout his time at St. Elizabeths, so it isn't surprising that his plans for the women's hospital were for a modified Kirkbride building.⁵⁸ Designed by Architect of the Capitol Edward Clark, the proposed building looked like a more ornate version of the existing Center Building. Despite his best efforts to get Congress to appropriate funds for the women's hospital, Nichols's vision for the separate hospital remained unfulfilled when he left St. Elizabeths in 1877.



Figure 2.10. The West Lodge for African American male patients. Originally built in the 1850s, it is shown here expanded in size circa 1898. The building was razed in the 1960s. (National Archives RG 418-G-331)

In addition to segregating patients by sex, the patient population at St. Elizabeths was also separated by race. Nichols took special care to point out the hospital's progressive approach to the care of African Americans. In the annual report for 1856, he mentions the construction of the West Lodge for African American males, making the self-congratulatory statement that it "is particularly becoming to the government of a country embracing a larger population of blacks than is to be found in any other civilized country".⁵⁹ Although it seems that Nichols was fundamentally well-intentioned and that St. Elizabeths probably was progressive in its approach toward the care of African American patients, it is impossible to separate Nichols or the institution from the racist context in which they existed. In requesting construction funds from Congress, Nichols insisted that African American patients be kept separate from the white population of the hospital: "Opinion and practice vary somewhat in regard to the propriety of associating white and colored insane persons in the same wards of the same institution; but I believe the majority of practical men decidedly condemn such association, and resort to it, if at all, only as a choice of great evils".⁶⁰

Nichols stated that St. Elizabeths was the first hospital anywhere to provide for “Africans”, presumably not knowing that Eastern Lunatic Asylum in Williamsburg, Virginia, had been doing so since 1846.⁶¹ Although Nichols was proud of the fact that St. Elizabeths provided care for African Americans, their standing at the hospital was hardly equal to their white counterparts. There are indications that the quarters for African American patients were deliberately constructed to be plainer and less expensive than wards for white patients. Similarly, overcrowding in African American wards was rectified with the construction of large dormitory rooms at a time when this was not the practice at Kirkbride-modeled institutions where single rooms or rooms for two and three patients were the norm. Fees for private African American patients were less than for whites, suggesting that not as much was spent on their accommodations and care.⁶²

Despite best efforts to segregate the patient population, there were times during the Civil War when African American patients shared buildings, if not wards with white patients. During the war, the West Lodge was used for a navy hospital, displacing the African American male patients who lived there. They were moved into the first floor of the newly completed East Lodge for African American females. Given that the east wing of the Center Building was used for an army hospital during the war, white females would have shared the west wing with white males.⁶³

HOSPITAL STAFF

Little is known about how many staff members it took to run the hospital when it opened in 1855. It is known that Nichols received a salary of \$2,500 a year⁶⁴ while his first assistant physician, made less than a quarter of that with a salary of \$600 a year.⁶⁵ Although Nichols’s salary may have been generous, he could have earned at least twice as much at a private asylum, without being on duty twenty-four hours a day.⁶⁶

By 1867, Nichols’s salary was up to \$4,000 and his most senior assistant physician made \$1,400. In addition to Nichols and his first assistant physician, there were also the second and third assistant physicians and 105 additional staff. There were forty-eight attendants for 280 patients. For the 184 male patients, there were thirty-one male attendants or one for every six patients. On the female

side, there were ninety-six patients and seventeen female attendants, which is also about one for every six patients.⁶⁷

Of the remaining fifty-seven employees, Nichols was closely assisted by a clerk and chief housekeeper. In the kitchen, there was a kitchen steward, kitchen foreman, baker, two table girls, and ten cooks, including two who were “special diet cooks”. In housekeeping, there was a “janitress”, two chambermaids, and eight laundresses. For the farm, there was a farm steward, two gardeners, a horticulturist, a herdsman, a dairyman, a swineherd, two farm hands, two groomsmen, and two ox drivers. In addition, there were various engineers, carpenters, and other building tradesmen. Of the 109 employees, all but seven lived at the hospital and received room and board as part of their compensation.⁶⁸

Early on, Nichols recognized the importance of hiring high quality staff of good character. In a letter to Dr. Kirkbride just four months after the hospital received its first patient, Nichols wrote: “I never before so fully as now appreciated the extent to which the condition of patients is dependent on the character of their attendants”. He notes a sort of transitive property, exemplified by an attendant of questionable character who transferred her attitude to the patients, and the patients acted up accordingly. Nichols compared this to the impact of her successor: “The patients are fond of her and she of them, and they jog on quietly, cheerfully and hopefully together. How important it is that we get good attendants for our patients”.⁶⁹

Finding good staff was a constant part of Nichols’s daily life. He relied on recommendations from other superintendents, relatives, friends, and others whose judgment he trusted. But these sources didn’t come close to keeping the staff roster filled. Perhaps because of his extensive staffing needs, he often accepted applicants who were entirely unknown to him or his associates. Even a recommendation didn’t usually amount to much more than a line or two about how so-and-so was a good, tidy, sober person. When hiring by correspondence, as Nichols often did, this may indeed have been the sole basis for his staffing decisions.

In many ways, Nichols was building a community as much as hiring staff. That is not to say he attempted to create a utopia or even a harmonious family of employees. The fact that most, if not all, staff lived on site in the early days of the hospital meant that Nichols had to consider not only the temperament of his employees, but also whether they had spouses and children who would be accommodated at the hospital. It was typical for the hospital to specify

requirements for gender and family status of potential employees. In one advertisement from 1864, the hospital was looking for a baker (presumably male), “a Laundry-man and his wife, without children, and two women Cooks”.⁷⁰



Figure 2.11. Undated photograph of hospital staff. (National Archives RG 418-P-355)

Family status could also affect pay, living conditions and expectations related to workload. Patrick and Eliza Maher were attendants in the East Lodge where Patrick was in charge of the single fire used for heating, as well as a party of patients who worked with him in “making, repairing and refilling mattresses for the whole house”. The mattress shop was “within call” of the lodge, and Patrick was expected to help his wife with violent patients in the absence of a doctor or supervisor. Eliza’s job was to take care of the wards and patients and to repair clothing and perform other housekeeping duties when not occupied with her main duties. In addition to their pay, the Mahers were given board, washing, and medical care, and were permitted to have their infant son live with them. The

presence of the son is why Eliza was only paid \$10 per month instead of the usual \$12 for a good female attendant of similar experience.⁷¹

Female attendants were paid less than male attendants, as was the norm at the time, and Nichols had biases against hiring women for certain positions. In a letter to Dr. Stephen Collins, a member of the board of visitors of the Maryland Hospital for the Insane, Nichols wrote that he didn't like to oversee female staff if they reported to a female supervisor. As a result, Nichols refused to have a matron in charge of other females, as was typical in other institutions.⁷²

Letters pertaining to Nichols's staffing practices give insight to the operation of the hospital. They also paint a rather homespun picture of life at the hospital and, not surprisingly, show the paternalistic authority Nichols maintained over staff. In 1866, a Mr. Smith applied to be the gardener at the hospital. In a reply to Smith explaining the gardener's duties, Nichols said that the gardener could attend church in the city every other Sunday but on the alternating Sunday he must be at the hospital to keep produce from being stolen. Nichols also went on to make it clear that employees would be discharged at once if they used profane language, were intoxicated, or brought liquor onto the grounds. For his efforts, Smith could expect a \$500 salary per year, plus a house, medical care, and produce and driftwood for personal use.⁷³

In a letter to a prospective employee a decade later, Nichols made it clear that he was running a tight ship:

When you were at the hospital the other day and engaged for yourself and wife to enter into the service of the hospital, I forgot to mention one personal matter which I consider important and desire now to supply that omission. I refer to the matter of smoking. The letters of recommendation you furnished and your personal appearance satisfy me that you will not drink intoxicating liquors and I feel easy upon that point, but as many good men smoke I should inform you that I consider the habit of smoking tobacco, or anything else, by attendants upon the insane, as inconsistent with the proper discharge of their duty and that if you come here as an attendant I shall expect you to refrain from smoking while in the employment of the Hospital. If you are in the habit of smoking and do not feel entirely satisfied that you would

give it up without suffering you better not enter into the service of the hospital.⁷⁴

Employees who weren't involved directly in patient care and who didn't live at the hospital were not required to be on site at night or on Sundays and were given one day off a month plus holidays. They could also carry over at least one vacation day to the next month. Quitting time for those day workers on Saturdays was 4:00 p.m. "but all that necessary stable and other work, known in New England as chores, must be done after 4 o'clock on Saturdays and at the proper hours on Sundays, the same as on all other days."⁷⁵

In addition to his many other duties, well into the 1860s Nichols wrote monthly progress report letters to the families of private patients. Along with the progress reports he included invoices for the patient's care.⁷⁶ Nichols was also called upon to deal with an infinite variety of staff-related minutiae. A letter from Mary Williams in 1857 regarding her nineteen-year-old son illustrates both the level of detail that Nichols dealt with, but it also reinforces his parental role as the head of the hospital.

I am the mother of Hillary Williams a Boy in your employ. As he has left me to support myself ... I request that you will not pay him the money due from his wages for the month ending June 30th as I am a lone widow without any support and depending on him for support until he left me and now lives with a woman of Doubtful reputation. By complying with my request you will greatly oblige me.⁷⁷

DAILY LIFE

The daily focus for some patients at St. Elizabeths, and something that would help to define both the treatment of patients and the operation of the hospital itself was the engagement in some sort of occupation. The use of patient labor was a key to keeping the hospital running smoothly, and it was considered an important way of keeping patients busy, which would aid in their treatment. It is not clear which of these benefits was paramount in the minds of Nichols and others involved in running the hospital. Indeed, at one point Nichols noted that the work of patients involved in constructing parts of the hospital itself amounted on

average to the work of “at least four good laborers”.⁷⁸ The fact that occupations seemed to have been limited to patients of the working class suggests that improving patients’ mental health was not the only motivation for putting those folks to work. Nichols stated that it was “the obvious duty of those having the care of indigent insane, for whom provision is made at the public expense, to make them self-supporting to the extent that is consistent with their own good; and when their personal welfare and their most economical support both demand the same course of treatment, there can be no hesitation in following it with perseverance”.⁷⁹ In that regard, Nichols thought St. Elizabeths provided a unique opportunity because of the number of incurables dependent on the institution and the military patients who were “habituated to obedience”. Nichols noted that it was a “permanent policy” to use these circumstances to engage all of the “incurables who have ever been accustomed to any form of manual labor in some wholesome and useful employment”. He noted that no accidents have happened despite the use of potentially dangerous tools and that “refreshing and sound sleep has taken the place of the most vicious indulgences; pallor and listlessness have given way to ruddiness and strength; and, above all, increased interest in life and its objects and affairs has added light to the eye and animation to the step”.⁸⁰ At best, it seems there were mixed motivations in the execution of the occupational therapy program.

Keeping patients occupied was an important element in their care and treatment. Most of the care provided at mental hospitals at the time was predicated on patients being removed from the environmental factors that led to their illness. That meant that they should be separated from friends and family as well. In an 1871 letter, Nichols noted that general visitors were only allowed on Wednesdays between 2:00 pm and sunset. The same letter also noted that visits to the hospital are not permitted on Sundays which implies that relatives (as opposed to “general visitors”) were not limited to visiting on Wednesdays. “[T]he visits of near relatives to sick patients [were] not restricted to particular days of the week”.⁸¹

The chapel on the third floor of the Center Building was the location for many patient activities.

The enlarged assembly-room serves its purpose admirably. It is light and cheerful, and its temperature, ventilation, acoustic properties, and facilities for the instruction and diversion of the

assembled patients are entirely satisfactory. It affords a seat for every inmate who is in a suitable condition to be taken to it, and for every officer and employee of the establishment who can be spared to attend the exercises that take place in it. Including officers and employees, the audiences vary in number from five to six hundred; and while there is occasionally a slight disturbance from an epileptic seizure—very rarely from unrestrained mental excitement—it is a common remark of clergymen and others who conduct the exercises in the assembly-room that in quietude and decorous attention they compare very favorably with the average audiences of churches and lecture rooms. The assemblages of the patients should rarely be continued beyond one hour, and three quarters of an hour is a safer limit in most cases. To some patients prolonged attention is an injurious mental strain. To others the power of attention is quite limited, and when it is exhausted, they become restless and uncomfortable, and only find relief in physical change and mental relaxation.⁸²

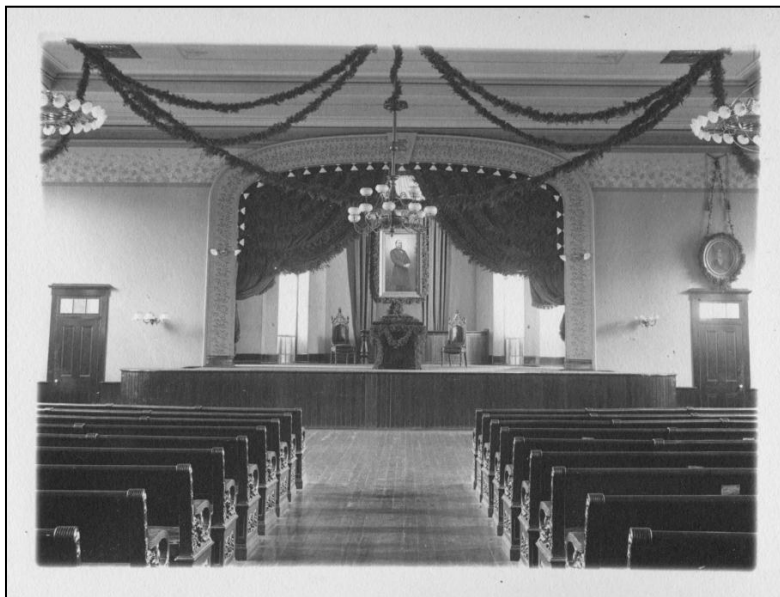


Figure 2.12. The chapel/auditorium in the Center Building decorated for Christmas circa 1896. Note the portrait of Dr. Nichols over the stage and the round portrait of Dorothea Dix (see also Figure 1.1) above the door on the right. (National Archives RG 418-P-579)



Figure 2.13. The back of the chapel/auditorium in the Center Building decorated for Christmas circa 1896. The pipe organ was built by Jardine & Company of New York. (National Archives RG 418-P-580)

PATIENT CONDITIONS

Although the records of the hospital provide some information about patient activities and recreation, it is hard to grasp what daily life was really like for patients. Almost all of the contemporary accounts of patient conditions are positive and generic descriptions that are rendered in a rather formal prose meant for government log books and reports. Nevertheless, there is interesting information to be gleaned from some of these accounts. One of the most complete was written by army surgeon C. H. Crane who inspected the hospital in 1866 and visited two officers, one cadet from the U.S. Military Academy, an ordnance sergeant, a hospital steward, 108 enlisted (white) men, and seven black soldiers. His report of the visit described conditions at the hospital in detail.

Their lodging is the same as accorded to the other inmates of the institution, and as the building is admirably contrived for good ventilation, and specially designed for the comfort of the insane, no patients in a public institution can be better lodged. On every floor is a dining room, sitting room, bath room and water closet, with a series of bed-rooms generally accommodating two patients. The

beds, bedding &c. are clean and comfortable ... The soldiers receive a change of underclothing once a week, and oftener, if specially required. All clothing is obtained for them by requisition on the Chief Quartermaster Dept. of Washington and as often as necessary.

I enquired from a number of those soldiers who seemed most intelligent and sound of mind as to their condition, comfort and the treatment received by them. Without an exception they expressed themselves well satisfied in every particular, and with the kindness shown them by the officers in charge.

The grounds are ample (250 acres) and a large proportion of the inmates enjoy the benefits to be derived from the open air and out of door exercise. There are three billiard tables for the use of the inmates and the soldiers enjoy every privilege granted to others. The general physical condition of these soldiers is better than I have ever seen before in this class of patients in any asylum.

I inspected the kitchens, store-rooms, stores, &c. the kitchen is admirable and the rooms clean and well arranged. The quality of the stores exhibited (coffee, tea, sugar &c.) very good, and the bread (baked in the institution) most excellent. No complaint was made by the soldiers of the food or cooking. Three meals are furnished to them a day. Breakfast consists of bread, butter, coffee, meat, and fruit when in season. Dinner of soup, meat 6 times a week, fish on Fridays, and vegetables. Tea, bread, butter and tea. The Superintendent informed me there was no restriction as to quantity. There is an infirmary in the upper part of the main building where the sick are treated as in hospital. I found there nine soldiers under treatment, one of whom was confined to his bed. The medical care given them seems excellent. These patients receive a "special" diet (milk, eggs, butter, poultry, &c.) without restriction. Fifteen or twenty cows are kept at the asylum.

The superintendent, Dr. Nichols, and his assistants afforded me every facility to inspect carefully the entire Institution. I saw nothing to condemn and much to be gratified with. From the advantage of location, its well designed plan in a sanitary point of view, and the judicious administration that obtains there, I am satisfied it is not surpassed by any insane asylum in this or any other country.

The superintendent and his assistants are intelligent and I should judge humane men, who appear to feel the deepest interest in the welfare of those confided to their care.⁸³

The annual reports of the board of visitors were also generally positive accounts of the condition of life and operations at the hospital. Descriptions of tragic events were played down and often framed to reassure Congress that no harm was coming to the reputation of the hospital and board, and by extension, Congress. One such account implied that a patient's mental state was such that he didn't seem to mind missing a limb:

One poor fellow, a generous-hearted sailor, hopelessly diseased in mind, in May last, had his ankle accidentally caught between a cart wheel and a bank of earth, and so badly crushed as to render amputation of the leg necessary. In the absence of the superintendent from the District, the operation was performed by Professor Thomas Miller, a member of the board, with his usual skill and dexterity, and, under his attendance, the limb has favorably healed, and the patient is again abroad, unregretting, unblaming, and as careless and happy as ever.⁸⁴

In a letter about the death of an insane soldier who had his skull fractured by the weights of a dumbwaiter, Nichols also seemed to suggest that the patient's insanity somehow mitigates the tragedy: "In short, his dementia was so decided and of such long standing, that there was not the least prospect of his restoration to any degree of usefulness".⁸⁵ Similarly, staff neglect was brushed off with a fatalism that was seemingly acceptable because of the patient's mental condition:

A patient from the Soldiers' Home, in this District, afflicted with mild melancholia tending to dementia, occasioned by intemperance, who had not manifested any suicidal disposition, either before or after his admission, suddenly and without warning jumped into the water from one of our wharves. He immediately came to the surface and then dove again. His attendant was at hand, but was a little uncertain as to the direction he took under water, and when the body was in a short time found, life was extinct.⁸⁶

In another case of what was perhaps an accidental drowning, the attendants had been distracted by an excited patient while patient Eliza J. Dillow wandered off. When found, Mrs. Dillow was facing down twenty feet from shore in water that was so shallow that she was not wholly submerged.⁸⁷

Despite the emphasis on picturesque, pastoral landscapes for patient recreation, vegetable gardens, crops, and construction material occupied much of the hospital grounds.⁸⁸ It wasn't until 1861 that the brick kilns and piles of lumber were removed from the area in front of the hospital building and the ground graded for landscape.⁸⁹ Nichols's intent was to have the farm and garden hands as well as the patients do the grading, graveling of paths and roads, and planting of trees and grass for "the strolling invalid who would woo nature for the health that spurned nature had denied".⁹⁰

Other factors in the landscape that would have made for a less than pastoral setting included service buildings, gasworks, and in one case, effluence. In the 1870s, a ten-acre plot in the northwestern corner of the grounds, just down the slope, and about 600 yards from the hospital edifice, was used for the discharge of the hospital's sewage. Fortunately the prevailing direction of the wind usually kept noxious smells from disturbing patients and staff. Nichols's biggest problem with the situation was his "consciousness of the great amount of fertilizing matter that runs to waste, though some use is made of it".⁹¹ The grounds were also dotted with farm cottages, stables, barns, and other agricultural uses.

THE HOSPITAL FARM

From its inception, St. Elizabeths endeavored to produce as much of its own food as possible. At a time when most of America remained rural and agrarian based, fresh foodstuffs were not readily available on the open market in quantities and at prices that were acceptable. Just as Nichols wanted the hospital to be a model for mental institutions, he also wanted his hospital farm to be a model farm. In a letter to the editor of the “Scottish America” section of the *New York Times*, Nichols wrote of his interest in the “practical Scotchman” who had been looking for a situation as a gardener. In trying to entice the farmer to Washington to take care of the two hundred acres, about half of which were under cultivation, Nichols wrote that “it has long been the design of the Managers of the Institution to make the farm attached to it a model one, and much progress has already been made in that direction: and there is no better field in the country”.⁹²

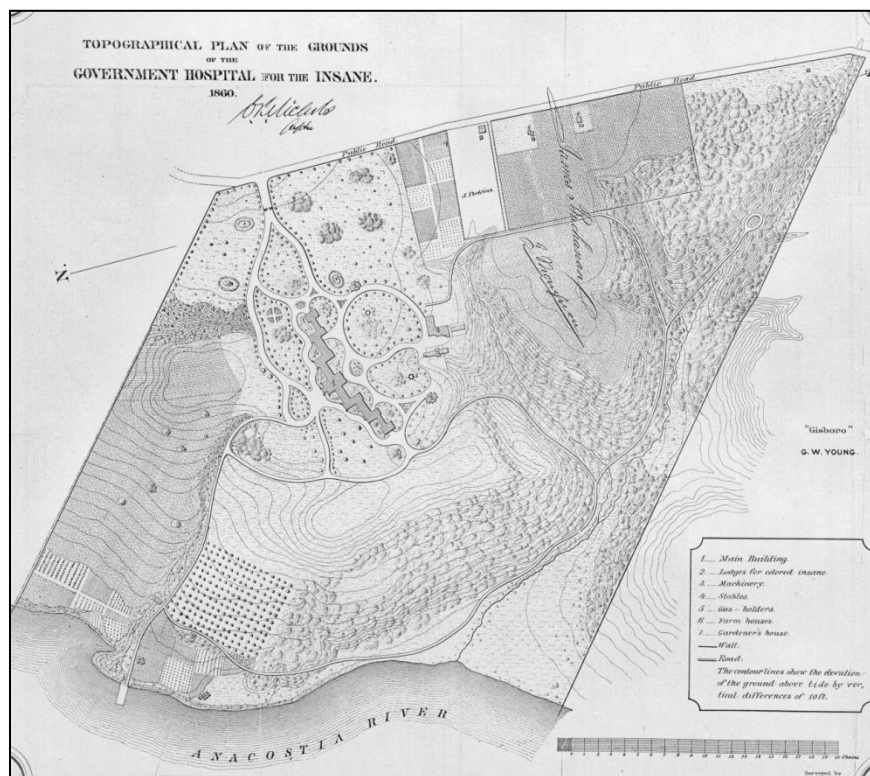


Figure 2.14. The west campus shown in the 1860 Annual Report. Note the park-like grounds around the Center Building as well as patchwork areas that indicate the cultivation of vegetables and fruit trees.⁹³

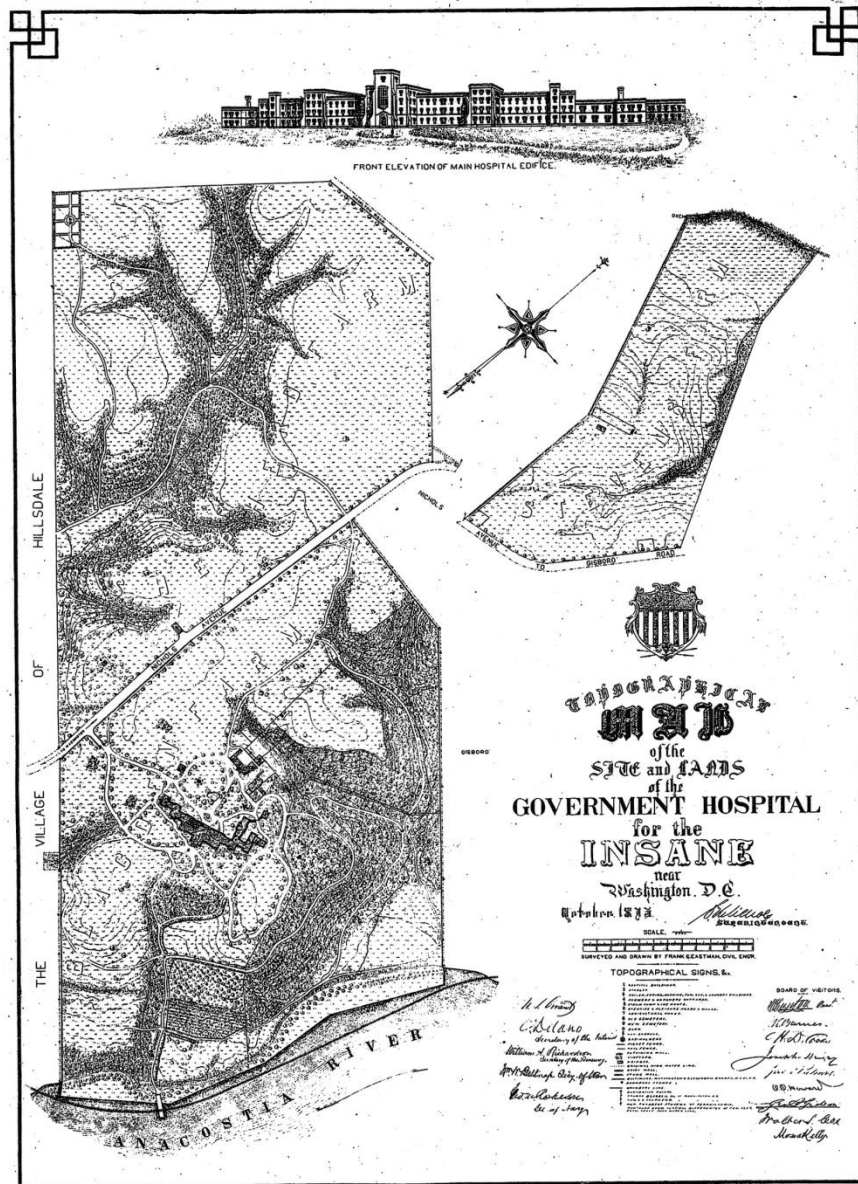


Figure 2.15. An 1873 plan of the hospital grounds showing the extensive acreage for farm production. In addition to the east campus across the west campus, the plan also shows the Stevens Farm located just south of the hospital along Nichols Avenue. (See also Figure 5.24) (National Archives RG 418-STEP-12)

The hospital had a farm manager and laborers, but Nichols himself also came from farming stock and took more than a little interest in the work, particularly as it related to the purchase and care of the livestock.⁹⁴ Nichols was personally involved in buying and selling livestock, including going to brokers in

Baltimore.⁹⁵ In Dr. Pliny Earle, the superintendent of the State Lunatic Hospital at Northampton, Massachusetts, Nichols found a source of information about various types of livestock for sale in the northeast, and in at least one case, Nichols purchased livestock from Earle's farm at the Northampton hospital.⁹⁶ In the fall of 1864, Earle sold to Nichols a pair of oxen for "work and beef", three Berkshire pigs, two white roosters, four hens, and a Devon bull. Nichols asked that all of the animals be put on the train to New York so they could be loaded on the steamer *Empire* "at the foot of Wall Street" for transport to Washington.⁹⁷ Among St. Elizabeths' stock of Jersey and Alderney Cattle could be found Topsey, Betsey, Cowslip and Gipse, as well as a bull named General Hooker.⁹⁸

As a result of an 1869 investigation that charged, among other things, that Nichols wasn't properly managing the produce of the farm, the annual reports began to include an accounting of how much milk, meat, vegetables, and fruit was produced on the farm each year and its economic value to the hospital. For 1870, the first year the data was included in the annual report, the total value of the farm production was \$10,468.⁹⁹

The extensive crops in these early years, even before the purchase of additional lands specifically for farming, must certainly have made the campus look more like a farm than a hospital. In addition to the garden produce and livestock, the hospital also produced considerable hay, oats, rye and mangel-wurzel (fodder beet) for livestock feed, as well as having hundreds of Iona, Catawba, and Diana grapevines.¹⁰⁰ An apple and peach orchard at the bottom of the slope near the river,¹⁰¹ while producing fruit for hospital consumption, must also have provided respite from the lands under cultivation and enhanced the beauty of the more pastoral areas of the hospital campus that patients used for passive recreation.

As the hospital purchased additional land in the area, it mainly used the additional acreage for grazing livestock and for raising hay, corn, and roots for livestock. To its original 185 acres, the hospital added Stevens Farm, a 59-acre out farm in 1866 about a mile from the hospital. In 1869, the government bought a 145-acre farm across the road from the hospital campus from Nichols and Alexander "Boss" Shepherd for \$23,000. Until 1864, there was a two-acre plot occupied by Thomas Perkins along the public road in the middle of the west campus. With Congress's authorization, St. Elizabeths received it in exchange for

seven acres in the southeast corner of the west campus.¹⁰² In 1873, the hospital came into an additional 29 acres of agricultural land giving, the hospital upwards of 419 total acres, 360 of which formed the “nearly complete parallelogram” that made up the West and East Campuses.¹⁰³ Hospital records often lack clarity as it relates to its land holdings and inconsistencies relative to the number of acres held by the hospital abound.



Figure 2.16. Undated photograph of horse stables. (National Archives RG 418-P-667)

With so much land in cultivation, the hospital was always in need of manure to enrich the soil, which was previously ‘sterile or covered with a slow growth of shrubby oaks and pines’.¹⁰⁴ The intensive use of the arable land at St. Elizabeths required a significant source of manure beyond its own livestock, so the hospital had contracts with various stables around the District to supply the hospital with horse manure. This arrangement worked fine until the office of the Architect of the Capitol began to strong-arm Nichols to release some of his contracts so that those stables could provide 1,000 loads of manure for the extension of the Capitol grounds. Nichols at first declined to sell them the manure because all of it was needed at the hospital and because the architect’s office had

not proven “that they would meet with any insuperable difficulty in buying it at a fair price from other stables than the three only from which we take it”.¹⁰⁵ Eventually some sort of agreement was reached that provided each entity with the manure it needed.¹⁰⁶



Figure 2.17. Undated photograph of hospital wagon that took patients to town as well as to the out farm for work. (National Archives RG 418-L-2-11)

HOSPITAL OPERATIONS

In addition to being involved in the minutiae of planning and constructing the hospital's facilities, the hiring and firing of staff, and the care of the patient population, Nichols was also deeply concerned with every other aspect of the hospital's day-to-day operations. Some supplies that were required in large quantities, such as coal and butter, were procured through contracts, but the majority of goods required by the hospital were purchased on the open market. Hospital employees, from doctors to cooks to tailors, would make lists of what they needed. Nichols would then review each list, and the items would either be purchased locally or through correspondence with out-of-town merchants. In the case of locally-purchased goods, the employees requesting the supplies would make the purchases from an approved list from local merchants who would then

log the purchases into a pass book. Before settling the accounts, Nichols reviewed the passbooks to see whether prices were reasonable “in view of the quality of the goods, state of the market, etc”. and then his clerk would inspect the purchases to make sure they corresponded with the charges.¹⁰⁷

For larger local orders or goods needed from merchants in other parts of the country, Nichols himself wrote the letters of inquiry and orders. In addition to copious letters to procure nails, sand, lumber, stone, and other items needed to construct the hospital buildings, Nichols also wrote away for cattle, swine, poultry, seeds, tools, and other things necessary to keep the farm running. Of course, the items needed for the direct care of patients were also Nichols’s responsibility. In some cases, Nichols ordered finished goods such as 200 overcoats and 400 carpet slippers.¹⁰⁸ But in many other cases, the orders were for raw materials to be fashioned into articles by staff and patients for their use at the hospital. Even in the early days of the hospital, when the patient population was still relatively low, the orders could be quite large. In 1871, with 508 patients in house, Nichols placed an order with Hood, Bonbright & Co. in Philadelphia for 3,910 yards of various types of fabric, including Blue Union Navy cloth, canvas, unbleached cotton, check twill, and brown flannel.¹⁰⁹



Figure 2.18. The tailor shop circa 1897. (National Archives RG 418-G-314)

Not surprisingly for the 19th century, most items needed at the hospital were made in-house by the staff or with the assistance of patients. In addition to clothing and furniture, in-house workshops produced everything from mattresses to twice-weekly, four-gallon batches of starch.¹¹⁰

In some cases, employees also took buying trips out of town, although the actual ordering was still left to Nichols. In 1874, the housekeeper and chief clerk travelled to a furniture showroom in Philadelphia. The items included in Nichols's resulting order were probably not destined for patient rooms. Instead of the plain, sturdy furniture built in the hospital's shops, Nichols's order included "six chamber sets composed of long deck half marble bureau ... square corner bedstead, wardrobe, table, double towel rack washstand and four chairs to be all painted to imitate walnut, but would prefer it to imitate oak if the same price".¹¹¹

The daily management of the hospital also required a great deal of ingenuity and initiative. Nichols showed creativity when it came to stretching his budget, creating opportunities to raise revenue apart from congressional appropriations, and finding ways to leverage relationships with local residents and businesses to the benefit of the hospital. This isn't to say that Nichols was necessarily adept at finding the best goods at the best prices—various investigations into his management suggest otherwise. It is impossible to know whether Nichols's efforts were economically astute, but it is interesting to explore some of the creative ways in which he conducted the business of the hospital. In one case he obtained a Roper Caloric Engine from the basement of the Smithsonian Institution that had once been used by the Light House Board to blow a fog whistle. Despite the hospital engineer carefully putting the engine together, he was unable to make it work. It is unclear what Nichols intended to do with the engine, possibly for hoisting heavy items, but he wrote to the Roper Company in New York asking them the cost of sending a man to the hospital to get the engine running again.¹¹² On the other side of the balance sheet, Nichols rented out the hospital's horses for use in local road construction projects and was always interested in finding ways to increase revenue.¹¹³

Much of Nichols correspondence with various neighbors and local businesses and organizations about the operational side of the hospital have a feeling of collegiality that seems much more personable than the more business-like correspondence that would become commonplace near the turn of the century. In particular, there seemed to be at least an unofficial reciprocity among those who had wharves along the river to allow the landing of goods at each

other's docks when necessitated by the fluctuations of the river level and the size of the delivery vessel.¹¹⁴ In 1867, in a similar spirit of reciprocity, Nichols offered the commandant of the Navy Yard to have the navy's oxen shod at St. Elizabeths as thanks for allowing the hospital's pipe organ to be landed at the yard's wharf.¹¹⁵

To keep his growing village of patients and staff running smoothly, Nichols endeavored to ensure that outside forces made as little negative impact on the hospital as possible by constructing a perimeter wall along the hospital's boundaries. The wall was even built along the riverfront and extended below the low-tide level. In addition to keeping patients from escaping, the wall would also keep out "gunners, fishermen and other foot people from the city" and would "prove a hindrance to the visits of certainly three-fourths of the unwelcome people who often invade our premises, seriously impair their privacy, and occasionally purloin their fruits and vegetables".¹¹⁶ When it was completed around 1860, the brick wall along the northern boundary ran to the high water mark and then continued in substantial stone about 150 feet into the river, which was about fifty feet past the low water mark.¹¹⁷



Figure 2.19. Built in 1874, Gatehouse No. 1 was the main entrance to the west campus. It is located along the public road that separates the west and east campuses and that was eventually named Nichols Avenue and later Martin Luther King, Jr. Avenue. (National Archives RG 418-P-531)

Prior to the wall being finished, Nichols did allow fishermen access to the shoreline that fronted the hospital provided that they

approach the fishing ground by water, that you and your men and customers ... do not visit any portion of the hospital premises, except the shore or beach between the water fence and the water and do not cut or injure any tree or shrub on the shore or any other part of the grounds; that you, your men or customers do not bring any description of fire-arms upon the hospital premises, that the "four thousand herrings and one hundred shad" offered the hospital for the season's use of the shore for fishing shall be furnished out of those caught on the shore, at such time or times in the course of the season as shall best suit the convenience of the Superintendent and that it is distinctly understood that the Superintendent shall be at perfect liberty to discontinue to you the privilege of fishing on the shore whenever, in his judgment, the said privilege as attended with any inconvenience to the Institution its patients or its interests.¹¹⁸

Nichols also had to keep more nefarious influences at bay, such as the lawless characters who sold liquors in the vicinity.¹¹⁹

Nichols didn't limit his professional efforts to improvements to the hospital itself. In a city full of important federal officials with presidential and congressional mandates Nichols may not have been high up in the Washington pecking order, but being such a large landholder and administrator of the only institution of any significant size and importance located on the east side of the Anacostia River, Nichols was not without his influence, at least as it related to the interests of St. Elizabeths. Nichols was particularly engaged when it came to the safety and function of the Navy Yard Bridge and the public road that passed in front of the hospital, and the accessibility of the hospital's riverfront.

In a petition to the director of the Washington Gas Light Company in 1876, Nichols represented the interest of the community to have gas lines extended into their neighborhoods. His letter gives a snapshot of the developing community of Uniontown that had been platted in 1855. Nichols noted that thirty-five people had signed the petition, including

... the President of the Anacostia River and Potomac Rail Way Company which has its stables in Uniontown, and the proprietors of a tavern and several grocery and drug stores that do considerable business and would probably consume considerable gas if it was furnished them. A depot of the Anacostia Branch of the B&O railroad has recently been established in Uniontown and gas would doubtless be wanted there.

If the gas were introduced into Uniontown and Hillsdale I think many more persons than have signed the petition, would soon use it partly from the advantages of it that would become obvious to those who may have hesitate to obligate themselves to use it, and partly from the increase in the numbers and means of the people in this part of the District; and the Commissioners of the District should, I think, and probably would, authorize street lights on the Anacostia Bridge and Nichols Avenue, as far as the Hospital Gate.¹²⁰

Nichols's advocacy was probably not as altruistic as it was a way to justify running the gas lines to the hospital which was at a greater distance from the gas source than the other potential customers.

In 1860, Nichols asked Congress for money to improve the public road that ran along the hospital grounds and connected the hospital to the city via the Navy Yard Bridge. The road needed to be realigned to improve the grade and a new bridge needed to be built over Stickfoot Branch that flowed west into the Anacostia River. The project had originally been proposed by the city surveyor, but because it served a sparsely populated part of the city it wasn't possible to get local support to fund the project. Eventually the Washington County Levy Court and the military department of Washington shared the cost of construction,¹²¹ the latter because of the road's importance to the Giesboro Cavalry Depot, established during the Civil War south of the hospital along the Anacostia. Nichols convinced policy makers that St. Elizabeths—and more specifically, Nichols himself—was best equipped to oversee the work because the hospital was “already in possession of many facilities for the work not so readily at the command of the county

authorities, and that it would be overlooked by individuals personally interested in spending the money to the very best advantage”.¹²² Under the auspices of the Levy Court, Nichols did indeed serve as construction superintendent for the road project. Construction of the road and the Stickfoot bridge, which had parapets of red brick,¹²³ was undertaken by Nichols’s crew, and employed as laborers forty-six escaped slaves, known as contrabands,¹²⁴ and ten cart teams from the nearby Cavalry depot.¹²⁵ The city would eventually honor Nichols for his work on the road by renaming it Nichols Avenue.

By the late 1860s, the Navy Yard Bridge had become unsafe and was in imminent danger of collapse; “many of the piles, all of the string pieces and caps, are rotten, and the flooring is much worn”.¹²⁶ The bridge was repaired in 1870, but within three years, it was clear to Nichols that the bridge needed to be replaced entirely. Without the urgency of wartime needs to support his case, Nichols lobbied hard to communicate to Congress the bridge’s importance to the hospital, the city, and the federal government. Nichols pressed his case, noting that the government had already invested significant amounts of money in the bridge and had created a general expectation that it was a free public bridge that would be maintained by the federal government. The site for St. Elizabeths had been chosen based on this expectation. He also explained that the bridge was an essential part of the transportation network on the east side of the Anacostia River “and the only convenient way to St. Elizabeths and the nearby military fortifications. A large number of valuable clerks, mechanics, and laborers in the service of the government reside on the south east side of the Anacostia River and crossed the bridge in going to and returning from their daily duties”. He added that “most of the adult residents of a large and important community of colored persons established near this hospital under the auspices of the government need to cross, and recross, this bridge daily”.¹²⁷

Not all neighborhood improvements were seen as beneficial for the hospital. In particular, the construction of a railroad trestle along the hospital’s river frontage was seen as an incursion into the hospital’s use of the river front. At the time the railroad was proposed in 1873 by a bill in Congress, the hospital was in the process of constructing its river wall that was to rise three feet above the high water mark. The wall was meant to keep the hospital’s wharf open for deliveries while keeping the views to the river open; retaining the ability of patients to swim, boat, and fish; improving the salubrity of the area; and allowing for the gain of about three acres of arable land.

In a letter to Secretary of the Interior Columbus Delano, Nichols expressed at length his opposition to the railroad and his doubts about its legality.

I think, that the proposed [rail]road will be an invasion of the ordinary riparian rights of the Government as propriety of the land lying upon the river, and that it will interfere with the pursuit of the important special objects for which this Institution has been established at great cost, and is maintained at a considerable annual expenditure. The agreeable and healthful exercise of river bathing would probably be almost, if not entirely, prevented; and boating would be much interfered with. River bathing can be indulged in only at high or nearly high tide, and if, as, I suppose is hardly probable, there should be regular interest between the passing trains, of sufficient length to afford time for bathing and swimming, the conjunction of a high tide and of such an interval would occur so irregularly as to practically prevent the exercise. As all boating would involve the necessity of passing through the fence, across the wharf and over the railroad, it would involve an amount of circumstance, case and risk to patients that would probably have the effect to restrict the use of boats to necessary economical purposes.¹²⁸

The board of visitors declined to protest the location of the railroad, and deferred the matter to the judgment of Secretary Delano. With no other choice, Nichols accepted the board's position and worked with the railroad company to mitigate the impact on the hospital. Among his points of interest were getting the railroad company to pay for improvements to the hospital wharf so that it would be big enough to hold two freight cars for unloading and ensuring that railroad employees "sedulously abstain from trespassing upon the grounds of the Institution, and from all interference with its discipline and usefulness".¹²⁹

INVESTIGATIONS

Despite what seemed to be extreme dedication to his job and the welfare of the hospital, Nichols faced two major investigations during his time at St. Elizabeths. In 1869, charges brought against him led to an extended investigation

into his management. Almost 150 years after the investigation, it is difficult to piece together with any confidence an understanding of the justness of either the charges themselves or the verdict of the board of visitors. On the one hand, many of the accusations and the behavior of those making them seem on their face specious and politically motivated. On the other hand, Nichols's defenders and the committee investigating were clearly biased in his favor. A newspaper article from December 1869 sums up the tenor of the case.

It is charged—and we simply reiterate what is charged by those who believe their information authentic—first, that the inmates are fed upon sour bread, miserable slop coffee, and very little of that. Second, that the physician does not visit some of the wards once in six months, and consequently knows nothing of the condition of the patients. Third, that the patients are now suffering and will continue to suffer more and more as the severe weather sets in; that last winter several of the patients were frozen to death, or died from the effects of exposure. Fourth, that the employees of the asylum are paid off only when they have become disgusted with the inhuman treatment of the patients, and do not wish to become witnesses of the fact any longer. Fifth, that the periodical visits of the board of trustees or managers are made the occasion for a grand dinner—wines, liquors, cigars, and a parade—all furnished at the expense of the Government. We understand there have been frequent efforts made to get the matter investigated by the board, but the superintendent is so generous with his rare old liquors and good things whenever they visit the asylum that these amiable gentlemen cannot find it in their hearts to expose the skeleton in the official closet of the Insane Asylum.¹³⁰

The charges against Nichols included claims of patient neglect and abuse, bad food, and poor living conditions. Two former nurses at St. Elizabeths were brought forward by a local reporter to give evidence.

One said she had been made sick by eating the bread and was obliged to leave the hospital on account of it. She also said Mr. Joseph H. Bradley had a specimen of the bread at his office on

exhibition. Either she or the other one remarked that a Doctor had ordered her to put the old women to bed to keep them from freezing as there was no fire. She said many other things of similar import. She mentioned Miss Harris' case—said she was subjected to quite brutal conduct; said she, Miss Harris, talked sharply to Dr. Nichols and that he would have knocked her down had she been any other woman.¹³¹

The charges relating to patient conditions are particularly difficult to sort out. It seems plausible that a large institution with limited resources and overcrowding may indeed have provided less than perfect living conditions and care. But those investigating the issues were part of the same board of visitors whose responsibility it was to ensure that such conditions not exist and whose monthly inspection reports were almost invariably positive and pro forma. The letters of support that poured in from dozens of superintendents around the country praising Nichols's morality and skills were most likely based on the writers' collegial relationship with Nichols and not on any real understanding of conditions at St. Elizabeths.¹³²

Other charges claimed that Nichols inappropriately benefited from his position at the same time the patients were suffering. The two former nurses stated that Nichols “furnished nice dinners, wines, cigars, &c to the Board, that his apartments were warm while the patients were often cold”.¹³³ Nichols was also accused of profiting from the sale of the produce of the hospital farm as well as appropriating for the use of the hospital livestock that wandered onto the grounds. Much more serious was the charge that Nichols and his business partner Alexander “Boss” Shepherd made an undue profit when they sold farmland to the hospital for what would become the east campus. It was said that Nichols bought the land in 1867 for \$19,700, then sold it to the government two years later for \$23,000.¹³⁴ On this point, Shepherd testified that the amount paid was actually over \$20,597.33 and that interest and expenses for holding the land for two years meant that they should actually have been paid \$23,982.52.¹³⁵ While this argument seems reasonable, it should be noted that Nichols first requested the \$23,000 appropriation in 1867, before incurring two years of carrying costs.

Perhaps the most specious charge made against Nichols was that he showed “rebel proclivities” during the Civil War based on a rumor that he had “refused or neglected to raise the American Flag on the Asylum.”¹³⁶ The historical

record of Nichols during the Civil War makes this the easiest to refute. In a letter sent in May 1861 to a Virginian whose brother was at St. Elizabeths Nichols wrote:

This business communication from the head of a benevolent institution which should have no regard to political considerations in the discharge of its duties to the afflicted, presents no proper opportunity for political discussion, and I forbear to enter upon it. It may not be improper for me to remark, however, that while my personal interests, affections and friendships, are about equally divided by the line which divides the free and the slave states, my sense of my entire allegiance to the Constitution, Laws and Government of my country, the United States of America, is unhesitating and conscientious; and after such a declaration I scarcely need add that I think such an allegiance the paramount political duty, as I believe it will prove to be the interest, of every resident of the Country between Mexico on the South and the British possessions on the north ... I cannot think that there exists at the South the occasion that will be held by the nations to justify revolution.¹³⁷

The fact that much of the movement against Nichols was a whisper campaign, waged with hearsay and the use of the less-than-scrupulous press, and the broad range of charges themselves, makes it hard to take the investigation seriously. Even more suspicious is the fact that those seeking to oust Nichols from his position appear to have hired a detective to fabricate accusations.¹³⁸ This notion is supported by a letter that Nichols received from George Kellogg, a former clerk at St. Elizabeths who was at the time of the investigation farming in Jamaica, Vermont. Kellogg wrote to Nichols to let him know that someone from Washington had travelled the 360 miles to Vermont to elicit Kellogg's support. In fact, the man offered to pay Kellogg for his time and travel expenses to go to Washington to testify against Nichols. Kellogg wrote that the man said that the person who wanted Nichols out of office was friends with "General M McGowen who was a Surgeon in the Army; was third or fourth cousins of General Grant; and was a very fine man, and a great friend of Secretary [of the Interior] Cox and

a man who would surely be appointed in your [Dr Nichols's] place". The man told Kellogg

that you [Nichols] had made money faster than you could have done if you had not speculated out of the Government. He said you had your money invested in New York and that you were worth from three to five hundred thousand dollars &c. Says that Nichols bought Williams farm for a small sum and sold it to the Govt at great profit and that an appropriation was made for a more expensive coal vault that wasn't built or accounted for.

Kellogg went on to note that the man had six drinks at the local inn over the course of three hours and had told the landlord that Kellogg could have his place at the hospital back with more pay as well as in addition to earning one or two thousand dollars for testimony that would put Nichols in prison.¹³⁹

Nichols survived this investigation with little more than a requirement to change certain accounting practices and to include the produce of the farm in the annual report to Congress.¹⁴⁰ He would face and survive another investigation in 1876. But the trouble may have seemed more than it was worth, and he resigned soon after, in 1877, to return to the Bloomingdale Asylum in New York.

¹ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 3-4.

² Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New Brunswick: Transaction Publishers 2009), 156.

³ *Ibid.*, 165-6.

⁴ *Ibid.*, 170.

⁵ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 550.

⁶ Wiss, Janney, Elstner Associates, Inc., *Historic Structure Report: Center Building Group (Buildings 1 through 6) St. Elizabeths West Campus* (Washington, D.C.: U. S. General Services Administration, March 12, 2010), 17.

⁷ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 3-4.

⁸ Wiss, Janney, Elstner Associates, Inc., *Historic Structure Report*, 17.

⁹ Frank Rives Millikan, "Wards of the Nation: The Making of St. Elizabeths Hospital, 1852-1920" (Ph.D. diss., The George Washington University, February 2, 1990), 24.

¹⁰ *Message from the President of the United States to the Two Houses of Congress at the Commencement of the Second Session of the Thirty-Third Congress, Part I*, 33rd Cong., 2d sess., December 4, 1854, S. Ex. Doc. 1, 625.

¹¹ Grob, *Mental Institutions in America*, 156.

¹² *Message from the President of the United States to the Two Houses of Congress*, 35th Cong., 2d sess., December 11, 1858, H. Ex. Doc. 2, 738.

¹³ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 550.

¹⁴ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 550.

¹⁵ *Ibid.*, 545.

¹⁶ *Ibid.*, 544.

¹⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 10, 1866, 464 and *Eleventh Annual Report of The Board of Visitors, and the Fourteenth Annual Report of The Superintendent of Construction of the Government Hospital for the Insane for the Year 1865-1866*, 29th Cong., 2d sess., 1866, H. Ex. Doc. 1, 18.

¹⁸ *Report of the Secretary of the Interior, Made in Compliance with a Resolution of the Senate in Relation to the United States Insane Asylum in the District of Columbia*. 33rd Cong., 1st sess., February 23, 1854, S. Doc. 3, 1.

¹⁹ *Ibid.*, 3.

²⁰ *Ibid.*

²¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, June 13, 1860 to June 30, 1862, 433-437.

²² *Ibid.*, July 27, 1870, 66.

²³ *Ibid.*, March 30, 1866, 455.

²⁴ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 4.

²⁵ Winifred Overholser, "An Historical Sketch of Saint Elizabeths Hospital" in *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press Inc., 1956), 5.

²⁶ *Letters Received from Dorothea Dix, 1858-68*, National Archives and Record Administration, Record Group 418, Entry 25, May 13, 1858.

²⁷ *An Act to Organize an Institution for the Insane of the Army and Navy, and of the District of Columbia, in the Said District*, 33rd Cong., 2d sess., March 3, 1855, 682-683.

²⁸ Millikan, "Wards of the Nation", 28.

²⁹ *An Act to Organize an Institution for the Insane of the Army and Navy, and of the District of Columbia, in the Said District*, 33rd Cong., 2d sess., March 3, 1855.

³⁰ *Records of the Board of Visitors, Minutes 1855-1901*, National Archives and Record Administration, Record Group 418, Entry 1, July 2, 1855, 1.

³¹ *Ibid.*, October 3, 1855, 9.

³² *Ibid.*, July 1, 1856, 16.

³³ Overholser, "Historical Sketch of Saint Elizabeths", 5.

³⁴ *Ibid.*, 9-10.

³⁵ *Message from the President of the United States to the Two Houses of Congress*, 34th Cong., 3d sess., December 2, 1856, S. Ex. Doc. 5, 881.

³⁶ *Register of Cases, 1855-1941*, National Archives and Record Administration, Record Group 418, Entry 64.

³⁷ Millikan, "Wards of the Nation", 22 and *Report of the Superintendent of the Government Hospital for the Insane*, 34th Cong., 1st sess., 1856, H. Ex. Doc. 1, 3.

³⁸ *Report of the Superintendent of the Government Hospital for the Insane*, 34th Cong., 1st sess., 1856, H. Ex. Doc. 1, 4.

³⁹ *Register of Cases, 1855-1941*, National Archives and Record Administration, Record Group 418, Entry 64.

⁴⁰ Willard M. Oliver and Nancy E. Marion, *Killing the President: Assassinations, Attempts, and Rumored Attempts on U.S. Commanders-In-Chief* (Santa Barbara: Praeger, 2010), 31.

⁴¹ *Message from the President of the United States to the Two Houses of Congress at the Commencement of the Second Session of the Thirty-Third Congress, Part I*, 33rd Cong., 2d sess., December 4, 1854, S. Ex. Doc. 1, 623.

⁴² *Report of the Superintendent of the Government Hospital for the Insane*, 34th Cong., 1st sess., 1856, H. Ex. Doc. 1.

⁴³ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, June 25, 1869.

⁴⁴ *Message from the President of the United States to the Two Houses of Congress*, 39th Cong., 1st sess., 1865, H. Ex. Doc. 1, 823.

⁴⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 11, 1870, 204.

⁴⁶ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, April 1, 1876.

⁴⁷ *Records of the Board of Visitors, Minutes 1855-1901*, National Archives and Record Administration, Record Group 418, Entry 1, July 7, 1874, 272.

⁴⁸ *Message from the President of the United States to the Two Houses of Congress*, 40th Cong., 3d sess., 1868, H. Ex. Doc. 1, 866.

⁴⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, March 8, 1860, 625.

⁵⁰ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, March 22, 1861, 364.

⁵¹ *Message from the President of the United States to the Two Houses of Congress*, 40th Cong., 2d sess., 1867, H. Ex. Doc. 1, 495.

⁵² *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, October 31, 1873, 276.

⁵³ *Operations of the Government Hospital for the Insane Being the Sixteenth Annual Report of the Board of Visitors for the Year Ended June 30, 1871*, 42nd Cong., 1st sess., 1871, H. Ex. Doc. 1, 13.

⁵⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, April 26, 1872, 52.

⁵⁵ *Operations of the Government Hospital for the Insane Being the Twentieth Annual Report of the Board of Visitors for the Year 1875*, 44th Cong., 1st sess., H. Ex. Doc. 1, 21.

⁵⁶ *Ibid.*, 22.

⁵⁷ *Ibid.*

⁵⁸ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, October 4, 1869.

⁵⁹ *Message from the President of the United States to the Two Houses of Congress*, 34th Cong., 3d sess., December 2, 1856, S. Ex. Doc. 5, 890.

⁶⁰ *Message from the President of the United States to the Two Houses of Congress at the Commencement of the Second Session of the Thirty-Third Congress, Part I*, 33rd Cong., 2d sess., December 4, 1854, S. Ex. Doc. 1, 624.

⁶¹ Overholser, "Historical Sketch of Saint Elizabeths Hospital", 6.

⁶² *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, August 29, 1870 and November 25, 1871.

⁶³ *Eleventh Annual Report of The Board of Visitors, and the Fourteenth Annual Report of The Superintendent of Construction of the Government Hospital for the Insane for the Year 1865-1866*, 29th Cong., 2d sess., 1866, H. Ex. Doc. 1, 1866, 17.

⁶⁴ *Report of the Secretary of the Interior, Communicating, in Compliance with a Resolution of the Senate, Information as to the Steps Taken to Establish a Lunatic Asylum in the District of Columbia*, 32nd Cong., 2d sess., December 30, 1852, S. Doc. 11, 13.

⁶⁵ *Records of the Board of Visitors, Minutes 1855-1901*, National Archives and Record Administration, Record Group 418, Entry 1, October 15, 1855, 9-10.

⁶⁶ Grob, *Mental Institutions in America*, 135.

⁶⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, September 30, 1867, 259.

⁶⁸ *Ibid.*

⁶⁹ Overholser, "Historical Sketch of Saint Elizabeths", 7.

⁷⁰ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, August 17, 1864, 81.

⁷¹ *Correspondence and Other Records, Compiled 1857-1903*, National Archives and Record Administration, Record Group 418, Entry 2, September 22, 1869.

⁷² *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, October 11, 1863, 530.

⁷³ *Ibid.*, October 25, 1866, 606.

⁷⁴ *Ibid.*, August 12, 1876, 631.

⁷⁵ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, August 25, 1871.

⁷⁶ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, June 13, 1860 to June 30, 1862.

⁷⁷ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, April 30, 1857.

⁷⁸ *Message from the President of the United States to the Two Houses of Congress*, 35th Cong., 2d sess., December 11, 1858, H. Ex. Doc. 2, 732.

⁷⁹ *Message from the President of the United States to the Two Houses of Congress*, 34th Cong., 3d sess., December 2, 1856, S. Ex. Doc. 5, 890.

⁸⁰ *Ibid.*

⁸¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, 1873, 563.

⁸² *Operations of the Government Hospital for the Insane Being the Twenty-First Annual Report of the Board of Visitors for the Year Ending June 30, 1876*, 44th Cong., 2d sess., 1876, H. Ex. Doc. 1, 719.

⁸³ *Correspondence and Other Records, Compiled 1857-1903*, National Archives and Record Administration, Record Group 418, Entry 2, July 14, 1866.

⁸⁴ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 1st sess., January 19, 1860, S. Ex. Doc. 2, 887.

⁸⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, January 27, 1862, 821.

⁸⁶ *Report of the Secretary of the Interior being part of the message and documents communicated to the Two Houses of Congress*, 41st Cong., 2d sess., 1869, H. Ex. Doc. 1, Part 3, 1108.

⁸⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, August 3, 1864, 77.

⁸⁸ *Message from the President of the United States to the Two Houses of Congress*, 35th Cong., 2d sess., December 11, 1858, H. Ex. Doc. 2, 739-740.

⁸⁹ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 2d sess., December 3, 1861, S. Ex. Doc. 1, 886.

⁹⁰ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 544.

⁹¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 21, 1874, 804.

⁹² *Ibid.*, March 17, 1864, 12.

⁹³ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 550.

⁹⁴ *Ibid.*, November 2, 1864, 121.

⁹⁵ *Ibid.*, 1867, 66.

⁹⁶ *Ibid.*, April 18, 1867, 72.

⁹⁷ *Ibid.*, September 28, 1864, 96.

⁹⁸ *Ibid.*, 1873, 83 and April 18, 1867.

⁹⁹ *Report of the Secretary of the Interior Being Part of the Message and Documents Communicated to the Two Houses of Congress*, 41st Cong., 3d sess., 1870, H. Ex. Doc. 1 Part 4, 902.

¹⁰⁰ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, March 21, 1867, 38.

¹⁰¹ Heritage Landscapes LLC and Robinson & Associates, Inc., *St. Elizabeths West Campus Cultural Landscape Report* (Washington, D.C.: U. S. General Services Administration, April 2009), II-13.

¹⁰² *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 31, 1872, 703.

¹⁰³ *Report of the Secretary of the Interior being part of the message and documents communicated to the Two Houses of Congress*, 43rd Cong., 1st sess., 1873, H. Ex. Doc. 1, Part 5, 803-4.

¹⁰⁴ *Message from the President of the United States to the Two Houses of Congress*, 35th Cong., 1st sess., December 8, 1857, H. Ex. Doc. 2, 741.

¹⁰⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 24, 1874, 634.

¹⁰⁶ *Ibid.*, July 30, 1874, 644.

¹⁰⁷ *Ibid.*, October 3, 1859, 471.

¹⁰⁸ *Ibid.*, May 19, 1871 and October 7, 1873, 224.

¹⁰⁹ *Ibid.*, November 4, 1871, 604.

¹¹⁰ *Ibid.*, April 23, 1863, 247.

¹¹¹ *Ibid.*, June 16, 1874, 575.

¹¹² *Ibid.*, November 18, 1871, 621.

¹¹³ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 2d sess., 1864, H. Ex. Doc. 1, 723.

¹¹⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 19, 1866, 516.

¹¹⁵ *Ibid.*, August 4, 1867, 198.

¹¹⁶ *Message from the President of the United States to the Two Houses of Congress*, 35th Cong., 2d sess., December 11, 1858, H. Ex. Doc. 2, 736.

¹¹⁷ *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 1st sess., January 19, 1860, S. Ex. Doc. 2, 891.

¹¹⁸ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, January 22, 1858, 27.

¹¹⁹ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, May 10, 1865.

¹²⁰ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, August 19, 1876, 635.

¹²¹ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 2d sess., 1864, H. Ex. Doc. 1, 725.

¹²² *Message from the President of the United States to the Two Houses of Congress*, 36th Cong., 2d sess., December 4, 1860, S. Ex. Doc. 1, 545-6.

¹²³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 29, 1873, 133.

¹²⁴ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, January 11, 1864.

¹²⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, September 5, 1864, 91.

¹²⁶ *Records of the Board of Visitors, Minutes 1855-1901*, National Archives and Record Administration, Record Group 418, Entry 1, July 5, 1870, 228.

¹²⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 7, 1873, 551.

¹²⁸ *Ibid.*, July 10, 1873, 69.

¹²⁹ *Ibid.*

¹³⁰ *Correspondence and Other Records, Compiled 1857-1903*, National Archives and Record Administration, Record Group 418, Entry 2, December 1869.

¹³¹ *Records of Hearing Before the Committee of Investigations Concerning Charges Against Superintendent Charles H. Nichols, Compiled 1869-1869*, National Archives and Record Administration, Record Group 418, Entry 5, 5-6.

¹³² *Correspondence and Other Records, Compiled 1857-1903*, National Archives and Record Administration, Record Group 418, Entry 2.

¹³³ *Records of Hearing Before the Committee of Investigations Concerning Charges Against Superintendent Charles H. Nichols, Compiled 1869-1869*, National Archives and Record Administration, Record Group 418, Entry 5, 5-6.

¹³⁴ *Ibid.*, November 24, 1869, 11-12.

¹³⁵ *Ibid.*, November 25, 1869, 16.

¹³⁶ *Ibid.*, 7.

¹³⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 2, 1861, 438-439.

¹³⁸ *Correspondence and Other Records, Compiled 1857-1903*, National Archives and Record Administration, Record Group 418, Entry 2, December 1869.

¹³⁹ *Ibid.*, August 4, 1869.

¹⁴⁰ *Report of the Secretary of the Interior Being Part of the Message and Documents Communicated to the Two Houses of Congress, 41st Cong., 3d sess., 1870, H. Ex. Doc. 1 Part 4, 901-4.*

Chapter 3

The Civil War Comes to St. Elizabeths

By early 1861, it was clear to hospital superintendent Charles Nichols and his colleagues that there was a distinct possibility of civil war. In a letter to Dr. Thomas S. Kirkbride, Nichols suggested following through on Dorothea Dix's suggestion that the upcoming AMSAII meeting be moved from Providence, Rhode Island, to Washington to "conciliate" the Southern members of the group and to "stay the insanity ... prevailing at the south and so save the Union. Who knows? What may be done should be done quickly, for I really think a war cloud is to be seen in the heavens at least as big as a man's hand".¹

That same month, Secretary of the Interior Caleb Smith noted the "crisis of public affairs" and the daily instances of "official unfaithfulness to the Government" and required Nichols to ensure that all of the hospital employees and members of the board of visitors renew "their pledge of loyalty to the Government".² By the end of May, Nichols was able to report that eighty-five of the ninety male employees had promptly and cheerfully complied when the justice of the peace came to the hospital to administer the loyalty oath. Of the five who refused Nichols wrote:

Those who refused to take the oath were five Irish laborers. Four could not be persuaded that it did not obligate them to do military duty; and one refused because he had never been naturalized and intended soon to return to his native country. I think they have all left the District and gone North, or will do so as soon as they are able.³

In the spring of 1861, as the lead up to the war intensified, correspondence between Nichols and Kirkbride included a reference to the application of the "Friends' Principles"—that is, Quaker, and presumably pacifist, ideals—to the

impending war.⁴ However, most of Nichols's immediate concerns focused on the impact such a war would have on St. Elizabeths.

Three days before the first shot of the Civil War was heard at Fort Sumter, Dr. Nichols (with the approval of the president of the board of visitors) wrote a long letter to Dix agreeing with her request to allow the use of parts of the Government Hospital for the Insane (as St. Elizabeths was then named) for sick soldiers. Because the finished space of the hospital (mainly the west wing and center administrative section of the Center Building) was at capacity with the insane, only the unfinished east wing was available for the army to use. Nichols noted that the space was dry, healthy, and essentially comfortable, and that baths and water closets could be finished with a few days notice.

Nichols stressed that the hospital could not spend a single dollar of its appropriations on anything other than its legitimate dependents. He also disagreed with Dix's notion that he would have no responsibility whatsoever for the sick soldiers. He noted that once they stepped outside the east wing they would not always be easy to separate from the insane patients. As such, Nichols insisted that he should have total control over the time and range of outdoor activity of the soldiers and suggested that his assistant, Dr. Bela Stevens, be appointed surgeon in charge of the military hospital, arguing that his familiarity with the workings of an insane asylum would make him better able to ensure that "the treatment of general invalids in the hospital harmonize with the welfare of the mental invalids".⁵

Hospital space for the navy would also be necessary and was particularly difficult to secure during the Civil War. In a letter to William Whelan, surgeon general of the navy and a member of the hospital's board of visitors, Nichols responded to the suggestion that part of St. Elizabeths be used for a navy hospital. He explained what arrangements would be necessary to use the West Lodge for the purpose. "There is abundant room, ... for cooking in the basement beneath the unfinished wards, and a dumbwaiter ... for raising food to the stories above". Again, Nichols was careful to retain full control of the entire campus.⁶ In addition to the use of the West Lodge for general navy patients, the navy also used a farmer's cottage on the site as a quarantine hospital. In total there were sixty beds available for the use of the navy.⁷

Near the end of July 1861, the reality of accommodating the sick and wounded of the army seemed to put Nichols on edge. Dr. N. Pinckney, the surgeon in charge of the navy hospital in the West Lodge,⁸ shared a letter from the commandant of the Navy Yard requisitioning beds to be placed in the east wing of the Center Building to accommodate the wounded of the army from the previous day's battle near Manassas, Virginia. Nichols responded to the commandant:

When the priority of establishing a temporary Naval Hospital here was offered ... it was not proposed to furnish anything but room, but [we have] managed to accommodate Dr. Pinckney with bedding supplies etc. for about twenty patients, till we have not now in the house a single spare bed or piece of bedding, and it will be out of our power to furnish more just now ... I will not for one moment hesitate when humanity clearly demands the sacrifice but the accommodation of the wounded of the Army was not contemplated in considering the extraordinary aid this institution could render the Government in the emergency of this war, and I should greatly regret the necessity of establishing here both an Army and Navy hospital.⁹

It is tempting to speculate just how Nichols's attitude might have been influenced by his own experience near the battlefield the day before writing this letter. Nichols had assisted the military surgeons at Bull Run and noted that he didn't finish work until two hours after the military surgeons left him to fend for himself and care for "*their* wounded".¹⁰

Despite Nichols's misgivings, the army hospital was installed in the completed shell of the unfinished and unfurnished east wing. Officially called St. Elizabeth Army General Hospital, it received its first patient November 2, 1861. Although the use of 'St. Elizabeth' in the name of the hospital had been used occasionally and unofficially in the 1850s by Dix and others, the hospital's official name was still the Government Hospital for the Insane. During the war, the army hospital used the St. Elizabeths moniker, while the mental hospital retained its official name. Although the army hospital and the mental hospital were both housed in the Center Building and the navy hospital was in the adjacent West Lodge, and they were all under the general oversight of Dr. Nichols and his staff, the three hospitals had distinct organizations separate from each other.¹¹ The mental hospital was under the direct supervision of Dr. Nichols; the naval hospital was under Dr. Pinckney; and the army hospital, was under Dr. Stevens.¹² If a patient in the army or navy hospitals was found to be insane he wouldn't just be transferred from one ward to another. Rather, he was officially discharged from his respective military hospital before being moved next door to the west wing to be admitted to the mental hospital

As the army hospital filled with patients, Nichols sought creative ways to maximize the number of beds available for sick and wounded soldiers, to keep the hospital running smoothly, and to increase the productivity of the farm without

using additional hired labor. Between their planting, cultivating, and harvesting duties, Nichols used his farm staff to help prepare additional rooms in the east wing and to improve the grounds and make way for tents to shelter additional convalescents.¹³

Between November 2, 1861, and April 29, 1864 about 1,900 soldiers were admitted to the army hospital. The vast majority soldiers were treated not for battle wounds but for illnesses like typhoid, bronchitis, pneumonia, and syphilis. It wasn't until January 19, 1862, when forty Union soldiers—most likely wounded when Confederate forces took Romney, West Virginia—that the hospital received casualties from the battlefield. In fact, although records aren't entirely clear, only about 452 of the 1,890 admissions were for injuries sustained in battle.¹⁴

The most notable patient to receive care at the army hospital was Major General Joseph Hooker, commander of the First Army Corps of the Army of the Potomac. Hooker had been shot in the foot at the battle of Antietam. The “ball passed directly through the foot between the plantar arch and plantar fascia”. He was admitted on September 21, 1862, and remained at the hospital until he returned to duty two months later on November 11.¹⁵

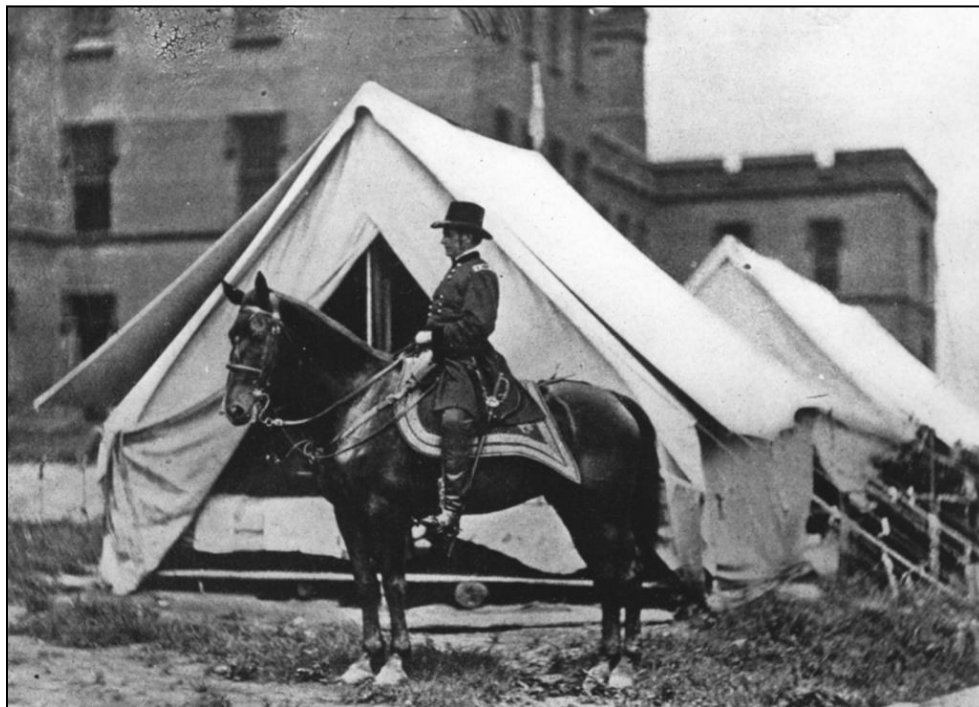


Figure 3.1. General Joseph Hooker in 1862. Note the tents set up to provide overflow space for the army hospital that operated at St. Elizabeths during the war. (National Archives RG 418-P-717)

Beginning in April 1863, soldiers whose legs had been amputated began arriving at St. Elizabeth from other military hospitals in the region. The influx of amputee patients was the result of a decision made earlier in the year to open a prosthetic limb shop in the east wing.

Every soldier who has suffered the amputation of a leg in any one of the District or neighboring hospitals is, if he elects to use one of the legs made here, transferred to the St. Elizabeth Hospital as soon as his stump had healed. Here he remains, under observation, and receives such surgical treatment as may be necessary, until his stump has become sound and firm, when he goes into the factory, where he has his measure taken for a substitute for the limb he has lost; and he continues his attendance till it is completed, in order that he may have it carefully fitted, as the making of it progresses, and become thoroughly acquainted with its structure. Finally, under the instruction of the manufacturer, the re-limbed man learns to properly use his new member before his discharge, and to clean and oil the working surfaces. It does not appear to be as universally known to the soldiers as such an inspiring evidence of the government's paternal care of its defenders would be, that every private and non-commissioned officer of the army, and every corresponding man of the navy, who loses a leg by any disease or casualty occurring in the line of his duty, is gratuitously furnished with the best substitute for the lost member which human ingenuity has hitherto been able to devise and produce.¹⁶

The patentee of the artificial limb shop, R.W. Jewett, even took up residence on the grounds of the hospital. Nichols agreed to let Jewett use a vacant house owned by the hospital on the public road that ran along the hospital for his residence and for the board of the hands in his employment for the sum of \$10 per month.¹⁷

PEN COTE BATTERY

Beginning in 1861, about ten acres in the northwest corner of the hospital grounds along the Anacostia River known as "Pen Cote" were used for an experimental battery for testing naval ordnance and armor plating.¹⁸ Though the battery took up more land than initially anticipated, "the very considerable

inconvenience to the [hospital] occasioned by the occupation of several acres of its best agricultural land, was cheerfully submitted to, from an earnest disposition on the part of its officers to afford every facility that might aid in perfecting the means of suppressing the ... rebellion”.¹⁹

The presence of the battery, and the attendant noise from the occasional cannon shots, as well as a cavalry depot just downriver at Giesboro Point, and Fort Snyder not far to the east on land that would eventually become part of the east campus, all brought reminders of the war right to the front door of the hospital and must have had some impact on the mental health of the patients, military or not. The occupation of the ten acres for the battery also put pressure on the limited space for cultivation. At least one year during the war, the hospital found it necessary to pay \$500 for land for agricultural purposes.²⁰



Figure 3.2. Cavalry depot at Giesboro Point in 1864. The depot was located along the Anacostia River south of St. Elizabeths. Note the dome of the U.S. Capitol building in the background beyond the river. (Library of Congress LC-B817-7015 lot 4169)

President Abraham Lincoln and his cabinet visited Pen Cote Battery at least once to observe some of the testing, and Lincoln visited General Hooker when he was convalescing at St. Elizabeths, but it is unclear whether the president visited troops at the hospital.²¹ Although there is no record of other such visits to St. Elizabeths in the president’s daily chronology, there is at least one mention of his visiting “a number of hospitals in and around the city” and on May 22, 1863 he addressed the “One-Legged Brigade” from St. Elizabeths that visited the White House.²²

DAILY LIFE

As the day-to-day realities of the Civil War descended on the hospital, Nichols found himself having difficulty collecting payments for private patients whose families lived in Confederate states. Responding to the postmaster general's advertisement that mail to Virginia would cease on May 31, 1861, Nichols made a particular push to send invoices on May 28. In one letter to the family of a patient from Cumberland County, Virginia, Nichols suggested that the recipient or a messenger would have no trouble reaching Washington, making the payment directly, and then returning to Virginia "provided he make his business known and is in no way connected with the Government or military of the Confederate States".²³ To the family of another patient, he stressed that the hospital had no use for Virginia money unless it exceeded the amount of the bill by ten to fifteen percent to cover the currency exchange rate.²⁴

It is unclear from records how successful these requests for payments were. Even if initially fruitful, it would have been nearly impossible to repeat the invoice and payment process as the hostilities increased and the war dragged on. By the fall of 1861, Nichols had become resigned to the fact that the accounts of private patients with families in rebel states would be in arrears for the duration of the war. He believed that "humanity forbade the discharge of such patients" and trusted that their families would eventually pay up.²⁵

Perhaps more troublesome than accounts in arrears was the presence of civilian patients with rebel proclivities. Although it doesn't appear that there were many who fell into this category, one such patient who considered himself in a "foreign country" and talked incessantly about it, was put in a strong room because of his behavior. Nichols felt the patient "might do better if removed to some institution in the South, but he would probably complain of something in the most favorable situation he could be placed".²⁶ Nichols also faced challenges when wanting to discharge patients from rebel states who had recovered their mental health. He had no "authority to discharge them and send them back to the old Capitol [Prison] or otherwise, for which [he was] somewhat impatient, on account of the inconvenience arising from the very crowded condition of the Institution".²⁷

During the course of the Civil War, Nichols dealt with innumerable difficulties and annoyances. Soon after the war began, members of the New York volunteers visited the hospital's riverbank where a few attendants and several patients were fishing. In the process, one of the hospital's large fishing nets was

damaged. Nichols called it a “trifling matter” but asked that it not be repeated. He then asked that visitors be required to have a permit from their commanding officer and that they come via the public road “because the presence of strangers in our grounds necessarily interferes with the exercise of our patients”.²⁸ In a gesture of good will, Nichols offered the hospital’s forge and large whetstone driven by steam power to help the New Yorkers put their camp tools in order.²⁹



Figure 3.3. Looking north at the rear (south) side of the Center Building circa 1861. Note the two tents near the building likely associated with the army and navy general hospitals that operated at the hospital during the war. The building to the right of the tents is the West Lodge, originally built for African American male patients, which was used for the navy hospital. (National Archives RG 418-P)

Toward the end of the war, Nichols probably had less patience for such occurrences, and the transgressions themselves seemed less benign than earlier cases. In a letter to the commandant of the Navy Yard, Nichols explained one frustrating situation:

It appears that 4 or 5 sailors rowed over from the yard in a boat having an awning over it, walked up into the garden and began to help themselves to melons and vegetables. They were soon discovered by the steward of the [Naval] quarantine hospital near the river shore, and, upon his remonstrating against their conduct, [they pleaded] the “permission of the Commodore” in their justification, and continued to help themselves. I was not apprised

of their presence until it was too late to arrest them. I shall be glad, Commodore, if you find it in your power to discover which men committed the bold depredation I have described, and to subject them to exemplary punishment. With a Naval Hospital and a Naval experimental battery upon the premises of this Hospital, I find it necessary to follow up the larger offences of this kind here complained of in order to obtain a tolerable immunity from those petty annoyances to which idle convalescents are extremely prone.³⁰

On at least one occasion, coal was seized from the hospital for the army's use. Although the hospital was reimbursed, it must have caused operational difficulties and discomfort for Nichols and his staff and patients.

Among the many challenges Nichols faced during the war was a change in the patient population. In addition to increases in admissions from the greatly expanded army and navy through June of 1861, Nichols anticipated a similar increase in the civil patient population as long as the war continued: "The profound political agitations and alarms, and the domestic dissensions and ruptures, which are doubly incident to a national capital and a border region in a time of civil war, must likewise render the number of the indigent insane of the District of Columbia larger".³¹

Nichols also had thoughts on the nature of the volunteer forces and the fact that no appropriation had been made to cover the expenses of the insane who would no doubt come out of its ranks: "A large proportion of the land forces are men of no little moral and nervous susceptibility, quickly transferred from the quietude, comforts and sympathies of home to all the hardships and profound excitements of the camp and field".³²

Nichols's job was made more difficult not just because of the increase in numbers, but also because so little was known about the military patients who were admitted to the mental hospital. Three fourths of the insane soldiers were admitted without any case history. Soldiers detailed to accompany insane soldiers to the hospital generally knew little about the patients' cases, in contrast to how well acquainted a trooper typically was "with the past history of the horse that is allotted him by his quartermaster".³³

Nichols did not shy away from making philosophical pronouncements on the causes and nature of illness during the Civil War. He believed that insanity cases during the war were different than those during times of peace in that they were mainly caused by profound excitement due to personal involvement, anxiety from being in personal danger, and an anxiety over having a personal stake in the

outcome. Contrary to Nichols's expectations, civil admissions actually dropped through at least 1863 despite District residents being "situated in the very midst of the perturbations of the war".³⁴ He believed that this historically exceptional decrease must be due either to specific positive characteristics of Washingtonians or of the war itself.³⁵ He placed special emphasis on the philosophical circumstances of the war and found that those loyal to the Union and its causes derived "an incalculable moral support from a universal sense of the entire justness of the national cause and an equally prevalent faith in its ultimate and complete triumph".³⁶

Nichols believed that the high proportion of chronic cases among soldiers was due to the payment of bounties for recruits. These bounties, especially the large sums paid in the final year of the war, "stimulated the cupidity of recruit and substitute broker" to produce recruits who were either too infantile or too senile to serve in the military. Nichols also noted that released soldiers were frequently victims of drugging and robbery on their way home, and in some cases those victims were then sold back into military service as recruits or substitutes. It was such a problem that "no such patients were permitted to leave the institution during the last six months of the war, except under the personal protection of friends or officials".³⁷

In 1864, admissions from the army were 85 percent of the total number of admissions. Nichols put the increase down to what he saw as the recruitment into the army of a "larger proportion of men who are more readily affected by the exciting causes of insanity than were to be found during the first two years of the war".³⁸ He also noted that increases in naval admissions remained proportionate to the increase of naval forces because

the seaman has a more hardy and unsusceptible constitution than the landsman. In being transferred from the merchant to the naval service, he experiences fewer trying changes in his habits and in the moral influences about him than are involved in a transfer from the workshop and farm to the tented field; and the changes in his condition on shipboard are fewer and less extreme than those which so often and so severely tax the endurance of the soldier in active service. Besides, when a naval recruit is seized with recurrent insanity soon after he has been imposed upon the service, the medical bureau of the navy finds it a practicable duty to discharge him and procure his admission into an institution supported by the community to which his maintenance is properly chargeable.³⁹



Figure 3.4. The cemetery on the west campus shown here circa 1897 includes the grave stones of about 220 Civil War veterans. The dead buried here include white and African American veterans as well as civilian indigent patients. The grave markers for the veterans were placed in the cemetery sometime after 1873 and don't necessarily correlate with specific grave sites. It is possible that Confederate soldiers were also buried here but the absence of Confederate grave markers or other primary source documentary evidence makes this impossible to confirm. Most, if not all, of the veterans buried here were patients in the hospital for the insane and were not casualties who died at the general army or navy hospitals that were on site during the war. Civilian graves were marked with an iron cross with the patient's initials and date of death. In the 1960s only nine civilian crosses remained in the cemetery and poor record keeping makes it impossible to know how many civilian patients are buried here. (National Archives RG 418-P-544)

At the close of the war, Nichols further opined on why civilian admissions only increased by ten percent even though the population of the District increased by 100 percent. He believed that the war provided distractions to the usual self-centered concerns:

The mind of the country was raised by the war to a healthier tension and more earnest devotion to healthier objects than was largely the case amid the apathies and self-indulgences of the long-continued peace and material prosperity that preceded the great struggle.

Nichols was less sure if a kind of mental collapse would take place following the return of peace.⁴⁰

The end of the war did not mean an instant end to the challenges that faced the hospital during the war. Practically speaking, there were physical remnants of the war and its effects. Although the army hospital was discontinued on June 30, 1864, and the artificial limb shop closed and moved to another location in the city, the naval hospital remained in the West Lodge until 1865 when it was removed to Capitol Hill.⁴¹ In the annual report for 1865, Nichols noted the strain the hospital had been under during the war, particularly as it related the presence of the naval hospital. The navy was a free tenant of the mental hospital for four years, and with the exception of medicines and some supplies like bread, beef, and groceries from the War Department, it relied on hospital resources for the care and treatment of its patients.⁴²

Contrary to plans, the Pen Cote battery did not cease operations at the close of hostilities but remained in place and in use until 1868. It had been understood that the battery would be removed as soon as the war was over but naval testing continued there a few days a year.⁴³ It was almost three years after hostilities ceased before the “numerous guns and appurtenances were removed to the Washington Navy Yard”.⁴⁴

Perhaps more crucial than these temporary physical encumbrances, the nature of the institution was changed by the make-up of the patients who remained at St. Elizabeths after the war ended. In 1871 Nichols saw a considerable increase in violent cases, a situation he blamed on the conflict:

It is undoubtedly true that some increase of the causes of insanity—the wider prevalence of intemperance, and a more general thirst for wealth and notoriety—is one of the legacies of our gigantic civil war; and there is little doubt that the character of the mental manifestations of the insane since the war has been materially determined by the familiarity of the public mind, acquired during that struggle, with the violence and spirit of violence which necessarily attend all warfare.⁴⁵

¹ Winifred Overholser, “An Historical Sketch of Saint Elizabeths Hospital” in *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press Inc., 1956), 8.

² *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, April 20, 1861.

³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 30, 1861, 430-7.

⁴ *Records Concerning Hospital Administration, compiled 1857-1877*, National Archives and Record Administration, Record Group 418, Entry 24, June 23, 1861.

⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 9, 1861, 442-7.

⁶ *Ibid.*, June 3, 1861, 487-9.

⁷ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 1st sess., 1863, H. Ex. Doc. 1, 699.

⁸ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 3d sess., December 1, 1862, H. Ex. Doc. 1, 625.

⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 22, 1861, 533.

¹⁰ Overholser, “Historical Sketch of Saint Elizabeths”, 9.

¹¹ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 3d sess., December 1, 1862, H. Ex. Doc. 1, 625 and *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 17, 1863, 538.

¹² *Message from the President of the United States to the Two Houses of Congress*, 39th Cong., 1st sess., 1865, H. Ex. Doc. 1, 828.

¹³ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 3d sess., December 1, 1862, H. Ex. Doc. 1, 628.

¹⁴ *Field Records of Hospitals, Records of the Adjutant General's Office*, National Archives and Record Administration, Record Group 94, Entry 544, Reg. 82 St. Elizabeth General Hospital.

¹⁵ *Ibid.*, Patient 1090.

¹⁶ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 1st sess., 1863, H. Ex. Doc. 1, 699-700.

¹⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, January 1, 1863, 158.

¹⁸ *Message from the President of the United States to the Two Houses of Congress*, 40th Cong., 3d sess., 1868, H. Ex. Doc. 1, 868 and *Memorial to the Senate and House of Representatives, on the History of The Stafford Projectiles in Connection with the Government and its Officials by Stafford & Ward* (Washington, D.C.: Philip & Solomons, Army Stationers, 1864).

¹⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 15, 1868, 372.

²⁰ *Ibid.*, February 15, 1868, 372.

²¹ Robert J. Schneller, Jr., “The Battle of Hampton Roads: Origins of Ordnance Testing Against Armor and U.S. Navy Ordnance Development During the American Civil War,” *International Journal of Naval History* 2, no. 3 and 3, no. 1 (December 2003 and April 2004) and “Condition of Gen. Hooker,” *New York Herald*, September 23, 1862.

²² Earl S. Miers, ed., *Lincoln Day by Day: A Chronology, 1809-1865*, vol. 3 (Washington, D.C.: Lincoln Sesquicentennial Commission, 1960), 186.

²³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 28, 1861, 470.

²⁴ *Ibid.*

²⁵ *Records of the Board of Visitors, Minutes 1855-1901*, National Archives and Record Administration, Record Group 418, Entry 1, October 15, 1861, 120.

²⁶ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 19, 1861, 470.

²⁷ *Ibid.*, August 18, 1864, 82.

²⁸ *Ibid.*, May 19, 1861, 461-3.

²⁹ *Ibid.*

³⁰ *Ibid.*, August 10, 1864, 79.

³¹ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 2d sess., December 3, 1861, S. Ex. Doc. 1, 897.

³² *Ibid.*, 898.

³³ *Message from the President of the United States to the Two Houses of Congress*, 37th Cong., 3d sess., December 1, 1862, H. Ex. Doc. 1, 624.

³⁴ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 1st sess., 1863, H. Ex. Doc. 1, 697.

³⁵ *Ibid.*

³⁶ *Ibid.*, 698.

³⁷ *Message from the President of the United States to the Two Houses of Congress*, 39th Cong., 1st sess., 1865, H. Ex. Doc. 1, 824.

³⁸ *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 2d sess., 1864, H. Ex. Doc. 1, 721.

³⁹ *Ibid.*, 722.

⁴⁰ *Message from the President of the United States to the Two Houses of Congress*, 39th Cong., 1st sess., 1865, H. Ex. Doc. 1, 823.

⁴¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 15, 1865, 366 and *Message from the President of the United States to the Two Houses of Congress*, 38th Cong., 2d sess., 1864, H. Ex. Doc. 1, 724.

Eleventh Annual Report of The Board of Visitors, and the Fourteenth Annual Report of The Superintendent of Construction of the Government Hospital for the Insane for the Year 1865-1866, 29th Cong., 2d sess., 1866, H. Ex. Doc. 1, 16.

⁴² *Message from the President of the United States to the Two Houses of Congress*, 39th Cong., 1st sess., 1865, H. Ex. Doc. 1, 826.

⁴³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 15, 1868, 372.

⁴⁴ *Message from the President of the United States to the Two Houses of Congress*, 40th Cong., 3d sess., 1868, H. Ex. Doc. 1, 868.

⁴⁵ *Operations of the Government Hospital for the Insane Being the Sixteenth Annual Report of the Board of Visitors for the Year Ended June 30, 1871*, 42nd Cong., 1st sess., 1871, H. Ex. Doc. 1, 10.

Chapter 4

Dr. Godding Makes Do

Dr. William Whitney Godding was chosen as superintendent when Dr. Charles Nichols left St. Elizabeths in 1877. Godding had previously worked as assistant physician at St. Elizabeths before serving as superintendent at the State Hospital in Taunton, Massachusetts.¹ When Godding took over control of St. Elizabeths, he inherited a moribund construction program, chronic overcrowding, and the political fallout from the 1876 congressional investigation of Nichols. In the 1878 annual report, Godding proclaimed that “overcrowding has been the notable feature of the year”. At the time, the hospital, which had a capacity for 563 patients, held more than 800. Godding noted that the conditions had begun to make the hospital feel more like an almshouse than a model institution for the care of the mentally ill.² In trying to stir Congress to provide money to relieve the overcrowding, Godding appealed to their national pride.

[St. Elizabeths] should be in a position to show to other nations the liberal provision that America makes for her defenders when they become insane ... while this hospital has served as a model for one building in the British Provinces and another in Australia, it is now in danger of remaining stationary or retrograding, when it might stand first in everything that pertains to the most successful care and management of the insane. Surely the United States in her charities can afford to take no second place—give us room and she shall not.³

Godding took advantage of the fact that the annual meeting of AMSAII was held in Washington in 1878 to press his case with Congress further. After seeing conditions at St. Elizabeths, the superintendents who had gathered from

institutions from all over the country passed a resolution calling for a solution to the overcrowding.⁴



Figure 4.1. Photographs of Dr. Godding taken prior to 1880. (Library of Congress Brady-Handy Collection)

Godding also continued to press in the hospital's annual reports for appropriations to build the 300-bed female hospital building on the east campus that Nichols first asked for in 1875. Over the course of his first four years as superintendent, Godding progressively reduced his expectations and his funding requests in an attempt to pry whatever money he could out of Congress for the female hospital. He first dropped the amount from Nichols's original request of \$395,000 to \$300,000 in 1878.⁵ In 1880 Godding again reduced the sum to \$250,000 for 250 beds with potential to expand to 350.⁶ In 1881, with 230 female patients in space meant for 150, his request remained the same, but he now maintained that it would provide space for 300 patients with the potential to expand to 400.⁷

Despite the fact that Godding continued to ask for money for the female hospital as late as 1881, he must have had an inkling as early as 1878 that Congress would be unwilling to fund such a large project. In a letter to Congressman John D. C. Atkins, chair of the House Committee on Appropriations, Godding proposed smaller "plain brick pavilions, permanent in

their character and well suited to the wants of chronic quiet cases” that could be built for about \$500 per patient instead of the \$1,000 per patient in the original female hospital proposal.⁸ He also suggested that temporary wooden buildings could be constructed at a cost of only \$100 per patient but advised against following this course.⁹ In the end, neither Congress nor Godding followed any of these plans. Instead, they used \$5,000 that had already been appropriated for temporary wooden housing, along with an additional \$2,500 from general repair money to construct a brick building that could temporarily be used for patients and could then be used for other purposes when more permanent housing solutions could be built.¹⁰ The structure, which was named after appropriator Atkins, provided sixty-five beds in dormitory-style wards. It had no bars on the windows, and the doors were only locked at night.¹¹ The men who were selected to live there were quiet, chronic patients “who had been employed in various departments of work about the hospital”.¹²



Figure 4.2. Atkins Hall from the west in 1896 with the Relief Building on the right. The back of Center Building and East Lodge would be to the photographer’s left. (National Archives RG 418-G-25)

Before Atkins Hall was even finished, Godding continued his make-do plan to relieve overcrowding by requesting \$30,000 for a building to house 250 patients.¹³ When it was completed in 1880, it became known as the Relief Building and actually only housed about 200 male patients.¹⁴ Patients were divided into “three distinct classes, arranged by floors, each admitting of two subdivisions and combining the barrack system with dormitories of up to twenty-

seven beds, with single rooms. These buildings are very cheerful and airy and are tastefully finished in Georgia pine”.¹⁵



Figure 4.3. Day room on first floor of Atkins Hall circa 1897. Note birdcages hanging in windows and the covered billiard table. (See also Figure 4.4) (National Archives RG 418-G-26)



Figure 4.4. Day room on first floor of Atkins Hall after renovations circa 1900. (National Archives RG 418-G-27)



Figure 4.5. Second floor dormitory in Atkins Hall circa 1900. (National Archives RG 418-G-36)

The construction of Atkins Hall and the Relief Building made a tangible and immediate improvement in the daily lives of patients. In addition to relieving overcrowding in the Center Building, Atkins and Relief allowed the staff to place quieter and less disturbed patients in the new buildings where they could have more personal freedom. The success of these smaller “cottage plan” buildings may have been one reason Godding abandoned the plans for the female hospital entirely.¹⁶ It is, however, hard to know how much of Godding’s shift was due to fiscal expedience and how much was due to a reassessment of the benefits of the linear Kirkbride approach versus those of the cottage plan.

Despite the fact that Atkins Hall and the Relief Building were built as stopgaps against overcrowding and did not meet the AMSAII standards for hospital buildings, there were signs that Godding started to think that these detached, cottage plan buildings might be an improvement over the older, congregate Kirkbride plan. Even as the Relief Building was under construction, Godding noted that they hoped “to demonstrate some things in relation to the care and cure of the insane that have, in this country at least, been either but

imperfectly apprehended or wholly overlooked”.¹⁷ Indeed, Godding felt proud enough of the building to include illustrations of it in the 1881 Annual Report.¹⁸

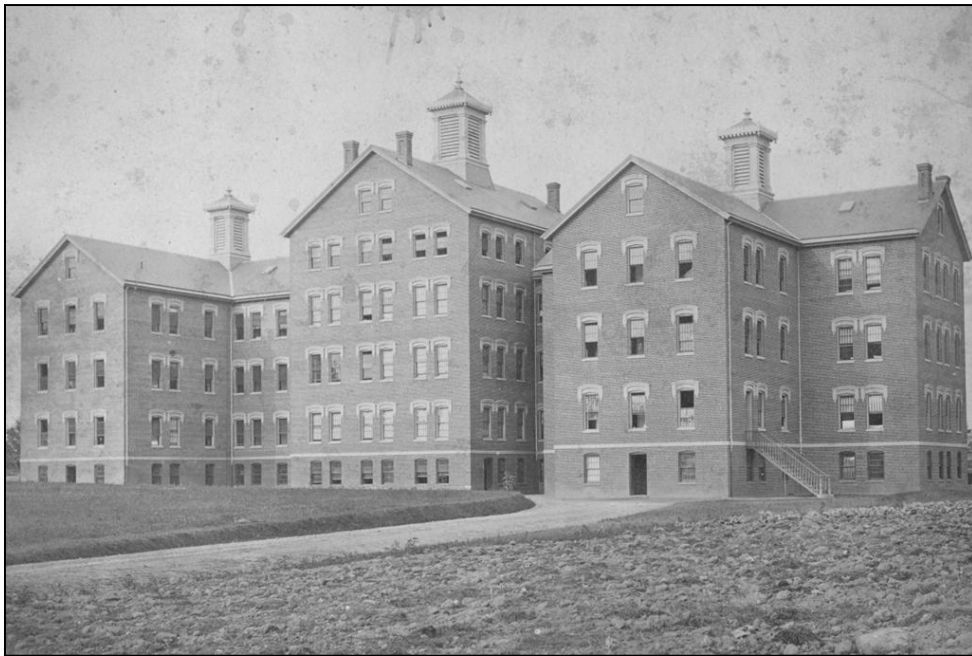


Figure 4.6. Looking east at the west elevation of the Relief Building in the 1880s. Atkins Hall is positioned out of frame, forward and to the left. (National Archives RG 418-P-549)



Figure 4.7. Looking east at the west elevation of the Relief Building circa 1896 after an addition to the center wing. (National Archives RG 418-G-267)



Figure 4.8. Dormitory in Relief Building circa 1905. (National Archives RG 418-G-272)

The notion of providing patient care in smaller separate buildings, as opposed to a single, large building, was not without precedent. In fact, there had been disagreement within AMSAII about the efficacy of the Kirkbride plan as early as 1855, the year St. Elizabeths opened. John Galt, the superintendent at the Eastern Virginia State Hospital in Williamsburg, argued that given the vast number of the mentally ill who still needed institutionalization, the AMSAII rules about building design required too much money to build and, despite Kirkbride's design attempts to the contrary, were too prison-like.¹⁹

Some in the mental health field began to actively pursue alternatives to the AMSAII ideal. Dr. Merrick Bemis proposed constructing a series of cottages for the Worcester State Hospital in Massachusetts that would provide a better way to segregate patients by type of illness so that care could be better tailored to patients' needs. In 1873, Dr. Pliny Earle, one of the founders of AMSAII, helped scuttle the Merrick plan at Worcester, and other AMSAII members used political connections to make sure that legislatures adhered as much as possible to the Kirkbride plan and the AMSAII standards.²⁰

Godding continued to pursue ways to increase capacity in whatever manner possible without taking an official stance against AMSAII orthodoxy. With Congress seemingly unwilling to fund another Kirkbride building, this meant more cottage-plan buildings for St. Elizabeths. In 1882, Congress passed legislation that broadened admissions beyond the regular military and allowed the Home for Disabled Volunteer Soldiers (now the Armed Forces Retirement Home) to transfer insane patients to St. Elizabeths and followed up with an appropriation of \$65,000 to provide a new building to house them.²¹ Designed with the help of Edward Clark, the Architect of the Capitol, the new Home Building provided space for 150 additional patients, mostly in dormitory rooms, and became part of the system of detached buildings that started with Atkins Hall and the Relief Building.²²

Even Atkins Hall, the smallest of the cottage buildings at St. Elizabeths, ran counter to Merrick Bemis's original idea for cottages with only twelve beds each. The fact that the Relief cottage housed 200 patients—just 50 shy of the number housed in an ideal Kirkbride building—further calls into question whether Godding's intentions were the result of a shift in philosophical approach to treatment or simply a response to a difficult funding environment. Indeed, as early as 1880, Godding was puzzling out where he stood on the issue and whether or not the two types of plans might be compatible.

it will be seen how easy it is to extend this plan of detached buildings to the decided advantage of certain classes of the insane. While the main building will remain the hospital proper, and by the removal of the female patients to their own hospital ample accommodations will be afforded for the different grades of acute cases and for the feeble and infirm who require more constant medical supervision and care, the detached buildings can be better adapted in their architectural arrangements to the wants of special classes than the uniform wards of a hospital can be; as, for example, a detached building for our future erection will be a small structure built like a private house with nothing of the air or furnishings of a hospital about it, where a few convalescents waiting til their health is fully established can step out of the hospital while still under its supervision.²³

In 1883 Godding joined the reformist National Association for the Protection of the Insane and the Prevention of Insanity and criticized AMSAII for not advocating enough to relieve overcrowding.²⁴ Indeed, the AMSAII approach

was not keeping up with funding realities and the immense demand being put on mental hospitals. By the 1870s, many hospitals were much larger than the 250-bed ideal that had been the basis for so much of AMSAII's approach.²⁵ AMSAII believed that keeping the size of hospitals to around 250 would ensure that they were located near the populations they served rather than centralized in a location too distant from many families and friends of patients. But the federal nature of St. Elizabeths, with military patients from around the country, suggests that this may not have been as strong a rationale in its construction.

Godding also had the legacy of his predecessor to contend with. When Nichols was still at St. Elizabeths, he had been intrigued by the value of creating separate buildings for different classes of patients. He even believed they could be built to different standards. The chronic patients who were "uneducated and indifferent to their social status" would be in one type of building, and there would be a building of "a more expensive character for educated patients of the chronic class who have been accustomed to refined associations and are rendered unhappy by social contact with the ignorant and vulgar". In the end, however, Nichols refused to endorse this separation, not because of the class inequality it engendered, but because of operational difficulties. He feared that the system of separate buildings would make it harder to provide medical supervision and would increase costs and maintenance requirements. On balance, he concluded that "under it, the patient will enjoy no more liberty nor domestic or family feeling than under the present system".²⁶



Figure 4.9. Looking from the southeast to the Home Building on the left and the Relief Building on the right circa 1897. Note the Detached Dining Hall in between the two buildings. (National Archives RG 418-P-550)



Figure 4.10. Typical dormitory room in Home Building. (National Archives RG 418-P-132)

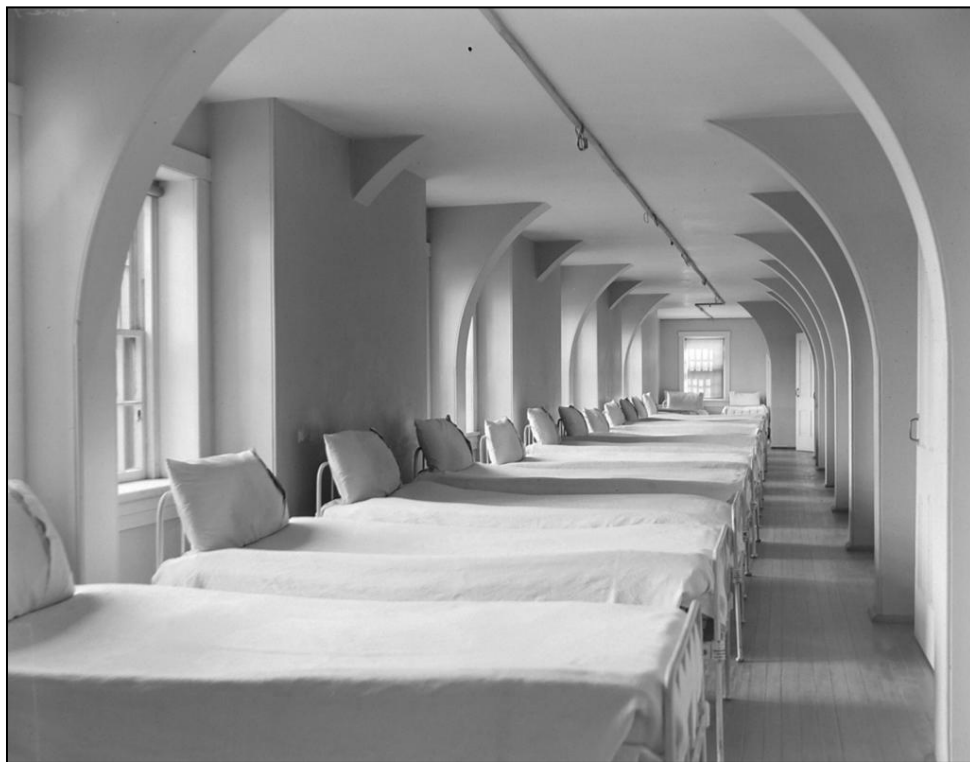


Figure 4.11. First floor dormitory in Home Building circa 1905. (National Archives RG 418-G-147)



Figure 4.12. An attendant's room in the Home Building circa 1905. (National Archives RG 418-G-145)

Regardless of whether Nichols's and AMSAII's positions still made sense from a philosophical point of view, they most certainly did not from a political and economic one. Rather than stand fast to some unrealizable ideal, some states began to take a more flexible approach. State hospitals in Illinois, Ohio, and Indiana began building large hospitals with many large cottage buildings, segregating patients in more home-like buildings.²⁷ And some, like the Willard Asylum in New York and of course St. Elizabeths, were a hybrid scheme with both Kirkbride-style buildings and smaller, detached, cottage buildings.²⁸ In an effort to stay relevant AMSAII reaffirmed its support of the Kirkbride plan but increased the maximum number of patients in a building from 250 to 600.²⁹

Godding eventually moved away entirely from the AMSAII orthodoxy when it came to notions of an ideal number of patients for any one hospital facility. Just as he embraced the cottage plan, he also took a pragmatic approach to hospital size.

The question for us is no longer whether the hospital for a large or a small number is the best ideal provision for the insane, but how shall we manage to take care of what we now have and of the increasing number who are every year pouring in upon us under

existing law? We have no pride of opinion in the matter; we have only compassion on the multitude. Whatever theories of the treatment of the insane we may have entertained, it is the fact of almost overwhelming numbers that now confronts us, and our problem is, out of the necessities of the situation, to create the opportunity for more humane care, a more enlightened treatment of the whole body of patients than any that have hitherto known. The large number of cases to be cared for justifies their segregation into distinct groups, each with buildings and grounds apart from the rest, and so renders possible a careful classification, with all those varying conditions in surroundings which experience has shown to be the best suited to their needs, a classification more complete and satisfactory for their treatment than a hospital of fewer numbers and more restricted area could well afford. In this respect at least there is truth in the adage that in numbers there is strength.³⁰

By 1886, Godding was advocating for the detached, or cottage, scheme as the most appropriate way to increase capacity at Kirkbride hospitals.

First because a much simpler style of building than that which characterizes most of the main hospital edifices of the country can be advantageously introduced in these detached buildings. Second, because in any hospital whose population has reached six hundred insane there will be a sufficient number of convalescents for example who can to advantage [be] allowed a greater freedom of life and action than would be proper with those whose insanity is more evident and controlling; a large number of chronic cases, useful, contented laboring men who may safely be trusted without bars and to live at a distance from the main building as in a farm home, epileptics who from the nature of their disease require special provision for their care. So I might go on enumerating classes which will readily suggest themselves to your mind to whom you would desire accommodations to fit the case.³¹

Not only did Godding never ask for funds for another Kirkbride building, but he followed up on his initial three cottage buildings with a series of additional detached buildings for various classes of patients: Dix 1 and 2 for white female epileptics, Dix 3 for African American female epileptics, Oaks 1 and 2 for white male epileptics, the Toner Building for an infirmary, and in 1898, the four-

building Allison Group built as an extension of the functions of the Home Building.



Figure 4.13. Looking southeast toward Dix 2 (later Linden ward) on the far left, Dix 1 (later Holly ward) in the middle, and the East Lodge at the far right. The Dix buildings were built in 1893 for white female epileptics. (National Archives RG 418-G-109)

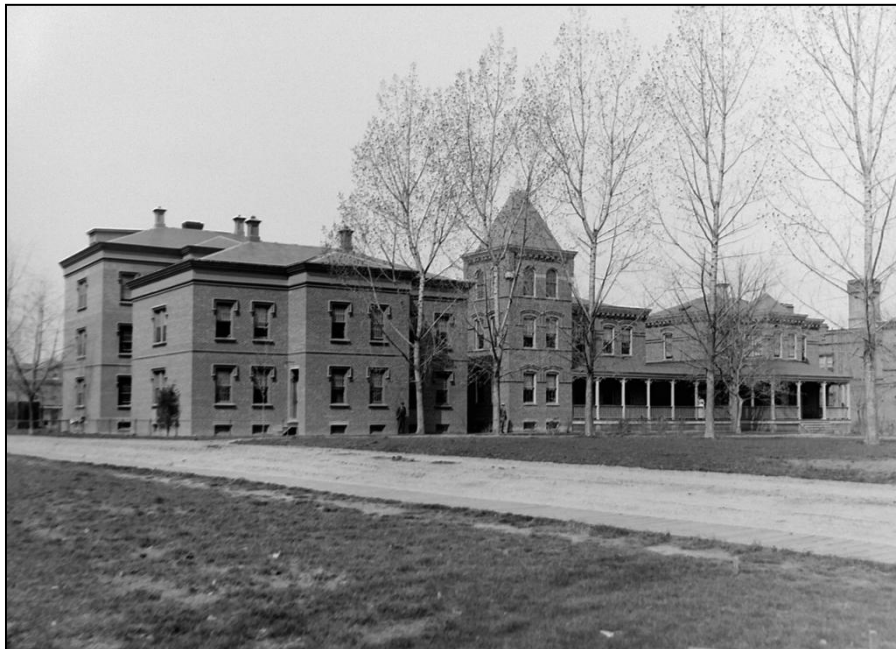


Figure 4.14. Looking northwest toward the East Lodge, Dix 1, and Dix 2. (National Archives RG 418-G-112)



Figure 4.15. Oaks Buildings I and II built for white male epileptics. Note the detached kitchen for the Toner Building on the left of the image. (National Archives RG 418-G-200)



Figure 4.16. Toner Building seen here from the north circa 1898. Oaks I and II and the detached kitchen for the Toner Building are out of frame to the right of the building. (National Archives RG 418-P-575)



Figure 4.17. Infirmary ward on second floor of the Toner Building. (National Archives RG 418-G-320)



Figure 4.18. The Allison Group from the north. The group was completed in 1899 and consists of four separate buildings connected by covered porches. The Relief Building is out of frame to the right, the masonry west campus wall and Nichols Avenue are out of frame to the left. (National Archives RG 418-P Box 6a, Folder 3)

The Allison buildings for “infirm soldiers and sailors from the National Home for Disabled Volunteer Soldiers” provided capacity for one hundred “bedridden and feeble” men and had doors wide enough so that beds and couches on casters could be rolled out onto the extensive wooden porches that connected them to the Relief and the Home Buildings.

This for more than half the year in our climate is a perfect luxury of shaded coolness and free ventilation. The poor veteran who, bedridden, has turned his face to the wall only to “babble of green fields” that he no longer sees, wheeled out on the piazzas may again associate with the trees, look into their green leaves, and lying in the morning’s light drink in its reviving breeze. A little glazing may transform these same spaces into winter sun baths to rival Algeria’s house tops for invalids. When outdoors means Heaven to the bedridden sufferer, why shut him out of it?³²

Godding also built Howard Hall for the criminally insane, which he considered “to be the detached building which promises the most for the future comfort and welfare of the hospital”.³³ Prior to construction of Howard, St. Elizabeths had no appropriate accommodations for the criminally insane. In 1880, Godding had written to the superintendent of the Hospital for Convicts in Auburn, New York, to see if they would take charge of two convicts who had been sent to St. Elizabeths.³⁴ Keeping the criminally insane in wards with other patients was less than optimal. Godding explained the situation in his Annual Report to Congress in 1887: “To nine perfectly harmless, insane persons we added one dangerous lunatic, and we must build bars around them all”.³⁵ The addition of Howard Hall improved the hospital’s efficiency by removing the most dangerous to their own building.

Set to the south west of the main hospital building, Howard Hall consists of a four story central building with projecting bell tower and two wings at right angles to each other. The central building, standing four square, is 45 feet in diameter, and provides in its different stories a main iron stairway, a common dining hall, rooms for the resident medical officer and warden, two large workshops for the inmates, and rooms for the attendants. These latter open directly upon the wards, four in number, situated in the wings, which extend 88 feet south and west from the central building. Exclusive of the basement story each wing contains two wards of

fifteen single rooms, with iron stairs at the remote end, opening into an enclosed court.³⁶

By 1889, Godding was asking for additional funds to complete the Howard complex as originally designed so that a second L-shaped wing would, along with the first wing, form a courtyard enclosing “a perfectly secure ground where the inmates can be at will in the open air and sunshine. Here they can grow plants, keep their pet birds and animals, and make it their home”.³⁷ When Howard Hall was completed in 1891, it had 120 single rooms for the criminally insane.³⁸

In addition to the various detached buildings built during Godding’s tenure as superintendent, extensions were added to the Center Building, the East and West Lodges, and the Relief Building. A slew of support buildings and improvements enabled the hospital staff to keep pace with the large patient population. Perhaps most important of these was the construction of a detached dining hall that would

provide for serving six hundred inmates at once, arranged with suitable tables for carving and keeping the food warm, would in the case of the quiet classes of the insane be found a far more satisfactory arrangement for all parties concerned than that of numerous small and scattered rooms, which, however desirable with certain classes, are only a disadvantage with the great mass of the inmates of a hospital.

The creation of the dining room also allowed former ward-based dining rooms to be turned into patient quarters for an additional one hundred beds.³⁹

Other important buildings constructed under Godding were the mortuary or “Rest” building, which would form the nucleus of the pathology department, as well as a firehouse, greenhouses, two cottages on the east campus (one for farm laborers and one for the cemetery sexton), and a barn for hay and milk cows.⁴⁰



Figure 4.19. The Detached Dining Hall from the south. It was completed in 1885 to service patients living in the detached cottages. (National Archives RG 418-P-552)



Figure 4.20. Interior of the Detached Dining Hall circa 1900 (National Archives RG 418-G-32)

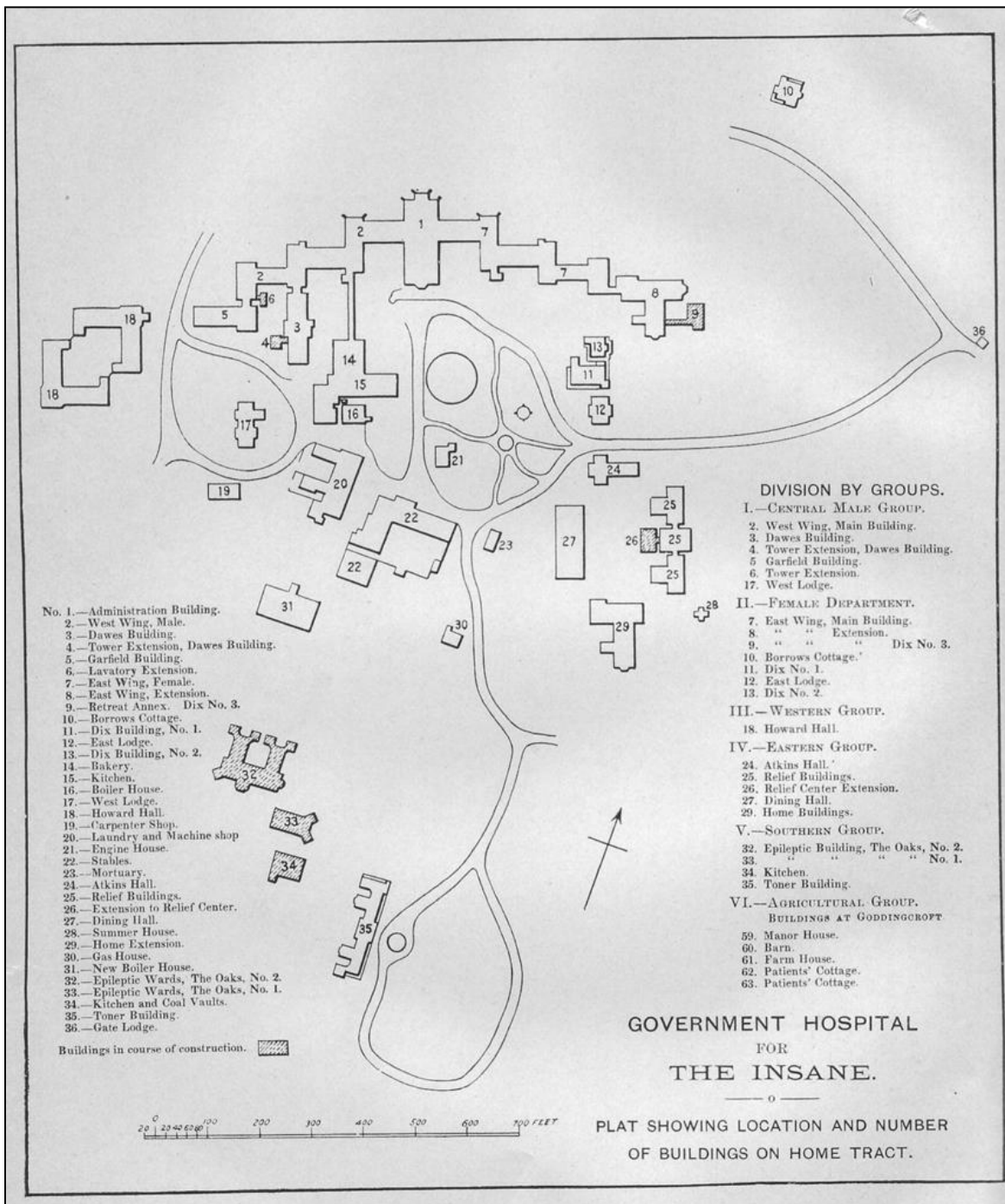


Figure 4.21. Plat from the 1895 Annual Report showing the hospital buildings on the west campus. The list on the right side of the image shows how the operations of the hospital were broken down into different divisions.⁴¹ See Figure 5.24 to see these buildings in context.

¹ Winifred Overholser, “An Historical Sketch of Saint Elizabeths Hospital” in *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press Inc., 1956), 10.

² *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1072.

³ Ibid.

⁴ Frank Rives Millikan, “Wards of the Nation: The Making of St. Elizabeths Hospital, 1852-1920” (Ph.D. diss., The George Washington University, February 2, 1990), 115.

⁵ *Operations of the Government Hospital for the Insane Being the Twentieth Annual Report of the Board of Visitors for the Year 1875*, 44th Cong., 1st sess., 1875, H. Ex. Doc. 1, 21.

⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 471.

⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 1st sess., October 1, 1881, H. Ex. Doc. 1, 850-1.

⁸ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 20, 1878, 477.

⁹ Ibid.

¹⁰ *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 340-1.

¹¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 566.

¹² *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 341.

¹³ *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1078.

¹⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 466.

¹⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 466. *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 1st sess., October 1, 1881, H. Ex. Doc. 1, 14 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 1st sess., October 1, 1887, H. Ex. Doc. 1, 18.

¹⁶ Millikan, “Wards of the Nation”, 120.

¹⁷ *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 341.

¹⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 1st sess., October 1, 1881, H. Ex. Doc. 1, 837.

¹⁹ Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride* (Cambridge: Cambridge University Press, 1994), 283-4.

²⁰ Ibid., 287.

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- ²¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 965 and Millikan, “Wards of the Nation”, 120-1.
- ²² *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 418.
- ²³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 466.
- ²⁴ “Our Insane Neighbor” *American Psychiatric Journal*, July 1883 in Millikan, “Wards of the Nation”, 120-1.
- ²⁵ Millikan, “Wards of the Nation”, 1013.
- ²⁶ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 25, 1867, 316.
- ²⁷ Millikan, “Wards of the Nation”, 127-8.
- ²⁸ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 27, 1885, 439.
- ²⁹ Tomes, *A Generous Confidence*, 286.
- ³⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 553.
- ³¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 26, 1886, 359.
- ³² *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Doc. 5, 18.
- ³³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 1st sess., October 1, 1887, H. Ex. Doc. 1, 1247.
- ³⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, January 13, 1880, 322.
- ³⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 1st sess., October 1, 1887, H. Ex. Doc. 1, 1248.
- ³⁶ *Ibid.*, 1247.
- ³⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 1st sess., October 1, 1889, H. Ex. Doc. 1, 50.
- ³⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 552.
- ³⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 443.
- ⁴⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 424 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 1st sess., October 1, 1885, H. Ex. Doc. 1, 678, 680.
- ⁴¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5.

Chapter 5

Dr. Godding Innovates

Overseeing an increasingly large and spread-out campus was a big task for Godding. With more professional and administrative staff members, Godding had more help than Nichols, but the sheer number of patients and wards that required his supervision made for a formidable task. Like Nichols, Godding saw patients and visited wards throughout the week and reserved Sundays for a full inspection of the hospital. In 1882, he described his routine in a letter to Horace Wardner, the superintendent of the Southern Illinois Hospital for the Insane:

I take all the medical staff with me throughout the whole establishment, with the exception of the night officer whose hours of sleep do not admit of his accompanying me. I start at 10 o'clock and I am fortunate if I have completed the round of the wards at 1 o'clock. At 3 o'clock in the afternoon I attend the services of the chaplain with such of the inmates as are able to be present and I feel at night that the Sunday has been well spent.

I am sorry to say that the growth of our buildings has compelled me to curtail the round outside of the wards but I make it a rule to see every patient as well as each ward. Kitchen, laundry, etc were formerly included in the Sunday round but are now omitted from sheer inability to do justice to the whole in [time] for the chapel exercises.¹

Godding's correspondence and reports to Congress showed an increasing reliance on more scientific methods than had been the case previously. In particular, the appointment of a pathologist foreshadowed the more rigorous

approach to understanding and treating mental illness that would be developed in the twentieth century. Godding's approach, like Nichols's, relied heavily on the notion of environment as cure. Giving patients more freedom was one of Godding's goals. He believed such freedom was good for the right type of patient and was convinced that it wouldn't lead to an increase in attempts to escape the hospital grounds:

Except a few cases where the type of their insanity predisposes to restless wandering, very few of our chronic insane desire to run away. When they have gone outside of the enclosures it has more often been from a curiosity to see what lay beyond the wall than a desire to escape. This is their home, their world, and it ought not to be so conducted as to seem to them a prison. During the past year we have opened our doors wider, with no unpleasant result. There is a limit in this beyond which it would be unsafe to go, but it will be found to be a limit that recedes as you advance. The outer doors of four of our female wards, as well as those of the relief building and the invalid ward in the male department, now stand open during the daytime in the pleasant weather, and the change is felt to be an agreeable one by the inmates.²

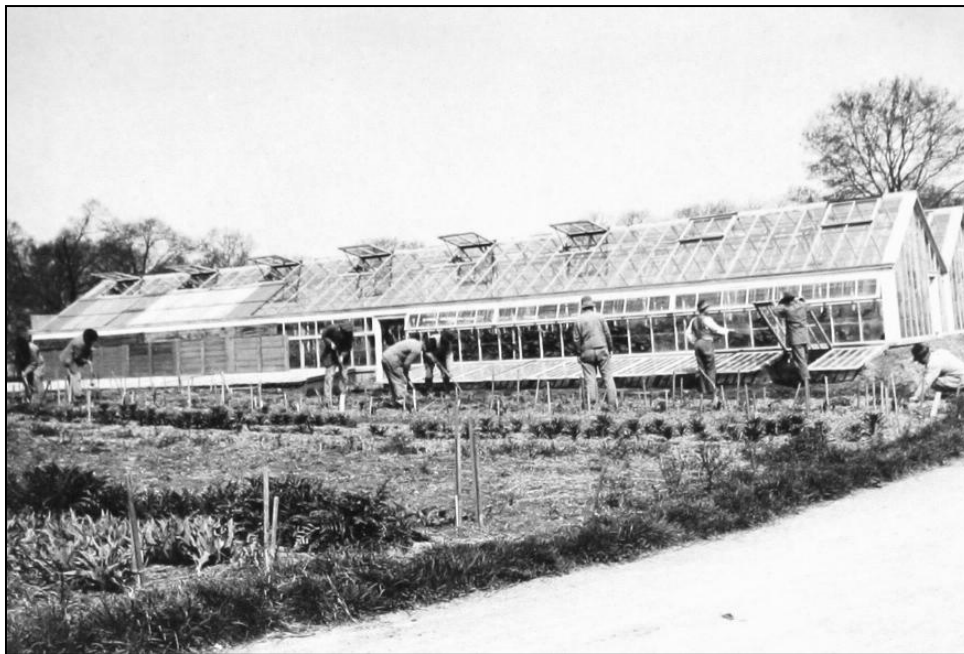


Figure 5.1. Greenhouses were built just north of Gatehouse 1 (Figure 2.19) to provide patient occupation and cut flowers to cheer up patient wards. (National Archives RG 418-P-95)



Figure 5.2. Greenhouse complex shown here circa 1905. (National Archives RG 418-G-135)

A request for funding for greenhouses in the 1885 Annual Report suggests that earlier procedures, or procedures at other hospitals, relied too much on drugs:

The modern treatment of the insane depends less on drugs than on moral adjuncts. Whatever occupies, interests, and diverts the mind from its morbid broodings is sought out, and in this direction of a pleasant place of resort amongst flowers, as a conservatory, is an adjunct to the best modern hospitals, and for the convalescent has more potency than all the “poisonous herbs growing in Poutus.”³

There was no shortage of drugs available for use in mental institutions, but their medical value would be considered almost entirely suspect by today’s standards. Some drugs were effective in calming patients but were meant more to keep a ward quiet than to benefit the patients. Godding’s description of the hospital’s approach to treatment shows a mixture of wholesome living, drugs when necessary, and the judicious use of restraints.

There are no specifics for insanity nor is there any routine treatment that will be found applicable to all; hence the attempt is made to treat cases individually without reference to system. This

does not prevent certain general methods being almost universally resorted to, such as long nights for rest by establishing early hours for retiring, the passing of a considerable portion of the day in the open air, occupation as far as may be found practicable, regular exercise and special diversions and entertainments for such as are able to enjoy them. Treatment as prescribed by the physician includes exercise, diet, medicine, and restraint if in the opinion of the medical officer it is necessary, it is not made use of otherwise. The word restraint is used here not to designate the hospital restraint of placing in wards or even seclusion in rooms, but the mechanical restraint of the camisole, canvas mittens, or leather straps which are the only forms of restraint in use in this hospital. The impossibility from a scientific stand point, of laying down an infallible prediction in regard to the treatment of individual cases in advance of their occurrence renders the majority of American alienists averse to the adoption of the absolute non-restraint dogma of their English brethren although much less resort is had to restraint of a mechanical character than was the case a few years since. Some American superintendents have gone so far as to make a bonfire of their camisoles, the majority however have not yet surrendered the right of private judgment.

Medicines are given with a view to a restoration of the physical vigor, the allaying of excitement and to produce sleep when not obtainable by other means. Opium and its preparations are much less used than formerly, the alkaline bromides, hydrate of chloral and other hypnotics having taken its place. A full stomach, labor, active exercise in the open air, warm baths, darkened rooms, all these are often found good substitutes for drugs in inducing sleep. Bathing is insisted on as a hygienic measure and a matter of personal cleanliness and baths are also used to a considerable extent as a distinct remedial agent. The constant and the interrupted currents of the galvanic battery are made use of in exceptional cases ... In convalescence and in the settled condition of chronic insanity liberty to go about the grounds unattended is granted as a part of the moral treatment but this like the application of mechanical restraint is a responsibility taken only by the medical officer.

As a rule the moral treatment so called, that is the treatment through the mind by means of surroundings, diversions, and occupations is regarded as more potent than drugs in the treatment of the insane although medicines, especially when there is impairment of bodily health, are often an important adjunct to hospital care.⁴

According to Godding, the employment of restraints was most often necessitated by the overcrowding of wards and the presence of the criminally insane in the general wards of the male population (prior to the construction of Howard Hall).⁵ His prescription of drugs also seemed to be limited. This is an important distinction for a time when any number of patent drugs and other remedies were ubiquitous in the United States.

In 1896, for example, the Massachusetts legislature was considering requiring the use of a commercial preparation known as the Keeley Cure for the treatment of alcoholics in state hospitals. The Keeley Cure, which was put forward in 1879 by Dr. Leslie Keeley, consisted mainly of injecting patients numerous times a day for four weeks with remedies whose content Keeley would not disclose. Despite no scientific evidence of its efficacy or safety, the Keeley Cure became wildly popular, and Keeley eventually opened over 200 clinics and franchises, with the Keeley Institute remaining in operation until 1965.⁶ Yet almost seventy years earlier, Godding was able to spell out clearly the problems of the “cure”:

Outside of Massachusetts the Keeley Cure is not as much talked of as formerly, and is in a sense already obsolescent. Only the other day I was conversing with one of the officials from the Western Branch of the Home for Disabled Volunteer Soldiers where this treatment is used. I found that they had lost faith in any permanent benefit from its use in old chronic cases of inebriety ... Here in this vicinity I find that young men who were not long since pointed out as cures at the Keeley institute have returned to their cups, showing that this, like other remedies wears out. Every Hospital for the Insane can show some examples of Keeley graduates who have recovered from their appetite at the expense of their brains ... Keeley puts upon the market a proprietary remedy whose composition is not revealed, even to the physician in charge of his Branch Institutes, and they are expected to inject it indiscriminately into the unhappy victims, who fall into their

hands. He is a quack in his ways, with the instincts of a quack. Now come Webster Smith and others who seem to expect that the old Commonwealth of Massachusetts will by law make it obligatory on the physician of her State institutions to inject this quack remedy into the veins of those whom the law entrusts to his medical care, without any reference to their individual fitness or unfitness for atropine, strychnine and other poisons which this “so-called” cure is known to contain. Will a self respecting physician do this? Will the Great and General Court of Massachusetts compel this? I exercise the Yankee prerogative born in me when I say, I guess not.⁷

Godding and most of the medical community disdained the use of patent medicines, and the development and use of drugs in the treatment of the mentally ill was scattershot at best by today’s standards. Even a lay person can now recognize the doubtful utility of some of the remedies that were administered:

Some new remedies have been tested. Urethan has proved satisfactory as a hypnotic in certain forms of wakefulness, and the hydrobromate of hyoscine found a powerful agent in the control of acute excitement, that merits a further trial. Still, the old and tried remedies have not been thrown aside. Quinine, iron and strychnine, cod-liver oil and the bromides, with or without chloral or opium, are the main reliance. Nor has it been deemed advisable to follow their lead who now discard all stimulants. Alcohol, in some of its forms, finds recognition in the treatment of infirm and feeble cases, and has been thought by the old soldier to be an aid to his digestion. It is certain that old habits in time acquire something of the force of a second nature. So we still issue tobacco to those who have been its victims ever since the war; and when the new dining-hall is completed we hope to have a comfortable room where the aged pensioner can smoke his pipe in peace.⁸

Other methods of treatment such as hydrotherapy also began during Godding’s tenure.⁹ Hydrotherapy consisted of hot and cold baths and showers followed by tightly swaddling patients in sheets and blankets. The intent was to subdue disturbed patients or provide soporific effects on calmer patients. Success of the treatment was limited to its immediate effects after each application. It is unlikely that the therapy provided any long-term cumulative benefit.

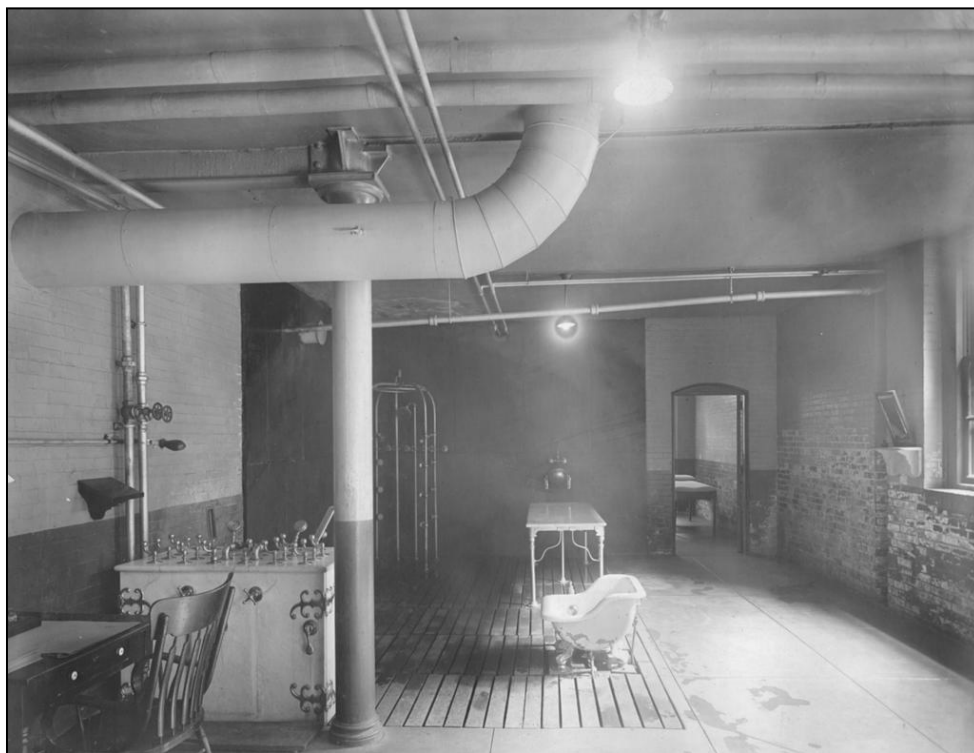


Figure 5.3. Undated picture of a hydrotherapy room. (National Archives RG 418-P-633)

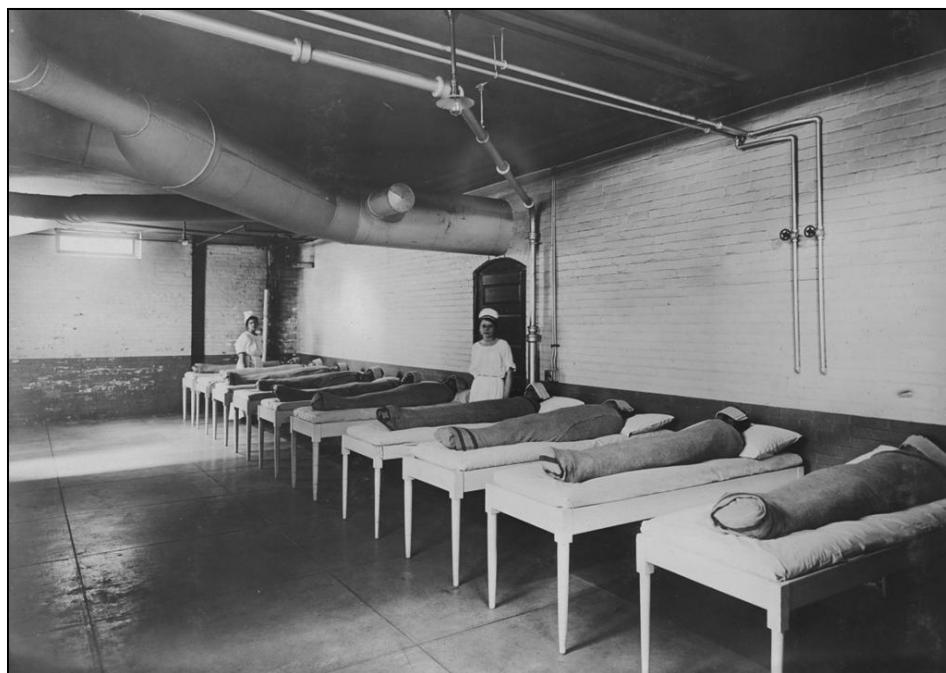


Figure 5.4. Undated picture of patients swaddled in blankets after hydrotherapy. (National Archives RG 418-P-634)



Figure 5.5. Demonstration of hydrotherapy circa 1905. (National Archives RG 418-P-128)

Among some of the other forward-thinking steps taken under Godding were the hiring of a dentist in 1886 and the creation of a nursing school in 1894.¹⁰ It was also during this period that physicians at the hospital stepped out from the shadow of the superintendent. In 1885, AMSAII began to allow assistant physicians to join its membership. Godding encouraged specialization of his medical staff, and the assistants began to develop professional profiles that were distinct from the superintendent. Some of the doctors began teaching at local medical schools and publishing articles.¹¹

One of Godding's most important personnel actions was the appointment of Dr. Isaac W. Blackburn as special pathologist in 1884. Blackburn, who had trained in pathological and microscopic work in Philadelphia, was hired to perform autopsies and to devote "his whole time to the study of the changes wrought by and the pathological appearances left behind by insanity".¹² Godding believed that the appointment of Blackburn was a "new departure in the direction of thorough scientific work in connection with the National Hospital which can hardly fail to result in time in the enlargement of the bounds of our at present too shadowy knowledge on this most important subject".¹³



Figure 5.6. Dr. Isaac Blackburn (National Archives RG 418-DP)

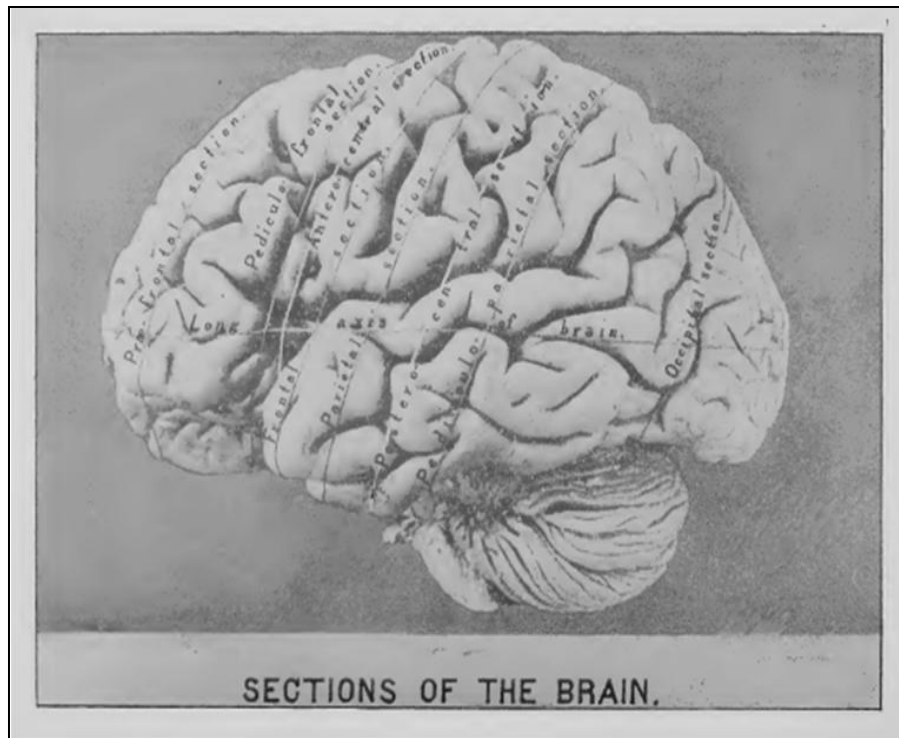


Figure 5.7. An illustration from Dr. Blackburn's 1892 book *A Manual of Autopsies*.¹⁴

The hospital mortuary was the location for this first pathology laboratory. With lab space for pathological, microscopic, and photographic work, Godding

believed that there was no hospital in the country with better pathological facilities:

The Rest, as the mortuary building is called, has been fitted up with an ice chamber and convenient crypts are connected with it for the purpose of preserving the body any reasonable length of time for the friends or for examination. The building consists of two stories. On the first floor is a receiving room for the reception or removal of the body by friends, one end of the crypts opening from the room. The other end opens into a room fitted with the necessary apparatus for making the autopsies. This is amply lit by a sky light and side windows with gas lights over the table for night work. The second floor is divided into two apartments with the necessary shelving and closets, the one for microscopic study the other being designed for photographic work. The building is built of brick, with ventilating chimneys; it is supplied with gas and water and is warmed by means of direct steam radiators. The need of faithful work in the study of the pathology of the brain in insanity, a subject on which so little is clearly established can hardly be too strongly insisted on, and though on the increase there is still a notable absence of this work or special facilities for it in the great majority of hospitals.¹⁵

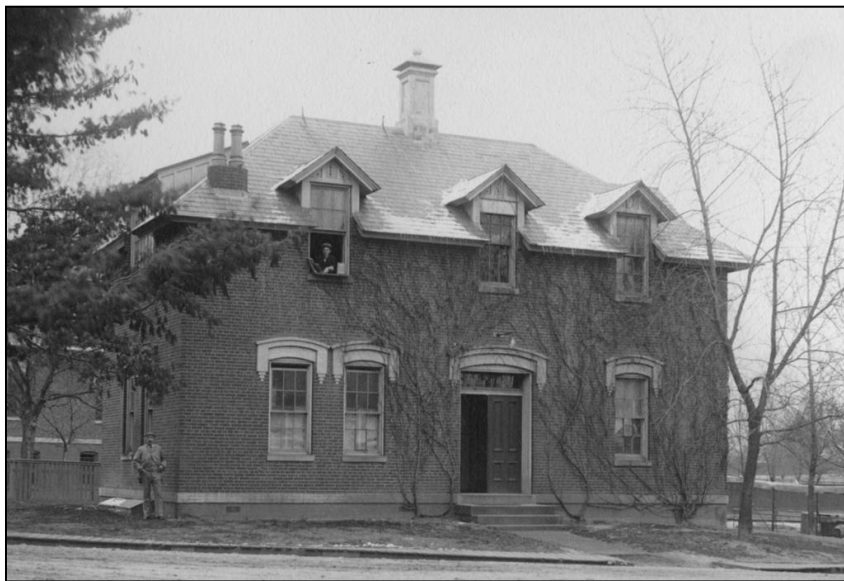


Figure 5.8. The mortuary and pathology lab were housed in a building known as “The Rest”. It was completed in 1882 just west of the Detached Dining Hall (which can be seen in the background). The Rest was later expanded and moved. (See Figures 7.4 and 7.5). (National Archives RG 418-P-569)

Godding had high hopes for “important results” from Blackburn’s laboratory. Within its first year it conducted fifty post-mortem exams and began to make headway in the understanding of the pathology of the mentally ill.¹⁶

With little to be gained in the short-term from the research, Godding and Congress were farsighted in their decision to establish the laboratory. Blackburn’s work included recording the observed condition of the brain and other organs and preparing slides to make “valuable data for comparison and study in the future”. The laboratory also took photographs of organs with the hope that it would “in time afford material for the most exhaustive analysis and research in this hitherto but scantily worked field”.¹⁷

Against the fluctuation of attitudes toward the care and treatment for the mentally ill, Godding was intent on doing what was right for each individual patient by providing what was deemed essential without unnecessary expenditure.¹⁸

The treatment in the Government Hospital for the Insane is not stereotyped; the immediate supervision and care of the different divisions is in the hands of competent medical men all reporting to one chief officer, and the endeavor is to treat individual cases and not insanity in the concrete. If this man needs quiet and seclusion he has it; if the other will be better for a parole, the liberty is given; ... one is dangerous to himself or others, and is subjected to restraint; opium is not interdicted when it is no longer fashionable, nor does the latest hypnotic find favor because it will not do to be behind the times; in the interests of the insane we undertake to be old fashioned or any fashioned if “by any means we may save some”. This or that course is not resorted to because it is the English method, or consonant with the American idea, but simply because it meets the individual case; we are not wedded to any system, nor do we claim to have any new light; are not specially gifted, only thankful for common sense; it is a practical working hospital, not an ideal one.¹⁹

Most of the changes that took place at St. Elizabeths were analogous with changes taking place in the field of psychiatry at large. In 1892, AMSAII changed its name to the American Medico-Psychological Association (AMPA) and began to transform its focus from administrative and operational concerns to medical and scientific ones.²⁰ Long-held notions that environment was the main cause of mental illness slowly gave way to a greater reliance on neurology, anatomy,

physiology, organic chemistry, bacteriology, and general medicine.²¹ The rise of these scientific interests was in contrast to the earlier moral and religious focus that had dominated the field and its separation from the medical profession in general. At the 1894 AMPA convention, S. Weir Mitchell, the keynote speaker, summed up the changes in the profession:

You were the first of the specialists and you have never come back into line. It is easy to see how this came about. You soon began to live apart, and you still do so. Your hospitals are not our hospitals; your ways are not our ways. You live out of range of critical shot; you are not preceded and followed in your ward by clever rivals, or watched by able residents fresh with the learning of the schools.²²

He went on to decry the absence of research, the unreliable treatments still being used in hospitals, and the failure of hospitals and AMPA to educate the public about mental illness²³:

Efforts to align more with medical doctors ignored the fact that most advances in medicine at the time were for acute disease and failed to take into account the need for treatment of chronic insanity, which was becoming increasingly prevalent in mental hospitals, including Saint Elizabeths.²⁴ One part of the patient population particularly needing long-term care were those Civil War veterans who had been transferred in large numbers from the Home for the Disabled Volunteer Soldiers in the 1880s.²⁵ With the passage of each year, the chances of their recovery became increasingly unlikely, which created a considerable population of elderly chronic patients.²⁶ In 1895, Godding noted that “the increasing age of the veterans each year swells the ranks of those called up higher”,²⁷ but the old soldiers were nonetheless hardy; their deaths, at least for 1895, were in proportion to their percentage of the total patient population.²⁸

Indeed the hospital, while still caring for a “limited number of acute and curable cases” had become more and more a residence for chronic patients.²⁹ Among the oldest were two men and two women who had been admitted within St. Elizabeths’ first six months.

One styles himself ‘king;’ the other, ‘high priest of nature.’ Here for forty years one has reigned with no revolt among his subjects; the other, long past fourscore, who has seen a village of the simple grow up among oaks remembered by him as acorns, and under whose shadows he has silently worshiped, may well be accounted worthy of recognition as both Nestor and Druid of St. Elizabeth.

Long cloistered in these peaceful shades, may their lives come at last to broader horizons.³⁰

HOSPITAL STAFF

As it had been for Dr. Nichols, maintaining high quality staff was an ongoing challenge for Dr. Godding. Indeed, Nichols left Godding with his first staffing challenge by taking longtime housekeeper Harriet J. Bennett with him to his new job at the Bloomingdale Asylum.³¹ Much more difficult for Godding was the case of his chief clerk, Mr. Patterson, who embezzled \$14,498 of patient funds and then ran away before he was found out. Patterson's wife managed to repay almost \$12,000 of the embezzled amount, and Godding agreed to make up the balance to patients as necessary.³²

Other staffing issues were far less serious but still took up a good deal of Godding's time. Because he was familiar with all the staff, he could quickly rectify any personnel difficulties. One of the first personnel actions he took was to fire gatekeeper Seth Albee:

The hospital will not require your services as gatekeeper beyond the 16th inst. In the meantime I wish you to discontinue the use of the lodge as a general gathering place and exercise special vigilance that parties do not go out during the day or evening without proper passes. Should you desire to leave the service of the institution earlier than the date mentioned you will be allowed to do so.³³

Then there was the case of Charles Bond, an attendant at the hospital who took a patient to a neighborhood bar in nearby Uniontown, offered him liquor, and then proceeded to get drunk himself.³⁴

Godding gave those who left hospital employment references when requested, but they weren't always good. In a letter of reference to the chief clerk of the Light House Board for Lucian E. Robey, who had worked at the hospital for the previous five years, Godding was generally quite generous in his praise but ended on a jarringly honest note about why Robey was looking for new work: "I have advised him to seek some other employment than the care of the insane simply because I have reason to think that either from long familiarity with hospital life or from natural temperament, his manner of dealing with the insane is unfortunate and rough".³⁵

One of the oddest cases was that of an employee who had been fired. After being terminated, Joseph B. Grinder wrote a letter to the secretary of the interior complaining of the superintendent's management of the hospital. One of his charges against Godding was that patients did not get enough outdoor exercise. Godding denied it and went on to describe the circumstances of Grinder's dismissal:

in pleasant weather [patients] are out both forenoon and afternoon for walking or riding. I doubt if there is a hospital in the country whose patients are in the open air more than ours. But Grinder's real trouble was not solicitude about the patients' welfare but that he was made to pick cherries. He was employed to do whatever might be necessary and was accordingly detailed with other attendants to help gather fruit for the inmates. As a rule this is done by the outdoor help but sometimes it is necessary to put on an additional force to save the fruit from spoiling. We gathered about four thousands quarts of strawberries for the house this spring; a single box was sent to one of the local editors for the purpose of showing the size and quality of the fruit we had produced, in other words, we were a little proud of it. No fruit has been given away during the season to my knowledge or by my consent.³⁶

What is most surprising about Grinder's case is that after he made these complaints to the secretary of the interior, he went back to Godding to ask for his job back. Godding's response was cool:

I have not at this time any position where I could employ you and I have the impression that you would succeed better in some new field. When persons are dismissed from the service of the hospital I do not give letters of recommendation but you are at liberty to refer parties desiring to employ you to me.³⁷

In general, Godding appeared to stick to a similar set of rules of employment as his predecessor. That is, generally speaking, staff members were unmarried and childless, and attendants had to be at least twenty-one years old.³⁸ In one case, Mary Kellogg, who had worked previously at the hospital under Dr. Nichols and who, along with her husband, had resisted the coercive efforts of Nichols's enemies to testify against him in the 1869 investigation, applied to Godding for a job. He replied that he was sorry for her misfortune (probably the

death of her husband) but that he did not have a place for a woman with children unless her son Charlie was away at school, in which case there would be a position in charge of the sewing room.³⁹

Godding was less strict about the marital status of his professional staff, allowing physicians already on the staff to marry but still only hiring single men.⁴⁰ In a letter to the superintendent of a hospital in Ontario, Godding explained his approach:

In this hospital out of a staff of seven medical assistants two are married men with wives residing at the hospital. They have both been for many years connected with the institution and this fact was taken into account in arranging for their families here. I cannot say that we have found any serious embarrassment growing out of this arrangement, but on the other hand a stability and character to the medical staff that seems to be in all respects desirable.⁴¹

Godding described in 1885 how the hospital was organized. In addition to six assistant physicians, the medical staff consisted of a night medical officer, a special pathologist who reported directly to the superintendent, and an apothecary who filled the doctors' prescriptions. The assistants visited the wards daily at different hours, and the night medical officer came on duty at 9:00 p.m. and stayed on until the morning physicians relieved him. Attendants, nurses, and supervisors reported to physicians. In addition, there were separate departments for the kitchen staff, laundry, engineers, and the farm. Patient attendants lived in the wards, and most of the officers and employees had their homes at the hospital.⁴² Support functions also expanded as the patient population increased. In 1885 there was

a bakery and detached kitchen, both fitted up with the necessary apparatus for supplying the needs of the large households; a laundry furnished with power washing machines, centrifugal wringers, steam mangles and other appliances for laundry work on a large scale; a cow stable for the milch cows numbering about one hundred beside many young cattle; a horse barn for the teams employed in farm work, hauling supplies and for driving purposes including the riding out of the inmates; a poultry house for the hens; exclusive piggeries where [food rubbish] is consumed by the swine and so converted into pork and lard; a pump house at the

river; a boiler house and engine rooms; a building for mattress work; a cabinet shop; a gas house for the manufacture of illuminating gas; a mortuary building; a porter's lodge at the entrance of the grounds. There are also several cottages for farm laborers and other hospital employees.⁴³

In some cases, the support buildings did not always keep pace with the expansion of the hospital. In 1896, with a patient population of 1,735, Godding requested money for a new laundry building to replace the forty-year-old structure, built for an institution of 200 but now handling 50,000 pieces of laundry a week.⁴⁴



Figure 5.9. The linen sorting room circa 1897. Note the basket of linen sitting atop a cart bound for the Birch ward. The cart was pushed on a rail track that connected the kitchens and laundry to the basements of the patient buildings. (National Archives RG 418-P-562)



Figure 5.10. Some of the kitchen staff circa 1896. Note the rail tracks in the floor that were used to push food carts to patient dining rooms. (National Archives RG 418-G-176)



Figure 5.11. Undated photograph of staff pushing rail carts with food through a passageway between the Center Building and the general kitchen. (National Archives RG 418-P Box 6a Folder 3)

Living quarters for most laborers and support staff who weren't responsible for patient care were tucked into whatever space was available. Sometimes these rooms were in proximity to the staff members' respective jobs, in other cases not. When the laundry building was enlarged in 1879, housing was provided for the women who worked there. Similarly, the second floor of the bakery not only had an apartment for the baker and his assistant but also provided living space for other male employees.⁴⁵ When the fire station was completed in 1893, it also included a room on the second story for the chief engineer as well as a hall to serve as a reading room for hospital employees.⁴⁶

THE HOSPITAL FARM

As the patient population and staff grew, it would have been understandable for the superintendent to play a less active role in the operations of the hospital farm. Yet a considerable amount of Godding's time was taken up overseeing the farm which then included over two hundred of the hospital's four hundred acres in cultivation.⁴⁷ In the 1878 annual report, perhaps to justify the expense of the farm,⁴⁸ Godding stressed how it benefited patients:

There is no question about the value of labor in the treatment and care of the insane, and the varied work of a farm and garden seems admirably suited for the employment of many whose disease is of a chronic type. A struggle with the stubborn glebe by day is wonderfully conducive to good digestion and a quiet sleep at night.⁴⁹

Regardless of whether or not farm work was beneficial for some patients, there may have been a conflict of interest between the hospital's stated therapeutic goals and the need to produce food for the hospital. There were indications over the years that the farm didn't necessarily pay for itself with the food it produced, yet hospital staff remained firm in its belief in the system. Godding particularly emphasized the importance of the hospital's herd of cattle to provide milk for the hospital: "As a rule, there is no better food for the aged, the feeble, and those broken down with chronic disease than fresh sweet milk, and nothing is more readily administered or more willingly taken in the acute forms of insanity".⁵⁰



Figure 5.12. Farm buildings on the east campus circa 1897. The large cow barn to the right was built in 1884 and is still extant. Piggeries are at the far left with the old cow barn visible behind it. Henneries can be seen in the center in the distance. (National Archives RG 418-G-94)

Godding's detailed description of farm operations helps to paint a partial picture of life at St. Elizabeths in the 1870s:

Next to the supply of milk we consider that a hospital farm should be made to produce an abundance and variety of vegetables for its inmates. Excepting potatoes and rice, every hospital for the insane should grow its own vegetables. To feed a thousand mouths requires no small quantity of garden produce. We are every year devoting more acres to the different kinds of vegetables, and the variety that we have thus been able to add to the bill of fare is very gratifying to our household. Wherever the latitude will admit, hospital grounds should give their inmates the most luscious of all desserts, ripe, fresh fruit. The location and climate of Washington, a happy mean between the icy winds of the North and the burning heat of the Gulf States, is very favorable to the production of a great variety of fruits. The vineyard already yields an abundant supply of the best varieties of out-door grapes and the crop is increasing; our cherries have long been famous; peaches and pears that are unsurpassed are easily grown in this region, and we have

orchards recently planted; our experience with the blue fig has been very favorable; ... As the native *diospyros* [likely the American Persimmon] grows abundantly in our woods, and the fruit is appreciated by our people, there is good reason to suppose that the Japanese varieties now being introduced in this country will be a valuable addition to the wealth of our orchards, so that from the first strawberries of the spring till the frosts sweeten the persimmons in the fall there shall not be wanting some fresh fruit for our tables.⁵¹

Godding's annual report for 1884 included a request for \$6,000 to purchase 45 acres of land adjoining the Stevens Farm property that the hospital already owned about a mile from the campus.⁵² With no appropriation for land in the offing, four years later Godding again stressed the need to buy more acreage before the costs in the rapidly developing neighborhood became too high.⁵³ Godding followed up in 1889 with a request for \$10,000. He asserted that "all authorities" agree with the rule of thumb that hospital grounds should have at least one acre of land for every patient. With over 1,400 patients at the time, Godding stressed that the four hundred acres at St. Elizabeths were not enough, especially given the encroachment of hospital buildings on grazing land.⁵⁴ When an appropriation did come in 1891, it was for \$20,000 to buy a tract that seemed to Godding to promise much for the future of the hospital.

It is a farm susceptible of varied culture, about 3 miles distant from the hospital, beautifully situated, lying on and overlooking the Potomac River, commanding views of both Alexandria and Washington, with long reaches of the river beyond. Here is a new hospital world apart needing to be reclaimed and all requiring to be brought under productive cultivation, which offers labor well suited to our inmates. It is a field whereon to plant colonies and to make homes. Here we can raise our young stock; here readily can be grown all the corn necessary for our feed meal, all the Irish and sweet potatoes that we require, with melons and fruits sufficient for our whole household, who in their turn might be expected to supply most of the labor needed, so making of these acres their fields and their world. They would have home life in farm cottages and outdoor work here, and it would be preferable to listless mental decay in faultlessly arranged and conventionally perfect

wards elsewhere. It is in this direction that the modern treatment and care of the insane tends.⁵⁵

The tracts of land were about three miles south of the hospital in Prince George's County, Maryland, and included land that had historically been a part of Oxon Hill Manor and a tract known as Mount Welby.⁵⁶

Although there was a delay into 1892 in perfecting the title for the Oxon Hill farm, plans continued apace. One gets the sense that Godding wished to create a Utopian ideal:

During the coming year it is the intention to make there suitable accommodations for a pioneer colony of laboring men, carefully selected from the quiet class of inmates, to whom a home where they can sit under their own vine and fig tree enjoying the fruit of their labors will be something hitherto unknown to their hospital life. This will be a somewhat new departure in the direction of humane care and enlightened treatment that can hardly fail to promote the comfort of those whose hands are thus occupied while their thoughts may find therein diversion from the cobwebs of their brains. With judicious care in the selection of the inmates, such colonies may in time be multiplied and extended, growing into villages for the harmless insane, homes planted about with gardens and orchards, giving to their humble abodes an atmosphere of content, bringing to darkened minds and troubled lives glimpses of sunshine and peace.⁵⁷

It is no wonder then that the board of visitors named the Oxon Hill property "Godding Croft" in 1893.⁵⁸

The development of Godding Croft got off to a somewhat slow start. By 1895, the nucleus of Godding's desired colony had been established, but much of his vision was yet to be meaningfully implemented.

At Godding Croft there are 50 acres of the finest garden soil that exists anywhere within the nearly 800 acres of this Government ground. Here are 25 acres of hillside well adapted to vineyards and orchards, 60 acres of corn and grass land, with more than 100 acres of woodland and pasturage. Here are marshes to be reclaimed, miles of roadbed to be constructed, and rough places to be brought into cultivation. Surely here if anywhere the problem of productive

labor for the insane ought to be worked out to a successful solution and the lesson taught that busy hands make contented hearts.⁵⁹



Figure 5.13. Godding Croft circa 1897. Probably looking south with the Potomac River to the right. (National Archives RG 418-G-127)



Figure 5.14. Much of the fruit that was grown at the hospital ended up here in the preserves room. (National Archives RG 418-G-252)

However useful the new farm land was for providing fodder for the dairy herd, Godding's hope for establishing a patient community there proved more complicated. In 1897, he acknowledged that it was impractical "to enlarge the colony to 50, as was intended, at least until we secure an unfailing supply of pure, potable water for their daily use".⁶⁰ Although the 1898 annual report noted that sufficient water had been found to allow for a colony of one hundred working patients, water issues continued to hamper progress.⁶¹ When Godding died in 1899, the vision for his patient colony also died. The annual report for that year noted that the reliable water supply had not been found and that the hospital would no longer pursue building patient cottages there.⁶²

Beside the issues with Godding Croft, farm operations experienced a typical series of ups and downs. The effects of a nationwide drought in 1881 was compounded by a severe hail storm that nearly ruined the hospital's grape harvest and canker worm that hurt the late cabbage.⁶³ The drought was followed five years later by

early and almost continuous latter rains extending past midsummer, while they brought the largest grass crop ever known, left no chance to properly cure it into hay, and their effect on most of the other crops was disastrous. The lands were drowned out in many places and the seed rotted in the ground, the peaches decayed on the trees, the grapes mildewed, and in these early autumn days what the grasshopper [left behind] the caterpillars have taken.⁶⁴

Another wet summer in 1890 ruined much of the vegetable crops, including potatoes, sweet potatoes, grapes, and cabbage, and forced the hospital to purchase them on the open market.⁶⁵

Despite the various setbacks the hospital experienced with its crops, its livestock operation consistently produced good results. Given the amount of waste product available for their consumption, the hospital's Berkshire swine were particularly successful.⁶⁶ A new piggery was built on the east campus in 1881, but some swine remained on the west campus until 1888, when the remaining pigs, as well as the hospital's cattle, were moved to the east campus.⁶⁷ The poultry operations were expanded in 1888, and some Holstein cows were added to the hospital's herd in 1890.⁶⁸ The hospital hoped that their pigs and chickens would make "ham and eggs as much a St. Elizabeth specialty as [its] Alderney milk and outdoor grapes"⁶⁹

Godding repeatedly sought funds for the construction of greenhouses. Cold frames were already in use for the propagation of some vegetable seedlings

but Godding's goal was to have a way to "propagate such bedding plants as are needed for the embellishment of the gardens and grounds", to create a "cold grapery", and to provide a "winter garden for the recreation of the inmates, and fresh roses for their rooms when the lawns are no longer bright".⁷⁰ He believed that the "expenditure that will add more to the beauty of the grounds and the pleasure of the inmates than the same amount would yield in almost any other way. It is not alone an aesthetic, but an economic provision to preserve and bring forward the budding plants that brighten the gardens and lawns. It is not unmeet to plant flowers by the pathways of sorrow".⁷¹

While the provision of cut flowers and a winter garden for patients may seem like an extravagance, to Godding it was another element in providing the proper environment for moral treatment. Soon after he became superintendent, he described his approach to the landscaping.

This hospital is fortunate in the possession of upwards of four hundred acres of land; of this a considerable portion, diversified with picturesque ravines and wooded slopes, is unsuited for cultivation, and will always remain a ramble and pleasure ground for the recreation of the inmates. The grounds immediately surrounding the hospital buildings are laid out with walks and drives through lawns which have been planted with trees, with here and there groups of shrubs and flowers. The quiet beauty of these surroundings, heightened as it is by the glimpses of the river, with vistas of the city and Capitol beyond, make it one of the charming spots for which the vicinity of Washington is famous, and one well named by the first settlers in its secluded loveliness, "Saint Elizabeth".⁷²

THE HOSPITAL GROUNDS

Against a backdrop of an ever broadening national trend to create parks and other green space, Godding emphasized the improvement of the landscape at St. Elizabeths. The early 1870s saw the creation of Arbor Day, the completion of Central Park in New York City, and the founding of important arboreta like Harvard University's Arnold Arboretum. In 1883, the District of Columbia Parking Commission donated five hundred shade trees to the hospital, and two years later Godding sent a letter to the commission requesting an additional three

hundred rapidly growing trees “to increase the comfort of our people in hot weather”.⁷³

In 1897, the board of visitors voted unanimously to pay Dr. Godding’s twenty-five-year-old son Alvah \$25 per month for his work as assistant superintendent of grounds, a role which he had for “some time” held under the farm steward.⁷⁴ After his father’s death, Alvah became superintendent of grounds and served in that position until the 1940s. Despite his almost lifelong association with the hospital, it is unclear when his interest in botany appeared, and when, or what he formally studied in school.



Figure 5.15. Group of patients assisting with grounds keeping. (National Archives RG 418-P-85)

At the board of visitor’s semi-annual meeting in April 1894 each board member planted two species of trees along what would become known as Visitors Avenue in front of the Toner Building. It is not too much of a stretch to think that the then twenty-two-year-old Alvah came up with the idea. The day of the meeting was pleasant, and the board members, after visiting the Toner Building, each planted their memorial trees. The saplings were set fifty feet apart with more rapidly growing trees placed between them; these would later be cut away to make room for the permanent specimens. Among the species planted were European fig, red oak, tulip tree, silver maple, hemlock spruce, American elm, white pine, American beech, and horse chestnut.⁷⁵



Figure 5.16. An ornamental garden behind the Center Building featured in the 1898 Annual Report.⁷⁶



Figure 5.17. Pigeon houses circa 1897. Atkins Hall can be seen in the background to the right and the East Lodge can be seen to the left. (National Archives RG 418-P-565)

DAILY LIFE

The move toward the segregate or cottage plan buildings that typified Godding's tenure fundamentally changed daily life for a large number of patients. Instead of the hospital-like atmosphere of the main building and all of the restrictions that accompanied it, patients in Atkins Hall, and parts of Relief, Home, and the other detached cottage buildings were given a greater degree of personal freedom and a living environment that was "light, cheerful, and homelike" and was as "open and free as any private house".⁷⁷

Atkins Hall, which was home to sixty-five patient laborers was particularly home-like. The patients who lived there would "smoke their pipes under the trees after the work of the day is over [and] count themselves the aristocrats of the establishment".⁷⁸ The much larger Relief building also provided a cheerful homelike dwelling for its two hundred residents, but, unlike Atkins, was subdivided to provide appropriate accommodations for various types of patients.

The first floor requires no guards in the windows; on the upper floors a light wire lattice is used as a protection against accident rather than with any design to confine the inmates. The third floor is set apart for those pursuing indoor occupations, their work room being in the upper story, together with an amusement hall for their exclusive use in the hours of recreation. Here patients who for one reason or another are not suited for or disposed to outdoor labor may find employment at broom-making, mat braiding, and other occupations; a glass cutter stands at his wheel, an artist works with his pencil, the idea being that all of these men shall have something to do, whether profitable or otherwise, the industry of the insane not being subject to the ordinary laws of trade. The lower floor of the building is occupied by a class who from one or other infirmity are not capable of labor but can be trusted to a certain extent and may be able to render some service about the grounds, of which it is proposed to enclose several acres, immediately surrounding their buildings and to give them full liberty there.⁷⁹

Providing work for patients remained an important part of daily life at St. Elizabeths. Although the number of patients who worked at an occupation varied,

most were “disposed to do nothing”. On a given day in 1880 about only 176 men and 46 women, less than a quarter of the patient population, were at work at the hospital.⁸⁰ In some cases, the work was purely to keep patients busy, in others, it was to assist with the construction and operations of the hospital. Those who assisted in the operations were predominantly put to work on projects requiring unskilled manual labor. Men were sent out with attendants to fix roads, rake lawns, dig in the vineyard, and even excavate for future buildings. Because patients couldn’t be forced to work, the hospital staff would use various inducements patients to work. One of these was a lunch served at their work. It’s not clear if this was a special lunch or if the patients would have gone without if they hadn’t worked—maybe just the mention of lunch was enough to convince some patients to go to work.⁸¹



Figure 5.18. Undated photograph of the ironing room staffed with African American patients. (National Archives RG 418-G-187)

Other less strenuous occupation was also available. Patients could do “mattress work, tailoring, brush and mat making, painting, and other trades” as well as sewing and domestic duties, which provided “congenial occupation to the female patients” even though the results were less successful than for those put to manual work.⁸²

With the most favorable conditions, the proportion of hopelessly idle, vacant life in a hospital for the insane is so large as to be almost disheartening. Recognizing all this, we do not attempt the impossible but work with such materials as we have. The money value of their work is inconsiderable, but contentment, which is “better than riches”, is certainly promoted by it. As a rule, even those familiar with a trade before, if put to work at it, produce but indifferent results. It is generally possible to see in their work traces of the mental defect which has dulled the fine edge of apprehension; their cabinet work looks clumsy, lines are out of true; shoes are but imperfectly lasted, certainly not made to last: the artist tinges his painting with something from the nightmare world he works in. Women in hospitals made “crazy quilts” long before the modern craze in that direction. Of their productions nothing is perfect. “The trail of the serpent is over them all”. A glass cutter, under care in this hospital, engraved a decanter exquisitely, and then put “State Department” in the center of the piece.⁸³

Despite less than perfect quality, the hospital still produced goods that they deemed fit for market. By 1882, the hospital was given the authority to sell and keep proceeds from goods manufactured by patients.⁸⁴ Whether because of overproduction, lack of access to customers, or a substandard product, the hospital found itself in 1883 with a surplus of some eight hundred dozen brushes that it sent south to sell to other bureaus of the Department of the Interior.⁸⁵

Great care had to be taken to ensure that tools were entrusted only to those who didn’t have violent tendencies. But Godding pointed out that access to tools did not incite violence, just as open doors and access to the grounds didn’t inspire escape attempts by those given those privileges.⁸⁶

Throughout the year, various entertainments were put on at the hospital; in the winter and spring, they were given three evenings a week. Hospital staff and community members presented slides of subjects like Yellowstone or the Corcoran Art Gallery collections, and performances included concerts and dramatic presentations.⁸⁷ The acrobatic Del Ray Brothers, John Philip Sousa and the Marine Band, and the Burnt Cork Club—likely a troupe of black-face entertainers—all made appearances.⁸⁸ Often the shows were provided by amateurs from Washington eager to find an audience. Godding thanked a clerk of the Office of the Comptroller of the Currency for his offer of “an entertainment”, but

noted that the Friday evening schedule was booked a month in advance.⁸⁹ The hospital provided no payment to the performers, but they did provide transportation to and from the hospital.⁹⁰

Early attempts to form a hospital band proved less than successful.

More or less musicians are sent here from the Army, but, as a rule, their music is gone; evil spirits get into their horns, and the notes they sound are “out of tune and harsh”. Still, other hospitals have organized successful orchestras, and we shall not despair of its accomplishment.⁹¹

By the 1890s, the hospital maintained a paid orchestra of outside musicians as well as the St. Elizabeth brass band, which was made up of hospital staff and patients.⁹²

At least once a year, around Easter, a ball was given in the large dining hall. M.G. Copeland & Company, a local company that provided flags, bunting, window shades, canvas, and other materials to various government agencies, donated decorations.⁹³ Some years, the decorations would be left in place for an employee ball held soon after the patients’ ball.⁹⁴

To provide pleasant distraction for patients, Godding also reached out to the chief of the dead letter office.

Having understood that the ornamental cards which accumulate in your department are distributed among the benevolent institutions of the District of Columbia, I would respectfully request that a portion may be given to the inmates of the Government Hospital for the Insane, which has among its thousand patients many to whom the gift of a birthday card or a valentine would be like a little sunshine from a world they do not see.⁹⁵

In addition to organized events at the hospital, including mandatory chapel services for all who were able, certain patients were allowed ground parole, which allowed them access to different parts of the campus and, in some cases, carriage rides into town.⁹⁶ The 1885 addition of the detached dining hall provided an opportunity for some patients to socialize in a way that wasn’t possible in the more institutionalized main hospital building.

Regardless of where patients received their meals, great care was given to their proper nutrition, at least in theory.

The diet is plain and substantial. The large proportion of soldiers under treatment at the Government Hospital originally suggested the army ration as the basis of diet. The quantity of meat used is large though something less than the soldier's issue. Bread, made from high grades of flour, a liberal issue of butter, potatoes, and in their seasons fresh vegetables and fruits in great abundance from the farm and garden; these articles, with tea and coffee, make the ordinary diet. For the infirm and sick a variety of dishes suited to their digestion are prepared but milk is their main reliance; milk and raw egg with the addition of a little spirit is a most nutritious and easily assimilated form of nourishment. The diet table for the general household is also varied with roasts, boiled dish, soups and puddings but the amount of pastry and cake is small, plain substantial dishes being the rule.⁹⁷

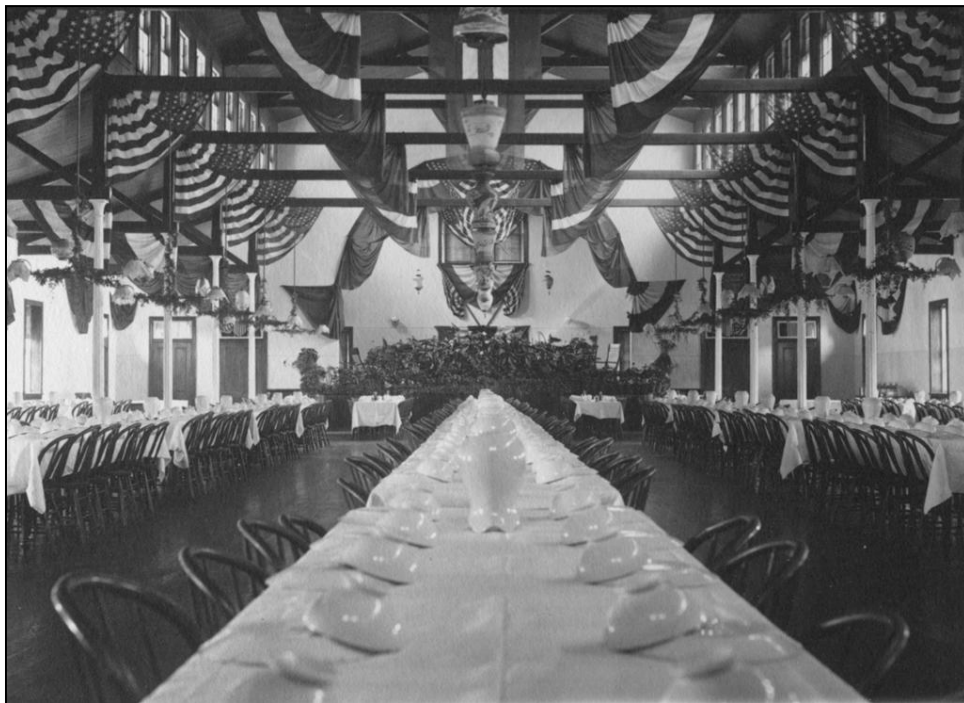


Figure 5.19. Detached dining hall decorated presumably for Independence Day festivities circa 1897. The dining hall was also the setting for dances. (National Archives RG 418-P-554)

The hospital sometimes found it necessary to justify the expense of all they did to keep patients comfortable, engaged, and entertained. This especially became the case when the hospital population began skewing toward chronic patients who were unlikely to recover. In 1893, Godding commented on the noble work of leading patients to recovery, but he also stressed the importance of comforting those, especially veterans who had faithfully served their country, who will never get better:

Hence these farms, gardens and orchards, green lawns and graded walks, books, musical instruments, and pictures, rides and excursions, dogs, poultry, and country surroundings that may seem homely, yet for them make it home ... For these broken minds life will then have the more in it, be the better worth living.⁹⁸

What little information there is about African American patients at St. Elizabeths in the nineteenth century, suggests that daily life for them was not exactly on par with that of white patients. We know that the policy of the hospital was to segregate patients by race. What is unclear is whether patient segregation was limited to living quarters or whether it extended to access to the grounds, accommodations in the dining hall, and attendance at entertainments and chapel services. It seems likely that African American patients suffered overcrowding at least as much as the white population at the hospital, if not more, but no evidence has been found to show that this was the case.

Although lacking detail about how attitudes translated into actions, the general attitude toward racial segregation suggests a very different experience for African American patients than for whites. Godding and Nichols before him had often used broad generalizations to characterize patients of all types, but it is hard not to find Godding's discussion of African Americans patronizing.

The African is gregarious in habits, and the social character of this arrangement suits him. In some cases, however, the type of insanity renders segregation necessary. A race distinct from the white, with peculiarities and ways of their own, they are more at home in quarters by themselves and happier in their associations than scattered through the buildings, as necessity has compelled in our more crowded days.⁹⁹

The degree to which Godding personally believed in the racial segregation of the time is unknown; but he was at least willing to comply with it. Of course, physical separation meant more residential buildings, albeit frequently less substantial ones for African Americans, and the superintendent appealed to congressmen for more funds, appealing to their belief in racial differences.

The extension of the lodges for the colored insane, particularly that for the females, seems to have made an actual change in the character of many of the patients. Crowded into insufficient quarters they had grown careless, noisy, and destructive in habits, requiring more or less seclusion and restraint, until both attendants and physicians had accepted the situation as the inevitable, and the best that could be done. Now, changed to new quarters, with their light common dining hall, their fresh and trim associate dormitories and rooms, with everything quiet and orderly about them, they have gone to work, have forgotten to be noisy and destructive, the change in their quarters having wrought in them a notable change for the better, an improvement in those chronic, turbulent cases beyond what we had dared to hope.¹⁰⁰



Figure 5.20. African American female patients circa 1898 most likely in the East Lodge. (National Archives RG 418-P Box 6a Folder 3)

Godding also opined on the reasons for an influx of African American patients in the 1890s in the same way that he and Superintendent Nichols had made broad, and perhaps unfounded, generalizations about the causes of other trends in the patient population. In doing so he also gives a glimpse into conditions for African Americans in the general population during troubled economic times:

The widespread stagnation of business, and the consequent lack of fields for labor has no doubt resulted in the drift of a considerable number of the unemployed colored people of Maryland and Virginia toward Washington, and the ones thus easily dislodged from their homes are apt to belong to the light ballasted, decadent class, who readily [end] up in hospitals and almshouses. It is difficult to explain all the increase in this way, but it is far more difficult to furnish any adequate accommodations for them, as they come pouring in upon us.¹⁰¹

PATIENT COTTAGE FOR ONE

On the other end of the socioeconomic spectrum, Godding allowed a special cottage to be built at the hospital for the sole use of a well-to-do patient. In 1886, Sarah Catherine Borrows, thirty-two-year-old daughter of a wealthy Washington family, was admitted to St. Elizabeths with a diagnosis of premature dementia. As a paying patient, Sarah would likely have been placed in one of the quieter parts of the east wing of the Center Building in a private room. Both of Sarah's siblings had died before she was born, and she had no immediate family other than her parents. When her father, Joseph, a lifelong resident of Washington and a prominent doctor, died in 1889 her mother, Catherine Z. Borrows, was the only one to look after her.¹⁰² To ensure that Sarah would be cared for throughout her life, Mrs. Borrows approached Dr. Godding in 1891 to make arrangements for her long-term care. The board of visitors took up Mrs. Borrows's proposal at their meeting in April 1891 and made the following resolutions:

Resolved: That the Board of Visitors in behalf of the Government accept for the Government Hospital the gift from Mrs. Catherine Z. Borrows of a suitable building to be erected within the enclosed grounds of the Hospital, to be known as the "Borrows Cottage", the primary purpose of said building being to provide therein a

comfortable home for Miss Sarah C. Borrows during the time that she may require hospital care and treatment. The building after that time to be used for such purposes connected with the care of the insane as the Hospital authorities may determine. Resolved: That the Board of Visitors in consideration of this gift to the Government agree that Miss Sarah C. Borrows shall always be provided with suitable care and attendance in this cottage so long as she may have need for such care. The price to be paid for such provision ... to be not less than its actual cost to the Hospital. Resolved: That the thanks of the Board are hereby tendered to Mrs. Borrows for her generous gift, and the hope is expressed that she may long be spared to witness the beneficent results, and to demonstrate the far seeing wisdom of this most timely action in behalf of the insane.¹⁰³



Figure 5.21. Sarah “Katie” Borrows (right) standing in front of what became known as the Borrows Cottage. The cottage was a private ward that was built solely for Borrows’s use with funds provided by her mother Catherine Z. Borrows. (National Archives RG 418-L-1.6)

Godding believed that Mrs. Borrows's gift might prove to be a possible model for future endowments for treatment and care of pay patients. Godding wrote to the Secretary of the Interior:

This action, so wise and philanthropic on the part of Mrs. Borrows that I hope others may be found to imitate it only awaits your approval and sanction, a sanction which I feel sure it will receive, to enable the hospital authorities to proceed to erect and open the Cottage for use during the present building season.¹⁰⁴



Figure 5.22. Borrows Cottage, completed in 1881, as shown in the 1898 Annual Report.¹⁰⁵

The \$5,000 that Mrs. Borrows provided was to be used “primarily for the accommodation of her daughter” but also allowed for space “where residents of the District of Columbia having means, when overtaken by insanity, can be suitably accommodated without encroaching upon the rooms provided by the Government for those who by reason of indigence are unable to defray the expenses of their care”.¹⁰⁶ It is not known whether other female patients shared the cottage with Sarah, but it is known that Sarah’s mother herself spent the last three years of her life there, and that, in 1898, it was the only building on campus that had any space for pay patients.¹⁰⁷ Even if other patients did live there with her, the per capita cost of the cottage was way out of line with the amount spent

on other wards of the hospital. It was promised that the building would be given to the hospital when Sarah no longer needed it, but she died in 1917, so it was more than twenty years before the hospital would be able to use the building for anything other than her care.

The cottage, a two-story brick building with brownstone trim, was built north of the Center Building and set well apart from any other patient residences. It was meant to be “essentially a private house, with pleasant suites of rooms, tasteful in arrangement, and specially planned for the comfort and well-being of its inmates”¹⁰⁸.



Figure 5.23. Sarah Borrowes (center). (National Archives RG 418-L-1.8)

Given the length of Sarah’s time at St. Elizabeths and the fact that she was the only patient to have an endowed residence built for her use, there is surprisingly little known about her. She was called Katie after her middle name, Catherine, and although she had no immediate family after her mother died in 1896, she did have an extensive extended family in the Washington area. In 1900, Katie’s cousin Alfred B. Briggs seemed to think that the hospital staff had no right to manage affairs in Borrowes Cottage. Dr. Godding’s successor, Dr. Richardson, responded angrily to Briggs:

You say “Dr. Simpson has no function or authority whatever outside of the care and disposal of my late aunt’s property. It is not for him to go to the Borrow’s Cottage and give orders there”. Yet in the same letter you quote from your aunt’s will that he is made her trustee, the property devised to be held by him in trust, to use and apply the income derived there from, and so much of the principal thereof as may be necessary and proper to the care, maintenance and comfortable and liberal support of my daughter, Catharine, etc.

How, think you, can he execute such a trust if he cannot direct, at least in a degree, the disbursement of this money in her case, or have liberty to visit her to see the care she does receive. How can he determine what is “necessary and proper” to her “comfortable and liberal support” if he is not at liberty to ascertain this by inspection? No one has intimated that he has control of Miss Borrow’s personal property. No one has said anything to this effect ... Neither did either of us believe or assume that he is the guardian of her person. Jointly, however, he and the superintendent of this hospital are responsible for her “comfortable and liberal support” and for the proper use of the trust funds left for this purpose. In the execution of this trust he, as well as the superintendent of the hospital, cannot be reasonably denied the right to visit the object of the trust, to see for himself that the trust is rightly applied and to give such directions as will insure this, and I am still of the opinion that your first letter was unwarranted and discourteous. I had given you no occasion whatever to write it. I have seen you but once since I took charge here and did not give you then nor since any just cause for such a hostile attitude. In the closing paragraphs of your last letter you do most emphatically object to any assumption by Dr. Simpson, or the matter of that by anyone else of authority as guardian of either the person or individual estate of Miss Borrow ... Are our duties to be restricted to her medical care? Shall you decide what amount shall be expended on her care? If not, pray enlighten us as to the method he or I shall use in securing the information necessary.¹⁰⁹

A month later, it appeared that there might still be some lingering resentment against the Briggs family. In a letter to one of the attendants at the Borrow’s cottage Dr. Richardson wrote:

As it has been the custom heretofore, you may send the carriage for Mrs. Briggs on Katie's birthday, although it does occur to me that under the circumstances she might find a way of coming out without the Hospital being compelled to furnish conveyance. As you know, the amount received from Katie's board is not sufficient to reimburse the Hospital for the outlay for her, not taking into account the furnishing of the carriage. We are quite willing to do this for Katie's own use, however, but restrict it as nearly as possible to this.¹¹⁰

Over the years, the spelling of "Borrows Cottage" changed for no apparent reason. After Sarah's death, the 1917 annual report misspells it "Burrows" which later somehow morphed into "Burroughs". While this erroneous evolution in spelling can be confusing, it does give us a likely guide to pronouncing Sarah's surname, and provides a good example of the sometimes faulty nature of institutional memory.

HOSPITAL OPERATIONS

At midday, patients and the hospital staff could look out across the Anacostia River over the city of Washington to watch a ball rise above the U.S. Naval Observatory marking the stroke of noon.¹¹¹ The staff would set the institution's clocks by it. Keeping the hospital synchronized to the correct time was increasingly important as the hospital grew and became more spread out.

Operational issues large and small were constantly on Godding's plate. In addition to the produce of the farm, the hospital still required considerable additional supplies, often in quantities that required the awarding of contracts to suppliers. These contracts did not always go smoothly and often required that Godding involve himself in the smallest of operational details. In 1886, Godding wrote a fourteen-page letter in a dispute over a butter contract.¹¹² In another case, a shipment of cod liver oil was rejected because each of the bottles was five ounces short of the contract requirements.¹¹³

Having lost the battle to keep the railroad trestle from running along the riverfront, the hospital sought to take advantage of the proximity of the railroad. In April 1890, Godding wrote to the general manager of the B&O Railroad about a request he had made a year earlier to have a siding, allowing for delivery of goods, to be built on the hospital property.¹¹⁴

This road, formerly the Point Lookout R.R., now a branch of the B.&O., was built some fourteen years ago, over about a quarter of a mile of the lands of this Hospital, land belonging to the United States, cutting off the entire river front of our grounds, cutting across the hospital wharf, necessitating its being re-built, and fenced off from the rest of the grounds. The cars passing and re-passing are a constant menace to the teams loading and unloading supplies on the wharf. The rail road has never been any accommodation to the Hospital or anything but a nuisance. The damage to the property was considerable, but no damages, so far as I can learn, were ever assessed. Of course this was not done without a charter from the Government and if the United States gave the right of way, the railroad could not be blamed for occupying, but it would seem but reasonable that the accommodation should be mutual. This Hospital consumes some 4,000 tons of coal in a year besides other supplies for a town of 2,000 inhabitants. Is not the request for a siding somewhat reasonable and might it not be good policy for the [rail]road from its own stand-point to consider it?¹¹⁵

Five years later, Godding was still waiting for the railroad siding and renewed his appeal to the B&O noting the great quantities of coal, flour, lime, groceries and other heavy goods delivered to the hospital, which was now a town of 2,500 people.¹¹⁶

Protection of the hospital was also of concern. In 1885, Godding requested that the D.C. Commissioners appoint John Boyle, a hospital employee, to the special police service without pay. “The considerable distance of the institution from the nearest police station, and the many contingencies liable to arise in the control of so extensive grounds and large a population as exist here, render such an appointment necessary”.¹¹⁷ The hospital wall did much to shield the campus from negative outside influences, but other issues, like the sale of alcohol in the neighborhood, still existed.

Fire protection was also a significant concern. The hospital went to great lengths to build “fireproof” buildings and retrofit older buildings with fireproofing.

In the original construction of those parts of the building occupied by the insane every precaution was taken to guard against the

ordinary dangers from fire. The partition walls of the rooms are built of brick without furring, the plaster being laid directly on the brick, thus presenting an effective barrier to the passage of fire from one room to another. The entire roof is covered with tin; the floors are counter-ceiled or deadened with mortar, and the stairs in many of the wings are built with iron to insure safe fire-escapes in case of danger. Matches, so far as they are used, are the safety-match, that light only on the box, and in the wards self-lighting burners are placed in the attendants' rooms, and the gas-jets in the wards are lighted with tapers from these. Tanks of about fourteen thousand gallons' capacity are placed in the attics connected with pumps both at the boiler house and the river that are equal to supplying the ordinary demands for water for the building and its inmates. There is also a small hand fire-engine and about four hundred feet of two and one half inch standard leather hose.¹¹⁸

Fire suppression capability was significantly increased in 1893 with the completion of the fire station and the addition of a steam fire engine. Electrification of the hospital campus was also seen as a safety measure worth the effort: "The work of introducing a complete electric light plant in a large hospital crowded with the insane, where no provision had been made in its original construction for the wiring has proved a difficult undertaking and one that involved expenditure considerably beyond the original estimates. No expense has been spared to make the insulation of the wires such as to preclude all danger of fire from this source in the future".¹¹⁹

Surprisingly, few fire incidents were recorded, and the ones that were mentioned were rather modest in size and impact. In 1887, there was a fire in the West Lodge that was likely started by clothing soiled with furniture oil.

About 12:00 AM on the morning of the 16th the outside night watch discovered a fire in the clothing room of the West Lodge. This is the first alarm of fire that has been given at the hospital for many years. The attendants of the ward were awakened the alarm promptly given to the night medical officer; the engine was called but the fire was extinguished without a general alarm and before the hose was turned on. The woodwork of the door and the shelves were badly scorched and a case of drawers burnt but the fire was mainly in the clothing of which a considerable quantity was consumed. A fortunate escape.¹²⁰

Ensuring an adequate source of water was also an important factor in providing fire suppression tools at the hospital.¹²¹ But the need for fire suppression was only part of the reason a large water supply was necessary. Among the AMSAII principles was the requirement that a hospital site have easy access to an ample supply of pure water. Yet throughout the first fifty years of operation, St. Elizabeths faced considerable challenges maintaining adequate water supplies.

In 1878, there were three springs that provided “excellent water” for the hospital using a rather “primitive method” of having a bucket brigade of patients provide water for “table use”. For other uses, the hospital needed to pump water from the Anacostia River, which was often found to be “abominably dirty” and unusable even for laundry and housekeeping needs. A well near the riverbank filtered out the worst of the impurities, but it was eventually found necessary to build a more sophisticated filtration system that would purify and cool the river water by “passing for a considerable distance through sand and gravel filters ...”¹²²

For years, the hospital lobbied Congress in their annual reports for funds to develop a better water supply. By 1880, most of Washington had public water service, yet the nine hundred patients and two hundred staff at St. Elizabeths continued to rely on the Anacostia River which grew “dirtier every year”.¹²³ In 1883 the hospital installed a series of artesian or tubular wells near the pumping station along the riverbank. The water from the wells was then pumped into a tank in the tower of the Center Building to provide a gravity supply for the entire hospital.¹²⁴ The success of the project put Godding in a poetic mood, exclaiming that the new well brought “back into sunlight such a fountain for the use of man from the hidden channels where through all the centuries it has gone unheeded to the sea” and that it was a “benefaction” and the “restoration of a lost wealth to the world”.¹²⁵

Water shortages weren’t the only issues related to water that hampered operations at St. Elizabeths. When Nichols and Dix chose the Blagden Farm for the site of St. Elizabeths in 1852, some were concerned that its proximity to the Anacostia River would make the site less than salubrious. At the time, Nichols submitted the testimony of local doctors who attested to the health of the neighborhood. Indeed, the site proved to be perfectly healthy with few complaints about the impact of the river on the health of the patients, yet in the annual report for 1882 Godding connected the spring runoff with “a bilious diarrhea of a somewhat obstinate type ... which proved fatal in a few cases of feeble persons”.¹²⁶

This complaint was isolated and didn't cause Godding and the hospital staff to be concerned about the impact of the river on the health of the patients. That changed in the early 1890s when the federal government began dredging the Potomac River and depositing the resulting fill on the flats of the Eastern Branch of the Potomac (Anacostia River) that fronted the hospital's grounds. Beginning in 1892, the annual reports discuss in some detail, and with increasing alarm, the unhealthy atmosphere created by the dredge and fill project.¹²⁷

These poor people cannot go to the mountains in the later summer and the early autumn to escape the miasm, [*sic*] and no legislative body has any moral right by undertaking improvements, to simply stagnate the river marshes ...¹²⁸

The sickness confronting St. Elizabeths was an increase in malaria among its patients and staff. In 1895, the annual report went into more detail:

Competent engineers and sanitarians who have studied this problem of the river say that by filling the flats, so as to confine the Anacostia within its proper channel, the current will be quickened, hundreds of acres of ground along the river banks, valuable for parks, many acres of which would seem to belong with the riparian rights of the hospital, will be reclaimed, and the malaria will in a great measure be at an end. It seems proper to ask in behalf of the afflicted inmates of St. Elizabeth, What had the Government done to bring about this most desirable result? With an insufficient appropriation mud bars have been thrown up so as to impede the motion of the water in the swash channel, and with each ebb and flow of the tide broad reaches of the river bottom are alternately flooded by the half-stagnant water and then exposed to lie festering under the August sun, breeding microbes and germs. Then, the limited appropriation exhausted, the Government has waited supinely for the river by depositing its silt to fill these noisome flats with the slow accretions of ages. As compared with the date of final completion of such work the millennial year seems near, and the generation will die of malaria without the sight of relief.¹²⁹

Such entreaties continued in the reports for 1896 and 1897. Perhaps with some irony, Godding appealed to the patriotic inclinations of Congress to at least save military veterans from this *de facto* euthanasia:

We hear that some advanced utilitarians of the school of positive philosophy are hinting at a coming age of enlightenment when chronic insanity will be replaced by euthanasia [*sic*], but can the Government mean this for its veterans?¹³⁰

During this period, Godding also appealed to the secretary of the interior on the grounds that the dredging operation was also having a deleterious effect on the water supply of the hospital:

I would beg to respectfully call your attention to the fact that the parties who are dredging mud in the Potomac River opposite the city, are dumping the same on the flats in front of the land belonging to the United States and connected with this Hospital, and clearly within the boundaries of this land ... This is being done notwithstanding a written refusal was given them, to their request to do so and it is not only an abstract wrong but a serious evil, as the water supply of nearly 100,000 gallons per day for this institution comes from the river, and is now daily contaminated by this mud, containing perhaps the germs of diseases as well as the accumulated filth of the city. In view of the above facts I would very respectfully ask your interference to stop the further dumping of this mud upon our grounds, and if possible everywhere that it will render the water at our river front unfit for our use.¹³¹

Despite all of Dr. Godding's cajoling, it was to be years before the water problems at St. Elizabeths were adequately taken care of.

Just a year before his death, Godding showed all the calm demeanor and steely resolve of someone who had spent decades in charge of the unwieldy and often stressful hospital. Staring down the barrel of a pistol at close range, Godding coolly grabbed the arm of the deranged former patient who held it and managed to point the gun away just as the would-be assassin pulled the trigger. Godding's only injury turned out to be a crushed finger from the descending hammer of the revolver.¹³²

Not every day of Godding's twenty-two years in charge of St. Elizabeths was so dramatic, but it does speak to the strong character that helped him lead the institution under difficult circumstances. During the time Godding was superintendent, the patient population at St. Elizabeths rose from 765 to close to 2,000. By the time he died on May 6, 1899, he had erected twenty-two buildings,

introduced more-scientific methods of treatment, dramatically changed the physical look of the hospital campus, and laid the groundwork for future development.

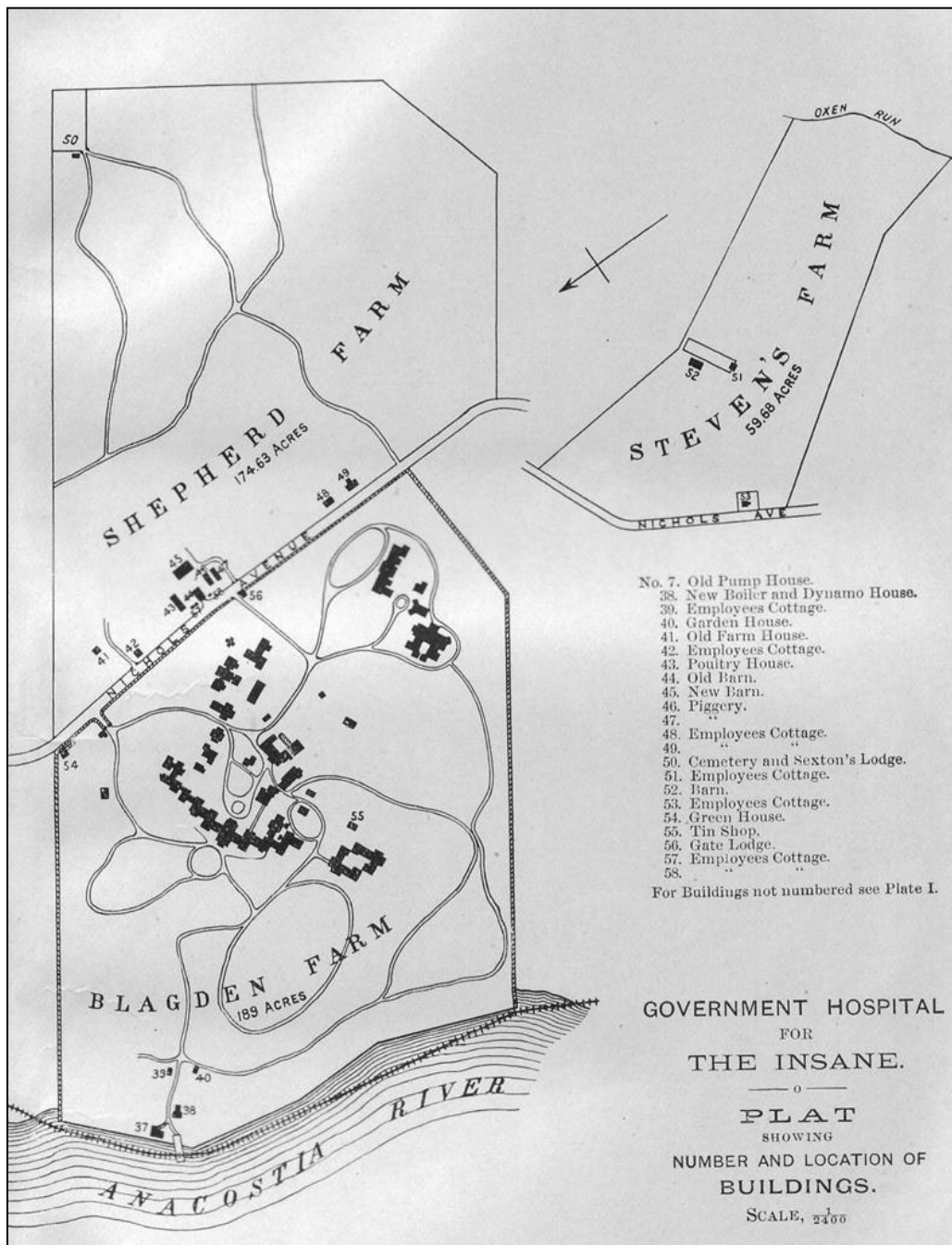


Figure 5.24. Plat from the 1898 Annual Report showing the east and west campuses of the hospital as well as the nearby out farm (Steven's Farm).¹³³ Godding Croft is not shown. Agricultural and support buildings are number and labeled. For a key to the hospital buildings see Figure 4.21.

¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, March 23, 1882, 326.

² *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 966.

³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 1st sess., October 1, 1885, H. Ex. Doc. 1, 680.

⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 27, 1885, 430.

⁵ *Ibid.*, March 13, 1882, 316.

⁶ John M. Lehman, *John R Oughton House National Register of Historic Places Nomination Form* (Springfield: Illinois Historic Preservation Agency, April 25, 1980), 1-9.

⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 19, 1896, 239.

⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 742.

⁹ Millikan, "Wards of the Nation", 160.

¹⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 742.

¹¹ Millikan, "Wards of the Nation", 156-9.

¹² *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 441-445.

¹³ *Ibid.*, 441.

¹⁴ Blackburn, I. W., *A Manual of Autopsies Designed for the Use of Hospitals for the Insane and Other Public Institutions* (Philadelphia: P. Blakiston, Son & Co., 1892).

¹⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 27, 1885, 428.

¹⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 419.

¹⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 742.

¹⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 464.

¹⁹ *Ibid.*

²⁰ Gerald Grob, *The Mad Among Us* (New York: The Free Press, 1994), 139.

²¹ *Ibid.*, 140.

²² *Ibid.*, 136.

²³ *Ibid.*

²⁴ *Ibid.*, 140.

²⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 968; *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex.

Doc. 1, 417; and *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 439.

²⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 965; *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 739; and *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 553.

²⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 751.

²⁸ *Ibid.*, 741-2, 751.

²⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 21d sess., October 1, 1890, H. Ex. Doc. 1, 279.

³⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 751.

³¹ *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1079.

³² *Office of the Director of Historical Record*, National Archives and Record Administration, Record Group 418, Entry 2, January 22, 1897, 488.

³³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, December 1, 1877, 256.

³⁴ *Ibid.*, June 29, 1878, 523.

³⁵ *Ibid.*, March 26, 1878, 408.

³⁶ *Ibid.*, July 1, 1881, 32.

³⁷ *Ibid.*, July 28, 1881, 75.

³⁸ *Ibid.*, October 17, 1891, 356.

³⁹ *Ibid.*, March 13, 1882, 315.

⁴⁰ Millikan, "Wards of the Nation", 158.

⁴¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, August 6, 1885, 218.

⁴² *Ibid.*, February 27, 1885, 426.

⁴³ *Ibid.*, February 27, 1885, 421.

⁴⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 2d sess., October 1, 1896, H. Doc. 5, 652.

⁴⁵ *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 340.

⁴⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 21d sess., October 1, 1890, H. Ex. Doc. 1, 280.

⁴⁷ *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1074.

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*, 1073.

⁵⁰ *Ibid.*, 1074.

⁵¹ *Ibid.*

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- ⁵² *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 444.
- ⁵³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 2d sess., October 1, 1888, H. Ex. Doc. 1, 515.
- ⁵⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 1st sess., October 1, 1889, H. Ex. Doc. 1, 54.
- ⁵⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 554.
- ⁵⁶ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, June 24, 1891, 170.
- ⁵⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 2d sess., October 1, 1892, H. Ex. Doc. 1, 594.
- ⁵⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 53rd Cong., 2d sess., October 1, 1893, H. Ex. Doc. 1, 512.
- ⁵⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 754.
- ⁶⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 2d sess., October 1, 1897, H. Doc. 5, 697.
- ⁶¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Doc. 5, 22-3.
- ⁶² *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 1st sess., October 1, 1899, H. Doc. 5, 314.
- ⁶³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 967.
- ⁶⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 740.
- ⁶⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 21d sess., October 1, 1890, H. Ex. Doc. 1, 280-1.
- ⁶⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 967 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 442.
- ⁶⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 1st sess., October 1, 1881, H. Ex. Doc. 1, 849 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 2d sess., October 1, 1888, H. Ex. Doc. 1, 514.
- ⁶⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 2d sess., October 1, 1888, H. Ex. Doc. 1, 514 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 21d sess., October 1, 1890, H. Ex. Doc. 1, 281.
- ⁶⁹ *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 342.
- ⁷⁰ *Ibid.*, 346.

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- ⁷¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 969.
- ⁷² *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1073.
- ⁷³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 425 and *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, March 5, 1885, 486.
- ⁷⁴ *Office of the Director of Historical Records*, National Archives and Record Administration, Record Group 418, Entry 2, October 12, 1897, 497.
- ⁷⁵ *Ibid.*, April 3, 1894, 469.
- ⁷⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Ex. Doc. 5.
- ⁷⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 466.
- ⁷⁸ *Ibid.*
- ⁷⁹ *Ibid.*
- ⁸⁰ *Ibid.*, 467.
- ⁸¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 741.
- ⁸² *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 1st sess., October 1, 1887, H. Ex. Doc. 1, 246 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 2d sess., October 1, 1884, H. Ex. Doc. 1, 440.
- ⁸³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 741.
- ⁸⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 966.
- ⁸⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, December 5, 1883, 439.
- ⁸⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 966.
- ⁸⁷ *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1079.
- ⁸⁸ “Ex-Policeman Drane’s Benfit” *The Washington Post*, February 4, 1896, p. 2; *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 1883, 425; and *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, December 4, 1895, 103.
- ⁸⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, January 10, 1882, 250.
- ⁹⁰ *Ibid.*, December 4, 1895, 103.

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- ⁹¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 49th Cong., 2d sess., October 1, 1886, H. Ex. Doc. 1, 741.
- ⁹² *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, October 16, 1891, 352 and *Office of the Director of Historical Records*, National Archives and Record Administration, Record Group 418, Entry 2, October 8, 1895, 478.
- ⁹³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 756.
- ⁹⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, April 27, 1892, 94 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 756.
- ⁹⁵ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, May 15, 1883, 134.
- ⁹⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 2d sess., October 1, 1888, H. Ex. Doc. 1, 514.
- ⁹⁷ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 27, 1885, 429.
- ⁹⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 53rd Cong., 2d sess., October 1, 1893, H. Ex. Doc. 1, 511-2.
- ⁹⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 50th Cong., 1st sess., October 1, 1887, H. Ex. Doc. 1, 1245.
- ¹⁰⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 51st Cong., 1st sess., October 1, 1889, H. Ex. Doc. 1, 49-50.
- ¹⁰¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 2d sess., October 1, 1897, H. Doc. 5, 695.
- ¹⁰² "The Late Doctor Borrows," *The Washington Post*, June 3, 1889, p. 8.
- ¹⁰³ *Office of the Director of Historical Records*, National Archives and Record Administration, Record Group 418, Entry 2, April 7, 1891, 456.
- ¹⁰⁴ *Letters Sent, 1882-1898*, National Archives and Record Administration, Record Group 418, Entry 8, May 7, 1891, 468.
- ¹⁰⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Doc. 5.
- ¹⁰⁶ *Letters Sent, 1882-1898*, National Archives and Record Administration, Record Group 418, Entry 8, May 7, 1891, 468 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 1891, 558.
- ¹⁰⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Doc. 5, 24.
- ¹⁰⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 52nd Cong., 1st sess., October 1, 1891, H. Ex. Doc. 1, 558.
- ¹⁰⁹ *Letters Sent Relating to Women Patients, 1864 to 1902*, National Archives and Record Administration, Record Group 418, Entry 11, October 2, 1900, 11.

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- ¹¹⁰ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 16, 1900, 40.
- ¹¹¹ *Ibid.*, October 23, 1877, 143.
- ¹¹² *Ibid.*, July 21, 1886, 338.
- ¹¹³ *Ibid.* September 14, 1896, 115.
- ¹¹⁴ *Ibid.*, March 12, 1889, 12.
- ¹¹⁵ *Ibid.*, April 22, 1890, 73.
- ¹¹⁶ *Ibid.*, October 15, 1895, 5.
- ¹¹⁷ *Ibid.*, November 13, 1885, 387.
- ¹¹⁸ *Twenty-Fourth Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 2d sess., October 1, 1879, H. Ex. Doc. 1, 341.
- ¹¹⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, November 27, 1895, 90.
- ¹²⁰ *Ibid.*, March 19, 1887, 248.
- ¹²¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 53rd Cong., 2d sess., October 1, 1893, H. Ex. Doc. 1, 512.
- ¹²² *Twenty-Third Annual Report of the Board of Visitors of the Government Hospital for the Insane*, 45th Cong., 3d sess., October 1, 1878, H. Ex. Doc. 1, 1077.
- ¹²³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 46th Cong., 3d sess., October 1, 1880, H. Ex. Doc. 1, 470.
- ¹²⁴ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, February 27, 1885, 422.
- ¹²⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 48th Cong., 1st sess., October 1, 1883, H. Ex. Doc. 1, 419-20.
- ¹²⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 47th Cong., 2d sess., October 1, 1882, H. Ex. Doc. 1, 965.
- ¹²⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 53rd Cong., 2d sess., October 1, 1893, H. Ex. Doc. 1, p511.
- ¹²⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 3rd Congress 3d sess., October 1, 1894, H. Ex. Doc. 1, 563.
- ¹²⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 54th Cong., 1st sess., October 1, 1895, H. Doc. 5, 751.
- ¹³⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 2d sess., October 1, 1897, H. Doc. 5, 694.
- ¹³¹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, June 2, 1897, 9.
- ¹³² “Dr. Godding’s Would-be Assassin Dead,” *The Washington Post*, August 29, 1899, p. 10.
- ¹³³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 55th Cong., 3d sess., October 1, 1898, H. Doc. 5.

Chapter 6

Dr. Richardson Modernizes

After the death of Superintendent William Godding, there was much interest in who would replace him. Those who were concerned with what was best for St. Elizabeths and the field of mental health care debated whether the position should go to a good executive or to a doctor who had distinguished himself in the care and treatment of mental illness. Although news accounts at the time characterized Godding as more of a doctor than an administrator, they didn't go so far as to imply that the hospital needed a better administrator when choosing his replacement. The post paid \$4,000 annually, which wasn't particularly high for the time, but it was considered by those in the profession to be a prestigious position and was highly sought after.¹

Since 1896, all positions at the hospital had been part of the federal government's civil service system, which governed the way employees could be hired, paid, and fired. Because Godding had been appointed prior to that time, this was the first time that the hiring of a superintendent for St. Elizabeths was subject to civil service rules and procedures. Under those rules, the job would have to go to the candidate who scored the highest on a civil service test or to the current qualified employee who held the most seniority.² The most senior doctor at St. Elizabeths at the time was A. H. Witmer who had held the position of first physician since Superintendent Nichols had hired him in 1876. Witmer had also been acting as interim superintendent since Godding's death and had strong support from members of the board of visitors.³

Despite being the clear favorite, Witmer was by no means a shoo-in for the job. There was considerable interest in the position from candidates across the country. It was rumored that President William McKinley was considering removing the job from the civil service so that the hiring rules could be set aside, and he could personally appoint Godding's successor. The rumors soon proved to be true. At the top of the list was Dr. Alonzo B. Richardson from the president's

home state.⁴ Born in Ohio in 1852, the year St. Elizabeths was founded, Richardson was superintendent of the State Hospital for the Insane at Massillon. He was a graduate of Bellevue Hospital Medical College in New York, where he had specialized in mental and nervous disorders. Following his education, he became medical superintendent of the Athens, Ohio Hospital for the Insane and spent some years in private practice in Cincinnati before being appointed to the state hospital at Columbus, and then to the hospital in Massillon in 1898.⁵ Richardson was a year into overseeing a substantial building program there when tapped by the president.⁶ Richardson's experience in hospital building foreshadowed the role he would play during his brief tenure at St. Elizabeths.

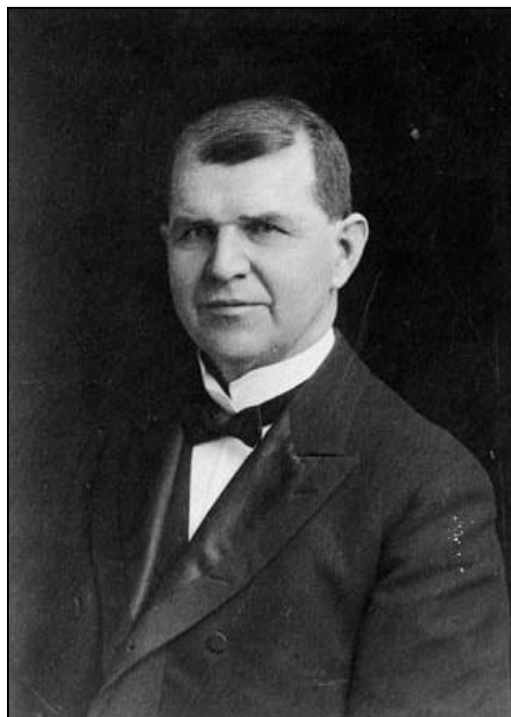


Figure 6.1. Dr. Alonzo B. Richardson. (National Archives RG 418-G-350)

When President McKinley appointed Richardson superintendent of St. Elizabeths on September 30, 1899,⁷ the president of the board of visitors, Reverend Byron Sunderland, was out of town enjoying the final days of his summer vacation. Before he left Washington, Sunderland believed that the board had agreed unanimously to support Dr. Witmer's candidacy for superintendent. When he returned to Washington on October 2nd he was stunned to hear that Dr. Richardson had been appointed instead. At their annual meeting two days later, Sunderland learned that two members of the board had sent letters to the secretary of the interior in support of Richardson. Sunderland was so upset that he

threatened to resign from the board and sever his longstanding ties to the hospital. When the board was formulating a resolution of thanks for Witmer's service, Sunderland excoriated the members for what he saw as their treachery, telling them that it was small consolation "to go on and thank [Witmer] now that they had broken his back".⁸ Sunderland's comments were oddly prescient. On January 18, 1900, less than four months after he failed to win the superintendent post, Witmer died suddenly in his sleep.⁹

Some of the medical staff from St. Elizabeths met Richardson at the train depot October 17 and escorted their new boss, his wife Julia, and two of their daughters to the hospital. In remarks to a reporter, Richardson sought to reassure those who worried that an outsider and a political appointee would upset the status quo at the hospital. He said that he had respected and been friends with his predecessor but he would "try to retain his individuality in connection with the work, and that in some respects his methods might differ from those of Dr. Godding". He also reassured the staff that those who were competent would stay and that politics wouldn't play a role in his plans.¹⁰

Richardson met with a reporter from the *Washington Post* not long after his arrival and talked about his assessment of St. Elizabeths and the task ahead of him. The reporter described Richardson as being "above medium height, sturdily built, with a strong determined face" and added that his "expression is pleasant, but his eye is piercing, and his glance direct and steady. Dr. Richardson, in personal appearance, is the man for the position he holds". Richardson emphasized the severe overcrowding at the hospital and noted that he had "found many things at the institution which sadly interfere with the best sanitary condition of the patients, and their chances for improvement". Richardson was careful, however, to point out that Godding had reported these issues to Congress numerous times and that Congress hadn't made the necessary appropriations to make improvements.¹¹

Richardson's tenure at St. Elizabeths is noted for two things. The first is its short duration. When Richardson died in 1903, he had been superintendent for less than four years—a considerable contrast to his predecessors, each of whom had been at St. Elizabeths more than twenty years. The second was his success in securing a large appropriation from Congress for a massive expansion to the hospital campus that would increase its capacity by one thousand beds. Richardson oversaw the choice of the architect, the design process, and the layout and construction of fifteen new buildings, as well as the reorganization of existing facilities. Although the new buildings were not completed until after his death, the work was far enough along that credit for the expansion belongs to Richardson.

DESIGN COMPETITION

By the summer of 1900, Congress had appropriated almost \$1 million for the extension to the hospital.¹² The largest building project on the campus since the construction of the original hospital building, both its scope and cost were almost four times that of the original. Perhaps because of the size of the venture or the civic optimism of the City Beautiful movement, which valued order and harmony in the design of public buildings and spaces, it was decided to hold a design competition to choose an architect. Six architectural firms were invited to submit a front and side elevation and principal floor plan for each proposed building, as well as a site plan that would show the buildings in context.¹³ Three of the five firms that responded were from the Washington region: Marsh & Peter and Appleton P. Clark in the District, and Wyatt & Nolting of Baltimore. The other two were from a little further afield: Boring & Tilton in New York City and Yost & Packard of Columbus, Ohio.¹⁴

The original selection panel consisted of Superintendent Richardson, a member of the board of visitors, and another chosen by Secretary of the Interior Ethan A. Hitchcock.¹⁵ After reviewing the five submissions in September 1900, the selection panel notified Secretary Hitchcock that none of the plans met with their complete approval. They suggested that the secretary have expert architects review the five entries.¹⁶ Instead the secretary recommended that the panel invite two additional firms to participate: McKim, Mead & White of New York and Shepley, Rutan & Coolidge of Boston.¹⁷ Given the prominence of these two firms, Richardson feared that he would recognize their work and would be unable to maintain an unbiased opinion, so he recused himself from the selection panel.¹⁸ The new panel consisted of George B. Post of New York, Walter Cope of Philadelphia, and Dr. Walter Wyman, surgeon general of the Marine Hospital Service and a member of the hospital's board of visitors.¹⁹ In the end, Richardson probably did not need to recuse, as McKim, Mead & White chose not to participate.²⁰ By late November, Richardson had unofficially notified Shepley, Rutan & Coolidge that they had been selected, but asked them to keep it to themselves until the board could officially ratify the decision at their annual meeting in early December.²¹

The task before the architects was a big one. With \$975,000 appropriated from Congress for the project, the construction budget was set at \$900,000, and the program requirements were extensive.²² The original scope set forth in the competition invitation called for twenty-four new buildings, extensions to the Toner Building, an enlarged boiler plant, and all utility connections to the new

buildings as well as to Toner and the Oaks buildings.²³ As the hospital building committee worked with the architects, the number of new buildings dropped from twenty-four to fifteen. It is hard to know whether some requirements were discarded by the building committee or whether the designers were able to combine functions more efficiently in fewer buildings, or both. The number of new buildings remained in flux until at least February 1901, when the hospital was still considering as many as seventeen new buildings.²⁴

Soon after being awarded the project, Shepley, Rutan & Coolidge recommended that the hospital consult with the firm of noted landscape architect Frederick Law Olmsted Jr. with regard to the location and arrangement of the proposed buildings on the site, as well as to the hospital's existing layout and the landscaping in general.²⁵ The Olmsted report made two principal recommendations: one had to do with the arrangement of existing buildings and the other with the location of the new buildings. Olmsted noted the various non-patient uses that cluttered the landscape at the rear of the Center Building and adjacent to the cottage group. Kitchens and other service buildings, the firehouse, and the morgue were too close to patient wards and made the area immediately south of the Center Building less than ideal for patient use. Olmsted suggested that some of the support structures be moved to lessen their intrusion into patient areas.

The other recommendation ultimately proved impossible to follow. When Olmsted visited, there was a possibility that the hospital would acquire a large tract of land owned by Major R. T. Wilson. Known as Wilson Park, the site was located just south of the west campus and Olmsted believed it was the best location for some of the proposed new buildings. If the Wilson Park site wasn't available, the only alternative would have been to build some of the new treatment and residential buildings on hospital property on the east side of Nichols Avenue.²⁶ Richardson believed that expansion onto the east campus would be untenable and explained why:

This site is an open field without a shade tree on it. The exercise of the patients would necessarily be in the open sun, and within sight and hearing of the residents of Congress Heights, just adjoining. They would be separated from the rest of the hospital by a public thoroughfare with a street car line on it. An expensive subway would have to be constructed or the patients would be subject to danger in crossing the avenue or be themselves a menace to the public. It would be impossible to give the patients that privacy which is so important to their well being.²⁷

Richardson also stressed the difficulty of extending water, sewer, heat, and electric service to buildings on the east campus. It is questionable whether or not providing utilities to the Wilson Park tract would have been any easier. In any case, the hospital administration wanted the Wilson Park land, which carried the hefty price tag of \$245,000. For reasons not entirely clear, the Congress Heights Citizens Association, a group of residents who lived in the neighborhood immediately adjacent to the southern boundary of the hospital, protested that the proposed purchase price was far too high for land they believed would cost only \$42,000 on the open market.²⁸ If we take the protest at face value, it is hard to understand why the association would be opposed to a land deal that would likely have a positive effect on property values in the area. It is more likely that their fiscal argument masked the more likely reason for their opposition. Some in the area believed such an expansion would “kill” the neighborhood as the “screams and other noises of the insane would be heard all over Congress Heights”.²⁹ Congress refused to provide funds or authorize the purchase, but a sundry civil bill included language that would allow the hospital to accept a donation of land. This news was met with jubilation in Congress Heights.³⁰

At the same time, Secretary of the Interior Ethan A. Hitchcock received a seemingly altruistic offer of donated land. Local developer Colonel Arthur E. Randle wrote that he was authorized to donate suitable land to the government for the hospital’s expansion to “protect his town” and for the benefit of “the sailors and soldiers of the United States army and navy who are inmates of St. Elizabeths Asylum”.³¹ Either the land Randle proposed donating proved to be unsuitable or the offer was withdrawn as the donation never materialized.

Six months later, Richardson expressed his disappointment in Congress’s decision not to allow the outright purchase of the Wilson land. Richardson expressed the advantages of the Wilson site:

The tract that was desired to purchase is well wooded, lying along the present building site, extends from Nichols Avenue to the Anacostia River and comprises a ridge which would accommodate all the buildings and leave abundant recreation ground for all the classes of patients and so situated as to insure complete privacy from the public.³²

In the spring of 1901, with the purchase of the Wilson land and the possibility of a land donation seemingly off the table, Richardson became convinced that he could acquire the tract through a land swap.³³ Colonel Randle

acted as agent for Major Wilson during the negotiations and led Richardson to think that the government had succeeded in acquiring the land. In April, the owner suggested 120 acres of the east campus in exchange for his 70-acre tract.³⁴ A month later Randle told Richardson that the hospital could have the 70 acres in exchange for the 60-acre out-farm (Stevens Farm) that belonged to the hospital. Not long after that, however, Randle told a different story to the secretary of the interior saying that Wilson wanted the 60-acre Stevens Farm plus an additional 30 acres on the east campus. Richardson became livid.

This discloses that his first talk with me for the exchange of the 70 acres for the 60 acre tract of land was only a scheme to get me committed to 70 acres. I was so disgusted with him that I refused to have anything more to do with him. I shall never consent to an exchange on this basis, nor anything approaching it, as it is far more than his land is worth, and I will recommend building across the road before I will be placed in a position of assenting to any such scheme to defraud the Government. I am sorry to say that Randle is utterly unreliable in any statement he may make regarding the matter, and I am of opinion that it is useless for us to think of coming to any terms with him.³⁵

Despite Richardson's disgust, as late as November of 1901 there still appeared to be some interest within the government to acquire the Wilson tract. By this point, however, Richardson had settled on expanding to the east campus and didn't wish to pursue the Wilson land any further. Besides his concerns about Randle's unreliability, he now believed that the tract was too narrow and cut up by ravines to be useful. He also noted previous neighborhood concerns over the possibility that the hospital might expand southward and worried that residents might be incited to oppose any future hospital expansion on the east campus if the Wilson deal went through.³⁶ In fact, despite their original objections, the neighborhood was now more concerned about the east campus and petitioned the secretary of the interior to conclude a land swap for the Wilson tract.³⁷

Whatever the concerns and motives of residents in the neighborhood, Randle was probably trying to game the situation to the benefit of his business interests. He was the developer behind Randle Heights along Pennsylvania Avenue elsewhere in southeast Washington and was in the process of developing Congress Heights while trying to negotiate the Wilson deal with the government. In addition to leasing the Wilson tract as a pleasure ground to promote his development, Randle donated land for a fire house and was instrumental in the

establishment of an electric trolley line to serve the new residential neighborhood.³⁸

In the case of the hospital expansion, Randle overplayed his hand and failed badly when Richardson called his bluff. In February 1902, it appears that the landowner was still interested in doing an exchange and contacted Richardson directly. Richardson told Wilson that the hospital was too far along in its plans to consider the land any further. He was silent about Randle's negotiation approach and instead assured Wilson that the current plan to expand on the east campus was in the hospital's best interest. He went on to add that building on Wilson's property would mean bringing "Congress Heights up so much further in front of our building site that this itself would have been quite prejudicial".³⁹

When the bids for construction of the proposed expansion were opened in the summer of 1901, all of them were significantly over the \$900,000 budget for the project. They ranged from \$1,351,082 to \$1,690,590, and the construction schedules varied from just under two years to three and a half years.⁴⁰ The contractors all pointed to the high cost of labor in the District as well as increases in material costs, which they believed made the bids about 25 percent higher than they would have been even a year earlier. The building committee recognized that their specifications for the project, which included fifteen new buildings, represented a kind of dream list for the hospital expansion.

In preparing a general design the committee endeavored to supply all the wants of the institution, and consequently asked for bids on buildings which are not absolutely necessary, and can be eliminated ... The big office building for which plans were prepared can be dropped out of the scheme of improvement, as can also two other buildings ...⁴¹

To save money, the building committee decided to temporarily forgo construction of the administration building and the tunnel to connect the west and east campuses beneath Nichols Avenue. Despite the changes to the building program, work got under way about two months later. Unlike in the early days of the hospital when Superintendent Nichols oversaw every element of construction right down to placing orders for nails, Richardson was assisted by engineer John Berrall who was put in charge of construction.⁴² As the project progressed, and perhaps due to Richardson's untimely death, the hospital also requested \$2,500 to hire a superintendent of construction for a year.⁴³

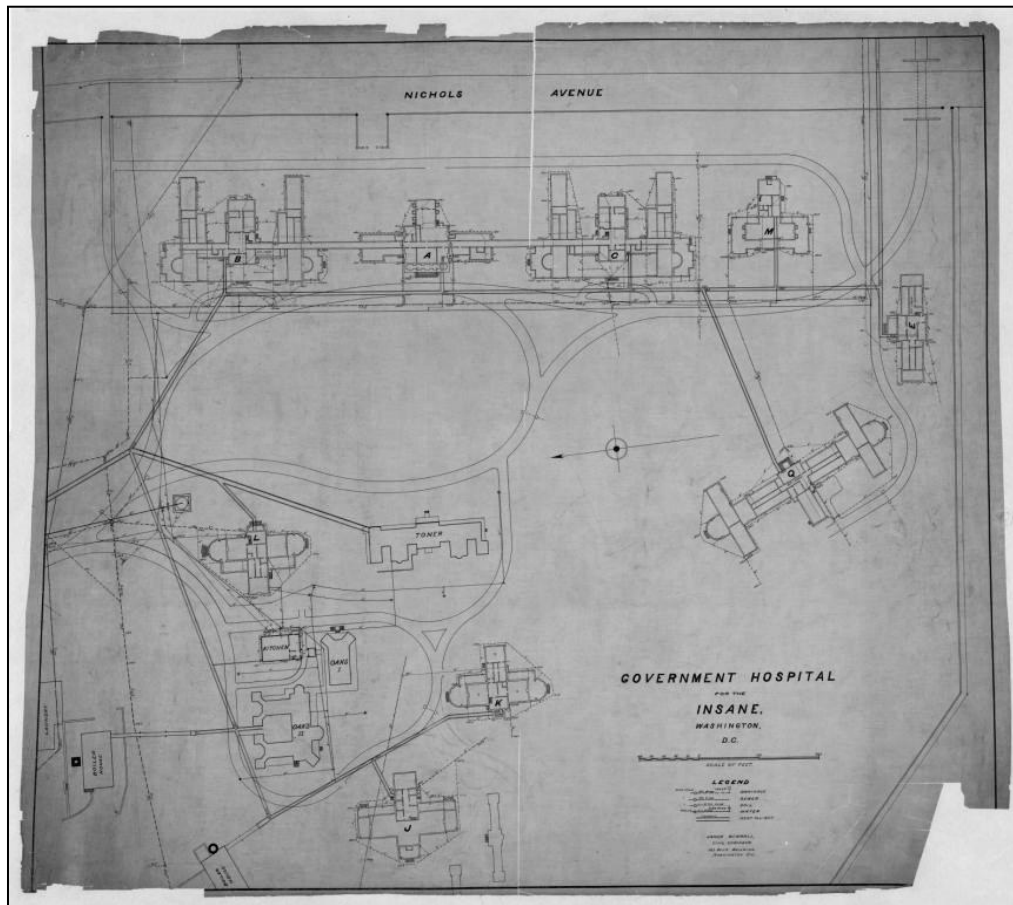


Figure 6.2. Undated civil engineering drawing showing nine of the Shepley, Rutan & Coolidge buildings that were built on the west campus. Buildings at top of image are (from left to right) B, A, C, and M. Buildings E and Q are on the right side image and Buildings J, K, and L are clustered on the left with the Toner Building and Oaks I and II. (Library of Congress American Architectural Foundation Collection)

There were other instances during the course of construction when the hospital asked for additional appropriations for seemingly crucial items. Some, like the construction of a temporary frame building for 120 patients, might have come about because of unforeseen circumstances.⁴⁴ Other requests, however, seem to be the result of poor planning on the part of the building committee, or a ploy to nickel and dime Congress into giving the hospital a larger project budget. Midway through construction, Richardson requested funds to make the new buildings ready for patients:

There are 13 buildings to be furnished and 4 kitchens. Furniture must also be provided for 1,000 patients and 112 nurses, in addition to the domestic employees required for the other portions

of the work besides the nursing proper. It will also be necessary to provide in this sum for the necessary window guards and screens. There are more than 2,000 in the 13 buildings.⁴⁵

It is possible that the convention at the time was not to include the cost of furnishings and other such items necessary in cost estimates for building projects. But that way of funding seems like it would have boxed Congress into approving future funding requests. When Congress appropriated the \$1 million for the hospital expansion, did they expect the hospital to come back two years later for more money so that those buildings could actually be used? If the second request was turned down, the buildings would remain empty until some future appropriation allowed for their furnishing. It seems like a clever, if disingenuous, way to extract more money from Congress than they might have been originally willing to provide.

Most of the construction work was nearing completion by the fall of 1903. Even the administration building, which had previously been a casualty of the cost-saving measures, was underway.⁴⁶ Although the finishing, furnishing, and occupancy of the new buildings would be left to Richardson's successor, by the time of his death in June 1903, his legacy was assured despite the brief duration of his superintendence.



Figure 6.3. Patients digging foundations for the Shepley, Rutan & Coolidge buildings circa 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.4. Foundation for Building K under construction, September 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.5. Foundation for Building J under construction, September 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.6. Building E under construction, October 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.7. Building C under construction, September 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.8. Building B under construction, September 1902. (National Archives RG 48 Entry 300 Box 6)



Figure 6.9. Looking southeast toward the Shepley, Rutan & Coolidge quadrangle on the west campus circa 1910. Building B is in the foreground with the columned Building A shown in the far mid-ground and Building C shown at the far right. (National Archives RG 418-G-1)



Figure 6.10. Undated view most likely taken from the cupola of Building A looking west toward Building L. The building immediately to the left of Building L is a kitchen and cafeteria building for Oaks I and II that was built as part of the Shepley, Rutan & Coolidge expansion. The end of the Toner Building is obscured by trees on the left side of the image. Howard Hall can be seen over the roof of Building L. The shops and laundry building is immediately to the left of the water tower, the general kitchen to the right of the tower, and part of the Center Building can be seen at the far right of the image. (National Archives RG 418-P-60)



Figure 6.11. Looking southeast toward Building A. (National Archives RG 418-P-5)



Figure 6.12. Either Building B or Building C circa 1910. Buildings B and C were largely identical buildings that flanked either side of Building A. (Library of Congress National Photo Company Collection)

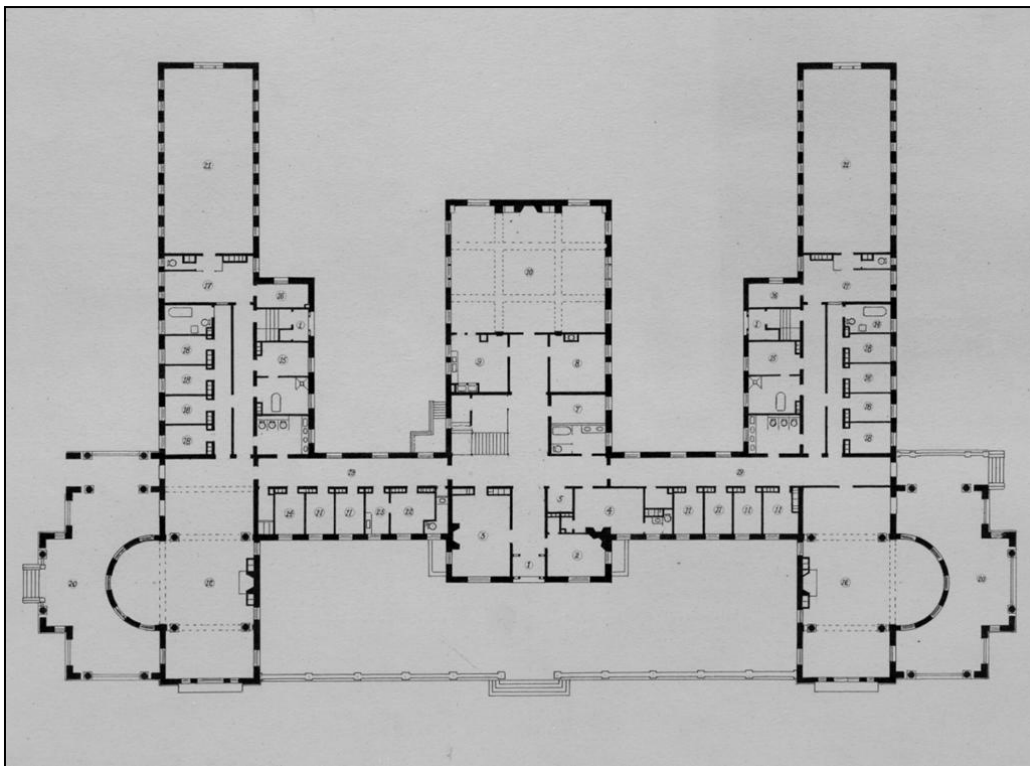


Figure 6.13. First floor plan of the C Building which was a receiving building for new female patients. Large patient sitting rooms and covered porches were located on both ends of the building. The large room at the back of the center wing was the patient dining room. The large rooms at the back of both wings were patient dormitories. Bathrooms, dressing rooms, linen and clothing rooms, and single rooms for disturbed patients were situated between the sitting rooms and the dormitories. (Library of Congress American Architectural Foundation Collection)



Figure 6.14. Building B patient dining room circa 1910. This room was likely identical to the dining room in Building C. (National Archives RG 418-G-71)



Figure 6.15. Building B one of the two first floor patient sitting room circa 1910. This room was likely identical to the ones in Building C. (National Archives RG 418-G-70)



Figure 6.16. Surgical room on the second floor of Building C circa 1905. (National Archives RG 418-P-609)



Figure 6.17. Building J on the west campus circa 1905. (National Archives RG 418-G-168)



Figure 6.18. Patient dormitory in Building J circa 1905. (National Archives RG 418-G-169)



Figure 6.19. Patient dining room in Building J circa 1905. (National Archives RG 418-G-166)



Figure 6.20. Entrance to Building K circa 1905. (National Archives RG 418-G-171)



Figure 6.21. Patient dormitory in Building K circa 1905. (National Archives RG 418-G-142)



Figure 6.22. Building Q circa 1910. (Library of Congress National Photo Company Collection)



Figure 6.23. From left Buildings R, I, N, and P on the east campus circa 1910. (Library of Congress National Photo Company Collection)



Figure 6.24. Buildings R, I, and N on the east campus as seen from cupola of Building A on the west campus. (National Archives RG 418-P-135)

MODERNIZING CARE AND OPERATIONS

Richardson's goal for the hospital expansion was not merely to relieve overcrowding. He also intended for the new facilities to help propel the hospital into the twentieth century by allowing them to keep "fully abreast with the requirements of the modern and enlightened care of the insane".⁴⁷ Although St. Elizabeths had often been at the forefront of mental health care, its Victorian facilities were not in keeping with the modern approach the hospital medical staff desired to take. The hospital expansion would allow St. Elizabeths to become the model it once was, rather than "dragging behind with inadequate provision, antiquated method and equipment, unbecoming, unwieldy, and disappointing in result".⁴⁸ With the new buildings under way, Richardson undertook steps to make sure that the hospital's operations and methods kept up with modern and scientific approaches to understanding and caring for the mentally ill.

In 1901, he strengthened the work of the pathology department by hiring Dr. Cornelius Deweese as assistant to Dr. Isaac Blackburn who was an international leader in studying the brains of deceased mentally ill patients and publishing his work. The new assistant would focus on "developing the clinical work of the department", which included performing blood and urine work as well as assisting with studies of "stomach digestion and the effects upon it of the administration of various remedies, including hypnotics".⁴⁹

The work of Blackburn's pathology lab was seen as particularly important, not just to the work of the hospital, but to the mental health community in general. In 1902, Richardson requested funds to produce Blackburn's annual report as a special bulletin that would be distributed to other doctors and institutions.

This report embraces a summary of all the cases of brain tumor which have come under his observation during his service, and will be so valuable to the profession that it is deemed desirable to publish it separately in order that it may be distributed to the neurologists and others of the medical profession who are especially interested in such work. It embraces valuable plates prepared by Dr. Blackburn, and should be preserved. It is recommended that in addition to a separate publication, authority be given to order for the hospital 1,000 copies of the bulletin.⁵⁰

The hospital also participated in studies with other federal agencies that provided important research for broader study and information to help the hospital make more informed, “scientific” choices about its operations. One such study was conducted in conjunction with the U.S. Department of Agriculture to examine the specifics of caloric intake and the nutritional breakdown of the food consumed by patients. The study also provided details about food wastage at the hospital, allowing the kitchens to make better decisions about patients’ meals. In particular it was noted that the menu was “repeated at too short intervals, and that certain dishes were so associated with certain days that they became distasteful”.⁵¹

Despite an increasingly scientific approach, there was still a lag between the professional pursuits of the medical staff and the day-to-day operations of the hospital. Typhoid fever made unexplained recurrences at St. Elizabeths in the fall of 1901, the summer of 1902, and spring 1903. After checking the water and milk repeatedly, the staff was unable to determine the origin of the outbreaks.⁵² In April 1903, there were more typhoid cases at the hospital than in the entirety of D.C.

The cause of this great increase could not at first be determined. A search for the source of the infection was made, resulting in the finding of a very probable cause of the difficulty. The drinking water and the milk were repeatedly examined with negative results. On bacteriological examination of the hydrant water it was found to be constantly contaminated with sewage. On further examination it was found that about 40 gallons of condensed milk were used daily. This milk was diluted with hydrant water which was constantly contaminated as above stated. The cases of typhoid fever that occurred were traced to dining rooms where this infected medium was used. Since this error was corrected there have been but two isolated cases of typhoid-fever infection in the hospital.⁵³

It was also under Richardson’s direction that the nursing training program, begun in 1894, was formalized with the establishment of a training school for nurses in 1900 and the appointment of Lelia Pizzini as its director.⁵⁴

A class of about 60 attendants was organized. The course of instruction will cover two years, comprising two terms of about nine months each. One lecture each week during the term will be given by a member of the medical staff. The student nurses will be

required to write out the notes of these lectures and submit them to Miss Pizzini for criticism and correction. A text-book on nursing has been adopted and weekly recitations from it are assigned to the class by the chief and heard by her.⁵⁵

A year later, the nursing program was proving a success for staffing hospital wards and improving care:

The work of the training school and the systematic development of practical nursing in all the hospital wards has had a noticeable effect in stimulating the physicians and nurses to greater efforts in providing for the patients the best that their opportunities afforded. A class of twenty-six nurses was graduated at the expiration of a course of two years of about eight months each, on May 31 of this year. Twelve of the female nurses are now employed in the male hospital wards and their work has been in most instances eminently satisfactory. The experiment is unquestionably successful and the medical staff are a unit in commending it and in advising its extension. It is especially in the care of the feeble, sick, and the acute mental cases, that its advantages are most noticeable. Complaints of neglect and harsh treatment have been unusually infrequent.⁵⁶

The increasingly professionalized nursing staff allowed the hospital to professionalize and modernize management of patient care. There was a head nurse in each of the four hospital departments, reporting to the nursing school director and responsible for supervising nurses and providing bedside training to the students. For the first time, the work on the wards was divided so that trainee nurses could focus on patient care while attendants and domestic employees took care of the general work.⁵⁷



Figure 6.25. Nurses home (Building E) completed in 1903 as part of the Shepley, Rutan & Coolidge expansion. (Library of Congress National Photo Company Collection)



Figure 6.26. Nurses standing in front of Building C with Building A in the back ground. The Nurses building is behind where the photographer is standing. (National Archives RG 418-P-644)

The nursing staff was instrumental in implementing a system of notes on every patient. Up to that point, medical histories were sketchy at best. Not only did new admissions seldom arrive with records,⁵⁸ but records of patients who had been at the hospital for decades often contained little useful information. In some instances, there was little more than a piece of paper with a chronological list of the wards the patient lived in. In most cases, medical notes don't appear in files until after 1900.⁵⁹ Dr. Richardson's new procedures ensured a much more complete and scientific record for every patient.

On the admission of the patient the physician in charge of the receiving ward is required to make a thorough examination, which is made to cover every feature of his physical and mental condition. Urinalysis is ordered in every case, and blood examination and bacteriological examination in every case which may seem to require it. The medical history received with the patient and the record of this primary examination are inclosed [*sic*] in a neat folder and sent with the patient to the ward to which he is sent. Temperature charts, sleep and weight charts, and ward notes are added daily to these as the case requires, and together they comprise a complete medical history of the case, which the medical officers can have constantly at hand for their information and guidance.⁶⁰

Richardson also sought approval to try out ideas that would benefit patients and improve the efficiency of the hospital. One innovation permitted patients to leave the hospital on a trial basis before being formally discharged: "It is often an impossibility to determine the stability of an improvement until it is put to the test of residence outside of a hospital, and much expense and inconvenience would be avoided if such test could be made without a final discharge".⁶¹

HOSPITAL RAILROAD AND OPERATIONS

Besides the new buildings and advances in medical care, the biggest modernization project was the construction of a railroad siding which linked the B&O's trestle on the hospital's riverfront to the campus power plant.⁶² Construction began in 1901. Given the grade from the main rail line to the boiler plant, the project proved difficult from the start. Although the termination of the

railroad spur was in a deep ravine relative to the main plateau of the hospital, it was still considerably uphill from the main line and required a curve with an incline grade of 2½ percent.⁶³ Early efforts to construct the switch and sidings on campus were delayed by landslides.⁶⁴

That same year, the hospital purchased a locomotive engine for \$1,950. This was considered more economical and convenient than relying on third-party carriers who charged 20 cents a ton for delivering freight car lots up the switch. In addition to using it for delivery of coal to the boiler plant, the hospital staff relied on the switch for the delivery of materials and heavy goods needed in the construction of the hospital expansion, which was then in the final stages of planning and design.⁶⁵ Just two years later, the hospital was asking Congress for almost four times the cost of the first locomotive to buy a replacement. The hospital considered the request for \$7,960 to be urgent, given that it was impossible for the existing engine to move the much larger coal cars which had come into use. The superintendent also noted that the original locomotive had been in use for many years, indicating that it had been purchased secondhand and was now at the end of its useful life.⁶⁶

It is possible that this second, larger locomotive was used until badly damaged in a 1912 fire in the locomotive house. It was replaced in 1916 by a new one, 50 percent larger, but was kept on hand as a spare.⁶⁷ The 1918 annual report, however, indicates that there was only one engine, and it was giving them a “great deal of trouble” and leaking continuously.⁶⁸ War-related labor shortages made it hard to find a boilermaker to fix it, so the hospital had to use a loaner for six months while the hospital’s locomotive was at the B&O shops being fixed.⁶⁹



Figure 6.27. Undated photo of steam locomotive on the St. Elizabeths railroad switch. (National Archives RG 418-P-378)

Keeping a locomotive functioning was only half the battle for engineers at the hospital. Less than four years after its construction, and despite the addition of seven hundred cross-ties, the track itself was “slipping and settling, due to unstable conditions of the soil on which it is built and also due probably to the deflection of certain surface drainage into this fill”.⁷⁰ Additional repairs were needed in 1907 in an attempt to end the constant slippage of the tracks near the power house.⁷¹ Four years later, a bridge inspector from the B&O condemned the trestle at this location as a danger to employees. A partition wall was then built “giving plenty of room for the man hauling ashes to have passageway without danger of having the coal fall on him when it is being dumped from the cars”.⁷² That same year, an additional 2,000 ties were replaced, followed three years later by a thorough roadbed overhaul over the full length of the switch, along with additional tie, ballast, and rail replacement. The hospital also shifted to using heavier rails when making replacements.⁷³ Just two years later, the hospital wanted to entirely overhaul the tracks and remove the compound curve just below the power house with a straighter line going to the foot of the hill below Howard Hall.⁷⁴ Labor issues, increasingly heavy rail cars, and the weather all conspired to make maintenance of the hospital’s switch an ongoing issue.

Lack of labor prevented us from keeping our railroad track in repair, and it was necessary in this case to ask the assistance of the Federal Railroad Administration for their help in keeping the railroad track in proper repair. They ordered the Baltimore & Ohio Railroad officials to give us all the assistance necessary in going over the track and keeping it in proper shape. The Baltimore & Ohio Railroad through their officials have on several occasions made repairs on our track and roadbed, putting in several hundred railroad ties and additional rails. The larger and heavier coal cars now in use will require a thorough overhauling of our track and replacement of the rails, which weigh 60 pounds to a yard, the larger and heavier rails weighing 80 pounds to a yard. On two occasions during the past year these heavier cars split our rails, plunging off the track and tearing up the roadbed. Each time it requires a good deal of our time to make necessary repairs and to replace these rails by the heavier ones, such as explained in the foregoing part of this paragraph. The heavy rains during the spring caused a washout under the track at a compound curve just below the power house. This was a dangerous place and required the use of several thousand yards of ashes to fill in the hole that was left by

this washout and prevent the railroad track being in such condition that it would be impossible to have used it for traffic. Temporary repairs have been made and the track is now in use.⁷⁵

It is unclear if there were additional changes made between these 1918 repairs the complete overhaul of the track in 1935, which altered the alignment below the old cemetery, a change that reduced curves and improved grades.⁷⁶

Richardson also brought his modernizing impulse to the day-to-day operations of the hospital. When he arrived at St. Elizabeths, despite the institution's large size, there was no central storehouse for goods and foodstuffs.

Supplies for more than 2,500 people, representing everything necessary for their maintenance and special care, were delivered in more than a half dozen different localities and to more than this number of separate custodians. More than \$5,000 was spent annually for ice, and even with this expenditure the refrigerating facilities were sadly deficient. Perishable articles in warm weather could be kept only imperfectly and in small quantity.⁷⁷

In addition to a new storehouse and refrigeration facilities, new equipment was installed to handle the 45,000 pieces the laundry's fifty employees cleaned each week.⁷⁸ The storehouse also provided staff quarters, offering the opportunity to move more housekeeping staff out of patient buildings.⁷⁹ Richardson followed through on Olmsted's recommendations and separated operations from patient functions whenever possible. It wasn't until 1905, however, that Richardson's successor was able to advance the goal of separating uses by having the firehouse, clock tower and all, put on rollers and moved farther away from the Center Building, as well as moving The Rest (the morgue and pathology building) farther away from the dining hall and the cottages.⁸⁰

As the Shepley, Rutan & Coolidge expansion brought patient care facilities to every part of west campus, it became necessary to relocate most agricultural functions to the east campus and the two hospital out-farms. The architects designed a new stable for the east campus, near the dairy barns. The site of the old stables on the west campus was turned over for the creation of a lawn, "adding greatly to the attractiveness and healthfulness of the rear court about the domestic buildings of the hospital".⁸¹



Figure 6.28. The new stable on the east campus designed by Shepley, Rutan & Coolidge replaced the original stables on the west campus. (National Archives RG 418-G-80)

Agricultural operations were modernized in a way that concentrated more on increasing food production than on involving patients in farming activities. Godding's idea of having patient colonies established at Godding Croft had been abandoned prior to 1899, but Richardson further focused the use of the out-farm for more intensive dairy production:

Much thought has been given to the determination of the best method of utilizing the farm lands of the hospital, and particularly the farm of 400 acres near Alexandria. It is so far removed from the hospital that the transportation of farm products from it has been so expensive as to make its utility for ordinary farm operations questionable. It is believed that all of the lands not required for gardening can be made most remunerative by adapting them to the uses of the dairy, and it is proposed during the coming year to utilize the [Godding Croft] farm as a summer dairy. A succession of crops, comprising rye, wheat, oats, sowed corn, and field peas, will be sowed there, sufficient to sustain the entire dairy during the months when they can be fed directly from the field. There will also be a considerable amount of pasturage available. The entire herd of cows will be removed to that farm about May 1, and milking sheds and quarters for the dairy employees provided. The dairy can be maintained there until about November 1, when the cows will be returned to the home farm. On the home farm are

commodious and comfortable barns for winter use, and the land of this farm will be used to provide the greater part of the vegetables for the hospital and the green food to fill the silos for winter feeding. In this manner it is hoped to reduce the hauling to the minimum and to economize all the farm operations.⁸²

Although the project was likely started prior to Richardson's appointment, the completion of a new sewer system provided better sanitation for the hospital campus, but just barely. The old line discharged its contents onto the low marshy ground along the river at the northwest corner of the campus; the new line discharged through the wall into the river at a point never exposed at low tide.⁸³

When Dr. Richardson died unexpectedly on June 27, 1903,⁸⁴ he left behind many unfinished projects and a relatively young family. In addition to his wife, Julia Harris Richardson, he was survived by his son William and three daughters, Bertha, Edith, and Helen.⁸⁵ The youngest, Helen, was about fourteen when her father died. Like the legacy Richardson left at St. Elizabeths—a modern campus with an eye to the future of mental health care—he also passed on his dedication to the profession to his son, who followed in his father's footsteps by becoming a physician at the State Hospital for the Insane at Norristown, Pennsylvania.

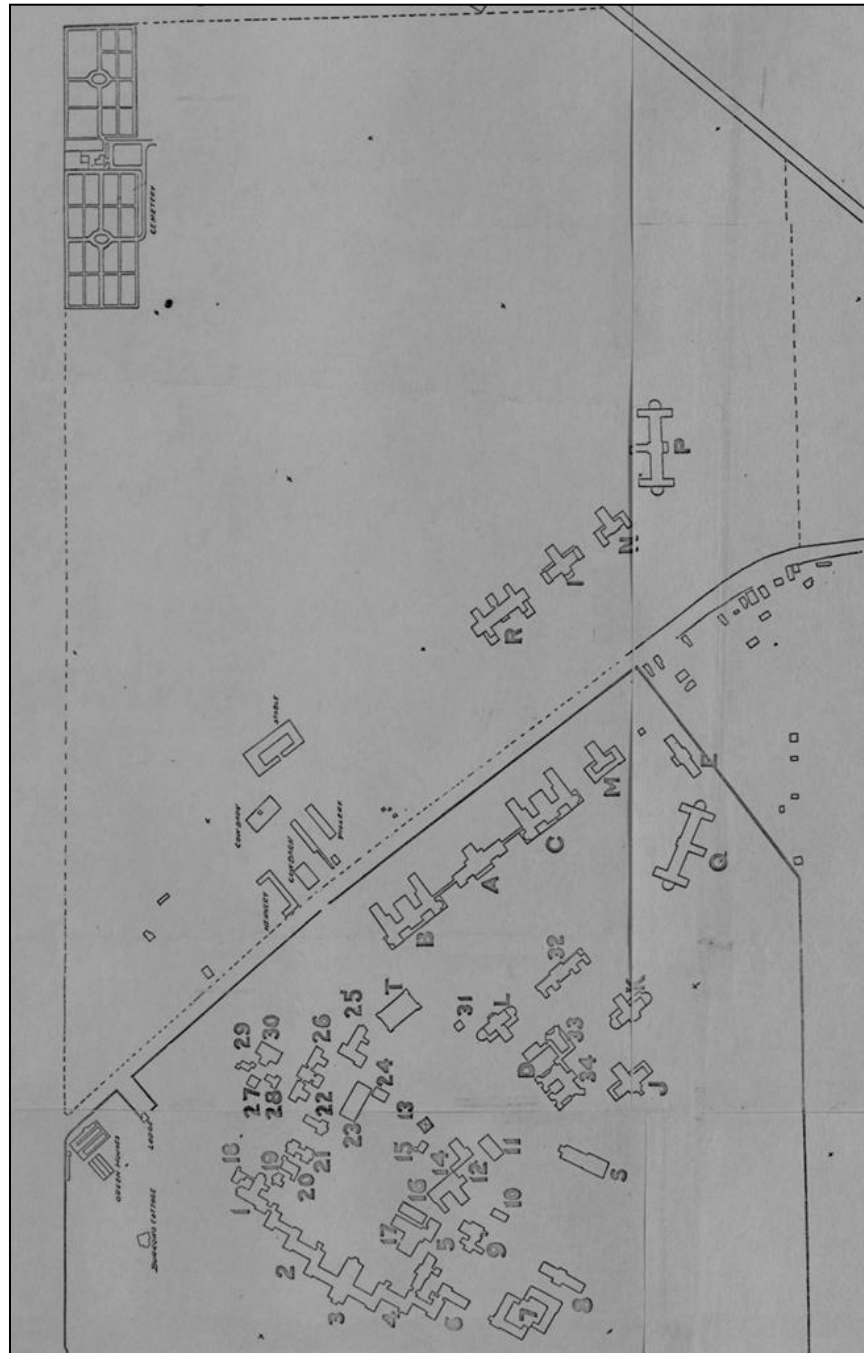


Figure 6.29. Plan of campus from 1908. The Shepley, Rutan & Coolidge buildings are indicated by letters A, B, C, D, E, J, K, L, M and Q on the west campus and R, I, N and P on the east campus. The letter buildings on the east campus were the first patient buildings to be built on the east side of Nichols Avenue. The unlettered buildings on the east campus are farm buildings including the Shepley, Rutan & Coolidge designed horse stable with the semi enclosed forecourt. The main hospital cemetery can be seen in the far corner of the east campus (the original west campus cemetery is not visible on this image). (Library of Congress American Architectural Foundation Collection)

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- ¹ “Head of St. Elizabeth,” *The Washington Post*, July 12, 1899, p. 2.
- ² *Ibid.*
- ³ *Ibid.* and “St. Elizabeth’s New Chief,” *The Washington Post*, October 1, 1899, p. 6.
6. ⁴ “Head of St. Elizabeth,” *The Washington Post*, July 12, 1899, p. 2.
- ⁵ “St. Elizabeth’s New Chief,” *The Washington Post*, October 1, 1899, p. 6.
- ⁶ *Ibid.*
- ⁷ *Ibid.*
- ⁸ “Friction In the Board,” *The Washington Post*, October 12, 1899, p. 2.
- ⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 325.
- ¹⁰ “Dr. Richardson On Duty,” *The Washington Post*, October 18, 1899, p. 12.
- ¹¹ “Asylum’s Many Needs,” *The Washington Post*, November 7, 1899, p. 11.
- ¹² *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 327-8.
- ¹³ *Letters Sent Concerning the Extension to the Hospital, 1900-1904*, National Archives and Record Administration, Record Group 418, Entry 12, undated, 1.
- ¹⁴ *Ibid.*, December 28, 1900, 53-7.
- ¹⁵ *Ibid.*, undated, 1.
- ¹⁶ *Ibid.*, September 18, 1900, 26.
- ¹⁷ *Ibid.*, September 21, 1900, 10.
- ¹⁸ *Ibid.*, September 24, 1900, 14.
- ¹⁹ *Ibid.*, November 23, 1900, 27.
- ²⁰ *Ibid.*, November 23, 1900, 28.
- ²¹ *Ibid.*, November 16, 1900, 37 and December 6, 1900, 43.
- ²² *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 328.
- ²³ *Letters Sent Concerning the Extension to the Hospital, 1900-1904*, National Archives and Record Administration, Record Group 418, Entry 12, undated, 1-4.
- ²⁴ “St. Elizabeth’s Extension,” *The Washington Post*, February 22, 1901, p. 10.
- ²⁵ *Letters Sent Concerning the Extension to the Hospital, 1900-1904*, National Archives and Record Administration, Record Group 418, Entry 12, December 18, 1900, 48.
- ²⁶ *Ibid.*, December 11, 1900, 45.
- ²⁷ “St. Elizabeth’s Extension,” *The Washington Post*, February 22, 1901, p. 10.
- ²⁸ “Estimates for Wilson Wilson Park,” *The Washington Post*, January 28, 1900, p. 5.
5. ²⁹ “Congress Heights Protected,” *The Washington Post*, June 7, 1900, p. 12.
- ³⁰ *Ibid.*
- ³¹ *Ibid.*
- ³² “St. Elizabeth’s Extension,” *The Washington Post*, February 22, 1901, p. 10.
- ³³ “Exchange Will Be Made,” *The Washington Post*, May 24, 1901, p. 4.
- ³⁴ *Letters Sent Concerning the Extension to the Hospital, 1900-1904*, National Archives and Record Administration, Record Group 418, Entry 12, April 15, 1901, 123.
- ³⁵ *Ibid.*, April 27, 1901, 142.

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- ³⁶ *Ibid.*, November 19, 1901, 262.
- ³⁷ “Land for Insane Asylum,” *The Washington Post*, November 17, 1901, p. 12.
- ³⁸ Timothy Dennee, “A Brief History of the Congress Heights Main Street Commercial District,” unpublished paper of the D.C. Historic Preservation Office, 2012.
- ³⁹ *Letters Sent Concerning the Extension to the Hospital, 1900-1904*, National Archives and Record Administration, Record Group 418, Entry 12, February 13, 1902, 316.
- ⁴⁰ “Asylum Bids Opened,” *The Washington Post*, August 3, 1901, p. 2.
- ⁴¹ *Ibid.*, p. 2.
- ⁴² “St. Elizabeth’s New Buildings,” *The Washington Post*, October 16, 1901, p. 12.
- ⁴³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 340.
- ⁴⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 2d sess., October 1, 1902, H. Doc. 5, 264.
- ⁴⁵ *Ibid.*, 265.
- ⁴⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 339.
- ⁴⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 325.
- ⁴⁸ “Insane Are Crowded,” *The Washington Post*, March 28, 1900, p. 3.
- ⁴⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., October 1, 1901, H. Doc. 5, 357.
- ⁵⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 2d sess., October 1, 1902, H. Doc. 5, 267.
- ⁵¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 343.
- ⁵² *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 2d sess., October 1, 1902, H. Doc. 5, 263.
- ⁵³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 342.
- ⁵⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, p329-30.
- ⁵⁵ *Ibid.*, 330.
- ⁵⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., October 1, 1901, H. Doc. 5, 357.
- ⁵⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 330.
- ⁵⁸ *Ibid.*, 330.
- ⁵⁹ *Case Files of Patients, 1855 to ca. 1950*, National Archives and Record Administration, Record Group 418, Entry 66.
- ⁶⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 330-1.
- ⁶¹ *Ibid.*, 332.
- ⁶² *Ibid.*, 327.

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- ⁶³ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, July 24, 1901, 463.
- ⁶⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., October 1, 1901, H. Doc. 5, 359.
- ⁶⁵ *Ibid.*, 359.
- ⁶⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 432.
- ⁶⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2s sess., October 1, 1913, H. Doc. 1009, 581.
- ⁶⁸ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 2d sess., October 1, 1917, H. Doc. 915, 651.
- ⁶⁹ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 2d sess., October 1, 1919, H. Doc. 409, 783.
- ⁷⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., October 1, 1905, H. Doc. 5, 762.
- ⁷¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 1st sess., October 1, 1907, H. Doc. 5, 432.
- ⁷² *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2s sess., October 1, 1913, H. Doc. 1009, 581.
- ⁷³ *Ibid.*, 581 and *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 2d sess., October 1, 1917, H. Doc. 915, 651.
- ⁷⁴ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 2d sess., October 1, 1919, H. Doc. 409, 806.
- ⁷⁵ *Ibid.*, 783-4.
- ⁷⁶ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1935, 9.
- ⁷⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 326.
- ⁷⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., October 1, 1901, H. Doc. 5, 360.
- ⁷⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 326.
- ⁸⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., October 1, 1905, H. Doc. 5, 761-762.
- ⁸¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., October 1, 1901, H. Doc. 5, 361.
- ⁸² *Ibid.*, 360.
- ⁸³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 2d sess., October 1, 1900, H. Doc. 5, 326.
- ⁸⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., October 1, 1903, H. Doc. 5, 345.

⁸⁵ “Funeral of Dr. Richardson,” *The Washington Post*, July 1, 1903, p. 10.

Chapter 7

Dr. White Follows Through

In the spring of 1904, just eight months after Dr. William Alanson White had become St. Elizabeths' fourth superintendent, about 120 of the hospital's 300 nurses and attendants met to air their grievances about management. The gathering at Haines Hall in Anacostia was a special meeting of the Hospital Attendants' Protective Union, which had organized four years earlier and was affiliated with the American Federation of Labor. The nurses and attendants were reacting to what they thought were pay cuts that Dr. White had instituted the previous month.¹ White later responded that his changes were meant to standardize job classifications and pay scales, and that the changes would not lead to decreased wages for most employees. The new pay scale differentiated between nurses and attendants and was implemented partly to encourage attendants to take advantage of the hospital's nursing training school to increase their qualifications, making them ultimately eligible for higher pay.²

The attendants and nurses included charges of poor patient conditions along with their job complaints. As with other labor disputes that had cropped up over the hospital's first half-century, they seemed particularly concerned about the quality and quantity of food. In this case, in addition to charges that White had changed the bill of fare to "food not palatable and exceedingly unwholesome",³ many seemed put out by the substitution of "butterine" for butter.⁴ When the employees were given a chance to appear before the board of visitors, there was an extraordinary emphasis on food. Six of the eight complaints were food related, one was about reduced tobacco rations, and only one was about neglect of patients.⁵ Certainly poor quality or insufficient quantity of food could be deleterious to patients' well-being, but some of the testimony given by the disgruntled employees bordered on the trivial: "The steak is sometimes, or usually, tough" and "Boiled potatoes are served in their skins". One or two

employees “pronounced the tea and coffee weak”. Even the most serious of the food concerns was dismissed by the board:

That the corned beef served was sometimes tainted. They instanced especially that of last Saturday ... Samples of this meat, both raw and cooked, were brought to the board; carefully examined, the cook[ed] sample tasted, and all found to be in perfect condition.⁶

The board’s methodology didn’t disprove the contention that the meat had been tainted on previous occasions, but it did suggest that the board didn’t think much of the charges.

The labor dispute also included a fair amount of personal animus toward the recently arrived superintendent. Nurse Thornton O. Pyles, one of the ringleaders, told the *Washington Post* that the “harmony which was so apparent during the period of Dr. Richardson’s control of St. Elizabeths is now but a jingle of discord and dissension”⁷ and that the “causes of complaint have accumulated with much rapidity since [White] assumed the management”.⁸ Incidentally, during an investigation of the hospital management two years later, Nurse Pyles would testify that he had been fired for lodging these complaints.⁹



Figure 7.1. Dr. William A. White¹⁰

It isn’t unusual for a new leader of a large organization to encounter opposition from the rank and file, but White may have faced even more than the usual amount of skepticism from the staff given that, at the age of thirty-three, he

was the youngest person to hold the position of superintendent.¹¹ The accomplished, fresh-eyed, bachelor doctor arrived at St. Elizabeths in October 1903.¹² White was born in Brooklyn in 1870 and graduated from Cornell University in 1889. He went on to study medicine at Long Island Medical College until 1891 and was appointed assistant physician at Binghamton State Hospital in New York where he stayed until he took the position at St. Elizabeths.¹³

The board of visitors stood by their new superintendent and clearly didn't think highly of the employees making the complaints. Of the 52 employees who signed the letter of complaint, the board found that

ten are probationers, having been in the employ of the hospital less than six months. Eighteen others have entered upon service there since the death of the former superintendent, Dr. Richardson, on June 27, 1903. Two have asked to have their names taken off the list. Three have been dismissed—one for drunkenness, one for abuse of a patient, and one for conduct unbecoming an employee of the hospital.¹⁴

The board also noted that only thirty-one of the fifty-two complainants chose to be at the board meeting where the issues would be discussed. Of those, only thirteen were willing to speak, and most of those spoke of food.¹⁵ Still, despite the less than impressive presentation by the employees and the exoneration of White on all counts, the board did respond to the employees' central concern about pay. After a discussion with the union's executive committee, the board agreed to raise the maximum wage by \$5 and restored the pay of the few workers whose wages had been reduced when the new pay scale was implemented.¹⁶

Although the board decided in White's favor, the entire drama had played out in detail in the pages of the *Washington Post*. To have had such a public examination of his management decisions so early in his tenure could easily have shaken the superintendent. The young doctor, however, was not deterred in his resolve to put his new ideas into practice and to follow through with the modernization plans started by Dr. Richardson.

WHITE'S FIRST CAMPUS EXPANSION

When White assumed charge of St. Elizabeths, the buildings designed by Shepley, Rutan & Coolidge and started under Richardson were almost complete.

The new administration building, which had been delayed because of funding problems, was also underway.¹⁷ The days of Dr. Nichols overseeing every little construction detail were long gone, and many tasks were left undone despite the buildings being largely completed. As late as 1904, St. Elizabeths was still looking for congressional appropriations to make the buildings habitable:

The finishing of the contract work upon these structures, however, by no means put them in condition for occupancy. They were left without paint, without water, hot or cold, and in many other ways were incomplete. Not the least difficulty in occupying them resulted from the fact that after the contractors left them there were absolutely no walks or roadways prepared in any direction, so that in the event of wet weather they were surrounded by mud to an extent that made them almost inaccessible.¹⁸

Once completed, the new buildings provided state-of-the-art facilities for the care of the mentally ill, and brought a more formal sense of order to the hospital campus. Although the original design for the Center Building—the original hospital building—had a formal bearing, later additions and detached cottages were placed wherever handy. The effect was that of a busy, rather crowded village with no clear sense of organization. The cottage buildings in particular, although built to relate to one another, presented a rather haphazard visual effect. In contrast, the layout of the new buildings, were pure order. Instead of the clutter of the Victorian cottages, the Shepley, Rutan & Coolidge buildings were placed parallel to Nichols Avenue, forming a central quadrangle on the west campus and a forecourt or front lawn on the east campus.

The neoclassical architecture of the new buildings also stood in contrast to the design of existing buildings. Until the 1902 expansion, the buildings constructed at St. Elizabeths, although institutional in scale, were designed with a more residential-feeling. Door and window sizes, building materials, and wooden porches were all representative of a pared down Victorian style that would have felt familiar to patients and staff alike. The new buildings were on a far grander scale. Although most were only two stories tall, their style and the scale of their features make them seem much more imposing. Large arched windows with broad expanses of glass, prominent entrances, large integrated porches, and expansive day rooms with high ceilings and grand fireplaces all set the new buildings apart from their predecessors. The Renaissance Revival style employed

in these buildings was also considerably more detailed and refined. Although built of red brick like most other buildings on campus, the new buildings had limestone detailing and tile roofs that added to their formal and imposing appearance. The Administration Building prominently centered on the new west campus quadrangle, had a particularly grand two-story entrance portico supported by limestone columns.

In addition to administrative space, the new construction on the west campus provided space for nurses' quarters and patients. The four new buildings on the east campus were used for patient wards and were set back three hundred feet from Nichols Avenue making them some distance from the rest of the patient population. The hospital took advantage of this relative seclusion to accommodate

male patients only, the disturbed, destructive, and untidy classes being provided for in two of the buildings, and the two cottages being used for the farm laborers among the patients. The former classes will be the least affected by the comparatively unattractive location, and the latter will be near their work and less inconvenienced by the location than any other class would be.¹⁹

These east campus buildings became known as the Richardson Group in honor of the superintendent who instituted the project.²⁰

The opening of the new buildings on both sides of Nichols Avenue freed space in wards across the west campus. As the new buildings became occupied by patients and staff, however, the vacated wards were in no shape to be immediately reused. After decades of patient use and severe overcrowding, the space left behind was in dire need of renovation. Throughout 1905 and 1906, old wards were spruced up and finally reoccupied by patients.²¹ With a thousand new beds, the hospital once again had some breathing room.

Not long after the hospital expansion, the monumental character of the new quad on the west campus was reinforced with the construction of Hitchcock Hall. Situated on the north end of the broad lawn between the Shepley, Rutan & Coolidge buildings, the 1,200-seat amusement hall²² not only provided the fourth side of the quad, but also screened the new development from the older buildings immediately behind it. With its dramatic front entrance and graceful terracotta decoration, it is arguably the grandest edifice on campus. Before it was built, the proposed size and capacity of the auditorium was in jeopardy when the bids for construction of the hall came in \$33,000 over the congressional appropriation at \$108,000. Unlike patient care buildings or administration buildings, which can be expanded fairly easily by adding a wing or story, the capacity of an auditorium

cannot be easily increased without major modifications to the building. Arguing that there was no way to scale back the plans, the hospital managed to convince Congress to provide an additional \$35,000.²³ After about two years of construction, Hitchcock Hall was completed and in use by 1910.²⁴



Figure 7.2. Looking north at the south elevation of Hitchcock Hall circa 1910. (National Archives RG 418-G-139)



Figure 7.3. Interior of Hitchcock Hall in 1910. (National Archives RG 418-G-141)

The completion of the new, modern facilities belied the obsolescence that lurked in almost every corner of the hospital's physical plant and operations. Most of the patient care buildings were decades old and were decidedly old fashioned in arrangement. The night nurses and attendants still used oil lanterns. Recordkeeping was haphazard, and patient files were woefully devoid of information.²⁵ The new buildings provided White with a clean canvas upon which he could make his mark. With a thousand new beds in state-of-the-art buildings, White was able to streamline hospital operations by grouping different types of patients in appropriate quarters, rather than making do with bits of space here and there.

Buildings B and C flanking the new Administration Building were used as receiving wards for male and female patients, respectively. With dedicated receiving buildings for the first time, the medical staff was better able to keep newly admitted, undiagnosed patients and those with acute cases separated from chronic cases. The placement of patient care buildings on the east campus also allowed the staff to separate the more violent male patients from the rest of the population and to place the male patient laborers closer to their jobs.²⁶

The completion of the 1902 expansion also allowed the hospital to rearrange and rationalize the uses of the older patient buildings. White followed through on recommendations Fredrick Olmsted, Jr. had made to Dr. Richardson in 1901 for rationalizing the use of land behind the Center Building. In 1905, the firehouse was moved away from the Center Building and the morgue (the Rest) was moved away from the dining hall and expanded to include more space for the pathology laboratory.²⁷

A chemical laboratory is located in the basement, together with a room where the gas engine for providing gas for the laboratory is installed, and a fireproof room for the storage of alcohol and liquors, which only has connection with outdoors. The first floor contains the histological and bacteriological laboratory and an autopsy room provided with an amphitheater which will seat about 40 people. We have located here a revolving autopsy table and an arc light, so that work can be done readily at night. The refrigerator for the cooling of bodies is cooled by a brine pipe direct from the cold-storage plant, so that the desired temperature can be readily obtained. The top floor of the laboratory contains the director's office, the museum, which is becoming quite extensive, and the photographic department.²⁸

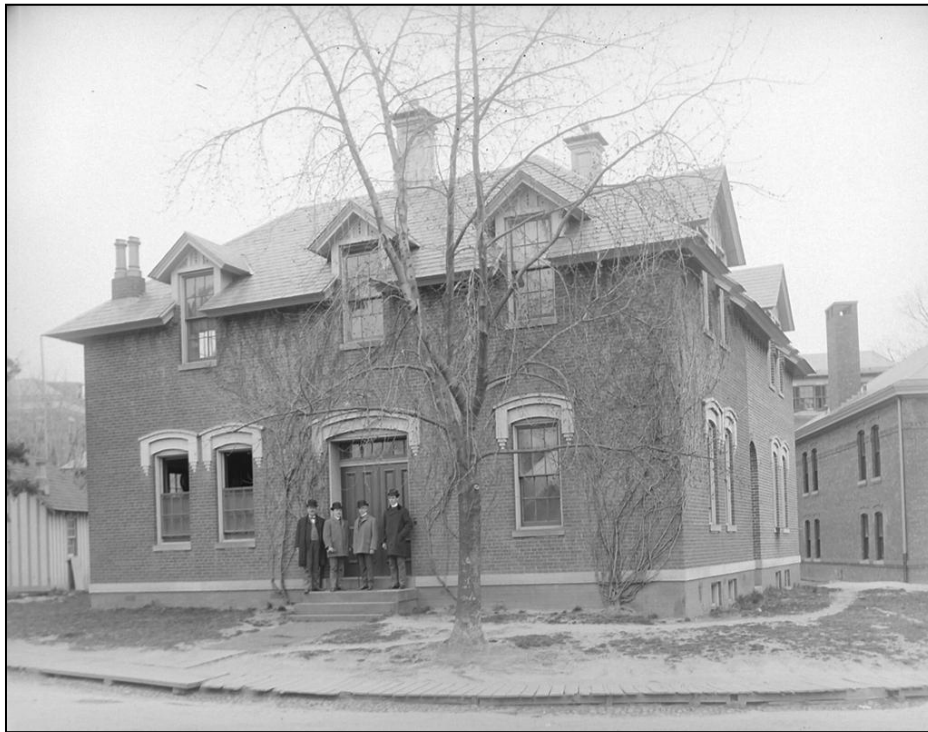


Figure 7.4. The Rest after its 1898 expansion but before its move across the street in 1905. The change in brick color along the side of the building shows the addition at back. (See also Figure 5.7) (National Archives RG 418-G-285)



Figure 7.5. The Rest (at right) being moved toward its new foundation in 1905. The bell tower of the firehouse can be seen at the top right of the image prior to its move to a location just this side of the horse and wagon. (National Archives RG 418-P)



Figure 7.6. The autopsy room on the first floor of the Rest in 1915. (National Archives RG 418-G-288)



Figure 7.7. The firehouse in 1905 being prepared to be moved. (See also Figure 7.5) (National Archives RG 418-G-110)

White also instituted new recordkeeping systems to improve the efficiency of the medical office and prevent the loss of important papers. This system included a card catalog and other filing devices for correspondence and clinical records and was supervised by a record clerk.²⁹ The new Administration Building included a record room which provided space for a consolidated filing system so that complete patient records could be retained and made easily accessible to staff.³⁰ The quality of patient records was of paramount concern to White. The medical staff began using standardized forms to track each patient's mental and physical condition and progress. White's initiative included a program to photograph every patient and document each patient's history to the best recollection of the patient, staff, and patient's family.³¹

As White was trying to modernize St. Elizabeths from within, outside interests applied their own pressure. In 1914, the District of Columbia's Department of Health notified the hospital that it could no longer sell their unused swill. Although local laws still allowed the hospital to use their food waste for its own hogs, they didn't permit the excess to be sold. The District inspector noted that the authorities had for some time turned a blind eye to the practice but that doing so made it difficult for them to enforce the regulation with other parties. The hospital administration "decided to accept their view of the matter and discontinue this sale of the unused portions of swill and turn it over to the District garbage collector".³²

FOCUS ON EDUCATION

Throughout his tenure as superintendent, White encouraged his staff to be active in research, teaching, and professional circles. Soon after coming to St. Elizabeths, he instituted the practice of weekly meetings of the doctors to review important patient cases, present journal articles, and discuss other subjects of a scientific nature.³³ These staff conferences allowed doctors to share information and best practices relative to patient treatment and ward management. It was also the mechanism for determining which patients were eligible for parole and discharge. In 1917, over 825 cases were brought before the staff conferences.³⁴

In addition to creating educational opportunities at the hospital itself, White, who embraced the theories of Dr. Sigmund Freud, believed that external teaching positions helped keep the staff doctors up-to-date in their methods. Similarly he felt that conducting scientific research and getting the results published in medical journals was important for bringing the hospital's work to the attention of the profession at large.³⁵

White himself taught classes on mental health each year to students in the medical schools at Georgetown University, Columbian College, and Howard University as well as the Army Medical School. In 1911, his schedule was such that he didn't have time to teach his class separately to students at Georgetown and Howard, so he decided to offer a combined lecture. The Georgetown students, however, unanimously refused to attend lectures with their African American peers from Howard, saying that their parents would withdraw them from school for fear of "tainting their caste". It isn't clear whether White capitulated, the Georgetown students capitulated, or Georgetown found someone else to teach its class.³⁶

White's commitment to continuing education was not limited to his staff. In 1925, after having been superintendent for twenty-two years, White earned a Master of Arts degree from Georgetown. His work did not go unnoticed in the wider world of mental health. When he was awarded an honorary doctorate from Boston University in 1936, he was "cited as one of the country's most generally approved authorities in the field of psychiatry and the psychic treatment of nervous disorders".³⁷

White was also determined to improve the nurses' training school and to increase the number of qualified nurses assigned to wards. In 1908, only forty-three of the eighty-six wards were overseen by nurses, with the balance under the oversight of attendants untrained in nursing. That same year, the training school graduated five male nurses and twelve female nurses, which was typical for the school, but White hoped to increase those numbers, particularly the number of male graduates.³⁸

A decade later, White was still taking steps to improve the qualifications of nurses working at St. Elizabeths. In addition to wanting to employ more nursing graduates of general training schools, he wanted to improve the quality of the nursing school at St. Elizabeths. He believed he could achieve this "by rearranging the hospital training school in order to get in touch with training schools in general hospitals, so that our graduates will receive general recognition as registered nurses and be eligible [for] registration under the city registers". White worried, however, that more established nursing schools would not be willing to cooperate or to exchange nurses with St. Elizabeths until its training school had built up a reputation.³⁹

The training school developed into a three-year course leading to a diploma in nursing. The challenge then became getting enough students enrolled in the program. In 1929, the Civil Service Commission issued an urgent call for fifty student nurses for St. Elizabeths. Applicants were required to have at least two years of high school and had to be between eighteen and thirty years old.⁴⁰

In 1922, under the auspices of the Veterans Bureau, a school for training physicians in the treatment of mental and nervous diseases opened at St. Elizabeths. The intent was to train doctors who would then devote at least two years of service to the Bureau. Those enrolled would spend four months at St. Elizabeths receiving practical instruction and experience in the care and treatment of neuropsychiatric cases. According to White, there was no other program like it anywhere the world. He noted that “Every neuro-psychiatrist east of the Mississippi [had] been invited to lecture before the new school and nearly all of them accepted”.⁴¹

The opening of the new Blackburn Laboratory on the east campus in 1924 was a major step in advancing the scientific work at St. Elizabeths and helped keep the hospital at the forefront of the study of anatomical and scientific aspects of mental illness. The work of the lab built upon the example of its namesake, Dr. Isaac W. Blackburn, the hospital’s former pathologist. Blackburn had published the widely read and referenced *Gross Morbid Anatomy of the Brain*,⁴² but he was perhaps most noted for his pioneering work documenting the brains of the mentally ill in detailed drawings, photographs, and tissue slides. In 1930, the hospital added a “movie apparatus” that continued in this same vein by filming live patients as well as their brains after death and sharing the results with other professionals around the country.⁴³

The doctors at St. Elizabeths performed and participated in studies of various physical conditions. In one such study, a group of diabetic patients were treated for a few months “by a member of the staff who made use of the little known property of quinine in causing the reduction of blood sugar”.⁴⁴ It is unclear how scientifically rigorous these studies were, nor it is known whether patients knowingly participated.

Dr. White and the medical staff published and lectured widely within professional circles, but they also spoke to general audiences about their work. The hospital had a display in the Department of the Interior’s exhibit that appeared at expositions throughout the 1930s. The St. Elizabeths exhibit was about sixty-four square feet and consisted mainly of photographs and a model. It was shown at the 1934 Century of Progress Exposition in Chicago, the California Pacific International Expo in San Diego 1935, the Texas Centennial Expo in 1936, the Great Lakes Expo in 1936 in Cleveland, and the New York Expo in 1939.⁴⁵

One change during White’s tenure that reflected on his desire to educate the public was getting the name of the hospital changed. In 1904, 1905, and 1914, White had requested that Congress remove the word “insane” from the name of the hospital, which was still officially the Government Hospital for the Insane.⁴⁶

White felt that the word insane wasn't in keeping with the nature of the hospital's mission and reinforced popular misconceptions that the hospital was a warehouse for the mentally ill. Finally in 1916, Congress not only removed the word "insane" from the name but changed it entirely to "St. Elizabeths Hospital". In doing so, Congress officially codified the nickname for the hospital, in popular use since the Civil War, but it did so without a possessive apostrophe.

HOSPITAL STAFF

Almost immediately after White took over St. Elizabeths, he began agitating to hire a female doctor. His views on the matter weren't necessarily cutting-edge for 1904; by that time there were women physicians at most of the big state hospitals in the country. St. Elizabeths had previously hired a female doctor, appointing Dr. Irma I. Heller in 1899 to temporarily oversee the female department. Heller's services were seen as having been "eminently satisfactory, demonstrating the fact that a female physician is a desirable if not a necessary addition to the medical staff".⁴⁷ But no woman had yet been added to the permanent medical staff. White's hiring of Dr. Mary O'Malley in 1905 was indicative of his desire to bring St. Elizabeths into the twentieth century.



Figure 7.8. Dr. Mary O'Malley (National Archives RG 418-DP)

Dr. O'Malley was a native of Buffalo, New York, and had graduated with honors from Buffalo Medical College. She was hired through a competitive civil service examination, where she was second highest scorer. Having worked at the Binghamton State Hospital for seven years she would have been well known to White who had been there at the same time.⁴⁸ In her new position, O'Malley had general oversight of all female patients, as well as "the direct care of certain insane cases and surgical work".⁴⁹ No doubt O'Malley's appointment was a step forward for the hospital and for female physicians in general, but it didn't inoculate her from the effects of the gender mores of the era. By all accounts, she was given responsibilities equal to the male doctors and stepped in from time to time as acting superintendent, yet in the early days almost every mention of O'Malley in the annual reports or in the press was qualified with the title "woman physician". This was also a time when female nurses working on male wards were still a bit of a novelty, despite being a successful innovation that the hospital continued and expanded.⁵⁰

Both White and the secretary of the interior worked to improve working conditions for nurses and attendants. In 1917, they urged the president and Congress to reduce their ten- to twelve-hour work days to a standard eight-hour day.⁵¹ With a patient population hovering around three thousand, the switch required an additional one hundred employees for a third shift.⁵² White believed this was less an issue of improving the plight of nurses and attendants but for the well-being of patients:

It is highly important that the ward attendants should go on duty refreshed and rested so that during their period of duty they may be free from all tendencies that might express themselves in irritability and crossness toward the patients.⁵³

Finding employees with the education and temperament to take charge of vulnerable patients was an ongoing challenge. Central to the investigations of the hospital over the years were charges of staff neglect and abuse of patients. Newspaper accounts from the late nineteenth century and throughout the twentieth century chronicle the persistent reoccurrence of staff neglect, abuse, and graft, sometimes with lethal outcomes. In a particularly brutal case in 1917 two attendants were charged with killing patient John Overton with a baseball bat. Overton, an African American who had been at St. Elizabeths for more than ten years, had refused to get dressed one morning and got into a fight with the attendants. They removed him from the ward while the ward physician was making his rounds returning him, dead, to his bed after the doctor had left.⁵⁴ In

another case, three guards were arrested for beating a fifty-year old patient.⁵⁵ Other less violent and more common cases of staff malfeasance were reported in the press several times each year. Most often, these resulted in dismissal of the employee or some other internal corrective action. In some cases, like the murder of Overton or when a group of five employees were caught methodically stealing from the hospital and patients, law enforcement was called in.⁵⁶



Figure 7.9. Nurse standing in dispensary in Building B in 1905. (National Archives RG 418-G-45)



Figure 7.10. Supervisor's office in Building B in 1905. (National Archives RG 418-G-42)



Figure 7.11. Nurses on the lawn across from the nurses building (Building E). Building A can be seen in the background with part of the female receiving building (Building C) on the right. (National Archives RG 418-P-643)

As the hospital took a more modern approach to human resource issues and became a more standardized work environment, it also faced more modern problems. In a 1934 memorandum to his department heads, White took on sick leave abuse:

Since the policy on sick leave for the Hospital personnel has been liberalized, I have observed a steadily increasing number of employees asking for sick leave. Sick leave is a privilege extended to those who because of genuine illness are actually disabled for duty, and is not intended for those who having minor ailments are able to work. The fundamental factor in allowing sick leave is whether the employee was really sick and not able to work. However, in forwarding sick leave requests, I would like you to carefully scrutinize each case and determine for yourself whether there was genuine illness by personally inquiring into the merits, giving me the benefit of your opinion. This will, I believe, help those who deserve sick leave, and minimize the number of cases which are not meritorious.⁵⁷

Sick leave abuse was the least of White's worries when it came to twentieth-century business practices coming into conflict with the remnants of St. Elizabeths' nineteenth-century origins. An edict from J. R. McCarl, the United States Comptroller General, threatened to seriously upend business as usual. For the first fifty or sixty years of the hospital's operation, most of the staff lived on campus. Although room and board certainly supplemented the income of employees, it was often the case that they were required to live there and essentially be on call twenty-four hours a day. In the twentieth century, live-in staff became less and less the norm, although some, medical staff in particular, continued to live on the campus until at least the 1980s. By the 1920s, government-provided housing for hospital staff was under increasing scrutiny and seen by some as beyond their rightful compensation.

Comptroller General McCarl believed that employees who lived at St. Elizabeths should reimburse the government for their living expenses. McCarl took particular aim at White, who he thought was living in luxury on the government's dime. The comptroller general concluded that White's living expenses amounted to \$11,059 a year, which was \$3,559 more than the superintendent's annual salary.

Under present arrangements Dr. White is living in a spacious 19-room apartment maintained by four servants, receiving laundry work, telephone service, coal for his kitchen and commissary charges, all of which is paid for by the Government.⁵⁸

McCarl's insistence that the personnel board make the deductions to White's salary provoked a larger discussion about living allowances being made to employees at other government facilities. Most other facilities that provided room and board and other expenses already had those costs figured into their total compensation package.⁵⁹ So the focus in the press and in Congress remained on White and his supposedly extravagant lifestyle at St. Elizabeths. What seemed perfectly reasonable in the days of Drs. Nichols and Godding no longer seemed so. In the days when domestic chores were backbreaking, it didn't seem incongruous for the busy superintendent and his society matron wife to have a corps of staff to take care of their domestic arrangements. Such services seemed appropriate, given the superintendent's role at the hospital itself, in Washington society, and in the broader professional community of prominent physicians, psychiatrists and hospital administrators. But by the summer of 1928 when McCarl brought up the issue, St. Elizabeths had become less like a small town

with the superintendent as its doctor, father, and mayor all rolled into one, and more like a government institution.

Although McCarl insisted that the deductions from White's salary begin October 1, 1928, the issue wasn't resolved until 1931. While Congress debated the issue, temporary fixes were added to appropriations bills to keep White and other hospital staff from having to reimburse the government until the issue was resolved.⁶⁰ In 1930, Dr. White's chief clerk, Monie Sanger, wrote a justification for the allowances.

The employee who is compelled to live at the hospital does not live here of his own volition, but under mandatory orders in order to protect the life of the patient and employee and the property of the Government. He cannot pick his living quarters, nor his surroundings. Many of the quarters furnished to these employees are almost uninhabitable. The surroundings are such that few, if any, would be willing to occupy them even if there was no charge made. The only condition under which they are occupied is because they are under orders as part of their contract of employment.⁶¹

Finally in March 1931, the personnel classification board ruled that only a nominal deduction should be taken from the salaries of workers receiving quarters and subsistence. But it further ruled that employees could only live on campus if "it was for the essential benefit of the hospital for the protection of inmates or Government property".⁶²

As the patient population continued to grow, efficient use of resources became increasingly important, and it became more difficult for the superintendent to directly supervise day-to-day operations of the hospital. In the 1930s, White relied heavily on clerk Monie Sanger to keep the hospital running smoothly. Sanger held various administrative roles at the hospital since he was hired in 1906.⁶³ Since the days of Dr. Nichols, the superintendent had always had a clerk who helped run the hospital. But no superintendent had relied on an assistant to the degree that White did—at least not as evidenced by hospital records. Sanger's title was assistant to the superintendent, and his signature is everywhere. In many ways he acted as an unofficial chief administrative and operational executive. Officially, his role was as a sort of chief of staff, collecting information from all of White's direct reports; making recommendations to White about how to move forward with administrative and operational issues including construction of additional buildings; procuring services and supplies; and advising

on legislation that might be required. Sanger would formulate his reports to White after canvassing the heads of departments to ascertain their needs and recommendations. Sanger continued his role until he retired in 1946 with the title of assistant superintendent.⁶⁴

There were other employees who also had incredible longevity. A 1928 ceremony marking White's twenty-fifth anniversary as superintendent also recognized sixty-five employees who had been at the hospital twenty-five years or more. The longest-serving had worked there forty-eight years and the second longest for forty-six.⁶⁵ Despite White's shaky beginnings at St. Elizabeths, he would go on to serve as superintendent for a total of thirty-four years, during which his supporters outnumbered his critics. In 1930, *Washington Post* columnist James Hay Jr. wrote a paean to White in his regular column "Brickbats & Bouquets":

When Dr. White took charge of the place 26 years ago, he immediately began to show that in the care of the insane, strait-jackets, manacles, fetters, bars and chains were vastly overrated instruments and that kindness, understanding and a large mixture of the well-known garden variety of common sense were healing, efficient, and, up to that time, unappreciated drugs. He also showed that, instead of being weighted down by the superstition and pessimism of 500 years ago in regard to mental diseases, the thing to do was to turn the light of modern progress and science upon every patient in the hospital. The long-bearded doctors of Europe took to crossing the sea and dropping in to see how young William A. managed to get away with all he accomplished. Twice, weird as it may seem, some misguided soul has persuaded a congressional committee that St. Elizabeths should be investigated. And twice the doctor beautifully, irrefutably and gracefully, as he nonchalantly smoked his cigarette, demonstrated that not all the crazy people of this locality are locked up.⁶⁶

HOSPITAL INVESTIGATIONS

As Hay suggested, despite his general popularity, like all superintendents of St. Elizabeths, White was faced many times with defending the hospital from the public, press, and politicians. Indeed, the job of superintendent required a fair amount of public education as to what did and didn't happen at the hospital.

Unfortunately, those educational moments were usually in the form of some sort of official investigation in which the hospital was on the defensive.

A writ of habeas corpus filed in 1905 on behalf of a former soldier proved to be one of those opportunities. A lawyer for the former soldier, whose surname was Willis, charged that the hospital illegally imprisoned his client. In any given year, numerous such writs were filed on behalf of patients at St. Elizabeths, but the details of the Willis case sparked a broader interest because it highlighted a quirk of law that had the potential to, at least technically, classify perhaps hundreds of insane patients at St. Elizabeths as being held unlawfully. This legal limbo stemmed from the fact that soldiers, sailors and marines were committed to St. Elizabeths by order of the secretary of war or the secretary of the navy, but once a military patient's term of enlistment ended he was considered a civilian, and the commitment by one of the military secretaries was no longer valid. Given that the mental health of these patients didn't suddenly return when their term of service expired, the patients were kept on at St. Elizabeths until they regained their mental health, which may not have happened for years, if it at all.

In such instances, the hospital typically referred the case to the District which would then conduct a lunacy proceeding. In some circumstances, as it did with Willis, the District chose not to hold a hearing. Such inaction by the local authorities exposed White to criticism because those patients' sanity had not been assessed by a jury as required by the law. As a rule, White and the other doctors at St. Elizabeths never instituted lunacy proceedings themselves because "the possibility of abuse in that connection is so strong that in some states the superintendents of asylums for the insane are forbidden any hand in commitment proceedings".⁶⁷

White noted that the commitment laws in D.C. were over a hundred years old and their requirement of a trial by jury unnecessarily exposed the patient to the public gaze. When he arrived at St. Elizabeths, White had found several patients under treatment who had not been formally committed. Most came voluntarily and didn't want their case before a jury.

I took a very decided stand against that practice. Many pitiful appeals were made to me. While not insensible to the unfortunate circumstances attending this class of patients, I was unwilling to assume the responsibility of detaining men and women here for treatment under such conditions.⁶⁸

Despite White's detailed explanation of the commitment process, he still found himself having to deal with the Willis case, which was further expanded by

the Medico-Legal Society of Washington, a medical ethics and advocacy group, into a broader set of accusations about his management. The charges included “assertions that strait-jackets, handcuffs, and appliances by which patients are cruelly treated have been used; that they have been subjected to a ‘bull-pen’ discipline, and that feeding tubes have been thrust through their nostrils down their throats”.⁶⁹

The Medico-Legal Society questioned the ability of the board of visitors to investigate the matter properly. The attorneys for the society contended that the board was “responsible for everything that goes wrong, and, naturally, would feel timid about probing too closely” and insisted on a congressional or Department of the Interior panel to investigate:

The board makes monthly visits to the asylum, and always finds things in tip-top shape. The members go there at a certain hour, and I am told that just before they arrive there is a great amount of scrubbing and housecleaning. They look through the buildings, enjoy a luncheon in the superintendent’s office, and—how should they know anything about the hazing of defenseless imbeciles by the attendants?⁷⁰

A few months after the accusations were leveled, a special committee of five members of the House of Representatives was appointed to investigate and brought forward witnesses whose testimony sounded very much like the testimony given in every other investigation of mismanagement at St. Elizabeths.⁷¹ The details changed from investigation to investigation, but in this case they were reported much more explicitly in the press. There were accusations that patients who worked in the laundry would be “wrung out” by the foreman who would wrap a wet towel around their necks and choke them.⁷² One attendant owned up to hitting patients with his fists “hundreds of times” and said that he had practiced cruelty on other occasions and was eventually discharged from employment when one of his “scuffles” became known to management.⁷³ A former patient who was at St. Elizabeths due to a nervous breakdown said that she had been given a single room and would often be locked in and left for hours with no way of calling for help. “Her most serious charge was that on one occasion she was thrown down in the hallway by an attendant, dragged by one arm through the hall, and violently thrown on her bed”.⁷⁴

Otis Wilson, an attendant who had testified about his own abuse of patients and his dismissal, testified that he had never seen the board of visitors. “Whenever the board day came around, Supervisor Burch told us to take the

patients out to the hills. We kept them there until the board had departed”. On rainy inspection days, the staff would keep the patients inside and dress them in good clothes until the board had completed its rounds, then would change them back into the inadequate clothing they normally wore. Wilson also testified that in the eighteen months he worked at St. Elizabeths he saw Dr. White only once.⁷⁵ Owen Allen, another attendant, also testified to understaffing and poor conditions. He said that he had been the only attendant for forty-five patients and that, as a result, he sometimes hit patients to keep control of them. Allen said that the staff was so overworked and pressed for time that they didn’t change the bathwater between patients. He also noted that he had been served potatoes with “stable dirt clinging to them”.⁷⁶

When Dr. White was given the chance to take the stand, he made a substantive defense of each of the charges. He also had to comment on the government’s provisions for his own housekeeping. Along with his testimony about the number of vehicles at his disposal (two automobiles, three carriages, and two horses) and the number of servants working in his living quarters (two), he also had to address the very serious matter of butter. One of the charges brought against the hospital was that it had substituted oleomargarine in the dining rooms. Earlier testimony had indicated that use of oleomargarine saved the hospital about \$12,000 a year, but now the question was put to White. Did *he* use butter or oleomargarine? If nothing else came out of this investigation, his accusers might at least be able to reveal the superintendent’s hypocritical use of butter. But the doctor faced the accusation head on: “I have never had an ounce of butter on my private table since I have been at the hospital”.⁷⁷

The worries about oleo vs. butter and complaints that the food was “ordinary and common” and “often cooked dry as a chip, and at no time ... palatable”, while credible, were very similar to the complaints made two years earlier during the labor dispute with nurses.⁷⁸ The degree to which those issues were talked about detracted from the more serious charges of patient abuse and neglect.

The investigation looked all the way back to White’s arrival at St. Elizabeths, examined 287 witnesses, and took the members of the special committee on visits to the Islip State Hospital and Manhattan State Hospital in New York for the sake of comparison.⁷⁹ Thirty witnesses were called to testify in defense of White and the hospital.⁸⁰ Among these were mental health professionals from around the country. That testimony generally painted a picture of a model institution where the facility, management, and patient care were all exemplary. One of the doctors to testify was Dr. W.W. Richardson, an assistant

physician at the Columbus, Ohio, asylum and son of White's immediate predecessor, Dr. Alonzo Richardson.⁸¹

The two-month investigation wrapped up in the summer of 1906, but a report wasn't presented to Congress until February 1907, almost a year after the Medico-Legal Society first brought its charges to Congress. The majority report signed by the three Republican members of the special committee exonerated White, while the minority report signed by the committee's two Democrats was quite critical. Although the two reports were very different, both recommended a new law for the commitment of patients.⁸²

The committee's reports noted that there were indeed cases of cruelty at the hospital but that they were not sanctioned by the superintendant or medical staff and "were met by prompt punishment". The committee found that there was no proof of the "towelings" of patients and that strait-jackets had not been used at the hospital for years. Besides supporting the general notion that the superintendent should be able to do more to keep attendants from abusing patients, most of its recommendations encouraged the hiring of additional staff to remedy the worst of the conditions at the hospital. The minority report found that the preponderance of evidence suggested that the food was badly prepared and often not fit to eat, but it didn't propose any steps to rectify the situation. The majority report suggested an additional kitchen or two and the addition of steam tables to keep food hot.⁸³ Among the committee's recommendations were calls for the superintendent to be "relieved of performing the duties of a disbursing officer", for the creation of a separate institution for the criminally insane, and for a new lunacy law to be enacted for the District of Columbia. The last of these touched upon its most notable recommendation, that a three-person lunacy commission should oversee the hospital, replacing the board of visitors which had outlived its usefulness.⁸⁴

Ironically, by the time the investigation got underway, and certainly by the time it finished, there was little in it that addressed the larger issues of the Willis case, which is how the Medico-Legal Society first got involved. At the heart of the case was the question of whether St. Elizabeths was holding ex-military patients without valid commitments. The committee reports made a few statements about commitment proceedings, but most of the concern seemed to center on hospital conditions and the management. The report did nothing to clear up the legal limbo of soldiers and sailors who were discharged from the service but whose mental conditions made it unwise to release them from the hospital.

In 1911, White again found himself on the defensive before a congressional committee for many of the same reasons as in the 1906 investigation. Answering questions about conditions and alleged abuse of patients

under his care was understandably part of the job of superintendent. But many of the charges he had to defend himself against stemmed from problems with the commitment laws, which Congress had failed to resolve.⁸⁵

WHITE'S SECOND CAMPUS EXPANSION

In addition to the difficulties that chronic understaffing played in the management of the hospital, overcrowding played a central role in hospital investigations as well. The hospital projected a need for increased capacity just a year into the construction of the Shepley, Rutan & Coolidge expansion. The 1903 annual report noted that "it will only be a very few years when all of the 1,000 additional beds in this extension will be occupied".⁸⁶ The 1907 annual report noted that the new buildings were almost entirely full.⁸⁷

Beginning in 1909, the capacity discussion in the annual reports was accompanied by requests for funding for new buildings. It was certain that additional capacity was required but how to provide that capacity was less clear. The requests continued off and on, and in various guises, for almost twenty-two years before Congress approved funding for construction that offered some relief. For a few years, the hospital asked for \$160,000 for a 140-bed epileptic building.⁸⁸ A few years later, in 1912, a \$100,000 request was made for a building for female patients.⁸⁹ By 1914, the requests for both were dropped in favor of \$150,000 for a building for male patients.⁹⁰ In 1915, all requests for additional patient buildings were dropped, but they reappeared in 1916 when a \$165,000 request was made for a 140-bed male receiving ward and \$60,000 for a male cottage.⁹¹

The hospital staff also argued that Howard Hall, built to house the criminally insane, was no longer adequate. Arguing that its configuration made it impossible to expand the building, the hospital proposed to move the criminally insane into a new \$160,000 building and reserve Howard Hall for the noncriminal but "vicious" classes of patients.⁹² A year later, however, the request related to Howard Hall dropped from \$160,000 to just \$55,000. Instead of asking for a new building, the staff concluded that a twenty-four-foot-high concrete wall around Howard Hall would provide the security necessary to house them.⁹³

Similarly inconsistent requests for staff quarters were also made during this period. In 1910, \$10,000 was requested to reconfigure the old chapel space in the Center Building into quarters for the medical staff and their families. At the same time, \$40,000 was requested to build a house for the superintendent, who had until that time had a large apartment on the second floor of the Center

Building.⁹⁴ The request for the superintendent's home seemed particularly audacious considering the amount requested for staff quarters, as well as the fact that a cottage for 40 to 60 patients cost \$60,000.⁹⁵ At least one member of Congress asked why a bachelor superintendent needed a \$40,000 house.⁹⁶



Figure 7.12. Howard Hall shown here in 1900. (National Archives RG 418-G-156)



Figure 7.13. The security wall surrounding Howard Hall provided additional outdoor space for the criminally insane. This picture from 1915 shows patients cultivating vegetable crops. Howard Hall and the security wall were razed in the 1960s. (National Archives RG 418-P-87)

Two years later, the requests for the superintendent's house and the reconfigured chapel space were dropped in favor of a plan to construct quarters for medical staff and their families who were housed on the second floor of the Administration Building. The existing quarters were considered "a poor arrangement both from the standpoint of the comfort of the medical officers and their families and of conducting the business affairs of the institution".⁹⁷ After three more years requesting \$25,000 for medical staff quarters, another \$25,000 was added to provide quarters for other workers as well.⁹⁸ By 1922, this had been amended to a proposal to build seven bungalows at \$7,000 a piece for medical staff and their families.⁹⁹ The bungalows were built in 1924 in various places around the campus and were used by the chiefs of the adjacent departments.¹⁰⁰



Figure 7.14. The front elevation of one of the seven staff residences completed in 1924. The single family houses were used for various department heads, usually doctors, and their families. (GSA Archive DC1444SE0008)

During this period of largely unfulfilled appropriation requests for major new construction, many other smaller projects kept the hospital staff and the appropriators busy. In 1913, five cottages were built for patients with tuberculosis. Each one-story cottage was about 142 feet long and 19 feet wide and could accommodate twenty patients. Built of wood-frame and stucco, three of the buildings were for male patients and were placed along the ravine behind, but some distance from, the 1902 Richardson Group of buildings on the east campus. Two other cottages were erected for female patients on the south side of the west campus.¹⁰¹



Figure 7.15. Patients in one of the five tuberculosis buildings. (National Archives RG 418-P-267)

In the 1917 annual report, the staff suggested that the same type of building as the TB cottages could be used to quickly and cheaply relieve overcrowding. They requested \$60,000 to build seven cottages for a total capacity of 140 beds.¹⁰² Soon after the 1917 annual report was published Congress passed an urgent deficiency act allowing up to \$200,000 for the construction of similar semi-permanent buildings for 504 non-TB patients.¹⁰³ By 1919, the cottages, which had a life expectancy of about thirty years, had been completed for just over \$156,000.¹⁰⁴

A few years later, in 1921, Congress appropriated \$18 million to improve accommodations for disabled veterans of World War I. Of that amount, \$6 million was available for extending existing facilities. Dr. White suggested that some of those funds could be used at St. Elizabeths to “accommodate almost any reasonable amount of men, giving them all expert medical attention, and keeping them segregated from the violent insane and the criminal insane now in the institution” In an article in the *Washington Post*, White said that the

government has in St. Elizabeth’s an institution which is already functioning and one which should be well able, with alterations, to

accommodate a considerable number of invalided soldiers efficiently and economically. The possibilities of St. Elizabeth's as an institution for the care of veterans are almost unlimited. We now have several acres of ground upon which could be erected semi permanent buildings of a modern type in which they could be housed.¹⁰⁵

The local chamber of commerce supported White's proposal and lobbied Congress to expand St. Elizabeths.¹⁰⁶ In the end, however, nothing came of it.



Figure 7.16. Undated aerial photograph showing the semi-permanent patient buildings in the center right. Buildings I, N, and P are to the left of the semi-permanent buildings and the Male Receiving Building is to their left. (National Archives RG 418-P-313)

World War I increased the patient population at St. Elizabeths and affected appropriations. Construction of a long-planned-for isolation ward had to be deferred for lack of funds,¹⁰⁷ and the Department of War was unable to get money to build an entertainment building for former service members.¹⁰⁸ In the case of the entertainment building, the Red Cross picked up the slack and built a facility next to Hitchcock Hall in 1920.¹⁰⁹ (See Figures 7.23 and 7.24)

While the building program in the 1920s provided no substantive increase in patient capacity, several important additions to the campus helped continue White's drive to modernize the hospital's facilities. A garage was built on the east

campus in 1920 to house and service the growing fleet of hospital automobiles.¹¹⁰ Construction of the isolation building that had been deferred in 1919 finally began in 1923 and was completed in 1924, providing fifty beds for patients with highly communicable diseases. Positioned near the top of a ravine on the east campus, the building became known as Glenside and allowed the medical staff to quarantine patients with various types of disease and maintain separation of gender and race.¹¹¹

Perhaps the most important building constructed during this period was the Blackburn Laboratory on the east campus. While the original pathology lab on the west campus was the first of its kind at a mental institution in the 1880s, by the 1920s it was long out-of-date. With a newly equipped lab in 1924, the hospital once again could develop clinical and research projects that had “practically come to a standstill due to the physical limitations of the previous situation”.¹¹² A few years later, the old Rest, the original laboratory and morgue on the west campus, was turned into a circulating library on the main floor and a hospital museum on the second.¹¹³



Figure 7.17. Blackburn Laboratory circa 1925. (National Archives RG 418-G-58) (See Figure 8.14 for site plan.)

Two portable buildings from the Veterans Bureau were donated to the hospital to serve as a cafeteria for the “doctors, nurses, and social-service workers

of the Veterans Bureau attending the training school at the hospital". The cafeteria was also a place for liaison workers from various outside agencies to eat, as well as employees of St. Elizabeths who were no longer allowed under civil service rules to be served meals in the hospital's dining rooms. The two buildings—modified and combined into one, and outfitted to prepare and serve meals—opened to staff in July 1924.¹¹⁴

St. Elizabeths also sought to keep up with the demands of a large, modern facility by seeking money for two projects that ended up going unfunded for years. In 1922, White asked for \$54,000 to build two wings onto the Administration Building to keep up with the hospital's ever-increasing administrative and accounting needs.¹¹⁵ The second request was in 1926, for \$750,000 for a medical-surgical building and \$4.5 to \$5 million for a major expansion of 1,500 additional beds.¹¹⁶ Although neither of those requests was immediately funded, they were built in the 1930s, a good thirty-nine years sooner than the Administration Building additions which didn't get built until 1961.

In 1931, construction was completed on the \$875,000 Medical-Surgical Building, which was designed by architects from the Veterans Bureau and situated between the north end of the Richardson group and the Glenside isolation building.¹¹⁷ The building was essentially a general hospital with 200 beds, putting all clinical services—including including eye, ear, nose and throat, dental, dermatological, and gynecological—under one roof. It also contained a pharmacy, as well as the nursing school with classrooms and a model ward for students.¹¹⁸

Later that same year, ground was broken for a permanent tuberculosis building on the south end of the Richardson group. The \$190,000 building was to have eighty beds and be the first step in a \$2 million building program.¹¹⁹ When the bids came back for the tuberculosis building, the U.S. comptroller general insisted that the contract go to lowest bidder even though that contractor was facing scrutiny after the collapse of building forms at two of their local school projects.¹²⁰

The second and third steps in the \$2 million building program couldn't come soon enough. Even with the completion of the Medical-Surgical Building and the tuberculosis building, by 1932 the hospital was seventeen hundred patients over capacity.¹²¹ Step two was completed in 1933 with the opening of two continuing treatment (CT) buildings and a central kitchen. Each of the CT buildings was two stories and had capacity for 164 patients each. They were quickly followed in 1934 by the construction of a receiving building that would house about four hundred male patients and, in 1936, a similar female receiving building. The Male Receiving Building was directly opposite the Medical-Surgical Building, and the Female Receiving Building was situated to the east of

the male building. Together they formed what became known as the Maple Quadrangle, with the Male Receiving Building on the south side, the Female Receiving Building and Glenside on the east, the Medical Surgical Building on the north, and the two Richardson group buildings to the west. The two receiving buildings served as intake centers. After being admitted, patients were observed and then assigned to wards in the receiving buildings if they were thought to be acute cases, or to the CT buildings or other wards on campus, if they turned out be chronic cases.

The first two CT buildings and their central kitchen were the start of a cluster to the south of the Richardson group and the tuberculosis building. Six additional CT buildings were eventually built, with two each being completed in 1939, 1940, and 1943. Although the planned CT building complex was largely incomplete when White died in 1937, he managed to add about eleven hundred new beds in about six years, with another thousand completed within six years of his death. Taken together, White's 1930s plan was an ambitious building program. (See Figure 8.14)



Figure 7.18. Looking east toward the front of the Medical Surgical Building. (National Archives RG 418-P-168) (See Figure 8.14 for site plan.)



Figure 7.19. Tuberculosis Building shortly after its construction. (National Archives RG 418-P-193) (See Figure 8.14 for site plan.)

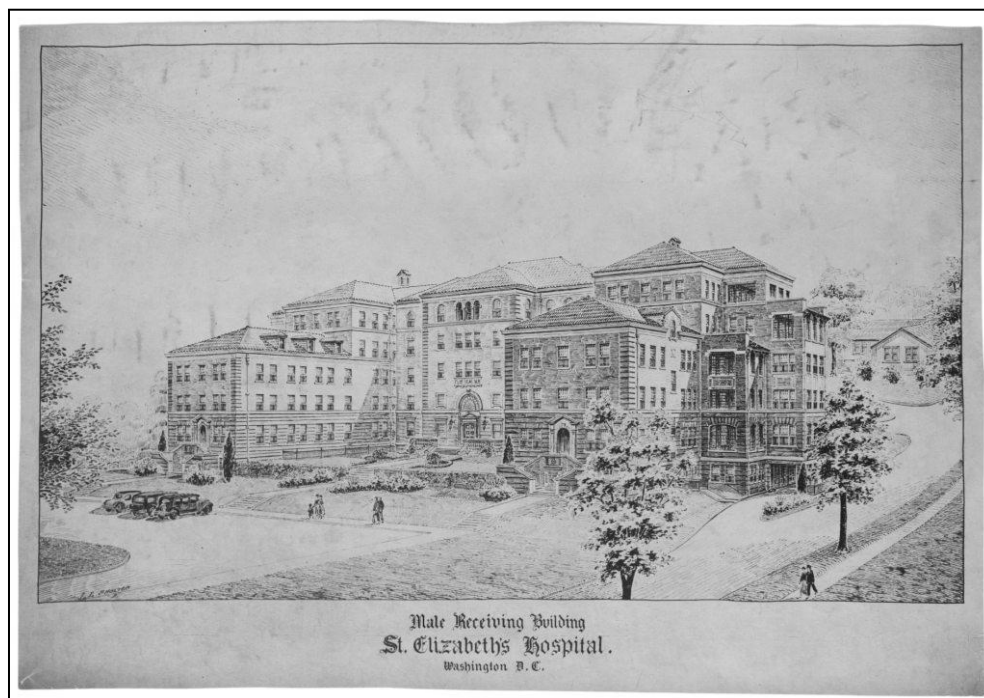


Figure 7.20. Rendering of the Male Receiving Building. (Library of Congress American Architectural Foundation Collection) (See Figure 8.14 for site plan.)



Figure 7.21. Male Receiving Building Lobby. (National Archives RG 418-P-216)



Figure 7.22. Female Receiving Building. (National Archives RG 418-P-227) (See Figure 8.14 for site plan.)

THE HOSPITAL FARM

The inexorable building expansion eastward took its toll on the hospital's agricultural lands. Although the farms were maintained throughout White's thirty-four years as superintendent, real estate and labor costs were rising and crop prices were dropping. The goal of producing the majority of the hospital's fresh foodstuffs also became increasingly difficult as the hospital population grew from 2,369 in 1903 to 5,667 in 1937 while the land available for agricultural production declined. On top of all of this, White wasn't much of a farmer, as he was the first to admit.¹²²

The 1902 hospital expansion took a large chunk of arable land out of production. The new west campus buildings were built on the broadest, flattest terrain and greatly reduced the ability to continue farm activities there. After 1902, only about 60 of the 176 acres of the west campus were still available for food production, and much of which were probably hillside orchards and vineyards.¹²³ The 1902 expansion also removed a significant portion of the east campus from farm production, limiting cultivation there to about 150 acres.¹²⁴ By 1926, only about 450 of the hospital's total 803 acres (including Godding Croft) were available for farm use.

Despite these pressures and the ever-increasing patient population, Congress continued to refuse to appropriate funds for the purchase of additional farmland. In 1907, it rejected a request to purchase 80 acres for the dairy herd for \$25,000. It isn't surprising that Congress rejected the deal because it would have cost the government \$312 an acre, when the city assessor valued the land at \$80 an acre. But the rejection left the hospital with no viable option to support farm production.¹²⁵ The hospital continued to ask for additional land almost yearly.¹²⁶ In 1914, White attempted to provide a no-cost option by requesting the use of newly reclaimed land along the Anacostia River for farming and grazing.¹²⁷ There is some indication that the hospital was able to use about 25 acres there, but it is unclear how long it was permitted or possible as the land later became part of Bolling Air Field.¹²⁸

In 1929, the staff decided to up the ante in its request for additional farm land. Instead of proposing incremental purchases in the increasingly expensive and rapidly developing Congress Heights neighborhood, White asked Congress for 2,000 acres of land in rural Virginia or Maryland. The intent was to concentrate all of the farm and gardening work in one place. At this point, the hospital's main concern was not providing fresh fruit and vegetables, but merely having enough fodder for the dairy herd without having to buy it.¹²⁹ In 1930, they

increased their request to 5,000 acres, citing plans by the National Park and Planning Commission that would greatly impact Godding Croft.

The National Park and Planning Commission has in contemplation connecting the various forts around Washington with roads. They anticipate, in laying out these roads, taking certain portions of the hospital land. This will still further reduce the land devoted to farm purposes. The road to be laid out by the National Park and Planning Commission along the river front, to be extended as far as Fort Washington, will traverse that part of the hospital land known as Godding Croft, practically dividing this land and reducing materially its usefulness for farm purposes. The piece of land known as the Stevens Tract at Congress Heights has had several streets cut through it, and we have been informally advised that its locality is such that the National Park and Planning Commission, and probably the Congress Heights Citizens' Association, have in view of the possibility of making it a playground for the children in the vicinity.¹³⁰

The commission's plan also threatened to take land from the east campus to connect the former forts and highlighted the fact that St. Elizabeths no longer sat in isolation on the outskirts of the city. Not only would the plans for the drive remove farm land, but it would also run right through the semi-permanent buildings that were still in use on the southeast corner of the east campus.¹³¹ In the end, the project never materialized, but it served as another justification for the hospital's continued request for additional farmland away from the real estate pressures of Washington. In 1935, the staff tried again by pointing out that despite having 5,300 patients, the size of the hospital's farmland had been static since about 1890, when the patient population was only 1,500.¹³²

In addition to failing to approve any of the hospital's requests to acquire additional land, Congress also passed laws that ceded land from the Stevens Farm plot for public roadways in 1910 and 1916.¹³³ In 1933, Stevens Farm came under pressure when the Congress Heights Civic Association tried to get the hospital to cede land at Nichols Avenue and Fourth Street for a public playground.¹³⁴

Other threats to the hospital farm stemmed from its status as a federal government entity, which subjected it to a variety of labor laws that were difficult to implement on a dairy farm. The so-called Saturday half law, which put restrictions on employees working on Saturdays, made it particularly hard to ensure that farm chores, including milking a dairy herd of over two hundred cows,

were done.¹³⁵ It didn't help that the hospital's veterinarian did not recommend the use of mechanical milkers, saying that turnover in cows in mechanical herds was between 35 percent and 40 percent.¹³⁶

Natural events like the droughts of the 1930s also made it extremely difficult to supply a hospital population of over five thousand with milk.¹³⁷ Even without a drought, the poor water supply at Godding Croft made the land difficult to farm.¹³⁸ With only 175 acres under cultivation¹³⁹ the promise of the 400 or so acres at Godding Croft never really seemed to pay off. It lagged behind technologically as well, lacking electricity until at least 1929.¹⁴⁰

Despite all the challenges associated with the farm it remained an important part of the identity of St. Elizabeths and its operations. At a hearing in 1911, Dr. White had described to a congressional committee its bounty, noting that they still "raise a great many fruits [themselves], particularly grapes, and we also raise apples and pears and things of that sort".¹⁴¹ The 1916 annual report boasted of the farm's output:

We have received quite a large quantity of fruit and garden produce from our farm, gardens, and orchard during the past year, not only sufficient for immediate uses, but from the extra supplies the kitchens were able to can several thousand quarts of fruit, put up about 600 bottles of catsup, the same quantity of chili sauce, and make many quarts of various kinds of preserves and pickles.¹⁴²

During World War I, the hospital ramped up agricultural production by turning lawns into vegetable gardens for the hospital's use.

On account of the extraordinary situation in this country, it becomes necessary to conserve our food, and the hospital decided that it was necessary to plant a greater area in an endeavor to get larger crops. Carrying out this idea, larger quantities of seeds of various classes were purchased and places put under cultivation that heretofore had been used for lawns, playgrounds, etc. Among other places was the area in front of the administrative group, where a field of potatoes, taking in an area of one acre, has been planted and gives promise of a good crop. The old baseball field is at present being plowed, preliminary to planting wheat. After this field has been plowed, we will then begin to plow what is known as Prospect Hill [the Point] for the same purpose. In this work quite an additional number of patients have been engaged. In the

area between the greenhouses and Burrows Cottage [*sic*], where formerly plants were raised, the space is now devoted to raising cabbage, and many barrels have been produced.¹⁴³

The construction of the concrete security wall around Howard Hall in 1915 provided criminally insane patients unfettered access to secure outdoor space which was then put into cultivation for growing cucumbers, radishes, watermelons, tomatoes, cabbages, potatoes, corn, and other vegetables.¹⁴⁴ (See Figures 7.12 and 7.13)

Since Congress continually refused to appropriate money for more land, scientific efforts were used to increase the productivity of the farm. In 1927, a concerted effort was undertaken to make the farm more efficient:

A great deal of attention has been paid to the farms during the past year in order to increase the production, particularly of that class of food materials which it is difficult for the hospital to purchase in the quantities and grades desired. It was decided that primarily efforts should be concentrated to furnish in full measure eggs, fowl, milk, corn for all purposes, including ensilage, and some vegetables. A survey showed that the cost of producing some of the items heretofore raised was out of proportion with the results attained. The growth of these items will be discontinued.¹⁴⁵

St. Elizabeths also teamed with the United States Department of Agriculture in the use of purebred bulls from its Beltsville, Maryland experimental station for breeding. The hospital noted that “the constant use of these superior animals is improving the herd”.¹⁴⁶

The hospital’s livestock operations continued to prove useful well into the 1930s. In 1931, the henneries on the east campus produced six hundred dozen eggs more than it had produced in any previous year.¹⁴⁷ Success with livestock, however, made the hospital some enemies in the now suburban neighborhood of Congress Heights. Although the hospital attempted to keep the cow stables, silos, piggery, and hennery as far from Nichols Avenue as possible, they never received an appropriation to move them from the east campus. They were “gradually getting to be more and more of a nuisance to the citizens in the neighborhood, especially owing to the disagreeable odors which emanate from the piggery and from the swill”.¹⁴⁸

What had once been a neighborhood of farms had developed into a suburban neighborhood hostile to farm activity. In 1927, the Federation of Civic

Associations demanded an inspection of conditions surrounding the piggery at St. Elizabeths. The Department of the Interior had previously examined the “green slime” in water of the Stickfoot Branch, which was a result of discharge from swine operations, and determined that it was “composed of harmless algae”. Nonetheless, the hospital administration decided that the swill should be channeled into the sewer trunk line under Nichols Avenue, to flow underground to the river.¹⁴⁹ It is unclear if the sewer work was undertaken.

Livestock production wasn't the only thing that caused tension in the neighborhood. Newspaper accounts of small incidents with patients with leave privileges, as well as escaped patients were fairly common throughout the history of the hospital. In general, patients didn't pose much of a danger to those who lived nearby, but there were certainly cases in which the community was justified in its fear. In 1905, a young newsboy walking through the woods near the hospital was robbed of a dollar by a patient.¹⁵⁰ Other more serious incidents put the community on edge. One alarming incident in 1909 prompted the neighborhood to organize in opposition to the hospital.

[A] colored patient working with the road gang, without provocation, attacked the foreman of the gang with a crowbar and killed him instantly; also, while running away [he] killed a female paroled patient and struck another female causing a fracture of both bones of the right forearm and some facial contusions.¹⁵¹

As a result of this incident, the Congress Heights Citizens Association made a complaint about patients on parole in neighborhood. Normally the board of visitors would investigate such complaints, but this time the community insisted that the board, being responsible for what went on at the hospital, could hardly be impartial.¹⁵² Among their demands, the local residents requested that the secretary of the interior ensure that patients not be allowed in the neighborhood unaccompanied, and they asked that the hospital reinstitute a canteen to keep them from going into neighborhood to buy small items. Their letter to the secretary also noted that the hospital had acted appropriately in the past by not allowing patient laborers to be transferred to the out farms with farm implements (such as pitchforks) in their possession.¹⁵³

In response to the citizens group, the hospital administration told the interior secretary that “patients on parole are not a dangerous element” and that those working on the road and out farms were always accompanied by hospital

attendants. Despite the secretary reporting that “the women and children are constantly in a state of terror”, the hospital staff noted that many women and children of the community “pass through the hospital grounds daily without fear of molestation”.¹⁵⁴

Patient escapes were fairly regular occurrences and were usually noted in the local press. In most cases, the *Washington Post* would include a short, simple notice. In some cases, however, the newspaper made a bigger story out of an escape, using more sensational language. In March 1911, five patients escaped as a group, and the *Washington Post* ran a prominent story with the headline “Closing in on Maniac” on page three. The story included pictures of three of the five escapees with a caption “Maniacs Who Escaped”.¹⁵⁵

Not long after this, some in Congress Heights began to worry that publicity around patient escapes would have a negative impact on their property values. A group called the Congress Heights Public Improvement Association decided to help Dr. White and the hospital rather than make public complaints about them: “In the future the members of the association will attempt to have Dr. White keep from the newspapers all but the more important escapes”.¹⁵⁶

Despite the efforts of the Congress Heights Public Improvement Association, the *Washington Post* continued to publish accounts of escapes with some frequency, although most were much less panic inducing than “Maniacs Who Escaped”. For example, this small notice appeared in the *Post* after Christmas 1911:

After dancing fifteen two-steps and waltzes in the theater at the Government Hospital for the Insane, Edgar Pipes, one of the inmates, escaped last night from the institution. The guards were busily engaged watching the merry-makers return to the dormitories, and paid no attention to the quiet man who strolled down the gravel pathway to the gate. When noses were counted Pipes was found to be missing. An alarm was sent out and the Eleventh precinct police went in search of him.¹⁵⁷

A few years later, an escape took the form of a kidnapping. May Sanger, the thirty-one-year-old wife of a well-known businessman, had been committed after twice having tried to commit suicide. One day, three men in an automobile drove up to the hospital building in which Sanger was staying. One of them claimed to be the patient’s brother and asked to see her. Once the man and Sanger were outside the building, the three pushed her into the vehicle and drove away at high speed. After collecting her young daughter in the city, they were thought to

have taken them both to Sanger's parents' house in Maryland.¹⁵⁸ The next day, Sanger was arrested while meeting with her attorney in the Woodward building downtown after not appearing for a planned rendezvous with her husband.¹⁵⁹

THE RED CROSS AT ST. ELIZABETHS

As World War I veterans began filling the wards at St. Elizabeths, the American Red Cross opened a field office at the hospital that was to play a significant role in the care and entertainment of patients. The Red Cross building which opened next to Hitchcock Hall in 1920, was a wood frame structure that looked a bit like a camp lodge. It included "a living room with a stage at one end, the space being fitted up as a club room, with comfortable chairs, equipment for card and other games, writing materials, books, etc., a room for ladies, and offices for the Red Cross officials. The hostess is always present and disturbances are quite unusual".¹⁶⁰

After the war and into the 1930s, the Red Cross provided a great deal of support to the hospital's operations by organizing and overseeing an entertainment program. The Red Cross staff also provided important social services to veterans and their families. At St. Elizabeths, they employed three psychiatric social workers whose primary duties were

to secure psychiatric histories and to verify facts furnished by patients or relatives; to make pre-visit or pre-discharge investigations; to secure reports descriptive of the patient's adjustment when he is on visit outside of the District of Columbia; to secure information about, and to effect the adjustment of financial problems in the patient's home which are connected with or incident to the patient's mental breakdown; to contact local Red Cross chapters having jurisdiction over the town in which patients' families live, so they can take care of any social problems which may exist in the patient's home; to locate missing relatives of patients; to establish patients' legal residences; to see that the children and wives, resident outside of the District of Columbia, of certain classes of patients have blood tests; to have patients' families visited by a social worker with a view to explaining why it would be wise to have the patient remain in the hospital when the patient is requesting his discharge. The psychiatric social workers under the Red Cross also assist in filing pension claims for the

patients; in securing claim information he may need in regard to insurance, federal bonus, or affidavits; in writing letters for the patients; in visiting him on the ward and seeing that he is furnished with magazines, books and tobacco, and many other things of a similar nature.¹⁶¹

By providing these services to the military patients at St. Elizabeths, the Red Cross filled a gap that never could have been filled by hospital staff and no doubt provided a much better transition for these patients back into their regular lives.



Figure 7.23. Red Cross Building. The side of Hitchcock Hall can be seen behind the building. (National Archives RG 418-P-231)



Figure 7.24. Side view of Red Cross Building. Hitchcock Hall is out of frame on to the right. (National Archives RG 418-P-232)

As the population of the institution continued to grow, hospital staff focused on the basic needs and treatment of patients while entertainment and recreational activities largely fell to the Red Cross. Although those activities, the recreation building, and the personnel who ran it were not funded by the hospital, it was in many ways treated as another department of St. Elizabeths:

The work of this department is primarily divided into three heads--welfare, entertainment, and athletics. Welfare--giving personal attention to patients and aiding them and their relatives who may visit them. Entertainment--such as theater parties to the city, trips to ball games, band concerts, indoor concerts, moving pictures, etc. Athletics--under the physical director, calisthenics classes, baseball games, tennis tournaments, field meets, etc. The welfare includes not only personal contact with the patient, a visit by the Red Cross worker to the shut-ins, constantly supplying them with such things as fruit, ice cream, candy, etc., but meeting out-of-town relatives, helping them secure quarters, making them at home while at the hospital, and doing other little things that would help to make their stay at the hospital and in the city a pleasant one. The entertainment consists of moving-picture shows, concerts given twice a week, parties and dances held in the Red Cross Building or in one of the wards, weekly visits to Keith's Theater, where 75 or 80 patients are taken and given supper after the show, sight-seeing trips, visits to the big league baseball games, etc. The athletics consist of the regular calisthenics exercises, organizing the patients into two teams for playing baseball, directing them in the playing of tennis, organizing tennis tournaments, field meets consisting of all sorts of athletic contests, etc. In addition to the work mentioned the Red Cross gives out quantities of cigarettes, cigars, candy, ice cream, fruit, and other dainties.¹⁶²

From time to time, the Red Cross organized athletic field days for up to eight hundred male patients and included calisthenics demonstrations, running races, and tug-of-war contests. The doctors considered the work of the Red Cross, and these events in particular, beneficial to the well-being of many patients. One doctor commented on how some most helped by the activities were the "old chronic cases that had not responded to any personal influences or friendly advances", many of whom regularly refused to leave their wards and in some cases even refused to eat.¹⁶³

In at least one case, the Red Cross event included a performance for about two thousand patients by a volunteer vaudeville troupe in Hitchcock Hall. The troupe also served every patient fruit, candy, preserves, or jelly, and held a dance in the evening. On the same day, the Red Cross Jazz Band played and sang for African American patients in Garfield Hall. The separate concert in Garfield Hall suggests that the day's activities may have been segregated and that African American patients may have been excluded from the bulk of the event.¹⁶⁴

The Red Cross also provided an outlet for selling the various craft items the patients made. Around Christmas, the Red Cross would hold a sale at their Jackson Place headquarters featuring patient-made baskets, trays, toys, rugs, and other hand-woven articles. The patients would receive half of the proceeds, with the other half used to buy new material for the workshops.¹⁶⁵

Throughout the 1920s and early 1930s, the Red Cross kept a regular program of entertainment and excursions. In one year alone, the Red Cross organized 78 moving pictures, 46 official baseball games played by patients against outside teams, 76 intramural games, 174 parties and entertainments, and 88 ward programs.¹⁶⁶ Typical excursions included trips to the zoo, Mount Vernon, Rock Creek Park, and "certain private estates for picnics".¹⁶⁷

In 1933, budget cutbacks at the Red Cross forced them to reduce staff at their field locations. The budget called for scaling back their St. Elizabeths staff from nine positions to one. Up to that point, the nine Red Cross positions at St. Elizabeths consisted of three psychiatric social workers, one of whom was the field director, three recreation workers, and three secretaries.¹⁶⁸ The hospital administration was able to soften the blow by convincing the central committee of the Red Cross to maintain four positions at St. Elizabeths. And a private donation made it possible to keep an additional two.¹⁶⁹

The Catholic fraternal order, the Knights of Columbus, also provided patient services in the wake of World War I. In 1919, they donated the framework for a temporary building, which would house workshops staffed by the Knights to give patients "the benefit of training in carpentry and other industrial work". Toys, small furniture, various classes of implements, and other pieces of general woodworking were among the items patients learned to make there.¹⁷⁰ The Knights "toy school" averaged about twelve to fourteen patients a day. The toys produced were donated to orphanages and included "miniature vehicles, carts, wagons, animal nursery sets, nursery character sets, bird houses, garden sticks, swimming ducks, quaint bunny wheelbarrows, furniture sets, doll houses, block sets and trains and push-about vehicles of various kinds".¹⁷¹ One goal was to provide patients a "lucrative trade" they could rely on once discharged. It was

believed that markets for such toys could be found “despite the keen competition from German manufacturers”.¹⁷²



Figure 7.25. The Knights of Columbus toy shop. (National Archives RG 418-P-242)

The Knights also visited ex-servicemen in the wards six days a week to distribute tobacco, cigarettes, candy, toothbrushes, toothpaste, playing cards, and chewing gum. They also provided athletic equipment for baseball and tennis¹⁷³ and organized baseball and other group games.¹⁷⁴ It appears that the Knights’ outreach at St. Elizabeths may have dissipated, if not entirely ended, by 1928.

At various other times, the Red Cross and Knights of Columbus activities were augmented with charitable work of other organizations. In the years following the war, the Washington Nationals hosted the wounded from Walter Reed Army Hospital, St. Elizabeths, and the Naval Hospital free of charge at all home games played at Griffith ballpark the Nats’ home field on Florida Avenue in northwest Washington.¹⁷⁵ The Plate Printers Union at the Bureau of Engraving converted their ongoing tobacco fund for patients at St. Elizabeths to a fruit and candy fund, pledging \$300 to \$500.¹⁷⁶ The American Legion and Veterans of Foreign Wars provided entertainment, and other activities were undertaken by Jewish welfare organizations and a national organization called War Mothers.

And the YMCA staged a production of *The Pirates of Penzance* in Hitchcock Hall.¹⁷⁷

Although it appears that many of these activities benefitted the entire patient population, much philanthropic work at St. Elizabeths after World War I seems to have been inspired less by the broader mission of serving the insane and more by a desire to take care of veterans. In some cases, the philanthropic activities, like the Knights of Columbus patient visitation and gift distribution, was restricted to ex-servicemen; and the work was sometimes further restricted to veterans who were suffering from what is today called post traumatic stress disorder. In 1920, the local Park View Community Center located in Park View School, hosted a series of banquets for victims of “shell shock”, and their efforts to do so were recognized well beyond Washington. At a fundraiser, one of the organizers read a letter from Mrs. Mary A. Hopley of Fort Madison, Iowa who enclosed a check for \$138 “to be used for a chicken dinner to be given the shell-shocked victims at St. Elizabeths”.¹⁷⁸ This interest in caring for the shell-shocked indicates a good understanding in the general population of the differences between the disorder and insanity, but it also suggests that military patients may have benefited more from philanthropic efforts than civilian patients.

DAILY LIFE

Since the earliest days of St. Elizabeths, entertainment and excursions for patients were regularly provided by the hospital, philanthropic organizations, and by volunteers. The hospital’s orchestra was particularly active around the turn of the century. The orchestra was composed of employees who participated as part of their work duties and some paid members from the community at large. They gave concerts twice a week and were required to follow a strict set of rules regarding tardiness, absenteeism, and the scheduling of personal vacation. “A repetition of absence from rehearsal or concert, without satisfactory explanation” was “punished by removal from band and reduction in pay”.¹⁷⁹

The concerts were held on the lawn when the weather accommodated. The assembly hall on the third floor of the Center Building became less and less convenient for such gatherings as the center of patient population shifted to the southern end of the west campus and to the east campus with the 1902 hospital expansion. The completion Hitchcock Hall in 1910 provided the space necessary to accommodate the larger patient population.

The first occasion of its use was a play acted and managed entirely by the officers and employees of the hospital. Since then it has been used for the nurses graduating exercises and for various other assemblies. A moving-picture outfit has just been purchased, and it is hoped that this will add much to the value of the entertainments during the coming winter.¹⁸⁰

A “moving-picture machine” was installed in 1911 and put into weekly use, which “afforded the patients a great deal of amusement”.¹⁸¹ The Department of the Interior also loaned the hospital films of the national parks.¹⁸² In addition to concerts and moving-pictures, there were dances on most Tuesday nights and some sort of entertainment on Friday nights.¹⁸³

In 1916, an old herdsman’s cottage on the east campus known as Barrett House was moved near the dining hall on the west campus to be used for a canteen. The canteen was set up partly for patients who were free to roam the hospital grounds but unable to leave the hospital, but it also prevented patients who could leave the grounds from having to visit nearby stores. Local merchants took umbrage when hospital staff restricted patient access to their stores, but the measure was considered necessary because the stores were supplying patients with goods not deemed suitable, such as patent medicines, knives, and matches.¹⁸⁴ Although a few early efforts to run the store were not successful, by 1926, the canteen was being run by a former hospital employee and a current employee and was making a profit of \$3,200 a year on sales of \$25,000.¹⁸⁵

Although occupational therapy was available to all patients at St. Elizabeths, some programs were specifically for World War I veterans. In 1921, a training center for veterans with nervous disabilities was started. Of the 810 former service men at the hospital, 250 were able to pursue vocational courses. Under earlier programs the work was largely weaving, art, and other light activities to occupy the patients’ time. The new program was intended to “give practical instruction in agriculture, cement setting, carpentry and other courses as the physical condition of patients will permit”.¹⁸⁶

The resources committed to occupational therapy varied over the years but the number of patients included in the programs remained steady. The work included the usual weaving, toy making, woodworking, and gardening but also included work in the poultry plant and doing cement repair work. Overall, about six hundred male patients were involved at any given time in the various hospital workshops.¹⁸⁷ In the mid 1920s, there were seven occupational therapists, and patients produced rugs, towels, scarves, brushes, brooms, shirts, overalls, dresses, and toys.¹⁸⁸

As had often been the case at the hospital, there was sometimes a fine line between occupational therapy and free labor for the hospital during this period. Although the therapeutic value of the work was often stressed, the contribution of the unpaid patient labor in the upkeep of the hospital was not considered a bad thing. As in decades past, the administration maintained that the two missions were perfectly complementary.

For the patient who does not get well it becomes a problem to industrialize him, not only so that his labor may be used to advantage for the hospital as a whole but so that he may thereby develop habits of life that will be helpful and enable him to live more happily, healthfully, and usefully in the hospital community.¹⁸⁹

In 1926, there were 1,143 patients out of the total patient population of 4,345 who were providing some sort of practical work for the hospital. The largest group—417 of them—spent about three hours a day doing general housekeeping in the wards. An additional 201 worked in dining rooms, 105 in the laundry, 61 in kitchens, 42 on the farm, and 74 on the grounds. The hospital administration recognized that without the patient labor it would have been necessary “to employ several hundred additional paid workers”.¹⁹⁰ During World War I, patient labor was particularly crucial given wartime manpower shortages. The shops and storehouse near Howard Hall in 1917 were built almost entirely through patient labor.¹⁹¹

Patients with more specialized skills or the ability to learn them worked in the shoe shop, tailor shop, and sewing room. Almost all of the bed and table linens as well as patient clothing were made in these workshops.¹⁹² One patient, who was at the hospital for two years, made several hundred dollars selling her embroidery work.¹⁹³ The workshops also produced hats made from the straw that was used as packing material in the shipping of the hospital’s tea supply. The 140 and 360 hats produced each year were worn by patients who worked outside on the farm and grounds.¹⁹⁴

Since St. Elizabeths had grown so much since the 1902 expansion, the staff looked for ways to make the hospital as appealing as possible. When it came to dining, the hospital swapped out refectory tables in the dining rooms for smaller, round ones and maintained several protocols to offer patients a homelike meal time while taking into account the challenges resulting from the vagaries of the patients’ behavior.¹⁹⁵

The type of dining-room service and equipment varies with the type of patients to be served. The tidy and convalescent have table linen and acceptable china. Those patients, by reason of their mental deterioration, not capable of appreciating and properly using such facilities are provided with heavy china and unpainted wooden or white porcelain-top tables. Others prone to throw and break china and who cannot be trusted with knives and forks are either provided with enameled-ware dishes and spoons or are fed by attendants.¹⁹⁶

An expanding circulating library played an important part of daily life for many patients. In 1907, metal book stacks were installed in the administrative wing of the Center Building. The library was “intended to keep there a supply of general reading matter” which could be issued to patients. Each ward was given a catalog so that patients could request the books they desired. Ward attendants would obtain the books and deliver them to patients.¹⁹⁷ In 1913, the patient library had almost six thousand books, and by 1924, it had grown to almost twelve thousand volumes and also included subscriptions to eight newspapers and twenty-five popular magazines.^{198,199} About three thousand volumes were in circulation at any given time and about seven hundred new volumes were added each year.²⁰⁰

The reading room was open from 9:00 a.m. to 4:30 p.m. every day but Sunday. By 1926, all patients who had permission to enjoy the hospital grounds without a chaperon were allowed to visit the library.²⁰¹ Library staff would also take a selection of books into the wards so that confined patients might have a chance to choose reading material.²⁰²

An article in the *Washington Post* in 1928 profiled St. Elizabeths’ patient circulating library. The article provides a snapshot of patient life at the time and offers a look at of both the patients and the operations of the library.

The circulating library in a large insane asylum differs very little in its content from the library in the average neighborhood, except that in the asylum there is a comparatively greater demand for books of a more serious sort; books on mathematics, philosophy, astronomy, and biography are more popular than in the ordinary library.²⁰³



Figure 7.26. Dining room in Building J for white patients circa 1915. (National Archives RG 418-p-346)



Figure 7.27. Dining room in Building Q for African American patients circa 1915. (National Archives RG 418-P-348)

Of particular interest to patients were books related to the fourth dimension (i.e., time). In particular, “Einstein’s theory of relativity was eagerly welcomed by the hospital population, and the type of patient who had been dwelling in the fourth dimension turned to him”. Dictionaries and the Bible were the most popular books, followed by books on arithmetic.

Copies of the Bible were extremely hard to keep on the shelf. Each year, numerous copies were donated to the hospital, but they tended to disappear from the library and were rarely returned. In addition to the absent Bibles, many other books were lost each year due to destruction and defacement by patients. When possible, notable book vandals were “gently deflected to old periodicals”. One patient in particular

looked upon himself as a second Messiah and always referred to himself as “he”. It was found that when he borrowed a book he carefully and neatly cut out the initial letters wherever the word “the” or “she” occurred, probably assuming they were typographical errors.²⁰⁴

The library staff had many such characters to deal with. One inmate, a former doctor, would come in regularly wearing a frock coat and gold chain and address the librarian as if she were one of his patients. Another spent years going through the *Encyclopaedia Britannica* for eight hours a day cataloging the age at which “famous men had attracted attention by their achievements”, ending up with lists of notable men categorized by the age their genius set in. One patient would select a book from the same shelf each time he came in, regardless of what kind of books were shelved there. And one regular patron would only read books that had dark red bindings.²⁰⁵

In March 1930, the library moved into the Rest, the former morgue and pathology lab.²⁰⁶ The library was fitted with carpet and comfortable chairs and decorated with maps and illustrations of biographical, historical, or literary subjects.

a general atmosphere of comfort and repose has been created which calls forth frequent expressions of appreciation from the patients. The two large tables in the main room are pretty continuously occupied by men and women readers who eagerly follow the daily papers and current magazines, or are occupied with reference books. Patients aid in the library work, pasting labels, placing shelf numbers on books, shelving books, dusting,

etc. From six to eight patients are regularly employed in connection with the library work.²⁰⁷

Patients also received old and duplicate periodicals from various groups around Washington, including the Department of State and the Library of Congress. These magazines went directly to the wards and were not part of the library's collection.²⁰⁸ There was also a medical library for the use of the staff with over five thousand books, four thousand pamphlets and subscriptions to seventy-five medical magazines. Unlike the patient library, the medical library was open twenty-four hours a day.²⁰⁹

Another reading option of specific interest to patients was the *Sun Dial*, a periodical circulated internally, written by the hospital staff with contributions from patients. It included information about events at the hospital as well as poetry, stories and articles about patient life. The *Sun Dial* began its run in 1916 after the hospital got permission from the Department of the Interior to publish it.²¹⁰ It was discontinued for a time but resumed publication in 1923. It was seen as a means to keep the patients and staff informed in an entertaining way.²¹¹

In his attempts to maintain as much normalcy as possible for patients, Dr. White, "acting on the theory that good looks makes for good health", had a beauty shop created on the second floor of the Toner Building in 1927. The salon was staffed by two nurses who were also graduates of "beauty culture schools" and was part of a broader effort to make St. Elizabeths a pleasant place for patients.²¹²

The beauty treatment gives our women patients' self-respect. It bucks them up, makes them take an interest in life. Our chief aim is to make the patients forget that they are in an institution, to make them feel that they are on the same level with people on the outside. The beauty parlor is just one of, perhaps 500 things that differentiate the modern institution for the mentally ill from the old-fashioned insane asylum with all its horrors. They also encourage patients to buy nice clothes if they can afford it and the hospital issued clothes are not like the uniforms of the past ... In other words, our big aim is to draw the patient away from a solitary existence. And he will certainly drift into such an existence if left alone. In such a condition he is easy prey to death.²¹³



Figure 7.28. The beauty shop. (National Archives RG 418-P-228)

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- ¹ “Troubles at St. Elizabeth’s”, *The Washington Post*, May 21, 1904, p. 2.
- ² “Nurses Not Discontented”, *The Washington Post*, May 23, 1904, p. 7.
- ³ *Ibid.*
- ⁴ “Trouble at St. Elizabeth’s”, *The Washington Post*, June 4, 1904, p. 2.
- ⁵ “Plaint Not Justified”, *The Washington Post*, June 10, 1904, p. 11.
- ⁶ *Ibid.*
- ⁷ “Nurses Not Discontented”, *The Washington Post*, May 23, 1904, p. 7.
- ⁸ “Trouble at St. Elizabeth’s”, *The Washington Post*, June 4, 1904, p. 2.
- ⁹ “Absolved by Critic”, *The Washington Post*, May 8, 1906, p. 4.
- ¹⁰ Winifred Overholser, “An Historical Sketch of Saint Elizabeths Hospital” in *Centennial Papers Saint Elizabeths Hospital, 1855-1955*, Saint Elizabeths Hospital Centennial Commission (Baltimore: Waverly Press Inc., 1956).
- ¹¹ “Dr. White at St. Elizabeth’s”, *The Washington Post*, September 29, 1903, p. 2.
- ¹² “Arrival of Superintendent White”, *The Washington Post*, September 4, 1903, p. 7.
- ¹³ “White Makes Denial”, *The Washington Post*, June 1, 1906, p. 2 and “Dr. W.A. White Is Given Degree by Boston U.”, *The Washington Post*, June 16, 1936, p. 26.
- ¹⁴ “Plaint Not Justified”, *The Washington Post*, June 10, 1904, p. 11.
- ¹⁵ *Ibid.*
- ¹⁶ *Ibid.*
- ¹⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., 1903, H. Doc. 5, 339.
- ¹⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 3d sess., 1904, H. Doc. 5, 181.
- ¹⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 57th Cong., 1st sess., 1901, H. Doc. 5, 363.
- ²⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 760.
- ²¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 760 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 2d sess., 1906, H. Doc. 5, 712.
- ²² *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 2d sess., 1909, H. Doc. 107, 297.
- ²³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 1st sess., 1907, H. Doc. 5, 455.
- ²⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 3d sess., 1910, H. Doc. 1006, 322.
- ²⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 3d sess., 1904, H. Doc. 5, 184-185.
- ²⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 760.
- ²⁷ *Ibid.*, 761-2.
- ²⁸ *Ibid.*, 761.

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- ²⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 3d sess., 1904, H. Doc. 5, 185.
- ³⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 2d sess., 1906, H. Doc. 5, 718.
- ³¹ *Ibid.*, 721 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 1st sess., 1907, H. Doc. 5, 444.
- ³² *Report of the Board of Visitors of the Government Hospital for the Insane*, 64th Cong., 1st sess., 1915, H. Doc. 90, 714.
- ³³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 772.
- ³⁴ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 3d sess., 1918, H. Doc. 1455, 693.
- ³⁵ “White Makes Denial”, *The Washington Post*, June 1, 1906, p. 2.
- ³⁶ “One Class for Races”, *The Washington Post*, January 17, 1911, p. 4.
- ³⁷ “Dr. W.A. White Is Given Degree by Boston U.”, *The Washington Post*, June 16, 1936, p. 26.
- ³⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 2d sess., 1908, H. Doc. 1046, 303.
- ³⁹ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 2d sess., 1919, H. Doc. 409, 805.
- ⁴⁰ “St. Elizabeths Wants Nurses”, *The Washington Post*, June 21, 1929, p. 20.
- ⁴¹ “Asylum to Train Alienists”, *The Washington Post*, December 21, 1922, p. 15 and “U.S. Will Train Nerve Specialists in Capital”, *The Washington Post*, January 14, 1923, p. 19.
- ⁴² *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1925), 9.
- ⁴³ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 10.
- ⁴⁴ *Ibid.*, 10.
- ⁴⁵ *Records Relating to the Department of the Interior, 1902-43*, National Archives and Record Administration, Record Group 418, Entry 13.
- ⁴⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 3d sess., 1904, H. Doc. 5, 194; *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 779; and *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 1st sess., 1915, H. Doc. 90, 723.
- ⁴⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 56th Cong., 1st sess., 1899, H. Doc. 5, 312.
- ⁴⁸ “Woman Doctor for Insane”, *The Washington Post*, September 30, 1905, p. A1.
- ⁴⁹ *Ibid.*
- ⁵⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 2d sess., 1906, H. Doc. 5, 717.

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- ⁵¹ *Correspondence and Other Records Relating to Administrative Matters*, National Archives and Record Administration, Record Group 418, Entry 43, 1/12/1917.
- ⁵² “Nurses at Asylum Ask a Shorter Day”, *The Washington Post*, July 11, 1917, p. 12.
- ⁵³ *Ibid.*
- ⁵⁴ “Slain in U.S. Asylum”, *The Washington Post*, June 3, 1917, p. 13.
- ⁵⁵ “Inmate of Hospital, Beaten, Is Improving”, *The Washington Post*, October 21, 1923, p. 21.
- ⁵⁶ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 3/29/1930, 4.
- ⁵⁷ *Records of Watson W. Eldridge, 1920-41*, National Archives and Record Administration, Record Group 418, Entry 77, October 12, 1934.
- ⁵⁸ “Ruling by M’Carl Trims Dr. White’s Allowance \$11,059”, *The Washington Post*, August 22, 1928, p. 20.
- ⁵⁹ “M’Carl Ruling May Cut Many Salaries”, *The Washington Post*, August 28, 1928, p. 20.
- ⁶⁰ “Dr. White’s Claims Approved in House”, *The Washington Post*, January 18, 1929, p. 10 and *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, March 25, 1929.
- ⁶¹ *Ibid.*, March 29, 1930, 3.
- ⁶² *Ibid.*, March 30, 1931, 3.
- ⁶³ “Monie Sanger, Civic Leader, Dies at 74”, *The Washington Post*, June 30, 1948, p. B2.
- ⁶⁴ *Ibid.*
- ⁶⁵ “Dr. W.A. White Paid Honors for Services”, *The Washington Post*, October 4, 1928, p. 20.
- ⁶⁶ “James Hay, Jr., ‘Brickbats & Bouquets’”, *The Washington Post*, January 20, 1930, p. 3.
- ⁶⁷ “Dr. White Not Hostile”, *The Washington Post*, July 30, 1905, p. ES2.
- ⁶⁸ *Ibid.*
- ⁶⁹ “Asylum Board Meets”, *The Washington Post*, February 20, 1906, p. 2.
- ⁷⁰ “Doubt Its Efficiency”, *The Washington Post*, February 21, 1906, p. 12.
- ⁷¹ “Reforms at St. Elizabeths”, *The Washington Post*, June 28, 1906, p. 6.
- ⁷² “Insane Ill Treated: Witnesses Tell of Cruel Acts at St. Elizabeth’s”, *The Washington Post*, May 6, 1906, p. .
- ⁷³ “Slap at Mr. Moody”, *The Washington Post*, May 11, 1906, p. 2.
- ⁷⁴ *Ibid.*
- ⁷⁵ *Ibid.*
- ⁷⁶ *Ibid.*
- ⁷⁷ “Dr. White Has Two Autos”, *The Washington Post*, June 2, 1906, p. 12.
- ⁷⁸ “Cruelty to Patients”, *The Washington Post*, June 9, 1906, p. 5.
- ⁷⁹ “Insane Not Abused”, *The Washington Post*, February 18, 1907, p. 1.
- ⁸⁰ “Cruelty to Patients”, *The Washington Post*, June 9, 1906, p. 5.
- ⁸¹ “Favor Government Asylum”, *The Washington Post*, June 28, 1906, p. 5.

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- ⁸² “Insane Not Abused”, *The Washington Post*, February 18, 1907, p. 1.
- ⁸³ *Ibid.*
- ⁸⁴ *Ibid.*
- ⁸⁵ *Hearings Before the Committee on Rules of the House of Representatives on House Resolution 12 to Investigate the Government Hospital for the Insane in the District of Columbia*, (Washington: Government Printing Office, 1911), 45-6.
- ⁸⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 58th Cong., 2d sess., 1903, H. Doc. 5, 339.
- ⁸⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 1st sess., 1907, H. Doc. 5, 428.
- ⁸⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 3d sess., 1910, H. Doc. 1006, 344-5.
- ⁸⁹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 62nd Cong., 3d sess., 1912, H. Doc. 933, 517.
- ⁹⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 3d sess., 1914, H. Doc. 1475, 587.
- ⁹¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 64th Cong., 1st sess., 1915, H. Doc. 90, 728. *Report of the Board of Visitors of the Government Hospital for the Insane*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 656-8.
- ⁹² *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 3d sess., 1910, H. Doc. 1006, 344-5.
- ⁹³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 62nd Cong., 2d sess., 1911, H. Doc. 120, 462-3.
- ⁹⁴ *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 3d sess., 1910, H. Doc. 1006, 345.
- ⁹⁵ *Report of the Board of Visitors of the Government Hospital for the Insane*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 656-8.
- ⁹⁶ *Hearings Before the Committee on Rules of the House of Representatives on House Resolution 12 to Investigate the Government Hospital for the Insane in the District of Columbia*, (Washington: Government Printing Office, 1911), 58.
- ⁹⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2d sess., 1913, H. Doc. 1009, 598-9.
- ⁹⁸ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 2d sess., 1917, H. Doc. 915, 668-9.
- ⁹⁹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1922), 6.
- ¹⁰⁰ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1924), 8. *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1925), 7.
- ¹⁰¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2d sess., 1913, H. Doc. 1009, 586.
- ¹⁰² *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 2d sess., 1917, H. Doc. 915, 668-9.

¹⁰³ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 65th Cong., 3d sess., 1918, H. Doc. 1455, 686.

¹⁰⁴ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 2d sess., 1919, H. Doc. 409, 780-1.

¹⁰⁵ “Offers Heroes Aid at St. Elizabeth’s”, *The Washington Post*, March 26, 1921, p. 9.

¹⁰⁶ “To Urge Hospital Extensions in City”, *The Washington Post*, March 31, 1921, p. 3.

¹⁰⁷ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 2d sess., 1919, H. Doc. 409, 795.

¹⁰⁸ *Ibid.*, 804.

¹⁰⁹ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 3d sess., 1920, H. Doc. 849, 23.

¹¹⁰ *Report of the Board of Visitors of the St. Elizabeths Hospital*, 66th Cong., 3d sess., 1920, H. Doc. 849, 27-8.

¹¹¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1923), 2.

¹¹² *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1924), 6.

¹¹³ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1928), 2.

¹¹⁴ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1923), 3. *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1924), 7 and *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1925), 6.

¹¹⁵ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1922), 6.

¹¹⁶ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1926), 11.

¹¹⁷ “\$875,000 Building for St. Elizabeths”, *The Washington Post*, October 24, 1928, p. 7.

¹¹⁸ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 5.

¹¹⁹ “Building to Start at St. Elizabeths”, *The Washington Post*, August 14, 1931, p. 20.

¹²⁰ “McCarl Says Rose Must Get Contract”, *The Washington Post*, July 2, 1931, p. 13.

¹²¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1932), 15.

¹²² *Hearings Before the Special Committee Appointed by the Speaker Under a Resolution of the House of Representatives, Fifty-Ninth Congress, to Make a Full and*

Complete Investigation of the Management of the Government Hospital for the Insane (Washington: Government Printing Office, 1907), 869.

¹²³ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 110-11.

¹²⁴ *Ibid.*

¹²⁵ “Farm Price Too High”, *The Washington Post*, February 23, 1907, p. 4.

¹²⁶ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 2d sess., 1908, H. Doc. 1046, 323 and *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 2d sess., 1909, H. Doc. 107, 297.

¹²⁷ *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 1st sess., 1915, H. Doc. 90, 722 and *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 657.

¹²⁸ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 110-11.

¹²⁹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1929), 3.

¹³⁰ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 3.

¹³¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1932), 16.

¹³² *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1935, 5.

¹³³ *Correspondence and Other Records Relating to Administrative Matters*, National Archives and Record Administration, Record Group 418, Entry 43, November 11, 1910 and *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 2d sess., 1917, H. Doc. 915, 659.

¹³⁴ “Congress Heights Seeks Playground”, *The Washington Post*, February 14, 1933, p. 16.

¹³⁵ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, March 31, 1932, 8 and *Hearings Before the Committee on Rules of the House of Representatives on House Resolution 12 to Investigate the Government Hospital for the Insane in the District of Columbia*, (Washington: Government Printing Office, 1911), 53.

¹³⁶ *Monthly Reports 1906-1967*, National Archives and Record Administration, Record Group 418, Entry 22, October 31, 1926.

¹³⁷ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, March 30, 1931, 7.

¹³⁸ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1919), 15.

¹³⁹ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 110-11.

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- ¹⁴⁰ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1929), 5.
- ¹⁴¹ *Hearings Before the Committee on Rules of the House of Representatives on House Resolution 12 to Investigate the Government Hospital for the Insane in the District of Columbia*, (Washington: Government Printing Office, 1911), 51.
- ¹⁴² *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 2d sess., 1917, H. Doc. 915, 656.
- ¹⁴³ *Ibid.*, 658.
- ¹⁴⁴ *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 637.
- ¹⁴⁵ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1927), 3.
- ¹⁴⁶ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1932), 3.
- ¹⁴⁷ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1931), 3.
- ¹⁴⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 59th Cong., 1st sess., 1905, H. Doc. 5, 781.
- ¹⁴⁹ “Piggery Study Ordered by Civic Federation”, *The Washington Post*, September 24, 1927, p. 3.
- ¹⁵⁰ “Accuses Asylum Inmate”, *The Washington Post*, March 22, 1905, p. 12.
- ¹⁵¹ *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 2d sess., 1909, H. Doc. 107, 303.
- ¹⁵² “Clash over Probe”, *The Washington Post*, December 5, 1910, p. 3.
- ¹⁵³ *Correspondence and Other Records Relating to Administrative Matters*, National Archives and Record Administration, Record Group 418, Entry 43, November 1, 1910.
- ¹⁵⁴ *Correspondence and Other Records Relating to Administrative Matters*, National Archives and Record Administration, Record Group 418, Entry 43, November 5, 1910.
- ¹⁵⁵ “Closing in on Maniac”, *The Washington Post*, March 21, 1911, p. 3.
- ¹⁵⁶ “Citizens to Aid Dr. White”, *The Washington Post*, April 5, 1911, p. 4.
- ¹⁵⁷ “Escapes After 15 Dances”, *The Washington Post*, December 27, 1911, p. 12.
- ¹⁵⁸ “Spirited from Asylum”, *The Washington Post*, August 12, 1915, p. 4.
- ¹⁵⁹ “Mrs. Sanger Captured”, *The Washington Post*, August 13, 1915, p. 2.
- ¹⁶⁰ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 45.
- ¹⁶¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 6.
- ¹⁶² *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1926), 8.
- ¹⁶³ “St. Elizabeth’s Boys Enjoy Drill, Show and Dance”, *The Washington Post*, November 28, 1919, p. 9.
- ¹⁶⁴ *Ibid.*
- ¹⁶⁵ “Sale of Articles Made by Hospital Patients”, *The Washington Post*, November 27, 1921, p7.

¹⁶⁶ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1929), 7.

¹⁶⁷ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 45. *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1931), 5.

¹⁶⁸ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 6.

¹⁶⁹ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1933, 19.

¹⁷⁰ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1919), 23. *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 45-46.

¹⁷¹ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 45-6.

¹⁷² "Veteran Patients Making Fine Toys", *The Washington Post*, January 16, 1922, p. 7.

¹⁷³ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 45-6.

¹⁷⁴ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1922), 4.

¹⁷⁵ "Nationals Again to Be Host to Wounded", *The Washington Post*, February 6, 1921, p. 24.

¹⁷⁶ "Gifts at St. Elizabeth's", *The Washington Post*, November 9, 1919, p. E1.

¹⁷⁷ "St. Elizabeths Patients Entertained Tonight", *The Washington Post*, March 31, 1927, p. 24; *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 46; and "Farewell to 200 Troops", *The Washington Post*, August 3, 1918, p. 2.

¹⁷⁸ "Yanks Will Eat Chicken Dinner", *The Washington Post*, August 1, 1920, p. 16.

¹⁷⁹ *Records of the Superintendent, Letters Sent Executive Series*, National Archives and Record Administration, Record Group 418, Entry 9, October 1, 1902, 139.

¹⁸⁰ *Report of the Board of Visitors of the Government Hospital for the Insane*, 61st Cong., 3d sess., 1910, H. Doc. 1006, 322.

¹⁸¹ *Ibid.*, 450.

¹⁸² *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2d sess., 1913, H. Doc. 1009, 584.

¹⁸³ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 3d sess., 1914, H. Doc. 1475, 582.

¹⁸⁴ *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 638-9.

¹⁸⁵ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 46-7.

¹⁸⁶ "Among the Veterans", *The Washington Post*, November 6, 1921, p. 53.

¹⁸⁷ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1925), 8.

¹⁸⁸ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 47-4.

¹⁸⁹ *Ibid.*, 47.

¹⁹⁰ *Ibid.*, 48.

¹⁹¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 3d sess., 1918, H. Doc. 1455, 687.

¹⁹² *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 2d sess., 1917, H. Doc. 915, 655-6.

¹⁹³ "Patients Buy Liquor", *The Washington Post*, March 20, 1911, p. 14.

¹⁹⁴ *Report of the Government Hospital for the Insane to the Secretary of the Interior*, 64th Cong., 2d sess., 1916, H. Doc. 1899, 640; *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 2d sess., 1917, H. Doc. 915, 655; and *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 3d sess., 1918, H. Doc. 1455, 690.

¹⁹⁵ "Scores of Women Patients at St. Elizabeths use Facilities Monthly", *The Washington Post*, September 9, 1928, p. 18 and *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 49.

¹⁹⁶ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 49.

¹⁹⁷ *Report of the Board of Visitors of the Government Hospital for the Insane*, 60th Cong., 1st sess., 1907, H. Doc. 5, 429.

¹⁹⁸ *Report of the Board of Visitors of the Government Hospital for the Insane*, 63rd Cong., 2d sess., 1913, H. Doc. 1009, 585.

¹⁹⁹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1924), 8.

²⁰⁰ "Scores of Women Patients at St. Elizabeths use Facilities Monthly", *The Washington Post*, September 9, 1928, p. 18.

²⁰¹ *Investigation of St. Elizabeths Hospital*, 69th Cong., 2d sess., 1926, H. Doc. 605, 44.

²⁰² John E. Lind, "The Mental Patient and the Library", *The Washington Post*, September 30, 1928, p. SM8.

²⁰³ *Ibid.*

²⁰⁴ *Ibid.*

²⁰⁵ *Ibid.*

²⁰⁶ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, March 29, 1930, 10.

²⁰⁷ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1930), 4.

²⁰⁸ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1926), 7.

²⁰⁹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1924), 8.

²¹⁰ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, 65th Cong., 2d sess., 1917, H. Doc. 915, 661.

²¹¹ *Report of the St. Elizabeths Hospital to the Secretary of the Interior*, (Washington: Government Printing Office, 1923), 3.

²¹² “Scores of Women Patients at St. Elizabeths use Facilities Monthly”, *The Washington Post*, September 9, 1928, p. 18.

²¹³ *Ibid.*

Chapter 8

Dr. Overholser Manages Change

Following the death of Superintendent William White in the spring of 1937, Roscoe W. Hall, who had been White's assistant superintendent, served as interim head of the hospital until an executive order signed by President Franklin D. Roosevelt appointed Dr. Winfred Overholser to lead the hospital.¹ A native of Worcester, Massachusetts, Overholser had been a personal friend of his predecessor and had already worked at thirteen state hospitals and three schools for the "feeble-minded".² He was a 1912 graduate of Harvard University and had received his medical degree at Boston University in 1916. He had taught at Boston University for twelve years and left there a full professor when he took the job at St. Elizabeths.³ The 45-year-old Dr. Overholser was a veteran of World War I and was married to Dorothy Stebbins. He and his wife moved into the superintendent's quarters in the Center Building with their three children, Dorothy, Jane, and Winfred Jr.⁴

Soon after his arrival, Overholser set to work overseeing the hospital's building program. In 1938 and 1939, while continuing treatment (CT) buildings 3, 4, 5, and 6 were in various stages of completion, construction, and planning, Overholser also made efforts to shore up the aging infrastructure on the west campus. The Center Building, the original hospital building, which had been built in the 1850s, was renovated, and the porte-cochere at the front entrance was restored.⁵

Other major repairs during Overholser's early years resulted from storm damage in July 1938. The hail storm required the replacement of 3,500 pieces of glass in the greenhouses alone, with another 1,500 replacements needed elsewhere on campus.⁶ The boundary wall behind the greenhouses also needed to be rebuilt in 1941 after being "overturned" by storm water build-up.⁷

As new buildings went up, others came down. (see Figure 8.14) The wood frame semi-permanent buildings, built in 1918 in the southwest corner of the east campus to relieve overcrowding remained standing for almost twenty-five years. Although they were no longer in patient use, they remained a vermin-infested fire hazard until demolished in the 1940s.⁸ Congress gave the hospital approval to demolish the Oaks and Toner Buildings on the west campus in 1949, but the buildings, which had been built for epileptics and for infirmary space, weren't torn down until after the new Dorothea Dix Pavilion on the east campus was completed almost seven years later.⁹ (See Figure 8.14) Dedicated by Vice President Richard Nixon in 1956, the Dix Pavilion was built to serve as a receiving building for new admissions and to provide acute care for patients. It was a ten-story building with 420 patient beds and was meant to serve as a “mind-restoring memorial” to Dorothea Dix who had been so instrumental in the creation of St. Elizabeths a hundred years earlier.¹⁰



Figure 8.1. Dr. Winfred Overholser. (National Archives RG 418-G-361)

Overholser also oversaw the completion of the continuous treatment building complex with the construction of CT-7 and CT-8 in 1943. Barton Hall was completed in 1946, Haydon Hall, arguably the first modernist building on campus was completed in 1952 for geriatric patients. In 1956 a chapel was built on the east campus on the broad lawn along Nichols Avenue. In 1959 the John Howard Pavilion for the criminally insane opened on the east campus replacing the original 19th century Howard Hall on the west campus. A large new laundry

and warehouse building was completed 1951 on the west campus followed in 1952 by a refrigeration plant on the east campus.¹¹



Figure 8.2. CT-4 shown here after its completion in 1939. The plant material in the foreground appears to be part of a cultivated field of corn, signs of the hospital's continued agricultural functions. (National Archives RG 418-P-51)



Figure 8.3. The central kitchen for the CT building complex flanked by two dining room wings and connecting wings to patient wards. (National Archives RG 418-P-68)



Figure 8.4. Central kitchen for CT building complex shown here circa 1939. (National Archives RG 418-P-53)



Figure 8.5. The completed CT building complex. Note the central kitchen and dining rooms at center. The Tuberculosis Building can be seen in the upper left and the three wooden temporary tuberculosis buildings can be seen at the top of the image. (National Archives RG 418-P)



Figure 8.6. The Dix Pavilion soon after its construction. (National Archives RG 418-P-66)



Figure 8.7. Undated aerial view of the east campus looking south in the early days of Overholser's tenure. The completed CT Building complex can be seen in the upper left. The wooden semi-permanent wards in the upper right have yet to be torn down. (National Archives RG 418-P-313)

ADMISSIONS POLICIES

When Dr. Overholser began his duties at St. Elizabeths in 1937, he took charge of a sprawling institution with 4,661 patients, 45 physicians, 50 registered nurses, and 1,700 employees.¹² The hospital suffered from chronic overcrowding, aging infrastructure, and a farm with over five hundred head of dairy cows, as well as other livestock and food crops. Against this backdrop, Overholser also inherited a cumbersome admissions process that he felt was archaic at best.

In his first public address after taking office, Dr. Overholser denounced the District's lunacy laws which he—and the *American Journal of Psychiatry*—considered to be barbarous. Among other things, the law didn't allow for voluntary commitment and required that all civilian commitments pass through the criminal court system. In every case, a sick patient had to stand before a judge and jury and have his or her illness the subject of public inquiry. Families and friends of the patient were called to testify about the behavior and mental fitness of the “accused” in the open court. The rationale for the law stemmed from a fear that without such a thorough public review sane patients could be forced into mental institutions for nefarious reasons. But Overholser dismissed the notion of “railroading” people into institutions as a “delusion” and called for reform.¹³

The law was changed not long after Overholser's arrival, but unintended consequences followed. Under the new law, individuals were seen by a lunacy commission instead of going through the courts. If the commission determined a patient to be insane, the patient was sent to Gallinger Hospital for a ten-day assessment period to affirm the ruling before being committed to St. Elizabeths. In 1939, the commission disposed of 1,060 cases with only thirty-two requests for the case to be sent to the courts for a jury to determine whether or not the individual should be committed.¹⁴ The problem with the new system was that Gallinger was a severely underfunded municipal hospital with an overcrowded psychiatric ward and overworked staff. Unlike St. Elizabeths, Gallinger didn't allow patients to be classified and separated based on the nature of their illness. In one case, a reporter saw a nine-year-old boy in a bed next to the bed of a large, violent man in restraints. Patients generally went untreated while they waited at Gallinger, making their conditions worse.¹⁵

Eventually, the process was modified so that patients were assessed within forty-eight hours. If the process took longer, a court order was required so that the patient could be committed directly to St. Elizabeths.¹⁶ At some point between 1939 and 1948, either due to funding issues, staffing issues, or a change in policy, the waiting period at Gallinger went from two days to thirty days. As a

consequence, overcrowding became severe. So, the law was amended in June 1948 to allow direct admissions to St. Elizabeths. Proponents of the change hoped to relieve overcrowding at Gallinger and to minimize the disruption to the patient's routine, eliminating the need for redundant exams and screenings at both facilities, and immediately providing patients with proper treatment.¹⁷

Other changes were made to admissions policy in the 1940s and 1950s. On June 27, 1941, the hospital admitted twenty-eight women and sixteen men from the U.S. Virgin Islands, following a change to the law that allowed admissions from the U.S. protectorate.¹⁸ The policy was broadened further by 1958, allowing admittance of U.S. citizens determined to be insane while in Canada, the Panama Canal Zone, and the Philippines, as well as those in the U.S. Foreign Service stationed in foreign countries, and others considered federal beneficiaries.¹⁹

In June 1940, St. Elizabeths was transferred from the Department of the Interior to the Public Health Service (PHS), a division of the Depression-era Federal Security Administration (FSA).²⁰ The FSA had been created to "group together those agencies of the government whose major purpose was to promote social and economic security, educational opportunity, and the health of the citizens of the Nation".²¹ Other offices created under the FSA included the Social Security Board, the Office of Education, and the federal functions of the American Printing House for the Blind, the Freedmen's Hospital, Howard University, and the Columbia Institution for the Deaf.²² In 1946, an executive branch reorganization further changed the administration of St. Elizabeths by abolishing the board of visitors, which had been overseeing the hospital since 1855.

Affiliation with the PHS afforded St. Elizabeths the opportunity to relieve some of its overcrowding by transferring patients to other PHS facilities in other parts of the country. In 1943, the hospital reported transferring 950 white male patients to hospitals in Ft. Worth, Texas, and Lexington, Kentucky. Those transferred were most likely military patients, rather than civilian residents of the District of Columbia.²³

St. Elizabeths also provided temporary space for insane soldiers from Walter Reed Army Hospital until a new psychiatric building was opened there in 1941. Arrangements were made with the War Department to admit 188 soldiers to wards in the new continuing treatment buildings on the east campus. The army assigned three medical officers to St. Elizabeths to oversee the care and treatment of the soldiers.²⁴

With the creation of the Veterans Administration (VA) in 1930 and the rise of the VA hospital system, military patients began to be admitted to various VA hospitals across the country closer to their homes. In 1946, the executive branch reorganization ended military admissions to St. Elizabeths entirely but still allowed for the admission of the insane of the U.S. Coast Guard.²⁵ In doing so, the government largely ended St. Elizabeths' military affiliation which it had maintained from its founding.

The change in policy required the transfer of existing veteran patients to VA facilities. During the transition, General Omar Bradley, who was the head of the VA had to deal with overcrowding in its own hospitals. He asked President Harry S. Truman to temporarily suspend the order that disallowed veterans at St. Elizabeths until VA facilities were able to catch up to demand. At first, Truman denied the request, noting that St. Elizabeths itself was still severely overcrowded. Eventually, Truman relented but insisted that the temporary use of 150 beds be limited to veterans who were from the District.²⁶ (Even though St. Elizabeths was for District residents, care for veterans from the District was now under the jurisdiction of the VA so they would not have been admitted to St. Elizabeths if not for this temporary exception.)

Prior to the transfer of military patients and the discontinuation of military admissions, St. Elizabeths had 6,954 patients but a capacity of 5,700.²⁷ The transfers helped alleviate the overcrowding, but they also changed the characteristics of the patient population. The postwar veteran patients tended to be younger than the civilian residents of the hospital. The transfer of those veterans from the hospital left a high percentage of elderly patients, which meant that the remaining patient population was heavily skewed toward chronically ill, long-term residents of the hospital.²⁸

In 1946, after the military transfers, St. Elizabeths' population temporarily dipped to 6,077 but then increased steadily each year until it reached a peak of 7,529 patients in 1955.²⁹ Beginning in 1956, the patient population began decreasing by an average of thirty patients per month, largely due to tranquilizing drugs that not only increased discharges but also made admission of some patients unnecessary.³⁰ By 1957, the decreasing population was having a negative effect on the hospital's finances, which relied on a per diem payment for each patient. The per diem payments accounted for 80 percent of the hospital's funding. The budget for fiscal year 1957, which would have been developed around 1955 when patient population was at its highest, assumed that patient population would continue to increase.

Although patient population decreased during this period, the number of voluntary commitments increased. In March 1956, voluntary admissions

outnumbered other types of commitments for the first time in the hospital's history.³¹ One possible explanation for this trend is that the successful use of the new tranquilizing drugs meant that commitment to a mental hospital was less likely to result in a long-term stay. People could now seek treatment for mental illness with more hope for success. This trend also meant that in some years patient admissions increased despite an overall decrease in the hospital population.³² More patients were admitted, but they didn't stay as long.

In the 1950s, patient wards were still segregated by race. A 1954 memorandum from one of the division directors to the hospital administrators made it clear that, despite administrators' efforts at desegregation that were then in the early stages, hospital wards were still racially homogeneous. The memorandum also illustrates the sometimes arbitrary nature of racial classification. An elderly female Native American patient had been transferred from a white ward to an African American ward because there was no room in a "suitable white ward":

Since the patient is too confused to care where she is, is dark enough not to arouse comment from other patients and does not have visitors who might object, it was felt advisable to transfer her. The patient is now a little clearer mentally but there has been no sign from her that she has realized that she is among Negro patients and other patients have made no comment. The employees also have accepted the situation without comment.³³

Although there is little written about it, it is likely that some children may have been among the patients at St. Elizabeths. Until a youth center was created in the 1960s, younger patients would have been housed in wards classified by sex, race, and severity of illness, but it is unlikely that they would have been separated by age. Anecdotes, such as a 1937 news story about a 15-year-old female patient who killed a 50-year-old patient,³⁴ offer evidence of youngsters' presence. However, without doing a comprehensive survey of patient admission records, it is impossible to know how many minors were admitted to St. Elizabeths over the years and just how young they were.

In 1962 a special program was set up to handle care of young adults, adolescents, and children. At that time, five children under the age of twelve, forty-six adolescents between the ages of thirteen and eighteen, and six young adults who were nineteen or slightly older lived at St. Elizabeths. Living and receiving care in an institution designed for adults, these young patients did not fully benefit from the available programs. With the creation of the youth-specific

program, it was expected that much more education and training could be provided for them.³⁵

Services for young patients were improved in 1964, when a dedicated youth center was created on campus. It provided a central living location for children so that they were no longer spread out in various adult wards. Bringing younger patients together provided a much safer setting and allowed for more consistent treatment and education. Although small in number, the youth patients demanded more effort because they presented a better chance of recovery. The group of young patients was “extremely heterogeneous” and included a wide range of IQs, from the “mentally retarded level to above average intelligence”. They came from a wide range of family backgrounds, “from foundlings to middle-class children from intact homes”.³⁶

The youth center stood in stark contrast to the rest of the wards. In 1963, a full 50 percent of the patients at St. Elizabeths had been there for at least ten years, and 29 percent for at least twenty years.³⁷ Patient life in the 1960s was also characterized by sweeping changes in how patients received care. From the 1963 annual report:

The accelerated decrease in patient population during the past 2 years is especially encouraging, but even this decline is not yet as rapid as it should and could be, granted an adequate staff and improvements in supporting community services. The widening gap between the number of patients on the rolls and the number in the hospital represents an increasing number of patients on extramural statuses such as convalescent leave or temporary visits. Over 900 patients are now on convalescent leave (provisional discharge), most of whom report back to the hospital regularly for outpatient attention.³⁸

ADVANCES IN PATIENT THERAPIES

One increasingly popular treatment was used very sparingly at St. Elizabeths, despite its association with Dr. Walter J. Freeman, who had been director of the hospital’s laboratory division from 1924 to 1934. The lobotomy, which had been developed in Europe in the 1930s, began to gain attention in the U.S. in the 1940s. Known more technically as a prefrontal leucotomy or prefrontal lobotomy, the treatment was a surgical procedure on the brain that separated the thalamus from the prefrontal lobe.

In the early 1940s, Dr. Overholser fielded questions from people around the country who had heard about the procedure and were curious whether it might be appropriate for a loved one suffering from mental illness. Overholser's responses were generally cautious. To a woman in North Carolina, he noted that opinion was divided on the procedure and that it should only be used as a last resort. He also noted that St. Elizabeths had very little experience with the treatment and that "none of our patients has had this operation performed at the Hospital".³⁹

In a letter in 1944, Overholser referred a woman in Pennsylvania to the private practice of Drs. James W. Watts and Walter Freeman in Washington, D.C.⁴⁰ Dr. Freeman had first come to St. Elizabeths in the 1920s, earned a PhD in neuropathology, and eventually became director of the hospital's laboratory. Freeman's duties at St. Elizabeths as director of the laboratory did not include patient care or treatment, and Overholser remained cautious about prefrontal lobotomies, advising that they not be performed on any patient under the age of sixty despite Freeman's increasingly public promotion of the procedure.⁴¹

At a meeting of the Southern Medical Association in Baltimore in 1947, Freeman presented a paper that he and Dr. Watts had written about prefrontal lobotomies. He acknowledged that more study was needed but stated that the procedure had been successful in treating patients with violent tendencies. He also noted that the procedure was helpful in relieving pain for amputees, patients with cancer, and other patients for whom morphine or other pain-relieving drugs had become less effective over time. Freeman told of a case in which an amputee still felt extreme phantom pain in his amputated limb. After getting a lobotomy, the patient "no longer complained"; the only negative effect was that the patient "lost his ability to play good poker". Freeman noted that the procedure "destroys one's capacity to worry, particularly about oneself and the future" and that the operation carried less risk than an appendectomy.⁴²

What Freeman hadn't presented at the conference were his experiments performing what he later called nonsurgical lobotomies. A typical prefrontal lobotomy consisted of "boring two holes in the skull above and to the front of the temples and severing the fiber between the thalamus and the prefrontal lobe" with butter-knife-like instruments.⁴³ Because Freeman was not a surgeon himself, his partner, Dr. Watts, a neurosurgeon, performed the procedure in their private practice. But in the mid-1940s, Freeman began doing experiments on cadavers to develop a less invasive form of lobotomy.

By 1946, Freeman had developed what he called a transorbital lobotomy and performed it for the first time on a live patient. His procedure, first developed with the use of an ice pick, used a tool called an orbitoclast, which was inserted

through the patient's eye socket, tapped with a mallet to pierce the skull, and then twisted in a specific way to separate the thalamus and prefrontal lobe. The procedure didn't require drilling holes in the skull, and Freeman intended for it to be performed in clinics and state hospital settings where surgeons and anesthesiologists were not available or too expensive. Instead of anesthesia, Freeman used electroshock to temporarily incapacitate the patient. Despite not being a surgeon, Freeman performed upwards of 3,000 lobotomies all over the U.S. between 1946 and 1967.⁴⁴

Meanwhile at St. Elizabeths, Dr. Samuel Silk, expanded on the hospital's continued wariness about lobotomies in a letter to a man in Caracas, Venezuela.

We have used the treatment known as prefrontal lobotomy or leucotomy for some years here and our surgeon has been Doctor James Watts, a member of the team of Freeman and Watts. It is our considered opinion that this operation should not be performed except as a last resort and then only utilized for those patients who have been ill an extended period of time (more than one year). All other known indicated forms of treatment should have been tried and even then the patient should be in a state of severe mental depression or excitement. From your letter it would not appear that your wife's case would meet these requirements. Doctors Freeman and Watts are not nearly so conservative as we are in the selection of cases for operation. Our patients here who have received the operation have in some instances shown good improvement, but even those showing good improvement have continued to manifest symptoms of brain damage from the operation itself, so that the operation is primarily used to lessen the distress of the mental symptoms rather than in the hope of full recovery.⁴⁵

The medical staff at St. Elizabeths never warmed to Freeman's transorbital procedure. Twenty-six patients at St. Elizabeths were given prefrontal lobotomies in 1950. In 1951, thirty-five were given, and in 1952 only fourteen were given.⁴⁶ Overholser noted in 1952 that he still didn't generally condone transorbital lobotomies, but did allow one "under very unusual circumstances".⁴⁷

Overholser and his medical staff continued to believe that prefrontal lobotomies were "drastic and mutilating operations" and should only be used as a last resort.⁴⁸ One patient admission conference must have evoked some pity and raised an eyebrow over Freeman's involvement. In 1952, a six-year-old boy was presented to the medical staff. The little boy was generally happy and liked the

attention of the doctors. He was prone to occasional outbursts of vulgar and obscene language and occasionally left his chair to turn a somersault, but generally responded well to direction. On Freeman's orders, the boy had been given a prefrontal lobotomy at the age of five at Sibley Hospital, and the procedure improved his behavior for a few months. Although the patient's case notes indicated that he was manic depressive, Dr. Freeman and the surgeon who performed the procedure justified their decision claiming he was actually schizophrenic.⁴⁹

Syphilis was a considerable issue in Washington in the 1930s and early 1940s. A *Washington Post* article in 1937 noted that 10 percent of the patients at St. Elizabeths were there because of syphilis. Left unchecked, syphilis, a sexually transmitted disease, can lead to madness, general paralysis and death. The *Post* article described the process:

After the incipient period, with its defective judgment, poor memory and inability to concentrate and carry on work, the disease shows itself in more virulent forms. The patient becomes very careless in his appearance and shows utter disregard of social requirements. About this time false beliefs appear. Perhaps the most common type of delusion is that known as the grandiose delusion, in which the patient believes that he is very wealthy or is a very important personage. As a result of these absurd beliefs the patient may write out checks for millions of dollars or make purchases of articles for which he has no ability to pay. As the disease progresses, these delusions may increase to the point where the patient believes that he owns all the money in the world and nonchalantly offers to give everyone a million dollars. Others have depression and state that they have no stomach or intestines, or that their heads are completely empty. In other patients their symptoms are marked by restlessness with loss of appetite and insomnia, so that the patient becomes extremely undernourished.⁵⁰

In most instances, the course of the disease was a progressive decline, with many patients, even those receiving treatment, dying within two to four years. When the *Post* article was written in 1937, the hospital was finding success with a malaria treatment that was first developed by Dr. Wagner Jauregg in Vienna in 1917. Dr. Jauregg found that inoculating patients with malaria produced a high

fever and sent syphilis into remission.⁵¹ In 1922, St. Elizabeths became the first institution in the western hemisphere to successfully employ malarial treatments.⁵² Even after the hospital began using the more effective, recently developed penicillin in 1944, it still used the malarial treatment for syphilis patients on a limited basis at least through 1951.⁵³

Even with effective treatments, Washington still retained a high death rate from syphilis complications. In 1948, Washington had a higher syphilis death rate than any state in the country.⁵⁴ Eventually the use of penicillin and expanded early intervention efforts by public health agencies brought the number of cases at St. Elizabeths down dramatically. In 1946, the hospital had about six hundred patients under treatment for advanced syphilis, but by 1949 that number had dropped to thirty.⁵⁵ The number seeking early treatment dropped from sixty-five hundred in 1950 to forty-one hundred in 1951, with only fifty-eight of those requiring admission.⁵⁶

In the 1930s and 1940s, three different kinds of “shock” therapy began to be used at St. Elizabeths. Although each was used in different ways for different conditions, the purpose of all of them was to calm patients and make them more receptive to psychotherapy and other forms of treatment. In each type of shock therapy, the patient was induced into a state of shock and then brought back to consciousness. Two of the therapies were drug-induced, either by insulin or metrazol; the third kind was induced by electrical current.

Insulin-induced shock treatment was generally used for patients suffering from *dementia praecox*, or premature dementia. The patient was given a dose of insulin so that he or she went into a hypoglycemic coma. When slowly brought out of the coma with glucose injections, his or her personality would be temporarily “readjusted and his attitude toward himself and the outside world becomes more normal”. During that brief period, the doctors could discuss problems with the patient in an attempt to “banish his delusions”. Doctors noted that some patients who were prone to daydreaming didn’t benefit from the therapy “because they would find the psychosis more comfortable than reality”. The therapy was also found not to be effective on patients who had been ill for longer than a year.⁵⁷

The drug metrazol was used in a similar way, but instead of putting the patient into a coma, it induced convulsions.⁵⁸ In 1938, a reporter was invited to witness the application of drug-induced shock therapy:

A tour through the halls of St. Elizabeths Hospital offers eloquent testimony to the tragedy of insanity, to use the legal but non-medical word. Young men struck down in their prime ... teen-age

girls shutting themselves in from reality ... middle-aged paretics who owe their condition to syphilis ... old men and women with senile psychoses. Shock treatment is for only a small minority. While metrazol seems to bring startling improvement in dementia praecox, the course has been limited to the best fit physically. Another restriction, besides the very newness of the chemical compound, is the expense. The same is true for insulin therapy. Cost of materials is cheap, but requires additional personnel. When the insulin “class” meets five mornings a week ... two doctors, four graduate nurses, two student nurses and several attendants must stand by constantly. A separate shock ward is maintained. The daily course begins at 7 a.m. and it lasts from five to six hours ... The patient may lie in deep coma for only 30 minutes to an hour but it usually takes at least two hours for that state to be reached. Then when a glucose injection brings him out of hypoglycemia, the medical term for insulin shock, some time will be spent on psycho-therapy—a good heart-to-heart talk. Although the metrazol convulsion is over in a matter of seconds, the same precautions of surveillance are taken.⁵⁹

When St. Elizabeths introduced insulin shock therapy in 1937, doctors had hoped to restore to health 40 percent of the hospital’s three thousand patients with dementia praecox. The medical staff was confident that insulin shock, which had been discovered by accident by Dr. Manfred Sakel in Vienna when using insulin as a sedative for morphine addicts, was beyond the experimental stage and was convinced it was an effective therapy.⁶⁰ It was hard for them to ignore evidence from their peers elsewhere who reported great success:

Placed on insulin, a woman who had been restive, mute and had to be forcibly fed became tractable and willing to eat normally after a series of injections. As treatment progressed, she admitted that the voices she heard were not real at all—a healthy sign—and before long she was allowed to go home for visits at intervals.⁶¹

Insulin and metrazol were “scientific” treatments that would show that “the homicidal paranoiac is not beyond redemption and the State institution has a road leading out as well as in”.⁶² The fact that doctors didn’t understand why it worked didn’t seem to matter when the therapies promised 50 percent remissions within the first eighteen months of treatment.⁶³ Dr. Overholser took a cautious

approach and refused to discuss any early results, saying he wanted to wait six months before he made any comment.⁶⁴

Whatever the success or failure during the hospital's initial 1938 trials, by 1941 results were such that doctors greatly cut back on the use of drug-induced shock therapy. At that time, St. Elizabeths was in the process of purchasing an electroconvulsive therapy (ECT) machine, which would stimulate convulsions with the help of electrical current rather than drugs. ECT was said to be particularly successful with patients who suffered from depression.⁶⁵ Like the chemically induced shock therapy that preceded it, electroconvulsive therapy was greatly scaled back by 1957.⁶⁶ While none of the shock therapies provided the results doctors had initially hoped for, their uses, at least in limited cases, continued well beyond the 1950s.



Figure 8.8. Nurse attending a patient after an electroconvulsive therapy session. (National Archives RG 418-P-350)

The treatment that provided a real long-term breakthrough was the use of the tranquilizing drugs developed in the 1950s. By 1957, over two thousand patients at St. Elizabeths were taking them.⁶⁷ These drugs began to have a real effect in reducing the need for inpatient care. “In 1955, with the initiation of new programs, including the large-scale administration of tranquilizing drugs, the hospital population began to decline almost immediately.”⁶⁸ But the reduction in patient numbers did little to provide relief to the staff since the drugs made those inpatients taking them more alert and more in need of staff attention.⁶⁹

The late 1950s brought a new emphasis on allowing patients more freedom and privileges. The policies of the hospital became more permissive. At the end of fiscal year 1957, as many as 278 patients enjoyed city privileges, 428 were on short-term visits with family or friends, and approximately 1,800 were free to roam the hospital grounds. Several buildings changed from locked wards to “open-type units.”⁷⁰ Patients were also allowed limited self-government, and “every effort [was] made to achieve an atmosphere of permissiveness and friendly interest”. Some took inappropriate advantage of the new freedoms by running away, committing crimes, or causing other kinds of trouble, but the overall benefit to the patient population was seen to outweigh the problems.⁷¹

The combination of successful drug therapies and a greater focus on patient freedom allowed new concepts of patient care to emerge. Great stress was placed on the social rehabilitation of patients and their reintroduction to society. Large hospitals like St. Elizabeths were still needed, but the hospital’s treatment policy was to decentralize care as much as possible.⁷² Efforts to move patients from large institutions to smaller community-based facilities was hampered by the shortage of space in those smaller facilities and the inability of the D.C. Department of Public Welfare to pay private-home operators the amount needed to secure adequate foster care and particularly nursing home space.⁷³ The drive for decentralized care would prompt St. Elizabeths to break up its large divisions into a smaller unit system, each of which would provide comprehensive treatment. The new system would offer continuity of treatment, a staff that was familiar to patients, and the ability to plan long-term care for patients with fewer transfers and less paperwork.⁷⁴

DAILY LIFE

During Dr. Overholser’s time at St. Elizabeths, the Red Cross continued to play an important role in patients’ daily lives. As in the past, the charity held dances, organized athletic events, hosted lawn parties, presented concerts and other types of entertainment, and distributed cigarettes (1,050,000 in 1939).⁷⁵ In 1940 alone, the Red Cross took 150 ex-service members to a White House garden party, organized eighteen patient baseball games with an average attendance of four hundred, hosted the WPA Trio’s twice-weekly concerts, and assisted the seven music teachers who came three times a week to train the patient orchestra and to provide singing instruction for a group of African American patients.⁷⁶ There were also tea dances and bridge parties once a week.⁷⁷ The activities appear

to have been fairly segregated, with separate parties for Native American and African American patients.⁷⁸

In 1941, the Red Cross's timber frame building between the canteen and Hitchcock Hall was destroyed by fire. The alarm was raised just after midnight on February 4. The strong north wind whipped the flames high into the sky, attracting motorists from all over the city. Nichols Avenue was so choked with sightseers that some of the twenty-one engine companies and eight truck companies who responded to the four-alarm fire had difficulty reaching the site.⁷⁹ By the time the fire was out, the building and all of the Red Cross's equipment and patient records had been destroyed.⁸⁰ After the fire, the Red Cross had a new building built on the location of the old one. Eventually named after Margaret Hagan, the Red Cross field director at the hospital, the new building was completed in 1942 in a style similar to the adjacent Hitchcock Hall and the 1902 Shepley, Rutan & Coolidge buildings.



Figure 8.9. Hagen Hall built to replace the previous Red Cross building destroyed by fire. (National Archives RG 418-P-234)

Another important need was a new chapel. In 1939, the auditorium on the third floor of the Center Building was still being used as the chapel. Not only was it difficult for some patients to climb the steps to the third floor, but the eastward expansion of the campus meant that the Center Building was no longer the physical center of the institution.⁸¹ Although requests were made as early as 1939,

a new chapel was not built until 1956, on a site on the east campus where the semi-permanent buildings had stood.

In the interim, most chapel services were held in a small room in the basement of Hitchcock Hall, which the chaplaincy staff found to be completely inadequate. In 1948, Rev. Ernest E. Bruder, the Protestant Chaplain complained:

It is a scandal to the hospital that a small, inadequate room, never designated for the purpose, and used for any and all other purposes, should have to serve as the hospital Chapel. This becomes an additional offense since our average attendance has grown to such proportions as 246 per Sunday, that the room has now become taxed to capacity, and on most Sundays of the year is a place that is insufferably hot.⁸²

The basement of Hitchcock Hall was also used for psychodrama, a form of therapy where patients role-played ways of dealing with their feelings and coping with life outside the hospital.⁸³ The psychodrama program, which started at St. Elizabeths in February 1941, was the second such program in the country. The first was started in New York at the Beacon Hill Hospital by Dr. J. L. Moreno.

In the fall of 1941, a reporter from *The Washington Post* was invited to observe four psychodramas being presented to a group of occupational therapists. One of the scenes included a young male patient, a former government worker, who “reenacted a scene that occurred in his home when he was on visiting leave recently. A nurse impersonated his wife, serving as an auxiliary ego. The couple talked about their daughter’s stay at camp, argued good-naturedly over what radio program to select. The wife even prepared for her husband a make-believe sandwich and glass of tomato juice”. Another “more spirited” presentation was given by a young woman who did not get along well with her mother. The role of the mother was taken by Miss Frances Herriott, director of the St. Elizabeths psychodrama theater. Then, at a doctor’s direction, “the patient herself took the mother’s role while another patient pretended she was the misunderstood, browbeaten daughter.”⁸⁴

Occupational therapy also remained an important aspect in the treatment of patients. This therapy included group physical activities, such as organized games like tossing a medicine ball, and running relays. There were also rhythmic activities such as clapping, stamping, group dancing, as well as games to music, group singing, volleyball, painting, collage, making rolled paper beads, plaited rag rugs, paper weaving, cord knotting, and needlework.⁸⁵

Patients also continued to work on the hospital farm and in other jobs. In some cases, work was a means to ease chronic but stable patients back into normal life.

An attempt has been made to place more of the chronic patients at useful jobs on the farm by sending groups who have never worked before along with a responsible attendant who breaks them in for a few days and then leaves them in the care of the farm workers. This has been successful and has increased the number of patients working at Godding Croft on daily trips. At the same time, other chronic patients are constantly urged and encouraged to accept privileges of daily visits to the city to search for work. After they have received their first pay check, they are told to seek lodgings on the outside, ... and eventually discharged from the hospital. So far we have had excellent success with the patients who have been working on the outside, mostly because of the fantastic ease with which anyone can obtain a job in Washington at the present time.⁸⁶

Despite the bucolic nature of the hospital's grounds, its panoramic view of Washington, and the presence of the all-American hospital farm, life at St. Elizabeths was no rural idyll. One has to keep mind, however, the operational realities of a hospital with upwards of five thousand patients. Not only were buildings overcrowded until the late 1950s, but the hospital dinner table wasn't always laden with wholesome home cooking. In 1945, one of the doctors wrote a detailed memo to the hospital's administrators about the poor food in the dining hall.

It is not only due to the usual wartime difficulties, because, for example, a few months ago I was in the kitchen when a sufficient quantity of lamb was delivered to Detached Service to prepare a very nutritious meal. The meat was all of the very best grade and consisted of shoulders, legs of lamb, and other delicious roasting cuts. I remarked that it would make a very nice Sunday dinner for patients the next day, visualizing their enjoyment at being given roast lamb after being away from meat for some time. To my utter amazement the dietitian said, "This will make a delicious stew."!! Incidentally, some of the Detached Dining Hall stews look almost as unappetizing as the taste. Once, during the winter, I inspected a Sunday dinner which consisted of some sort of stewed meat. One

could hardly tell the meat from the gravy because the gravy was so thick with flour and grease.⁸⁷

To celebrate the hospital's centennial in 1955, a play called "Cry of Humanity" was staged for the patients and staff in Hitchcock Hall. It highlighted Dorothea Dix's role in the creation of St. Elizabeths and was meant to show the public what hospital life was like for patients.⁸⁸ As it was being written, the staff discussed at length the type of scenes that could help depict a typical day.



Figure 8.10. A scene from "Cry of Humanity, 1955. (National Archives RG 418-P-444)

One memo about the play went into detail about the scenes that should be included. It also provides a window into life at St. Elizabeths in 1955:

Patients in a dormitory getting up in the morning. There should be a bright light to indicate being startled and awakened out of the dark. Some patients are being coaxed out of bed. Someone is making a bed. There is a sense of rushing on the part of some of the patients who are hungry but other patients have to be urged. There might be a scene with people lined up to get at the wash basin and others waiting to get shaved.

A little later in the morning the patients are responding to the call for breakfast in the cafeteria. Some are making a mad dash there but others lag and have to be encouraged and helped along by an attendant or another patient. In the cafeteria one or two patients are causing some disturbance. One or two patients are being spoon-fed by an attendant. At the end of this scene, attendants are counting the silverware. Some patients have been helping in the serving of food and now are helping in washing and stacking the dishes, wiping off the tables, sweeping the floor.

After breakfast, a nurse on the ward is giving medications to patients for whom such has been prescribed ... and cigarettes are being distributed.

A group of patients make a circle around the psychiatrist who is conducting a session in group therapy.

Patients are doing a variety of ward assignments having to do with the housekeeping of the ward.

Patients are working on hooked rugs, some are working on the printing press, and some are doing woodwork with hammering and sawing. In one of the women's occupational therapy shops, patients are sitting in rockers doing needle work, painting, sawing, and, in contrast to the men's shop where the hammering and sawing is going on, there is a sense of quiet and peace.

A patient preparing to leave the ward in order to attend a psych staff conference where, as he views it, his fate is to be decided. Patient is acting nervous and restless and is talking to an attendant or nurse who seeks to reassure him.

Patients are shown sitting on grounds to show ground privileges, going to church, dances, movies, and walks. [The patients] walk in lines of one or two with attendants at front and back.⁸⁹

The play showed patients performing a ballet scene in dance therapy, as well as examples of hydrotherapy, psychodrama, art therapy, and physical therapy. The staff also wanted to make sure that the loneliness of many patients

was depicted along with other negative aspects of hospital life, such as lack of privacy, long periods of inactivity, and nighttime disturbances as nurses make rounds and administer medications.⁹⁰

In the 1950s television became more a part of the patients' daily lives. In January 1955, the staff undertook an inventory of which wards had televisions and which needed them. In some cases, the televisions on the wards were owned by patients.⁹¹ But television didn't replace other forms of mental stimulation. There were cooking classes, art classes, "charm" classes, music appreciation, home nursing "which is geared toward preparing patients to assist on the wards in the hospital", as well as individual tutoring. Some patients who were successful in classes in math, English, grammar, reading, stenography, and typing "graduated" to various clerical jobs on campus.⁹²

In addition to television sets, all of the wards in the 1950s had many other things to keep patients occupied and active. Most wards had jump ropes, badminton sets, checkers (regular and Chinese), bingo, bean bags, scrabble, dominoes, jigsaw puzzles, ring toss, coloring books, croquet sets, horse shoes, record players, and ping pong equipment.⁹³

THE HOSPITAL FARM

When Dr. Overholser became superintendant of St. Elizabeths in 1937, the hospital's farm was still an integral part of the institution's operations and produced a wide variety of vegetables and fruit as well as dairy products, pork, and poultry for the dining room. Despite almost 40 years of land pressures due to the hospital's expansion and the rapidly urbanizing neighborhoods around it, the hospital still had 14 acres of vineyards and fruit trees on the west campus; 150 acres on the east campus with crops, gardens, and livestock operations; 59 acres in cultivation at the Stevens Farm tract in Congress Heights; and 175 of the approximately 400 acres at Godding Croft under cultivation.⁹⁴

The hospital's farm was one of a surprising number still operating within the city of Washington. The hospital's large holdings of farmland within the city boundaries and agricultural lands at other federal institutions like the Soldier's Home in northwest Washington helped make the average farm size in the city 31.5 acres. Of the one hundred farmers in Washington, eighty-nine of them still made a living from their farms. Not far from St. Elizabeths, the 28-acre Wahler farm near Wheeler Road and Savannah Street provided a living for the three Wahler Brothers. Another farm not far from Godding Croft was operated by Fred

Lindner who raised corn, beets, spinach, onions, lettuce, and other produce on 52 acres.⁹⁵

The days of the superintendent as doctor-administrator-builder-farmer may have been long over, but the hospital's farm staff still ran the farm as a going concern, continually looking for ways to improve its yield. Among the more successful vegetable crops they experimented with was Swiss chard, which had "proven to be one of the most reliable, as well as the best producer per acre among the crops grown for table greens".⁹⁶ Other produce included salsify, kale, endive, watercress, eggplant, and mustard greens.⁹⁷ In 1941, the farm still produced 297,000 gallons of milk, 16,749 dozen eggs, and 9,040 pounds of chicken, as well as large amounts of pork, vegetables, fruit, hay and other fodder.⁹⁸

Still, the limitations of the farm and the ever-increasing patient population made it more and more difficult to meet the needs of the hospital with existing acreage. Overholser's first annual report, submitted in 1938, continued previous requests for funds to buy land. The report asked for between 5,000 and 6,000 additional acres within ten to twenty miles of the hospital plus six cottages, each big enough to house forty patient-workers on the new farmland.⁹⁹ In 1939, the annual report indicated that \$950,000 would be needed to acquire an appropriate piece of property for the hospital's use. It is unclear whether that request was also intended to cover the cost of building the patient cottages.¹⁰⁰ Despite a reduction in the acreage requested, Congress provided no additional land for any purpose.¹⁰¹

In 1943, space issues on the east campus meant that garden operations were moved to Godding Croft, which in turn displaced the cultivation of hay and other fodder crops.¹⁰² This forced the hospital to purchase hay for livestock feed, but it also meant they could continue to provide some fresh vegetables for the hospital. In 1948, the truck garden was still producing almost 29,000 bushels of green vegetables.¹⁰³

The operations of the farm continued to atrophy and suffer setbacks. In 1945, the hay barn at Godding Croft was destroyed by fire and was replaced.¹⁰⁴ But 1947 marked the true beginning of the end for the hospital farm. A law in Maryland made it illegal to feed garbage to hogs within 2,000 feet of a public road. This had a direct impact on the hospital's hog production at Godding Croft and forced the removal of the hospital's five hundred pigs by early 1948.¹⁰⁵ Although there were still piggeries on the east campus that weren't subject to the Maryland law, the space was needed for hospital expansion so the decision was made to discontinue the swine herd entirely.¹⁰⁶

A 1947 report produced by the Bureau of Agricultural Economics at the U.S. Department of Agriculture concluded that labor costs and other factors made

dairy production infeasible. The report recommended the sale of the dairy herd and discontinuation of the hospital's dairy operation.¹⁰⁷ By June 1948, the last of the Holstein cattle were sold by the War Assets Administration.

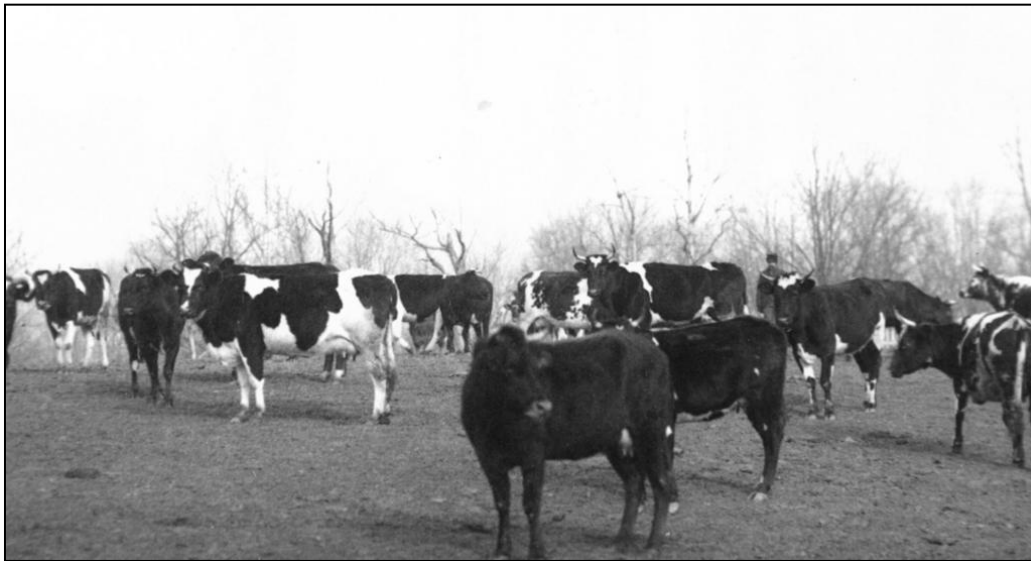


Figure 8.11. Part of the hospital's dairy herd. (National Archives RG 418-P-583)

With the elimination of the dairy herd, the barns were converted for storage,¹⁰⁸ but the stables were still used to keep twenty horses.¹⁰⁹ The piggery also remained and still housed a few hogs until a 1952 fire that killed three sows and fifteen piglets ended the keeping of pigs at St. Elizabeths.¹¹⁰

In 1955, noting that only about fifty patients used Godding Croft and that the farm's output didn't warrant its retention, the Bureau of the Budget indicated that it would sell the farm. The bureau believed the land, originally purchased for \$21,000, could bring in up to \$1.8 million and that a proposed new bridge across the Potomac (the Wilson Bridge) had the potential to increase the sale price. It noted that selling the farm would reduce the federal government's expenses, and putting the land back on the tax rolls would increase local property tax revenue. The report, however, noted that if a farm is still needed for the hospital, a cheaper site in Virginia or Maryland could be considered.¹¹¹

Farming at the hospital continued on a greatly reduced scale, mostly for therapeutic reasons, for another decade. On June 30, 1965, the last of the hospital's farm operations ceased.¹¹² The remaining open land on the east campus was eventually turned over for patient use and hospital expansion.

OVERHOLSER OPINES

Like previous superintendents of St. Elizabeths, Dr. Overholser felt that educating the public at large about mental illness and the work of the hospital was an important part of his job. And as with his predecessors, Overholser's position at the hospital made him a minor star in the firmament of D.C. society and a frequent speaker at local civic gatherings and professional society meetings. Unlike those of his predecessors, however, Overholser's musings on just about any topic were well covered in the local media, particularly *The Washington Post*.

While he often provided observations based on scientific evidence, he just as often seemed to opine publically with nothing more than his own personal point of view as a basis. Whether his public comments were backed up by sound science or reasoning or not, the public, or at least the press, seemed to consider him a man whose opinion was important.

In one speech, he deplored the bias against married school teachers. "I am sure the teacher loses nothing of value and sometimes gains something by being married" But then he went on to take a poke at parents ("in many cases the parent is the problem, and not the child at all"); declared the inefficacy of intelligence tests (they don't consider emotional factors); and expressed his hope that child guidance clinics could be started that would reduce future mental disorders.¹¹³

At the start of World War II, Overholser warned that "women who have suffered from nervous disorders or have been in a mental hospital should not come to overcrowded Washington for wartime jobs with the Government". He noted that eight of the thirty-seven women admitted to the hospital the previous month were government workers. "When they get their paycheck from the Government and pay their bills they finally discover that they are not as well off as they were when they left their homes". He also took the time to declare that national morale had improved greatly since Pearl Harbor.¹¹⁴

Overholser also warned of a new era of promiscuity following the end of the war:

A period of lax morals and undress exceeding even the riotous living of the roaring '20's will follow this war. The loosening of morals started after the last war has continued ever since, and is reaching a new high now as evidenced by the soaring tide in illegitimacy. I foresee no early return to a Victorian era in the United States.

He believed that girls were to be blamed for the promiscuity and was quoted saying: “Cynics say there is no reason to commit rape here in Washington.”¹¹⁵

Overholser’s belief in female promiscuity was reinforced when his prophecy hit close to home in 1947. *The Washington Post* reported that Overholser’s 17-year-old son, Winfred Jr, was secretly married to a 19-year-old in Prince Frederick County. In his legal brief to have the marriage annulled, Dr. Overholser noted that the bride procured the license by listing his son’s age as 21 and said that their marriage was due to “her influence and coercion”. The young couple reportedly separated immediately after the nuptials and did not “live together as man and wife.”¹¹⁶

Despite his reservations about changing attitudes, Overholser believed that the modern outlook on sex was not altogether a bad thing. “Many irrational taboos have been removed by a freer discussion of the biological processes and the national campaign against venereal diseases”. He also believed that a lot of the wartime “hit and run” marriages would “crack up. Some couples who married scarcely knowing each other may find even recognition difficult after two or three years of separation.”¹¹⁷

Overholser advised wives of servicemen who had been discharged for mental reasons that they should neither nag nor pamper their husbands and that they should curb their curiosity about their husband’s combat and hospital stays. “Dr. Overholser recommended that a wife, if employed, quit working and devote herself to her husband’s readjustment, when this is economically possible”. Overholser believed that

Many servicemen who break at the psychological level snap back quickly when they get away from the military regime because they have been civilians at heart all along and the return to normal cures them. Some, I am sure will be better men than before ... The refusal to hire anyone merely because he has had a psychiatric diagnosis is an unpatriotic waste of manpower.¹¹⁸

Overholser also offered assurances after the war. Following a trip to London, he declared Europe safe for American travel after experiencing no attempts to pick his pocket or otherwise defraud him or those in his party: “It is a tribute to the persistence of the human spirit that the peoples of Europe have the drive to live honestly and rebuild, though they face daily the discouragement of destruction.”¹¹⁹ But in a more comic observation, Overholser responded to an article about a British doctor who had said that a wife’s nagging tongue can be fatal to her husband: “It’s wonderful what the British can dream up.”¹²⁰

The end of World War II also brought to St. Elizabeths one of its most famous and infamous patients. The American poet Ezra Pound who had lived in Italy during the war and was paid by the Italian government to make anti-U.S. radio broadcasts was indicted for treason in July 1943. When the town of Rapallo fell in the spring of 1945, Pound was captured by U.S. troops and incarcerated until November when he was flown to Washington, D. C. to stand trial.¹²¹

At his arraignment, Pound's lawyer asserted that Pound was mentally ill and incompetent to enter a plea. Pound was then admitted to Gallinger Hospital where he was examined by four doctors, including Overholser, and found by all four to be unfit to stand for trial.¹²² Rather than release him on bail, the judge in the case ordered that Pound be admitted to St. Elizabeths to await his sanity hearing.¹²³ With Overholser, as the government's lead witness, having asserted Pound's insanity, it took the jury only three minutes to reach a verdict of "unsound mind".¹²⁴

After the hearing, Pound was returned to St. Elizabeths where he was admitted to Howard Hall, the building reserved for the criminally insane where he stayed for a year. He was subsequently moved to the Center Building where he lived until his release. During the twelve years Pound was at the hospital he continued his writing and received an impressive array of visitors including T. S. Eliot, E. E. Cummings Thornton Wilder, Stephen Spender, Katharine Anne Porter, H. L. Mencken, and many others.¹²⁵ Soon after the Department of Justice dropped the nineteen charges against Pound in 1958, he returned to Italy where he marked his arrival in Naples by giving the fascist salute.¹²⁶ Overholser continued to correspond with Pound as late as 1963.¹²⁷

Over the years, Overholser commented on many topics, both serious and trivial. On a recent winning streak of the Washington Nationals baseball team, Overholser noted that they were winning simply as a "reaction to frustration". He admitted that he was not a sports fan and didn't follow the Nats,

but understands why the Nats are astounding everyone. Obviously, the team simply got tired of losing. You say there were no personnel changes, that they have the same players now that they had when they were losing. That proves that they have reacted to their frustration by getting up and fighting back.¹²⁸

He also expressed thoughts on Washington: "Lots of places have more wrong with them than Washington". At the annual meeting of the Social Hygiene Society at the YWCA, Overholser noted that DC had no red light district, and that, despite the many people who were "strangers" in town, Washington was a

church-going city. On a less positive note, he observed that Washington was a “synthetic” city, with its “citizens having no votes and many having not roots and precious little responsibility for supporting needed community services.”¹²⁹

Appearing on *Celebrity Parade* on WMAL-TV in connection with the hospital’s 1955 centennial, Overholser said that atomic-age tensions had not increased mental disorders among District residents.¹³⁰ In a speech the following year, he declared that no one is born with a conscience and that everyone has criminal impulses, but not everyone acts on them.¹³¹ Increases in mental illness had, he said, “been almost entirely among that growing population of persons living past 50.”¹³²

Overholser weighed in on the mental state of two code clerks who defected to the Soviet Union in 1960. He called them “misguided idealists with very little grasp of reality”. The two defectors had cited that the equality afforded Soviet women makes them “more desirable mates”. Dr. Overholser believed that there was no way any man “with a normal sexual orientation” could offer that as an explanation for defecting, yet he declined to comment on whether that explanation was a cover story to undermine reports that one of the defectors was a homosexual. He also didn’t believe that the claim about equality for Soviet women could be true: “There’s no country in the world where women have such a free role to play in social, economic, and academic life as in the United States.”¹³³

On his 70th birthday in 1962, Overholser’s career at St. Elizabeths ran into the government’s mandatory retirement age just six months before the end of his 25th year as superintendant. At his request, the Department of Health, Education, and Welfare allowed Overholser to stay on at the hospital until he reached his milestone anniversary. Overholser was the first to recognize that “if he survived until his departure ... he [would] be only the second superintendent of the five in St. Elizabeths’ 107-year history to walk out alive.”¹³⁴

When Overholser retired in October 1962, he left behind many professional friends and the good will of Washington society. Eve Edstrom, a staff reporter for *The Washington Post*, praised Overholser: “It has been difficult enough for the public to accept the fact that St. Elizabeths Hospital has no apostrophe in its name. But it will be even more difficult to gain public acceptance of the fact that St. Elizabeths no longer will have Dr. Winfred Overholser as its superintendent.”¹³⁵ They would also, no doubt, miss his folksy musings in the press. When Overholser died of a heart attack October 6, 1964, almost two years since he retired from the hospital, Edstrom wrote this about him:

For the record, he thought love at first sight was a dangerous commodity, believed more damage was done to children by

mothers who overprotect them than by mothers who neglect them, and declared that the only trouble with high school fraternities “is that they are run by people too young to have any judgment.”¹³⁶

THE END OF AN ERA

Overholser’s retirement from St. Elizabeths marked more than just the culmination of his career. The hospital had modernized in many ways over several decades and had left behind most vestiges of its Victorian origin, but Overholser’s tenure coincided with profound changes to the institution that marked the end of an era. After more than a century in operation with almost continual expansion and overcrowding, the patient population was steadily declining and the last major building had been built.

Although the early precepts of mental health care at the hospital, which focused heavily on the patient’s environment, had been giving way over time to more scientific approaches to treatment, the advances in drug therapies firmly pointed the way to the future of mental hospitals. Those drug therapies, along with psychotherapy and other types of therapeutic interventions, provided demonstrable improvements to large numbers of patients that largely relegated the niceties of pleasant surroundings to the periphery of patient care.

Even notions about the best setting for patient care had changed dramatically. For most of St. Elizabeths’ history, the general consensus was that the seclusion of the hospital from outside influences and stresses and total control of the patient’s environment were imperative for effective treatment. By the time Overholser retired, expanded grounds and city privileges for patients, outpatient clinics, foster homes, and halfway houses¹³⁷ foreshadowed the deinstitutionalization that would define mental health care in the 1970s and beyond, as institutions strove to provide the least restrictive care possible and to reduce costs.

The end of military admissions in 1946 also profoundly changed the make-up of what had been the first and most important mental facility for military personnel for over ninety-one years. The end of the hospital’s military mission also put it on a different footing with appropriators. Throughout its history, hospital administrators had counted on patriotic attitudes in regard to supporting the hospital’s military patients. With the removal of military veterans from the patient population, the hospital began to look more and more like a local hospital rather than a federal institution. The federal government still ran the facility, and

federal interests were served in its operation, but the bulk of the patients were no longer as directly linked to federal interests as military patients had been.

Various staff members continued to live on campus after Overholser's retirement, but the days of the self-contained community were over. Staff and patients continued to think of St. Elizabeths as a close-knit community or even as a family, but with the departure of the Overholser, the superintendent's suite was taken out of service. After Overholser, no other superintendent would have personal use of the 8,000-square-foot living and working quarters that had earned Dr. Overholser his nickname, the Baron of Anacostia.¹³⁸ Perhaps no other aspect of life at St. Elizabeths so embodied the gracious, paternal authority of the superintendent as that suite of rooms at the heart of the building that was once the heart of the hospital.

Another defining feature of St. Elizabeths had been the hospital farm. For over a hundred years superintendents, staff, and patients alike worked to put food on the institution's table. Although the farm didn't official cease operations until three years after Overholser's retirement, it was only nominally functioning when he retired. The vast majority of livestock had already been liquidated, and Godding Croft had been transferred to the National Park Service.¹³⁹

Even the nature of business communications at the time of Overholser's retirement illustrates how much the hospital's culture had changed. The surviving administrative files from the earliest days of the hospital are at times formal and at times folksy. Even the annual reports to Congress had a personal quality to them that would slowly fade to a more generic and businesslike tone as the twentieth century approached. Even into the 1930s, the contributions of superintendents and long-term staff were recognized in official correspondence and documents, sometimes with flowery praise embedded in the hospital's annual reports. Yet when Overholser's twenty-five-year service came to an end, barely a sentence about his retirement found its way into the annual report.¹⁴⁰ Perhaps one of the reasons no formal tribute was made to Dr. Overholser was because there was no longer a board of visitors to put forward the appropriate memorial. Still, Overholser's relationship with the media and the community at large provided him with the necessary tribute. Given his seeming fondness for his public role outside the hospital he may have appreciated that even more than an official tribute.¹⁴¹



Figure 8.12. Dr. Overholser was the last superintendent to make use of the superintendent's suite in the Center Building. Part of the suite is shown here circa 1915. (National Archives RG 418-P-495)



Figure 8.13. Dr. Overholser was the last superintendent to make use of the superintendent's suite in the Center Building. Part of the suite in the Center Building circa 1915.. (National Archives RG 418-P-495)

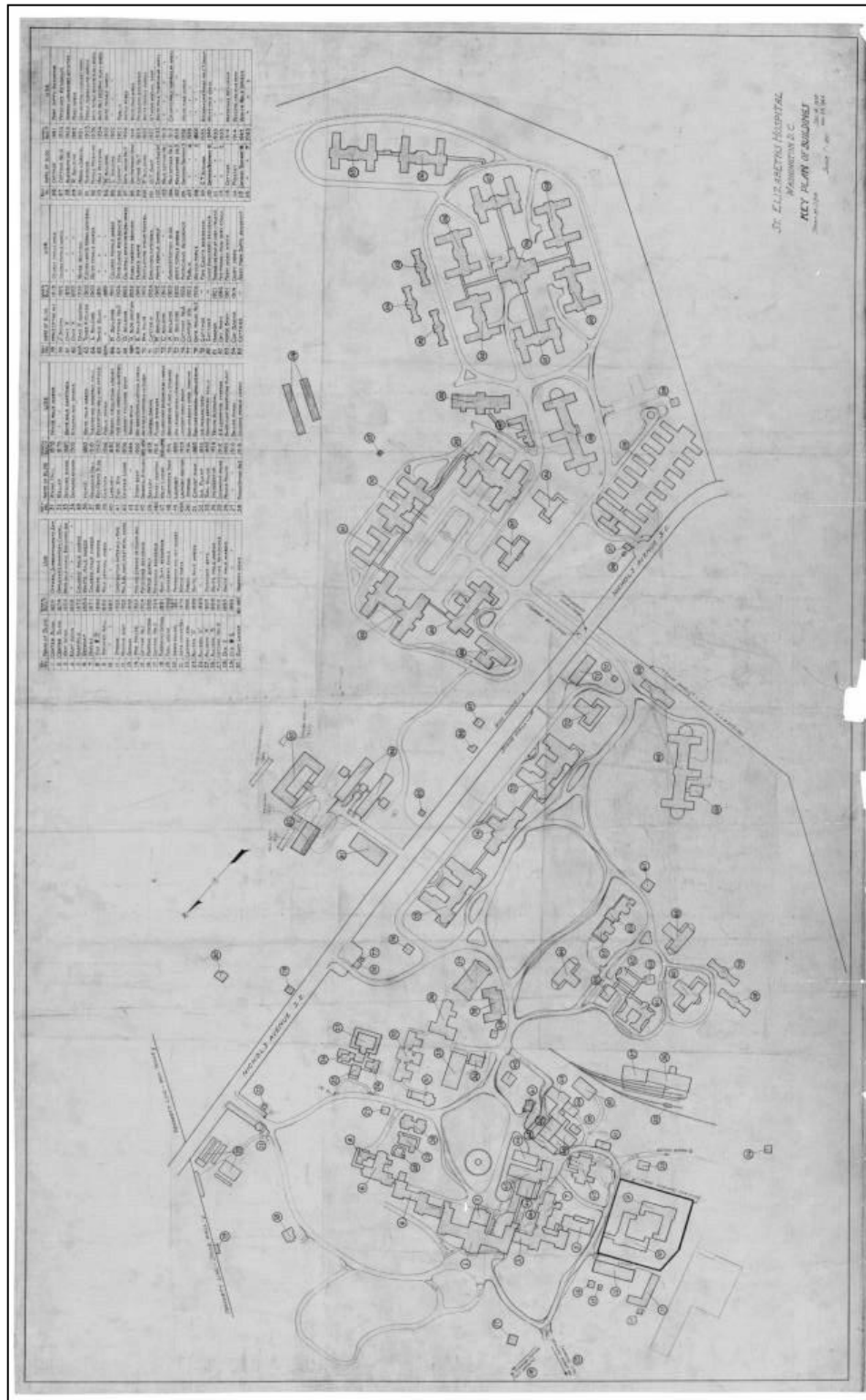


Figure 8.14. Site plan, 1944. (Library of Congress American Architectural Foundation Collection)

¹ “Dr. Overholser Named to Head St. Elizabeths”, *The Washington Post*, September 22, 1937, p. 1.

² “New Hospital Director To Address Council”, *The Washington Post*, December 6, 1937, p. 1.

³ “Dr. Overholser Named to Head St. Elizabeths”, *The Washington Post*, September 22, 1937, p.1.

⁴ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Personal Overholser”, box 30.

⁵ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1939 Annual Report Draft, 34; *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1938 Annual Report Draft, 16; and *Annual Report of the Secretary of the Interior for the Fiscal Year Ended June 30, 1938* (Washington: Government Printing Office, 1938), 383.

⁶ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, “Construction Department”, July 15, 1938, box 4.

⁷ *Annual Report of St. Elizabeths Hospital for the Fiscal Year Ended June 30, 1941* (Washington: Government Printing Office, 1942), 11.

⁸ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, “Richardson Service, July 4, 1942, box 7.

⁹ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1954), 256.

¹⁰ “Nixon to Dedicate Dix Pavilion”, *The Washington Post*, April 9, 1956, p. 22.

¹¹ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1944 Annual Report draft, 12 and *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1959), 2.

¹² “Dr. Overholser Named to Head St. Elizabeths”, *The Washington Post*, September 22, 1937, p. 1.

¹³ “ ‘Barbarous’ Criminal Trials for Insane Here Denounced”, *The Washington Post*, December 10, 1937, p. 1.

¹⁴ “The Lunacy Commission”, *The Washington Post*, July 1, 1939, p. 8.

¹⁵ Gerald G. Gross, “Diseased and Healthy Mingle in Overcrowded Gallinger”, *The Washington Post*, June 19, 1939, p. 10.

¹⁶ “Lunacy Unit Retention Is Predicted”, *The Washington Post*, June 27, 1939, p. 13.

¹⁷ “Bills Would Permit Direct Entry [*sic*] into St. Elizabeths”, *The Washington Post*, May 18, 1948, p. B1; “Mental Test Law Invoked”, *The Washington Post*, July 29, 1948, p. 11; and *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1948), x.

¹⁸ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1941 Annual Report draft, 8.

¹⁹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, after 1958, box 23 and *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1941 Annual Report draft, 27.

²⁰ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1949), viii.

²¹ *Ibid.*

²² *Ibid.*, v.

²³ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1943 Annual Report draft, 54.

²⁴ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1942 Annual Report draft, 7 and *Annual Report of St. Elizabeths Hospital for the Fiscal Year Ended June 30, 1941* (Washington: Government Printing Office, 1942), 4.

²⁵ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, 1947 Annual Report draft, 1, box 8 and *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, after 1958, box 23.

²⁶ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “St. Elizabeths Hospital – Veterans”, March 3, 1949 and May 11, 1946, box 48.

²⁷ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, January 13, 1945, box 28.

²⁸ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, 1947 Annual Report draft, 9, box 8.

²⁹ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1955).

³⁰ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Incoming 1953-1956”, November 10, 1955, box 25.

³¹ “Nixon to Dedicate Dix Pavilion”, *The Washington Post*, April 9, 1956, p. 22.

³² *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1962), 2.

³³ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Incoming 1953-1956”, September 16, 1954, box 24.

³⁴ “Colored Girl Charged with Slaying Woman”, *The Washington Post*, June 29, 1937, p. 12.

³⁵ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1962), 3.

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- ³⁶ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1966), 3.
- ³⁷ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1963), 4.
- ³⁸ *Ibid.*
- ³⁹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Lobotomy”, March 24, 1942, box 23.
- ⁴⁰ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Lobotomy”, February 25, 1944, box 23.
- ⁴¹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Lobotomy”, September 9, 1946, box 23.
- ⁴² N.S. Haseltine, “Brain Surgery Is Successful in Easing Pain”, *The Washington Post*, November 26, 1947, p. 13.
- ⁴³ *Ibid.*
- ⁴⁴ Edward Shorter, *A History of Psychiatry* (Boston: Wiley, 1997), 227-228.
- ⁴⁵ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Lobotomy”, April 21, 1948, box 23.
- ⁴⁶ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1950), 4. *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 4 and *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1952), 5.
- ⁴⁷ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1957), 3 and *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1959), 1.
- ⁴⁸ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 4.
- ⁴⁹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Children”, January 3, 1952, box 6.
- ⁵⁰ “Syphilis Responsible for 10% of Patients at St. Elizabeths”, *The Washington Post*, March 28, 1937, p. 12.
- ⁵¹ *Ibid.*
- ⁵² *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 6.
- ⁵³ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Syphilis”, January 2, 1947, box 45 and *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 6.
- ⁵⁴ “D.C. Death Rate from Syphilis Leads Nation”, *The Washington Post*, February 3, 1948, p. 7.
- ⁵⁵ “Paresis Losing Ground, Says Dr. Overholser”, *The Washington Post*, May 1, 1949, p. M19.
- ⁵⁶ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 6.
- ⁵⁷ “Shock for Dementia Praecox to Be Tried at St. Elizabeths”, *The Washington Post*, August 10, 1937, p. 1.

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- ⁵⁸ “Lunatics Given New Remedy at St. Elizabeths”, *The Washington Post*, January 28, 1938, p. 6.
- ⁵⁹ Gerald G. Gross, “New Shock Therapy Centers Attention on Mental Disease” *The Washington Post*, March 8, 1938, p. X1.
- ⁶⁰ “Shock for Dementia Praecox To Be Tried at St. Elizabeths”, *The Washington Post*, August 10, 1937, p. 1.
- ⁶¹ “New Shock Therapy Centers Attention on Mental Disease”, *The Washington Post*, March 8, 1938, p. X1.
- ⁶² *Ibid.*
- ⁶³ Gerald G. Gross, “St. Elizabeths Doctors Vision Mental Cures for Thousands”, *The Washington Post*, February 20, 1938, p. M1.
- ⁶⁴ Gerald G. Gross, “Diabolic Madmen Made Docile with New ‘Shock’ Treatments”, *The Washington Post*, March 7, 1938, p. X1.
- ⁶⁵ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1944), 4.
- ⁶⁶ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1957), 3 and *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1959), 1.
- ⁶⁷ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1957), 1.
- ⁶⁸ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1965), 2.
- ⁶⁹ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1958), 2 and *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Incoming, 1953-1956”, November 10, 1955, box 25.
- ⁷⁰ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1957), 3.
- ⁷¹ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1959), 1.
- ⁷² *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1961), 1.
- ⁷³ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1963), 6.
- ⁷⁴ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1965), 9.
- ⁷⁵ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1939 Annual Report draft, 27.
- ⁷⁶ *Ibid.*, 18.
- ⁷⁷ *Ibid.*, 27.
- ⁷⁸ *Ibid.*

⁷⁹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Red Cross Fire 1941”, box 37 and “St. Elizabeths Building Razed In 4-Alarm Fire”, *The Washington Post*, February 4, 1941, p. 1.

⁸⁰ *Annual Report of St. Elizabeths Hospital for the Fiscal Year Ended June 30, 1941* (Washington: Government Printing Office, 1942), 7.

⁸¹ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1939 Annual Report draft, 46.

⁸² *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, “Chaplain”, July 14, 1948, box 8.

⁸³ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1941 Annual Report draft, 14.

⁸⁴ Gerald G. Gross, “St. Elizabeths Tries Drama as a Cure for Mental Ills”, *The Washington Post*, September 6, 1941, p. 1.

⁸⁵ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Incoming, 1953-1956”, April 18, 1956, box 24.

⁸⁶ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, “Detached Service”, July 19, 1943, box 4.

⁸⁷ *Ibid.*, “Detached Service”, July 14, 1945, box 4.

⁸⁸ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Outgoing, 1953-1955”, May 13, 1955, box 25.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

⁹¹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Television Priority”, January 26, 1955, box 25.

⁹² *Ibid.*, “Memoranda Incoming, 1953-1956”, August 29, 1956, box 25.

⁹³ *Ibid.*, “Memoranda Incoming, 1953-1956”, April 24, 1956, box 24.

⁹⁴ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, June 30, 1938, box 2.

⁹⁵ “89 D.C. Famers Keep Capital on Nation’s Agriculture Map”, *The Washington Post*, November 1, 1937, p. 13.

⁹⁶ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1939 Annual Report draft, 31.

⁹⁷ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, “Farm Department Report, 1935-36”, box 4.

⁹⁸ *Annual Report of St. Elizabeths Hospital for the Fiscal Year Ended June 30, 1941* (Washington: Government Printing Office, 1942), 8.

⁹⁹ *Annual Report of the Secretary of the Interior for the Fiscal Year Ended June 30, 1938* (Washington: Government Printing Office, 1938), 393.

¹⁰⁰ *Annual Report of the Secretary of the Interior for the Fiscal Year Ended June 30, 1939* (Washington: Government Printing Office, 1939), 415.

¹⁰¹ *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1940

Annual Report draft, 39 and *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1941 Annual Report draft, 32.

¹⁰² *Records Relating to the Preparation of the Superintendents Annual Reports, 1928-44*, National Archives and Record Administration, Record Group 418, Entry 19, 1943 Annual Report draft, 36.

¹⁰³ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, ca. 1948, 34, box 8.

¹⁰⁴ *Ibid.*, “Construction Department”, July 13, 1945, box 4.

¹⁰⁵ “St. Elizabeths Will Eat 500 Hogs by Jan. 1”, *The Washington Post*, August 7, 1947, p. 7.

¹⁰⁶ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, ca. 1948, 34, box 8.

¹⁰⁷ *Annual Reports of Subordinate Units, 1919-66*, National Archives and Record Administration, Record Group 418, Entry 20, box 8, 33.

¹⁰⁸ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1948), 678.

¹⁰⁹ “Last Cattle Sold At. St. Elizabeths”, *The Washington Post*, June 22, 1948, p. B2.

¹¹⁰ *Annual Report of the Federal Security Administration*, (Washington: Government Printing Office, 1951), 14 and “St. Elizabeths Fire Quickly Extinguished”, *The Washington Post*, April 24, 1952, p. B4.

¹¹¹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, “Memoranda Incoming, 1953-1956”, March 3, 1955, box 24.

¹¹² *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1965), 17.

¹¹³ “Doctor Scores Bias Against Wed Teachers”, *The Washington Post*, February 20, 1938, p. M10.

¹¹⁴ “Nervous Girls Are Advised Not to Come to Washington”, *The Washington Post*, May 9, 1942, p. 1.

¹¹⁵ “Era of Lax Morals After War Predicted by Dr. Overholser”, *The Washington Post*, January 15, 1945, p. 7.

¹¹⁶ “Dr. Overholser Seeks to Annul Son’s Marriage”, *The Washington Post*, August 9, 1947, p. B4.

¹¹⁷ “Era of Lax Morals After War Predicted by Dr. Overholser”, *The Washington Post*, January 15, 1945, p. 7.

¹¹⁸ “Don’t Pamper Psychotic GIs, Doctor Warns”, *The Washington Post*, April 2, 1945, p. 5.

¹¹⁹ “Overholser Holds Europe to Be Sane”, *The Washington Post*, November 10, 1948, p. B13.

¹²⁰ Elinor Lee, “Husbands Can Be Naggars, Too, Dr. Overholser Says”, *The Washington Post*, February 26, 1960, p. C4.

¹²¹ E. Fuller Torrey, *The Roots of Treason: Ezra Pound and the Secret of St. Elizabeths* (New York: McGraw-Hill Book Company, 1984), 176-179.

¹²² Torrey, *The Roots of Treason*, 186-8, 191.

¹²³ *Ibid.*, 199.

¹²⁴ *Ibid.*, 217.

¹²⁵ Ibid., 219-21.

¹²⁶ Ibid., 263.

¹²⁷ Leslie H. Whitten, "Dr. Overholser, at 71, Reminisces of Ezra Pound and Baseball", *The Washington Post*, April 21, 1963, p. B1.

¹²⁸ "Psychiatrist Explains Why Nats Are Hot", *The Washington Post*, May 12, 1949, p. 20.

¹²⁹ "D.C. Is Beautiful and Friendly City, Dr. Overholser Declares", *The Washington Post*, May 3, 1952, p. 1.

¹³⁰ "A-Tensions Discounted by Overholser", *The Washington Post*, February 28, 1955, p. 26.

¹³¹ "Dr. Overholser Says It's Fortunate Crimes You Think About Don't Count", *The Washington Post*, November 16, 1956, p. A1.

¹³² "Man's Growing Ability to Live Past 50 Blamed for Increase in Mental Ills", *The Washington Post*, December 6, 1945, p. A1.

¹³³ "2 Defectors Lack 'Grasp' on Reality, Expert Says", *The Washington Post*, September 8, 1960, p. A14.

¹³⁴ Stephen S. Rosenfeld, "Overholser Reaches Retirement Age", *The Washington Post*, April 22, 1962, p. A1 and "Overholser Will Remain Till October", *The Washington Post*, July 10, 1962, p. B2.

¹³⁵ Eve Edstrom, "Hospital Bids Dr. Overholser Goodby", *The Washington Post*, October 3, 1962, p. C4.

¹³⁶ Eve Edstrom, "Dr. Overholser Dead", *The Washington Post*, October 7, 1962, A1, p. B15.

¹³⁷ Sterling Seagrave, "St. Elizabeths Hospital Head Outlines Plans", *The Washington Post*, April 21, 1963, p. B1.

¹³⁸ Eve Edstrom, "Dr. Overholser Last to Enjoy Sumptuous Hospital Quarters", October 14, 1962, p. B4.

¹³⁹ *Administrative Files, ca. 1921-64*, National Archives and Record Administration, Record Group 418, Entry 7, "Memoranda Incoming, 1953-1956", March 3, 1955, box 24.

¹⁴⁰ *Annual Report of the U.S. Department of Health, Education and Welfare*, (Washington: Government Printing Office, 1962).

¹⁴¹ "Dr. Winfred Overholser", *The Washington Post*, October 9, 1964, p. A20.

Epilogue

St. Elizabeths Since 1962

When Dr. Winfred Overholser retired in 1962, he was only the fifth person to have held the position of superintendent of St. Elizabeths over its one-hundred-ten-year history. In the twenty-five years that followed his retirement, the hospital had a succession of seven superintendents and acting superintendents. The turnover in the hospital's management during those years mirrored the many and swift changes in the field of psychiatry and society in general. It also reflected the de-emphasis on the federal mission at St. Elizabeths as well as the administrative challenges and uncertainty associated with plans to transfer control of the hospital from the federal government to the District government.

By 1965, the District of Columbia sought to take control of St. Elizabeths from the U.S. Department of Health, Education and Welfare (HEW). The director of the District Department of Health believed that their initiatives for a comprehensive mental health system, which focused increasingly on smaller community-based facilities, was inhibited by the fact that a large component of its system was under the control of the federal government. District officials also believed that since the District provided over half of the hospital's budget and paid for 80 percent of its capital expenditures, it should have more say in how those funds were used. Hospital officials were not eager to give up what they saw as their favored position as a direct report to the secretary of HEW and worried about being under the control of the city bureaucracy. Opponents of the move also worried that the hospital's federal mission could not be fulfilled if it were under local control and that research and training grants would end.¹

Uncertainty and fears about the future of St. Elizabeths escalated in 1967 when the National Institutes of Mental Health (NIMH) put a hold on a grant for a clinic in southeast Washington. The move made District health officials feel that NIMH was making a power play to gain control over St. Elizabeths for itself.² A

year later, the District's fears were partially realized when the hospital ceased to be an independent agency of HEW and was transferred to NIMH.³

At the time of the transition to NIMH control, the hospital's facilities were decidedly dilapidated, and many patients lived in near squalor. In some cases eleven- and twelve-year-old patients lived largely unsupervised in adult wards. Although one of the roles of NIMH since it was established in 1949 had been to advise state officials on how to run mental hospitals, the agency had never actually run a hospital itself. Six months after taking control of St. Elizabeths, NIMH had yet to formulate a plan for the hospital's future despite the agency's expertise on the subject.⁴ Within two years, the political winds shifted and NIMH's plans changed. Facing congressional pressure to cut federal employment, the Nixon administration decided that transferring St. Elizabeths to the District would allow the government to cut four thousand jobs in one swoop. Officials at NIMH, who had yet to make much headway in making St. Elizabeths a national model for shifting patient care from large central hospitals to smaller, community based mental health centers, were taken completely by surprise.⁵

Many in the mental health field were quick to oppose the administration's plans to transfer the hospital out of federal control. Leaders at the D.C. Mental Health Association, the American Psychiatric Association, and the psychiatry department at the George Washington University Medical School all opposed the transfer, believing that the hospital would suffer. Although one opponent noted that many of the buildings at the hospital were "unfit for human habitation," there was still a feeling that a transfer to the city would make St. Elizabeths a "second class state hospital".⁶ Employees were opposed to the transfer as well. Because many of the doctors were officers in the Public Health Service, they would have to leave the institution if it was transferred out of federal control.⁷ Within two months, the furor caused the administration to delay the immediate transfer and return to NIMH's original plans for a gradual transfer to the District over a ten-year period. Doing so would give the District time to get its community-based mental health care initiatives up and running.⁸

While the fate of the hospital's administration remained in flux, NIMH took steps to improve living conditions at St. Elizabeths. A drop in the patient population from 5,256 to 4,600 in the course of the previous year allowed the hospital to transfer 300 patients from the original Center Building and West Lodge—the two oldest buildings at the hospital—into newer buildings on the east campus. Even with the drop in patient population and the transfer of those patients, 800 hundred patients remained in buildings that predated 1900.⁹ By the spring of 1970, St. Elizabeths had reduced its population by 25 percent by shifting

patients from the hospital to outpatient treatment or foster homes.¹⁰ Within two years, an additional ten buildings were taken out of service for patient use.¹¹

In 1972, President Nixon again proposed turning over the hospital to the District despite recommendations by a special committee jointly appointed by Mayor Walter E. Washington and the secretary of HEW. The special committee recommended that the hospital become a mental health authority independent of both the federal and District governments.¹² The renewed plans for the transfer elicited many of the same concerns that opponents had in the 1960s. The jurisdictional limbo exacerbated confusion and morale problems for staff at the hospital and at NIMH.¹³ Nixon proposed the shift again in 1973, which led to a “sick-out” by hospital employees, 93 percent of whom opposed the transfer to the District. Concrete plans to shift the hospital to District control stalled with the demise of the Nixon administration.¹⁴

During this same period, the Mental Health Law Project filed a successful class action lawsuit to require that the District provide the mentally ill the least restrictive care possible. As a result, the hospital was directed to move 300 of its 2,700 patients to less restrictive facilities, such as nursing homes or halfway houses. In December 1975 the hospital also faced the loss of its accreditation due in part to understaffing, delayed maintenance, and inadequate funding. In response to the accreditation setback, President Gerald Ford doubled the hospital’s budget request for 1977 from \$66 to \$133 million.¹⁵

St. Elizabeths continued to struggle with funding, accreditation, and its transfer from the federal government to the District government throughout the 1970s, 1980s, and 1990s. In 1978, the community mental health center at St. Elizabeths received a one-year accreditation, but the hospital itself did not.¹⁶ That same year, HEW began outsourcing patient medical care to Georgetown University Medical School, a move intended to improve care for patients and to save the government money.¹⁷

In 1979, the hospital was reaccredited but continued to face funding and operational challenges.¹⁸ For the fiscal year 1981, President Jimmy Carter proposed creating a public corporation, as recommended by the special committee a decade earlier.¹⁹ That never happened, and the hospital budget again took a hit under President Ronald W. Reagan whose administration wanted to reduce what it saw as a federal subsidy of a local institution.²⁰ These renewed efforts to transfer the hospital to the District were delayed when the federal and District governments could not agree on federal funding for the hospital after the transfer.²¹ A workable formula was finally signed into law in November 1984 that assured the transfer of the hospital to the District in 1987 and provided federal subsidies through 1991.²²

During the 1980s the hospital played a role in a prominent foreign policy crisis. Between April and September of 1980 over 125,000 Cubans emigrated from Mariel Harbor in Cuba to the United States. By October of that year all but 9,600 of those refugees had been placed with sponsors in the United States. Among those still in government custody, some were criminals, some had long-term mental illness, and others had developed emotional problems as a result of the trauma of their emigration. About 110 refugees with mental issues were transferred to St. Elizabeths.²³ Not long after their arrival on the west campus, many of the Cuban patients went on a rampage smashing windows, starting fires, and taking over parts of buildings over a three day period. Security guards and riot police quelled the violence and eighty-seven of the inmates were sent to various federal prisons for further evaluation.²⁴ In December 1981 the last of the *Marielitos* at St. Elizabeths, most of whom had ongoing mental health issues, were transferred to a federal facility in Montana.²⁵

At an elaborate two-hour ceremony on October 1, 1987, the east campus and the responsibility for all of the hospital's functions were transferred to the District. Mayor Marion Barry said at the time that it was an important event not only for mental health but also for the city's efforts to advance home rule.²⁶ Despite the celebrations, the hospital continued to have major problems and lost its accreditation again in 1988.²⁷ The hospital faced serious financial troubles in the 1990s that mirrored the financial and administrative troubles of the District government and led to failed heating systems, food shortages, and many overdue bills.²⁸

As the financial outlook of the District government brightened in the late 1990s and the nature of patient care continued to evolve, the hospital's prospects began to brighten as well. By 2006, ground was broken for a new hospital building and the class action lawsuit first brought against the hospital in 1974 was settled with the U.S. Department of Justice in 2007.²⁹

In 2010, the D. C. Department of Mental Health opened a new hospital building in the southeast corner of the east campus. With a patient capacity of 293, the new building is only slightly larger than the original 250-bed hospital Dorothea Dix and Dr. Charles Nichols envisioned in the 1850s.³⁰ The size of the facility is also indicative of the incredible changes in mental health care since 1955, when the hospital's patient population peaked at just over 7,500. The new hospital was built to address all of the deficiencies in the hospital's physical plant by consolidating all patient and staff functions in one new facility. More so than at any other time in the hospital's history, the new building provided a compact, efficient facility that allows the staff to focus on preparing patients for their return

to the community. It even includes a fully functioning model apartment that gives patients the opportunity to learn how to live outside the hospital.³¹

When the new hospital building opened in 2010, the vast majority of the sprawling 300-acre hospital campus was left vacant. With all of the mental health operations consolidated in the new hospital, the only other activities on the District-owned east campus were a homeless shelter and the District's Unified Communication Center. The communications center was built on the northwest corner of the east campus in 2006 to house the consolidated public safety communications for the District's police department, fire and emergency medical services, and emergency management agency.

As part of the agreement that transferred the east campus to the District in 1987, the city was given until 1991 to formulate a plan for use of the west campus, which had been retained by the federal government.³² A series of missed deadlines in both federal and local administrations and budget problems conspired to delay the required planning documents. Planning for redevelopment of the west campus continued into 1993.³³ One plan was for office and retail space, another called for apartments and townhomes, and a third was for comprehensive mental health services that included housing, work, and medical, scientific, and social research facilities.³⁴

Congressional inaction meant that the west campus remained under federal ownership, despite having been long underutilized. In 2001, the U.S. Department of Health and Human Services, which had jurisdiction over the west campus, declared that it was excess to the department's needs. The site was transferred to the U.S. General Services Administration (GSA) in 2004. When GSA took control of the west campus, it stabilized the sixty-odd buildings still standing on the site and began making plans for its future. In 2008, GSA issued a master plan for the west campus, which called for 4.5 million square feet of office space to be built for the consolidated headquarters of the U.S. Department of Homeland Security (DHS). The master plan calls for 14,000 federal employees to be located at St. Elizabeths. Ground was broken in 2010 for the first phase of the DHS project which centers on a new headquarters building for the U.S. Coast Guard and includes the rehabilitation and reuse of Atkins Hall, the detached dining hall and kitchen, and the shops buildings.

In 2012, the District of Columbia Department of Planning issued a master plan for the east campus. The District's master plan involves opening the east campus up to the community and region for the first time since it was fenced off in the 19th century. The plan calls for new mixed-use neighborhoods that will include retail, offices, open space, and cultural amenities. It will also include part of the DHS headquarters project.

As the federal government moves forward with its plans for the west campus and the District government moves forward with its plans for the east campus, new life will be brought to St. Elizabeths. Its long association with mental health care will remain intact with the continued operation of the 2010 hospital, but the history of the site will begin to bend inexorably toward an outcome that will only be clear to future generations. The history of the hospital, however, will not likely be forgotten. The designation of St. Elizabeths as a National Historic Landmark (NHL) in 1991 helps ensure that the hospital's legacy will continue into the future. The master plans for the redevelopment of both campuses retain the majority of the buildings, landscapes, and vistas that are deemed important to the status of the hospital as an NHL. This physical legacy, along with the vast resources at the National Archives, will ensure that the first one hundred sixty years of St. Elizabeths will not be forgotten.

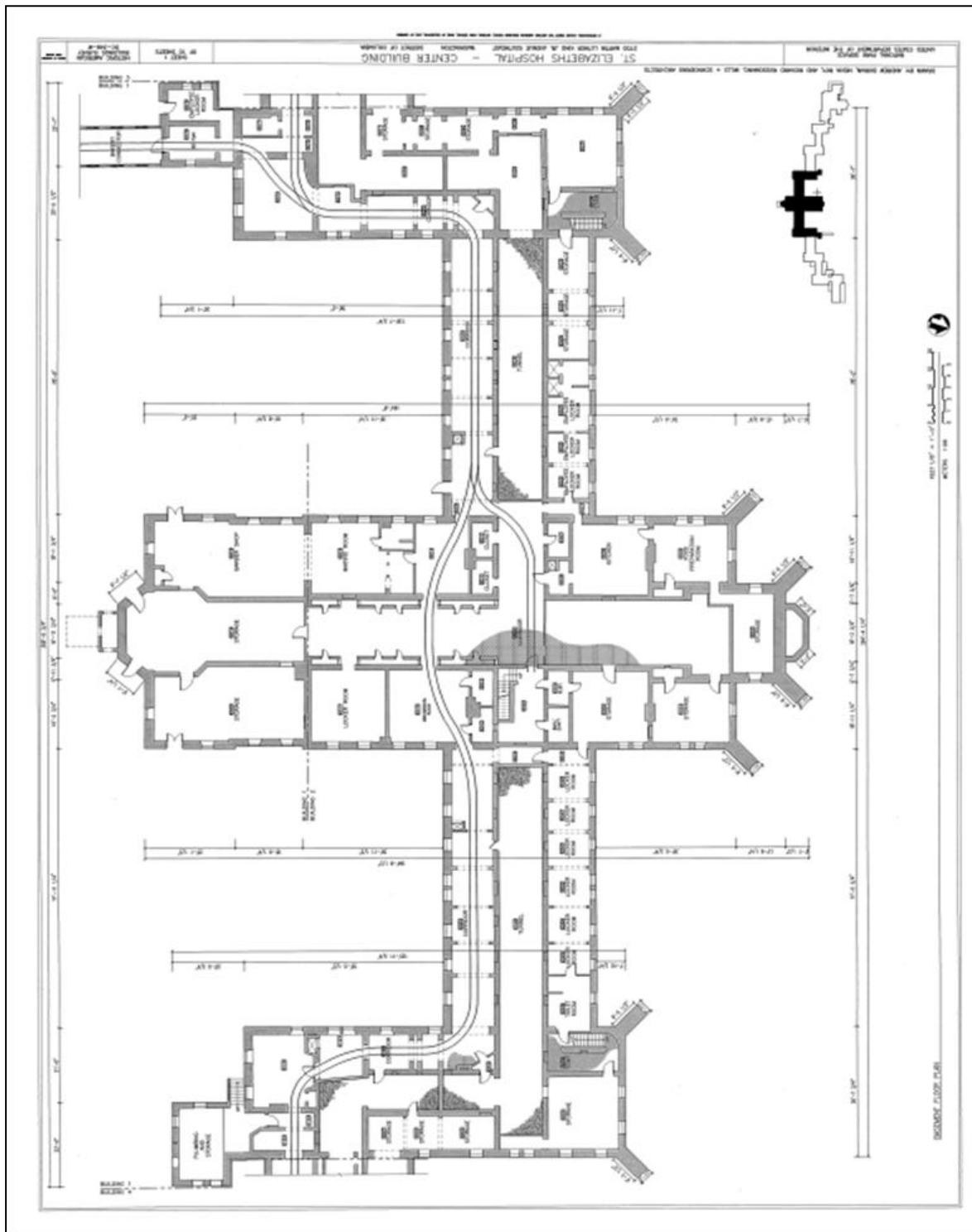


Figure 9.1. Basement floor plan of Center Building showing rail tracks for food and laundry carts. This drawing is part of a set of measured drawings completed for Historic American Building Survey (HABS) documentation, 2013. (Library of Congress HABS Collection)

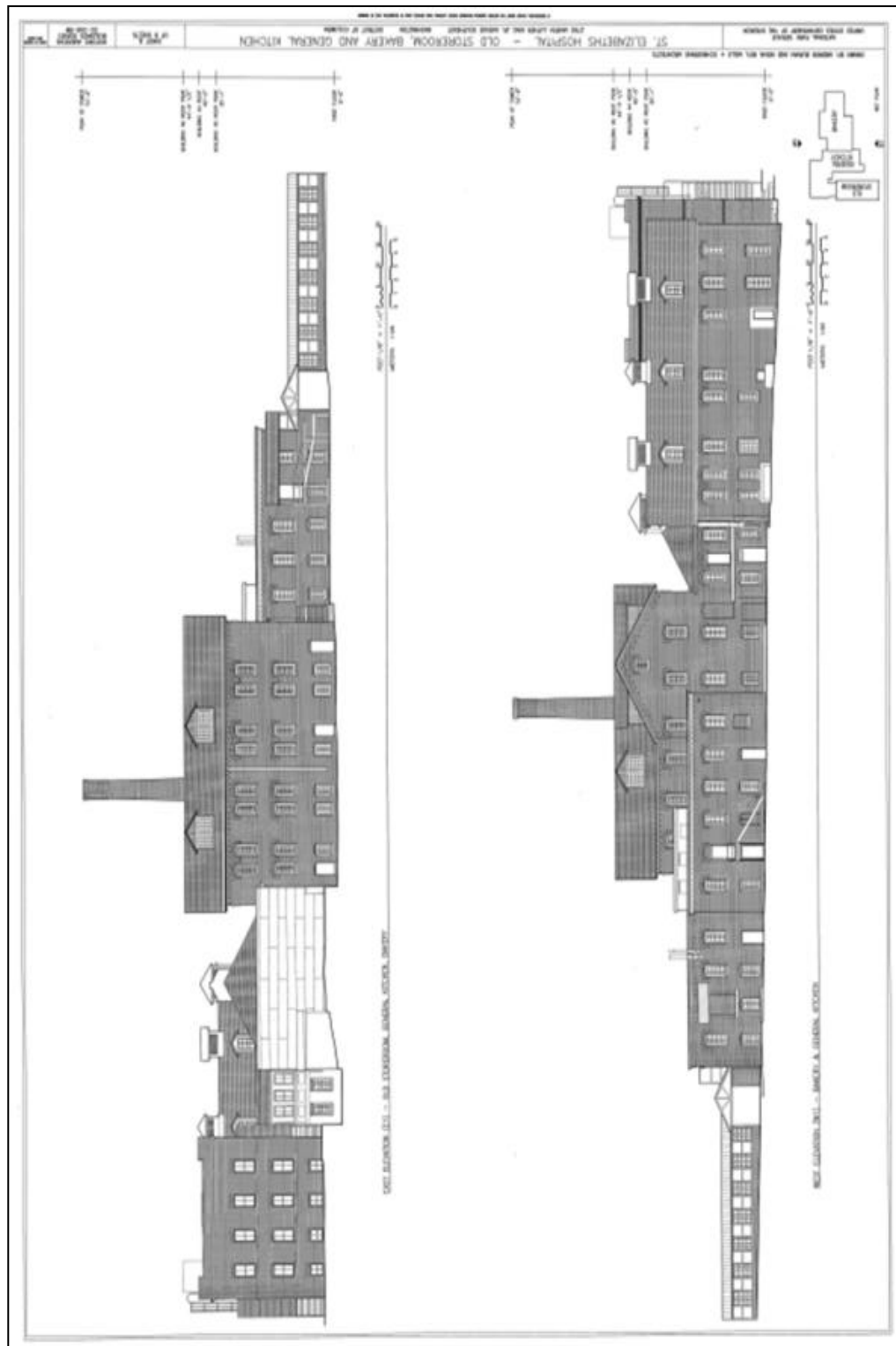


Figure 9.2. Drawing of the east and west elevations of the bakery complex at the rear of the Center Building. This drawing is part of a set of measured drawings completed for Historic American Building Survey (HABS) documentation, 2013. (Library of Congress HABS Collection)

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- ¹ Dan Morgan, “Campaign Is on for Control of St. Elizabeths Hospital”, *The Washington Post*, May 31, 1965, p. C1.
- ² Stuart Auerbach, “Bureaucratic Battle over St. Elizabeths Stalls SE Clinic Plan”, *The Washington Post*, June 15, 1967, p. C1.
- ³ Stuart Auerbach, “St. Elizabeths Is in Trouble”, *The Washington Post*, March 17, 1968, p. C1.
- ⁴ *Ibid.*
- ⁵ Stuart Auerbach, “Shift of St. Elizabeths to D.C. Control Set”, *The Washington Post*, April 22, 1969, p. C1.
- ⁶ Stuart Auerbach, “Mental Health Groups Oppose City Control of St. Elizabeths”, *The Washington Post*, April 24, 1969, p. B3.
- ⁷ Stuart Auerbach, “St. Elizabeths Employees Fight Takeover by City”, *The Washington Post*, May 2, 1969, p. A21 and “Shift of St. Elizabeths Opposed by Doctors”, May 9, 1969, p. C4.
- ⁸ Stuart Auerbach, “U.S. Delays Shift of St. Elizabeths”, *The Washington Post*, June 4, 1969, p. 41.
- ⁹ Stuart Auerbach, “St. Elizabeths to Close 2 Old Units”, *The Washington Post*, October 14, 1969, p. C2.
- ¹⁰ Stuart Auerbach, “St. Elizabeths Population Drops As Mental Hospital Stigma Fades”, *The Washington Post*, May 26, 1970, p. C1.
- ¹¹ Stuart Auerbach, “Hospital Transfer Proposed”, *The Washington Post*, January 25, 1972, p. A10.
- ¹² *Ibid.*
- ¹³ Karlyn Barker, “Financial Problems Are Feared”, *The Washington Post*, July 22, 1972, p. B1.
- ¹⁴ Paul Hodge, “Nixon Again to Seek St. Elizabeth Shift”, *The Washington Post*, January 26, 1973, p. B2.
- ¹⁵ Victor Cohn, “St. Elizabeth Gets New Chief”, *The Washington Post*, June 16, 1976, p. C1.
- ¹⁶ “Mental Health Center Is Accredited” January 8, 1978, p. B7.
- ¹⁷ B.D. Colen, “Georgetown Takes over St. Es’ Care”, *The Washington Post*, September 26, 1978, p. B1.
- ¹⁸ B.D. Colen, “St. Elizabeths Certification Restored After Four Years”, *The Washington Post*, August 30, 1979, p. B1.
- ¹⁹ Jack Eisen, “Carter Asks New Approach for St. E’s”, *The Washington Post*, January 19, 1980, p. A17.
- ²⁰ Margaret Engel, “St. E’s Placement Troubles the District”, *The Washington Post*, December 8, 1983, p. C4.
- ²¹ Eric Pianin and Sandra Evans, “Barry Stunned by Objections to St. E’s Bill”, *The Washington Post*, September 20, 1984, p. B1.
- ²² Sandra Evans, “President Signs Bill Transferring St. Elizabeths”, *The Washington Post*, November 10, 1984, p. B8.
- ²³ Donnel Nunes, “St. Elizabeths to Get Cubans for Treatment”, *The Washington Post*, October 9, 1980, p. B1.

²⁴ Mike Sager, “100 Cubans Rampage at St. Elizabeths”, *The Washington Post*, October 20, 1980, p. B1 and Martin Weil and Judith Valente, “87 Cuban Refugees Are Removed After Takeover at St. E’s”, *The Washington Post*, October 21, 1980, p. C1.

²⁵ Mary Thornton, “Cubans Bound for Montana”, *The Washington Post*, December 19, 1981, p. A14.

²⁶ Karlyn Barker, “St. E’s Patients Share the Dream”, *The Washington Post*, October 2, 1987, p. 33.

²⁷ Henri E. Cauvin, “New Building Could Mark New Era for St. Elizabeths Hospital”, *The Washington Post*, April 19, 2010.

²⁸ Hamil R. Harris, “With Bills Past Due, St. Elizabeths Skimps on Children’s Meals”, *The Washington Post*, April 8, 1995, p. H1 and “Boiler Failure Limits Heat at St. Elizabeths” *The Washington Post*, December 12, 1995, p. E6.

²⁹ Henri E. Cauvin, “New Building Could Mark New Era for St. Elizabeths Hospital”, *The Washington Post*, April 19, 2010.

³⁰ Ibid.

³¹ Ibid..

³² Michael Abramowitz, “Battle Lines Drawn over West Campus”, *The Washington Post*, November 16, 1989, p. DC1.

³³ Nancy Lewis, “St. Elizabeths Site Still Under Federal Control”, *The Washington Post*, December 17, 1995, p. B3.

³⁴ “3rd Meeting Set on development of Hospital Land”, *The Washington Post*, July 22, 1993, p. DC2.

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